



National Audit Office

Report

by the Comptroller
and Auditor General

**Her Majesty's Prison & Probation Service,
NHS England and Public Health England**

Mental health in prisons

Key facts

**Circa
£400m**

is the estimated amount NHS England spent in 2016-17 providing mental and physical healthcare in adult prisons in England

31,328

people in prison who report having mental health or well-being issues at any one time, based on HM Inspectorate of Prisons surveys (37% of the average monthly prison population)

7,917

people recorded by NHS England as receiving treatment for mental health illnesses in prison in England in March 2017

- 84,674** is the average monthly adult prisoner population in England and Wales in 2016-17
- 202,099** arrivals into prisons in 2016 (this includes people arriving in prison for the first time, being recalled into prison, and moving between prisons)
- 120** self-inflicted deaths in prisons in 2016, the highest number on record
- 40,161** self-harm incidents reported in prisons in 2016, the highest on record
- 40%** of prisons did not provide refresher mental health awareness training to prison staff in the three years leading up to October 2016

Summary

1 Around one in four adults are diagnosed with a mental illness during their life and many more will experience changes in their mental well-being. Most research suggests that people in prison are more likely to suffer from mental health problems than people in the community. Complex social and personal issues such as history of unemployment, substance misuse or trauma are more common among the prison population, and being in prison can exacerbate poor mental health and well-being. Prisoners are less able to manage their mental health because most aspects of their day-to-day life are controlled by the prison. Many prisoners also move in and out of prison, or between prisons, which makes the job of providing healthcare more difficult. Prisoners whose mental health needs are not addressed may be more likely to reoffend.

2 Rates of self-inflicted deaths and self-harm have risen significantly in the last five years, suggesting that mental health and well-being in prison have declined. The number of self-harm incidents rose by 73% between 2012 and 2016. In 2016 there were 40,161 incidents of self-harm in prisons, the equivalent of almost one incident for every two prisoners, although some prisoners will self-harm multiple times. There were 120 self-inflicted deaths in prison in 2016. This was almost twice the number in 2012, and higher than any previous year on record. In 2016, the Prisons and Probation Ombudsman found that 70% of prisoners who had taken their own life between 2012 and 2014 had been identified as having mental health needs. In February 2017, the Royal College of Psychiatrists stated that “rising deaths and other harms show there are failures in reaching prisoners who need general medical and specialist mental healthcare”.

3 Until 31 March 2017, the National Offender Management Service (NOMS), was responsible for prisons. On 1 April 2017 NOMS was replaced by a new executive agency called Her Majesty’s Prison and Probation Service (HMPPS). HMPPS retains NOMS’ responsibility for the operational management of prisons, but the Ministry of Justice will take on NOMS’ responsibility for prison policy and commissioning. This report refers to NOMS, as NOMS was the responsible body at the time of fieldwork and writing, but makes recommendations to HMPPS.

4 Responsibilities for mental health and well-being in prison are outlined in a partnership agreement, signed by NOMS, NHS England and Public Health England. It contains six objectives for health services in prisons, of which four relate to mental healthcare services:

- Prisoners should receive an equivalent health and well-being service to that available to the general population, with access to services based on need.
- Health and well-being services in prison should seek to improve health and well-being, tackle health inequalities and wider determinants of health and contribute to protecting the public and reducing reoffending.
- Prisoners should expect to experience improvement in their health and well-being.
- Prisoners should expect continuity of care between custodial settings and between custody and community (including across the border with Wales).

NOMS (now HMPPS) is also responsible for ensuring that the prison environment is safe, secure and decent.

Our approach

5 This report follows our April 2016 publication *Mental health services: preparations for improving access*.¹ It focuses on the mental health and well-being of prisoners in adult prisons. It covers services that were commissioned by NOMS (in England and Wales) and NHS England (in England only). The responsibility for prisons in Scotland and Northern Ireland, and for healthcare in public prisons in Wales is devolved and so not included in our scope.

6 Our findings are based on methodologies including: analysis of national data, reviewing documents, interviewing officials and visiting ten prisons. We also surveyed all prison governors in England and Wales, and healthcare managers in prisons in England. Further detail on our methodology and evidence base is in Appendices One and Two.

