



Nacro >
Justice ExChange

The Better Futures Project
Briefing 2: Mental Health in Prison

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About the Nacro Justice ExChange

The Nacro Justice ExChange is a network of people who have been in contact with the criminal justice system and received support from Nacro with their resettlement journey, including people who are currently in prison, or have previously served a prison sentence.

We share the same goal: Using our experiences to inform those in power of what the issues are, and to influence the development of criminal justice policy to ensure that it works better for society, communities, families, and the individuals caught up in the system.

We propose practical solutions based on lived experience of the system.

About the Better Futures Project Briefing: Mental Health in Prison

This is the second in a series of briefings that examine the practical steps that can be taken to support people in contact with the criminal justice system to create better futures. The series includes practical and cost-effective steps to help to ensure that prisons better prepare people for release, and provide them with the skills, training, knowledge and support they need to thrive and create better lives on the outside.

This briefing examines: the level and range of mental health problems in prison and how people in prison who have mental health problems are identified; the impact that the prison environment can have on people's mental health; the support currently available in prison and the impact all this can have on people's ability to turn their lives around on release.

We propose solutions which aim to ensure that everyone has access to the right support whilst they are in prison and on release. Improving the mental health of people in contact with the criminal justice system is an essential step to reducing reoffending and ensuring people can rebuild their lives in the community when they are released.

In addition to providing the right treatment and support, we must ensure that prisons are not the cause of mental health problems, nor should they contribute to a deterioration in someone's mental health, either because of a poor prison environment or a lack of treatment and support when it's needed.

The quotes used throughout this briefing come from people with lived experience of the justice system that have been supported by Nacro.

Summary of our main recommendations

We set out recommendations at the end of this report which we believe will help people in the justice system get the support they need for good mental health. These are grouped as follows:

- **The beginning of the criminal justice journey:** Our recommendations focus on keeping people out of prison where they would be better supported and rehabilitated in the community.
- **During a prison sentence:** These recommendations concentrate on improved screening and training to identify mental health needs; improved support provision and improved relationships with staff; improving the prison regime to ensure purposeful activity and time out of cell and improve safety; and embedding a more trauma-informed approach.
- **Transfer and transition into the community:** Here we focus on the need to improve timely transfers to secure mental health facilities, and embed and evaluate the RECONNECT care after custody service.

The level of mental health need in our prisons

There are significant levels of mental health problems in the prison population, which are considerably higher than in the general population. The Institute of Psychiatry estimated that over half of people in prison have poor mental health including depression, post-traumatic stress disorder and anxiety, with approximately 15% having specialist mental health needs and 2% thought to have acute and serious mental health problems.¹ It is also estimated that between 60 and 70% of the prison population has a personality disorder, whereas an estimated 4 to 11% are affected by this disorder in the general population.² In 2022, HM Inspectorate of Prisons (HMIP) noted that 51% of men and 76% of women told them they had mental health difficulties.³

There is also evidence that the level of mental health need in our prisons is increasing. For example, in the 12 months to December 2023, there were 93 self-inflicted deaths in prison, a 22% increase on the previous 12 months. There were 67,773 self-harm incidents in prison in the 12 months to September 2023, up by a concerning 17% from the previous 12 months, which was made up of an 11% increase in male establishments and 38% increase in female establishments.⁴ In addition, 1,057 people were transferred from prison to a secure hospital in 2022, the second highest number since records began.⁵

The identification of mental health problems relies, to a large extent, on self-disclosure by people in prison, so the true scale of the level of need is not known and is likely to have been exacerbated by the pandemic.⁶ The Justice Select Committee stated in 2021 “there is no clear picture of the extent or nature of mental ill health in prisons, nor on how much is spent on treatment and whether the money is well spent.”⁷

“Everyone in prison has some sort of mental health issue. And when you are banged up for 23 hours a day if you don’t have a strong mind, you’re going to suffer more.”

It is often the case that people in prison who have mental illness also have other difficulties such as learning difficulties or disabilities, autism, speech and language difficulties, or ADHD.⁸ Additionally, people in prison have often experienced trauma and adverse childhood experiences. Personal histories including trauma, exclusion from school, poverty, substance and/or alcohol misuse, difficult family relationships and/or experience of the care system, unemployment, or homelessness are common.⁹

1 <https://publications.parliament.uk/pa/cm201719/cmselect/cmpubacc/400/400.pdf>

2 <https://www.google.com/search?client=safari&rls=en&q=what+proportion+of+people+in+prison+have+personality+disorders&ie=UTF-8&oe=UTF-8>

3 <https://www.justiceinspectores.gov.uk/hmiprisons/wp-content/uploads/sites/4/2022/07/HMIP-Annual-Report-web-2021-22.pdf>

4 <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-june-2023/safety-in-custody-statistics-england-and-wales-deaths-in-prison-custody-to-september-2023-assaults-and-self-harm-to-june-2023>

5 <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-september-2023/safety-in-custody-statistics-england-and-wales-deaths-in-prison-custody-to-december-2023-assaults-and-self-harm-to-september-2023>

6 <https://www.uservice.org/wp-content/uploads/2022/08/User-Voice-QUB-Coping-with-Covid.pdf>

7 <https://committees.parliament.uk/publications/7455/documents/78054/default/>

8 <https://committees.parliament.uk/publications/7455/documents/78054/default/>

9 Durcan, Dr G, (2021) Centre For Mental Health, *The future of prison mental health care in England: A national consultation and review*

“People from working class backgrounds are less aware of mental health problems and aren’t educated enough on it to self-diagnose or raise it as an issue. Once a week or once a month I believe every inmate should see someone and talk to them about their mental health.”

Research also shows that more than half of people in prison may have had a traumatic brain injury. The Centre for Mental Health estimates that around 60% of adults and 30% of children in prison have a history of traumatic brain injury, often involving multiple injuries which can have a cumulative impact.¹⁰ Rates of brain injury are high amongst both men and women in prison, with many women sustaining their injuries as a result of domestic violence.¹¹ People with brain injury are more likely to have mental health problems, including higher levels of major depression, generalised anxiety and post-traumatic stress disorder.¹²

Some groups of people are more likely to have mental health problems in prison, including:

- **Children and young people:** Young people in prison (including those aged under 18 and young adults aged 18-20) have poorer mental health than young people in the general population and adults in prison: 95% are estimated to have at least one mental health problem and 80% have more than one. They are less likely than other young people to access the right support¹³ and are also more likely to have learning difficulties, communication problems, and other complex and multiple needs¹⁴ yet less likely to have their needs met.¹⁵
- **Women:** Women in prison are at particular risk of having poor mental health and are twice as likely as men in prison to report having mental health problems.¹⁶ The rate of self-harm incidents in prison was over ten times higher for women than for men in the year to September 2023.¹⁷
- **Black and other minoritised groups:** People from Black and other minoritised groups are less likely to get appropriate support in the community than their white counterparts.¹⁸ The Bradley Review found that people from Black and other minoritised communities are 40% more likely than White Britons to first access mental health services via a criminal justice gateway.¹⁹

