Royal College of Psychiatrists' briefing on the provision of mental health services in prisons
12th September 2017

- Prisoners are over **three times** more likely to suffer from depression, **12 times** more likely to suffer from a personality disorder and **16 times** more likely to suffer from psychosis than the rest of the population.[1]
- There are also significantly **higher rates of neurodevelopmental disorders such as ADHD, Autistic spectrum disorder, learning disabilities, dependence and harmful use of drugs and alcohol.**[2,3]
- New statistics from the Ministry of Justice this year revealed a record of **119 deaths by suicide in prisons in 2016. This is the highest number in England and Wales since records began in 1978.**[4]
- **Death by suicide accounts for about 35% of all deaths in prison**; deaths from other causes are also rising.
- Untreated mental disorders, especially schizophrenia, personality disorders and substance misuse disorders, are also associated with **serious risk of harm to others.**[5,6]
- Access to specialist mental health services for prisoners is inadequate and is getting worse.

Prison officer staffing

A recent College survey of members who work in prisons found that as many as three quarters believe they are no longer able to provide adequate mental health services in prisons.

The main reasons they gave were inadequate prison officer staffing, increasing demands on prison mental health services and health service processes for retendering of services.

The effectiveness of rehabilitative interventions (mental health, education etc.) in prisons depends on the safety and appropriateness of the prison environment. Without adequate prison officer numbers, it will be impossible to deliver adequate mental health care, prevent violence and prevent and respond to drug abuse. As we have seen from the growing number of prison riots, it is becoming impossible even to maintain the physical security of the buildings.

The average number of prisoners per prison officer has increased by 38% in the last ten years.[7]

The College's survey found that almost all our psychiatrists have had appointments with prisoners cancelled, either because of a lack of prison staff to support them, or because of lockdowns caused by increasing numbers of security incidents. This has led to real difficulties in accessing acutely disturbed prisoners. This is dangerous, and is consistent with the findings of the April 2016 survey by the Centre for Mental Health (CMH), commissioned by the Department of Health and the Ministry of Justice.[8]

The same survey of prison psychiatrists found that most prison psychiatrists don't feel able to deliver a basic level of care, forcing many to consider leaving their jobs. Even before prison officer reductions, it was difficult for prison officers or clinical staff to build the kind of relationships that would ensure identification of most suicidal ideation. Now, the chances of doing so are very substantially reduced. Anecdotal reports suggest that clinical staff are now leaving prison mental health teams and that replacements are harder to find. Some psychiatrists are report that they are routinely verbally abused, and, in one case, physically assaulted.

The College is pleased to see that 2,000 new senior prison officer positions will be created and that training will include more on specialist mental health. In 2016, the College's Quality Network for Prison Mental Health Services found that only 17% of services could confirm that the majority of their prison staff had received mental health awareness training.[9] Mental health awareness must be a part of the training of prison officers, both at induction and at regular intervals.

RCPsych proposes a prison officer: prisoner ratio be developed, then enshrined in statute – there was an opportunity in the Prison and Courts Bill of the previous government, perhaps that could be brought back? We suggest this ratio would be calculated after analysis of numbers required to re-establish and maintain the procedural and relational security, as well as perimeter security, required for largely drug-

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free prisons which provide the discipline and atmosphere necessary for achieving rehabilitative change. This ratio would ensure that there are sufficient officers to prevent problems arising from staff shortages, such as the rise in suicide rates we saw in prisons following the prison officer cuts in 2013, as well as increases in prisoner self-harm, violence to others and even riots. The RCPsych College's Quality Network for Prison Mental Health Services would be happy to work with the Government in developing this ratio.
We think optimal prison officer: prisoner ratio is the most useful calculation as it will be as important to reduce the numbers of people sub-optimally placed in prison as well as to increase officer numbers.

College work in prisons

The Royal College of Psychiatrists runs the CCQI (College Centre for Quality Improvement) Quality Network for Prison Mental Health Services, which allows prison mental health teams to measure their performance against nationally agreed standards, facilitating quality improvement and change through a model of openness and engagement. By adopting this system, prisons around the country could improve their services, thus more effectively restoring the mental health of prisoners, improving rehabilitation efforts and potentially reducing rates of recidivism.

We are very pleased that three of the proposed Reform Prisons, HMP Holme House, HMP High Down and HMP Wandsworth, are already members of this Network, with a forth, HMP Kirklevington Grange, joining the forthcoming review cycle (2016-2017). The extent to which this service can ensure improvements, however, is currently under some threat because of the nature of the commissioning process. Cycles of improvement require commitment from stable, expert healthcare providers. Cheaper, shorter-term, generic contracts are more likely to fail.

