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VISIT AND MONITORING REPORT

Mental health of women detained by the criminal courts

Contents

Our aim

We aim to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disability and related conditions. We do this by empowering individuals and their carers and influencing and challenging service providers and policy makers.

Why we do this

Individuals may be vulnerable because they are less able at times to safeguard their own interests. They can have restrictions placed on them in order to receive care and treatment. When this happens, we make sure it is legal and ethical.

Who we are

We are an independent organisation set up by Parliament with a range of duties under mental health and incapacity law. We draw on our experience as health and social care staff, service users and carers.

Our values

We believe individuals with mental illness, learning disability and related conditions should be treated with the same respect for their equality and human rights as all other citizens. They have the right to:

- be treated with dignity and respect
- ethical and lawful treatment and to live free from abuse, neglect or discrimination
- care and treatment that best suit their needs
- recovery from mental illness
- lead as fulfilling a life as possible

What we do

Much of our work is at the complex interface between the individual's rights, the law and ethics and the care the person is receiving. We work across the continuum of health and social care.

- We find out whether individual care and treatment is in line with the law and good practice
- We challenge service providers to deliver best practice in mental health and learning disability care
- We follow up on individual cases where we have concerns and may investigate further
- We provide information, advice and guidance to individuals, carers and service providers
- We have a strong and influential voice in service policy and development

- We promote best practice in applying mental health and incapacity law to individuals' care and treatment

Our Visits

One of the ways in which the Commission monitors individuals' care and treatment is through our visits programme. We visit individuals in a range of settings throughout Scotland: at home, in hospital or in any other setting such as prisons where care and treatment is being delivered.

Visiting helps us to look at the care and treatment individuals are getting, to see the kind of places where care and treatment is provided and to hear how individuals feel about their care and treatment.

As part of this programme we carry out a number of national themed visits each year. The aim of national themed visits is to enable us to assess and compare care and treatment for particular groups of individuals across Scotland. Our aim is to help services learn from good practice and to respond to any issues that we identify.

Through direct contact with those who use and provide services, we get a picture of whether services are being provided in line with the law, policy and best practice. We use this information to bring about immediate and longer term changes that improve the experience of those receiving care, treatment and support now and in the future.

This themed visit focused on the support and treatment that women who have difficulties regarding their mental health receive when imprisoned or detained by the criminal courts. We saw women in prison who were in contact with the mental health nurses as well as those who were patients in hospital subject to Criminal Procedure (Scotland) Act 1995 (CPSA) Orders.

This report details our findings from our visits between May and September 2013 to 51 women who met the above criteria and makes a number of recommendations in response to these findings.

WHY WE VISITED WOMEN IN PRISONS AND FORENSIC WARDS

The fact that UK prisons have a higher rate of people with mental ill heath than the general population has been well documented. Many prisoners have a combination of poor mental health and other social problems. These are frequently related to the difficulties they have faced in their lives prior to offending.

In his 2008 'Out of Sight' report[1] the HM Chief Inspector of Prisons for Scotland reported that "a very large number of prisoners have a mental health problem with around four and a half percent experiencing severe and enduring mental health problems". This may be a conservative estimate as the Sainsbury Centre[2] for mental health has estimated that about eight percent of the prison population suffer from the most severe mental disorders of schizophrenia and psychosis.

The Mental Welfare Commission's[3] report Mental Health of Prisoners looked at mental health provision in Scottish Prisons in 2011 prior to the changes of local NHS services taking over the responsibility for prison health care. The Commission made a number of recommendations for improvements for mental health care provision in Scottish Prisons that are being addressed by the National Prisoner Healthcare Network.

There have, however, been particular concerns regarding the number of women in prison in Scotland which increased by 66% in the decade from 2002 to 2012. In 2011-12, there were 1,361 women who received a custodial sentence, 78% of whom were serving sentences of six months or less. During 2011-12, the average daily women's prison population in Scotland increased by 8%, double that for men (4%)[4].

Along with the concerns about numbers, there have been very critical reports about Scotland's women's prison Cornton Vale. The Prison Inspectorate report (June 2011)[5] on Cornton Vale, found that the prison was not "fit for purpose" and recommended a radical overhaul of the women's justice system in Scotland.

Following this, the Cabinet Secretary for Justice announced the establishment of an independent Commission on Women Offenders, chaired by The Right Hon Dame Elish Angiolini DBE QC, to find a more effective way of dealing with women in the criminal justice system.

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[1] Out of Sight - http://www.scotland.gov.uk/Resource/Doc/244128/0068210.pdf

[2] Mental health care and the criminal justice system - http://www.centreformentalhealth.org.uk/pdfs/briefing_39_revised.pdf

[3] Mental Health of Prisoners- http://www.mwcscot.org.uk/media/53235/Mental%20health%20of%20Prisoners%202011.pdf

[4] Prison Reform Trust > Press & Policy > News

[5] HM Inspectorate of Prisons: HMP and YOI Cornton Vale Follow up Inspection: 1-4 February 2011

The Commission on Women Offenders launched its report[6] in April 2012. It made comprehensive recommendations to the criminal justice system. Most of these have been accepted by Scottish Government.

The report refers to 80% of the women in Cornton Vale having mental health problems and high rates of deliberate self harm. The report also states that they heard from prisoners who felt their mental health needs were not being sufficiently met. The mental health of women in prison is a recurring theme in the report and their recommendations, in relation to service redesign, to address women's mental health needs are outlined below:

Commission on Women Offenders Service redesign recommendations:

- Women offenders often require input from a range of professionals with different areas of expertise. They require effective case management to ensure services and supports are coordinated and timely.

- Taking an integrated, multi-disciplinary approach to the delivery of women offender services should help address the mental health and addiction needs of women offenders

- The Scottish Government's mental health strategy must place a greater focus on women offenders, specifically the provision of services to address trauma, self-harm and borderline personality disorder.

- Very many, if not most, women in the criminal justice system have poor mental health even though they may not require psychiatric management. Interventions, support, environment, relationships and culture can all influence mental health and wellbeing. Mental wellbeing should be addressed in all our plans and management of female offenders. The NHS has a key role in working with the justice system to promote this.

- There is well-established evidence that exercise can play an important role in physical and mental wellbeing of individuals, including those with mental health problems. Practitioners must take cognisance of this when planning services for women offenders and developing their individual offending and rehabilitation plans.

- An urgent review of the provision and resourcing of services for women with borderline personality disorder and post-traumatic stress disorder (in relation to previous abuse and neglect) should be carried out.

Our report provides further evidence to support these recommendations and our findings are consistent with those of the Commission on Women Offenders.

[6] Commission on Women Offenders

The Commission on Women Offenders acknowledged that most women in the criminal justice system have poor mental health but this does not necessarily imply that they all have a diagnosed mental illness.

Where there is evidence of a serious mental illness, learning disability, personality disorder or related condition for individuals in the justice system (whether at the time of the offence or at any point in the judicial process, before or after conviction) there are provisions through the Criminal Procedure (Scotland) Act 1995 (CPSA) to enable the individual to receive the appropriate care and treatment required.

We have recently published a monitoring report called CPSA 1995 monitoring – first contact with services[7]. This report provides more detail on CPSA measures.

A summary of CPSA measures is provided in Appendix 2.

Given the high profile of the issue of mental health of women in prison, we decided to undertake a national themed visit to look at the mental health services being provided to women with mental illness, learning disability and related conditions detained by criminal courts, in both prisons and hospitals.

We also wanted to look at the demographics of the two groups. The focus for our visits was not about whether these women should be in prison or hospital but about the care and treatment they receive and their views on their care.

We focused our visits:

- To women in prison who were in contact with the mental health nurses and/or visiting psychiatrist;

and

- To women in hospital subject to CPSA provisions.

We thought it was important not to see these groups of women in isolation but to look at the similarities and differences between their profiles and their experience of care and treatment.

[7] http://www.mwcscot.org.uk/media/138851/cpsa_first_contact.pdf

HOW WE CARRIED OUT THE VISITS

Our visits took place between May and September 2013. We interviewed 30 women in prison and 21 women in hospital.

In Prisons

In April 2013, we wrote to prison governors and health centre managers of the five prisons which currently house women prisoners in Scotland. These prisons were HMP Cornton Vale, HMP Edinburgh, HMP Polmont, HMP Greenock and HMP Aberdeen. This was at a time of considerable change in relation to where women were being accommodated in the Scottish Prison Service (SPS) due to a reduction of prisoner numbers and refurbishments at Cornton Vale.

We asked to see women identified by the prison health team as having difficulties with regard to their mental health and women with a learning disability who would be willing to speak with us about their care and experiences in prison. We also had access to their prison health records.

We interviewed 30 women prisoners across all five of these prisons. The highest number was in Cornton Vale prison. We focused on the women's experiences, not the prison itself. We have not listed numbers interviewed in each prison as we do not wish to compromise the confidentiality of the women, given the small numbers of individuals involved.

In Hospitals

The number of women detained in hospital subject to CPSA provisions at any one time is generally small; with women patients numbering fairly consistently at around 30. These patients are spread across Scotland, mainly in medium security units, low security units, IPCUs and a range of specialist clinics and hospital wards.

We are notified of all CPSA episodes, so we were able to identify women held in hospital on CPSA orders on 1 April 2013.

We made contact with the various hospitals by letter or telephone and managed to see 21women in eight different hospitals. These included the Orchard Clinic, Rowanbank Clinic, Surehaven Hospital, Ayr Clinic, Ailsa Hospital, Midpark Hospital, Royal Cornhill Hospital and Gartnavel Hospital. Again, we have not listed numbers interviewed in each hospital as we do not wish to compromise the confidentiality of those individuals involved.

