Sentencing Council

Consultation Stage Resource Assessment

Overarching Principles: Sentencing Offenders with Mental Health Conditions or Disorders

Introduction

This document fulfils the Council's statutory duty to produce a resource assessment which considers the likely effect of its guidelines on the resources required for the provision of prison places, probation and youth justice services.[1]

Rationale and objectives for new guideline

There is currently no guideline for sentencing offenders with mental health conditions, neurological impairments or development disorders, and little other guidance to use. A lack of guidance could lead to inconsistencies in the way these offenders are sentenced, and there is an increasing public and media focus on mental health and associated issues generally. Therefore the Council is proposing a new guideline for courts to use when sentencing offenders with such conditions.

The Council's aim in developing the draft guideline has been to consolidate and explain information which will assist courts to pass appropriate sentences when dealing with offenders who have mental health conditions or disorders, and to promote consistency of approach in sentencing.

Scope

As stipulated by section 127 of the Coroners and Justice Act 2009, this assessment considers the resource impact of the guideline on the prison service, probation service and youth justice services. Any resource impacts which may fall elsewhere are therefore not included in this assessment.

This resource assessment covers adult offenders with any of the conditions or disorders covered by the draft guideline (for the full list of conditions, see Annex A of the draft guideline). The proposals do not apply to sentencing children and young people. This is because mental health and related issues can be substantially

[1] Coroners and Justice Act 2009 section 127: www.legislation.gov.uk/ukpga/2009/25/section/127

different in both diagnosis and impact for children and young people, so it would be difficult to adequately accommodate all the considerations for all ages within one guideline.

Current sentencing practice

Any offender sentenced for a criminal offence may have a mental health condition, but it is not possible to identify from the MoJ Court Proceedings Database (one of the main sources of data on sentencing practice), which offenders have one. Instead, a summary of statistics and research related to offenders' mental health is presented below and in the Annex to this report. There are many sources of information around mental health issues and offenders, and therefore this summary mainly focuses on the areas covered by the draft guideline, and statistics related to the Council's statutory duty to consider the likely effect of its guidelines on the resources required for the provision of prison places and probation services.[2]

Crown Court Sentencing Survey (CCSS)

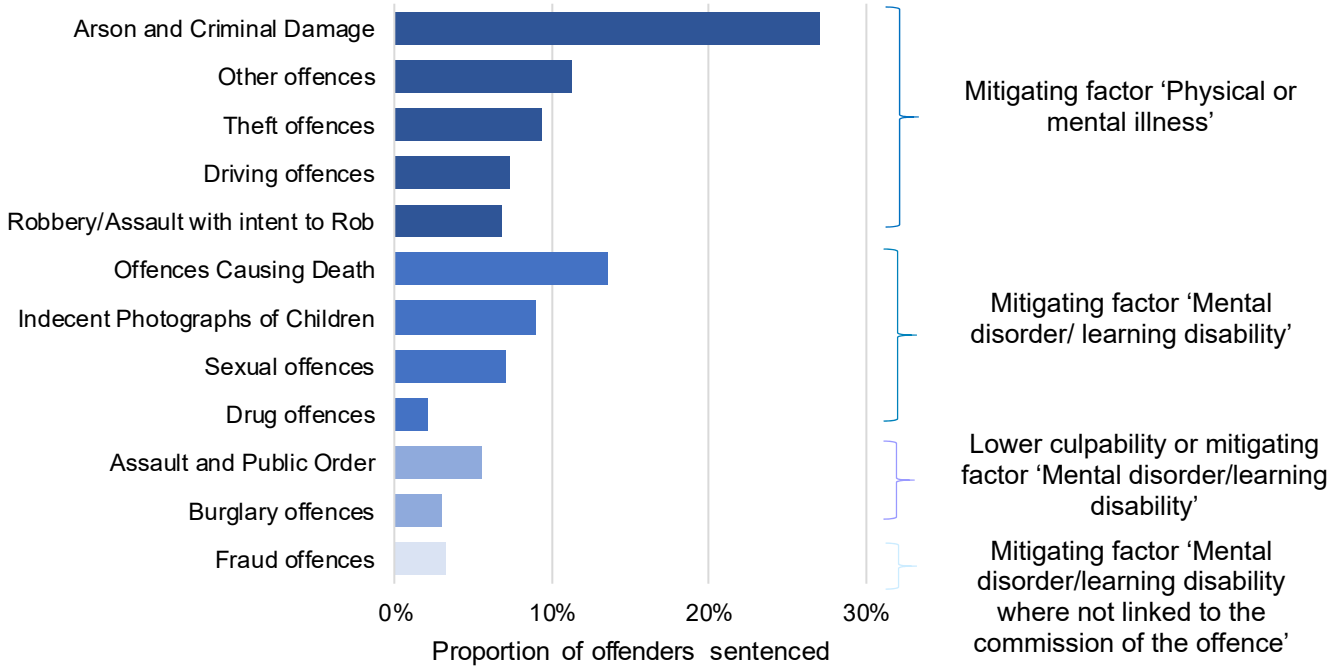
The Crown Court Sentencing Survey (CCSS)[3] included some information about sentences where mental illness or learning disorders were a feature. As part of the survey, judges were asked to record the factors taken into account when reaching the sentence imposed; these included mitigating or lower culpability factors around mental illness or learning disorders. The wording of these factors differed on the different CCSS offence forms, and these differences in wording are shown in the labels to the right of Figure 1.

