



Suicide in prisons review

Former prisoner perspectives

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About us

Revolving Doors is a national charity that aims to change systems and improve services for people in the revolving door of personal crisis and crime.

We bring independent research, policy expertise and lived experience together to support effective solutions to end the revolving door. We work alongside policymakers, commissioners, local decision-makers and frontline professionals to share evidence, demonstrate effective solutions and change policy. We embed the involvement of people with lived experience in all our work, in several ways. These include peer research, interviews, lived experience teams and forums based in London, Birmingham and Manchester.

Summary

This report provides an overview of the research conducted by Revolving Doors Agency as part of a review of the implementation of the Prisons & Probation Ombudsman's (PPO) recommendations into self-inflicted deaths in custody, funded by a University of Nottingham Impact Accelerator Knowledge Exchange Prize. It builds on the views and experiences of people with lived experience of the criminal justice system to consider what actions could support the mental health of prisoners and reduce the occurrence of suicide in prison.

The small qualitative research project involved three focus groups with former prisoners, to learn more about experiences of dealing with mental-ill health in prison, with the objectives of adding scale to and amending (where appropriate) the Ombudsman's recommendations and, ultimately, making the prison environment safer and reducing self-harm and suicide. Everyone who took part in the research experienced the impact that prison can have on people's mental wellbeing, either personally, or through witnessing other inmates' behaviour and emotions.

The overall project seeks to understand whether theories about how PPO investigations and recommendations can address prison failing are accurate, or whether they need to be revised in order to better address identified problems in the prison estate, individual prisons and services outside prison.

The focus groups were co-designed and co-facilitated by a member of Revolving Doors Lived Experience Team, Alyce-Ellen Barber. Findings were also sense-checked at two Revolving Doors' lived experience forums to identify additional issues not covered in the focus groups and to see whether the data reflected wider experiences of mental ill-health in prison.

Key findings

Overall, mental health support in prison was viewed to be inadequate. A key reason for this was that staff did not seem to have the time or understanding to deal with mental ill-health appropriately. It was felt that staff needed to be better able to recognise when inmates were experiencing mental-ill health and when their condition was deteriorating, especially as prisoners did not always disclose details about their health or know whether they had a mental health condition. However, some respondents felt that training already existed and argued that it was more important to change the wider culture so that staff were more caring.

Numerous factors were identified as having a negative impact on wellbeing. This included the behaviours of other prisoners, who were often unwell themselves, social isolation and not being able to access medication or psychological support. For example, research respondents spoke about delays in getting prescriptions when they first entered prison and/or when they were transferred between prisons, which sometimes had a significant negative impact on their mental-ill health. Other spoke about long waiting lists to see psychologists and difficulties in seeing a GP.

Research respondents also spoke about how little help there was to identify and provide mental health support before people are sentenced and they were frustrated that nobody was asking about the root causes of their crimes at point of arrest and when they were in court.

Experiences were felt to be different between males and females, primarily because men were seen to be less likely to discuss their feelings with other inmates or prison staff. Experiences were also felt to be different based on whether someone was in a private or public prison, because of the resources and processes available, and based on the length of their sentence. For example, those on short-term sentences were sometimes released before they had the chance to access health and wellbeing support. **Contact with family proved to be a key issue** for both men and

women, particularly those who had children. In all three focus groups respondents spoke about the guilt they felt for missing milestone events.

Recommendations

1. **Most research respondents felt that further training for prison staff would improve mental wellbeing in prison, and therefore reduce prison suicides.** An example given of training that could be useful was Mental Health First Aid training.
2. **Many respondents also felt that individuals with lived experience of the criminal justice system should be involved in providing support.** It was felt that people with lived experience would be better able to connect with prisoners, encouraging them to be honest about their thoughts and experiences. Different respondents referenced the work they had been involved in since being released from prison as examples of lived experience involvement in service design and/or delivery, and this was seen as evidence that things were starting to change for the better. For peer support roles to be successful it is important that training and ongoing supervision and support is provided.
3. Although it was not explicitly recommended by research respondents, based on feedback, it was evident that **there is a need to improve processes by which prisoners access medication and therapeutic support.**
4. **Having more specialist mental health staff during the pre-sentence period and in prisons was suggested to improve experiences.**
5. Similarly, it was they felt that there needed to be **more thorough assessment processes as well as early intervention and diversionary activity at point of entry into the criminal justice system.**
6. Lastly, respondents felt that there were **benefits of giving community sentences to people experiencing mental ill-health** because this was seen as a way to help people get the support they need. Community sentences also meant that people were not isolated and could see their families, something that was believed to be important in contributing to mental wellbeing.

I. Introduction

This report presents findings from Revolving Doors' research that captures former prisoner perspectives of dealing with mental-ill health while in prison. The aim of the research was to feed into a wider project that sought to review the implementation of the Prisons & Probation Ombudsman's (PPO) recommendations into self-inflicted deaths in custody. The overall project seeks to shed light on the accuracy of theories about how PPO investigations and recommendations address prison failings, and suggest revisions (where necessary) to better address identified problems in the prison estate, individual prisons and services outside prison.

Through conducting research with 16 individuals who had served a prison sentence we sought to understand what it is like to live in prisons, with the objectives of adding scale to and amending (where appropriate) the Ombudsman's recommendations and ultimately, making the prison environment safer and reducing self-harm and suicide.

