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Recovering from the COVID-19 Pandemic**

A Society of Captives locked down: A study of Her Majesty's Prison The Mount during the COVID-19 pandemic

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Introduction

'It is not solitude that plagues the prisoner' wrote Gresham Sykes in his seminal work The Society of Captives — 'but life en masse'.

The COVID-19 pandemic tested Sykes' proposition almost to destruction. Across the prison system in England and Wales a severely restricted regime or 'lockdown' was imposed to limit the spread of the virus with most prisoners locked in their cells for 23 hours a day and most activities halted. The prison system moved quickly from 'life en masse' prior to the pandemic to an imposed 'solitude' as lockdown was imposed — and a critical question now is to what extent prisons should move back to life 'en masse' as the pandemic restrictions are eased.

What appears to have happened across the prison system over the period of lockdown and the effects this had on prisoners was certainly more complex — and surprising — than many, including the authors of this paper, predicted at the start of the pandemic. It was expected that the lockdown would adversely affect prisoners' mental health and, as we shall see, there is plenty of evidence this did happen. However in the male estate, the number of self-harm incidents — one indicator of mental well-being — fell during the periods of most severe lockdown and rose as lockdown was eased². This paper attempts to understand this

phenomenon in one prison, Her Majesty's Prison The Mount, during the COVID-19 pandemic from March 2020 to July 2021 and reflects on the possible implications this has for the future management of the prison and, perhaps, the wider prison service.

This paper has been developed from a report commissioned by the Governor of The Mount into the wider issues of how the pandemic was managed in her prison. That report used unrestricted access to prison documentation to build an initial picture and those interim findings were used to design an independent prisoner survey and interviews³.

It is important to be cautious about our findings. HMP The Mount is just one prison amongst 117 adult prisons and there appear to have been wide differences in self-harm rates between them during the pandemic⁴. It is a male prison and there is some evidence that the pandemic affected women's prisons differently^{5 6}. The internal staff and prisoner surveys we had access to and our own survey and interviews took place at different stages of the pandemic and are likely to reflect prisoners' views at the time a particular survey was undertaken and the level of infection and degree of restrictions in place in the community and the prison at those times. We relied heavily on the prison's own contemporaneous records of what happened during the pandemic to build our initial account as the external members of the research team were unable to get access to the prison during this time.

1. Sykes, G. (1958) *The Society of Captives*. Reprint. Woodstock, Oxfordshire. Princetown University Press, 2007. p.4
2. Ministry of Justice (2021). *Safety in custody quarterly: update to June 2021. Safety in custody summary tables to June 2021*. GOV.UK. [Online] <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-june-2021> (Accessed 02.12.2021) Table 6
3. The authors are grateful to Amy Cooke, Maisie Laslett and Anthony Quinn for their research assistance.
4. Ministry of Justice (n.2) Table 9a
5. Ibid and see for example The Prison Reform Trust and Prisoner Police Network (2021) *Women's experiences of prison during the Covid-19 lockdown regime*. The Prison Reform Trust [Online] Available from: http://www.prisonreformtrust.org.uk/Portals/0/Documents/CAPTIVE4_women.pdf (Accessed: 02.12.2021)
6. HM Inspectorate of Prisons (2021) *HM Chief Inspector of Prisons for England and Wales Annual Report 2020-21*. HC 442. London. The Stationery Office. [Online] Available from: https://www.justiceinspectors.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2021/07/6.7391_HMI-Prisons_Annual-Report-and-Accounts-2020_21_v6.1_WEB.pdf (Accessed 02.12.2021) pp.67-69

However, despite these caveats, the unrestricted access we were given to this documentation does provide an uninhibited view of life in the prison at a time when access was impossible for most other researchers and inspection bodies. In the final stage of the research we were able to conduct our own independent prisoner survey and interviews to understand how they had experienced what the documentation described.

Permission to conduct the research was obtained from Her Majesty's Prisons and Probation Service (HMPPS) National Research Committee and the Royal Holloway University of London ethics committee.

From 'Life en Masse' to 'Solitude' — The Prison System

In October 2019, the House of Commons Justice Committee described the prison system as being in the midst of an 'enduring crisis of safety and decency'⁷. Data published by the Ministry of Justice itself^{8 9} and reports from the Chief Inspector of Prisons¹⁰ on self-harm, assaults, overcrowding, time out of cell and reoffending support this judgement.

Unsurprisingly, these conditions led to real concerns about the impact the pandemic would have on prisons and the spread of infection from prisons to the community^{11 12 13 14 15}. In the event, as we shall see,

the prison service worked hard to keep prisoners safe and as at October 2021 the worst predictions for the prison death rate had been avoided although Braithwaite et al argue that the death rate in prisons is higher than that in the community¹⁶. One hundred and fifty nine prisoners had died whose deaths were related to COVID-19¹⁷; in 133 of these cases, the death was confirmed or suspected of being caused by COVID-19¹⁸.

