

DRAFT RESPONSE TO THE 6TH REPORT OF THE JOINT SELECT COMMITTEE ON HUMAN RIGHTS, EQUALITY AND DIVERSITY ON THE EXAMINATION OF THE IMPACT ON MENTAL HEALTH AND FAMILY LIFE OF REMANDEES AT THE REMAND PRISONS

Report Reference	Report Recommendations	Response
Objective 1: To evaluate the Programmes and Services to Mitigate, Against the Effect of Detention on Remandees at the Remand Prisons		
4.12 Page 28	The Committee recommends that a comprehensive assessment of the mental health clinic services be done by the Trinidad and Tobago Prison Service (TTPrS) in collaboration with the Ministry of Health and an appropriate programme be implemented to address the mental health issues of remandees at the Prison by 2019.	<p>The TTPrS is in full agreement with this recommendation, since it recognized that there are several deficiencies related to the treatment of inmates with mental health issues presently with the Prison System, both among convicted and un-convicted inmates. Firstly, emphasis must be placed on determining the capacity of the TTPrS, since it will allow for a determination of the extent of the operational gaps which then will allow for a clear determination of the gaps.</p> <p>Additionally, best practice will be observed with the involvement of the Ministry of Health, in terms of the fact that, that Ministry’s mental health treatment protocol will be engaged from the onset, thus ensuring a level of objectivity and foster greater collaboration between the Ministry of Health and the Ministry of National Security (TTPrS).</p> <p>It is however recommended that the engagement between the TTPrS and the Ministry of Health, as well as, the subsequent implementation agenda be governed by an MOU between the Ministry of National Security (as the principal of the TTPrS) and the Ministry of Health, to guide the engagement and set the parameters of responsibility between these Agencies.</p> <p>To date, officials of the Trinidad and Tobago Prison Service have engaged in discussions with the Head of Psychiatric Services at the North Central Regional Health Authority, in an effort to address the concerns of the Prisons Service as it relates to Mental Health of Prisoners. Following the conclusion of those discussions, the following areas were identified for addressing:-</p> <ul style="list-style-type: none"> - developing a Policy as a way forward to address issues and concerns that may develop within the Prison population;

		<ul style="list-style-type: none"> - survey to be conducted for both staff and prisoners; - training of relevant medical personnel by the Ministry of Health; - establishing/setting up Clinics throughout the Prison establishments <p>Furthermore, to date, fifteen (15) Prison personnel have received training in Mental Health, which was conducted by the British High Commission. Work has also commenced on relocating Prisoners houses at the External Remand Facility (E.R.F.) at Golden Grove Prison. The project to sensitize and classify high risk inmates began in January 2018 and is expected to be completed by the end of May 2018.</p> <p>It is anticipated that the survey will be the next area to be initiated in order to accomplish a fully operational Mental Health Department aimed at effectively dealing with mental health issues. The accomplishment of the project will be dependent on the surveys to be conducted, which has to be completed and analysed, together with continuous training of relevant Prison staff by the Ministry of Health.</p>
<p>4.13 Page 28</p>	<p>The Committee recommends TTPrS recruit one psychologist and one psychiatrist by the end of fiscal year 2018 to be permanently stationed at each prison facilities to provide for the needs of the remandees in addition to the mental health professionals provided by St. Ann's Hospital.</p>	<p>At present, the TTPrS has on staff one (1) psychologist and one (1) psychiatrist. This recommendation for the Prison Service to recruit a psychologist and a psychiatrist for each of Prison facilities will require the recruitment of an additional 13 such personnel. In addition, a further psychologist and psychiatrist will be required for the Child Rehabilitation Centre. This will put the number to be recruited at 15 such personnel. It is the view of the Prison Service however that the recruitment of any additional psychologists and psychiatrists should proceed after the audit and a determination of the extent of the mental health problem among inmates. Further, the passage of the new Anti-Gang legislation may make this initiative vital for a determination of the mental health needs of gang members given the fact that many of this category of offenders are young persons.</p>

