

Delivering Race Equality in Mental Health Care for Black and Minority Ethnic Prisoners

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1. EXECUTIVE SUMMARY:

Introduction

Delivering Race Equality (DRE) is a five year government plan for tackling and reducing inequalities in mental health services to improve Black and Minority Ethnic (BME) service users' access to, experience of and outcomes for mental health services. BME people are over-represented in prisons and prisoners in general have poor health outcomes. Prison mental health services are therefore a key area of focus in the implementation of the DRE programme.

Aims of the audit:

- To identify BME prisoner and prison staff perceptions around current best-practice in relation to the delivery of mental health services to BME prisoners.
- To identify BME prisoner and prison staff perceptions of where the gaps in mental health services exist in relation to working with BME prisoners.
- To identify BME prison staff perceptions of what additional support is required to deliver race equality in prisons, to include the identification of training support needs.

Methods

The audit seeks to interpret the perceptions of individuals and therefore it was appropriate to employ qualitative methods during the research process. Information is drawn from a total of 27 interviewees including BME prisoners, prison health-care staff, prison officers and secondary mental health providers.

Prison and health-care staff were asked semi-structured interview questions (see appendix 4) and prisoners were engaged in a discussion around the semi-structured interview topics (see appendix 5).

The data and information given by respondents was collected between February 2008 and May 2008. We acknowledge that there may therefore have been work developed in relation to some issues raised in this report since then.

Results

BME prisoner perceptions of existing best practice in mental health services include:

- Positive experiences with primary mental health services at HMP Channings Wood.
- A pro-active approach to identifying prisoners with mental health problems at HMP Channings Wood.

BME prisoner perceptions of existing gaps in mental health services include:

- Difficulties in accessing mental health services at HMP Dartmoor.

Prison and health-care staff perceptions of existing best practice in relation to the provision of mental health services for BME prisoners include:

- Strong knowledge of referral systems.
- Cultural events around diversity and mental health.

Prison and health-care staff perceptions of existing gaps in service in relation to the provision of mental health services include:

- The need for increased communication between prison officers and health-care in relation to the mental health needs of BME prisoners.
- The lack of appropriate interpretation facilities when discussing mental health with prisoners.
- Limited time and resources.
- Poor access to ‘talking therapies’.
- A disparity in treatment options available between the three prisons.
- Limited in-patient facilities.

Additional findings were also established in relation to the BME prisoners experiences of the wider prison environment (outside of health-care) which were found to impact upon their mental health and wellbeing.

Recurring themes include:

- Racism
- Isolation
- Discrimination
- Victimisation
- The lack of culturally appropriate services.

Staff perceptions of existing best practice around working with BME prisoners in the wider prison environment include:

- The use of buddying up systems for BME prisoners.
- The chaplaincy’s involvement with meeting the spiritual needs of BME prisoners.
- Diversity days to increase staff and prisoner cultural awareness.
- BME and Foreign National Forums.
- The role of Diversity Officers.

Staff perceptions of existing gaps in services around working with BME prisoners in the wider prison environment include:

- A lack of staff understanding around cultural issues.
- Difficulties in accessing resources such as visits from embassies.
- Inconsistent policies between prisons on issues such as prayer hats.
- A lack of culturally appropriate literature.
- A lack of suitable housing upon release.

Recommendations

Key recommendations in relation to improving mental health services for BME prisoners include:

- Increasing access to mental health services at HMP Dartmoor.
- Increased information sharing between health-care and prison officers with regard to the mental health of BME prisoners.
- Improving access to face to face interpreting services when discussing mental health needs with BME prisoners.
- Increasing resources and availability of 'talking therapies' across the three prisons.
- Health-care staff to under-go race equality and cultural capability (RECC) training to improve cultural awareness.

Key recommendations in relation to improving the wider prison environment for BME prisoners include:

- Improving confidence in racist incident reporting systems.
- Introducing staff training around race equality and cultural capability.
- Providing culturally appropriate literature for BME prisoners.
- Introduce staff training in relation to foreign national issues.
- Monitoring the employment procedures for BME prisoners within the prisons.
- Developing, supporting and resourcing BME and Foreign National forums.
- Community Development Workers (CDW's) to work in collaboration with probation and other services to support the integration of prisoners into the community upon release.

2. Introduction

2.1. Delivering Race Equality (DRE)

Delivering Race Equality (DRE) in Mental Health Care is a five year government plan for tackling and reducing inequalities in mental health for BME communities and improving BME service users' access to, experience of and outcomes for mental health services. The action plan is based on the government enquiry into the death of David Bennett, a 38 year old African-Caribbean mental health patient who was detained under the Mental Health Act (1983) and died in a secure unit due to being restrained by staff for a prolonged period of time.

There are three main building blocks that underpin DRE:

- More appropriate and Responsive Services: Developing the NHS workforce through training, improving clinical services and ensuring that services are culturally appropriate, removing language barriers.
- Increased Community Engagement: Engaging BME communities in planning services to ensure that it meets their needs.
- Better quality and more intelligently used information: Improved monitoring of ethnicity, better dissemination of information and good practice, and regular census of mental health patients.

The vision of DRE:

- Less fear of mental health care and services among BME communities and BME service users.
- Increased satisfaction with services.
- A reduction in the disproportionate rate of admission of people from BME communities to psychiatric inpatient units.
- A reduction in the disproportionate rates of compulsory detention of BME users in inpatient units.
- Fewer violent incidents that are secondary to inadequate treatment of mental illness.
- A reduction in the use of seclusion in BME groups.
- The prevention of deaths in mental health services following physical intervention.
- An increase in the proportion of BME service users who feel they have recovered from their illness.
- A reduction in the proportion of prisoners from BME communities.

- A more balanced range of effective therapies such as peer support services, psychotherapeutic and counseling treatments, as well as pharmacological interventions that are culturally appropriate and effective.
- A more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services.
- A workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities.

(DoH 2005, *DRE in Mental Health Care*).

2.2 The over-representation of BME communities in prisons.

Nationally it is widely recognised that BME people are vastly over represented within prisons. It is estimated that in 2007 BME groups made up 20% of the prison population, despite making up only 8% of the general population (*National Body of Black Prisoners Support Groups SEED 4 BME Offenders Project, 2007*).

Within the local (Devon) context such levels of over representation are mirrored. In May 2008 16.1% of prisoners at HMP Channings Wood, 16.6% of prisoners at HMP Dartmoor and 10% of prisoners at HMP Exeter identified themselves as belonging to a BME background, despite the fact that the BME population is only estimated at around 5%. A full break-down of the ethnic backgrounds of prisoners in the Devon Cluster Prisons (May 2008) is available in appendix 1.

2.3 Prisoners and health

Previous research indicates that prisoners have poorer physical, mental and social health than the general population and higher rates of mental illness and alcohol and tobacco dependency (Marshall T, Simpson S and Stevens A. *Health care in Prisons: A health care needs assessment, 2000*).

A review by Brown and Stone (*A Mental Health Care Needs Review of the Devon Cluster Prisons, 2007*) estimates the following disease prevalence for prisoners in Devon:

1167 (65%) would have a personality disorder

129 (7%) would have experienced a psychotic episode in the last 12 months.

737 (41%) would have a neurotic disorder with symptoms experienced in the last week.

759 (43%) would have substance misuse problem requiring intervention.

Nationally BME people are over-represented within acute mental health services. The Count Me in Census 2008, a joint initiative undertaken by the Healthcare Commission, the Mental Health Act Commission (MHAC) and the National Institute for Mental Health in England (NIMHE) undertaken on March 31st 2008 found that 23% of all mental health inpatients belonged to a BME group. The census also found that BME people were 3 times more likely than average to be admitted into Mental Health Services (Healthcare Commission 2008).

In addition to the 'Count Me in Census' undertaken in inpatient units across England it was felt necessary to conduct a similar census for the prison population.

Unfortunately national data monitoring the representation of BME prisoners within prison mental health services is not currently available. Within the South West however a pre-pilot prison 'Count Me in Census' was undertaken in May 2008 prior to the South East prison's pilot 'Count me in Census'. This pre-pilot census provides a snapshot insight into who accessed in-reach services in HMP Channings Wood and HMP Exeter on one given day in May 2008.

The results showed that 27% of prisoners in HMP Exeter and 10% of prisoners in HMP Channings Wood who accessed in-reach on this day identified themselves as belonging to a BME group. In total therefore 19% of prisoners accessing in-reach (on the day in which the census was undertaken in May 2008) across the two prisons identified themselves as BME, which would suggest a slight over-representation of BME prisoners in mental health services, in comparison to the average 13 % BME prisoner intake across the two prisons.

