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Supporting the voluntary sector
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Whole prison, whole person

How a holistic approach can support good mental health in prison

Acknowledgements

This report has been commissioned by the VCSE Health and Wellbeing Alliance, a partnership between the Department of Health, NHS England and Public Health England and 21 national voluntary sector organisations and consortia. The Alliance aims to bring the voice of the voluntary sector, and people with lived experience, into national policy making to promote equality and reduce health inequalities. Clinks works with Nacro, as part of the Alliance, to raise awareness of the health needs of people in the criminal justice system and the vital role the voluntary sector can play in addressing them.

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Introduction

This report sets out key principles and recommendations towards developing a whole prison approach to good mental health for people in contact with the criminal justice system, especially those with protected characteristics.*

Any whole prison approach must:

- Respond to the specific needs of every individual within the prison population, including people from groups protected under the Equality Act (2010), many of whom are over represented in the criminal justice system and/or experience significantly poorer outcomes than the general population
- Ensure continuity of care throughout an individual's sentence, recognising and meeting the needs of each person at every stage of their journey through custody
- Create a wellbeing culture for all, that is embedded in the structure and core business of all those working in the custodial estate.

In particular, this report highlights the role of the voluntary sector in supporting a whole prison approach to mental health care.

* The characteristics that are protected in relation to the Equality Act (2010), and the public sector equality duty are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

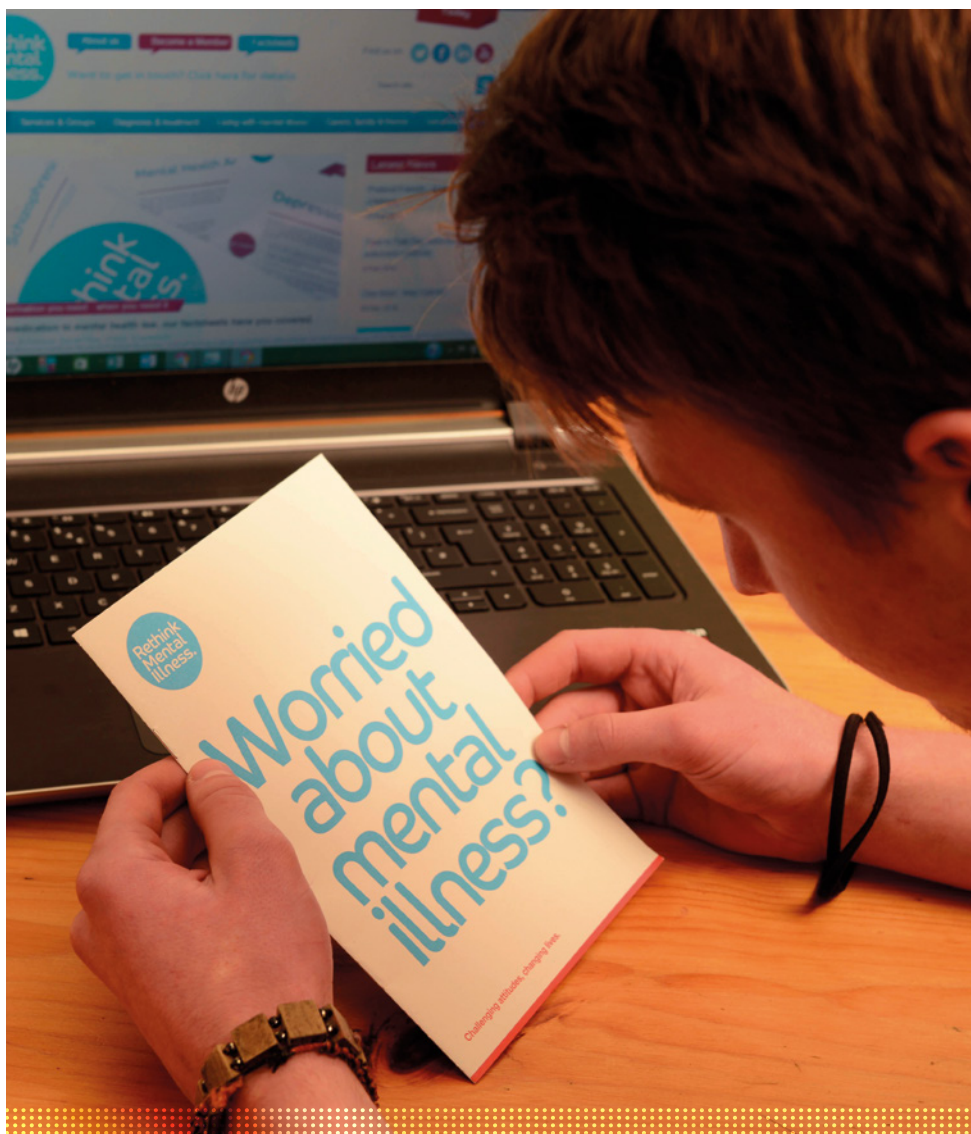


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Methodology

This report and its recommendations has been informed by a literature review conducted by the Mental Health Foundation, and in consultation with voluntary organisations working with people in prison. Clinks, in partnership with the Association of Mental Health Providers, conducted two workshops with representatives from the voluntary and public sectors. These were held in London and Manchester and attended by over 25 people.

It has also been informed by the insights of 36 people with lived experience of prison who participated in primary research conducted by other members of the VCSE Health and Wellbeing Alliance with particular expertise relating to mental health and people protected under the Equality Act (2010). This included focus groups and workshops with Gypsy and Traveller men, women with experience of being pregnant or a new mother in prison, men with learning disabilities, Muslim women, young black men and black, Asian and minority ethnic (BAME) men.

A workshop was held with members of the VCSE Health and Wellbeing Alliance and people with lived experience, to discuss the emerging recommendations of this report. Feedback from that workshop informed the final report.

Although the experiences of a significant number of different groups protected under the Equality Act (2010) have been explored, limitations to the scope of the work mean that we have been unable to explore the needs and experiences of other vulnerable groups. Where possible, we have drawn out commonalities across the groups we have focused upon. Many of these will apply to other groups too. However, further research, in consultation with additional cohorts of people with lived experience of the criminal justice system, is needed in order to more fully represent all sections of the prison population.



Principles and recommendations

This report offers three key principles and associated recommendations as the foundations of developing a whole prison approach to promote good mental health for people in contact with the criminal justice system, especially those with protected characteristics.

Principle 1

Respond to everyone's needs

Respond to the individual needs of the whole prison population, including people from groups protected under the Equality Act (2010), many of whom are over represented in the criminal justice system and/or experience significantly poorer outcomes than the general population.

