

PRISONS CAN SERIOUSLY DAMAGE YOUR MENTAL HEALTH



Mental health is a positive sense of wellbeing . . . which enables us to survive pain, disappointment and sadness. It requires an underlying belief in our own and others' dignity and worth. Prison should provide an opportunity for prisoners' . . . personal development, without harming themselves or others. In order for this to happen, prisoners must:

- *feel safe*
- *be assisted towards insight into their own offending behaviour, and*
- *be treated with positive expectations and respect.*

(HIPP, 1999, page 4)

These thoughts about mental health in prison come from a World Health Organisation seminar in 1999. It was acknowledged that for some people whose lives were in chaos and who were causing serious harm to others, a time in prison could have beneficial consequences. Despite this, the WHO Mental Health in Prisons Project agreed that for the majority of prisoners, imprisonment was likely to have the following effects:

- ▷ isolation from families and social networks;
- ▷ austere surroundings, loss of privacy and poor physical and hygienic conditions;
- ▷ aggression, bullying, fear, suspicion and the attitudes of unsympathetic and uninformed staff;
- ▷ lack of purposeful activity, of personal control, of power to act and loss of identity;
- ▷ pressure to escape or to take drugs;
- ▷ shame and stigmatisation;
- ▷ uncertainty, particularly among remand prisoners, and concern about re-integration into the outside world.

(HIPP)

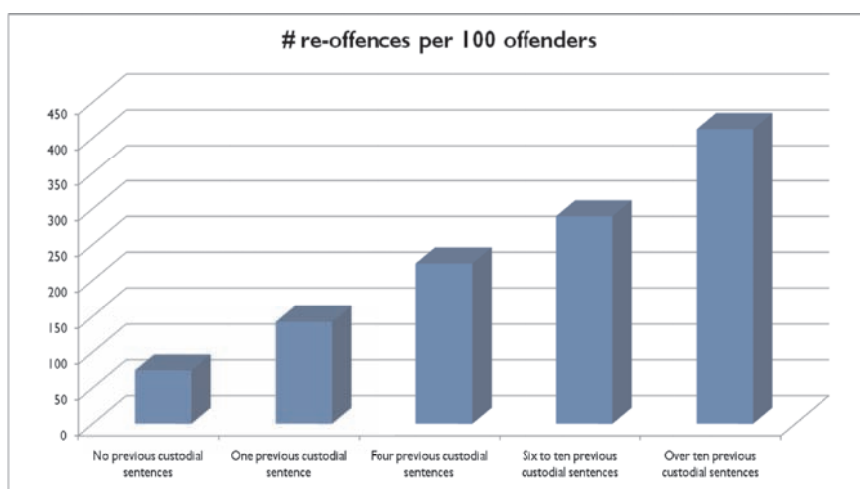
Many people in prison have hurt other people, and what follows is not intended to excuse that behaviour in any way. Much of the evidence about the damage caused by prisons is focused on offenders, and not on their families or on prison staff. Yet, prison staff are also affected by many of the same problems, including stigma, risk to personal safety, and poor working conditions. Prison Reform Trust researchers have found that the vast majority of staff are dedicated professionals, who struggle, against the odds, to work with prisoners. This briefing is intended to be understood as a testament to the difficulty of their job, rather than a criticism of how they do it.

Knowledge about the ways imprisonment routinely harms people should be a cause for concern for anyone who aims to reduce re-offending. Because of the way prisons operate, even the best are likely to contribute to the loss of housing, the break-up of families and social support networks, and long-term unemployment.

Here is some hard evidence. The reconviction rate for people coming out of prison with one previous prison sentence is 41%. For those with four previous prison sentences, the reconviction rate is 57%. And those with six to ten previous experiences of prison are reconvicted at a rate of 65% (MoJ, Table A9, page 30).

Imprisonment increases the risk of re-offending

Previous custody	Reoffending rate
No previous custody	25.1
One previous custodial sentence	40.6
Four previous custodial sentences	57.1
Six to ten previous custodial sentences	65.0
More than ten previous custodial sentences	76.7



What kind of cure increases the illness?

A recent report by the Scottish Prisons Commission referred to prisons as a 19th century solution that is poorly suited to 21st century problems. In thinking about the functions of prisons in the 21st century, it's useful to identify the problems that contribute to offending, and then think about how imprisonment relates to them.

This briefing describes the main personal effects of prison under four headings:

- Isolation
- Risk
- Institutionalisation
- Emotional stress

Social Isolation

Forty three per cent of sentenced prisoners said they had lost touch with their families since coming to prison; and over one in five who were married when they came to prison had since divorced or separated (SEU, 112).

Although there are pockets of good practice which include families in the prisoners' life inside and in planning for release, little is done to help families to adjust to the practical and emotional consequences of having a family member inside. A survey of family members found widespread stress-related conditions, such as anxiety, depression, and eating disorders which partners attributed to the imprisonment of a family member (SEU, 116).

