British Psychological Society response to the Scottish Parliament

Healthcare in prisons

About the Society
The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of just over 50,000.

Under its Royal Charter, the objective of the British Psychological Society is “to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge”. We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

Publication and Queries
We are content for our response, as well as our name and address, to be made public. We are also content for the Scottish Parliament to contact us in the future in relation to this inquiry.

Please direct all queries to:
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About this Response
The response was jointly led on behalf of the Society by:
Dr Ruth Stocks CPsychol, Division of Forensic Psychology and Division of Clinical Psychology

With contributions from:
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We hope you find our comments useful.

Professor Peter Kinderman CPsychol AFBPsS
President, Professional Practice Board

Dr Scott Hardie CPsychol AFBPsS
Chair, Scotland Branch
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<th><strong>What do you consider are the current pressures on health and social care provision in prisons?</strong></th>
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<td><strong>1.</strong> There is a high prevalence of mental health problems, head injuries, learning disabilities, developmental problems (e.g. Autistic Spectrum Disorders) and trauma history in prison populations (Dougall et al, 2012; Kreis et al, 2016) and yet prisoners do not have access to health services equivalent to those which would be available to them in the community. Whilst prisoners who suffer from mental illnesses which need treatment with medication and perhaps hospital admission appear to be well-catered for, there is poor access to psychological treatments and to specialist psychological services. The picture varies across the country but in most prisons, it seems that current NHS resources are insufficient to deliver what is required. Most mental health problems can be addressed with straightforward psychological interventions (called low intensity interventions) but many prisoners have more serious difficulties requiring more intensive psychological work (high intensity interventions). A significant proportion present with multiple problems, such as poor mental health, head injuries, addiction and a history of trauma, and this requires specialist assessment and complex interventions delivered by highly skilled practitioners. Treatments need to be adapted to take account of the prison environment and healthcare providers need to be able to access appropriate psychological expertise for advice on this. The delivery of standard psychological treatments is further complicated by the fact that prisoners may not be in prison long enough to undertake any meaningful work. There may also be difficulties to overcome in regard to engaging prisoners in psychological work. Finally, the necessary collaboration between the different agencies operating within the prison, including the NHS, the Scottish Prison Service and the various third sector organisations providing mental health services, may be hindered by competing organisational priorities, different cultures and staff groups which are not yet well-integrated.</td>
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<th><strong>How well do you consider that these pressures have been responded too?</strong></th>
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<td><strong>2.</strong> Most prisons have seen some progress, with NHS Boards having employed psychology and nursing staff to work on the delivery of psychological treatments. However, there is still a long way to go. Psychology staff alone cannot meet the demand and a comprehensive mental health service, offering the full range of psychological interventions, requires staff from a range of professional backgrounds, who are adequately trained to deliver psychological interventions and properly supervised. Furthermore, the environment in which interventions are delivered must be conducive to helping prisoners. Systems, processes and pathways also need to be established, to manage referrals and case-work and to deal with the interface between prison and health services and between prison and community. As yet, there seems to be a considerable way to go in this respect in most prisons.</td>
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### To what extent do you believe that health inequalities are / could be addressed in the prison healthcare system?

3. There are practical difficulties in delivering psychological interventions in prisons, and, there may be problems in engaging prisoners in therapy - they may be particularly psychologically vulnerable and in the midst of a very ‘macho’ culture which eschews emotional vulnerability and breeds a suspicion of professionals seen as being linked to the “authorities”. However, for many prisoners, whose lives in the community are chaotic and stressful, with high levels of substance-use and few good role models or healthy relationships, prison may offer an opportunity to learn about mental health and the impact of trauma, to build resilience and to practise alternative, positive ways of coping with stress and emotional problems. It can also allow the identification of prisoners who require additional support in the community or special measures in the criminal justice system, which might otherwise not be taken into account to their detriment.

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

4. Current barriers which are particularly relevant to improving prisoners’ mental health, include:

- Insufficient staff resources.
- High levels of staff sickness.
- Limited space for clinics and treatment groups.
- Poorly developed system, processes and pathways to support the delivery of mental health services for prisoners.
- Unrealistic expectations of prisoners and staff. For example, many prisoners expect to be seen immediately and this often leads to complaints from prisoners and conflict in working relationships. This impacts on staff well-being and reduces the time available for clinical work.
- Healthcare staff members are often unable to access relevant training and supervision due to other demands placed upon them.
- NHS information sharing policies can be a barrier to collaborative working with SPS colleagues and third sector agencies.
- The separation of services in prisons for ‘offending behaviour’, ‘mental health’ and ‘addictions’ leads to duplication of effort and may mean that different aspects of a prisoner’s care are not well-integrated.
- Prisoner healthcare IT systems are not fit for purpose and can be a barrier to
Effective communication between healthcare staff and between staff from different agencies.

- Prison regime and logistical considerations can be a significant barrier to delivering effective healthcare to prisoners. For example, there are high numbers of cancelled appointments for prisoners being seen by psychologists in the prisons, which understandably impacts on therapeutic relationships and on waiting times.

- The transient nature of the population (high population turnover) which means that it may be difficult to complete a course of treatment work.

- Linking prisoners into community services can be challenging. Appropriate services may not exist or prisoners may be unwilling or unable to access community services. This makes it difficult for them to maintain or build on progress made in prison. Many prisoners return to homes which lie in different health board areas to that of the prison, which militates against smooth through care from prison healthcare to community services.

- The Scottish Government standard for referral to treatment time, in accessing psychological therapies for those who need them (the so-called ‘RTT’ or ‘waiting time’ target) is currently not applied to prisoners. So long as this remains the case, there is little incentive for Health Boards to address the problem of prisoners’ poor access to psychological interventions.

### Can you identify potential improvements to current services?

5. Overcoming the barriers listed above, requires financial investment, staff support initiatives and better joint working between the NHS the SPS and third-sector organisations operating in the prisons. More specifically, the following is necessary:

- More staff numbers need to be trained to deliver and supervise psychological therapies.

- Trained staff numbers need protected time to deliver psychological interventions and to attend supervision.

- Efforts to prevent staff burnout, such as ‘Reflective Practice’ sessions should be introduced, alongside a range of measures to enhance the therapeutic milieu and to promote staff attendance at work.

- Better integration between mental health, addictions and SPS offending behaviour services in prisons.

- Local strategies for mental health services and the delivery of psychological interventions as part of this, outlining systems, processes, pathways, information-sharing protocols and the role and function of the teams and staff should be developed with inter-agency collaboration.
Adequate space for individual assessment, therapy and group interventions is required, with operational policies to support the scheduling of mental health work and prisoners’ attendance at appointments.

Efforts to enhance working relationships between staff from all of the different agencies working within the prison and in local community mental health services.

**References**


End.