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Information needs of women in prison with mental health issues

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Nacro is the leading charity in England and Wales dedicated to making society safer by reducing offending. Our practical services give offenders and those at risk of offending the skills, support and motivation they need to change their lives for the better. We combine services with campaigning: lobbying for better ways to reduce offending, while demonstrating how this can be done in practice.

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Introduction

Nacro was asked by Mind to carry out a short investigation with women prisoners to find out what information could usefully be provided for women in prison with mental health issues. This report details the findings from our investigation, together with some suggestions for Mind on producing information for this group of prisoners. We felt it was also important for this report to convey a sense of what help is currently available, and what life is like for women in prison as the environment in which they live can have a huge impact on their mental health and well-being.

In our experience, the mental health needs of women in prison are very complex: they are often linked with histories of abuse, manifest themselves in high levels of drug misuse, and are compounded by the effects of imprisonment. In many cases, prison regimes can exacerbate mental distress.

Prison is known to have more serious psychological implications for women. The small number of women's prisons means that women are often held far away from home. Women prisoners are much more likely to be solely responsible for the care of children and the maintenance of a home than male prisoners, many women will lose their home as a result of going to prison and some may also lose custody of their children. Self-injury is very common throughout women's prisons.[1] Two thirds of women in prison are suffering from a mental disorder with record numbers being driven to suicide or self-harm by the lack of appropriate care.[2] As the prison population continues to rise, so too does the number of prisoners with mental health issues. Some of these issues will be relatively mild, such as anxiety or depression, whilst in some cases they will be far more profound and require specialist interventions from psychiatrists and other members of the prison's mental health team.

Prisoners with severe mental health problems are cared for by prison in-reach teams who liaise with services in the community. These in-reach teams, commissioned from local mental health NHS trusts, comprise multi-disciplinary teams similar to community mental health teams and aim to offer prisoners the same kind of specialist care and treatment they would receive in the community. They should be able to make appropriate community referrals for the women when they are ready for release.

In addition to the mental health team, each prison has a disability liaison officer whose responsibility is to assess and support prisoners with a disclosed disability. In many cases these disability liaison officers provide support and guidance for prisoners with both mental and physical disabilities, as well as referring them to other specialist staff within the prison.

Due to the very vulnerable nature of many women in prison there are huge demands placed on the mental health teams – a demand that we were told is not always fully met. A report by the Prison Reform Trust[3] also found that mental health provision in prisons is of a much lower standard than elsewhere in the NHS. During our discussions with women prisoners as part of this research the disparity between the demands that are placed on these services and the availability and quality of support in prison for women with mental health issues was apparent.

Furthermore we are aware that the number of women requiring support and treatment whilst in prison is higher than the number of women currently identified as being in need of mental health support. Not all prisoners will choose to disclose that they have mental health issues for fear of being stigmatised or being perceived as 'different' by other prisoners. Some worry that if they disclose any weakness, this could leave them open to bullying and intimidation. The consequence of this is that some women prisoners with mental health issues – particularly those who are suffering fairly low levels of anxiety or distress but who would benefit from some form of intervention – go undetected and untreated.

1. Social Exclusion Unit (2002), *Reducing Reoffending by Ex-prisoners,* London, HMG Cabinet Office

2. Rickford D and Edgar K (2003), *Troubled Inside: Responding to the mental health needs of women in prison,* London, Prison Reform Trust

3. Rickford D and Edgar K (2003), *Troubled Inside: Responding to the mental health needs of women in prison*, London, Prison Reform Trust

Our research

Our research took the form of an enquiry to establish what information was available for women in prison with mental health problems and what more could be made available.[4] The findings from this report will help Mind compile information specifically for women in prison.

We used mainly focus groups on the basis that they are a lot easier for prison staff to facilitate and far less time-consuming: namely, the attendees could all be brought to the focus group venue together and then returned as a group to their location, requiring a member of staff to make just two journeys as opposed to the many journeys that would be required if each woman was being collected and returned individually. The only exception to this was when working with juvenile girls at HMP New Hall where they were seen either individually or in pairs – experience has shown that young offenders in a group do not all participate fully due to peer pressure.