7 This report covers:

- an introduction to mental health in prisons (Part One);
- commissioning mental healthcare in prisons (Part Two); and
- delivering mental health and well-being services in prisons (Part Three).

¹ Comptroller and Auditor General, *Mental health services: preparations for improving access*, Session 2015-16, HC 492, National Audit Office, April 2016.

Key findings

On the system for providing mental healthcare in prisons

8 NOMS, NHS England and Public Health England have set ambitious objectives for providing mental healthcare in prisons, but it is not clear how they will achieve these in practice. The partnership agreement outlines their responsibilities and shared objectives for the system overall, but some objectives are not well defined, and do not take account of the complexities of the prison environment. For example, the partners aim to provide an equivalent service in prisons and the community, but are not clear what an ‘equivalent service’ means in practice or how this could be measured. For other objectives, it is not clear how they could be achieved in some prisons. For example, there is an objective to improve offenders’ health while they are in prison, but it is not clear how this can be done, or measured, particularly in local prisons that receive and release large numbers of offenders each day (paragraphs 2.18 to 2.19).

9 Government does not collect enough, or good enough, data about mental health in prisons, which makes it hard to plan services and monitor outcomes. There are no reliable data on the prevalence of mental illness in prisons. The most commonly used estimate is that 90% of the prison population are mentally unwell, but this figure dates from 1998 and uses a broader definition of mental illness than many clinicians would recognise. NHS England collects information on the number of people in treatment for mental illness, which currently amounts to 10% of the prison population in England, but there may be more people in treatment who are not captured in these data. NHS England uses health needs assessments to understand need, but these are often based on services that have been provided in previous years, and it does not collate information from prisoner health screening to understand if there is unmet need. NOMS, NHS England and Public Health England do not collect the right data to measure whether they are achieving their objectives. The data NHS England collects do not measure outcomes for prisoners, continuity of care or service quality. NOMS does not monitor the quality of healthcare it pays for in the six privately managed prisons it oversees (paragraphs 2.5, and 2.21 to 2.26).

10 NHS England’s approach to contracting mental healthcare in prisons limits its ability to achieve value for money. NHS England does not know how much it spends on mental healthcare in prisons. We estimate that the total spend on healthcare in adult prisons in England in 2016-17 was circa £400 million but this includes both mental and physical healthcare. NOMS does not know how much it spends on healthcare in the six prisons it pays for because it monitors spend against the contract for each prison as a whole, and not the costs of different services within it. In most prisons, NHS England selects one provider to deliver all healthcare services. This approach is intended to ensure that services are joined-up, but it reduces the numbers of providers able to bid for the contract, and means that bids are not always subject to strong competitive pressure. Additionally, because NHS England pays a fixed amount for a whole healthcare service, providers are not incentivised to adapt services if the level of need changes (paragraphs 2.11, 2.14 to 2.16, and 2.28).

11 NOMS has not given NHS England enough notice when it has made changes to the prison estate, but it is now working to improve this. Changes to a prison's population can alter the level and type of mental health need. All of the commissioners we spoke to gave examples of changes to the prison estate that had impacted on need, but where they had not been given enough notice to make changes to the healthcare provision. For example at Downview Prison, NHS England was in the process of commissioning health services for a male prison when NOMS decided to open it as a female prison instead. When we visited six months after it opened, the prison was still developing a healthcare service that could meet the needs of the female population. Operational factors constrain how far in advance NOMS can announce some changes to the estate, although it has started to engage NHS England and Public Health England in joint planning boards as part of the Prison Estate Transformation Programme (paragraphs 2.12 and 2.13).

