11. Mental health in prison

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Key points

- Prisoners with mental health problems benefit from good basic prison care. The mental well-being of any prisoner can deteriorate if his or her needs are not met.
- Studies have consistently shown that the prevalence of poor mental health among prisoners is considerably higher than in the community. Prison mental health services should be based on the health needs of prisoners. This might require more intensive and integrated services than in the wider community.
- Prisoners with mental health problems will often also have several other vulnerabilities, such as substance misuse problems, poor physical health, learning difficulties, poor life skills, histories of trauma, relationship difficulties, unstable housing and/or homelessness, poor education and limited experience of employment.
- Mental health treatment and care need to address all the prisoners' needs, including their social needs, and be psychosocial in nature.
- The first step in understanding the mental health situation in a prison population is to ask prisoners their views on their needs and how these might be met.
- All staff working in prisons should have an appropriate level of mental health awareness training, which should cover the specific needs of those with personality disorders.
- Maintaining links between a prisoner and his/her family can be crucial for the mental well-being of the prisoner, for a successful return to society on release, as well as benefiting the family.
- All prisoners should be screened on entry to prison for a range of mental health and related problems. There should also be other opportunities to identify needs.
- Some prisoners suffer from severe or acute mental health symptoms and may benefit from treatment in a psychiatric unit, either in the prison or in a hospital.
- The mental health needs of different groups of prisoners such as women, older prisoners, children and young people, prisoners from minority ethnic or cultural groups and foreign prisoners, may need to be addressed differently.
- Continuity of care is important for a prisoner, including the continuation of treatment that he/she was receiving prior to incarceration and the handing over of care to a community-based provider on release.
- The notion of "mental health recovery" provides a useful approach for prison mental health care services. Mental health recovery is not the same as clinical recovery. It is much more about social recovery and support for sufferers in overcoming social deficits and thereby improving their quality of life.
- Fellow prisoners or ex-offenders can often help to support mental well-being through mentoring.
- Where appropriate, preventing people with mental health problems from entering prison in the first place requires that mental health services liaise with police and courts and provide a diversion service. Comprehensive community care services should see those entering and leaving the criminal justice system as part of their business.

Introduction

This chapter focuses on the basic principles that can guide those with a responsibility for providing prison mental health care. How these principles are translated into practice will vary according to national legislation and the local prison system and culture. Prisoners often come from communities where there is significant deprivation or poverty. Houchin's research in Scotland *(1)* found that in the most deprived communities one man in nine had been to prison at least once by the time they were 23 years of age. These communities also have higher levels of ill health, greater psychiatric morbidity and many social issues. It is important to recognize these factors, as supporting prisoners in maintaining their well-being or treating those with poor mental health is not only a matter of providing the right medication and psychological treatment, but is also about helping them to address their physical health and social needs.

Human and prisoners' rights and basic needs

Blaauw & van Marle *(2)* have pointed out the importance of ensuring that all those incarcerated have their most basic needs and human rights met, such as access to light, food and water and access to exercise and meaningful occupation.

The Standard Minimum Rules for the Treatment of Prisoners include the following *(3)*.

- There shall be no discrimination on the basis of race, colour, sex, language, religion, political or other opinion, sexual orientation, national or social origin,

property, birth or other status and, on the other hand, it is necessary to respect the religious beliefs and moral precepts of the group to which a prisoner belongs (Rule 6).
- Prisoners shall be kept in rooms that are sufficiently large and sufficiently lighted, heated and ventilated (Rule 10).
- Adequate bathing and shower installations shall be provided so that every prisoner may be enabled and required to have a bath or shower … at least once a week (Rule 13).
- Prisoners shall be provided with water and with such toilet articles as are necessary for health and cleanliness (Rule 15).
- In order that prisoners may maintain a good appearance compatible with their self-respect, facilities shall be provided for the proper care of the hair and beard, and men shall be enabled to shave regularly (Rule 16).
- Prisoners shall be provided with a separate bed, and with separate and sufficient bedding which shall be clean when issued, kept in good order and changed often enough to ensure its cleanliness (Rule 19).
- Every prisoner who is not allowed to wear his own clothing shall be provided with an outfit of clothing suitable for the climate and adequate to keep him in good health. Such clothing shall in no manner be degrading or humiliating (Rule 17).
- Every prisoner shall be provided at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served, and drinking-water shall be available to every prisoner whenever he or she needs it (Rule 20).