Based on the CCSS data, Figure 1 shows how frequently factors around mental illness and learning disorders were cited in sentencing, for different offences. The analysis shows that these factors were most frequently cited for the offences of arson and criminal damage, followed by offences causing death. However, it should be noted that these figures should be treated with caution, because in some cases the factor on the CCSS form grouped together both physical and mental illness, and it is therefore not possible to identify how often factors relating solely to mental illness were cited. In addition, there may be some instances where an offender did have a mental illness, but this was not identified and therefore was not taken into account in sentencing, or may not have been recorded on the CCSS form.

[2] The Council also has a statutory duty to consider the impact on youth justice services, however the draft guideline applies to offenders aged 18 and older, and therefore will not have an impact in this area.

[3] From 1st October 2010 to 31st March 2015 the Council conducted the Crown Court Sentencing Survey (CCSS), which collected data on sentencing practice in the Crown Court.

Figure 1: Proportion of Crown Court Sentencing Survey forms where factors around mental illness and learning disabilities were cited in sentencing, 2014[4,5,6,7]



The underlying data for Figure 1 can be found on the Sentencing Council website at the following link: https://www.sentencingcouncil.org.uk/analysis-and-research/crown-court-sentencing-survey/record-level-data/

National Audit Office (NAO)

The National Audit Office published a report about mental health in prisons in 2017.[8] The report states that the number of people in prison who have a mental illness is unknown, but it cites several statistics around mental illness in prisons, including:

[4] Other offences covers a wide range of offences, including possession of offensive weapons, breach of a protective order, perverting the course of justice, possession/distribution of prohibited weapons or ammunition and other offences.

[5] The figure on sexual offences covers sexual offences sentenced between 1 April 2014 and 31 December 2014. The period from 1 January 2014 to 31 March 2014 is not included, because in April 2014 the Sentencing Council's Sexual Offences guideline came into force, and the CCSS form was changed to reflect the new guideline. The period before the guideline came into force is therefore not comparable to the newer data, and has not been included in this analysis for this figure.

[6] Fraud offences refer to fraud, money laundering and bribery offences. The figure for fraud offences covers offenders sentenced between 1 October 2014 and 31 December 2014, as the Sentencing Council's Fraud, Bribery and Money Laundering guideline came into force on 1 October 2014 and so the CCSS form was changed to reflect the new guideline. Prior to 1 October 2014, these offences were captured on the Theft offences form (for which the full title was 'Theft, dishonesty and fraud offences').

[7] For Assault and Public Order and for Burglary, the figures represent those forms where either the lower culpability factor 'Mental disorder/learning disability where linked to the offence' or the mitigating factor 'Mental disorder/learning disability where not linked to the offence' were ticked.

