

In the dark

The mental health implications of Imprisonment for Public Protection

The sentence of Imprisonment for Public Protection (IPP) 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.

“Being in jail and not knowing when you’re coming home – it smashes your head to pieces.”

By July 2008, there were 4,619 prisoners serving IPP sentences. Just 31 IPP prisoners had been released out of more than 880 who have been considered.

Sainsbury Centre spoke with IPP prisoners and staff in three prisons as well as analysing government data on the mental health of people on IPP sentences. *In the dark* sets out our findings and makes practical recommendations to deal with the problems we have identified. It is the first national study of the mental health implications of the IPP sentence.

Mental distress

Levels of mental distress are higher among IPP prisoners than among either the general prison

population or prisoners serving life sentences. Government statistics show that:

- More than half of IPP prisoners have problems with ‘emotional wellbeing’ compared with two-fifths of life prisoners and one-third of all prisoners.
- 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.
- One IPP prisoner in 20 is or has been a patient in a special hospital or regional secure unit.

Indeterminacy damages IPP prisoners’ 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.

“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.”

Practical problems

The prisoners and staff we interviewed discussed the practical difficulties created by the IPP sentence and the effect this had on the mental health of prisoners and their families. The main practical problems we identified were:

- Too little information and too much misinformation is provided to IPP prisoners about their sentence. This can cause frustration and distress to the individual and their family.

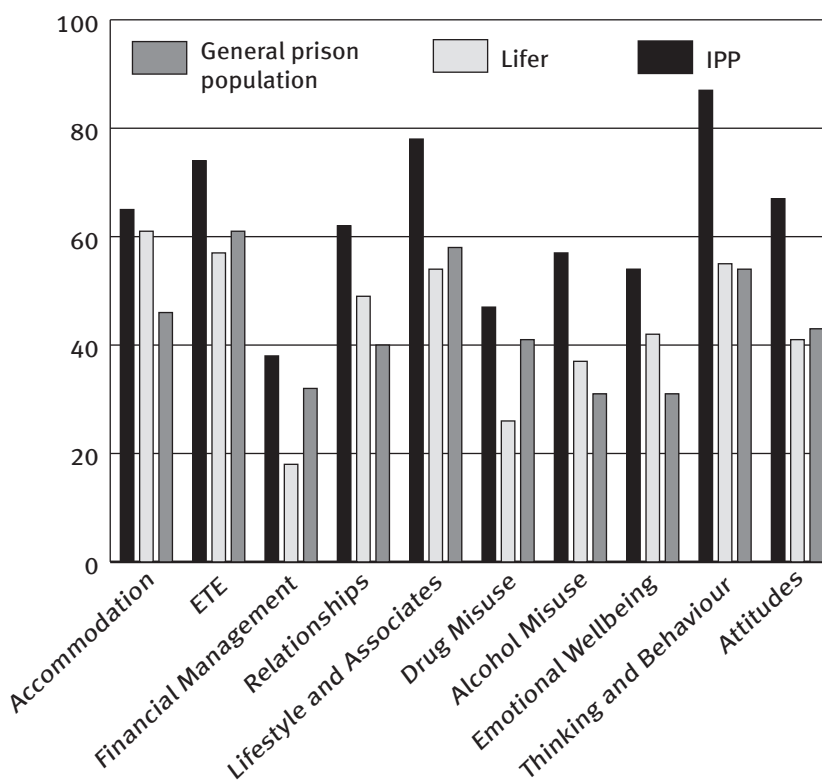
“My family is in the dark the same as me. They’ve tried looking it up on the internet but there’s nothing.”

- There is a significant shortage of accredited offender behaviour programmes for IPP prisoners, especially in local prisons. Many IPP prisoners attend their Parole Board hearing with little or nothing to show for their time in prison.
- There are serious and volatile tensions on prison landings because of IPP. It is hard for IPP prisoners to live alongside prisoners with fixed sentences who know when they are getting out of prison regardless of how they behave. Life prisoners, who are also being held in long queues for programmes, blame IPP prisoners for the perceived delays to their sentence progression.

