Treating the untreatable?

Tim Newell describes managing those with dangerous severe personality disorders in prisons.

It is news and something of a surprise to many prison staff that the disruptive, difficult behaviour exhibited by many prisoners over the years can be defined. There is also some surprise that the treatment/ management of difficult prisoners is under such scrutiny today and that new models for treatment are being considered for the future.

The definition of personality disorder we work with is:

> 'Patterns of behaviour or experience resulting from a person's particular personality characteristics which differ from those expected by society and lead to distress or suffering to that person or others.'

The size of the population in prisons

The Home Office and the NHS have been reviewing the management of those offenders who can be described as having a severe personality disorder. The definition of such people used in the report is:

> 'those people who (using validated assessment/ diagnostic procedures) would be recognisable as having a personality disorder which is manifested in seriously irresponsible and damaging behaviour, and who on account of the disorder are considered to represent a serious risk to the public.'

"There is currently no strategic treatment approach to dealing with this group and sometimes there appears to be an underlying assumption that the traits represented by the population are normal for those in custody and that it is our business to handle and care for the people as best we can."

This gives a broader definition of 'psychopathic disorder' than that used in the *Mental Health Act* and is potentially more useful.

The recent survey of psychiatric morbidity in the prison population carried out by the Office for National Statistics *Psychiatric morbidity among prisoners* (1998) has shown high levels of disorder in the population. When several factors were combined it was possible to extract that about 1400 in the male sentenced population would meet the definition of severe personality disorder. There are 400 people in the secure psychiatric hospitals with a primary diagnosis of psychopathic disorder. There are thought to be between 300 and 600 people in the community who would qualify for the new description. The evidence is that 63% of male remand prisoners, 49% of male sentenced prisoners and 31% of female prisoners were assessed as having antisocial personality disorder. These results are broadly in line with findings from the prison population in the United States and contrast with the prevalence of such disorders in the general community which are estimated to be about 4.5% for men.

Prisoners with personality disorders were more likely than other prisoners to be young, unmarried, from a white ethnic group and charged with acquisitive offences (burglary, robbery or theft) rather than drug offences and less likely to be held in open prison. A large proportion of all prisoners had several mental disorders. Those with anti-social personality disorder were more likely to report hazardous drinking in the year before coming to prison than others and were over six times more likely to report drug dependence.

The ONS Report describes the population of prisons as having fewer than one in ten, with no evidence of any of the five disorders considered in the survey (personality disorder, psychosis, neurosis, alcohol misuse and drug dependence). There is thus a most disturbed group in custody in prisons exhibiting all the elements of high risks of reoffending. The focus in prison often is on the management of risk and the skills developed over the years by prison staff is to assess and manage risk to ensure that the environment of a prison is sustained at an equilibrium. Although the emphasis in prisons is focused upon reducing the likelihood of major risks such as riot and escape there are systems for considering other risks such as suicide and self harm, health issues, family breakdown and increasingly now the issue of reducing rates of reoffending.

Assessment

Routine assessment of prisoners for personality disorder is not carried out by the Service because this information has not been central to our priority work. The measurement of a feature may also bring with it certain obligations and responsibilities to treat the diagnosis. With the very high rates of psychiatric morbidity described in the recent report and in previous ones (Gunn 1996, which tended to underestimate the level of disturbance) there might be an expectation that we should be able to provide some management of the findings of disorder. Some individuals of course receive treatment for their personality disorder, when it is diagnosed, through the prison healthcare system or the problem may be addressed through programmes or therapeutic regimes - such as that at Grendon. However there is currently no strategic treatment approach to dealing with this group and sometimes there appears to be an underlying assumption that the traits represented by the population are normal for those in custody and that it is our business to handle and care for the people as best we can.

Assessment for personality disorder and for psychopathic traits as measured by the PCLR is increasingly being introduced as Offending Behaviour Programmes are available for serious offenders. These programmes, arising from the 'what works' movement of evidence-based effective courses, require those participating to be screened, as one of the criteria for acceptance on a cognitive behavioural course is determined by the absence of high psychopathic characteristics as measured by the PCLR. The dispersal prisons are also routinely

assessing new receptions using the PCLR.

Treatment in prison

There has been grave concern that the treatment of such people in special hospitals is now recognised as unlikely to prove effective for many of those diagnosed as having a psychopathic disorder. There is thus a move to transfer them out of that expensive setting, where they have been bringing the whole ethos of the hospitals into disrepute, particularly following the Ashworth Inquiry. They are known to be amongst the most intractable of the prison population and with the development of offending behaviour programmes in prison regimes much consideration is being given to the disruptive nature of the presence of such prisoners on courses. The hard evidence is that many may not benefit from cognitive-behavioural courses and, indeed, participation in such courses can be harmful. Some are now being screened out at the selection process. The discharge of some high profile sex offenders last year led to a renewed impetus from health services, the police, the probation service and from politicians to resolve the dilemma of offenders who are still considered to be dangerous being discharged into the community, sometimes with no formal supervision responsibilities. The procedures to provide safe settings for such offenders are cumbersome and costly and are sometimes dependent upon the co-operation of the ex-prisoner. Thus there are many motivators to provide alternative, safer, more workable and less costly solutions to the issue of risk represented by such a group.

