

The Miscarriages of Justice Organisation

Response

Mental Health Strategy for Scotland 2011-15

A Consultation

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M.O.J.O. Response - Mental Health Strategy for Scotland – A Consultation

What is available for the trauma inflicted upon the Wrongfully Convicted?

Introduction

It was in 1994, 3 years after his release, when I first met Paddy Joe Hill of the Birmingham Six. I had met him twice briefly before this point, but it wasn't until that fateful day on the 8th October 1994, when I really met him, and asked the question "how's life".

His reply shocked me, he started telling me about his breakdowns, his uncontrollable crying, not going out during the day because of the noise, sleeping in one room in his house, how he didn't fit in out here. I kept saying, "but you must have got help, your campaign was enormous, worldwide, they must have given you some help". I was shocked to think that someone who had spent decades wrongfully inside UK prisons, would be released without any psychological help to re-adjust. I wasn't a psychologist, psychiatrist or counsellor, but even I knew back then that long-term wrongful incarceration would weigh heavy on the mind. That was over 17 years ago, and to this day there is no immediate psychological treatment offered to those who have been wrongfully imprisoned on their release from the Court of Appeal, either in England or Scotland, it is a disgrace. There would be a public outcry if you tried to release a caged animal back into the wild without helping it come to terms with its new surroundings, yet we release the most traumatised individuals back out into "civilisation" with no psychiatric counselling on release. Professor Gordon Turnbull, who counselled the Beirut hostages Terry Waite and John McCarthy, and survivors from the Lockerbie bombing and the Gulf wars, says Paddy Hill is one of the most traumatised people he has ever come across. Another doctor dealing with Gerry Conlon, Dr Paul Miller who works with victims of the troubles in Northern Ireland, has described Conlon as in the top 1% of the most traumatized individuals he had treated. This can be said for all of our clients.

The early experiences of others

Since that day I have now met dozens of individuals who have walked free from the Court of Appeal without any back up or help; especially before the setting of MOJO in Scotland, and the Miscarriages of Justice Support Service In England. In 1998 I met, through Paddy Hill, Patrick Nicholls who had walked out of the Court of Appeal in England after 27 years, he was 68 years of age, he recently had a stroke. On leaving the prison the authorities took from his possession a little squeeze ball to help with his recovery, he went to live with Paddy Hill in his flat in North London after leaving the Court of Appeal; Paddy Hill was dealing with his own severe post traumatic stress disorder, and classified with the most extreme form DSM IV.

On November 6th 2002, Robert Brown was released the week before his appeal into the care of MOJO, on condition that we took him to the Court of Appeal in England on the 13th Nov. He was released at 9.00am the morning of the 6th Nov, without a penny in his pocket, he had been incarcerated for 25 years. Had he been guilty he would have had a whole team of social workers helping him to readjust. The only help Robert Brown received was from this organisation, we had no funding at that time, except for what we raised through fundraising events ourselves. Robert Brown won his appeal unchallenged, and after 25 years in English prisons returned to Scotland. We managed to get him a flat in Drumchapel Glasgow near his dying mother, as well as completing his benefits and housing forms. There was no help from the state to help Robert Brown readjust back into society after 25 years innocent in prison.

Not long after Robert we started to help Stuart Gair, who had been released but still fighting to clear his name. Stuart had many problems readjusting to society, one in particular was the heroin addiction he had maintained whilst serving his sentence. Even after Stuart had his conviction quashed, he still was not offered any help for the P.T.S.D. he suffered from 15 year of wrongful conviction. Through the support from this office he weaned himself off both heroin and methadone. However because of the stress of living without treatment for his trauma, Stuart Gair had a massive heart attack 5 minutes after been given the all clear from a medic in his home in Edinburgh. The medic was being tailed by Donal McIntyre for a TV programme, Stuart died in Donal McIntyres arms that night. It should be noted that of our 18 primary service users, and all the

individuals I have worked with, **all of them have been diagnosed with the most severe form of long term trauma PTSD DSMIV** (for more info on Miscarriages of Justice Organisation see Appendix 1 Annual Report 2010-11)

General Experience of long-term offender on release

On Release the Scottish Prison Service, is responsible for criminal offenders. These individuals, particularly those serving sentences over 8 years, are slowly reintroduced to society over a long period, somewhere between 2 to 3 years. They will be given a social worker, a parole officer, both before and after release. They will go out for a day, then a weekend, and slowly they will be found work, and will spend a week out returning at the weekend, building up to their final release date. Since innocent people, are released by the Courts, and not the Scottish Prison Service, they are suddenly released back into a world they know very little about; there is very little thru care, particularly meeting their medicals needs. They have been traumatised through their experience of wrongful imprisonment and again traumatised by their sudden release. There is something very wrong, when those who were innocent of the crime they have been convicted of, are getting no help before their release to come to terms with the world they will be living in, and again offered no medical/psychological help after they are released, but millions is being spent on guilty offender re-adjust, what about the innocent. Norman Parker, an ex-offender, puts it in succinctly in his Masters dissertation on the psychological trauma facing miscarriages of justice on release “What a supreme irony it would be if the very thing they yearned for so many years, immediate freedom, was the very thing that did them enduring psychological harm” (for more info see Appendix 2-Coping Strategies and Enduring Psychological Trauma in Some Miscarriages of Justice Victims by Norman Parker)

Our Work With Experts

In the last ten years we have met with some of the top psychologist and psychiatrist in the world. I have met with miscarriage of justice victims from Canada, who have been sent over to the UK to be treated by these professionals. The problem is many are in the private sector because of the speciality of the trauma, but many are willing to help.

These include Consultant Psychologist Iain Stephens, Dr Adrian Grounds, Dr Paul Miller and Professor Gordon Turnbull (For more info see Appendix 3, Experts response)

What needs to be put in place?

What needs to be made available is that within the first week of release a full medical assessment, and consultation with an appropriate psychological consultant with experience of PTSD DSM IV, preferably someone with an experience of dealing with individuals who have been wrongfully incarcerated, these consultations should be at least once week. Ideally they would have a trauma centre to go to so they can be slowly, at their own time, brought back into society. As no trauma centre is available, in the meantime, what needs to be done is a full back service, with immediate weekly visits to a consultant psychologist along with other services to deal with coping problems re-adjusting back into society. These consultations should be backed up with client therapeutic activities with a whole range of support networks, including drugs and alcohol addiction, anger management, family counselling. (For more info see Appendix 4 Clients response on Mental Health Questionnaire)

Yours Sincerely

John McManus

Project Coordinator

Appendix 1

**Miscarriages of Justice Organisation
Annual Report 2010-11**

Miscarriages of Justice Organisation

Annual Report 2010/11

Bringing Hope to the Innocent

Miscarriages of Justice Organisation

Annual Report 2010-11

The year 2010/11 was particularly challenging year, in that we moved office into new premises, increased our workload and began restructuring the governance, of the Miscarriages of Justice Organisation, to ensure our long-term stability. We also continued to provide practical support, advice and access to accommodation, income and health, as well as seeking access to counselling, reintegration and financial advice to our service users.

We now have 26 service users, 18 primary users whom we are working with in the community, 8 we are working with whose cases have been/or waiting to be referred back to the appeal court. We also have 78 family and close friends, whom we categorise as secondary service users. Priority remains with our primary users. This figure includes 2 new clients and another client who has not needed our services for a couple of years. The move to our new office at 54 Carlton Place went smoothly thanks to the help we received from friends and volunteers. The Project incurred costs for decorating the new office, the installation of a new phone line and a call divert system for a 2-year period to alert new enquiries of our new number. The Project also had to pay to have mail re directed to our new address. The Project financed this through donations and fundraising.

In August 2010, we managed to secure a paid placement (50 weeks), starting date Monday 16th September, from the Glasgow Centre for Inclusive Living for one of our volunteers Paul McLaughlin, who has expertise in welfare rights. The Project paid £4,000 towards Paul's placement, which we paid for from part of a £10,000 project specific donation we received. We would like with the help of our Management Committee to source funding to sustain his employment. As part of Paul's placement he will undergo ECDL training. We also had a Trainee Lawyer, Scott Forbes, working with the Project 3 days per week. Scott was instrumental in investigating two cases, Mr I and Mr P, which resulted in Mr P's case going back to the SCCRC for review. Mr I's case is ongoing. The project was able to secure a 2 year supervised traineeship for Scott with Graham Mann Solicitors; Paul and Scott have been a huge asset to the Organisation and in taking the Projects aims and objectives forward. We also received a project specific donation at the start of the year to help update our website, this we

hope will help educate, and generate more donations towards, MOJO's aims and objectives. Work is ongoing on the website. During the past year the Project has worked with five new volunteers, three are still volunteering with the Project but unfortunately two did not complete their induction and training.

Restructuring of the Governance of the Miscarriages of Justice

Organisation

This year 2010-11 we will begin the process of restructuring the governance of our company. This was to ensure the long running stability of our work, and the security and continuity for our clients.

One of our main aims in the restructuring of our board of directors is to ensure long-term cohesion, which it was lacking with only 2 directors Paddy Hill, Tara Babel and John McManus as Company Secretary. It was felt for the long-term continuity that the increase in the number of directors would benefit the stability of our organisation. Therefore we are hoping to have 7 directors by the end of 2011. They will be

Patrick Hill

Gerard Conlon

Paul Blackburn

Michael O'Brien

John McManus

Willie Rennie (Liberal Democrat MSP)

Iain Stephen (Consultant Clinical Psychologist)

Dr Paul Miller (Clinical Psychologist)

Medical Agencies

In the first half of 2010 we have continued to work with our clients GPs. We have had to intervene once again on behalf of five of our service users (O, J, E, D & W), to obtain for them access to psychological assessment and counselling. Service user (W) is of specific interest, as we hadn't heard from him for a number of years, and had hoped that he had been able to move on with his life. Unfortunately the opposite was true. He tried to bury his problems believing that time would sort them out. Inevitably he began to realise that something wasn't right and that the anger, mood swings, lack of sleep, the feeling of being cut

off from everyone, where getting stronger and more regular. When (W) re-established contact with us he was suicidal and suffering from extreme stress and paranoia. We have succeeded in getting him access for a psychological assessment from a leading consultant psychologist. We also support (W) through daily phone calls and he also visits the office on a weekly basis for added support.

We took part for the second year running in the UK Psychological Trauma Society, where Dr Adrian Grounds, who works with the Home Office, from Cambridge University delivered a keynote speech on Post-traumatic stress, injustice and long-term imprisonment (which MOJO filmed).

Since 2009, another of our service users (A) has finally met with two of Scotland's leading psychiatrists, one a leading consultant Psychologist from Ayrshire and Arran, the other was the ex-head consultant psychiatrist/psychotherapist of the River Centre in Edinburgh. We have now managed to get him referred to the Capho Nightingale in London to be treated by Professor Gordon Turnbull. He will be treated for 4 weeks as an in-patient, and another 4 weeks as an outpatient. We are still waiting to hear what long term help will be provided in Scotland after this initial treatment. This we hope will open up the door for all our service users to get the necessary treatment they require for the level of post-traumatic stress disorder they suffer from. We have also been successful in finding a local psychiatrist for Mr G. We have also established a working relationship with Health and Mind who are working with Mr I

Housing Agencies

We have continued to work with service user (D) local housing agency to help sort out financial problems due to built up arrears. This has also been part of the money management work that we have been carrying out with a number of our service users. We have had to act as mediators for one of our service user (G) between himself and his partner, as he is about to move out of the family home, into a private let. We believe, the disintegration of this relationship is due to the lack of specialised counselling in dealing with his PTSD. We continue working with this couple and endeavour to help them through this. We helped Mr I to secure a tenancy for his new home and staff and volunteers helped with the move.

Benefit Agency

We continue to work with a number of agencies from the Department of Pension and Works (DWP) across Scotland, in particular dealing with clients claims for Disability Living

Allowance, Employment and Support Allowance (and other sickness benefits) and Social Fund Applications. We continue in getting our service users on to disability living allowance, which as they have all have been diagnosed with Post Traumatic Stress Disorder DSM-1V, we find helps with their overall re-socialisation, while seeking counselling for their trauma. However this only happens with our intervention, we believe that there has to be someway in allowing our service users preferential treatment via the DWP in getting our service users automatically on to disability living allowance, particularly when they are suddenly released form the Appeal court without any slow process of re-integration; as long term imprisonment has disabled them from functioning normally in this society, all are being diagnosed within a few short months on release as suffering from PTSD DSM IV.

We have assisted a number of clients in claiming Employment & Support Allowance. Which has seen a number of problems in the implementation and accessing of this benefit for many claimants. We have dealt with five cases this year in particular. E, D, J, O, and I have had varying problems in claiming ESA and were successful in their claims thanks to our support in making and completing claim packs, attending medicals, and advocating on their behalf when particular problems have arisen. I had not been paid benefit for 8 months. We were able to negotiate the reestablishment of payments to him. We were able to help J and O be placed in the support group for ESA only after our intervention in drawing the DWP notice to the effects of the trauma they are dealing with in their daily lives. We are finding that on initial application and contacts there is not an appreciation of the effects of PTSD and find it is necessary to intervene on behalf of clients to give a clear picture of their condition and it effect in relationship to their ability to work.

We have also notice that the clients have faced difficulties. Overall we continue to have good relationships with all of the different benefit agencies, from Fife, Ayrshire, Lothian and Strathclyde that we have come into contact with.

Money management

We continue to work with a number of clients in helping them come to terms with any financial problems, we continue to help with money management problems by helping to set up bank accounts, easy payment plans. We have also had to mediate between our client's debt recovery agencies to find an amicable solution. We have also established a working relationship with Advice Shop in Edinburgh (Mr I) and Money Matters in Rutherglen (Mr O).

Compensation

We continue to look at ways to work closer with our clients and their legal teams to help speed up compensation claims, with the other agencies involved. We also do this by accompanying our service users to meeting with their lawyers: I know service user (O) found this support very beneficial. However it should be noted that the long drawn out process in compensation claims definitely has a direct effect on our client's mental health. We continue to work closely with a number of our clients' solicitors in helping with their compensation application.

River Centre, Psychological Trauma Society

We continue to be part of this esteemed group, and also help to influence its agenda when coming to raise awareness about the lack of, and need for, psychological counselling for those who have spent years in wrongful incarceration

Scottish Criminal Case Review Commission

One of the outside agencies that we have a close connection with is the SCCRC. The Miscarriages of Justice Organisation is now a member of the Scottish Criminal Case Review Commission User Group, where we met again this year, although the relation is cordial, we do have our differences. The SCCRC has recognised the Project as a human rights organisation working with miscarriage of justice victims and have included our literature in their Appeal packs available to those claiming wrongful conviction. The Project is also listed on their website they have also added the Project on their website

Monitoring and evaluating our work in progress

We have continued to look at ways to show effectively the monitoring and evaluation of our work. We believe that we have found the solution by showing the clients that have taken up most of our time, in pie chart forms (see appendix). Through the statistics we produce you can see all of the clients that we are in contact with in the last 6 months, (also see appendix 1).

What we have focused on with the pie charts is 10 service users we have been working with intensely over the last 6 months in particular. Six of these service users have won their appeals at the high court, whilst the other four are going through the appeals procedure. We have used colour coding for each provision we provide. We believed that this would make it easier to monitor and evaluate the work that we do. However the feedback we received was that it was still hard to comprehend, therefore we have looked at a more qualitative approach in monitoring and evaluating our work and that is by asking three of our clients directly to comment on the help they have received. (See appendix 2)

Conclusion

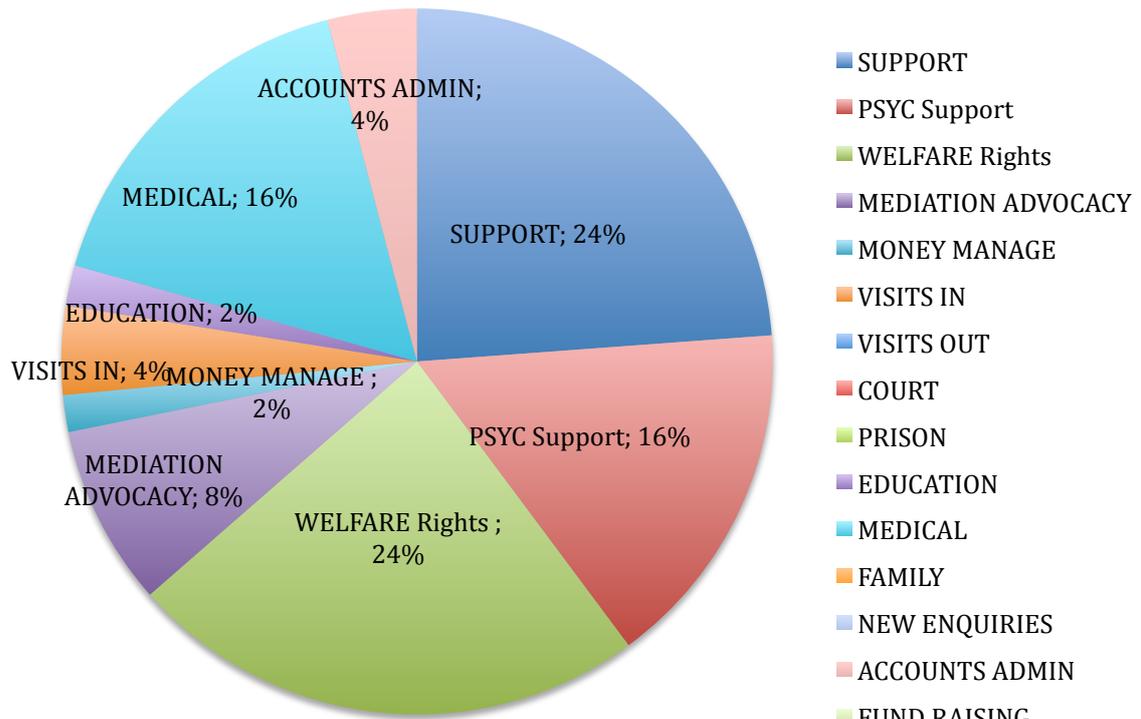
Our biggest difficulty is our lack of resources and the continuing increase on our workload. Because of the lack of medical help in relation to the psychological problems all our clients have been diagnosed with, Post Traumatic Stress Disorder DSM IV. Because of this, our workload continues to increase and our resources are continually stretched. We have increased our activities with our clients; this has been helped due to extra staff both fulltime and volunteers. One of our main concerns due to the lack of medical provision for their P.T.S.D. is that 90% have either a drug or alcohol dependency. We cannot stress enough that more medical help has to be made available in relation to the post traumatic stress disorder that all our clients are suffering from.

