

"The Penal System's approach to mental-ill health needs reform."

Advanced Higher Modern Studies

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Introduction

(570 words)

With around 25% of the British public experiencing some form of mental health problem each year, it is an issue that cannot be ignored¹. This is particularly significant when it comes to penal policy, as there is a clear over-representation of mentally ill offenders in prison, compared to the prevalence of mental health disorders outwith. In fact, over 70% of the prison population have two or more mental health disorders and males in prison are 14 times more likely to experience two or more disorders compared to those outwith, with this figure rising to 35 times more likely for females². With these figures highlighting the presence of mental health embedded in the prison system, it would stand to reason that these institutions must offer effective programmes and support for mentally ill offenders. Despite this it is actually the case, in the majority of instances and countries, that prison fails to cater anywhere near adequately for the mental health needs of prisoners. In fact, the prison environment itself can sometimes exacerbate the illness, as opposed to remedying it, and there is actually little in the way of effective and constructive initiatives in place in the majority of prisons. Having this problem only serves to heighten recidivism, with offenders constantly serving time in prison and being released, only to be put back in again. This is the issue that will be considered in the first chapter; to what extent do prisons in the UK fail to meet the mental health needs of offenders?

As such, perhaps it makes more sense to offer community based, non-custodial sentences, whereby the offender is able to keep links with friends and family - crucial support, particularly for those with mental health issues - and serve the length of their punishment. Not only would this remove the

¹ "Mental health facts and statistics". [cited 16th January 2016].
<http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/>.

² "Mental Health Foundation – Statistics". [cited 16th January 2016].
<http://www.mentalhealth.org.uk/help-information/mental-health-statistics/prisons/>.

harsh prison atmosphere and isolation, but would also allow offenders to get regular training/ employment which could further aid their rehabilitation and treatment. This will be discussed in chapter 2, which will look at whether there should be more in the way of non-custodial sentences for mentally ill offenders. Programmes such as community payback orders, which combine community service with rehabilitation programmes for substance or alcohol misuse, would be much more favourable to a prison sentence for offenders with mental health issues; they would allow the individuals to serve out their sentence whilst tackling the root cause of the offence.

The question also remains over how well the UK performs with regards to handling mental health in the prison system, when compared to international comparators. The third chapter will discuss this, looking at a country which generally performs badly in respect of its penal approach – the USA – and then Scandinavian nations which do better. This final chapter will assess the UK's mental health penal policy relative to these extremes.

After reviewing the three main issues at hand, it is certainly apparent that the UK has problems with mental health, brought on by, and consistently hampered by, stigmatisation within society. This carries itself into how the issue is dealt with in prison. As one mental health services worker put it, prisons are becoming "depositories for people no one else wants to deal with,"³ suggesting that we are becoming over reliant on prisons as a 'warehouse' for offenders, particularly those with specific mental health needs; this generalised approach is completely wrong. Penal policy needs to look at everyone's individual circumstances.

³ Panorama – Britain's Mental Health Crisis". Thomas, Ceri. 26th October 2015. BBC Panorama. <http://www.bbc.co.uk/programmes/b06n447l>.

Research Methodology

(714 words)

In writing this dissertation, I utilised several methods of research, both primary and secondary. Whilst much of my research was successful, I did encounter some barriers, making my research more difficult. One of the main ways I conducted primary research was through participation in group discussions with individuals who had significant knowledge of the penal system. The first group discussion I participated in was with former criminal lawyer George More⁴. He provided some extremely useful information about the prevalence of mental health in prisons, which allowed me to understand the magnitude of the issue. He also outlined a scheme called the 'Airborne Initiative', from which I drew some inspiration for my second chapter, on non-custodial alternatives. Mr More could have had potential bias, due to an out-dated view of the criminal justice system; however, his views seemed to fit what I had read online and in other sources, so I considered what he had to say quite trustworthy. If I were to change anything about this method of gathering information, I would have asked more questions to someone seemingly well-informed about the issue.

My second group discussion was with Lord Clarke, Senator of the College of Justice⁵. The conversation with him provided me with further understanding about the level of support available within the criminal justice system. Statistically, or for solid evidence, Lord Clarke was not entirely useful, although this could have been a fault of my own, for not asking about specific statistics on mental health and the penal system. Again, Clarke may have had some bias, in order to portray the criminal justice system as successful in its handling of mentally ill offenders; however, I see no reason why he would twist the situation to look favourable in a talk to secondary school pupils. Things I would have altered about this discussion would have been to ask for evidence and statistics to back up some points and to press Lord Clarke about either non-custodial alternatives for mentally ill offenders, or

⁴ See Appendix 1

⁵ See Appendix 2

international comparators relevant to prison and individuals with mental health issues.

The third group discussion was with Dr Debbie Nelson, a Consultant Forensic Psychologist for the Orchard Clinic⁶. Whilst I was not physically present at this discussion, I made sure another pupil asked relevant questions on my behalf, and similarly I have listened to the recording of the talk and read the transcript. Dr Nelson provided invaluable information about many areas that my dissertation covers, which gave me useful evidence and also helped to heighten my arguments/ opinions about some things. In particular the information she provided about non-custodial alternatives, such as community payback, DTTO's and probation orders was very important to my second chapter, which focuses on just that. Similarly I was able to further my research on these programmes, as a result.