This research was funded by a Nottingham Impact Accelerator Knowledge Exchange Prize, awarded Dr Philippa Tomczak, to the Principal Investigator, ¹

Background

Prisoner health and safety is an issue that urgently needs addressing. Poorer prisoner health and poorer quality of prison life both correlate with higher reoffending rates.² Moreover, rates of disease, drug dependency and mental illness in prison populations are much higher than in general populations.³

Amidst the global COVID-19 pandemic, the almost 11 million people who are imprisoned globally⁴ are unable to leave environments that concentrate 'poverty, conflict, discrimination and disinterest.'⁵ Prisoner deaths represent the tip of an iceberg of ill health, poor quality of life and neglect. The risk of death also continues to be disproportionately high on release from prison, and suicide rates for people on probation are higher than those amongst the prison population (especially when combined with substance use).⁶

(Inter)national law imposes obligations to investigate prisoner deaths. These investigations deserve further attention in penal scholarship, practice, and research-practice partnerships globally. Every prisoner death investigation provides a window to identify, organise and apply learning that could safeguard and enhance safety in prisons and societies. There is an international need to develop best practice for investigating deaths in detention, which should consider how to stimulate penal change through death investigations.⁷

Methodology

This was a small-scale qualitative research project that involved three focus groups between August and November 2019. The first focus group was mixed gender (two women and five men), the

¹ University of Nottingham Economic and Social Research Council Impact Accelerator 'Reducing Prison Suicide and Self-Harm' (£24,938 grant, PI Dr Philippa Tomczak).

² Link et al. (2019); Auty & Liebling (2019)

³ Office of the United Nations High Commissioner for Human Rights (2019)

⁴ Penal Reform International (2019)

⁵ World Health Organization (2000)

⁶ Sirdifield et al. (2020), *Suicide and probation: A systematic review of the literature*, Forensic Science International: Mind and Law, 1

⁷ Penal Reform International (2019)

second was female only (n=6) and the final focus group was male-only (n=3). Focus groups included a broad age-range, and participants either had experience of mental ill-health whilst in prison or knew people who experienced poor mental health whilst in prison. All participants had experience of custodial settings within the last three years.

Topics covered included:

- How respondents felt about managing their mental health in prison and their experiences of this.
- Whether respondents thought that prisons were equipped to deal with mental health issues and/or distress.
- Respondent's views on coping and 'surviving' in prisons.
- Experiences of the complaints process in prisons.
- What would reduce distress and death in prisons, in respondent's experience and opinion.

Where permission was provided, focus groups were recorded and transcribed by a professional transcriber. This enabled us to capture verbatim quotes for use in the report. Such quotes have been anonymised to protect the identity of research participants. Transcripts were then analysed to identify key themes.

Respondents in the women-only focus group did not want the session to be recorded. Therefore, there are fewer direct quotes from this group included in the report. Nonetheless, the facilitators took detailed notes, which have been built on throughout.

Findings were sense-checked at two Revolving Doors' forums. Our forums provide opportunities for individuals with recent, repeat experience of the criminal justice system to talk to government, other decision-makers and services with the aim of changing and improving practice and policy. Therefore, this gave us an opportunity to help identify additional issues not identified in the focus groups and to see whether the data reflected wider experiences of mental-ill health in prison. In total, 26 lived experience members attended the two forums where the findings were presented and discussed.

The focus groups were co-designed and co-facilitated by a member of Revolving Doors' Lived Experience Team, Alyce-Ellen Barber. We recognise that different positions of power create differences in knowledge production and lived experience of the criminal justice system gives a 'privileged' view, or insight not available to those without that lived experience. Therefore, peer researchers offer:

- Insights grounded in a different experience
- The ability to challenge the implicit assumptions of 'standard' researchers
- The ability to 'uncover' the unknown.

It is important to note that, although we acknowledge that peer researchers may more easily establish rapport in data collection, our approach is wider than 'using' peer researchers as short cuts to empathetic data collection; it is embedded throughout all the stages of the research – design, data collection, analysis and presentation – to maximise the benefits of the insight of lived experience. Indeed, in our experience peer researchers have most impact in the design and analysis phases, where their insights can shape new lines of inquiry or spot themes perhaps overlooked by 'traditional' researchers. For this project, as well as co-facilitating the focus groups, Ally worked with the researcher to identify key themes, presented the findings at one of our forums and commented on the report draft to ensure it reflected her interpretation of the data.

This report

The remainder of the report provides an overview of the research findings, including respondents' views about what actions could support the mental health of prisoners and reduce the occurrence of suicide in prison.

2. Managing mental health in prison

This section provides an overview of respondents' feelings about managing their mental wellbeing, and 'surviving' in prison.

There was consensus in all the focus groups that many people in prisons experienced mental health issues of some kind. Factors that caused or exacerbated these issues are discussed in more detail below.

'The majority of people that I come across in prison have some form of mental health issue, be it addiction, depression, anxiety, erm and the work that I done when I was in prison, I found that most people that I was dealing with had some form of mental health issue.' (Mixed gender focus group respondent)

The 'Unknown'

A theme that arose from each focus group was that when people entered prison, they were entering an unfamiliar environment. They did not know what to expect, which often had an impact on respondents' mental wellbeing. Respondents highlighted that going into prison was stressful, regardless of whether they had been in prison once or several times before. Furthermore, those that had been in prison before spoke about the nerves and anxiety that going back inside created.