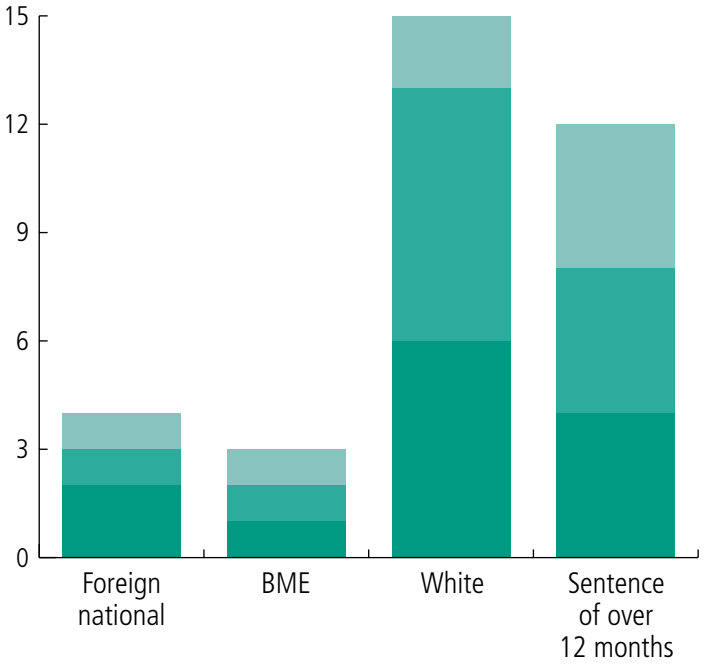
We initially proposed (and had approval) to work with HMP Drake Hall, HMP Styal and HMP New Hall. We planned to hold two to three focus groups in each prison. In the event we held three focus groups at HMP Styal and three at HMP New Hall but were not able to arrange any at HMP Drake Hall in spite of National Research Committee approval and the authority of the governor to proceed. The aim of holding three focus groups in each prison was to allow us to capture the views of a cross section of women, including younger and older women, BME women and foreign nationals.

Women experience high levels of both severe and enduring mental illness and psychological distress and seek help more readily than men,[5] and we were hopeful that this willingness to seek help would mean that the women we saw would be happy to engage in a frank discussion with us about their information needs.

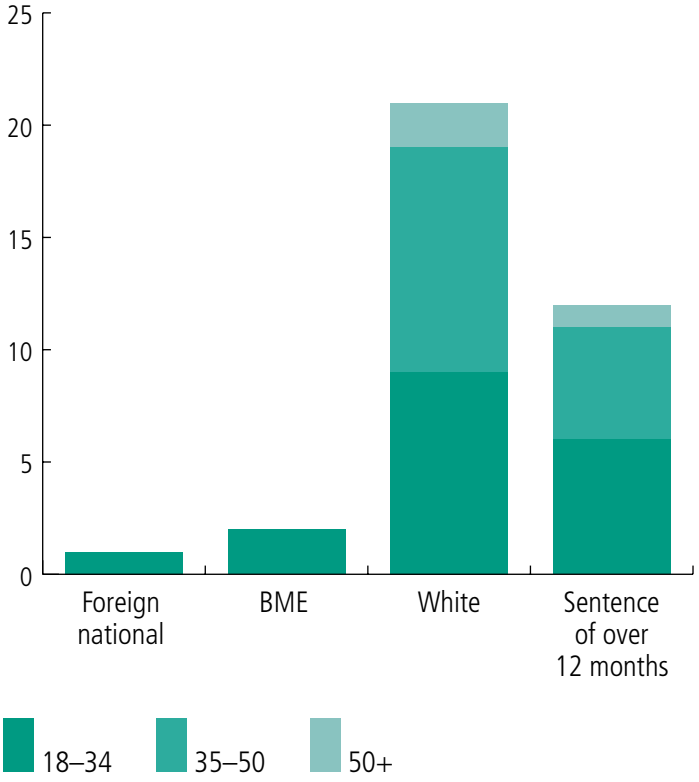
We sent information leaflets to the appropriate members of wing staff and the disability liaison officers and these were distributed to the women, along with an explanation of the purpose of the focus groups and interviews. Prisoners were recruited either by the disability liaison officer at HMP Styal or the wing staff at HMP New Hall, and the staff involved at both establishments were extremely helpful. The majority of the women prisoners were approached to take part in semi-structured focus groups, while the juvenile women at HMP New Hall were approached to take part in semi-structured interviews.

The following two charts illustrate the profiles of the participants involved in our research in each establishment.

Profile of participants by age – Styal



Profile of participants by age – New Hall



4. For the purposes of carrying out this research, we received approval from the Prison Service National Research Committee and consulted with relevant national policy leads in NOMS, including healthcare, drugs and the Women and Young People's Group.

