

### Report on the Healthwatch Wandsworth Consultation about the mental health needs of offenders and ex-offenders

#### Background

In England and Wales up to 90% of prisoners are living with some form of mental health problem<sup>1</sup>. Evidence shows that mental health problems are significantly higher within prisons than in the general population; 9 in 10 compared to 4 in 10<sup>2</sup>.

Most prisoners with mental health problems have common conditions, such as depression or anxiety, 1 in 7 prisoners has a psychotic illness or major depression and around 1 in 5 enters prison with clinically significant substance abuse disorders<sup>3</sup>. The latest annual figures show a 24% rise in self-harm incidents in England and Wales<sup>4</sup>, and a total of 113 self-inflicted deaths in the 12 months to this March - an increase of 11 over the previous year<sup>5</sup>.

However, last year the Prisons and Probation Ombudsman (PPO) found that only 1 in 5 of those diagnosed with a mental health problem received care from a mental health professional while in prison<sup>6</sup> and no mental health referral was made when it should have been in 29% of self-inflicted deaths where mental health needs had already been identified<sup>7</sup>.

HMP Wandsworth is in the top three of most overcrowded prisons in England and Wales, built for 943, it holds 1,564<sup>8</sup>, which impacts on activities, staff and other resources available to help support the mental health of offenders and ultimately reduce the risk of re-offending on release.

Healthwatch Wandsworth has undertaken a survey into the mental health needs of offenders and ex-offenders in Wandsworth, as part of a wider investigation to support the London Assembly Health Committee in improving access to mental health support for ex-offenders.

#### Our Consultation Survey

The survey was devised to collect information from ex-offenders, service providers and other interested stakeholders in order to understand what are the main mental health challenges faced by prisoners and ex-offenders in London, and what the Mayor and the London Assembly can do to support better mental health for this group.

The survey was open from 12<sup>th</sup> April 2017 to 30<sup>th</sup> June 2017.

#### Findings

We received a total of 8 responses to our survey. A sample of the questionnaire and all individual responses can be found in Appendix A.

<sup>1</sup> Singleton et al, 1998

<sup>2</sup> Royal College of Psychiatrists (2012) Mental Illness, Offending and Substance Misuse. Retrieved from <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/mentalillness.offending.aspx>

<sup>3</sup> The Lancet, Psychiatric disorders and violent reoffending: a national cohort study of convicted prisoners in Sweden, [http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(15\)00234-5/abstract](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(15)00234-5/abstract)

<sup>4</sup> Ministry of Justice & Office of National Statistics, Safety in Custody Statistics Bulletin, England and Wales, Deaths in prison custody to March 2017, Assaults and Self-Harm to December 2016

<sup>5</sup> Ibid

<sup>6</sup> Prisons and Probation Ombudsman (2016) Prisoner mental health, London: PPO

<sup>7</sup> Ibid

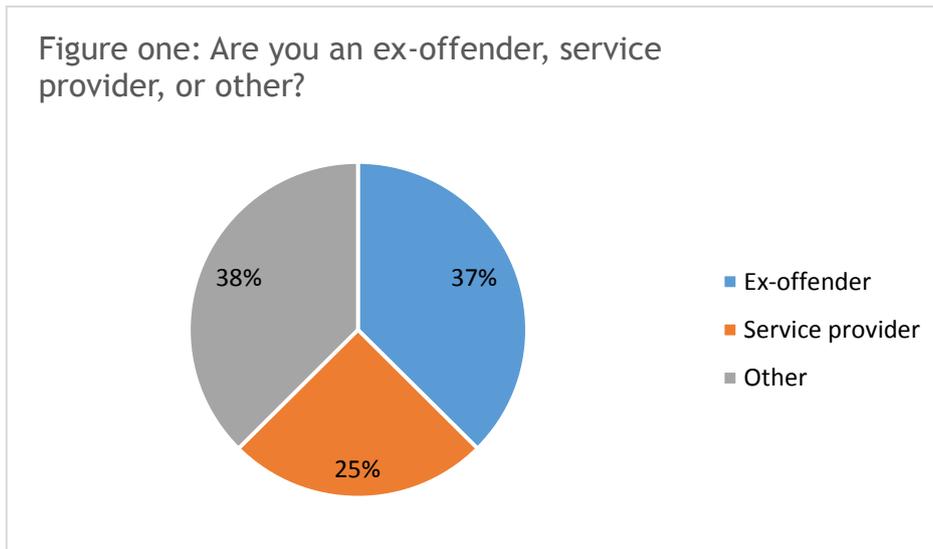
<sup>8</sup> Prison Reform Trust (2016), <http://www.prisonreformtrust.org.uk/PressPolicy/News/ItemId/392/vw/1>

