SAINSBURY CENTRE for MENTAL HEALTH
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A review of the use of offending behaviour programmes for people with mental health problems

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Summary

Sainsbury Centre carried out a review of offending behaviour programmes (OBPs) and looked at whether they can be used for offenders with severe and enduring mental health problems.

OBPs aim to change the way offenders think in order to change their offending behaviour. We found a mixed picture of their effectiveness in reducing re-offending rates ranging from 10% or less to 24% depending on the type of programme, age and gender of the offender and level of risk for re-offending. OBPs appear to work best in prison rather than with offenders in the community.

OBPs have been introduced in some high and medium secure hospitals for offenders with severe mental health problems. Some evidence is emerging to show positive benefits in reducing offence-related thinking, behaviour and attitudes. Adaptations to programmes have focused mainly on their delivery to make them more accessible and less intensive for this group. A few programmes have also addressed the management of symptoms and the prevention of relapse.

Prisoners receiving Imprisonment for Public Protection (IPP) sentences must complete a number of OBPs in order to be considered eligible for release. There is a shortage of programmes and many IPP prisoners cannot complete the specified OBPs before their Parole Board hearings. There is evidence that some IPP prisoners with mental health problems are being excluded from OBPs.

OBPs focus on changing behaviour but do not consider the offender's wider circumstances and the impact these might have on offending. Finding somewhere to live, getting a job, and maintaining family relationships are pivotal to help offenders to pursue more socially acceptable goals and alternative ways of living.

Introduction

The prison population of England and Wales now exceeds 83,000 (Ministry of Justice, 2008) and is set to rise to beyond 100,000 within a decade. In parallel with this, there has been an increase in the number of people receiving community sentences from 129,922 in 1995 to 204,247 in 2005 (Home Office, 2007). The number of people detained in forensic services (secure psychiatric hospitals) has also risen from 2,650 in 1997 to nearly 4,000 by July 2007 (Rutherford & Duggan, 2007).

Offending behaviour programmes (OBPs), also known as offender behaviour programmes, play a major role in the rehabilitation of people receiving custodial or community sentences. Their aim is to teach offenders how to manage those aspects of their lives that increase the risk for re-offending, rather than expecting punishments alone to act as a deterrent.

Many offenders in prison and the community need support for their mental health (see Box 1).

Box 1: Offenders with mental health problems

It is estimated that as many as nine out of every ten prisoners have some form of mental health problem and about 8% are considered to have psychosis (Singleton et al., 1998). About 20% of male and 15% of female prisoners have previously experienced a psychiatric acute admission to hospital (Prison Reform Trust, 2007).

While less is known of the mental health of those serving sentences in the community, a recent study has indicated that the mental illness levels of these offenders are also very high. According to the national risk / needs assessment tool for adult offenders in England and Wales, the Offender Assessment System (OASys), the level of emotional needs that may have been directly related to the criminal behaviour of those serving community sentences in 2005 / 6 was 43% (Solomon & Rutherford, 2007).

Most offenders have a combination of mental health problems, substance misuse, personality disorder and learning difficulties as well as a range of other issues to deal with.

The review

This review looked at research literature on offending behaviour programmes and their use with offenders who have severe and enduring mental health problems.

We also undertook a consultation with professionals and former participants in OBPs to explore whether generic programmes are appropriate for offenders with mental health problems and how they might be adapted. Altogether 58 professionals and 15 mental health service users, who had experience of participating in OBPs in the community, secure hospitals and prison took part. The professionals included psychologists, nurses, psychiatrists, managers, programme tutors and academics working in the NHS, prison and probation services, private sector and universities.

Offending behaviour programmes

Offenders may undertake an OBP while in prison or secure hospital, or as a requirement of a community sentence. An accreditation system for OBPs was introduced by the prison service in 1996. By 2005 the prison service listed 19 fully or provisionally accredited programmes, including 7 drug treatment programmes and others under development. The probation service listed 16 fully or provisionally accredited programmes (Debidin & Lovbakke, 2005).

Between 1997 and 2007, a total of 65,233 accredited OBPs were completed in prison with some offenders completing more than one programme (House of Commons, 2008). The National Probation Service reports that 19,867 programmes were completed in the community during 2006-7 (NOMS, 2007).