Additional factors essential to maintaining mental health are:
- reliable, tangible assistance from people, settings and services that facilitate self-advancement and self-improvement;
- recognition of the need to be loved, appreciated and cared for, and of the desire for intimate relationships that provide emotional sustenance and empathy;
- activity and distraction to maximize opportunities to be occupied and fill time;
- safety and environmental stability and predictability;
- privacy or autonomy.

Prison systems that hold children and young people must take into consideration the United Nations Convention on the Rights of the Child *(4),* which underlines the importance of using custody as a last resort.

Equivalence

To meet the health needs of prisoners, prison health care services should aspire to equivalence of care between standards inside and outside prison. This can be defined in different ways. Lines *(5)* warns that caution needs to be used, since equivalence of health care can be defined as providing the same care as is provided outside the prison. Few systems achieve this, but Lines argues that this as a goal is not appropriate. Prison populations do not reflect the communities that surround them; instead prisons represent communities where the prevalence of all illnesses, including and especially mental illness, is much higher than in the community. This might require more intensive and integrated services than in the wider community.

Prevalence of poor mental health

Most prevalence studies have been conducted in developed countries and show consistently that a very high proportion of prisoners suffer from poor mental health. For example, the most exhaustive study in the United Kingdom found that 90% of prisoners aged over 16 years suffered from a mental illness, addiction or a personality disorder, and 70% of prisoners had two or more such problems *(6)*. The prevalence of learning and communication difficulties and of addiction problems is also much higher than in the general population. In addition, prevalence studies in many countries show that 10–15% of the prison population suffer from severe and enduring mental illnesses such as schizophrenia, bipolar disorder and autism disorders, often complicated by co-morbidity. The prevalence rates of poor mental health for young people in prison are very high, including over half with conduct disorders *(7)* and around a third of young girls having a major depression. Studies in some countries have shown that the risk of suicide is much greater in a prison population, particularly in adolescent prisoners *(8)*.

Where studies of mental illness have been conducted with prison populations, the prevalence has been consistently shown to be high. There is no reason to believe that countries which have not conducted such surveys will have significantly different prevalence rates.

Complexity and multiple needs

Prisoners seldom have just one problem, and those suffering from mental health disorders may find that their mental health problems are exacerbated by their other problems or even caused by them.

The likelihood is that many prisoners will have interwoven multiple and complex problems. In a prison, the severe major disorders can be treated with medicines and basic talking/counselling therapies, but other more social problems need to be addressed too.

Prisoners in the United Kingdom interviewed by Durcan *(9)*, in addition to having mental health problems, commonly

experienced most if not all of the following problems concurrently:

- a history of unemployment
- poor education
- learning difficulties
- addiction or problematic substance misuse
- poor life and social skills
- poor access to stable housing
- debts both inside and outside prison
- poor general health
- past life trauma.

Many, if not most, of the above are beyond the scope of health or mental health care services, and yet they are crucial to the health of prisoners and their recovery.

Illness and social focus

A focus needs to be adopted on both illness and wellness/social health. The former characterizes much health care in many settings, certainly in many prison settings, but increasingly there is recognition of the importance of social interventions, although these are not standard in most services geared towards detecting and treating illness. Because resources are limited in prison systems, the risk of focusing on illness is that only those with the most severe problems are dealt with. High mental health service thresholds have to be set, leading inevitably to frustration for the many prisoners who fall below this threshold.

Given the large number of prisoners who suffer from poor mental health, it seems wise to encourage all the prison staff to recognize their responsibility in this area, rather than relying on a possibly small number of health professionals.

Attempting to have a whole-prison focus on promoting and improving mental well-being can mean that the limited resources dedicated to mental health care can be put to the most effective use. It is also likely to have a positive impact on the regime in terms of safety and security. Additionally, it may result in improved outcomes for prisoners on release from prison, both for the risk of exacerbation of illness and in the recidivism risk for criminal offences.

The impact of prison on mental health and well-being

The following are factors that WHO and the International Red Cross *(10)* identify as negatively impacting on prison mental health:

- overcrowding;
- various forms of violence;
- enforced solitude;
- lack of privacy;
- lack of meaningful activity,
- isolation from social networks;
- insecurity about future prospects (work, relationships);
- inadequate health services, especially mental health services, in prisons.

