## Howard League for Penal Reform

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3 May 2017

Health Committee London Assembly City Hall The Queens Walk London SE1 2AA

Investigation into the mental health needs of offenders and ex-offenders The Howard League for Penal Reform welcomes the opportunity to submit evidence to the investigation into the mental health needs of people in the criminal justice system in London.

Founded in 1866, the Howard League is the oldest penal reform charity in the world. We have some 10,000 members, including lawyers, politicians, business leaders, practitioners, prisoners and their families and top academics. The Howard League has consultative status with both the United Nations and the Council of Europe. It is an independent charity and accepts no grant funding from the UK government.

The Howard League works for less crime, safer communities and fewer people in prison. We aim to achieve these objectives through conducting and commissioning research and investigations aimed at revealing underlying problems and discovering new solutions to issues of public concern. The Howard League's objectives and principles underlie and inform the charity's parliamentary work, research, legal and participation work as well as its projects.

Since 2002 the Howard League for Penal Reform has provided the only legal service dedicated to representing children and young people in custody. We have drawn upon our lawyers' experience in practice and our expertise in this policy area in this response.

## The main mental health challenges faced by prisoners

Prisons are violent, dangerous and unhealthy places. The high rates of suicide and self-harm in prisons are indicators of the level of mental distress. On average a prisoner dies by suicide every three days. Last year 119 prisoners died by suicide, the highest number since current recording practices began in 1978.

The rise in prison suicides and self harm incidents has coincided with cuts to prison staffing and budgets and a rise in the number of people in prison, resulting in overcrowding. Data from the Ministry of Justice show that two London prisons, Wandsworth and Brixton are among the ten most overcrowded prisons in England and Wales. Many prisoners are spending hours locked in their cells each day with little to occupy themselves. They are being deprived of basic coping mechanisms, including physical activity and social contact, often at a time when they most need it. Her Majesty's Inspectorate of Prisons (HMIP) found that in Isis prison the regime had been punitively restricted for years and prisoners could not access activities, showers and telephones every day.

There has been an increase in prison violence and a deterioration in prison safety. An HMIP report on Pentonville prison in 2015 found '*levels of violence were high, and prisoners reported high levels of victimisation from staff and other prisoners. The number of violent incidents had also almost doubled since the previous inspection and they were becoming more serious*'.

The use of punishments in prisons has increased. Difficult or challenging behaviour in prisons can be indicators of mental distress but often results in punishment or segregation. In 2015 the Supreme Court heard evidence that prolonged solitary confinement of adults can have an "extremely damaging effect on … mental, somatic and social health" and "some of the harmful psychological effects of isolation can become irreversible". The effects of solitary confinement can continue to impact on mental wellbeing after release.

The Ministry of Justice does not national publish data on the use of segregation in prisons. The Howard League has assisted and represented many prisoners who have been held in segregation or solitary confinement. In April, the Howard League for Penal Reform brought a judicial review on behalf of a boy who had been held in prolonged solitary confinement in a London prison. For long periods of his time in Feltham prison, the boy, identified only as AB in court documents, had been locked alone in his cell for 23 and a half hours a day. The court heard that staff would turn off his electricity leaving him in darkness whilst he could hear other boys associating and that a photocopy of a worksheet was pushed under his door as the only education provision. The charity's legal team has been contacted by other children in Feltham prison who have also been placed in solitary conditions for extended periods.

The Howard League is concerned about proposals to pilot a secure school in London. Secure Training Centres were opened 20 years ago and, just like secure schools, were intended to provide training and education to meet children's needs. Indeed, it is difficult to see how a 'secure school' would be different to an STC.

The Howard League warned about systemic problems in STCs for years. The on-going degrading treatment of children in Medway secure training centre was exposed in January 2016 by the BBC's *Panorama* programme. Its undercover investigation revealed child abuse, coercion and the falsification of records at Medway STC and has been the subject of police investigation and prosecutions. An Ofsted inspection report on Rainsbrook STC in 2015 found children had been subjected to degrading treatment and racist insults. Howard League lawyers have represented children who have been injured by staff during violent restraints in STCs.

Reinventing and renaming prisons for children is not the answer and is not in the best interests of London's children.

## Accessibility of mental health services in prisons

In a report published by the Howard League and Centre for Mental Health (2017), health care staff described how patients frequently missed their health care appointments because there was no staff member to escort them.

HMP Pentonville Independent Monitoring Board reported that one to one mental health treatment sessions were taking place on a landing or at an open cell door. The IMB reported,

'Worst still, however, is the problem of prisoners not being unlocked at all which is attributed mainly to a shortage of custodial staff. It is bound to be detrimental, and is, in any case, wholly inappropriate, that mental health assessment and therapeutic support should have to take place through the locked doors of cells'.

The health committee must consider the whole prison environment when investigating the mental health needs of prisoners. It is not sufficient to ensure that every prisoner is able to have the occasional appointment with a mental health professional or psychiatrist if the prisoner is terrified, isolated, locked in their cell for hours on end or drug-addled. Mental health service providers cannot deliver an effective service when prisoners are locked behind their cell doors. Mental health services will have minimal or no impact on improving the mental wellbeing of prisoners when the whole prison environment is detrimental to mental health.

I would be happy to provide further information on the points I have raised. I have attached a copy of our report on preventing prison suicides.

Yours sincerely,

Frances Crook