The survey was open to ex-offenders, services providers and others who may have knowledge of the topic. We had some thorough responses from people who had worked with or known many people affected by the issues involved.

The survey was advertised on our website and social media and was circulated to our local contacts and took it to our regular outreach events. We approached a number of local community organisations working with ex-offenders and offenders but found it difficult to arrange to speak to groups of ex-offenders. Many organisations had come to the end of their funding and no longer ran their activities and others worked across a wider geography, which meant that we could not collect views specific to Wandsworth.

### Question one: Are you an ex-offender, service provider, or other?

The below chart shows that a third of the responses were from people who identified as ex-offenders, one of these was an ex-offender and a service provider. Those who responded 'other', gave responses that drew on experiences of many people they had come in to contact with whether they were a service provider, researcher, another or a prison chaplain.



### Question two: Have you received mental health treatment whilst in prison or since your release?

Of the three responses from ex-offenders 2 indicated they had received mental health treatment.

### Question three: What do you think are the main mental health challenges faced by prisoners and ex-offenders in London?

A lack of stable accommodation is cited as a key contributor to the mental health challenges faced by ex-offenders in London, with half of respondents emphasising the poor provision of housing and transitional care from prison to the community.

*"If no one has a place to rest their head, it affects their mind. Your home is somewhere you build from. If you haven't got a home, you can't build"*

Substance misuse was a further challenge identified for prisoners and ex-offenders.

*“Coming out of prison with no stable accommodation and using substance and alcohol on top to manage their situation”*

Finally, when commenting on mental health services one person felt that as a prisoner with a mental health diagnosis they could be more supported than others. Some suggested more staff needed to be adequately trained within the prison to support better mental health challenges and others pointed out the support seems to stop once outside of prison.

**Question four: Which groups within the offender population do you think are specifically more at-risk of developing mental health problems?**

The majority of respondents suggested **families living in poverty** and **“chaotic homes”** as the groups at greater risk of developing mental health problems. Particular groups mentioned included **“those in care”**, **“children of alcoholic/addicted parents”** and **“homeless people”**.

Many also highlighted that young people are particularly vulnerable to mental health problems. One respondent also mentioned the vulnerability of gangs in developing poor mental health.

**Question five: Do you know the measures that are in place to prevent people with mental health needs entering the criminal justice system and how are they supported through prison, probation and release? Do you think these measures are sufficient?**

One respondent had used the Child Adult Mental Health Service (CAHMS) when they were young and had had a support worker. All other respondents didn't identify existing measures to prevent people with mental health needs when entering the criminal justice system.

A number of respondents pointed to unmet needs in prison settings and the community.

### **Substance misuse**

*“Drugs are a major issue, hiding underlying pain”*  
*“Drug education from childhood as drugs are a contributing factor”*

### **Young people**

*“Look after young children so they are not beaten, starved, sexually abused etc.”*  
*“I don't believe there are [measures to support people] otherwise there wouldn't be so many young people in prison with autism”*

**Question six: What steps do you think mental health providers should take to make their services more accessible for ex-offenders?**

A variety of initiatives were identified as being able to increase accessibility to mental health services. While one respondent noted the need for **“more counselling”**, related to long waiting lists, another respondent cited **“more outreach”**, and **“housing”**.