I conducted my own survey on 'surveymonkey', which received 89 out of potential 100 (free) responses, in order to gain insight into the public's viewpoints on my topic⁷. I feel my survey was quite reliable, as the questions would be very easy to repeat by another researcher. My survey used mostly closed questions, however, limiting the potential answers of respondents. Despite this, my questions were well-thought out and I feel I covered most responses, including a few open questions as well. I also contacted Carstairs State Hospital, amongst other organisations which focus on mental health issues. However, whilst my survey was successful, my request for information from Carstairs and the other organisations was rejected. Whilst this did limit my research, I was provided useful links by email of websites which proved important in my research. If I was to do anything differently, I may have tried to contact other sources or use family/ friend contacts to arrange face-to-face interviews (if such a contact could be located). Much of my research, however, was secondary, with an extensive use of the internet, books (such as 'Corrections, Mental Health and Social Policy' by Thomas Fagan and Robert Ax) and documentaries (e.g. Panorama's 'Locked Up For Being Ill'),

⁶ See Appendix 3

⁷ See Appendix 4

but occasionally newspapers and magazines as well. Whilst this use of secondary research limited my ability to find out specifically what I wanted in-depth, it did allow me an ease of access to a multitude of information on my topic.

"To what extent do prisons in the UK fail to meet the mental health needs of offenders?"

(1172 words)

Prisons and their capacity to cater for mentally ill offenders is a very complex issue, and not one which can be explained easily. The problem is primarily down to the fact that prisons are not designed to specifically accommodate mentally ill offenders. Prisons often find themselves burdened with the problem of having to house offenders with specific mental health needs, which is not only unjust on behalf of the offender with mental health - who should not be housed in an ordinary prison - but also arguably a massive waste of resources, time and money. Indeed, it costs in excess of £625,000 more, over the lifetime of a mentally ill offender, to house them in prison instead of the appropriate mental health facility⁸. As it currently stands, "the overall rate of psychological disturbance in the Scottish prison population is substantially higher than that in the general population"⁹ with c. 25% of women and 15% of men in the UK prison population reporting symptoms of psychosis, with the prevalence amongst the general population at only about 4%¹⁰. This chapter explores the provision of mental healthcare through the prison system and whether the current level of care is sufficient.

There is a tendency for a disproportionate number of people in prison to have a mental health issue, whether this was there prior to offending, or whether it is brought on because of the prison experience. This ongoing problem is caused by several factors, but the main issue here is that there is usually a complete lack of hospital beds in secure psychiatric units, not to mention in

⁸ Renshaw, Judy. "Waiting on the Wings". January 2010. Laing & Buisson. [cited 27th February 2016].

https://www.laingbuisson.co.uk/portals/1/media_packs/Fact_Sheets/Waiting_on_the_Wings_2010.pdf.

⁹ Cooke, David J. "Psychological Disturbance in the Scottish Prison System: Prevalence, Participants and Policy". Scottish Prison Service Occasional Papers, 31st December 1994.

¹⁰ "Mental Health Care in Prisons". Prison Reform Trust. [cited 2nd March 2016]. <http://www.prisonreformtrust.org.uk/projectsresearch/mentalhealth>.

normal psychiatric hospitals¹¹. The cause of this is mainly the cuts to mental health services, which were higher than those to other acute NHS services¹². According to an article in the Independent newspaper, mental health services were cut for children in England by £35 million, with the provision of beds falling by 8% in the last 6 years¹³. Resultantly, people who commit a crime with a mental health issue are having to be put into prison, if only to accommodate them until space elsewhere becomes available. With 53,000 people detained under the Mental Health Act in 2014, space is, however, seldom available, and some people are having to travel for hours to find a bed in a proper hospital¹⁴. From this point of view, it seems easier to simply 'warehouse' all offenders in the prison system, regardless of their mental state.

The increasing prison population, particularly the increasing proportion who are suffering from a mental health issue, puts an incredible strain on the resources of the prison system. In fact, the "UK's mentally ill [are] more likely to be found in jail than hospital"¹⁵. Resultantly, staff have to be drafted in to properly cater for the needs of offenders with mental health issues, such as for the provision of effective rehabilitation programmes. In the main, prisons are able to offer these sorts of services, such as drug and alcohol rehabilitation or behavioural programs. One such program, which has had a notable degree of success is the introduction of In-Reach teams in prisons.

¹¹ Siddique, Haroon and Meikle, James. "NHS mental health care 'pushed to breaking point by lack of beds". 1st February 2015. The Guardian online. [cited 27th February 2016].

<http://www.theguardian.com/society/2015/feb/01/mental-health-care-pushed-breaking-point-lack-beds-psychiatrists-nhs-hospitals>.

¹² "Panorama – Britain's Mental Health Crisis". Thomas, Ceri. 26th October 2015. BBC Panorama. <http://www.bbc.co.uk/programmes/b06n447l>.

¹³ Shah, Neha. "David Cameron has created a mental health crisis that can't be solved with £1 billion worth of funding". 12th January 2016. Independent online. [cited 27th February 2016]. <http://www.independent.co.uk/voices/david-cameron-has-created-a-mental-health-crisis-that-cant-be-solved-with-1-billion-worth-of-funding-a6807631.html>.

¹⁴ Ibid

¹⁵ Ramesh, Randeep. "UK's mentally ill people more likely to be found in jail than hospital". 13th November 2014. The Guardian online. [cited 27th February 2016]. <http://www.theguardian.com/society/2014/nov/13/mentally-disturbed-prisons-matthew-williams-health-services>

These are groups of professionals who identify prisoners with mental-ill health and offer a treatment service. In fact, in 04-05, there was an 18% reduction in prison suicides, which coincided with the introduction of the In-Reach teams to prison¹⁶. This highlights the success of prison programs, with other similar ones existing and equally effective. However resources are generally too strained for programs like these to be efficient all the time. Furthermore, these cuts to mental health provision will likely affect the provision of community services, so offenders with mental health issues will be cyclically in and out of hospital and prison; this means they cannot get the appropriate treatment. In this respect, prisons meet the needs of offenders with mental health issues to only a small extent, as - despite the availability of services - the delivery and resultant effectiveness of many of the prison-run support schemes are poor. However, this is perhaps only natural, as the prison system is not specifically designed for this function.