The 21 women we saw in hospital were detained on a variety of CPSA orders (detailed later in this report).

Our interviews

The main purpose of this themed visit was to hear about the mental health care experiences of women either in prison or detained in hospital by the criminal courts. We used an interview schedule that was designed to ask similar questions in semi-structured interview format. Not everyone we interviewed was able or wanted to answer all of our questions. Some questions were very personal in nature particularly those relating to previous violence and abuse. It was made very clear, there was no pressure to answer these questions and no detail was requested in relation to incidents of violence or abuse. We also gathered information from prison healthcare and hospital records.

WHAT WE EXAMINED

Many previous reports have emphasised the high levels of mental health problems for women in the prison population. We wanted to look more closely at these women's circumstances and their contact with the prison mental health services. In addition, we wanted to look at the circumstances of the women who had entered the hospital system via the criminal courts. We looked at the nature of the care and treatment of both groups.

We looked at

Some general factors:

- Age;
- Time spent in prison or hospital and sentencing;
- Nature of offences and circumstances.

And some more specific issues:

- Use of drugs and alcohol;
- Children and family contact;
- Domestic violence and abuse.

We also asked the women about the care and treatment they had received in the past, their current care and treatment and plans for their future care.

SUMMARY OF FINDINGS AND RECOMMENDATIONS

The experiences of women we saw with mental health difficulties detained by the criminal courts were very variable. Many spoke favourably about their support but others had very different experiences. In general, patients in hospital were much more satisfied with the mental health support they received.

The women in prison:

Profile:

- Generally, this group of women seemed to be of a younger age group than those we saw in hospital.
- These women, often, had more chaotic lives with frequent offending, numerous remands and short-term sentences. They had in many cases lost care and contact with their children.
- Most had experience of physical and sexual abuse.
- Many felt let down or unable to engage with support in the community.
- Most had current substance abuse problems.
- Most acknowledged they had previously had mental health difficulties.
- They often had a sense of hopelessness, that nothing was likely to help them.
- Many had poor self-esteem.
- These women were generally more anxious about their future.

Their experience of support received in prison:

- They had focused support and counselling in relation to drug and alcohol issues, some found this helpful and others less so.
- They had access to support in relation to abuse and trauma, many said this was helpful but others would have liked more professional support particularly from psychiatrists or psychologist and wanted ‘more than just talking’.
- Many women stated that support from the mental health nurses had been very helpful, but there was often a long wait to see someone and it was very difficult to get to see a psychologist.
- They were less happy about their medications and psychiatric review than the women in hospital.

The women in hospital:

Profile:

- This group was generally slightly older women who had been in hospital for longer than many of the women who had been in prison.
- Due to being more settled in hospital, their lives were currently less chaotic. However, for many women in hospital their lives had previously been very chaotic, often involving stays in prison.

- There was less evidence of current issues in relation to substance abuse.
- Most had experience of physical and sexual abuse
- Most acknowledged they had previously had mental health difficulties.

Their experience of support received in hospital:

- They preferred the more relaxed atmosphere that was more conducive to their support.
- They felt they were getting good medical support and care in hospital; these women struggled to find things to suggest that would have improved their care.
- These women had a continual access to mental health support from nurses and good access to psychiatry, psychology, and therapeutic interventions.
- Most commented that they were getting the medication and support they required.
- They generally seemed less concerned about their future but for many there was no immediate prospect of leaving hospital.

It is not surprising that the women with mental difficulties in prison have different experiences to the women in hospital; prisons and hospital are very different institutions with different functions and public expectations.

For women with mental health difficulties who have been detained by the criminal courts, these functions and expectations are more blurred, with prison health services providing care and treatment and hospital providing security and containment.

In the case of many of the women we interviewed, it is likely that their illness has contributed to their offending. In other cases the horrific things that have happened to them have affected their behaviour and the way they see themselves and the world in general.

Courts are places to dispense punishment for crime, not places, primarily, of referral for specialist services. However, some people who have committed crimes can also be very mentally unwell. It is vital courts have the information and community alternatives available to them in order to make the right decisions; decisions that will impact on the mental health of the women before the court.

This report supports the findings of the Commission on Women Offenders and repeats many of their recommendations for supporting women with mental health difficulties in prison.

We have focused on the women's experiences once detained. However, preventing the need for detention and developing inclusive community supports and interventions are the key issues. The Commission on Women Offenders has made comprehensive recommendations about the need for this.

Our report also highlights the different experiences that women receive once they are in the hospital system, usually having spent time on remand in prison.

It is particularly important that the mental health needs of younger women are recognised at an early stage. Chaotic lives, non-engagement with services and problems with drug and alcohol abuse may well be concealing significant mental health difficulties requiring specialist support and treatment.

KEY MESSAGES

Key Message 1

Young women's chaotic behaviour, drug and alcohol use may conceal underlying mental health problems that can become more evident as they get older.

Recommendations:

To address this –
Community Justice Authorities (CJAs), Scottish Courts Service (SCS), and local authorities should:

- Ensure Criminal Justice Social Workers (who provide reports to the courts) have mental health training and access to specialist advice from Mental Health Officers (MHOs), to understand the effect of trauma and adverse childhood experiences on young women's mental health. Courts should request specialist mental health assessments in cases where mental health difficulties are suspected.

NHS Boards should:

- Ensure that secure mental health hospital facilities are able to cope with the more chaotic and challenging behaviour of younger women; this may require the consideration of a female only provision.

Key message 2

Once in the hospital system it seems female patients are likely to be in hospital for a longer time than most of the women we saw in prison. Effective and timely short-term interventions in the community, as well as in prison may prevent future long-term hospital admissions and future offending.

Recommendations:

To address this –
The SPS and NHS Boards should:

- Audit the current provision of therapeutic and social education interventions available to women prisoners
- Ensure that early and effective short term interventions are available in prison to address the problems that the women are facing in the community that result in offending and custody.
- Ensure that links are made with local community services prior to release to help prevent future long term hospital admissions and future offending.

NHS Boards and local authorities should:

- Ensure that robust community services are available to enable patients in hospital to return to their communities as soon as possible.

Key message 3

Women charged with incidents of violent and disruptive behaviour may have underlying mental health difficulties. Good assessments and appropriate alternatives to custody should be routinely available to the courts. Background information prepared for the courts should be routinely available to the prison health team for women detained in custody.

Recommendations:

To address this –

Community Justice Authorities (CJAs), the Scottish Courts Service (SCS), and local authorities should:

- Ensure background reports include any mental health concerns and requirements for further assessment.
- Ensure the use of custody for women is only used when the possibility of community alternatives have been fully addressed.
- Ensure better use is made of alternatives to custody for young women (both with regard to bail initiatives and alternatives to custodial sentences) recognising the importance of offering single-gender services.

The SPS and NHS Boards should:

- Ensure that available background court reports are shared with mental health nurses to assist in their assessment and support of female prisoners.

The Scottish Government should consider:

- Commissioning further research with regard to fire-raising and effective interventions, given the high incidence of this offence in the women we interviewed.

Key message 4

Drug and alcohol use may hide underlying mental health difficulties. There needs to be good coordination between addiction and mental health services. Given the prevalence of substance abuse with regard to the women we interviewed in prison, a more multi-disciplinary approach to the addiction needs of these women is required.

Recommendations:

To address this -
The SPS and NHS Boards should:

- Ensure that there are programmes to address the addiction needs of women in prison that are also able to address their mental health and general support needs. This requires a more multi-disciplinary approach with good communication between the professionals involved.
- Ensure good links are developed with community addiction support services in order to improve coordinated support between prison and community.

NHS Boards should:

- Ensure patients held on CPSA orders in hospital have access to specialist support for their addiction needs.

Key message 5

Over 80% of the women we saw in prison, with children under 16, said they had not been caring for their children when they came into prison. The impact of the chaotic lifestyle of the women in prison has a major impact on their children and families as well as the women themselves.

Recommendations:

To address this -
SPS NHS Boards and local authorities should:

- Investigate the possibility of developing the social work role in female prisons to enhance the multi-disciplinary component of support to women in prison. Many of the women in prison need support in relation to maintaining contact with their children and families. Support at an earlier stage in prison may prevent family breakdown.
- Ensure the availability of parenting programmes, social education programmes and mentoring.
- Investigate the possibilities for the use of technology (e.g. video links and 'Skype') to help women maintain contact with their children.
- Ensure counselling and supports are available to help women who have lost the care of their children.

Key message 6

Most of the women we saw, particularly those in prison, had been victims of violence and abuse. These traumatic experiences require multi-disciplinary specialist support.

Recommendations:

To address this -
NHS boards should:

- Develop focused and effective therapeutic interventions for women in prison with borderline personality disorder and post-traumatic stress disorder.
- Ensure professional support and therapies are available from psychiatrists, psychologists and appropriately qualified workers, for women who require these services in prison.

Key message 7

Most of the women acknowledged previous mental health difficulties before being detained by the courts. Many felt let down by their support in the community.

Recommendations:

To address this –
NHS Boards and local authorities should:

- Ensure that community services, such as female only projects and mentoring services, are available to promote engagement for women who find it difficult to engage with services.

NHS Boards should:

- Ensure women prisoners are appropriately assessed, at the time of being received into prison, by a mental health nurse to identify any mental health concerns. Background court reports should be available to them to assist in their assessment.

Key message 8

The women we saw in hospital received more support than the women in prison – particularly from social work, psychiatry and psychology.