Most commentators have recognised limiting the number of deaths as a success. The House of Commons Justice Committee stated:

*'The Ministry of Justice, Her Majesty's Prison and Probation Service and wider stakeholders deserve praise for the vital work done. In particular, front-line prison staff have adapted well to the current climate and continue to protect those in their care and the public.'*¹⁹

The committee were however 'concerned about the effect severe restrictions will have on prisoners'²⁰. Other authors and commentators, whilst also recognising the work that has been done to save lives, have suggested that the prolonged and severe lockdown in prisons was exacting too heavy a price^{21 22}. In February 2021 the Chief Inspector of Prisons published a report based on interviews with 72 prisoners in six prisons which found that the

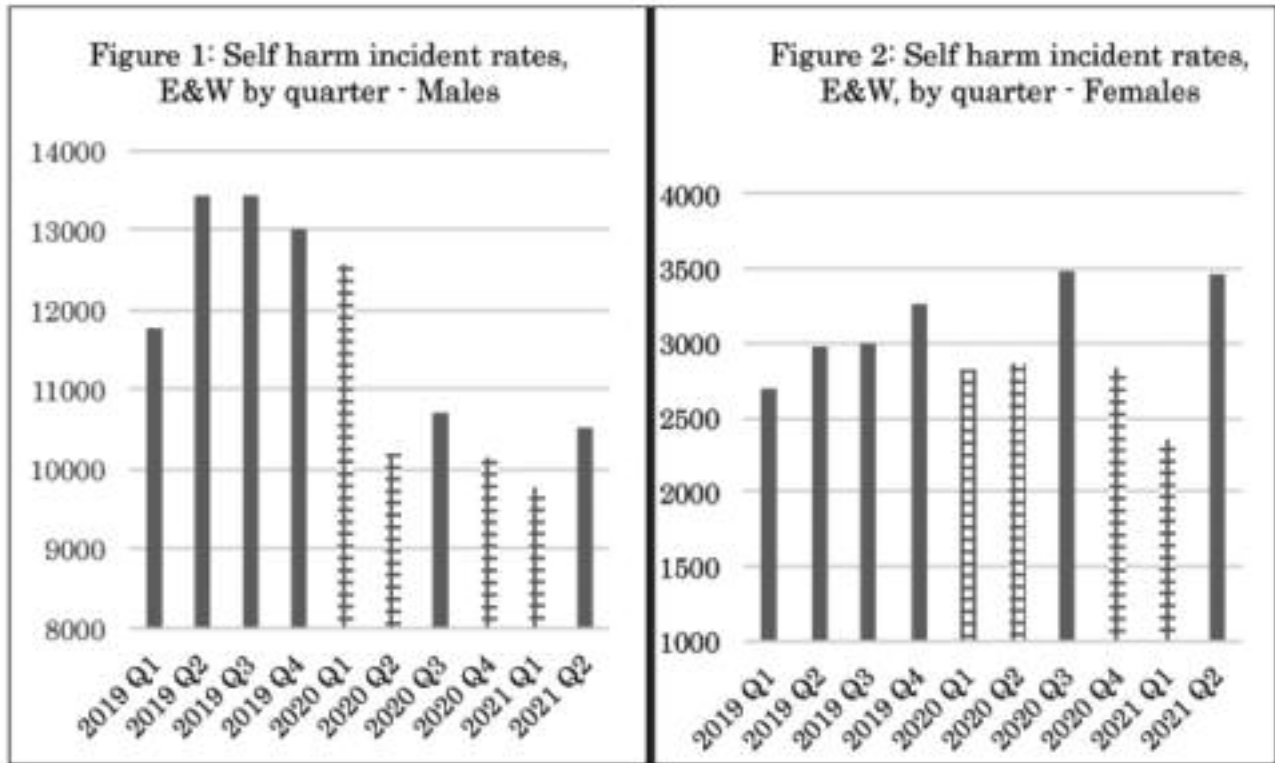
7. Ministry of Justice (2020). Safety in custody quarterly: update to December 2019. *Safety in custody summary tables to December 2019*. GOV.UK. [Online] Available from: <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-december-2019> (Accessed 01.06.2021)
8. House of Commons Justice Committee (2019) Prison Governance, 29 October 2019, HC 191
9. Ministry of Justice (2020). *HMPPS Annual Digest: April 2019 to March 2020. Chapter 2 Tables – Prison crowding*. GOV.UK. [Online] Available from: <https://www.gov.uk/government/statistics/hmpps-annual-digest-april-2019-to-march-2020> (Accessed 01.05.2021) Table 2.5
10. HM Inspectorate of Prisons (2020) *HM Chief Inspector of Prisons for England and Wales Annual Report 2018-19*. HC 856. London. The Stationery Office. [Online] Available from: https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2020/10/HMI-Prisons_Annual-Report-and-Accounts-2019-20-WEB.pdf (Accessed 01.06.2021)
11. Coker, R. (2020) *Expert Report: COVID-19 and prisons in England and Wales*. Prison Reform Trust. [Online] Available from: http://prisonreformtrust.org.uk/portals/0/documents/COKER_Report_HL_PRT.pdf (Accessed 25.05.2021)
12. Ioannidis, J. (2020) *Infection fatality rate of COVID-19 inferred from seroprevalence data*. World Health Organisation [Online] Available from: https://www.who.int/bulletin/online_first/BLT.20.265892.pdf (Accessed 01.06.2021)
13. Kinner, S. A., Young, J. T., Snow, K., Southalan, L., Lopez-Acuña, D., Ferreira-Borges, C., & O'Moore, E. (2020). Prisons and custodial settings are part of a comprehensive response to COVID-19. *The Lancet: Public Health*, 5(4), e188-189
14. Mehay, A, Ogden, J. and Meek, R. (2020) *Coronavirus: why prison conditions can be a perfect storm for spreading disease* [Online] Available from: <https://theconversation.com/coronavirus-why-prison-conditions-can-be-a-perfect-storm-for-spreading-disease-134106> (Accessed: 01.06.2021)
15. Tsintsadze, K. (2021) *Lockdown Experience of Ethnic Minority Prisoners*. The Zahid Mubarek Trust (Online) available from: A Record of Our Own: Lockdown Experiences of Ethnic Minority Prisoners - Zahid Mubarek Trust (thezmt.org) (Accessed: 01.06.2021)
16. Braithwaite, I., Edge, C., Lewer, D. and Hard, J. (2021) High COVID-19 death rates in prisons in England and Wales, and the need for early vaccination. *The Lancet*. [https://doi.org/10.1016/S2213-2600\(21\)00137-5](https://doi.org/10.1016/S2213-2600(21)00137-5)
17. Reported deaths include all those where the person tested positive within 28 days of the death or where there was a clinical assessment COVID-19 was a contributory factor in their death regardless of cause of death. The cause of death is provisional until the official cause of death has been determined by the coroner.
18. Ministry of Justice and Her Majesty's Prison and Probation Service (2021) HMPPS COVID-19 Statistics: October 2021. *HM Prison and Probation Service COVID-19 Summary tables, October 2021*. GOV.UK. [Online]. Available from: <https://www.gov.uk/government/statistics/hmpps-covid-19-statistics-october-2021> (Accessed 02.12.2021). Table 1
19. House of Commons Justice Committee. *Coronavirus (COVID-19): The impact on prisons*, 27 July 2020, HC 299. p.3
20. Ibid. p.3
21. See for example HM Chief Inspector of Prisons (2020). *Aggregate report on Short scrutiny visits by HM Chief Inspector of Prisons 21 April – 7 July 2020* Her Majesty's Inspectorate of Prisons. [Online] Available at: <https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2020/08/SSV-aggregate-report-web-2020.pdf> (Accessed 01.06.2021) pp.6-7;
22. Prison Reform Trust and Prisoner Policy Network (2020) CAPTIVE. COVID-19 Action Prisons Project: Tracking Innovation, Valuing Experience How prisons are responding to COVID-19. Briefing #2. Regimes, reactions to the pandemic, and progression (Online) Available from: http://www.prisonreformtrust.org.uk/Portals/0/Documents/CAPTIVE2_regimes_and_progression_web_final.pdf (Accessed: 01.06.2021)