Such figures should however be interpreted with caution as they were drawn from a small sample of 21 prisoners in total. Furthermore if the census had been undertaken in HMP Dartmoor, where no BME prisoners were accessing in-reach, figures would in fact, indicate an under-representation of BME prisoners accessing services across Devon. For full findings of the Devon Cluster Prisons pre-pilot 'Count Me in Census' see appendix 2.

It is clear in any case that due to the aforementioned prevalence of mental health problems amongst the prison population and the over-representation of individuals from BME groups within the prisons, BME prisoners constitute an extremely vulnerable group of people. In order to implement DRE effectively and equitably it is vital that the views of BME prisoners are heard and that prisoners are given the opportunity to input into the planning and delivery of mental health services.

2.4. Brief overview of the Devon Cluster Prisons

There are 3 prisons in Devon: HMP Channings Wood (Newton Abbot) operational capacity 731, HMP Dartmoor (745) and HMP Exeter (533). In November 2006 the average daily populations of HMP Channings Wood, HMP Dartmoor and HMP Exeter prisons were 646, 618 and 510 respectively; making a combined average daily prison population of 1,782.

More detailed information about the Devon Cluster Prisons is available in appendix 3.

3. Aims of the audit:

- To identify BME prisoner and prison staff perceptions around current best-practice in relation to the delivery of mental health services to BME prisoners.
- To identify BME prisoner and prison staff perceptions of where the gaps in mental health services exist in relation to working with BME prisoners.
- To identify BME prison staff perceptions of what additional support is required to deliver race equality in prisons, to include the identification of training support needs.

4. Methods

4.1 The use of qualitative research

The audit seeks to interpret the perceptions of individuals and therefore it was appropriate to use a qualitative method. The report brings together subjective accounts and individuals' interpretations, personal accounts, beliefs, experiences and attitudes around issues that affect BME prisoners and service provision for BME prisoners.

The audit does however draw on findings from quantitative studies such as the 'Count me in Census' (2008) and the review by Brown and Stone (2007).

4.2 Selection of study participants

In total this audit is drawn from information provided by 28 interviewees.

Interviewees were selected from the following stakeholder groups:

- a) 9 BME prisoners (mental health service-users and non service-users) at HMP Exeter, HMP Dartmoor and HMP Channings Wood were formally interviewed and a focus group of 9 additional BME prisoners were also consulted at HMP Exeter through our attendance at the BME forum.
- b) 3 prison staff
- c) 7 prison health-care staff

The BME prisoners who were recruited to undertake the research process were approached through different methods in each prison. In HMP Exeter we were advised by a member of staff that the most appropriate way to access prisoners was by facilitating a focus group during the BME forum to discuss the project and canvas for volunteers to come forward. Three prisoners volunteered in this way, one of whom had accessed prison mental health services.

In HMP Channings Wood we accessed BME prisoners directly through health-care, and again three volunteers came forward. In HMP Dartmoor, given that there were no BME prisoners accessing mental health services, a member of staff advertised an open meeting for BME prisoners and again three prisoners came forward to be interviewed.

Access to prisoners was in general more difficult than anticipated, partly due to the constraints of working in the prison environment. There were several abortive visits whereby on one occasion there was a lock down and on another there were failures in communication and the prisoners were not unlocked to be interviewed. The low numbers of BME prisoners accessing mental health services in HMP Dartmoor and the high turn over of prisoners at HMP Exeter also made access to BME prisoners who had experiences of mental health services more difficult.

Prison staff were selected primarily on the basis of their involvement and knowledge with regard to mental health services and/or BME prisoners. This was seen as vital in terms of obtaining accurate input in relation to DRE in prisons. Prison staff were approached initially

by phone or e-mail whereby we outlined the project. Prison and health-care staff with similar roles were interviewed in each prison.

4.3 Data collection

All participants consented to partake in this study with the knowledge that the findings would be produced in this audit.

Prison and health-care staff were asked semi-structured interview questions (see appendix 4) and prisoners were engaged in a discussion around semi-structured interview topics which provided them with the space to document their experiences of prison and prison health-care services (list of topics are available in appendix 5).

Interviews were informal, flexible and undertaken in a conversational style in order to put participants at ease. This method was particularly important when working with prisoners, as we had not previously had the opportunity to build up relationships of trust with them. In these circumstances a formal interview would have been inappropriate, particularly due to the fact that we were discussing personal and sensitive issues around race and mental health. The data and information given by respondents was collected between February 2008 and May 2008. We acknowledge that there may therefore have been work developed in relation to some issues raised in this report since then.

Participants were ensured that confidentiality would be maintained throughout the research process and the publication of the audit. All individuals involved have therefore been anonymised in the preparation of the audit, although in order to identify gaps and services and best practice across the prisons and to make recommendations to improve services, where relevant, the prison to which the respondent/s are referring is identified. BME prisoners interviewed are referred to as 'respondents 1-9' and health-care and prison staff are referred to as 'respondents 10-19'. Responses should be understood as individual subjective views around BME mental health and should not be regarded as representative of either NHS Devon, Devon Partnership Trust or HMP Service as organisations. Equally the responses of BME prisoners cannot be viewed as representative of the BME prisoner population *per se*.

Interviews were carried out in safe settings; where prisoners were interviewed it was ensured that no prison staff were present so that they felt safe to express their experiences and views. The health and safety of interviewers was however also taken into consideration and emergency alarms were available. Where possible we ensured that the interviews with prisoners were led by an interviewer from a similar ethnic background.

Staff members at HMP Exeter and HMP Channings Wood were interviewed individually and in HMP Dartmoor a group interview with prisoners was conducted. All other staff were interviewed individually with the exception of respondents 14 and 15, who agreed to be interviewed together. All interviews were carried out in person with the exception of the interview with respondent 12, which was undertaken via the telephone.

At HMP Exeter all interviews were carried out by Mary Plant (Independent Consultant in Ethnicity and Mental Well-being) and the focus group was led by Chukumeka Maxwell (Senior Community Development Worker) and also attended by Mary Plant and Melanie Stiles (Community Development Worker)..

At HMP Channings Wood all interviews were undertaken by Melanie Stiles and prisoners were interviewed by Melanie Stiles and Magdalena Wood (Community Development Workers).

At HMP Dartmoor interviews with respondents 11 and 17 were undertaken jointly by Chukumeka Maxwell, Melanie Stiles and Mary Plant and interviews with prisoners were undertaken jointly by Chukumeka Maxwell, Melanie Stiles and Magdalena Wood. Another staff member interview at HMP Dartmoor was undertaken by Melanie Stiles.

Respondent 13 was interviewed by Melanie Stiles and respondents 14 and 15 were interviewed by Mary Plant.

Data collected by Mary Plant was recorded and transcribed. Permission to record the interviews was sought from HMP Exeter prior to the interviews being undertaken. Data collected by all other interviewers was recorded through hand-written notes. This report was written by Melanie Stiles.

Ideally, qualitative research data would continue to be obtained until the study reached saturation point, and no new ideas were reached. Unfortunately, due to the challenges faced within the prison environment in which the data was obtained and time and capacity issues this method was not viable. Consequently, the results may be limited.

4.4 The findings

The focus of the findings in this audit concentrate upon mental health services in relation to the delivery of services to BME prisoners. Due to challenges in accessing BME prisoners who were using mental health services at HMP Dartmoor and HMP Exeter, however, the results section refers, in main, to the experiences of BME prisoners at HMP Channings Wood. This point is elaborated upon further in section 8.4. 'Weaknesses of study design'.

At times the results also gave a broader picture, for example, there are naturally issues identified which may also affect the majority prison population as well as BME prisoners. Similarly at times the issues raised by BME prisoners and prison staff crossed-over into the wider prison environment (outside of health-care).

It was felt that in order to give a holistic picture it was still important to include these findings and section 6 'Additional findings: the wider prison environment and the impact of discrimination on mental health and wellbeing' covers the issues that were raised by respondents in relation to the wider prison environment.

5. Results

5.1 Prisoner perceptions of best-practice in mental health services

Prisoners generally also viewed HMP Channings Wood as being pro-active about identifying and referring prisoners suffering from mental distress. One respondent was successfully referred through Information, Advice and Guidance (IAG).

Prisoner perspectives on their experiences of primary mental health team were very positive and the work and contribution of the team, in particular the nurses must be commended. Prisoners described strong relationships of trust with nurses as invaluable.

'My experience with the mental health nurse has been very positive. My nurse also acts as my counsellor, I feel that I can confide in her, trust her and she provides me with a mother figure. She has worked to prepare me for deportation. When I had a breakdown she was on the wing with me by 9 in the morning' (respondent 1, HMP Channings Wood).

'There is a good mental health team, I self referred for depression and I meet regularly with my mental health nurse which I find useful' (respondent 2, HMP Channings Wood).

'I see a psychiatrist and I can talk to nurses. Health-care is better at Channing's Wood than Exeter and Dartmoor' (respondent 3 HMP, Channings Wood).