[8] https://www.nao.org.uk/report/mental-health-in-prisons/

- In March 2017, NHS England's performance monitoring data showed that 7,917 prisoners, or 10% of the adult prison population in England, were receiving treatment for mental health problems although there might be people receiving treatment who are not included in these data.
- Around 37% of the average monthly prison population in England and Wales report having mental health or emotional well-being issues at any one time, based on HM Inspectorate of Prisons surveys.
- The most commonly used estimate is that 90% of the prison population are mentally unwell, but this figure comes from a study published in 1998 and uses a broader definition of mental illness than many clinicians would recognise.

The report also states that the available evidence suggests that people in prison are more likely to suffer from mental health problems than the general population.

Ministry of Justice (MOJ) statistics

Community orders and suspended sentence orders with mental health, alcohol and drug treatment requirements

MOJ publishes probation statistics on the use of community orders (COs) and suspended sentence orders (SSOs) where mental health, alcohol and drug treatment requirements are attached to the order.[9]

These statistics show that in 2017, 0.4 per cent (310) of offenders who started a CO had a mental health treatment requirement attached to the order. For SSOs, the proportion was 0.5 per cent (210 offenders). For alcohol treatment requirements, the proportions were 4.1 per cent (3,200) and 1.2 (500) per cent respectively, while for drug treatment requirements the proportions were 5.9 per cent (4,600) and 7.8 per cent (3,300) respectively.

Hospital orders

A mentally disordered offender may be diverted from custody to hospital for treatment by a court under the Mental Health Act 1983.

MOJ publishes statistics on hospital orders and restricted patients, which include figures on the number of offenders admitted to hospital under a hospital order without a restriction order (a section 37 order without a section 41 restriction), a hospital order with a restriction order (a section 37 order with a section 41 restriction) and a hospital and limitation direction (a section 45A order).[10]

The statistics show that around 330 adult offenders were admitted under a hospital order (without a restriction order) in 2017. Between 2007 and 2010, the number

[9] See 'Probation: 2017' table A4_10, Offender Management Statistics Quarterly: https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-october-to-december-2017

[10] NHS digital also publish statistics on detentions under these Acts, although data from 2016/17 onwards is incomplete and therefore only the MoJ statistics have been included in this document. The NHS digital figures can be found in table 1a of the Annual Mental Health Act Statistics publication: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2017-18-annual-figures

increased from 390 to 540, while since 2010 the numbers have generally been decreasing. (Source: Court Proceedings Database, MOJ).[11]

MOJ's published statistics on restricted patients show that around 270 offenders were admitted under a hospital order with a restriction order in 2017. Over the past decade, the number of offenders admitted has gradually been decreasing, from 330 offenders admitted in 2007. The statistics also show that around 25 offenders were admitted under a hospital and limitation direction in 2017. Over the past decade, the number of offenders admitted has generally been increasing, from 5 offenders admitted in 2007. (Source: Restricted Patients Statistics, MOJ).[12]

Additional statistics relating to the frequency of specific mental health conditions can be found in the annex to this report.

Key assumptions

To estimate the resource effect of a new guideline, an assessment is required of how it will affect aggregate sentencing behaviour. This assessment is based on the objectives of the new guideline, and draws upon analytical and research work undertaken during guideline development. However, some assumptions must be made, in part because it is not possible precisely to foresee how sentencers' behaviour may be affected across the full range of sentencing scenarios. Any estimates of the impact of the new guideline are therefore subject to a substantial degree of uncertainty.

The resource impact of a new guideline is usually measured in terms of the change in sentencing practice that is expected to occur as a result of it. For this to be possible in this case, detailed information on current sentencing practice is required. In developing these proposals an understanding of current sentencing practice has been formed by considering Court of Appeal judgments, and through discussions with interested organisations and experts, and the experience of Council members. Analysis of data on mental health has been reviewed and findings from this work have been used to estimate the impact of the proposals on sentencing practice.

It remains difficult to estimate with any precision the impact the guideline may have on prison and probation resources. To support the development of the guideline and mitigate the risk of the guideline having an unintended impact, research interviews will be undertaken with sentencers during the consultation period, which will provide more information on which to base the final resource assessment accompanying the definitive guideline. The Council has also included a question in the consultation document, asking for consultees' views on the potential impact of the proposals.

