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Locked up, locked out – inadequate stats on mental health are failing prisoners. The last reliable data on prevalence of offender mental health problems is from 1998, when the prison population was about half what it is today

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Prisoners are among the most vulnerable people with mental health problems, yet the government does not collect even basic information on how many inmates have a mental illness, or the total number in need of treatment. This means, according to campaigners, that they are being repeatedly let down by the system.

A National Audit Office (NAO) report highlighted the stark lack of data, triggering serious questions about the government's commitment to prisoners' mental healthcare.

The report states that despite evidence of a high prevalence of mental ill health in the prison population, not only does the government not know how many of England and Wales' 85,000-plus inmates have a mental health condition, ministers are unable to pinpoint how much is being spent on mental healthcare.

This lack of robust data is a significant stumbling block to improving provision, the report concludes. It highlights that data compiled by NHS England, responsible for delivering health services in English prisons, does not track "outcomes for prisoners, continuity of care, or service quality", which makes it difficult to calculate or assess need.

What data exists is not shared sufficiently between the bodies that coordinate or deliver services within the adult prison estate, namely NHS England, the National Offender Management Service and Public Health England.

Funding is another contentious area, according to the NAO. The Ministry of Justice (MoJ) estimates a total health budget for adult facilities in 2016-17 of £400m, but there is no breakdown available of mental versus physical healthcare spending.

The upshot is that despite "ambitious" goals for wellbeing in adult prisons, those responsible "do not know the base they are starting from, what they need to improve, or how realistic it is for them to meet their objectives", the NAO reports.

Andy Bell, deputy chief executive at the Centre for Mental Health (CMH), says the dearth of routinely collected, up-to-date and accurate information has been an issue for a long time and represents a gaping hole in prison and health policy.

The last reliable data on prevalence of offender mental health problems is from 1998, according to Bell, a time when the prison population was about half what it is today: "The situation has changed tremendously since then."

The report's findings have proved "particularly" prescient at a time when mental health is being touted as a government top priority but also because the prison system is facing a large-scale "crisis" that is damaging for inmates' mental health, says Howard League for Penal Reform director of campaigns Andrew Neilson.

Extreme overcrowding, greater use of inmates being locked in cells for 23-hour periods and increased violence taking place against a backdrop of severe staff shortages and drastic budget cuts, is having a detrimental effect on the mental health of prisoners, he says.

According to CMH and the Howard League, all of these factors have contributed to a dramatic deterioration in prisoner wellbeing, which at its most extreme is evidenced by record rises in rates of prison suicides (up 32% in a single year between 2015 and 2016).

Self-harm has also spiked (up by 73% between 2012 and 2016) making it all the more crucial that mental health needs are quantified so that adequate care is provided, advocacy groups suggest. Tackling suicide in prisons requires more cash and care.

The Royal College of Psychiatrists attributes the sharp rises in suicide and self-harm, at least in part, to “failures in reaching prisoners who need general medical and specialist healthcare”.

Echoing the NAO, Bell says a starting point would be a government “blueprint for mental health” that assesses the scale of needs among inmates, but which also sets “clear” measurable objectives on health outcomes.

According to the MoJ, moves are already being made in this direction. It says a slew of measures are in the pipeline, such as NHS England efforts to identify which inmates have “specialist” mental health requirements. In terms of prevention, more funding for prison safety, a recruitment drive for officers and a project to address rises in suicide and self-harm are under way.