5.2 Prisoner perceptions of where the gaps in mental health services exist

Respondents experiences of health-care varied both between individuals and between prisons.

Initial contact with the GP at HMP Channings Wood was viewed by one respondent as a negative experience as he felt that the GP 'did not have enough time', and 'was not interested'. A further issue raised by one respondent was that when he initially accessed health-care services at HMP Exeter he felt that he was viewed only as an 'addict' by health services. Despite the fact that he felt that his addiction was a product of his mental distress, such issues were not assessed or treated until he de-toxed and self-referred.

Just under one quarter of respondents described difficulties in accessing mental health services at HMP Dartmoor (some prisoners interviewed at HMP Channings Wood had previously spent time in HMP Dartmoor). This may help to explain why, at the time of undertaking the Prison Count Me in Census, there were no BME prisoners accessing in-reach in HMP Dartmoor. One prisoner who had been previously diagnosed with psychosis in another prison was not referred into mental health services, as illustrated below;

'I was previously diagnosed with psychotic behaviour in other prisons and before arriving at Dartmoor I was having regular contact with a psychiatrist. When I arrived at Dartmoor I mentioned this to a member of staff in health care who said they would arrange for in-reach to contact me. This was never followed up so I did not access services' (respondent 4, HMP Dartmoor).

As a result of difficulties in accessing mental health services this prisoner's medication and treatment was not continued at HMP Dartmoor.

It was suggested by one respondent that prisoners with less visible mental health difficulties were often not identified at HMP Dartmoor.

22% of respondents (in HMP Exeter and HMP Channings Wood) described difficulties in accessing the gym facilities as advised by GP's due to being locked up and due to competition with other more dominant prisoners.

N.B. Full quotes from BME prisoners are presented in the appendix 6.

5.3 Prison staff perceptions of best-practice in mental health services

40% of respondents did not think that there were obvious barriers specific to working with BME prisoners. This is illustrated by the following comments:

'I have not come across any particular barriers in relation to working with BME prisoners' (respondent 10).

'I don't think that anything could be done differently, all prisoners should continue to be treated equally and with respect' (respondent 11).

'I do not think there are any barriers to working with BME prisoners, the situation is not bad and there is no 'BME problem'' (respondent 13).

Several respondents emphasised that what they thought worked well was that all prisoners get an equal service, regardless of their ethnic background.

'I think that we offer a good primary care service for all prisoners, (regardless of their background)' (respondent 12).

90% of respondents reported that in general their relationships with their colleagues, namely governors, prison officers and diversity officers with regard to BME mental health and wellbeing were good.

Prison and health-care staff interviewed seemed confident about referring prisoners with mental health conditions and appeared to be aware of the referral systems. It was suggested by one respondent that this process ensures that there is generally a good relationship between staff and an emphasis upon joined up working.

Staff briefing meetings were also viewed by one respondent as an area of best practice to ensure clear communication between health-care staff at HMP Exeter.

All respondents involved directly with the provision of health-care for prisoners affirmed that in practice mental health is looked at holistically. A correlation was made by several respondents between mental and physical health, but this was mainly articulated within the context of the physical side effects of medication. Health of the Nation Outcome Scales (HONOS) is used by In-reach as a tool to assess holistically people's wellbeing; this involves looking at physical, psychological and social influences, and coping strategies, which may involve support networks, religion or spiritual beliefs.

Events such as the cultural event at HMP Exeter, where health-care provided information about mental health and wellbeing and the Diversity Day at HMP Channings Wood should be viewed as a positive step to raise cultural awareness and awareness about mental health.

5.4 Prison staff perceptions of where the gaps in mental health services exist

Despite respondents highlighting generally good relationships between staff, one respondent highlighted the need for improved communication between diversity staff and primary care. One respondent was concerned he/she had little knowledge of the mental health needs of BME prisoners. One possible explanation for this was the issue of medical confidentiality, about which it was felt that more clarity was needed.

The issue of hierarchy within HMP Exeter Health-care and a lack of systems in place at HMP Exeter and HMP Channings Wood were also identified as barriers to effective working practices by one respondent.

There were no direct concerns from health providers about accessing interpreting and translation services but respondents' views with regard to meeting the linguistic needs of BME prisoners varied considerably. One respondent thought that the service was doing 'very well' in this area having access to both Language Line and a list of approved interpreters, as well as a list of staff who have been identified as available to use as an immediate resource. A second respondent on the other hand referred to translation issues as being 'very very difficult' and referred to the main option 'Language Line' as 'inappropriate' when trying to discuss sensitive issues such as someone's mental health, *'it is certainly a lot more difficult if you are talking with language barriers, that is the biggest stumbling block'* (respondent 14). One respondent also mentioned that it would be useful to have repeat medication slips available in a variety of languages.

30% of respondents mentioned that there were issues with staff being 'culturally unaware'. One respondent highlighted examples whereby they had learnt about other cultures through dialogue with service-users *'being able to understand the culture you can form a better relationship with them'* despite not having received any formal education or tuition around religious and cultural issues. Respondent 14 and 15 also acknowledged the danger of misdiagnosis through cultural misunderstanding but this was raised as a concern and an area for staff to be aware of in the future.

'Obviously we have had Diversity training but that's really more about tolerance of differences I guess as opposed to understanding the different cultures' (respondent 14).

Training for all prison staff on mental health was also highlighted as an area of need. It should be acknowledged that some training has already taken place, with In-reach and primary mental health teams providing some training to prison officers, but one respondent added that this was hindered by staff shortages and limited resources and staff uptake, which prevented it from being rolled out fully. One respondent alluded to occasions when a lack of understanding about mental health had proved detrimental to a prisoner's health.

'A prisoner was experiencing delusions and the officer responsible was not trained in mental health awareness, he/she aggravated the prisoner further by challenging him on the delusions that he was experiencing. This led to a violent reaction from the prisoner'

which resulted in him being punished, despite the fact that his actions were probably a result of his mental health problems' (respondent 10).

A lack of time with clients, facilities and resources and a lack of space for group work were highlighted as barriers to the provision of appropriate treatment.

Disparity in treatment options available across the prisons was raised although this issue was contested by one respondent who believed that HMP Channings Wood and HMP Dartmoor have equal access to resources. Treatments available across the three prisons varied: education and art therapies were only available in HMP Exeter and Eye Movement Desensitisation Reprocessing (EMPR), a treatment for Post Traumatic Stress Disorder (PTSD) was only available in HMP Channings Wood. Counselling was available to some prisoners in HMP Exeter and HMP Channings Wood, but access was limited. Overall concerns over limited access to 'talking therapies' were stressed by 30% of respondents as an area for improvement. Increased access to counselling services and Cognitive Behaviour Therapy (CBT) were mentioned specifically and several respondents highlighted that limited access to such therapies has resulted in a reliance upon pharmaceutical interventions.

One respondent wished to expand services to more prisoners and to be able to offer treatment and support for common mental illnesses such as phobias and Obsessive Compulsive Disorder (OCD) *'It would be good to offer a bigger more comprehensive service to more clients'* (respondent 14). Another respondent wanted to be able to provide more behavioural focused treatment and day care services.

It was also highlighted that prison officers' concerns about prisoners' diagnoses should be taken into account and second opinions should be provided in cases where officers believe there have been instances of misdiagnosis, as illustrated below:

'Once a doctor or a nurse says that a prisoner does not have a mental health issue we have no recourse to go anywhere else and say, 'actually I think you need to re-look at it'. We are made to treat a prisoner who may be ill with physical force, restraining and putting people in a box they should not be in. This causes stress for prisoners and staff. Even prisoners on the landing will come to us and say 'look gov', he ain't right' and we haven't got any choice because the doctor has said that it is a behavioural issue. Forced handling with aggression is used rather than sympathy and time. If we don't have the time and manpower it is very difficult' (respondent 18).

One respondent required more information about what specialist support services are available to support BME prisoners in the region.

20% of respondents highlighted that HMP Dartmoor deals effectively with prisoners with obvious mental health difficulties (i.e. prisoners self-harming), and with prisoners who have been transferred with a previous record of mental health problems (although interviews with prisoners did not support this), but that prisoners with less apparent mental health problems may go under the radar, and therefore often do not access services.

Limited team capacity at HMP Dartmoor was cited as a reason by one respondent as to why mental health services appeared to be less accessible there. Similar views about difficulties in accessing services at HMP Dartmoor were also echoed through interviews with BME prisoners. HMP Channings Wood on the other hand was referred to as 'more

pro-active' and health-care facilities at HMP Exeter and HMP Channings Wood were considered better than at HMP Dartmoor by a number of respondents.

Given that the only in-patient facilities were in HMP Exeter one respondent regarded the transfer of patients suffering from mental health problems as problematic, *'it is further detrimental to the health of prisoners to have to constantly move prisons'* (respondent 12).