The English prisoners interviewed by Durcan *(9)* on the aspects of their lives in prison that challenged their mental well-being identified issues very similar to those listed above:

- bullying by other inmates;
- concerns about family – difficulty in communicating with them;
- lack of a person they could trust to talk to;
- little meaningful activity and the monotony of the regime;
- no privacy;
- worries and concerns over release;
- substance misuse;
- incompatibility with cell-mates;
- poor diet;
- limited access to physical activity such as the gym;
- unresolved past life traumas;
- difficulty in accessing services, particularly health care and counselling.

Once again, much of the above is beyond the scope of a health service and provides a further argument for making prisoners' mental well-being a whole-prison responsibility.

On the other hand, in well-resourced prison systems the prison can also be a place to stabilize, to start treatment and to recover.

Prisoners' views of their needs

The best source of information on prisoners' mental health needs is prisoners themselves. Ideally, basic mental health needs assessments should be conducted on entry, including an element of direct consultation with prisoners.

In 2006, Durcan conducted just such a needs assessment in 5 prisons in the United Kingdom that involved interviewing about 100 prisoners in depth *(9)*. The prisoners included men, women and young males and juveniles, some sentenced and some awaiting trial or sentence. Some of the prisoners had severe and enduring mental health problems and some had mild to moderate mental health problems. Despite the heterogeneous nature of the sample of prisoners interviewed, the way in which they saw their mental health needs being best met were remarkably similar. The findings from this exercise are not unique to these prisons nor are they likely to be unique to

western Europe. A striking finding about prisoners' views on the best way to improve their mental health, when compared to the findings from interviews conducted with staff (particularly health and mental health staff), was the emphasis on social recovery and the meeting of their most basic survival needs. The lists of needs that both staff and prisoners identified were similar, but the order of priority was markedly different. Professionals tended to give prominence to direct mental health interventions, such as medication and psychological therapy, but the prisoners (who often focused most on their release) prioritized access to housing, access to adequate funds (especially through a job), and often support for a substance misuse problem as their first health need. The following summarizes these prisoners' views of their mental health needs.

Someone to talk to

A non-judgemental person for a prisoner to talk to could be a psychiatrist, therapist or counsellor, or even a peer mentor.

Preparation for release

Most prisoners will eventually leave prison. Many current prisoners may have left prison before, failed to reintegrate successfully into society and want help with getting a place to live and enough money (preferably through a job) and support with any substance misuse problems.

Something meaningful to do

Prisoners want to be active and preferably involved in an activity that might help them when they leave prison, such as work or training to get work on release. Prisoners with mental health problems are no different; indeed, there is strong evidence that work is effective in helping people with mental health problems to recover *(11)*.

For young people and children, access to education should be an important part of their purposeful activity in prison.

Help in a crisis

Prisoners say they need someone to talk to and provide support when they most need it. If a prisoner receives bad news from home, being able to talk to someone can help reduce the likelihood of any deterioration.

Therapy and medication

Prisoners do recognize the importance of getting the right medication and support in using it if and when they need it, just as professionals do.

Advocacy

Prisons can be harsh environments where, by definition, a prisoner loses much control over his or her life. This can induce a sense of powerlessness, which is aggravated in the more vulnerable prisoners with mental health problems. Sometimes this means that even when the right help is available, prisoners may not feel able to seek it. The importance of having someone to talk to who can represent the prisoner's needs becomes all the more urgent. As well as health professionals, the role of peer mentors is being recognized in this area.

Prisoners' views on what constitutes a good mental health service

Prisoners in focus groups conducted by Rob Jayne in 2006 *(12)* identified the following positive characteristics of a mental health service:

- an ability to form trusting relationships with health professionals;
- continuity of care;
- not being misinformed or deceived with false information;
- clear and detailed information regarding side-effects of medications;
- education about the nature of their illness;
- involvement in planning their own care and pathways of care;
- rapid transfer to hospital if treatment cannot take place in the prison when acutely unwell;
- treatment or therapy appropriate to a prisoner's condition.

Mental health awareness in the prison system

If improving mental well-being is going to be a whole-prison responsibility, then awareness of what supports mental health and the ability to recognize mental health problems are crucial. There are many approaches to mental health awareness training. Some prison staff may require more extensive training than others, but all prison staff and managers require some training. Ideally the basic training for any prison officer should include a module on prison mental health well-being, with opportunities to refresh this knowledge. Some prisoners with experience of mental health problems can make an extremely useful contribution by providing insights that a professional trainer often does not have.