Recommendations

- A The government should utilise the findings of this report 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*.
- B Key workers under the offender manager in custody model must be given appropriate support and training to understand the specific needs of people protected under the Equality Act (2010) and proactively work to meet them. All training must be coproduced and/or delivered by people in prison with protected characteristics.
- C Primary mental health care, in-reach services and inpatient care, must record whether patients have a protected characteristic. In the case of ethnicity data this should utilise the Office for National Statistics 18+1 categories. This data should then be used to identify, explore and respond to any disparities in access to health services and health and wellbeing outcomes for people with protected characteristics, in line with the explain or reform principle recommended by the Lammy Review.
- D Commissioners and providers should ensure that a wide range of tailored services are available to meet the needs of different groups of people in prison, taking into account the different barriers people may face in accessing existing services. For the most excluded groups, the INTEGRATE principles outlined by MAC-UK should be followed, and experts by experience be engaged to design psychologically informed services appropriate for excluded groups.
- E All women who are pregnant and could give birth whilst in prison (whether sentenced or on remand) or who have a child under 18 months in the community must:
 - i. Be given the prisoners' information booklet *All About MBUs* within one week of their reception to the prison
 - ii. Receive a one to one visit from a named Mother and Baby Unit (MBU) officer to answer any questions about the MBU and to provide assistance with the application if the woman wishes to apply within two weeks of their reception to the prison
 - iii. Be able to request additional visits from a named MBU officer throughout the remainder of the sentence.
 - iv. Have access to additional mental health support whilst going through the MBU process, including if they are refused a place on an MBU.
- E Training for professionals providing mental health support must take into account commonly held fears amongst women in prison that accessing mental health services may lead to social services intervention and possible separation from their child or children.
- F All prisons should identify staff with responsibility for equality and diversity and formally engage with people with protected characteristics in prison, through prisoner diversity forums or other mechanisms, to ensure appropriate space and resource is available to design activities related to their social, cultural or spiritual identity, including marking religious holidays.
- G Special measures should be made to ensure that clear, consistent information is available to people with learning difficulties or disabilities, low literacy levels or English as a second language.



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Different methods and formats for communication (written, signing, visual, verbal, or a combination of these) should be available depending on the person's preferences, and easy read forms should be provided as standard alongside all written information.

Principle 2

Continuity of care through the sentence

Ensure continuity of care throughout an individual's sentence, recognising and meeting the needs of every person in prison at every stage of their journey through custody.

Recommendations

- A The commitment in the NHS *Long Term Plan* (2019) that prisons should provide everyone entering prison with an initial health assessment, with a follow-up appointment within a maximum of seven days, must be implemented without delay.
- B Her Majesty's Prison and Probation Service, working with the Department of Health and Social Care, should further explore how assessment on induction might be improved with particular consideration of the Lammy Review recommendation to adopt a similar model to the Comprehensive Health Assessment Tool developed by the Offender Health Research Network at the University of Manchester.
- C Prisons must work with specialist voluntary sector organisations and experts by experience to ensure that there is additional, accessible information and guidance about prison life on arrival for people with protected characteristics, and that specialist provisions are made as part of the induction process to ensure equality of opportunity and access between people who share a protected characteristic and those who do not.
- D Existing training should be reviewed to ensure staff are aware of, and responsive to, the way life events from outside prison can impact an individual's mental health. People can experience, and be affected by, these life events very differently, particularly individuals with protected characteristics. All training must be coproduced and/or delivered by those with protected characteristics.

- E Prisons and prison healthcare providers should recognise the role of interventions delivered by voluntary sector and arts organisations in supporting good mental health and wellbeing outcomes for prisoners. They should ensure that such interventions are supported and prioritised.
 - F Additional support must be provided to individuals to maintain family ties when transferring to a different custodial setting. Prisoners and their families must be provided with full and accessible information regarding the change of custodial setting as early as possible. Information about individuals must be transferred with them, and a distinctive response must be taken at reception to individuals who have transferred.
 - G In the context of potential changes to the delivery of resettlement work across prisons and probation, the respective roles of key workers and responsible officers across prison and probation must ensure everyone leaving prison is guaranteed continuity of their mental health support into the community.
- and those who don't, and encourage good relations between people who have protected characteristics and those who don't.
 - B To ensure that prisons are able to meet their duties under the public sector equality duty, as outlined in the Equality Act (2010), data collected in order to report on performance indicators and outcomes must be collected and published with a full breakdown of protected characteristics. In addition, any disparities in outcomes for any protected characteristic should be identified and responded to in line with the Lammy Review explain or reform principle.
 - C All prison healthcare providers should evidence their work towards meaningful partnership working in prison by reporting on the Partnership Reported Outcome Measures outlined in the current NHS service specification.
 - D Health and justice agencies must ensure that experts by experience are engaged in the development of policy and practice to meet the mental health needs of people in prison. In particular, the government should establish a plan for involving experts by experience, including those with protected characteristics, in the development of the guidance on a whole prison approach, as set out by the *National Partnership Agreement for prison healthcare in England and Wales 2018-2020*. This should be published alongside its existing work plan.

Principle 3

Creating a wellbeing culture for all

Create a wellbeing culture for all, that is embedded in the structure and core business of all those working in the custodial estate.

Recommendations

- A Prison governors must report annually how they have given due regard to the public sector equality duty, as outlined in the Equality Act (2010), to eliminate unlawful discrimination in prison, advance equality of opportunity between those who share a protected characteristic

Context

“Get the fundamentals right. If I’m scared, hungry, not sleeping and not medicated why the hell would I want mindfulness groups? Would you?”

Participant

Poor mental health in prison

Our current prison system is struggling under a rising prison population and ageing infrastructure. The restriction of liberty, separation from support networks and denial of agency, that are intrinsic parts of a custodial sentence, will have an inevitable impact on an individual's mental wellbeing. The current context of overcrowding, increased levels of violence and widespread drug use are also having major impacts on people's wellbeing. Staff shortages have placed existing staff under enormous pressure and impacted their ability to support people to access the services they need.

Prisons are an extremely challenging setting within which to both maintain mental wellbeing and to deliver quality services to people in need of support and care.

This is borne out by recent figures:

- In the 12 months to June 2018 there were 49,565 incidents of self-harm, up 20% from the previous year¹
- In the same period there were 12,142 self-harming individuals, an increase of 10% from the previous year
- In the 12 months to December 2016, there were 122 self-inflicted deaths in prison, the highest number since records began.²

These stark figures highlight the extent of mental ill-health amongst significant numbers of people in prison, but thousands more people, not included in these figures, struggle daily to maintain wellbeing. A significant gap in available data makes it difficult to ascertain the exact extent of this. The last reliable study was conducted in 1997 and found the prevalence of psychosis, common mental health problems such as depression and anxiety, and drug and alcohol dependency all exceeded the prevalence rates found in the general population.³

In addition, a significant number of people in contact with our criminal justice system are protected under the Equality Act (2010). The public sector equality duty is a duty on public authorities to consider or think about how their policies or decisions affect people who are protected under the Equality Act (2010). Under the duty, public authorities must have due regard to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.

The characteristics that are protected in relation to the public sector equality duty are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

Many of these groups are either overrepresented in the criminal justice system and/or experience differential access to, and outcomes from, services. This includes both primary mental health services and wider services that may impact their mental wellbeing. People with protected characteristics are more likely to have specific social, cultural or spiritual needs that may not be provided for as standard in the prison estate. They are much more likely to face direct discrimination and racism whilst in prison, both of which can have a significant impact on wellbeing and mental health.