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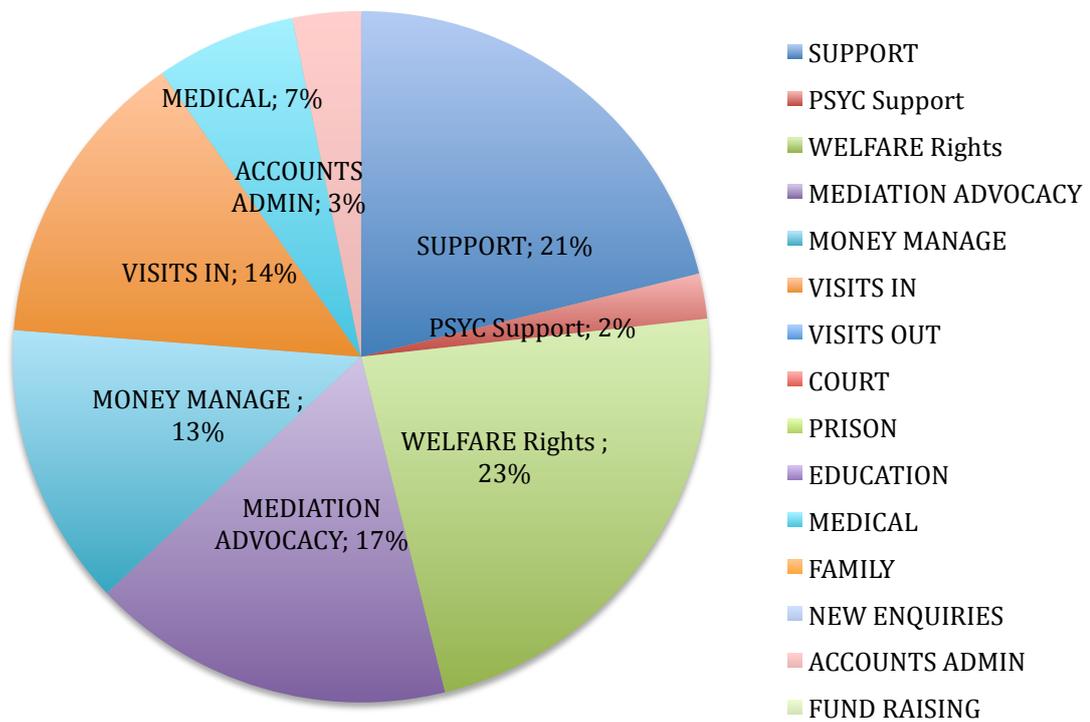
Appendix 1

Clients in the Community April 2010-Sept 2010

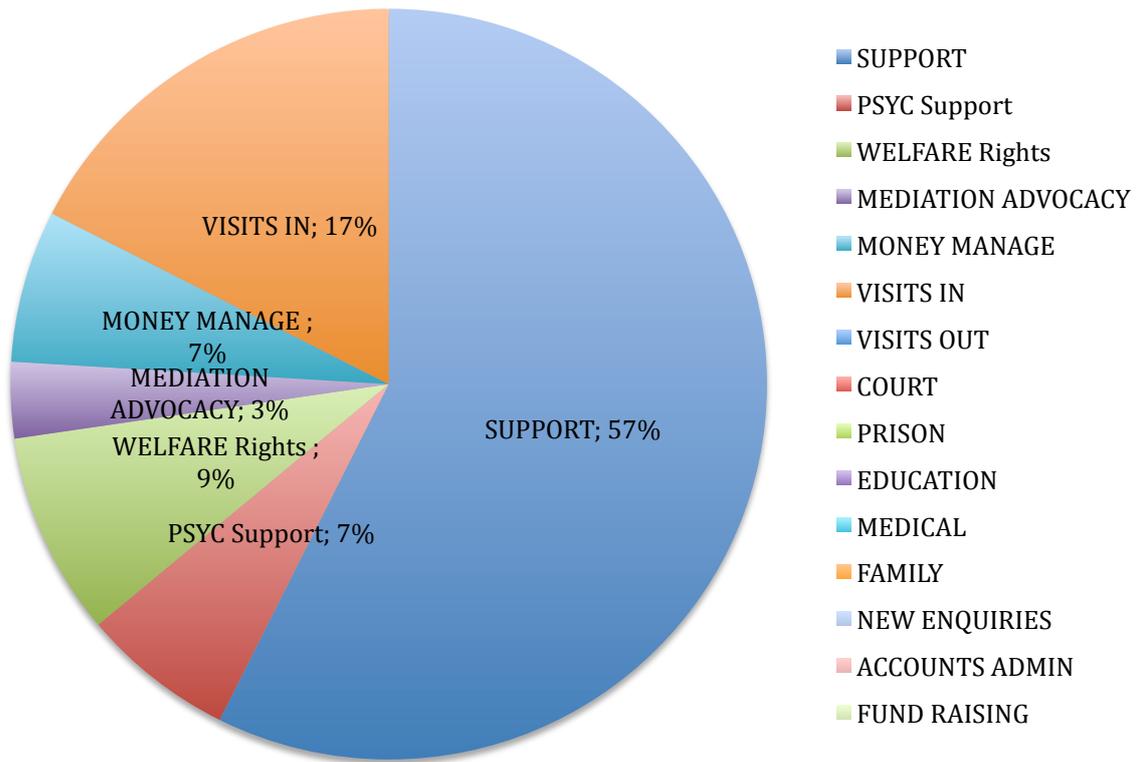
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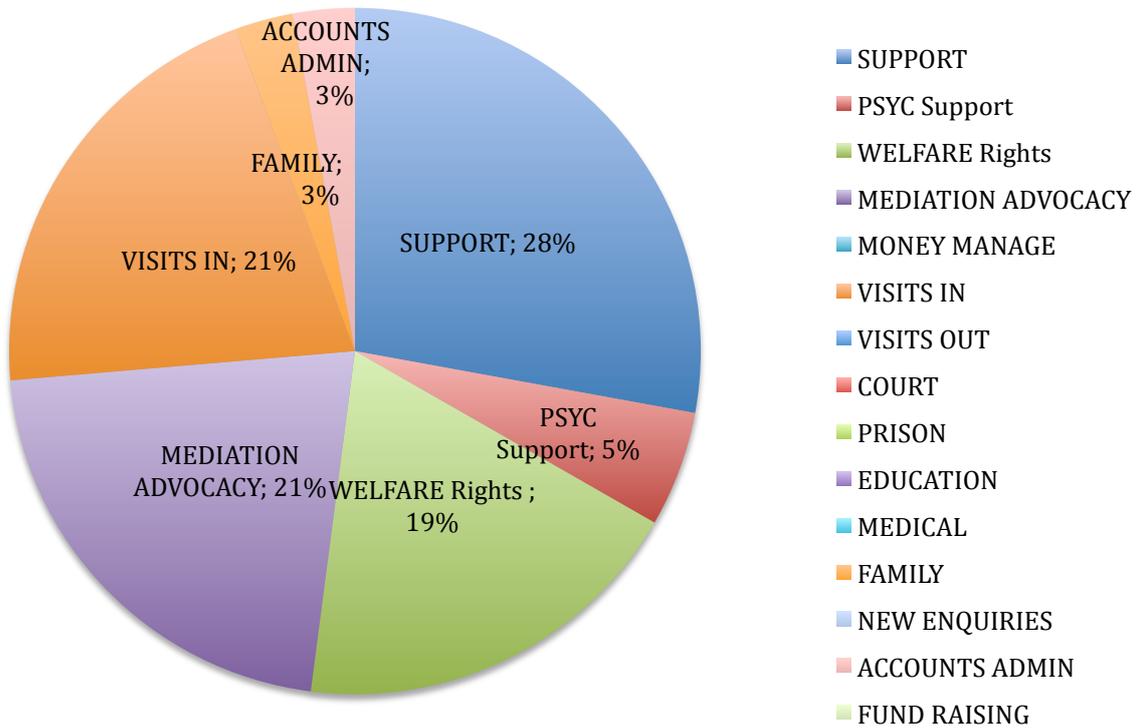
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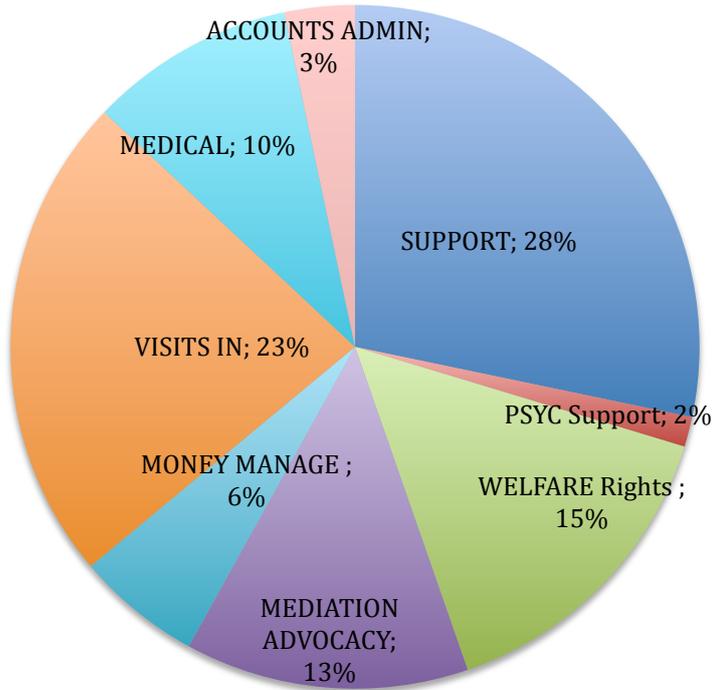
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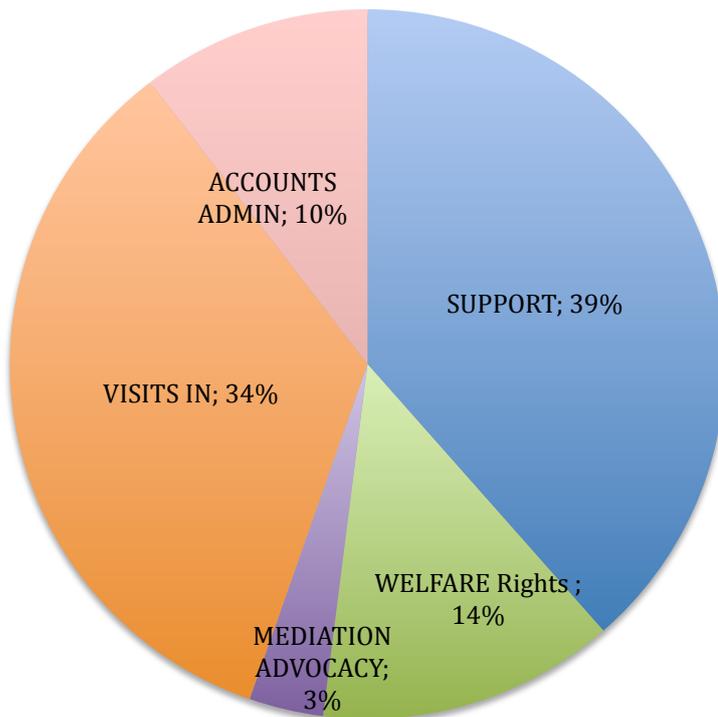


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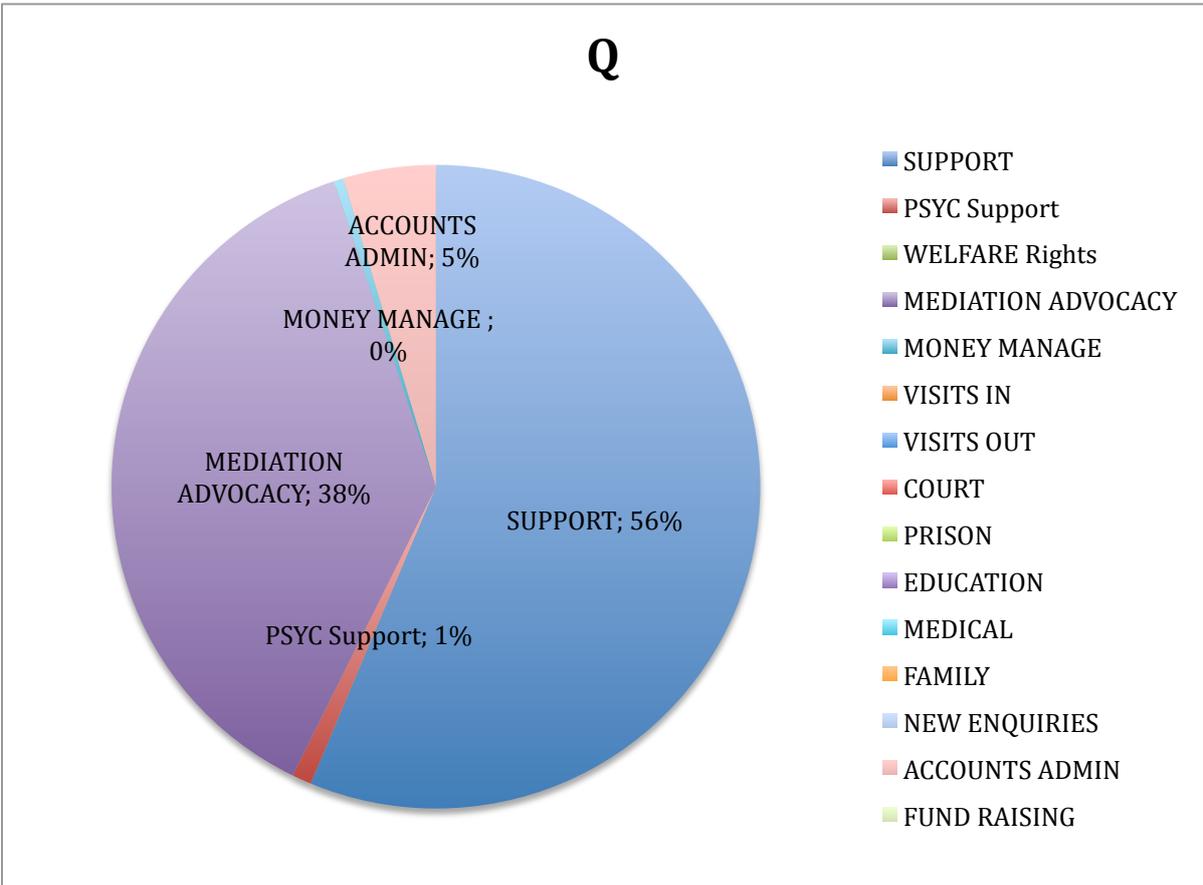
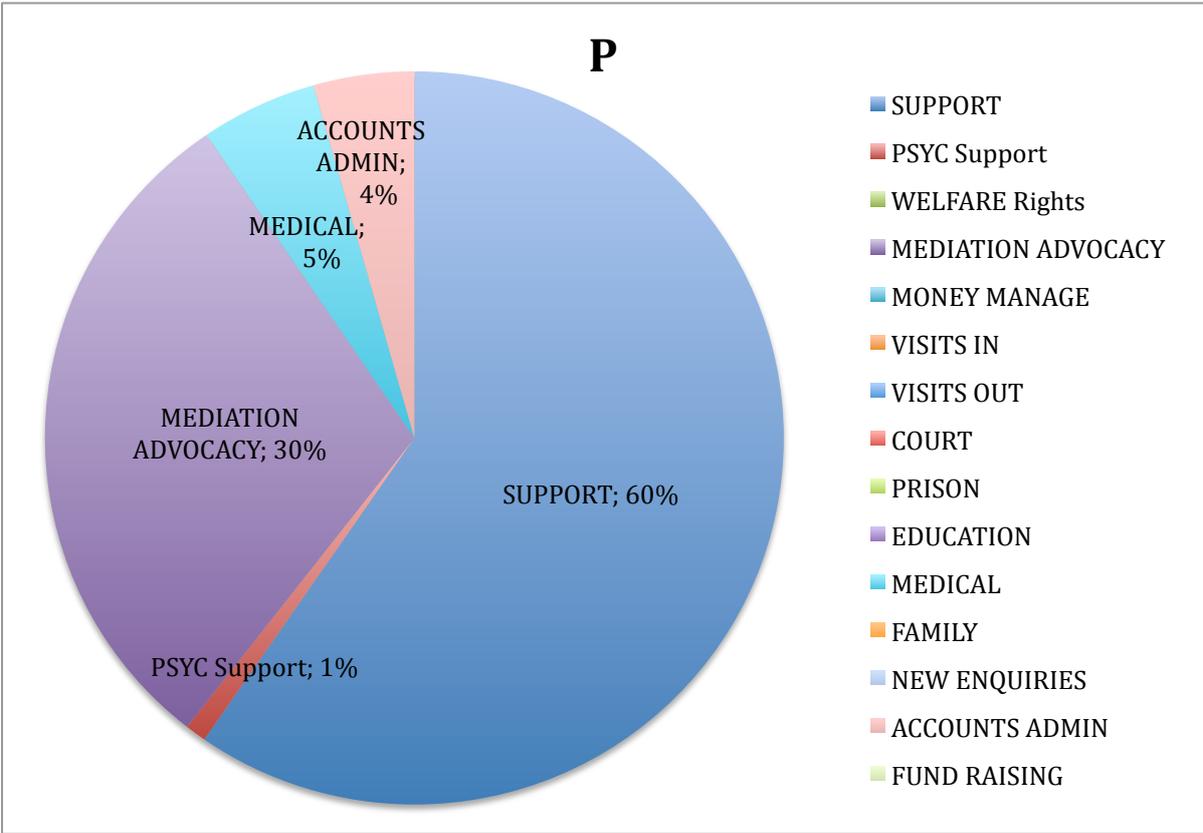


- SUPPORT
- PSYC Support
- WELFARE Rights
- MEDIATION ADVOCACY
- MONEY MANAGE
- VISITS IN
- VISITS OUT
- COURT
- PRISON
- EDUCATION
- MEDICAL
- FAMILY
- NEW ENQUIRIES
- ACCOUNTS ADMIN
- FUND RAISING

