Healthcare in Prisons-Inquiry call for views

Centre for Youth and Criminal Justice

The following response is based on information collated through:

- Ongoing practitioner contact with the Centre for Youth and Criminal Justice (CYCJ) who support improvement in youth justice, by developing, supporting and understanding youth justice practice, policy and research in Scotland, and through seeking and sharing learning internationally;
- Learning from the Interventions for Vulnerable Youth (IVY) project which was introduced by CYCJ to promote best practice in forensic mental health risk assessment and management for young people who present a serious risk of harm to others. IVY is a specialist psychological and social work service;
- The Improving Life Chances Implementation Group, which is a subgroup of the Youth Justice Improvement Board, and includes representation from the Scottish Government, Scottish Prison Service, secure care, Child Health Commissioners, and third sector organisations. Health and wellbeing is one of the priorities areas for this group;
- Regular SPS partners meetings facilitated by the Centre for Youth and Criminal Justice between HMYOI Polmont, local authorities and third sector organisations to identify and address emerging issues, with health issues a consistent theme.

Our response focuses on our experiences with young people in custody.

Call for views

What do you consider are the current pressures on health and social care provision in prisons?

- The high prevalence of diagnosed and undiagnosed physical and mental health needs in our YOI populations. These health needs are often linked to a range of negative previous experiences including in utero, such as exposure to trauma, substance use, alcohol misuse, abuse and violence; family dysfunction; insecure patterns of attachment; loss and bereavement; and victimisation, with the link between adverse childhood experiences (ACEs) and later health-harming behaviours, health issues, and mental health issues well established;
- 50-70% of the youth justice population have Speech, Language and Communication Needs;
- The prevalence of alcohol and substance misuse issues, including new psychoactive substances.

What are the current barriers to using the prison healthcare system/improve the health outcomes of the prison population?

- The need to self-refer for basic services in custody. When young people have low self-esteem and self-worth, which many do, along with a lack of knowledge of available services and previous experiences of accessing services, this can be difficult and often impossible, particularly without the support of others to advocate on their behalf. Even with supports, services can be difficult to access. In one example, a young person with a history of brain injury reported he had on several occasions asked to see medical staff due to headaches and poor sleep. Although this request was finally granted, it took several emails from the community-based social worker to the personal officer to ensure that a referral had been made;
• Differential access to healthcare for young people who are remanded and those who are sentenced. While we appreciate little can be achieved while young people are on short-term, we believe that those who are fully committed should have access to the same services and the transition of these services when they return to the community should be smoother rather than a re-referral;

• Access to basic dental and optician treatment in custody. We have had reports of young people needing to wait many weeks for access to such services, advising they have been told these are only available when enough young people need the service;

• Access to more specialist services. Again we have had case examples, including where a young person was unable to have braces removed from his teeth until he was released from custody as this was not a routine service, meaning he had these on for a much longer period than was required. Moreover, a young person on entering custody was aware of the potential risk of a genetic illness, but had been so chaotic and unmotivated in the community that getting the blood test completed was impossible, with it suspected the fear of any health diagnosis was linked to behaviour in the community. After a period in custody, the young person presented as more engaging and motivated and agreed to having the test undertaken but unfortunately when progressed by community-based social work, the young person was informed this was not possible as this was beyond routine screening. The young person was therefore left for the remainder of his sentence with the uncertainty of whether he had a potentially significant health condition or not; unable to access treatment or support which could have commenced had he been diagnosed; and this window of opportunity for testing which had taken a long time to develop was lost. In addition, other young people have reported expressing concerns on numerous occasions and this not being acted upon. For example, a young female reported being held in different establishments, for a sentence over 12 months, during which time she reported requesting help for her mental health on four occasions as she felt anxious, suffered low mood and not in control emotionally. She however advised this was never followed up on and she received no healthcare support. There have also been variations reported in the ability to access medical support in the completion of age assessments, including in a case where a young person reported on numerous occasions having suffered a serious head injury which could be impacting on his capacity to remember information such as his date of birth, his mother’s name etc;

