



COMMENT PIECE: AT THE INTERFACE: PROBATION, MENTAL HEALTH SYSTEMS AND A PUBLIC HEALTH APPROACH TO REOFFENDING

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The relationship between criminal justice and health systems is often described as parallel, yet in practice the two are closely connected. Nowhere is this more evident than in probation, where practitioners routinely work with individuals whose offending is influenced by mental health, substance use, trauma and wider social determinants. Although there are many examples of effective collaboration, inconsistency at critical points between services continues to create avoidable gaps in care, continuity and risk management.

From my current role in probation, and previous experience across offender personality disorder pathways and forensic mental health services, the issue is not a lack of policy or commitment. The challenge is the variability in how collaboration is translated into practice, particularly between probation, community mental health services and inpatient settings.

The expectations are clear. The Mental Health Act 1983 Code of Practice (Department of Health and Social Care, 2015 (DHSC)) and the Care Programme Approach (Department of Health, 1990) both require multi-agency involvement in assessment, care planning and discharge, with probation recognised as a key partner. Yet local involvement remains inconsistent. There are still occasions where probation is not routinely included in inpatient discharge planning, even where individuals are subject to licence conditions. Meetings may consider risk, medication, accommodation and follow-up arrangements without probation input, while communication can depend on individual relationships rather than embedded processes. This remains evident across both NHS and independent mental health inpatient settings.

This matters for the individual, the organisations involved and wider public protection. Without effective information sharing and coordinated discharge planning, opportunities to put appropriate arrangements in place can be missed, licence conditions may not align with clinical plans and transitions back into the community can become fragmented. This can result in delayed engagement, deterioration in mental health, poor compliance with treatment or supervision and, in more serious cases, recall, re-admission or further

offending. Consistent probation involvement strengthens continuity of care, safeguarding and risk management, helping agencies work collectively to deliver safer and more effective outcomes.

These challenges are particularly evident in complex cases, especially those managed under Multi-agency Public Protection Arrangements (HMPPS, 2024). This group often presents with overlapping needs, including substance use, mental illness, personality disorder, trauma, neurodiversity and social care requirements, alongside significant levels of risk.

In these circumstances, the relationship between probation, mental health services and adult social care can become strained. Individuals may remain in inpatient settings beyond clinical need because of gaps in accommodation or support provision. Mental health services can find it difficult to remain involved where risk falls outside clinical thresholds, while adult social care eligibility criteria do not always align with the nature or level of need being presented.

The consequence can be a cycle of discussion without meaningful progress. Cases are considered across numerous multi-agency forums, yet responsibility sits across several organisations, none of which can fully address the issues alone. These are often individuals with complex and overlapping needs, where fragmentation between systems is most visible but where collaborative working has the greatest potential to improve outcomes.

Addressing this does not require a fundamental redefinition of probation's purpose, but it does highlight the value of a public health-informed approach to reoffending. This means recognising that behaviour is shaped by a combination of health, social and economic factors, and that responding to these factors can support more effective rehabilitation, reintegration and risk management.

While mental health is often the most visible issue when services come together, it rarely exists in isolation. Many people supervised by probation experience poor physical health, homelessness, social exclusion, unemployment, poverty, trauma and adverse childhood experiences. These factors interact, contributing both to offending behaviour and to barriers in accessing support. Focusing solely on mental health risks overlooking the wider circumstances that influence a person's ability to engage with treatment, comply with supervision and achieve long-term stability.

Importantly, this is not about repositioning probation as a clinical service. Rather, it is about strengthening its role as a system partner: supporting access to appropriate provision, ensuring health and social care considerations inform risk management, and working alongside other agencies to deliver coordinated responses.

Current policy developments support this direction. The shift towards greater use of community-based sentences, alongside the Independent Sentencing Review (2025), is likely to increase the number of individuals with complex needs managed in the community. Community Sentence Treatment Requirements already demonstrate how health-led interventions, particularly in mental health and substance use, can support reductions in reoffending.

The NHS 10-Year Health Plan (DHSC, 2025) sets out a parallel shift within health services: from hospital to community, analogue to digital, and treatment to prevention. While not designed specifically with criminal justice in mind, these priorities closely reflect the needs of people supervised by probation, many of whom experience significant health inequalities, barriers to care and characteristics associated with health inclusion populations. Health inclusion frameworks, with their focus on improving access, addressing exclusion and tackling the wider determinants of health, align strongly with the needs of this cohort and reinforce the importance of integrated, community-based approaches to care.

At the same time, these changes will place additional demand on community services. As more individuals are supported outside custody or hospital settings, mental health, substance use and adult social care provision will need to respond to increased volume and complexity. Without sufficient capacity, there is a risk that access becomes more restricted rather than more responsive.

This makes effective collaboration increasingly important. Strengthening links between community and inpatient mental health services, substance use providers, probation and adult social care is essential if pathways are to operate as intended. This requires clear information-sharing arrangements, a shared understanding of legal and professional responsibilities, and effective mechanisms for escalation when barriers arise.

Co-location and joint working arrangements can also strengthen practice. Informal conversations, shared problem-solving and easier access to advice often improve the management of complex cases.

Leadership remains critical in ensuring commissioning decisions reflect the needs of people in contact with the criminal justice system and that partnership working is supported across organisational boundaries.

Ultimately, the aim is shared. Supporting people to stabilise, access treatment and improve wellbeing contributes directly to safer communities. Reducing reoffending and improving health outcomes are closely linked, particularly for those experiencing the highest levels of disadvantage.

Probation is already operating at this intersection, often having the most consistent contact with people whose lives span multiple systems. This creates opportunities to identify unmet need, bring agencies together and align responses around the individual.

The challenge is not whether health and criminal justice should work together, but how consistently that collaboration can be delivered. Building on existing strengths, improving alignment and investing in partner services offers an opportunity to create a more connected system, one that improves outcomes, strengthens public protection and contributes to safer communities.

References

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