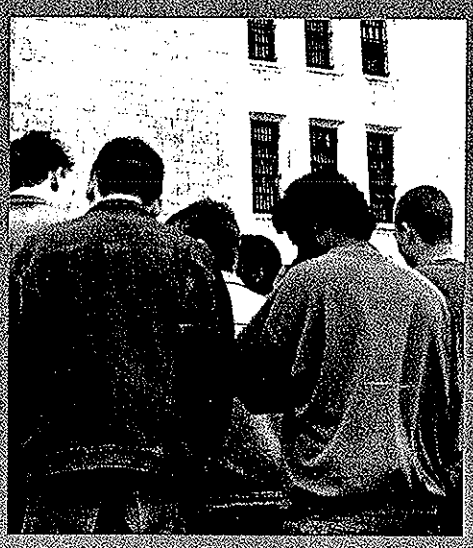
PRISON REFORM TRUST

Troubled Inside:

Responding to the Mental Health Needs of Children and Young People in Prison

Finola Farrant



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The work of the Prison Reform Trust is aimed at creating a just, humane and effective penal system. We do this by inquiring into the workings of the system; informing prisoners, staff and the wider public; and by influencing Parliament, Government and officials towards reform.

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Preface

Troubled Inside

The Prison Reform Trust has established a programme of work entitled "Troubled Inside". This programme aims to improve the response to those with mental health needs both inside and outside the criminal justice system so that people get the treatment they need, and fewer people are imprisoned inappropriately.

The first stage of this programme has focused on the mental health needs of children and young people in prison. As part of this work a conference "Troubled Inside: Responding to the Mental Health Needs of Children and Young People in prison" was convened with the Association for Professionals in Services with Adolescents (APSA).

The objectives were to:

- press for equivalence in health services for children and young people in the community and those in custody;
- campaign for alternatives to custody for young people with mental health problems; and
- provide a catalyst for action by the Prison Service and the NHS.

This report draws together current research and practice with the key themes of the conference and sets out an agenda for change.

The recommendations made in this report have been endorsed by: APSA, ChildLine, The Children's Society, National Children's Bureau, National Council of Voluntary Child Care Organisations, NSPCC, Standing Committee on Youth Justice, Trust for the Study of Adolescence, The Who Cares? Trust, and YoungMinds.

All quotes from prisoners are taken from Home Office Research Study 201, *'Tell Them So They Listen: Messages from young people in custody'*, (Lyon, Dennison and Wilson, 2000).

We are grateful to Dr. Ann Hagell for commenting on a draft of this report.

The Prison Reform Trust wishes to thank the Nuffield Foundation for supporting the research and publication of this paper.

FOREWORD

Following a successful conference in November 2000, the Prison Reform Trust have in "Troubled Inside", captured the essence of meeting the mental health needs among young people in prison. The history, research and current initiatives, and as importantly, the voice of the young offender with mental health difficulties, are clearly presented.

Report after report has told us about the high levels of unmet mental health needs among children and young people in prison, and of the lost opportunities for prevention and early intervention. They have described the criminal justice system's failure as an adversarial, adult process, which is expected to deal with those as young as ten years old.

In an era of blaming and shaming, and with unprecedented changes in the youth justice system, prison health services and Child and Adolescent Mental Health Services, this paper steers us through the facts, never losing sight of the rights and responsibilities of children and adolescents. It takes a practical approach to how services can best be delivered to young people with complex mental health needs. Such needs require empowered, thought through, nationally and locally resourced strategies to divert young people from prison. If necessary, appropriate care and treatment should be available in secure settings. These settings could, if there were a real will, offer care, rehabilitation and treatment, to enable young people to function safely when back in the community.

The recommendations made in this report are achievable. Each and every practitioner working with young people can take knowledge, heart and determination from the report. The hope has to be that politicians and policy makers will take urgent action to ensure that 18-21 year olds are not disadvantaged in the process of improving services to under 18s. The challenge to the Children's Task Force, National Service Framework for Children, Youth Justice Board, Prison Service and Health Service is to ensure young offenders have equal access to mental health care as any other child.

Dr Sue Bailey
Chair of Child and Adolescent Faculty
Royal College of Psychiatrists

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1 INTRODUCTION

"Many prisoners have significant health problems. We are serious about tackling reoffending so we must therefore also tackle the health and social care needs of people in prison. Historically, health care provision in prison has fallen short of the service provided by the NHS, and on too many occasions has fallen short of basic decency"

(Paul Boateng MP, April 2001, then Minister for Prisons)

Young people in custody are in poor mental health compared to those in the general population. Over 50 per cent of young men on remand and 30 per cent of sentenced young men have a diagnosable mental disorder (HM Chief Inspector of Prisons, 1997a). Imprisonment itself has been identified as having a negative impact on the mental health of young offenders (Mental Health Foundation, 1999). 'Psychiatric Morbidity among Young Offenders in England and Wales', a large scale survey by the Office for National Statistics, found that over 90 per cent of imprisoned young offenders showed evidence of at least one, or combination of, the following: personality disorder, psychosis, neurotic disorder, or substance misuse. Prevalence rates for functional psychosis such as schizophrenia were 10 per cent among sentenced young men compared to 0.2 per cent for 16-19 year olds in private households (Lader, Singleton, and Meltzer, 2000). It would appear that too many young people who have mental health problems end up in prison; and that the experience of prison can adversely affect their mental health.