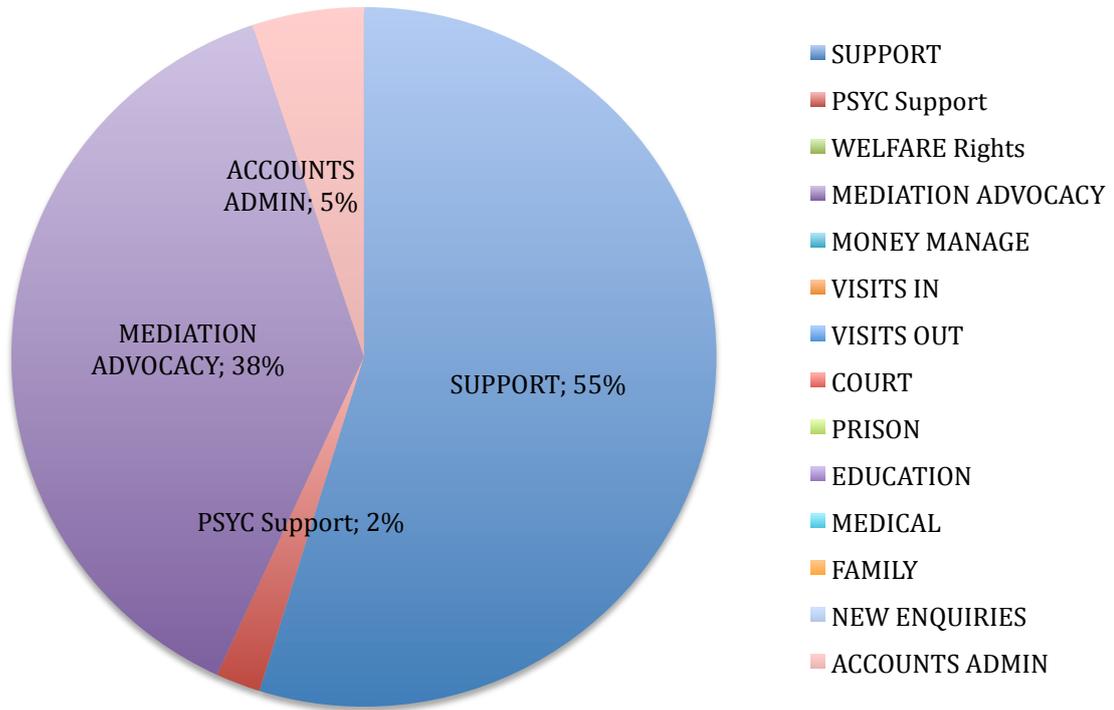
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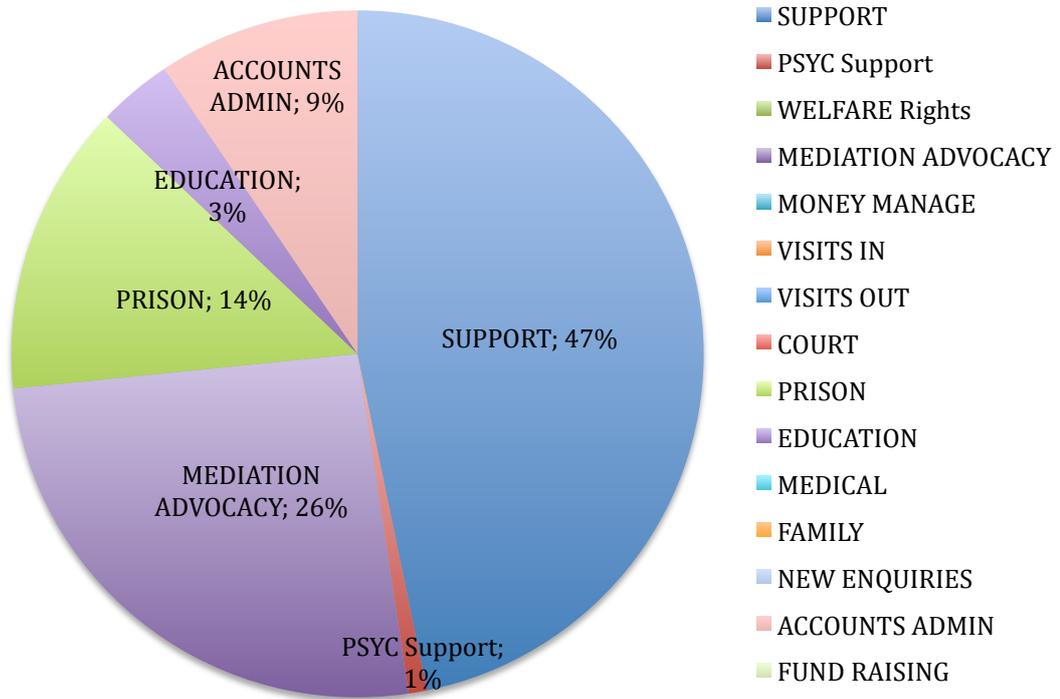
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- NEW ENQUIRIES
- ACCOUNTS ADMIN
- FUND RAISING



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Annual Report 2010-11

Appendix 2

Testaments from service users

Client O wrote

“The practical advice and assistance MOJO has provided with regard to benefits has been invaluable. I am not at all certain I would have had the patience and concentration to deal with the forms questions and frankly the humiliation...Without MOJO’s assistance I would surely have found myself tied in knots as I struggled to address the consequences of the miscarriage of justice I suffered. I gladly offer my sincere thanks for all you and your colleagues have done for me. The work you do is invaluable.”

Client W wrote

“I cannot thank MOJO enough for the long term support they have shown me. For a number of years after my release I tried to move on, and couldn’t understand why I kept breaking down, it was thanks to MOJO that I realised that I was suffering from Post Traumatic Stress Disorder. This helped me in so many ways, I also have to thank MOJO for their support in dealing with the benefit system, they go the extra mile, that is by accompanying me to appeal tribunals, has helped to alleviate a lot of pressure”

Client E1 wrote

“ I cannot praise MOJO and all their staff enough, for the support they have shown me and my son. If it wasn’t for MOJO I don’t know where my son would be today, they helped him in numerous occasions with his benefit and accommodation. As well as, arranging sessions with a psychologist to help him with his trauma. I owe them so much as I could not have coped on my own with my failing ill health”

Client J wrote

“It feels like a very long process trying to piece my life back together but I know that it would have been ten times harder without the help of the people with the experience and insight of all those who have helped me and continue to help me at MOJO”

Client G wrote

“MOJO have been a great help to me, both with my benefits, and getting me accommodation when I was first released. I have continued to seek their advice in relation to benefits, and the lack of medical support. Unfortunately the support and assistance, which is available to the guilty person upon release, is not on offer to those who are innocent. After having my conviction quashed and released as an innocent man, having spent 10 years wrongly convicted and imprisoned for a crime I did not commit, I was released onto the streets with no money, no accommodation, and no clue as to what I was supposed to do with myself. MOJO was able to assist me by liaising with the homeless department of the local council to get me into temporary accommodation, and also helped me with applying for financial assistance, and referred me to a reputable Health Care professional. Had the services of MOJO not been there for me, I don't know what I would have done. Life on the outside can be lonely and frightening but it is comforting to know that at MOJO there is someone at the other end of the telephone line if I need help with anything at all.”

Client E wrote

“Even though it is now 6 years since my release, I continue to need MOJO's assistance, with benefits, medicals, financial advice support, family mediation as well as psychological support. At the moment MOJO are supporting me, and have helped me to recognise that I have alcohol dependency problem and are helping me deal with this, through alcohol counselling and support from there office. Without this help I don't know if I would still be here ”

Appendix 2

**Coping Strategies and Enduring Psychological
Trauma in Some Miscarriages of Justice Victims
by Norman Parker**

COPING STRATEGIES AND ENDURING PSYCHOLOGICAL
TRAUMA IN SOME 'MISCARRIAGE OF JUSTICE' VICTIMS

NORMAN PARKER

M.Sc. in CRIMINOLOGY AND CRIMINAL JUSTICE

UNIVERSITY OF SURREY

FEBRUARY 2004

INTRODUCTION

In recent years there have been increasing numbers of high profile 'miscarriage of justice' cases reported in the media. Almost inevitably, the media has concentrated on the legal aspects of the individual's fight for justice. This paper focuses on the humanitarian aspects of this fight. How, for example, would an individual cope with being hauled off the street, charged, and subsequently convicted of a very serious offence he/she was innocent of? How would they motivate themselves to carry on when they don't even have the dubious consolation other prisoners have of having committed their offence? And in the cases where they are doing a life sentence, how would they deal with the fact that they will never be released whilst they are in denial? Further, and the main thrust of this paper, what is the emerging evidence that, unlike 'normal', guilty prisoners, the trauma of the experience of their imprisonment remains with 'miscarriage of justice' victims long after release? I will set

out to investigate the link between man and his environment. I will explore the psychological impact of prison on guilty inmates to determine whether it is inevitable that they will deteriorate over time, to be finally released with lasting, irreversible, damage. If this were to be so, then there would be nothing unique in any lasting damage done to 'miscarriage of justice' victims. Finally, I will examine the evidence concerning enduring, psychological damage experienced by many 'miscarriage of justice' victims. There is an extensive literature concerning the legal aspects of the fight to free various innocent people, the petitions, the campaigns and the appeals. This is all largely irrelevant to my subject. In the

'literature review' section I review an extensive literature of both a psychological and sociological nature concerning men in prison who are guilty as charged. There is very little on the 'convicted innocent', apart from a recent report by Dr Adrian Grounds and one by the Home Office, both of which I review. My research extends and refines the conclusions reached in both these reports. In the 'methodology' section I outline my orienting theory of 'interpretive biography', the basis on which I conducted my research. I explain how I selected the members of both the control and sample groups and the special problems that arose in dealing with such people.

There were clear ethical problems in dealing with men who had been through the traumatic experience of long term imprisonment. I address these issues in the 'ethics' section. The 'data

analysis' section deals firstly with my own autobiographical account of my 24 years in prison, viewed as a point of reference. Then there are the biographical summaries of interviews with three men who served long sentences, but were guilty as charged. They serve as a control group for comparison with the sample group. The biographical summaries of the interviews with the six 'miscarriage of justice' men in the sample group are longer and more detailed. As with the data on the control group it was distilled from much longer interviews and other data gathered over many years of friendship and acquaintanceship. The 'analysis' is a final

distillation of a process of selection and analysis inherent in my summarising process.

The 'conclusion' details the pathology of four of the sample group's journey to serious mental breakdown. It establishes the dynamic link between man and his environment, yet argues that the prison environment causes little enduring damage to 'normal', guilty prisoners. It lists several contributory factors to mental breakdown inherent in the life-

style the four forced themselves into whilst in prison. Finally, the research reveals the 'trigger', which tipped them over the edge into enduring psychological trauma.

LITERATURE REVIEW

Most of the substantive literature concerning the effects of imprisonment is decidedly psychological in orientation. A problem with this method has been identified by Hacking (1989). Writing about multiple personality Hacking says, "I think that there are sometimes fairly sharp mutations in systems of thought and that these redistributions of ideas establish what later seems inevitable, unquestionable, necessary. I hold that whatever made possible the most up-to-the-moment events in the little saga of multiple personality is strongly connected to fundamental and long term aspects of the great field of knowledge about memory that emerged in the last half of the nineteenth century."(p.4)

What Hacking seems to be saying is that existing psychological thought has set up a paradigm that is hard to break out of and that all subsequent psychological thought seems to flow out of what has gone before. Perhaps this should be kept in mind with regard to the psychologically oriented evidence.

Rose (1989, 1999) attests to the same phenomenon when he says, "that knowledge practices are suffused with cultural presuppositions and presumptions, are the subject of tacit agreements and conventions of particular communities of knowledge producers, are supported by the rhetorical use of claims about evidence and facts, draw upon the results of all kinds of discretionary decisions made in the course of experiments and investigations, and manifest a certain 'will to power'."

And as long ago as 1963 Becker cautioned, "To the degree that the common-sense view of deviance and the scientific theories that begin with its premise assume that acts that break rules are inherently deviant and thus take for granted the situations and processes of judgement, they may leave out an important variable. If scientists ignore the variable character of the process of judgement, they may by that omission limit the kinds of theories that can be developed and the kind of understanding that can be achieved"(p.4). This is still very relevant.

The discipline of environmental psychology has long sought to establish a dynamic relationship between man and his environment. Ittelson, Rivlin, Proshansky and Winkel (1974) argue for a "dynamic interchange between man and his milieu" (p.5), where man is a goal-directed individual who acts upon his environment and who is in turn acted upon by it. Here, man is not merely a passive recipient of stimuli, nor is he psychologically independent. Rather, he is in "dialectical tension with his milieu, interacting with it, shaping it and being shaped by it." (p.12)

Selye's work (1950) strongly supports the general conviction that social and psychological factors are important to health and illness.

Lazarus and Folkman (1984) have defined psychological stress as "a relationship between a person and the environment that is appraised by the person as taxing or exceeding his or her resources or endangering his or her well-being."(p.21) Menninger (1963) identifies five orders of regulatory devices which are strategies for reducing tensions caused by stressful events. At the top of the hierarchy are coping devices for

ordinary living, including "self-control, humour, crying, swearing, weeping, boasting, talking it out, thinking it through and working off energy." (p.119 in Lazarus)

However, when these strategies are used inappropriately or to an extreme, as in when a person talks too much, laughs too easily or loses their temper frequently, or seems restless or erratic they are no longer coping devices but systems of dyscontrol and disequilibrium. Menninger continues, "the greater the internal disorganization, the more primitive the regulatory devices become." (p.119 in Lazarus) He gives as examples:- narcolepsy, amnesia, depersonalization, aversion, prejudice, phobias, counter-phobic attitudes, rituals, compulsions, self-imposed restriction and abasement, self-intoxification or narcotisation.

Menninger's third order devices include more or less disorganised episodic, explosive outbursts of aggressive energy, specifically:- violent assaults, convulsions and panic attacks. The descent into fourth order devices heralds increasing disorganization and fifth order devices bring total disintegration of the ego. He concludes, "coping devices are those that indicate minimal disruption and disorganization. Any device that indicates dyscontrol or disequilibrium is, by definition, not a coping device." (p.119 in Lazarus)

As a general principle, Brehm's (1966) concept of reactance holds that people respond with anger and increased motivation when their freedom of action is curtailed. However, together with Wortman (1975), he proposed that this is an initial reaction and "continued unsuccessful efforts will lead ultimately to lowered motivation, increased passivity and depression." (p.145 in Lazarus)

Toch (1975) specifically identifies prison as an environment that can lead to mental breakdown. He writes, "prison is a consciously harsh human environment..... uncompromising solitude proved an invincible challenge to inmates. Some died and a large number emerged incurably disturbed." (p.4) Toch (1992) later says, "Few environments are more damaging than prisons, and few are more painful to their residents. Prisons are congested. Life in prison is spartan and sterile.....where a controlling environment impinges on previously uncontrolled individuals, it invited resentment and helpless rage." (p.XV)

Goffman's (1961) work in mental hospitals, which, he claims, equally applies to other 'total institutions' like prisons, approached the problem from a thoroughly sociological orientation. He identified a long term process he called 'disculturation'. For Goffman, total institutions break down or disrupt those actions that support the actor in civil society in having some command over the world. The process results in an "untraining which renders him temporarily incapable of managing certain features of daily life on the outside, if and when he gets back to it." (p.23)

This can lead to what Goffman calls "situational withdrawal", where "the inmate withdraws from everything except events immediately around his body and sees these in a perspective not employed by others present." (p.61) In mental hospitals this is known as 'regression'.

Goffman further identifies various coping strategies whereby the inmate tries to cope with the institutional situation. They range from:-

- 1) situational withdrawal,
- 2) the intransigent line, with the inmate blatantly confronting or refusing to cooperate with staff.
- 3) colonization, with the inmate taking maximum advantage of the privileges available and settling down to a stable existence and
- 4) conversion, with the inmate taking over the official, institutional view of himself and aping the role of the perfect inmate.

Goffman argues that, overall, inmates tend to adapt rather than actively resist. He allows for the intransigent line, even though this involves only a refusal to cooperate. He states that this is "typically a temporary and initial phase or reaction, with the inmate shifting to situational withdrawal or some other line of adaptation." (p.62) In their sociologically oriented work amongst long term prisoners, Cohen and Taylor (1972) found parallels between the psychological problems the men experienced and those experienced by free men in other extreme environments. In the case of the prisoners though, Cohen and Taylor found that they had to cope with sensory and perceptual deprivation for anything up to twenty years. They observed that no deprivation studies have suggested the long term psychic effects of such an experience. However, studies into much shorter periods have suggested an accelerated rate with which such environments can induce psychological disturbances.

They noted the 'situational withdrawal' characteristics which Goffman had identified, but also early signs of what Laing (1965) had referred to as "ontological insecurity" (p.109 in Cohen) That is " a state in which one doubts the integrity of self, the reliability of natural processes and the substantiality of others" taking the form of " a dread of the possibility of turning or being turned into stone, a robot, an automaton, without personal autonomy of action, an 'it' without a subjectivity." (p.109 in Cohen)

Thus far, the literature examined tends to support the following argument:- that environments strongly influence individuals who live in them; that stressful environments encourage idiosyncratic or dysfunctional reactions leading to some degree of psychological harm; that prisons are a particularly harsh and psychologically damaging environment, and inmates who spend long periods in prison will inevitably suffer some degree of serious and enduring psychological damage.

If the above in its entirety were to be true, then any enduring psychological damage suffered by 'miscarriage of justice' victims could hardly be blamed on the unique nature of their situation, namely being innocent. It could be argued that it is just an inevitable result of long term imprisonment.

A different view comes from the work of Zamble and Porporino (1988). They concede that, at least for some offenders, clinically and psychologically oriented research has regularly suggested that imprisonment can be devastating. This ranges through:- cognitive malfunction (memory loss, a clouding of comprehension and a lack of the ability to think); emotional problems (apathy and rigidity); problems relating to others (infantile regression and increased introversion) and various psychotic characteristics (obsession and loss of reality). However, they argue that studies with a more rigorous methodology have found, "no consistent findings of quantifiable psychological deterioration." (p.9)

A study of the effects of imprisonment using comprehensive batteries of psychological tests on groups of prisoners was conducted by Banister, Smith, Heskin and Bolton in 1973. The tests included those for cognitive and intellectual abilities; personality tests, including the Eysenck Personality Inventory and other scales, and attitudes to authority and law and order.