• The continued addressing of well-being issues through medication, particularly for females, which along with any diagnosis, is often poorly understood;

• Lack of seamless transition of healthcare services between the community and custody or visa versa. Particularly identified issues include:

Information sharing between services. For example, community-based social work staff report expressing concerns to prison-based health care staff, including about the importance young people’s continued compliance with medication for significant mental health concerns, and not feeling listened to or reassured that concerns are taken on board. Similarly, the prison mental health team have advised that they will not share information with community mental health services as this breaches confidentiality. Whilst they will share information upon request, this involves community services needing to know to ask the prison team for information, but community-based services are not automatically informed that a young person has been in custody and thus do not know to request information. Likewise, where young people have been engaged in therapy, such as alcohol or drug work or trauma-focused therapy in custody, information about this therapeutic input is not passed on to community services at the point of the young person’s liberation. Whilst it may not always be appropriate to share this in detail, or the young person may not consent to this, these are significant pieces of work which could help inform
the approach taken by community services. This can lead to young people needing to “start again” when released;
- The transition of prescribed medication, which can result in daily medication not be available for a number of days;
- In accessing services on return to the community from custody (including basic GP services and psychological services). For example, a significant problem is young people being liberated from prison with no arrangements made for follow up of psychiatric medication (including anti-psychotic medication) that has been prescribed whilst in custody. This either means the young person has to try and gain a repeat prescription from some source whilst liberated (usually a GP who may not prescribe anti-psychotic medicine without ongoing psychiatric review being provided) or non-health staff trying to grapple with mental health services to gain access to treatment for the young person once in the community. Likewise, young people report being released without their medication, having been advised to see their GP on the day of liberation. However, it is almost impossible to get a same day appointment with a GP and in cases where the young person has been in custody for a prolonged period, they will often have been removed from their GP list and registered in the local authority of where they have served their sentence (if they have received medical care). Where GPs will only prescribe medication to those who registered with their practice, this presents further issues in accessing medication. Similarly, where services are not confident that community-based services will be available on release, there may be a reluctance to begin to offer a service when a young person is in custody, thus missing this potential window of opportunity. Each of the above can prove extremely difficult and stressful for the young person involved, their families and the professionals supporting them.

How well do you consider that these pressures have been responded to?

We believe efforts have been made to improve the services available to young people in custody and would highlight the recent positive feedback from the HMIP visit and mental welfare commission report on HMYOI Polmont. In addition, the developments relating to trauma, bereavement and loss in HMYOI Polmont have had a lot of positive feedback. As detailed above, there are still however gaps in ensuring all young people have their basic and more substantial needs met.

To what extent do you believe that health inequalities are/could be addressed in the prison healthcare system?

We strongly believe that the prison healthcare system could have a key role in addressing inequalities. For many young people, a period in custody provides a period of stability and an opportunity to have their needs, including health needs, assessed and addressed that they may not have previously experienced. It is important that this opportunity is maximised. We would however stress the prison healthcare system is only one part of the holistic services needed to meet these young people’s needs.

Can you identify potential improvements to current services?

- Easing access to services for young people in custody and thinking creatively how barriers can be broken down;
- Consistent service provision for those on remand and sentenced;
- Ensuring the whole SPS workforce and community-based staff involved in supporting young people have good knowledge of the services available in custody and how young people can be supported to access these;
- Ensuring that young people can get timely access to services to meet their basic needs as part of the duty of care and where specialist services are required considering the long-term impact on health outcomes of the inability to access such services;
- More coordinated information transfer between community and custodial services and ensuring young people are not being released without medication or follow up support;
- Ongoing training and support to SPS staff, within and outwith health services, to understand the difficulties experienced by the YOI population, the links with and prevalence of diagnosed and undiagnosed health issues, and the opportunities custody can present;
- Increased access to talking therapy and other services that can have a beneficial effect on health and wellbeing.

What do you think the main pressures will be in the next 15 years?

- While we now have fewer young people in custody, the complexity and challenge of the needs they present are arguably increasing. Should the trend in numbers continue, the complexity of those in custody is likely to continue to rise, placing additional pressure on services;
- Reductions in resources.