Recommendations:

To address this –
SPS, NHS Boards and local authorities should:

- Ensure women with mental health difficulties in prison receive the support they require from a range of professionals with different areas of expertise.
- Improve case management and sharing of information among the multi-disciplinary team to improve coordination of services.
- Ensure the availability of specialist assessments for women with learning disabilities in prison and improve links to local services to prevent re-admission.

NHS Boards should:

- Ensure the safety and dignity of women on CPSA orders in the hospital system giving consideration to the need for single sex provision.

Scottish Government should:

- Examine any difficulties and delays caused by the lack of high security mental health provision for women in Scotland and keep this situation under review.

Key message 9

Most of the women detained by the criminal courts will return to their communities on release from prison or hospital. Pro-active contact with community services can help to support women with mental health difficulties and, potentially, help reduce the risk of reoffending.

Recommendations:

To address this –
The SPS, NHS boards and local authorities should:

- Ensure protocols are in place for the exchange of information on patients and prisoners to enable good communication and liaison between prisons, hospitals and community services.
- Ensure information is available to women leaving prison about support available to them on release. This should include information about how to get help with benefits, employment support, housing and other difficulties that they may be facing.

OUR GENERAL FINDINGS

AGE PROFILE OF THE WOMEN WE SAW

Key Message 1

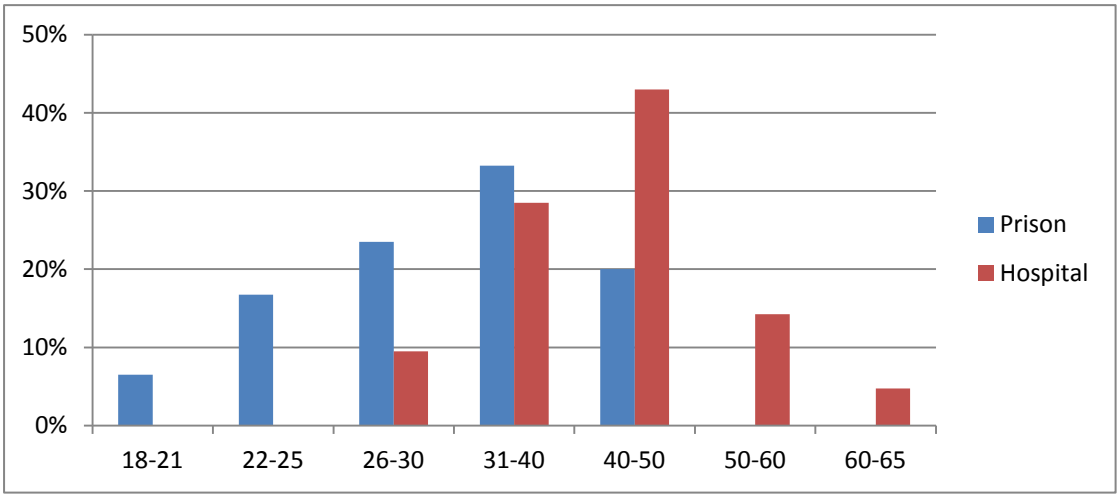
Young women's chaotic behaviour, drug and alcohol use may conceal underlying mental health problems that can become more evident as they get older.

We noted the ages of the 30 women we saw in prison and the 21 women we saw in hospital. The figures are shown as a percentage so a comparison can be made. We did not select who we saw on the basis of age and we had no reason to expect any particular differences. However, we found a very clear difference in the age profile of the two groups of women we saw.

The women we interviewed in prison who were in contact with mental health services were generally much younger than those in hospital. Nearly a quarter of those using mental health services in prison were under the age of 25. There were no women that we saw in the hospital system in the same age group. In fact, 80% of the women we saw in prison were under the age of 40 compared to only 38% of the women we saw in hospital being under the age of 40. This could have been due to chance in the group of women we interviewed but the situation merits further investigation.

We are aware that over half (11 of the 21) women we saw in hospital said they had previously spent some time in prison when they were younger; this was generally for short sentences. It may be that the chaotic behaviour of younger women is driven by underlying trauma.

Prison / Hospital by age of women interviewed (percentage)



Recommendations:

Community Justice Authorities (CJAs), Scottish Courts Service (SCS), and local authorities should:

- Ensure Criminal Justice Social Workers (who provide reports to the courts) have mental health training and access to specialist advice from Mental Health Officers (MHOs), to understand the effect of trauma and adverse childhood experiences on young women's mental health. Courts should request specialist mental health assessments in cases where mental health difficulties are suspected.

NHS Boards should:

- Ensure that secure mental health hospital facilities are able to cope with the more chaotic and challenging behaviour of younger women; this may require the consideration of a female only provision.

TIME SPENT IN PRISON OR HOSPITAL

Key message 2

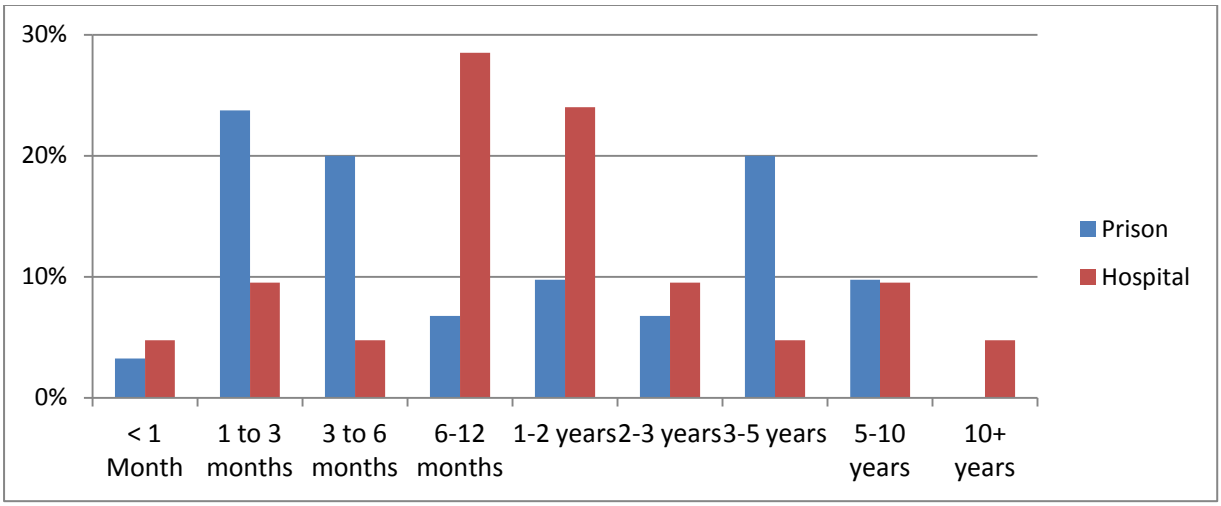
Once in the hospital system, it seems female patients are likely to be in hospital for a longer time than most of the women we saw in prison. Effective and timely short-term interventions in the community as well as in prison may prevent future long-term hospital admissions and future offending.

We looked at how long the two groups of women had been in either hospital or prison, prior to our visit, in relation to this current episode of custody or detention.

We found that 47% of women we saw in prison had been in custody less than six months whereas only 19% of the women we saw in hospital had been there less than six months.

Just over 80% of the women we saw in hospital had been there over six months and over half of these women had been in hospital for more than a year.

Time spent in prison or hospital when interviewed:



Sentencing

A major difference in relation to the two groups of women, once sentenced, is that those in prison generally know when they are due for release. Whereas, those given CPSA orders in hospital have no certainty as to how long they will be there. Their discharge will very much be at the discretion of their RMO, government ministers (for restricted patients) and the decision of a mental health tribunal.

Prison Group

Of the 30 women we saw:

- Five women were on remand
- Fourteen women had sentences of less than 4 years (short-term prisoners)
- Eleven women had sentences of over 4 years (long-term prisoners).

We managed to see a cross section of women who were in contact with the mental health services in prison, from those on remand to those serving long sentences. The situation however was not always straight forward. Some women had outstanding charges for offences that could result in further custody and others had only been released for days (sometimes hours), before being returned to prison.

Hospital Group

The 21 women we saw in hospital were detained on a variety of CPSA orders at the time of our interviews:

- Four were detained on assessment orders (AO)
- Two were detained on treatment orders (TO)
- Five were detained on compulsion orders with restriction orders (CORO)
- Eight were detained on compulsion orders (CO)
- Two were in hospital from prison on transfer for treatment directions (TTD).
  - These women were transferred to hospital from prison due to being mentally ill while in prison; one had a 2½ year sentence and the other 4½ years

Initially, it seems all of these women had been remanded to Cornton Vale prison before being returned to court in the early days or weeks of their remand. Some women were remanded to prison, while a hospital place was arranged and others were identified as being mentally unwell in prison. Most had psychotic symptoms.

All but two (the TTDs) of the 21 women in this group had initially come to hospital on assessment orders and were transferred during their remand, prior to their sentence.

On checking our records on 1st October 2013, all of these women, once in the mental health system, went on to receive hospital disposals (compulsion orders and compulsion orders with restriction) rather than criminal justice disposals from the courts. One of the women in this group who had come into hospital on a TTD had been place on a CTO at the end of her sentence.

Several patients in hospital spoke of wanting to move on from hospital and the uncertainty of when this might be, in contrast to the definite sentence in prison. It would seem that the women we saw in hospital were generally having their freedom curtailed for longer than the women we saw in prison, despite the severity of offending being broadly similar in the two groups.

Recommendations:

The SPS and NHS Boards should:

- Audit the current provision of therapeutic and social education interventions available to women prisoners
- Ensure that early and effective short-term interventions are available in prison to address the problems that the women are facing in the community that result in offending and custody.
- Ensure that links are made with local community services prior to release to help prevent future long term hospital admissions and future offending.