Prisoners and their families

Many prisoners will lose contact with their families, and this can have a negative impact on both parties. The focus of this chapter is on the prisoner, but it should be recognized that imprisonment of parents can lead to poor outcomes for their children. This is particularly critical when a mother or the more active carer is imprisoned. Maintaining contact for both male and female prisoners (where appropriate) is important.

From the perspective of prisoners with mental illness, their families are often the sole source of support. They may be critical for a prisoner to re-enter society successfully. Prisoners who are fortunate enough to get jobs on release often do so through personal contacts, primarily their families.

Maintaining healthy social networks is important for good mental health and, like many interventions that are likely to maintain and improve a prisoner's mental health, keeping contact with his or her family is not the sole domain of the prison health/mental health service. The health services do, however, have a role in the recognition of a prisoner's needs and advocacy on behalf of the prisoner in the local community.

It is important to foster the links between younger prisoners and their families, especially their carers or parents. This should include supporting positive parenting approaches.

Diagnosis and assessment

Many textbooks describe the signs and symptoms of mental illness and their assessment, as does WHO in *Mental health primary care in prison (13)*. This text provides recommendations to diagnosis for a wide range of psychiatric disorders, symptom and assessment checklists and treatment responses.

Screening and assessment

Prisons have very little control over who arrives at their gates but they can control the detection of poor mental health in new prisoners. This is not just crucial in ensuring appropriate interventions and the best outcome for prisoners, but can also help in increasing the safety of both prisoners and staff and in the running of the regime.

In practice, screening immediately on arrival may not achieve all that could be desired because prison reception areas can be busy, with little space allowing for privacy and often time limitations. Often the most that can be achieved on arrival is a crude screening for the most obvious signs of poor mental health or the most obvious risks. It is, therefore, strongly recommended that either the health staff, or prison staff with some training, should conduct a more detailed screening in the first few days, to include the following:

- look for signs of poor mental health in the past;
- check the prisoner's current mental health;
- look for signs of particular symptoms of poor mental health;
- check for addiction problems;
- look for evidence of learning disability or difficulty;
- gauge possible traits suggesting personality disorder;
- look for evidence of autistic spectrum disorder;
- look for signs of possible head injury;
- try to learn something of the social and relational circumstances of the prisoner;
- ask about aspects of the offence or alleged offence – certain offences (such as where violence is used or those that carry greater legal sanctions) can add to the risk of poor mental health and even self-harm and suicide;
- check any aspect which may make the prisoner more vulnerable.

The sources of information that can be used for screening are numerous and include the prisoners themselves together with written reports and information arriving with them. For younger people, parents should be an important source of information.

Mechanisms for the continuing monitoring of prisoners with potential risks are important. These can include reviewing the use of health resources in the prison and regularly checking with the prison staff who have day-to-day contact with the prisoners about any changes in their behaviour. In practice, such monitoring can prove difficult, as prison health and mental health services tend to be under pressure. Additional sources are the courts or police, health and other services in the prisoner's home community, observations by prison staff working with the prisoner, other prisoners and the prisoner's family.

Young people may manifest poor mental health in very different ways to adults. Difficulties in communication, challenging behaviour and behavioural difficulties could be signs of poor mental health.

Treatment in prison

The social structure in a prison is often relatively stable. Basic rules give safety and oversight, and basic needs (food, shelter) are met. For many inmates, this was not the case before they were imprisoned. This means that prison can be the place where disorders can be (re)detected, diagnosed and given basic treatment. It should be possible to give basic interventions, such as psychological support through counselling from a psychologist, nurse or stable peer, and psychotropic medications such as antipsychotics, as well as to motivate patients for treatment and medication during and after prison and to stabilize addiction problems.

For a limited number of severely psychiatric-disordered prisoners, it will also be necessary to have a crisis facility within or outside the national prison system, the latter depending on the relevant legislation. These facilities should be adequately staffed. They can also be used as a training facility for staff in other prisons.

Personality disorders

It is probable that a high proportion of both male and female prisoners will suffer from at least some personality disorder traits, especially antisocial personality disorder and traits.

