**NAO Podcast on Mental health in prisons transcript**

**The NAO has conducted a study into whether the Her Majesty’s Prison and Probation Service (HMPPS) and NHS England are working effectively to address the mental health needs of offenders in prison. This included assessing whether those providing the service have a good understanding of the level of need; whether partners are working well together and the system is operating effectively; whether they are meeting their current objectives; and how well placed they are to meet need in the future. I’m joined by Oliver Lodge, a director who worked on the report. Thank you for joining us Oliver.**

**So perhaps we could start by looking at how many people in prison have a mental health problem?**

That is an excellent place to start, unfortunately there’s no reliable data on the number of people in prison with mental health problems.

Approximately 10% of the prison population in England are receiving treatment for mental health issues, but that’s not necessarily reflect on those who need it. Whilst around a quarter of people coming into prison report some prior contact with mental health services, this doesn’t capture those who might develop mental health problems after they arrive in prison.

One of the most commonly used estimates is that 90% of the prison population is mentally unwell, but this uses a very broad definition of mental illness and dates from 1998, so is very outdated.

So although most research suggests people in prison are more likely to suffer mental health problems than those in the community, Government doesn’t collect enough, or good enough data, to really understand this.

**And who are all the different players involved in providing mental health services in prisons?**

The principle players are, as you say, HMPSS, which is the executive agency of Ministry of Justice responsible for operating prisons, although at the time of our work it was called the National Offender Management Service; NHS England, which is responsible for commissioning and overseeing health services provided within prisons, and Public Health England, responsible for providing support and guidance to NHS England and HMPPS.

Those three bodies signed up to a partnership agreement, which is currently being updated, that describes number of ambitious shared objectives in respect of providing mental health services, including that:

* Prisoners should receive an equivalent health and well-being service to that available to the general population; and
* Prisoners should expect an improvement in their heath and well being, whilst in prison.

But these objectives are not all well defined and, crucially, none of the three bodies collect the data they need to understand the extent to which they are achieving their objectives.

**Are there any challenges in having so many different parties involved?**

Yes. Inevitably there are challenges in delivering services across organizational boundaries. One of the issues we saw in our work is that the prison service hadn’t always given NHS England enough notice when it made changes to the prison estate, such as changing the nature of the people housed in a particular prison, which can affect the health needs of that group and the services that need to be provided.

There are also challenges where people move between healthcare settings. People who are deemed too unwell to be treated in prison need to be transferred to a secure hospital under the mental health act. The Department of Health recommends that this should take no more than 14 days, but in 2016-17 only 34% of patients met this target and we heard of one example of someone waiting more than a year. Delays can mean people are kept in unsuitable conditions, which can have a negative impact of their mental health.

People also do not routinely receive continuity of care once they are released from prison. Community Rehabilitation Companies and the National Probation Service are responsible for rehabilitating people once they have been released but they often don’t receive relevant health information. Difficulties can be exacerbated when they are released a long way from their home or at short notice, making it harder to establish links with local healthcare services.

**What are the difficulties specific to the prison environment in looking after people’s mental well-being?**

Well it’s very challenging. Some of the steps which you or I might take to manage our mental well-being, like connecting with family and friends and being fit and active, are explicitly restricted by the prison environment. Mental well-being can also be adversely affected by crowded conditions. To give you an example: in 2015-16 almost a quarter of people in prisons were in cells holding more people than they were originally designed for.

Prison is also a difficult environment in which to provide health care services. The majority of the prison estate was built before 1900 and some newer buildings were not designed with modern healthcare in mind. People will also often move around the prison estate during their sentence making it much more challenging for them to complete courses of treatment.

On top of those environmental factors the prison system is currently under considerable pressure. Between 2009/10 and 2016/17 the number of operational staff working in prisons was reduced by 30%, whilst the prison population remained broadly stable. This fall in prison officers makes it far more challenging for prison officers to have meaningful contact with people in prison that may help them notice signs of changes in their mental well being. The training provided to prison officers to help them detect and manage people with mental health needs has also been inadequate.

The previous government launched an ambitious prison reform agenda, and early signs are that much of this will be continued under current government. This potentially provides an opportunity to start to address some of these difficulties. For example, Prison Estate Transformation Programme aims to replace elements of the ageing estate with more modern buildings and HMPPS is rolling out new training and taking forward initiatives to tackle rising self harm and self inflicted death rates in prison.

**How are services performing?**

Data from HM Chief Inspector of prisons reports suggests quality of clinical services in prisons is generally good, though there are shortages in primary care and counselling services across the prison estate.

But importantly there are weaknesses in identifying those who needs support with their mental health. For example, the screening process that everyone goes through when they arrive in prison does not always identify issues and healthcare staff do not routinely have access to medical records from GP’s. in the community The staffing pressures we talked about also make it harder to detect changes in someone’s mental health that develop whilst they are in prison.

**So what recommendations does the report make?**

Well firstly, we’re clear that to effectively address the mental health needs of people in prison, HMPPS and NHSE need a much better understanding of the scale of the challenge. We recommend that NHS England combines existing sources of information such as screening data, referrals to treatment and GP records, to develop an accurate picture of the number of people in prison who need support with their mental health and well-being.

We also make a number of recommendations to improve joint working, including that the Ministry of Justice, HM Prison and Probation Service, NHS England and Public Health England work together to set some measurable and achievable joint objectives, underpinned by good cost and performance data that helps demonstrate whether they are meeting them; That they ensure there is effective information sharing protocols between health, prison and probation staff; and finally that they review the process for transferring people from prison to hospitals to identify and address the reasons for the current unacceptable delays.

**Thank you for your time today Oliver.**

**If you would like to find out more about this report, the full report and an executive summary are available on our website,** [**www.nao.org.uk**](http://www.nao.org.uk)**. Or you can follow us on twitter @NAOorguk or on Facebook www.facebook.com/NAOorguk/**

**Thank you for listening**