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BRIEF FOR MINISTER ARISING OUT OF THE REPORT "JAIL OR HOSPITAL - NOBODY WANTS THEM" IN THE NEW STATESMAN ON 25 OCTOBER 1985

GENERAL

1. The article refers to the situation of mentally disordered people in prisons in England. It does not cover Northern Ireland.
2. Under the Mental Health (NI) Act 1961 the courts in Northern Ireland are empowered to make Hospital Orders under which mentally disordered offenders may be admitted to psychiatric hospitals. Arrangements also exist for the transfer to hospital of a person serving a sentence of imprisonment who is suffering from a mental disorder which warrants detention in hospital for medical treatment. Forensic psychiatric services at prisons are also provided through a nominated consultant psychiatrist or other general psychiatrists who can provide services on request outside a defined sessional commitment.

SECURE ACCOMMODATION

3. In 1974 the report of a Working Party on Security in NHS Psychiatric Hospitals and an interim report of the Committee on Mentally Abnormal Offenders both recommended the provision of medium secure hospital units to provide for patients whose violent or criminal propensities necessitated medium rather than high security whether or not they had offended against the law. In Northern Ireland, the need for a purpose-built medium secure unit was recognised by the Department and Boards.
4. However, because of the lack of funds, progress on the provision of a medium secure unit was halted and consideration was given by the Department in consultation with Boards, to the need for interim accommodation based on

existing facilities in one or more of the main psychiatric hospitals. As a result of these consultations the Eastern Board produced a draft operational policy for High Intensive Nursing Care Units at Purdysburn and Downshire Hospitals.

5. Doubts have since been raised as to whether containment in a medium secure unit is the best way of treating and rehabilitating severely disturbed patients. The Review Committee Report on Services for the Mentally Ill published in May 1985 favoured the concept of the High Intensive Nursing Care Units. One of these units is already in operation in the Northern Board and 2 are at various stages of planning in the Eastern Board.
6. As High Intensive Nursing Care Units are brought into use the Department will be in a stronger position in the face of competing priorities and demands upon resources to assess their effectiveness and the priority which should attach to the provision of a medium secure unit.
7. Patients in Northern Ireland who require treatment in a high security environment may, by arrangement, be transferred to one of the Special Hospitals in Great Britain such as Broadmoor or Rampton mentioned in the New Statesman article.

MENTAL ILLNESS IN NORTHERN IRELAND PRISONS

8. The correct placement of offenders with psychiatric problems can present difficulties in Northern Ireland but the scale of these difficulties is less than in England.
9. The Northern Ireland prison population (convicted and remand) does not include such a large psychiatric element as is reported in the English

prisons. The total prison population here corresponds roughly to 125 per 100,000 total population, against a corresponding figure of approximately 96 in England and Wales. Some two-thirds of the NI figure represents prisoners charged with terrorist-type offences, and if this sector is discounted the "non-terrorist" prison population is approximately 44 per 100,000, less than half the figure for England and Wales.

10. Even within the "non-terrorist" prison population major psychiatric problems do not figure as prominently as in England. Probable reasons include:-

- i. the lack of large conurbations where socio-psychological problems are particularly liable to generate crime;
- ii. the lack (so far) of a major hard drug problem;
- iii. relatively high provision of psychiatric services within the HPSS;
- iv. possibly, legislative differences.

11. When individuals with possible psychiatric problems do enter the prison system in Northern Ireland, problems in their handling may be less intractable than in England, because:-

- i. there is relatively little overcrowding in NI Prisons which are not therefore faced with the massive problems of sorting and initial assessment which are associated, in English prisons, with the sheer numbers and limited accommodation;
- ii. co-operation between the Prison Medical Service and the HPSS is facilitated by the smaller scale of the organisations with shorter lines of communication, and the fact that the same central Department, DHSS(NI) is responsible for both services.

12. The practical results of the differences in mental health legislation on hospital orders is somewhat speculative. There certainly have been problems here in implementing hospital orders, although all offenders who have been made the subject of such orders have eventually been placed in psychiatric hospitals.
13. While some offenders can be clearly classified as "psychiatric" or "non-psychiatric" there is a substantial intermediate group with disorders of personality and behaviour whose proper placement remains a matter of controversy. Many are not susceptible to psychiatric treatment, many are disruptive, some are violent. If they are included for propaganda purposes in the figures quoted for prison inmates with psychiatric illness, then the validity of these figures as measures of the failure to make correct placement becomes suspect.
14. The difference in the medical problems presenting in the prisons of England and Wales and those of Northern Ireland is reflected in differences between the 2 prison medical services. In England and Wales, many of the full-time prison medical staff have psychiatric training and qualifications, and much of their work (particularly in remand centres) is in psychiatric assessment. In Northern Ireland, psychiatric services are provided by Health Service consultants in attendance at the prisons, and the full time prison medical staff are mainly concerned with general health care of inmates.
15. Some of the Northern Ireland prison hospitals include small units for patients needing a degree of psychiatric attention, but the prison system does not contain large-scale facilities for psychiatric treatment and rehabilitation. This would be very difficult to establish in a relatively

small prison service, and that service is therefore very dependent on HPSS staff and facilities for psychiatric assessment and treatment.

Mental Health Branch

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