The Sainsbury Centre for Mental Health *(12)* describes personality disorders in the following way:

> People with a personality disorder can have difficulty dealing with other people. They tend to be unable to respond to the changes and demands of life. Although they feel that their behaviour patterns are perfectly acceptable, people with personality disorders tend to have a narrow view of the world and find it difficult to participate in normal social activities. Consequently their behaviour deviates markedly from the expectations of their culture. It is persistent and inflexible, and can often lead to distress for themselves or others.

Some prisoners with personality disorders will pose the highest danger to others, but most will not. How they relate to others can prove challenging to prison staff. There is limited evidence about the treatability of these disorders, particularly in prisons, but an understanding of them applied to the management of these prisoners can lead to improved outcomes and can help staff who may otherwise find people with personality disorders challenging. Often, the basic rule is to offer structure and a form of support.

Training that includes awareness of personality disorders should be part of broader mental health awareness training. Since it is likely that a large number of prisoners will have personality disorders, prisons should aim to be much more psychologically informed environments. All staff should have a good grounding in the different forms of personality disorder and the way each can affect behaviour. Equally important, staff should be aware of the impact their behaviour and responses can have on such prisoners. Ideally, regular opportunities should be provided for all staff to meet a psychologist or similarly trained professional to reflect on their interactions with these prisoners, and even plan interactions and interventions.

Continuity of care

Prison is often a limited phase in a person's life. Prison mental health care professionals should use information about a prisoner's earlier treatments and try to ensure that treatment is continued after his or her release (if necessary), especially for the severely mentally ill. If help and support has been possible in prison, part of the answer to a successful re-entry into society is to ensure that similar help and support continues outside. It can be hugely difficult for prison health services to reconnect prisoners to external health services, sometimes due to unwillingness on the part of the external service, sometimes due to limited prison health resources or a prison being located a considerable distance away from the prisoner's home. Once again, some prison systems have begun using peer mentors to support such reconnecting: a mentor meets the prisoner on release and comes with him or her to visit services that might help, thus providing active advocacy. Society has a broad interest both in the stability of ex-prisoners with psychiatric disorders and in a lower rate of recidivism.

Meeting the needs of different groups in the prison population

Prisons include many different groups. Three such groups are considered below, to show that one approach to mental health care will not suit all prisoners.

Women

Several surveys show that the prevalence of poor mental well-being among women is even higher than among the general prison population. It is also more common for women prisoners to have experienced traumatic events, such as sexual abuse. Additionally, women may well have been the main carer for their children and imprisonment often involves separation from them, which can add to the difficulties they experience with their mental health.

Young people

For incarcerated children and young people, special attention should be given to the United Nations Convention on the Rights of the Child *(4)*, in particular to article 40 dealing with justice for juveniles, and article 25 dealing with children held in care, including those held in custody. All the other articles also apply to children and young people in prison, however, and a prison system catering for children and young people must ensure that all of them are adequately addressed. The Convention is crucial to the maintenance of children's and young people's well-being. The United Nations Children's Fund provides a useful summary fact sheet *(14),* while General Comment No. 10 on the Convention includes a discussion of Article 40 *(15)*.

Children and adolescents will often manifest poor mental health differently from adults, and the treatments and interventions for them need to reflect this. This also applies to young adults who may legally be regarded as adults (at 18 or 21 years, for example) but who may have very specific needs. Young adults may well express their thoughts and emotions differently and often have a very different language to describe their feelings compared to older people. This can add to the difficulty in detecting

and recognizing mental health needs in young people. Additionally, their cognition is different to that of a mature adult.

Foreign prisoners and prisoners from different cultural communities

Foreign prisoners can experience greater isolation than other prisoners and can face greater uncertainty about life after release, which can add to any difficulties with their mental health. If possible, foreign prisoners should be transferred to prisons in their own countries.

Awareness of mental illness, and the language used to describe it, can differ between cultural communities. In some communities there is an even greater stigma around mental illness. Diverse cultural needs pose a major challenge, but direct consultation with different groups of prisoners can help to get an understanding of their needs and how these might be addressed. Language barriers often lead to difficulties in communication for both foreign prisoners and health care staff. In such situations, inmates and health professionals should benefit from the services of a qualified interpreter, as recommended by the Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment *(16)*. The relevant authorities should try to ensure that an adequate number of suitably qualified interpreters are trained and available.

