

# Mental Health & Alcohol Misuse Project

## Factsheet 2: Offenders, Mental Health and Alcohol

This factsheet was produced in partnership between Alcohol Concern and Revolving Doors. It outlines issues of mental health and alcohol misuse facing the prison population and former offenders, and provides services with information about how this group's needs are being met. The factsheet provides an update of policy initiatives, an example of specialist practice, and useful information on organisations that may be able to help mental health and alcohol services in assisting this client group.

### Summary: Offenders, Mental Health and Alcohol

- Prisoners and those recently released from custody have high rates of mental illness and alcohol misuse. Up to 90% of the prison population have a mental disorder and/or a substance misuse problem
- A number of policy developments and strategies have highlighted the need to address issues of dual diagnosis among prisoners and ex-offenders.
- By 20 September 2002 all prisons and their local NHS partners should have completed a review of mental health needs.
- The first Health Needs Assessments developed in prisons have identified substance misuse and mental health among the top six priorities. Prisons and PCTs must ensure that Health Improvement Plans address these issues.
- A Prison Service Alcohol Strategy is being developed. The intended aims include adequacy of health care and health information for prisoners with alcohol problems, and a reduction in alcohol misuse among former offenders upon release into the community.
- A number of agencies work with former offenders with alcohol and/or mental health problems. From Dependency to Work (D2W) has commissioned a number of services to assist these clients in the London area. D2W and other groups identified in the factsheet may also be in a position to work with your service.

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**Alcohol Concern's** Mental Health & Alcohol Misuse Project (MHAMP) provides factsheets, a newsletter and web pages aimed at sharing good practice and information between clinicians and professionals working in the mental health and alcohol fields.

For more details contact:

Slade Carter, Mental Health Policy Officer  
020 7922 8657

[scarter@alcoholconcern.org.uk](mailto:scarter@alcoholconcern.org.uk)

or Alice Holtom, Mental Health Policy Assistant  
[aholtom@alcoholconcern.org.uk](mailto:aholtom@alcoholconcern.org.uk)

020 7922 8670

32-26 Loman Street, London SE1 0EE

[www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

**Revolving Doors Agency** is a charity concerned with mental health and the criminal justice system. Revolving Doors runs experimental schemes in police stations, prisons and courts to support people who are not in contact with mainstream services in the community.

For more details contact:

Nick O'Shea, Research & Evaluation  
Coordinator

[nick@revolving-doors.co.uk](mailto:nick@revolving-doors.co.uk)

020 7242 9222

45-49 Leather Lane

London EC1N 7TJ

[www.revolving-doors.co.uk](http://www.revolving-doors.co.uk)



Alcohol Concern

## Offenders, Alcohol and Mental Health Facts

People in prison, those recently leaving prison, and those with a history of offending constitute a significant population within England and Wales. Approximately 140,000 people pass through English and Welsh prisons each year, and the present prison population is about 68,000 (Department of Health 2001). People in prison, and those recently released from custody, are among the most vulnerable people in society, with high rates of mental illness, alcohol misuse, and homelessness upon release.

### Facts about offenders, mental health and alcohol:

- One third of people are intoxicated when they are arrested (Man et al. 2002)
- One study revealed that 63% of men and 39% of women serving prison sentences had been hazardous or harmful drinkers in the year prior to incarceration (Singleton et al. 1997)
- As many as 90% of prisoners have a mental illness and/or substance misuse problem (Department of Health 2001)
- 59% of men and 76% of women on remand have a neurotic disorder (Singleton et al. 1997)
- Prisoners completed 32,000 substance detox programmes in prison during 2001 (Her Majesty's Prison Service 2002)
- People who are dependent on alcohol are more likely to be homeless on release from prison than those who are not (Revolving Doors Agency 2002).

## Revolving Doors' Study

Revolving Doors Agency is a charity concerned with mental health and the criminal justice system. Revolving Doors runs experimental schemes in police stations, prisons and courts to support people who are not in contact with mainstream services in the community.

Revolving Doors' experimental Link Worker schemes offer support to offenders with mental health and multiple needs in police stations, courts and leaving prison after short sentence or remand. Link Workers help this group achieve greater stability in the community by helping them gain access to crucial services such as GPs, housing and social care.

High numbers of people who use the Revolving Doors Link Worker schemes are dependent on alcohol. The combination of alcohol and mental health problems and a criminal record produces a highly vulnerable group with long-term problems that have often been unresolved for many years.