They found there was, "no overall deterioration in perceptual-motor or cognitive functioning associated with duration of imprisonment. Further, there were no consistent changes in attitudes or personality functioning attributable to the length of the imprisonment." (p.10)

Although Rasch (1977, 1981) found that, "a large proportion of the prisoners he assessed showed signs of depression and withdrawal, very few differences were found that covaried with the length of imprisonment." (p.11 in Zamble)

Zamble and Porporino found that, "the available evidence indicates that gross psychological deterioration is not an inevitable consequence of imprisonment." (p.11) Following a survey of the literature, Walker (1983)(p.115 in Zamble) came to a similar conclusion, as did Gearing (1979)(p.9 in Zamble)

Zamble and Porporino also found that "some men sink into depression and hopelessness, while others feel comfortable, contented or even happy. From our results we can say that most fall somewhere in between, coping day by day and minute by minute, and surviving intact and more or less unchanged." (p.151)

For Zamble and Porporino, the majority of the prisoners had become more self-controlled in their thoughts and more socially self-contained. The longer they served, the more they restricted themselves to the concrete present reality. They had become more cold emotionally, but this was the cost of psychological survival.

Whilst accepting that many men suffer mental deterioration in prison, Zamble and Porporino argue that aging and the passage of time bring similar deterioration to free people out in society. They conclude that, "it must not be assumed that such effects would be the results of imprisonment.....we can see no evidence that maladaptive ways of reacting are acquired in prison." (p.148)

They conclude that, "as a generalization, we might say that prison affects men strongly, but in the long run it hardly changes them at all....we can characterize prison as the behavioural equivalent of the deep freeze, in which the outside behaviour of inmates is stored until their release." (p.152) And most tellingly, "*we would predict that once the physical constraints of prison on behaviour are removed, most men will return to some approximation of their behaviour before imprisonment, without any greatly increased risk of permanent damage or deterioration.*" (p.148)

Even Cohen and Taylor concede, "the American prison system has thrown up some remarkable cases such as Nathan Leopold and the legendary Robert Stroud who served periods of forty or fifty years with little apparent deterioration. We know too little about these people to understand how they survived- although their presence suggests there is no fixed point beyond which the prisoner inevitably cracks."(p.110)

The sole literature on the psychological effects of imprisonment on 'miscarriages of justice' victims is a paper based on research by Dr Adrian Grounds. Dr Grounds is a Senior Lecturer in forensic psychiatry at the Institute of Criminology and the Department of Psychiatry, at Cambridge University. Since 1992 he has carried out clinical assessments on seventeen men who are 'miscarriage of justice' victims.

Like Zamble & Porporino (1988), Walker (1983) and Gearing (1979), mentioned earlier, Dr Grounds is of the opinion that the research literature on the effects of long term imprisonment shows little hard evidence of inevitable psychological deterioration over time.

In 1992 he carried out clinical assessments on four men who had been wrongfully convicted as the 'Birmingham Six' and another man who had been wrongfully convicted

as one of the 'Guildford Four'. None of the five men had significant past histories of psychiatric illness prior to imprisonment. So Dr Grounds was surprised to find "a pattern of disabling symptoms and psychological problems that were severe, unfamiliar to me, and the same in all the cases."

In the ten years since then he has carried out clinical assessments on a further twelve men who had been wrongfully convicted, then released on appeal. They had mainly been convicted of ordinary, non-terrorist offences of murder. Dr Grounds found that they all had symptoms similar to the first group.

Fourteen of the men fitted the World Health Organisation's diagnostic category of 'enduring personality change after catastrophic experience'. In effect, this meant the men were moody, withdrawn, unable to relate properly, had lost a sense of purpose, couldn't handle intimacy and had a general attitude of estrangement from people. The effects on their families was devastating and distressing, with family members saying the man was a different person and not the man he used to be.

Dr Grounds found that twelve of the men had post-traumatic stress symptoms as a direct result of extremely violent or threatening events on arrest or whilst imprisoned.

Since release, ten of the men had suffered from depressive disorders, four from severe anxiety or panic attacks and four had symptoms of paranoia. Three of the men had become so socially isolated that they had used alcohol and drugs to block out their psychiatric symptoms. As a result they had become alcohol and drug dependent.

Although the vast majority of the men had no prior psychiatric history before release, Dr Grounds concluded that, in all cases, the psychiatric symptoms were directly attributable to the experience of wrongful arrest and imprisonment.

The majority had chronic feelings of bitterness and loss, suffered severe sleep disorders and were extremely moody. This made them very difficult to live with and in several cases this had led to family estrangement.

In prison the men had used strategies of withdrawal, self-isolation and uncommunicativeness to block out painful feelings. They continued to use them after release, which their families found bewildering and upsetting. Typically, the men refused to talk to their partners about the prison experience.

All the men said they felt the same age psychologically as they had been before arrest. They found they had little in common with their peers. Some would shut themselves away for hours to avoid social contact. All had difficulty with family and close relationships. Specifically, there was a permanent loss of closeness and a profound estrangement. They experienced extreme guilt because they no longer felt close to the people who had stood by them so stoically over their long incarceration. Dr Grounds felt that the general demeanour was summed up perfectly by one family member when she said that there was a permanent loss of joy.

In prison many of the men felt isolated by their claims of innocence and realised that, because of their continuing denial, they would probably never be released conventionally. Generally, they campaigned for their release year after year and became wholly obsessed with their legal case.

All the men were released suddenly, without the usual pre-release procedure of phased, increased freedom that normal prisoners go through. Typically, they were taken from a secure prison to the Court of Appeal and immediately released with a bag of possessions and a small prison discharge grant. The 'lucky' ones had families and the media waiting: the 'not-so-lucky' ones just had the media.

All experienced great difficulty in coping with mundane, practical tasks that normal people took for granted. There was a 'technology gap' which prevented them from operating simple gadgets. Everyday events like shopping and crossing the road were problematic. Most had no sense of the value of money, couldn't budget, were reckless and soon got into debt. Some frittered away the compensation they received. It all added to their general sense of embarrassment and shame.

Initially, Dr Grounds could not make sense of the men's profound psychological problems, which were of a type he had not seen before. He had to go to the literature about others subjected to chronic trauma and found parallels in studies on war veterans. Specifically, this concerned difficulties in close relationships and the loss of emotional closeness to family, which were the most distressing and disabling of the men's symptoms. He found well-documented evidence of the difficulties in adjustment experienced by soldiers returning home after warfare.

One particular study by Solomon (1993) found that many of the veterans were suffering from post-traumatic stress disorder and were removed and detached from their families, often physically as well as psychologically. This had drastic implications for their roles as husband and father.

Dr Grounds was struck by the difficulty one has in grasping the enormity of what has happened to these men and their families. He found that the men's numerous psychiatric illnesses interacted and compounded one another. He concludes, "I was left with a strong clinical impression of irreversible damage that could not be substantially remedied, and help had to be directed towards assisting those concerned to find a way of living with it; coping with their emotional conflicts and grief, and gaining a better level of understanding of their difficulties."

He recommends:- a special residential place on release, for support and education about the problems that are likely to be experienced; individual treatment for specific psychiatric conditions, together with long term counselling to deal with feelings of loss; separate work with the family, to support them and help them cope; and a comprehensive study of a wide cohort of prisoners to determine whether his findings are specific to just 'miscarriage of justice' victims or are in fact some consequences of long term imprisonment generally.

The special problems faced by released 'miscarriage of justice' victims has been noted in the report of a Home Office Working Group (2002). In 1998, the Home Office Minister, Lord Williams of Mostyn, conceded that the compensation procedure was not an adequate answer to the practical problems faced on release.

In 1999 the former Home Office Minister, the Rt Hon Paul Boateng, indicated that he had again considered the difficulties faced by 'miscarriage of justice' victims who are abruptly released following appeal. He noted that it had been decided the previous year to finance a voluntary body to provide a national advice and counselling service to deal

with the special problems of this group. In April 2000 the Home Office Probation Unit convened a working group. The outcome was the report issued in April 2002.

The report noted that, on release, 'miscarriage of justice' victims faced many problems, including:- obtaining viable identification documentation; securing accommodation; obtaining social security benefits; getting access to healthcare and other mainstream provisions.

The study also found, "significant evidence that many individuals suffer serious psychological or psychiatric problems as a result of their wrongful imprisonment and that these problems are not apparent until after release. The study found that expert facilities do not exist for addressing these problems..."

Amongst the organisations considered for providing a nationwide service to redress these issues were:- the Society of Voluntary Associates; the National Association of Citizen Advice Bureaux and the Miscarriages of Justice Organisation (MOJO). They also considered a proposal by John Kamara, who himself spent nearly 20 years in prison as a 'miscarriage of justice' victim.

The main thrust of Kamara's 'Life After Life' proposal was that it was essential that a retreat (the word 'hostel' was rejected as smacking of officialdom) be set up to receive 'miscarriage of justice' victims immediately after release. Kamara felt that it was essential that this retreat be managed and run on a daily basis by other 'miscarriage of justice' victims who had already been through a similar experience. Dr Grounds thought that this latter detail was critical if the victims and their families were to have confidence in the service.

In the event, the Citizens Advice Bureaux were given the contract.

METHODOLOGY

My approach to this research has been from the orientation of interpretive biography, which belongs firmly in the sociological tradition. According to Denzin (1989), "the interpretive biographical method involves the studied use and collection of personal-life documents, stories, accounts, and narratives which describe turning-point moments in individuals' lives." (p.13) Denzin states quite clearly that, "The lived experiences of interacting individuals are the proper subject matter of sociology." (p.25)

Notwithstanding Derrida's (1972) caution that, "there is no clear window into the inner life of a person, for any window is always filtered through the glaze of language, signs and the process of signification." (p.14 in Denzin), Denzin argues that, "the meanings of these experiences are best given by the persons who experienced them. A pre-occupation with method, with the validity, reliability, generalizability and theoretical relevance of the biographical method must be set aside in favour of a concern for meaning and interpretation." (p.25)

Denzin's position is that, "there is a 'real' person 'out there' who has lived a life, and this life can be written about."(p.22) Further, "the personal pronoun thus signifies this person making this utterance. It becomes a historical claim."(p.21)

I, myself, served 24 consecutive years in prison for murder, a crime I was guilty of. My autobiographical account is offered as data not in the same way as the biographical accounts which comprise those of the control and sample group data, but more as a point of reference. I am comparing my experience with that of those like me in the control group and those unlike me in the sample group. That is why I have called my account 'reference data'. It is still something to be interpreted and examined for meaning. Having worked as a professional journalist for several years, I was conscious of the need for objectivity rather than subjectivity.

There are three biographical accounts of a control group comprising men who served long terms in prison, but were guilty as charged. Their prison experiences and, more importantly, the degree to which they did or did not suffer enduring psychological damage which persisted after release, can be compared with the 'miscarriage of justice' victims in the sample group.

I chose these particular men in the control group because I knew them well in prison and, having become friends, continued to see them 'outside'. This gave me the advantage of being able to check their accounts against what I had myself observed about them.

There are six biographical accounts of a sample group of 'miscarriage of justice' victims. They are based on unstructured interviews I conducted with them as well as on other information I had gleaned over the years. I chose them carefully. Usually, 'prison-wise' prisoners, plugged into the 'grapevine', come to know those who are truly innocent.

I was well aware that all of these men had suffered terribly at the hands of the State, so I approached each interview with extreme caution. They would be naturally antagonistic to anything that smacked of 'officialdom'. This is why I excluded both questionnaires and a highly structured approach.

I was aided by the fact that some of the men I knew personally, others were friends of friends, all had read one or more of my books, or had seen or heard media performances where I had talked about criminal justice issues. Further, for many years I, too, had fought the prison system. The point I am making is that I was not viewed as a threat by these men, as some kind of agent of the State that had harmed them so much already. There was a high degree of trust.

Finally, in view of the fact that I had shared many of their experiences myself, I was able to judge the degree of accuracy of their accounts. I have used the summarising process in constructing the three accounts in the control group and the six in the sample group as a preliminary form of selection and analysis.

I chose anonymisation in the cases of the three men in the control group, using imaginary first names. Their sentences long behind them, they could be embarrassed by public disclosure now. This was not the case with the sample group. All had had recent, widespread publicity in the media. Many were active in publicising their own cases or those of 'miscarriage of justice' victims still in prison. Anonymity was not an issue for them.

ETHICS

Any research investigating psychological trauma in men who have suffered the rigours of long term imprisonment, whether innocent or guilty, would be extremely

negligent to ignore the possible harm such investigation could do. Having suffered similar trauma myself, I was well aware of areas that could be problematic. At all times the welfare of my fellow ex-prisoners was at the forefront of my research. In each case I took special precautions.

With regard to Paddy Hill for instance, I had known him in prison; we had several friends in common and I had attended several functions involving the 'Miscarriage of Justice Organization' (MOJO) with him. Not only was he a founding member of MOJO, he regularly spoke publicly about his own experience of wrongful imprisonment. Even so, following my interviews with him I informed another member of MOJO in order that she could check that he was alright. In every case, following an interview, I would get some mutual friend to check that the interviewee was okay.

All of the interviewees were enthusiastic about assisting my research, feeling that it was their duty to bring the plight of 'miscarriage of justice' victims to the attention of the public. Some were quite evangelical in their zeal to promote such knowledge themselves. In every case I was confident that their consent to participate was informed consent.

DATA ANALYSIS

REFERENCE DATA

NORMAN

In 1970, at 26 years of age, I was sentenced to life imprisonment for murder. At the time I was actively engaged in criminal activity and the victim was a fellow criminal. Prior to the offence I had been treated for depression and regularly experienced feelings of rage. I had previously served a six year sentence for manslaughter.

As much as the transition into prison for such a long time was painful to me, I remember thinking that it all had a certain inevitability about it. I, and many other people, had seen it coming. It was some consolation, but not much.

With my previous experience of prison and my extensive criminal friends and acquaintances, I had no trouble fitting in. On my arrival at a new prison other Londoners would rally round, befriend me and help me settle in. Quite often I had never previously met them, although we usually had mutual friends. This network of support gave me much comfort over the years.

I soon became a dedicated escaper, making several serious attempts, although never actually getting away. Apart from the obvious goal, it also helped psychologically. I was no longer doing a life sentence, I was going home next week, next month, or whenever I could organise the next escape attempt.

I still suffered from depression and took some medication for it. I also had a well

-thought out survival strategy. The mental regimen centred around studying for a degree on the Open University: the physical regimen around gruelling work-outs several times a day.

The first eight years I spent in Category A, maximum security prisons, with oppressive security restrictions and little freedom of movement. I then spent two years in a category B prison, with appreciably more freedom. The next ten years I spent between two Category C, semi-open prisons. Here the regime was much more relaxed and I could wander round the extensive grounds of the prisons with very little supervision.

Shortly before I was moved to open prison the Governor escorted me on a two-hour 'town walk' around a local market town. It was my first experience of freedom in twenty years and was specifically intended to help me gradually acclimatise myself.

In the open prison, all doors were unlocked and I had complete freedom of movement about the grounds in the hours of daylight. After two months I went out on a half-day 'town walk' in a nearby seaside town with my case officer. A month later I went out on a similar 'town walk' on my own.

At the three month stage I was allowed to 'work outside' for three days a week. In my case this entailed cycling three miles to a local scout hut, where I assisted the women in running a play-school. Shortly afterwards I became entitled to 'home leave'. Every two months I was allowed to leave the prison early on a Friday, spend the weekend with my mother in London and return to the prison by tea-time Monday. I often reflected that I was experiencing freedom in bite-size chunks, returning to the prison to digest what I had experienced.

As part of my parole review I was regularly interviewed by members of staff, including psychiatrists, to determine if I was experiencing any problems in dealing with freedom. The last nine months before I was finally released on life licence I spent in a prison hostel. This was a half-way house-type building, situated outside the prison walls. I could leave at 6 each morning to go to work and did not have to return until 11 at night. Every weekend I could leave the hostel on Friday at 4pm and not return until Monday at 11pm.

On release I was allocated a probation officer, who I saw for an hour every two weeks. This lasted for eight years, at which time I was seeing him for 20 minutes every three months.

I did experience some psychological problems whilst at open prison and for a while after release, but they were comparatively mild in view of the fact that I had been in prison for 24 years. Prison is a completely non-tactile environment, with each prisoner jealously guarding his own personal space. I could go for a whole month without anyone physically touching me and then it would only be a hug from my mother on a visit. I found it very intrusive and quite bizarre to be touched. This persisted quite strongly for several months and then gradually diminished.

Having seen my mother only once a month for over twenty years meant that she was now something of a stranger to me. However, I had little trouble relating to her and we soon resumed a loving relationship.

Sexual encounters with women were initially awkward, but then so was ordering a meal in a restaurant and driving a car. All these things quickly came back to me.

There was nothing the matter with my self confidence or intellectual abilities. I lectured at several universities and appeared on scores of radio and TV programmes, talking on criminal justice topics. I travelled all over the world as a freelance writer for men's magazines and was a journalist for the Sunday Express for a while, reporting from Israel and Northern Ireland.

I have now been free for over nine years. I seem to have suffered few enduring, harmful effects from the experience. I have written about my experiences and still laugh about some of the funny ones with my friends. The nasty experiences are out of mind. When necessary they can be discussed without traumatic consequences. I still have bouts of depression, but this has been the case all my life.

However, one enduring effect is a feeling of loneliness. I don't like not to be in a caring relationship and I don't particularly like to be indoors on my own. This I do feel is a legacy of the prison years.

THE CONTROL GROUP

This section deals with interviews with three men who spent long periods of time in prison whilst serving a life sentence. All were guilty as charged. They serve as a control group for comparison against later interviews with 'miscarriage of justice' victims. In the cases of 'John', 'Peter' and 'Jack' I have summarised what I feel are the salient points in unstructured interviews lasting several hours. I have used the summarising process as a preliminary form of selection and analysis.

JOHN

John was just 17 when he was given a life sentence for stabbing another youth to death outside a dance hall in the East End of London. The oldest of five brothers, he was already thoroughly imbued with East End criminal culture even if he wasn't an active criminal. However, the shock of being charged with murder was so great that his jet black hair went grey literally overnight.

In the Young Prisoners institution he was treated as something of a celebrity by other inmates because of the seriousness of his crime. This caused him to "swing my shoulders a bit." In the adult prisons older inmates, some of them quite notorious criminals, tended to take him under their wing, which helped him through. Within a few years though, he had matured enough to see through the false bravado of criminal/prison life. He just wanted to get out as soon as possible.

He spent his time doing education, playing football and working out in the gym. He did his best to get on with everyone. He spent eight years in Category B prisons, then did six months in open prison, followed by six months on a prison hostel.

On release he went straight back to his family and did not have any problems getting on with them. He did have some problems with emotional relationships with women because, "I kept myself to myself in there, so that affected the way you show your feelings."

