

A Commissioner's guide to Imprisonment for Public Protection

This briefing is a concise guide to the sentence of Imprisonment for Public Protection (IPP), to inform Primary Care Trust (PCT) and Strategic Health Authority (SHA) commissioners about the IPP sentence and its mental health implications.

It is based on the findings presented in our report, *In the dark: The mental health implications of Imprisonment for Public Protection*, published on the 18 September 2008 and available at www.scmh.org.uk.

What are Imprisonment for Public Protection (IPP) sentences?

The sentence of Imprisonment for Public Protection was created by the Criminal Justice Act 2003, and implemented in April 2005. It is an 'indeterminate' sentence issued to offenders who are identified by the courts as 'dangerous' but whose offences do not carry a life sentence.

People sentenced to IPP are given a minimum term they must serve in prison (the 'tariff'). After that they can be considered for release by the Parole Board if it can be shown that they no longer pose a risk and that they can be managed safely outside prison. Released IPP prisoners are on a 'life licence' and subject to recall to prison if they breach the terms of the licence.

In July 2008, there were 4,619 prisoners serving IPP sentences. 150 new IPP sentences are issued by the courts every month. Only 31 IPP prisoners have been released out of more than 880 who have been considered by the Parole Board.

"My family is in the dark the same as me. They've tried looking it up on the internet but there's nothing."

"Being in jail and not knowing when you're coming home – it smashes your head to pieces."

What did the Sainsbury Centre do to investigate IPP?

The Sainsbury Centre interviewed 55 IPP prisoners and 20 prison staff in three prisons.

We also analysed previously unpublished government data on need levels and mental health (psychiatric history and current treatment) of 2,200 prisoners serving IPP sentences, 3,500 life prisoners and 55,000 prisoners in the general prison population.

Our report, *In the dark*, is the first national study of the mental health implications of the IPP sentence.

"I don't know when I'm getting out. I'm just in limbo. I've lied to my family, saying that I'd be out on my parole date, as I don't want to upset them. I even lied to my girlfriend, but she found out that I could be here for years, and she finished with me."

Findings from the interviews:

The indeterminate nature of IPP sentences damages mental health:

- Many IPP prisoners told us they were emotionally distressed because they had no release date and believed that indeterminacy was eroding any sense of hope.
- Indeterminacy damages relationships with family and friends, particularly for prisoners with children.

Being refused release by the Parole Board was very difficult to cope with, especially for prisoners who believed they had done everything they could in prison to demonstrate that they were ready to be freed.

Access to offender behaviour programmes is especially difficult for prisoners with mental health problems:

- Prisoners with mental health problems who struggle to seek access to programmes are sometimes forgotten about altogether.
- Prisoners whom staff consider to be unsuitable to participate because of mental illness or emotional instability are often excluded from taking part in programmes entirely.
- Prison mental health staff told us they were over-stretched and insufficiently resourced to manage IPP prisoners' mental health needs. Prison inreach services are mostly focused on medication, with little or no provision for other services such as talking therapies or counselling.

Few IPP prisoners said they had received helpful support from prison mental health services:

- Some IPP prisoners refuse mental health services or medication because they fear it will result in preventing them from completing their sentence plan, fearing that this would mean that they would never be released.
- Several said they needed help but had been inadequately assessed or needed medication but did not receive it.
- Some received informal support from other prisoners, family and friends.

Our recommendations for health services:

The report concludes that changes are needed to the entire IPP process and to the way health services are responding to the needs of IPP prisoners.

- The Department of Health should ensure that commissioners are aware of the mental health implications of IPP sentences, and are prepared for the predicted increase in numbers.
- Primary Care Trust commissioners of prison health care should be aware of the presence of IPP prisoners, and understand how their health needs will affect the commissioning of services.
- All mental health teams in prisons should be particularly aware of the need for assessing and care planning with IPP prisoners.
- All released IPP prisoners who are on the Care Programme Approach (CPA) should be referred automatically to a community mental health team (CMHT) and, if necessary, to an assertive outreach team.
- Secure hospitals should be prepared to receive transfers of IPP prisoners who require specialist treatment, and step-down plans should be in place.

More information

For more information on the findings from *In the dark: The mental health implications of Imprisonment for Public Protection*, please contact:

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To order a paper copy, see the back page, call 020 7827 8305 or order from our website at www.scmh.org.uk. *In the dark* is also available to download free from the website.

Why should PCT commissioners be aware of IPP sentences?

