

RAPt RESEARCH AND POLICY BRIEFING SERIES

No.2

Substance misuse and mental health in prison



RAPt

THE REHABILITATION FOR ADDICTED PRISONERS TRUST

stopping addiction. stopping crime.

12th May 2015

FOREWORD

This series of RAPt Research and Policy Briefings aims to synthesise over 20 years of practical experience, combined with data and analysis from our in-house research team, to improve our understanding of how to effectively tackle drug and/or alcohol related crime. We hold an in-depth database of more than 6,000 drug or alcohol dependent offenders who have engaged with our accredited programmes. We will use this evidence base to produce regular practice and policy briefings.

BRIEFING 2

This research and policy briefing describes the worrying extent of mental health problems amongst prisoners, and the close correlation between mental health conditions such as depression and post traumatic stress disorders, and substance misuse. However, very little attention is paid to the delivery of mental health services in prisons, and those that are provided have insufficient links to substance misuse services. Interventions proposed in the Bradley Report provide a way forward for policy makers, as they pursue a commitment to a step change in mental health service provision.



INTRODUCTION

All of the leading political parties have acknowledged that mental health provision is the poor cousin of physical healthcare and have committed to substantially improving funding and services in the new parliament.

However, no party has committed to improve mental healthcare in prison – which is the place where increasing numbers of mentally ill and other vulnerable individuals are being held, and are not getting their needs met.

This is despite the fact that 2014 saw the highest number of self-inflicted deaths in English and Welsh prisons ever recorded, with 141¹ inmates taking their own lives. There has also been a recorded 9% increase in the incidents of self harm between 2012 and 2014².

It is probably no surprise that re-offending rates remain stubbornly high; latest MoJ statistics³ found that 57% of those serving short (less than 12 months) prison sentences re-offend within one year of release.

SCALE OF PROBLEM

Lord Bradley's 2009 report on people with mental health problems in the criminal justice system (the Bradley Report⁴) found that prisoners have significantly higher rates of mental health problems than the general public.

Indeed, Bradley found that over 90% of prisoners had one or more of the five main psychiatric disorders (psychosis, neurosis, personality disorder, hazardous drinking and drug dependence).

	Prisoners	General Population
Schizophrenia and delusional disorder	8%	0.5%
Personality disorder	66%	5.3%
Neurotic disorder (e.g. depression)	45%	13.8%
Drug dependency	45%	5.2%
Alcohol dependency	30%	11.5%
Source	Singleton et al (1998) ¹⁵⁰	Singleton et al (2001) ¹⁵¹

Table 1: Taken from The Bradley Report



RAPt DATA ANALYSIS

Bradley highlights the fact that mental health screening in prisons is poorly implemented.

However, RAPt has undertaken a full mental health screen on all inmates participating in our accredited treatment programmes since 2006. We now have data on 6,198 men and 392 women. The results, given in full in the table below, show that prisoners with drug and/or alcohol problems tend to have even higher levels of mental health problems than the rest of the prison population. Our service users present with an average of 3.4 mental health problems each, the most prevalent of which are either a history of trauma or symptoms which indicate Post Traumatic Stress Disorder (PTSD).

RAPt programme participants 2010-2014 (N=3,006)