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4.14 Page 28	Given the insufficient number of programmes and services for mental health illnesses, the Committee recommends that the Ministry of National Security seek assistance from the Ministry of Health to expand the number of programmes available for mentally ill remandees.	This initiative goes hand-in-hand with the recommended audit of the mental health services capacity of the TTPrS. It is considered that the results of a well conducted audit will inform the need for the development and implementation of new mental health programmes within the Prison System. Additionally, this approach will allow for prevention and treatment, with an emphasis on best practices on the one hand and the infrastructural and human resource consideration on the other. Finally, it will also allow for a determination of the extent of the continuing collaboration between the Ministry of Health, the TTPrS and other required external agencies in treating with this problem.
4.15 Page 28	The Committee recommends that the TTPrS coordinate information-sharing on released remandees with VOM to facilitate follow-up treatment for released remandees with mental health illnesses.	<p>At present the involvement of VOM with the TTPrS is within VOM's capacity as the designated NGO with responsibility for the pre-release programme, which covers predominantly convicted inmates, who are in the final one to two years of their sentences prior to release. Thus, VOM's engagement with remanded inmates is therefore limited.</p> <p>Discussions have commenced between VOM and TTPrS on the need for a greater involvement of VOM among remanded inmates. Additionally, the issue of a pre-release programme for remanded inmates was discussed, especially having regard to the different attributes of the remanded inmates and the fact that remanded inmates are not serving a sentence and have no fixed date of release.</p> <p>The TTPrS is awaiting a proposal from VOM on the development of a pre-release programme by the organization for remanded inmates. Additionally, the TTPrS is in the process of developing a release of information protocol in respect of convicted inmates who are involved in the pre-release programme. It is envisaged that upon receipt of VOM's proposal for the pre-release programme for remanded inmates that</p>

an MOU between the Ministry of National Security (TTPrS principals) and VOM can be signed off to guide this process. The developed protocol for release of information from the TTPrS to VOM can then be utilized for the remanded inmates.

Objective 2: To determine the Impact on Mental Health and Family Life of Remandees at the Remand Prisons – Mental Health and Family Life

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and 32

The Committee recommends that the Ministry of National Security allocate resources to the TTPrS for research to be conducted to determine:

- The effects of prison facilities on the mental health of remandees/inmates;
- The impact of detention on family life of remandees at Remand Prison; and
- The effect of overcrowding and confinement on the mental health of remandees.

The TTPrS and the Ministry of National Security is mindful of the need for research in the areas as identified in relation to the treatment of remanded inmates. In this regard, it is considered that the management of mental health issues among remanded inmates can be viewed within four specific categories, as follows:-

- those remandees who come into the Prison System already having mental health issues which may have led to their criminal activities;
- those remandees who develop mental health issues as a result of their incarceration in general;
- those remandees who come into the Prison System not having any mental health issues but who develop mental health issues not because of their incarceration but more so due to the overcrowding and difficult conditions at the Remand Prison; and
- those remandees who develop mental health issue not due to the overcrowding in general but more so due to the extended length of their incarceration (especially among those remandees who are awaiting trial for capital offences before the High Court.

It is considered that research among these four distinct category of remanded offenders identified can be very illuminating in determining the extent of the problem. The TTPrS would also agree that the impact on the families of these groups of offenders will be a useful aspect of this research. The TTPrS would recommend that this research be undertaken by the Ministry of National Security in collaboration with the Psychological Unit of the UWI, given the extent of the project and the significance of the findings to policy implementation that will follow.

