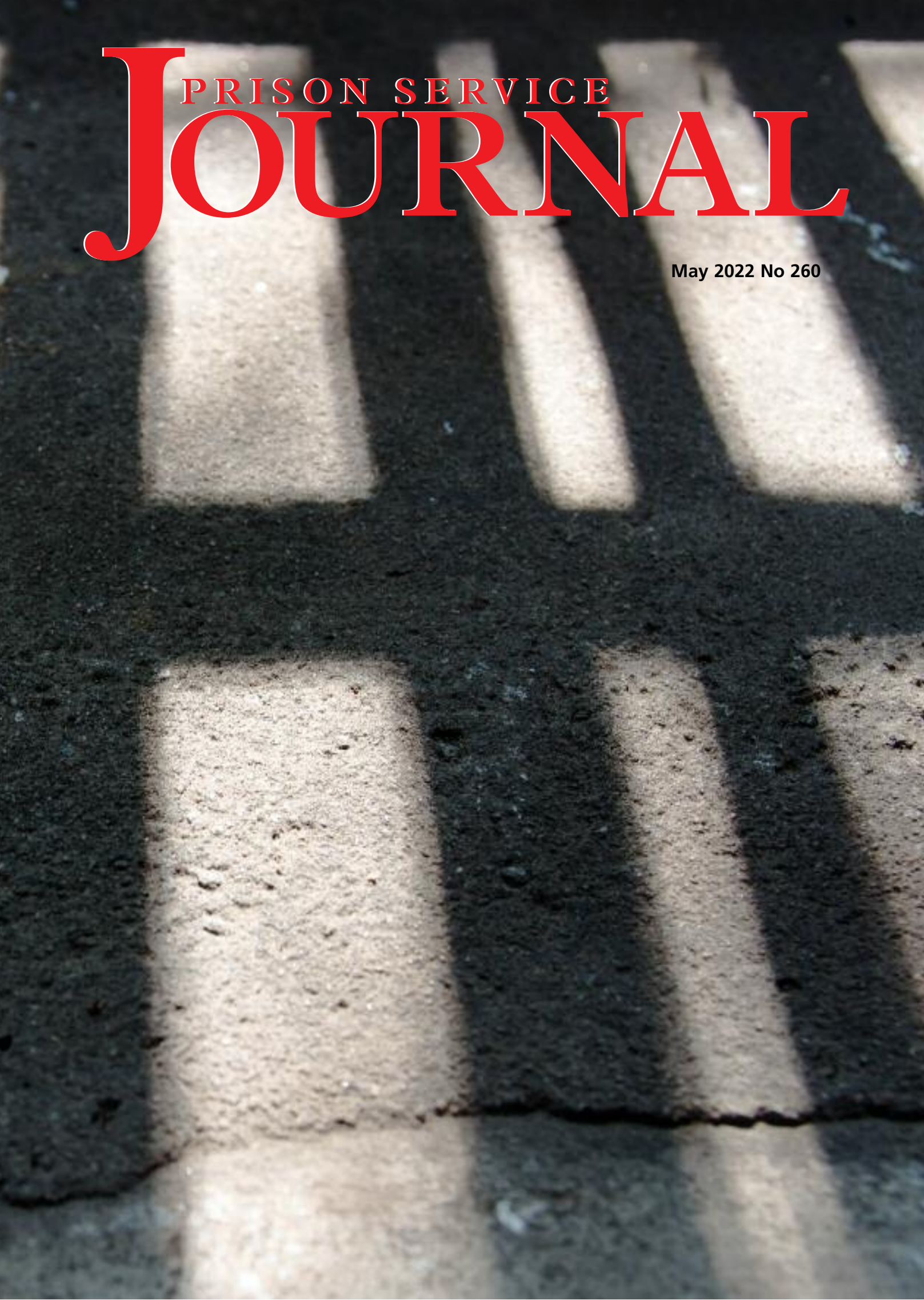

# PRISON SERVICE JOURNAL

May 2022 No 260

# The state of secondary mental healthcare in prisons during a pandemic: an analysis of prison inspection reports from England and Wales

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**The challenges facing mental healthcare provision in prisons are well established, however these have been amplified by the COVID-19 pandemic. The aim of this paper is to understand mental healthcare service delivery in prisons in the context of the pandemic. Forty-four inspection reports published by Her Majesty's Inspectorate of Prisons (HMIP) for England and Wales were analysed thematically, focusing solely on sections specific to secondary mental healthcare delivery. Conclusions highlight the need for greater resource and investment in prison mental health services, as well as action to maximise the opportunities to advance service delivery.**