Mental health services in prison

Primary mental health care and in-reach services

Primary mental health care is for people in prison with common mental health issues such as depression and anxiety. In some prisons a local GP practice and/or primary care nurses working in the prison provide this service. In others, a specialist primary mental health care team can offer psychological therapies and some crisis intervention. However, according to a national consultation, primary mental health care continues to be one of the weakest components of mental health care within prisons, partly due to the complexity and multiplicity of need.⁴

Largely modelled on community mental health teams, mental health in-reach services (sometimes referred to as mental health teams) comprise multidisciplinary teams with a psychiatrist, psychiatric nurses, an occupational therapist etc. The role of these teams is to deliver triage assessments and clinical care, usually prescribing and monitoring psychotropic medication. Additional services include links with primary mental health care services (often the main source of referral to in-reach services), peer supervision, advice to prison staff and liaison with other services both inside and outside the prison. Mental health in-reach services were originally intended to support prisoners with severe mental illness but, given the high demand, later broadened to include prisoners with any mental illness.⁵

Key policy strategies have emphasised that equivalent mental health care to that available in the community should be available within prisons but, in

reality, implementation has been difficult due to the formidable challenges in identifying and delivering high quality mental healthcare within a prison environment. Wide variations have been found in the model of in-reach services and their operational characteristics, which have been described as idiosyncratic and limited. Typically, the healthcare pathway for people with convictions can be fragmented and disconnected.⁶ One of the key difficulties, despite a 20% increase in the size of in-reach teams nationally between 2004-2007, is a shortfall in the number of staff able to meet the needs of prisoners, with recruitment being a problem for more than half of all teams surveyed.⁷

Her Majesty's Inspectorate of Prisons for England and Wales recommended improvements in the provision of mental healthcare in just over half of all prisons inspected in 2017/18. The Care Quality Commission's evidence to the Health and Social Care Committee's Inquiry into prison health also said that there is a gap in mental health services commissioned in prisons catering for people with mild to moderate mental health needs, such as psychological services and counselling.⁸

Inpatient care

The quality of inpatient care in prison and timely transfers to hospital for prisoners with severe mental health problems has, in the past, fallen well short of NHS standards. The Mental Health Act (1983), under Sections 47-48, makes some provision for transferring acutely unwell prisoners to hospital, where compulsory treatment can be applied. *The Bradley Report* (2009) called for a minimum transfer target of 14 days.⁹ A good practice guide has been produced by the Department of Health to enable more timely and efficient transfer to hospital.¹⁰ However, Department of Health figures cited in the Guardian showed that 26.5% of the 412 transfers to hospital from prison in England between 2015 and 2016 were made within the 14 day target. The same figures show almost 75% of prisoners were facing delays in being transferred to NHS hospitals to receive urgent treatment for serious mental health problems.¹¹

Government policy making

Against this backdrop there have been a number of welcome reports advocating for better and differential approaches to addressing mental health in the criminal justice system:

- *The Bradley Report* (2009) focused on diverting vulnerable groups away from custody
- *The Corston Report* (2007)¹² highlighted the high prevalence of mental ill health and histories of abuse amongst women in contact with the criminal justice system and the need for a distinct approach to women's offending
- *The Lammy Review* (2017)¹³ showed that despite there being an over-representation of BAME people in prison, BAME people ask for mental healthcare less often than the general prison population.

NHS England has recently advocated the principles of 'Care not Custody' that argue for people with mental ill health to be diverted away from the criminal justice system.¹⁴ NHS England has also emphasised the importance of fully integrated trauma-informed prison based mental health services in the current NHS service specification.¹⁵

In 2018 a renewed *National Partnership Agreement for Prison Healthcare in England 2018-2021* was published.¹⁶ The agreement, between the Ministry of Justice, Her Majesty's Prison and Probation Service, Public Health England, the Department of Health and Social Care and NHS England, provides the basis of a shared understanding of, and commitment to, the way in which the partners work together. It includes three core objectives and ten priorities that include:

- The reduction of health inequalities
- Improving the mental health and wellbeing of the prison population
- Developing a whole prison approach to health and wellbeing.

The commitment to a whole prison approach to health and wellbeing was supported by the Health and Social Care Committee's Inquiry into Prison Health (2018) and the government's response to that inquiry (2019) has confirmed work is already underway.¹⁷ The key activities, deliverables and timeframes are set out in the *National Partnership Agreement for Prison Healthcare in England's* accompanying work plan, which commits to publish new guidance for front-line staff, and embed the information into health service specifications, by March 2021.¹⁸

A whole prison approach

This report aims to build on and support these policy initiatives, in particular the commitments in the National Partnership Agreement, by setting out key principles for a whole prison approach to mental health as follows:

- 1 Respond to the individual needs of the whole prison population
- 2 Ensure continuity of care throughout an individual's sentence
- 3 Create a wellbeing culture for all.

These principles can help establish systems that allow everyone in prison, at all times, to access the support they need to maintain their mental health in an inevitably difficult environment.

The whole prison should be an environment where health and wellbeing are integrated within the culture and core business of the prison.

In practical terms this means coordinating all agencies in prison to ensure that, at every stage of an individual's life in custody, they are supported in a way that promotes their mental wellbeing.

It means they can:

- Access the primary mental health services they need, including primary, in-reach and inpatient care
- Access additional services that can improve mental wellbeing, such as peer support, positive activities and educational classes
- Live in an environment free of discrimination, fear and violence.

A whole prison approach also helps staff and services to address the parts of the prison journey that are likely to have adverse impacts on anyone in prison, recognising that anyone can suffer from poor mental health at any time in prison. It also helps staff and services understand everybody as an individual with their own complex needs. For this reason, it also provides a useful way to account for the specific and distinctive needs of people with protected characteristics in prison.

This approach is not new, having been promoted for over a decade by many bodies, including the World Health Organisation.¹⁹ There is a pressing need, however, to ensure it is implemented across the prison estate, given the current crises afflicting the estate and the challenges faced by people in accessing the services they need and are entitled to. It is therefore encouraging to see the government's commitment to developing a whole prison approach to health and wellbeing by 2021.

Recommendation

The government should utilise the findings of this report 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*.

Home > Information & support > Types of mental health problems > Sleep problems

How to cope with sleep problems

Explains insomnia and other sleep problems, giving practical suggestions for what you can do and where you can go for help.

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> What are sleep problems?

> What causes sleep problems?

> Sleep and mental health

What can I do to help

About sleep problems

Everyone has problems sleeping at times. We all have nights where we find it hard to fall asleep, find ourselves waking up in the night or have dreams that disturb our sleep. This is perfectly normal. Often, these problems go away on their own after a short period of time.

However, if you have sleep problems that last for a long time, they can have an impact on your day-to-day life, your energy levels, moods and your relationships.

Respond to everyone's individual needs

This section outlines key issues that must be taken into account to respond to the individual mental health and wellbeing needs of people protected under the Equality Act (2010). Some of these needs, and the appropriate response to them, will be common across different groups protected under the Act. Others will be specific to particular groups highlighting the need for flexible, individualised support. In this section we make recommendations related to both what is common and what is specific in need.

The protected characteristics addressed in this report reflect the expertise of partners we work with as part of the VCSE Health and Wellbeing Alliance, and are therefore not exhaustive, though the principals underpinning these themes are universal.

Individualised support

For people with protected characteristics there will often be different and specific factors impacting their mental health in prison and their ability to access the services they need. Many people with lived experience who informed this report said support in prison was a one-size-fits-all model that, in reality, didn't fit the needs of anyone.

Participants also told us how many people with protected characteristics face frequent discrimination and racism whilst in prison. Such discrimination will often be intersectional, meaning different aspects of people's identity – including race, gender, class, sexuality or disability – can interact and overlap, to generate new, multiple and complex forms of discrimination or disadvantage all of which can have an additional impact on wellbeing and mental health.

They said people in prison should be treated as individuals with bespoke support, but that in the current context of overcrowding, overstretched staff and under-funding in prison, this was rarely achieved.

The Offender Manager in Custody model (OMiC) was praised by participants for allowing time between staff and individuals to build relationships, build trust and receive individualised and bespoke support. The OMiC model is currently being rolled out across the adult male estate, and involves each person in prison being allocated a member of prison staff as a key worker, and given a 45 minute session per week with their key worker. Each key worker will manage a caseload of around six prisoners.

