



**Improving the Mental Health of the Population**  
**A submission in response to the EU Green Paper**

**WHO Collaborating Centre for the Health in Prisons Project**  
**Department of Health, London**

**May 2006**



## **1. Introduction**

Prisons are a major provider of mental health care in the EU. Less well recognized is that prisons can be a setting for reducing the harm and offering benefit to the mental health of vulnerable people. The main burden of care in prisons is to support people with poor mental health; it is now known that their capacity to benefit from prevention and promotion is potentially very significant. Only a minority of mental health problems of prisoners are linked to offending. The vast majority of people with mental disorders in prison, far from public perception, are not dangerous psychopaths, but in fact suffer the same mental health problems that are common in the community itself.

This paper brings to your attention the work done by a Network of 33 countries in the WHO European Region, of which 19 are members of the EU, supported by the WHO Health in Prisons Project (HIPP). In several areas to which attention is drawn in the Green Paper, such as mental health promotion for vulnerable groups and preventive action in depression, substance abuse and suicide, this Network has collected evidence and experience from all parts of Europe to show the significant contribution which can be made by prison health services in promoting mental health for some of the most disadvantaged people in any society.

## **2. The WHO network on health and prisons**

The WHO HIPP network was established by WHO Regional Office for Europe in 1995 because the public health importance of health in prisons was being neglected. It has now had 11 years experience in producing consensus recommendations on how best to prevent the spread of diseases such as HIV/AIDS and TB in prisons, and to promote the health including the mental health of prisoners. The Network has been one of the fastest growing of WHO networks and now has committed participation from countries all over Europe. The representatives attending the Network are approved at Ministerial level so that policy review and sustainable change becomes possible.

The network, which is supported by the Collaborating Centre in the Department of Health in London, provides a rich source of experience, knowledge and advice from which consensus statements on best practice have been produced and disseminated. From these, a WHO Practical Guide to Prison Health has been prepared for publication.

## **3. The EU Green Paper**

**3.1.** The Green Paper is very much welcomed by the WHO HIPP and generally it is fully supported. It builds on, complements and moves forward the actions proposed in the WHO Declaration and Action Plan for Mental Health that also put a special emphasis on mental health promotion, mental disorder prevention and vulnerable groups. Especially welcome is the emphasis given to mental health promotion as the first aspect to be focused on. The importance of interchange and cooperation between Member States is well recognized by HIPP as this is the basis on which the Project is built.

**3.2.** The Green Paper rightly refers to the ‘targeting of vulnerable groups’. It should be more widely recognized that at any one time in any country of Europe, there is a disproportionate number of the most vulnerable and disadvantaged in its prisons. This is

partly due to the complex overlap between poverty, lack of education and employment, involvement with illicit drugs and alcohol, and crime. From the public health point of view, without good prison health services, prisons can remain focal points for communicable and other diseases, and could continue to discharge untreated prisoners to carry their health problems back into the community from which they came, to the detriment of public health. Good prison health is therefore good public health.

**3.3.** One of the disturbing facts about mental health in Europe is the high number of prisoners with mental disorders. International research among populations of prisons has yielded consistent results. As many as 89% report at least one depressive symptom. Between 3 to 7% of prisoners have a psychotic illness. As many as 10% of prisoners in one EU country cannot receive the care they need in prisons and should be transferred to proper psychiatric facilities. Levels of diagnosable and co-occurring mental health and addiction problems reach levels of at least 85-90% in the prison population. However, the main burden of poor mental health in prisons relates to anxiety and depression, unrelated to offending.

**3.4.** We call on the European Union to include the WHO Health in Prisons Project in the section on ‘relevant activities of other international organizations’ on page 11.

#### **4. How the WHO HIPP and its NGO Partners can support the aims of the Green Paper**

**4.1.** There are two main ways in which HIPP can contribute to the promotion of mental health in Europe. First, the network countries would use the WHO Practical Guide to Prison Health manual as a basis for training prison staff in the recognition of symptoms of mental disorder and therefore raise the level of understanding of staff in how they can help prisoners with difficulties related to their mental health. The network would work with its partner organizations such as Mental Health Europe in trying to make sure that all prisoners, including those awaiting transfer to a psychiatric institution, are held in a much more supportive environment than at present.

Through its network of Member States, international organizations, Council of Europe (Pompidou Group), the European Monitoring Centre for Drugs (EMCDDA) and NGOs, the HIPP can further promote specific themes and strategies for addressing mental health issues in prisons. For example, with the International Committee of the Red Cross which works in the prisons of many countries affected by armed conflict or internal disturbance, the network can advise on training of staff for the recognition and management of people with mental disorders while at the same time promoting the diversion to treatment programmes and thus away from prisons of many people who require treatment and not punishment.

In all of the above, the HIPP would continue to follow its fundamental guiding principles of protecting the human rights and dignity of prisoners and the promotion of social inclusion of prisoners after they have completed their sentences.

**4.2.** The second major in-put from HIPP would be in up-dating its pioneer report (produced in 1998 with Mental Health Europe) on mental health promotion in prisons and for the hard to reach sections of all societies. Two important aims would be to reduce the impact of imprisonment on those admitted and to assist other prison services in improving the self-esteem of prisoners and their decision-making abilities. An overall objective in the work of HIPP in mental health promotion is to reach the position where a concept of care, positive expectations and respect permeates all prisons.

An out-put from this work of HIPP will be a consensus statement based on best evidence and including guidance aimed at reducing the worrying number of suicides in prisons and where possible at helping those prisoners who self-harm.

**4.3.** A particular interest of HIPP is to consider what can be done to promote the mental health of young people in custody. The network's report on promoting health in young people in custody would be developed and partnerships with educational and relevant voluntary bodies would be established in a multi-disciplinary approach to resettle them back into society.

## **5. Improving information and knowledge on mental health in the EU**

HIPP is currently developing its health in prisons database, a programme partly funded by the Public Health Programme of the European Commission and which links with other EU bodies such as EMCDDA. This will produce for the first time, regular information about, for example, the number of prisoners with recognized mental health problems in prisons in Europe. HIPP could quantify the burden of mental health problems amongst prisoners and could contribute to the evaluation of programmes to improve mental health of important and vulnerable groups in the EU population.

*Further information about the WHO Collaborating Centre for the Health in Prisons Project can be obtained from:*

**Paul Hayton  
Deputy Director of the Collaborating Centre  
Prison Health, Department of Health  
110 Wellington House  
133 Waterloo Road  
London**

**Email: [Paul.Hayton@dh.gsi.gov.uk](mailto:Paul.Hayton@dh.gsi.gov.uk)**

**Website for the Project:**

**[www.euro.who.int/prisons](http://www.euro.who.int/prisons)**

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.