The needs of IPP prisoners

As this graph 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.

More than seven out of ten IPP prisoners had criminogenic needs in education, training and employment (ETE), lifestyle and associates, and thinking and behaviour.



Accommodation, relationships, drug and alcohol misuse, and attitudes also revealed significantly higher need levels for IPPs than for life prisoners and the general prison population.

More than half of IPP prisoners had an emotional wellbeing criminogenic need, compared to four in ten lifers, and three in ten of the general prison population group. While life prisoners and the general prison population have an average of 4.4 criminogenic needs out of ten, IPP prisoners have 6.3.

Case Study: Shaun

Shaun was serving an IPP sentence with a 39 month tariff. He had been assessed as requiring completion of several courses, none of which were available in his current prison. He had no contact with the prison's mental health team and did not feel that he required their services. However, he said that he suffered from stress and anxiety, and had attempted suicide in the community, which had left him in a coma in hospital.

Shaun did not believe that he would ever get out of prison. He was in a state of constant anxiety, but felt unable to vent his frustration, believing that he had to bottle everything up inside. He said that his main concern was that if he disclosed his mental health problems or expressed his frustration he would be put on a 'basic' entitlement (the loss of prison privileges). He said that he did not see a future for himself, and tried not to think about the time ahead. Despite his panic attacks and weight loss, he tried to be optimistic that, if he were moved to another prison and started some courses, his situation might improve.

Offender behaviour programmes

The Prison Service describes offender behaviour programmes as: rehabilitation programmes designed to identify the reasons why prisoners offend and reduce and monitor these factors. As well as reducing risk, programmes support risk assessment and the risk management of offenders.

“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.”

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

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 prevent them from completing their sentence plan, and that this might 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.

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.

Recommendations for the criminal justice system:

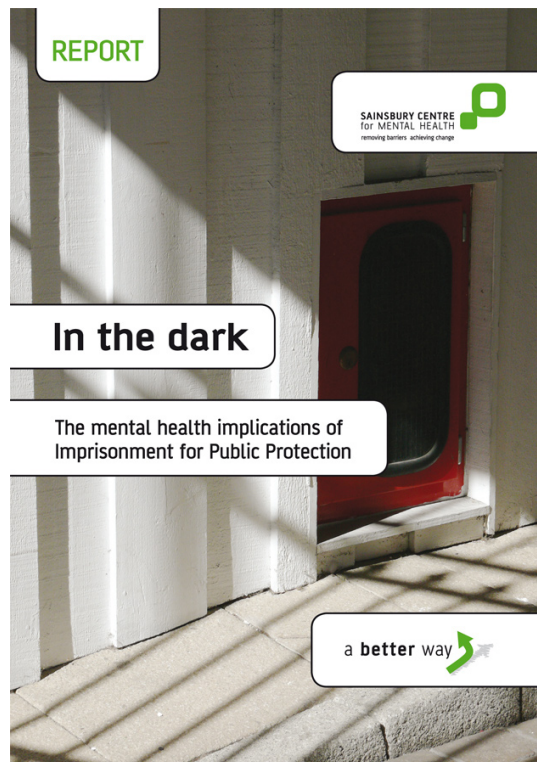
- Sentencers should curb their use of IPP sentences and reverse the increase in numbers of new IPP prisoners arriving in prisons each month in line with the legislative amendments.
- Clear information must be provided to IPP prisoners about their sentence.
- Sentence planning should be proportionate to the tariff.
- Short-tariff prisoners should be prioritised for offender behaviour programmes.

- Increased attention and focus should be given to risk management planning and resettlement packages.
- Careful consideration should be given to the management of licence breach, to avoid large-scale recalls.
- Multi-Agency Public Protection Arrangement (MAPPA) panels should have senior psychiatric representation when focusing on an IPP prisoner with mental health needs.
- The Department of Health and Ministry of Justice should create clear guidance to sentencers on how and when they should use mental health legislation rather than criminal justice legislation, and emphasise that careful consideration should be given before combining the two.

Recommendations for health services:

- 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.

“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.”



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a better way

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