10 <http://www.centreformentalhealth.org.uk/publications/traumatic-brain-injury-and-offending>

11 <https://www.royalholloway.ac.uk/about-us/news/pioneering-study-into-female-offenders-finds-more-than-64-of-women-with-a-history-of-brain-injury>

12 <https://committees.parliament.uk/writtenevidence/36333/pdf/>

13 Hagel A (2002) The mental health of young offenders: Bright futures – Working with vulnerable young people. London: Mental Health Foundation

14 Hughes K, Hardcastle K and Perkins C (2015) The mental health needs of gang-affiliated young people, a briefing produced as part of the Ending Gang and Youth Violence programme London: Public Health England

15 Chitsabesan P et al (2006) Mental Health needs of young offenders in custody and in the community. British Journal of Psychiatry 188(6) pp 534-540

16 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719819/female-offender-strategy.pdf

17 5,988 per 1,000 women in prison compared to 591 per 1,000 for men - [Safety in custody: quarterly update to September 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/719819/safety-in-custody-quarterly-update-to-september-2023.pdf)

18 Sashidharan, S.P. (2003) Inside Outside - Improving Mental Health Services for Black and Minority Ethnic Communities in England London: National Institute for Mental Health in England. [From Outside to Inside: Improving Mental Health Services for Black and Minority Ethnic Communities in England | Emerald Insight](https://www.nimh.org.uk/publications/inside-outside-improving-mental-health-services-for-black-and-minority-ethnic-communities-in-england)

19 Lord Bradley (2009) The Bradley Report: Lord Bradley’s review of people with mental health problems or learning disabilities in the criminal justice system. [The Bradley Report \(iriss.org.uk\)](https://www.iriss.org.uk/publications/the-bradley-report)

- **People serving indeterminate sentences for public protection (IPP sentences):** People serving IPP sentences are more likely than other people in prison to have pre-existing mental health problems, having an IPP sentence has a negative impact on mental health for a number of reasons, including because they are being held in a perpetual state of anxiety about recall and spending additional years behind bars, and a profound sense of hopelessness.²⁰
- **People held in prison on remand:** Rates of mental health problems in people held on remand have been found to be even higher than in people who have been sentenced. It has been estimated that 7% of men serving prison sentences and 10% of men held in prison on remand have a psychotic disorder. This compares with 0.5% in the general population.²¹ This is particularly worrying as the numbers of people being held on remand are at record levels. The remand prison population on 31st December 2023 was 16,005, which is the highest level for at least 50 years.²²

What is an IPP sentence?

IPP sentences were introduced in England and Wales in 2005. They were intended for people considered ‘dangerous’ but whose offence did not merit a life sentence. Like a life sentence they contain three elements:

- A minimum term that a person **must** spend in prison,
- Detention in prison for a potentially **unlimited** period until the person can prove that they are no longer a threat to the public,
- Release back into the community on licence, with the potential of being **returned to custody**.²³

IPP sentences were abolished in 2012, but thousands of people are still subject to an IPP sentence. As of June 2023 2,916 people were in prison with an IPP sentence.²⁴

We support the House of Commons Justice Select Committee’s report in September 2022 which recommended a comprehensive re-sentencing programme for everyone subject to an IPP.²⁵

Prison as a place of safety

The Mental Health Act 1983 and the Bail Act 1976 allow courts to remand people to custody because they are in mental health crisis. This can have a terrible impact on the person remanded as prison is a totally unsuitable environment to support someone in

20 <https://prisonreformtrust.org.uk/publication/no-life-no-freedom-no-future-the-experiences-of-people-recalled-whilst-serving-ipp-sentences/>

21 [https://www.nice.org.uk/guidance/ng66/documents/mental-health-of-adults-in-contact-with-the-criminal-justice-system-final-scope2#:~:text=b\)Rates%20of%20mental%20disorder,higher%20than%20in%20sentenced%20prisoners.](https://www.nice.org.uk/guidance/ng66/documents/mental-health-of-adults-in-contact-with-the-criminal-justice-system-final-scope2#:~:text=b)Rates%20of%20mental%20disorder,higher%20than%20in%20sentenced%20prisoners.)

22 <https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-july-to-september-2023/offender-management-statistics-quarterly-july-to-september-2023>

23 <https://prisonreformtrust.org.uk/project/imprisonment-for-public-protection-ipp/>

24 Table 1.9a, Ministry of Justice (2023) Offender management statistics quarterly: October to December 2022, London: Ministry of Justice

25 <https://publications.parliament.uk/pa/cm5803/cmselect/cmjust/266/report.html>

crisis. We note that it is proposed that the power of the courts to send acutely unwell people to prison as a 'place of safety' or for their 'own protection' will be removed by the draft Mental Health Bill 2022 which will amend provisions in the Mental Health Act 1983 and the Bail Act 1976 which currently allow courts to remand people to custody because they are in mental health crisis. However, we are disappointed to note that the Bill will not become law in the current parliamentary session.

Why does the mental health of people in prison matter?

People in prison are often amongst the most vulnerable in our society. It is very common for people in prison to have experienced trauma and adverse childhood experiences,²⁶ which often drive their offending behaviour. Many have been failed by our society, and we fail them again if we do not offer them the help and support that they need whilst in prison to help them turn their lives around on release. It's the right thing for the individual, and importantly it helps to create safer communities for us all, as there is considerable evidence that mental health treatment can reduce the likelihood of reoffending.²⁷

We know from our own experience that people who leave prison with strong foundations in place to make a success of their lives are less likely to reoffend. These foundations include a stable home, connections to family and the local community, a job, and good health support for any mental health problems or substance misuse.

The impact of imprisonment on mental health

Particular points of vulnerability

Prison is a difficult environment for people to address their mental health problems and we know that a prison sentence can significantly exacerbate mental illness.²⁸ People's mental health can be at risk of deterioration at any point throughout their time in prison and can be influenced by a number of factors including things which happen within their families on the outside.

We also know there are times of heightened risk. On arrival at prison, either following conviction or to be held on remand before trial, people are particularly vulnerable, and a significant number of self-inflicted deaths occur in the first month in prison. In 2023, 17% of all self-inflicted deaths happened within the first 30 days of imprisonment, with almost half occurring in the first week.²⁹

When people first go to prison, they can often feel overwhelmed by what they have done and the punishment they have to face, at a time when they are separated from family or other emotional support. In addition, we know that they can be worried about loved ones on the outside as they may no longer be able to provide emotional, financial or practical support, such as caring for children or elderly relatives.