12 The prison system is under considerable pressure, making it more difficult to manage prisoners' mental well-being, though government has set out an ambitious reform programme to address this. NOMS' funding reduced by 13% between 2009-10 and 2016-17, and NOMS has reduced staff numbers in public prisons by 30% over the same period. Prisons have struggled to cope with reduced resources. When prisons are short-staffed, governors run restricted regimes where prisoners spend more of the day in their cells, making it more challenging for prisoners to access mental health services. The challenges that NOMS faces are compounded by the ageing prison estate, over a quarter of which was built before 1900 and without modern healthcare in mind. In November 2016, the then government published a white paper on prison safety and reform, which included proposals to recruit more prison officers and to empower prison governors, including giving them shared responsibility for commissioning healthcare. The Ministry's Prison Estate Transformation Programme plans to replace the ageing estate with modern buildings. It takes some account of how the prison environment can affect health and well-being and notes that factors such as access to outside space, and reduced noise can increase self-discipline, reduce stress and improve psychological outcomes. The Ministry, NHS England, Public Health England and NOMS have also undertaken work to identify interventions to reduce suicide and self-harm in prisons. For prison staff, NOMS (and now HMPPS) has delivered communications to staff to provide guidance and share good practice on tackling suicide and self-harm. From May 2017 HMPPS has also provided more detailed training to new prison officers. It is too early to assess the impact of these interventions. Other interventions, including training for existing staff and changes in staff numbers and roles have been planned but not yet implemented (paragraphs 2.3, 3.17, 3.19, 3.22 and 3.29).

Mental health and well-being in prisons

13 While clinical care is broadly judged to be good, there are weaknesses in the system for identifying prisoners who need mental health services. Prisoners are screened by prison and healthcare staff when they arrive in prison, but screening does not always identify mental health problems. Staff do not have access to GP records, which means they do not always know if a prisoner has been diagnosed with a mental illness. NHS England is in the process of linking prison health records to community GP records to address this. It is also developing revised screening questionnaires, and plans to pilot these from summer 2017. Once in prison, prison officers may detect changes in a prisoner's mental health. But staffing pressures make this difficult, and officers do not receive regular training to understand mental health conditions. HM Inspectorate of Prisons reports find that the quality of clinical care is generally good, but there are shortages in primary care and counselling services (paragraphs 3.7 to 3.22 and 3.32).

14 Eligible prisoners should wait no more than 14 days to be admitted to a secure hospital, but only 34% of prisoners were transferred within 14 days in 2016-17. Of prisoners transferred in 2016-17, 7% (76 people) waited for more than 140 days, and we were told of one example of someone who had waited for more than a year. Delays can have a negative impact on prisoners' mental health and they may be kept in unsuitable conditions such as segregation units. The process of transferring prisoners is complex. NOMS and NHS England do not know how many prisoners are currently waiting to transfer to a secure hospital (paragraphs 3.35 to 3.37).

15 Prisoners do not routinely receive continuity of care on release, making successful rehabilitation more challenging. It is important that prisoners have good continuity of care between prison and the community. Over half (57%) of prisoners sentenced in 2016 were sentenced to less than one year, and most will serve half their sentence in prison, and half in the community. It can be challenging for prison healthcare and Community Rehabilitation Companies to establish links with community health teams, particularly when a prisoner is released far from their home or at short notice. Health information is not routinely shared with Community Rehabilitation Companies which makes it difficult to plan for release. Neither NOMS nor NHS England monitor whether continuity of care is provided. We have seen some good examples of healthcare teams working with community GP practices, but this is easier in the prisons that have a lower turnover of prisoners (paragraphs 3.4, 3.38 and 3.40 to 3.43).

Conclusion on value for money

16 Providing appropriate and effective mental health services is an essential part of supporting the rehabilitation of prisoners. But the rise in prisoner suicide and self-harm, with self-harm incidents increasing by 73% between 2012 and 2016, suggests a decline in mental health and well-being overall. While the quality of clinical care is generally good for those who can access it, only 34% of eligible prisoners were transferred to a secure hospital within the recommended time frame of 14 days. The data on how many people in prison have mental health problems and how much government is spending to address this is poor. Consequently NOMS, NHS England and Public Health England do not know the base they are starting from, what they need to improve, or how realistic it is for them to meet their objectives. Without this understanding it is hard to see how government can be achieving value for money.

