

# Guest editorial

Michael Brookes

## Introduction

After much debate, the Prison Service in England and Wales settled in 1988 on a statement of purpose which reflected twin goals of security and containment and assisting prisoners in the future to lead law-abiding and useful lives. The declaration read:

*Her Majesty's Prison Service serves the public by keeping in custody those committed by the courts. Our duty is to look after them with humanity and help them lead law-abiding and useful lives in custody and after release, (Parliament, 2009)*

The most recent vision for HMPPS states that they are: "Working together to protect the public and help people lead law-abiding and positive lives" (HMPPS, 2020). Providing humane treatment to prisoners is therefore a central function of the Prison Service in England and Wales (Coyle, 2003), albeit within a secure custodial environment. Consequently, O'Donnell (2016) considers the aim of imprisonment should be to reconstitute the prisoner's spatio-temporal world without causing avoidable collateral damage through prison regimes that are future orientated with an acknowledgment that all prisoners possess the capacity to redirect their lives.

In the UK, much of the recent impetus on working effectively with offenders has arisen from the Social Exclusion Unit's (SEU) 2002 report "Reducing Reoffending by Ex-Prisoners." Three key factors identified in this report were "drug and alcohol misuse", "mental and physical health" and, "attitudes and self-control", alongside education, employment, life skills, housing, finance and debt and family. Appreciating that drugs, alcohol, mental health and self-control are significant, was highlighted by Singleton *et al.* (1998) who reported that 78% of male remand prisoners, 64% of male sentenced prisoners and 50% of female prisoners had been diagnosed with a personality disorder; antisocial personality disorder being the most frequent diagnosis for both men and women. More recently, the high prevalence and great complexity of health, psychological and social problems within the offender population, including alcohol and/or illegal substance use and abuse, has been confirmed by Enggist *et al.* (2014).

The report by the SEU was shortly followed by the guidance document "Personality Disorder: No Longer a Diagnosis of Exclusion" (National Institute for Mental Health in England, 2003). One of the purposes of this publication was "to ensure that offenders with a personality disorder receive appropriate care from forensic services and interventions designed both to provide treatment and to address their offending behaviour" (p.6).

The combination of addressing offending behaviour while taking account of prisoners' mental health and personality disorders came together in the 2009 Bradley Report and his review of people with mental health problems or learning disabilities in the criminal justice system. This led to the construction of an offender personality disorder strategy (Joseph and Benefield, 2012) and, related to this, the development of an Enabling Environment award (Royal College of Psychiatrists, 2020). Increasingly, there has been a recognition too, that the prisoners' environment can influence positively their recovery and rehabilitation and interactions that build supportive relationships can assist with the construction of a new identity and sense of belonging (Akerman *et al.*, 2018).

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This special edition explores how pan-European prison regimes can assist prisoners address issues within their lives, which have contributed to decisions taken to commit offences. This includes substance abuse treatment programmes, as they have been shown to reduce drug use and recidivism (Stöver and Kastelic, 2014), especially compared to peers who receive no treatment (de Andrade *et al.*, 2018).

## Sweden

The article by Nylander *et al.* (2020) considers Swedish prisoners' experiences of prison drug treatment programmes and what was important to them. Male and female prisoners were surveyed to determine their experience of being enrolled in a drug treatment intervention in a dedicated, residential prison wing. Described are prisoners' perceptions of personal relationships with prison staff and with other prisoners on the wings. Of interest to Nylander *et al.* (2020) are the social climates of these drug treatment wings, how control is exercised and how the differences between these wings can best be understood.

The authors observe that at a male high-security prison, the programme team contained specially trained prison officers, who participated only during the programme sessions, which worked well for both the prison officers and the programme attendees. In the male medium-security male prison, there was limited interaction between the prisoners and the prison officers in the treatment wing, except for the group therapy sessions though a counsellor, could and did, form good relationships with prisoners during their sessions, even if the sessions were limited to a couple of hours a day. In the women's prison, prison officers actively and respectfully participated in group sessions, along with a counsellor. Prison officers also socialised with the prisoners by having coffee and playing parlour games with them. This helped produce a sense of community even though the prison officers also took part in searches and collecting urine samples. These tasks did not seem to produce the same distance between the officers and the prisoners as at the male prisons.

## Belgium

Vandevelde *et al.* (2020) report on the findings of an evaluation study concerning the Central Registration Points (CRPs) for drug users in Belgian prisons, which was introduced in 2011. The CRPs were introduced because detained persons often experience difficulties in linking with substance abuse treatment services at the time of, and after, release. Through individual conversations with clients, information was sought about treatment services provided, the clients' motivation and readiness for counselling or treatment and referring clients to, as well as establishing contact with, treatment services in the community.

The results of this evaluation study pointed towards the added value of CRPs for drug users in prison. The clients, as well as the other stakeholders, emphasised the added value of the CRPs in terms of informing, reaching, motivating and referring prisoners with a substance abuse problem. Care providers, on their part, stressed the beneficial collaboration with CRP staff members in terms of a smooth referral to their service. Additionally, as one-third of the clients never attended an outpatient or residential substance abuse service prior to prison entry, CRPs managed to reach clients who were not previously in contact with substance abuse treatment services.

Having considered two drug treatment programmes, the next two articles focus on providing long-term care and support to previously difficult to engage long-term prisoners. One paper is based on Scotland's experiences, the other the situation in England and Wales.