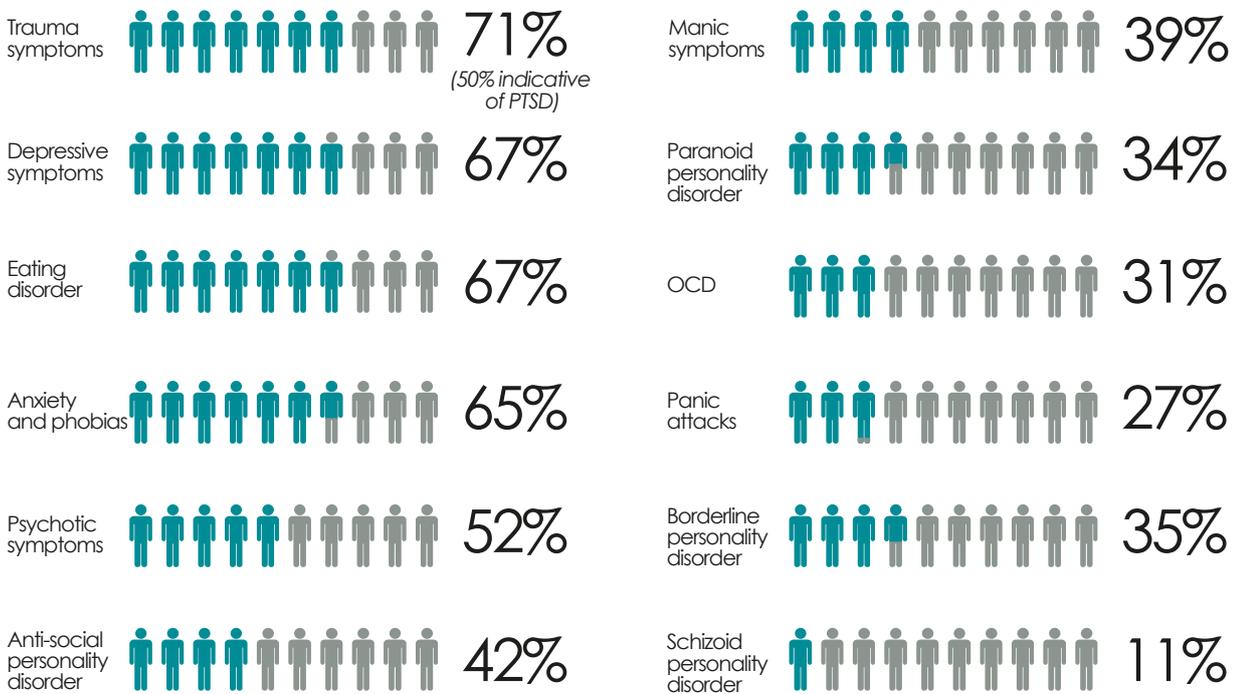


Table 2: Mental health screening based on the Comprehensive Addiction and Psychological Evaluation (CAAPE), Hoffman, 2000.

RAPt's research department has undertaken a study examining the link between mental health problems and rates of reoffending for prisoners with substance misuse problems, and has found that symptoms of depression (found in over two thirds of our service users) are associated with higher rates of reoffending⁵.

KEY ISSUES

Lord Bradley highlighted the issue of dual diagnosis – coexisting substance misuse and mental health problems – in his report, saying:

“Mental health services and substance misuse services in prisons do not currently work well together.”

In his 2014 follow-up report, Lord Bradley found that this situation was unchanged. RAPt's experience is that only the minority of inmates with acute mental health problems currently receive treatment in prison, with the majority having to cope with their problems in a hostile prison environment without dedicated support. We have found that prison healthcare services do not generally undertake a proper screening for mental health problems and are unaware of the high degree of unmet need. Like Lord Bradley, we strongly recommend much greater integration of mental health and substance misuse services.

Over the past two years in particular, the increasing regime restrictions and substantial reduction in meaningful activities have made coping with imprisonment even more difficult for prisoners with substance misuse and mental health problems, evidenced by the increase in self-inflicted deaths and growing levels of self-harm cited at the start of this briefing.

THE WAY FORWARD

In his follow-up report, Lord Bradley recommended:

“The adoption of a more psychosocial orientated model of care to recognise the multiple and complex nature of need and a move towards recovery orientated approaches with a greater role for current and former service users ('experts by experience') in designing and delivering care.”

This accurately describes RAPt's approach, which has developed through 20 years of experience and expertise in working with clients who present with both mental health and substance misuse problems. Peer workers are integral to our work, both in prison and on release.

In response to the prevalence and known impact of trauma symptoms on successful outcomes, RAPt incorporated an additional component into its treatment programmes several years ago entitled, 'Seeking Safety'. This is an evidence-based approach which addresses trauma and substance misuse concurrently and has been linked with overall improvements in wellbeing, depression and relapse.

Since taking this mental health/trauma-informed approach, our treatment completion rates have increased. RAPt now provide Complex Needs Training to all staff to raise awareness and empower them to work with clients with mental health issues and to work in tandem with prison mental health teams.

