

Offenders in the Community

Introduction

This chapter is a summary of a Health Needs Assessment on the health of offenders in the community, written in March 2015 in response to changes in service provision locally and nationally, and to understand more about local need and services. The aims of the health needs assessments were:

- To better understand the health needs of offenders in the community and their experiences of accessing services, including health services
- To identify current services which service users and providers feel are working well, or not so well
- To understand the priorities which offenders in the community and service providers have for improvements around offender health.

The full Health Needs Assessment can be downloaded [here](#).

What do we know?

Facts, Figures and Trends

The “health inequalities experienced by people in contact with the criminal justice system are well above the average experienced by the general population” (Revolving Doors Agency, 2012). The report goes on to add that of those in custody one in three are suspected of suffering from anxiety or depression and one in ten from psychosis. The report indicates that, although there is a lack of data regarding health inequalities for those in contact with the criminal justice system in the community, generally enough is known to be able to conclude that across a wide range of disorders the profiles found in prisons match those in the community.

Mental health needs

I. High prevalence of mental health issues:

A review of the prevalence of mental health disorders amongst offenders on probation has concluded there is a high prevalence of mental illness among this group, and a high prevalence of those with more than one mental health issue (Sirdifield, 2012).

Using the prison population data (Revolving Doors Agency, 2013):

- Between 50% (female) and 60% (male) had a personality disorder
- Between 14% (female) and 7% (male) had psychosis
- Between 63% (female) and 40% (male) had a neurotic disorder

II. Complex mental health needs:

- A reported 71% of female prisoners and 72% male prisoners have two or more



mental health issues (of personality disorder, psychosis, alcohol misuse or drug dependence) (Revolving Doors Agency, 2013)

III. Self harm, suicide and premature mortality:

- Rates of suicide and drugs related deaths are higher among released prisoners and those supervised by probation in the community, than in the general population. There were 161 self harm incidents in HMP Bedford in 2012, and for offenders in the community, there is evidence to suggest that the risk of suicide is highest at points of transition into and out of the criminal justice system. One study suggests that the highest risk of suicide is in the first 28 days after discharge from prison (Pratt et al, 2006)

Learning Disabilities and Difficulties:

I. High prevalence of learning disabilities and difficulties:

According to the Prison Reform Trust (2008) average estimates of learning disability among offenders range from 1% to 10%. There is a higher prevalence of learning disabilities and difficulties among those in contact with the criminal justice system than among the general population.

II. Difficulties faced by those with learning difficulties:

- Poor general health – often worse than the general population
- Difficulties understanding police questions, cautions and complying with community based orders
- Difficulties adjusting to rules and regimes eg in custody

Substance misuse (drugs and alcohol):

- High prevalence of substance misuse
- Drug related mortality may be at its highest among released prisoners in the week after release
- High prevalence of hazardous drinking

Physical health problems and health behaviours:

- High prevalence of smoking
- HMP Bedford reported that just over 6% of its population had diabetes (Type 1 and Type 2) in 2013
- In 2013 HMP Bedford identified 3.7% of prisoners having asthma

Communicable diseases:

Reported higher prevalence of blood borne viruses amongst offenders than in the general population, which may be related to intravenous drug use and risk sexual behaviours. In HMP Bedford it is estimated that the prevalence of hepatitis B was 8% and 9% for hepatitis C in 2013.



Physical and emotional needs:

Local data collected by the provider for low and medium risk offenders in the community suggests the physical and emotional needs of service users are as follows:

- Significant difficulties coping
- Physical or mental health conditions
- Depression or psychological problems
- Problems with attitudes towards themselves.

Current activity and services

Rehabilitation services provided by BeNCH Community Rehabilitation Company (BeNCH CRC) – managing low and medium risk offenders since June 2014, with an emotional health and wellbeing assessment

Rehabilitation services provided by the National Probation Service – managing high risk offenders in the community, including support to meet court requirements, and managing approved premises.

Mental health services and community health services commissioned by Bedfordshire Clinical Commissioning Group, and from 1 April 2015, provided by East London NHS Foundation Trust

Rehabilitation services provided by Bedfordshire Integrated Offender Management (IOM) – a multi-agency team, including co-located staff from the police, BeNCH CRC, and local authority officers and drug intervention programme staff. The team works with the most prolific offenders locally to support rehabilitation and reduce the risk of reoffending.

Substance misuse services – first contact in police custody services provided by Westminster Drugs Project (WDP).

Substance misuse services – services for drugs and alcohol provided by Pathways to Recovery (P2R) from 1 September 2015.

Housing Services – Bedford Borough Council provide housing/homelessness services to individuals who meet the definition of being a in a “priority” group. Offenders may not necessarily fit into this category, and may be signposted to other services eg emergency hostels. There are other private sector housing providers such as the Langley Trust operating in Bedford Borough, which is a project for the resettlement of adult male offenders.