One respondent also suggested that there needs to be more BME service user involvement to drive the development of services.

5.5 Prison staff perceptions of what additional support is required to deliver race quality in prisons

In order to successfully deliver upon the first building block of DRE, 'more appropriate and responsive services, it is vital that both prison and health-care staff training needs are addressed. Such needs are a recurring theme throughout the report from both prisoner and staff perspectives and link to concerns highlighted previously with regard to staff being 'culturally unaware.'

In total 60% of respondents requested improved and more comprehensive training to improve knowledge and awareness of staff issues around culture and beliefs. Only one respondent stated that diversity training already undertaken by staff was sufficient training. Another respondent highlighted the importance of a training package which focuses upon advocating individualised care to minorities, *'rather than sticking to the processes which are often designed for the masses and the majority'* (respondent 18).

Other barriers to implementing DRE identified by respondents include a lack of resources and a lack of joint initiatives with specialist outside and voluntary sector groups.

6. Additional findings: the wider prison environment and the impact of discrimination on mental health and wellbeing.

Whilst the focus of this audit is upon mental health services, findings also provided additional information which relates to the experiences of BME prisoners and prison staff in the wider prison environment (outside of health-care). Such findings deviate slightly from the original aims of the audit but it is useful to understand the core findings of the audit within this wider context. In many cases links are made between treatment in the wider prison environment, discrimination, racism and the mental wellbeing of BME prisoners.

6.1 Prisoner Perspective: best practice in relation to BME issues in the wider prison environment.

The prisoners interviewed did not cite any examples of best practice with regard to the treatment or experiences of BME prisoners in the wider prison environment at any of the three prisons.

6.2. Prisoner Perspective: gaps in Service in relation to BME issues in the wider prison environment.

Racism

55% of respondents stated that they had experienced or witnessed racism and/or racial discrimination within the Devon Cluster Prisons and found it difficult to fit in. Examples cited included racist prison officers, inequitable treatment by prison staff, far right activity, BME needs not being met, a fear of physical racial violence and actual experiences of racial physical violence from other prisoners.

22% of respondents stated that they had not experienced racism within prison (one was referring to HMP Dartmoor, the other to HMP Channings Wood) whilst another respondent suggested that he had not experienced racism at HMP Channings Wood but that it had been a problem at HMP Dartmoor. In one respondent's view it was difficult to distinguish racism from issues relating to bullying and drugs. The latter comment tied in with that of one staff respondent who also highlighted that involvement with drug dealing can lead to the polarisation of prisoners and difficulty in distinguishing between this and racism.

All respondents had low confidence and trust in the complaints procedure for reporting racist incidents. The reasons highlighted for this included prison officers who were unwilling to help, a lack of confidence in anything happening following a complaint and fear that they would not be taken seriously, a lack of anyone independent to investigate them and fear of a complaint resulting in increased victimisation by prison staff. The majority of respondents thought that it was better to deal with issues alone; in one respondents words '*You just have to keep your head down*' (respondent 2).

33% of respondents at HMP Exeter felt confident in confiding in prison staff from different cultural backgrounds. 33% of respondents at HMP Dartmoor felt it was hard to confide in staff from different ethnic and cultural backgrounds and 22% of all respondents

interviewed said that there was no-one to confide in as they are all working for 'the system.'

78% of respondents highlighted that they felt that they were treated differently because of their ethnic background by prison staff. Examples include '*a lack of respect as an individual*' (respondent 6), '*a lack of BME prisoners working in the prison in orderly positions*' (respondent 7), and '*prison officers getting jumpy when more than three BME prisoners are in a group together*' (respondent 9). The latter example was also cited as a cause for concern by a staff member and overall was mentioned by 33% of respondents.

Victimisation emerged as a common theme, one respondent at HMP Exeter asserting that BME prisoners get asked to provide urine tests more frequently than obvious heroin addicts.

33% of prisoners drew attention to concerns around prison officers withholding important paperwork from BME prisoners or pointed to delays and poor communication on behalf of the prison officer in these matters. In one case immigration papers relating to deportation were repeatedly put under one prisoner's door in HMP Channings Wood, despite the fact that he was actually a British National, and they were therefore not relevant to him. In another case at HMP Channings Wood there had been no response to a request for an inter-prison visit a year and a half after the original request was made. 22% of prisoners pointed to the impact that this had on their mental health and wellbeing, and highlighted that such issues had been a contributing factor in experiences of stress, anxiety, depression and in one respondent's case, suicidal feelings.

'There was a delay in staff passing on an important letter about my immigration status, there was a time limited period within which I needed to respond and as a result I had less time to deal with it. I became stressed, anxious and suicidal' (respondent 1, HMP Channings Wood).

44% of respondents explained that they felt isolated. This was particularly prevalent amongst foreign nationals, one of whom was only able to speak to his family in India for 5 minutes a month due to the price of phone calls. Expensive phone calls to mobiles also limited contact with family, as did being transferred to a prison so far away from family. This limited visits and increased isolation.

One respondent in HMP Channings Wood felt isolated by the fact he was locked up for most of the day in a cell by himself. His perception was that he had been perceived as more dangerous than other prisoners who had committed similar offences due to his ethnic background, and this had led to him being secluded.

The majority of prisoners complained about prison food. 44% said that BME prisoners cultural and dietary needs were not catered for, it was mentioned that there were attempts to produce culturally appropriate food during diversity week at HMP Dartmoor but it was referred to as '*disgusting*' and '*the same every day*' by one respondent. It was suggested that the Devon Cluster Prisons offer South Asian and African-Caribbean food, as has been offered in HMP Bristol and other prisons.

22% of prisoners interviewed perceived that they were given smaller portions than white British prisoners and 33% complained about the general quality of the food.

The majority of respondents interviewed said that they did not practise a religion. Two respondents from HMP Exeter, however, referred to Prison Officers deliberately 'forgetting' to open cells and not allowing showers prior to prayers. There were also concerns about prayer hats, one respondent highlighted that, whilst initially senior officers had not allowed prisoners to wear prayer hats, when they were given authorisation they were then referred to by staff in a derogatory manner.

One respondent in HMP Dartmoor highlighted the lack of culturally appropriate literature and music available in the library. Another respondent in HMP Channings Wood had had problems accessing reading materials (newspapers etc) from his own country through the prison, but he was able to do this through the Embassy.

33% of respondents drew a clear correlation between their treatment inside in the prison and experiences of discrimination and their health needs. Examples cited include not being allowed to access gym facilities, despite having a referral for an extra session from the GP causing anger and frustration and difficulties in accessing a barber qualified to cut black hair, and a lack of understanding from staff as to why this was necessary, causing mental exhaustion.

Several prisoners also highlighted that being locked up most of the time is stressful and aggravates depression.

The majority of respondents interviewed had not had the need to access translators. The one respondent who had used translators did not identify any problems with the service. Another respondent did however affirm that language barriers do occur, particularly with foreign nationals in day to day communication with other prisoners and staff, in his view, often causing foreign national prisoners to be withdrawn.

44% of respondents highlighted a lack of cultural awareness amongst prison staff and identified the need for staff training. Areas for training include cultural awareness, mental health awareness and improved knowledge around the rights of foreign nationals. In relation to foreign nationals one respondent suggested that a single point of contact would be useful, to avoid being '*passed around from pillar to post*' (respondent 1, HMP Channings Wood). It was also recommended that specialist immigration solicitors tour prisons and give advice to prisoners on certain days.

One Foreign National at HMP Channings Wood was not aware of the Foreign National forum.

One respondent also highlighted that non visible minorities are often forgotten about:

'I am not from a visible minority group, therefore I go under the radar. I am not aware of a foreign national forum despite facing deportation. I tried to contact the Diversity Officer for support around my immigration status but did not receive any response' (respondent 2, HMP Channings Wood).

33% of respondents interviewed had been able to access appropriate education or work, including volunteer work in race relations, as a barber and one respondent had trained as a counsellor and undertaken a degree.

'I now have an insider's job, all insiders were white before' (respondent 5, HMP Exeter).

The availability of English for Speakers of Other Languages (ESOL) classes at Dartmoor was viewed as positive but more sessions were needed.

Concerns were raised by 33% of respondents about BME prisoners being able to work on the servery, as illustrated below:

'No black prisoners would ever be able to work on the servery, as staff are scared of black prisoners' (respondent 4, HMP Dartmoor).

Several respondents highlighted apprehensions and lack of support upon release as impacting upon their mental health, as illustrated below.

'I am very anxious about my future, upon release I will be instantly deported which means I will have no contact with my family who live here now. Release will be a little slice of heaven in hell.....worries about my release and my future all impact upon my anxiety and mental health' (respondent 1, HMP Channings Wood).

'I am apprehensive about being released and lack of support. I am nervous about going to the bail hostel and being surrounded by ex prisoners' (respondent 2, HMP Channings Wood).

