

## Written evidence from a serving prisoner

Note: This evidence has been redacted by the Committee. \*\*\* represents redacted text.

I hope my enclosed contribution to the enquiry into mental health in prison gets to you in a timely manner.

I am the listener coordinator (working for Samaritans), Healthcare Rep, as well as Healthcare Council Member (for charity uservice) on the \*\*\*. These roles give me significant insight into the shortcomings of the mental health system in this prison. Having spent time in other establishments I would say these shortcomings are prevalent across the board.

As Listener Coordinator I lead the team who provides support for, and fills the gap left by the failing mental health system. I would be most willing to discuss the matters raised in the enclosed submissions should you desire.

Thank you for considering the views of those with 'lived experience', we have a lot to offer inquiries such as this and value the opportunity to do so.

### **The scale of mental health issues within prisons in England and Wales and whether enough is in place to determine the scale of the problem**

The scale of mental health issues in prisons is colossal, far bigger and worse than anyone can comprehend or wants to admit. There is nowhere near enough in place to determine the scale of the problem. The current self-referral process is not fit for purpose. People with genuine problems either don't want to burden mental health staff after hearing how overworked they are, or have no faith in the staff or the system. Both of these problems are the result of long standing failings of the mental health system which will take a 'whole-system approach' to fix.

### **The appropriateness of prison for those with mental health needs**

This is a very ambiguous heading given the wide range of mental health issues suffered by prisoners. There are a great number of prisoners whose mental health problems mean that they could be better helped in a different kind of secure environment. That said, it is widely acknowledged that the spaces available in the units that exist are few and far between and quite frankly take years to be accepted into. Often meaning they have spent years banging their head against their cell wall and only getting help at the end of their sentence if at all. This can and does lead to prisoners leaving custody without receiving the help they need the most, the help which in most cases would stabilise them and reduce their risk of re-offending.

### **How mental health issues are identified on arrival at prison and/or while a prisoner is serving a custodial sentence**

Again, the self-referral process involved in identifying mental health problems on initial reception to prison is not fit for purpose. First time prisoners are generally in a complete daze, or on auto-pilot upon initial reception to prison. It takes time for people to build up the confidence to talk about their ailing mental health, let alone self-refer to the mental health team.

There are a couple of obvious improvements that could be made to improve the process;

- 1) Every prisoner should have a psychological evaluation by a QUALIFIED psychologist upon initial reception to prison. Then they should be evaluated annually as part of their sentence. This will improve the identification process massively, raise the profile of mental health, reduce stigma and create many new jobs. A further improvement would be to use rehabilitated ex-prisoners who have

been given the opportunity to train in psychology (as many of us want to). This would put their lived-experience to good use as well as offering employment opportunities and reducing their risk of re-offending.

2) make better use of serving prisoners as mental health first-aider. They can be trained to identify and assist those who are struggling, at peer-level.

### **Support (clinical and non-clinical) available to those with mental health needs, whether it meets the needs of those in prison and if there are any gaps in provision**

Mental health teams appear to only be equipped to support those with anxiety/depression. Even then we are given booklets and leaflets which tell us to “pet an animal”, “go for a walk” or “look out of the window” when we are struggling. This makes us feel worse, like they can’t be bothered to find us appropriate materials. We need literature that is aimed at secure environments with realistic and achievable targets.

The prison system is riddled with mental health workers who are not experienced or qualified to deal with the in-depth conditions. Trying to see a qualified psychologist, or worse, psychiatrist is nigh on impossible. The help for prisoners with anything more than social anxiety (which we all suffer from in person) is just not accessible. I see people everyday with deep-rooted issues like complex PTSD, who only have a CBT practitioner for support, even then they keep getting pushed off of mental health’s books. “I can’t give you the help you need, the only person who can help you does not have time to see you”.

To say it’s shambolic would be an understatement. It is costing lives!