It is timely, therefore, to take stock of:

- what treatment and intervention measures can be developed in the community;
- what prisons can do to meet the needs of young prisoners who have, or develop, mental health problems;
- whether the effects of imprisonment are so detrimental to children that they should be removed altogether from the prison system.

Recommendations are made at the end of this paper on meeting the mental health needs of young offenders; on how to develop regimes in prison that can support those who have mental health problems and on measures that could minimise the damage done by detention.

1.1 The young offender estate

"Of all the parts of the Prison Service that we inspect, the one that gives all of us in the Inspectorate greatest cause for concern is the young prisoner estate"

(HM Chief Inspector of Prisons, 1997a)

The Prison Service defines young prisoners as those between the ages of 15 and 21, and juveniles as those between the ages of 15 and 17. In accordance with the Children Act 1989 and the UN Convention on the Rights of the Child (1989) the term "children" in this briefing paper is used to refer to individuals who are under the age of 18. The mental health needs of young prisoners up to 21 years old are also covered.

The Youth Justice Board (YJB) was established following implementation of the Crime and Disorder Act 1998. The YJB has been given statutory responsibility to set standards and advise the Home Secretary on all matters relating to the youth justice system. It commissions and purchases secure accommodation for all those young people under 18 years old sentenced or remanded by the courts.

At the end of March 2001, 51 male establishments held under 21 year olds, a number of which held only one young person. Of the 51 establishments, there are 22 Young Offender Institutions (YOIs) for under 21 year olds. Thirteen establishments hold under 18 year olds.

"I do not believe that children under 18 should be held in prison....The Prison Service is essentially an organisation for adults, neither structured or equipped to deal with children"

(HM Chief Inspector of Prisons, 1997a)

Between April 2000 and April 2001 there was a seven per cent increase in the number of under 18 year olds held in custody. Detention and Training Orders (DTOs) were introduced in April 2000; within the first three months of their introduction 1,475 orders were made. The consequence of this new sentencing option has been to increase incarceration rather than to reduce it. As a result the YJB was unable to meet its commitment to remove all young girls from prison by April 2001, although a long term commitment to do so has been restated.

The age of criminal responsibility in England and Wales is 10 years old. This is significantly lower than the age of criminal responsibility in many other countries. Section 34 of the Crime and Disorder Act 1998 abolished the refutable presumption that a child is doli incapax; incapable of telling the difference between serious wrong and simple naughtiness. For the purposes of the criminal law, this means that children over the age of criminal responsibility (10-13 year olds) are treated in the same way as other juveniles (14-17 year olds) when deciding whether or not prosecution is appropriate. In France the age is 13, in Germany, Austria and Italy it is 14, in the Scandinavian countries it is 15, in Spain and Portugal it is 16 and in Belgium it is 18. In Eastern Europe the age is generally between 14 and 16.

The Criminal Justice and Court Services Act 2000 brought to an end the Detention in a Young Offender Institution order which could be made against anyone up to the age of 21 years. This has been replaced with the Detention and Training Order which should only be applied to those under 18 years of age. Decisions are currently being made as to how the prison estate can manage the needs of the young adult age group. It appears that efforts made by the Prison Service and YJB to improve the quality and standards of work with under 18 year olds have had an adverse effect on the care and treatment of 18 to 21 year olds held in custody. The Board of Visitors at Feltham YOI has raised issues of concern regarding the introduction of DTOs as Feltham was not ready to accommodate the increase in numbers of children. It was also concerned that in trying to meet the needs of children, the regime for 18 - 21 year olds became impoverished (HMP Feltham Board of Visitors, 2001).

A point reiterated by the Chief Inspector of Prisons latest report on Feltham which found:

> ***"The scruffy and, in places, dirty and rundown conditions of many of the buildings, together with the generally detached attitude of most of the staff towards young prisoners made an intrisically unsafe environment"***

(HM Chief Inspector of Prisons, 2001)

There are on average 11,000 young people held in prison at any one time, of whom 500 are female, and nearly 3000 are children. Plans for three new prisons for children were announced in April 2001. Of 29 member states of the Council of Europe, only Romania, Estonia and Lithuania have higher rates of imprisonment than England for those under the age of 21 (Social Exclusion Unit, 2000).

There is no female equivalent to the male Young Offender Institution. Ten women's establishments have dual designation as prisons and YOIs; these are Askham Grange, Bullwood Hall, Drake Hall, East Sutton Park, Eastwood Park, Highpoint, Holloway, Low Newton, New Hall and Styal. Young sentenced women under the age of 21 should be accommodated separately from adult women prisoners. Home Office and Prison Service data on women prisoners makes few useful distinctions by age.

Young black people are over represented in both the prison and mental health systems. Home Office statistics on race show that around 20 per cent of prisoners under 21 years of age are from black and minority ethnic groups (Home Office, 1999).