One of the factors causing this inability to treat mentally ill offenders is the increasing number receiving custodial sentences. According to David Strang, HM Inspector of prisons, too many offenders with mental health are being given time in prison and "slipping through the net" when they could be more effectively treated in the community¹⁷. One of the main factors driving this problem is that there is not enough taken on board when sentencing offenders in respect of their mental state. In most cases, prosecutors will just look at the facts of the case in front of them and pay little attention to whether the offender may have a mental health issue; this means the result is usually similar to what it would be for a mentally stable person and the prison population grows, further squeezing resources in prisons.

¹⁶ Steel, Julie et al. "Prison mental health inreach services". April 2007. The British Journal of Psychology. [cited 14th March 2016].
<http://bjp.rcpsych.org/content/190/5/373>.

¹⁷ Marshall, Chris. "Too many people in prison who 'shouldn't be there'". 7th October 2015. The Scotsman online. [cited 27th February 2016].
<http://www.scotsman.com/news/too-many-people-in-prison-who-shouldn-t-be-there-1-3910353>.

A large part of the problem as to why prison cannot cater for the mental health needs of offenders is because of the environment itself. The isolation and noise, amongst other things, make the setting severely unpleasant - for everyone - but this is particularly true for people with a mental health issue, as the problem is exacerbated in this setting. This may go some way to explaining why there is such a prevalence of self-harm and suicide within prison. 46% of women prisoners reported having attempted suicide at some point, more than twice the rate of male prisoners (21%) and higher than in the general UK population (6%)¹⁸. Equally, there has been a 25% increase in the number of suicides of people with mental ill health according to 44 of 52 mental health trusts¹⁹. It seems although putting someone who is vulnerable, suffering from a mental health problem, into a prison environment is simply going to make the problem worse. It would be much more effective if mentally ill offenders were able to serve their sentences in the community with a family support network around them, backed up by a multi-agency network. This would likely lead to more effective treatment than just locking up offenders, especially those with mental health issues.

Overall, then, prison seems not to be the answer for mentally ill offenders. Although the service tries to accommodate offenders with mental health issues, the custodial method is much too inefficient and is a strain, not to mention unnecessary waste, on prison service resources and staff time. From the lack of effective rehabilitation to the unsupportive and unwelcoming prison environment, prison simply does not treat offenders with mental health issues properly. The best approach would be to create a web of agencies who are able to offer community support, housing support, drug/ alcohol treatment and rehabilitation programmes. For this reason, more money should arguably be allocated to this and less to just locking up offenders, as recidivism is not going to fall until such a measure is taken.

¹⁸ "Mental Health Care in Prisons". Prison Reform Trust. [cited 2nd March 2016]. <http://www.prisonreformtrust.org.uk/projectsresearch/mentalhealth>.

¹⁹ "Panorama – Britain's Mental Health Crisis". Thomas, Ceri. 26th October 2015. BBC Panorama. <http://www.bbc.co.uk/programmes/b06n447l>.

“Critically assess the view that offenders with mental health issues should be given non-custodial sentences.”

(1275 words)

Whilst it is clear that prison is not the right option to treat offenders suffering mental ill-health, it could be said to be more prudent to give them non-custodial sentences instead. This does seem like the apposite method, so long as the offender is not considered dangerous - in which case they should serve their sentence in a psychiatric hospital. Scotland, in 2013-14, sentenced just 13% of all offenders to a custodial sentence and has seen a slowly falling prison population since, suggesting there could also be some benefits related to recidivism rates, alongside the clear attraction of keeping mentally ill offenders out of the prison environment²⁰. In the main, it makes a lot more sense to offer more non-custodial alternatives to offenders with mental health issues; as already described, the prison atmosphere is not suitable for mentally ill offenders. Therefore, putting them into the community, where they are able to maintain interaction with friends and family would allow them to serve the length of their punishment, but equally could aid their treatment, mentally. In fact, 63% of 89 people surveyed for this dissertation said that more non-custodial sentences should be given to mentally ill offenders, with 81% saying that more money should be invested in rehabilitation schemes instead of simply imprisoning offenders with mental illnesses²¹.

Due to budget cuts, and psychiatric hospitals now operating at over 100% capacity, there has been a slight increase in the number of people put into community support systems²². According to Maria Kane, the Chief Executive at Barnet, Enfield and Haringay Mental Health Trust, there is now more

²⁰ “Bromley Briefings Prison Factfile – Autumn 2015”. Prison Reform Trust. [cited 27th February 2016].
<http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Factfile%20Autumn%202015.pdf>.

²¹ Self-conducted survey on “Mental Health and Prison”.
[https://www.surveymonkey.com/summary/_2BKq3XqwPSnx2_2B8jfDhZ7m48TxilYC\]cUMoZlWcVM_2BNs_3D](https://www.surveymonkey.com/summary/_2BKq3XqwPSnx2_2B8jfDhZ7m48TxilYC]cUMoZlWcVM_2BNs_3D).