5. HM Inspectorate of Prisons (2007), *A Thematic Review of the Care and Support of Prisoners With Mental Health Needs*, London, HM Inspectorate of Prisons

The interviews and focus groups investigated the experiences and needs of women prisoners in the following areas:

- the information they received on reception into prison
- access to listeners (ie, prisoners trained by the Samaritans to work with prisoners experiencing distress)
- how prison affected their emotional well-being
- referral to healthcare
- mental health support prior to imprisonment
- access to the mental health in-reach team in prison
- methods of relieving stress and relaxation
- awareness and availability of alternative therapies in prison
- contact with outside agencies
- referral to a counsellor in prison
- membership of any groups in prison
- contact with the disability liaison officer
- information that would be useful

The content of the interviews was recorded by researchers along with any relevant quotes and the findings then analysed by the research team. From this it was possible to categorise information requirements into five broad areas as follows:

- first night and induction
- during sentence
- healthcare and medication
- approaching release
- equality and diversity

The rest of this report will detail the responses of the women in relation to each of these five areas and make recommendations for Mind on the kind of information the women said they would like to receive.

First night and induction

From all the discussions that we had with the women in relation to issues that affect them whilst in prison, the first night and induction period was reported to be the most distressing.

One said:

'You don't know what's going on. You are guessing and watching. You need more written information. I was in shock and it wasn't what I expected. I hadn't made any plans, I have children and I was very worried. The phone on the landing wasn't working.'[6]

Another said:

'It's a scary place. It is intimidating when someone comes to your door. All the information is thrown at you and you can't take it all in. I didn't even know if I could come out of my room.'[7]

For many women this is their first experience of imprisonment and they have no idea what to expect. They are allowed a phone call and told that during the next week or two they will undergo an induction process introducing them to the prison, its regime and the various departments operating within it.

The information that was provided on the first night and at reception varied. Both HMP Styal and HMP New Hall had information on the prison and its regime (though some women reported that this information was missing from their first night cell) and also limited information from other agencies. It was found that on a day when a large number of women are received into the prison or where prisoners arrive late at night, this can affect the amount of help and information they receive.

Many of the women claimed to have been told very little on the first night and said they had to ask the other women to find out what they needed to know and what to do. This made them very anxious in case they broke the rules. Many found prison language and terminology very confusing and this added to their anxiety. One woman reported that she thought she had to pay for her meals. The women widely reported that they received as much, if not more, information from the other prisoners than from the prison.

'You have to wait a week for induction and there is nothing to do. No books or anything. The other girls give me more information.'[8]

'Induction is done over a few days, everyone gets a booklet, there's lots of form filling and you have to keep nagging if you want something. Induction is very much about prison rules.'[9]

For those women who had been in prison before it was slightly less daunting as they had some understanding of the prison regime and what was expected of them. However, in certain cases this led to them being fast-tracked through the induction process which meant they could miss vital information if things had changed since their last sentence.

The women also found the noise levels in the first night centre very distressing. The more mature women were particularly affected by this and tended to shut themselves away in fear of what was happening outside their cell.

'Old and young are together during the day but separate at night. It is scary in the first night centre if you are new to prison – there is a lot of noise and bells. I was frightened by the younger women and the wing was daunting.'[10]

There was a general perception from the women we saw that there was not a lot of information to help with their emotional well-being on reception and induction, and some reported that they did not feel the staff were listening to them or grasping the issues they raised.

For those women with mental health issues the mental health in-reach team does form part of induction but there may be a wait to see them.

6. Adult prisoner, HMP Styal
7. Young prisoner, HMP New Hall
8. Young prisoner, HMP Styal
9. Adult prisoner, HMP Styal
10. Mature prisoner, HMP Styal

'Induction is not always done in the first week, the mental health team are part of induction so if you have a mental health issue you may not get help immediately.'[11]

'The leaflets are general; and there is nothing relating to mental health.'[12]

'I was scared. I had mental health [issues] but I didn't want to declare it. It could be depression or anything.'[13]

For those who are dependent on drugs there is the additional issue of de-toxing and, for some women, a forced change to their usual medication which they can find very distressing. Any medication they were taking prior to coming into prison has to be approved and authorised by the prison doctor. In some cases this can lead to a delay in the medication being available, and in others a change or removal of medication which may lead to side effects (see 'Healthcare and medication' on page 16 for more on this).