6.3 Prison Staff Perspectives: best practice with regard to BME issues in the wider prison environment.

30% of respondents also alluded to the benefits of using a buddying up/peer support systems to overcome language barriers and isolation.

On religious and spiritual needs the general consensus was that this was taken into account through the chaplaincy.

Several respondents mentioned that dietary requirements such as Halal food were taken into account but that complaints are received from prisoners who do not believe that the food is Halal.

An incident that took place at HMP Exeter was recounted by one respondent, whereby a request was made by a Muslim prisoner who wished to wear his skull cap for normal wear rather than just during Friday prayers. This was put forward by the prisoner as a cultural issue and accepted as such by the respondent. This was then taken forward by the respondent and now the policy has been changed and it has been accepted that this practice should be allowed for all prisoners.

In respect of spiritual, cultural and religious needs, therefore, the respondent referred to HMP Exeter as *'evolving slowly through information and knowledge'* (respondent 18). It was highlighted that cultural issues were starting to be taken into account more, rather than prisoners being refused as a matter of principle rather than taking into account people's subjective needs as individuals.

In the case of HMP Channings Wood a lack of staff cultural awareness had already been identified through the HMP Inspectorate report and a Diversity Day, to raise awareness of diversity issues amongst both prisoners and staff, was organised in April 2008 as a positive step to begin to address these issues.

One respondent stated that the BME forum worked well (HMP Dartmoor), as did placing BME prisoners on the same wing so that they can provide language support to each other, for example at HMP Dartmoor to place all Vietnamese prisoners on D wing.

One respondent also identified the Foreign National Forum at HMP Channings Wood as successful; the first meeting was attended by around 20 prisoners and as an outcome the respondent has taken on board feedback about language.

The role of the Diversity Officer was cited by one respondent as an area that currently works well.

6.4 Prison Staff Perspectives: gaps in services with regard to BME issues in the wider prison environment.

Respondents did not identify a problem with overtly racist staff but ignorance and a lack of understanding were cited as problematic in delivering a culturally appropriate service. As identified by prisoners:

'Prison officers are often sceptical and anxious if there is a group of BME prisoners hanging around together. I explain that it is natural for people to spend time with people from similar backgrounds but this issue is often raised' (respondent 16, HMP Dartmoor).

When asked about barriers faced by prison and health-care staff to working successfully with BME prisoners, issues such as displaced prisoners, immigration issues around deportation were raised by one respondent. It was suggested that such issues cause huge resentment and cause huge distress but the respondent stated there were no internal resolutions, as the issues were beyond the control of the prison.

'When displaced prisoners are transferred from the South East prisons, for example from Portland to Dartmoor they are very isolated and have limited access to family visits. There is currently no process to exchange prisoners between the South West and the South East' (respondent 16, HMP Dartmoor).

It was also noted that, due to lower numbers of BME prisoners in Devon Cluster Prisons, it is harder to access resources and services which are offered in more diverse regions. For example, the South East prisons with a large number of Vietnamese prisoners are able to organise a visit from the Embassy but they will not travel down to HMP Dartmoor to see a small number of prisoners.

The fact that HMP Dartmoor often receives prisoners with challenging behaviour was also cited as barrier. As a result, staff challenge behaviour more than at some other prisons and prisoners resent being challenged, which can lead to animosity between staff and prisoners.

'Dartmoor has a habit of saying 'no' to requests from prisoners, other prisons are often more lenient, this can lead to accusations of racism at times' (respondent 16, HMP Dartmoor).

Two respondents highlighted the issues of prayer hats. In HMP Dartmoor this was raised as a concern, as this policy remains at the discretion of the Governor which can lead to inconsistency.

Similarly one respondent raised the fact that library books in foreign languages have to be sourced from the USA and as the BME population is transient and irregular it is difficult to ensure that there are always culturally and linguistically appropriate books available to all BME prisoners.

A lack of BME staff working at the three prisons was viewed by several respondents as an area for improvement. At HMP Exeter one respondent was aware of approximately only 3-4 BME staff out of around 300; this was reiterated by BME prisoners who highlighted a sense of culture shock coming from prisons in the South-East with a more diverse staff intake.

The issue of suitable housing upon release was highlighted as problematic by 30% of respondents. For health-care it could be difficult to make referrals to GP's if the prisoner had no fixed address upon release. One respondent also referred to hostels where there were high numbers of drug and alcohol users made it unsuitable. This was considered partly responsible for causing relapses which are detrimental to the mental health of ex-offenders.

In particular reference to issues faced by BME prisoners upon release one respondent drew attention to a case in which one prisoner was only offered housing in '*a right wing fascist area of Plymouth*' (respondent 18). The prisoner was concerned about the reception that he would get from other ex offenders and people in the area, felt that he would not be welcome, and elected to become homeless rather than take the accommodation where he felt that he would be at risk.

'It would have been nice to have access to a housing officer who understood individuals needs rather than thinking that this is the hostel we use for everybody, he either goes there or no-where, I mean very clearly he had to chose to go no-where and that was a clear example of a lack of resources, knowledge and thought' (respondent 18).

7. DISCUSSION

7.1 Summary of key findings of the research

Best Practice within health-care: prisoner perspective

Prisoners at HMP Channings Wood related positive experiences with primary mental health, robust referral systems and described a pro-active attitude with regard to identifying prisoners experiencing mental distress.

Gaps in Services within health-care: prisoner perspective

One respondent described negative experiences of initial contact with GP's. Difficulties at HMP Dartmoor in accessing mental health services at HMP Dartmoor were also described as areas of gaps in current services.

Best Practice within healthcare: prison and health-care staff perspective

40% of all respondents believed that BME prisoners are treated equally and did not cite any specific barriers with regard to working with BME prisoners.

Prison and health-care staff seemed confident about referring prisoners with mental health conditions and were aware of the referral systems. Morning meetings were cited by one respondent at HMP Exeter as an example of best practice. All health-care providers interviewed stated that they try to apply a holistic model of mental health. A cultural event held at HMP Exeter to raise awareness of diversity and mental health was also viewed as best practice by one respondent.

Gaps in services within health-care: Prison and health-care staff perspective

The need for increased communication around the mental health of prisoners between health-care staff and diversity staff was highlighted as a gap in services. Hierarchy within HMP Exeter, the provision of inappropriate interpreting and translation services such as 'language line', a lack of time, resources, limited access to 'talking therapies' and disparity in the types of treatment available across the three prisons and a lack of treatment options for common mental illnesses were all cited as barriers to working effectively with BME prisoners.

Further issues raised include one prison officer's concerns over the mis-diagnosis of mental health conditions, and the need for prison officers' concerns over such issues to be taken seriously by health-care, a lack of knowledge about specialist BME services available, limited team capacity at HMP Dartmoor, limited inpatient facilities and the need for more service user involvement.

Additional findings: prisoner perspective of best practice in the wider prison environment

No best practice in relation to the wider prison environment was identified by prisoners.

Additional findings: prisoner perspective of gaps in services in the wider prison environment

Interviews with BME prisoners highlighted that racism both in the community and within the prison were prevalent; over half of the prisoners interviewed had experienced racism within the prison environment but had low levels of trust in the reporting systems. The overwhelming majority felt that they had been treated differently due to their ethnic background.

Victimisation and isolation both emerged as a common theme through this audit: prisoners cited many examples whereby they felt that important paperwork had been withheld from them, contributing to their mental distress.

Food is not viewed as culturally appropriate by BME prisoners and there were concerns raised about prison officers at HMP Exeter not unlocking Muslim prisoners at prayer time and a lack of consistency relating to policies around prisoners wearing prayer caps across the three prisons. A lack of culturally appropriate literature and music were also raised.

A lack of staff awareness around mental health and cultural awareness also emerged as key reoccurring concerns, indicating clear staff training needs.

Staff knowledge and available advice for prisoners around foreign national issues was viewed as an area of concern. Several prisoners were concerned about a lack of support upon their release.

ESOL classes were viewed as positive but more were required by foreign national prisoners. Difficulties in BME prisoners accessing work on the servery were also raised by over a third of respondents.

Overall a clear link was made by prisoners between their treatment in the wider prison environment and the development of mental distress.

Additional findings: prison and health-care staff perspective of best practice in the wider prison environment

Buddying up systems were viewed as a good way to reduce isolation and overcome barriers in relation to foreign nationals. The chaplaincy providing a range of services to meet the religious needs of prisoners was cited as best practice, as was the adoption of a new policy with regard to prayer hats at HMP Exeter, as advocated by a member of staff.

The Diversity Day held at HMP Channings Wood, BME forums, Foreign National Forums and the role of the Diversity Officer were all viewed as best practice.

