



Independent Advisory Panel on Deaths in Custody

**The Rt Hon Sajid Javid MP
Secretary of State for Health and Social Care**

**The Rt Hon Dominic Raab MP
Deputy Prime Minister, Lord Chancellor and Secretary of State for Justice**

8 April 2022

Dear Secretaries of State for Health and Justice,

We write to ask you and your departments to work together to provide mental health support for prisoners and to offer individual mental and physical health checks to everyone in custody. As you are aware, it is now two years since the prison service introduced a full lockdown with severely restricted regimes in the face of the pandemic. We believe that it is time for a thorough review of the impact of this form of extreme imprisonment on the mental and physical health of people detained by the state and the remedial action that would be prompted by such a review.

For people in custody, Covid-19 has meant being held 'in a prison within a prison'. While severe restrictions and extreme isolation imposed at the outset may well have saved lives, the toll on mental and physical health is likely to be high and remains, as yet, unquantified.

Mental health and substance misuse

In recent months, criminal justice inspectorates and the Justice Committee have set out the urgent need to understand more about, and respond to, the impact of Covid-19 on the mental health of people in prison. As one prisoner told the Independent Advisory Panel on Deaths in Custody (IAPDC) during our consultation: 'I'm sure there is a lot of prisoners suffering from severe anxiety, isolating in their cells not knowing when they're going to be unlocked.' Another man wrote recently: 'I have witnessed prisoners with no drug/alcohol history turn to drugs/alcohol due to the conditions within prison, lack of help/care/support/regime/purposeful activity/long lock-up/no exercise/no gym/no showers etc.'

Prisoners' views and concerns about deterioration in health are clear from our consultations, Inside Time, Prison Radio, reports from scrutiny bodies and large-scale reviews by Prison Reform Trust, the Zahid Mubarek Trust and User Voice, amongst

others. Prisoners' need for support is evident from the 60% increase (2019-2021) in calls to the Samaritans from people in prison.

In the 12 months to December 2021 there were 86 self-inflicted deaths, a significant increase of 28% from the previous year. We strongly recommend that additional mental health support is offered to people who have spent up to 23 hours a day behind bars for as much as two years, together with bereavement support for the many who have lost family and friends during this time.

Physical health

Since the onset of the pandemic, more than 40,000 prisoners and over 42,000 members of staff are recorded as having contracted Covid-19. Of these, it is not known how many are suffering from Long Covid – screening, diagnosis and treatment are needed.

Government figures show a marked disparity between the health and wellbeing of prison and general populations. In 2021 the IAPDC report with the Royal College of Nursing (RCN) on the prevention of natural deaths in custody, identified high prevalence of underlying health conditions, respiratory and cardiovascular, among prisoners, making people in prison more vulnerable to the effects of Covid-19.

During the pandemic, opportunities have been missed to diagnose and treat life-threatening conditions. A review of incidence of long-term conditions and cancer would identify whether, as in the community, people living in prisons are presenting with more advanced disease. It is important to identify whether hospitals are addressing appointment backlogs with equivalence for patients in the secure estate compared to the community - or whether factors such as staff shortages due to Covid-19, limited face-to-face care in custody, problems with availability of escorts and reduced access to hospital care due to lockdown, combined with digital inequity, have widened the health inequality gap.

The prison population is getting older, many ageing prematurely. Black and ethnic minority groups and people who have grown up in poverty are over-represented within custody and more at risk of infection. Yet people within these groups are known to be less likely to seek help—how have they fared during the pandemic?

Now we ask you to ensure that individual mental and physical health checks are conducted to understand how people are and to respond to immediate health needs. These health checks could also provide clinical staff with an opportunity to remind people of the benefits of available vaccine protection.

Ongoing impact

Most prisons are poorly ventilated, crowded, closed places, which amplify the spread of a virus. Physical layouts make social distancing impossible. Low staffing levels and poor sanitation impede infection control. Today your healthcare teams, prison staff and managers are still dealing with Omicron outbreaks in over 50 prisons across England and Wales.

As Covid-19 swept the country, without vaccine protection for frontline staff or prisoners, the prison service's only line of defence was to confine people for up to 23 hours a day in small, often shared, cells. Two years later, despite painstaking recovery efforts,

restrictions remain. Reports from independent monitors and prison inspectors show that, in some establishments, time out of cell is still limited to little more than one hour a day with few opportunities for exercise in the fresh air.

