

## Written evidence from the Centre for Crime and Justice Studies

### Introduction

1. The Centre for Crime and Justice Studies, established in 1931 as the Institute for the Study and Treatment of Delinquency, has always maintained a close interest in the mental health of people subject to criminal justice intervention and welcomes discussion about positive alternatives to imprisonment for those with particular mental health needs.
2. Motivated by the Centre's commitment to public education, this evidence submission has been written by Dr. Roger Grimshaw (Research Director), in consultation with a number of experts: Emeritus Professor Paul Bebbington (University College London); Nasrul Ismail, Lecturer in Criminology (University of Bristol); Gavin Wilkinson, Forensic Psychologist.

### Executive summary

3. Information about the scale of need in prison is incomplete.
4. Many prisoners suffer the traumatic and costly impact of Adverse Childhood Experiences.
5. Standards of care across the estate fall short of the minimum expected.
6. COVID lockdowns have impacted on care and on mental health.
7. Diversion from prison will improve treatment outcomes.

### The scale of mental health need within prison

8. There is strong evidence that mental health needs are highly prevalent in the prison population, according to a landmark national survey in the 1990s, which found over half the prisoners had a personality disorder and more than four in ten a neurotic disorder.<sup>1</sup> A study of recent inspection reports shows that substantial proportions of prisoners surveyed reported mental health needs, especially in Category B prisons and the women's estate.<sup>2</sup> In contrast, the latest health data, for 2018/19, indicates that only 7 per cent of prisoners in England have a mental illness or a significant mental illness.<sup>3</sup> Much more detailed and reliable information should be collected about the nature and extent of need so that appropriate provision can be planned and funded. Rates of self-harm incidents have been used as proxy measures of distress but those only highlight the absence of in-depth information.
9. These needs have their origins in Adverse Childhood Experiences (ACEs) which, in combination, create a burden of childhood trauma for many. A recent prisoner survey in Wales revealed that those who had experienced four or more ACEs were three

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<sup>1</sup> Singleton, N., Meltzer, H., Gatward, R., Coid, J., and Deasy, D. (1998) *Psychiatric morbidity among prisoners in England and Wales*. TSO, London

<sup>2</sup> Glorney, E., Ullah, H., and Brooker, C. (2020) 'Standards of Mental Health Care in Prisons in England and Wales: A Qualitative Study of Reports from Her Majesty's Inspectorate of Prisons', *International Journal of Forensic Mental Health*, 19:3, 283-296

<sup>3</sup> Public Health Profiles

[https://fingertips.phe.org.uk/search/prison#page/3/gid/1/pat/6/par/E12000001/ati/102/are/E06000047/iid/92644/age/168/sex/4/cid/4/tbm/1/page-options/car-do-0\\_car-ao-1](https://fingertips.phe.org.uk/search/prison#page/3/gid/1/pat/6/par/E12000001/ati/102/are/E06000047/iid/92644/age/168/sex/4/cid/4/tbm/1/page-options/car-do-0_car-ao-1) Accessed 12 May 2021

times more likely to have been convicted of violence against the person than individuals with no ACEs.<sup>4</sup> Early relationships which cause insecurity and pain are a factor in subsequent impulses towards violence.<sup>5</sup>

10. Without appropriate long term support, they are likely to suffer from the persistent effects of trauma over their lifetimes, causing considerable ill-health at immense cost to health services and other budgets: annual costs attributed to ACEs amounted to US\$581 billion in Europe.<sup>6</sup> The rise in imprisonment for violent and sexual offences reinforces the case for properly addressing the mental health consequences of ACEs.