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[11] Figures on hospital orders (without restrictions) are published in the Criminal Justice System statistics quarterly publication outcomes by offence tool: https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-december-2017

[12] Figures on hospital orders (with restrictions) and hospital and limitation directions are published in the restricted patients publication, part of the Offender Management Statistics quarterly publication: https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-october-to-december-2017

Resource impacts

This section should be read in conjunction with the draft guideline available at: http://www.sentencingcouncil.org.uk/consultations/.

Summary

The aim in developing the draft guideline has been to consolidate and explain information which will assist courts to pass appropriate sentences when dealing with offenders who have mental health conditions or disorders, and to promote consistency of approach in sentencing.

The intention is that the new guideline will encourage consistency of sentencing through bringing together information on mental health in one place. The intention is not directly to cause changes to sentencing practice. However, it is possible that by bringing this information together in a guideline for the first time, there may be an impact on sentencing practice. The expected impact is provided in detail under the headings below, but as a summary, the following effects are anticipated:

- Sentencing severity – mental illness is already a lower culpability or mitigating factor in Sentencing Council guidelines, and statistics presented earlier in this report show that these factors are already taken into account in sentencing, therefore the draft guideline is expected to reflect current sentencing practice in this respect. However, it is possible that some conditions in the draft guideline may not always be considered as mental health conditions under current sentencing practice. Therefore there may be a reduction in sentencing severity under the draft guideline due to a decrease in the use of immediate custody, and an increase in the use of COs and SSOs for some offenders. However, due to a lack of data on current sentencing practice, it has not been possible to estimate the likelihood or extent of this impact;

- Mental Health Treatment Requirements (MHTRs) – it is possible that by providing information on MHTRs, the draft guideline could increase the use of MHTRs attached to COs and SSOs, given that the take up of these orders is currently low. However, if the current rate of use of these requirements reflects their availability in the community then the draft guideline would not have an impact;

- Hospital orders – no impact is expected in this area, because the guideline reflects the legislation and recent case law in this area;

- Medical reports – no impact is intended; however, again, it is possible that the list of mental illnesses in the draft guideline may be broader than the conditions currently considered as mental disorders by courts. Therefore courts may consider obtaining a medical report in a slightly wider range of circumstances under the draft guideline, and it is possible that this could lead to a small increase in the number of medical reports ordered by courts. Due to a lack of data on the number of medical reports currently ordered by courts, it has not been possible to estimate this effect (if any).

Impact on sentencing severity

The draft guideline states that the presence of a mental health condition may mean that the offender's culpability is significantly reduced, but in others the condition may have no relevance to culpability. This may mean that offenders with a mental health condition could be less likely to receive immediate custodial sentences, and more likely to receive a CO or SSO. However, mental illness is already a lower culpability or mitigating factor in Sentencing Council guidelines, and statistics presented earlier in this report show that these factors are already taken into account in sentencing. Therefore the draft guideline is expected to reflect current sentencing practice in this respect.

In addition, there is a possibility that more offenders will be brought within the scope of a CO or SSO under the new guideline. It is expected that many of the conditions outlined in Annex A of the guideline are already considered as mental health conditions in sentencing. However, it is possible that some, for example substance misuse disorders, may not always be considered as mental health conditions under current sentencing practice. It is therefore possible that some offenders with substance misuse disorders would be considered to have a mental health condition under the new guideline and thus sentenced to COs or SSOs, instead of immediate custody. However, given the limited data available in this area, it is not possible to estimate the number of offenders who might be affected, or how sentences may be impacted (if at all).

Impact on the number of Mental Health Treatment Requirements (MHTRs)

The draft guideline states that courts may consider a MHTR attached to a CO as an alternative to a short or moderate custodial sentence, and that they may also wish to consider a drug rehabilitation requirement and/or an alcohol treatment requirement in appropriate cases. It is therefore possible that the draft guideline could increase the use of COs and SSOs with treatment programmes attached to them. This is particularly the case for MHTRs, where the use of these orders is currently low. However, if the current rate of use of these treatment requirements reflects their availability in the community then the draft guideline would not have an impact on probation services.[13]

Impact on the number of offenders given hospital orders

The draft guideline provides a summary of the orders available to courts under the Mental Health Act 1983, and provides further details of these in Annex C of the guideline. The draft guideline outlines the legislation in relation to these orders, and also reflects recent case law in this area.[14] It is assumed that the legislation is currently being applied when sentencing offenders to such orders, and previous analysis of cases suggests that recent case law is also already reflected in current

[13] Although there is no qualitative evidence on the availability of these programmes, there is anecdotal information to suggest that programme availability varies between areas.