If a woman has come from another prison and there is a delay in the paperwork being transferred, this can also mean a delay in her treatment at the receiving prison.

'None of my paperwork came from the other prison. No paperwork and no meds [medication]. I didn't get my meds first night and had no sleeping pills.'[14]

Case study: Jane's story[15]

Jane has been in and out of prison many times. She is currently serving a two-year sentence in HMP Styal for fraud. She suffers from anxiety and depression and takes anti-depressants and sleeping pills when not in prison.

On reception into prison her medication was stopped while checks were made with her GP and until she could see the prison doctor. The doctor changed her medication and she suffered mild withdrawal symptoms which she found very distressing as no one had explained to her the consequences of the change in her medication.

Jane spent her first night in prison in the first night centre where she found that the information available on the prison and its regime was very limited. She also found the first night centre very noisy and, as a more mature woman, she chose not to associate with the younger women as she found them intimidating and very loud.

Jane was fast-tracked through the induction process as she had previously been in HMP Styal two years beforehand. She felt that she didn't see all the staff she needed to request help with her medication and get advice on her housing and benefits.

Jane was not told about the Diversity Unit and only came across it herself by chance. Having discovered it, she was full of praise for the diversity officer who invited her to attend a mature women's forum. At the forum Jane was able to share a cup of tea and chat with other women of a similar age which she found very therapeutic.

Access to relevant information when a woman first enters prison is essential and this should cover many areas: information about the prison and its regime; medication and healthcare; sources of further help and information; information about housing and relinquishing a tenancy – these are just some of the key areas of concern on first coming in to prison.

11. Disability liaison officer, HMP Styal
12. Young prisoner, HMP Styal
13. Juvenile prisoner, HMP New Hall
14. Mature prisoner, HMP Styal
15. Mature prisoner, HMP Styal

During sentence

The length of time that the women we spoke to would be spending in prison varied from a few weeks to a few years. Some had already served several months in prison and consequently were able to talk about their coping strategies and what they found helped to keep them emotionally healthy during their sentences. Some had previous experience of custody (although sometimes in different prisons) so, to an extent, knew what to expect.

A number of the women found moving from the first night centre to a wing, house or unit very scary, as they were expected to adapt fast to the systems and procedures. Many relied on the other women to help them find their feet or turned to staff – some of whom they found extremely helpful, others less so.

Facilities and resources available during sentence vary from one prison to another, but many of the women we interviewed spoke about the importance for them of making the best possible use of whatever was available in their particular prison, and keeping as busy as possible. Keeping busy was, for many, their coping strategy, and included getting involved in activities such as the following:

- attending education classes
- work (where jobs were available)
- going to the gym and attending any exercise classes that might be available
- going to religious services and other faith-based events (eg, bible study)
- going to the library and making full use of any facilities (eg, joining a book club if there is one)
- going to the Calm Centre (at HMP Styal, this is run by a psychiatric nurse three times a week and activities include creative writing, pampering days, art therapy and craft)
- becoming a 'buddy' or a 'listener', and getting involved in other activities designed to help other prisoners (such as the Toe by Toe scheme where prisoners with a good literacy level help those less skilled to learn to read)

Some of the women who were very involved in activities spoke about how they found it more difficult to cope at the weekends when fewer activities were available, things were generally much quieter and they had to spend longer in their cells or rooms. For others though, their rooms were a refuge where they would retreat to collect their thoughts and enjoy the peace and quiet. One young woman said that when she was feeling down, she would go to her room (if possible) to sleep, as this helped her to calm down. Other women reported that going to their room was all they could do to cope with their anxiety. However, depending on the prison, the location within the prison and the stage they were at in their sentence, some women also said they had no choice but to be in their cell for long periods which actually caused them added stress. In addition, some women reported that they found early mornings and night times hard to deal with if they were on their own in a cell or room.

Therapies such as yoga and acupuncture were available in some locations for those experiencing stress. These helped alleviate problems for those who could access them.

The kind of activities that some of the women did during their own time to keep emotionally well included:

- writing letters
- keeping a journal of good and bad days
- blocking things out of their mind
- listening to music
- spending time in the peace and quiet
- taking long baths (when possible)
- taking physical exercise (if possible)
- spending time with friends they had made in prison (who were often quoted as the best source of support)

Mental health support was cited as an issue by a number of women. Some said they still felt scared to declare their need in prison and would prefer to be able to pick up a phone and be able to talk anonymously to someone. Others felt it was easier to be more open about mental health problems in prison than in the community, as these issues were so much more prevalent. Interestingly, some women felt that there was

a lot available from mental health services for the most needy, but not a lot for those who are just depressed or anxious. They felt their less urgent needs were overlooked.

