Are the Needs of Adult Offenders with Mental Health Difficulties being met in Prison and on Probation?

An tSeirbhís Phromhaidh
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Overview

‘Fact: if you’ve a mental illness you’re far more likely to go to prison’ (The prison trap, 2013).

People with mental illness are significantly overrepresented in the criminal justice system. Many policy makers and practitioners have labelled this phenomenon the ‘criminalisation of the mentally-ill’ (Ringhoff et al., 2012).

-This study explores the prevalence of mental illness amongst offenders

-Examines the treatment of offenders with mental health difficulties in prison, through diversion programmes and on probation

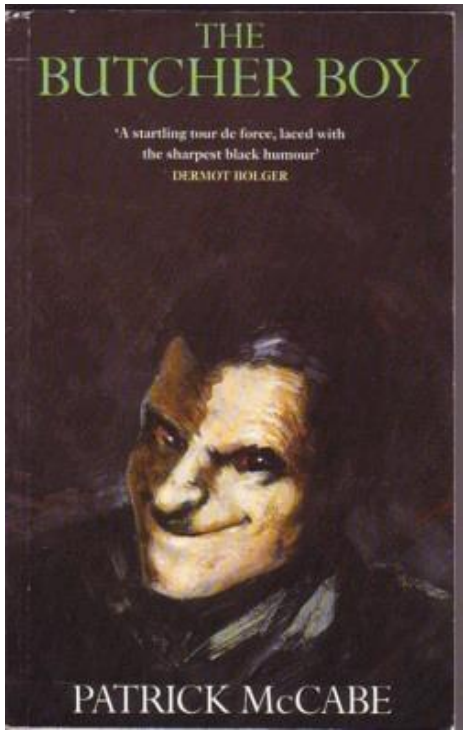
-Proposals are made for the development of probation policy and practice in this area

Introduction

‘Monaghan District Lunatic Asylum’
‘The Return of Idiots and Lunatics in Institutions in 1901 and 1911’

‘It’s when you’re took off to the garage...when the truck comes and tows you away’.

(The Butcher Boy , 1992, p.9).



Rationale

- The Rationale for this study is set against the backdrop of dramatic changes in the law in Ireland:

- The Mental Health Act 2001

- The enactment of the Criminal Law (insanity) act 2006

- 'A Vision for Change' – 2006- 'Every person with serious mental health problems coming into contact with the forensic system should be afforded the right of mental healthcare in the non-forensic mental health services unless there are cogent and legal reasons why this should be done (DOH, 2006).

Sociological Perspective of mental illness

- **Foucault -'Madness' in the middle Ages'**
- **De-institutionalisation**
- **Coercive Confinement in Ireland**

Penrose Law


Prisoners (000s)
Mental hospital beds available (000s)
90
80
70
60
50
40
30
20
10
0
70
60
50
40
30
20
10
0
1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997

What is the prevalence of mental illness among offenders and is there a relationship between both?

- **Assessing the causal link between mental illness and criminal behaviour is complex..**

- **Violence is neither the only nor the most prevalent offence committed by offenders with mental health difficulties.**

- **Instead many studies focus social problems instead -**

Unemployment, financial difficulties, intellectual disabilities, health & social care needs, substance misuse problems, low levels of education, limited family or social networks and homelessness has been strongly linked to the elevated risk of the re-incarceration of the mentally ill.

- **‘ People with mental illness are often the poorest , often homeless, socially and psychologically, educationally and vocationally challenged individuals in our communities’ (Soderstrom, 2007:4).**

Prevalence of mental illness among prisoners

* Landmark study Sing Sing prison admissions 1918
* Evidence worldwide 1 in 7 prisoners have a treatable mental illness.
* 2011 study indicates one out of 10 million suffer with a significant mental disorder (schizophrenia, bipolar disorder) .Even higher proportion – anxiety & depression.
* Worldwide systemic review 2002 of serious mental disorders in prisoners showed pooled prevalence of psychosis was 4%, major depression 10.2%ries .
* 2012 study, 33,588 prisoners worldwide in 24 countries - psychosis 3.6% in male and 3.9% in female. Major depression 10.2%, male & 14.1% in female.
* Similar findings by Duffy, Linehan & Kennedy (2009) confirmed in Irish prisons.
* Overall elevated rates of psychiatric disorders including psychosis, schizophrenia & depression in prisoners compared with general population.