## Scotland

The paper by Wilson and Brookes (2020), "A Failed Success: The Barlinnie Special Unit (BSU)", considers how the BSU, which enabled long-term, difficult and violent prisoners to moderate

their prison behaviour and adopt non-offending lifestyles, lost the confidence of government ministers and officials, senior prison managers and the public. This resulted in BSU's closure, 21 years after opening. The article explores reasons for this and the learning for all who manage and work in specialist, prison therapeutic units or within prison therapeutic regimes. For, although constructive regimes provide benefits for both staff and prisoners, in which residents' offending behaviour and traumatic life-experiences can be addressed, they cannot operate completely outside the norms or the prison system in which they are located. The freedom given to provide therapeutically focused treatment needs to be managed responsibly.

Stories of BSU prisoners going to Art Galleries, wearing their own clothes, cooking their own meals and making shopping trips to Glasgow were rarely off the front pages of some Scottish newspapers and, in doing so, created a scandal about what was happening in the BSU. This was enhanced with further stories of sexual liaisons between prisoners and visitors and the entry into the unit of unauthorised substances. This all led to the closure of the BSU in 1994 despite the changed lives of many men who were previously violent and recalcitrant prisoners and who, beforehand, were detained in isolation areas, but which the regime at BSU had successfully contained. BSU's deficits could have been addressed by strong management action, as has occurred at HMP Grendon when difficulties were encountered (Bennett, 2009; Brookes, 2009; Brookes and Mandikate, 2010). However, the proposition within this paper is that BSU had reached the stage where it "can't be seen to work" and so was closed, with no similar unit opening in Scotland since then.

## England and Wales

Richardson and Zini (2020) consider how effective prison-based therapeutic communities (TCs) are, along with the challenges encountered. Both demographic and concept or hierarchical therapeutic communities are explored. Although a therapeutic community approach can be seen to have its origins in the specialised treatment of Second World War soldiers, democratic TCs continued in the UK with a flattened hierarchy and all TC residents considered equals, with hierarchical TCs developing in the USA for the treatment of substance misusers, in which new TC members are the "juniors" who can then progress to "senior" designated community roles, which bring greater personal and community responsibilities. This approach was then adopted in the UK for assisting those with drug addictions and then individuals with a history of, predominantly, substance misuse offending.

The authors conclude that despite the challenges of providing TC treatment in secure and security conscious environments, TCs offer a living-learning, holistic intervention that is, for residents, a completely immersive experience. The focus is on everyday behaviours and not just what takes place in the group therapy sessions, an aspect that is not present in most other forms of offender treatment programmes. This has led to TCs being effective in reducing reoffending rates and improving psychological constructs such as self-esteem, emotional management and pro-social attitudes, for those with an offending history and personality difficulties; personality "difficulties" rather than "disorder" being the authors preferred term, in line with that now in use within HMPPS and the NHS.

The final paper in this special edition takes a broader investigative approach into prison regimes and considers time out of cell (TOOC) and time in purposeful activity (TIPA) and, the impact this has on prisoner mental health outcomes.

## Time out of cell, time in purposeful activity

The paper by Stephenson *et al.* (2021) on TOOC, TIPA and mental health outcomes amongst people in prison, synthesised the available peer-reviewed literature on this important issue. What is the relationship between TOOC, TIPA, prisoners' mental health, suicide attempts, acts of deliberate self-harm (DSH) and violence? And is it possible to focus on these two core elements of prison regimes to improve prisoner outcomes in a significant way?

The evidence reviewed suggested that there was an association between worse mental health outcomes and higher suicide risk with lower TOOC and TIPA, with some evidence too of a relationship between DSH and TOOC. A lack of TOOC and/or TIPA led to increased stress, anger and frustration, which can be mitigated by prison visits and exercise. There was though no evidence of a relationship between TOOC/TIPA and violence, though there was between TOOC and/or TIPA and suicide attempts. Gaps still remain therefore in our understanding between TOOC, TIPA, prisoners' mental health, suicide attempts, acts of DSH and violence. However, in designing prison regimes, particularly in response to COVID-19, TOOC and TIPA are two significant factors for improving prisoners' mental health and reducing suicide attempts and acts of DSH.

## Conclusion

This special edition has demonstrated the benefits to prisoners of prison regimes that facilitate engagement in therapy, drug treatment programmes or simply maximise opportunities for time spent in purposeful activity. These all contribute to the provision of a constructive environment, the development of a rehabilitative culture (Mann *et al.*, 2018) and to assist prisoners live law-abiding lives on release. Although there is no reconviction studies included, the benefits of a variety of approaches to addressing prisoners offending, substance misuse issues, personality difficulties and mental health concerns are shown. This is achieved despite the need to meet individual's prison's security requirements, which are not always conducive to therapeutic approaches.

Prison therapeutic communities are shown to be effective in reducing reoffending rates and improving psychological constructs such as self-esteem, emotional management and pro-social attitudes (Richardson and Zini, 2020). The now discontinued BSU too had enabled long-term, difficult and violent prisoners to moderate their prison behaviour and adopt non-offending lifestyles (Wilson and Brookes, 2020). In delivering drug treatment interventions, the CRPs for drug users in Belgian prisons is able to reach, inform, motivate and refer prisoners with a substance abuse problem (Vandeveldde *et al.*, 2020), and where there is a clear agreement between prison staff and prisoners on the role of the prison officer as both counsellor and disciplinarian, then drug treatment programme delivery involving prison officers is effective (Nylander, Holm and Lindberg, 2020). Yet, even if formal intervention programmes or longer-term therapeutically orientated regimes cannot be introduced in prisons, simply extending TOOC and TIPA can improve mental health outcomes and reduce suicide risk (Stephenson *et al.*, 2021).

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## Further reading

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