Largely, these measures related to what one respondent noted as the need to “[identify gaps that may impact and cause mental health crisis](#)” which, according to our survey, relate to both an improvement in access to traditional mental health services such as therapy but also looking towards mental health promotion and prevention by tackling factors which impact both re-offending and poor mental health, such as housing provision.

Finally some respondents suggested that services should have “[useful](#)” or 24/7 opening hours.

### **Question seven: How effective are programmes that aim to support continuity of mental health support when people have returned to their communities following time in prison?**

Many respondents suggest that there was little continued mental health support for people leaving prison. Respondents talked about lack of support across support services including GPs (particularly with long waiting lists) Social Services, Police and housing support.

A respondent who works in secure settings highlighted poor continuity of mental health support as the contributor to re-offending: “[Because I am in the prison I see the recurring reoffending](#)”.

Other respondents point to the need for improved diagnosis and investment in initiatives that will support those with poor mental health post-release, such as a “[psychotherapy unit](#)” for ongoing support of ex-offenders. Another highlighted that promoting **personal interests** is important to give people **hope**.

### **Question eight: How do issues such as housing and unemployment affect the mental wellbeing of offenders and ex-offenders?**

All respondents emphasised that **housing** is key to improving the mental wellbeing of offenders and ex-offenders, with one noting that secure accommodation is the first priority; **without housing, ex-offenders are largely incapable of securing employment**.

However, it is crucial that substance misuse problems are addressed whilst housing provision is organised or else the prisoner “[will mess up the housing if he gets it](#)”, according to one respondent.

A further response highlights the paradox of custody settings being more conducive to improved mental health than the community for some people: “[you have more security in jail than you do outside on the road.](#)”

Many respondents also highlight that issues such as housing and unemployment are closely linked to re-offending.

### **Question nine: What can the Mayor and the London Assembly do to better support the mental health of offenders and ex-offenders?**

Some recurring themes appear in the response to this question, including **focussing on young people who are at risk**, and **prevention and health promotion**. However, the London Assembly can make the biggest impact in supporting the mental health of offenders and ex-offenders through a guarantee of secure accommodation:

*“Must be accommodated in supported housing until deemed well enough to manage own tenancy”*

*“Provide us a roof over our heads”*

*“More supported accommodation”*

According to one respondent, who cites the BBC1 ‘*Mind to Marathon*’ model, another way that the London Assembly can promote improved mental health of offenders and ex-offenders is through social prescribing:

*“Targeted physical activity, counselling and a sense of community”*

**Question ten: Do you know of any examples of good practice there is in London and further afield?**

Following on from the previous question, most respondents point to **non-clinical services** which address people’s needs in a holistic way and support them to take greater control of their own health. Also noted were **targeted mental health treatments** such as talking therapy, as part of a package of care to better support the mental health of offenders and ex-offenders:

*“Physical activity, counselling and proper treatment, belonging to some sort of community (not all with mental health issues!) and purposeful activity, and probably doing something for someone else”*

As in previous responses, **housing provision** re-emerged as an important theme:

*“Only model I know is when a person is fully supported via shelter type accommodation or support accommodation”*

A number of organisations were also cited as examples of good practice:

*“Tavistock and Portman Trust”*

*“Carney’s Community Fitness”*

## Conclusions and Recommendations

**The central importance of housing** was the overall theme emerging from answers to all questions. Having an insecure housing situation was the factor most identified as affecting poor mental health and preventing people from building a new life on release from prison. It was also the issue people wanted more support with.

**A need for more mental health support services and supportive activities , such as interest groups focused on physical exercise** was highlighted.

We found many organisations that had been supporting offenders and ex-offenders struggling to fund or continue their activities or lacking a local focus. This may highlight a gap in provision of services in Wandsworth that provide support before they find themselves in prisons or when they leave. Statistics highlighted at the beginning of this report show that there is a clear need to be addressed because there is a very high level of prevalence of mental health conditions amongst prisoners.