'Because once you've been in prison you know what it's like. So for me, I automatically was scared because I knew what I was going back into again.' (Mixed gender focus group respondent)

'Last time I went in was the 12th time and that was still not easier.' (Mixed gender focus group respondent)

Questions and concerns that caused worry included:

- Who you will be in a cell with.
- How you will access medication and health support.
- Fitting in and abiding by 'unspoken' rules.
- How you will protect your belongings.
- How you will cope with being in prison.

The uncertainty about who respondents would be sharing a cell with, or whether they would be alone caused stress for some individuals. They were worried about sharing a cell with someone who would behave illegally or be dangerous to be around.

'Putting me in with people I don't know or not knowing who I am going to get padded up with was one of the main problems. I had a bit paranoia and obviously when you are going in there... you just know you are going to be padded up with someone, you don't know who it is going to be. You don't [know] if they are smoking, if they are on drugs, if they are going to be mad themselves, you don't know if they are going to be violent, you just don't know anything. It's just that not having no, no security...' (Mixed gender focus group respondent)

'In the van going to prison, you are already thinking who am I going to be with? Which is affecting your mental health straightaway.' (Mixed gender focus group respondent)

Furthermore, both male and female respondents discussed concerns about being in a cell with someone with problematic hygiene or bad habits as this caused additional stress. For example, people in the focus groups spoke about situations including cell mates not using the showers, having

rows in the middle of the night and using drugs, which created additional negative impacts on their own wellbeing.

'I didn't want to share with someone who smelt or was dirty or had bad habits.' (Female-only focus group respondent)

One respondent in the first focus group explained that it was easier to go into a local prison because they would know some people in there. Being placed in a prison further away from home increased their feelings of vulnerability because they did not know who to talk to if issues arose.

'If it was local prison it would be a lot easier. Because I know a lot of the screws [staff] and people in there but if it was a non-local prison, I didn't know who to go to there was no help for it or I didn't know who to turn to really.' (Mixed gender focus group respondent)

In the female-only focus group, the respondents believed that prison officers were 'vindictive'. For example, some women explained that prison officers did not allow them to share a cell with someone they knew and liked.

Triggers

Research respondent's mental health worsened over time, both when they were in prison and even before they entered prison for several different reasons.

Firstly, the uncertainty of being on remand was described as stressful because respondents did not know what sentence they were going to get and what was going to happen next.

'Being on remand that is a stressful one for me... You don't know when you are getting out, you can't plan for when you are getting out ... that is the worst time of being on remand.' (Mixed gender focus group respondent)

Many respondents discussed the isolation that came with being in prison and the negative impact of this. Negative feelings and thoughts were also exacerbated by individuals not being able to access medication. Reasons included delays with seeing a doctor upon entering prison or because their prescription had been stopped or their condition was undiagnosed.

'It's a very sad and lonely place in prison, you know. Because when you're stuck with yourself 24 hours a day all you can do is think, and if you've got a mental illness, you're thinking all crazy sort of thoughts and with no medication.' (Male-only focus group respondent)

Such loneliness was intensified for those individuals placed in solitary confinement. One respondent was placed in a local police station cell by themselves over the weekend, before being escorted to prison, because of the lack of available places in the nearby prisons. They described this as a 'dungeon' that compounded the negative feelings that they had.

'They showed me the cell, it was just like a dungeon, a dark dungeon with a little dim light. And I said I'm not spending the weekend in here, you're mad. And they was like, there's nothing else we can do.' (Male-only focus group respondent)

Lockdowns inside the prison also increased isolation and loneliness as prisoners were not able to leave their cells except for a very short amount of time each day. Work and education activities were viewed as important in helping to keep prisoners occupied, so when they stopped, wellbeing was felt to worsen.

'You are stuck in your cell. You can't go to work, you can't go to education, you can just about get your meds and you are let out a cell at a time to get your dinner. Without work, education or nothing you are going to go mental... You are going to go mentally ill aren't you. Sealed door for your dinner.' (Mixed gender focus group respondent)

Not being able to have contact with family and friends was also felt to have negatively impact mental wellbeing. Respondents discussed delays with being allowed to make phone calls when they entered prison, which caused distress. Experiences were felt to differ between public and private prisons because private prisons had phones and computers in cells, unlike public prisons.

'Some prisons you've got to wait two weeks to even speak to your family or friends. Put your name on the numbers, the list, numbers have got to get approved and you've got to give, get a pin and sometimes the pin's wrong... might need to put one in and you've got to wait two weeks before you see someone or they might go in on the wrong day.' (Mixed gender focus group respondent)

Furthermore, some respondents explained that their families did not communicate with them whilst they were in prison which compounded feelings of guilt and loneliness.

Coping with the behaviour of others

Another theme discussed in all the focus groups was bullying and the behaviour of other groups of prisoners. Respondents spoke about 'cliques' of prisoners and the challenges of being a 'new face'. If another prisoner or group of prisoners behaved or felt negatively towards you, this could impact activities such as getting food and being able to go to the gym, which resulted in stress and anxiety.

'Depending if you know the people, depends if they like you. If one of them people in that group decides to dislike you. That's it out...you're singled out anyway, period. And then, I mean that can cause mental health in itself, you just feel stressed just getting food.' (Mixed gender focus group respondent)

'Every day there's drama. Every day there's someone gossiping about someone. One girl she used to go out of her way, and she loved it...she'd make up stuff and try and get you shipped out.' (Female-only focus group respondent)

There was a view that both prisoners and staff picked on those that were weak, and that fear of being verbally or physically abused created fear and anxiety.

