

**PS: 1/1/44**

**PRISON ADMINISTRATIVE OFFICES**  
#10-14 PHILIPPS STREET  
**Port-of-Spain**  
**Trinidad**

**Phone No. 623-7070 ext. 5301/5314**

April /6, 2018.

Joint Select Committee  
Levels G-7, Tower D  
International Waterfront Complex  
1A Wrightson Road,  
Port-of-Spain.

Sir,

**Subject: Sixth report on 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**

---

Your correspondence dated March 19<sup>th</sup>, 2018 is relevant.

In this regard I am to forward the undermentioned responses as it relates to the recommendations of the Joint Select Committee on Human Rights, Equality and Diversity of the Impact of Mental Health and Family Life of Remandees at the Remand Prisons. The responses are as follows:-  
Recommendation Responses-

4.12 The TTPrS is in full agreement with this recommendation since it is recognised that there are several deficiencies related to the treatment of inmates with mental health issues presently within the prison system, both among convicted and un-convicted inmates. Any recommendation which seeks to audit the mental health clinic services places the emphasis on determining the capacity of the TTPrS in this critical area, and this is the most important area and is an important first step in the process, 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. The fact of the recommendation for the involvement of the Ministry of Health in this audit will mean that the best practice in terms of the Ministry of Health's mental health treatment protocols will be engaged from the onset. This will bring a level of objectivity and will also ensure that the process is directed with external involvement and will bring the resources and expertise of the Ministry of Health and the TTPrS together to work on this problem. The TTPrS would however recommend that the engagement between the TTPrS and the Ministry of Health in this audit and 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.

4.13 At present the TTPrS has one psychologist who is paid by the Prison Service and another psychologist who operates within the Prison Service. This recommendation for the Prison Service to recruit a psychologist and a psychiatrist for each of the 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 if we are looking at the issue of a mental health assessment and preventative approach, then a perhaps better gauge of the demands for additional psychologists and psychiatrists will be the average daily population of the Prison Service which now stands at 3700. 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.

4.14 This initiative goes hand in glove 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. 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 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. This covers predominantly convicted inmates, who are in the final one to two years of their sentences prior to release. The VOM's engagement with remanded inmates is therefore limited. At a recent meeting between the VOM's Board of Directors and the Prison Executive held on March 22<sup>nd</sup> 2018 the Commissioner of prisons discussed the greater involvement of VOM among remanded inmates. Though the discussions are in the embryonic stages 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 because they are not serving a sentence have no fixed date of release. The TTPrS is awaiting a proposal from VOM directly related to the development of a pre-release programme by the organisation for remanded inmates. 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 in so far as release of their medical and mental health information to VOM, as part of their pre-release programming is concerned. It is envisaged that upon receipt of VOM's proposal for the pre-release programme for remanded inmates that 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 utilised for the remanded inmates.

4.26 The TTPrS is mindful of the need for research in the areas as identified in relation to the treatment of remanded inmates. In this regard the TTPrS considers that the management of mental health issues among remanded inmates can be viewed within four specific categories. 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 finally 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) and are forced to spend several years under the harshest of conditions, as presently obtains, due to the slow pace of the judicial system. The TTPrS considers 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. The TTPrs stands ready to assist in the facilitation of any such research exercise.

4.27 As identified before 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 utilise 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 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; in the three other categories identified earlier in my submission at 4.26. It is recommended that the evaluation throughout the time of incarceration should be a feature of any new approach to mental health management within the prison system and would lead to



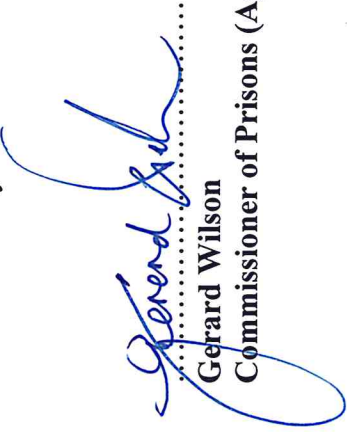
treatment and interventions during the length and breadth of the incarceration experience of the remanded inmate. It is envisaged that should the recruitment of additional psychologists and psychiatrists be done as recommended by the JLSC then this would assist in the better management upon reception as is desired at this time.

4.29 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. Indeed many of the issue raised by VOM speak to the overall treatment and management of remanded inmates. Taken as a whole it speaks to several critical challenges presently facing the TTPrS as it relates to the treatment of remanded inmates these include; chronic overcrowding at the remand prison; extremely poor physical infrastructure; the lack of finances to drive programming among remanded inmates who now make up over 63 percent of the average daily population of 3700 inmates as of 2016 statistics (1200 of whom are awaiting trial for a capital offence on an average of 3 to 10 years) and the limitations of incentive to drive programming among remand inmates ie conditional release incentive. Operating within these realities it is envisaged that the implementation of the recommendations of the JLSC in so far as mental health improvements are concerned will just be the tip of the proverbial iceberg. Improvements in the physical infrastructure that should be brought about by the Cabinet approved \$55 million dollar upgrade at the remand facility; expansion of the budget to the TTPrS to cater for the introduction of programmes among remand inmates; 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 when taken together with the implementation of the initiatives recommended by the JLSC will greatly assist in bringing about the level of efficiency in the management of remanded inmates to which VOM has spoken and to which the TTPrS is committed.

4.30 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 issue during their incarceration. Early detection may be extremely important. 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.

Forwarded for your information please.



Gerard Wilson  
Commissioner of Prisons (Ag.)