Meeting mental health needs and improving wellbeing

“Jail is not a mental hospital. Well, it shouldn’t be. But it is at present.”

Very many (45%) of your letters and phone messages were about mental health, and the need for treatment. Some questioned the use of imprisonment for people who are mentally ill, those with learning disabilities and people suffering from dementia. One recommended pre-sentence reports with a proper assessment of mental state leading to ‘an informed decision about sentences. By doing this it may be possible to avoid elderly people with dementia or similar conditions being put in prison, not understanding where they are and how they got there.”

Respondents wrote that prison staff frequently viewed prisoners struggling with mental health issues as ‘attention seekers’, ‘time wasters’ or ‘trouble makers’, rather than people requiring help or medical interventions. One respondent noted that, even if it is agreed that mental health support is needed, it can take up to three months to be assessed by the mental health team.

Many said that staffing levels need to be improved to ensure prisoners’ access to NHS services inside and outside prison. Medication needs to be got right at the outset. A prisoner wrote: “The removal of my HIV treatment led to all manner of arguments.”

One prisoner proposed a system where staff would “listen to prisoners’ medical and psychological issues and provide counselling.” Another wrote: “Since coming to prison my PTSD [post-traumatic stress disorder] in ex-service personnel.”

Many of you said that staffing levels need to be improved to ensure prisoners’ access to NHS services inside and outside prison. Medication needs to be got right at the outset. A prisoner wrote: “The removal of my HIV treatment led to all manner of arguments.” And the IAP received the phone message: “Me personally, I think its to do with medications. People's medications getting tampered with. People getting stopped on meds, not getting given right meds Coming in the first night not being able to see a doctor.”

A negative consequence of coming forward to staff and disclosing personal information was highlighted: “eventually did ask for help and got put on anti-depressants. They have been good for me but the parole dossier makes it out that I can’t cope without tablets and so am a risk. I would have been better not to tell anyone.”

One writer commented that prisoners with a dual diagnosis of, for example, drug addiction and mental health issues are not well managed: “... many individuals are forced to detox when they are clearly not ready and when others struggle with their addiction, they are offered no help or support. I feel that individually tailored treatment and care is a luxury that can no longer be afforded in these times of austerity. Many more will lose their lives as prisons are being used as human warehouses and these drug infested environments are not conducive to rehabilitation.”

A number of you proposed therapeutic group work, peer assistance and mentoring/befriending. One person wrote: “I had cause to applaud the Government’s recognition of mental health wellbeing issues, none more so than the recognition of PTSD (post-traumatic stress disorder) in ex-service personnel.”

Keeping Safe

IAP in collaboration with Inside Time / September 2017

What you say counts!

- Maintain a decent, safe, clean environment
- Set up an emergency contact line for families and friends
- Tackle not tolerate bullying and threats
- Review everyone still serving an IPP sentence with a view to release

Families matter

You stressed the importance of family contact in preventing suicide and self-harm. Proposed improvements included visiting rooms being located closer to home, in cell telephone and internet access. Some people were under particular pressure. One man serving an IPP sentence wrote, “I don’t see any light at the end of the tunnel.” Another wrote: “This is nothing but torture and cruelty.”

Many of you live in fear of ‘the epidemic called Spice’ and the debts and violence that go with it, too often feeling that “the dealers have the upper hand.” Ministers are being asked in the strongest terms to get both with this unjust lingering sentence and with unsafe and unhealthy prison environments.

What’s happened so far and what happens next?

The government has a duty to hold people safely in custody and to take active steps to protect life. Since February, the IAP has been talking to Health and Justice Ministers, officials, governors and staff about your insights and solutions. They have been presented as evidence in Parliament. Now this Inside Time special report, together with a more detailed IAP briefing showing how your recommendations are underpinned by, amongst others, the Prisons and Probation Ombudsman, HM Chief Inspector of Prisons, the Chief Coroner and the National Audit Office, will go to the Justice Secretary David Lidington MP for his serious consideration.

