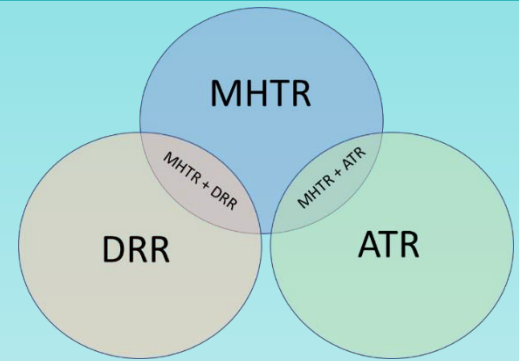


### Key Messages

This brief reviews the outcomes for those sentenced to a Mental Health Treatment Requirement (MHTR) in conjunction with a Drug Rehabilitation Requirement (DRR) or Alcohol Treatment Requirement (ATR) in comparison to those on an MHTR alone. Although findings should be treated with caution as the number of Dual Requirements in the evaluation of MHTRs is relatively low, the key messages at this stage are:

- 1) Dual Requirements provide mental health benefits to individuals at a comparable rate to those engaging with the MHTR only.
- 2) The length of intervention was generally longer than those only engaging with an MHTR, no statistically significant relationship was found between the MHTR intervention length and outcomes for those engaging with Dual Requirements.
- 3) Those sentenced to Dual Requirements access interventions generally faster than those sentenced to an MHTR only.
- 4) Previous MHTR briefs including: multisite reports<sup>1</sup>, females<sup>2</sup>, and vulnerabilities<sup>3</sup> describe the length of time between sentence and interventions start date, which shows a statistically significant negative impact on outcomes across global distress, anxiety and depression.
- 5) Dual Requirements with a DRR have a higher rate of non-completers than those on MHTRs only or Dual Requirements with ATR.
- 6) Through a preliminary analysis, data suggests that receiving the interventions for MHTR and DRR or ATR simultaneously within the Community Order provides greater mental health outcome benefits than sequencing ATR or DRR before MHTR. However, this should be treated cautiously given the small sample size.



**Within the evaluation the scale of evidence is limited due to low numbers sentenced to Dual Requirements but there would appear to be valid correlations that are worth monitoring in future research. As the data develops, further analysis will be completed**

There are 13 Requirements available to the Judiciary which may be included into a community order.

Three are for treatment which are:

- **MHTR:** Mental Health Treatment Requirement involve sessions with a Primary Care or Secondary care MHTR Practitioner under supervision of the Clinical Lead.
- **ATR:** Alcohol Treatment Requirements involve structured treatment consisting of community-based, care-planned support.
- **DRR:** Drug Rehabilitation Requirements are aimed at changing patterns of substance misuse through appropriate interventions and support.

**Dual Requirements** are a sentencing option for individuals with both mental health and substance misuse (MHTR/DRR or MHTR/ATR) problems

### **What is the problem?**

To date, there is limited evidence that describes the outcomes of MHTRs for individuals also sentenced to either an ATR or DRR. This data is critical to assess the viability of MHTRs as part of a Dual Requirement and therefore support the development of ATR, DRR and MHTR pathways. This brief, therefore, is the first to provide evidence specific to Dual Requirements.

According to a national survey of the OASys assessment, mental health problems have significantly increased needs in other dynamic risk factor categories including alcohol and drug abuse<sup>4</sup>. Additionally, Long *et al.*<sup>5</sup> (2018) found that in a sample of 76 individuals engaging with Community Orders, 55 (72%) reported having a problem with alcohol but only 4 were sentenced to an Alcohol Treatment Requirement (ATR). Similarly, 57 (75%) reported having drug problems of which 5 were sentenced to a Drug Rehabilitation Requirement (DRR).