Self-harm is a major issue in women's prisons and some of the women we interviewed spoke frankly about self-harm.

'It makes me feel better. I forget where I am and all my problems.'[16]

'I have asked for help, I am still waiting to see a counsellor. I sometimes feel suicidal.'[17]

Some women said they had made use of counselling services, but others were either unaware that such services existed, or had enquired about them and been told that the waiting list was extremely long. There is a high demand on counselling services in a women's prison and often it requires a referral from a nurse or doctor. Some of the women we interviewed had seen psychiatrists but not all of them found this helpful. One woman said: 'I saw a psychiatrist after court and she twisted things and I was terrified. I couldn't breathe.'[18]

The number of women in prison who have experienced some form of domestic violence or abuse is very high and it is vital that during their sentences, these women know how to access specialist rape and domestic violence counselling. Women are not always happy to disclose in prison that they have been victims of abuse for various reasons: they may not feel happy discussing this with a prison officer; they may not have faith in the prison being able to handle their disclosure; they may feel that exposing any personal issues makes them more vulnerable; and they often have fears about confidentiality and loss of privacy.

Prisons are beginning to recognise the importance of working with specialist agencies in this field and some have started to make good links locally. Problems can arise due to the nature of the women's estate and the fact that many women are held a long way from home. This is being addressed at HMP New Hall with the creation of a pilot project involving the Government Office of Yorkshire and Humberside and Calderdale Women's Centre. The Government Office is funding a specialist IDVA/ISVA[19] post to work with women in prison and then after release. The aim of the post-holder is to speak to the women during induction, provide a safe forum in which to disclose their issues, make appropriate referrals both in and out of the prison and refer the woman to a community-based IDVA/ISVA for ongoing support after release. This project is being fully evaluated by the Home Office and it is hoped that it might be replicated elsewhere in the female estate if it proves successful.

At HMP New Hall some of the women spoke favourably of the Awaken project which addresses issues around abuse. They also spoke positively of the help they had received from Barnardo's – they will take complaints forward on behalf of the young women and act as advocates.

Peer support workers are used in both of the prisons where we interviewed women, and a number reported that they found them helpful, although not everyone was aware of the type of support they offered.

A lot of women spoke of the support they got from other women, with many finding it to be their best source of support. One young woman interviewed was serving her sentence with her co-defendant which she found helpful. Some said they had found a greater acceptance of mental health issues in prison and a greater readiness to talk about it. A minority, though, had made few friends and found it difficult to be with women that they would not have got on with on the outside. As one woman said:

'In the outside world you don't get on with everybody. You can walk away from it. Here you can't.'[20]

Some women reported that loneliness was a real problem for them: 'If you have no one outside, who can you phone?'[21]

Others found some staff (including officers and personal officers) helpful. Not all women interviewed spoke favourably of the help they had received from staff though: one woman felt that the in-reach team 'opened you up and then left you there'.[22] Some of the young women interviewed were complimentary about the help they got from youth offending team workers. The Diversity Centre at HMP Styal was quoted by many as an excellent source of support, offering as it does drop-in facilities, as well as different forums for women with specific needs (eg, the disability forum).

A number of women spoke of the need for there to be both external and internal networks and support services so they had a choice about who they could talk to. At HMP New Hall, a phone link to the Samaritans is available for use in the cells. A number of women interviewed were appreciative of this. However, women reported that they couldn't always access

16. Juvenile prisoner, HMP New Hall
17. Adult prisoner, HMP New Hall
18. Mature prisoner, HMP Styal
19. Independent domestic violence advocates (IDVAs) are trained specialists whose goal is the safety of domestic violence victims. Independent sexual violence advisers (ISVAs) perform a similar role for victims of sexual violence.
20. Mature prisoner, HMP New Hall
21. Mature prisoner, HMP New Hall
22. Adult prisoner, HMP Styal

the Samaritan free phone in one particular unit, whereas in another unit, the phone was available at any time.

Some women also spoke of their concerns about their forthcoming release. Those who had housing issues to resolve were extremely concerned about this, and although they were aware of what support was available to secure housing, the waiting lists to see the staff in question were very long (147 people on the list at one time at HMP New Hall). Uncertainty and a perceived lack of help to plan and prepare for release was quoted by some of the women as a source of stress for them.