OBPs are delivered by a range of staff including psychologists, probation staff and prison officers. Their aim is to change the way people think in order to change their offending behaviour. Some programmes do this by helping the individual to think carefully about their offence and the reasons why they offended. For example, some people may commit an offence because they find it hard to control their emotions. In this case, the programme would aim to help the person to find ways in which they might be able to control their emotions in the future. Some programmes deal with specific issues such as drink impaired driving, domestic violence and sexual offences.

Other programmes do not focus directly on the offence but aim to change people's behaviour by teaching them new ways of thinking which help to improve communication and problem solving skills.

Two of the most widely known programmes are enhanced thinking skills (ETS) and reasoning and rehabilitation (R&R). They attempt to reduce offending by addressing dysfunctional thinking and anti-social attitudes in offenders through cognitive behaviour treatment (See Box 2). Both programmes are used in over three-quarters of prisons in England and Wales (Clarke et al., 2004).

What causes re-offending?

Motiuk (1998) reported that the strongest predictors of re-offending for men following release from prison were:

1. Unemployment
2. Substance misuse
3. Criminal associates
4. Marital / family status (i.e. being single)
5. Personal / emotional problems.

Other predictors of adult re-offending include criminal history, social achievement and demographic factors relating to age, gender, ethnicity and family.

Factors that are less predictive of re-offending include low intelligence, personal distress and low socio-economic status of family (Gendreau et al., 1996). However, Zamble and Quinsey (1997) found that recently convicted offenders had often experienced emotional difficulties relating to money problems, substance use and interpersonal conflicts prior to their offence.

Box 2: Examples of offending behaviour programmes

Enhanced thinking skills (ETS)
A cognitive behavioural programme that seeks to change offenders' thinking and behaviour through a series of exercises designed to teach interpersonal problem solving skills. It is used with male and female offenders who are at medium to high risk of re-offending. The programme consists of 20, two-hour sessions that can be delivered over a period of 4 to 10 weeks.

Reasoning and rehabilitation (R&R)
These sessions are designed to build thinking or 'cognitive' skills and to move offenders through the stages of change from accepting the existence of problems, to decision-making, taking action and maintaining new behaviour and preventing relapse through learning to monitor and self-correct thinking in new situations. It is used with male and female offenders and for 'highly' convicted offenders as well as those who are at medium to high-risk of offending. The programme consists of 38, two-hour sessions that can be delivered over a period of 9 to 18 weeks.

Both programmes require two staff competent at NVQ Level 3 and have been accredited for use in prison and the community.

Taken from Home Office, Crime Reduction, (Working with Offenders) website
www.crimereduction.homeoffice.gov.uk/workingoffenders/workingoffenders3.htm

The Government's prisons and probation assessment risk measurement tool, OASys, assesses offenders in ten need areas relating to offending behaviour. These areas are: accommodation; education; training and employment; financial management; relationships; lifestyle and associates; drug misuse; alcohol misuse; emotional wellbeing; thinking and behaviour; and attitudes.

If an individual offender's score in any of these areas exceeds the set threshold, they are recorded as having a 'criminogenic need', which means that it is so significant it must be specifically addressed in order to reduce the offender's likelihood of re-offending (Sainsbury Centre, 2008).

The impact of Imprisonment for Public Protection

A recent report shows that the implementation of the Imprisonment for Public Protection sentence has put pressure on the delivery of OBPs (Sainsbury Centre, 2008). IPP is an 'indeterminate' sentence issued to offenders who are identified by the courts as 'dangerous' but whose offences do not carry a life sentence. In order to be released by the Parole Board, an IPP prisoner must demonstrate that they are no longer a significant 'risk' to society. This is done in part by undertaking and completing offender behaviour programmes and other 'courses'. However, some prisoners serving an IPP sentence are being held in prisons where few or no programmes are offered, such as local prisons. For many more, prison overcrowding has meant they have had to join lengthy waiting lists for programmes, and waits often exceed the prisoner's tariff. Therefore, many prisoners have been unable to demonstrate that they are no longer a risk by the time of their first Parole Board hearing, and so the Parole Board cannot release them.

By July 2008, there were 4,619 prisoners serving IPP sentences, but only 31 prisoners sentenced to IPP had been released out of the 880 who had gone beyond their tariff. Access to offender behaviour programmes was reported to be especially difficult for IPP prisoners with mental health problems. Prisoners whom staff considered to be emotionally unstable were excluded from OBPs and many prisoners were reluctant to engage with mental health services because of this. Government statistics show that more than half of IPP prisoners have serious problems with 'emotional wellbeing' compared with two-fifths of life prisoners and one-third of all prisoners.