'cumulative effect of such prolonged and severe restrictions on prisoners' mental health and well-being is profound'²³.

Central to the discussion of the consequences of the prolonged lockdown is the effect of prisoners' spending long periods locked in their cells. A range of literature has described the detrimental impact on

prisoners of a lack of access to basic amenities, education, work and exercise^{24 25}.

One indicator of overall well-being is prisoner self-harm rates^{26 27}. Despite the concerns about the effects of lockdown on prisoners' mental health, this paper notes an overall decrease in self-harm rates in male prisons and a less marked but still noticeable relationship in female prisons²⁸.



Figures 1 and 2 show the self-harm rates by quarter for male and female prisons in England and Wales. Self-harm rates overall appeared to fall in the periods of the most intense lockdown in the community (shown in the red cross-hatched bars) and rise as restrictions in the community were eased. In male prisons, the rise in self-harm rates as community restrictions were lifted was still well below pre-pandemic levels; in women's prisons the number of self-harm incidents rose above pre-pandemic levels as restrictions in the community were lifted

There is some data and a range of literature that might offer some explanation for the overall fall in self-harm rates in male prisons. An unsurprising consequence of the prison lockdown was that total assault incidents fell by 43 per cent between the years ending September 2019 and 2021²⁹ which is likely to have reduced the impact of bullying on self-harm rates. In one of the few examinations of self-harm by prisoners in the pandemic, Hewson et al³⁰ agree the data indicates a reduction in self harm incidents but

23. HM Inspectorate of Prisons (2021) *What happens to prisoners in a pandemic?* [Online] Available from: <https://www.justiceinspectors.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2021/02/What-happens-to-prisoners-in-a-pandemic.pdf> (Accessed: 01.06.2021) p.4

24. Leese, M., Thomas, S. and Snow, L. (2006) An ecological study of factors associated with rates of self-inflicted death in prisons in England and Wales. *International Journal of Law and Psychiatry*, 29(5), 355–360; 0

25. Nurse, J., Woodcock, P. and Ormsby, J. (2003) Influence on environmental factors on mental health within prisons: focus group study. *BMJ*, 327(7413), p.480

26. Pope, L. (2018) *Self-harm by adult men in prison: A rapid evidence assessment (REA)*. HM Prison and Probation Service [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/739521/self-harm-adult-men-prison-2018.pdf (Accessed: 03.06.2021)

27. Favril, L, Yu, R., Hawton, K. and Fazel, S. (2020) Risk factors for self-harm in prison: a systematic review and meta-analysis. *Lancet Psychiatry* 2020; 7: 682–91. Available from: DOI:[https://doi.org/10.1016/S2215-0366\(20\)30190-5](https://doi.org/10.1016/S2215-0366(20)30190-5) (Accessed: 03.06.2021)

28. Ministry of Justice (n.2) Table 6

29. Ibid. Table 1

30. Hewson, T., Green, R., Shepherd, A., Hard, J., & Shaw, J. (2020). The effects of COVID-19 on self-harm in UK prisons. *BJPsych bulletin*, 1–3. Advance online publication. <https://doi.org/10.1192/bjb.2020.83>

draw attention to possible recording failures and, citing Olson³¹, warn that as in other reactions to disasters, this fall might be a 'honeymoon period' before rates begin to rise again.