26 Durcan, Dr G, (2021) Centre For Mental Health, [The future of prison mental health care in England: A national consultation and review](#)

27 Weatherburn et al Does mental health treatment reduce recidivism among offenders with a psychotic illness? (2021)

28 <https://www.nao.org.uk/wp-content/uploads/2017/06/Mental-health-in-prisons.pdf>

29 Ministry of Justice (2023) Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to December 2022 Assaults and Self-harm to September 2022. [Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to December 2022 Assaults and Self-harm to September 2022 - GOV.UK \(www.gov.uk\)](#)

Release from prison is also a time when people are at a much greater risk of suicide than the general population, particularly during the first 28 days after release. It is estimated that people are between three and ten times more likely to take their own lives than the general population in the 12 months after release from prison.³⁰

Impact of the prison environment

In our experience, the prison environment can be challenging for people's mental health for a number of reasons, including:

> The physical environment

The physical environment of prison is often oppressive, noisy and overcrowded, lacking privacy and dignity. In many prisons, for example, two people share a cramped cell that was designed for one person, with an inadequately screened toilet in the corner and no privacy. In October 2023, two thirds of prisons (79 out of 120) were overcrowded.³¹ Older, Victorian prisons are often amongst the poorest physical environments, but maintenance issues across the estate means that even newer prisons often have poor living environments and cramped conditions.³² The HMIP Annual Report 2022-23 notes that in over two thirds of prisons they inspected that year, people spent their first few days in cells that were bleak, grubby and unwelcoming, and their induction into prison life was often poor. At HMP Exeter, people experienced long delays in gaining approval for the telephone numbers they could call, leaving them unable to contact their families for many days.

> A mentally challenging environment

It is mentally very challenging to negotiate living in a frightening and potentially violent environment where people can be vulnerable to bullying or victimisation. Research by the Prisons and Probation Ombudsman has shown that 20% of its investigations into self-inflicted deaths found evidence that the deceased were subject to some form of bullying or intimidation in the three months prior to death.³³ Bullying and violence are a feature of life in prison, and even where behaviour is well-managed in prison people can often still feel significant levels of fear about their safety.

“When you first go to prison it scares you so much it hurts.”

> A lack of purposeful activity

We know that less than 50% of people in prison are in work or attending education³⁴ and that even where people do have work or attend education, it is often only on a part-time basis. This means that many people continue to spend long periods of time locked in their cells, despite the final Covid-19 restrictions being lifted in May 2022.³⁵ Access to physical

30 Pratt et al Suicide in recently released prisoners: a population-based cohort study (Lancet 2006; 368: 119–23)

31 <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-september-2023/safety-in-custody-statistics-england-and-wales-deaths-in-prison-custody-to-december-2023-assaults-and-self-harm-to-september-2023>

32 <https://cloud-platform-e218f50a4812967ba1215eaece923f.s3.amazonaws.com/uploads/sites/13/2022/11/22-10-04-IMB-National-21-22-Annual-Report-FINAL-version.pdf>

33 <https://assets.publishing.service.gov.uk/media/5a7b9c6540f0b62826a04ae7/8429.pdf>

34 <https://www.gov.uk/government/statistics/prison-performance-ratings-2022-to-2023>

35 https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2023/07/15.91_HMIP_HMI-Prisons_ARA-2022-23_Web-Accessible.pdf

exercise can also be very limited, and we are told that access to the gym or other physical activity is often restricted due to staff shortages, and yet research shows that even moderate exercise in a prison setting has a positive effect on mental health and is effective in reducing the risk of depression.³⁶

> Lack of personal control

The prison regime takes away personal control and creates enforced inactivity for much of the time, encouraging boredom, lack of purpose and a loss of sense of self. People in prison have virtually no control over their day-to-day lives, including when they wake up, when (and, to some extent, what) they eat, what their jobs are, and when they have access to recreation. This can lead to feelings of dependence and helplessness. This loss of autonomy harms mental health, and we know that people feel better and have better mental health outcomes when they have control over their surroundings.³⁷

> Lack of support networks

Relationships are one of the most important aspects of most peoples' lives. People who are more socially connected to family, friends, or their community are happier, physically healthier, and live longer, with fewer mental health problems than people who are less well connected.³⁸

Although people in prison can have visits, video calls, and phone calls with friends and family, the amount of emotional support from the outside world is limited. Phone calls are often expensive, and the number of visits that people can have are limited. The HMIP Annual report 2022-23 states that too many prisons' visits were capped at a lower number than before the pandemic for no clear reason and that the number of visits allowed varied from prison to prison.³⁹ And it is often difficult for people to discuss emotionally challenging matters in a busy visits' hall or on a phone on the prison landing or in a cell in front of a cellmate.

Informal support networks are often created as people in prison support each other, and more formal peer support arrangements such as reception orderlies and information orderlies on the wings go some way to provide people in prison with the practical support they need. However, we are often told that it is the emotional support from families and friends on the outside which is more difficult to replace.

“It’s not always easy to even get the basic things you need in prison like a mattress that isn’t ripped or to get a broken toilet seat fixed, and so people spend their time learning to deal with the prison system when they should be learning to deal with themselves.”

36 Battaglia, C et al (2015) Participation in 9-month physical exercise programme enhances psychological wellbeing in a prison population. *Criminal Behaviour and Mental Health* 25, 343-354.

37 <https://www.prisonpolicy.org/blog/2021/05/13/mentalhealthimpacts/>

38 <https://www.mentalhealth.org.uk/explore-mental-health/statistics/relationships-community-statistics#:~:text=People%20who%20are%20more%20socially,who%20are%20less%20well%20connected>

39 https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2023/07/15.91_HMIP_HMI-Prisons_ARA-2022-23_Web-Accessible.pdf

How people in prison are identified as having mental health problems

Identifying need on first arrival in prison

When someone first arrives in prison they undergo health screening ('primary screening'), to identify their immediate needs such as ongoing medication requirements for physical or mental health problems or treatment linked to drug or alcohol withdrawal.⁴⁰ Prison receptions are often busy and confusing places for people as they first enter a custodial setting, with both uniformed officers and medical staff asking a large number of questions, in addition to being 'processed' which includes searches, photographs, and fingerprints. It is therefore unsurprising that not all prisoners with mental health problems are identified at this stage for a number of reasons, including being overwhelmed or not feeling comfortable to disclose.

Secondary screening is a follow-up screening process which should happen within seven days of arrival in prison. We believe this staged process is beneficial as it provides a second opportunity to identify issues once people have had some opportunity to adjust to being in prison.

Primary and secondary screening assessments are undertaken mainly by primary care nurses or health care support workers under the supervision of a primary care nurse. However, they do not always have mental health training, and there is no consistent requirement for mental health training for the broader workforce in prisons.⁴¹ Mental health training can provide prison staff with the knowledge and confidence to act on any concerns, this is particularly important because difficult or challenging behaviour might sometimes be the only way that distressed people with mental health problems are able to communicate when they need help.⁴²

Identifying need beyond initial screening assessments

Beyond the initial screening, there are mechanisms for staff to make referrals to Mental Health In Reach teams if a mental health issue or concern is identified, but there is no routine screening of people in prison 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 by them to be related to mental health. We therefore believe that there is insufficient screening or opportunity to identify mental health problems that may arise during a prison sentence, or have got worse during the prison term, beyond the initial screenings. This is especially true for people who were in prison during the extreme regime restrictions during the pandemic, and for those people serving a long prison term who may go for years with no screening for their mental health.