OMiC was seen as having particular potential for supporting people with protected characteristics, as the model creates opportunities for prison staff to develop knowledge and understanding of the specific social, cultural or spiritual needs of individuals. It was also praised for helping to foster better

connections between people in prison and support services available in the community, particularly specialist services provided by voluntary organisations.

The success of OMiC will rely on staff having the capacity to carry out their duties, both in regards to having the time to offer the support, and the appropriate training to offer holistic support to individuals.

Recommendation

Key workers under the offender manager in custody model must be given appropriate support and training to understand the specific needs of people protected under the Equality Act (2010) and proactively work to meet them. All training must be coproduced and/or delivered by people with protected characteristics in prison.

Equal access to mental health services

The prison environment and regime present formidable challenges to identifying and delivering high quality mental healthcare. The healthcare pathway for people with convictions can be typically fragmented and disconnected. People with protected characteristics consulted for this report also described additional and specific barriers in accessing appropriate mental health services in prison. They said that each individual person in prison will approach services in different ways, often due to specific factors related to social or cultural background.

The Lammy Review showed that, despite there being an over-representation of black, Asian and minority ethnic (BAME) people in prison, BAME people ask for

mental healthcare less often than the general population. There are a number of possible reasons for this. For example, Muslim women with lived experience who informed this report said that mental health is deeply stigmatised in south Asian and other Muslim communities. Families go to great lengths to hide mental illness in order to avoid stigma and potential slurs. This can result in individuals and families being distanced and isolated from their community. They said there was a lack of awareness of this in mental health services and that they would have had more confidence in approaching services that were more culturally appropriate.

“People who say that they have mental health (problems) in our community are regarded and dismissed as being ‘crazy’. Why on earth would you say you had mental health problems?”

Participant

In parallel, Gypsy and Traveller men said that mental health is something not openly discussed within their communities and something that carries stigma, making it especially difficult for them to self-declare their mental health struggles. Research, presented as part of the Lammy Review, showed that Gypsy, Roma and Traveller prisoners were more likely than non-Gypsy, Roma and Traveller prisoners to report needing support across a range of problems, but were less likely to say that they had actually received such support. The participants said that health assessments must take this into account, as new people in prison will not admit openly to prison staff that they have mental health issues where the stigma of mental illness means fear of being isolated and ostracised from their community.

Previous negative experience of authorities, including discrimination, have also impacted upon some individual's trust in the system, creating another barrier to coming forward with mental health



Photo: Courtesy of Nilaari / www.nilaari.co.uk | © Ian Cuthbert / www.cuthbertdesign.com

concerns. One participant in our research suggested black men fear over-diagnosis if they seek support for their mental health:

“In my community – you are worried if you’re presented in a certain way they’ll get you sectioned.”

Participant

This fear is borne out from NHS figures which suggest black men are four times more likely to be sectioned under the Mental Health Act than their white counterparts.²⁰ More broadly, young black men described feeling as though they were against the whole system, with nowhere to turn or to appeal, which makes people feel there’s no point in asking for anything.

New mothers and pregnant women described significant barriers in declaring their mental ill-health to prison staff and healthcare professionals for fear of disproportionate action. One woman said they were fearful of talking about their struggles with mental health with staff in case, as a result, they deemed them to be unfit as a mother and it adversely affected their ability to be reunited with their child after leaving prison.

For those who do seek support, there are often communication problems - linguistically, culturally and spiritually – with medical professionals. Work conducted by Maslaha, to improve access to mental health support for Muslim communities, highlights that, for example, there is no direct translation for the word depression in Urdu, Sylheti, Arabic or Somali.²¹ This can create significant challenges in understanding and accessing treatment.

These barriers are highlighted in *The Bradley Report* (2009). In his report *Five Years On* (2014), Lord Bradley recommended that the criminal justice system should collect and analyse how services are accessed and used by

BAME people. In addition, a number of practitioners have expressed concerns that the same problem exists with learning difficulties and disabilities.

Recommendation

Primary mental health care, in-reach services and in-patient care must record whether patients have a protected characteristic. In the case of ethnicity data this should utilise the Office for National Statistics 18+1 categories. This data should then be used to identify, explore and respond to any disparities in access to health services and health and wellbeing outcomes for people with protected characteristics, in line with the explain or reform principle recommended by the Lammy Review.

If public services are to meet their duties under the public sector equality duty these challenges, whether they emerge from specific cultural contexts, a lack of trust following prior negative experience of the system, or from practical barriers such as language, must be considered when designing and developing appropriate services for people with protected characteristics.

Nacro identified key areas that require consideration, including the importance of faith, peer support and advocacy in designing and delivering services appropriate for BAME people.²² Guidance by NICE (2017) says services engaging with BAME communities can improve access to psychological therapies by making treatment culturally sensitive with a supportive facilitator and addressing any language or literacy issues that might impact uptake.²³

For people most excluded by existing services, experts by experience should be engaged to design new psychologically informed services and/or to provide advice on what works best in meeting the needs of excluded people. The INTEGRATE approach of MAC-UK, primarily aimed at young people but applicable to any excluded group, offers an effective model to do this.²⁴

Recommendation

Commissioners and providers should ensure that a wide range of tailored services are available to meet the needs of different groups of people in prison, taking into account the different barriers people may face in accessing existing services. For the most excluded groups, the INTEGRATE principles outlined by MAC-UK should be followed, and experts by experience be engaged to design psychologically informed services appropriate for excluded groups.

Access to specialist provision

In some cases, an individual's needs may be so specific that they require specialist provision. Part of a whole prison approach must be to ensure that staff recognise when the prison environment is unsuitable for certain individuals and to support them into alternative provision.

An example of this is the distinct needs of pregnant women or new mothers in prison, who have a whole host of distinctive physical health, dietary, caring and mental health needs that cannot be met in a conventional women's prison. Mother and Baby Units (MBU) were set up to address this. MBUs are specialist inpatient units in prison available for some women with mental health issues during pregnancy, or after the birth of their child. MBUs can admit women in late pregnancy and enable babies to stay with their mother until they reach 18 months, after which other arrangements for long-term care are made. Participants said that the support on offer on MBUs allowed them to bond with their baby and focus on the positive mothering role, rather than the negative prisoner role. However, they also described their difficulty at being transferred to

MBUs, and how the enormous frustration at delays, lack of information and uncertainty involved, negatively impacted on their mental health.

"I went into prison three weeks after I had my child. So you can imagine, after giving your baby to your friend to look after, its three weeks old, and I had another child I had to leave behind. They put in an application for me to go to a mother and baby unit and I had to wait for that, which was a long, long process, it took two months to do."

Participant

Prisons should seek to progress MBU applications as quickly as possible and, where the process is held up by factors outside of the control of prison staff, prisons should consider a temporary admission to the MBU to prevent the unnecessary separation of mothers and babies. Prison staff should also consider the fact that there are only five MBUs operating in prisons across England and Wales, with 52 places for mothers. Although MBU places are generally under-utilised, the geographical paucity of MBUs often leads to the unnecessary separation of women and their babies or damage to other family ties.

The Birth Charter produced by Birth Companions, with support of the Royal College of Midwives and produced with guidance from UNICEF UK Baby Friendly Initiative, sets out what needs to be in place in order to improve the care of pregnant women and their babies whilst they are in prison.²⁵ The Charter should be embedded in a whole prison approach to wellbeing in any custodial estate holding women who are pregnant and who could give birth whilst in prison.