17 The prison reform agenda presents a valuable opportunity for the Ministry of Justice, HMPPS, the Department of Health, NHS England and Public Health England to work together to improve the mental health and well-being of prisoners. If they refocus their efforts on some clear and achievable objectives, and collect the information they need to manage their performance against these, they will have a greater chance of making progress in this important area. Currently around 10% of the prison population is recorded as receiving treatment for mental health problems, but this may be higher. Most estimates of the number of people in prisons that suffer from mental health problems are far higher. If these estimates are an accurate reflection of need, then improving the mental health of those in prison will require a step change in effort and resources. The Ministry of Justice, HMPPS, the Department of Health, NHS England, and Public Health England need to determine the scale of the challenge as a matter of urgency.

Recommendations

18 Addressing the mental health and well-being of prisoners in the current prison environment is challenging. While the prison reform agenda offers opportunities for improvement, there remains a need for collaboration between all those involved in delivering services. Our recommendations aim to improve joint working to achieve better outcomes for prisoners as they move through the prison system:

- **The Ministry of Justice, HMPPS, the Department of Health and NHS England should improve their understanding of mental health needs in prison.** It is essential that partners understand the scale of the challenge they face. NHS England should combine screening, referrals and, when available, GP data to create an accurate picture of the number of people in a prison who need support with their mental health. The Department of Health, NHS England and the Ministry of Justice should use this information to review the level of mental health support they currently provide at a national level. At a local level, NHS England and HMPPS should use this information to inform co-commissioning within individual prisons.
- **The Ministry of Justice, HMPPS, NHS England and Public Health England should set measurable and achievable joint objectives, underpinned by an understanding of cost, and performance information that demonstrates whether they are meeting them.** NHS England, HMPPS and Public Health England are revising the Partnership Agreement. They should ensure that the new agreement clearly states what they are setting out to achieve, and partners should prioritise spending against these goals, and measure progress in achieving them. NHS England needs to improve its understanding of the cost of providing mental healthcare services and align performance measures for front-line staff and providers with its objectives. Providing integrated care to patients, where all services seek to meet the particular needs of patients with mental illnesses, may make it impractical to seek to capture the cost of all activities that support mental health. However, a better understanding of the cost of the core services is essential in allowing NHS England to improve and demonstrate value for money.
- **NHS England should ensure that contracts for mental health services are underpinned by appropriate performance management mechanisms.** NHS England needs to ensure it robustly validates performance data to identify and address areas of poor performance. Contracts should enable providers to respond to changes in need, and should be underpinned by mechanisms to measure and incentivise good performance against agreed standards. NHS England should look at measures used for acute physical healthcare in hospitals, such as payment by results or payment by unit of treatment, and consider whether some of these could also apply to prison mental healthcare.

- **HMPPS and NHS England should ensure effective information sharing between health, prison and probation staff that takes account of the need for patient confidentiality and consent, as well as prisoner safety and the need to provide integrated support, within a prison and on release.** If partners do not share information appropriately there is a risk they will not manage mental health and well-being effectively. In some prisons there are protocols for gaining prisoner consent to sharing information, but this is not consistent. NHS England's ongoing work to produce guidance on information sharing between prison and health staff is a good start. HMPPS and NHS England should ensure this guidance is implemented.
- **The Ministry of Justice and NHS England should review the process for transferring prisoners to hospital.** The Ministry of Justice and NHS England should routinely report how many prisoners are waiting to be transferred to hospital, and start to move prisoners who have been waiting longer than 14 days as quickly as possible. They should review procedures for transferring prisoners, identify reasons for the delays, and put work in place to simplify the process so acutely unwell people are not held in unsuitable conditions for prolonged periods of time in future.
- **The Ministry of Justice, HMPPS, the Department of Health, NHS England and Public Health England need to address the rise in incidents of suicide and self-harm in prisons, as a matter of urgency.** Partners should build on the work by the Prison Safety and Reform Programme, and the joint Suicide and Self Harm Project Board to deliver evidence based interventions to support a reduction in suicide and self-harm, including improved training and an enhanced role for prison officers. Partners should publish an action plan which addresses problems identified and establishes clear protocols for prison governors and healthcare providers. This should happen as a matter of urgency in an effort to avoid preventable fatalities.