



Department
of Health &
Social Care



Ministry
of Justice

Ms Juliet Lyon CBE
Chair
Independent Advisory Panel on Deaths in Custody

27 May 2022

Dear Juliet,

MENTAL HEALTH SUPPORT IN PRISONS

Thank you for your letter, dated 8 April 2022, expressing your concerns about the impact of the measure put in place to limit the spread of Covid-19 in prisons, on health and wellbeing. We apologise for the delay in responding.

COVID-19 has been an unprecedented challenge for public services across the country, and we recognise the extraordinary work that health and prison staff have done to protect the wellbeing of people in custody. Our departments have worked together throughout the pandemic, and continue to work alongside other public bodies, including NHS England and Improvement (NHSE&I) and Her Majesty's Prison and Probation Service (HMPPS), to provide appropriate health and social care to people in custody despite these challenges.

As it has been throughout the pandemic, our priority remains the safety of those within our care, our families and our staff. The decisive actions we have taken during the pandemic have saved thousands of lives. Public health advice remains that prisons are at higher risk than the community, with a more vulnerable population and as such are still provided with symptomatic testing. As of 9th May, the prison estate is no longer subject to the national framework that was introduced to manage prisons during the pandemic.

We recognise that prolonged isolation due to COVID-19 restrictions can have a detrimental impact on prisoners' wellbeing. We have developed a range of products to support specific groups in prisons whose wellbeing is likely to be more impacted by these restrictions, particularly individuals known to be at increased risk of self-harm or suicide.

This Government continues to invest in improving health and social care in prisons and in tackling substance misuse. Health spend in prisons has increased over recent years, from £400million in 2016/17 to almost £496million in 2020/21, in which time the integrated spend on substance misuse and mental health services in prisons has increased from £148 million in 2016-17 to £203 million in 2020-21. We are investing a further £141million across health and justice to further reduce substance misuse and support the goals of the

10-year drug strategy. MoJ's investment of £550million is dedicated to improving the employment of prison leavers and to reducing homelessness, which is critical to supporting the wellbeing of prisoners.

We would like to address each of your recommendations in turn:

Immediate additional mental health support for prisoners

Health economists are still increasing our understanding of the unprecedented impact COVID-19 has had on the population's mental health. However, we recognise the impact on mental health has been an unintended consequence of actions taken to manage the pandemic. This is why NHS England and Improvement (NHSE&I) are investing a further £21million into integrated substance misuse and mental health services in prisons, to support people in custody to reset and recover after COVID-19.

NHSE&I has been working with Her Majesty's Prison and Probation Service (HMPPS) throughout the pandemic to combine shared resources and agree dissemination through a central point. NHSE&I are working with HMPPS to ensure that prison officers will be supporting individuals to reorientate themselves at a comfortable pace with support of healthcare teams where required to support a return to normal when it is safe to do so. To provide the best possible support to prisoners at increased risk of suicide or self-harm, HMPPS and MoJ have implemented a revised version of the Assessment, Care in Custody and Teamwork (ACCT) case management approach across the prison estate. On any given day throughout 2021, nearly 2,000 prisoners had been assessed as being at risk of self-harm or suicide and were being supported through ACCT. The new version of ACCT emphasises person-centred approaches, multi-disciplinary team working, and identifying and addressing an individual's risks, triggers and protective factors. Prisoners will receive dedicated 1:1 support from a keyworker, and regular sessions will mean that staff are aware of issues earlier and can intervene appropriately before issues escalate.

Prison officers play an important role as key workers, meeting regularly with and providing a supportive challenge to people in prison, to motivate them to use their time in custody to best effect. Keywork has been rolled out in all prisons in the male and female closed estate. Whilst the pandemic has impacted upon the roll out of keywork, COVID-19 recovery gives us the opportunity for fresh impetus and to gear prisons up for renewed efforts and focus in this area.