The lockdown in prisons, as indeed in the wider community, was imposed by government and, in the case of prisons, by the prison service. Prisoners had no choice but to comply yet the extent to which that happened without disorder, either amongst the prison population as a whole, or by individual prisoners committing harmful acts against themselves or others, could be said to be a result of the legitimacy (or lack of it) with which those restrictions were imposed. As authors such as Sparks et al³² suggest, such restrictions require a degree of voluntary compliance, even in prisons, and so they must be seen to be applied fairly and consistently. Liebling³³ describes this as the 'moral performance' of prisons. Jackson et al³⁴ encapsulated this by arguing that this legitimacy on which the social order of prisons depends relies on 'procedural justice' or the perceived fairness of how the prison is run. Our prisoner survey examined the degree to which prisoner perceptions of procedural justice explained the degree of compliance with, or acceptance of, the lockdown of the prison.

The in depth study of The Mount provided an opportunity to test these different perspectives and the impact of these different national factors in one prison.

From 'Life en Masse' To 'Solitude' — The Mount

Her Majesty's Prison The Mount is a public, male, category C training and resettlement prison in Bovingdon, Hertfordshire which in February 2021 held 1022 men, most of whom were serving long sentences for serious offences. It was opened in the 1980s and has a varied mix of accommodation dispersed over a very large site. Since the end of 2019 or early 2020 prisoners have had access to in-cell phones. Following a very critical inspection in 2018³⁵, the inspectorate returned to the prison in 2019 to review the progress the prison had made and found the prison was on an 'upward trajectory albeit from a very low base'³⁶.

So when the pandemic struck in March 2020, and credible predictions were being made about its impact on the prison system as a whole, at first sight HMP The Mount did not appear well placed to respond. However, the inspectorate had detected the prison was beginning to turn the corner and a new leadership team was in place. The next year would provide them with an unprecedented test.

The prison had three periods of complete lockdown in the period March 2020 to March 2021:

- 23 March 2020 — 13 July 2020
- November — 2 December 2020
- 21 December 2020 — 19 February 2021

There were some small differences in the regime provided in different periods of lockdown and arrangements became a little more flexible as time progressed but in the first and longest lockdown for all but essential workers, prisoners were only allowed out of their cells for an hour each day, seven days a week — thirty minutes for exercise in the fresh air and thirty minutes for 'domestics' (for example a shower). Each spur of each wing, about 30 prisoners, was given their hour out of cell at different times so spurs could not mix. Prisoners who were shielding were only able to leave their cells for basic necessities such as a shower and for thirty minutes exercise on their own once a week. There was no gym or visits and medication was delivered to prisoners in their cells.

The mitigations put in place to support prisoners during lockdown also developed as time passed and experience grew but most of the arrangements below were in place throughout the period. Prisoners already had access to phones in their cells with which they could call a limited and controlled list of numbers. Phone call allowance was increased to £100 weekly and credit for foreign national prisoners was unlimited. Credit of £5 for calls was offered to all prisoners in lieu of visits not completed to maintain family contact. All prisoners were to have access to a TV including those on the lowest privilege level — in effect abandoning the incentives and earned privileges (IEP) system which is normally a central part of the prison discipline. The charge for TVs was stopped. 'Comfort/supplementary food' was distributed. Prisoners who were on an ACCT (suicide and self-harm management plans) received

31. Olson R. *Natural Disasters and Rates of Suicide: A Connection?* Centre for Suicide Prevention, 2014. (<https://www.suicideinfo.ca/resource/naturaldisastersandsuicide/>)

32. Sparks, R., Bottoms, A.E. and Hay, W. (1996). *Prisons and the Problem of Order*. Oxford: Clarendon Press

33. Liebling, A. (2004). *Prisons and their Moral Performance: A Study of Values, Quality and Prison Life*. Oxford: Oxford University Press

34. Jackson, J., Tyler, T., Bradford, B., Taylor, D. and Shiner, M. (2010). Legitimacy and procedural justice in prisons. *Prison Service Journal* (191). pp. 4-10. ISSN 0300-3558

35. HM Chief Inspector of Prisons (2018) *Report on an unannounced inspection of HMP The Mount by HM Chief Inspector of Prisons 30 April–18 May 2018*. Her Majesty's Inspectorate of Prisons. [Online] Available at: <https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2018/09/HMP-The-Mount-Web-2018.pdf> (Accessed: 24.05.2021) p.5

36. HM Chief Inspector of Prisons (2019) *Report on an independent review of progress at HMP The Mount by HM Chief Inspector of Prisons*. Her Majesty's Inspectorate of Prisons. [Online] Available at: <https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2019/05/The-Mount-IRP-Web-2019.pdf> (Accessed: 24.05.2021)

regular support calls from the safer custody team. There were measures to assist prisoner hygiene if they were unable to leave their cells to shower or do laundry.