[14] R v Vowles and others [2015] EWCA Crim 45 and R v Edwards and others [2018] EWCA Crim 595

sentencing practice.[15] Therefore the guideline is not expected to have any impact on the number of offenders sentenced to hospital orders.

Impact on the number of medical reports ordered by courts

The draft guideline states that where the offender is or appears to be mentally disordered, the court must obtain and consider a medical report before passing a custodial sentence other than one fixed by law, unless, in the circumstances of the case, the court is of the opinion that it is unnecessary. The guideline reflects the legislation on medical reports, and it is assumed that in most cases, courts currently obtain and consider medical reports where this is the case. It is possible that the list of mental illnesses in the draft guideline (Annex A) may be broader than the conditions currently considered as mental disorders, and therefore the draft guideline could lead to a small increase in the number of medical reports ordered by courts. However, there is no available data on the number of medical reports currently ordered by courts,[16] therefore it is not possible to estimate the number of additional medical reports which may be required. The impact, if any, is anticipated to be small.

During the consultation stage, some research interviews will be conducted with sentencers, to explore whether the draft guideline is likely to work as anticipated (see below). This research should also provide some further understanding of the likely impact of the guideline on sentencing practice, and the subsequent effect on these areas.

Risks

Risk 1: The Council's assessment of current sentencing practice is inaccurate

An important input into developing sentencing guidelines is an assessment of current sentencing practice. The Council uses this assessment as a basis to consider whether current sentencing levels are appropriate or whether any changes should be made. Inaccuracies in the Council's assessment could cause unintended changes in sentencing practice when the new guideline comes into effect. This is a bigger risk for this guideline, because so little information is available on current sentencing practice.

This risk is mitigated by information that will be gathered by the Council as part of the consultation phase. This includes research interviews that will be undertaken with sentencers as part of the consultation exercise, where case scenarios will be used to try to check whether the guideline has the intended effect. However, there are limitations on the number of factual scenarios which can be explored, so the risk cannot be fully eliminated. The Council has also included a question in the consultation document, asking for consultees' views on the potential impact of the proposals. This information will provide further information on which to base the final resource assessment.

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[15] See paras 6.16 to 6.18 of the Sentencing Council's Resource Assessment for manslaughter: https://www.sentencingcouncil.org.uk/wp-content/uploads/Manslaughter-resource-assessment-3.pdf

[16] Information on the numbers and costs of psychiatric assessments is not held centrally and is therefore not available: https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2018-09-03/169395/

Risk 2: Sentencers do not interpret the new guideline as intended

If sentencers do not interpret the guideline as intended, this could cause a change in the average severity of sentencing, with associated resource effects.

The Council takes a number of precautions in issuing a new guideline to try to ensure that sentencers do interpret it as intended. As discussed above, research interviews will be carried out during the consultation period to enable issues with implementation to be identified and addressed prior to the publication of the definitive guideline. Consultees can also feed back their views of the likely effect of the guideline, and whether this differs from the effects set out in the consultation stage resource assessment.

Data collected as part of the Sentencing Council's data collection exercises will help the Council to monitor the guideline, compare sentencing practice before and after the guideline, and to ensure any divergence from its aims is identified and rectified.

Annex: Further statistics on offenders with mental health conditions

The draft Overarching Principles Mental Health Guideline covers many mental health conditions and disorders. An explanation of these conditions is provided in Annex A to the draft guideline, and a summary of some of the statistics available on these conditions is provided below. These statistics have been collected as part of the guideline development and do not form part of a systematic search (or literature review), but are included to give some further context about the conditions listed in Annex A to the draft guideline. There may be other sources of data on the frequency of these conditions which may differ from those presented below, and therefore these statistics should not be treated as comprehensive.

Where possible, statistics have also been included on the frequency of these conditions in the general population, although it should be noted that in some cases the figures will not be directly comparable due to the different ways that data has been collected for the separate groups.