Recommendation

- All women who are pregnant and could give birth whilst in prison (whether sentenced or on remand) or who have a child under 18 months in the community must
 - » Be given the prison's information booklet *All About MBUs* within one week of their reception to the prison
 - » Receive a one to one visit from a named MBU officer to answer any questions about the MBU and to provide assistance with the application if the woman wishes to apply within two weeks of their reception to the prison
 - » Be able to request additional visits from a named MBU officer throughout the remainder of their sentence
 - » Have access to additional mental health support whilst going through the MBU process, including if they are refused a place on an MBU.
- Training for professionals providing mental health support must take into account commonly held fears among women in prison that accessing mental health services may lead to social services intervention and possible separation from their child or children.

Meet social, cultural and spiritual needs

Participants described a lack of ability to meet their cultural and spiritual needs as leading to a loss of identity, which in turn negatively impacted upon wellbeing.

There were particular examples cited of individuals having to argue for afro combs to be added to the canteen list, finding out that cooking utensils used for pork were being used to prepare their halal meals and not being able to access spaces to practice their faith appropriately.

Participants described being made to feel a nuisance by asking for such cultural or spiritual needs to be met, with prison staff considering them awkward and making too many demands. A participant also suggested that people who made such requests were considered by some staff to be "playing the race card," that people in prison are perceived to somehow exploit their race as a protected characteristic to irritate staff or obtain special treatment.

Reflecting on positive impacts on their mental health, Gypsy and Traveller participants highlighted the benefits of attending church services and cooking and eating traditional Gypsy dishes together in the chapel. Celebrating their culture together, in a safe space to relax, socialise and chat was beneficial for their wellbeing.

Case study 1

This example was provided by an expert by experience drawing on their knowledge of good practice when they were in prison.

"The prison had a dedicated equality and diversity team with two paid officers and several of the women resident in the prison also employed, including myself. The team performed several duties including a regular equality and diversity complaints panel involving independent external members and lived experience members; prisoner representatives for each of the protected characteristics and one-to-one time available to discuss needs relevant to every individual's particular circumstances along with regular surveys and consultations about what could be done better regarding equality and diversity within the prison in general.

"At every religious holiday or celebration the relevant women were asked how they would normally mark the occasion or celebrate it, and were then supported to do this by the equality team and provided with a budget to make this work. The women would be consulted on what food, decorations, music or activities they would normally

use to mark the event and these would be sourced as far as possible. The women would be given the ingredients and supported to make the relevant dishes in the kitchen, would be allowed to decorate the hall or chapel, and importantly an appropriate amount of time would be dedicated to the event and the women themselves allowed to determine who and how many others could attend. It was their space and their event to create as they wished.

"This meant that, rather than feel marginalised and removed from the events that their families and communities would be celebrating in the outside world – the aspects of their lives most fundamental to their identity continued to be legitimised and maintained. I believe that this had a significant positive impact on the mental health of the women whilst they were in the prison, especially for those perhaps who were not British citizens and were far from home with no visitors sometimes. These events would help the women bond with others both who shared their faith or ethnicity and those who did not too – as some of the wider prison population would sometimes attend and learn about their culture or religion and get to know them in the process."

Recommendation

All prisons should identify staff with responsibility for equality and diversity and formally engage with people with protected characteristics in prison, through prisoner diversity forums or other mechanisms, to ensure appropriate space and resource is available to design activities related to their social, cultural or spiritual identity, including marking religious holidays.

Equal access to information

A lack of accessible information was identified as being one of the most important contributors to poor mental health, particularly for people with a learning disability, contributing to fear, confusion and a lack of agency. In one case, a participant described a situation in which he did not understand the information he was given when being moved from custody to a hospital. Another participant described how they unintentionally broke the prison rules, as they could not read or write, and were given no support to understand rules and regulations.

Recommendation

Special measures should be made to ensure that clear, consistent information is available to people with learning difficulties or disabilities, low literacy levels or English as a second language. Different methods and formats for communication (written, signing, visual, verbal, or a combination of these) should be available depending on the person's preferences, and easy read forms should be provided as standard alongside all written information.

The provision for easy read information was considered essential to bridge such communication barriers.

Guidance from NICE²⁷ aimed at supporting the mental health of people with learning disability across all health services, includes guidance on how service providers can achieve clear, consistent communication. It recommends using tools that are developed or adapted specifically for people with learning disabilities, and checking clearly that each person understands the information they are given. Such guidance should be applied in custodial settings.

Case study 2

CHANGE, a human rights organisation led by disabled people, has developed 11 easy read booklets for the Prisoners' Advice Service. These booklets explain internal procedures like closed and banned visits, categorisation, Mother and Baby Units, release on temporary license and parole board delays. You can access all 11 booklets on the Prisoners' Advice Service website.²⁶

More information: www.prisonersadvice.org.uk

Similarly, certain ethnic groups may encounter language barriers or have low literacy levels. For instance one study has found 68% of Gypsy and Traveller prisoners had either not attended school or left before the age of 14. Suggestions to improve the outcomes for Gypsy, Roma and Traveller communities in the criminal justice system have acknowledged specific issues concerning literacy and the lack of engagement with mainstream interventions, which often fail to reach these groups.²⁸

Continuity of care through the sentence

The prison population is highly dynamic which makes continuity of care for people coming in and out of prison challenging. This section highlights key issues at different stages of the sentence which experts by experience told us act as barriers to wellbeing and mental health. It is essential that there is a whole prison approach to mental health that ensures continuity of care for those entering and leaving custody and transferring between custodial settings.

Respond to a dynamic population

“You don’t give me access to the mental health resources that were working in the community, and then you release me back into community worse than when I arrived.”

Participant

Almost half of the people given a prison sentence over a 12 month period will serve six months or less and 63% of those that serve a custodial sentence under 12 months will go on to reoffend within a year.²⁹

Providing mental health support for such a dynamic prison population is undoubtedly hard. Participants in our research identified this as a major challenge. Short sentences are long enough to separate people from jobs, accommodation and family, but not long enough to provide rehabilitative support in prison. Participants said there is not enough access to effective mental health services, there is not enough time to plan for effective resettlement and overcrowded prisons and overstretched staff mean providing support to individuals is difficult.

Some challenges to the continuity of care are logistical, such as the lack of transferring of information about health and care needs with individuals as they journey through the criminal justice system. This can result in a person undergoing multiple assessments, which can be re-traumatising. The commitment in the NHS *Long Term Plan*³⁰ to conduct a full roll out of the health and justice digital patient record information system across all prisons, including the digital transfer of patient records before custody, in custody and on release, is therefore welcome.

However, logistical solutions alone will not ensure continuity of care. The prison population includes many vulnerable people who may need additional support to engage, and remain engaged, with health services. A whole prison approach cannot therefore, be adopted in isolation of the wider social determinates of poor mental health experienced by those in prison, or divorced from community based support and services people will access before and after serving their sentence.

The core principles in NHS England’s *Strategic direction for health services in the justice system: 2016-2020* of care not custody, care in custody and care after custody, shows an understanding of this and should continue to underpin the direction and delivery of health and justice services in the coming years to ensure individuals’ multiple needs are continually met by coordinated and integrated services.

Appropriate reception screening and induction

“There has to be proper inductions – I know of a case where someone didn’t drink anything for two days because they didn’t realise they could drink the water from the taps in their cell.”

Participant

Participants described many complex emotional and traumatic impacts of the initial stage of a prison sentence. Participants said people are running on adrenaline. Those early days and nights were deemed to not represent real prison life, as people wait for phones, medication, contact and other essential

functions to be sorted. The fear of entering prison – of being bullied, abused, or assaulted – was described as visceral. The process of entering prison was agreed to pose a huge risk to mental health during the early days of a sentence and that special measures must be in place to mitigate such risks.