²² “Panorama – Britain’s Mental Health Crisis”. Thomas, Ceri. 26th October 2015. BBC Panorama. <http://www.bbc.co.uk/programmes/b06n447l>.

treatment in the community, with only "severely and acutely unwell" people as inpatients²³. The increased demand for mental health services and cuts to the number of beds has made community treatment a much more attractive and effective option, with Crisis Resolution Home Treatment (CRHT) teams providing 1 to 1 support to offenders and others with mental health, and trying to prevent the need for hospital admissions. The problem here is, again, funding and this means that in some cases there are as many as 11 people that have to be looked after by the CRHT in one shift, which seriously affects efficiency²⁴. This is not a problem unique to the UK. Between 2009 and 2012, Illinois received a cut to its mental health funds by 32%, leading to the closure of 6 out of 12 mental health facilities in Chicago²⁵. This same period saw a \$131 million increase in spending on hospitalisations and institutionalisations, due mainly to the sudden lack of support available, and the inability to offer community support alongside non-custodial sentences²⁶. In both the UK and USA, this severe lack of funding means that mental health services are not capable of providing the necessary services. Resultantly, prisons are having to house more mentally ill offenders in prison, or the already over-capacity psychiatric hospitals, because housing support, for example, is not available otherwise.

One of the main attractions of non-custodial sentencing is that offenders are able to maintain a certain level of stability and independence, which can be a lot more economically efficient in the long run - so long as a suitable support network exists. The useful thing about serving a sentence in the community is that the offender can build/ keep support in place, whereas if they are coming straight out of prison (especially in the case of someone who is vulnerable, resultant of a mental health issue) then they have not had the same opportunity to preserve a system of help. Indeed, it is often the case that mentally ill offenders who serve a custodial sentence are "shot back out into

²³ Ibid

²⁴ Ibid

²⁵ "Institutionalised: Mental Health Behind Bars". 8th April 2015. Vice News. <https://news.vice.com/video/institutionalized-mental-health-behind-bars>.

²⁶ Ibid

the street with no support network"²⁷. This revolving door of crime and offending becomes extremely expensive, particularly in the case of offenders with mental ill health, who cost 3 times as much to house as ordinary prisoners²⁸.

For a non-custodial approach to be effective, however, there needs to be a multi-agency system in place who are capable of providing support for the offender whilst they are serving their sentence within the community. This should range from housing support to help with addiction and depression. Unlike in a prison, a multi agency support network would allow offenders to get help relative to their subjective situation, as opposed to being swallowed up and treated like a number. This approach may also assist the treatment process as its presence shows consideration, which could be key to not only helping someone's mental state, but also lower recidivism rates.

There are significant benefits to using more non-custodial sentences for mentally ill offenders, alongside the obvious financial gains. One of these advantages is the lightening of pressure upon the Criminal Justice System, who simply have to sentence the offender and then pass them onto the relevant agencies (unless they require a heavier sentence), saving a very large amount of court time. This will, equally, spare resources in prisons, as there will be fewer wardens required for things like suicide watch and mental health rehabilitation groups within the prison. Furthermore, the potential drop in recidivism will prevent the need for police time to be 'wasted'. As it stands, it is estimated that about 20% of police time is spent dealing with mentally ill offenders, a disproportionately high number, especially at a time when police budgets are also being squeezed²⁹. Pilot schemes like one in Leicestershire demonstrate how both police time and money could be saved. Here, a system operates whereby all response cars to offenders/ people deemed mentally ill had a psychiatric nurse present to try and prevent the need to take them into

²⁷ Ibid

²⁸ Ibid

²⁹ "Panorama – Locked Up for Being Ill?". Giles, Tom. 9th September 2013. BBC Panorama. <http://www.bbc.co.uk/programmes/b03b59yw>.

either a hospital or into police cells. The result was astounding; a 40% drop in the need for section 136's (temporary detainment of a person under the Mental Health Act)³⁰.

It could be argued that there is also scope for alternative therapy for mentally ill offenders within the community. Something like the Airborne Initiative which saw offenders taken to a remote location, where they would do outdoor physical activities and be counselled³¹. This could potentially help treat mentally ill offenders to a large extent and lower re-offending as well as the need for custodial sentences and prison resources. Equally, something similar to the initiative to teach mindfulness meditation to Britain's most dangerous prisoners might also work for offenders with mental health issues, as part of a non-custodial sentence - particularly for bipolar offenders, prone to violently lashing out³².

It is clear that it would be much more beneficial for both the offender and the CJS if more non-custodial sentences were given to offenders with mental ill health. Not only would it save court time and prison resources, but could also potentially save a lot of police time and money, crucial when budgets are facing cuts. Alongside this economic advantage, and more importantly, there is the simple benefit that allowing offenders with mental health issues to serve their sentence in the more comfortable and supportive setting of the community could aid their personal recovery as well as lowering recidivism. However, despite the fact that it is cheaper to house a mentally ill offender in the community or in a psychiatric hospital rather than prison, the way the budget is allocated for Justice means that mental health services miss out,

³⁰ "Panorama – Britain's Mental Health Crisis". Thomas, Ceri. 26th October 2015. BBC Panorama. <http://www.bbc.co.uk/programmes/b06n447l>.

³¹ McArdle, Helen. "Airborne Initiative poised to take off again – in England". 10th June 2012. Herald Scotland online. [cited 27th February 2016]. http://www.heraldscotland.com/news/13061160.Airborne_Initiative_poised_to_take_off_again_in_England/.

³² Booth, Robert. "Britain's most dangerous prisoners to get meditation lessons". 19th October 2015. The Guardian online. [cited 27th February 2016]. <http://www.theguardian.com/society/2015/oct/19/britains-most-dangerous-prisoners-to-get-meditation-lessons>.

thus there is seldom enough in the way of money for them to be able to operate effectively. In summary, it would be much better to increase how many non-custodial sentences are given to mentally ill offenders, but firstly, more funding needs to be allocated to this area.

“When it comes to the mental health of offenders, the UK get it wrong, while others get it right. Discuss.”