Autism and Autistic Spectrum Disorder

The National Autistic Society have found that although the exact number of autistic people in UK prisons is not known, they represent 4.5 per cent of the population at Her Majesty's Young Offender Institution in Feltham.[17]

Another source of statistics on this subject comes from data collected by liaison and diversion services. These services identify people who have mental health needs, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders. The data shows that four per cent of adults engaging with liaison and diversion services in 2017/18 were identified with a social and communication difficulty (including autism spectrum disorder).[18]

The Adult Psychiatric Morbidity Survey (APMS) series provides data on the frequency of psychiatric disorder in the English population aged 16 and over. Although the data are not directly comparable to the above figures, the APMS from 2014 (the latest data available) found that the frequency of Autism Spectrum Disorder in the survey was estimated to be around 0.8 per cent.[19,20]

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[17] https://www.autism.org.uk/get-involved/media-centre/news/2016-10-19-feltham.aspx

[18] See page 27 of the Ministry of Justice's Women and the Criminal Justice System publication: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759770/women-criminal-justice-system-2017..pdf

[19] See APMS 2014: Chapter 6 – Autism: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014

[20] This figure was calculated by combining the data from the 2007 and 2014 AMPS surveys to generate a larger sample for analysis.

Attentional deficit hyperactivity disorder (ADHD)

Sussex Partnership NHS Foundation Trust found that studies using screening questionnaires estimated that up to 50 per cent of adult prisoners have had childhood ADHD, with approximately 10-25 per cent remaining symptomatic.[21]

The APMS from 2014 provides general population data on ADHD in individuals aged 16 and over in England. This found that 9.7 per cent of those in the survey screened positive for ADHD.[22] However, the APMS data is not directly comparable to the above figures.

Dementia

The Prison and Probation Ombudsman published a Learning Lessons Bulletin exploring the experience of prisoners with dementia in 2016.[23] The report found that the number of prisoners affected with dementia is unknown, although they referenced the Mental Health Foundation who estimated that it affected approximately five per cent of prisoners over 55 years old[24] (on 30 June 2018 there were 13,616 offenders aged 50 or over in prison, of whom 5,009 were aged 60 and over).[25]

Worldwide, the estimated proportion of the general population aged 60 and over with dementia at a given time is between five and eight per cent.[26] These data are not directly comparable to the above figures.

Personality Disorders

A survey on psychiatric morbidity among prisoners in England and Wales from 1997, commissioned by the Department of Health,[27] estimated that the frequency of personality disorder was 78 per cent for the male remand population, 64 per cent for the male sentenced population and 50 per cent in the female prison population.[28] Antisocial personality disorder was the most common form of personality disorder (psychopathy is considered a severe form of antisocial personality disorder). [29]

A survey on psychiatric morbidity among adults aged 16-74 living in private households in Great Britain from 2000, which used the same method to assess

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[21] http://www.sussexpartnership.nhs.uk/sites/default/files/documents/6._prevalence_of_adhd_in_prisoners_and_effectiveness_of_treatment_with_atomoxetine.pdf

[22] See APMS: Chapter 8 in footnote 19 for a link to the full report.

[23] http://www.ppo.gov.uk/app/uploads/2016/07/PPO-Learning-Lessons-Bulletins_fatal-incident-investigations_issue-11_Dementia_WEB_Final.pdf#view=FitH

[24] Mental Health Foundation (2013) Losing track of time: Dementia and the ageing prison population: treatment challenges and examples of good practice. Available online: https://www.mentalhealth.org.uk/publications/losing-track-time

[25] See Annual Offender Management Statistics 2018, 'Annual Prison Population: 2018' Table A1.7 https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-january-to-march-2018

[26] https://www.who.int/news-room/fact-sheets/detail/dementia

[27] See full report here: http://www.ons.gov.uk/ons/rel/psychiatric-morbidity/psychiatric-morbidity-among-prisoners/psychiatric-morbidity-among-prisoners--summary-report/psychiatric-morbidity---among-prisoners--summary-report.pdf

[28] Figures in the report were only available for the female prison population overall, and were not broken down further into the female remand and female sentenced populations.