The shortage of OBPs was reported to be creating tensions on the prison wings, where prisoners serving life sentences felt that IPP prisoners were being given priority for OBPs (Sainsbury Centre, 2008).

Offenders with mental health problems

OBPs have been introduced in some high and medium secure hospitals. Some evidence is emerging to show positive benefits in reducing offence-related thinking, behaviour and attitudes. Adaptations to programmes have focused mainly on their delivery to make them more accessible in content and less intensive for this group.

A few programmes have also addressed the management of symptoms and the prevention of relapse (Duncan et al., 2006).

Studies demonstrating the effectiveness of OBPs delivered in secure hospitals are very limited. There are some long-term follow up studies of people released from high secure hospitals with a focus on re-convictions (Buchanan, 1998; Murray, 1989). Overall, re-conviction rates for those discharged from forensic secure hospitals are significantly lower than those for released prisoners (7% and 65% respectively within two years of release) and only a minority of patients (1.5%) commit serious violent or sexual offences (Rutherford & Duggan, 2007). The main predictors of re-offending for this group include younger age, previous convictions and a legal classification of psychopathic disorder (Buchanan, 1998).

The majority view of the professionals we surveyed was that offenders with mental health problems should be mentally well prior to attending OBPs. They told us that adaptations to programmes were not necessary as the offender's mental health problems should be treated first before their offending behaviour is focused on. The professionals felt that offenders might find it difficult to follow the work and engage in tasks if they were suffering with side effects of medication or symptoms of their mental illness, such as lack of concentration or anxiety.

Professionals in the consultation felt that offenders with mental health problems should not be treated differently to other offenders, and that the reasons for offending are the same in a wide range of offenders, regardless of mental health diagnosis. This is reflected in research, Bonta et al. (1998) conducted a study which found that the major predictors of recidivism were the same for both groups.

Prison inreach team members in a recent study also highlighted the need to provide support for prisoners who may suffer mental distress as a result of attending programmes. Staff reported that prisoners could find courses such as the sex offender treatment programme to be intensive and gruelling, for example when they were forced to confront issues such as childhood trauma (Sainsbury Centre, 2008).

Success factors for OBPs

Our review found that the evidence for the effectiveness of OBPs in reducing re-offending is modest on the whole, ranging from 10% or less to 24% depending on the type of programme, age and gender of the offender and level of risk for re-offending. OBPs appear to work best in prison rather than with offenders in the community.

There are many factors that impede the effectiveness of OBPs and they are important when considering the outcomes of programmes. Such factors include:

- Targeting offenders with low or high risk of re-offending rather than those at medium risk;
- The quality of implementation and delivery of programmes may vary (e.g. due to pressures caused by large group sizes);
- Motivation and willingness of participants (e.g. some offenders may not be ready to change their behaviour);
- Unexpectedly high drop-out rates;
- Poor timing in relation to offenders' own concerns (e.g. an offender may not be ready to cope with the emotional issues raised);
- Programmes may be too demanding of their participants (e.g. they may need additional support to cope with issues raised);
- Some offenders may find working in groups difficult;
- Some offenders may find it difficult to understand the programme's content (e.g. due to cognitive ability or low levels of literacy).

Motivation

Some offenders may attend OBPs for reasons other than to change offending behaviour. The offenders in the consultation had much to say about motivation, suggesting that most people attend OBPs to gain rewards such as enhanced status or parole when in prison, and leave when in a regional secure unit. This was acknowledged by professionals, with some suggesting that offenders know they will not get any of these incentives without taking part in OBPs.

A qualitative study conducted by the Home Office, which also interviewed prisoners and prison staff, concurred with the consultation findings, with some prisoners suggesting they had been told to do OBPs to get good parole reports. The link between parole and OBPs was further highlighted as the waiting lists for cognitive skills training was organised by parole dates to ensure all prisoners are assessed for the programme prior to release (Clarke et al., 2004). This may increase the belief among offenders that completing OBPs is related to receiving parole, rather than addressing offending behaviour and learning new skills.

A recent study highlighted the concerns of those imprisoned for public protection who must complete a set number of OBPs in order to be eligible for release. Prisoners reported that the quality of OBPs was suffering because of the high numbers enrolled on the programmes. An opportunity for education and reflection had become, in some cases, a rushed activity delivered in what one prisoner described as a 'superficial' way, where prisoners took part only because it was part of their sentence plan and not because they wanted to benefit or change (Sainsbury Centre, 2008).