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Objective 2: To determine the Impact on Mental Health and Family Life of Remandees at the Remand Prisons – Mental Health and Family Life		
4.27 Page 32	The Committee recommends that the Central Statistical Office (CSO) together with the Ministry of Health initiate studies into the incidence and relapse rates of mental health illnesses in remand prisons by the end of fiscal year 2018.	The TTPrS would recommend that the Psychological Unit of the UWI rather than the CSO can be engaged as the preferred Agency in this project. The CSO may then be able to utilize the data generated to start tracking as recommended especially once implementation strategies are engaged to treat with the problems identified by the research findings. This would then allow for measurement of the success of eradication strategies.
4.28 Page 32	The Committee recommends that that Prison Medical Officer (PMO) conduct a physical health evaluation and a mental health evaluation with a well-trained psychiatrist, upon the entry of the newly committed to prison facilities.	The present system of reception of remanded inmates is one where inmates are screened upon entry into the Prison System for general health and mental health issues and the PMO will then make the necessary referrals. This process commences with an initial assessment carried out by the Prison Infirmary Officers, who are trained medical care professionals with a component of their medical training having to do with recognition of mental health indicators at the basic level. The TTPrS would therefore welcome any engagement which would improve the quality of this assessment, especially in the use of a mental health screening questionnaire and more in-depth interviews. However it is to be noted that engagement in this area would only improve the assessment on intake and not necessarily treat with those offenders who develop mental health issues after intake; as stated earlier at item 4.26. It is recommended that the evaluation through the time of incarceration should be a feature of any new approach to mental health management within the Prison System and would lead to treatment and interventions during the length and breadth of the incarceration experience of the remanded inmate. It is envisaged that should the recruitment of additional psychologists and psychiatrists be done as recommended by the JLSC then this would assist in the better management upon reception as is desired at this time.

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4.29 Page 32	The Committee recommends that the TTPrS and the Ministry of Health should review the recommendations proposed by Vision on Mission (VOM) in the Appendix.	<p>The TTPrS continues to review the recommendations of the VOM in this area and is prepared to meet with VOM in relation to its awaited proposal for engagement of a specific pre-release programme for remanded inmates. It is noted however that VOM has made its comments and recommendations as reviewed, in relation to the broad treatment of remanded inmates and not necessarily within the position of its role as a pre-release programme provider. Many of the issues raised by VOM speaks to the overall treatment and management of remanded inmates, as well as, to several critical challenges presently facing the TTPrS as it relates to the treatment of remanded inmates such as:</p> <ul style="list-style-type: none"> - chronic overcrowding at the Remand Prison; - extremely poor physical infrastructure; - the lack of finances to drive programming among remanded inmates who now make up 63 percent (63%) of the average daily population of 3,700 inmates as of 2016 statistics (1200 of whom are awaiting trial for a capital offence on an average of 3 to 10 years); - the limitations of incentive to drive programming among remand inmates i.e. conditional release incentive. <p>Notwithstanding, the JLSC’s recommendations, condition should also be given to:-</p> <ul style="list-style-type: none"> - upgrading the Remand Facility; - expansion of the budget to the TTPrS o cater for the introduction of programmes among remand inmates;

		<ul style="list-style-type: none"> - the construction of a dedicated inmate assessment centre along with the introduction of a dedicated facility to house and care for remanded inmates with mental health issues and improved training and recruitment of prison staff.
<p>4.30 Page 32</p>	<p>The Committee recommends that the Ministry of National Security collaborates with the Ministry of Health to provide a training module by fiscal year 2019 for “layman” prison officers to recognize common indicators of mental health illnesses in the prison population and refer to incidences to the relevant channels or departments.</p>	<p>There can be no objection to improving the ability of the average operational staff to detect signs or symptoms of mental health issues among inmates. Any training aimed at improving the capacity of front line operators in detection of mental health issues among inmates is important especially among inmates who may be affected not on reception but develop mental health issues during their incarceration. The TTPrS is not only committed to this proposal for training but would also seek to develop an internal protocol to guide staff in a referral process once the observations are made. It is important to note further, that at present the Prison Service does not have a written mental health policy for the treatment of convicted nor remanded inmates that go beyond practice. It is recommended that such a policy be developed parallel to the overall recommendations of the JLSC.</p>