NHS Boards and local authorities should:

- Ensure that robust community services are available to enable patients in hospital to return to their communities as soon as possible.

NATURE OF OFFENDING AND CIRCUMSTANCES

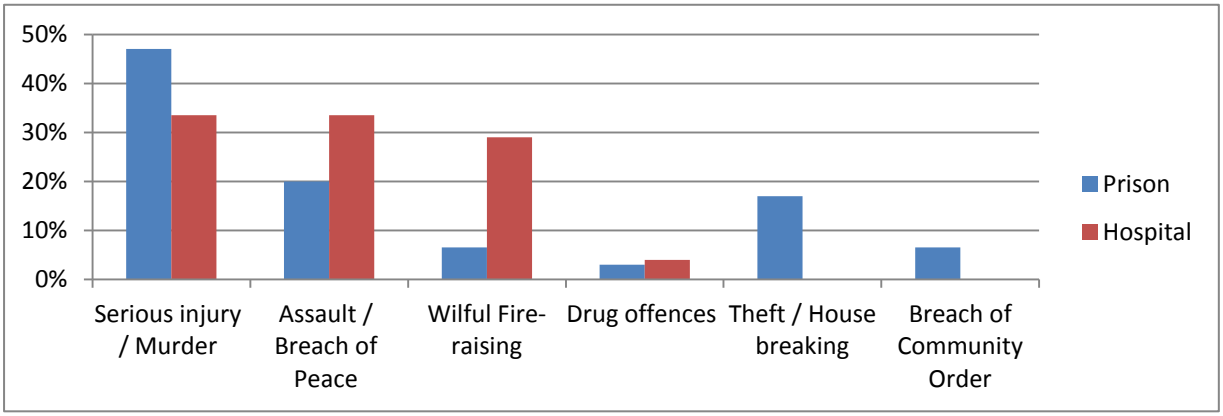
Key message 3

Women charged with incidents of violent and disruptive behaviour may have underlying mental health difficulties. Good assessments and appropriate alternatives to custody should be routinely available to the courts. Background information prepared for the courts should be routinely available to the prison health team for women detained in custody.

Offences

We looked at the types of offences with which the two groups of women had been charged or convicted, in order to see if there were any particular differences between the groups. We then categorised the nature of the offences that resulted in their current detention.

Nature of Offences



In both groups we saw women who had been convicted or charged with very serious offences resulting in death or serious injury. This was nearly half of the prison group, fourteen women, and a third of the hospital group, seven women. When added to the offences of more minor assaults and general disturbance, two thirds of both groups fall into this nature of violent and disruptive behaviour. There was a particularly large number of wilful fire raising offences (six) in the hospital group. We noted this was often related to suicide attempts and use of alcohol.

Though drugs and/or alcohol were a factor for most of these women, only a minority of offences related to actual drug offences (possession / supplying of drugs). Offences relating to dishonesty and breaching of community orders and licences were only found in the prison group.

Circumstances

The Prison Group

All the offences were very individual in nature and frequently involved difficult and violent family situations. Many offences particularly in the prison group clearly involved drugs and alcohol. When we asked these women about the situations that had resulted in them being in prison, drugs and / or alcohol seemed to be a factor in

nearly every case. This is consistent with the fact that 96% of the prison group reported or were known to have had significant problems with drugs and or alcohol.

Of the prison group, however, at least seven of the women we saw described a situation which would indicate that they were also struggling to cope with mental health difficulties at the time of their offences.

We heard comments such as:

"I had been taunted by hearing voices the night before" (breach of peace)
"I had stopped taking medication and was self medicating on other drugs" (assault)
"I was depressed and wanted to kill myself" (set house on fire)
"I was not coping" – [had just lost baby to adoption] (assault severe disfigurement)
"I had been drinking and was very depressed" (set flat on fire)
"I was trying to get money for drugs to cope with psychotic symptoms" (shoplifting)

Previous offending

The women we saw in prison generally had a very significant record of previous offences; mainly shoplifting, breach of the peace, minor assaults and theft. Twenty three of the 30 women in prison were regarded as having a significant number of previous offences and prison sentences. Most of this offending seemed to be associated with drug and alcohol use. It was difficult to obtain accurate information from interview and prison health records but most of the women we saw in prison had at least ten previous offences and many in excess of 30 previous offences.

For at least half of the women we spoke to in prison there seem to have been previous attempts to provide community sentencing but most had breached their orders or were reluctant to engage with services. For many in this group their chaotic lives and substance abuse made keeping to the conditions of any order difficult, leading to multiple short prison sentences and remands.

Prisoner Comments:

"I went to a bail hostel and got a Drug Treatment Order but did not manage the strict regime"
"My previous probation and community service didn't work out"
"I was tagged but stole a bottle of vodka while I was tagged."
"I breached my licence"
"I had probation and community service orders but I breached both".
"I tried probation but was breached – I get on better in prison"

The hospital group

Again, in this group of patients, all the offences were very individual in nature and frequently involved difficult and violent family situations. This group of women was almost evenly distributed between those involved in serious violent offences (mainly involving partners or family members), situations of assault on police or medical staff, and a significant number of fire-raising incidents.

Patient Comments:

"I spent about three weeks in Cornton Vale which was very distressing – I was hearing voices – I kept pressing the buzzer but no one came"
"My situation has been much better since being in hospital - I spent two months on remand at Cornton Vale"
"Staff tried to help me in prison but the environment makes it much harder to help. I have received much more support in hospital"
"I don't want to be in hospital; I should have got more help in the community when I was unwell and stressed"

Previous offending

Eleven of the 21 women we saw in hospital said they had spent some time in prison. These periods of time in prison were generally for short sentences. Several women had spent time in custody for fire raising charges and others for non payment of fines. There is no doubt that the charge of fire-raising creates specific and obvious safety concerns in the community and can easily result in a remand in prison for women who are often mentally unwell.

Fire-raising
We noted that the incidence of offences involving fire-raising was particularly high in the group of women we interviewed, both in prison and in hospital. Many of these cases related to situations of suicide attempts, particularly associated with the use of alcohol. Fire-raising raises particularly serious community safety concerns and additional problems in obtaining bail accommodation. This is an area that would benefit from further consideration and investigation.

Generally, the women we saw in hospital seemed to have a history of less prolific offending than those we saw in prison; only 1 of the women in this group seemed to have been subject to probation, which she breached. There were fewer issues with recent drug and alcohol addiction and fewer past offences in the hospital group. In fact, for over half of this group, this was their first or first serious offence. For many it was the severity of their offence (murder – attempted murder – culpable homicide) that had resulted in their detention.

Recommendations:

Community Justice Authorities (CJAs), Scottish Courts Service (SCS), and local authorities should:

- Ensure background reports include any mental health concerns and requirements for further assessment.
- Ensure the use of custody for women is only used when the possibility of community alternatives have been fully addressed.
- Ensure better use is made of alternatives to custody for young women (both with regard to bail initiatives and alternatives to custodial sentences) recognising the importance of offering single-gender services.

SPS and NHS Boards should:

- Ensure that available background court reports are shared with mental health nurses to assist in their assessment and support of female prisoners.

Scottish Government should consider:

- Commissioning further research with regard to fire-raising and effective interventions, given the high incidence of this offence in the women we interviewed.

DRUG AND ALCOHOL ISSUES
Key message 4

Drug and alcohol use may hide underlying mental health difficulties. There needs to be good co-ordination between addiction and mental health services. Given the prevalence of substance abuse with regard to the women we interviewed in prison, a more multidisciplinary approach to the addiction needs of these women is required.

We asked the two groups of women about their use of drugs and alcohol and also about any support they had received or were receiving. We also reviewed available health records.

There is well established evidence to link offending and the use of alcohol and drugs. There is also considerable evidence of mental illness leading to an increased likelihood of abuse of drugs and alcohol. The Commission's good practice guide Drug-induced psychosis and the law[8] goes into more detail on these issues.

- Research shows that the interactions between mental illness and substance misuse are complex[9].
- Bipolar disorder has the greatest risk for coexistence of an alcohol or drug disorder. There is an earlier onset and worse course of illness in those with bipolar disorder and a drug or alcohol disorder than those with bipolar disorder alone.
- People with schizophrenia are three times more likely than those without to abuse alcohol and six times more likely to abuse drugs. Some studies have suggested that as many as 47% of people with a diagnosis of schizophrenia have used drugs at some point.
- Research findings vary depending on where the studies are carried out. A lot depends on local drug availability and culture.
- Those who use cannabis have a significantly higher rate of readmission to hospital and poorer psychosocial functioning than those who do not.
- Also, most people with 'cannabis-induced psychosis' are later diagnosed as having schizophrenia. See the NICE guidance for more details on research findings.

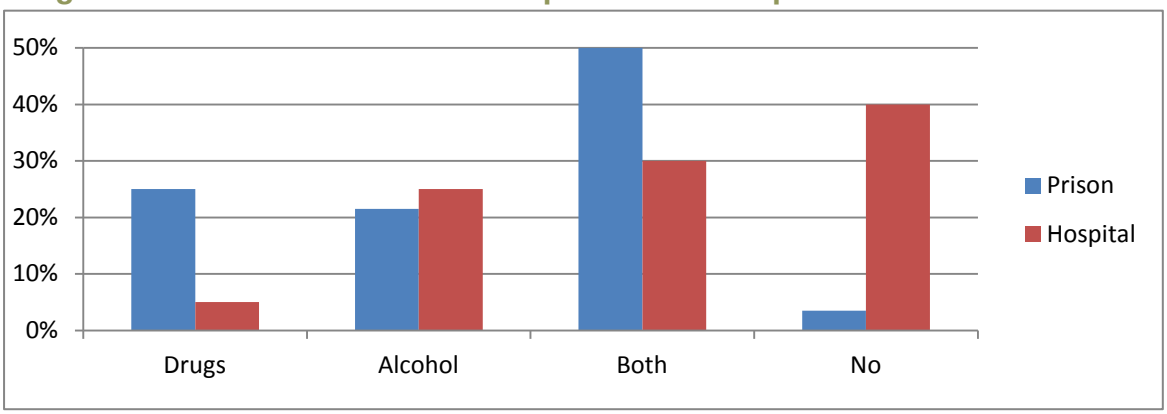
The result of this situation is that many people with mental illness may well end up in criminal courts due to offending relating to drug and alcohol abuse. The women we interviewed had all been detained either in prison or a psychiatric hospital via the criminal court.