1.2 The policy and legal context

Prison Service Performance Standard 24 defines prison health care as providing:

> ***"prisoners with access to the same range and quality of services as the general public receives from the National Health Service"***

The Prison Service is required to ensure young people receive care and treatment to a level consistent with the NHS. This may go some way to improving conditions for people in prison. However NHS services for young people with mental health problems are themselves not often able to meet demand.

Following concerns about the standard of healthcare in prisons two new national joint units, a Prison Health Policy Unit and a Prison Health Task Force were established between the Prison Service and NHS. Although a mental health strategy is being developed there is, as yet, no specific policy relating to the care and treatment of young prisoners who have mental health problems, nor is there a designated lead. Health Needs Assessments should be undertaken within prisons and may produce clear evidence of the mental health needs of children and young people in prison. In 1996 the Chief Inspector of Prisons recommended that responsibility for prison health care be transferred to the NHS (HM Chief Inspector of Prisoners, 1996). As yet this has not happened.

The YJB has drafted Standards for Secure Accommodation which include some basic principles to underpin the delivery of health care. It has been recognised by the YJB that the delivery of health care to young people had not developed in a planned or co-ordinated manner. Increased investment has been announced by the Government including expenditure for the creation of extra medium secure beds and more nurses to undertake mental health in-reach work on prison wings.

The Young Offender Institution Rules 2000 state that:

> ***"The medical officer of a young offender institution shall have the care of the health, mental and physical, of the inmates of that institution"***
>
> *Section 27(1)*

A study by the British Medical Association stated that experienced prison doctors are leaving the Prison Service because of low morale and poor resources. Despite prisoners having higher rates of mental health problems and substance misuse problems, doctors in the Prison Service receive less support and fewer resources than doctors working in the community. Some prison governors were found to be more concerned with bureaucratic processes and cost-cutting than focusing on the medical needs of prisoners (Kearney, 2001).

1.3 The Mental Health Act 1983

The Mental Health Act 1983 covers the reception, care and treatment of mentally disordered patients. It defines mental disorder as: severe mental impairment, mental impairment, psychopathic disorder, and mental illness. Mental illness is not further defined, despite being the most common form of mental disorder for which people are dealt with under the Act. It states that people must not be deemed to have a form of mental disorder "by reason only of promiscuity or other immoral conduct, sexual deviancy or dependence on alcohol or drugs". The onset of mental health problems may occur after use of alcohol or illicit drugs, or they may co-exist. Both situations are within the scope of the Act but use of substances alone is not within its remit. Many young prisoners do not meet the requirements for transfer out of prison and into treatment under the Mental Health Act, leading to many mentally ill young prisoners not receiving the support or treatment they need (Leech and Cheney, 2001). The Mental Health Act 1983 is currently under review.

1.4 Children Act 1989

The overarching principle of the Children Act 1989 (and the UN Convention on the Rights of the Child) is that the welfare of the child is paramount, and should be safeguarded and promoted. A child is defined by the Act as being "in need" if unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services, or if a child's health is likely to be impaired without the provision of services.

Despite the Children Act 1989 having no official remit inside the prison gates, the Chief Inspector of Prisons has endeavoured to ensure that the Prison Service and YJB recognise that the Act should provide the

framework within which work with juvenile offenders takes place. The YJB and Prison Service accept that they should work within the principles of the Children Act. Outside prison the Act applies to all under 18 year olds.

1.5 Area Child Protection Committees (ACPC)

Since April 2000, all Prison Service establishments in the under 18 estate have been required to appoint a child protection co-ordinator; and to establish, in consultation with local Area Child Protection Committees, arrangements for acting on allegations or concerns that a young person may have suffered, or is at risk of suffering, significant harm (HM Prison Service, 2000). The importance of close liaison between the Prison Service and Social Service Departments is emphasised in Framework for the Assessment of Children in Need and their Families. This is relevant when juveniles enter and leave prison and relates to those already known to Social Services and those considered likely to benefit from assistance on release (Department of Health, Department of Education and Employment and Home Office, 2000).

1.6 Human Rights Act 1998

The Human Rights Act came into force in October 2000. As a public authority, the Prison Service has to comply with the Human Rights Act and respect the rights and freedoms that it guarantees. Under Article 2 "Everyone's right to life shall be protected" the Prison Service has a positive obligation to protect the people in its care and to hold effective investigations into suspicious deaths. In relation to mental health the Prison Service may be challenged where it has not done enough to prevent suicides, for example if staff have not received training in suicide prevention or where night staff do not carry ligature scissors - situations mentioned by the Chief Inspector of Prisons in a number of reports. The Safer Custody Unit in the Prison Service is reviewing policy and practice on the prevention of suicide and self-harm in prison.

The average time out of cell for sentenced prisoners at Lancaster Farms YOI was 8.5 per day in 2000. At Stoke Heath YOI the Chief Inspector found that young prisoners were forced to live in an unsafe establishment which was "wholly inappropriate". Such regimes may give rise to human rights challenges under Article 3 "No one shall be subjected to torture or to inhuman or degrading treatment or punishment".