(1239 words)

The UK clearly do not cater effectively for the mental health needs of offenders and it seems clear that more should be given in the way of community based sentences for mentally ill offenders. However, the question remains over how well the UK does when compared to other countries. The rehabilitation based approach of Scandinavian nations and the more punishing system in the USA offer clear indicators of where the UK should be headed. In the USA, it is thought around 55% of offenders in state prisons have a mental health disorder, with this figure rising to 63% for local jails, but the figures could easily be much higher due to the generally poor system for screening mental health issues in American prisons³³. Whilst the figures of mentally ill offenders varies from nation to nation, which could be down to a number of factors, one of the most crucial things - and a significant basis on which to judge the success of countries in dealing with mentally ill offenders - is the presence of a rehabilitation network within the prison and then a multi-agency support network providing stability after release. After reviewing these factors, for the UK and international comparators, it should become clear that, whilst some nations deal with mental health in the penal system better, there are certainly other countries whose systems are much worse.

Since the USA is generally considered the 'incarceration nation', it stands to reason that, due to its high prison population - 707 people are prisoners per 100,000 of the country's population - it would also have a high prevalence of mentally ill offenders in jail³⁴. Indeed, as already mentioned, over half of those in state prisons - about 1.2 million prisoners - show signs of a mental illness, but, shockingly, it is believed that around 20% of US prisons do not offer any

³³ Khazan, Olga. "Most Prisoners Are Mentally Ill". 7th April 2015. The Atlantic Online. [cited 14th January 2016]. <http://www.theatlantic.com/health/archive/2015/04/more-than-half-of-prisoners-are-mentally-ill/389682/>.

³⁴ "Incarceration Nation". October 2014. American Psychological Association. [cited 14th January 2016]. <http://www.apa.org/monitor/2014/10/incarceration.aspx>.

mental health services. This figure highlights the extent of the mental health problem in US prisons; with only 80% offering mental health services - bearing in mind that even some of the ones available will not effectively rehabilitate/ treat mentally ill offenders - the problem only seems to be growing. In the main, the issue is exacerbated due to the lack of a stable support network outside the prison system, which is particularly significant for those who suffer from a mental disorder. If someone leaving prison does not have the necessities readily available, such as housing, benefits/ a form of income and rehabilitation programmes, then it is likely that they will enter a cycle of offending and therefore will consistently be in and out of a system that will not adequately cater to their needs. The necessity of a support network is perhaps best revealed by the crimes that are generally committed by mentally ill offenders. As one report about Cook County Jail says, "the overwhelming majority had been arrested for 'crimes of survival' such as retail theft (to find food or supplies) or breaking and entering (to find a place to sleep)"³⁵. This puts in perspective just how important it is that offenders, especially those who are more vulnerable, get the correct treatment in whatever facility they may be assigned to.

In part, this high number of mentally ill offenders being put behind bars is due to the shortage of hospital beds at state institutions - a problem widely felt in the UK, too. The actual statistic highlights the extent of the issue, with a 95% drop in the number of beds available at psychiatric hospitals between 1955 and 2005 and a further 14% drop on that figure between 2005 and 2010³⁶. Another big factor in explaining this is the more regular use of prisons over state hospitals for offenders. A 'Mental Health America' article makes the point that "over the past 50 years [America has] gone from institutionalising people with mental illnesses, often in subhuman conditions, [in state mental health hospitals] to incarcerating them at unprecedented and appalling

³⁵ Ford, Matt. "America's Largest Mental Hospital is a Jail". 8th June 2015. The Atlantic online. [cited 15th January 2016]. <http://www.theatlantic.com/politics/archive/2015/06/americas-largest-mental-hospital-is-a-jail/395012/>.

³⁶ "Trends in Hospital Bed Availability". Treatment Advocacy Center. [cited 15th January 2016]. <http://www.tacreports.org/trends-in-availability>.

rates—putting recovery out of reach for millions of Americans...³⁷. The current level is much higher than ever before, and with the closure of more and more state hospitals due to budget cuts, the problem will surely only get worse for the US.

In direct contrast to the US and their 'punishment orientated' approach, Scandinavian nations, such as Finland and Norway, have prison systems that are much more geared towards rehabilitation. Not only does this method lead to lower recidivism rates amongst all offenders - the recidivism rate in Norway is about 20%, 55% lower than the US rate - but the general prison environment in these countries is a lot more suitable for mentally ill offenders³⁸. Resultantly, even if these countries do have shortages in the provision of psychiatric beds in state institutions, their penal system is adequately equipped in its own right to treat mental health. One of the driving forces behind the success in the Scandinavian system is their extensive use of 'open prisons', whereby prisoners are able to leave the prisons during the day to work/ train and then they return to serve a certain number of hours. This approach focuses on the mantra that 'there is no punishment so effective as punishment where no one announces the intention to punish' which clearly differs from the US approach³⁹. Another differing practice between most countries and Scandinavian countries when it comes to mental health and penal policy is the categorisation of mentally ill offenders. Offenders deemed to be mentally ill are given a much more individualised rehabilitation schedule, which, again is something that differs massively from the US approach, but it somewhat similar to the UK method. Overall, the Scandinavian outlook on

³⁷ "Mental Health Treatment in Correctional Facilities". Mental Health America. [cited 16th January 2016]. <http://www.mentalhealthamerica.net/positions/correctional-facility-treatment>.

³⁸ Sterbenz, Christina. "Why Norway's prison system is so successful". 11th December 2014. Business Insider online. [cited 16th January 2016]. <http://uk.businessinsider.com/why-norways-prison-system-is-so-successful-2014-12?r=US&IR=T>.