- Within prison the management and treatment of prisoners is dependent on the establishment of clear boundaries within which staff and prisoners understand their relationships. The emphasis on security and the concern about the risk of riot and disturbance has led prisons to develop a closely controlled setting.
- Within this setting there is a system of clear incentives and earned privileges which are understood and generally accepted by prisoners as being legitimate and fair in their application. Thus good behaviour is rewarded by key privileges such as extra money and more visits, whilst poor behaviour is reflected in a lower standard of daily access to activities such as leisure time association.
- All prisons have a system of sentence planning through which the prisoner and the staff concerned with him decide on priorities for the sentence activities over time.
- Within the sentence planning process is the expectation that there will be a personal officer system in training prisons, so that role modelling is a possibility as well as the establishment of a sound working relationship through which personal problems and issues can be resolved.
- There are opportunities for long-term prisoners to be admitted to the Maxwell Jones type of therapeutic community settings, such as Grendon, Gartree and the Max Glatt Centre in Wormwood Scrubs. These seek to improve the level of personal functioning within a caring, supportive community and there are good indications of their effectiveness in short term and long term behavioural changes. There is also evidence of a reduced risk of reoffending over a long period at risk (7 years).
- There are also concept-based therapeutic communities within prison which address the drug treatment needs of prisoners.
- The provision of close supervision centres (CSC) in dispersal prisons for the most disruptive of prisoners provide an incentive based regime for the most difficult of men to improve their behaviour over time and be rewarded by a progressively improved quality of activity and access to privileges. The CSC system is for a very small hardcore of prisoners who do not respond to existing control mechanisms. The aim is to strike a balance between fairness to the prisoner and the security of the establishment, the safety of staff and other prisoners. For prisoners with severe personality disorders at the top level of the CSC system at Woodhill, individual behaviour problems are addressed through structured activities, one to one psychological intervention and locally developed group therapy. The Durham Unit manages prisoners who have a history of highly disturbed behaviour in a therapeutic small centre environment with specialist psychological and psychiatric support.
- The management of life sentenced prisoners provides a model for the risk assessment process over a number of years. A Lifer Sentence Plan identifies with the lifer the areas of concern the prisoner should work upon in order to demonstrate that the factors which contributed to the offence have been dealt with. This happens within a setting of reducing security and control settings as the lifer is moved towards release through an open prison and eventually through working in the community.
- A series of accredited offending behaviour programmes have been developed to ensure that the results of research are applied to focus work on reducing reoffending. These are primarily cognitive behavioural in their approach. There is increasing evidence from the results of such courses that they can affect the long-term behaviour of offenders for the good. Some of those on courses have been those with severe personality disorders, but generally those with psychopathic traits as measured by the PCLR are excluded.
- As prisoners come towards release from a long sentence there is an opportunity for many to prepare for their eventual return to their community by going to an open or resettlement prison. During this period of focused time which is concerned with developing working skills and activity routines which will enable the person to support themselves or their family on their release there is much attention given to restoring and maintaining relationships within the family. Probation staff who will be supervising the person on release maintain contact with the family throughout the sentence and as home leaves and community visits become more available there are more opportunities to support the family working together for the future.

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Many of the above factors are dependent upon the level of motivation from the prisoner and particularly those which involve the intense activity of the therapeutic community experience or the offending behaviour programme. There is evidence that as prisoners get older they are likely to respond more fully and effectively to treatment programmes or to change their behaviour as a result of the maturation process. There is also in our experience the likelihood of an event or a crisis which may trigger a prisoner seeking to engage in treatment, such as a bereavement, an anniversary, a birthday or a visit. There is a need for staff to be sensitive to these opportunities and make appropriate assessments at the time.

Management of release

There are closer partnerships being developed between the police, probation and prison services in the management of the release of potentially dangerous offenders. The probation services are working closely in prisons throughout the prisoner's time in custody and increasingly there are many prisons which have liaison police staff working within them to co-ordinate intelligence and improve communications. Particularly important for good contact are those times when there is a likelihood of a home leave or release when there will have to be risk assessments carried out of the likely eventualities. The probation service has a duty to consult the

victims of offenders when a leave or a release is imminent.

The release of medium and long term prisoners nearly always involves a period of supervision by the probation service during which the concerns of resettlement can be worked through. This is subject to a period of recall to prison should there be breakdown or failure to comply with the requirements of supervision.

