Justice Committee call for evidence on mental health in prisons.

Mental health pathways in prison to the community; the importance of transitions.

19/05/2021

Written evidence jointly submitted by:

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- We would like to directly address the following point requested by the committee: the mental health care pathway in prison to the community.
- Specifically, we highlight the need for smooth healthcare transitions from prison to the community, as well as for those individuals who are recalled back to prison from a community setting.
- We also outline the important role that Probation staff play in managing transitions to the community.

Evidence

1. People serving probation sentences, including those recently released from prison, are more likely to experience poor mental health (Brooker et al, 2019) and experience suicidal feelings/carry out suicidal behaviours (see Mackenzie, 2013; Sirdifield 2020) compared with people in the general population.

2. After prison some offenders are supervised by the National Probation Service (NPS) and reside in Probation Approved Premises. People who are recently released from prison are at an increased risk of suicide and poor mental health (Pratt et al, 2010), as well as people facing the prospect of being recalled to prison (Mackenzie 2015; Borrill et al, 2017).

3. In terms of the mental health care pathway in prison to the community, previous research has reported on the fact that not all prisoners are registered with a GP prior to release, which can form a barrier to continuity of care (Lang et al., 2014; Revolving Doors Agency, 2013; Sirdifield et al., 2019). It is currently unknown to what extent this longstanding problem will be remedied by the new RECONNECT service.
4. Suicide risk management in prisons and information about a person’s mental health does not automatically transfer across to probation settings and information about an individual’s suicide risk is not always passed from prison to probation service. Therefore probation staff may be unaware of a new service user’s mental health history including history of suicide and/or self-harm. Hence staff often rely on disclosure by service users (Mackenzie et al, 2015), something they do not find easy and are often unwilling to do (Mackenzie et al, 2017). This creates significant challenges for staff and service users in terms of reducing risk.

5. There is a need to improve referral pathways from probation into mental health services, and to ensure that probation staff are clear about how to refer into mental health services. Access to medication and support is needed as soon as a person leaves prison. In addition, joint strategic needs assessments should consider the probation population to ensure that appropriate services are commissioned to meet their needs (Sirdifield et al., 2019).

6. Research funded by the Economic and Social Research Council (ESRC), as part of UK Research & Innovation’s rapid response to Covid-19, and being conducted at the moment has highlighted the impact of the pandemic on access to healthcare. Whilst some people under probation supervision have been able to access mental health care after release from prison, others have experienced delays in access to support, as well as increased feelings of anxiety and isolation. People under supervision participating in this study have expressed appreciation for contact with probation staff as a means to discuss difficulties during this time.

7. Probation staff frequently manage suicidal service users, play an active role in decision making about the level of risk that a service user poses to themselves, and can play a vital role in the prevention of suicide and management of self-harm by service users (Borrill et al, 2017; Mackenzie et al, 2015). However, staff do not necessarily feel confident in doing so or have not received sufficient training to do so. Staff have reported needing more training in relation to mental health in general (Gelsthorpe et al., 2012), and suicide (Mackenzie et al, 2015), and want to be able to easily seek support from mental health specialists when required (Cook & Borrill, 2013; Mackenzie et al, 2015; Mackenzie, 2015).

8. The National Probation Service have implemented several initiatives designed at preventing suicides and self-harm by services users including their strategic suicide prevention plan, training for staff working in Approved Premises, and tailored risk assessment tools. However, a vital step towards ensuring the needs of this population are met is ensuring a smooth healthcare transition from prison setting to community setting, as well as when people who are recalled back to prison. In order for this to work, mental health care should be considered in the context of the whole Criminal Justice pathway.

Summary

- The work that has been carried out in this area tells us that probation service users, including those recently released from prison who are supervised by probation, are at a greater risk of experiencing poor mental health and carrying out suicide compared to those in the general population.
- Whilst some work is being done in the area, there is still a need to improve information sharing between prisons and probation regarding a person’s mental healthcare, as well as a need to secure mental health support before a person is
released into the community. Suicide risk is a particularly important issue to consider during these transitions.

- There are certainly gaps in understanding about how to better manage and facilitate these transition points.

References