In periods between lockdowns a limited regime was slowly restored in accordance with national prison guidance³⁷ and prisoners had some access to in-person visits, gym, work, education and longer periods of association. Time out of cell remained limited however and prisoners remained 'cohorted' in small groups.

Impact

Deaths

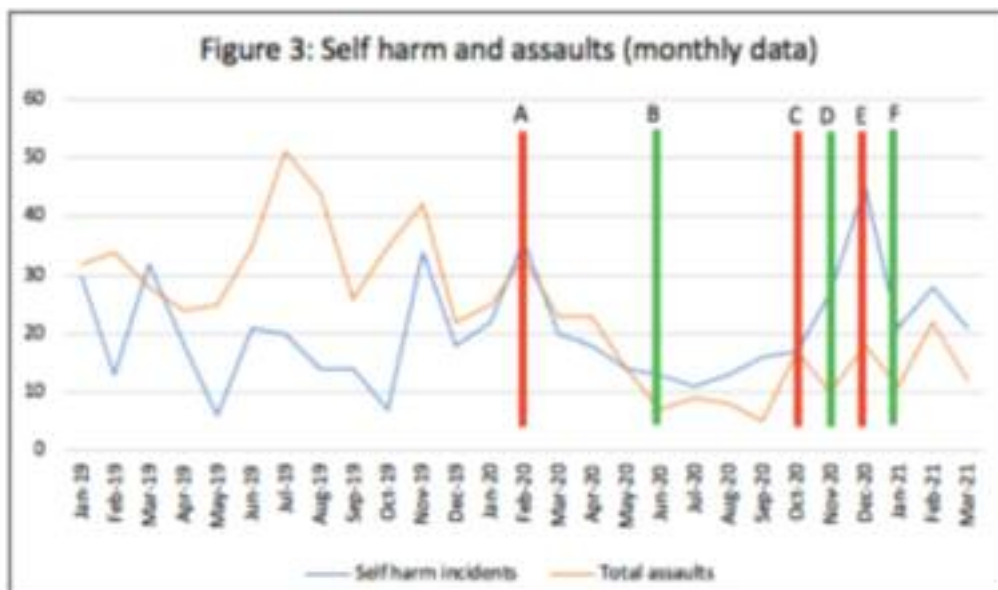
The prison was successful in preventing deaths from COVID-19 at The Mount. No prisoner died whose death was related to COVID-19. Noting the lack of testing in the early days of the pandemic, 168 prisoners had tested positive by June 2021.

Assaults and self-harm

As noted above, self-harm rates may be one indicator of mental distress amongst prisoners. Figure 3 below shows what happened to self-harm and assault rates at the Mount as the prison entered different phases of its response to the lockdown. Overall rates fell when restrictions were imposed and rose when they were relaxed. Rates dropped sharply when the prison

first went into lockdown in March 2020 (A) and rose slowly when restrictions were gradually eased over the summer (B). In an exception to the pattern, self-harm continued to rise during the second national lockdown in November (C) and continued to rise through December (D) when restrictions were eased; assault rates followed the pattern of restrictions in this period. Self-harm rates dropped sharply and assault rates fell again when the prison experienced an outbreak at the end of December (E) and continued to decline during the third lockdown. They rose again as the lockdown eased in February 2021 (F) but in March 2021 fell again.

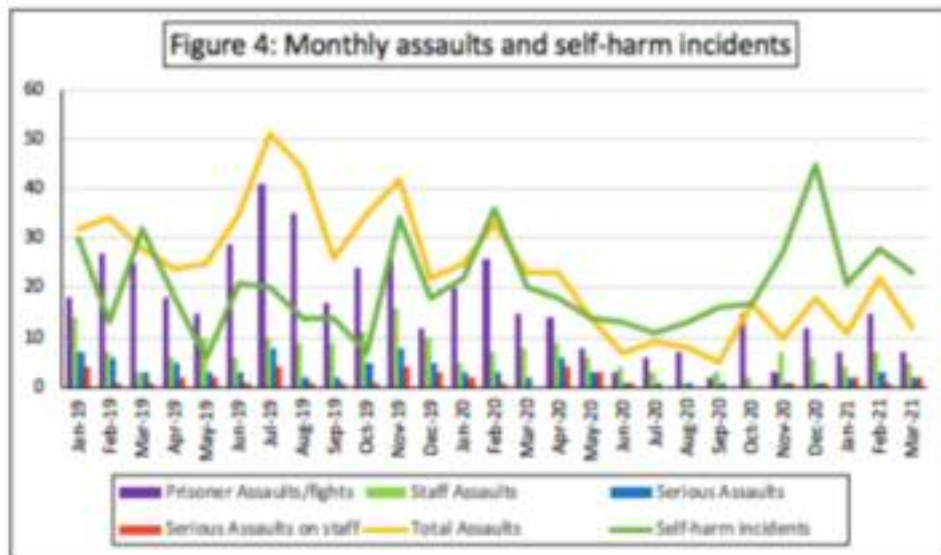
The variations in assault and self-harm rates during the period of the pandemic need to be compared with the period prior the pandemic (Figure 4). The total assault incidents in 2019 were 398 (an average of 33/month) and in 2020 were 192 (an average of 16/month). Total self-harm incidents and monthly averages were 227/19 in 2019 and 252/21 in 2020. The monthly averages for the first three months of 2021 were 15 assault incidents and 24 self-harm incidents. In total there was an overall decrease in assault incidents between 2019 and 2020 but a small increase self-harm incidents in 2020, reflecting higher self-harm incidents in the last quarter of the year. The range of self-harm rates from January to March 2021 is broadly within levels experienced prior to the pandemic.



