The Wessex Project - resettlement of prisoners with mental disorder in Hampshire

In 1992, the Home Office and Department of Health published a *Review of Health and Social Services for Mentally Disordered Offenders* (the Reed Review) which recommended:

'there should be core teams of professional staff responsible for ensuring mentally disordered offenders are properly assessed and receive the continuing care and treatment they need'

This article describes the work of one such team, the Wessex Project, which was a direct response to the early reports from the Reed Review and the research findings of Professor John Gunn, who estimated that up to 37% of prisoners were mentally ill (1991); both the Reed Review and Gunn found mentally disordered prisoners to be in need of specialist services within and outside prison, but knew that this was often not the case.

The Wessex Project comprised a specialist multi-agency team (probation officer, social worker, community psychiatric nurse, administrator and manager) working within Winchester prison to address the post-release needs of prisoners for community mental health services. The project was initiated by a group of senior managers from health, social services, the prison service and the probation service in Hampshire and the Isle of Wight.

The team's aim was to identify prisoners with mental health problems and, by acting as the link between the outside and inside worlds, ensure, wherever possible, prisoners could access mental health services on release. Clinical settings, by their very nature and culture, focus on the 'mentally ill': however, the project team recognised that not all those experiencing mental health problems will be diagnosed as mentally ill and, therefore, worked to a broader definition of mental disorder than that used by the medical profession. This is particularly important as the criteria for access to statutory services is tightening around 'serious mental illness' within the community and a number of the prisoners the project identified as having mental health problems would not automatically warrant a service on release.

Running alongside this, the project was charged with carrying out research to establish the nature and extent of mental health problems within the prison population and to reflect on the project's experience of working as a multi-agency team in prison.

Project staff screened all newly sentenced prisoners arriving at Winchester prison between April 1993 and March 1994 (907 men) and all prisoners newly-remanded between February 1995 and August 1995 (393 men), using an interview schedule developed and refined by the project team. The interview schedule picked up 'triggers' for concern about mental health and gathered information on health, criminal behaviour and social situation, including basic plans for release.

Findings

One in four of the newly sentenced men reported a history of mental health problems (this included self-harm). By far the greatest problem identified was depression, 12%, while 2% of men reported psychotic illnesses and a further 2% reported having experienced neuroses/anxiety problems. What proved particularly interesting was that only 1% described themselves as having a personality disorder.

Remand prisoners reported higher levels of mental health problems than the sentenced prisoners; one in three remand prisoners described themselves as having, or having had, a mental health problem. The most noticeable rise in reported problems was in neurotic and psychotic disorders (double the sentenced findings).

Both the screening data and the casework show that the majority of prisoners with mental disorder have been in custody before, and have had significant experience of 'being in care' as a child/young person. In addition they may have a number of other problems (such as substance use and self-harm) and are often homeless on release. At one extreme are those diagnosed as having a severe mental illness - a 'key' to services. If they are currently ill enough this key will get them admission to hospital, otherwise it will unlock community health services when they are released, but this often excludes those diagnosed with personality disorder.

Labels other than mental illness could be barriers to existing mental health services and having multiple and overlapping needs could also be a barrier to other services; such as when diagnoses of personality disorder, or perhaps substance use, are seen as the over-riding problems, but as not resolvable using traditional mental health services. Inter-agency working requires commitment to the idea of tackling complexity of need, otherwise these criteria will exclude people with multiple, rather than severe, needs. The project did not limit its involvement to those with a severe mental illness, but included the broader spectrum of people with mental health problems. These included personality disorders, self harm and depression, as well as substance misuse where this was compounding other problems. In doing this the team tried to expand the 'medical' model of mental illness, and to use a model based on need related to emotional and mental health which could encompass these.

The Wessex Project worked with a number of personality-disordered prisoners, setting up Care Programme Approach meetings for them in the prison involving all those who were concerned in their care in the prison and those who would be involved in their future care in the community. It was often difficult to ensure that services would be made available on release to those with personality disorder, even though these were invariably the most seriously disordered or at high risk of harm to self or others; in the early days much of the success was the result of the sheer determination and persistence of the staff in the project. However, the project increasingly succeeded in highlighting the needs of those with moderate-serious personality disorders and in securing the offer of services for them on release.

Working with prisoners with personality disorders highlights the tension between, on the one hand, agencies' commitment to multi-agency working and, on the other, the constraints of the eligibility criteria within which each agency has to work. It is increasingly difficult to find any consensus as to who constitutes this client group, and it is noticeable that criminal justice and voluntary agencies (eg. NACRO) often include a far wider remit in their definitions of mentally disordered offenders than either Health or Social Services. Offenders with personality disorder are probably the main group affected; many probation services have to work with people with personality disorder as part of statutory orders, such as probation or post-prison licences, but few would be seen as a priority for community mental health services. Regardless of eligibility each of the agencies involved has a great deal to offer the others in terms of knowledge and experience.

Perhaps in the current situation of heightened public concern and governmental attention there is a need for agencies more actively to demonstrate their commitment to inter-agency consultation and support even where the actual work or supervision is carried out by one agency.

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