'And if the prisoners see you weak, or even the prison officers see you weak, that's it game over because everyone is going to come and try...their luck really...' (Mixed gender focus group respondent)

'You've gotta be so careful about when you're walking down the wing, if you look at somebody the wrong way d'you know what I mean you get jumped on just for that...' (Mixed gender focus group respondent)

'You've got to be so careful in there and you've gotta tread so lightly you can't say the wrong thing,' (Mixed gender focus group respondent)

One respondent also explained how their behaviour was influenced by those around them and the stress they were under.

'I did things in there that I would never do on the outside.' (Female-only focus group respondent)

In the first focus group a respondent explained that they were picked on for their religion, as they were Christian and most prisoners around them were Muslim. Others then added that they felt under pressure to convert to Islam in prison, which was stressful. They explained that some prisoners did this as it helped to get protection from bullying and violence.

'It's like family. If you are not getting bullied and you are not worried about coming out of your cell and that your mental health is going to improve straight away.' (Mixed gender focus group)

Wider research has also discussed the bullying of Muslim prisoners in different scenarios.⁸ Furthermore, the Lammy Review highlighted the discrimination experienced by Black and minority ethnic people in prison.⁹

In the women-only focus group, respondents also spoke about the stress of being around certain types of prisoners, such as those in prison for sexual and/or violent offences against children. They described a 'natural hatred' of these inmates because of their crimes and explained that they were difficult to avoid.

'That was hard. I wanted to say something or ignore them, but I couldn't because I wanted to get out early – so I played along smiling but trying not to talk.' (Female-only focus group respondent)

One participant described getting a cleaning job on a wing that housed this group of prisoners, which they turned down because they disagreed with what they had done, but also because they were worried about how other inmates would react to this.

'...I said I won't do this. I don't agree with what they have done...plus I will get it when I go back for working for them.' (Female-only focus group respondent)

'Survival' techniques

The focus groups also included a discussion about what advice respondents would give to other people that were going into prison. In the first focus group some of the male respondents spoke about the stress some of prisoners experienced because of relationship problems. Consequently, one person explained that he would end a relationship before going to prison to avoid further problems.

'Personally, if I'm in a relationship I call it off if I go to jail. I sort of say 'nah, forget it' even if the woman's a good woman, automatically you are stressed that your woman's doing something.' (Mixed gender focus group respondent)

Another female in the first focus group emphasised the importance of her religion in helping her to cope in prison. They regularly prayed and liked that this was something they had control over.

'Just go on my knees and I just kept praying because that's the only thing that I thought I had left to do.' (Mixed gender focus group respondent)

Respondents also spoke about finding people and friends in prison that can provide support.

'You pick your mates don't ya? A good group of mates who are not fucking idiots. You know so you've got that protection you know.' (Mixed gender focus group)

There was also consensus that it helps to keep your head down and keep 'yourself to yourself'.

⁸ Liebling, A., & Arnold, H. (2012). *Social relationships between prisoners in a maximum-security prison: Violence, faith, and the declining nature of trust.* *Journal of Criminal Justice*, 40(5), 413-424.

⁹ Ministry of Justice (2017), *The Lammy Review: An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System*

Lastly, some respondents felt that education and employment were beneficial to help pass the time and improve mental health. This was because it provided a sense of achievement and a positive distraction. It also helped prisoners to earn some money.

'You think that you're achieving something...And I think it is like a self-preservation, I mean you're helping keep your mind fresh, you're going out of the cell every day, you're not stuck in the same four walls. So yeah, I think it can help your mental health.' (Male-only focus group)

3. Mental health support in prison

This chapter provides an overview of respondents' views and experiences of any support provided and the outcomes of this (where relevant), as well as a discussion about the complaints procedure in relation to mental health concerns.

Self-harm and distress

A few respondents had experience of sharing a cell with someone who self-harmed. One person described this as 'baby-sitting', and the additional pressure of worrying about their cell-mate's behaviour had caused them to start taking drugs.

'I was in with someone who self-harmed...I knew him from old and he never used to be like that. So I've gone in with him, stopped him doing it, and then as the months go by he started doing it again...I had enough of it, it was like babysitting...I started self-medicating...I wanted out the wing, the wing was chaotic, and he was getting on me nerves at this stage you know. I didn't know what to do. I started using drugs.' (Mixed gender focus group respondent)

Another respondent had difficulties trying to get help for their cell mate who had self-harmed in the night-time. He was stuck in his cell while his cell mate was severely injured, waiting for staff with the right keys to be able to enter and for a nurse to help.

'I was banging on the door for the officers to come and he was there, they just didn't come for about 20 minutes, this guy was bleeding out all over the cell. And then when the officer did come, because it was night time he couldn't open the door because he didn't have the keys or the authority...so then we had to wait for one of the nurses and the other officer to come from another wing before they even opened the door. It was like 45 minutes he was in the cell bleeding before he even got any help ... It was ridiculous.' (Male-only focus group respondent)

After this had happened, and the cell was cleaned this individual was put back inside the same cell. Nobody spoke to him about what he had witnessed, and he was not offered any support.