In our consultation, a former participant in a programme at a regional secure unit suggested that people who attend OBP sessions for the wrong reasons, for example to relieve boredom, can create a very negative atmosphere. Some professionals felt that the negative focus of the programmes

could be de-motivating. One offender felt that programmes were not constructive in their focus on the 'bad things' and wished there was more discussion about what people could do well.

Mental health problems may have an impact on motivation if people are experiencing depression or anxiety. The effects of medication, such as lack of concentration, could also have an impact on whether a person wishes to attend and their ability to engage in the work required in an OBP.

'Responsivity' was also considered to be a factor likely to reduce the effectiveness of OBPs. This is the extent to which someone is able to grasp the programme content and change their behaviour (i.e. their cognitive ability to learn the programme).

The importance of person focused treatment was discussed by professionals. They suggested that offenders need to be able to see the specific benefits of attending OBPs, and therefore they should be adapted to individual need where possible. A study by Marshall and Serran (2004) agreed with this and suggested that therapists should conduct a comprehensive assessment of an offender prior to their participation in an OBP to understand their abilities and learning style.

Mix of offenders

The mix of offenders in OBPs was discussed in general, with professionals suggesting that getting the right mix of people is important for a group to run effectively. For offenders with mental health problems there were differing views about appropriate mix. Some former participants who had mental health problems preferred to be in a group with others who shared their experience. But a professional considered it important for those with mental health problems to mix with a wider group arguing that the support they get is very useful. Disclosure, however, is an issue and discussing mental health problems in a mixed group might be very challenging and potentially stigmatising. When setting up the problem solving skills training (PSST) programme in a medium secure unit, Fleck et al., (2001) recognised that sex offenders and non sex offenders could not be put in the same group due to issues of confidentiality and the disclosure of offending behaviours.

Staff skills and support

The knowledge of facilitators and the importance of a team approach were discussed at length. Virtually all the psychologists we surveyed suggested that they should be involved in every stage of OBPs, particularly in facilitating groups. They felt they had the specific knowledge, experience and ability to run groups, and would be able to adapt them if necessary without endangering programme integrity. The research literature does not focus on this need for psychologists' involvement and Clarke et al. (2004) found that prisoners did not distinguish between the occupational background of facilitators or tutors, and found these to be irrelevant when considering what makes a good tutor. Individual characteristics of facilitators are considered more important, with research regarding sex offender treatment suggesting that "empathy, warmth, rewardingness and directiveness are characteristics therapists need to display to increase the effectiveness of OBPs" (Marshall, 2005).

Offenders in the consultation confirmed the importance of establishing a good relationship with the facilitator. But they said this could be hard to establish where there was a rotation of facilitators, where they were concerned that information disclosed might be passed on to their probation officers, or where the facilitator was a prison officer who was responsible for their discipline. In contrast to this, one offender said that he preferred prison officers running the programmes. Often the language used by prison officers was easier to understand compared to that of other types of

facilitators who used jargon or long words.

Professionals in the consultation highlighted the need for facilitators to have a good understanding of mental health issues. Probation practitioners running OBPs felt that they may be able to recognise symptoms of depression or identify someone who was thinking of suicide, but that they were not always aware of other mental health problems.

All professionals recognised the importance for all staff to understand what is taught in OBPs and the need for offenders to complete the programmes. This enables other staff, for example, prison officers or ward staff, to help offenders to practise the skills learnt in OBPs and also to act as role models of appropriate behaviour.

It was also considered important to establish good channels of communication between health care staff and OBP facilitators to ensure that offenders with severe mental health problems had equal access to programmes.

Environment

Offenders felt it was easier to practise skills in regional secure units as opposed to prison, and this idea of a supportive environment in regional secure units was also recognised by professionals. Fleck et al., (2001) concluded that it would be easier to implement the problem solving skills training (PSST) programme in a medium secure unit. This would provide a more therapeutic environment as the NHS has a greater orientation towards rehabilitation than prison. The prison environment can be unsupportive as time spent in cells reduces the opportunities to practise skills learnt in OBPs.

Appropriate aftercare following programmes was also felt to be imperative as programmes can leave people feeling upset, miserable and emotional. A supportive environment was thus necessary to help with this.

Focus on wider circumstances

Some professionals in the survey said it was important to look at an offender's wider circumstances, and the impact they might have on offending. Ogloff and Davis (2004) suggest that providing an offender with employment skills may reduce their need to offend as they could then find meaningful work.