Routine screening during the course of a sentence would help to ensure that any escalation in a pre-existing mental health issue or the emergence of a new issue can be better identified at an early point, and appropriate treatment or support can then be provided. This will go some way to try to ensure that mental health problems can be treated before any crisis point is reached.

40 <https://www.nice.org.uk/guidance/ng57>

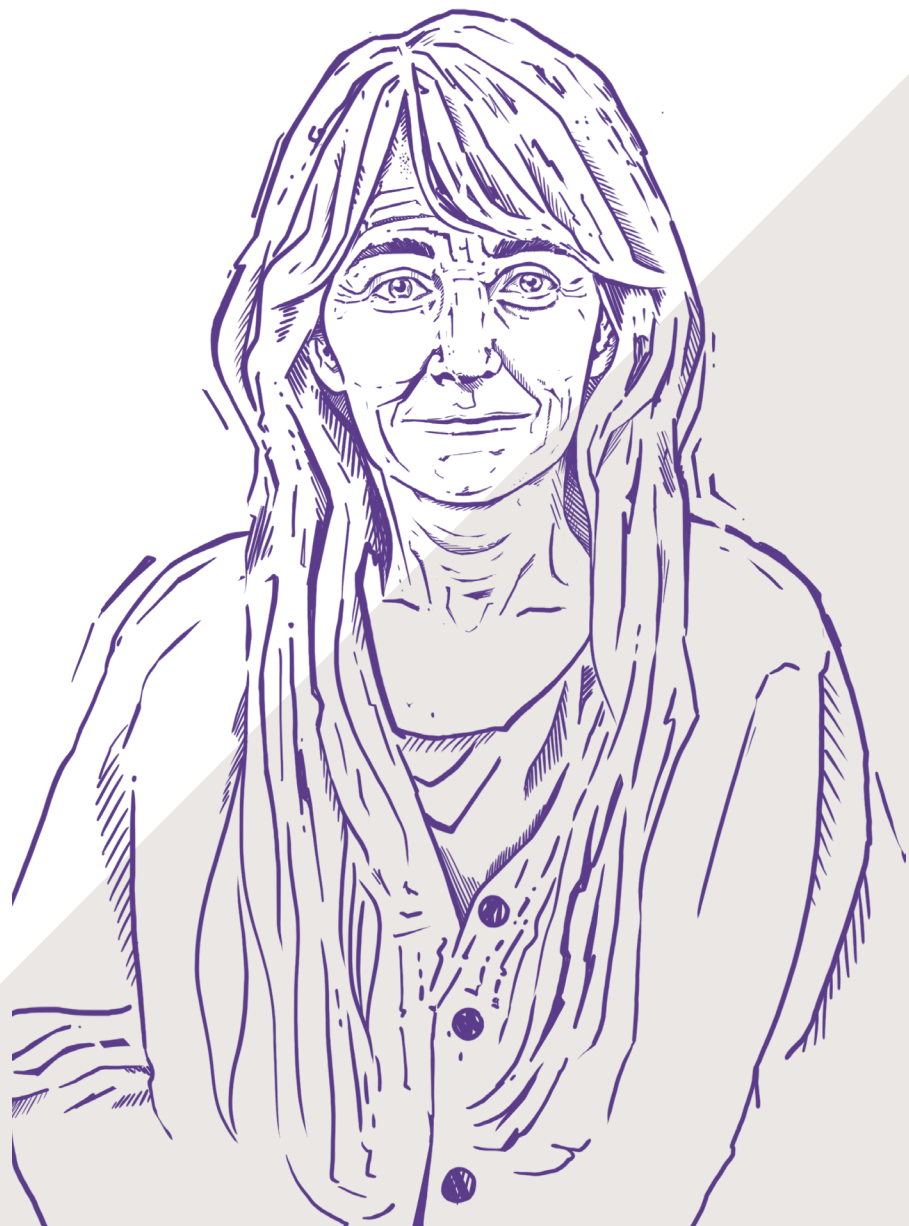
41 <https://committees.parliament.uk/writtenevidence/36446/html/>

42 <https://committees.parliament.uk/writtenevidence/77533/html/>

'Exit' screening before release from prison would also be beneficial as it would ensure that appropriate referrals can be made to the community GP and mental health teams.

“There is a meds hatch where you can go and report your issues, but if you aren't on meds, you aren't allowed to go to the hatch.”

“You come in feeling alright and you go out sick.”



Relationships with staff

All prison officers receive training on mental health awareness when they undergo their basic training, and some prisons offer regular training to staff on identifying mental health problems. It is not, however, mandatory, and many officers do not receive any refresher training. In 2017, 40% of prisons did not provide existing staff with any mental health awareness refresher training.⁴³ This is a significant gap, particularly in view of the high level of mental health need within the prison population.

We know that a sense of connection to people is important for mental wellbeing⁴⁴, and so the creation and maintenance of good relationships between staff and the people in their care is important. Staff shortages and high staff turnover can both get in the way of this. We know that the overwhelming majority of prison officers are committed to their roles and the people we speak to often talk of officers that have had a positive impact on their mental wellbeing. However, we also regularly hear that people feel that some officers do not care about the people in their care, and that their behaviour is often characterised by mistrust of the motives of people in prison and a disregard for their safety or wellbeing. It can be difficult for people in prison to see beyond the ‘uniform’ and so they can find it hard to open up to someone in authority who is seen to be on the opposite side. Ensuring that third sector organisations have a strong presence in prisons can be an important avenue for people in prison to open up to someone other than an officer in uniform.

It is vital that officers are recruited who have strong values and that they receive appropriate training and mentoring that models the highest standards of behaviour. Prison officers must have protected time within their working day to spend time building trusting relationships with the people in their care. Having the time to talk to and listen to people in prison is key, particularly for those with difficulties absorbing written information due to poor literacy, language barriers, or who are neurodiverse.

The Offender Management in Custody (OMiC) model was rolled out across prisons from 2018 and intended to improve safety by building better relationships between staff and people in prison. It introduced a key worker system, where people in prison are allocated a key worker whose responsibility it is to engage, motivate and support them through their time in prison. Prisons were to ensure that time was made available for an average of 45 minutes per week for the delivery of the key worker role for each person. Unfortunately, HM Inspectorate of Probation reported in 2022 that key components of the OMiC model were not working in practice and that delivery was falling well short of expectations. The Inspectorate stated that this was because the model is fixed, complex and little understood, stalled during the pandemic, with staff shortages, competing priorities and a lack of space on prison wings for one-to-one interventions.

Chaplaincy plays an important role in a prison environment, providing emotional as well as spiritual support, and a number of people we have spoken to have told us about occasions when they were grateful for this input. We have heard that chaplaincy is seen as more independent, and so people may find it easier to speak to a member of the chaplaincy team than they would a prison officer. We are also told that other agencies working within prisons, particularly third sector organisations, are often seen as being more independent, and so their presence can also be an important point of contact.