Additional findings: prison and health-care staff perspective of gaps in services in the wider prison environment

Gaps in services discussed by staff include staff ignorance and a lack of understanding around cultural issues, the lack of internal resolution with regard to displaced prisoners, difficulties in accessing resources, for example visits from the embassies, due to the lower numbers of BME prisoners in the Devon Cluster Prisons than in areas like the South East and inconsistent policies in HMP Dartmoor with regard to prayer hats.

As cited by prisoners, the lack of culturally appropriate literature and BME staff, were also raised as gaps in current services, as was the issue of the lack of suitable housing for BME prisoners upon release.

7.2 Findings in relation to previous findings from other studies

Many parallels can be drawn between findings in this audit and findings in other reports and studies.

The need for stronger communication between health-care staff and prison officers in relation to mental health identified in this audit, for example, was also identified as an area for improvement within the HMP Dartmoor Inspectorate report, undertaken in February 2008.

In the latter report it was suggested that mental health nurses should annotate the prisoner's wing history sheets to provide staff with guidance for their future management. This links with findings in this audit which highlight the need for prison staff to have more information and guidance from mental health services about the needs of prisoners.

The need for counselling and increased access to 'talking therapies', a key finding of this audit, has also been raised previously within the HMP Dartmoor Inspectorate report and by Brown and Stone in 'A Mental Health Needs Review of Devon Cluster Prisons' (2007).

The need for Mental Health awareness training for staff was raised in both the HMP Dartmoor Inspectorate Report (February 2008) and the HMP Channings Wood Inspectorate Report (July 2008.)

The above reports also make reference to the mental health referral systems in operation in HMP Dartmoor and HMP Channings Wood. The report states that HMP Dartmoor operates a 'closed referral system' to secondary mental health services, which can only be accessed through referral from the GP, whilst HMP Channings Wood operates an 'open referral system', which accepts self referrals. It is possible that this could explain the differences in experiences of BME prisoners accessing mental health services in the two prisons.

Both the HMP Dartmoor and HMP Channings Wood Inspectorate reports also mirror the experiences of BME prisoners outside of health-care described in this audit. Crossovers in issues identified between the reports include prisoners feeling that they are treated less equally than white British prisoners and low levels of confidence in the racist incident reporting systems.

The HMP Dartmoor Inspectorate Report also reflects similar findings to this audit with regard to the lack of cultural awareness of prison staff and subsequent identification of staff training needs in this area. Issues of isolation and victimisation were also raised in the HMP Dartmoor Inspectorate Report and in the HMP Channings Wood Inspectorate Report it is cited that BME prisoners described that they felt unsafe. Similar issues and concerns are reflected throughout this audit from a BME prisoner perspective.

Further issues raised in both this audit and the HMP Inspectorate Reports include the need for regular events to promote racial, ethnic and cultural diversity and for BME consultation.

The HMP Dartmoor Inspectorate report also echoed this audit in making references to the need for: literature in a range of languages, developing links with external BME community

groups, increasing the provision of ESOL classes, providing more staff training around diversity issues and meeting the needs of Foreign Nationals prisoners more effectively.

This report has also highlighted that it is difficult to look at either mental health services, or BME issues in complete isolation. In looking at mental health needs of BME prisoners it has become apparent that issues in the wider prison environment (and wider community) impact greatly upon prisoner mental health. It seems that it is important therefore to look at mental health holistically, an approach advocated by Peter Ferns (*Race Equality and Cultural Capability training for BME mental health in prisons*), who recommends a 'whole-systems' strategy to address these issues. Such an approach will be reflected in the fact that recommendations in this audit are made in relation to the wider prison environment, as well as in relation to health-care.

Overall due to the overlaps in findings between studies and reports there will also be parallels in terms of the recommendations made to rectify gaps in service provision in this report and Brown and Stone and the HMP Inspectorate Reports.

7.3 Strengths of the study design

The strengths of this audit are that it reflects the real experiences and issues of staff on the ground. It also provides valuable insight into the opinions and experiences of BME prisoners, an often marginalised and seldom heard group.

7.4 Weakness of study design

Findings are based upon a relatively small sample of interviews, therefore responses can only be seen as representative of the views of a small number of prison staff and BME prisoners. Due to time and capacity limits we were not able to reach saturation point with the data collected.

The findings in relation to the prison perspectives of mental health services were particularly limited due to difficulties in accessing BME prisoners who were using the mental health system. In part this was due to the fact that no BME prisoners were accessing mental health services at HMP Dartmoor and the fact that we only had contact with one prisoner at HMP Exeter who had used mental health services. It was not possible therefore to identify best practice and gaps in mental health services from a BME prisoner perspective across all three prisons and the data collected refers in main to HMP Channings Wood.

As a result interviews with the prisoners without experience of mental health services were undertaken. This was very useful in that information in relation to difficulties accessing services was uncovered, an issue which is unlikely to have arisen had we focused upon BME prisoners already within the system.

A further implication of interviewing BME prisoners who were not accessing mental health services was that the focus moved from health-services to their experiences in the wider prison environment and the link between their experiences of discrimination within the prison and the development of mental distress. Such outcomes of the study deviate from the study's original aims but were included in the audit in order to show the findings within a wider context.

7.5 Ideas for future research

Given that there appeared to be disparity in terms of ease of access to mental health services across the three prisons, it may be interesting to concentrate upon this in future research. Alternatively, a study which focuses more comprehensively upon the link between treatment in the wider prison environment and the development of mental distress may be an interesting area of focus.

8. Recommendations

Recommendations: health-care

1. Resources and training should be provided to ensure that HMP Dartmoor has the capacity to improve referral systems and communication to ensure that the prison is proactive about identifying BME prisoners with mental health problems. Access to the service should be improved. A self referral system should be considered if this has not already been implemented.
2. There should be increased information sharing between health-care, diversity staff and prison officers around the mental health of prisoners to enable prison officers to better support BME prisoners experiencing mental distress.
3. HMP Prison Service should consider using 'Multi-lingua', Community Interpreting Service (see appendix 7 for further details), in instances where Language Line is not appropriate, for example when discussing mental health with BME prisoners.
4. More resources should be provided to facilitate the provision of 'talking therapies' across all three prisons.
5. CDW's should distribute BME Community Directories with lists of support services available to BME prisoners in Devon.
6. Health-care professionals should undergo race equality training such as the RECC training package which could be provided by the CDW's.

Additional recommendations: the wider prison environment

7. Staff should ensure that complaints of racist incidents are investigated thoroughly and fairly and all attempts should be made to encourage prisoners to report incidents in line with existing policies and procedures.
8. Links with external BME voluntary sector organisations should be developed in order to reduce cultural isolation of BME prisoners. Since undertaking the audit it should be noted that Fata He BME Development Organisation are currently funded to work within the three Devon Cluster Prison's supporting BME prisoners.
9. All prison staff should undergo a comprehensive racial equality and cultural awareness training package Training should not be a 'tick boxing' general diversity training but should increase the cultural capability of staff. It should be noted that, since this audit was undertaken, Fata He BME Development Organisation have been delivering the HMP Community Engagement Programme since June 2008 which is a step towards addressing staff training needs. The training sessions are unfortunately limited to 2 hour slots.
10. Culturally appropriate food should be available to all prisoners.
11. Staff should be fully trained and respectful with regard to religious issues, such as the release of prisoners at prayer time. This should be monitored by managers. Requests by prisoners to wear prayer caps at all times should be authorised in all three prisons.

12. Literature should be available in a variety of languages and culturally appropriate music should be made available in the library.
13. Staff should be trained around foreign national issues. BME and Foreign National forums to be developed, supported and resourced in all three prisons.
14. ESOL provision should be increased.
15. Practices for employing BME prisoners within the prison should be carefully monitored to ensure that BME prisoners are fairly represented in all areas of work, including the servery.
16. The buddying up system should be offered to prisoners (where appropriate) on the wings to reduce cultural and linguistic isolation.
17. Individual needs and safety should be taken into consideration when allocating housing upon release.
18. Community Development Workers to work in collaboration with Probation and other services to support the integration into the community upon release.