Clear solutions

By July, we had heard from over 150 prisoners across 69 prisons in England and Wales as well as submissions from four Scottish prisons and a secure hospital. We also received a submission from prisoners’ families in the North East via the charity Naps. We heard from Samaritan Listeners, Insiders and Peer Mentors who day in day out help other prisoners in distress. We heard from people who had felt hopeless and desperate who explained what had helped them to cope. We heard from those who were angry about the state of prisons and the unmet needs of many prisoners and we heard from people who were sad and grieving about the death of a friend or a family member.

Above all we heard from prisoners who had sensible ideas about ways to prevent avoidable deaths in custody, offered clear solutions and shared our determination to keep people safe.

Preventing self-harm and suicide in prison - what you told us

From your letters and recorded messages sent via Prison Radio, ten main themes stood out. More of you wrote about the importance of good relations with staff than anything else. Many of you wrote about the damaging impact of staff cuts, exhaustion, low morale, no time to talk and more lock-up, as well as the loss of experienced staff - people like the, “one particular officer who can tell just by talking to me how my mood is. He notices if I am down, if I don’t eat, if I don’t socialise.” There were some inspiring accounts of where a life had been saved by the compassion and humanity of an officer. At the same time, we were very concerned about examples of disrespect, of officers laughing at prisoners or even goading them in one or two instances to harm themselves. The messages you have for the Ministry ofJustice and the Prison Service are clear: recruit and retain enough good, decent people, train, support and supervise them to meet standards set and establish and maintain safe staffing levels for each prison.

Mental health

Almost half of your letters and phone messages were about mental health. “Jail is not a mental hospital. Well it shouldn’t be. But it is at present.” Alongside calls for prompt assessment and diversion into treatment, solutions offered included listening, counselling, peer support, medication, increased exercise and activity and ensuring that the ACCT process (Assessment, Care in Custody, and Teamwork) is more than just a box-ticking, back-covering exercise. These were echoed in recommendations to respond to basic needs for fresh air, decent food, sleep - and improve regimes to allow for better first night and induction arrangements, more time out of cell, purposeful activity and a revised IEP scheme that would be less punitive and instead encourage and reward responsible behaviour.

Juliet Lyon

Keeping safe, what is it all about?

No one wants anyone to suffer the pain of suicide in prison and the terrible impact such a bleak death has on family, friends, fellow prisoners and prison staff. Everyone wants to turn the rising tide of suicide in prison and the terrible impact such a bleak death has on families and friends. Everyone wants to turn the rising tide of suicide in prison and the terrible impact such a bleak death has on family, friends, fellow prisoners and prison staff.

What we have heard

What you say counts! Thank you to everyone who has contributed. It would be really nice for me to know that your recommendations are underpinned by, amongst others, the Prisons and Probation Ombudsman, HM Chief Inspector of Prisons, the Chief Coroner and the National Audit Office, will go to the Justice Secretary David Lidington MP for his serious consideration.

Many of you said that the way to improve mental health treatment and wellbeing is by:
- Focusing on preventative work and diversion into treatment;
- Ensuring a timely response by trained mental health teams including appointed counsellors and introducing mental health awareness and emergency response training for all staff;
- Tailoring drug treatment, maintenance and detox to needs of individuals.

One person proposed a system where staff would “listen to prisoners’ medical and psychological issues and provide counselling.” Another wrote: “Since coming to prison my paperwork says I’m a risk of self harm/suicide. Until I asked for help after 5 years in prison no one had spoken to me about this. Now I’ve been offered some counselling from the mental health team. This is a really good idea for people and should be used more as a lot of time just been able to speak to someone is enough to get you through that day.”

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- Tailoring drug treatment, maintenance and detox to needs of individuals.
Making better use of Assessment, Care-in-Custody and Teamwork (ACCT)

“I have been on quite a few ACCTs. Some have been useful, others haven’t. And I have been in 5 different prisons where they do things very differently to each other. In the past 5 months I have been on 3 ACCTs, self-harmed on numerous occasions and overdosed/attempted suicide on at least 2 occasions.”

We received a lot of letters about ACCT and many of you feel that, although the intention of ACCT is to safeguard prisoners, it has become more of a box ticking exercise: “ACCT regime clearly being used as a means of defensive observations tool rather than to provide team working and care”

“I do not feel that the ACCT system necessarily works that well. It can become a paper exercise of ticking boxes and just deciding how frequent observations should be.”