43 <https://committees.parliament.uk/writtenevidence/36446/html/>

44 <https://www.mentalhealth.org.uk/explore-mental-health/statistics/relationships-community-statistics#:~:text=People%20who%20are%20more%20socially,who%20are%20less%20well%20connected>

“They’re just not bothered about our mental health. If you press your cell bell it’s at least 30 minutes before anyone comes and then they always say, ‘this better be important’ and there’s a good chance that you’ll end up with an IEP”

“I’ve self-harmed since coming here because of the screws, but they don’t care. I’ve had screws standing outside my cell, laughing and telling me to self-harm.”

“There are some staff here to earn a wage, and there are some staff here to make a difference.”

“There was a lad a few weeks ago using his cell bell because he was feeling down and wanted help, he was written up for improper use of cell bell.... We call her ‘Miss Cell Bell’ now.”

“There’s only three people that care about your mental health in here – you, your friends, and your family – no one else wants to hear it.”

Treatment and support available in prison

From April 2013, responsibility for commissioning all healthcare services for people in prison in England, including drug and alcohol services but excluding emergency and out of hours services, rests with NHS England. In Wales, Local Health Boards commission healthcare services in public sector prisons, including clinical drug treatment services. All prisons have some health care services, such as primary care and mental health support, on-site and some also have dedicated health care wings where people can go to receive care and treatment. What is available in each prison depends on the characteristics of the prison itself and there is wide variation in the services available across the prison estate.⁴⁵

Healthcare in prison is based on the principle of equivalence. This means that people in prison should have access to services or treatment that are at least consistent with those available to the wider community.⁴⁶ However, we know that equivalent care is often not available, and this can be the case for both physical and mental health concerns.

We often hear of lengthy waiting lists to see a range of medical professionals, including GPs, dentists, and opticians. We also know that there are often delays for people who need to access medical care outside prison, such as x-rays or scans, or more specialist health services requiring treatment in an outside hospital.

⁴⁵ <https://www.centreformentalhealth.org.uk/wp-content/uploads/2023/04/Prison-mental-health-services-in-England-2023-1.pdf>

⁴⁶ HM Government and NHS England (2019) National Prison Healthcare Board Principle of Equivalence of Care for Prison Healthcare in England. GOV.UK, p. 2.

In our experience, people also often struggle to access the mental health support they need in prison, and there are often long waiting lists. For example, HMIP reported in May 2023 that at HMP Lowdham Grange “there was a significant backlog of over 100 patients waiting up to a year to access psychological therapy, including group work.”⁴⁷

Long waiting lists are a problem for everyone waiting to access treatment but are a particular issue for people serving short prison sentences as they can reach the end of their prison term before they reach the top of the waiting list. We know that getting the right support for mental health problems can have a positive impact on someone’s ability to move away from offending, and so people serving short sentences who are unable to access mental health treatment can become trapped in a cycle of offending and short prison sentences.

“I was waiting for 6 months before seeing anyone from mental health or the in-reach team, and they didn’t offer me any support whilst I was waiting to be assessed.”

“The last time I was in here, I was on the list for mental health support, but the waiting list was so long that my first appointment was for the week after I was released.”

“You put an application in and then waiting for an assessment can take months, and even after the assessment, nothing happens.”

“You just get palmed off the whole time.”

“I’ve been waiting for help for 10 months, and I’ll be released before I get anything.”

“Mental health come and say they’ll put you on a waiting list for a talking group, but you don’t actually get any help.”

Some of the people we’ve spoken to say that medication may be offered as the first option, and they believe that this is in place of treatment or support. For example, a number of people have told us that they were offered antidepressants upon reporting mental health concerns rather than being considered for individual therapy or group work. HMIP notes in their annual report 2022-23 that they had observed continuing delays for people in prison to access mental health services and sometimes an over-reliance on drugs rather than therapeutic support.⁴⁸

⁴⁷ <https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2023/08/Lowdham-Grange-web-2023.pdf>

⁴⁸ https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2023/07/15.91_HMIP_HMI-Prisons_ARA-2022-23_Web-Accessible.pdf

“Someone on my wing had schizophrenia and he was bullied a lot. The officers would bring him a nurse and medicate him, but no one would sit and discuss his problems with him. They need to be doing counselling in prison, not just the medication route.”

“There used to be psychology, probation, mental health in offices on the wing and that worked better because they were close by and so people knew each other. If you were struggling with your mental health, you could knock on the door and ask to speak to someone without feeling embarrassed.”

People with a dual diagnosis

We know from our own experience that people with a dual diagnosis of both mental health and substance misuse needs can struggle to get the support they need. When people try to get support for their mental health, they can be told they cannot be treated while they are under the influence of substances, but they tell us that they are using drugs because their mental health is poor. HMIP has noted that in some cases, substance misuse was treated by itself, with no support or consideration being given to mental health problems.⁴⁹

Peer support in prison

Peer support can be an important source of emotional and mental health support for people in prison. From having the basic prison rules explained when someone first arrives in prison by someone that has been in their shoes, to being able to speak to a Listener (Listeners are people in prison trained by the Samaritans to provide confidential emotional support to their peers) during a period of emotional distress, there is clearly value from being able to seek support from their peers.

The pandemic had an impact on the availability of peer-led support in prison and in the HMIP Annual Report 2022–23 survey, it was noted that only 38% of prisoners said it was easy to speak to a Listener. The report also states that at about half of prisons visited in 2022/23, there were issues raised around the scheme, such as staff failing to unlock Listeners when prisoners requested them, and that when they were unlocked there was no designated space for them to meet.⁵⁰

In addition to the Listener scheme, all prisons are required to offer people in prison access to the Samaritans’ helpline free of charge. Most prisons now have in cell phones, which means that people in prison have access to phone support when needed, but shared cells will inevitably mean a lack of privacy.

Some of the people we have spoken to say they are reluctant to speak to their peers about issues, as they have a lack of confidence in whether their personal information will be treated confidentially and have also told us they are concerned that if they speak to some peer workers they might be seen as ‘grassing’.

49 <https://www.justiceinspectorates.gov.uk/cji/wp-content/uploads/sites/2/2021/11/Mental-health-joint-thematic-report.pdf>

50 https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2023/07/15.91_HMIP_HMI-Prisons_ARA-2022-23_Web-Accessible.pdf

Supporting people at risk of suicide or self-harm

People in prison are at greater risk of suicide or self-harm than the general population. Assessment, Care in Custody and Teamwork (ACCT) is a process used in prisons which is designed to support people at risk of self-harm and suicide. An ACCT can be opened by any member of staff if they think someone might be at risk, and an initial assessment is then carried out to make a plan for how someone can be supported followed by regular reviews.