Prevalence of mental illness among probationers

* While research has demonstrated the high prevalence of mental illness in the prison population, relatively little is known about those serving community sentences.

* In the US each year approx 5 million offenders are subject to community supervision and approximately 16% are estimated to have a serious mental illness (Wolff *et al.*, 2013).
* In the UK a survey of the population subject to probation supervision in Lincolnshire, estimated that approximately 39 per cent of individuals in the probation population had a current mental illness with anxiety disorders being the most common diagnosis (Brooker, 2012).
* To date no research exists on mental illness within the probation population in the Republic of Ireland, highlighting a major knowledge gap in this area.

Findings in relation to the prevalence of offenders with mental health difficulties on probation in Ireland

- To address this gap, statistical data was obtained from the Irish Probation Service on the prevalence of mental health difficulties among offenders on probation. This data is drawn from collated Level of Service Inventory – Revised (LSI-R) Assessments, conducted in 2012.

- The unpublished data on the population of offenders under supervision in 2012 suggests the prevalence of mental illness among offenders on probation in Ireland is high.

Selected Responses Q46-50 from LSI-R Assessments (2012)

* 6,018 LSI-R assessments conducted in 2012 on 4,884 clients nationally.
* 33.7 per cent of clients assessed in 2012 responded as having had ‘mental health treatment in the past’.
* 15.8 per cent were engaged in some form of psychiatric treatment at the time of the assessment.
* 12.6 per cent identified as requiring a psychological assessment, while 3 per cent were identified as displaying psychotic symptoms.
* Finally,30.8 per cent were classified as experiencing ‘moderate interference’, meaning they were assessed as exhibiting some signs of distress, mild anxiety, or mild depression.

An interpretation of the findings

- Scoring relating to 'moderate interference', 'severe interference', 'active psychosis' and 'psychological assessment indicated' are at the discretion of the interviewer.

- Although Probation Officers are trained in using the LSI-R risk assessment instrument, there is no specific mental health awareness training provided.

- Data indicates that Probation Officers have assessed a high proportion of people on probation caseloads with mental health needs.

- However there are no practice guidelines, protocols or a specific mental health policy within the Probation Service in Ireland currently for working with this client group. This clearly requires attention.

It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones'

(Nelson Mandela, 1994)

* Jails have become the largest de facto treatment settings for the mentally ill.

- Challenges faced by mentally ill prisoners are exacerbated by a lack of adequate funding, inadequacies in facilities, healthcare & psychiatric care. These challenges have been documented by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment of Punishment. (ECPT). 6 visits to Ireland. Prisons failing to meet basis human rights standards of safe and humane custody.

- Bradley review in the UK documents a growing consensus that prison exacerbates mental ill health, heightens vulnerability & increases the risk of self harm and suicide.

- Who – highlight specific factors- which contribute to mental ill health- overcrowding, violence, enforced solitude or lack of privacy, lack of activity, isolation from social contact, insecurity & inadequate services,

Overcrowding & In-cell sanitation

- In- Ireland the use of imprisonment has risen dramatically. More than doubled between 1995 & 2013.

- Reports from CPT & Dept of Justice on deaths in prisons suggest forced integration of mentally ill offenders as a result of overcrowding results in increased rates of mental ill-health, suicide & violence.

- 1998 CPT reported overcrowding in Irish prisons was ‘endemic’. 2011 situation deteriorate further, Single occupancy cells with 3 prisoners per cell in Cork, Limerick- Inmates sleeping 2 in a bed.

- 2013- IPS Census – Re cell occupancy & in-cell sanitation. 3090 cells in Irish prisons, - 1,799 in single cells, 1011 had 2/3, 30 had 4. In-cell sanitation, 12% still slopping out with 39% having to use the toilet in the presence of another prisoner.

Use of Isolation

- US studies: Behaviour stemming from psychiatric morbidity is often dealt with as a disciplinary problem rather illness related behaviour.
- 1991 IPRT report, 'Out of sight, out of mind' highlighted for the first time -mentally ill placed in confinement without proper treatment. 78% in isolation were mentally ill. Confinement makes sick people sicker. Prisoners- naked, no books, radios or personal belongings, no means of calling for help, left in cells with smelly slopping out buckets, a dirty mattress & blanket.
- Call made to ratify the UN Covenant against Torture, degrading and Inhumane treatment and to implement all recommendations from the ECPT. To date these recommendations have failed to be implemented.
- A move in the right direction- Reducing the use of seclusion – High Support Unit,Mountjoy Prison. VFC- Reflect community.