Many prisoners experienced childhood neglect or abuse. Carol Ann Hooper reflected on the implications for the way vulnerable women experience prison:

Women's separation from their children may increase their vulnerability, evoking both guilt and depression, and memories of their own childhood neglect . . . Despite the efforts of many prison staff to develop positive relationships with prisoners, prisons are highly likely to replicate the family climate now thought most damaging to children, the 'low warmth, high criticism' environment, which many prisoners will have experienced.
(Hooper)

It does not make sense to take people who have experienced abusive relationships as children and send them to places that inevitably destabilise any relationships they may have built up. Yet, proximity to home is a low priority for the Prison Service. And for everyone, prisons limit access to families. Even telephone calls are restricted to certain times, and at exorbitant rates negotiated with BT.

Social isolation makes it more difficult for the person to interact with others on release, quite apart from the stigma of being an ex-prisoner. Social exclusion increases the risk of reoffending, and prison is likely to make the problem worse.

Risk

Prisons are high crime areas. Official rates of assault in prison are based on incidents reported by staff, so they seriously under-estimate the actual risk to prisoners.

In testifying to the Zahid Mubarek Inquiry, Martin Narey, former Director General of the Prison Service used the official rates of assault in Feltham YO1 to explain how rarely in-cell assaults took place. He stated that in the population of 900, "There were 189 prisoner-on-prisoner assaults in what appears to be a 13-month period." That equates to an official rate of 14.5 assaults per month.

About four years before Zahid's murder, PRT's head of research Dr Kimmett Edgar conducted a victimisation survey in Feltham. Over 30% of young men self-reported having been hit, kicked or in any way assaulted in the previous month. Based on a population of 900, that would be 270 assaults per month. The empirical evidence shows that the un-reported prevalence of prisoner-on-prisoner assaults was 18 times the official rate.

Theft, drug-dealing, and robbery are also far more widespread than outside. The risks prisoners must live with create trauma and stress which affect prisoners and prison staff. The crime levels in prisons give a clear message to courts: prison can never be regarded as a place of safety.

RISK

Type	Young Offenders (prevalence)	Adult males (prevalence)
Assault	30	19
Threats of violence	44	26
Robbery	10	4
Cell theft	27	34
Insults	56	26
Exclusion	18	7

The risks of violence and intimidation make the job of prison officers far more stressful and affect the rates of staff sickness. Yet, the pressure on prison governors is to reduce staff numbers, which further undermines their ability to prevent violence. A 2003 study found that:

Staff shortages . . . affected prisoners, who would be locked up for longer periods of time, the ensuing frustration would then be released on staff, aggravating the situation still further.
(Ormsby 2003)

Research is needed into the long term impact of the trauma of experiencing or witnessing violence in prison. However, there is evidence about how the high-risk environment influences people's attitudes towards violence. A US study concluded that prisoners come to "believe that unless an inmate can convincingly project an image that conveys the potential for violence, he is likely to be dominated and exploited throughout the duration of his sentence" (McCorkle, cited in Haney, 2001).

The brutalising environment of prisons leads some prisoners to become more willing to use force in response to conflicts. Dr Edgar's research found that about one in four prison assaults were motivated by an intention to demonstrate toughness, based on the assumption that other prisoners would respect someone who was prepared to use violence. The extent to which this change in attitude was sustained after release from prison could not be assessed.

The motivations that lead prisoners to violence are extremely varied, including power contests, punishing wrongdoing, acquisitiveness, anger, fear, and even the notion that fighting can resolve tensions. Characteristics of the prison environment have a bearing on the risk of future violence. Subjecting someone to an environment in which their self-esteem is undermined, their personal safety put at risk, and power thrives while weakness is targeted for victimisation, may increase their feeling that their violence is justified.

Institutionalisation

An American criminologist, Craig Haney, defined institutionalisation as:

The process by which inmates are shaped and transformed by the institutional environments in which they live. . . . a unique set of psychological adaptations that often occur — in varying degrees — in response to the extraordinary demands of prison life.

People become more institutionalised if they have to spend hours of enforced idleness. The Chief Inspector of Prisons stated, "There is nothing worse for the mental well-being of those who find it difficult to cope with life in prison than being idle" (HMCIP, 1999: 62). Engaging in activities that are

genuinely productive and experienced as meaningful can help prisoners to feel that their time inside has purpose. However, such opportunities exist for a small minority.

The lack of meaningful activity is not evenly distributed. The Social Exclusion Unit stated that the amount of time spent in cell increased markedly for those with a psychotic disorder. Among male sentenced prisoners, men with evidence of psychosis were over twice as likely to spend 23 hours a day in their cells than those without mental health problems (SEU, 73).

An independent monitoring board member wrote to PRT to say:

Too often we observe prisoners whose extreme, often bizarre behaviour patterns present serious control problems within the prison. Such prisoners usually end up in the segregation unit, where their disruptive behaviour often continues.