The HMIP Annual Report 2022–23 notes that they frequently reported on poor use of the ACCT process for those at risk, with problems including a failure to identify risks and triggers, gaps in care plans and a lack of meaningful recorded observations by staff. This meant the system was not always effective in providing adequate support for prisoners in crisis. They also note that in their survey of people in prison, only 45% of people on an ACCT said that they felt cared for by staff.⁵¹

Trauma and trauma-informed practice in prisons

Many people in prison have experienced trauma and abuse. A trauma-informed approach acknowledges that trauma affects all of us and includes a wide range of events and experiences. Becoming trauma-informed is about putting human experiences, behaviours and needs first and creating safer, healing environments that aim to reduce and prevent trauma and avoid traumatising and triggering trauma.⁵² The HMIP Annual Report 2022–23 makes the point that in the women’s estate they hear lots of talk of ‘trauma-informed’ prisons, but those who use the term cannot always articulate what they mean by it. The report suggests that “staff and leaders will require more training and there needs to be a deep commitment to changing the culture if this concept is to become more than just a catchphrase in women’s prisons.”⁵³

In our experience the prison environment makes a trauma-informed approach difficult, and the physical built environment and many standard practices – such as searches, seclusion, and restraint – can traumatise or retraumatise people. However, the cultural change that trauma-informed practice encourages has been proven to reduce risk factors associated with security and safety in prisons, including levels of violence. Trauma-informed staff can benefit from better relationships with individuals in prison, and as a consequence staff report experiencing higher job satisfaction. Therefore, at the very least, trauma-informed practice can encourage a more decent and humane prison system.⁵⁴

Therapeutic communities and personality disorder programmes

HMP Grendon is one of a small number of specialist prisons in England and Wales that function as democratic therapeutic communities. All people held in Grendon undertake accredited therapy to understand and address their offending behaviour and live in a collaborative setting with their peers and staff. They are given a say in the day-to-day running of the establishment to equip them with greater insight into their own behaviour and instil a greater sense of responsibility for others.

51 https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2023/07/15.91_HMIP_HMI-Prisons_ARA-2022-23_Web-Accessible.pdf

52 <https://www.clinks.org/sites/default/files/2020-09/Clinks%20Evidence%20Library%20Trauma-informed%20work%20with%20people%20in%20contact%20with%20the%20criminal%20justice%20system%202020.pdf>

53 https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2023/07/15.91_HMIP_HMI-Prisons_ARA-2022-23_Web-Accessible.pdf

54 <https://crestresearch.ac.uk/comment/prison-safety-and-security-exploring-the-impact-of-trauma/#:~:text=The%20cultural%20transformation%20trauma%2Dinformed,of%20violence%20and%20staff%20burnouts>

Therapeutic communities provide group-based therapy within an environment that promotes positive relationships, personal responsibility and social participation. Therapeutic communities address a range of needs, including interpersonal relationships, emotional regulation, self-management and psychological well-being.

Grendon has an international reputation for its rehabilitative work with men, many of whom were serving indeterminate or life sentences, and who have been clinically assessed as having a personality disorder or displaying traits associated with psychopathy.⁵⁵ Studies have shown lower levels of reoffending for men who stay at Grendon longer than 18 months.⁵⁶

The Offender Personality Disorder (OPD) Pathway programme is a jointly commissioned initiative between NHS England and HM Prison & Probation Service (HMPPS) which is aimed at supporting and managing people in prison with complex mental health needs. The aim is to provide a network of psychologically informed services for high-risk, high-harm offenders guided by detailed case formulation. The OPD Pathway model has shifted the emphasis away from intensive treatment for a small number of individuals, towards psychologically informed management of all individuals meeting high-risk, high-harm criteria, who also have personality difficulties. Evaluation indicates that the OPD programme is having positive effects on both people taking part in the programme and staff.⁵⁷

“I was in Grendon for 3 years and it changed my life. I just can’t understand why there aren’t lots more places like Grendon as it only costs a bit more than a regular prison place but can change people’s lives. It changed mine.”

Transfers to secure hospital settings for people with acute mental illness

People in prison sometimes become so mentally unwell that it is necessary for them to be transferred to a secure hospital under the Mental Health Act 1983. The timescale for transfer to a secure hospital is 28 days from the date of the initial referral for an assessment⁵⁸ although this is not currently a statutory requirement. Any delay in transferring someone to hospital can cause significant distress and further deterioration in their mental state, whilst preventing access to appropriate treatment in a hospital setting. It is also difficult for prisons to properly care for someone at this time and can be disruptive for other people being held in prison. It is therefore disappointing that people can experience significant delays in being transferred. In the recent HMIP thematic review into delays of transfers for mentally unwell people it was noted that of the cases they looked at, fewer than 15% of patients were transferred within 28 days.⁵⁹

HMIP reported that at HMP Preston one patient waited over 20 weeks to be transferred to hospital⁶⁰ and at HMP Lowdham Grange they noted that “in the previous 12 months,

55 <https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/PSJ%20213%2C%20Difference%20and%20desistance.pdf>

56 <https://webarchive.nationalarchives.gov.uk/ukgwa/20070906193335/https://www.homeoffice.gov.uk/rds/pdfs/r115.pdf>

57 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1110465/national-evaluation-of-the-male-opd-pathway.pdf

58 https://www.england.nhs.uk/wp-content/uploads/2021/06/B0229_iii_Transfer-and-remission-prison-guidance_080421.pdf

59 <https://www.justiceinspectors.gov.uk/hmiprison/wp-content/uploads/sites/4/2024/02/The-long-wait-web-2024.pdf>

60 <https://www.justiceinspectors.gov.uk/hmiprison/wp-content/uploads/sites/4/2023/06/Preston-web-2023.pdf>

11 patients had been assessed as requiring a transfer to an external hospital under the Mental Health Act, but only one had been transferred within the recommended timeframe.”⁶¹ The IMB at HMP Wandsworth noted in their 2022/23 annual report that “a young prisoner, with apparent mental health problems, spent over 550 days in the CSU [care and separation, or segregation, unit] before finally being accepted for transfer to Broadmoor Hospital.”⁶²

The impact of the pandemic and population pressures on mental health

The pandemic had a significant impact on people in prison as severe restrictions to prison regimes were imposed to try to keep the population safe, which saw many locked in their cells for more than 23 hours per day for extended periods. These extremely restricted regimes clearly impacted on people’s emotional, psychological, and physical wellbeing. We have spoken to people in prison who have told us how difficult it was to cope with the amount of time spent in cell, the lack of purpose, lack of face-to-face social visits or other human contact, and months of inactivity.

We have also seen that the level of need for mental health support has increased since the pandemic,⁶³ and we are concerned that the investment in services, which was already inadequate, has not grown to meet this additional need. There is also a potential gap in provision in prison for those people with lower-level mental health problems such as anxiety and depression. We are concerned that a lack of availability of psychosocial support for these issues may result in them worsening without appropriate treatment, and medication being the preferred route. People we have spoken to have said that they have been offered medication as the first option for treatment.

“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.”

“The regime and being banged up for 23 hours a day is one of the reasons why there has been such an increase in self-harm, people have nothing else to do except to cut themselves.”

Prisons were slow to relax their strict Covid-19 regimes even after all restrictions were removed in the community, and many people in prison still have less time out of cell and less access to support and programmes compared to pre-Covid regimes.

“This prison is still in Covid times.”