### Appendix A - All Individual Responses

#### Question one: Are you an ex-offender, service provider, or other?

Other	Both an ex-offender and service provider.
Other	Provide mentoring and befriending for men on release from prison
Other	Prison Chaplain
Service provider	
Other	Ex resident of Wandsworth
Ex-offender	
Other	Researcher
Ex-offender	

#### Question two: Have you received mental health treatment whilst in prison or since your release?

Answer's from ex-offenders:

Yes
If 'Yes', was the treatment adequate?

#### Question three: What do you think are the main mental health challenges faced by prisoners and ex-offenders in London?

I am interested in gambling-related harm for vulnerable adults including people with mental health problems, prisoners and ex-offenders. Please keep me updated on this survey and any findings related to gambling.
Housing, employment and education. I know people who used to claim (pretend) to have mental health issues, so when they come out, they can have support. But they have ended up having mental health issues, due to being required to take medication.
When you're a mental health prisoner, they do probation, CAMHS and referrals. You're not left alone. Probation are more hassle than they're worth.
Another challenge is the lack of consistent professionals. For example, you open up to a social worker after 3 months, and then they notify you that they've been assigned somewhere else. It's the same with probation officers. You get used to someone for 11 months and they end up leaving or you get someone else.
Housing is a main issue. People can live in private accommodation, but the landlord could want the house back. For one person I know (a woman with kids), the council didn't provide help in London, so she was pushed to go and live in Birmingham. I used to have a council flat. Then I got sent to prison due to one offence, and I lost my flat. If no one has a place to rest their head, it affects their mind. Your home is somewhere you build from. If you haven't got a home, you can't build. Also, going to work when it's dark and coming home when it's dark, you end up thinking what are you living for?. I used to have to get up

early to go to work and would get home late after work.

Child hood trauma and drug addiction are the reason for most mental health issues

Not enough care in the community. prisoners are sent to prison when they need to be in a more sheltered environment in the community. Counselling and psychotherapy needs cannot be met in the prison or continued through the gate - ie prison transfers, very little support in prison, seriously mentally ill can wait ages for a transfer to mental hospital.

Lack of services, lack of trained professionals in the prison service to identify those with mental health

Coming out of prison with no stable accommodation and using substances and alcohol on top to manage their situation often

No Home

**Question four: Which groups within the offender population do you think are specifically more at-risk of developing mental health problems?**

Ones that have grown up disadvantaged (e.g. their parents weren't there or there has been abuse such as physical or drug abuse in the family).

Media and society target black people the most, but it's the same for all ethnicities.

Poor people. Experiencing poverty/living in a council estate at a young age, and seeing a lot of things you're not supposed to see at a young age (e.g. people taking drugs on the steps of a council estate). People don't travel the world. When you're poor, you can't afford to travel. The only thing you know is your tower block. That's one of the main things that can affect your mental health. I was lucky to travel the world when I was younger, through charity work I was doing.

Those in care; children of alcoholic / addicted parents

Most have mental health problems.

Young people

Homeless people young people and women sofa surfing

Gangs

**Question five: Do you know the measures that are in place to prevent people with mental health needs entering the criminal justice system and how are they supported through prison, probation and release? Do you think these measures are sufficient?**

CAMHS - when I was younger.

The mental health service was in the estate, so people I knew could see me going in there. My support worker offered to meet me outside of my estate instead, which was really helpful.

The government don't have any money. They don't support anyone. When you're working, sometimes you're worse off than if you're not working. When I was growing up, there was no name to explain if something was wrong with you (e.g. disabilities). You just had to be normal. Now my little brother, growing up, has a name for it. At one point in my life, I had depression. I went to the doctor and there was no help. They send you to a psychiatrist who determines you're not severely unwell/unwell enough, then you're just left alone.

I don't know the measures currently available. Rehab is an obvious one - but more are needed as drugs are a major issue, hiding underlying pain

No. Good measures would be to look after young children so they are not beaten starved , sexually abused by parents etc.. Drug education from childhood, as drugs are a contributig factor.