'They didn't even speak to me about it, they just basically left me, gone and cleaned the cell and put me back in there like. It's not somewhere I wanted to go where somebody's bleeding out all over the place I mean, but you've got no choice on you in prison.' (Male-only focus group respondent)

Although suicide was not discussed in detail in the women-only focus group, self-harm was mentioned frequently. For example, all respondents in the women-only focus group had either witnessed other people self-harming whilst in prison or knew of another inmate that had done so. They provided vivid descriptions.

'She cut her stomach open and put prison forks inside her...over the next few days blood seeped through her bandage' (Female-only focus group respondent)

A few men and women also spoke about other prisoners self-harming as a means to try and gain access to medication. They believed that such prisoners were desperate and felt this was the only way they could get attention.

'They stopped his medication and I think they stopped it for three days and he said to the nurse if you don't give me my meds again or I am going to cut myself...and it was with a razorblade so it cut deep and he had to go to hospital and they put him back on his medication.' (Mixed gender focus group respondent)

'He ended up cutting his arm because they stopped his prescription, these poor – and he was keeping back his medication for other prisoners and they stopped his medication and he literally cut all this side of his arm up.' (Male-only focus group respondent)

The care being offered to prisoners who self-harmed was viewed as basic. Individuals who did self-harm were just offered simple equipment to clean and cover their wounds, such as bandages. Respondents were unaware of any mental health care being offered or provided. For example, in the first mixed gender focus group, respondents spoke both about the lack of support for people who self-harmed and how easy it was to obtain sharp objects. Furthermore, the approach of staff was felt to be reactive rather than proactive in attempting to prevent incidents from occurring to begin with.

'But they don't really do anything for that [self-harm] either, they take your razor off you, literally, if you want to shave your legs, go and ask for it, give it back. They don't actually do any like harm reduction or prevention or anything... They are not looking at the deeper what is behind it all.' (Mixed gender focus group respondent)

In addition to self-harm, the focus groups also covered other signs of distress amongst individuals in prison. For example, the female respondents also discussed how other prisoners used to scream in frustration and/or fear all day and night and do things such as throw food around their cell. Although the women in the focus group were initially sympathetic and concerned about this, because they recognised that those screaming were unwell, such pity evolved into anger because this impacted their own wellbeing. Respondents in the male-only focus group also spoke about the noise from other prisoners making it difficult to sleep, which impacted their wellbeing. However, this disruption was associated with the healthcare wing.

'One thing I found that you can't get no sleep because people are always shouting at 12 or one o'clock, two o'clock in the morning, all this shouting and screaming, banging the cell...What the better is, to stay in your cell 24/7 or go in that health care unit...I don't know' (Male-only focus group respondent)

Respondents explained that sometimes the behaviour of other prisoners exacerbated the distress of those who were regularly screaming. This included unkind treatment and bullying, such as cleaners who made fun of those who were distressed and then refused to clean up their cell.

Lastly, the women explained that those individuals who were distressed and/or self-harming were often moved around to different wings of the prison, which was viewed as ineffective rather than as a solution.

'All prisons have these inmates – they don't help them they just move them from wing to wing to wing...' (Female-only focus group)

Medication

Lack of access to medication, including medication that was previously prescribed, was raised as a key issue in all three focus groups. For example, in the women's focus group, those who came into prison with an existing diagnosis described suffering for weeks without their usual medication. Having a named diagnosis did not make this process any easier, as one respondent was placed in solitary confinement for several months.

'I was diagnosed with personality disorder...ended up in solitary confinement for 5 months.' (Female-only focus group respondent)

'That don't help either, they don't help the mental health if you're withdrawing when you go into prison and they stop your medication, they won't even give you the medication that you've got on you from the doctor. You've got to wait until you see a doctor in prison before they can prescribe you anything, which is stupid.' (Male-only focus group respondent)

Some also described having their medication changed and spending weeks getting used to the new medication.

Differences in experience between those on short sentences and those on longer-term sentences was discussed in the first focus group. A female respondent explained that by the time her medication got sorted out she was close to being released, and that because she was not going to be in the prison for a long time she did not have access to counselling or wider health support services.

'In a women's jail you literally, you're on a short sentence you're left to manage it yourself. There's no counselling, anything like that unless you're on a long sentence. So literally you are just left to sort out yourself and the one time I was in, they left me a month and no anti-depressants and then waited the week before I came out to start giving me them again.' (Mixed gender focus group respondent)

Furthermore, respondents discussed delays with obtaining medication when they were transferred between different prisons.

'Any time I got transferred to another prison they didn't send no medication with me...' (Male-only focus group respondent)

For one respondent, not being able to access medication for the depression and anxiety they were experiencing resulted in them turning to illegal substances to try and suppress how they were feeling.

'I spoke to doctors, they'd give me nothing and they'd send me back to the cell in depression and anxiety and want to isolate. So, I was using drugs while I was in prison to escape reality because I couldn't cope with myself you know.' (Male-only focus group respondent)

Another issue discussed was the processes that prisons use to identify the prisoners that have mental health issues and/or are taking medication. This included the use of identifiers on their cells and prisoners being provided with their medication publicly. This caused embarrassment for those research respondents who had been affected by this, and concerns about other prisoners picking on them as a result.