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10. Appendices

Appendix 1: Ethnic Breakdown of prisoners across Devon Cluster Prisons

HMP Channings Wood July 2008	Figures July 2008	% July
Asian Indian - A:1	7	0.98
Asian Pakistani - A:2	2	0.28
Asian Bangladeshi - A:3	3	0.41
Any Other Asian Background - A:9	12	1.68
Black or Black British Caribbean - B:1	40	5.59
Black or Black British African - B:2	7	0.98
Black or Black British Other Background - B:9	21	2.93
Mixed White and Black Caribbean - M:1	6	0.84
Mixed White and Black African - M:2	2	0.28
Mixed White and Asian - M:3	3	0.41
Mixed Any Other Mixed Background - M:9	6	0.84
Other Chinese - O:1	2	0.28
Other Any Other - O:9	6	0.84
White British - W:1	574	80.17
White Irish - W:2	0	0
White Any Other White Background - W:9	23	3.21
Not Stated - NS	2	0.28
TOTAL	716	100

HMP Dartmoor Ethnicity Breakdown 2008	Figures May	% May
Asian Indian - A:1	3	0.48
Asian Pakistani - A:2	0	0
Asian Bangladeshi - A:3	1	0.161
Any Other Asian Background - A:9	10	1.61
Black or Black British Caribbean - B:1	36	5.8
Black or Black British African - B:2	9	1.45
Black or Black British Other Background - B:9	9	1.45
Mixed White and Black Caribbean - M:1	2	0.32
Mixed White and Black African - M:2	0	0
Mixed White and Asian - M:3	4	0.645
Mixed Any Other Mixed Background - M:9	4	0.645
Other Chinese - O:1	3	0.48
Other Any Other - O:9	2	0.32
White British - W:1	517	83.38
White Irish - W:2	4	0.645
White Any Other White Background - W:9	14	2.258
Not Stated - NS	2	0.32
TOTAL	620	100

HMP Exeter Ethnicity Breakdown May 2008	Figures May	% May
Asian Indian - A:1	1	0.21
Asian Pakistani - A:2	0	0
Asian Bangladeshi - A:3	1	0.21
Any Other Asian Background - A:9	3	0.65

Black or Black British Caribbean - B:1	10	2.17
Black or Black British African - B:2	6	1.3
Black or Black British Other Background - B:9	4	0.87
Mixed White and Black Caribbean - M:1	1	0.21
Mixed White and Black African - M:2	1	0.21
Mixed White and Asian - M:3	1	0.21
Mixed Any Other Mixed Background - M:9	3	0.65
Other Chinese - O:1	0	0
Other Any Other - O:9	1	0.21
White British - W:1	421	91.52
White Irish - W:2	1	0.21
White Any Other White Background - W:9	8	1.73
Not Stated - NS	0	0
TOTAL	462	100

Appendix 2: Pre-pilot Prison Count Me in Census (Devon Cluster Prisons)

1a. Breakdown of mental health conditions experienced by prisoners (of all ethnic backgrounds) accessing in-reach in May 2008:

Mental Health Condition	Percentage of prisoners experiencing condition
Schizophrenia, Schizotypal and Delusional Disorders.	57.1%
Mood (affective) Disorders	23.8%
Neurotic, Stress-related and Somatoform Disorders	19.1%
Disorders of Adult Personality and Behaviour	38.1%
Other	9.5%

N.B. Some prisoners were suffering from more than one disorder and this is reflected in the above figures.

1b. Breakdown of mental health conditions experienced by BME prisoners accessing in-reach in May 2008:

Mental Health Condition	Percentage of BME prisoners experiencing condition
Schizophrenia, Schizotypal and Delusional Disorders.	100%
Mood (affective) Disorders	25%
Neurotic, Stress-related and Somatoform Disorders	0%
Disorders of Adult Personality and Behaviour	25%
Other	0%

N.B. Some prisoners were suffering from more than one disorder and this is reflected in the above figures.

Current treatment and Interventions

2a. Breakdown of treatments being prescribed to prisoners of all ethnic backgrounds accessing in-reach on May 2008:

Treatment	Percentage of prisoners receiving treatment
Medication only	47.6%
Talking therapies only	14.3%
Medication and talking therapies	33.3%
Other	4.8%

2b. Breakdown of treatments being prescribed to BME prisoners accessing in-reach on May 2008:

Treatment	Percentage of BME prisoners receiving treatment
Medication only	25%
Talking therapies only	0%
Medication and talking therapies	75%
Other	0%

Incident Interventions

3a. Breakdown of recorded incidents over the last 3 months for all prisoners accessing in-reach on May 2008

Recorded Incidents	Percentage of prisoners having experienced recorded incidents.
Self-harm	19.1%
Accident	0%
Physical Assault on Patient	0%
Hands on Restraint	0%
Seclusion	0%
Drugs	0%
Tranquilizing	4.8%
Transfer to hospital	4.8%

N.B. Some prisoners experienced more than one recorded incident and this is reflected in the above figures.

3b. Breakdown of recorded incidents over the last 3 months for BME prisoners accessing in-reach on May 2008

Recorded Incidents	Percentage of BME prisoners
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	having experienced recorded incidents.
Self-harm	25%
Accident	0%
Physical Assault on Patient	0%
Hands on Restraint	0%
Seclusion	0%
Drugs	0%
Tranquilizing	25%
Other (transfer to hospital)	25%

N.B. Some prisoners experienced more than one recorded incident and this is reflected in the above figures.

Appendix 3: Details about the Devon Cluster Prisons

HMP Channings Wood

HMP Channings Wood is a category C training prison; it receives prisoners once they have been sentenced and categorised by the prison service. Usually a prisoner has more than 3 months left to serve prior to allocation to a training prison. Channings Wood is a closed prison and it does not take young offenders.

Channings Wood has a new 64 bed unit opened in 2007 housing Specialist Therapeutic Community (TC) which tackles drug misuse issues. 2 of the residential living blocks make up the VPU which specialises in delivering the sex offender treatment programme (SOTP). The prison also delivers Cognitive Self Change Programme (CSCP) and Enhanced Thinking Skills (ETS).

Category: C

Status: Sentenced

Sex of Prisoners: Male

Operational Capacity: 731 (as of April 2008)

Type of health care services: Outpatient

BME population (May 2008): 16.1%

(July 2008): 19.5%

HMP Dartmoor is a category C training prison; it receives prisoners once they have been sentenced and categorised by the prison service. Usually a prisoner has more than 3 months left to serve prior to allocation to a training prison. Dartmoor is a closed prison and it does not take young offenders.

Category: C

Status: Sentenced

Sex of Prisoners: Male

Operational Capacity: 646 (as of December 2007)

Type of health care services: Type 3: Outpatient.

BME population (May 2008): 16.6%

HMP Exeter

HMP Exeter is the local remand prison; it serves as the first reception point for those remanded by Devon, Cornwall and Somerset Courts. It is a Category B and has a secure perimeter and high staffing levels. It also houses short term convicted prisoners, long term prisoners and young offenders, although there is no separate provision for young offenders. The Prison also has a 21 bedded 24 hour health care unit.

Category: B

Status: Remand, short sentences and YOI.

Sex of Prisoners: Male

Operational Capacity: 533

Type of health care services: Type 3 In-patient.

BME population (May 2008): 10%

Appendix 4: Semi- structured interview questions.

- 1) What is your relationship like with the Governor and prison officers, especially diversity officers, in regard to BME prisoners and their mental health?
- 2) What is your relationship like with primary care, doctors, Health staff etc.
- 3) Do you assess mental health issues in the way it is defined by the western medical model?
- 4) Can you explain the process of assessing prisoners with mental health issues, especially BME prisoners?
- 5) Are prisoners' linguistic spiritual/religious and cultural needs taken into account?
- 6) What sorts of treatment do you offer?
- 7) What sort of treatment would you not like to offer?
- 8) Is there any treatment that you would like to offer?
- 9) In regard to BME prisoners, what works well/ what does not work well? Are there any barriers? What suggestions do you have to help the situation?
- 10) What support do you think you need for assessing, treating and supporting BME and foreign national prisoners?
- 11) What influence, if any, do you have in helping integrate BME prisoners back into their community and support their treatment if needed.
- 12) What support do you think you need, if any, with the Delivering Race Equality in Mental Health, especially in regard to BME prisoners?
- 13) What are your thoughts on training? Do you offer any Mental Health training, if so, to whom?

14) Do you think you could benefit from any Racial Equality or Cultural Capability Training?

15) Any further comments?

Appendix 5: Prisoner interview topics.

- Atmosphere in prisons
- Treatment
- Fitting in
- Meals
- Faith needs
- Health needs
- Spiritual and faith needs
- Literary needs
- Linguistic needs
- Cultural needs
- Racism
- Support available
- Work/education within the prison.

Appendix 6: Full prisoner quotes from interviews.

'There are racist screws'

'Being in a minority is magnified'

'Black people don't get anything in prison'.

'This is a national front prison', I am always misunderstood'.

'I have to make a huge fuss to get the things that I need'.

'I fear being beaten up as all other black guys have had a beating for being black.'

(HMP Exeter)

'I had my jaw broken in Dartmoor Prison, minorities get picked on. I fought back to protect myself and my enhance was taken off of me. You have to fight back, it may be that no-one comes to help you, you have to fight back or you might be killed. The police were involved I didn't want to press charges but the other guy did, in the end they were dropped. I was encouraged to press charges but it was too dangerous. I would be in the same prison as him and it would only make things worse. The showers are the most terrifying place for me.'

(HMP Channing's Wood)

'Racism is not a big problem at Channing's Wood. In Dartmoor Prison Officers were more racist. I had no idea there was even a Diversity Officer there.'