(Data provided by HM The Mount)

A	23 March 2020	First national lockdown begins
B	13 July 2020	Prison moves to Level 3
C	5 November 2020	Second national lockdown
D	2 December 2020	Second national lockdown ends
E	21 December 2020	The Mount outbreak and prison lockdown
F	19 February 2021	Outbreak ends. Improved regime offered

37. Ministry of Justice and HM Prison and Probation Service (2020a) COVID-19: *National Framework for Prison Regimes and Services* [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889689/prisons-national-framework.pdf (Accessed 26.08.2021)



Data provided by HM The Mount

Self-harm rates are only a crude indicator of prisoner distress and will always vary from month to month. We also examined other measures that might give some insight into prisoner mental health during this period. The number of opened Assessment, Care in Custody and Teamwork (ACCT) care planning processes for prisoners identified as being at risk of suicide or self-harm fell overall by 35 per cent in the period of the first lockdown, rose by 29 per cent over the summer of 2020, and as with self-harm rates, continued to rise in the second lockdown and through December before falling by 30 per cent during the third lockdown and thereafter. Data for the number of in-reach mental health referrals were only available from November 2020. There was a small fall between December 2020 and January 2021, the period of the third lockdown from 76 to 72 referrals and numbers rose thereafter to 123 in April 2021.

Staff

Prisoner wellbeing relies heavily on the quality of support and supervision they receive from staff. This support is of course dependent on staff presence and the prison's data showed staff absences reached their highest levels during the outbreak that affected the prison in December 2020 and January 2021.

We had access to the data from four staff surveys conducted by the prison between May 2020 and May 2021. Surveys were completed by between 141 and 91 staff from a wide range of uniformed and non-

uniformed roles. Despite the concerns revealed in The Mount's staff surveys, results appear more positive than the survey of POA members conducted in January 2021 during the third wave by Memon and Hardwick³⁸. Space prevents a full discussion here but in summary, staff at The Mount appeared somewhat less anxious and to be better supported than staff who participated in the national survey. A fuller examination of staff well-being during the pandemic is an important part of understanding what happened.

Prisoner Survey and Interviews

Methodology

We used the results described above from the first stage of our research to design our own prisoner consultation exercise in order to elicit details about the characteristics and experiences of men held at HMP The Mount. This comprised a prison-wide survey and a focus group discussion which we followed up with individual semi-structured interviews. Surveys were distributed via wing staff and returned throughout June 2021. We received a total of 269 completed surveys, which represents a response rate of more than one quarter of the current population at HMP The Mount. Compared to customary return rates for self-completed prisoner surveys³⁹, we consider this response rate to be excellent⁴⁰. A further 150 participants expressed a willingness to participate in a follow-up interview, and 10 per cent of these (n=15) were selected according to

38. Menon, A. and Hardwick, N. (2021) *Working in UK prisons and secure hospitals during the COVID-19 pandemic*. Centre for Emotion and Law, Royal Holloway University of London [Online] Available from: <http://pc.rhul.ac.uk/sites/csel/wp-content/uploads/2021/05/Summary-of-PO-COVID-19-pandemic-study-for-POA-12052021.pdf> (Accessed: 01.06.2021)

39. Fazel, S., and Danesh, J. (2002) Serious mental disorder in 23000 prisoners: a systematic review of 62 surveys. *The Lancet*, 359, 545-550

40. Prisoners at The Mount have been regularly asked to complete surveys (with a typical response rate of less than 5%) and we were concerned that survey fatigue would lead to low participation figures. With the Governor's permission we were able to offer a £1 phone credit to those who returned a completed survey, as a token of our appreciation

wing and availability, and were interviewed in July 2021. These interviews were supplemented with a focus group discussion with six members of the prison Unity (prisoner rep) group and informal discussions with members of staff, including those representing the prison's Chaplaincy, Healthcare and Education departments.

Survey findings

Characteristics

Our respondent ages ranged from 21-70 years, with an average age of 35 years. 58 per cent identified as White, 16 per cent Asian / Asian British, 13 per cent Black / Black British, 9 per cent mixed and 5 per cent 'other'. 13 per cent reported being a foreign national Just over half (53 per cent) of survey respondent reported having children under the age of 18 years and 6 per cent reported being a Gypsy-Traveller.

Physical and mental health

17 per cent reported having a physical disability, and 18 per cent identified as having a learning disability⁴¹.

In terms of mental health, self-reports indicated a high prevalence of mental health concerns within the population at The Mount and is consistent with the national findings of Wainwright and Gipson⁴².

Specifically, almost one half (48 per cent) of our respondents reported currently suffering from depression, 38 per cent from anxiety/panic attacks, 18 per cent from PTSD, 12 per cent ADHD, 10 per cent Personality Disorder, 8 per cent OCD, 5 per cent from bipolar disorder, 5 per cent schizophrenia, and 5 per cent an eating disorder. Only 18 per cent reported that they had no current mental health problems.