³⁹ Larson, Doran. "Why Scandinavian Prisons Are Superior". 24th September 2013. The Atlantic online. [cited 16th January 2016]. <http://www.theatlantic.com/international/archive/2013/09/why-scandinavian-prisons-are-superior/279949/>.

penal policy in general is a much more humane one, which has countless benefits for prisoners, and those with mental health disorders in particular. The fact that they consider the removal of one's liberty the real punishment means that the prison system is able to work with prisoners to rehabilitate them and offer them a strong support network for when they are released.

In conclusion, it would be reasonable to suggest the UK sits somewhere in the middle of the spectrum of effective penal policy in relation to mental health. Whilst we have seen, in previous chapters, that they do have an extreme problem with bed shortages in psychiatric hospitals - meaning there is a significant over-representation of people with a mental health issue - the UK does have the foundations of an effective support network both in and out of prison. The main problem lies in the lack of funding available, meaning it is difficult to provide the necessary programmes to everyone. However, compared to countries like the USA the UK fares relatively well. The collectivised approach, whereby everyone is treated the same, means that offenders with mental ill health enter a 'revolving door' of crime and are constantly in and out of institutions that offers them no benefit. In Norway and Finland, the penal system is tailored much better to mentally ill offenders. The desire from these countries' respective penal systems to reform offenders has a profound impact on how they are treated within the system and, by extension, the availability of effective support both inside the facility and after release. Therefore it would be fair to suggest that the UK does worse than some countries and better than others in respect of penal mental health.

Conclusion

(523 words)

It is clear that Britain faces a challenge over how to properly handle the issue of mentally ill offenders and correctional policy. As it currently stands, more and more people are being sent into a prison system which does not remedy their mental health needs, and with budget cuts only increasing in this area, the problem looks like it can only get worse. Although services are already in place, such as those for addiction, depression and behaviour, in many cases the ability to provide these services is falling, and as more offenders are imprisoned the intensiveness of provision will tumble⁴⁰. However, overcrowding and funding are not the only problems; there also remains the problem of the programmes simply not being implemented well enough and not being suited to the individual needs of offenders. As each individual has their own circumstance and set of issues, generalised services will not be appropriate to treat them.

Indeed, it would make much more sense to use increased non-custodial sentences for mentally ill offenders, mainly because this would, by and large, be able to combat the requirements that a custodial sentence cannot. Being in the isolated atmosphere of prison does not help treat an individual's condition, which can be seen in the UK recidivism rate of c. 26%⁴¹. It can be assumed that a large proportion of these re-offenders have mental health disorders because of the clear over-representation of these types of people in the prison population. There is a strong argument that the recidivism rate is where it is because offenders are pushed out of prison without having any support in place, and in some cases, not even necessities such as housing or benefits. By keeping the offender out of prison they are able to maintain housing, benefits, relationships with friends and family and employment/ training, whilst

⁴⁰ Johnston, Philip. "Violent crime is down. The prison population has doubled. Might there be a link?". 24th April 2013. The Telegraph online. [cited 16th January 2016]. <http://blogs.telegraph.co.uk/news/philipjohnston/100213659/violent-crime-is-down-does-that-mean-prison-works-after-all/>.

⁴¹ "Overall reoffending". Open Justice. [cited 16th January 2016]. <http://open.justice.gov.uk/reoffending/>.

serving their sentence. This stability is, many believe, the best way to treat mentally ill offenders. Statistics from the Mental Health Research Network show that 'on average, treatment caused a 12% decrease in recidivism. Best results were generated following behavioural and cognitive-behavioural programmes, causing an average 23% reduction in recidivism'⁴². This evidence highlights the potential benefits of offering support programmes alongside non-custodial sentencing.

Despite all of this, the UK is by no means the worst country when it comes to mental health within the penal system. Somewhere like the USA, where prison is seemingly the favourable option to deal with offenders, fares much worse in its treatment of offenders, particularly the mentally ill amongst them, which can be seen in its extremely high recidivism rates. On the other hand there are countries, particularly the Scandinavian nations, whose penal policy is almost designed to cater for the specific requirements of mentally ill offenders. Their heavily concentrated rehabilitation approach really focuses on what every individual needs in order to better themselves and generally delivers. As such, these countries are amongst the world leaders in this field.

Whatever way it is looked at, it must be obvious that prison is not the right place for the majority of offenders; however, this holds exceptionally true for offenders with mental health disorders.

⁴² Senior, Jane. "Alternatives to Custody for People with Mental Health Problems". December 2011. Offender Health Research Network. [cited 16th January 2016]. <http://www.ohrn.nhs.uk/OHRNResearch/AltCust.pdf>.

Appendices

Appendix 1 – Excerpt 1 from interview with George More

George More: "I've got a list of your dissertation titles, and this is probably not doing justice to them, even in the slightest, but they are terrific subjects. I can't really comment as a researcher or an academic but let me just give a one sentence reply to each: 'Mental health in prison - does this need reform?' Yes, about 30% of people, at least, who got prison have mental health problems. Half the criminals we represent have mental health problems."

Excerpt 2 from interview with George More

"... 'Are prisons ineffective?' Generally speaking, yes. They warehouse people. Yes, people should go to jail if they are dangerous to the community but most people are not dangerous, and if there was another way... I think community service and other non-custodial disposals are far better, but that's just a short answer."

Appendix 2 – Excerpt from interview with Lord Clarke

Louis Bendle: Do you think there is enough available in the way of support for people with mental health issues, within the criminal justice system?

Lord Clarke: No, I don't think so and I think this is becoming a political issue now as far as I can see. All the political parties are now bringing mental health issues up to the forefront of discussion and I think that is before time, because again, a lot of people who appear before the courts are mentally ill...