(Prison Reform Trust, 2009: page 5)

In a study by Jo Nurse, Paul Woodcock, and Jim Ormsby, prisoners and staff emphasised the negative effects on prisoners' mental health of 23 hour bang up. Extended periods of inactivity lead to frustration, anxiety and a temptation to use drugs. Some prisoners explained the emotional impact of enforced idleness:

...not letting me get to education, not giving me a chance to work, not giving me a chance to do anything. You build up anger, you know what I mean. It's going to release one day. It's just building up inside you and got to hold it down, hold it down, hold it down.

(Ormsby, Nurse, 2003)

The deprivation of responsibilities has been linked to infantilisation. Prisoners depend on staff for meeting their most basic needs. As Erving Goffman argued, prison life deprives people of control over their lives, compromising their capacity to make decisions for themselves.

A compelling description of institutionalisation comes from a report published in 1971:

Imprisonment . . . denies autonomy, degrades dignity, impairs or destroys self-reliance, inculcates authoritarian values, minimizes the likelihood of beneficial interaction with one's peers, fractures family ties, destroys the family's economic stability, and prejudices the prisoner's future prospects for any improvement in . . . economic and social status.

(AFSC, 33)

After citing the clear evidence that imprisonment contributes to unemployment, the break-up of families and homelessness, the Home Affairs Select Committee added:

This is just the tip of the iceberg. Underneath are the feelings of alienation and despair, of the hopelessness of ever gaining a place in society. Prison is likely to confirm and entrench this hopelessness.

(Home Affairs Select Committee, 2007)

The Revolving Doors Agency works with people whose common mental health problems lead to chaotic, troubled lives which often bring them into conflict with the criminal justice system. Of course, prison can provide a temporary structure to their lives, but this benefit comes with a cost. While prison does provide a short-term solution to the chaos, the loss of autonomy leaves them even less capable of taking on responsibilities for their lives upon release.

Emotional impact

The WHO seminar described the psychological impact of prison life:

Continuous stress affects people mentally, physically and cognitively, with results ranging from psycho vegetative exhaustion to burnout. Post-traumatic stress disorder may accelerate this development, especially when the prison climate is characterized by disturbed communication, depreciation of work by superiors, low social team spirit among working groups, lack of corporate identity and organizational parameters, such as overtime accumulating as a result of a poorly organized work process.

(HIPP, 2007)

The WHO was talking here about the impact on staff. Prison life carries similar problems for prisoners. In particular, prisoners are routinely denied crucial information, and their opportunities to communicate with others are curtailed. The deprecating social environment of prisons, which constantly wear down the prisoners' self-esteem was discussed earlier in this briefing: where staff might speak of a lack of corporate identity, prisoners report that they live in a dog-eat-dog world in which they must exercise total distrust.

Insecurity is a part of the psychology of prisoners, imposed by the uncertainties of the prison environment. Someone once commented that every prison has 500 rules; they enforce 50 of them; and you never know which rule they will decide to enforce. The deprivation of personal responsibility leads to vulnerability, depression and a reduced ability or will to communicate. These feelings are aggravated by the uncertain length of custody for people on remand and serving indeterminate sentences. As a prisoner told the Sainsbury Centre for Mental Health, "Being in prison and not knowing when you're coming home – it smashes your head to pieces. (SCMH, 2008, 1)

In her evidence to the Joint Committee on Human Rights, the Policy Director of MIND, Sophie Cortlett, stated:

From the evidence it appears that [people with serious mental health problems] become more ill and it would appear that people who have less severe mental health problems in prison develop more severe mental health problems. Prison appears to be a good greenhouse for developing mental health problems.

(JCHR, 2004: 31)

The Joint Committee on Human Rights concluded:

The evidence we have gathered suggests that prison actually leads to an acute worsening of mental health problems. By sending people with a history of attempted suicide and mental health problems to prison for minor offences the state is placing them in an environment that is proven to be dangerous to their health and well-being.

(JCHR, 2004: 32)

Reviewing the above evidence, the same themes emerge persistently: prisons cause social isolation, subjecting people to danger and idleness, failing to respect their human dignity, and maintaining them, too often, in inhumane conditions. The impact on someone in good mental health would be negative: for people who arrive in a vulnerable state of mind, the damage can be irreparable.

The long-term effects of exposure to powerful and destructive situations, contexts and structures mean that prisons themselves can act as criminogenic agents - both in their primary effects on prisoners and secondary effects on the lives of persons connected to them. Thus, high rates of imprisonment paradoxically may serve to increase the amount of crime that occurs within a society.

(Haney, 2007)

While they are managed by criminal justice agencies, offenders remain citizens, with full rights to an equivalent standard of health and social care, and with other, (often unmet) rights to advice and support with housing, benefits, training, pensions, and family ties. Any attempt to assess the needs of offenders must take into account the ways they are damaged by imprisonment. Some of that damage is inevitable, making it imperative to use prison more sparingly; and some is dynamic, guiding our priorities for prison reform. In all of this, work with offenders will be far more effective if the problems that need to be addressed are identified and, the solutions are sought in alternatives to prison. The gains which could be achieved if this principle could be translated into practice should make improving the mental health care of offenders a public health priority.

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