Experiences at HMP The Mount

Mental health and well being

Although more than half of our respondents (53 per cent) reported that on average they had been able to go outside for exercise at least five times per week, access to physical activity and the gym was not surprisingly one of the greatest concerns our participants raised, both in their survey responses and interviews. Being encouraged to exercise in-cell was evidently not an adequate alternative to outdoor and structured exercise, with almost one third of our respondents (31 per cent) reported never exercising in their cell. Furthermore, those reporting low levels of exercise (be it in-cell or outdoors) were more likely to report mental health problems. A further negative correlation could be seen when comparing general health and exercise, with those exercising least reporting the poorest health.

A substantial 38 per cent reported sleep problems as a current mental health problem. On average participants reported 7 hours sleep per night, but this varied significantly ($f = 3.17$, $p < .005$) between wings, with the most disrupted sleep reported from those on the induction wing.

Access to support

In accessing support for mental health, with the exception of the in-reach team, rates were very low and did not correspond with the high levels of mental health needs evident within the population. This was particularly the case for informal mental health support: only four of our participants reported being able to access a Prison Listener, and only 1 per cent ($n=3$) reported accessing The Samaritans while at HMP The Mount⁴³. Just 6 per cent of the sample reported being able to engage with

Being encouraged to exercise in-cell was evidently not an adequate alternative to outdoor and structured exercise, with almost one third of our respondents (31 per cent) reported never exercising in their cell.

41. We encouraged Peer Mentors and Reading Champions to support those with literacy issues to complete the survey but due to restrictions we recognise this would have been unlikely, and therefore those with learning difficulties resulting in literacy issues are likely to be under-represented in our findings

42. Wainwright, L. and Gipson, D. (n.d) *The impact of lockdown on mental health. A summary of patient views*. [Online] EP:IC. Available from: [https://docs.google.com/viewerng/viewer?url=http://epicconsultants.co.uk/onewebmedia/MH%2520Lockdown%2520Summary.%2520PE%2520%2520\(2\).pdf](https://docs.google.com/viewerng/viewer?url=http://epicconsultants.co.uk/onewebmedia/MH%2520Lockdown%2520Summary.%2520PE%2520%2520(2).pdf) (Accessed 18.07.2021)

43. We applied to The Samaritans to review local data as we wanted to explore whether uptake of the freephone Samaritans telephone from The Mount line had increased during lockdown but we were told that this data was not available.

members of the Chaplaincy⁴⁴, 6 per cent from a psychologist or counsellor. However, one quarter of our population (27 per cent) reported receiving help from the Mental Health in-reach team. 11 per cent reported receiving help from a nurse and 10 per cent from a Doctor. Other forms of support were referred to by a minority of our respondents, with single participants referring to the therapy dog, IAPT, and positive mental health input from officers.

Procedural justice

Research has established that the consistent and fair application of rules which are understood and appear legitimate and justifiable are associated with lower rates of violence in our prisons⁴⁵. We assessed perceived levels of Procedural Justice in the prison by asking four different questions, relating to how often staff made decisions about changes due to COVID-19 based on facts, how often staff treated people with respect when making decisions, how often staff explained their decision making, and lastly how often staff gave prisoners an opportunity to voice their concerns or ask questions. Response options to each of these questions ranged from 'never' to 'very often'. Combined, these measures were also summed to create an overall Procedural Justice score, up to a maximum score of 20. The average Procedural Justice score observed across the prison was 9.7: this is below the halfway ('sometimes') point and suggests an overall negative experience of Procedural Justice throughout the prison. Furthermore, perceived Procedural Justice differed statistically significantly according to wing ($F = 2.04, p < .05$). Given that low levels of Perceived Justice are directly correlated with poorer wellbeing and increased likelihood of violence this highlights an area requiring further attention, particularly as restrictions are further relaxed in the community and expectations may be raised surrounding the lifting of prison restrictions.

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Contact with family and friends

We also asked prisoners to assess quality of contact with friends and family since March 2020 and under half (45 per cent) of those prisoners we surveyed reported being able to keep in contact with family and friends very well or fairly well. Across our survey respondents, only one third (33 per cent) reported having used Purple Visits.

Changes to the regime as a result of COVID-19 restrictions

The survey also asked participants to identify any changes that were introduced within the prison as a result of COVID-19 that should remain in place after restrictions are relaxed, with an open question 'Are there particular changes that were made to the regime at HMP The Mount that you think should remain in place after restrictions are lifted?'. This elicited some response from the majority of our participants (n=208), with the most frequent responses (28 per cent) responding in the negative and in doing so referring to the amount of time in the cell being 'inhumane', 'damaging to prospects', and 'unjustifiable under normal circumstances'. A substantial minority of those who volunteered comments (9 per cent of the total respondents) expressed a preference for the regime to remain, either due to a perceived increase in safety or mental health. Others highlighted the importance of the increased phone/canteen credits and Purple Visits to supplement face to face visits.