Appendix 3 – Excerpt from interview with Dr Debbie Nelson

Dr Nelson- ...so I suppose it's just all about getting people in the right place at the right time, and being in the state hospital is probably not a soft option either. People say, "Oh what if people fake illness or pretend they are ill". If you do something really awful and pretend you're ill, and somehow you fox people - which is very unlikely - but you could end up on a restriction order for 20 years and if you got a life sentence you might be out in 11. So faking mental illness doesn't really do you any favours. The state hospital might be a

really nice, newly rebuilt snazzy looking place, which is maybe more pleasant than the prison, but you're still locked in a high secure hospital with a big perimeter fence; it's not ideal. If you do go to prison, but become ill along the way, then you can get shipped back to hospital and it's just a big circle that goes round and round and round.

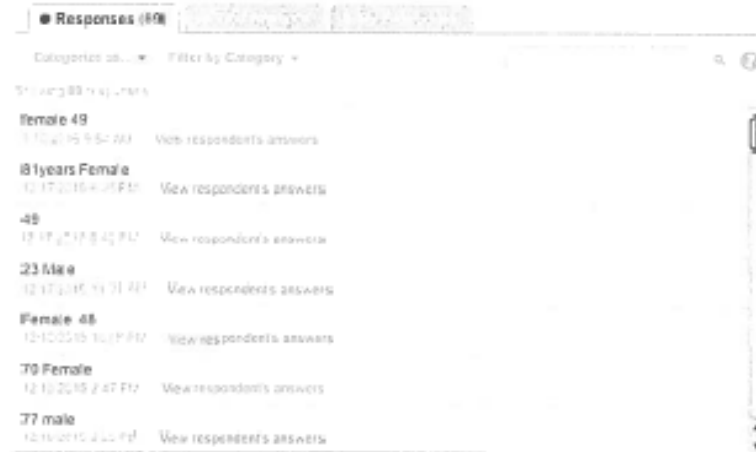
Freddie Heath- Do you think there are any alternatives to prison that don't exist, but should?

Dr Nelson- There are lots of options available within the criminal justice system, like community sentences, so people can be given things to do in the community like 'x' hours of community service. So for 150 hours you go and sweep the park up or fix the road or do whatever; a lot of that already exists. If you're a drug user, there are things called DTTO'S, which are Drug Treatment and Testing Orders. Because drugs can be an issue for people, you have to go regularly and be tested. They can be breached, so if you do take drugs then you can be recalled to hospital. There's things like probation orders, so if you're a very angry man who keeps beating his wife up, for example, you might say, "we'll try a probation order at first", so basically you don't go to prison but you see your probation officer every week and through that you might have to do things like anger management therapy or anything that is going to reduce the spiral of beating up your wife. It's hard to think what other things are out there, it might be what we've got could be used a bit more wisely, use the community resources and keep prisons for people who really have to be off the streets, cause as I say, I think for some people it's a revolving door. They are in there and they learn how to become better criminals and it's £40,000 a year to keep one prisoner in jail, so it's money that could be well spent elsewhere.

Appendix 4 – Results from surveymonkey.com survey on 'Mental Health and Prison', conducted by myself.

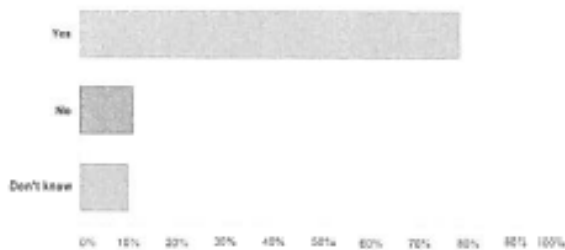
What is your age and gender?

Answered: 88 Skipped: 0



Do you think the UK public has a stigma against mental health issues?

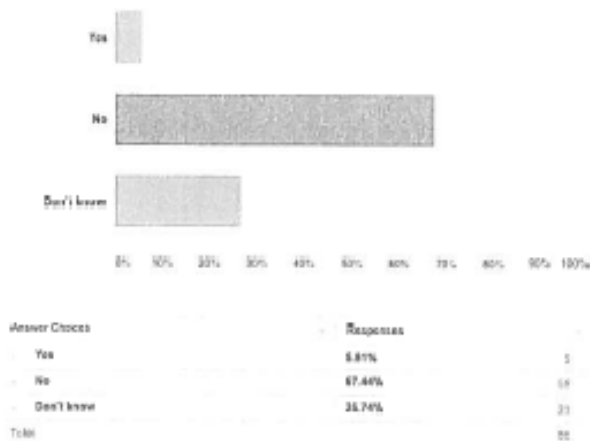
Answered: 88 Skipped: 1



Answer Choices	Response	
Yes	78.41%	88
No	11.36%	10
Don't know	10.23%	9
Total		88

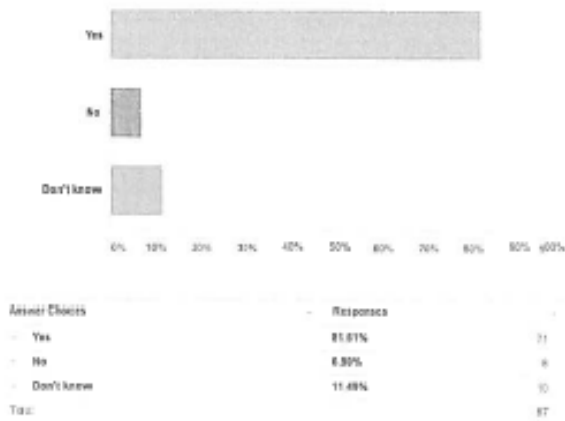
To the best of your knowledge, do you believe there is enough available in the way of rehabilitation (through the criminal justice system) for offenders with mental health issues?