Prison reception can be an extremely busy environment and time to collect essential information on health and social needs can be limited. Multiple participants from different focus groups said that initial health screenings on arrival at prison were inadequate. For those with existing physical and mental health conditions, there were major issues in a lack of continuity of healthcare, in particular, the delay for important prescription medicines to reach people in prison. This in particular is a critical issue and presses home the importance of the NHS swiftly progressing and implementing the roll out of its digital transfer of patient records in health and justice. No one should be without the medication they need on entering prison.

Not all those at risk of becoming acutely unwell are identified through initial health screenings either. One study found around a third of prisoners known to mental health services, and not identified on entry to prison, deteriorated in the first few weeks of imprisonment.³¹ Where mental health needs were missed, participants for this report said that existing mental health problems could be misunderstood as people acting out antisocial behaviour.

Participants said there should be a healthcare screening by a mental health nurse when you first arrive in prison to identify people with known mental health needs and refer for support. They also argued for further assessments to take place in subsequent days or weeks, in recognition that often an assessment on arrival isn't adequate, given the great stress and confusion people face entering prison. People were expected to self-declare at reception, when they may have never sought help previously or ever declared their mental health needs in the community due to stigma. Participants said that their whole subsequent mental health support was based on poor initial screenings.

In their commitment to tackle poor mental health amongst people in contact with the criminal justice system, the NHS *Long Term Plan* has committed to adults, children and young people receiving health screening on entering prison and a follow-up appointment within seven days, or sooner as required. This is a welcome commitment and must be implemented without delay.

In addition, the Lammy Review highlighted the need for secure institutions to have proper access to assessments made by other services, such as health, mental health and education, given the inequalities and disparities faced by many of the prison population before they enter the criminal justice system. It put forward the use of the Comprehensive Health Assessment Tool, developed by the Offender Health Research Network at the University of Manchester, as a more robust and comprehensive screening tool, with the ability to identify pre-existing disparities in mental health and wellbeing.

Recommendation

- The commitment in the NHS *Long Term Plan* that prisons should provide everyone entering prison an initial health assessment, with a follow-up appointment within a maximum of seven days, must be implemented without delay
- Her Majesty's Prison and Probation Service, working with the Department of Health and Social Care, should further explore how assessment on induction might be improved with particular consideration of the Lammy Review recommendation to adopt a similar model to the Comprehensive Health Assessment Tool developed by the Offender Health Research Network at the University of Manchester.

Participants also said that information and guidance about prison life on arrival is poor, adding to this fear. The induction process can only be considered easy if you've been to prison before. Information that was provided wasn't always suitable for people with protected characteristics. For example, some participants said information packs they received did not take into account learning difficulties or English as a second language.

Prisons should work with specialist voluntary sector organisations and experts by experience to address these issues. People in the criminal justice system are often more willing to engage with staff from voluntary organisations, volunteers or peer supporters, as they don't identify them with the prison authorities or hierarchy. This is often particularly the case for people with protected characteristics if the support they receive is from a specialist organisation that clearly understands their needs. For instance, Muslim women who contributed to this report said they would have valued someone from a similar cultural background explaining how prison works at the start of their sentence. Such support can then provide a bridge into statutory services, alongside providing ongoing and additional support which is often more flexible and holistic than statutory services.

Recommendation

Prisons must work with specialist voluntary sector organisations and experts by experience to ensure that there is additional, accessible information and guidance about prison life on arrival for people with protected characteristics, and that specialist provisions are made as part of the induction process to ensure equality of opportunity and access between people who share a protected characteristic and those who do not.

Support throughout the sentence

"After a few weeks, you're in the reality of prison life – and it's like you've been sentenced all over again."

Participant

Participants suggested that after the initial trauma and shock of entering prison, additional distress could be caused when settling into everyday prison life. This is the period in which the bulk of the issues consistently identified by participants have the biggest impact and, for some, the barriers to maintain wellbeing can become overwhelming.

Maintain support networks

Participants said being removed from family, support networks and positive relationships took a toll on mental health. Birthdays and anniversaries were said to be particularly difficult times that could contribute to poor mental health, so too were deaths in the family and the inability to properly grieve. The impact of outside triggers can also differ depending on specific cultural identities. For example, for some people with protected characteristics, religious festivals can be particularly difficult as they represent occasions when families would ordinarily be brought together.

Another example emerged from the focus group with Gypsy and Traveller men, regarding their differential access to funerals. Because Gypsy and Traveller funerals are often large, it means they will often be termed as higher risk on the risk assessment that determines whether an inmate is released or not. Friends, Families and Travellers spoke to a number

of men who had not been to the funerals of close family members and reported that this had a huge impact on them. Under the public sector equality duty, they should have the same equality of opportunity as other prisoners, so should have an equal chance of attending funerals.

Recommendation

Existing training should be reviewed to ensure that staff are aware of, and responsive to, the way life events from outside of prison can impact people's mental health. Different people, particularly those with protected characteristics, can feel these impacts differently. All training must be coproduced and/or delivered by those with protected characteristics.

The positive impact of prisoner family contact on the mental health of people in prison was raised frequently across workshops and focus groups, reflecting extensive findings emerging from the Farmer Review (2017) into the importance of prisoner family contact within the whole prison approach.³²

Participants supported better contact with loved ones from the very start of the sentence, to allow them to feel more connected to their life outside of prison and to maintain positive relationships. It was stressed that some people in prison have complex relationships outside of prison, and should be able to define who their family of choice were. This can be particularly important for people from certain groups protected under the Equality Act (2010). For instance, family structures can be culturally determined and will, therefore, differ for different ethnicities and cultural groups. Women in the criminal justice system have often experienced abuse from family members and may have other support systems. Similarly, lesbian, gay, bisexual and transgender people may have challenging relationships with family members.

Some participants also suggested family should be involved in the mental health support provided to individuals in prison. It should be noted that this must always be on the terms of the individual in prison as some respondents, including Muslim women and Gypsy and Traveller men, spoke of specific barriers in discussing their mental health concerns with their family due to certain cultural factors and the presence of stigma regarding mental health in some sections of their communities. Some participants suggested some people in prison didn't want to engage with their family at all, and wanted to focus on rehabilitating themselves.

Time out of cells and purposeful activity

The wider prison environment and regime, in the context of overcrowded and understaffed prisons, has a major impact on the ability to provide positive activities. In the most recent annual report by the HM Chief Inspector of Prisons,³³ it was found that too many people in prison were spending up to 22 hours a day locked in their cells, making access to services such as purposeful activity and mental health support impossible for many people. Clinks members have told us that overcrowding and staff shortages are having a substantial impact on prisoners being able to access the services they need.

The impact of this is twofold:

- Prisons on lock down result in activities and interventions not being able to take place
- Staff shortages mean that staff are not available to unlock prisoners and bring them to the places in the prison where activities are being held.

A number of participants reported the benefit of positive activities on their mental health, including the positive impact of creativity, arts and exercise. Participants said that activities that provide stimulation and allowed input from the prisoners were particularly welcome. Education classes and opportunities

Case study 3

The Reader is a national charity that, since 2008, has pioneered the use of shared reading as a simple yet powerful activity that improves wellbeing, reduces isolation and builds community.

An Arts Council England National Portfolio Organisation, The Reader is partnered with national commissioners, individual governors, health teams and prison officers to deliver shared reading for adult prisoners, young prisoners and ex-offenders, supporting over 650 individuals each week across England and Northern Ireland. Shared reading groups are embedded within 33 secure settings, including all 18 Psychologically Informed Planned Environments and prisons in Northern Ireland.