[8] http://www.mwcscot.org.uk/media/125271/drug_induced_psychosis_web_version.pdf-
[9] http://www.nice.org.uk/nicemedia/live/13414/53691/53691.pdf

What we found

In the female prisoners group just over 96% reported or were known to have had significant problems with drugs and or alcohol. In the female patient group 60% reported or were known to have had significant problems with drugs and or alcohol.

Drug and alcohol use for women in prison and hospital



For the prison group the issue the use of drugs and alcohol was generally a much more current and recent issue with issues relating to drug use mainly heroin, being the most recurring and long term problem.

Support

Prison Group

Nearly half of the women we interviewed in prison said they were receiving drug and/or alcohol support (mainly from Phoenix Futures). Most were positive about the support they were receiving in prison; others less so.

Twenty two of the women we saw in prison seemed to have recent or current difficulties with drugs and / or alcohol and about 75% of these women were engaged in contact with addition workers in prison.

The SPS run prisons have workers from Phoenix Futures delivering an Enhanced Addiction Casework service. These workers provide group work and recovery focused therapeutic interventions to prisoners.

Prisoner Comments:

- “I see a worker from Phoenix and it is very helpful”.
- “I find Phoenix and Narcotics Anonymous very helpful. My support will continue after I am released”.
- “I speak to Phoenix Futures - every week - but do not attend any groups. When I am in jail I cannot drink and accept this”.
- “I have seen the addictions worker but we just keep going over the same things”.
- “I am not getting the medication or the support I need in prison”.

Hospital Group

The specific issue of drug and / or alcohol use seemed much less current in this group.

Of the 21 patients we saw, support in relation to drug use was mentioned for only one patient (who was on a methadone programme) and an additional three patients made reference to support in relation to their use of alcohol. It would seem that the support in hospital was more general with access to a range of health professional as opposed to the more specific addiction services in prison.

- One patient commented having been transferred from prison to hospital ‘that she was quite surprised that there's no services" for substance abuse in hospital’.

Only 35% of this group had a history of serious drug problems and it would seem that for most of these women their drug problems were more historical. We found issues in relation to alcohol use were generally more prevalent than drug issues for this group of women. Substance abuse problems, however, should not be ignored as they could recur on discharge.

Recommendations:

SPS and NHS Boards should:

- Ensure that there are programmes to address the addiction needs of women in prison that are also able to address their mental health and general support needs. This requires a more multidisciplinary approach with good communication between the professionals involved.
- Ensure good links are developed with community addiction support services in order to improve coordinated support between prison and community.

NHS Boards should:

- Ensure patients held on CPSA orders in hospital have access to specialist support for their addiction needs.

CHILDREN AND CONTACT WITH FAMILY AND FRIENDS

Key message 5

Over 80% of the women we saw in prison with children under 16 said they had not been caring for their children when they came into prison. The impact of the chaotic lifestyle of the women in prison has a major impact on their children and families as well as the women themselves.

Given the fact that women are generally the primary carers for children and many of the women we were interviewing, due to their ages, were likely to have young children, we wanted to ask about the impact that being detained was having on the women and their families. We expected to find that this would be an important issue for both groups of women and that the issue of maintaining contact would be a major concern.

What we found

Prison Group

We asked the women we saw in prison if they had children and about their level of contact with them.

Eighteen of the 30 women we saw in prison did have children and 17 or these had children under 16. It was of interest to find that only three of the women in this group had actually been living with their children at the time they were placed in custody. Due mainly to their drug and alcohol misuse and frequent prison sentences most of their children were either living with extended family or had, in fact, been or were in the process of being adopted. A third (six) of these women had children placed for adoption; a further nine women stated that their children were living with relatives (full time), mainly with mothers or sisters, and two children were cared for by their fathers.

There was in fact generally very little contact between the women in prison and their children. Only three were getting regular visits with their children (under 16 years), usually monthly, and all these were with children living with extended family. There were some situations where distance from home made visits more difficult but in most situations contact with their children had simply broken down prior to this custody.

Hospital Group

In this group nine of the 21 women we saw had children and seven of these women had children under 16. Only two were caring for their children at the time of their custody or detention. Of these two women, one was unable to have further contact due to her offence but the other reported regular visits and phone calls to her children.

In general, this group (as they were older) had more adult children; seven of the nine women with children had had children adopted or were in local authority care. The remaining two women had their children living with extended family. Again, it would

seem that due to difficult life circumstances these women had lost their relationships with their children prior to their time in hospital.

Family contact

With regard to family contact in general, in the prison group, 76% (23) of the 30 women reported having contact with family, partners or friends while in prison but few had regular visitors. Nine reported having visits from family but most relied more on phone contacts and letters.

In the hospital group, 85% (18) of the 21 women in hospital had contact with family or friends. It did appear that the women in hospital were able to arrange more flexible visiting and easier phone contact with family and friends than those in prison. It also seemed that staff in hospital were more able to encourage these women to engage family support as part of their care planning. Half of the women in hospital had visits, compared to only a third in the prison group.

The Mental Welfare Commission report 'When Parents are Detained'[10] provides additional information to help support parental relationships for women who have been detained.

Recommendations:

The SPS NHS Boards and local authorities should:

- Investigate the possibility of developing the social work role in female prisons to enhance the multi-disciplinary component of support to women in prison. Many of the women in prison need support in relation to maintaining contact with their children and families. Support at an earlier stage in prison may prevent family breakdown.
- Ensure the availability of parenting programmes, social education programmes and mentoring.
- Investigate the possibilities for the use of technology (e.g. video links and 'Skype') to help women maintain contact with their children.
- Ensure counselling and supports are available to help women who have lost the care of their children.

[10] http://www.mwcscot.org.uk/media/123938/when_parents_are_detained.pdf

VIOLENCE AND ABUSE

Key message 6

Most of the women we saw, particularly those in prison had been victims of violence and abuse. These traumatic experiences require multidisciplinary specialist support.

We know that many women who commit crime have themselves been the victims of serious crime, including domestic violence, sexual abuse and rape. Such traumatic experiences can have a very significant impact on their mental health and we wanted to know if this was a factor in the groups of women we saw and about the support they were being offered.

What we found

Prison Group

We asked the women we interviewed about the abuse they had encountered in their lives; the majority (all but two women) were willing to answer our questions.

We asked about their experience of physical abuse:

Half of the women in the prisoner group stated they had experienced abusive and violent relationships. Many women we spoke to had experienced violence both as children and adults.

- *"I was beaten up by mum's boyfriend - all through my childhood – my partner recently assaulted me by punching me in the face. He broke my jaw, and I had needed eight stitches in my head".*
- *"I experienced violence from my mother and then also from my partner".*
- *"My previous partner was violent towards me".*
- *"I was beaten up while homeless and also I have had several violent relationships"*
- *"I experienced violence from several partners".*

We asked if they had experienced sexual abuse:

73% (22) of the women stated that they had experienced sexual abuse and 18 of these spoke specifically of having been abused as children.

Among the comments we received:

- *"I was abused by stepfather when mum was out"*
- *"I was abused by father's friend for drug debt"*
- *"I was abused sexually by stepfather from the age 12 – 18"*
- *"I was sexually abused as a child at age 14"*
- *"I was abused sexually from about age of 10"*
- *"I experienced sexual abuse from my older brother"*
- *"I was abused as a child by my uncle and nothing was done about it"*
- *"I was raped by my brother and other men"*
- *"I was raped at 16 by a boy I knew"*

We also asked the women about emotional abuse and 18 of the women felt they had been abused emotionally. In most situations this was part of the physical and sexual abuse they had encountered but two women specifically told us of emotional

abuse in their childhoods, in isolation from other abuse that they felt had affected them in adult life.

The level of violence and sexual abuse experienced by nearly three quarters of the women we saw using mental health services in prison is alarming.

Support

We asked the women we saw in prison if they had received any support or counselling in relation to their abuse. Twenty of the women said they had received some support; six women said they had received support in prison and in the community; nine said they received in prison only and five said they received support only in the community.

Of the women who reported receiving no support; some said they had spoken previously about their abuse but no help was offered and others said no one had asked them about wishing to receive help.

There was also a view from some women that they did not want support

- *"I would rather just forget about it"*
- *"I am of an age to be able to cope with it"*
- *"I do not want to talk about it or feel that I need to deal with it"*

Some women said they were just not ready-

- *"Not at the moment".*
- *"I found the questions and discussions difficult - maybe at later stage"*
- *"I rather forget about it"*
- *"I don't feel ready"*

The main source of support mentioned by most prisoners was counselling support from a community based organisation that supports individuals impacted by childhood abuse and trauma. This was valued, but many of the women felt they needed 'more than just talking'. They wanted specialist and focused support from psychologists or psychiatrists.