Revolving Doors has undertaken a study to better understand the circumstances, experiences and needs of 53 clients with these multiple issues. The results of the study (outlined below) demonstrate the multifarious needs of these complex clients.

### Profile

The average age of the sample was 40 years. The sample was predominantly white and male.

### Alcohol Consumption

Patterns of alcohol consumption varied. While 13% of drinkers were currently drinking within the recommended weekly limits, **almost half** were consuming more than 100

units per week and 6% were consuming in excess of 300 units per week. **49%** of the sample had no help dealing with their alcohol misuse in the previous 12 months.

### **Crimes**

The majority of offences committed by drinkers were non-violent and less serious in nature. More than half of offences were related to property (mainly shoplifting and theft), public order or motoring offences. However, a notable minority, almost one in four were violent in nature, such as grievous bodily harm and assault.

### **Housing**

The housing situation of those who drank was poor, with one in five having no fixed abode and a further 17% in insecure accommodation. Only 62% were in long term, secure housing.

### **Medication**

Three in five of the drinkers were taking some kind of psychoactive medication at the time of survey. These were mainly anti-depressants (42%), followed by tranquillisers, anti-psychotics and methadone.

### **Diagnosis**

One third of the sample had been diagnosed as suffering from depression – this is an unsurprising result, given the well-established links between alcohol misuse and depression. One in six were diagnosed as having a personality disorder. This is a particularly problematic diagnosis as it is often classified as being an untreatable condition. Consequently, it becomes difficult to gain access to mental health services, as well as priority treatment for housing, alcohol detoxification and primary care.

Link Workers have documented a number of cases where long-standing diagnoses of depression or schizophrenia have been reclassified as borderline personality disorder. This has resulted in people losing their services and priority status.

**The Revolving Doors' study will be published in December 2002. For more information on the study or Revolving Doors' Link Worker schemes, contact Nick O'Shea on 020 7242 9222 or email [nick@revolving-doors.co.uk](mailto:nick@revolving-doors.co.uk)**

## **Policy Developments and Strategies**

A number of recent and long-term policy developments and strategies underpin the provision of services for the prison population with mental health and alcohol misuse problems. Building on the agenda set by the Mental Health National Service Framework, *Changing the Outlook* and *Health Promoting Prisons* have further detailed plans for improving the health of people in prison.

### **The Mental Health National Service Framework (MHNSF)**

The MHNSF concerns the provision of appropriate, accessible mental health services for everyone in the population, *including* those in prison and former offenders.

The MHNSF asserts the importance of appropriate services to address the prison population's mental health needs, *including* alcohol misuse. The MHNSF notes that:

- Rates of all types of mental disorder, *especially* alcohol and drug dependence, are higher in prison than in the general population
- There is a high suicide rate among the prison population

- With respect to the prison population, the MHNSF calls for improved partnership work between the NHS, local authorities and the probation service for service development and the care of service users, especially people with severe mental illness
- Continuity of care is essential for prisoners and former offenders returning to their local communities (Department of Health 1999).

### **Changing the Outlook:**

#### **A Strategy for Developing and Modernising Mental Health Services in Prisons**

Following the foundations of the MHNSF, the Department of Health and HM Prison Service produced *Changing the Outlook* in 2001. This strategy is the starting point for developing and modernising the provision of mental health services in prisons.

By 30 September 2002 all prisons and their local NHS partners should have completed a review of mental health needs, based on their existing health needs assessment work, to identify gaps in provision and to have developed action plans to implement the changes needed to fill those gaps. This work includes a training needs analysis for prison staff and NHS in-reach team.

**Changing the Outlook is available on the Internet at:**  
[www.doh.gov.uk/prisonhealth/mhstrategy.pdf](http://www.doh.gov.uk/prisonhealth/mhstrategy.pdf)  
**Or copies may be ordered by telephoning the NHS response Line**  
**on 087 01 555 455**

#### **Developing Prison Health Needs Assessments and Health Improvement Plans**

The Department of Health Prison Health Policy Unit produced this guidance on developing prison Health Needs Assessments (HNAs) and Health Improvement Plans (HImPs). The Guidance states that prisons and Primary Care Trusts (PCTs) have joint lead responsibility for developing and implementing prison HImPs and HNAs.