'Or even when you have to go and get your medication on association. They are calling out your name and automatically people know that you've either got, you're taking medication for something, you have some sort of mental health.' (Mixed gender focus group respondent)

'There is another thing, I have been in there and people with mental health you only got your name and badge outside your door, they change the colour of the badge if you've got mental health. You have normal ones that are white, some that are green and some that are red. The cell card is red. That means you've got mental health, that means personally everybody knows.' (Mixed gender focus group respondent)

Counselling and therapeutic support

When asked about non-medical support for mental-ill health, focus group respondents talked about the Listener scheme and Samaritans. Listeners were other prisoners who were available to provide support during the daytime and Samaritans could be contacted at night-time by telephone.

There were differences in opinion about the value of Listeners amongst focus group respondents. In the first focus group there appeared to be general distrust of Listeners because they could share information about you and your feelings with other prisoners. This had happened to one respondent.

'No don't speak to the Listeners. The Listeners are prisoners who have been trained by Samaritans and I spoke to, stupidly, I spoke to a Listener when I was doing my three years and the next week it was all round the jail so.... What I said. And I was, I was depressed and suicidal.' (Mixed gender focus group respondent)

'That's a problem. There's no confidentiality with anything you say.' (Mixed gender focus group respondent)

In the male-only focus group, although a respondent had not used Listeners, he could see the value of speaking to them. Another respondent explained that Listeners were sometimes used to help prisoners obtain cigarettes and drugs.

'It was helpful in that – they're not professional, I just looked at them as another colleague. But I mean it's good to have someone near just to talk to...' (Male-only focus group respondent)

'I called up for a Listener and I had drugs, but I never had the paraphernalia because you are not allowed nothing in there, anything. So, I called up for a Listener for that purpose and he goes, yeah, don't worry I'll go and sort it all out...' (Male-only focus group respondent)

Seeing a psychiatrist or getting medical advice was believed to be a lengthy process and one respondent explained that they were dismissed when they asked for psychological help. This individual felt as if the staff wanted them to fail.

'You know I was saying to them you know what I need help for the mental health, I need to see a psychiatrist and they were like shut up, you know why you're in here, just sit down and I really felt just like ending it. And the only thing that gave me the strength is because I knew they wanted me to end it. If that makes sense? You know I knew that they wanted [me] to fail.' (Mixed gender focus group respondent)

'Even if you are having a problem at that specific time and you want to go and see a doctor, or you want to see a psychologist, you have to wait for a month anyway.' (Mixed gender focus group respondent)

Respondents in the women-only focus group also complained about the long waiting list to access talking therapy.

The complaints procedure

If people are dissatisfied with the mental health support in prison, or if more general issues arise, they can make a complaint. There are various ways to do this, including by completing a request/complaint form, making a Governor's application and applying to see a member of the prison's independent monitoring board (IMB). If these internal avenues have been exhausted, they can contact the Prisons & Probation Ombudsman (PPO).

In the first focus group a couple of respondents had made a complaint whilst they were in prison, but both heard nothing back after this.

'I complained to the IMB once Independent Monitoring Board, um, never got a reply back.' (Mixed gender focus group respondent)

'What's the point in the whole complaint process if nothing's gonna happen.' (Mixed gender focus group respondent)

In the male-only focus group respondents felt that prisoners perceived the complaints process to have little value because there was no guarantee anything would result from submitting a complaint.

'I think most people thought it was pointless to complain. You put an app in like, they'd give you a bit of form to fill in, you put that in and you put it in a box. And then you don't – that's all that's going to happen, unless you go and speak to like a prison officer, your main prison officer, nothing is going to get done, I mean, and even then it's not guaranteed anything is going to get done, when you speak to your PO or someone.' (Male-only focus group respondent)

One respondent also highlighted that some prisoners struggle with reading and writing and that therefore the formal complaints procedure would be more difficult to follow for such individuals.

'There should be an easier process, I don't know what to suggest though, because if someone is not literate they can't really read...' (Male-only focus group respondent)

Case study – Thomas*

Thomas* attended the male-only focus group and spoke about his experience of mental health in prison.

Before entering prison, Thomas had self-harmed and considered taking his own life. He did not speak to prison staff about his experiences and/or negative thoughts when he entered prison, and explained that he did not get help for his mental health for the first four years of his sentence. Thomas was on an IPP sentence that had no end date.

When a prison officer noticed him talking to himself in his cell, the officer tried to move him to the healthcare wing, Thomas did not want to move cells and so was restrained in order for this to happen.

'The officer saw me talking to nothing, so they bound me up and they came to my cell and said, come here? took me to the health care and it was like – I said what am I doing here, they said, go in that cell and I didn't want to go so I got restrained and thrown in there.'

Thomas explained that he started receiving the support required when he was transferred to a different prison. Here he saw a psychiatrist, sometimes twice a week if he was struggling. He also had a Relapse Prevention Plan. However, he kept moving between prisons and his experiences varied depending on his location.

'I had everything then I had a relapse prevention plan...I was working on my early signs, my triggers, it was just fantastic. Then I got sent to [another prison] the same service was there. Then I got sent to another prison where it just collapsed again...'

'Now when I got to this other prison it was like I now need to wait seven to 14 days for my medication and I tell them how stressful it is, without my medication I could relapse.'

At one point his medication was changed, which caused him to hallucinate. His behaviour in reaction to this led to him being moved from an open prison back to closed conditions. He had to get his solicitor involved to change his medication back.

