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## **MENTALLY ILL PRISONERS FALLING THROUGH GAPS IN PROVISION**

In spite of improved mental health services in prisons, mentally ill prisoners' needs are still not being met, and this will not be possible unless services outside prison are improved. These are the two key findings of the Prisons Inspectorate's thematic report, *The mental health of prisoners*, published today – ten years after the Inspectorate's first report on prison health, and five years after NHS mental health professionals began to go into prisons.

Anne Owers, Chief Inspector of Prisons, said

“It is clear that when mental health in-reach teams came into prisons they found a scale of need that they had neither foreseen nor planned for. Those who end up in prisons have complex and long-standing mental health needs.”

Within prisons, the report found that the care of those with severe and enduring mental illness had improved. However:

- Four out of five prison mental health teams felt that they were unable to respond adequately to the scale of need. There was a particular gap in specialised primary mental healthcare;
- Prisons' reception screening was not picking up the extent and diversity of mental and emotional disorder: inspectors' own screening identified significant unmet need, particularly among black and minority ethnic prisoners;

- Those with mental disorders are particularly at risk of suicide and self-harm; they require not only professional healthcare, but also activity and support from staff and other prisoners – often unavailable in overcrowded prisons;
- Mental health teams in prisons were often working in isolation – lacking connections both with other health professionals and trusts in the community, and with residential, suicide prevention and resettlement staff in prisons

Outside prisons, inspectors found:

- Significant weaknesses in court diversion schemes, designed to identify and divert those who should be cared for in mental health settings. All were short of funds and some operated only occasionally and without clear accountability
- Only two of the 23 primary care trusts sampled knew of the existence of such schemes
- But, even if schemes were improved, there is insufficient secure, acute and community mental healthcare outside prison to divert mentally ill people to, or to identify needs and provide support at an earlier stage or afterwards.

Anne Owers said:

“There can be no doubt that the quality and extent of treatment available to mentally ill prisoners has improved. But the arrival of skilled personnel into prisons has acted as a marker: establishing beyond doubt the scale and complexity of the need.

“This report points out some of the gaps that exist in mental health services in prisons: important findings for those delivering and funding those services. But there is an even more important prior message: that prison has become, to far too large an extent, the default setting for those with a wide range of mental and emotional disorders.

“Prisons can provide better and more focused care for those who need to be there; but they will only do so effectively if there is sufficient alternative provision for those who should not be there, and effective community support for those who leave prison. Unless those gaps are filled, mentally ill people

will continue to fall through them, and into our overcrowded, increasingly pressurised prisons.”

**NOTES TO EDITORS**

1. The report is available on the Inspectorate website:  
<http://inspectrates.homeoffice.gov.uk/hmiprisons/>
2. For further information please contact Lisa Brett on 020 7210 8722

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