The Impact of Mental Health and Substance (Mis)use Issues on BME Offenders: engaging with resettlement Programmes

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Key Statistics

• RCN (2010) citing best available figures:
  • 90% of prisoners estimated to have some form of mental illness.
  • > 70% of both male and female sentenced prisoners had at least two mental disorders.
  • 64% of sentenced male prisoners and 50% of female prisoners had a personality disorder.
  
(Data based on 1998 co-morbidity study by Singleton et. al and MoJ survey, 2008)
• MoJ (2008) also found that 69% of prisoners had used illicit drugs in the year before custody, and that 31 per cent had used heroin.
• Four weeks prior to sentence 36 % of prisoners (both genders) reported heavy alcohol use (MoJ, 2008).
• Palmer et.al. (2010) critical review suggest alcohol use heavier amongst men than women but higher rates of problematic drug use amongst women prisoners/women on community sentences.
Routes into custody/community sentences

• Disproportionality of BME young people in LAC system (Owen & Statham, 2009) → prison statistics

• Poverty/Social Exclusion and risk of offending → exclusion from school/labour market/ etc. per some BME communities (Barnard & Turner, 2011)

• Fast-tracking of members of some BME communities/women into custodial sentences (racism in the system?) Asylum seekers/foreign nationals/people with no fixed abode... Leaving psychiatric hospitals etc..
• NACRO (2010) – 20% of female prisoners and 14% of male are foreign nationals, of which >50% of women foreign nationals are members of BME communities (predominantly African and Caribbean).
• 38% of male and 52% of female foreign nationals are serving drug related sentences. 12% of women in prison (Corston, 2007) were parents
• Isolation of foreign national prisoners, stigma and isolation from family/language barriers – impacts on both MH and likelihood of obtaining a community sentence (deportation/detention for breaches of immigration legislation – NACRO, 2010)
• **Gender** as a key determinant in terms of resilience in prison + increased risk of self-harm; loss of contact with children/family and increased rates of mental illness. Female MH needs and risk factors higher than amongst males. (Palmer et.al., 2010)

• **Intersectional risk factors** – Being a woman, lower socio-economic status, from a BME community (particularly if a ‘foreign prisoner’), history of abuse, substance misuse history - exponential increase in risk for suicide/MH crisis and relapse per substance issues.
• **Stigma** may be particular problematic for some women from BME communities and ’type’ of offence may impact on availability of family support/resettlement options (e.g. South Asian women convicted of ‘drink driving’ or offences which breach community gendered behaviour norms (Gill, 2003))

• cf: Phillips, (2011) lack of understanding re BME family structures means criminal justice services may assume family support which is in fact not forthcoming re ‘shame/izzat’ or smaller family networks (African/Caribbean offenders)

• **Cultural Trauma** (cf enforced transition into ‘bricks and mortar’ for Gypsies and Travellers - see Greenfields and Smith, 2011, (and forthcoming, 2013) implicated in significantly increased rates of mental illness during custodial sentences and grossly inflated suicide rates in prison (MacGabhann, 2011).
• Fr. Ged Barry (Prison Chaplain) refers to “90% of Traveller prisoners with whom he works have mental health problems and 70% who entered prison without a drugs habit are leaving prison with one as a result of mental distress/boredom etc.” (personal communication November 2012)

• James (2007) exploring substance misuse amongst the Somali community suggested strengthening culturally appropriate family support services (including phone advice lines and utilisation of family networks) could assist in creating safety nets for substance misusers
• Whitehouse and Copello (2005) found that families of imprisoned BME substance users were often unhappy with support services provided. Notably problems around language and gender problems making it difficult for service providers to engage with BME clients/family members.

• Their review of procedures aimed at rehabilitation/post release support in four geographical regions found family members claiming lack of information about support services, how to access services or how to support an offender in a community setting.
Pratt et. al. (2010) found markedly higher rates of suicide post-release from prison (x8 for males and x36 for women) than non-offenders within a year of release. Being >25 years old, released from a local prison, with a history of alcohol misuse or self-harm, a psychiatric diagnosis, and requiring Community Mental Health Services (CMHS) follow-up after release exacerbated the risk. Although BME prisoners were slightly less likely to commit suicide than were their White counterparts.
CASE STUDY 1

• Together Women Project (Leeds) 7% reoffending rate compared with national average of 36% recidivism rate.