Prisoner comments:

- *"I had some counselling support while in prison but did not really find talking about things very helpful – I was expecting support to be more than just talking"*
- *"I feel I need more specialist support"*
- *"I see a support worker about fortnightly but I need more support from the psychiatrist"*
- *"I saw a counselling support worker but did not find this very helpful. I now see a psychologist who is helpful but it has taken two years to get this support. - psychologist support should be more readily available"*
- *"I have been attending support sessions in the prison. I don't think that this will continue when I am liberated. I don't know what will happen then"*

Of the 11 women who said they had received support in the community, CPNs were the most frequently cited as providing support.

- *"I used to speak to a CPN about a lot of things"*

- *"I had support from a CPN in the Community"*
- *"I had some support from my psychiatrist which was helpful"*
- *"I saw a psychologist when I was a child"*

Several prisoners mentioned, Open Secret, Women's Aid, the 'Say Women' organisation and the 218 Project in Glasgow as being supportive and helpful; others also mentioned helpful support from the prison mental health nurses.

Borderline personality disorder

Many reports including the Commission on Women Offenders have referred to the high incidence of Borderline Personality Disorder (BPD) among women prisoners.

BPD may be associated with genetic factors but is frequently linked to experiences of distress or fear during childhood, such as neglect or abuse. These a factors frequently cited by the women we saw.

BPD can cause a range of distressing symptoms and patterns of abnormal behaviour including among other things, overwhelming feelings of distress, anxiety, worthlessness or anger. Incidents of self-harm, abusing drugs and alcohol or taking overdoses are common.

Treatment may involve a range of individual and group psychological therapies; Dialectical behaviour therapy (DBT) and Mentalisation-based therapy (MBT) are currently evidenced as being the most effective treatments.

Hospital Group

We also asked the women in hospital about the abuse they had encountered in their lives. Several of the women in this group were more obviously unwell and less able to engage in our questions. Most of the women were able to speak with us but some information came from records.

We asked about their experience of physical abuse:

Nine (43%) of the women we saw in this group of women spoke of physical abuse and violent relationships. Again, this is nearly half the group of women. We were aware from records that the number who had experienced domestic and adult abuse was in fact considerably higher. There was generally more background information available for hospital patients than for those in prison. Their experiences of physical abuse and violent relationship were generally similar to the women in prison.

- *"My mum and dad used to hit me with a belt also my partner used to hit me regularly"*
- *"I was in a dominating relationship with my eldest daughter's father – he regularly raped me"*

- *"My partner was physically abusive when drinking and I was physically assaulted when I was eight months pregnant"*
- *"I have experienced abusive adult relationships"*

We asked if they had experienced sexual abuse:

We were aware that at least 12 (57%) of the 21 women in hospital had experienced sexual abuse, most being abused as children. For many of the women in hospital, as they were generally older, the events were more in their past and they were less forthcoming than the women in prison to discuss the issue.

We had comments such as:

- *"It's in my past and I don't want to talk about it"*
- *"I just wouldn't want to talk about it"*

In other cases as the women were obviously unwell it was not felt appropriate to ask about their experiences.

In general in this group, as with the women in prison, childhood abuse occurred within the family environment in amongst chaotic parental relationships.

Support in Hospital

Only five of the women in hospital said they had received any specific support in relation to their abuse. These women indicated support from a psychologist.

Generally for these women their support was more directly focused on their illness than past history. It was evident, however, that many were receiving comprehensive ongoing medical input from psychiatrists, as well as support from psychologists and nurses. Group interventions also featured as part of their general support for recovery.

'One woman said she was never well enough to engage with psychologists in the past – she was hoping the court would allow her to stay in hospital so she can get the help she needs.'

Several of the women's records indicated past difficulties in engaging with counselling or therapy.

Recommendations:

NHS boards should:

- Develop focused and effective therapeutic interventions for women in prison with borderline personality disorder and post-traumatic stress disorder.
- Ensure professional support and therapies are available from psychiatrists, psychologist and appropriately qualified workers, for women who require these services in prison.

MENTAL HEALTH CARE AND TREATMENT – PAST PRESENT AND FUTURE

Our primary interest in relation to this themed visit was to establish how the mental health needs of the women we saw in prison and hospital were being met.

We asked the women about their mental health care and treatment:

- Before they were detained in prison or hospital
- At present and
- What their future care and treatment might comprise

PAST CONTACT WITH MENTAL HEALTH SERVICES

Key message 7

Most of the women acknowledged previous mental health difficulties before being detained by the courts – many felt let down by their support in the community.

What we expect to find

We expected that the women we saw in hospital would have had more contact with mental health services and more past episodes of detention for psychiatric treatment than the women we saw in prison. We also expected that the patients in hospital were more likely to have diagnosis of a psychotic illness.

What we found

Most of the women we saw in both prison and hospital acknowledged that they had previously had mental health difficulties. There was very little difference between the two groups, 67% of women in prison said they had had mental health difficulties compared to 71% of the women in hospital.

Of the women we saw in prison, 46% reported previous admissions to a psychiatric hospital. This compared to 71% of the women we saw in hospital. There was generally less information available from health records for the women in prison than those in hospital but it was evident that generally the women we saw in prison had had fewer admissions and less contact with mental health services than those we saw in hospital.

We asked both groups of women about their contact with health care professionals prior to their custody or detention. For most of the women in the prison group their main contact had been with their GP. The women in hospital reported having more contact with a psychiatrist - 57% of the women compared to 43% of the women in prison.

Over a third of the women in hospital had previously worked with a psychologist but only a very small number of the female prisoners (7%) had had contact with psychology.

Some of the women in prison who shared their experiences, told us that their problems with substances played a part in them either not getting help or being offered limited help.

- One woman told us that she felt she used drugs *"to blot out past experiences"*, while another told us that she knew she was *"out of control but the services put this down to my drink and drug use"*.
- Others told us that being in prison meant that they got more support;
- Several of the women said that they felt *"well looked after and supported"*.
- Some women criticised their treatment when out in the community, telling us that when they attended healthcare services seeking help they were only offered brief interventions such as GP or out-patient appointments or a monthly visit from a CPN.

The women in hospital gave us different accounts of their care prior to their detention. They generally confirmed that many of these women had ongoing contact with psychiatric services but a recurring theme was that the contact had either not been enough, or was not helpful for them.

- One woman told us that the healthcare professionals had missed that she was seriously unwell and that "they were using all sorts to try and control me";
- Another told us that she "I should have been 'sectioned' a long time ago then I wouldn't have been in this predicament".

Recommendations:

NHS Boards and local authorities should:

- Ensure that community services are available to promote the engagement of women who are difficult to engage with services – such as female only projects and mentoring services.

NHS Boards should:

- Ensure women prisoners are appropriately assessed (at the time of being received into prison) by a mental health nurse to identify any mental health concerns; background court reports should be available to them to assist in their assessment.

PRESENT MENTAL HEALTH CARE - In prison & hospital

Key message 8

The women we saw in hospital received more support than the women in prison – particularly from social work, psychiatry and psychology.

What we expected to find

Due to the obvious differences between prisons and psychiatric hospitals we expected to find differences between how the women prisoners and patients received their support and treatment for mental ill health.

Prisons are designed to contain prisoners for their time in custody but should have the mental health resources to support the mental health needs of their female prisoners. There are small teams of mental health nurses in the prison health centre that should provide individualised mental health care appropriate to the women's needs whilst in prison. We would expect that any women who become significantly mentally unwell would be transferred to hospital for treatment and care.

Psychiatric hospitals are there to provide mental health care and treatment for people with mental illness. This is their primary role and function and this is where we would expect that any women with major mental illness would be transferred for their treatment and care.

What we found

We asked the women about the help and care that they were getting in both prison and hospital. We wanted to know who was providing their care and support and the nature of the interventions they were receiving, including professional input, therapeutic support and the use of medication.

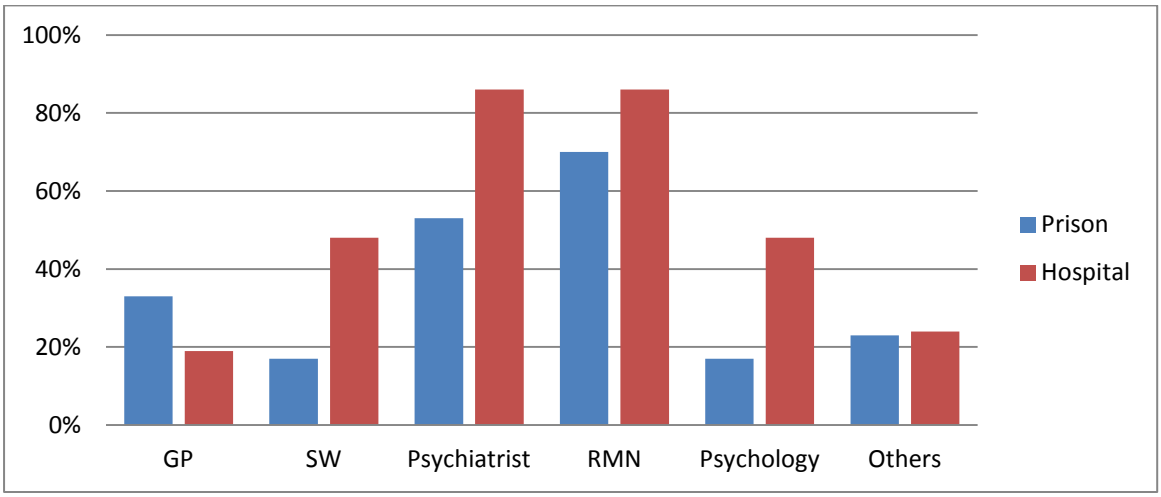
We also asked the women to give us further information about what had helped most and what they thought might have improved their care.