You offered many ideas of how it should become more focussed on the people involved: “ACCT needs to address the reasons behind mental health, not just monitor those on suicide watch.”

“In the past 5 years, I’ve been on a self-harm ACCT. I tried to commit suicide a number of times. And I think the way they should deal with it is by giving us the right treatment, the right therapy and actually having some respect for people who’ve self-harmed. Instead of saying that you’re a pain in the arse and you’re going to commit suicide a number of times. And I think the way they operated was that to prevent suicide and self-harm “the answer, I’m afraid, lies in the relationship between prison officers and inmates.” And another said: “I hope this letter shows the frustration I feel, the prison officers need help too.”

Many of you said, the way to improve prisoner/staff relations is by:

- Establishing and maintaining safe staff/prisoner ratios and staffing levels in all prisons;
- Selecting, recruiting and retaining good, decent people who treat prisoners with humanity and respect and show common sense;
- Supporting, training and supervising staff to meet national and international human rights standards.

Many of you, the tip to prevent suicide and self-harm in prison, above all you called for sufficient, decent staff who would know, support and respect the prisoners in their care. Many respondents said that there are simply not enough staff for them to do their job adequately as things stand. One wrote “From what I have seen staff rush around, giving little time to anything or anyone.” And another: “It should not come as a pleasant surprise when an official says ‘hello’ and asks you how you are!”

To prevent suicide and self-harm in prison, above all you called for sufficient, decent staff who would know, support and respect the prisoners in their care. Many respondents said that there are simply not enough staff for them to do their job adequately as things stand. One wrote “From what I have seen staff rush around, giving little time to anything or anyone.” And another: “It should not come as a pleasant surprise when an official says ‘hello’ and asks you how you are!”

Some of your letters noted that the reduction in staff has meant that limited staff time is spent dealing with those who are most visible - through bullying by staff or about officers goading prisoners into harming themselves. And most heartrending were the examples of good professional relationships like “…one particular officer who can tell just by talking to me how my mood is. He notices if I am down, if I don’t eat, if I don’t socialise.” One prisoner wrote that to prevent suicide and self-harm “the answer, I’m afraid, lies in the relationship between prison officers and inmates.” And another said: “I hope this letter shows the frustration I feel, the prison officers need help too.”

You said that better use could be made of ACCT by:

- Examining if ACCT has become a box-ticking exercise and focusing on making it more meaningful and effective;
- Increasing the involvement of prisoners, mental health professionals and family members in the ACCT process;
- Ensuring care maps are established, regularly reviewed and followed through.

A number of people who had negative views of the ACCT system. A frequent view was that the application of the system by members of staff was often arbitrary and unjust: “Prisoners who have earned enhanced status are being denied it and the rewards that go with it.”

“…it all takes is a screw 2 dislike you and your on Basic.”

“This IEP system is not good. Prisoners are receiving negative entries for self-harming”

“IEP downgrades to IEP Basic level that means 23 hours behind one’s door, no TV and a pay level of £2.50 per week, no private cash a drop in entitlement of visits.”

Many of you also spoke of your frustration that weekly pay for prisoners has remained low while many of the items you need to buy have steadily increased in cost at the same time as opportunities for paid work in prison, and on temporary release, have decreased: “weekly pay that prisoners receive needs to be reviewed”

You said that better use of incentives could be made by:

- Increasing scope for earned privileges;
- Making the IEP scheme fairer, more motivating and less punitive;
- Reviewing and improving prisoners’ work opportunities and pay.
Meeting basic needs

“I’ll be honest unless I request or instigate help, I don’t have a conversation with anyone save for my peers from one month to the next. It’s just taken for granted that I’ll cope, swept along in the surf like everyone else - if I’m walking, talking and breathing, I must be ok mustn’t I?”

We included this section called ‘basic needs’ which encompasses the simple, everyday parts of prison life that people not in custody may take for granted. However, you made clear the impact they have on those in prison: “in prison feelings may seem trivial to others seen very important in a prisoner’s eyes.” You highlighted just how restricted daily life is for many people in custody: “We only get one shower a week, one phone call a week. One session of exercise a week.”