Advice and call for action

We understand that there are health and education plans to provide additional mental health support to children and young people. We welcome justice plans in the Prison Strategy White Paper to improve prisoners' employment chances and to help people find safe housing on release. As well as reducing reoffending, they will introduce a sense of hope and purpose, important guards against the risk of suicide and self-harm. For these plans to succeed, they must be integrated with vital work, underpinned by adequate resources, to improve health and wellbeing. Co-signatories to this letter can draw on the expert knowledge and experience of members and colleagues to advise on how best to determine and respond to unmet need and help to keep people safe.

During the pandemic, people in the community have spoken about loss of freedom, loss of choice, loss of agency and identity. Many have spoken of this time as 'like being in prison'. For people held 'in a prison within a prison', these are still desperate times. The punishment of imprisonment is loss of liberty, not permanently impaired mental and physical health and not, at worst, loss of life. Hence, we are taking the unusual step of coming together to ask you and your departments, the NHS and prison service to act now to offer:

- immediate additional mental health support for prisoners
- individual mental and physical health checks for everyone in custody
- support for frontline health and justice staff

In parallel, we strongly advise you to conduct a thorough review of the impact of the pandemic on the mental and physical health of people in prison. We will do all we can, singly and collectively, to support you in these endeavours and to enable you to protect lives.

As ever,



Juliet Lyon CBE, Chair, Independent Advisory Panel on Deaths in Custody
Dr Adrian James, President, Royal College of Psychiatrists
Dr Pat Cullen, Interim General Secretary and CEO, Royal College of Nursing
Andrea Albutt, President, Prison Governors Association
Mark Fairhurst, Chair, and Steve Gillan, General Secretary, Prison Officers Association
Dr Michael Mulholland, Honorary Secretary, Royal College of General Practitioners
Dr Caroline Watson, Chair RCGP Secure Environments Group
Dame Anne Owers, National Chair, Independent Monitoring Boards
Paul Farmer CBE, Chief Executive, Mind
Julie Bentley, Chief Executive, Samaritans
Peter Dawson, Director, Prison Reform Trust

Andrea Coomber QC, Chief Executive, The Howard League for Penal Reform
Mark Johnson MBE, Founder and CEO, User Voice
Anne Fox, Chief Executive, Clinks
Imtiaz Amin, Chief Executive, Zahid Mubarek Trust
Deborah Coles, Executive Director, INQUEST
Angela Cairns, Chief Executive, Unlock
Dr Kate Paradine, Chief Executive, Women in Prison
Erwin James, Editor, Inside Time

cc.

Victoria Atkins MP, Minister of State, Ministry of Justice
Gillian Keegan MP, Minister of State (Minister for Care and Mental Health), Department of Health and Social Care
The Rt Hon Kit Malthouse MP, Minister of State (Minister for Crime and Policing)
Members of the Ministerial Board on Deaths in Custody
Amanda Pritchard, CEO, NHS England
Kate Davies CBE, Director of Health and Justice, Armed Forces and Sexual Assault Referral Centres (SARCs), NHS England
Jo Farrar, Second Permanent Secretary, Ministry of Justice and Chief Executive Officer, HM Prison & Probation Service (HMPPS)
Phil Cople, Director General Prisons, HMPPS
Sir Bob Neill MP, Chair, Justice Committee
Rt Hon Jeremy Hunt MP, Chair, Health and Social Care Committee
Rt Hon Harriet Harman QC MP, Chair, Human Rights (Joint Committee)
Paul Maynard MP, Chair, All-Party Parliamentary Group on Penal Affairs
Layla Moran MP, Chair, All-Party Parliamentary Group on Coronavirus
Professor Sir Chris Whitty, Chief Medical Officer
Sir Patrick Vallance, Government Chief Scientific Adviser
Members of the HMPPS Recovery Independent Advisory Forum
Members of the Independent Advisory Panel on Deaths in Custody

n.b.

A similar letter has been sent directly to:
The Rt Hon Mark Drakeford MS, First Minister of Wales
Eluned Morgan MS, Minister for Health and Social Services
Julie Morgan MS, Deputy Minister for Social Services
Andrew Goodall, Chief Executive and Director General for Health and Social Services NHS Wales