Employment is widely considered to play an important role in the rehabilitation of offenders. An overview of 400 research studies concluded that employment-related prison programmes were the single most effective intervention for juveniles (Lipsey, 1995). However, even the best employment schemes in prison may not help prisoners to find and maintain employment unless they are supported by good aftercare services (Gillis, 2000).

Accommodation is also crucial: a resettlement survey in 2001 found that 31% of prisoners with an address on release got into paid work, compared to 9% of those who did not have housing on release (Niven & Olagundoye, 2002).

Education programmes to address low literacy and lack of other basic skills are also thought to improve offenders' employability and reduce re-offending. Porporino and Robinson (1992) found

lower re-imprisonment rates for offenders who had completed an adult basic education programme while in prison.

Prison-based drug use treatments are also growing. The few programmes that have been evaluated show some positive outcomes. The 12-step Rehabilitation of Addicted Prisoner Trust (RAPt) is one such programme, which showed reductions in drug use and re-offending rates for those who completed the programme (Martin & Player, 2000).

Some authors note the advantages that could be gained from combining many different interventions (Gaes, et al., 1999; Lipsey, 1992). Integrated programmes would address both personal development, as well as needs for accommodation, employment and education, and drug use. This approach could also include support for mental health but would require good co-ordination between the relevant services.

An important development in the rehabilitation of offenders is the introduction of the 'Good Lives Model' (GLM) (Ward & Brown, 2004). This offers a more positive approach to reducing re-offending by focusing on an individual's needs and preferences, strengths and competencies. The aim is to help offenders to pursue more socially acceptable goals and alternative ways of living. However, GLM makes no reference to offenders with mental health problems and it is unclear how the model might take account of these issues.

Conclusion

The overarching message from our research is the importance of treating and managing mental illness and providing practical help with basic needs, as well as preventing re-offending. It is imperative that professionals from relevant agencies work together to meet the multiple and complex needs of offenders with severe and enduring mental health problems.

Forensic mental health services and special hospitals have introduced offending behaviour programmes with some initial success. However, there is scope for further research to determine the efficacy of these programmes.

The adaptation of OBPs for offenders with severe and enduring mental health problems has mostly focused on making programmes less intensive so that the number and length of sessions are spread over longer time periods and are conducted within smaller groups. Issues of motivation and 'responsivity' have been raised as factors that hinder the effectiveness of programmes. Mental health problems may also impede access to and engagement in OBPs if the offender is not able to absorb the content of programmes.

Delivering OBPs to offenders with severe and enduring mental health problems in prison is considerably more challenging. This is largely because of the pressing need to provide good quality mental health care in prison, which has to be the first priority before issues of re-offending are addressed for this group. Equal access to OBPs for offenders with severe mental health problems is important for those who wish to undertake them. This is vital for those sentenced to Imprisonment for Public Protection if, as appears often to be the case, they cannot be considered for release until they have completed a specified number of OBPs.

The outcomes of OBPs were not the focus of the consultation. However, most professionals recognised that OBPs aim to reduce the risk of re-offending rather than eradicate it entirely.

A few professionals felt that other outcomes were just as important, such as increasing self esteem with people having a sense of achievement in completing a programme. The importance of these other benefits were highlighted by Clarke et al., (2004) with prisoners describing improvements in their interactions, increased self confidence, improved literacy skills and increased interest in self development.

OBPs focus on changing behaviour but do not consider the offender's wider circumstances and the impact these might have on offending. Finding somewhere to live, getting a job, and maintaining family relationships are pivotal to help offenders to pursue more socially acceptable goals and alternative ways of living.

Recommendations

1. Access to programmes

- Prisoners with mental health problems should not face discrimination in access to OBPs. This is particularly important for those on Imprisonment for Public Protection who must generally complete OBPs in order to be eligible for release.

2. Adaptations for prisoners with severe mental health problems

- All OBP facilitators should be trained to work with people who have the full range and complexity of mental health problems.
- Adaptations to make OBPs more accessible to those with mental health problems should be of a practical nature, for example, making sessions shorter or providing support outside of the group.
- The environment in which OBPs are held should be supportive to allow participants the opportunity to practise skills. This requires the involvement and understanding of all staff.

3. Use of OBPs in hospitals

- The NHS should commission more robust research into the use of OBPs in forensic secure hospitals.

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Sainsbury Centre for Mental Health works to improve the quality of life for people with mental health problems by influencing policy and practice in mental health and related services. We now focus on criminal justice and employment, with supporting work on broader mental health and public policy.

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