Local Prison Health Steering Groups (PHSGs) have been established to oversee the delivery of the HImP and the contribution of key health partners. PHSGs should include representation from the prison, local PCT and NHS Trust (such as Community and Mental Health NHS Trusts).

Not surprisingly, existing HNAs have identified substance misuse *and* mental health among the top six priorities. Prisons and PCTs should ensure that HImP action plans address all of the six priorities (Department of Health 2002a).

**Developing Prison Health Needs Assessments and Health Improvement Plans is available on the Internet at:**  
[www.doh.gov.uk/prisonhealth/needsassessment.pdf](http://www.doh.gov.uk/prisonhealth/needsassessment.pdf)  
**Or copies may be ordered by telephoning the NHS response Line**  
**on 087 01 555 455**

#### **Health Promoting Prisons: a shared approach**

*Health Promoting Prisons* (2002) was prepared by the Prison Health Policy Unit (PHPU) and Prison Health Task Force (PHTF), joint units of the Prison Service and Department of Health. The document offers advice to support staff in prisons, the NHS and

voluntary organisations with a role promoting health in prisons. It outlines an Action Plan to take this agenda forward to 2005.

Both mental health and alcohol figure prominently in *Health Promoting Prisons*, which is partly informed by the 1999-2000 survey, 'The range and quality of health promotion in prisons in England and Wales'. This survey recommended that a national alcohol strategy include a reference to a **Prison Service Alcohol Strategy**. The Prison Service Alcohol Strategy is currently being developed, and broadly it will aim to:

- Ensure adequacy of health care and health information for prisoners with alcohol problems
- Reduce illicit alcohol use in custody and on Release on Temporary Licence (ROTL)
- Change behaviour to try to ensure that any drinking after release is within the government's sensible drinking limits, and that alcohol-related re-offending is reduced (Department of Health 2002b).

Alcohol Concern is providing consultation to inform the development of the Prison Service Alcohol Strategy.

**Health Promoting Prisons is available on the Internet at:**  
[www.doh.gov.uk/prisonhealth/17042002ahealthpromotingprisons.pdf](http://www.doh.gov.uk/prisonhealth/17042002ahealthpromotingprisons.pdf)  
**Or copies may be ordered by telephoning the NHS response Line  
on 087 01 555 455**

## **Agencies Working with Former Offenders**

A number of health and community services are not directly involved in Prison Health Steering Groups, nor do they directly provide health care for people currently in prison. However, many agencies *do* engage with former prisoners when they return to the community. The following information is devised to assist agencies working with people with alcohol and/or mental health problems who have a history of offending. The organisations described in this section may be able to help you with direct support, advice, a referral service, or further information about their activities.

### **Nacro**

A crime reduction charity, Nacro's work in mental health includes:

- Providing advice and information
- Providing training and training materials for a range of agencies on effective multi-agency working with respect to offenders with mental illness
- Developing local projects and promoting effective interagency work
- Policy development and interagency work.

For more information, contact Lucy Smith: [lucy.smith@nacro.org.uk](mailto:lucy.smith@nacro.org.uk)  
telephone 020 7840 6718 (direct), 020 7582 6500 (switch) ; website: [www.nacro.org.uk](http://www.nacro.org.uk)

### **Creative and Supportive Trust (CAST)**

CAST provides education and training for women (usually) with a history of offending, who may also have substance misuse and mental health problems. The scheme offers practical training on a range of topics in semesters 12 weeks in duration. Referrals are accepted from the London area. For more information, contact the Education Coordinator, Elizabeth Stokes on 020 7383 5228; email [elizabeth@castcamden.co.uk](mailto:elizabeth@castcamden.co.uk)

## **From Dependency to Work**

This multi-agency initiative aims to work with offenders whose offending is alcohol, drug and/or mental health related. From Dependency to Work (D2W) offers treatment and access to education, employment and training. The scheme works mainly with young people and young adults (aged 14-24 years) who have offended and entered the criminal justice system and have multiple needs. Offenders over the age of 24 who meet specified criteria can also be referred for assessment and intervention.

A range of voluntary bodies has been commissioned to provide assessments, treatment, education, training and employment services across the 12 Inner London Boroughs.

