

June 2021



CLINKS
RESPONSE

The Justice Committee's call for evidence: Mental health in prison

About Clinks

Clinks is the national infrastructure organisation supporting voluntary sector organisations working in the criminal justice system (CJS). Our aim is to ensure the sector, and those with whom it works, are informed and engaged in order to transform the lives of people in the CJS and their communities. We do this by providing specialist information and support, with a particular focus on smaller voluntary sector organisations, to inform them about changes in policy and commissioning, to help them build effective partnerships and provide innovative services that respond directly to the needs of their users.

We are a membership organisation with over 600 members, including the voluntary sector's largest providers as well as its smallest. Our wider national network reaches 4,000 voluntary sector contacts. Overall, through our weekly e-bulletin Light Lunch and our social media activity, we have a network of over 15,000 contacts.

About this response

Our response focuses on the questions that are of most relevance to the voluntary sector working in the criminal justice system. We have used our existing knowledge through our ongoing consultation and engagement with voluntary sector organisations to inform our response.

- **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 effect of Covid-19 on prisoner mental health, including on access to services.**

Though the issue of mental health in prison is pronounced, the full scale of the problem is currently difficult to determine. Prison Reform Trust note that there is currently insufficient data to identify how many people are remanded in custody pending a psychiatric report, how many are assessed as having a mental health problem, and how many are so unwell that they require transferring out of custody for treatment.¹ This particularly impacts on racially minoritised people, who are less likely to be identified with mental health concerns on reception at prison.²

Research conducted by Clinks based on the insights of 36 people with lived experience of prison, finds that many people with protected characteristics face frequent discrimination and racism whilst in prison. Participants in this research reflected that mental health support in prison was a one-size-fits-all model that, in reality, didn't fit the needs of anyone, and felt that people in prison should be treated as individuals with bespoke support. We reiterate our recommendation that the government should utilise the findings of this report³ in the development of its guidance on a whole prison approach to improving the health and wellbeing of people in prison, as set out in the *National Partnership Agreement for Prison Healthcare in England work plan 2018-2021*.⁴

Clinks has conducted research on the impact of Covid-19 on the voluntary sector working in the criminal justice system.⁵ Voluntary sector organisations raised concerns that the isolation and anxiety created by the pandemic and the restrictions put in place has a severe impact on the mental health and wellbeing of people in the criminal justice system. This was seen as even more significant for people in prison, who have faced a more prolonged period of lockdown where they are confined to their cells and have limited contact with loved ones.⁶ Further, voluntary organisations have been unable to deliver their services in prison or work with their service users at a time when needs were rising. We are concerned about the capacity for services to respond and deliver within the 'new normal', with the increased mental health need of people in prison that has taken place during the pandemic.

For its recent report, *A record of our own*, the Zahid Mubarek Trust (ZMT) spoke to racially minoritised prisoners, families and prison leavers about their experiences of lockdown. The lockdown had severe consequences for many participants' mental health. Several stated that they had considered suicide or self-harming, or witnessed incidents in which others had done so. 87 participants told ZMT that inadequate time out-of-cell negatively impacted on their/ their loved ones' mental health. All respondents that had pre-existing mental health issues said that their symptoms got worse after lockdown began. Many participants thought that more could have been done to support vulnerable prisoners and address the mental health issues that were arising because of the pandemic. Some families highlighted their concern about the lack of support available to those newly arrived in custody who they felt were less likely to have their pre-existing vulnerabilities identified and catered for during isolation.⁷

Key recommendations from ZMT's report were that access to mental health support, including specialist mental health services and peer-to-peer support initiatives, should be maintained and enhanced throughout lockdown. All those involved in delivering these services should be considered essential workers. Additionally, a long-term programme of support should be developed and put in place to mitigate the effects the prolonged lockdown has had on the mental health of prisoners and their families.⁸