The recovery approach

The needs of a person with mental illness are not necessarily determined by their diagnosis. Prisoners with schizophrenia, depression or personality disorder, while suffering from very different disorders, may have similar needs. This is because mental health problems do not just manifest themselves as a set of clinical symptoms. Poor mental health has many social symptoms and can have an impact on people's housing, employment, finances, ability to meaningfully occupy themselves, relationships and social networks.

The notion of mental health recovery is gaining greater credence in many countries as the ultimate goal. It provides a radically new way of thinking about mental services and care, moving away from professionalization. It is not one and the same as clinical recovery; indeed it is recognized that some people with mental illness will continue to experience the symptoms of their illness. Mental health recovery is much more about social recovery and supporting the sufferer in overcoming many social deficits, thereby improving their quality of life. Such recovery is self-defined. Professionals cannot "recover" their patients: recovery is something that can only be achieved by the person experiencing the mental health problem. The role of the professional is to facilitate this. Mental health services that give credence to this notion of mental health recovery are giving greater emphasis to a different type of expert, the "expert by experience". People who have experienced recovery themselves can provide credible support to current sufferers. In some areas, such "experts" are being employed by mental health services to become peer mentors and advocates.

The roles of peers and mentors

In some prisons, prisoners already provide a peer mentor role, usually on a voluntary basis. Some ex-offenders also provide mentoring, some on a voluntary basis and some as employees. While peer mentoring is not totally cost-neutral (training, support and coordination are crucial), it provides considerable value for the small investment it takes. Peer mentors are "experts by experience": those that have experience of recovering from poor mental health can provide credible support for other prisoners. In some prison systems, ex-prisoners provide mentoring support on release and give crucial support to otherwise isolated people. This usually involves meeting prisoners at the prison gate and being available, especially during the first few weeks when a released prisoner can be at his or her most vulnerable.

Inside prisons, mentors can have very different roles. Some provide advice and guidance for new prisoners (a potentially vulnerable group), some provide crisis support and some provide health promotion advice.

Peers in a mentoring role are not unique to mental health, and in prison systems they can provide a critical role in supporting fellow prisoners in a process of change and rehabilitation. In some countries they already do so, and some ex-offenders can provide a mentoring support role to released prisoners who may not necessarily be suffering from mental health difficulties. This can also be a cheap and effective tool for low-income countries.

The following set of principles is quoted by the Sainsbury Centre for Mental Health in its paper *Making recovery a reality (17)* from *Recovery – concepts and application* by Laurie Davidson:

- Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems.
- Recovery represents a movement away from pathology, illness and symptoms to health, strengths and wellness.
- Hope is central to recovery and can be enhanced by each person seeing how they can have more active control over their lives ('agency') and by seeing how others have found a way forward.

- Self-management is encouraged and facilitated. The processes of self-management are similar, but what works may be very different for each individual. No 'one size fits all'.
- The helping relationship between clinicians and patients moves away from being expert/patient to being 'coaches' or 'partners' on a journey of discovery. Clinicians are there to be "on tap, not on top".
- People do not recover in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles within local communities, rather than in segregated services.
- Recovery is about discovering – or re-discovering – a sense of personal identity, separate from illness or disability.
- The language used and the stories and meanings that are constructed have great significance as mediators of the recovery process. These shared meanings either support a sense of hope and possibility, or invite pessimism and chronicity.
- The development of recovery-based services emphasizes the personal qualities of staff as much as their formal qualifications. It seeks to cultivate their capacity for hope, creativity, care, compassion, realism and resilience.
- Family and other supporters are often crucial to recovery and they should be included as partners wherever possible. However, peer support is central for many people in their recovery.

Diversion and liaison

Some people with mental health problems come into prison for relatively minor offences that could be dealt with in the community with appropriate treatment and support. Others who commit more serious offences related to their mental illness may be better treated in a secure hospital rather than a prison, where one exists. In both cases, the mental health services need to work closely with the police and courts to identify people with mental health problems, make recommendations to the police and/or courts, and provide packages of care as soon as possible that address the needs of the people concerned.

Mental health services working with the police and courts attempt to divert people with mental health problems, where appropriate, either to community- or hospital-based services. When a person is being sent to prison, the mental health service working with the police or court passes information to the prison health service to ensure continuity of care. Such services provide an important liaison role between the criminal justice system and community health and social care services.

These services obviously go beyond what prison mental health services can provide. A system of comprehensive community mental health care should see those who enter (and leave) the criminal justice system as part of their business.

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