Answered: 35 Skipped: 3



Do you feel more government funding should be put into supporting offenders with mental health issues (rehabilitation schemes etc.), instead of simply imprisoning them?

Answered: 37 Skipped: 3



What sort of rehabilitation/ support plans do you think should be available for offenders with mental health issues?

Answered: 76 Skipped: 0

Responses (76)

Filter by Category

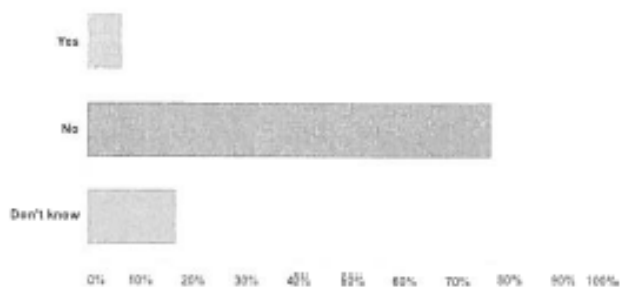
Showing 16 responses

- supported community work skill learning trades painting gardening ect
13/10/2015 9:54 AM View respondent's answer
- Small residential accomodation with support carers.
13/10/2015 9:12 PM View respondent's answer
- Mentoring from people who have been through it and also with groups of people with the same problems and getting support from a community like a church
13/10/2015 10:05 PM View respondent's answer
- Accommodation Food Access to medical help, the natural environment, others with same issues, named person to talk to, employment opportunities or training, fostering of their interests.
13/10/2015 2:47 PM View respondent's answer
- No idea
13/10/2015 2:49 PM View respondent's answer
- Haven't the knowledge to say
13/10/2015 2:50 PM View respondent's answer

[View all responses](#)

Do you think prison is the best way to deal with offenders who have mental health issues?

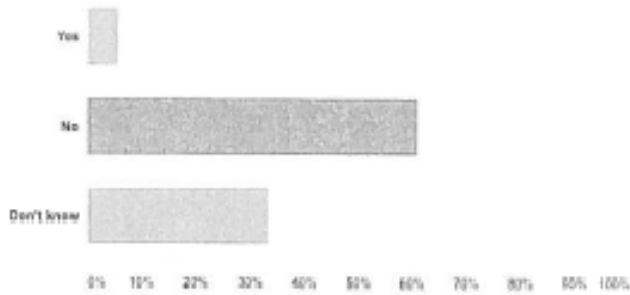
Answered: 37 Skipped: 0



Answer Choices	Response	Count
Yes	6.74%	3
No	76.40%	35
Don't know	16.85%	8
Total		37

Do you think prisons meet the needs of offenders in custody, who have a mental health issue?

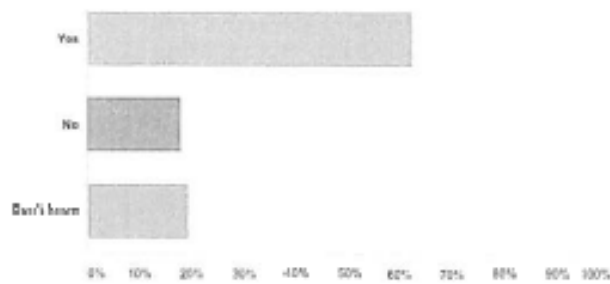
Answered 27 Skipped 2



Answer Choices	Responses	
Yes	5.79%	5
No	68.92%	33
Don't know	33.31%	20
Total		87

Do you feel that there should be more non-custodial sentences (sentences without time in prison) given to offenders with mental health issues?

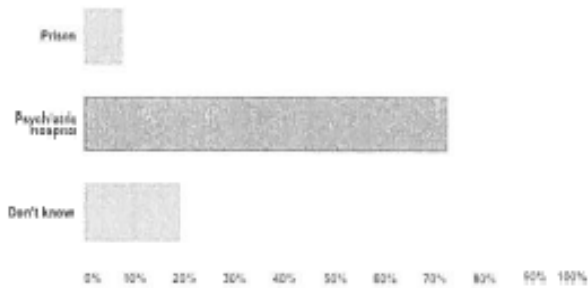
Answered 85 Skipped 1



Answer Choices	Responses	
Yes	62.89%	55
No	18.18%	16
Don't know	19.32%	17
Total		88

Do you think that offenders with mental health issues should be given prison sentences, or should be given a period of time inside a psychiatric hospital instead?

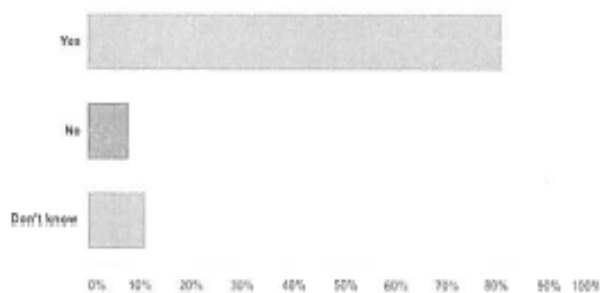
Answered: 81 Skipped: 9



Answer Choices	Responses	
Prison	7.95%	7
Psychiatric Hospital	72.73%	60
Don't know	19.32%	17
Total		84

Do you think a person's mental state (whether or not they are suffering from a mental health condition) should be taken into serious consideration when putting them through the court system for an offence?

Answered: 81 Skipped: 9



Answer Choices	Responses	
Yes	88.00%	72
No	7.87%	7
Don't know	11.29%	10
Total		89

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