*From Dependency to Work also deliver presentations on the nature of their work for other agencies. You may wish to contact them to see if your organisation can work with or refer clients to D2W services.*

For information on referrals and criteria for admission to the programme, call 020 7840 0808, or email [info@d2w.org.uk](mailto:info@d2w.org.uk) ; website: [www.d2w.org.uk](http://www.d2w.org.uk)

### **Examples of From Dependency to Work Programme contracted agencies:**

#### **Rugby House**

Rugby House's D2W work includes partnerships with youth offending teams. For more information contact Sue Clements, Director of Services, on 020 7272 6629; email [sue.clements@rugbyhouse.org.uk](mailto:sue.clements@rugbyhouse.org.uk)

#### **New Roots**

For Young People Dependency to Work (4YP D2W) is a service specifically for young people with a history of offending from the black minority ethnic community. For more information, contact Christine Grizzle, Project Worker, telephone 020 7272 2617; email [newroots@rugbyhouse.org.uk](mailto:newroots@rugbyhouse.org.uk)

#### **Mental Health After Care Association (MACA)**

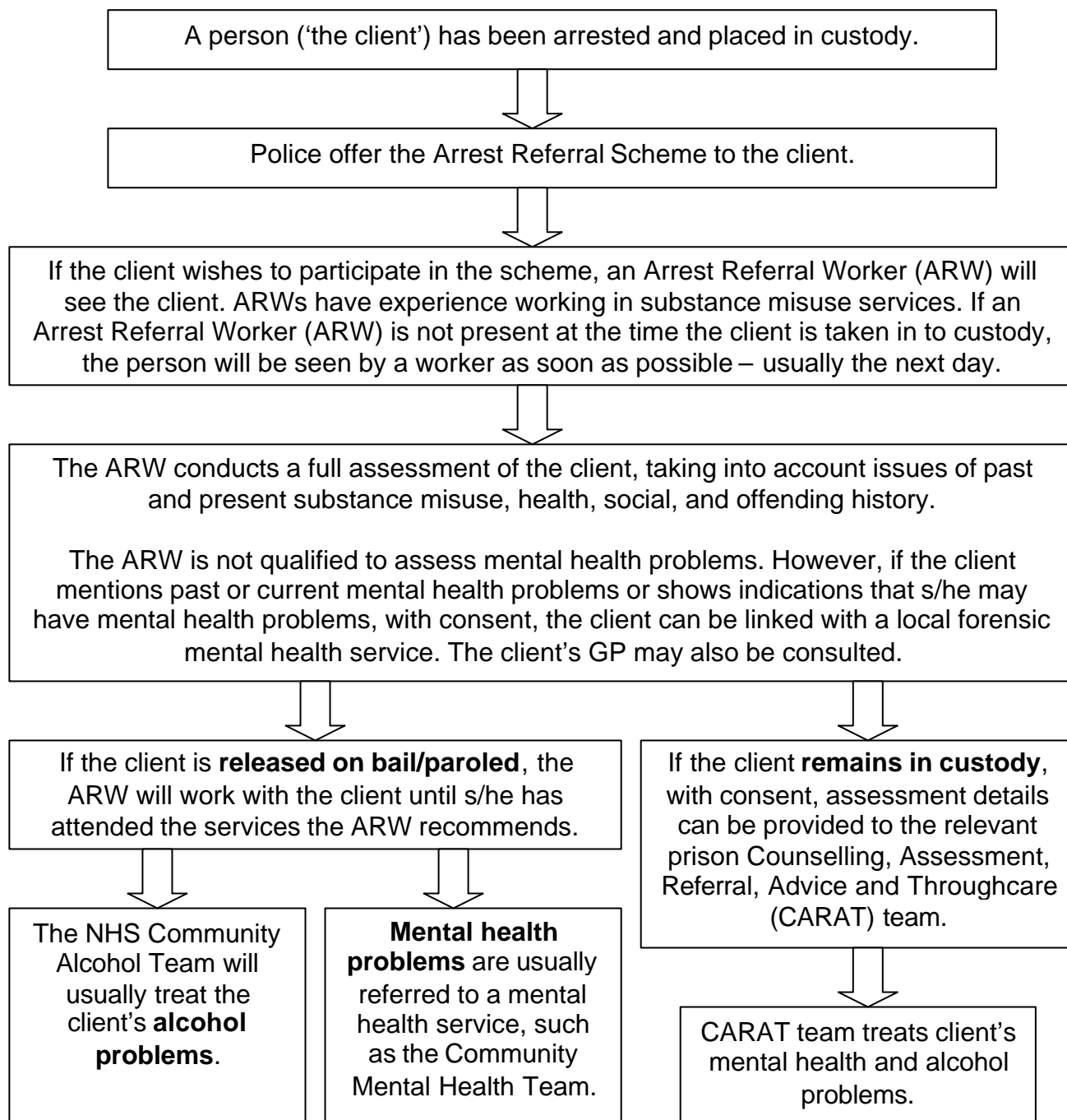
MACA's D2W work includes detailed assessments and therapeutic interventions (such as counselling and psychotherapy). For more information, telephone Andy Smith, Forensic Coordinator on 020 7061 3400 or 0777 580 3560 (mobile); web: [www.maca.org.uk](http://www.maca.org.uk)