Shared reading is a way of timetabling a trusted shared space for the reforming of ideas of self and building reconnections with others. The sessions are built around a unique platform for self-understanding – listening to, reflecting on and talking about carefully chosen pieces of literature, which are read aloud in small groups, in weekly 90-minute sessions.

Outcomes in 2017/18 from their census across more than 50 groups in prisons and approved premises included; 76% of participants saying that they look forward to the group as an important event in their week; 92% saying the group is a place where they feel safe and welcome; and 77% saying the reading sessions make them feel better.

More information: www.thereader.org.uk



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to develop skills were seen as contributing to self-confidence, self-esteem and opening up opportunities. The classroom itself was seen as a safe place for those such as Gypsy and Traveller men who face regular discrimination in prison. Participants also discussed creating positive relationships with those delivering classes. These activities are absolutely critical.

The voluntary sector has a long history of working in prisons, delivering a wide and diverse range of activities and interventions to prisoners. These include delivering arts, educational and sports activities, which support improved wellbeing, awaken an interest in learning and help individuals to build new positive identities.

The arts have been shown to improve safety and wellbeing in prisons and play a role in building safer communities. Current leading evidence from academia and the Ministry of Justice indicates that the arts support the process of desistance from crime. The National Criminal Justice Arts Alliance, a network with over 900 members promoting arts and culture in criminal justice settings, also hosts an internationally renowned digital evidence library of over 100 evaluations outlining the impact of the arts in criminal justice settings.

Rosie Meek's review³⁴ of sport in prisons emphasises the unique and important role that sport can play for prisoners, given that prisoners' lives are largely sedentary, and they are typically less likely to engage in physical activity than non-prisoners. It found that structured programmes were particularly beneficial to participants, enabling them to learn skills such as self-discipline, teamwork and leadership, helping to equip them to transition to a crime free life.

In addition, there are a significant number of specialist organisations working to meet the particular needs of individuals protected under the Equality Act (2010) and other vulnerable groups. For example, Recoop support older prisoner's forums, Gypsy and Traveller organisations that run cultural activities and learning disability organisations that work with peer supporters.

Recommendation

Prisons and prison healthcare providers should recognise the role of interventions delivered by voluntary sector and arts organisations in supporting good mental health and wellbeing outcomes for prisoners and ensure that such interventions are supported and prioritised.

Peer support

Peer support services in prison are delivered by individuals serving sentences for individuals serving sentences. The widely available Listeners programme, run by the Samaritans, is perhaps the best known peer support service in prison. A number of people contributing to this report have both given and received support as part of the programme. Participants described the positive impacts of both offering and receiving support on themselves and on others they supported.

For example, two men from Gypsy and Traveller communities who attended a focus group were also Listeners. Having them as trained community members within the prisons has been an invaluable service to other members of the Gypsy and Travellers prison population.

Other participants suggested that peer support could be most effective when the people delivering and receiving the support were from the same background. It was more likely that a relationship could be built based on empathy with and an understanding of a similar history and background. It was felt that this was particularly important in the initial stages of a sentence, to provide space for people to first engage with services and open up a pathway for people to pursue further engagement with other services in prison.

Support through transitions

Participants also discussed how transferring between prisons could have an adverse impact on mental health. Transfers disrupted positive relationships built with staff and peers and the change of prison regime and rules could often be confusing and frustrating. Transfers were often carried out at short notice, with limited information provided to the individual or their family.

“Ship-outs mess with your head because they are unexpected. You either know the day before or on the date and then when you are moving you don’t know what the next prison will be like. It’s like starting all again from square one.”

Participant

Participants suggested that people and their families should be given prior notice when a loved one was due to be transferred to a different custodial setting, though accepted some of the safety concerns that prevented that from happening. However, in all cases participants said that people being transferred, and their family, should be provided with full and accessible information regarding the change of custodial setting.

Case study 4

The Mental Health Foundation, funded by the Big Lottery Fund, ran the Parc Prison pilot project from 2013 to 2016 with vulnerable male prisoners in a Wales prison.

The project sought to use self-management and peer support to help people with mental health issues to understand their condition better, make informed decisions about care and engage in behaviours that maintain and improve their mental health. The self-management approach of the programme focused on participants taking control, developing new skills through goal setting and problem solving, and working together with peers to find solutions.

A strengths based, life orientated approach was adopted, which focused on an individual’s life as a whole rather than an individual’s condition. The programme aimed to develop skills, knowledge and attitudes to support resilience and mental health.

Despite logistical difficulties relating to implementing this model in a prison environment, 62.5% of participants were successful in achieving at least one of the goals that they set. The impact report found evidence to suggest that the peer-focused self-management model was beneficial in this setting, as peer support helped participants reframe behaviours and attitudes.

More information: www.mentalhealth.org.uk/projects/self-management-parc-prison

Recommendation

Additional support must be provided to individuals to maintain family ties when transferring to a different custodial setting. Prisoners and their families must be provided with full and accessible information regarding the change of custodial setting as soon as possible. Information about individuals must be transferred with them, and a distinctive response must be taken at reception to individuals who have transferred.

Appropriate preparation for release

“Preparing for release is important as I was very anxious about everything. My support worker has met me a number of times in prison and has helped me feel better about being released.”

Participant

Participants described how the pre-release process could be an emotionally complex time. Release can cause both hope and excitement, as well as uncertainty and fear. A poorly managed transition process could create enormous stress and there is a risk of negating any good work that has taken place to address mental wellbeing in prison itself.

One participant compared release to a black hole into which all the mental health support they could access in prison dissolved. This was echoed by respondents to Clinks’ survey of our members conducted



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in autumn 2017 on the health and care needs of those they work with, which highlighted delays and failures in ensuring continuity of care for people on release. Too often this had a significant detrimental effect on the health and wellbeing of people returning to the community. Examples included people with long-term conditions being released without, or with the wrong, medication and without a registered GP in the community and people receiving social care support in prison being released with no assessment or plan for meeting this need in the community.

In addition to a lack of continuity in mental health support upon release, many participants described leaving prison with nothing they needed in place, with access to appropriate accommodation and Universal Credit often cited as being major causes of concern.

This is a particular challenge for people released from non-resettlement prisons, where little or no provision is in place for resettlement planning. Even within resettlement prisons, where pre-release planning begins 12 weeks before release, this was seen as too late, especially for people requiring accommodation or needing to sort out identification documents and Universal Credit claims. It was argued that release must be planned for from when you arrive in prison, to ensure that people were ready, and knew where they were going.

The NHS *Long Term Plan* recognises the need to support transition to community based services so that people can continue to get the support they need. RECONNECT – the care after custody service – will, over the next five years, engage and support more people after custody per year. Alongside this, the future structure and delivery of probation services is under review. It will be vital for issues regarding resettlement support and continuity of care to be addressed in this work. In particular, the Ministry

of Justice and Her Majesty's Prison and Probation Service will need to ensure clarity is provided over the different responsibilities of prison and probation staff as the enhanced through-the-gate provision is delivered alongside new probation contracts, the rollout of the Offender Manger in Custody model and changes to the structure of the prison estate.

Recommendation

In the context of potential changes to the delivery of resettlement work across prisons and probation, the respective roles of key workers and responsible officers across prison and probation must ensure everyone leaving prison is guaranteed continuity of their mental health support into the community.