Mountjoy prison, Dublin

Diversion Services

- 'Every person with serious mental health problems coming in contact with the forensic system should be afforded the right of mental healthcare in the non-forensic mental health services unless there are cogent and legal reasons why this should not be done'
  (DOH, 2006: 137).
- Diversion & Liaison Models – Significant policy development in recent decades.

- The Diversion Service at Cloverhill Remand Centre. O'Neill- Majority of crimes committed by mentally ill are minor and non violent & often discriminated against.
- Aim identify, facilitate treatment in lease restrictive environment in the community & broker joined up care with offenders/patients, community psych services, judicary and correctional staff.
- 2006- 2011, 572 diverted. 89 to CMH, 164 to community psych hospitals and 319 to community clinics. Positive but in 1 prison.

Cloverhill Remand Centre

The Probation Service & Mental Health Models in the US

- Wolff (2014)- large population being supervised with mental health illness, examines inter-relationship between symptoms, compliance with treatment, supervision & recidivism.
- Specialised Mental Health Caseloads – SMHC- a relatively new initiative designed to engage clients with mental health difficulties in successful completion of supervision orders.
- New-Jersey model –PO's, trained in psychopathology, co-occurring disorders, criminal thinking styles, case management, problem solving skills, motivational interviewing & stress management.
- Smaller caseloads by expert officers = more effective in securing resources in treatment, services & housing through advocacy & collaboration with mental health service providers.
- Achieved by working with clients towards goals of treatment compliance - recovery orientated,
- Findings support effectiveness- Specialist training & support- Crucial.

Mental health awareness training for Probation Officers

- 2009- CEP conference centring on the concept of a Pan-European Probation Training Curriculum which considered mental health training.

- Specialised training model developed and piloted in the UK. Results create a strong case for mental health specialised training to include factors which impact mental health, stigma & stereotypes, relevant legislation, bi-polar affective disorder, schizophrenia, self-harm & suicide, post-traumatic stress disorder, learning disability, depression, eating disorders, mental health & probation practice, local mental health service provision & referral procedures.

- Whether or not the CJS is the proper place for the mentally ill, their presence creates challenges. Lack of alternative & funding are constantly highlighted- A treatment philosophy is required striking a balance between individual rights & public safety, clear treatment goals and close liaison between mental health service providers and Probation Officers.
- Incorporation of the principals of case management, need for structure, appropriate housing and inclusion of family members.

Implications for probation policy and practice

- A focus on basic human rights and deprivation in prisons.
- Appropriate access to treatment, rehabilitation and resettlement services for those serving a custodial sentence.
- Isolation should not be used for prisoners with pre-existing mental illness.
- ‘A Whole Systems’ approach- Pilot between Cloverhill diversion programme, The Probation Service, CMH and community mental health clinics.
- Treatment Philosophy between mental health service providers and Probation officers.

Recommendations

- Building on findings from the 2012 LSI-R unpublished data a specific study should be conducted.
- The high levels of mental disorder need to be recognised and addressed by probation policy and practice.
- A specific mental health policy needs to be implemented by the Irish Probation Service as a matter of urgency.
- Investment in mental health services has the potential to offset the much higher costs of inpatient psych care and imprisonment.
- Mental Health Awareness Training for Probation officers.
- Protocols need to be established with mental health services.
- Specialised mental health probation officers.

Implications in a wider context

- The Government needs to ratify the UN Covenant Against Torture- Ireland continues to avoid its obligations to adhere to basic human rights and standards.

- Diversion models should be developed at the first point of contact with the CJS.

Conclusion

- Mentally ill offenders in a hopeless situation- In prison - mental health deteriorates, upon release – difficult to access treatment – lack of services & reluctance to treat them- Churning through CJS- street to court to cell and back again!

- Economic realities are forcing administrators to reduce facility beds- the importance of effective community supervision of offenders with mental illness exponentially increases.

- Best practice & therapeutic intervention required for effective treatment for offenders and to create community safety.

Client group failed by the policy of de-institutionalisation & progress painfully slow in relation to the objectives of 'A Vision for Change'. T he Result- Discrimination

' No one in a court, no one in a Garda station, wants to discriminate against the mentally ill but we have to recognise that there are forms of systemic discrimination. In other counties, people get very interested in systemic racial discrimination. But what we have going on here is systemic discrimination against people with severe mental illness'

(Kennedy, 2013:4).

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