61 <https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2023/08/Lowdham-Grange-web-2023.pdf>

62 <https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/13/2023/10/Wandsworth-IMB-annual-report-2022-2023-.pdf>

63 <https://www.qub.ac.uk/News/Allnews/featured-research/landmark-study-covid-19-measures-mental-health-crisis-prisons.html#:~:text=A%20new%20report%20%27Coping%20with,levels%20of%20anxiety%20and%20depression>

It is, however, important to note that before the pandemic many people were already spending excessive amounts of time locked in their cells, particularly at weekends, which impacts on mental health and wellbeing. The 2019/2020 HMIP annual report reported that 19% of adult male prisoners told them that they were out of their cells for less than two hours per day on weekdays, including 32% in men's local prisons. The report notes that reasonable time out of cell is essential for people's emotional and physical wellbeing, and allows them to complete necessary domestic activities, such as showering or collecting medicines, attend education and participating in activities designed to reduce reoffending, including building relationships with staff. HMIP state that they expect people to be unlocked for 10 hours a day but on average only 13% of HMIP survey respondents said they received this.

Release from prison

The days and weeks before release from prison can be very stressful, particularly if people have concerns about where they will live on release, or how they will access financial support or substance misuse or mental health services in the community. Transitioning from a structured prison environment can exacerbate mental health problems, with the first few days and weeks after release being a time of heightened risk of self-harm and suicide.⁶⁴

Peter's Story

Peter struggles with his mental health and has used drugs and alcohol to cope, but this has made his mental health problems worse. He has ADHD and a personality disorder and had struggled to engage with support services.

In the weeks before Peter's release from prison he was assessed for specialist accommodation that would support him with his neurodiversity, but he was rejected as it was said that he was too high risk. He was rejected by other potential housing providers and was informed that the council had no temporary accommodation that was suitable for him.

In the weeks and days before Peter's release the worry of not knowing where he would live or if he may be street homeless impacted on his already fragile mental health. He tried to contact the mental health team in prison, but did not hear from them, or get any support, and his anxiety reached such a level that he smashed up his cell as a cry for help.

A lack of continuity of care also remains a challenge for many people leaving prison with mental health problems. We often hear that people can struggle to connect with services in the community or that appropriate referrals are either not made or are not received by community mental health teams, and this is particularly problematic where people are released from prisons that are many miles from their home as it can be difficult to establish links with local health services.⁶⁵

⁶⁴ <https://www.justiceinspectorates.gov.uk/hmiprobation/research/the-evidence-base-probation/specific-areas-of-delivery/mental-health/>

⁶⁵ <https://www.justiceinspectorates.gov.uk/hmiprobation/research/the-evidence-base-probation/specific-areas-of-delivery/mental-health/>

“It’s hard to focus on the future if you have no roof over your head”

“On release from custody, this is another place for mental health to go wrong again.”

As stated above, ‘exit’ screening for mental health problems before release from prison would be beneficial as it would ensure that appropriate referrals can be made to the community GP and mental health teams.

We know that registering with a GP and accessing appropriate healthcare is one of the most important immediate activities for people leaving prison, alongside finding somewhere to live and setting up financial support. It is particularly important due to the high level of health needs amongst people in prison. Yet as Nacro research has highlighted, despite NHS guidance, people continue to be unable to register with a GP when released from prison if they have no proof of ID or address.⁶⁶

There is much that can be done to ensure a smoother transition to health services in the community on release from prison. Arrangements should be in place to ensure that everyone is registered with a GP in the community before they are released from prison



66 <https://www.nacro.org.uk/wp-content/uploads/2023/05/GP-Report-Turned-Away.pdf>

and linked in with community health services. However, we know that too often this isn't happening in practice.

There are a number of welcome recent initiatives which are likely to have a positive impact on this, which are set out below.

NHS England's RECONNECT: A care after custody service that seeks to improve the continuity of care of individuals with health needs leaving prison and immigration removal centres (IRC). This involves working with people before they leave to support their transition to community-based services. RECONNECT offers liaison, advocacy, signposting, and support to facilitate engagement with community-based health and support services.

The GP2GP system: A transfer system which allows a prison to become an individual's temporary GP during their time in custody. This means that as they register the patient, they gain access to all of their community records, and subsequently when they leave, they should be able to re-register them with a community GP who will be able to receive their full patient record inclusive of treatment in custody.

Short prison sentences and community sentences

Every year, approximately 30,000 people go to prison on sentences of six months or less. During a short sentence people can often lose the essentials necessary to lead a more stable life, including their home, their job and close relationships. It is therefore unsurprising that people who serve short prison sentences are the group most likely to reoffend and to commit more offences. Repeat offending costs society more than £18 billion a year, over and above the impact crime has on victims and communities. Community sentences are particularly effective for those who have a large number of previous offences and people with mental health problems but despite this, their use has more than halved in a decade.⁶⁷ We therefore welcome Government's commitment to introduce a presumption to suspend sentences of 12 months or less.

The mental health treatment requirement (MHTR) is one of thirteen options available to magistrates and judges when they make a community order. Given the high levels of mental health problems experienced by people who come into contact with the criminal justice system, there has been a surprisingly low uptake of the MHTR. In 2021 it was reported to represent fewer than 1% of all requirements made as part of community orders.⁶⁸ We are aware of NHS England's focus on wider roll out of MHTRs.

The MHTR has the potential to offer people with mental health problems the option of a sentence in the community where they can engage with appropriate treatment and support. Wider use of the MHTR could result in improved mental health for the person that has the treatment and reduce the chances of them committing further offences. When the presumption against short sentences is introduced, it is therefore important that Government ensures that a range of high-quality support options and community orders, including MHTRs, are available nationally, and delivered promptly to a high standard to ensure that people get the support that they need. We must also ensure that judicial knowledge of, and confidence in, community orders is built and maintained.

67 <https://assets.publishing.service.gov.uk/media/5af9497eed915d0deef5b3d1/do-offender-characteristics-affect-the-impact-of-short-custodial-sentences.pdf>

68 <https://committees.parliament.uk/oralevidence/2421/html/>

Liaison and Diversion

Liaison and Diversion services (L&D) in police custody suites and the criminal courts aim to identify people who have mental health, learning disability, substance misuse or other vulnerabilities and divert them towards a setting more appropriate for treatment. The roll-out of liaison and diversion services achieved 100% coverage across England in March 2020.⁶⁹ L&D is a valuable way to identify people with mental health and other needs when they first come into contact with the criminal justice system. Evaluation of L&D has shown that almost three-quarters (71%) of those referred to L&D had a mental health need, and almost 20% were recorded as having more than one mental health need. Evaluation has also shown that there is substantial variation between L&D services in the types of interventions offered, and referrals to healthcare services often did not translate into face-to-face contact with health service providers.⁷⁰

The solution

Prisons should be places that provide people with mental health problems the treatment and support they need. In addition to providing the right treatment and support, we must ensure that prisons are not the cause of mental health problems, nor should they contribute to a deterioration in someone's mental health, either because of a poor prison environment or a lack of timely treatment and support.