Initially he did have a sleep disorder and wanted to get out of the house as much as possible. He puts this down to the fact that he was still a young man, who had missed the company of women, and wanted to make up for lost time by staying out all hours.

This situation soon stabilised. He had a baby with a girlfriend and opened and ran three successful clothes shops in and around the East End. After four or five years he even cut drinking out of his social life.

Then his brother was stabbed to death in a situation not dissimilar to his own offence. He wasn't present, but it affected him greatly. "I went the cocaine route and went off the rails for a while, losing everything."

John has now been out for twenty years. He says he is aware of no harmful effects of the prison experience. He is married with two young children and works a night shift in a local hospital where his wife works.

Of his time in prison he says that he doesn't look back on it with hate; he only looks forward, as he did in prison. "I did my time with some sensible people and learned off them. It hasn't damaged me because I look at it this way. It was an education you can't buy."

PETER

In 1975, aged 27, Peter was working as a work study engineer and had never been in trouble before. A woman he was having an affair with was "messing him around" and he shot her with a gun he borrowed from his gun club.

In the months prior to the offence he had been in an emotional turmoil. Charged with murder and remanded to Brixton prison, he now was "numb with shock, wondering if it was all a dream." He feared he wouldn't be able to cope. But within hours "a sort of animal instinct of survival started to take over."

He spent nine months on remand on an observation ward in the prison hospital, deeply depressed. However, the constant cries and screaming from the mental patients on nearby F wing terrified him and served to focus his mind. "I realised that the worst thing must be to lose your mind."

He started to read books about how other men had survived in prison, including Dostoyevsky and Solzhenitzhn. One particular phrase stuck in his mind, 'in prison you live in the shadow of madness'.

Sentenced to life for murder, he began to look back on his free life as a previous life. He consoled himself with the thought that he deserved to be in prison for what he had done. He met lots of interesting people, some of whom helped him cope, although he did become very introspective. "I couldn't have made it without the support of my fellow

prisoners." He had plenty of social support, with his mother, sister, brother-in-law and nieces all visiting him regularly.

He spent a year in open prison, six months on a prison hostel and was released on licence having served ten years. He had no problems getting on with family and friends. He had no sleep problems, nor did he at any time of his sentence. There were no feelings of hate or rage, as he considered that his offence merited ten years. He got a job immediately.

He has been out 18 years now, during which time he has been married and divorced. He feels that the prison experience is all in the past. When he does think of it, he thinks of the good times. Sometimes when he is with old friends from the prison days they talk about old times. He is presently in a relationship, but they live apart.

He considers himself to be a "well-balanced, reasonable guy". He feels that there has been no lasting damage.

JACK

In 1973, when he was 30 years of age, Jack's wife admitted she was having an affair and left him with the two children. He puts it quite frankly, "So I went round and shot the guy." Jack had never been in trouble before, apart from 120 days spent in the Army detention centre at Colchester as a means of getting out of the Army.

He had been drinking heavily in the weeks before the offence and living a "nightmare existence". That first night afterwards he felt "a big sense of relief and had the first good night's sleep in ages". However, he was deeply upset about events, but as days passed he began to feel better.

Prison for Jack was a new way of life. He "got support from other inmates and found them to be good fellas". He got a job in the prison gym and dedicated himself to the job, providing fellow inmates the best service he possibly could. He suffered no depression or other mental health problems and took no medication. Towards the end he just wanted it to be over and regrets the fact that his mother died whilst he was in open prison. By the time he was released, after periods in open prison and on a prison hostel, he had served eleven years.

Of the 19 years he has been out, he has been married for 18 of them. He and his wife have a two-year-old son. He has worked regularly. He had no problems with relationships with his family when he got out and no sleep disorders.

Of the prison experience he says, "I've absolutely forgotten about it really. I look back on it like the period in school or in the Army. I don't like to say it, but right now I look back and wouldn't really change a thing."

THE SAMPLE GROUP

The following six biographical accounts all concern men who were wrongly sentenced to life imprisonment for murders they did not commit. All were finally cleared by the Court of Appeal after legal and media campaigns lasting anything up to two decades. These accounts are summaries of much longer, unstructured interviews. As with the control group, I have used the summarising process as a preliminary form of selection and analysis

PADDY HILL

In 1974 the IRA bombed two pubs in Birmingham, killing 14 and injuring over 200. Paddy Hill and five other Irishmen were arrested for the crime. He was beaten and tortured over three days, including being burned with lighted cigarettes and having his teeth broken by guns, but he refused to sign a statement of admission. On reception at Winson Green Prison he was immediately attacked by warders and inmates in unison and beaten so severely he feared that he was going to be killed.

At the time of his arrest, Paddy was living in Birmingham and working on building sites. He had a record of petty crime, including some violence and had served a short prison sentence. He had never been involved with the IRA in any way. His father and two of his brothers had served in the British Army.

"...by the time 1974 came around I was a happily married man. I had five daughters and, of course, I had a son, he was the youngest of the six. And to all intents and purposes my world was complete."

I met Paddy in Gartree prison in 1979. As far as the convict hierarchy went, he was very low down on the pecking order. I remember a small, quiet man, thoroughly intimidated by the truly criminal and violent men he was surrounded by. If he was thought of at all, it was as a 'poor sod'. In the cynical world of prison, men are too completely focused on the pains of their own existence to waste sympathy on others.

In some ways he occupied a peculiarly lonely position. In prison the IRA have a command structure and only associate with each other. This excluded Paddy, of course. Compared with the other prisoners, as an innocent man he didn't share their common situation. Many others still regarded him with suspicion, feeling he had had something to do with the crime. In no way was Paddy a cause celebre amongst the inmates.

From the start, Paddy fought his case to prove his innocence. "I spent the first four years in Gartree, in the block (punishment block) practically, working on my case and I spent most of it in solitary." The case took over his life. "When you're wrongly imprisoned you start to eat, sleep and breathe your case 24 hours a day."

His campaigning inevitably brought him into conflict with the authorities. "I was in and out of blocks, 40 moves and lie downs, thrown out of Gartree nine times. I wouldn't comply with prison rules. As far as I'm concerned the rules don't apply to me, they only apply to guilty people. I just threw caution to the wind and said, 'fuck it!'"

As the years passed, Paddy still refused to accept the situation. "I could never come to terms with it. I used to walk up and down that fucking cell every night and I used to keep asking myself over and over again, 'what the fuck am I doing here? why am I here?'"

After sixteen and a half years spent in top security jails Paddy was abruptly released following his latest successful appeal, to a blaze of media publicity. "One day you're sitting in a prison cell, the next you're taken up to the courts in the Strand and the next thing you're slung out onto the street with absolutely no support."

He immediately experienced severe psychological problems. "I first went to meet my family when I got out, but after about half an hour my head was screaming, 'get the fuck out of here'. I could feel myself losing it, I'd rather be in prison."

It was particularly hard on his children, now grown up and longing to be with the father they had waited so long for. "The only thing I felt for my kids is I felt sorry, but I didn't feel any love. I could have walked out the door and never seen them again and it wouldn't have meant anything to me."

Paddy feels particularly guilty about this. He fully accepts that it isn't his children's fault. Even now, twelve years after release, he can only bear to be in the company of his eldest daughter. It seems that his grown up children are a particularly potent reminder of what he has lost.

His problems in relating weren't restricted to just his family. They quickly intruded into his first relationship with a young woman called Allison. "I couldn't show my emotions. Allison broke down crying once when I was playing with my two cats saying, 'I wish you loved me half as much as you love those cats. You're incapable of loving people. I feel so sorry for you'."

A major problem was depression. The doctors told him that he had been living in a depressed and emotionless state for so long that it had now become normal for him. They recommended to the Home Office that he be given at least five years deep psychological counselling. Post traumatic stress and 'Vietnam syndrome' were mentioned.

To counteract the depression, Paddy self-medicated with cannabis. The dosage was phenomenal, "I was smoking two ounces a week when I got out." For a while he was put on anti-depressants, but this didn't have any effect. After several months of being monitored the doctors advised him to carry on using the cannabis. They said it was better than using alcohol and seemed to be the only thing that was keeping him sane.

He threw himself into actively campaigning for others, travelling widely, but "within a day or two of arriving where I was going I found I didn't want to go out during the day, and was bursting into tears for nothing."

He wasn't eating and had no appetite. A particular problem was not being able to sleep properly. "I wasn't sleeping....My body clock wouldn't let me fall into a deep sleep. When I did sleep I would wake up very, very angry....I had anger, frustration in me....I'd just lie there and my mind would run riot. The morning is the worst....in my heart I'd kill any fucker who looked at me the wrong way, judges, screws. It happens even now."

He often felt claustrophobic. "I hardly ever slept with Allison because I hardly ever slept. At night I was out walking the streets, sitting in the park at nearby Alexandra Palace." He had no value for money and used it as a substitute for emotion, buying a friendship he didn't and couldn't reciprocate. "Two weeks after I got out I got £50,000 as an interim payment. I'd like to say I spent it, but I squandered it."

Amongst his friends and acquaintances, Paddy Hill is admired, revered even, as a man who gives timelessly of himself for others. He still campaigns regularly with MOJO. Nothing is too much trouble for him.

I am a professional journalist who has interviewed hundreds of people. Although I never feel any antagonism from Paddy or fear any kind of violence, from his speech and demeanour it is quite obvious that he is a man under intense pressure. There is violence, rage, bitterness, all bottled up inside him. If it is directed anywhere, ironically, it seems to be directed at himself. Clearly, he is still suffering 12 years after release from prison.

"The old cliché of time being a wonderful healer is a lot of bollocks. Time doesn't do fuck all. If you're lucky it helps you to come to terms with it a bit better, but it doesn't heal anything."

RAPHAEL ROWE

Raff was 19 when he was convicted and sentenced to life imprisonment for the 'M25 murder'. It was 12 years later, in 1990, that he and his two co-defendants were cleared and freed on appeal.

The early days in prison were spent in a state of shock. "For hours at a time I sat on a wooden chair staring into space, unable to think clearly. My mind was totally void of sense. I just could not focus on reality. Little flashbacks of the past few days haunted me. None of it seemed real. I told myself over and over again it was not happening."

It wasn't just that he was a complete stranger to crime and prison, for he had previously been convicted of petty offences and served several months in youth prisons for burglary.

It would have been very easy just to give up, but he realised that he had to do something. He started to fight his case. "If I could write a letter from the moment I was banged up to when I was unlocked, then I felt that I was doing something." To aid him in this, although previously with no educational qualifications whatsoever, he studied law and English.

It brought him into conflict with the prison authorities. "On one occasion I was punished for refusing to stop reading my appeal papers. When the screws came to take me to the isolation unit, they had to drag me screaming and fighting; and once there, I continued to shout, scream and fight day after day. I was forced into a body belt and placed in a padded cell. As soon as they let me out I went on fighting and screaming. They caged me like an animal and I acted like one."

His personality underwent a massive change. "Before I was nicked I was a very happy-go-lucky fella, didn't have a care in the world. Just a teenager enjoying life." This disappeared virtually overnight. "I did experience anger and rage, but it manifested itself in a different way. It was explosive when it came out, but I was more like anti-social. I

more turned into myself because I thought so much and became a real heavy thinker.....everything was very serious to me. I couldn't laugh about anything. What other people laughed about, I just didn't find funny. There was no humour in me."

He had mood swings he couldn't control and an aura of suppressed anger that indicated that he wasn't the sort of person to approach. In the violent and dangerous world of prison this proved to be quite an asset for him.

He refused to work, claiming that the boring, repetitive work gave him too much time to think and he would rather be working on his case. At Gartree he smashed the workshop up. "I spent a lot of time in solitary. Two or three years in the twelve years, the longest continuous period was about six months." Eventually they gave him the job of gym orderly. "From that day I never looked back. I continuously worked in the gym, that was my escape. I concentrated on helping people get fit."

Because he wouldn't admit his guilt, received wisdom was that he would never be released. "So I would think, 'where is this ever going to end, if it is going to end at all?'"

His problems didn't end with his release on appeal. "People might imagine I went on a whirlwind celebration. The truth is, by midnight I was climbing the walls of a hotel room, unable to sleep for fear that I would wake up in a prison cell."

There are physical injuries. "I've got a bad back injury as a result of being beaten by the police when I was arrested. I've got bad joints where I was bent in awkward positions by the screws. My wrists are fucked completely. Marks on my head that I got from beatings, little surface scars. So I've got those physical marks that remind me of prison every time I see them in the mirror or something." He has also developed stomach ulcers through stress.

There were many psychological problems. He found it very difficult to relate to other people and be in their company for very long. "It's ruined my relationship with my family....there was a void there and still is today. I can't relate to my family in the way I should be able to relate to them, like they relate to each other....emotionally I can't respond to people in the way that I used to.....I switched my emotions off in prison and I haven't been able to switch them back on."

The first week after he got out he spent in a hotel with a woman. "I couldn't sleep in the same bed as the girl.... I had to push the bed up against the wall like in prison." He lived with her for a while, but found it very claustrophobic. "She tried to understand, but couldn't, that I just needed my space. I'd want to be in a room on my own. I'd been trained and psychologically conditioned to spend all these hours on my own and that hadn't left me. This went on for a year, year and a half."

He is now in a stable relationship, but problems persist. "Sexually, everything's really kind of fine, but it was really difficult at first. But the one problem I do have is making that initial move in bed. If I have a one-night-stand it's not a problem, but in a relationship like the one I'm in at the moment, even two years into the relationship, I find it very difficult to make the first move from fear of rejection. It's a psychological barrier that I haven't been able to get over."

He saw a psychiatrist several times, but couldn't seem to work with him. He was prescribed Prozac. "I still take them today. I tried to come off them, but I've got a really

serious problem of really being miserable and getting very depressed and lack a sense of motivation."

Sometimes he feels extremely energetic and tries to burn it off through intense physical activity, like running or gym work, like he did in prison. This is a double-edged weapon though, because it serves to remind him of prison. Many things remind him of prison and he tries to avoid them.

The only thing that seemed to help was talking with his co-defendant Michael Davis. They would sit long into the night, sharing and examining their experiences. "We were trying to find out if we were acting abnormally....after a while we started to identify almost identical problems. Going into shops and having panic attacks. Not being able to handle money. But the greatest thing was that I was able to open the front door and walk out. So I did it at all funny hours....I lived around the night time."

Yet on the face of it, Raff has plenty to be happy about, even though there is a serious, somewhat haunted look on his face as we sit doing the interview in the BBC canteen. He is only 33 years old and has a good job working as a journalist on the BBC's 'Today' programme. He finds his own assignments and travels all over the world. He is in a stable relationship with a young woman and runs a sports car.

Prison keeps intruding though. "I made no friends in prison. It was something I wanted to forget, but I never will, never will (he hesitates and stammers for the first time).....when I'm at home, on my own, I'm most comfortable, even today. And I think it's going to be with me for a very long time. And I don't like it."

MICHAEL DAVIS

Michael, one of Raphael Rowe's co-defendants, was 22 when he was arrested. Like Raff, he too had a background of petty crime. He had convictions for stealing cars and had done six months imprisonment for handling stolen goods. He couldn't read or write.

He too was shocked at being convicted. "There are no words to describe how I'm feeling....I was completely fucked, battered morally, spiritually and whatever. Completely drained out of me. Mentally sound? I don't think so. That went on for about two years."

His appeal being refused was another setback for him. "I'm depressed. So on the edge. Not about to commit suicide, but not far away." He had always been into martial arts, so he turned to this as an escape. He also turned to music and "started to play the clarinet, that's what kept my head together. It was completely therapeutic."

Once it got around amongst the inmates that he was innocent, other 'miscarriage of justice' victims who already had their campaigns going showed him how to manage his. "The Cardiff Three showed me how to put my campaign together, and the Tottenham Three." People outside started to get interested.

However, Michael wasn't at all convinced it would get him out. "I carried on the campaign, not as a means to get me free, but more out of defiance. I never thought it would get me free." He wouldn't work and broke all the rules. He considered that, for him, "there weren't any rules." As a result he spent about three years in solitary. "Sometimes I just put myself in solitary. I was quite comfortable being on my own."

Again like Raff, his problems persisted after he was abruptly released on appeal. "I had panic attacks in crowds and still have, but have learned to control it better through breathing exercises."

Even though he has been going to college for the three years since he's been out, it is still hard to get out of the habits of twelve years. "It's damaged my confidence. I missed the campaign, I had nothing to do." He continues to have problems sleeping and usually does things until he is so tired he can't stay awake any longer.

He recognises that his personality has changed. "Before, I was a ladies' man, a right extrovert. I could still bed a few girls, but I can't be bothered. I'm a completely different person." He was diagnosed by three doctors as having post traumatic stress disorder and still sees a trauma psychiatrist every week. He was prescribed medication, but he refused to take it. He doesn't take the counselling very seriously either, although he concedes that, "some of it is helping me." He adds, "I didn't want anything to do with anything official."

He meditates to deal with the anger he feels. "I don't hate any individual, because that's a destructive emotion. But when I think about it I do get angry about what they've done to me. I'll never trust them. I still get depressed, slip deeply into it. But now I get out and go for a drive."

There have been problems with his family. "I can't really communicate with people. I'm happier on my own....It is hard with my family, two sisters and a brother. Sometimes I said things that upset them. Now I hold my tongue. I speak too many truths and they can't handle it."

He too has a problem in showing emotion. "My girlfriend thinks that I don't care, because I've learned not to show my emotions. Everything's blase. I don't get excited about anything, which is a legacy of being let down so badly. I don't think I'm cold....I feel like a fraud unless I'm very frank."

JOHN KAMARA

In 1981 John was sentenced to life imprisonment for the murder of a betting shop manager. He had a history of petty crime. but had also served four and a half years for an armed robbery.

He thought that things would be put to rights at his first appeal hearing, but they weren't. He immediately began to fight to try to establish his innocence. He wouldn't accept the prison regime and refused to work, just wanting to concentrate on his case. Of the nearly twenty years he served before release at the age of 47 he spent almost sixteen of them in solitary confinement, with one continuous four and a half year period.

He suffered deep depression, frustration and anger, but helped to dissipate it through writing letters to anyone he thought might be able to help him. He wrote to every MP in the UK and also to the President of the United States. By the end of his sentence he had received 378,000 letters in reply.

When it eventually came, release was abrupt in the extreme. He was taken from his cell to the Appeal Court in the Strand. Within hours he was put out into the street with several boxes of his belongings, a discharge grant of £46 and a travel warrant. However, he had nowhere to go.