Discriminatory treatment of black and minority ethnic groups in the fields of both mental health and criminal justice has long been recognised (Criminal Justice Consultative Council, 2000). Article 14 "Freedom from discrimination" could be used in conjunction with other articles where there is evidence of race or gender bias in adjudication decisions or discrimination against those with mental health problems (Levenson, 2000).

1.7 International law

The UN Convention on the Rights of the Child was ratified by the UK government in 1991 and specifically sets out that:

- in all legal actions involving young people the best interests of the young person must be a primary consideration;

- detention or imprisonment can only be used as a last resort and for the shortest appropriate time; and
- States should provide a variety of dispositions, such as care, guidance and supervision orders, counselling, probation, foster care, education and vocational training programmes and other alternatives to institutional care.

The UN standard minimum rules for the administration of juvenile justice set out that:

- while in custody, juveniles should receive care, protection and all necessary individual assistance - social, educational, vocational, psychological, medical and physical - that they may require in view of their age, sex and personality;
- all personnel dealing with young people should be specially trained.

2 YOUNG PRISONERS AND MENTAL HEALTH

"Over 96% [of young prisoners] had experienced at least one stressful life event and about two-fifths had experienced five or more".

(Lader, Singleton and Meltzer, 2000)

2.1 Young people and mental health

Failing to meet the mental health needs of young people in the community may impact on the criminal justice system as many do not get early, appropriate mental health interventions. Such young offenders may become embroiled in the criminal justice system and all too often end up in prison. A recent study highlights the problems in meeting the mental health needs of young people in the community (Street, 2000). It found:

- referral rates to mental health services have greatly increased, including numbers of emergencies;
- increased pressure on all community services, especially Consultant Child and Adolescent Psychiatrists; and
- confusion and frustration in dealing with children who have conduct disorders and challenging behaviour.

In February 1999 the Government announced that it would provide £90 million over three years to improve Child and Adolescent Mental Health Services (CAMHs). In August 2000, the Health Minister announced £5 million funding for those with serious mental health problems. This will be made available to health authorities for highly specialised services. It is intended to deliver:

- an increase in CAMHs in-patient beds;
- arrangements for emergency admission and/or emergency assessment; and
- increases in specialised intensive outreach to reduce the need for in-patient admission and allow the management of patients in a community setting.

Although such funding is welcome it may prove not to be sufficient in providing the necessary intervention to prevent young people with mental health problems being sent to prison.

2.2 The experience of imprisonment

"I'm not being funny but I think the harder the prison, the more worse it turns you mentally, you know in your head"

(Young male prisoner)

The experience of entering prison has been identified as a risk factor in its own right. Some of the establishments that hold young people operate like "human warehouses" rather than places of rehabilitation. Nearly 50 per cent of all suicides happen within the first month of being in prison, 12 per cent occur within the first 24 hours (HM Chief Inspector of Prisons, 1999a).

Parts of the young offender system are amongst the most unhealthy across the whole of the penal estate. Bullying is frequently rife in YOIs and is likely to affect an individual's mental health. In the worst instances bullying may lead to self-harm and suicide attempts. It is difficult to see how the social, educational or psychological needs of children are being met whilst in prison. Time spent in purposeful activity varies from just 14 hours per week at Feltham YOI to 43 hours per week at Thorn Cross YOI. The average assault rate in male YOIs is over 34 per cent, although Castington YOI had an assault rate of over 90 per cent. In 2000/2001 the Prison Service Key Performance Indicator target throughout the prison estate for assaults was nine per cent.

Racism is endemic. The Director General has acknowledged that the Prison Service is institutionally racist. An internal investigation launched at Feltham YOI after the racist murder of Zahid Mubarek by his mentally ill cell mate, found that Black and Asian prisoners were twice as likely to be the subject of control and restraint by officers than white prisoners. A recent Nacro report indicated high levels of racially motivated verbal and physical assaults; six per cent of black and minority ethnic young prisoners reported they had been the victim of physical assaults within prison (Nacro, 2000a).

The effects of overcrowding and lack of purposeful activity are evident in young offender establishments; in 2000-2001, 17.2 per cent of prisoners were held two to a cell designed for one. The ONS study found that 55 per cent of sentenced male young prisoners and 28 per cent of female prisoners spend over 19 hours a day in their cells (Lader, Singleton and Meltzer, 2000).

Many young people are held far from their homes, which makes contact with their families difficult. This can impact on successful resettlement and mental wellbeing as links with community support are limited. Prisoners under 21 years of age are held an average 51 miles from home, whilst those under 18 are held an average 54 miles from home.

2.3 Multiple needs

The combination of youth, mental health problems, substance misuse and offending, attracts a great deal of media and parliamentary attention, and concern across a range of service providers and professionals. Many children and young people arrive in prison with a complex history of disturbance and distress. The prison environment can be even more damaging. There is frequently a web of risk factors in these young people's lives, and their mental health should be seen in the context of a range of other problems. Understanding the young person in the context of their life experience will help in meeting needs; this in turn may have a positive impact upon their mental health.

Many of the measures of social disadvantage have been shown to be associated with mental health problems among prisoners. By understanding and addressing the range of problems that these young people have experienced, both their mental health and offending behaviour may be improved as the risk factors for both overlap.