Release can be earlier than the sentence would normally expect through parole. This is determined by the Parole Board after careful consideration of the risks involved in such a discharge, through reports from within the prison, from without through the probation service and an actuarial risk assessment outline on the individual. The prisoner if so released is subject to supervision by a probation officer and to recall to prison should the conditions of supervision be breached.

Dealing with risks from offending individuals

Prisons are dominated by managing risks. The episodes of escapes five years ago and the disturbances of the past decade have made us very alert to the risks to the safety of the public and to the integrity of the establishment represented by those major possibilities. Systems are well developed to enable these likelihoods to be kept to a minimum and it has been the case that as we focus on those which are high risk areas for us, other areas of concern may have been ignored or may not be given the priority they deserve. Thus minor risks may well be tolerated. There are systems for addressing the risks of self harm and suicide, health concerns receive much attention, family breakdown is a matter for consideration, the provision of an equal opportunity environment has much focus in our work and increasingly in the past three years the risk of reoffending is being addressed in systematic and effective ways.

The prisoner may face other risks, however, from custody:

life and health

- the risk of victimisation within the prison and the experience of living in fear
- disease, especially HIV and Hepatitis B
- exacerbated risk of suicide and self harm

oppressive and arbitrary treatment

- decisions made from the courts and the right of appeal
- decisions made by staff locally who exercise discretion at all levels

social being

- employment and earning capacity is reduced
- family relations can be strained, social ties disrupted and housing lost
- probability of returning to prison is increased.

Conclusion

The evidence that severe personality disordered offenders can be managed in prison is largely sustained by the fact that many are held in normal location in our top security prisons and are controlled through the systems described above. There are a few - about 10% of the total held in custody - who are in some form of treatment or therapy. Prisons should remain places of last resort for society for the holding of those who represent such a risk to the public that they must be detained. Within that detention it should be our purpose to seek to address that dangerousness in any way we can in order to ensure that the person is not exposed to other risks to their person. Thus although the evidence from the Prison Service is predominantly of managing the high numbers of severe personality disordered people in prison there are some signs that with a common understanding of the disorders we can become clearer about their responsitivity to treatment. There is a need as we engage in the debate between services to develop: a common language; commonly used methods of valid and reliable assessments; clearer understanding and respect for each others skills and capabilities in managing and treating dangerousness; and a consensus about the values which will enable us to establish working relationships with due accountability to the public, to the people in our care as well as to those who determine the boundaries within which we work.

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Personality disorder and young people in custody: creating healthy prisons

Personality disorder is relevant for young people in prison aged between 15-21 years for a number of reasons. Two recent surveys of mental disorder in prisons in England and Wales both show that the prevalence of personality disorder, in particular anti-social personality disorder, is higher in this group than at any other age. Despite the relatively low prevalence of "dangerous severe personality disorder" in 18-20 year olds the majority of adults meeting this description will have been exhibiting personality problems or disorder during their formative adolescent years.

The social and psychiatric characteristics frequently found in young male prisoners include childhood maltreatment, witnessing family violence, history of care or social services involvement, high rates of specific learning difficulties and conduct disorder during childhood. These are all known to be risk factors for the development of severe personality disorder. Whilst it is known that the vast majority of adults with severe anti-social personality disorder suffered conduct disorder in childhood the converse is not true, with the continuity from conduct disorder into adult anti-social personality being 25%. Protective or risk factors influence this continuity.

What makes for healthy adolescent development? Key supportive relationships from family, peers and others;, positive parental (carer) role models involving appropriate expectations and values; discipline and the avoidance of over indulgence; consistency of both parenting and schooling; and, the young persons' capacity to verbalise.

The experience of many young people remanded or sentenced to prison is that not only are their needs not assessed or met but some have profoundly negative experiences such as being the victims of bullying, act out self-harm or themselves victimise others. The failures in the current system are highlighted in the Thematic Review of Young Offenders by HM Chief Inspector of Prisons.

In order to promote healthy adolescent development all the factors suggested above should be applied in the custodial setting. The concept of a 'healthy prison' includes a supportive environment, resources directed towards improving practical and life skills, a balance between the need for care and control and the development of links with the community to facilitate transition in and out of prison.

The Prison Service is planning fundamental reform for the care of 15-17 year olds (Prison Service Order 4950). Key objectives of this reform include: the role of staff who should be modelling consistently positive attitudes and behaviours and showing a genuine interest and respect for the young person; providing high quality regimes in order to enable personal development and where possible the maintenance of supportive contact between the young person and their family; maintaining a safe and secure environment and, in contrast to the one hour that some young people on remand currently receive, Governor's would be required to provide time 'out of cell' of at least ten hours, rising to fourteen hours as resources allow.

There is an overarching need to improve the conditions and care of young people in prison. A selected population do require intensive and specialist psychiatric interventions. Although some of this can be carried out current resources are inadequate to meet the need. There must be a lead from central Government as to where and how the small but significant group of severely disturbed young people should be managed, alongside extra resources being made available to enable this to occur.

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