His family did not respond to his letters whilst he was in prison, which exacerbated his negative feelings.

'No support, no nothing, so that made the stress even harder, made my illness even worse.'

Thomas explained that he took drugs to try and cope with how he was feeling.

'With that support and the help and the guidance, I wouldn't have to had taken drugs all day...'

After ten years, Thomas was released into an approved premises. He spoke positively about being there, and the staff, who he felt had the skills to support people with a range of health conditions.

'It's a wicked hostel, it's like a hostel, the staff are trained and know about mental health and all these – not just mental health, all illnesses.'

4. Comparison of male and female experiences in prison

Research respondents were also asked to consider differences between male and female experiences of prison. Their views are outlined below.

A noticeable difference from the first, mixed gender group, and the second women-only group was that the respondents in the second focus group spoke openly about how they felt that women are more caring for each other. The women spoke about their motherly nature, which made them want to care for others in prison.

'You cannot help the motherly feelings...they are just there.' (Female-only focus group respondent)

Most women could describe a female friendship that had helped them when they were in prison.

'I wouldn't have survived my last sentence without her...she got me through it.' (Female-only focus group respondent)

However, an older participant felt that things had changed over time and that it was now more difficult to find people that can provide support in prison.

'It's not like the old days where we looked out for each other...Its harder now to make a friend who will help you.' (Female-only focus group respondent)

Respondents in the men-only focus group believed that women would be more likely than men to talk about their feelings with one another. Similarly, the women felt that male prisoners would be less likely to show weakness.

'I think with a man it takes more for a man to open up to somebody, to another man, like you said with a female. I think they're more sociable to be honest with you, like they are more willing to like express their feelings to another woman rather than a man. I think a man would rather keep his feelings inside...' (Male-only focus group respondent)

'Men need to not let it show that they are scared.' (Female-only focus group respondent)

In addition, the environment appeared to differ in male and female prisons. In the women-only focus group respondents spoke about 'petty things' that had caused tension, whereas men in the first focus group discussed ongoing harassment and violence.

'Other inmates were immature... almost returning to childhood in their behaviours.' (Female-only focus group respondent)

Respondents were also asked what made men's and women's experiences different in prison. The men found it harder to identify differences and similarities because they explained that they did not know enough about women's experiences to make the comparison. In contrast, women felt more able to identify and comment on perceived differences. For example, women respondents believed a difference was the guilt that they experienced for not being with their family.

'Guilt...that I am not with my family, my friends.' (Female-only focus group respondent)

'Jail is easy.....being without you family is the hard part.' (Female-only focus group respondent)

'I think men can switch that offit doesn't affect them in the same way.' (Female-only focus group respondent)

However, family proved to be a key issue, for both men and women, particularly those who had children. In all three focus groups respondents spoke about the guilt they felt for missing milestone events.

'I missed the birth of my granddaughter...didn't see her until she was 6 months old because I would not see her in prison.' (Female-only focus group respondent)

'The only time I missed a family funeral was when I was in prison...that was shameful.' (Female-only focus group respondent)

'When I was in I had an auntie die and my youngest son had a little girl. Those were the two things that sort of broke me that I wasn't erm, I have never missed a family funeral and my eldest grandson I was there at his birth so they were the things that broke me...' (Female-only focus group respondent)

'But big events like birth and stuff like that, that had an effect on the way I was thinking and feeling in jail.' (Male-only focus group respondent)

Furthermore, a woman in the first focus group spoke about having a child removed from her care and how this had a particularly negative impact on her mental health.

'I had depression anyway and um I had just lost a child, so I was even more depressed. So by the time I was in there I was so subdued that I didn't even want to come out the cell.' (Mixed gender focus group respondent)

Some of the men spoke about how they and/or other prisoners they knew became paranoid about the behaviour of their partner on the outside. This was felt to be an issue that had a negative impact on male prisoners' mental wellbeing.

'You know one thing that causes self-harm in prison. I notice anyway. Women, you can be in a relationship with a woman and the woman might not be doing nothing you know...No matter what, because you're in prison. It sends you, sends you, sends you doolally man. You can't control yourself and then they start stressing themselves out.' (Mixed gender focus group respondent)

Lastly, most respondents in the women-only focus group explained that they had found an officer that they could confide in, but they recognised that experiences differed by staff member and that other prison officers lacked empathy. The individuals in the male-only focus group did not seem to have had as positive experiences of prisoner officers; they did not talk about finding officers that could support them.

'Some are good and helpful...others lack empathy and are on a power trip.' (Female-only focus group respondent)

'For me I never really liked asking for help, because it was always them and us. I didn't trust them.' (Male-only focus group respondent)

5. Key learning and recommendations

This final section brings together key findings from the focus groups to consider factors that could improve experiences of prison for individuals with mental ill-health, or which could reduce the likelihood of someone's mental wellbeing deteriorating whilst they are in prison.

All respondents who took part in the research experienced the impact that prison can have on people's mental wellbeing, either personally, or through witnessing the impact on other inmates' behaviour and emotions.

Overall, mental health support in prison was viewed to be inadequate. Respondents felt that staff did not have the time or understanding to deal with mental ill-health appropriately. Numerous factors were identified as having a negative impact on wellbeing. This included the behaviour of other prisoners, who were often unwell themselves, being apart from family, and not being able to access medication or psychological support.