Luckily for him, Paddy Hill took him in to live with him. Also fortuitously, a BBC TV 'Rough Justice' camera crew had arranged to film his first weeks of release. They followed him around as he tried to come to terms with freedom after twenty years inside. John says that the filming really helped him and was almost like therapy.

Although he did cope better than some other 'miscarriage of justice' victims, there were serious problems. Apart from being a virtual non-person, which made it difficult to obtain social security or health-care, he felt withdrawn and isolated from other people.

He found it very difficult to re-build relationships with his family, especially the younger ones. To his mind they were still the kids they were when he went away. At first he could only spend about ten minutes in the room with them. Also, he didn't want to be indebted to them. Two years on, he doesn't see them very much.

The first few months were the worst, "you don't know what's happening. You're confused. Everything's changed." Now that he didn't have his appeal to work on he was bored and had "nothing to fight for now". At times he wondered if it had been worth coming out to this and sometimes wished he was back inside.

However, he is now in a stable relationship with a woman and her son, and he has had a child of his own with her. Because he had so much trouble showing his emotions, at first he tried to buy their affection.

Both he and his wife thought he needed counselling and he would have accepted it if it had been available, but he won't take medication. He still has mood swings and depression. His wife says he criticises her a lot. He says he thinks better when he is on his own. He relaxes by playing computer games and has bought hundreds of them.

He has consistently had trouble sleeping. At first he just had to get out of the house and used to sit in the park at Alexandra Palace at night. But once he got a car he would go on long, night drives to friends and relatives in Liverpool and Wales. He would get them up in the middle of the night, spend perhaps half an hour with them, then head back home. Often, his wife would wake up in the night, find him gone and have to phone him to find out where he was.

He was nervous about going to supermarkets alone and crossing the road. He doesn't like crowded places. At his wife's birthday party recently he couldn't stand it when it got crowded and had to leave.

On location as part of the TV documentary he found Wayne Darvell, another 'miscarriage of justice' victim. Darvell was living rough in a gutter having squandered all his compensation money and had recently tried to commit suicide. The meeting deeply upset John and he now has an enduring fear that he will end up with nothing, like so many other 'miscarriage of justice' victims who find it difficult to handle their money.

To give himself something to do, some aim in life, he has thrown himself into trying to help other 'miscarriage of justice' victims. He has visited several in prison, but refuses to

get involved with the campaigning. He has developed an idea for delivering aftercare to 'miscarriage of justice' victims immediately after release.

With the aid of his wife, he has developed a scheme called, 'Life After Life'. He proposes to buy a large property with his compensation and turn it into a refuge for 'miscarriage of justice' victims when they are first released. He believes that they need to be counselled by other 'miscarriage of justice' victims and intends to move in himself for between three to five years. Then, he says, he will carry on with his life.

The Home Office take him seriously enough to have invited him to give evidence to their working party investigating the problems experienced by 'miscarriage of justice' victims on release.

On interview John comes across as a relaxed individual, with no obvious signs of stress or anxiety. However, although there is a laconic humour, he does have an air of deep sadness about him, as if from the memory of some deep loss. The term 'haunted' springs to mind. His prison years might be over and he isn't bitter, but as John says, "it's never going to leave me".

BOB MAYNARD

I first met Bob in 1969. If I had not already known he was a professional criminal, the thoroughly incongruous cut glass chandelier in the lounge of his North London council flat would have alerted me. He also had a very severe stammer, as a result of a serious head injury.

I next met him in 1978 in Albany Prison. His heavy fitness regime had stripped several stones in weight off him; he had also lost the stammer. Two years previously, at 37 years of age, he and a co-defendant, Reg Dudley, had been sentenced to life for a particularly brutal double 'gangland' murder. Even though Bob had previous criminal convictions, it was common knowledge amongst the criminal fraternity that he was innocent.

"I even thought I might get fitted up", says Bob, "but not for murder....It was hard enough getting the bird, but it was the way they did it. Getting it for nothing and how I was put away."

Bob seemed to take it all in his stride though and was nowhere as obsessed and driven as other 'miscarriage of justice' victims. "As a criminal they wanted me locked up. I was a criminal and that's the sort of thing that happens to criminals, but not for murder or serious armed robbery. I could have accepted being locked up for something I didn't do if it was like for some of the things I got away with."

This attitude was reflected in the way he approached fighting his case. "I wasn't obsessed with my case....It was one of the things you live with for a few years, then it goes. I worked on the case as much as I could, but it was boring.....on the 22nd of January every year I used to refuse labour for one day as a little protest that I hadn't forgot it."

He was confident that he would eventually be cleared though. "I always thought I'd win the case, because you're innocent. I just knew that something was going to happen." It did happen, but not for nearly 25 years. Bob had just been released from open prison in

2001 when the Criminal Cases Review Commission (CCRC) finally cleared him and his co-defendant.

Once again, Bob took it all in his stride. "When I first came home I was out drinking every day. I carried on as if nothing has happened. Went back with the same people I was drinking with before."

According to Bob, there was no real, lasting damage. "I don't get depressions.....I don't get any sleep, but I've had sleep problems all my life what with Old Bill knocking on the door, taking me on IDs (identification parades). But it's worse now. I take sleepers all the time, sometimes three at a time."

He says there were no problems of fitting back in. "I didn't have any problems getting back close with my family....I still see my kids....I think I could still get back with my wife, even after the divorce." However, he admits to feelings of loneliness and to being socially isolated.

There were also some initial problems dealing with the traffic "but I handled it". When I asked him if he had the urge to go out at say three in the morning he replied, "Not me, I was just getting in then"! Perhaps it is not surprising that he was banned from driving for being over the alcohol limit. Suddenly, he did a line of coke off a coffee table. It was 11 o'clock in the morning!

It brought home to me how very different Bob's whole attitude and demeanour was to the other 'miscarriage of justice' victims I had interviewed. Although he had money from the compensation he had received, he had chosen to live with an elderly friend in a run down flat on a run down council estate. He admitted to being slow in thinking, but he put that down to growing old. However, even though he was 65, he said he felt like he was only about 42.

The whole performance was very laid back, the drug habit notwithstanding. He admitted to being bitter about the guilty person who had never been brought to justice for the murders but said that he just didn't show it. I had certainly noticed no bitterness, or strong emotion of any kind for that matter.

When I asked him why he seemed so relaxed about the whole thing whereas other 'miscarriage of justice' victims were haunted by it, he thought that it might be something to do with the fact that he had been a professional criminal and they take something like this in their stride. I wasn't convinced. He did concede that, had he not been cleared and was still a convicted murderer, "that might have affected me".

REG DUDLEY

Reg, Bob Maynard's co-defendant, was 51 when he was arrested in 1976. He was released after twenty one and a half years and was cleared by the CCRC four years later. He has been out six years and is now 78. He had an extensive previous criminal record having served 6 years, 5 years, 18 months and a borstal sentence. So for Reg, "it was no hardship going into prison....you know the routine".

He was always confident he would be cleared, "I was never in any doubt that it would get chucked in the end, it was just a matter of being patient". And it seems that Reg was very patient. He settled into his sentence, obeying the rules, but fighting his case at the

same time. "I was fighting my case all the way through, every day of the week. Writing letters, seeking support...Eventually I found the point I was looking for. Unfortunately it took 21 years."

He deliberately set out to survive. "My painting got me by. I didn't do any disobedience as a protest. At no time did I ever give in and feel sad for myself. I often worked out in the gym. It was essential to keep yourself physically as well as mentally fit. I used to do crosswords and read books to keep myself mentally fit." The painting provided a means for him to work the system by selling his finished works to the prison staff. This brought him all sorts of favours in return.

He was a firm believer in positive thinking, "I believed in myself. I was still in command of my faculties and I had the energy and the willpower to keep searching for the opening."

With the hindsight of six years of freedom, Reg doesn't believe there has been any obvious, enduring damage. "I don't think it's changed me. The age factor alters everything. You can't say how it's changed you. You don't realize." Nothing reminds him of prison in a traumatic way, he didn't feel the urge to get out of the house in the middle of the night and he was close with his family all the way through the sentence and carried on in exactly the same way when he got out.

Sitting, talking to this articulate, clear-thinking 78 year old I can only reflect that if you didn't know he had been wrongfully imprisoned for over 21 years, you couldn't tell it from his manner. There is no suppressed rage, no obvious bitterness, no deep sadness just below the surface and he doesn't have that haunted look so common amongst 'miscarriage of justice' victims.

However, it has left its mark. "I've always been bitter, because they've taken the best part of my life away, although I don't show it...I'm sensible enough to know that bitterness doesn't get you anywhere....I still go through it every day....I don't lose any sleep, but I do get angry at times. You have to take life as it is and you've got to get on with it"

So is it all a question of self-control? "I'm not haunted by it. It's a matter of your personality, your inner feelings, whether you can control yourself. If you can control your own mind, you're alright."

ANALYSIS AND INTERPRETATION

It is clear from the accounts given by the control group that initially they had every bit as hard a time of it as the sample group. In fact, it could be argued that they had a worse time of it, because they also had to suffer the trauma of actually committing a horrendous offence. John's hair turned grey over night; Peter was "numb with shock" and Jack had been living such a "nightmare existence" that he actually felt comparatively better after committing the offence. I myself was caught in the throes of a deep depression for many months.

Very soon though, all of us settled down into some kind of routine and came to terms with our sentences. Even though I constantly tried to escape, this was a reaction against being locked up rather than against being wrongfully convicted. All of us knew in our hearts that we deserved to be where we were. There was no injustice involved.

All of the control group emerged from prison with little enduring psychological damage and managed to reintegrate themselves into society very quickly. Now, many years after release, all look back on the experience as relatively benign, if quite painful at the time.

For the sample group the horror started from the day they were arrested, continued throughout their sentences and persists even now, several years after they have been officially cleared. Apart from Maynard and Dudley, all have suffered and continue to suffer major psychological problems that have thoroughly diminished any pleasure they might have felt at finally being cleared. It would be true to say that they feel the experience has ruined their lives and will continue to do so.

None of this latter group fits neatly into Goffman's categories of coping strategies. The closest is Goffman's "intransigent line", but this is "typically a temporary and initial phase or reaction, with the inmate shifting to situational withdrawal or some other line of adaption."(p.62) However, the inmates of the 'miscarriage of justice' sample group maintained their 'intransigence' for the 12, 16 or 20 years of their incarceration.

When we come to examine the coping strategies of the control group compared with the sample group we see significant differences. All the control group settled down comparatively quickly in their sentences. Even I abandoned my escapes and 'prison activist' role after ten years. This means the four of us had many years of stable, if monotonous, prison routine before we were released.

Further, we all enjoyed the support of prison friendships. Peter says, "I couldn't have made it without the support of my fellow prisoners". Jack talks of how he "got support from other inmates and found them to be good fellas." John speaks of other inmates taking him under their wing and I had the support of the 'Londoners' criminal network.

Paddy has referred to the support he got from other prisoners, but in his own words he was, "in and out of blocks, 40 moves and lie-downs, thrown out of Gartree nine times". This also involved a considerable period of solitary confinement. John Kamara did sixteen years in solitary: Raff and Michael spent long periods in isolation in the punishment block. This lifestyle is not conducive to either forming or maintaining friendships in prison. I, and the others in the control group, enjoyed the social support of friendships that often lasted several years.

Then there is the enormous damage that solitary confinement does to the psyche. 'Miscarriage of justice' victims typically do far longer spells in solitary than normal prisoners, so this in itself could be a contributory factor to their experiencing enduring psychological problems on release.

I, and many other guilty prisoners who were 'career criminals', also had the support of a sustaining ideology. I believed that the distribution of wealth in society was unfair and a spirited man would, of necessity, come into conflict with the law. Imprisonment then becomes an unwelcome, if not entirely unexpected, result of this outlook.

McCorkle and Korn (1954) reflect something of this view when they say, "In many ways, the inmate social system may be viewed as providing a way of life which enables the inmate to avoid the devastating psychological effects of internalizing and converting social rejection into self-rejection. In effect, it permits the inmate to reject his rejecters

rather than himself."(p.58 in Goffman) Needless to say, the innocent, 'miscarriage of justice' victim does not have the support of this or any other inmate sustaining ideology.

Another factor is the effect of being different, being 'innocent' in a world of guilty men and how much this set them apart from their fellow prisoners. From my own experience, in the cynical world of long term prisons there is little sympathy for 'innocent men'. If anything, they remind other prisoners of that especially traumatic early period when they themselves were fighting to prove their innocence. They failed and have moved on. They are settled down, doing their time and don't need to be reminded of it.

Raff's remark, "I made no friends in prison" is deeply disturbing. I have never ever heard of anyone before who never made a friend in prison. It is symptomatic of all that is wrong about the way he forced himself to do his time. There is little doubt in my mind that the way the sample group forced themselves to do their time, the isolation, etc, is a major contributory factor to the subsequent, enduring psychological damage. However, it isn't the whole story. There is a final 'trigger'.

Maynard and Dudley are the two 'miscarriage of justice' victims who spent the longest in prison. Yet, on the face of it, they have suffered nothing like the enduring psychological damage that the other four of the sample group have. So if the contention of this paper is that a further effect of suffering a miscarriage of justice is enduring psychological harm, what is it that is different in the cases of Maynard and Dudley?

At first sight, Maynard and Dudley could have been members of the control group. They quickly settled into the prison routine, without recourse to disobedience and rule breaking. It could even be said that Dudley fits Goffman's category of 'colonisation' by using his painting ability to take the maximum advantage of the privileges available.

Both were committed criminals in so far as they had extensive criminal records and had served significant jail sentences. Both were supported by networks of friends in prison. In Dudley's words, "it was no hardship going into prison...you know the routine."

And like the control group, they have emerged from prison with little obvious psychological damage. They have reintegrated themselves into their social milieu in a comparatively short time. There is some underlying bitterness, but nothing like that of the other 'miscarriage of justice' victims. Neither is there traumatic association with all things that remind them of prison. On interview, both were relaxed and as 'normal' as any of the control group. There was little to distinguish them from men who had never been in prison.

When pressed for an explanation of how he had re-adapted so well, with so little obvious psychological damage, Maynard suggested that it was a function of his having been a professional criminal. As a professional criminal he had expected to go to prison. He even went so far as to say that, had he been framed for the sort of crime that he had actually committed, though not been caught for, he could have fully accepted it. Dudley certainly shared the 'professional criminal's' outlook too.

So perhaps that was it, then. Even though Kamara had done a four and a half year sentence for armed robbery and Rowe and Davis had both served short sentences for minor crimes, perhaps it was the fact that Maynard and Dudley had considered themselves to be professional criminals (with all the mindset that went with that) that

prevented the latter pair from suffering enduring psychological harm. I wasn't really convinced.

Then I realised something that had not fully registered with me before. Both Maynard and Dudley had been released from prison in the conventional way that most long term prisoners are released. They had gone through the whole procedure of open prison, town visits, working outside, home leaves, working on the hostel scheme and finally release. *It was after they had been released that they had been cleared.*

So, quite clearly, it is the release procedure that is a major factor in determining how a long term prisoner will adjust and adapt to freedom.

CONCLUSION

There is abundant evidence that human beings are affected by their environment, whether it be by the mechanism of "dynamic interchange" (p.5) as described by Ittleson, Rivlin, Proshansky and Winkel (1974) or by some less interactive method. And if they are going to be affected by any environment, then they are most surely going to be affected by prison, that harshest of human environments so eloquently described by Toch. (1979, 1992). However, the point at issue here is how deeply the individual will be affected, and will the effects be lasting and, perhaps, irreversible?

There is much in the literature to support the argument that significant psychological damage can be caused by a prison sentence. However, once a rigorous scientific methodology is applied to the results, there is little evidence to show that it will endure after the inmate leaves the institution.

Zamble and Porporino (1988) predict that "most men will return to some approximation of their behaviour before imprisonment" (p.148). Following their review of the literature, Walker (1983) and Gearing (1979) agree.

My own experience and that of the three lifers I interviewed for the control group also strongly support this position. Jack equates the experience to that of his school or army days. When Peter thinks of the prison years he just thinks of the good times. For John it was "an education you can't buy". For my part, I still have many prison friends with whom I regularly talk about old times and manage to laugh.

As traumatic as the experience was at the time, it has left no lasting, harmful effects. There is no sleep disturbance, fear of crowds, traumatic association, difficulty with relationships, or any of the other conditions that seem to afflict the 'miscarriage of justice' group. If Peter now considers himself to be a "well-balanced, reasonable guy", then perhaps this description fits all four of us. The experience is behind us.

The same can not be said for the six men in the sample group. There are the grave diagnoses by the many psychiatrists they have seen between them, and, especially, those of Dr Adrian Grounds. Apart from this, Paddy Hill, Raff Rowe, Michael Davis and John Kamara all show clear signs of dyscontrol and disequilibrium. According to Menninger's categories, they are not coping. If we include self-intoxification and narcotization, neither is Bob Maynard.

. The one factor that is different for the four severely traumatised members of the sample group is that all were released from prison immediately. As Paddy Hill so succinctly put it, "One day you're sitting in a prison cell, the next you're taken up to the courts in the Strand and the next thing you're slung out onto the street with absolutely no support."

Talking of the release procedure, Cohen and Taylor (1972) say, "there is much attention in ordinary prisons to preparing the inmate for this transition:- vocational training, half-way hostels, pre-release programmes". They also refer to, "the psychological 'bends' the men will face as they re-surface."

Apocryphal tales abound of the old lag who has served all his sentence in a closed prison only to refuse to leave on the final day due to an inordinate fear of freedom itself. There are very few 'frills' in prison. The Prison authorities do not waste money on things that have no proven, practical worth. The pre-release procedure is expensive, in terms of both staff time and prison resources. It is there for a good reason.

When I am asked what my first day of freedom was like after more than twenty years inside, I always ask in return what day they are referring to. Is it my first 'town walk' with the Governor; my first 'town walk' on my own; my first day 'working outside'; my first day with my mother on home leave or even my first day on the hostel scheme? It most certainly wasn't that last day when they finally signed the paper and let me go.

For the average long term prisoner, freedom is a lengthy procedure rather than an event. For 'miscarriage of justice' victims it is an event, and a cataclysmic one at that. Except for Maynard and Dudley, all were taken from their cells in a closed prison and released within hours.

What a supreme irony it would be if the very thing they yearned for so many years, immediate freedom, was the very thing that did them enduring psychological harm.

RECOMMENDATIONS

I would make three recommendations:-

1) that a 'retreat' be funded and set up by the Home Office for 'miscarriage of justice' victims immediately they are released, as suggested by John Kamara in his 'Life After Life' proposal and as supported by Dr Adrian Grounds. Specifically, that it should be staffed with other 'miscarriage of justice' victims, who understand their special needs and to whom they could relate.