Once a woman has settled in and begun to serve her sentence, it is very useful for her to have information that helps her to start thinking about her future. Information about services on release should be provided at this stage and may include details of mental health provision in the community and information on gender-specific services such as women's centres and accommodation providers.

Healthcare and medication

Medication when women first come in to prison is a huge source of anxiety – some women we spoke to had gone for a number of days without their usual medication, particularly if they had been in police cells prior to prison. Painkillers and sleeping pills are not always prescribed in the same format in prison and this can lead to confusion and distress. One woman reported feeling very ill for some weeks after she arrived at HMP Styal and it was only some weeks later when she was undergoing counselling for alcohol abuse that she realised she had been suffering withdrawal symptoms from her previous medication.

Our understanding of the system is that women are not allowed to take their own medication into prison; medicines will be re-prescribed by the prison doctor who will normally check with the home doctor before prescribing anything. This obviously takes time. In addition to this, some medicines, usually anything containing codeine, are not allowed at all in prison. This is because they will show up as an opiate if the woman is subject to drug testing. Alternatives may be prescribed but not always. Some women felt the alternative was not as effective as their original drug. We were told that the only exception to the above is Librium, which will be prescribed straight away to those withdrawing from alcohol. Also methadone is prescribed as part of a drug withdrawal programme.

In theory, inter-prison transfers should not present a problem as medicines will be transferred at the same time (although one woman claimed that different prisons prescribe different drugs, so there may be yet another change after the original prescription from the transferring prison runs out).

Some women were following 'detox' programmes and said that their medication was changed without consultation. They felt this was wrong and that appropriate substitutes should be put in place and discussed first with the women.

'They decided they would just stop my diazepam and de-tox me. Nothing to explain the side effects; they just upped my methadone.'[23]

23. Adult prisoner, HMP Styal

'They just whip your meds from under you.'[24]

Others with concerns about their mental health felt overlooked: 'You suffer depression when you come in and they won't touch you when you are on drugs.'[25]

Another woman commented that if you were put on a suicide watch, then you got better treatment and more attention would be given to what medication you needed.

We were given various examples of situations where women were without their usual medication or were given an alternative they were unhappy with.

- A woman on an anti-anxiety tablet had to wait three days for it to be re-prescribed.
- A woman on anti-psychotic drugs said she had a mild breakdown as she didn't get the drug she needed.
- A woman who had been on a certain drug for depression was given a different drug in prison, which she felt worsened her condition.
- A diabetic woman, who was blind in one eye, said she had to wait for her medication.
- A woman with high blood pressure said she had to wait for some while to get her medication, and was very concerned about the symptoms she might experience or whether this would aggravate her condition.
- A drug-dependent woman claimed that the alternative medication she had been given left her breathless.

However, a positive account was relayed by one young woman who was on methadone at the time of her imprisonment. Prison medical staff phoned her pharmacist to confirm this and re-prescribed her methadone straight away.

Another concern which a number of women raised was the times that they had to take their medication to fit in with the prison regime. Often these weren't the times they had taken their medication when they were at home and a number were concerned that it wasn't as effective because of this. Some

24. Mature prisoner, HMP Styal
25. Adult prisoner, HMP New Hall

women also said they don't get their medication at night. One woman said she had had to ring the emergency bell from the first night centre to get the medication she needed, and this disturbed all the other women. Another woman felt so strongly about some of the issues that she had experienced that she has written to her MP and intends to pursue this on release.

A number of women spoke about the length of time they had to wait to get an appointment to see healthcare staff (the problem was felt to be even more acute if on remand). One woman said she had waited three weeks on one occasion, and among some women there was a perception of favouritism. Others, though, reported no significant problems getting to see healthcare staff. One prisoner reported that she sees a nurse regularly for eye drops and hay fever medication. Another said she had seen the doctor and been prescribed medication for anxiety and depression, which she had found helpful. Another woman had been receiving psychiatric care before going into custody and this continued uninterrupted in prison.

A leaflet explaining the effects different medications might have, what not having them might mean and the alternatives that might be prescribed would be very useful. Women who had been taking a certain medication for a considerable time, found it very distressing when this medication was changed or stopped. There is a lot of fear and anxiety around this subject because of ignorance of the facts about medication, its possible side effects and any alternatives to medication.

