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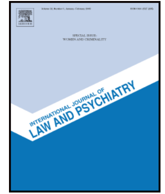
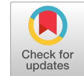


Systemic limitations in the delivery of mental health care in prisons in England



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ABSTRACT

There is a high prevalence of mental health need in prisons, much of which is currently unmet. Although considerable research has identified and described this mental health need, there has been limited research focussed on reviewing the delivery of mental health care in prisons. This study uses content analysis to review 36 unannounced prison inspection reports in England to establish whether mental health care was provided to an appropriate standard, and whether it is equivalent to services that are provided in the wider community. The analysis identified four main categories, each of which had further sub-categories: *managing the process*; *staffing*; *range of services*; and *quality of service*. Numerous concerns were identified, including: *delays to service access*; *lack of appropriate interventions*; *low staffing levels*; *limited specialist support*; and *limited access to supervision, training and reflective practice*. Despite these difficulties, many teams had adopted open referral systems to improve service access, had good working relationships and were thought to be providing care of good quality. The delivery of mental health care within prisons is still not equivalent to that which is provided in the community, and this study has identified a number of areas for further improvement.

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1. Introduction

1.1. Mental health in prisons

Prisons are psychologically demanding environments requiring individuals to draw on various personal resources in order to survive (Harvey & Smedley, 2010). Across England and Wales there are 118 prisons, of which 104 are in the public sector and 14 are privately managed (National Offender Management Service, 2016). England and Wales have been recorded as having the highest imprisonment rate in Western Europe (Ministry of Justice, 2017a, 2017b, 2017c) whereby as of August 2017 there were approximately 86,000 individuals held in prison (National Audit Office, 2017). The prevalence of mental illness is much greater among prisoners than the general population, highlighting the high level of need for mental health services within prisons (Brooker & Gojkovic, 2009; Exworthy, Samele, Urquía, & Forrester, 2012; National Audit Office, 2017). Despite this, reports indicate that mental health need remains both undetected and untreated in prison (Senior et al., 2013). Mental health and criminal justice services have often been described as having contradictory values and goals and it has been suggested that this difference can contribute to inadequate mental health services within prisons (Brooker, Sirdifield, & Gojkovic, 2007; Rawlings & Haigh, 2017).

Closed, punitive environments that are focused on control and discipline can have detrimental effects on a prisoner's psychological wellbeing (Knight & Stephens, 2009; Rawlings & Haigh, 2017). Furthermore, a considerable number of people arrive at prison already experiencing mental health concerns, introducing further psychological challenges (Jamieson & Grounds, 2005; National Audit Office, 2017). In 1966, Her Majesty's Chief Inspectorate of Prisons (HMCIP) for England and Wales, raised concerns regarding the number of prisoners with mental health concerns and their probable exacerbation by imprisonment (Her Majesty's Chief Inspectorate of Prisons, 1996). Following this, it was suggested that up to 41% of prisoners should ideally be placed within a secure hospital or psychiatric ward setting because of active mental health concerns (HMCIP, 2002). These concerns have continued to arise in more recent years, whereby in 2013 26% of women and 16% of men reported having received treatment for mental health concerns in the year prior to custody (Ministry of Justice, 2016). Despite this, nearly one in five of those who were diagnosed with mental health concerns received no care from mental health teams in prison (*Prisons and Probation Ombudsman*, 2016).

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1.2. The prevalence of mental illness within prisons

Within prisons depression, psychotic illness and substance misuse are reportedly the most common mental illnesses (Fazel, Hayes, Bartellas, Clerici, & Trestman, 2016). The Office for National Statistics conducted a full survey of prisons across England and Wales analysing prisoners' mental health needs (Singleton, Meltzer, & Gatward, 1998), and found that over 90% had a diagnosis of one or more of the measured five psychiatric disorders: neurosis, psychosis, personality disorder, drug dependence and hazardous drinking. When findings were compared to a similar study, higher prevalence rates of all five psychiatric disorders were found among prisoners compared to the general population (Singleton, Bumpstead, O'Brien, Lee, & Meltzer, 2000). These results are supported by a systematic review including 33,588 prisoners across 24 countries, in which high levels of psychiatric illness were consistently reported among prisoners across the world over four decades (Fazel & Seewald, 2012).

1.3. Inspecting prison mental health services

Given the high prevalence of offenders with mental health needs within prison, it is vital that services are reviewed regularly to ensure that appropriate care is provided and equivalence is being achieved. In 2015, the Standard Minimum Rules for Treatment of Prisoners were revised to create the “Mandela Rules” which set out minimum standards for appropriate prison management and ensuring the rights of prisoners are respected. Within these rules, which were adopted unanimously, it is recognised that inspections are essential and need to be carried out to protect the human rights of prisoners. In line with these rules, the World Psychiatric Association also expects that prisons are visited regularly to monitor the treatment of and conditions for prisoners (Forrester et al., 2017).