Prisoner comments on their perceptions of their treatment within prison

'Black people in prison get a lack of respect as individuals'

' There is a lack of black prisoners in orderly positions',

'Prison officers getting jumpy when more than three BME prisoners are in a group together'.

'Prisoners get asked to provide urine tests more frequently than obvious heroin addicts'

(HMP Exeter).

'I am now moving onto a Category D prison. My paperwork arrived to advise me of this decision but it was withheld from me until I asked for it several times.'

(HMP Dartmoor)

'Foreign Nationals have lots of restrictions, we are not entitled to early release and we cannot have home visits. Most Prison Officers are confused about the rights of Foreign Nationals and do not understand the impact that the fear of deportation has on prisoners. There was a delay in staff passing on an important letter about my immigration status, there was a time limited period within which I needed to respond and as a result I had less time to deal with it. I became stressed, anxious and suicidal.'

(HMP Channing's Wood)

'I kept having forms put under my door about deportation despite the fact that I have a British passport and they are not relevant to me. Dartmoor had already told me that my immigration status was fine but there doesn't seem to be any communication between the prisons. This made me angry and depressed. '

(HMP Channing's Wood)

'My girlfriend is in another prison and I have been trying to arrange an inter-prison visit. I applied for this a year and a half ago and I have still not heard anything back.'

(HMP Channing's Wood)

'I get letters on a Sunday, a day or so later than everyone else (no-one else gets letters on a Sunday'

(HMP Exeter).

Prisoners' perceptions of Isolation

'I have not had any visits from family since I have been in Dartmoor as it is so far away.'
'I have been put into a cell by myself and I am perceived as dangerous. I did commit a violent offence but there are a lot of other prisoners who have committed similar or worse offences and are able to share cells. No-one has explained why.'

(HMP Channing's Wood).

Prisoners' perceptions of meals

'The food that is offered is not Halal but I have to eat what is given, I also get given smaller portion sizes than the majority.'

(HMP Exeter)

'I have seen (new) black prisoners getting less milk all the time'

(HMP Exeter)

'BME food is not catered for. During Diversity Week there was an attempt to produce culturally appropriate food but it was disgusting and the same every day. In HMP Bristol they offered South Asian and Afro-Caribbean food which was a lot more appropriate, this should be offered in other prisons'

(HMP Dartmoor)

'The food is bland and inedible and not culturally appropriate, I have to buy a tin of tuna each day instead of eating the food that is served.'

(HMP Dartmoor)

'The food is awful. When I first got here I didn't eat for weeks as you hear stories about the prisoners urinating in it. We didn't have any clean water for 2 days, it was coming out brown so I just didn't drink any.'

(HMP Channing's Wood)

Prisoners' perception of faith needs

'Screws deliberately 'forget' to open cells for prayers and showers before prayers'.

'Initially senior officers refused to allow us to wear prayer hats and when we were given permission they called them some derogatory name.'

Prisoners' descriptions of Health Needs

'I was getting stressed out at Dartmoor so I arranged with the doctor to have an extra gym session to relieve the pressure, the gym screw said no feel like being worn down, thinking too much about this treatment gets me very upset and angry.'

(HMP Exeter)

'I had problems getting a barber, I had to have a meeting with the governor to discuss why a white barber may not be qualified to cut black hair, this is mentally exhausting.'

(HMP Exeter)

'Being locked up all of the time is stressful and doesn't help with my depression.'

(HMP Channing's Wood).

'My only experiences with health-care in regard to physical care have been okay.'

(HMP Dartmoor)

'I have a good relationship with the nurses, I see them a lot because I am diabetic.'

(HMP Channing's Wood)

'I have not had a good experience of primary care. There is a limit to how many specialists you can go to. I have a problem with swollen glands and I have been told that it is not killing me, therefore I can wait until I get out. Physical health impacts on mental health. Once I was taken to Derriford Hospital and there was not enough communication between the hospital and the prison and I was just given the same tests that I had already had, not treatment'

(HMP Channing's Wood)

Prisoners' perception of health-care

'When I came into the prison system I was an addict and I was only seen by health-care as an 'addict', my mental health needs were not picked up. I detoxed in Exeter and self referred to my GP in Channing's Wood. My initial contact with the GP was not positive. I felt as if he was not willing to listen and didn't have time for me. I was referred to in-reach though.'

'Channing's Wood are good at following people up in health-care. I was referred through IAG.'

(HMP Channing's Wood)

'In Dartmoor I didn't access services, I didn't know how.'

(HMP Channing's Wood).

'I was previously diagnosed with psychotic behaviour in other prisons and before arriving at Dartmoor I was having regular contact with a psychiatrist. When I arrived at Dartmoor I mentioned this to a member of staff in health care who said they would arrange for in-reach to contact me. This was never followed up so I did not access services.'

(HMP Dartmoor)

'My experience with the in-reach nurse has been very positive. My nurse also acts as my counsellor, I feel that I can confide in her, trust her and she provides me with a mother figure. She has worked to prepare me for deportation. When I had a break down she was on the wing with me by 9 in the morning.'

(HMP Channing's Wood)

'There is a good mental health team, I self referred for depression and I meet regularly with my mental health nurse which I find useful.'

(HMP Channing's Wood)

'I see a psychiatrist and I can talk to nurses. Health-care is better at Channing's Wood than Exeter and Dartmoor.'

(HMP Channing's Wood)

Prisoner perspectives of cultural sensitivity and information for foreign nationals

'Foreign nationals get passed around from pillar to post.'

(HMP Channing's Wood)

'I am not from a visible minority group, therefore I go under the radar. I am not aware of a foreign national forum despite facing deportation. I tried to contact the Diversity Officer for support around my immigration status but did not receive any response.'

(HMP Channing's Wood).

Prisoner perspectives of complaints of racial discrimination

'The landing officer is always white so I don't trust him'

(HMP Exeter)

'There is no point in complaining, it is best to just keep yourself to yourself and get on with it alone.'

(HMP Channing's Wood).

'It is best to keep your head down.'

(HMP Dartmoor)

Prisoner perspectives of work and education

'I volunteer as a race relations person and barber.'

(HMP Exeter)

'I now have an insider's job, all insiders were white before.'

(HMP Exeter)

'I have used prison as an opportunity to get an education and train as a counsellor'

(HMP Dartmoor).

'No black prisoners would ever be able to work on the servery, as staff are scared of black prisoners.'

(HMP Dartmoor)

Release

'I am very anxious about my future, upon release I will be instantly deported which means I will have no contact with my family who live here now. Release will be a little slice of heaven in hell. Fear and lack of support upon release often results in re-offending . You become institutionalised and for some people they don't want to leave prison as it is so unknown outside. Worries about my release and my future all impact upon my anxiety and mental health.'

(HMP Channing's Wood)

'I am apprehensive about being released and lack of support. I am nervous about going to the bail hostel and being surrounded by ex prisoners.'

(HMP Channing's Wood).

Appendix 7: Information about Multi-lingua

Multi-lingua are a Community Interpreting Service based in Devon. The service offers a professional and impartial service, providing linguistically accurate interpreting. Multi-lingua's interpreters are local people with local knowledge of Exeter and Devon and have experience of working with organizations such as:

- Devon & Cornwall Constabulary
- Devon Social Services
- NHS/GPs
- Solicitors
- Courts
- Devon County and Exeter City Councils
- Devon Racial Equality Council
- Education Authorities

For more information visit <http://multilingua.webs.com/>

11. Glossary of terms

BME- Black Minority Ethnic
CDW- Community Development Worker
CBT- Cognitive Behaviour Therapy
Count Me in Census- National census of inpatients in Mental Health and Learning Disability Services
CSIP- Care Services Improvement Partnership
CSCP- Cognitive Self Change Programme
CRE- Commission for Racial Equality
Devon Cluster Prisons- HMP Exeter, HMP Dartmoor and HMP Channings Wood.
DOH- Department of Health
DRE- Delivering Race Equality
EMPR- Eye Movement Desensitisation and Reprocessing
ESOL- English for Speakers of Other Languages
GP- General Practitioner
HMPS- Her Majesties Prisons Service
HMIP- Her Majesties Inspectorate of Prisons
HoNOS- Health of the Nation Outcome Scales
IAG- Information, Advice and Guidance
In-reach- Secondary mental health service providers within prisons.
MHAC- Mental Health Act Commission
Multi-lingua- Devon based community interpreting service
NIMHE- National Institute of Mental Health in England.
OCD- Obsessive Compulsive Disorder
PCT- Primary Care Trust
PTSD- Post Traumatic Stress Disorder
RECC- Race Equality and Cultural Capability
SOTP- Sex Offender Treatment Programme
TC- Therapeutic Community
VPU- Vulnerable Prisoner Unit
YOI- Youth Offending Institute