Approaching release

The period before release is a time of great anxiety for many women in prison. Most have settled in to the regime and formed supportive relationships with staff and other prisoners and many will have received help with drug issues and mental and physical health problems. Those women who are sentenced to under 12 months will not be subject to sentence planning and the offender management process, will not have any involvement with probation and may be released without any ongoing support having been arranged in the community.

There was a widely reported lack of information on the sort of help that is available after release. As one woman put it: 'I am worried about life in general after release, there is nothing to tell you what benefits are available, we should have something on the wing.'[26] Housing is an enormous problem and many women will have lost their previous accommodation whilst in prison. It is also common for debt to be accrued as a result of non-payment of rent. Whilst housing advice is available in all prisons we were told of waiting lists in excess of 140 people[27] to see the Shelter housing adviser. If a woman has dependant children she wishes to live with, this can further exacerbate the process as social rented housing is often only allocated when the children are already with the parent. Equally it can be difficult to regain custody if suitable housing is not available, so women prisoners can encounter a catch 22 situation.

Mental health support after release was cited as a concern. As previously discussed, it is rare that a woman presents only with a mental health problem: drug issues and possibly a background of violence and/or abuse may also be present. There are a number of women's centres across the country which seek to address this multiplicity of needs and offer an holistic service. With the announcement of further funding from the Ministry of Justice it is possible that these centres will provide a service that is more focused towards the needs of women offenders.

Prison staff's lack of awareness of the range and scope of services in the community meant that women were being released with insufficient knowledge of the support available to them. There was a lack of knowledge about whom to link with locally on release, which agencies could help, and how to be referred.

There was a general lack of awareness among prisoners too of the breadth of mental health services available in the community and a sense the services were only there for more severe mental health illnesses.

'I thought Mind was for men.'[28]

'I wouldn't know where to go for general help; I only know where my local psychiatric hospital is.'[29]

As a woman approaches release, she may be increasingly anxious about leaving the support networks of the prison and 'going it alone' in the community. Consequently, information on agencies providing a 'through the gate' service would be extremely useful and could mean the difference between a woman reoffending or making a successful transition back into the community.

26. Adult prisoner, HMP New Hall
27. Juvenile prisoner, HMP New Hall
28. Adult prisoner, HMP New Hall
29. Mature prisoner, HMP New Hall

Equality and diversity

A higher percentage of prisoners have problems with dyslexia compared to that of the general population and this needs to be taken into account when written information is produced. In addition, levels of literacy are lower amongst the prisoner population than amongst the general population, and not everyone will be keen or able to read and retain written information.

Women aged over 50 often felt that staff were not trained to recognise and meet older women's needs. Staff always appeared to be very busy and some of the women said they did not like to cause a 'nuisance'.

'There are age issues. If you are older, the staff are not trained for this.'[30]

Older women may also be disadvantaged if their symptoms are put down to 'old age' and not treated in the same way they may be for a younger person. The older women we saw also found it hard to live with the younger women, they complained particularly of noise and a lack of respect.

In addition, older women may be subject to increased isolation and loneliness because their partners or relatives, many of whom will also be older, may experience more difficulty visiting them. Resettlement can also be more difficult for these older women as they may need specialist housing and they may not have many links with the outside community or the information they need to help them resettle effectively.

Another group of women who can face extraordinarily difficult circumstances in prison are foreign national women. They comprise over 20% of women in prison and if convicted of drug trafficking (a common offence amongst this group) they can expect a very lengthy sentence with no hope of seeing their children and families during this time, with the only contact being by letter and short telephone calls. Often these women would have been the breadwinners and are all too aware that they have left their dependants alone reliant on a welfare state that provides little alternative support. Inevitably, these women have to deal with an enormous amount of stress during their sentence and fellow country women were often quoted as the best source of support. They often struggle to speak English in the early stages of their sentence and this adds to their feeling of isolation. Many also fear that they have brought shame on their family and are reluctant to keep up contact with them because of this.

Women from certain minority ethnic backgrounds may also find it particularly difficult to ask for help with mental health issues. We were told for example that amongst the African women this would be seen as a sign of weakness. There are also language difficulties with written information – most foreign national women will ultimately learn to speak and understand English to a reasonable degree but may still experience problems in recognising its written format.

'The foreign nationals are just crying when they first come in. They are not eating or nothing. You are really worried for them. The other foreign national women help. Some girls might not know their entitlements.'[31]

'I found it very difficult as I couldn't really speak English. It would have been more helpful if I'd had something written down as I could have referred back to this.'[32]

Hibiscus[33] provides some support through staff who visit and give advice in prison. However, this may often be limited due to funding constraints.