2.4 Risk factors

In the Audit Commission's report "Misspent Youth" (1996) the risk factors for offending were made explicit and are known to be greater for those:

- in families with inadequate parental supervision;
- with problems in school such as truancy or exclusion;
- who mix with others who offend;
- without a stable family home;
- with aggressive hyperactive behaviour;
- who are not in employment or education; and
- who misuse alcohol or drugs.

The ONS study outlines the issues regarding the mental health of young people in prison. It also covers intellectual functioning and drug and alcohol use. This study confirms that there is a low prevalence rate of learning difficulties amongst the young prisoner population. Prisoners tend to have an average IQ, but do have poor literacy and educational attainment.

The prevalence of substance use is high amongst young offenders. Seventy per cent of sentenced young men and 51 per cent of young women have particularly high alcohol consumption rates. A high proportion have tried at least one illegal drug: 96 per cent of sentenced young men and 84 per cent of sentenced young women. In comparison, the 1998 British Crime Survey found that in the 16-19 years age group, 55 per cent of males and 42 per cent females had tried an illicit drug.

Nearly half of young men and 42 per cent of young women report using drugs during their current prison sentence. Cannabis was most frequently used, with heroin the next most frequent. Over 90 per cent of young offenders in the ONS study were found to have either a mental health or substance misuse problem, or combination of both. Mental health and substance misuse services should not operate in ways that exclude young people in need of their help.

Young people in prison have a significant range of identified risk factors:

RISK FACTOR	FEMALE YOUNG PRISONERS	MALE SENTENCED YOUNG PRISONERS
Been looked after by a local authority	35%	29%
Left school under 16 years of age	66%	60%
Experience of sexual abuse	29%	2%
Expelled from school	54%	75%
Attempted suicide	32%	16%
Self-harm	11%	9%
Early parenthood	14%	8%

2.5 Prevalence of mental health problems amongst young prisoners

High rates of neurotic symptoms, such as anxiety, depression, fatigue and concentration problems, were found in the ONS study. Most common for the young men were sleep problems, worry, irritability and depression. Young women reported suffering mainly from fatigue, sleep problems, worry and depression. Feelings of hopelessness and suicidal thoughts often accompany high levels of worry and depression. The proportion in the ONS sample groups experiencing significant levels of neurotic symptoms ranged from 41 per cent to 67 per cent compared with 11 per cent of 16-19 year olds living in private households.

Prevalence rates for functional psychosis, such as schizophrenia and manic depression, were 10 per cent for male sentenced prisoners, rates significantly higher than the 0.2 per cent found in the 16-19 age group living in private households. These disorders are considered particularly severe and will require a treatment intervention.

The amount of medication many young prisoners are prescribed gives cause for concern. Ten per cent of young men and 40 per cent of young women in prison take some form of medication which acts on the central nervous system, such as anti-depressants or sleeping tablets (Lader, Singleton and Meltzer, 2000). The Chief Inspector's report on HMP Swansea in 1999 found that all the young people received into the prison were on prescribed tranquillisers.

> ***"When I first got sentenced I was really fucked up and mad, I was thinking about killing myself, but they didn't want to know anything about that, they didn't care. I've been put on medication now. Every time I keep putting an application to see the psychiatrist they increase my dose. I'm like 'No, I want to talk' but it's 'Is any thing wrong with your medication?', that's all they want to talk about"***
>
> *(Young woman)*

2.6 Mental health needs of young lifers

Section 92 of the Powers of Criminal Courts (Sentencing) Act 2000 supersedes Section 53 of the Children and Young Persons Act 1933. This relates to the special provision for the custody of children who are convicted of grave crimes. Those young people detained under this section exemplify the pattern of high incidence of mental health problems. Three units have been set up to cater for the specific needs of young lifers at Castington, Hollesley Bay, and Huntercombe YOIs. The development of these units is intended to provide a specifically designed resource for the care and management of some of the longer term and more disturbed young people held in prison.

A study of 200 young lifers indicated that nearly all had been victims of childhood trauma. A comparative study of regimes found that the quality of life is significantly worse for those held in prison than those held in secure units outside the prison. Re-offending within two years of release was markedly lower for those released from a secure unit than for those released from prison (Nacro, 1999).

2.7 Suicide

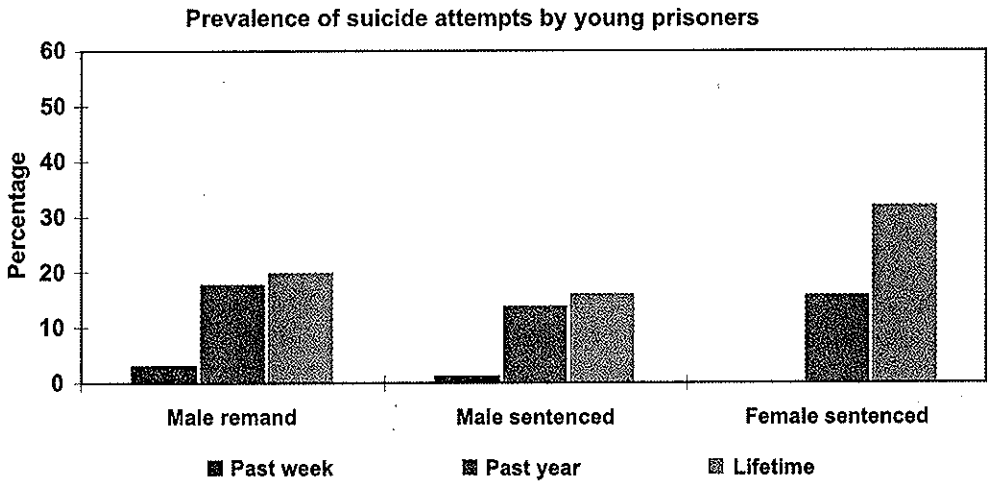
"When you hang yourself all problems are solved"