2) that all inmates be prevented from spending inordinately long periods in solitary confinement. There is abundant evidence in the literature of the psychological damage that even partial sensory deprivation can do. With regard to 'miscarriage of justice' applicants who meet certain criteria (e.g. an appeal campaign; continuing disobedience, long periods of self-isolation), perhaps units could be set up wherein they could have special access to law books, lawyers, telephones, etc and anything that could aid their appeal campaign. In these units they could socialise with other 'miscarriage of justice' applicants and perhaps avoid the harm that the long years of isolation do.

3) that a long term programme of research be established to determine the psychological effects, enduring or otherwise, suffered by 'miscarriage of justice' victims.

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Appendix 3

Experts Response

Dr Adrian Grounds

Iain Stephens

Dr Paul Miller

Note on: Mental Health Strategy for Scotland – A Consultation

Introduction

The underlying aims of promoting good mental health, ensuring mental health services are patient-centred, and defining quality in terms of patient experience, and right in principle and pertinent in particular to the clinical needs of wrongly convicted individuals.

As outlined in the attached summary they can have complex difficulties that require (i) a focus on recovery and improving well-being, (ii) developments in service design to achieve patient-centredness, and (iii) substantial improvements in patient experience. The required services would be community based and need to be able to respond to crises.

Specific questions in the Consultation Document

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

Question 10: What approaches do we need to encourage people to seek help when they need to?

An initiative is needed to provide information and education to prisoners (and their families) whose cases have been referred by the Criminal Cases Review Commissions to Appeal Courts because of evidence indicating miscarriage of justice.

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

The features of the Veteran's First Point pilot service for veterans and their families in the Lothians may provide a model for a pilot service for wrongly convicted individuals because it is designed to give clients access to a service in which they feel understood, and because of the use of peer support workers.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

Question 20: What support do staff need to help them provide information for families and carers to enable families and carers to be involved in their relative's care?

The families of wrongly convicted individuals commonly experience considerable adversity but provide support over many years to the wrongly convicted in prison, and also after release, but the families are poorly prepared to appreciate and manage the post-release adjustment problems and

psychiatric morbidity. Clinical service support for the wrongly convicted and their families therefore requires elements of education for families at the point of release and some family therapy training and expertise amongst the staff helping with post-release difficulties.

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Question 23: How do we disseminate learning about what is important to make services accessible?

Question 24: In addition to services for older people, developmental disorders and trauma, are there other significant gaps in service provision?

Wrongly convicted individuals commonly suffer from chronic and complex psychological trauma syndromes and have additional needs for long-term individual and social support. The repertoire of help provided by specialist psychological trauma services in NHS mental health services needs to be sufficiently broad to encompass such groups.

Question 29: What are the other priorities for workforce development and planning over the next 4 years? What is needed to support this?

Initiatives should be piloted to create clinical posts (for example CPN posts) in appropriate third sector services (such as MJSS and MOJO) for the purpose of providing mental health support to clients and linkage to NHS mental health services.

Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies?

There should be sufficient expertise and access to help for those with complex needs needing longer term psychological support and treatment.

Descriptive summary: findings from 51 psychiatric assessments of wrongly convicted individuals, and implications for services

Since 1992 I have conducted psychiatric assessments of fifty-one individuals following release from wrongful imprisonment, and reports on two further individuals who had died. Forty-seven of the fifty-one cases were assessed following successful appeals, usually following referral by the Criminal Cases Review Commission. Four had served periods of custodial remand only. In almost all cases they had been determined as eligible for compensation for miscarriage of justice.

There are no substantial research reports of the psychiatric problems of people released following miscarriages of justice. In the absence of studies of a larger, representative sample that would provide a firmer basis for comparison, the summary below has been prepared in order to collate the findings in the above group of fifty-one cases. There should be caution, however, in making generalisations on the basis of a small sample of cases referred for psychiatric assessment.

At the time of assessment, most (44) had been released for over two years. Six of the other seven had been released for over a year, one for six months, and two for nine months.

The duration of the wrongful imprisonment ranged from three months to twenty-five years. Twenty-two of the fifty-one had served eight or more years.

Time in custody	0 - 5 years	6 - 10 years	11 - 15 years	16 - 20 yrs	21 - 25 yrs
No.	17	10	12	7	5

There were significant clinical findings in all the above cases.

Enduring personality change

In thirty-three of the fifty-one cases there were descriptions of personality change that clearly fitted the diagnostic category of 'enduring personality change after catastrophic experience' (Category F62.0 in the 10th Edition of the International Classification of Diseases - ICD-10). The key feature of the condition is enduring personality change, manifest as inflexible and maladaptive characteristics that impair interpersonal, social and occupational functioning. There has to be evidence of characteristics which were not previously seen such as a hostile or mistrustful attitude towards the world, social withdrawal, feelings of emptiness or hopelessness, a chronic feeling of threat, and estrangement. In one case the condition was relatively mild; in fourteen cases the diagnosis was more equivocal: there were similar personality changes but it was less clear that they caused sufficient impairment to reach a confident diagnostic threshold. In one case there was evidence of disabling personality features that were an exacerbation of previous characteristics. There was no evidence for the diagnosis in two cases.

Post-traumatic stress disorder

In twenty-four of the fifty-one cases there were in addition persistent characteristic symptoms of post-traumatic stress disorder. The symptoms related to specific events that caused terror whilst in police or prison custody (e.g. beatings, assaults). The symptoms included persistent re-experiencing of the traumatic events (e.g. flashbacks, nightmares), avoidance of circumstances associated with the stressors, and increased sensitivity and physiological arousal (e.g. fear, hyper-vigilance).

Other psychiatric disorders

There was evidence of additional disorders in forty-three of the fifty-one cases. Whilst in prison thirty-two individuals suffered from depressive episodes, and fourteen from an adjustment disorder, with associated anxiety symptoms in twenty-three cases. Three men had panic disorder alone, and one had a paranoid psychotic episode. Twenty-one misused drugs (cannabis predominantly) to reduce tension and dysphoria. Since release thirty-six individuals had suffered from depressive disorders, eighteen of whom also had anxiety attacks. Two had significant anxiety symptoms not associated with depression. Eight had paranoid symptoms, ten had drug dependence and nine had alcohol dependence.

Six of the individuals who had depression and anxiety had a previous history of such conditions, six individuals had a history minor self-injury when younger, eight had previous histories of drug misuse or dependence, and thirteen had previous histories of alcohol misuse or dependence, but none of the others had histories of psychiatric illness prior to their imprisonment. In all the cases the psychiatric conditions that occurred in custody and after release were attributable to the wrongful arrests, convictions and imprisonment.

Other forms of physical and psychological suffering

In eleven of the fifty-one cases there were reports of assaults and beatings after their arrests resulting in cuts and bruises. Twenty of the individuals reported verbal threats, deprivation of food and sleep, or exhaustion, and ten experienced fear for their lives when in police custody. Nine made false or unreliable confessions under the pressure of police interrogation.

Twenty-nine of the individuals reported terror of being assaulted or killed by other prisoners, one suffered serious stab wounds in prison and three were sexually assaulted. There was a range of other forms of severe distress relating to poor and oppressive prison conditions and difficulties of family visits and separations. This was in addition to the stresses associated with living with the wrongful convictions and their unsuccessful efforts over years to overturn them. In twenty-seven cases there were intense, chronic feelings of bitterness amongst the individuals and their families, and in all cases strong and unresolved feelings of loss.

Problems of adjustment on release

(a) Practical skills

All the individuals whose convictions were quashed when they were in prison were released suddenly and without the careful preparation, support and supervision from statutory services that is normally provided for long-term prisoners. Typically, following a decision by the Court of Appeal they were released with a small amount of money and a bag of possessions. Twenty-four of the fifty-one described marked and embarrassing difficulties in coping with ordinary tasks in the initial days and weeks, for example, crossing busy roads, going into shops and using new technology. Thirteen of the fifty-one were unable to manage money responsibly and spent recklessly after release.

(b) Adaptation to prison

The individuals had developed habits and forms of adaptation to the prison environment, which could lead to difficulties of adjustment on release. For example some found it difficult, after living in the predictable, ordered environment of a prison cell, to tolerate living in a household where others would keep moving possessions and household items. Others habitually felt they remained in a prison regime.

More importantly, the individuals described how they had learned to deal with emotional pressures and stresses in prison by trying to suppress painful feelings, avoiding communication and by isolating themselves. The individuals characteristically had recourse to similar strategies of withdrawal, self-isolation and uncommunicativeness after release. Whilst this approach may have been adaptive in a prison context, it was inappropriate and maladaptive in a family setting. It was particularly notable that the individuals reported that they did not talk to families or partners about their prison experience.

(c) Social circumstances and sense of purpose

Twenty-three of the fifty-one individuals were living with partners, five were with their parents or relatives and twenty-three were living alone (of whom six had tried and failed to resume living with previous partners who had supported them throughout the sentence). Seven were living isolated lives without close friends.

At the time of their arrests thirty-five of the fifty-one individuals had children – ninety-one children in total of whom seventy-one were under the age of sixteen. Twenty-four individuals were living in intact families with their partners and children. There were fifty-three children under sixteen in these twenty-four families, mostly young: thirty-five were under the age of six, eleven were aged between six and ten and seven were between eleven and sixteen. Amongst these twenty-four families, twelve partnerships ended during the imprisonment and four relationships ended after release. Eight individuals were still living with their spouses at the time of assessment.

Twenty-nine of the individuals reported marked loss of hope and sense of purpose for the future, and all described a sense of estrangement and difference from other people because of their prison experience that others would not understand. Five were actively engaged in continuing to visit and support other prisoners claiming wrongful conviction, and felt more committed to this work than to their families.

(d) Notoriety

Those wrongly convicted of particularly notorious killings reported continuing sensitivity, apprehension and fear at times when in public places with strangers. They had bitterness and anxiety because others (for example, the police) had continuing beliefs that they were guilty. One had his home petrol bombed. Three individuals who had been highly successful in commercial careers before their arrests knew that, notwithstanding the quashed convictions, their professional reputations and prospects had been irrevocably destroyed.

Long term detention

There were particular problems related to detention over many years. Individuals imprisoned for fifteen years or more lost a generation of family life. Those who had entered prison as fathers of young children left prison as grandfathers whose children had grown up without them. They missed significant family events such as funerals and weddings of loved ones. They sometimes had difficulties in relating to their children and other relatives in a way that was appropriate to the age the child or relative had become. Families had adapted to living without the individuals and substantial problems and conflicts could arise when they tried to return to family households. These difficulties also occurred amongst those who had been imprisoned for lesser periods.

Relationship difficulties

Difficulties in family and close relationships were prominent in all cases. These difficulties were related to the personality changes in the individuals. In three cases, marriages/long term partnerships that had survived through the years of prison broke up after the couple tried to resume living together after release. All reported that prison visits had been particularly emotionally stressful. Commonly during the years of imprisonment the individuals and their family visitors had tried to hide their own worries and hardships, and reassure each other that they were alright when this was not the case. Over the years this led to mutual incomprehension and lack of knowledge about what they had each gone through.

Effects on families

The families of the individuals separately suffered from a range of losses, psychological problems and other hardships as a consequence of the arrests and wrongful convictions of the individuals. They gave vivid accounts of being victimised and ostracised, and of chronic fear. Some moved or hid their identity from neighbours and work colleagues for many years. In two cases the accounts indicated that partners became seriously depressed and in three cases it appeared likely that the children had developed significant psychological problems as a consequence of the events. After release there was permanent estrangement in many previously close family relationships. Partners and family members often found it exceptionally difficult to cope with the emotional difficulties of the released individuals.

Treatment needs and prognosis

The assessments indicated substantial treatment and support needs.

First, it would have been useful for the wrongly convicted and their families to have had information before release about the typical emotional and practical problems that can arise, and about sources of advice and support.

Secondly, immediately on release some needed a place where they could stay, acclimatise to living in the outside world, receive reassurance in relation to their initial anxieties and fears, and obtain some practical and professional help in making further arrangements for housing and social security benefit income. Such a specialist service/facility could provide initial residence, the support of others who have been through the experience, practical assistance, and help in privacy with the first stage of returning to family life and society. It could also provide a refuge in situations of crisis over the longer term.

Thirdly, following release, treatment where necessary for specific psychiatric conditions, and long term individual psychotherapeutic support. Those suffering from specific psychiatric conditions such as depressive and post-traumatic stress disorders needed specialist courses of appropriate treatment, such as cognitive behavioural therapy or anti-depressant medication in some cases. There was also a need for longer term individual support and counselling to help in facing the personal losses that had accumulated over the years, working through the anger and bitterness that was commonplace, and gradually seeking a constructive way of living, and sense of purpose for the future.

Fourthly, a separate area of work required in some cases was family therapy, to help the wrongly convicted and their relatives and partners to develop better understanding of each other's difficulties, and to work out strategies for coping with them. Some of the wrongly convicted knew that they could be very hard to live with because they were so moody, preoccupied, withdrawn and unable to relax or express affection. Families could find such behaviour distressing. In addition families had often greatly suffered themselves during the years of their loved one's imprisonment. Typically on prison visits both the prisoner and their family had sought to be positive, trying to reassure each other, and hiding their own suffering so as not to add to the burdens the other person was carrying. However, when this continued for many years, the end result was that they lacked knowledge and understanding of what they had each been through: they had become like strangers to each other.

In relation to prognosis, psychiatric and psychological treatment may generally be expected to help alleviate specific disorders such as depression and post-traumatic stress disorder symptoms (although these can remain chronic and resistant to treatment.) The changes in personality are likely to remain permanent, and overall the clinical impression left by these cases was of substantial psychological suffering and damage that could not be reversed. Thus individual and family support may need to be directed at helping the individuals and families to cope with the disabilities and changes that had taken place, and limiting the development of secondary problems.

Service development

In the UK, the Royal Courts of Justice Advice Bureau's Miscarriages of Justice Support Service (MJSS) in London¹, and the Miscarriages of Justice Organisation (MOJO Scotland) in Glasgow², are two small services that do vital work in providing advice and support but there is not yet an appropriate clinical service for the mental health needs of their clients that is suitably designed and linked.

The absence of such a service for the wrongly convicted makes it very difficult to get suitable help arranged for them. Most professionals working in mental health services will have little or no experience of work with wrongly convicted people, and may therefore have difficulty in recognising and properly appreciating their complex problems. Specialist psychological trauma services may see them as unsuitable because of the chronic and complex nature of their difficulties that require more than short-term treatment programmes for PTSD. Forensic

¹ <http://www.rcjadvice.org.uk>

² <http://www.mojoscotland.com>

services are experienced in work with ex-prisoners, but are for offenders. General mental health services may not see them as priority cases when they are not seriously mentally ill.

In addition, those who have been wrongly convicted may have had bad experiences of psychiatric and psychological professionals in prison, and are likely to be generally mistrustful of state authorities that have let them down. They may therefore be particularly sensitive to any indication by a clinician that their experience is not understood. They may poorly tolerate conventional referral, gate-keeping and initial assessment arrangements of mental health services, and have difficulty in keeping appointments, or sitting in a waiting area. Interviewees gave examples of seeking help from doctors and local mental health services but quickly becoming disillusioned because they felt they were patronised, or treated dismissively or inappropriately.

The forms of clinical support needed by the wrongly convicted and their families include skills drawn from forensic mental health services (whose practitioners understand the prison context and its effects; clinical psychology (especially those with experience of work in psychological trauma services); and family therapy. This is in addition to the practical professional help needed in relation to finances, benefits, housing, and other aspects of community living.

In considering how to organise clinical support services for wrongly convicted people they should be involved in shaping the process, service design, and educating the professionals. A viable service would need to be based on a partnership between wrongly convicted people (who know what is needed), and a network of professionals with specialist experience whose help can be sought when needed in individual cases.

What is required is a small network of psychiatrists, clinical psychologists and others who would be willing to provide in their own geographical area clinical assessment of wrongly convicted people needing help, and the range of therapy and support required. Such a network might consist of a small number of psychiatrists and community psychiatric nurses who have worked with long term prisoners, clinicians from psychological trauma services with experience in the treatment chronic psychological trauma syndromes, and others with specific skills in individual and family therapy. Such a network would also enable the development of training, education and expertise.

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Dear John

MENTAL HEALTH STRATEGY FOR SCOTLAND

Thank you for sending me the above Document to consider from the position of MOJO and our clients. The paper reviews services as at present and describes areas for improvement and sets targets. There are some areas referred to which in my opinion fails to identify the needs of our clients to the degree I would consider necessary from my experience over several years with working with offenders in general and specifically those in contact with MOJO.

1. Stress and Trauma Services

Under Improvement Challenge on Page 7 there is reference to supporting services to improve are for people with developmental disorders or trauma are two areas where further work is needed to identify exactly what need to happen to deliver improved outcomes and on page 20 the document refers to the Veteran's First Point pilot. I would hope that attention would be given to the impact of Trauma Experiences and Post Traumatic Stress Disorder in the civilian

population and to developing other Trauma programmes. This is an area of need I have professionally realised is neglected in general with victims of sexual and physical abuse as well as to people wrongfully convicted and who come to MOJO clearly suffering from PTSD. There is a lack of awareness of ability to recognise this at Primary Care levels with GP's frequently failing to diagnose it as a possibility but even if they do, they have difficulty in finding appropriate treatment programmes to refer the clients to. Education in this area would be beneficial. My own experience working with those with PTSD shows the lack of resources and also some ignorance of the disorder with it frequently being treated as depression rather than as a entity in its own right which may also overlap with other psychological illnesses.

2. Offender Services

There is a broad reference to services to offenders on page 29 but this appears to focus totally on development of programmes for the female prison population and does not appear to give the same recognition of the mental health needs of men within the prison population where many suffer from the same mental health needs as the female population. I would hope that some consideration would be given to exploring this area. Also mental health help for offenders when they return to the community should be examined as they frequently find they are not welcomed by Health Centres, particularly if there are addiction or anger management treatment needs.

I hope this will be helpful to you in providing MOJO's response to the document.

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I recommend that the GPs be directed to use the Primary Care PTSD screening tool as a start in addition to the standard rating tools used for general mental health screening. The key here is that in such cases they have a high index of suspicion and that almost they assume that mental ill-health is present unless it is definitively ruled out.

1.1 Implications for Treatment: The likely presence of significant levels of dissociation in the miscarriage population suggests that their care requires a stable, easily accessible service with expert level of knowledge in the areas of trauma and dissociation, which can deliver treatment in a *neurodynamic paradigm (i.e. involving psychoeducation, medication & psychotherapy).