Many respondents suggested quite basic ideas to try to improve the mood and morale of those in prison including - “More time outside at weekends - what harm is it to open the wing doors into [the] exercise yard during summer so you can walk freely in and out and feel the sun on your face?” - “More library. We get 10 minutes on a week to find a book.” “A chance to do a course where you work hard to achieve good marks … and a reward for achieving it”

This type of comment was repeated many times by others who made suggestions such as allowing in to the prison: “Perhaps even some stray pets like they have in America for lifer prisoners.”

One writer suggested that new prisoners: “… should be provided with a single cell initially - instead of sharing cells with someone you do not get on with which can cause anxiety or lead to suicide or self-harm.”

Whereas another warned: “I would say that the vast majority of suicides and self-harm occurs when the prisoner is alone in their cell, frustrated in despair and with no one to talk to, and I think being alone is a major contributing factor.”

Many wanted to focus on future opportunities to avoid hopelessness and maintain personal responsibility and a sense of self: “…the loss or feelings of loss of one’s own humanity can lead to despair that for some may lead to self harm and suicide is not helped by a prison system that seems set on one’s past needs as opposed to the here and now and the future most that seems set on one’s past needs as also to despair that for some may lead to self responsibility and a sense of self…”

Increasing family contact

“At this prison telephones are in cell and can be used 6.30am - 11pm. So if you’re feeling low you can contact family or friends for help, a chat or to offload. I feel this should be considered for every prison as this will help everyone.”

You wrote about family contact, and the importance of maintaining and developing relationships - both for their own sake, and to stave off feelings of isolation and depression. You explained how significant contact with families and friends can be in safeguarding lives when people are at their most vulnerable: “if people are in certain positions where they feel like to end their life would like to talk to a close friend who’s also in custody then it should be allowed.”

Many of you spoke of the practical difficulties in keeping in touch with families such as the high cost of telephone calls, frequent visits and the location of prisons. The cost of using prison telephones was repeated by a number of prisoners who made the following points: “Allowing basic access to family and friends would be an improvement. It is key to prisoners to maintain contact, how can they do this with the rising and very high costs in phone calls, an average call lasting 15 mins costs around £1.50 to £2 “… “There is minimal contact with family, you rarely get a job here so people who have no visits have no contact as the money they get is not enough for credit for the phone.”

Many of you told us that improvements in technology could go a long way to making such contact easier: “I believe phones in cell will help a lot of people ring loved ones.” “having a phone in cell could give a direct line 24 hrs to someone without anyone knowing or being able to mock them doing so”. Another sought more use of technology and called for: “the blanket ban on internet access removed so prisoners can contact their families more.”

Family members from Nepacs in the North East advised, amongst other things: • Prompt follow up from phone calls/messages from concerned family and friends, do not dismiss them as worries, worse still, nuisances • Sometimes self-harm is a release/coping mechanism and ‘don’t do it’ attitude is not helpful • Need to reduce the length of time it takes to arrange telephone PIN/visits to sustain contact with family members - process should start at court.

Prison safety

“This is my priority and as the new Secretary of State, I am committed to building on the essential reforms that are already under way to make prisons places of safety and reform. That has to start with the numbers of prison officers available to support offenders. More staff will provide the capacity for them to give more time to directly supervising offenders, through one-to-one support from a key worker. This engagement will be a key measure in reducing the currently unacceptable levels of assaults, self-harm and suicides.”

Secretary of State for Justice David Lidington MP

Improving regimes

“Time behind the door is a joke. It’s basically 22 hours per day. There is no purposeful activity to keep people’s minds active.”

Almost a third of your letters and calls related to the fundamental issue of when - and for how long - prisoners are allowed out of their cells, and what they can do when they are out. The IAP received a telephone message from one prisoner which summarised many of the comments from you: “… people need to have more time out of their cells and less shut downs with short notice.”

Many of you wrote about induction and how it important it is. Some prisons did this well: “And so here I am, at HMP Stafford. In fairness, upon arrival, it was a breath of fresh air. The reception was warm, clean, comfortable and the staff were friendly. I was given a cup of tea by a Listener and he explained the scheme. I then moved to the Induction Wing which was clean, airy and welcoming. The first week was structured and my mood improved significantly.”