**For the complete list of D2W provider agencies, see the 'Provider Agencies' section of the From Dependency to Work website:**  
[www.d2w.org.uk/navigation/provider.htm](http://www.d2w.org.uk/navigation/provider.htm)

## Example of Specialist Practice: Leicestershire Criminal Justice Project

The Leicestershire Criminal Justice Project Arrest Referral Scheme is managed by the drug and alcohol charity Addaction. The scheme provides assessments for those in police custody and those referred by police, and offers supervision of clients from arrest to sentence or until suitably placed with appropriate treatment. The scheme employs eight staff, the majority of whom are based in police stations around Leicestershire.

### How the model works



For **further information** on the Leicestershire Criminal Justice Project, contact Natalie Smith, Project Manager on 0116 255 0121; email [Leicester.pm@addaction.org.uk](mailto:Leicester.pm@addaction.org.uk)

## References

Department of Health (1999) *A national service framework for mental health*.  
([www.doh.gov.uk/nsf/mhnsf2a.htm](http://www.doh.gov.uk/nsf/mhnsf2a.htm))

Department of Health (2001) *Changing the outlook: A strategy for developing and modernising mental health services in prisons* ([www.doh.gov.uk/prisonhealth/mhstrategy.pdf](http://www.doh.gov.uk/prisonhealth/mhstrategy.pdf))

Department of Health (2002a) *Guidance on developing prison health needs assessments and health improvement plans* ([www.doh.gov.uk/prisonhealth/needsassessment.pdf](http://www.doh.gov.uk/prisonhealth/needsassessment.pdf))

Department of Health (2002b) *Health promoting prisons: a shared approach*  
([www.doh.gov.uk/prisonhealth/17042002ahealthpromotingprisons.pdf](http://www.doh.gov.uk/prisonhealth/17042002ahealthpromotingprisons.pdf))

Her Majesty's Prison Service (2002) *Annual Report*

Man et al. (2002) 'Dealing with alcohol related detainees in the custody suite', *Home Office Findings Number 178*, Home Office

Revolving Doors Agency (2002) *Where do they go?*, Housing, Mental Health and Criminal Justice.

Singleton et al. (1997) *Psychiatric morbidity among prisoners*, Office of National Statistics.

## Resources

For Alcohol Concern Mental Health resources, see the website:

[www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk) or email Slade Carter [scarter@alcoholconcern.org.uk](mailto:scarter@alcoholconcern.org.uk)

For information on Revolving Doors and its Link Worker scheme, see the website:

[www.revolving-doors.co.uk](http://www.revolving-doors.co.uk) or email Nick O'Shea [nick@revolving-doors.co.uk](mailto:nick@revolving-doors.co.uk)

### Policy documents:

Changing the Outlook: [www.doh.gov.uk/prisonhealth/mhstrategy.pdf](http://www.doh.gov.uk/prisonhealth/mhstrategy.pdf)

Developing Prison Health Needs Assessments and Health Improvement Plans:

[www.doh.gov.uk/prisonhealth/needsassessment.pdf](http://www.doh.gov.uk/prisonhealth/needsassessment.pdf)

Health Promoting Prisons:

[www.doh.gov.uk/prisonhealth/17042002ahealthpromotingprisons.pdf](http://www.doh.gov.uk/prisonhealth/17042002ahealthpromotingprisons.pdf)

### Other organisations:

Nacro: [www.nacro.org.uk](http://www.nacro.org.uk)

From Dependency to Work (D2W): [www.d2w.org.uk](http://www.d2w.org.uk)