### **The effects of physical prison environment on mental health**

The prison environment affects the mental health of every single prisoner. Anyone who tells you different is either lying to you or to themselves. Worse still, prison causes mental health problems. A person can come to prison with no history of mental health problems, by the time they leave they will have. We then spend the rest of our lives trying to seek help to undo the damage that prison did to our mental health in the first place. This begs the question: is this rehabilitation?

If you have mental health problems when you come into prison, it very quickly becomes the worst, scariest most helpless place you could imagine.

With the above in mind, I refer to one of my previous answers, perhaps everyone should have regular mental health support as part of their sentence.

### **The effect of covid on prisoner mental health, including on access to services**

it is fair to say that covid has had an impact on every area of our lives. Prisoners have struggled immensely during the pandemic. The only saving grace has been that we understand that for once, whether in person or the community we are all in the same boat. However, being confined to our 12’ x 8’ cells for 23 hours per day for 15 months has taken its toll. There has been talk of a reduction in self-harm, but this is simply because its done behind closed doors and there is no opportunity to build a rapport with anyone enough to discuss self-harm or mental health. Prison staff effectively switched off when we went into lockdown in March 2020.

As for mental health, more prisoners need more support than ever yet mental health staff are desperately trying to remove people from their books. Prisoners are now self-harming because it's the only way they will get any support, even then, ten minute appointments once a fortnight seems to be the norm.

It is a catastrophic systemic failure!

### **The quality and availability of mental health support in prison compared to that in the community**

Mental health support in the community is also difficult to access. The difference in the community is the range of support providers available (units, charities, doctors, hospitals etc). In prison, everything has to go through healthcare. There is no range of support available, its mental health or mental health. We need a wider range of support, this will ease the pressure on prisoners, but also on mental health staff.

### **Mental healthcare pathway in prison to the community**

No knowledge.

### **Whether current commissioning of mental health services in prison is working**

From my experience nothing about mental health in prisons seems to be working. There seems to be lack of funding, lack of desire to improve services and zero consequence for not doing so. Not enough heed is given to the link between poor mental health and re-offending rates.

### **Case example**

A 53 year old who has served 5 of his 10 years custodial period. All reports make it clear that he suffers from severe mental health problems, PTSD, Borderline Personality Disorder and severe depression with suicidal tendencies. He has attempted to take his own life on many occasions by way of jumping from height, setting himself on fire, and has taken overdoses of over 1000 tablets. Mental health only became aware of his existence after he overdosed, after which he had a period of reasonable input from them. They told him to be open and honest with them which prompted him to discuss his childhood and how he was a victim of a paedophile ring and was abused to a sadistic extent. He also discussed how he had been forced to do things which left him severely physically scarred and mentally traumatised. These matters had already been disclosed and recorded with the prison's psychiatrist, despite this, mental health reported him to be police forcing him to be re-interviewed and re-traumatised. They gained his trust, then betrayed it needlessly. As you can imagine he lost faith in the mental health team. It took a long long time for his peers to convince him to ask for their support again. When he did, he was allocated a CBT practitioner who admitted that she was not qualified to deal with his needs and subsequently denounced all of his support mechanisms he had gained from other providers including his use of Listeners (Samaritans). A short time later he suffered a psychotic episode. The under-qualified CBT practitioner saw him for 10 minutes a fortnight before signing him off of their books telling him they can't help him. He has spent 5 years trying to get accepted into a hospital unit which does cater for his needs but mental health won't support his self-referral. Is it any wonder the Listeners have saved his life with their support on countless occasions as a direct result of mental health's failings? The person in question is [a prisoner]. He has given his permission to share his story and use his information and is happy to discuss in more detail if it would assist the inquiry.

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END OF CASE EXAMPLE

General comments from prisoners on mental health

- don't feel believed
- fob people off with unrelated books and other leading materials
- spend all their time on 'easily solvable' cases leaving no time for complex ones
- many believe the only way to get mental health support is to self-harm
- how can they understand me when can't even get my name right?
- wrong case notes added to people's files
- people feel they have to beg and grovel for help

*7 June 2021*