1.1.1 “We need a mental health system led by psychiatrists who have a command of biomedicine and therapy; one that includes psychologists, therapists, counsellors, social workers, and others assigned tasks corresponding to their skills.” [*Out of Its Mind: Psychiatry in Crisis* by J. Allan Hobson, Jonathan Leonard; Perseus Books; ISBN: 0738202517 (p. 213-214)]

1.1.2 It is my opinion that a residential centre, such as the one being proposed by MOJO is something that could form a key role in the management of miscarriages of justice. Such a centre requires a multidisciplinary skill-mix to be able to provide for the needs of the clients:

1.1.2.1 It meets the need for safe accommodation upon release. When Gerry Conlon was released he was unable to return home to Belfast because of his unwelcome notoriety and the risk of attack. This may be a risk in a number of miscarriages of justice. The need for a safe place to live is a prerequisite for making effective therapy.

1.2 Screening: Mr G. Conlon’s case demonstrates the need for the routine mental health screening of individuals who have been wrongly convicted. (see recommendation for screening tools) From Mr. Conlon’s description of his

release and the subsequent period thereafter there appears to have been a complete absence of any structured and informed response by the statutory services. This category of individual should be considered as having experienced a severe 'trauma' and is therefore consequently at a high risk of psychopathology. As with all such individuals a number may not require formal psychological support, but in my opinion a significant number will.

1.3 **Duty of Care:** As the Crown has played a role in their 'trauma' they should exercise their duty of care toward these individuals, in the same way as they do towards Crown Forces wounded in the service of the Crown. These are innocent individuals who have been wrongly imprisoned and who have suffered recognisable psychiatric illness as a consequence of said imprisonment.

1.4 **National Guidelines for the Treatment of Posttraumatic Stress Disorder:** In the treatment of posttraumatic stress disorder the NICE (Great Britain) & CREST (Northern Ireland) guidelines both advise 'watchful waiting' for a period of one month before instigating therapeutic interventions.

1.4.1 During this period the people in the 'at risk' cohort are given advice about how to appropriately and in a timely manner access assistance, as and when required. If there is significant pathology then intervention may be required within the month.

1.4.2 Given that the vast majority of these individuals have all been in prison for a considerable period of time, if psychopathology were to be present then this may well be evident at the time of their release. I would therefore recommend that once an individual has been made aware they are a miscarriage of justice and are released a series of psychological assessments should be timetabled to monitor (*watchful waiting*) for symptoms and signs that require psychological intervention. These should occur at the following times: one week after release; 3months, 6months and 12months post-release. Ongoing input thereafter would be based upon clinical need, case formulation and treatment-plan.

1.4.2.1 Psychological debriefing for preventing post-traumatic stress disorder (PTSD); Suzanna Rose, Jonathan Bisson, Simon Wessely. "3. *It appears appropriate to continue to focus resources on identifying and treating those with recognisable psychiatric disorders arising after trauma, such as acute stress disorder, depression and PTSD. Emphasis should increasingly be placed on the early detection of those at risk of developing psychopathology and early interventions should be aimed at this group. Follow-up assessment should increasingly viewed as important and the use of screen and treat programmes should be developed.*"

1.4.3 In addition the person should be made aware of how to access assistance in the interim periods between these assessments, should some problems arise.

1.4.4 The first assessment should also begin rehabilitation to allow the person to integrate into the community, including psychoeducation about topics such as what psychological phenomena they should normally expect and when to seek help. A full

psychoeducational 'curriculum' should be developed for this process.

1.4.5 The process would facilitate the early diagnosis of psychological sequelae and so allow treatment to occur in a timely manner. In Mr. Conlon's case this was not the case and secondary pathology, which could otherwise have been avoided, ensued.

1.5 The Need for Rehabilitation: Individuals, who have been in prison for a significant period of time, like Mr. G Conlon report and demonstrate deskilling and institutionalised patterns of behaviour. This presents a similar constellation of challenges as those faced by long-term psychiatric patients. For these chronic, institutionalised patients it was recognised that they required rehabilitation to allow them to integrate back into the community.

1.5.1 **REFERENCE:** Guardian Unlimited, 19 October 1999; (Guildford Four: 10 years on, An injustice that still reverberates - By David Pallister), *"For the four people who had lost their youth, a personal trauma of equal intensity lay in store. As Gareth Peirce, Gerry Conlon's solicitor, put it: 'They come out with no money and no counselling. They have no references, it's difficult to open a bank account, you can't get a mortgage. They have no GP. You don't belong.' Little things - the pace of life and the gadgetry invented since 1974 - caused panic. They found the noise of traffic and crossing the road frightening. 'You're inadequate, you've no skills,' said Conlon."*

1.6 Experiences of Similar Long-term Detentions: Another comparator group would be those who have experienced a prolonged hostage experience, such as the 'Beirut Hostages', including Terry Waite CBE. The processes developed by Professor Gordon Turnbull and his team at RAF Lineham for the 'Beirut Hostages' represents many, if not all of the key elements that should be included in the paradigm for individuals who have experienced miscarriages of justice.

1.6.1 An expert multidisciplinary team available for the service, which facilitates the ability to meet medical (physical & psychiatric), psychological, social and spiritual needs

1.6.2 A safe, secure environment within which the person can be reintroduced to family and the outside world, but which retains the ability for the individual to self-isolate in a healthy way during the process, as and when required.

1.6.3 The service is provided free and without cost to the individual accessing it and is perceived by the individual as stable, accessible and trustworthy

1.7 Recommendations: The following represent considerations that should be included to facilitate these rehabilitative and integrative processes noted above (See 1.8.*) and the recommended assessment and monitoring (see 1.4.3)

1.7.1 **Retreat Facility:** I recommend that the development and provision of a service to provide a residential retreat be considered for this group of individuals and their families. A retreat facility would allow for the integration of the individual, upon release, into the necessary support networks. These

networks would include structures and relationships such as are available within MOJO (Miscarriages Of Justice Organisation).

1.7.2 Contextual Understanding: In research carried out with the RUC (The Royal Ulster Constabulary) by Dr Michael Paterson OBE (my former colleague in TMR Health Professionals), identified a key factor for successful engagement in psychological services was that the service understood the context where the injury took place. If we map this principle to miscarriages of justice, organisations such as MOJO could form a key part of the therapeutic long-term response and should be involved in the planning and delivery of said service.

1.7.3 Accommodation needs: As a part of a 'residential centre model' the basic needs of the individual and their family network could be assessed and facilitated, such as identification of somewhere to live, which is suitable, safe, in an appropriate locality and meets the needs pertaining to reintegration, yet still provides solace and isolation for the person who has been the miscarriage; if required.

1.7.4 Finances: Another essential function of the multidisciplinary assessment in the retreat would be the management of finances. As in Mr. Conlon's case significant compensation is often received. However, it is given in significant lump sums and this often results in additional problems. Often the individual will gift significant amounts to family and loved ones in an attempt to make reparation for the pressures endured by the family, or they use the money to fund addictive behaviours:

1.7.4.1 *"There is also the question of how miscarriage of justice victims use the money. Most of the people who have come out have wasted large amounts of the money. Paddy Hill has referred to using his first interim payment of £50,000 to try to buy his families' love and affection."* **REFERENCE:** Paul Donovan, freelance writer specialising in criminal justice issues. (<http://innocent.org.uk/misc/freetlast.html>)

1.7.4.2 Rather than the financial compensation being paid in large amounts consideration should be given to regular smaller payments. This is, in my opinion, the best method given that the capacity to handle finances is significantly impaired in these cases, as it was for Mr Conlon.

1.7.5 Assessment of Capacity & Support: Considering that Mr Conlon was given access to large sums of money when he lacked the mental capacity and emotional maturity to handle it and that such absence of capacity & maturity would have been evident on basic assessments of capacity, the Crown should consider a further award now that capacity to handle finances is present. Assessments should thus include some examination of capacity to handle finances and payments awarded in a way that assists rehabilitation.

1.7.6 Physical Health Needs: Another key area is the physical health of the individuals. A thorough physical health screen could be undertaken and the person signposted to appropriate services.

1.7.6.1 Elements that interfere with the person engaging with medical services should be taken into consideration and a management plan to enable engagement undertaken. E.G. In Mr G. Conlon's case he has developed significant lung disease but as a result of his mental health problems he has found it very difficult to access medical care. He experiences severe anxiety and finds it very difficult to sit in the waiting room of the GP's waiting room. A pragmatic solution to these challenges needs to be formulated and although a multidisciplinary solution will often be required a key worker model is necessary so as to aid engagement and not risk flooding the individual - resulting in disengagement.

MOJO have identified a facility in Scotland, where the stables could be developed into a retreat centre. It has the correct combination of accessibility and remoteness. This facility could accommodate a small residential unit for miscarriages of justice. MOJO have already put a great deal of effort into exploring this possibility and I recommend that you engage with them for an update as to the progress to date.

Paul W Miller **MD BCh BAO DMH MRCPsych**
Consultant Psychiatrist

Appendix 4

Clients response on Mental Health Questionnaire

CLIENT:G

Miscarriages of Justice Organisation

Client Questionnaire for Mental Health Strategy for Scotland

1. What assessment if any was made of your mental health prior to your release by the prison service?

None

2. Were you given any advice about any issues you might face regarding your mental health in relation to your wrongful imprisonment and the effects it may have on your mental health?

No, they were not interested. I was treated as a guilty person by them. They did not care. They had nothing to offer for the innocent

3. When you returned to the community were you advised to make an appointment with a GP to get a health assessment?

No, I had to do everything for myself. I was released and left to my own devices. I was put on the street and forgotten about. The only help I got was from the Miscarriages of Justice Organisation.

4. Was your GP aware of any mental health issues related to PTSD or wrongful imprisonment? What was their reaction?

My GP was aware of the condition but did not have experience of the effects of wrongful imprisonment. He did research the situation. He was very helpful in doing what he could. It did help that he was my family GP.

5. If you were referred to mental health Services how long did this take?

I waited for a year to finally get an offer of treatment.

6. If you were referred to a mental health service did you find they were understanding of your condition and were able to offer you treatment and support? If so please give some detail?

No, they did not understand. They dismissed PTSD putting things down to depression. They did not seem to listen or take onboard the effects of PTSD. Therefore they could not treat me. I had to find treatment myself.

7. Have you, your GP or any other health care professional involved in your care been able to obtain your medical records from the prison service?

No

8. Do you have any further information that you feel is relevant?

There is no help for the innocent on release from the court of appeal. There are only services for offenders. When I approached these services they told me I did not fit their remit. Some help was given to me by the Criminal Justice Service who offered me support against their remit. But their service has been shut down due to cuts.

I was referred to various agencies and faced the same problem. They did not understand the distinction of the diagnosis of PTSD. I become upset and frustrated by how I was treated because nobody I saw seemed to make the distinction. I had to several people before until I finally found someone who understood my condition and offer me treatment.

I was being offered short sessions by the mental health practioners who would open me up, make me think about the things I could not cope with. Then I would take this home. My frustrations and inability to cope would spill into my family life. The sessions did more harm than good because of the limited methods used and because of the persons lack of experience and understanding.

At first they tried to treat me with drugs to contain me. But this was only a band-aid to deal with the effects of my condition rather than the root cause of my problems.

There was a lack of consistency of treatment. I saw different people who also cancelled appointments at short notice, or arrived late for appointments. This made me stressed and led to a lack of trust.

CLIENT: J

Miscarriages of Justice Organisation

Client Questionnaire for Mental Health Strategy for Scotland

1. What assessment if any was made of your mental health prior to your release by the prison service?

None

2. Were you given any advice about any issues you might face regarding your mental health in relation to your wrongful imprisonment and the effects it may have on your mental health?

Not by anyone connected to the prison service or the judicial system

3. When you returned to the community were you advised to make an appointment with a GP to get a health assessment?

Again, not by the prison service. The only support, or guidance I was given was from the people at the Miscarriages of Justice Organisation. They took me to appointments and arranged what they could for me.

4. Was your GP aware of any mental health issues related to PTSD or wrongful imprisonment? What was there reaction?

My GP was made aware of my situation when I joined his practice. He read as much literature as he could find related to my condition. He was and is very supportive though he began from a position of ignorance.

5. If you were referred to mental health Services how long did this take?

It took 2 years from my release to get a referral to a Psychologist. I was sent to the community mental health team for assessment. They claimed I'd missed appointment but they had sent letters to the wrong address and even though they had made a mistake they put me to the back of the queue so left me waiting without support or treatment.

6. If you were referred to a mental health service did you find they were understanding of your condition and were able to offer you treatment and support? If so please give some detail?

I have just begun treatment. I am not sure that the person I am seeing fully understands my situation and my condition. I worry that by what she is saying that she fails to understand me and is just doing things by rote as a matter of practice rather than offering any treatment that relates directly to me. I have been offered anti depressants, which I will not take. I feel that her approach is wrong but have no other options.

7. Have you, your GP or any other health care professional involved in your care been able to obtain your medical records from the prison service?

NO.

8. Do you have any further information that you feel is relevant?

I feel that I have been chewed up and spat out. I feel I constantly have to prove that I have been damaged by my ordeal. I feel isolated. I don't see that there are any proper options in place to help me get well.

CLIENT L

Miscarriages of Justice Organisation

Client Questionnaire for Mental Health Strategy for Scotland

1. What assessment if any was made of your mental health prior to your release by the prison service?

NONE.

2. Were you given any advice about any issues you might face regarding your mental health in relation to your wrongful imprisonment and the effects it may have on your mental health?

NOTHING.

3. When you returned to the community were you advised to make an appointment with a GP to get a health assessment?

NO.

4. Was your GP aware of any mental health issues related to PTSD or wrongful imprisonment? What was their reaction?

NO.

5. If you were referred to mental health Services how long did this take?

G.P. referral because of compensation.

6. If you were referred to a mental health service did you find they were understanding of your condition and were able to offer you treatment and support? If so please give some detail?

Nothing, even when my lawyer asked for a report for my compensation.

No advice, No treatment

7. Have you, your GP or any other health care professional involved in your care been able to obtain your medical records from the prison service?

Lawyer only.

No follow up.

8. Do you have any further information that you feel is relevant?

Nothing at all.

CLIENT N

Miscarriages of Justice Organisation

Client Questionnaire for Mental Health Strategy for Scotland

1. What assessment if any was made of your mental health prior to your release by the prison service?

An assessment was only done in relation to offending behaviour. No assessment was done in relation to circumstance as a miscarriage of justice victim.

2. Were you given any advice about any issues you might face regarding your mental health in relation to your wrongful imprisonment and the effects it may have on your mental health?

NONE.

3. When you returned to the community were you advised to make an appointment with a GP to get a health assessment?

I was made to visit a G.P. as part as a settlement in a hostel.

I had no choice of doctor.

4. Was your GP aware of any mental health issues related to PTSD or wrongful imprisonment? What was their reaction?

No I had to raise the issue.

They had no background or knowledge of the effects of wrongfully imprisoning someone. I gave them information from the study done by Adrian Grounds.

The G.P. only offered generic treatment related to the treatment of depression.

5.If you were referred to mental health Services how long did this take?

I was made to visit a psychologist as part of an offending behaviour program as part of my release prior to my conviction being quashed. I was then referred to mental health services through the community mental health team.

This took 5 years from release for this to happen.

6. If you were referred to a mental health service did you find they were understanding of your condition and were able to offer you treatment and support? If so please give some detail?

No, they could not cope. I was treated as an offender even after I was shown to be totally innocent of the crimes. I had been wrongfully convicted of.

The person i was referred to was a prison psychologist who I had dealings with while in prison.

He was the heads of the sex offenders unit and he had repeatedly told me I was guilty.

7. Have you, your GP or any other health care professional involved in your care been able to obtain your medical records from the prison service?

No, I have never been able to get any medical records from the 25 years I spent in prison.

8. Do you have any further information that you feel is relevant?

There seems to be a total lack of understanding of the trauma I have suffered. No effective treatment. It seems that there is no desire to provide a bespoke service that would be able to deal with my needs. I feel like I am viewed by health services as a burden. I felt by putting me to services that could not cope, time and resources were being wasted. They treated me for depression which did not work. They tried drugs when I need therapy, I was offered secondary services to treat effects and not the cause of the trauma.

My physical health problems have not been addressed either.

CLIENT O

Miscarriages of Justice Organisation

Client Questionnaire for Mental Health Strategy for Scotland

1. What assessment if any was made of your mental health prior to your release by the prison service?

NONE.

2. Were you given any advice about any issues you might face regarding your mental health in relation to your wrongful imprisonment and the effects it may have on your mental health?

No advice offered

3. When you returned to the community were you advised to make an appointment with a GP to get a health assessment?

NO.

4. Was your GP aware of any mental health issues related to PTSD or wrongful imprisonment? What was their reaction?

NO.

Prescribed medication only.

No further advice.

5.If you were referred to mental health Services how long did this take?

I have waited 2 years and only recently I have been advised I have been placed on a local psychological services waiting list.

6. If you were referred to a mental health service did you find they were understanding of your condition and were able to offer you treatment and support? If so please give some detail?

See above.

7. Have you, your GP or any other health care professional involved in your care been able to obtain your medical records from the prison service?

Not to my knowledge.

8. Do you have any further information that you feel is relevant?

Having liberated myself from unlawful imprisonment I find I am offered no restorative justice, only further abuses by the Scottish Government ,it's agencies and personnel

CLIENT W

Miscarriages of Justice Organisation

Client Questionnaire for Mental Health Strategy for Scotland

1. What assessment if any was made of your mental health prior to your release by the prison service?

NONE

2. Were you given any advice about any issues you might face regarding your mental health in relation to your wrongful imprisonment and the effects it may have on your mental health?

NONE.

3. When you returned to the community were you advised to make an appointment with a GP to get a health assessment?

NO.

4. Was your GP aware of any mental health issues related to PTSD or wrongful imprisonment? What was their reaction?

NO I WAS NOT FULLY AWARE OF THE ISSUES I WOULD FACE.

5.If you were referred to mental health Services how long did this take?

NO REFERRAL MADE.

6. If you were referred to a mental health service did you find they were understanding of your condition and were able to offer you treatment and support? If so please give some detail?

NO REFERRAL MADE.

7. Have you, your GP or any other health care professional involved in your care been able to obtain your medical records from the prison service?

NO.

8. Do you have any further information that you feel is relevant?

TOTAL LACK OF HELP ON RELEASE.