COMMENT

The Mind in Prison

Proposals to reform the Mental Health Act, which were published in June, could result in far-reaching changes. These include the forcible detention or treatment of someone "with a disability or disorder of the mind or brain which results in an impairment or disturbance of mental functioning". Behind these proposals are the concerns raised by a number of offences committed by those whom the authorities knew had a mental illness. Some of those deeply tragic offences attracted media attention. In 1996 Lin and Megan Russell were murdered and Josie Russell horrifically attacked by Michael Stone, who was diagnosed as suffering from a severe personality disorder. In 1992 Jonathan Zito was murdered by Christopher Clunis who was also diagnosed as suffering from a mental illness.

Not everyone has welcomed the proposed changes to the Mental Health Act. The Schizophrenia Association of Great Britain has expressed its concern that those "with a diagnosis of schizophrenia could easily have their diagnosis switched to personality disorder (PD) as is already happening. It would be but a short step to have it switched just a little bit further from PD to DSPD and for them to be given an indeterminate prison sentence without having committed a crime." The Royal College of Psychiatrists has expressed its concern that, if implemented, the Bill could result in a large number of people being detained unnecessarily, although the Bill will also set up a new Mental Health Tribunal to regulate the use of compulsory powers for more than 28 days and to consider appeals against compulsory treatment orders.

While it is acknowledged that most people with mental health problems are not a risk to themselves or to others, a great many prisoners do suffer from a mental illness: 90 per cent of prisoners suffer from one of the five main categories of mental disorder — psychosis, neurosis, personality disorder, drug dependency or alcohol dependency; and about 300 prisoners are awaiting tranfer to psychiatric hospital. This edition of the Journal contains various articles explaining the nature of some of the forms of mental illness, including the work with DSPD at Whitemoor. But DSPD is at the extreme end of mental illness which can take many forms, and the insights offered by Ross Gordon (a Life Sentence prisoner who has Asperger Syndrome) in his article are illuminating. Similarly, Dick Frak's article provides a much needed straightforward description of schizophrenia.

Prisoners with mental illnesses present the Prison Service with many challenges. We do need to understand better what mental illnesses mean: even if those with the most severe mental illnesses are transferred to psychiatric hospitals, we will have a great many prisoners with less severe illnesses. We must learn how best we can perform both our custodial function and our rehabilitative purpose. Fortunately, unlike the prevailing penal climate of 15 and more years ago, we now have a self-belief and a growing credibility in being able to do more than contain. While this confidence stems from the development of offending behaviour programmes, it should also give us confidence in developing new regimes which are therapeutic in the widest sense.

The most therapeutic regimes or interventions recognise that prisoners are more than the perpetrators of the offence(s) for which they have been committed and sentenced. Thus a man or a woman who commits a burglary is not only a burglar. With prisoners who suffer from some form of mental illness we must look far beyond their criminality if the rehabilitative purpose is to stand any chance of being fulfilled. But this is risky because it can seem as though we are excusing the offending or forgetting about it. It is timely to paraphrase Archbishop William Temple, who remarked that 'No one in prison is a criminal and nothing else.'