(under 18 male in prison)

The Prison Service recognises that prisoners with mental health problems and suicidal ideation are at immediate risk on entering prison. It is important that they are quickly identified and receive appropriate care, supervision and treatment. All new prisoners should be screened on reception and should be seen by a doctor within 24 hours of reception (HM Prison Service, 2001).

The Chief Inspector of Prisons has stated that the Prison Service has failed to recognise the need for case reviews, to provide quality checks on documentation, or adequate staff training (HM Chief Inspector of Prisons, 1999a). Subsequently, the Prison Service has issued guidelines - Caring for the Suicidal in Custody.

Young female prisoners report higher rates of suicidal thoughts and suicide attempts than their male counterparts. A third of female sentenced prisoners have tried to kill themselves, twice the proportion of male sentenced young offenders.



(ONS, 2000)

Since 1990, 19 children have killed themselves in prison. In 2000, three children and thirteen 18 - 20 year olds committed suicide whilst held in prison.

2.8 Self Harm

"I says to them 'I feel like cutting up' they did nothing to help me, I went to my room I got a glass jar, I cut up. The day after I got nicked for having the glass"

(young woman in prison)

Criticisms of recording and monitoring practices relating to self-harm and attempted suicide have been made against the Prison Service (Howard League for Penal Reform, 1999). Rates of self-harm have increased significantly in the last five years and are higher amongst young offenders than other young people. There were 944 recorded incidents of self-harm between 1998 and 1999. It is likely that these figures underestimated the true extent of self-harm behaviour amongst young people in prison, many of whom do not come forward for medical attention following self-harming.

There is frequently a lack of understanding of self-harm behaviour, which can result in a failure to provide appropriate intervention and care and as yet there is no Prison Service guidance defining what constitutes self-harm or attempted suicide. Many of those people who self-harm do not go on to kill themselves. However, a significant proportion of those who commit suicide have a history of self-harm. Twelve per cent of those entering Glen Parva YOI reported having harmed themselves over the previous year, with half of these saying they had suicidal intent (HM Chief Inspector of Prisons, 1997b)

Young female prisoners report only slightly higher rates of self-harm than young males. Rates for self-harm reported in the ONS study in the current prison term were seven per cent for male remand young offenders and eleven per cent for female sentenced young prisoners.

2.9 Consent to treatment

In terms of health interventions there are specific issues relating to under 16 year olds. Any professional providing treatment which incorporates some form of physical intervention to the body, including the provision of medication, should obtain consent from the patient or client. The law generally regards children and young people under the age of 16 as lacking the competence to consent to their own medical treatment. The responsibility for this group of children lies with a parent or other person holding parental responsibility. There are very few under 16 year olds held in custody. However, the reconviction rate for this group is the highest of all prisoners. Eighty-eight per cent of under 16 year olds are reconvicted within two years (Nacro, 2000b).

The 1985 Gillick ruling by the House of Lords provided that doctors may give medical treatment to a child or young person under the age of 16 without parental consent if the doctor finds that particular young person competent. There may be considerable doubt raised as to whether a mentally ill under 16 year old in prison is competent to consent to medical treatment without their parent's consent or knowledge.

2.10 Assessment

ASSET has been developed by the Youth Justice Board as an assessment tool for Youth Offending Teams. Emotional and mental health needs are covered, as is substance use. Youth Offending Teams are expected to use ASSET to assess all young people with whom they are working. A number of criticisms have been levelled at ASSET, mainly based on difficulties in completion. It has three sections and 46 pages of explanatory notes. The explanatory notes state that "events which are unpredictable and which the young person feels they have no control over are likely to be particularly stressful". Imprisonment should be regarded as such an event.

The four tier model is used by Child and Adolescent Mental Health Services and should help identify appropriate levels of treatment, referral pathways and ensure that young people with mental health problems do not end up in prison.

Tier one
Workers should be in a position to identify mental health problems, offer general advice, and pursue opportunities for promoting mental health and reducing mental health problems.

Tier two
Provision of assessment and interventions. Consultations with families and provision of training and advice for those workers at Tier one level to help in their screening of mental health problems.

Tier three
Assessment and treatment for those with more severe, complex and persistent disorders. Involvement of specialist and multi-disciplinary staff.

Tier four
Access to specialist units for those who are seriously mentally ill or a suicide risk.