The appropriateness of prison for those with mental health needs

As part of Clinks' 2019 State of the sector research, which was undertaken before the Covid-19 pandemic, organisations told us that the poor conditions in prison and overcrowding, combined with a lack of resources and staff, are creating an unsafe environment for people. The conditions in prisons are also leading to and exacerbating the poor mental and physical health for people, creating potentially long-lasting and traumatising effects. Some in particular raised concerns about the lack of expertise and capacity of staff to manage the growing complexity and rising mental health needs of the prison population, leading to poor follow-up.⁹

In 2009, the Bradley report noted that prisons were struggling to provide services for people with mental health issues effectively, and noted that "it is widely accepted that the impact of prison on mental health is far from positive."¹⁰ Over ten years on, the available evidence points to largely the same conclusion – that prisons are often inappropriate environments for people with mental health needs due to a lack of identification and responsiveness to mental health need.

In 2016, 70% of people who died from self-inflicted means whilst in prison had already been identified as having mental health needs.¹¹ In 2019, the Prisons and Probation Ombudsman



(PPO) found that concerns about mental health problems had only been flagged on entry to the prison for just over half of these people. The PPO also found that no mental health referral was made when it should have been in 29% of self-inflicted deaths where mental health needs had already been identified. At a third of prisons inspected in 2019 officers had not undergone adequate mental health awareness training, despite repeated recommendations.¹²

The mental health care pathway in prison to the community

The National Audit Office found that people in prison do not routinely receive continuity of care for their mental health on release, making successful rehabilitation more challenging. It can be challenging for prison healthcare and Community Rehabilitation Companies (CRCs) to establish links with community health teams, particularly when a prisoner is released far from their home or at short notice. Health information is not routinely shared with CRCs which makes it difficult to plan for release.¹³ The new resettlement model under the probation reforms that will be implemented from June 2021 have an opportunity to address these issues. The model will ensure continuity of a probation responsible officer through-the-gate but there remain concerns about how responsible officers will manage caseloads in prisons across large geographical areas. There also remain concerns that important through-the-gate services including finance, benefit and debt and addiction and recovery support – for needs which often interact with mental health – are not being commissioned from day one of the new model.

Clinks' 2019 State of the Sector research found that resettlement support is lacking and it is becoming increasingly challenging for people leaving prison to access the support they need, including for their mental health needs.¹⁴

The RECONNECT service was first announced in the NHS Long Term Plan and is the biggest new investment in health and justice services for the past six years. The service starts working with people before they leave prison, where they will have access to a RECONNECT worker, and helps them to make the transition to community-based services that will provide the health and care support that they need. Clinks is represented on the project board for RECONNECT and is working to facilitate voluntary sector engagement with the service, to ensure that people in prison who would benefit from the service are aware of it and can access it.

In an evidence base for the RECONNECT: Care after Custody Service, NHS England notes that "typically, the planning for support for a prisoner with mental health issues as they move into the community will involve a minimum of five different organisations – the prison mental health care provider; the Offender Management Unit (OMU); the Community Rehabilitation Company (CRC) or probation; the community mental health provider, which is often different to that in prison; and the offender's GP ... The sheer number of organisations with a responsibility for planning support through-the-gate and transfer of mental health care creates barriers to effective care coordination."¹⁵

The RECONNECT service has been designed to address these issues. Work is underway to roll out the programme across the country, and it is important that the voluntary sector is a strategic partner in its delivery.



Recommendations

Voluntary organisations delivering mental health services to people in prison need to be seen as strategic partners that prisons consistently engage with, to ensure that they are able to reach and support individuals during and beyond the Covid-19 pandemic. The *National Partnership Agreement for Prison Healthcare in England 2018 to 2021* states it is a priority to work together to improve the mental health and wellbeing of the prison population, securing timely and appropriate assessment, treatment and transfers of care, and to focus appropriately on the mental health needs of those with protected characteristics.¹⁶ In the next iteration of the plan, we welcome continuation of this priority and would recommend that the voluntary sector be acknowledged as a key stakeholder in making progress against this through involvement in the development and delivery of the next plan.