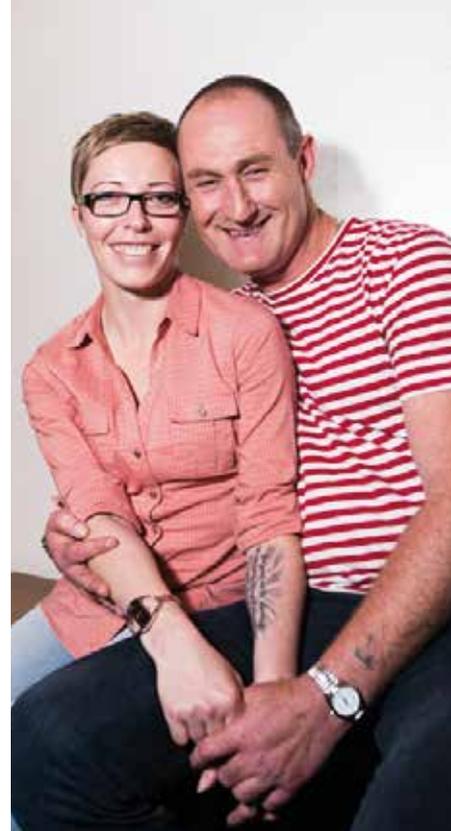
RAPt is the only provider of substance dependence treatment in the UK that also addresses trauma symptoms in its core programmes.



RECOMMENDATIONS

For anyone with mental health problems, coping with prison life is a difficult and stressful time. However, prison should also be an opportunity to provide specialist help and treatment to improve prisoners' mental health and general quality of life and, as a direct consequence, reduce their re-offending on release. There are a number of committed and skilled substance misuse and mental health practitioners in prisons who are currently finding it difficult to deliver this integration in the face of budget cuts and regime restrictions. We make four straightforward recommendations:

1. The incoming government should ensure that the proposed improvements in mental health services incorporate an expansion of prison based interventions. Alongside services for men and women with acute mental health problems such as schizophrenia and psychosis, there is an urgent need for investment in interventions for the large numbers of prisoners coping with trauma, depression and anxiety.
2. NHS England and the National Offender Management Service (NOMS) should bring forward proposals for the greater integration between prison-based mental health and substance misuse services.
3. The availability of psychosocial, peer-based recovery services for this target group should be expanded.
4. Staff from all disciplines should be trained to undertake mental health screens and make appropriate referrals.





REFERENCES

¹ This figure may rise as 14 deaths are still be classified.

² House of Commons Justice Committee (2015) Prisons: planning policies – ninth report of session 2014 – 15.

³ Ministry of Justice (2014) Statistical notice – further breakdowns of a proven reoffending of adult offenders in England and Wales released from custodial or sentences of less than 12 months, by region.

⁴ The Bradley Report (2009). Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system, London: Department of Health.

⁵ Breedvelt, J. J. F., Dean, L. V., Jones, G. Y., Cole, C. and Moyes, H. C. A. (2014) Predicting recidivism for offenders in UK substance dependence treatment: do mental health symptoms matter? Journal of Criminal Psychology, Volume 4, Issue 2, pp. 102-115. Link: <http://www.emeraldinsight.com/doi/abs/10.1108/JCP-02-2014-0006>

ABOUT RAPt

RAPt (The Rehabilitation for Addicted Prisoners Trust) works to help people with drug and alcohol dependence, both in prison and in the community, overcome the grip of addiction and lead positive lives, free from drugs and crime.

In 1992 RAPt founded the first drug treatment facility in a UK prison. Today we are the leading provider of intensive, abstinence-based drug and alcohol rehabilitation programmes in UK prisons, providing high-quality drug and alcohol services to over 20,000 people every year within the criminal justice system and in the community.



Briefings in this series (as of 12th May 2015):



RAPt Research and Policy Briefing No 1:

Why reducing drug-related crime is important, and why the new government needs to act



RAPt Research and Policy Briefing No 2:

Substance misuse and mental health in prison



RAPt Research and Policy Briefing No 3:

A successful approach to tackling drug-related crime

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