Professional contacts

We found that a third of the women in prison had ongoing contact with a GP which was generally their main source of medical support in prison. Only a fifth of women in hospital reported GP input while in hospital. This is very much due to differing arrangements for monitoring and treating the physical health needs of individuals in psychiatric hospitals. We have found no evidence of physical health needs not being attended to.

We found, however, that for every other contact with a professional member of staff, the women in hospital had more support. The graph gives the percentage of this contact for women in both services. What can be seen is that presently, women in hospital have significantly more input from social work, psychiatry and psychology.

Professional contacts:



Therapeutic interventions

We asked both groups of women about their involvement with therapies and other support. Over half of the women (60%) we spoke to in prison said they were engaged in a therapy or other support. In hospital over three quarters (76%) of the women said that benefitted from this type of care.

The types and frequency of interventions, however, varied considerably between prisons and hospitals.

Prison interventions

Prisons generally had more social education and employment focused provisions. Some of the activities that were mentioned by the women we saw were going to the gym, working in the “pantry”, education, computing, hairdressing and beauty therapy classes.

There was a more focused approached to counselling in relation to substance misuse and many of the women in prison were involved in with Phoenix Futures in relation to addressing their substance abuse issues.

Several women prisoners told us that they had regular sessions with the mental health nurses working in their prison, and one woman was receiving EMDR therapy (Eye movement desensitization and reprocessing) from one of the mental health nurses. Generally, however, there was little in the way of structured therapeutic interventions. Some of the women said they attended sessions with a counselling support agency or attended ‘survive and thrive’ groups. We saw no evidence as to formal liaison between voluntary services and the mental health services.

We would expect to see ongoing developments for women who have offended, in terms of mental health and therapeutic engagement, as has been recommended in the report by the Commission for Women Offenders (Scottish Government, 2012).

What helps?

When we asked the women in prison about what they thought had helped most, over half of them explained that it was talking, specifically to the mental health nurses, but the women also mentioned the prison officers, psychiatrists, psychologist and other women prisoners.

What helps? – Prisoner comments:

- *'having people who are willing to listen to me'*
- '*the nurses have helped me a lot – I don't know where I'd be without them'*

Other comments indicated that activities available in the prison such as group work, addiction workers, the community integration unit and getting some qualifications were helpful. One woman commented that the stability of prison was helpful and a few of the women told us that *"nothing much has helped".*

What would improve care in prison?

When we asked the women in prison 'what would have improved their care', we received a variety of responses.

Some of the women had difficulty answering this question as they did not know what it would take to improve things for them. There was often a degree of hopelessness in their situation that made them feel things were unable to improve.

Several women talked about the referral processes to get help for their mental health – one woman commented *"I've had a long wait for a referral to see the mental health team"*; another woman told us that she had waited 14 months in the prison that she was in, and still was not seen by the time she was transferred, and one woman explained that she felt that her care could have improved if she had *"been able to see a psychologist sooner"*.

The remaining women mostly asked for additional input and support, mainly from healthcare staff such as RMN's, Psychiatrists for reviews of medication and Psychology. This is summarised by a woman's comment where she said that she *"wants to see mental health nurses more regularly to build up a relationship".*

We noted that there was generally only fairly basic and very limited background information available with regard to these women in the prison mental health team records. This is despite the fact that most of these women will have had detailed social work background reports prepared for the courts. We were surprised to find that such important information was not generally available to the mental health team.

Hospital Interventions

Interventions in hospital were more focused on the mental health needs of the women and on recovery from illness which is not surprising in a hospital setting. There was more emphasis on getting out into the community (subject to risk assessment and approval) which is a very different situation in the prison setting. Some of the comments were about the activities on offer; one woman said *"It's great to get out and about in the community"* and another told us that she enjoys *"Going to Wisewell, to the cafe, 'Sowing the Seeds' and talking to people there".*

Eight of the patients we saw in hospital (those on COs) were no longer restricted patients and had easier access to community facilities.

The women in hospital made more reference to their medication and about the input from other professional groups.

All the women we saw in hospital, from what they told us, had spent at least some time in prison, mainly on remand, and therefore had some insight as to life in prison as well life in hospital.

What helps?

To the question about what had helped most, almost all of the women in hospital gave us an almost entirely positive response about their care in hospital. Patients were particularly complimentary about the staff and their availability; they also mentioned getting the medication they required and access to psychology, therapies and advocacy.

What helps? - Patient comments:

- *'The staff have been so helpful, so kind and helped me join in'*
- *'Staff are very positive and there are always things on offer if you want to join in".*
- *'There are wonderful staff in this ward who are really interested in you'*

Several patients commented that by being in hospital they were getting the right medication

- *'Being in hospital and getting the medication right'.*
- *'Being on Clozapine has helped me"*

What would improve care in hospital?

Again, when we asked the women about what would have improved their care in hospital the majority of the group had very similar comments:

- *"Nothing, really"*
- *" It has been very good"*
- *"I can't think of anything that would improve care here"*.

Two patients made comments about helpful treatment approaches, trauma counselling, anger management and reflexology that were no longer available due to lack of funds.

Several women, who had experience of both prison and hospital settings, highlighted the issue about not being seen quickly in prison. These comments are summed up by the comment from one lady in hospital who told us:

"Most of the nurses are nice in the hospital. In prison it could take days to see a mental health nurse. I was self-harming in prison and not allowed out of my cell. This made things worse. The atmosphere here is more relaxed"

Mixed sex wards

Many of the women we interviewed in hospital were patients in mixed sex wards. This is obviously a very different situation to that of the women only prisoner environment. In the hospital settings, every effort had been made to allow the women as much privacy, dignity and security as possible but the situation was that women were generally in the minority and sometimes could be the only female in the unit. In prison, women cited the support they found by being with other women and given their frequently abusive backgrounds a mixed environment could be threatening. We only received one comment from a woman in hospital about her concerns of being in a mixed sex unit but this issue was highlighted to us as a concern by service providers.

High security hospital provision for women offenders in Scotland

There is no longer a facility to provide high security hospital provision for women in Scotland and if such a facility is required it generally requires a transfer to a high security provision outside of Scotland. This is a difficult and complex process to achieve and can involve significant delays for the person with an assessed need to receive psychiatric care.

> 'I was in my cell hearing voices – I kept pressing the buzzer but no one came'
> *-Comment from women with schizophrenia now in hospital who had initially been remanded in prison*

We encountered one young woman in prison awaiting a transfer to a specialist high security provision which was taking a considerable time (many months) to implement.

All of the women we saw had spent some time, generally days or weeks in prison before being transferred, in the main, to hospitals providing medium security provision. They described this as being a very traumatic and distressing time. It would seem in many cases that these women who may have required a hospital provision were being sent to custody while a hospital bed was found. A particular concern arises for women with severe psychotic symptoms requiring high security provision; perhaps for example due to a terrorist offence.

It is important to look at any difficulties and delays that the lack of a high security provision is causing and keep this issue under review.

Learning disability

We asked to see women identified by the prison health team as having difficulties with regard to their mental health and women with a learning disability. We only saw one women in prison specifically referred to us with a learning disability, as she was subject to guardianship provisions under the Adults with Incapacity (Scotland) Act 2000. There were no issues with regard to her treatment and the short remand was primarily to allow time to find bail accommodation. We saw other female prisoners, however, who seemed to be unable to manage outside of prison and we suspected a learning disability may have been unrecognised.

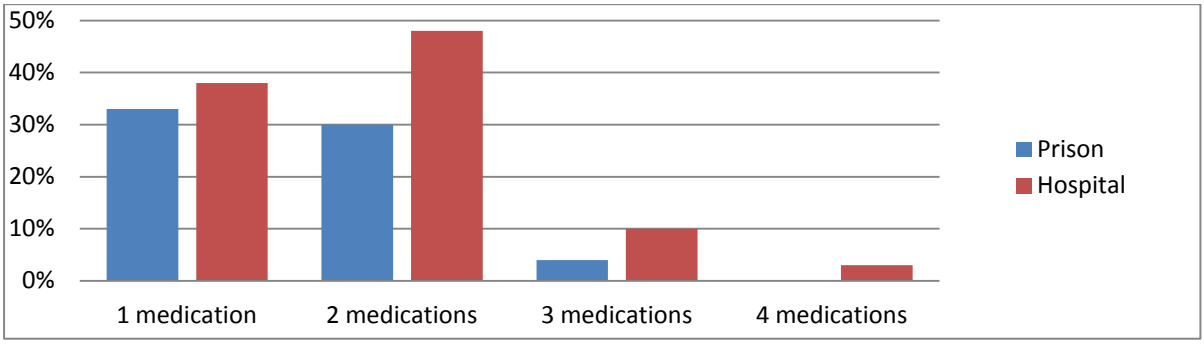
We saw four women in hospital with a diagnosis of learning disability. They all reported being happy with their care and we found good care plans in place. All four of these patients had previously spent some time in prison; three had received sentences and one for remand only. They described prison as an upsetting experience.

Prescribed Medication

We reviewed the prescribed mental health medication for all of the women we saw both in prison and in hospital. We were very aware however that these were different populations: with women with clear evidence of psychosis more likely to be in hospital. There were significant differences between what was prescribed to women in prison as opposed to those in hospital.

- Nearly a quarter of the women in prison (7) were on no medication where as only two women in hospital (10%) were getting no medication.
- Most of the women in hospital (81%) were on antipsychotic medication but only 47% of the women in prison were prescribed antipsychotics.
- In contrast, more than half of the women (60%) in prison were on antidepressants. Whereas only a quarter of the women in hospital were on this type of medication.
- Generally the women in hospital were on a higher number of medications (see below).