2.11 Diagnosis and treatment

High rates of mental health problems among the young offender population are increasingly well documented. But the situation is complex. Accurate diagnosis and assessment can be difficult and high levels of multiple needs may also be evident in this population. Without thorough assessment and appropriate interventions, treatment is unlikely to match need. Hospital admission requires an understanding of the Mental Health Act 1983 and the Children Act 1989, as the legal framework for treatment is complex.

In taking full account of a young prisoner's life experiences, mental health concerns are important. Nevertheless, there may be some grounds for caution in the medical labelling of a young person. The label of 'failure', 'naughty', or 'difficult' is likely to have been a feature of the young offender's life. At the Prison Reform Trust conference "Troubled Inside" (November, 2000) Dr. Susan Bailey estimated that child and adolescent psychiatrists spend between 60-80 per cent of their time dealing with conduct disorder and trying to help families to parent their children. Medicalising problems may not always be useful, as the escalation in diagnosis and treatment of attention deficit hyperactive disorder shows. This has resulted in increased prescriptions of behaviour modifying medication such as Ritalin among very young children.

2.12 Conclusion

In understanding the risk factors for mental health and criminal behaviour a more holistic approach to meeting the needs of young people is required. Children in the poorest households are, for example, three times more likely to have mental health problems than children in more affluent households (Creighton and King, 2000).

Rather than imprisoning these socially isolated young people and excluding them still further, more constructive and effective interventions should be pursued.

By focusing on mental health and young people in prison, a number of issues stand out. Prison is an unsuitable place for children and young people under 18 years of age. Young people in prison are amongst the most vulnerable in society, yet imprisonment increases social exclusion and can both create and compound mental health problems. The prison system is generally unable to meet the needs of young people with severe mental health problems and considerable improvements still need to be made in meeting the challenges posed by young people with conduct disorders as well as understanding and responding to depressed young people.

3 AGENDA FOR CHANGE

Drawing on recent research and policy developments, and papers delivered at the "Troubled Inside" conference, Prison Reform Trust sets out the following recommendations for change. These have been endorsed by: Association for Professionals in Services with Adolescents, ChildLine, The Children's Society, National Children's Bureau, National Council of Voluntary Child Care Organisations, NSPCC, Standing Committee on Youth Justice, Trust for the Study of Adolescence, The Who Care? Trust, and YoungMinds. In order to meet the mental health needs of young offenders there needs to be:

3.1 Early interventions to prevent young people with a mental illness entering prison

Mental health support in the community should be the necessary baseline provision. There has been an increased number of referrals to community mental health services which are unable to cope with the demands made of them. Comprehensive mental health provision should promote emotional well-being and include a wide range of services, such as school counsellors and trained youth workers, as well as more specialist services.

Under the Crime and Disorder Act 1998, health authorities must contribute to the operation of Youth Offending Teams. Many young offenders do not have access to primary healthcare and YOT workers should assist in identifying mental health needs.

Provision of community mental health services should be increased in order to meet the needs of young people who have emotional and mental health problems. This could lead to a reduction in the numbers of young people held in prison as interventions are made at an earlier stage. Prison should not be considered appropriate for young people with mental health problems. Transfers into more suitable mental health settings should be made easier for young prisoners who become mentally unwell.

3.2 Better assessment of mental health problems

Those who come into contact with children and young people should be trained in screening for potential mental health problems and in promoting positive mental health. Where full assessment is required this should be based on the needs of the young person and not simply on diagnosis. Once needs are assessed then interventions should be put in place to meet those needs.

Mental health assessments should include information on substance use in order to ascertain if any, or a range, of substances (including prescribed medication and alcohol) are being misused. Risk, to self and to others, is likely to be increased if a young person is misusing substances and has a mental health problem. Use of substances should not be used to exclude someone from mental health services. Adequate guidelines and training in screening and assessment should be provided within the criminal justice system as a whole.

3.3 Greater geographical spread of diversion schemes

For young people with mental health problems, contact with the police, the courts and the judicial system can be distressing. Court diversion and liaison schemes can ensure appropriate care and support for young people with mental health problems who come into contact with the criminal justice system. They identify the help and support available and act as a vital link between health and criminal justice systems. The National Schizophrenia Fellowship publishes a register of national diversion and liaison schemes. Diversion schemes for young people with mental health problems should be extended in order that there is adequate geographical spread of these services.

3.4 Greater geographical spread of link worker schemes

The Revolving Doors Agency has set up link worker schemes which support people who have mental health needs and are in contact with the police. The aim is to improve understanding of the range of needs an individual may have and help to meet them. These schemes run concurrent to, but separate from, the criminal justice system. A number of schemes have been set up in and around London. Although the majority of clients are adults, link workers do provide a service for those over 16. As with diversion schemes, wider geographical spread is required.

3.5 An extension of restorative justice measures

This is an area in which youth justice is taking the lead. The Crime and Disorder Act 1998 encourages the use of restorative justice approaches. The aim of restorative justice is to confront young offenders with the consequences of their offending for themselves, their family, their victims and their communities. In this process they should be helped to develop a sense of personal responsibility. Restorative justice projects should be increased in order to keep young people in contact with their communities and encouraged to recognise the effect that their offending has on the individual and the wider community.

Where an offender, or victim, has mental health problems, special consideration should be given to the appropriateness of different types of restorative justice measures. Mental health professionals should be involved throughout the process.