Creating a wellbeing culture for all

People with lived experience, and representatives from the voluntary sector informing this report, highlighted a number of key structural and cultural issues within prisons that impact people's health and wellbeing. This section sets out these issues and how they can be addressed to create a wellbeing culture for all as part of a whole prison approach to wellbeing.

Address discrimination and inequality

“This injustice and racism gets to you, you start realising as black men you are born to lose and you feel like the system doesn’t care about you because of the colour of your skin or the area you’re from.”

Participant

Many participants from across workshops and focus groups described high levels of discrimination and racism directed at people with protected characteristics in prison, both from staff and prisoners. The cumulative impact of this frequent abuse was described as having serious impacts on people’s mental health.

Young black men pointed to racism as commonplace both from staff (who they perceived as being mostly racist) and other prisoners. They said racism could display itself in different ways in different parts of the country. Young black men from southern England were particularly at risk in northern prisons. Participants also specifically spoke about the high level of racist abuse received by young Muslim men – those identified in the Lammy Review as being the least happy with their relationships in prison.

Young black men described constant taunting, approaches that were dehumanising and a lack of empathy from staff. They described how prison staff provoked young people by exercising their power in arbitrary and cruel ways. One participant shared their experience of working hard to secure a serving job in prison, only to have it taken away with no explanation after only three weeks. Another described their experiences of having to wait an hour for a prison officer to bring them toilet paper. They also said that they knew of some cases where guards used legal restraint as a way to assault prisoners without consequence.

Whether these anecdotal examples are driven by conscious or unconscious bias or not, the perception amongst those we spoke to was that racism was at the route of them with significant implications for prisoners’ relationships with prison staff, trust in the system and in turn wellbeing and mental health. These perceptions are reinforced by statistics that show that use of force is disproportionately used against BAME people and that BAME people are more likely to be on the basic regime under the Incentives and Earned Privileges scheme.

Gypsy and Traveller men described racism as a daily occurrence. According to a report by the Equality and Human Rights Committee, 44% of the British public hold discriminatory views against Gypsy and Traveller people,³⁵ and this racism was apparent in prison too. Participants described a number of incidents of explicitly racist verbal abuse from prison staff, including an occasion of a prison officer describing the wing where several Gypsy and Traveller men were living, as looking “like a beat up caravan with no wheels”. Another participant said that other people in prison treated them as though they were ‘scum’ and that Gypsy and Traveller men sit at a separate table at meal times as no one else would sit with them.

Participants with a learning disability identified abuse from staff and prisoners as being one of the most important contributors to adverse mental health. Abuse ranged from name calling to physical assault, and was perpetrated by both staff and other prisoners.

“I was bullied a lot. And I got assaulted quite a lot by other prisoners.”

Participant

Such experiences of discrimination and racism, actual and perceived, must be addressed in order to ensure that prisons become places that are

conducive to supporting wellbeing and mental health. Participants said that key to this was a culture of tolerance and respect to be embedded top down throughout the prison, with prison governors held responsible for the treatment of people with protected characteristics in prison.

Recommendations

- Prison governors must report annually how they have given due regard to the public sector equality duty, as outlined in the Equality Act (2010), to eliminate unlawful discrimination in prison, advance equality of opportunity between those who share a protected characteristic and those who don't, and encourage good relations between people who have protected characteristics and those who don't
- To ensure that prisons are able to meet their duties under the Equality Act (2010) data collected in order to report on performance indicators and outcomes must be collected and published with a full breakdown of protected characteristics. In addition, any disparities in outcomes for any protected characteristic should be identified and responded to in line with the Lammy Review explain or reform principle.

Multi-agency partnership working

A whole prison approach should also ensure that the prison is embedded within wider systems and that effective connections to the community outside of prison are forged. Effective partnership working between prisons, statutory services and the voluntary sector is essential.

The voluntary sector working in the criminal justice system has a long history of delivering excellent services, both in prison and the community. Numerous voluntary organisations of all sizes provide a wide range of support, often coming into prison through many different routes, to deliver support that is tailored to meet the needs of individuals. Specialist organisations provide the kind of culturally informed services that participants with protected characteristics told us were so important.

A number of participants talked about the benefits to their wellbeing of forging connections with life outside prison and in the services offered by voluntary organisations. Clinks' *State of the sector 2018* report³⁶ shows how organisations supporting people with protected characteristics are seeing more people with complex issues in need of immediate attention. Meeting the complex needs of people in this population will require integrated working between health services and the many other organisations and agencies supporting people in contact with the justice system to provide holistic support.

However, in prison it can also be difficult for both prisoners and staff to know what is available, resulting in some people in prison missing out. Between September 2016 and October 2017, a Clinks project aimed to coordinate voluntary sector activity across three prisons. An evaluation of the one-year pilot found that joined up working through a dedicated coordinator improved support for rehabilitation, through the gate provision, identifying need/what worked, and contributed to a safer prison environment.³⁷ In HMP Exeter, the project developed a directory of voluntary sector services available in the prison which is now included in all Assessment, Care in Custody and Teamwork (ACCT) documents, enabling staff to have immediate access to information on support services that may be able to contribute to care plans. Every prison should consider adopting the voluntary sector coordination model, either in full or by tailoring the examples of good practice to meet individual prison needs.

A further example of effective multi-agency work is that of the Making Every Adult Matter (MEAM) coalition. The MEAM coalition (consisting of Homeless Link, Mind and Clinks, working closely with Collective Voice) supports 35 local areas across England to develop effective, coordinated community based approaches to multiple needs with the aim to increase wellbeing, reduce costs to public services and improve individual's lives. The MEAM Approach provides local areas with a non-prescriptive framework from which to design and deliver better coordinated services for people with multiple needs, which reflect their local environment and current service structure.

The same principles of multi-agency working to meet the needs of people with multiple disadvantages must be followed in prison. Current NHS service specifications set out outcome measures for prison based partnership working between healthcare, mental health and substance misuse teams, including the contribution of such working to reducing reoffending.³⁸

Recommendation

All prison healthcare providers should evidence their work towards meaningful partnership working in prison by reporting on the Partnership Reported Outcome Measures outlined in the current NHS service specification.

Involve experts by experience

The rich insights provided in this report about how to improve services have been gathered through direct engagement with a wide range of individuals with lived experience of the criminal justice system. The knowledge, experience

and understanding of individuals who themselves have faced many of the challenges and barriers described in this report cannot be underestimated. Involving these experts by experience is key to the difference we can make in the lives of people in the justice system, both improving the quality and impact of the services on offer and enabling individuals to build a new identity which supports their own wellbeing and journey to desistance from crime.

Recommendation

Health and justice agencies must ensure that experts by experience are engaged in the development of policy and practice to meet the mental health needs of people in prison. In particular, the government should establish a plan for involving experts by experience, including those with protected characteristics, in the development of the guidance on a whole prison approach, as set out by the *National Partnership Agreement for prison healthcare in England and Wales 2018-2020*. This should be published alongside its existing work plan.

Conclusion

This report has brought together the knowledge, experience and insight of a wide range of organisations and experts by experience, alongside a literature review of previous research into mental health in prisons.

It highlights a significant number of barriers for people to maintain their mental health and wellbeing in prison, particularly if they are protected under the Equality Act (2010). We believe adopting the key principles and recommendations in this report towards developing a whole prison approach to good mental health for people in prison will support progress to overcome these barriers.

End notes

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Our vision

Our vision is of a vibrant, independent and resilient voluntary sector that enables people to transform their lives.

Our mission

To support, represent and advocate for the voluntary sector in criminal justice, enabling it to provide the best possible opportunities for individuals and their families.

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