### **The quality and availability of mental health support in prison compared to that in the community**

11. Since 2006, when the NHS became responsible for mental health services in prison, government policy has sought to make provision and access to services in prison equal with norms of provision in the community. However, progress has been slow. In 2017, the National Audit Office (NAO) judged that service access was far below the level of need: only 10 percent of prisoners were receiving a service. The same report cited evidence from inspection reports that up to half the prisoners with emotional or mental health problems were receiving support.<sup>7</sup> Despite examples of good practice, implementation of standards of care across the estate falls short of the minimum expected.<sup>8</sup>
12. According to the NAO, a number of structural obstacles prevent the development of services comparable to those in the community: discontinuity of care between prison and community; lack of information sharing and follow-up; prisoner transfers; distance from the prisoner's home.
13. A detailed analysis of unmet need in two prisons<sup>9</sup> concluded that two thirds of needs among males were unmet, compared with half among females. Needs for substance misuse treatment were, relatively speaking, more frequently addressed than other needs. Psychosis was also more frequently addressed than PTSD or personality disorder, both of which have roots in trauma.
14. A new development in recent years has been a growing recognition of prisoners' traumatic experiences. Trauma-informed support and care have been advocated as a response to the underlying long term needs of prisoners, which stretch back to childhood in many cases.

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<sup>4</sup> Ford, K., Barton, E., Newbury, A., Hughes, K., Bezeczyk, Z., Roderick, J., and Bellis, M. (2019) *Understanding the prevalence of adverse childhood experiences (ACEs) in a male offender population in Wales: The Prisoner ACE Survey*. Cardiff: Public Health Wales/Wrexham: Bangor University. Available at: <https://phw.nhs.wales/files/aces/the-prisoner-ace-survey>. (Accessed: 23 December 2020).

<sup>5</sup> De Zulueta, F. (2006) *From Pain to Violence. The traumatic roots of destructiveness*. 2<sup>nd</sup> edn. Chichester: John Wiley.

<sup>6</sup> Bellis, M., Hughes, K., Ford, K., Rodriguez, G., Sethi, D., and Passmore, J. (2019) 'Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis', *Lancet Public Health* [http://dx.doi.org/10.1016/S2468-2667\(19\)30145-8](http://dx.doi.org/10.1016/S2468-2667(19)30145-8). Available at: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30145-8/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30145-8/fulltext). (Accessed: 28 December 2020).

<sup>7</sup> National Audit Office (2017) *Mental health in prisons* HC 42: published by the House of Commons

<sup>8</sup> Glorney et. al., op. cit.

<sup>9</sup> Jakobowitz, S., Bebbington, P., McKenzie, N., Iveson, R., Duffield, G., Kerr, M., and Killaspy, H. (2017) 'Assessing needs for psychiatric treatment in prisoners: Met and unmet need' *Soc. Psychiatry Psychiatr. Epidemiol.* 52:231–240

‘...’, there is a large group of our prison population who misuse substances and have mental health issues that are too serious to be able to engage with low level counselling and psychological therapies but do not meet the threshold level for statutory mental health services. This client group has often experienced historic trauma that requires intensive support.’<sup>10</sup>

15. Personality disorders are linked with histories of abuse, and, though they are assumed to be hard to treat, research in English prisons has indicated that they can be treatable using psychological techniques.<sup>11</sup> In addition to more accessible services, the prison system should be reshaped, so that it prioritises safe, trauma-informed relationships and care, reducing the potential for confrontation by increasing the capacity for better communication and understanding.<sup>12</sup> A rights-based framework which recognizes the social disadvantage experienced by prisoners would be an advance on the concept of equivalence of care.<sup>13</sup>

### **Effect of the COVID pandemic**

16. The conditions in lockdown have been compared with solitary confinement which is known to be dangerous to mental health. The consequences of increased cell confinement, and the effect of any measures of amelioration, require careful assessment.<sup>14</sup> For example, video calls to families were not universally available until January 2021. While disruptions to family contact affect prisoners adversely, there is also collateral damage to children’s well-being.<sup>15</sup> Reports suggest that services have become more difficult to access, though, for some prisoners, conditions are less fraught and stressful.<sup>16</sup>