In the Network's 2nd annual review, once prisoners accessed mental health services in prison it was found that almost 90% of services met the patient experience standard.

The second is the Enabling Environment Award scheme. This award looks at more than just mental health provision, and rewards organisations that create environments which foster wellbeing and good mental health. HMP Drake Hall is the first, and current the only, prison to receive the award.

The Centre for Mental Health report *Mental health and criminal justice*, commissioned by the Ministry of Justice and Department of Health, calls on all prisons to move towards a standard where they too could be granted the award. We hope that the Government, when moving forward with this Bill, will be mindful of this call.

Arrival in prison and prison services

The National Audit Office (NAO)'s report this year into prison mental health services concluded that the Government does not collect enough, or good enough, data about mental health services, which they said made it hard to plan services and monitor outcomes.[10] It was concerned that the Government did not know how much it is spending on mental health in prisons or whether it is achieving its objectives.

In March, the National Institute for Health and Care Excellence (NICE) published Clinical Guidelines for the mental health of adults in contact with the criminal justice system. These include recommendations that there be an immediate referral to the prison's mental health in-reach team of all those individuals entering prison who are deemed to be at risk of a mental health disorder, before they are allocated to a cell.[11] The College strongly supports this recommendation.

There are difficulties in identifying suicidal ideation on arrival to prison, yet there is evidence that this is a particularly risky time.

There is no alternative to brief screening when people first arrive in prison. Communication of suicidal ideation, however, generally requires some trust to have developed between a prisoner and their psychiatrist before it is disclosed. In addition, a person's mental state is not fixed, and substantial changes in mental state can be observed even after just 3-4 weeks in prison. Screening should, therefore, not be regarded as a one-off event, but repeated at intervals (NICE recommends a second stage health assessment within 7 days of admission o prison, and reassessment following significant changes in custodial or health status).

An evaluation of in-reach services showed that, while availability of mental health service personnel time available to prisoners had increased, **only about 25% of prisoners with serious mental**

illness were being assessed and 13% taken into treatment.[12] There was a much lower availability of service for people with personality disorder.[13]

There is little mental health care available for prisoners with substance misuse disorders. The prison-based Counselling, Assessment, Referral Advice and Throughcare (CARAT) triage system is the designated route to assistance, but fails to reach many problem users.

One study found that over half of those who were dependent on alcohol and who recognised the problem and wanted help were unable to access a CARAT worker.[14]
It is likely that access is now even worse, as these figures precede the 2013 reduction in prison officer numbers, on average by 40-45% across the prison estate.

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[1] Singleton, N., Meltzer, H. & Gatward, R. (1998) Psychiatric Morbidity among Prisoners in England and Wales. London: Office for National Statistics.

[2] https://www.centreformentalhealth.org.uk/mental-health-and-criminal-justice

[3] http://www.jcpmh.info/good-services/forensic-mental-health-services/

[4] https://www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=e333be01-73d0-429d-b81d-268c5455a668

[5] Taylor PJ (2009) Psychosis and violence: stories, fears and reality. *Canadian Journal of Psychiatry* 53: 647- 659.

[6] Taylor PJ and Estroff SE (2014) Psychosis, violence & crime. In *Forensic Psychiatry: Clinical, Legal and Ethical Issues.* J Gunn and PJ Taylor (Eds). CRC Press: Boca Raton, FL. 334-366.

[7] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/505962/54222_Prison_Service_Pay_Review_Web.pdf

[8] https://www.centreformentalhealth.org.uk/mental-health-and-criminal-justice

[9] http://www.rcpsych.ac.uk/pdf/QNPMHS%20Annual%20Report%20Pilot%202015-6.pdf

[10] https://www.nao.org.uk/wp-content/uploads/2017/06/Mental-health-in-prisons.pdf

[11] https://www.nice.org.uk/guidance/NG66/chapter/recommendations

[12] Shaw J, Senior J, Lowthian C et al (2009) *A National Evaluation of Prison Mental Health In-Reach Services.* OHRN: Manchester. http://www.ohrn.nhs.uk/resource/Research/Inreach.pdf

[13] Shaw J, Senior J, Lowthian C et al (2009) *A National Evaluation of Prison Mental Health In-Reach Services.* OHRN: Manchester. http://www.ohrn.nhs.uk/resource/Research/Inreach.pdf

[14] Kissell AE, Taylor PJ, Walker J, Lewis E, Hammond A and Amos T. (2014) Disentangling Alcohol-related needs among pre-trial prisoners: a longitudinal study. *Alcohol and Alcoholism* 49: 639-644.

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