### **Introduction**

Mental Health Treatment Requirements (MHTRs) have been available since launch in the Criminal Justice Act 2003<sup>6</sup>, but until recently have been the least used requirement. Since the piloting of MHTR pathways in 2014 the numbers sentenced to MHTRs has grown significantly. MHTR services are on track to be available to all criminal courts across England by June 2024 and will enable adult individuals who meet the MHTR criteria for treatment to address

underlying mental health need. ATRs and DRRs can be sentenced within the same order as the MHTRs which aims to address simultaneously the highly prevalent issue pertinent to mental health and substance abuse within the probation population. In this vein, given the potential impact of drug and alcohol needs on completion rates and the high likelihood of comorbidity in the offender cohort, there is a need to develop understanding of Dual Requirements pathways to better inform the processes and maximise outcomes<sup>7</sup>. At this stage the scale of evidence is small but there appear to be some important patterns that are worth being monitored with regards to processes, completion rates and outcomes which will be outlined below.

### Pathway

This section provides details on the preliminary analysis on Dual Requirements. At this stage the limited data pertinent to this cohort might hinder the accuracy of the analysis which should therefore be treated with caution.

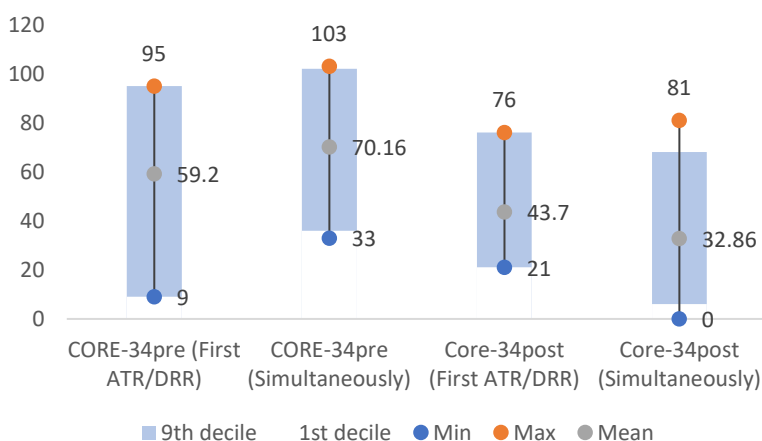
**Individuals engaging in an MHTR/DRR Dual Requirement are less likely to complete than those on an MHTR only or MHTR/ATR.** Of the individuals who have completed the intervention, 69% (365) of those sentenced to an MHTR only and 69% (33) of those sentenced to an MHTR/ATR

	Completers	Non-completers
MHTR Only (n=365)	69%	31%
MHTR + ATR (n=33)	69%	31%
MHTR + DRR (n=41)	43%	58%

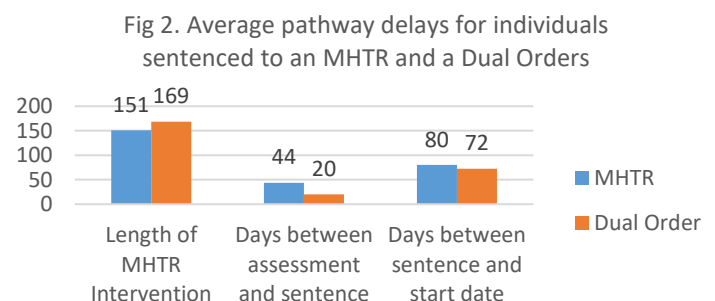
were reported as successfully completing the intervention compared to 43% (41) of those sentenced to an MHTR/DRR. As outlined in Long *et al.*<sup>8</sup> there are significant problems of engagement with drug users, especially heroine, which usually cause around 75% of programme dropouts. Another factor affecting completion rates could be demographics, individuals engaging in a DRR are on average younger than those engaging in an ATR, as outlined in Callender *et al.*<sup>9</sup>, younger individuals are less likely to complete the programme ( $t=4.158, p<.05$ ).

**Preliminary analysis has shed light on the potential impact of sequencing requirements on health outcomes (Figure 1)** where individuals completing the Dual Requirements simultaneously seem to have improved health benefits than those engaging with MHTR programmes after completing an ATR or DRR. Albeit the low numbers in the sample should be treated with caution and will be further monitored at a later stage.