• Supports women offenders/at risk of offending to “tackle triggers of offending behaviour in order to break the cycle of offending that many women become trapped in”. Works with probation services/police/health services and NGOs.
• “support women to achieve their full potential by providing holistic support for a range of issues including substance misuse, mental and physical health problems, domestic violence, social and economic deprivation, inappropriate housing, unmanageable debt and lack of education, training or employment opportunities”

• Particular remit to support children to remain with their mothers. Networks with range of local BME community organisations to tailor services for clients.
CASE STUDY 2

• Traveller Prisoner Groups (in prison) – support, ability to explore cultural issues, talk about masculinities, culture and acknowledge mental health issues, substance misuse, domestic violence/offending behaviours in ‘closed’ groups. Peer support with literacy etc which would be regarded as ‘shameful’ if involving mixed groups. Awareness of faith-based support groups on return to community.
Interventions by prison chaplains per: inappropriate nature of hostel provision on release “*they [Traveller offenders] won’t do it – they regard those places as unclean, culturally unacceptable, the food, everything and are more likely to get back into trouble and end up back inside*”

On-going support and training programmes from ITMB for probation staff working with GRT offenders
Where Next?

- De Viggiani (2012) suggests the need to utilise risk assessment tools which capture individual, social and environmental risk factors and determinants predisposing people to health and ‘criminogenic risks’ to contribute to reducing re-offending.
- Development of National Liaison and Diversion Service by 2014, opening of substance rehabilitation services in prison (Hansard March 2012)
- Legal Aid, Sentencing and Punishment of Offenders Act 2012 should (theoretically) make it easier for courts to embed mental health treatment into community orders via fast track assessment processes to speed up access to treatment.
The National Body of Black Prisoner Support Groups (NBBPSG)

- Established 1998.
- **The organisation aims to:** Encourage and promote the development of a nation-wide network of support groups and services for Black and Minority Ethnic Offenders.
- Act as a voice for Black and Minority Ethnic Offender Organisations and represent their views and concerns to the Prison Service and other agencies.
- To publicise issues affecting Black and Minority Ethnic Offenders and their support groups.
- Range of publications and information on support services
Key recommendations

• Necessity for BME offenders experiencing resettlement to feel ‘culturally comfortable’ particularly where they have experienced racial discrimination/lack of understanding of their support needs/stereotyped responses from mainstream services (cf Phillips, 2011)

• Provision needs to of a good quality, ‘safe’; aware of barriers to service access for BME service users and providing multi-factorial / inter-sectional support for practical and emotional needs (see Jacobson, et. al, 2010 and McLeish, 2005)
• In-reach services/One-Stop resettlement programmes whilst in Prison – advice/support with crisis loan applications, etc.

• Ensuring fast-track access to counselling/substance misuse services and community mental health services on release or diversion to community sentence.

• Tailored individual support/desistance models - for example (see Durrance et. al. 2010) faith based identity programmes for young Muslim offenders convicted of ‘extremism’ crimes.

• Community programmes allowing ‘signing/reporting’ with network of probation services for Showman working on fairgrounds with family (personal communication, ITMB 2012)
References

• James, T (2007) Substance Misuse in the Somali community in the UK: Challenges and Strategies for Family Involvement in Effective Treatment London: Adfam
• McLeish, G (2005) Exploring provisions for women in approved premises London: Griffins Society
• NACRO (2007) *Black Communities, Mental Health and the Criminal Justice System: Mental health and crime briefing* London: Nacro
• NACRO (2010) *Foreign national offenders, mental health and the criminal justice system* London: Nacro
• Royal College of Nursing/NACRO/Centre for Mental Health (2010) *Prison mental health: vision and reality* London: RCN