Number of medications:



Recommendations

The SPS, NHS Boards and local authorities should:

- Ensure women with mental health difficulties in prison receive the support they require from a range of professionals with different areas of expertise.
- Improve case management and sharing of information among the multidisciplinary team to improve coordination of services.
- Ensure the availability of specialist assessments for learning disability in prison and improve links to local services to prevent re-admission.

NHS Boards should:

- Ensure the safety and dignity of women on CPSA orders in the hospital system giving consideration to the need for single sex provision.

Scottish Government should

- Examine any difficulties and delays caused by the lack of high security mental health provision for women in Scotland and keep this situation under review.

THE FUTURE – Leaving prison or hospital

Key message 9

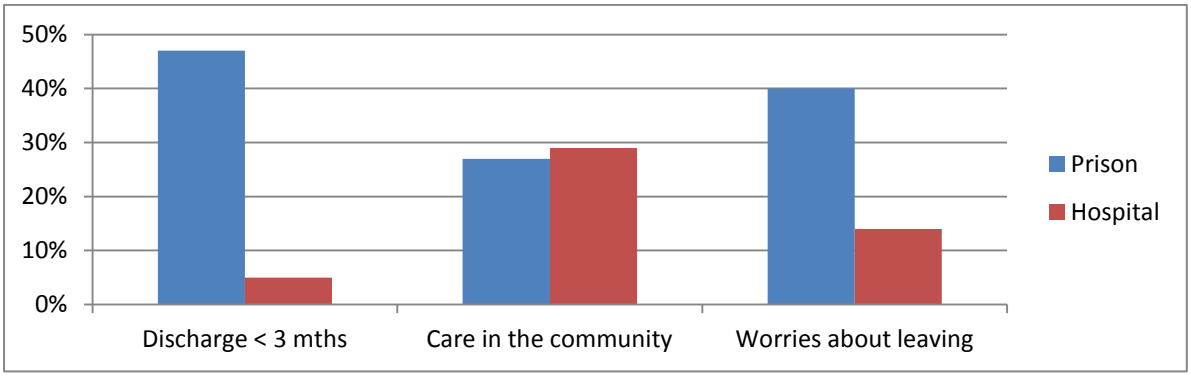
Most of the women detained by the criminal courts will return to their communities on release from prison or hospital. Proactive contact with community services can help to support women with mental health difficulties and potentially help reduce the risk of reoffending.

We asked both groups of women about their proposed date of release or discharge and if it was expected to be within the next three months.

We asked about follow up care in the woman's local community, if they had any worries about leaving and for any other comments.

What was very clear, and can be seen from the graph below is that nearly half of the women (47%) in prison were expecting to be back out to the community within three months where as only one only one woman in hospital expected to be discharged by then. An interesting finding is that nearly all the women soon to be released from prison were worried about going back into the community. Most of the women in hospital, by contrast, did not seem to have the same anxieties about a return to the community though this was a more distant prospect. Only a quarter of the group of women soon to be leaving prison had plans for their care in the community after leaving prison.

Future Care



Some of the comments that we received from the women in prison clearly explained their worries – some talked about *"not wanting to go back to the social circle"* that they previously had. Others were concerned that they would "*go back to drink*" or reoffend. Other concerns related to the lack of support, and difficulties securing housing and benefits

We had several comments from women in prison who *were "worried about coping on release and expecting to be back in prison again soon".*

A few of the women in prison explained that they have plans in place.

- One woman said that "*The nurses and social work have identified housing, which I didn't expect. There's a care plan and package in place for getting out, with practical support for day-to-day tasks".*

- Another woman told us that she was *"Working with Social Work and I have a care management meeting with my parole officer, who is trying to introduce me to workshops with other prisoners".*

As nearly all of the group of women in hospital were not going to be discharged for some time, most of their comments related to moving on to a less secure or more local service.

The woman who was being imminently discharged from a secure hospital provision was moving to an in-patient unit in her local health board, where input from a 3rd sector provider would be increased to help the woman move on to her own tenancy. Such planning and support for mental health care was only evident with the women hospital patients.

Recommendations:

The SPS and NHS boards and local authorities should:

- Ensure protocols are in place for the exchange of information on patients and prisoners to enable good communication and liaison between prisons, hospitals and community services.
- Ensure information is available to women leaving prison about support available to them on release. This should include information about how to get help with benefits, employment support, housing and other difficulties that they may be facing.

CONCLUSIONS AND FURTHER ACTION

Speaking to the women detained by the criminal courts, in prison and in the various hospitals in Scotland, gives a valuable insight into their mental health experiences in prison, hospital and also in the community.

This report, like many before it, highlights the complex difficulties faced by these women and also staff trying to support them. It also highlights the importance of early interventions in the community. The extent of substance misuse, traumatic life experiences, abuse, poor mental health and hopelessness is almost impossible to support in a prison setting. However these women continue to come to prison in ever increasing numbers and resources to tackle these issues in prison are therefore required.

This report comes at a time of great change in women's prison service provision. We hope that our key messages and recommendations will help inform this change.

Listening and acting on what the women detained by the criminal courts have shared with us will not only help them but will benefit communities as a whole; we would like to thank all of the women who shared their experiences with us.

Appendix 1

Tables

Table 1: Number of women visited, by age group in prison and hospital

	18-21	22-25	26-30	31-40	40-50	50-60	60-65	All
Prisons	2	5	7	10	6	0	0	30
Hospital	0	0	2	6	9	3	1	**21**

Table 2: Number of women visited, by time in prison or hospital (this episode)

	< 1 Month	1 to 3 Months	3 to 6 Months	6-12 Months	1-2 years	2-3 years	3-5 years	5-10 years	10+ years	All
Prison	1	7	6	2	3	2	6	3	0	**30**
Hospital	1	2	1	6	5	2	1	2	1	**21**

Table 3: Number of women reporting drug and alcohol use

	Drugs	Alcohol	Both	No	Not recorded	All
Prison	7	6	14	1	2	30
Hospital	1	5	6	8	1	21

Table 4: Nature of offences

Offence	Serious injury / Murder	Assault / Breach of Peace	Wilful Fire-raising	Drug offences	Theft / House breaking	Breach of Community Order
Prison	14	6	2	1	5	2
Hospital	7	7	6	1		

Categories:

Serious injury - includes situations of murder, culpable homicide and serious acts of violence (mainly stabbing).

Assault / Breach of the peace - includes more minor assaults, general disturbances and police assault (incidents such as spitting).

Wilful fire-raising – Offences relating to fire-raising, this was frequently an attempt at suicide

Drug offences - Offences in relation to supplying drugs

Appendix 2

Detention in hospital by criminal courts

[From the Commission's CPSA 1995 monitoring – First contact with services]

Where there is no evidence of mental disorder, the court process is fairly straightforward. An individual is charged with an offence, there may be a number of preliminary hearings held and then a trial date is fixed. The trial takes place and, if convicted, the person is sentenced. There are rules governing the maximum length of time between a first court appearance and the start of the trial.

The process can be more complex where there is a suggestion or evidence of mental disorder. However, it is still governed by the timescales which are in place to ensure that there is no undue delay to the justice process. At any point before conviction, the Procurator Fiscal or Scottish Ministers can request that the court impose an **assessment order** (AO), or the court can take this decision without such a request but based on the evidence before it. An AO provides for the admission of an individual to hospital for assessment of their mental health. The order can last for up to 28 days, with a single extension period of 7 days if necessary. Following this, the individual has to return to court and the process continues, with the additional information gained from the period of assessment now available. Unless the psychiatrist who has been assessing the individual provides a report which recommends a period of treatment, or indicates that the mental disorder is sufficiently serious such that the individual is unfit to plead, then the individual continues through the usual justice process and no further mental health input is required.

If the psychiatrist is of the view that a mental disorder is present and treatment is required, or that the individual is unfit to plead, there are a number of options open to the court. The court may grant a **treatment order** (TO). This allows an individual to be compulsorily admitted to hospital for treatment where the recommending psychiatrist indicates that further assessment and treatment is required. This order, which can only be used prior to conviction, is not a disposal order. There is, however, no time limit other than that laid down for the justice process generally. In other words, any time spent on a TO is counted towards the maximum period of custody on remand.

If, however, the reporting psychiatrist indicates that the individual is unfit to plead, the court may impose a **temporary compulsion order** (TCO) and then hold an "examination of the facts". Alternatively, if they are acquitted on the grounds of insanity, the court can impose an **interim compulsion order** (ICO) pending an appropriate disposal.

Final disposal of the case may result in an order being imposed, or not. Where an order is imposed, this can only be a **compulsion order** (CO), **compulsion order with restrictions** on discharge (CORO) or a **hospital direction** (HD). The HD is rarely used and only in those circumstances where an individual has a mental disorder which requires treatment, but that does not appear to be related in any way to the offences for which they have been convicted.

People on a transfer for treatment direction (TTD)

Individuals subject to a **transfer for treatment direction** (TTD) are sentenced prisoners who have developed or had a recurrence of a mental disorder to the extent that they cannot be safely treated in a prison setting. The approval of Scottish Ministers is required before the transfer can be authorised and has to be supported by two medical opinions, one of whom must be a Section 22 approved doctor. A prisoner on a TTD may be returned to prison following a period of treatment if his/her condition no longer justifies treatment in hospital. If the individual is still in hospital and receiving treatment at the point when his/her sentence reaches the “earliest date of liberation”, arrangements for further treatment under the civil proceedings of the MHA have to be made in most circumstances.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Mental Welfare Commission (Apr 14)