The terrible findings of the treatment and conditions for prisoners following an inspection of Bedford prison in England by John Howard in 1773 generated an interest in the need for inspections (Stockdale, 1983). Following this, in 1978 it was proposed that an establishment of a fully independent inspectorate was required in order to ensure inspections were carried out by individuals with appropriate, unbiased interests (Stockdale, 1983). Her Majesty's Inspectorate of Prisons (HMIP), a quasi-independent body, was established and it now inspects and reports on the conditions for and treatment of people who are detained in prison across England and Wales. It also undertakes in-depth analysis and assesses progress made against recommendations from prior inspections. At times HMIP are also called upon to assist in the inspections of prison facilities in Commonwealth dependencies and in Northern Ireland.

Inspections are now carried out jointly with Ofsted, the Care Quality Commission and the General Pharmaceutical Council. Information is collected from various sources including staff, prisoners, visitors and others involved with the prison. HMIP promotes the concept of “healthy establishments” whereby staff work together to support prisoners, reducing reoffending and achieving positive outcomes. Inspections are carried out against criteria known as “Expectations” which are based on, underpinned by and referenced against international human rights standards. These expectations are then categorised under four domains which constitute a “healthy establishment”: *Safety*; *Respect*; *Purposeful activity* and *Resettlement*. These domains propose that prisoners are held safely; treated with respect for their human dignity; are able and expected to engage in activities likely to benefit them; and that they are effectively helped to reduce the likelihood of reoffending and prepared for release.

Prisons in England and Wales are categorised into four main categories: Category A for prisoners whose escape would be highly dangerous to the public, police or state; Category B for prisoners whom the very highest security is not necessary but for whom escape must be made very difficult; Category C for those who do not have the resources or will to escape but warrant security higher than open conditions; Category D for low risk prisoners who can be reasonably trusted in open conditions. HMIP conduct almost all of their inspections as unannounced, however in exceptional circumstances and depending on the level of risk, some inspections are announced and the establishment is notified in advance. Inspections generally last two weeks and are carried out at least once every five years, with high-risk prisons being inspected more frequently. Findings are reported to relevant managers and documented in a full inspectorate report which is published on the website and provides great insight into various aspects of prison, including the delivery of mental health care.

1.4. Other identified needs within prisons

People in prison are consistently identified as being at a significantly higher risk of suicide and self-harm than the general public (Dear, 2008; Fazel et al., 2016; Fazel, Benning, & Danesh, 2005; Shaw, Baker, Hunt, Moloney, & Appleby, 2004; Wasserman, 2016). Men are identified as having higher rates of suicide than women whereby in 2016 75% of recorded suicides in Great Britain were males (Office of National Statistics, 2016). In the year to March 2017, 344 individuals died in prison and a third of these were recorded as suicide, the highest figures on record (Ministry of Justice, 2017a, 2017b, 2017c; National Audit Office, 2017). Across England and Wales the rate of self-harm is ten times higher amongst female prisoners than males (Hawton, Linsell, Adeniji, Sariaslan, & Fazel, 2014) and in 2016 the rates of self-harm were at the highest level ever recorded (Ministry of Justice, 2017a, 2017b, 2017c). Diagnostic co-morbidity has been identified as a major risk factor for suicide (Fazel, Cartwright, Norman-Nott, & Hawton, 2008; Lukasiewicz et al., 2009) whereby one in seven prisoners are described as experiencing four or more psychiatric illnesses (Singleton et al., 1998). Prisoners who are diagnosed with substance misuse reported the highest co-morbidity prevalence of almost 80% (Lukasiewicz et al., 2009) and prisoners with an intellectual disability have been identified as being more likely to have psychiatric comorbidity and unmet treatment needs than those without (Dias et al., 2013).

Other findings have revealed that in addition to mental health, young offenders also reported having a high level of need in education and work (36%) and social relationships (48%) (Chitsabesan et al., 2006). This has also been identified by the Social Exclusion Unit (2002) and in a more recent National Audit Office report (NAO, 2017). Despite this, many prisons fail to provide offenders with an opportunity to improve these areas of life and for many, treatment within hospital may be warranted (Rickford & Edgar, 2005).

1.5. Addressing prisoners' mental health needs

The increasing pressure to meet prisoners' mental health needs caused the prison service and Department of Health to take action and produce a document promoting equivalence, emphasising that prisoners with mental health needs should have access to an equal range and quality of services to individuals in the community (Department of Health and Her Majesty's Prison Service, 2001). Community mental health teams (CMHTs) were established in the general community to promote de-institutionalisation and help manage people out of hospital and within their home environments instead. These services have been well received by individuals with mental health concerns and reviews have indicated a moderately good satisfaction rate (Care Quality Commission, 2017; Newman, O'Reilly, Lee, & Kennedy, 2015). As a consequence of these services, people were able to access a variety of specialists while also maintaining or developing social roles within communities to break down barriers and assist with their recovery (Glasby & Tew, 2015). In 2017, the “Community Mental Health Survey” identified that 20% of respondents reported having a very good experience when receiving support by CMHTs, representing an increase from 2014 (Care Quality Commission, 2017). 68% of respondents felt they

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