In working to improve the system to ensure that people can access the treatment they need for their mental health, a trauma-informed approach should be taken, and specific attention should be paid to particularly vulnerable groups, including women, young people, people from Black and other minoritised communities, those serving long sentences, and remand prisoners.

We make the following recommendations to the Ministry of Justice and NHS England. These have been developed in collaboration with members of Nacro's Justice ExChange, frontline staff, and policy team:

The beginning of the criminal justice journey:

- **Liaison and Diversion:** We must ensure that there is greater consistency across L&D services in the types of support and referral options available, and further work is needed to understand why referrals to healthcare services often do not translate into face-to-face contact with health service providers. L&D is a valuable way to identify and divert people with mental health and other needs when they first come into contact with the criminal justice system.
- **The use of short sentences and community alternatives:** We welcome Government's commitment to introduce a presumption to suspend sentences of 12 months or less. It is important that Government ensures that a range of high-quality support options and community orders, including MHTRs, are available nationally. These should be delivered promptly to a high standard to ensure that people get the support that they need. We must also ensure that judicial knowledge of, and confidence in, community orders is built and maintained.

69 <https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/about/>

70 https://www.rand.org/pubs/research_briefs/RBA1271-1.html

- **Introducing legislative change to the Mental Health Act 1983:** The draft Mental Health Bill 2022 should become law so as to remove the use of prison as a place of safety and to reform the Bail Act 1976 to prevent courts from remanding people for own protection solely for mental health reasons.

During a prison sentence:

Health screening in prison:

- **Primary and secondary screening:** Prison healthcare providers must ensure that primary and secondary health screening is always carried out by a health professional who have received suitable mental health training for prison settings.
- **Screening during the course of a prison term:** Routine health screening during the course of a sentence should be introduced, in order to ensure that the level of need is kept under review so it can be adequately addressed.
- **Screening before release from prison:** ‘Exit’ screening for mental and physical health problems before release from prison should be introduced to ensure that appropriate and accurate referrals can be made to the community GP and mental health teams.

Relationships and access to support

- **Open access to help and support:** People in prison should have better open access to mental health support, for example, wing drop-in sessions or a more visible presence of the mental health teams on residential wings. This should include easy access to a range of resources to support mental wellbeing. This will help to create informal opportunities for people in prison to seek advice and raise concerns and an environment that does not stigmatise mental health problems.
- **Staff training:** Regular training must be provided for prison officers and other operational staff to provide them with guidance for the identification of signs of mental illness and vulnerability and how to support and signpost people to treatment. Training should be mandatory with regular mandatory refresher training.
- **Staff relationships:** It is important to ensure that relationships between staff and people in prison are built on mutual understanding and respect, and that the prison regime provides the protected time needed for prison officers to undertake the keyworker role, and that private spaces are available for prison officers and other staff to carry out one-to-one meetings with the people in their care.
- **Family relationships:** It is important to ensure that people in prison have consistent access to both in person social visits and video visits, and that people are held in prison are, so far as is possible, close to their homes or the area that they will live in once released. We also need to ensure that phone calls are priced fairly and in line with prices in the community.
- **Dual diagnosis:** People with a dual diagnosis of both mental health and substance misuse needs must have access to treatment and support that takes an integrated approach, where both the substance abuse and the mental health issue can be treated simultaneously and with due regard to the often-interrelated nature of dual diagnosis.

A purposeful regime

- **Time out of cell:** People should be unlocked for at least the HMIP minimum⁷¹ of 10 hours each day. And when unlocked should feel safe. Time out of cell has an important role to play in supporting good mental health, and prison regimes should be built around the wellbeing of people in prison.
- **A real working day:** Those in work or education should be provided with a working pattern that, as far as is possible, reflects the working day on the outside, and prison regimes and staffing profiles should prioritise this. This provides people, who are able to, in prison with the experience of working full time.
- **Alternative regimes:** A daytime regime should be provided for those who are unemployed, retired or unfit for work. As a minimum, this should include in-cell activities, time to complete chores such as laundry, showers or ordering canteen, outside exercise, and a period of association.
- **Activities:** A wide range of activities in association time should be available, with enough facilities, or a rota system, to enable fair access. This should include a range of physical activity, including access to gym equipment.
- **Physical environment:** All future maintenance and development of the prison estate and the planning of prison regimes should consider the impact on people's mental health. Levels of overcrowding in our prisons mean that the physical environment is often oppressive, noisy and lacks privacy and dignity, and a lack of a safe and secure environment impacts mental health.
- **Therapeutic communities:** The lessons from establishments such as HMP Grendon, should be applied as broadly as possible across the prison estate to ensure that therapeutic communities are accessible to all that would benefit from them. It is also important that the NHS and HMPPS work to ensure that the OPD pathway programme is available to everyone in prison that would benefit from taking part.

Transfers and transition into the community:

- **Timely transfers to specialist secure trauma-informed mental health facilities:** Urgent action must be taken to increase the availability of mental health inpatient beds for people in prison to ensure that they can be transferred to a secure hospital placement within the agreed 28 day time limit. This time limit should be made a statutory requirement.
- **RECONNECT:** Ensure that RECONNECT services provide continuity of care for those people with mental health problems as they are resettled in communities, and that the programme is evaluated so that people get the support they need. This would include ensuring that arrangements are in place to ensure that everyone is registered with a GP in the community before they are released from prison and linked in with community health services.

71 <https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2014/07/Time-out-thematic.pdf>

Conclusion

People who come into contact with the criminal justice system are often amongst the most vulnerable in our society. Action must be taken to ensure that people's mental health is not made worse by coming into contact with the justice system and that the treatment and support that people need is provided. This will help give people the best chance to create better lives for themselves on release. This is the right thing to do for individuals, their families and communities as a whole.

About Nacro

At Nacro we see people's future, whatever the past. That's why our housing, education, justice and health and wellbeing services work alongside people to give them the support and skills they need to succeed. It's also why we fight for their voices to be heard and campaign together to create lasting change.

We deliver services across each part of the criminal justice system – from liaison and diversion services at police custody and court to prison resettlement services. We deliver the national Community Accommodation Service Tier 2 on behalf of the Ministry of Justice, housing prison leavers on Home Detention Curfew and those bailed from court in need of an address.

Nacro's campaigning work is built from the real-life experiences of the people we support and our frontline staff. From this, we use our research experience and our knowledge of what works to help shape our own services, and to inform policy and shape best practice. We work closely with Government, public and private sector partners to ensure that our knowledge and research creates change and has impact.

We work alongside the people we support to provide solutions to the barriers and challenges they face. We are grateful to all members of the Justice ExChange for giving their time, energy and ideas to help focus our campaigning work.



**PRODIGAL
ARTS**

The art used for the front cover of the report is called 'Freedom' and was painted by Jack during his time in prison whilst attending Prodigal Arts workshop sessions. Prodigal Arts is a registered charity based in Bristol that helps people in prison and post-release 'unlock' their creative potential.



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