3.6 A reduction in the use of remand

Approximately 25 per cent of under 21 years old in prison are held on remand. In the last ten years the use of remand for young prisoners has increased by eight per cent. Custodial remand for young people should be significantly reduced to alleviate the instability and uncertainty created by its use. Many young people held on remand have experienced significant trauma and disruption in their lives and are without the personal and social support they need to overcome their difficulties and begin to manage their lives and relationships. New powers are to be given to the courts to remand young offenders who commit offences while on bail. It is expected that over 4000 young offenders could be held on remand as a result of the measures outlined in the Criminal Justice and Police Act 2001.

As part of its Remand Review Initiative, The Children's Society promotes the use of community remand by providing individual advocacy, advice and information in order to reduce the use of prison and secure remands for children. The Children's Society works in a number of areas within England. Such schemes should be nationally available.

3.7 Secure settings which meet the mental health needs of young offenders

The environment in which young people are placed should be organised in such a way as to meet their physical, social and psychological requirements. The emphasis should be on care and treatment in small scale secure settings rather than large institutions. Family contact should be actively encouraged, educational and training opportunities provided, and links with the community formed and maintained.

Staff should recognise both the resilience and capability of the young people in their care, and the distress that many young people have experienced prior to custody. Known protective factors should be facilitated such as contact with significant others, sustained help from professionals, educational and emotional support.

In looking after young people, many of whom have had very disturbed histories, high quality of care is essential. Staff should have an understanding of the developmental processes and the likely impact that detention may have on an individual. The active involvement of young people in decisions which affect their care and treatment should be encouraged.

3.8 Improvements in prison regimes

Immediate action should be taken to improve the current situation that 11,000 young prisoners find themselves in.

Staff should be trained and committed to working with young people in prison who have separate and specific needs from the adult prison population. Clear guidelines and training are needed by staff to help identify and assess young people who are in need. Training in understanding more about adolescent mental health and opportunities to work alongside health care staff should be promoted.

Within the bounds of confidentiality, information from GPs should flow freely into the prison so that Healthcare and prison staff are familiar with current health arrangements for young people in their care. Equally, information from the prison should follow the young person out into the community in order to ensure continuity of care. Health and risk assessments should be available as soon as a young person enters custody and action taken by prison and health care staff on the basis of information received.

A Prison Service Key Performance Indicator (KPI) should be set in order to measure length of time out of cell. Isolation and loneliness can lead to the development of a wide range of mental health problems. These could be minimised by increases in time spent out of cell and in purposeful activity.

Because of the clear link between self-harm and suicide and the early days in custody, induction and first night in custody schemes should be developed across the prison estate. It may be useful for young prisoners to share cells with risk assessed and Samaritan trained Listeners for the first few weeks in custody to reduce this risk. Increased visits from family and friends should be facilitated so that contact can be maintained as far as possible.

Stable and effective management can help improve the prison environment, by providing consistency, and ensuring policies, such as anti-bullying and anti-racist policies, are put into practice. The personal officer scheme should be the basis for staff and prisoner relations, providing regular support, advice and help to young people in prison.

Some prisons have introduced Family Liaison Officers who work with family members whilst a young person is in prison. In order to facilitate successful reintegration back into society contact with family and friends can be crucial. Such contact can help in alleviating isolation and may also impact on reoffending rates (Ditchfield, 1994).

3.9 The development of regimes for young adults

The Children (Leaving Care) Act 2000 recognises the need for support for those who have been in care up to the age of 21. With the development of the under 18 estate consideration should be given to the regimes and resources needed for young adults.

3.10 An end to children being held in prison

Those under 18 years of age should not be held in prison. Children and young people should be viewed individually according to their stage of development. The life experience of many young offenders is one of disruption and trauma. Effective alternatives should be utilised in order to protect young people and to help reduce re-offending. A child or young person who offends should be viewed as a child first and foremost. Children in the youth justice system should always be regarded as children in need. The age of criminal responsibility should be raised in line with the recommendation made in 1995, by the UN Committee on the Rights of the Child.

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LEGISLATION AND INTERNATIONAL AGREEMENTS

Criminal Justice and Police Act 2001
Powers of the Criminal Court (Sentencing) Act 2000
Criminal Justice and Court Services Act 2000
Children (Leaving Care) Act 2000
Crime and Disorder Act 1998
Children Act 1989
Mental Health Act 1983
Children and Young Persons Act 1933

UN Convention on the Rights of the Child
UN standard minimum rules for the administration of juvenile justice

TROUBLED INSIDE:

Responding to the Mental Health Needs of Children and Young People in Prison

Prison Reform Trust has established a programme of work entitled 'Troubled Inside'. The programme's aim is to improve the treatment of those with mental health needs both inside and outside the criminal justice system.

The first stage of this programme has focused on the mental health needs of children and young people in prison. This report draws together current research and practice and sets an agenda for change.

"In an era of blaming and sharing, and with unprecedented changes in the youth justice system, prison health services and Child Adolescent Mental Health Services, this paper steers us through the facts, never losing sight of the rights and responsibilities of children and adolescents."

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