No, i dont believe there are any otherwise there wouldn't be so many young peoplein prision wih Autism

No need to have a plan that meets all their needs including housing to be successful

No

**Question six: What steps do you think mental health providers should take to make their services more accessible for ex-offenders?**

Give space for people to figure everything out after they're released. Something 24/7 like a hub. Carney's closes at 8:30pm.

More outreach to ex-offenders.

Far more counselling - psychotherapy is needed. Currently a 4-month waiting list which means many don't get the help they need.

They have no money and are falling apart, big arguments go on about what GP's are prescribing .

Free, good useful hours, especially if they are on Tag

Be based in probation housing before release a care plan done to identify gaps that may impact and cause mental health crisis

Provide Housing

**Question seven: How effective are programmes that aim to support continuity of mental health support when people have returned to their communities following time in prison?**

I think it's down to the individual as well.

You have to get them interested in something. Show them they've got something to live for. Give them hope.

I encourage them to talk to GP but again there is likely to be a waiting list. A psychotherapy 'unit' for on going support of ex-offenders could be useful.

Because I am in the prison I see the recurring reoffending .

Not great. PTSD is often never diagnosed

Not very If person is homeless or does not have stable Networks if this is identified by police prison staff social Services GP housing then they should be housed in supported accommodation

None at all

**Question eight: How do issues such as housing and unemployment affect the mental wellbeing of offenders and ex-offenders?**

You don't get priority with housing. I went to the council and was given temporary accommodation. But after, they said they couldn't help me and I was left to find my own accommodation, and so was homeless, which violated the terms of my licence (if I don't have a fixed abode, I could end up back in prison).

It affects mental wellbeing massively. For me, the home is the biggest contributing factor to mental health.

My application with TFL was rescinded, due to my convictions. I was told that I aced the interview, but after they learned of my convictions, they rescinded my application.

Because they have nowhere to live. You have more security in jail than you do outside on the road. When you're in prison, you've got food, a roof over your head and people around you. When you're out, you've got no one around you. It doesn't make sense! Housing and lack of education for people is a huge problem.
Housing has a huge impact - as without it they can't get employment very easily. We encourage volunteering while waiting for work.
Big issues - there is no housing = in our prison it is worse since the CRC's took over. But drug and MH problems need to be addressed or the ex prisoner will mess up housing if he gets it.
They have nothing to do and often reoffend very quickly
Massive impact can lead to a Person mental Health declining being at risk of abuse being at risk of using drug and alcohol to cope and failing to engage with services and at risk of reoffending
A great deal

**Question nine: What can the Mayor and the London Assembly do to better support the mental health of offenders and ex-offenders?**

Do something with the housing. Provide suitable housing (e.g. people buy shipping containers and make housing from it. Maybe things like that could be done for ex-offenders?).
There's a few people I know that are mentally unwell. People talk about grooming, but people with mental health issues are vulnerable to being abused or groomed (e.g. people could be groomed to become terrorists).
Copy the model of 'Mind to Marathon' on BBC 1. Provide offenders with mental health issues with targeted physical activity, counselling and a sense of community
More childhood 0-5 onwards interventions and stop the spiral. maybe for adults more supported accommodation .
Employ youth workers and support them to gain mental health qualifications
Make it compulsory on release from Prison or if at risk of eviction due to Mental health issues they must be accommodated in supported housing until deemed well enough to manage own tenancy independently
Provide us a roof over our heads

**Question ten: Do you know of any examples of good practice there is in London and further afield?**

Carney's Community. It's a safe haven. It's evident through everyone - everyone who is coaching, all came from the same background (south west London - Brixton, Clapham, Stockwell, Tooting, etc.). George has the skills to help us develop.
Carney's Community Fitness helps - it keeps you on track.
Package: physical activity, counselling and proper treatment, belonging to some sort of community (not all with mental health issues!) and purposeful activity, and probably doing something for someone else.
To be honest I wish I did but I will enquire and if I do I will forward to you.
Tavistock and Portman trust
No not really as most of London is having difficulties supporting clients with mental Health the Only models I know is when a person is fully supported via shelter type accomdaion or supported accomdation
No