[29] See footnote 27 for a link to the full report.

personality disorder as the survey among prisoners, found that the frequency of personality disorder among adults in private households was around four per cent.[30]

Post-Traumatic Stress Disorder (PTSD)

The survey on psychiatric morbidity among prisoners in England and Wales from 1997, commissioned by the Department of Health, estimated that the frequency of PTSD was five per cent in the male remand population, three per cent in the male sentenced population, nine per cent in the female remand population and five per cent in the female sentenced population.[31]

PTSD was not specifically measured in the survey on psychiatric morbidity among adults living in private households, and therefore a comparison to the general population has not been made.

Substance misuse disorders

The Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners looked at the experiences of a sample of prisoners sentenced in 2005 and 2006. The survey found that 19 per cent of prisoners who drank alcohol in the year before custody reported needing help for an alcohol problem. Of those who had drunk alcohol in the four weeks before custody, nearly half (46 per cent) reported having some concern about their drinking.[32]

The SPCR also found that 81 per cent of adult prisoners reported using illicit drugs at some point in their lives, including almost two-thirds (64 per cent) within the month before entering prison.

The survey on psychiatric morbidity among prisoners in England and Wales from 1997, commissioned by the Department of Health, estimated that the frequency of hazardous drinking in the year prior to entering prison was 58 per cent in the male remand population, 63 per cent in the male sentenced population, 36 per cent in the female remand population and 39 per cent in the female sentenced population. The survey on psychiatric morbidity in private households in 2000, which used the same method to assess hazardous drinking as the survey among prisoners, found that the frequency among adults in private households was around 26 per cent.[33]

The Offender Management Community Cohort Study (OMCCS) longitudinal cohort study of offenders[34] looked at the needs of offenders who started COs between October 2009 and December 2010. The study found that, based on OASys[35]

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[30] See table A.8 in the following report: https://webarchive.nationalarchives.gov.uk/20151014063541/http://www.ons.gov.uk/ons/rel/psychiatric-morbidity/psychiatric-morbidity-among-adults-living-in-private-households/2000/index.html

[31] See footnote 27 for a link to the full report.

[32] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/220060/gender-substance-misuse-mental-health-prisoners.pdf

[33] See footnotes 27 and 30 for links to the full reports.

[34] See Re-offending by offenders on Community Orders, table A.12: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/399388/reoffending-by-offenders-on-community-orders.pdf

[35] The Offender Assessment System (OASys) is a risk assessment and management system used to help Offender Managers identify the risks and needs of an offender in order to ensure that resources are allocated effectively.

administrative data, 41 per cent of offenders had an alcohol misuse need, while 13 per cent of offenders were identified with alcohol misuse needs based on behaviour reported to the survey[36] and 21 per cent reported that they needed help with alcohol misuse.

The OMCCS also found that 34 per cent of offenders had a drug misuse need, based on the OASys data, while 14 per cent were identified with drug misuse needs based on behaviour reported to the survey[37] and 19 per cent reported that they needed help with drug misuse, in the survey.

The survey on psychiatric morbidity among prisoners in England and Wales from 1997, commissioned by the Department of Health, estimated that the frequency of illicit drug use at any time of life was 85 per cent in the male remand population, 81 per cent in the male sentenced population, 77 per cent in the female remand population and 69 per cent in the female sentenced population. The survey on psychiatric morbidity in private households in 2000, which used the same method to assess illicit drug use at any time in their life as the survey among prisoners, found that the frequency among adults in private households was around 27 per cent.[38]

Schizophrenia

The survey on psychiatric morbidity among prisoners in England and Wales from 1997 found that the frequency of schizophrenia was two per cent in the male remand population, one per cent in the male sentenced population, and three per cent in the female prison population.[39,40]

The longitudinal study of the mental health of adults living in private households in Great Britain from 2001 noted that schizophrenia has a frequency within the community of less than one per cent.[41]

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[36] As outlined in the 2007 Alcohol Strategy, women who regularly drink over 35 units a week and men who regularly drink over 50 units a week.

[37] Defined as using a Class A drug weekly or more or injecting.

[38] See footnotes 27 and 30 for links to the full reports.

[39] See footnote 27 for a link to the full report.

[40] Figures in the report were only available for the female prison population overall, and were not broken down further into the female remand and female sentenced populations.

[41] https://webarchive.nationalarchives.gov.uk/20121006173334/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4060694.pdf