Interviews

The final phase of our research involved a series of individual semi-structured interviews (n=15) carried out both in-person (n=10) and via the in-cell telephone technology (n=5), on 7 July 2021. This was two days after the Prime Minister had confirmed most restrictions in the community would end on 19 July⁴⁶ and the

44. This low figure was confirmed in discussion with the Chaplaincy lead who confirmed that in-cell contact was not yet accessible for the Chaplaincy team.

45. McGuire, J. (2018) *Understanding prison violence: a rapid evidence assessment*, London: HM Prison and Probation Service

46. BBC News (2021a) *COVID-19: Most rules set to end in England, says PM*, 5 July. Available from: <https://www.bbc.co.uk/news/uk-57725523> (Accessed: 13.07.2021)

contrast between progress in the community and the lack of it in prisons was particularly sharp. The key themes that emerged from our interviews were, not surprisingly, concentrated on the detrimental impact of the restrictions, free-flow ('I like not mixing with all the other wings ... when you meet people off other wings that's when the problems probably start') and staff relationships: although the quality of staff relationships were largely relayed as negative our interviewees were also able to identify constructive interactions and individual members of staff who had made a positive difference within the prison. Interviews also revealed prominent issues surrounding education and healthcare, concerns that were reinforced in conversations with staff representing these two departments.

Conclusions

No prisoner died at the Mount from COVID-19 related causes and this was a major achievement. The cost of this achievement was high. In order to prevent the spread of infection the prison endured three periods of complete lockdown when most prisoners were unlocked from their cells for just one hour a day and even outside these periods, time out of cell and activities were severely restricted. The lockdown clearly had a detrimental effect on prisoners but the restricted regime also created stability following a troubled period for the prison before the pandemic and the resulting reduction in the drug trade, violence and tension may have been reflected in reduced self-harm rates during periods of lockdown. In addition, the effects of the lockdown were mitigated to some extent by measures the prison took to support all prisoners in their cells and the targeted monitoring and support of the most vulnerable prisoners.

The evidence confirms that up to the end of the period covered by this report prisoners appear to have coped with the lockdown at The Mount better than expected although there were significant frustrations and we found some evidence of inequalities in the detriment prisoners experienced. The reduction in self harm rates in periods of lockdown, although significant, should be regarded with caution. Hewson et al⁴⁷ warn this might be the result of a 'honeymoon

period' and that rates might rise again and Durkheim's theories support this concern. The report of Belong and reference to the work of the mental health in-reach team suggested that lower level prisoner distress was a concern throughout much of the period of the pandemic. Our own prisoner survey and interviews in June and July 2021, over a year since the first lockdown was imposed, suggests that prisoners' mental health and tolerance of the restrictions had diminished since the prison's own prisoner surveys in May and June 2020. Almost half of those who completed our survey stated they had some form of mental health issue and prisoners recorded frustration with the regime restrictions and their treatment by staff.

The experience of The Mount in the pandemic provides important evidence that should inform the development of its future priorities and plans.

Our findings support the senior leadership of the prison's view that there should be no return to very large groups of prisoners taking part in unmanaged free flow and association but there should be a focus on maximising controlled and purposeful activity out of cell alongside measures to improve the quality of time that prisoners spend in their cells and the support available to them there.

There is some evidence from our consultation that the activities most important to prisoners as the prison recovers

are visits, gym and association/exercise. Prisoner views are relatively mixed about continuing to cohort during activities and restricting numbers in work and education. This suggests that gym and visits should be considered as priorities as restrictions are eased and that controlled movement and mixing in 'villages' as the Governor has suggested, might best meet prisoners desire for safety and the ability to associate with others.

Our research suggests that most staff were positive about efforts by the prison's leadership to keep them safe and informed and it is likely this will have had beneficial knock-on effects on staff relationships with prisoners. Our own prisoner consultations suggest variation in the quality of these relationships between staff and across wings and there is a risk that as the urgency created by the pandemic diminishes, and new ways of working become routine, the quality and consistency of these relationships may diminish. There

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47. Hewson (n.20)

may be some evidence from our survey and interviews that this is already happening. The important measure of perceived Procedural Justice differed statistically significantly according to wing.

The prison took a number of measures to mitigate the effects of the lockdown. Consideration should be given to maintaining measures such as the closer attention given to prisoners in in distress by the Safer Custody Team, the use of Purple Visits for those who cannot receive visits in person and minimal use of the IEP scheme.

A striking finding from our own prisoner survey was prisoners' low level of access to informal support systems such as Listeners and the Chaplaincy. The availability of in-cell telephones and other in-cell technology creates new opportunities for how these services can be delivered which require creative thinking and the involvement of the services involved. Similarly, it is likely that some activities such as education will be delivered in part in-cell in future and it is important that

the opportunities created by the advent of in-cell technology are used to offer enhanced and individualised provision.

To return to Sykes from whom we quoted at the beginning of this report, prisoners should neither be 'plagued' by 'solitude' or life 'en masse'. They should not be forced to endure the tension and stress of ungoverned, lawless spaces, nor should their mental health be allowed to slowly deteriorate, starved of company and stimulation. The COVID-19 pandemic and The Mount's developing response to it points to a middle way in which prisoners can be engaged in good quality activities whilst being and feeling safe. The Mount is not there yet and the pandemic continues to restrict what is possible. Nevertheless our study suggests it is building the foundations of a better and more positive prison society. We will watch how this develops with interest and look forward to continuing to work with the governor and her team as the prison enters its next phase.



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