To address high rates of self-harm and mental ill health in prisons, services such as counselling, art therapy and more clinical forms of treatment should be offered to people as soon as they come into prison, rather than in response to a crisis. To facilitate this, a 'whole prison' approach should be taken towards mental health and wellbeing, responding to the individual needs of the whole prison population by ensuring that a wide range of tailored services are available to meet the needs of different groups of people in prison. The voluntary sector has a strong track record of delivering holistic and trauma-informed services to support people's mental health in prison, and these services should be commissioned and sustainably funded.

Continuity of care from prison to the community is essential to ensure that people leaving prison receive the mental health support that they need. Services such as RECONNECT are a strong example of initiatives to support continuity of care, and the voluntary sector should be fully engaged in the programme, both in terms of strategic input into the roll-out of the programme, and delivery of the programme.



End notes

1. Prison Reform Trust (2021). *Bromley Briefings Prison Factfile Winter 2021*. <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Winter%202021%20Factfile%20final.pdf>
2. The Lammy Review (2017). *An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643001/lammy-review-final-report.pdf
3. Clinks (2019). *Whole prison, whole person: How a holistic approach can support good mental health in prison*. https://www.clinks.org/sites/default/files/2019-04/clinks_whole-prison-mh_V4.pdf
4. HM Government and NHS England (2018). *The National Partnership Agreement for Prison Healthcare in England work plan 2018-2021*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767832/6.4289_MoJ_National_health_partnership_A4-L_v10_web.pdf
5. Clinks (2020). *The impact of Covid-19 on the voluntary sector working in criminal justice*. https://www.clinks.org/sites/default/files/2020-12/The%20impact%20of%20Covid-19%20on%20the%20voluntary%20sector%20in%20criminal%20justice_0.pdf
6. Ibid.
7. Zahid Mubarek Trust (2021). *A Record of Our Own: Lockdown Experiences of Ethnic Minority Prisoners*. <https://thezmt.org/2021/03/31/a-record-of-our-own-lockdown-experiences-of-ethnic-minority-prisoners/>
8. Ibid.
9. Ibid.
10. The Bradley Report (2009). *Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. https://webarchive.nationalarchives.gov.uk/20130105193845/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_098698.pdf
11. Prisons and Probation Ombudsman (2016). *Prisoner mental health*. <http://www.ppo.gov.uk/app/uploads/2016/01/PPO-thematic-prisoners-mental-health-web-final.pdf>
12. Prison Reform Trust (2021). *Bromley Briefings Prison Factfile Winter 2021*. <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Winter%202021%20Factfile%20final.pdf>
13. National Audit Office (2017). *Mental health in prisons*. <https://www.nao.org.uk/wp-content/uploads/2017/06/Mental-health-in-prisons.pdf>
14. Clinks (2019). *State of the Sector*. https://www.clinks.org/sites/default/files/2019-11/clinks_state-of-the-sector-2019_FINAL-WEB.pdf
15. NHS England (no date). *RECONNECT – Care after Custody*. <https://www.england.nhs.uk/ltphimenu/wider-social-impact/reconnect-care-after-custody/>
16. HM Government and NHS England (2018). *The National Partnership Agreement for Prison Healthcare in England work plan 2018-2021*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767832/6.4289_MoJ_National_health_partnership_A4-L_v10_web.pdf



Clinks supports, represents and advocates for the voluntary sector in criminal justice, enabling it to provide the best possible opportunities for individuals and their families.

Published by Clinks
© 2021
All rights reserved

Clinks is a registered charity no. 1074546 and a company limited by guarantee, registered in England and Wales no. 3562176.

Block C, 5th Floor
Tavistock House
Tavistock Square
London WC1H 9JJ
020 7383 0966
info@clinks.org
🐦 @Clinks_Tweets
www.clinks.org