Issues connected to a physical disability can further exacerbate any mental health issues women prisoners have. Some women are frightened that they will not be able to access parts of the prison and they fear intimidation from the other women if they are seen to be more vulnerable and unable to cope.

'You are frightened of slipping in the showers.'[34]

30. Mature prisoner, HMP Styal

31. Diversity orderly, HMP Styal

32. Foreign national prisoner, HMP Styal

33. Hibiscus is a voluntary agency which provides advice and support to foreign national women in prison.

34. Mature prisoner, HMP Styal

'I was jostled in the association area and stayed in my cell after that.'[35]

Some of the disabled women have been disabled as a result of an accident connected to their offence, eg dangerous driving, and so have the added difficulty of coming to terms with a new disability and the constraints that this places on them in prison, as well as the shock of imprisonment itself. Many of these women were on medication for depression as a result. Some were facing lengthy waits for hospital treatment and had also had their medication changed on entry to prison.[36] Depression and anxiety were very common amongst this group of women.

Given that, firstly, many women in prison have lower literacy levels than the general population, secondly, some will not have English as their first language and, thirdly, others may struggle with too much written information due to their age (for example, juveniles and older women) information needs to be delivered in a range of formats and languages which make it readily accessible to all groups of women. There was strong agreement in favour of using pictorial images and possibly cartoons. It was felt that this would make the material more appealing and also more user friendly.

35. Mature prisoner, HMP Styal
36. Judith Ford (2007) *Women in Prison With Disabilities* (unpublished)

Summary

From the discussions we had with the women, it was clear there is a lack of information available for women prisoners, and particularly those with mental health problems. As one woman put it: 'there is a need for constant and regular information, not just for women in the first night centre.'[37]

Format

- Leaflets were thought to be a good means of imparting information as prisoners could refer back to them at any time. In addition, as one woman put it: 'Leaflets would help those who can't access the Diversity Unit or other sources of support in person.'
- Given that, firstly, many women in prison have lower literacy levels than the general population, secondly, some will not have English as their first language and, thirdly, others may struggle with too much written information due to their age (eg, juveniles and older women). Information needs to be delivered in a range of formats and languages which make it readily accessible to all groups of women.
- There was strong agreement in favour of using pictorial images and possibly cartoons. It was felt that this would make the material more appealing and also more user friendly.

Types of information

- Access to relevant information when a woman first enters prison is essential and this should cover many areas: information about the prison and its regime; medication and healthcare; sources of further help and information; information about housing and relinquishing a tenancy – these are just some of the key areas of concern on first coming in to prison.
- A leaflet explaining the effects different medications might have, what not having them might mean and the alternatives that might be prescribed would be very useful. Women who had been taking a certain medication for a considerable time found it very distressing when this medication was changed or stopped. There is a lot of fear and anxiety around this subject because of ignorance of the facts about medication, its possible side effects and any alternatives to medication.
- Once a woman is settled and has begun to serve her sentence it is very useful for her to have information to help her start thinking about her future. Information about services on release should be provided at this stage and may include details of mental health provision in the community and information on gender-specific services such as women's centres and accommodation providers. As a woman approaches release, she may be increasingly anxious about leaving the support networks of the prison and 'going it alone' in the community. Consequently, information on agencies providing a 'through the gate' service would also be extremely useful and could mean the difference between a woman reoffending or making a successful transition back into the community.
- It can be difficult getting hold of local information given the fact that women can often be in a prison many miles away from their home and the prison staff may not be familiar with the area to which she is returning. There is a strong need for relevant local information to be provided. Nacro Resettlement *Plus* Helpline also offers a free resettlement advice service with a freephone number for prisoners. They can also write to the helpline for advice.

One of the hardest aspects for a woman prisoner with mental health issues is making a successful transition from prison to the community and the more that can be done to link the two the greater the chance of successful reintegration and a reduction in future offending. Any information that can be provided which enables women to make contact with support providers whilst in prison and advises on what assistance is available on release will help to ease this transition.

37. Adult prisoner, HMP Styal

For details of your nearest local Mind association and of local services, contact Mind's helpline, Mind*info*Line on 0845 7660 163, Monday to Friday 9.00am to 5.00pm. Speech impaired or deaf enquirers can contact us on the same number (if you are using BT Text direct, add the prefix 18001). For interpretation, Mind*info*Line has access to 100 languages via Language Line.

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