In response to COVID-19, we also created a Wellbeing Plan with input from mental health charity, Mind, and prisoner focus groups. This is a prisoner-owned self-help tool that can be used to reflect on triggers, coping strategies, and actions they could take to improve their mood and look after themselves at difficult times.

In 2021, HMPPS also celebrated the 30th anniversary of the Listener scheme, in which Samaritans train selected prisoners to provide emotional support for fellow prisoners in distress. Where Listeners could not be made available, prison staff have promoted the telephone helpline as an alternative, and that has brought increased demand for the service. We recently renewed our partnership with Samaritans until March 2025. This will enable us to work together to refresh the Listener scheme and to deliver a service that will give prison staff and prisoners more support in the period following a self-inflicted death.

In the longer term, reforming the Mental Health Act remain a priority for this Government. In January 2021, we published a White Paper setting out proposals for landmark reform of the Act and responding to the findings of the Wessely Review. The reforms include commitments to support offenders with serious mental health problems to access the care they need as quickly and early as possible by introducing a new statutory time limit of 28 days for transfers from prison to mental health hospitals. We also committed to ending prison as a 'place of safety' as part of these reforms. This is where the court can send a person to be temporarily held on the grounds of mental health for their own or others' protection whilst awaiting an assessment or hospital transfer.

Individual mental and physical health checks for everyone in custody

To protect people from the pandemic, a number of routine health checks for people with long term conditions were unable to be facilitated, and these are now being scheduled. Many prison healthcare teams, including integrated mental health teams, have adapted their processes to best meet the needs of patients as quickly as possible whilst maintaining safety with appropriate social distancing or PPE. To ensure that everyone in prison gets access to the health and social care they need, NHSE&I, along with DHSC and the Welsh Government, have committed to providing all prisoners with an initial health assessment in their first 24 hours in custody, followed by a second comprehensive health screening within their first seven days.

To understand the extent and nature of the physical and mental health needs of prisoners, NHSE&I have also commissioned the Centre for Mental Health to conduct a review about the future of prison mental health care in England. This review can be found online at www.centreformentalhealth.org.uk. The second phase of this work is a mental health needs analysis, which aims to provide comprehensive diagnostic and socio-demographic profiles of the mental health, psychological, trauma and emotional wellbeing caseloads in each prison. This will inform work to review the Mental Health Service Specification for Prison Healthcare services, which will focus on better join up of services for offenders with co-occurring health needs.

HMPPS is also supporting the National Confidential Enquiry into Patient Outcome and Death review of natural and non-natural cause deaths in custody. The aim of the study is to identify remediable factors in the clinical and organisation of healthcare for people who die in prison or were transferred to an acute NHS hospital or hospice while detained.

Support for frontline health and justice staff

NHSE&I regional commissioners have worked with providers on site and provider organisations who are responsible for the care and welfare of their employees throughout the pandemic. NHSE&I has also funded a professional nurse advocate programme delivered via Health Education England in a range of universities.

Managers within HMPPS can access the Employee Assistance Provider (EAP) all year round via a helpline to provide confidential advice and support. The helpline can also provide specialist management support to line managers. The EAP service also provides a range of proactive mental health support workshops onsite in prisons. In addition to this,

we began offering bespoke mental health support for Governors in January 2021. Uptake remains strong, with work now ongoing to expand the offer to other senior roles within prisons. Sessions focus on preventative and proactive care, providing a confidential space for Governors to discuss the challenges of being a prison senior leader.

The extra investment we are making in prison healthcare and in tackling substance misuse will allow us to continue to work to improve prisoners' mental and physical health and recover from the impact of the pandemic.

We welcome the continued engagement from the Independent Advisory Panel on Deaths in Custody and look forward to continuing to work together on this important issue.

I hope this reply is helpful.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'S. Javid'.

RT HON SAJID JAVID MP

A handwritten signature in blue ink, appearing to read 'Dominic Raab'.

RT HON DOMINIC RAAB MP

cc: fellow members of the Independent Advisory Panel on Deaths in Custody