And others badly: “The first night in [a London prison] is spent on E wing, or the ‘induction wing’ as it is rather optimistically called … New arrivals are placed in a filthy, cold cell with an in-cell lavatory which is caked in what I can only imagine is something I really do not want to imagine! In my case I waited until 10.30 on my first night, despite multiple requests, before I was given any bedding. When this arrived, begrudgingly, it appeared to have suffered the same fate as the toilet - my daily task to say, I made do without… The following morning, leaving the induction wing having received no induction (in fact I still have received no induction), I was taken to a wing and deposited outside a cell… the following twenty-two or so hours are spent locked away to stew and contemplate the next considerable chunk of life … The first night … for many is disgusting, degrading and inhumane … this treatment of new inmates serves as a perfect catalyst to a spiral into negative thinking and depression.”

“I long for a proper conversation. I go to bed at 8pm and I cry. I cry for myself. I cry for wasted lives. I cry for relief.”

Respondent

© prisonimage.org
Dealing with drugs and violence

“My suggestion is, obviously they need to stop the use of ‘Spice’ in prisons ‘cause that’s why a lot of people deteriorate that happened to me. I am very lucky to be here this day. I was actually cut down from hanging but mine was purely down to Spice use. So if we can get a grip on that in custody then I feel like that could be one thing that could stop it…”

Over 20% of your letters and telephone calls to the IAP emphasised the impact drugs can have in prisons. Someone described the prison system as “in the midst of an epidemic that’s called Spice”. Another wrote: “Spice and debt are without doubt the prison’s nemesis.” and “Prison right now is a very dangerous place, it’s unsafe for staff and us inmates and it’s all to do with shortage of staff and the legal high called ‘spice’ as it’s ruined the prison system.”

You explained the specific relationship between drugs, debt and suicide and prisons: “…debt causes bullying and bullying causes stress and stress causes irrational thinking which causes self-harm”.

You said that the best ways to deal with violence, drugs and debt is by:

- Tackling/not tolerating bullying and threats;
- Improving testing for NPS and offering an amnesty/treatment;
- Allowing for safe disclosure and increasing support for prisoners who want to serve their sentence responsibly.

You warned of the dangerous impact of bullying and said in many of your letters and phone calls: “Stop the bullying”. You want: “bullying to be taken more seriously to prevent suicides”. Several writers suggested more testing for NPS. Another proposed solution was to increase prisoner wages to lessen the chances of prisoners and their families being captured by debts they will struggle to repay. A different idea was proposed by one writer who said: “I believe there should be an amnesty for all users of spice along with treatment and counselling…”

Another writer spoke of his frustration with the amount of drugs in prison and expressed a wish to live in a drug-free environment: “Prisoners that don’t take drugs and hold a perfect sentence planning and treatment;”

You proposed making greater use of peer support by:

- Building up and supporting Samaritan Listeners;
- Making volunteering and taking personal responsibility a central part of the regime in partnership with voluntary organisations;
- Increasing support for transgender prisoners and other vulnerable groups.

One prisoner wrote about the resource pressures on the mental health services, and suggested prisoners could help alleviate some of the burden, and offer support to those that need it: “I suggested Mental Health needed to train up suitable prisoners that could run friendship groups and low mood groups continuously on every wing in every prison every week.”

Keeping Safe teamwork
Paul Sullivan

It has been a privilege to work on this Keeping Safe initiative with IAP chair Juliet Lyon, Kathy Baker, founder of the Samaritan Listeners, Jim Sanders, of Samaritan Prison Support, Andrew Fraser the head of Secretariat for the Ministerial Council on Deaths in Custody and of course colleagues at Inside Time. The appalling statistics of self-harm and suicide in prison need to be dealt with as a matter of urgency and clearly the people who really know the reasons and preventive strategies are prisoners. As this document shows, the response to the call for evidence from people in prison has been magnificent. Well done everyone involved.

A Listener
Let me say it my way

Whatever you’ve done
Whatever life’s done to you
Speak to a Listener
Or call Samaritans
No names
No pressure
No judgement
We’re here for you Any time.

Call Samaritans on 0845 450 7797
FREE from a prison phone
This is the number to dial from a custody cell phone.

New phone number

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