Fig 1. Sequencing: CORE-34 Pre/Post Range and Mean, First ATR/DRR VS Simultaneously, Jul 20-Jan 23 (Orange = 80% of cohort)



**Individuals sentenced to Dual Requirements on average start interventions earlier than those on an MHTR alone,** the mean number of days between assessment and sentence for individuals sentenced to a Dual Requirements is 20 compared to 36 for those on an MHTR



**Process delays reduced the mental health benefits,** having a significant negative impact on global distress measured using CORE-34 ( $t=1.982, p=.05$ ), anxiety measured through GAD-7 ( $t=2.160, p<.05$ ) and depression measures using PHQ-9 ( $t=2.466, p<.05$ ). Overall, the analysis demonstrates how delays between sentence date and start of intervention negatively affect completion rates, the size of intervention benefits and should be an area of focus to improve health outcomes. These outcomes are comparable to previous analyses conducted on individuals sentenced to an MHTR only “where a sharper reduction in mental health outcomes is encountered for those with a waiting time between sentence and start of intervention longer than 8 weeks”<sup>10</sup>.

**The length of MHTR intervention did not affect mental health outcomes.** The mean length of the MHTR intervention within a Dual Requirement (mean=169 days) was significantly longer than for those completing an MHTR only (mean=153 days). However, this difference in length had no statistically significant impact on health outcomes ( $t=1.274$ ;  $p=.21$ ).

## Outcomes

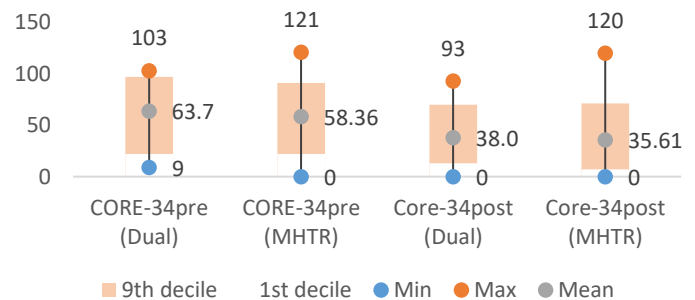
**Dual Requirements provide mental health benefits to individuals at a comparable rate to those engaging with an MHTR only.** Outcomes across measures of global distress, anxiety and depression for individuals sentenced to a Dual Requirements consistently show mental health benefits. Data showing statistical significance is reported below.

**Global Distress (CORE-34):** The average reduction between pre and post scores was **-29.7** this difference was statistically significant  $t(49) = 8.159$ ,  $p<0.01$ .

**Anxiety (GAD-7):** The average reduction between pre and post scores was **-6.1** this difference was statistically significant  $t(85) = 9.467$  and  $p<0.01$ .

**Depression (PHQ-9):** The average reduction between pre and post scores was **-7.1** and this difference was statistically significant  $t(84) = 9.617$ ,  $p<0.01$ .

Fig 3. CORE-34 Pre/Post Range and Mean, Dual Orders VS MHTR, Jul 20-Jan 23 (Orange = 80% of cohort)



## Conclusion

Given the preliminary nature of this analysis, the data presented in this brief contains significant limitations, and the present variables should be further monitored longitudinally to increase accuracy.

The analysis presented in this brief provides evidence on health outcomes for individuals sentenced to a Dual Requirements. Individuals sentenced to DRRs are on average less likely to complete the requirements which calls upon an increased focus on engagement. Furthermore, data suggests that individuals sentenced to a Dual Requirement are sentenced and start the intervention earlier than those sentenced to an MHTR only. Finally, the analysis highlights how individuals completing a Dual Requirements benefit in terms of mental health to an equivalent rate to those engaging in an MHTR only.

This data is promising and urges future research in the area to develop a better understanding of these cohorts' needs and maximise the benefits of the requirement.

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