Experiences were felt to be different between men and women, and a key reason for this was that men were seen to be less likely to open up about their feelings to other inmates or prison staff. Experiences were also felt to be different based on whether someone was in a private or public prison, because of the resources and processes available, and based on the length of their sentence.

Below are some suggestions, made by research respondents, about actions which could improve mental wellbeing in prison, and therefore reduce prison suicides.

1. Training for prison staff

When considering what could improve mental health support in prisons, the most common response across all three focus groups was to provide more training for prison officers. The main reason for this was because respondents felt that staff needed to be better able to recognise when inmates were experiencing mental ill-health and when their condition was deteriorating. Respondents explained that prisoners did not always disclose or know whether they had a mental health condition. In the female-only focus group, a couple of respondents had attended Mental Health First Aid training and felt that this could be beneficial for staff, as they had found it helpful.

'When you first went to prison they give you an assessment. That's what a five minute assessment? They are not going to be able to tell whether your mental illness is severe or not, they just go by what you tell them. What if I haven't got a mental illness but I really have, I am going to tell you that I haven't got an illness, I haven't got this, that and the other. How are they going to check, they need somebody there who, whose going to know. Do you know what I mean and is going to spot the signs of mental illness.' (Mixed gender focus group respondent)

'I can't really blame the officers today... I don't believe they had that sort of training to identify, to know intervention and all that stuff...I believe really there's not enough sort of knowledge about any of these to the eye, you can't see it..' (Male-only focus group respondent)

'There should be more sort of training for officers to maybe intervene in certain circumstances, because sometimes we don't like asking for help.' (Male-only focus group respondent)

However, in the female-only focus group, some members emphasised that it was the wider culture that needing changing, and that training was in place already. Respondents felt that staff needed to be more caring and referenced younger new staff coming in and being friendly, before being influenced by staff who have been there for a longer amount of time.

'They already do it [training]. It's the culture... They don't care.' (Female-only focus group respondent)

'They [new prison officers] come in and they are ok... and then they have an old officer whispering in their ear and it all changes.' (Female-only focus group respondent)

2. Lived experience involvement

Respondents in the mixed gender and male-only focus group also felt that individuals with lived experience of the criminal justice system should be involved in providing support. This was because it was believed that they would be better at connecting with prisoners and getting them to be honest about their thoughts and experiences, rather than having someone 'reading from a textbook'. This idea was not explicitly discussed in the female-only focus group.

'So if you've got someone that is fresh out of university, they have got no lived experience, they are not going to connect with the prisoners, you've got someone like Patrick who has been there, has lived it and seen the rough end of the correct or whatever he can connect with them.' (Mixed gender focus group respondent)

'Lived experiences who's been through and walked through, just that makes you want to open up and pour your heart out and let you know I'm going through something similar to you.' (Male-only focus group respondent)

Respondents in different focus groups referenced the work they had been involved in since being released from prison as examples of lived experience support for services and individuals, and felt that this was evidence that things were starting to change for the better. For example, one respondent was part of an NHS patient forum that was delivered across prisons in London. Another provided support as part of a Liaison and Diversion team.

As wider research has showed, for peer support roles to be successful it is important that individuals receive appropriate training and ongoing supervision and support.¹⁰ In this instance guidance around confidentiality and safeguarding is particularly important.

3. Earlier intervention to identify mental ill-health and provide support

Research respondents also spoke about how little support there was to identify and address mental health needs, particularly before people are sentenced. Therefore, having more specialist mental health staff during the pre-sentence period and in prisons was suggested to improve experiences.

'There should be more mental health nurses. At the courts and that, before they even go and get sentenced.' (Mixed gender focus group respondent)

Respondents were frustrated that nobody was asking about the root causes of their crimes at point of arrest and when they were in court. Therefore, they felt that there needed to be more thorough assessment processes as well as early intervention and diversionary activity at point of entry into the criminal justice system.

'So, sort of intervene early, help that person, consider them as a human being that might need treatment...' (Male-only focus group respondent)

Linked to this, respondents felt that there were benefits of giving community sentences to people experiencing mental ill-health because this was seen as a way to help people get the support they

¹⁰ Repper J. and Carter T. (2011), Groundswell (2012), Simpson et al. (2014)

need. Community sentences also meant that people were not isolated and could see their families, which was believed to be important in contributing to mental wellbeing.


'They should try and get prisoners to do sentences in their community... suicide would drop a lot if you were seeing your family.' (Mixed gender focus group respondent)

4. Making it easier for prisoners to obtain medication and/or therapeutic support

Although it was not explicitly put forward by research respondents as a recommendation, the research demonstrated the challenges prisoners faced when trying to access prescribed medication and/or see a medical professional. Delays with seeing a GP when respondents entered prison, resulted in delays in accessing prescribed medication, something that had a significant negative impact on individual wellbeing. Respondents also reported delays in receiving medication when they were transferred between prisons and long waiting lists to see psychologists. This meant that some people were never formally diagnosed with a mental health issue, which meant that they never had access to support that could have helped them. Such issues evidently exacerbated individual's mental ill-health, and better processes need to be in place so that prisoners can access medical and therapeutic support when required. This will be important in reducing risk of self-harm and suicide.



Revolving Doors Agency

South Bank Technopark
90 London Road
London
SE1 6LN
T 020 7407 0747
E admin@revolving-doors.org.uk
 [@RevDoors](https://twitter.com/RevDoors)