### **The appropriateness of prison for those with mental health needs**

17. Prisons are ill-equipped to address mental health need adequately, and especially in the case of victims of trauma, young people and women, can exacerbate pre-existing conditions.<sup>17</sup> Transition to community services on release is hampered by the social

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<sup>10</sup> Allcock, A. (2015) *Developing a Trauma Informed Approach to Rehabilitative Group Work in Prisons* Winston Churchill Travelling Fellowship To Norway And The United States Of America <https://www.wcmt.org.uk/sites/default/files/report-documents/Allcock%20A%20Report%202015%20FINAL.pdf> Accessed 10 May 2021

<sup>11</sup> Jakobowitz et al., op. cit.

<sup>12</sup> Mulcahy, J. (2019) ‘Towards ACE-Aware, trauma responsive penal policy and practice’, *Prison Service Journal*, 245, pp. 3-13. Available at: <https://www.crimeandjustice.org.uk/publications/psj/prison-service-journal-245> (Accessed 28 December 2020).

<sup>13</sup> Forrester, A., Till, A., Simpson, A., and J. Shaw, J. (2018) ‘Mental illness and the provision of mental health services in prisons’ *British Medical Bulletin*, 127:101–109

<sup>14</sup> Hewson, T., Shepherd, A. Hard, J. and Shaw, J. (2020) ‘Effects of the COVID-19 pandemic on the mental health of Prisoners’ *The Lancet* Vol 7 July pp 568-570. [https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(20\)30241-8.pdf](https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(20)30241-8.pdf) Accessed 11 May 2021

<sup>15</sup> Minson, S. (2021) *The impact of COVID-19 prison lockdowns on children with a parent in prison* Centre for Criminology University of Oxford. [https://www.law.ox.ac.uk/sites/files/oxlaw/the\\_impact\\_of\\_covid-19\\_prison\\_lockdowns\\_on\\_children\\_with\\_a\\_parent\\_in\\_prison.pdf](https://www.law.ox.ac.uk/sites/files/oxlaw/the_impact_of_covid-19_prison_lockdowns_on_children_with_a_parent_in_prison.pdf) Accessed 11 May 2021

<sup>16</sup> Wainwright, L. and Gipson, D. (2021) *The Impact Of Lockdown To Mental Health. A Summary Of Patient Views* Epic Consultants. [https://docs.google.com/viewerng/viewer?url=http://epicconsultants.co.uk/onewebmedia/MH%2520Lockdown%2520Summary.%2520PE%2520%2520\(2\).pdf](https://docs.google.com/viewerng/viewer?url=http://epicconsultants.co.uk/onewebmedia/MH%2520Lockdown%2520Summary.%2520PE%2520%2520(2).pdf) Accessed 11 May 2021

disadvantages of ex-prisoners in employment and accommodation.<sup>18</sup> A close analysis of unmet needs in prison leads to the conclusion that diversion schemes should be strengthened.

‘Diversion schemes need to be maximized so imprisonment is avoided where possible. This requires the active and effective cooperation of community mental health trusts. These requirements have been acknowledged for 20 years but without effective implementation of policy.’<sup>19</sup>

18. The effectiveness of community-based orders bodes well for diversionary policies in the future. An official study has shown that community-based orders work better in reducing re-offending than prison-based services for those with mental health needs.<sup>20</sup>
19. The unification of community supervision under the National Probation Service, following recent reforms, presents opportunities for consistent risk-based assessment and for effective interagency cooperation. However, a diversionary policy will falter unless there is a systematic change, matched by commensurate funding, enabling effective case management, support and training for all front-line staff so that they can confidently address mental health needs.

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<sup>17</sup> Glorney et. al., op. cit.

<sup>18</sup> Forrester et. al., op. cit.

<sup>19</sup> Jakobowitz et al., op. cit.

<sup>20</sup> Hillier, J. and Mews, A. (2018) *Do offender characteristics affect the impact of short custodial sentences and court orders on reoffending?* Ministry of Justice Analytical Summary 2018