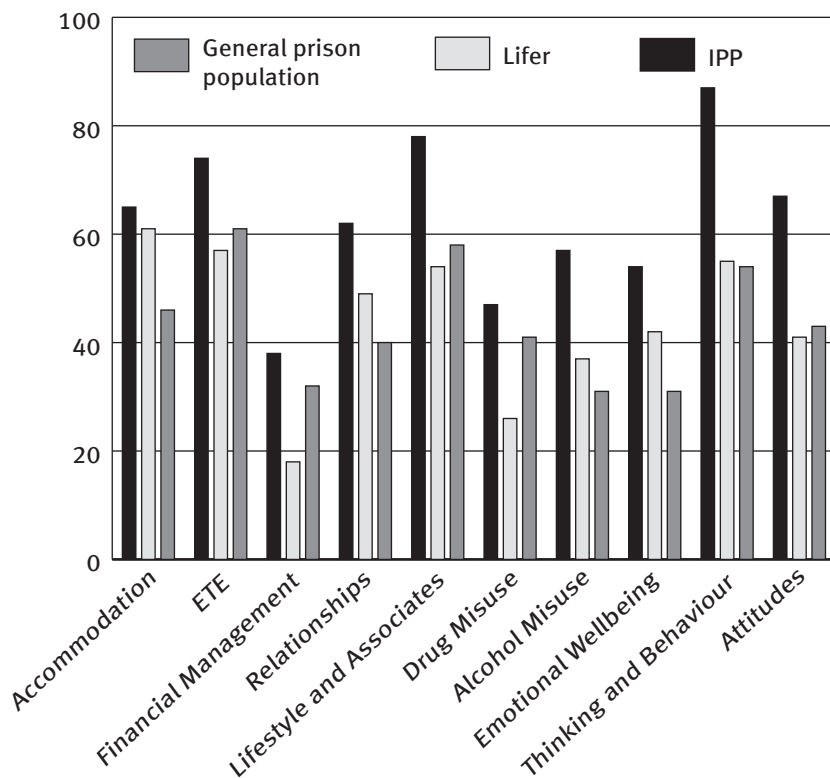
Levels of mental illness and complex need are far higher among IPP prisoners than among either the general prison population or prisoners serving life sentences. Government statistics show that:

Nearly one in five IPP prisoners has previously received psychiatric treatment, while one in ten is receiving mental health treatment in prison and one in five is on mental health medication – all twice the rate of the general prison population.

One IPP prisoner in 20 has already been referred for transfer to a secure hospital.

More than half of IPP prisoners have serious ‘emotional wellbeing’ problems compared with two-fifths of life prisoners and one-third of all prisoners.

As the graph above shows, proportionately more IPP prisoners had a social, cognitive or health problem serious enough to cause offending behaviour (‘criminogenic need’) in all ten assessment areas measured by the government’s risk assessment tool OASys, compared to life prisoners and the general prison population.



“It’s just a constant guessing game of what’s going to happen next... When I initially came into prison, no-one actually came and evaluated my mind-set, as if to say, let’s see how he does... No-one’s actually come, not an official psychologist, nothing.”

“Sometimes I’ll sit in my cell. These courses are all about planning. But how can you plan when you never know when you’ll get out? You just have to sit there and try to numb yourself to a lot of it.”

a better way

The full *In the dark* report is part of A Better Way, our campaign to provoke political, media and public debate about the approach we take to mental health in the criminal justice system. Visit our website at www.scmh.org.uk for details.

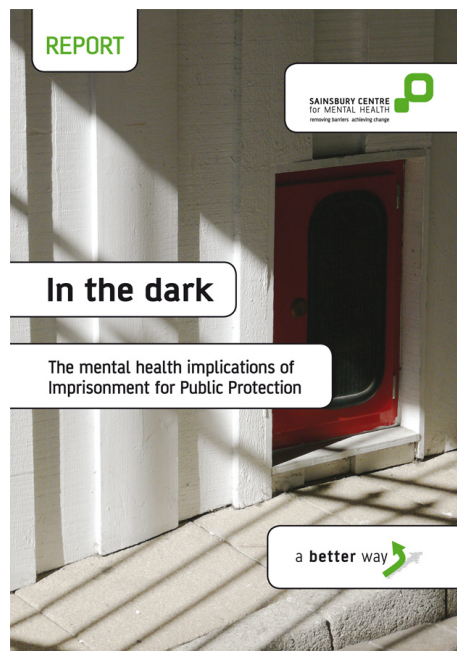
In the dark

The mental health implications of Imprisonment for Public Protection

In the dark is the first national study of the mental health implications of the Imprisonment for Public Protection sentence, which has been in use since 2005.

The report looks at the sentencing process, the information given to prisoners, offending behaviour programmes, prisoner management and release as well as the mental health needs of IPP prisoners.

It is essential reading for all commissioners of prison mental health services.



Order In the dark for £10 plus 15% p&p

Quantity

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