

Justice Select Committee Inquiry

Mental Health in Prison

May 2021

About Nacro

Nacro delivers services across each part of the criminal justice system – from liaison and diversion services at police custody and court; education in prisons; and prison resettlement services. We deliver the national Bail and Accommodation Support Service on behalf of the Ministry of Justice, housing prison leavers on Home Detention Curfew and those bailed from court in need of an address.

Funded by NHS Oxleas, Nacro (in partnership with Clarion Housing) provides support with the transition from prison to the community for those service users in the Greenwich prison cluster (HMP Belmarsh, Thameside and Isis) who have significant mental health concerns during their transition from prison to the community. Nacro provides the same support for service users being released from HMP Wandsworth.

From March 2020, in partnership with Novus, we deliver prison education contracts on behalf of the Ministry of Justice, comprising both adult education in three men's prisons and two Youth Offender Institutions in the West Midlands.

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The scale of mental health issues within prisons in England and Wales and whether enough is in place to determine the scale of the problem.

The prevalence of mental health problems among the prison population is well-documented. Prior to the pandemic the Institute of Psychiatry estimated that over half of people in prison had poor mental health including depression, posttraumatic stress disorder and anxiety, approximately 15% had specialist mental health needs and 2% were thought to have acute and serious mental health problems. The identification of mental health issues relies, to a large extent, on self disclosure so the scale of the problem is inevitably underestimated, and will have been exacerbated by the pandemic.

The appropriateness of prison for those with mental health needs. The effect of the physical prison environment on mental health.

Mental health support should be trauma informed, recognising past or ongoing trauma, and it is inevitably more difficult to provide such support in a prison environment. It is arguable that being in prison is, by design, a difficult experience. The physical environment, the restrictions of prison life, lack of contact with loved ones, and lack of personal control can all have an impact on mental health. This environment is not conducive to recovery and wellbeing, and is clearly unsuitable for those with mental health needs, particularly those with acute and serious problems.

Physical environment varies across the estate, but in general older prisons tend to have poorer physical environments. We know that many live in overcrowded conditions, with undignified in cell sanitation and little access to outside space, activities or other stimulation or interaction. Prisons are noisy, impersonal places, where people often feel scared and unsafe. The prison regime creates enforced inactivity for much of the time (which has been exacerbated during the pandemic) which can impact on mental health and wellbeing.

How mental health issues are identified on arrival at prison and/or while a prisoner is serving a custodial sentence.

Mental health issues are identified at primary and secondary screening upon reception. This staged process is beneficial as it gives a second opportunity to identify issues after people have had the opportunity to adjust to coming to prison, which can be a very traumatising experience.

We would query whether there is sufficient screening to identify mental health issues that may arise during the course of a prison sentence, beyond the initial screenings. There are mechanisms for staff to make referrals to Mental Health In Reach teams (MHIR) if an issue is identified, but there is no routine screening of the prison population during the course of a sentence. If no issues are identified at the initial screenings then it is unlikely that any further review will be carried out unless a potential issue is noted by staff (and considered to be related to mental health). We would suggest that s screening during the course of a sentence should be introduced, and that this should be expedited due to the pandemic. The impact of the Covid-19 regime changes in prisons will be felt both by those with existing mental health issues where they may have been exacerbated, but also by people who have developed mental health problems as a result of the pandemic restrictions and it is important that the scale of the problem is assessed in order that it can be adequately addressed.

In addition we recommend that exit screening for all prisoners would be beneficial so that appropriate referrals/handovers can be made to the GP and mental health teams in the community.

Support (clinical and non-clinical) available to those with mental health needs, whether it meets the needs of those in prison and if there are any gaps in provision.

In our experience of supporting prison leavers who have received mental health support during their time in custody, we know that many do not then meet the threshold for community treatment upon release. Treatment can be easier to access in custody, although unmet need clearly remains (as it

does in the community). The level of need will increase as a result of the pandemic, and we are concerned that there is a potential gap in provision in prison for those people with lower level mental health issues such as anxiety and depression. We are concerned that a lack of availability of psychosocial support for these issues may result in medication being the preferred route.

The effect of Covid on prisoner mental health, including on access to services.

It is clear that the extremely restricted regime has impacted on people's emotional, psychological and physical well-being. We have spoken to people in prison who have told us how difficult it has been to cope with the time spent in cell, the lack of purpose, lack of face-to-face social visits and months of inactivity. People in prison have told us:

"A lot of the lads went stir crazy ... my physical and mental health suffered badly for the 10 months I was inside. There were a lot of people like me ... I've never seen anything like it. Strong lads, guys that you wouldn't believe were losing their mind and trying stupid things ... it became very, very difficult very, very quickly"

"Misery for everyone who has no regime, no gym, no visits, no work, just misery"

"I feel like a caged animal"

Initially, there was acceptance and understanding of the restrictions, but as time went by it is clear that frustrations grew. Many people are anxious about the future, as they have had more limited access to the behavioural programmes that form part of sentence plans (and are therefore important for progression). Release from prison is a time of anxiety for many people, and this has been exacerbated during the pandemic when there have not been opportunities for face-to-face meetings with resettlement staff to plan for release. Some have spoken to us about relying on self-harming and drug use as coping mechanisms.

During the pandemic, many health care services were reduced to emergency access only, and providers such as dentists and opticians were unavailable for months. Services have gradually been reintroduced but had not yet returned to normal. We are aware of backlogs in MHIR and delays in assessments being completed. We have supported some prison leavers who have been discharged before an assessment could be carried out, and so there is no plan in place for support in the community.

The quality and availability of mental health support in prison compared to that in the community.

As stated above, we often find that people in prison who have been receiving support from MHIR often do not then meet the threshold for treatment with community teams upon release. We also know that access to services is uneven, and the Bradley Review found that people from Black and other ethnic communities are 40% more likely than White Britons to access mental health services via a criminal justice system gateway, and so there is more that needs to be done to ensure that people can access the right support in the community, rather than only accessing support at a point of crisis.

The mental health care pathway in prison to the community.

Pathways into community treatment can be difficult for people to navigate, and this can lead to a drop off in engagement with services in the transition to the community. In our experience, transition works best where someone is under the care of MHIR and being supported by a clinician in custody, and they receive enhanced support on release, such as the support we deliver in the project we deliver in Greenwich and Wandsworth, funded by NHS Oxleas. It is important that there is good communication between MHIR and the community mental health team, that the prison leaver has the right support to facilitate continued engagement in the community, and that they are discharged with sufficient medication to ensure that there is no gap in medication whilst the link to community treatment is established. We know that not only is getting the right support in place vital for people with mental health needs, but it is also critical they have other basic support in place on release such as somewhere to live; sufficient financial resources through access to welfare support; and links into wider support services.

Issues can arise if someone is discharged from prison before an MHIR assessment is carried out, or if the need does not meet the threshold for MHIR support. It is important in these circumstances that the prison ensures that GP registration happens prior to release, and sufficient medication is provided on release to ensure that there are no gaps.

Whether current commissioning of mental health services in prison is working

Significant additional resource will be required to cope with the likely increase in the level of need due to the impact of the pandemic on the prison regime. We would advocate for funding for support for lower levels of need than is currently provided, as we believe that the need is likely to be widespread and detrimental to everyone in prison if the need remains unmet.