Policing services – Bedfordshire Police provide policing and enforcement services across Bedfordshire, including assessing clients on arrival in custody for drugs, and appropriate signpost for treatment services

What is this telling us?



Local views

As part of the Health Needs Assessment, stakeholders who work with offenders in the community were asked for their views on six main topics relating to offenders in the community. These are summarised in Table 1 below.

Table 1: Summary of stakeholders views on topics relating to offenders in the community

Theme of question/discussion	Integrated Offender Management staff (IOM)	Agencies (semi-structured interviews)	Offenders Focus group – women)
Health problems of offenders in the community in Bedfordshire	<i>Substance misuse</i> <i>Mental health</i>	<i>Personality Disorder / Eczema, Asthma, COPD, Sexual health/gynaecology</i> <i>Dual diagnosis – both drugs and alcohol misuse</i> <i>Trauma e.g. posttraumatic stress disorder or abuse</i> <i>Substance misuse – especially opiates / mental health</i>	<i>COPD</i> <i>Asthma</i> <i>Chest infections</i> <i>Mental health</i>
Access to healthcare services	<i>In general do not experience access issues</i> <i>Difficulty accessing mental health services / assessments</i> <i>Chaotic lifestyles as a barrier to access</i>	<i>Difficulty engaging due to chaotic lifestyle/ self-esteem / communication</i> <i>Stigma</i>	<i>Stigma</i> <i>Long waiting times e.g. for counselling</i> <i>Generally adequate access to GP / health services</i>
Major health service needs for offenders in the community in	<i>Increased availability of mental health</i>	<i>Advocacy support in accessing services</i>	<i>Access to affordable physical activity</i>



Bedfordshire	<i>services / reduced waiting time for mental health assessments</i>		<i>and leisure opportunities</i>
Aspects of current healthcare services which work well	<i>Drug and alcohol services</i>	<i>Drug and alcohol services</i> <i>Housing support from IOM staff</i>	<i>Drug and alcohol services</i> <i>Support from MIND</i>
Aspects of current healthcare services which need improvement	<i>Housing support</i> <i>Mental health services</i> <i>Learning disabilities services</i>	<i>Advocacy support in accessing services</i>	<i>Information on where to go for mental health support while on waiting list for services (e.g. counselling)</i> <i>Stigma from health professionals</i>
Single most important priority for action	<i>Mental health</i>	<i>Advocacy support in accessing services</i>	<i>No single priority issue</i>

What are the key inequalities?

What are the unmet needs/ service gaps?

- Stakeholders reported that mental health (in particular pathways including dual diagnosis) and advocacy support in accessing services (eg attending appointments with offenders, challenging stigma and ensuring needs are communicated) was the most important priority for action

Recommendations

1. Identify ways in which advocacy support to offenders in accessing healthcare services can be strengthened, including the role of the voluntary sector in this
2. Develop a pathway for offenders in the community into mental health services, including ensuring there are not barriers to accessing IAPT and counselling services (eg Leicestershire IAPT pilot)
3. Ensure that awareness of services available for offenders (and access routes) are understood and promoted among those working with this group e.g. probation staff (BENCH), staff managing accommodation, GPs etc
4. Consider identifying a lead GP/clinician locally to champion offender health



5. Consider carrying out an audit of the use of mental health treatment requirements locally against the guidance and identifying ways use of these can be improved
6. Work with partners (eg IOM) to ensure data collected and reported includes information on the health of offenders
7. For example, development of a small set of local indicators about offender use of local services (e.g. housing) and health that can be monitored by partners to identify health needs and trends (eg currently IOM performance reporting does not include health data)
8. Work with partners such as leisure and MIND to identify affordable leisure activities and promote these to offenders
9. Raise awareness among health professionals about appropriate ways to communicate with offenders eg awareness of questions which are inappropriate to ask and may be perceived as stigma

This chapter links to the following chapter in the JSNA:

Living and working Well – Drug misuse

References:

Balancing Act: Addressing health inequalities among people in contact with the criminal justice system, Revolving Doors Agency, the Probation Chiefs Association and Public Health England (2013)

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The prevalence of mental health disorders amongst offenders on probation: a literature review. C. Sirdifield (2012) J Ment Health 2012 Oct;21(5):485-98. doi: 10.3109/09638237.2012.664305. Epub 2012 May. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/22548345>

HMP Bedford Health Needs Assessment, 2013

Suicide in recently released prisoners: a population-based cohort study, 2008, Pratt D, Appleby L, Piper M, Webb R, Shaw J., Lancet. 2006 Jul 8;368(9530):119-23, available at: <http://www.ncbi.nlm.nih.gov/pubmed/16829295>

No One Knows: offenders with learning difficulties and learning disabilities – review of prevalence and associated needs, Prison Reform Trust, 2008. Available at: <http://www.prisonreformtrust.org.uk/ProjectsResearch/Learningdisabilitiesanddifficulties>