## Introduction

> *The most disturbing effect of the restrictions was the decline in prisoners' emotional, psychological and physical well-being. They were chronically bored and exhausted by spending hours locked in their cells. They described being drained, depleted, lacking in purpose and sometimes resigned to their situation. Some said they were using unhealthy coping strategies, including self-harm and drugs, while others reported using mundane routines to pass the time and cope with their confinement and associated anxieties. They frequently compared themselves to caged animals.*[1]

The public health response to the COVID-19 pandemic translated into restrictions on daily life and targeted measures to reduce the spread of the infection and save lives[2]. Shortly after the pandemic took hold in England and Wales, HM Prison and Probation Service (HMPPS) and Public Health England (PHE) conducted modelling to anticipate the impact of COVID-19 on people in prisons. It suggested that over 2,000 people in prison might die if no action was taken to reduce the spread. As a result, severe regime restrictions were imposed for the safety of both those working and living in prisons[3]. The restrictions led to increased time in cells (up to 23 hours a day for many people), little or no contact with other people imprisoned, little or no meaningful activity, and termination of social visits with family and friends[4]. Over the course of the pandemic, greater attention has been given to its effects on prison healthcare services and the health and wellbeing of people in prison[5 6 7 8 9].

1. HMIP (2021) What happens to prisoners in a pandemic? A thematic review by HM Inspectorate of Prisons. https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2021/02/What-happens-to-prisoners-in-a-pandemic.pdf
2. Beaudry, G., Zhong, S., Whiting, D., Javid, B., Frater, J. & Fazel, S. (2020) Managing outbreaks of highly contagious diseases in prisons: a systematic review. BMJ Global Health, 5(11): 3201. http://dx.doi.org/10.1136/bmjgh-2020-003201
3. HMIP (2021) What happens to prisoners in a pandemic? A thematic review by HM Inspectorate of Prisons. https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2021/02/What-happens-to-prisoners-in-a-pandemic.pdf
4. Hewson, T., Shepherd, A., Hard, J. & Shaw, J. (2020) Effects of the COVID-19 pandemic on the mental health of prisoners. The Lancet Psychiatry, 7(7): 568-570. https://dx.doi.org/10.1016%2FS2215-0366(20)30241-8
5. Kothari, R., Forrester, A., Greenberg, N., Sarkissian, N. & Tracy, D. (2020) COVID-19 and prisons: Providing mental health care for people in prison, minimising moral injury and psychological distress in mental health staff. Medicine, Science and the Law, 60(3): 165-168. https://doi.org/10.1177%2F0025802420929799
6. Hewson, T., Shepherd, A., Hard, J. & Shaw, J. (2020) Effects of the COVID-19 pandemic on the mental health of prisoners. The Lancet Psychiatry, 7(7): 568-570. https://dx.doi.org/10.1016%2FS2215-0366(20)30241-8
7. Beaudry, G., Zhong, S., Whiting, D., Javid, B., Frater, J. & Fazel, S. (2020) Managing outbreaks of highly contagious diseases in prisons: a systematic review. BMJ Global Health, 5(11): 3201. http://dx.doi.org/10.1136/bmjgh-2020-003201
8. Parliament UK (2020) Coronavirus (Covid-19): The impact on prisons: Government Response to the Committee's Fourth Report of Session 2019–21. https://publications.parliament.uk/pa/cm5801/cmselect/cmjust/1065/106502.htm
9. Prison Reform Trust (2021) CAPPTIVE: How prisons are responding to COVID-19. www.prisonreformtrust.org.uk

Whilst the measures introduced to minimise the spread of COVID-19 are necessary to save lives, the long-term impact of quarantine on the mental health, wellbeing and rehabilitation of people in prison are of grave concern[10]. A rapid review of the psychological impact of quarantine conditions, conducted in a range of settings, reported several negative effects, including post-traumatic stress symptoms, confusion, and anger. These were aggravated by quarantine duration, fear of infection, boredom, and inadequate supplies and information. The authors warn that individuals should not be quarantined for longer than required and there should be a clear rationale, and access to information and sufficient supplies[11].

Within prison settings, these findings are of great importance due to the vulnerability of the people detained and the likely harmful consequences of such conditions. Prevalence studies have identified high rates of mental health conditions among this population, as well as record levels of suicide and self-harm in recent years[12 13 14]. People in prison are among the most marginalised in society; they have multiple and complex health issues at rates far greater than the general population[15 16]. The impact of such restrictions on mental health and wellbeing has been published in a recent report capturing the views and experiences of people in prison during COVID-19, with respondents describing aggravation of diagnosed mental health conditions, and increased anger, anxiety and depression[17]. The adverse mental health effects are affecting previously healthy people, as well as people with pre-existing mental health conditions[18].

The challenges experienced by prison mental health services were well documented prior to the pandemic, including limited resource, variability between prisons, a lack of integrated working, and shortcomings in ensuring continuity of care, to name a few[19 20 21 22]. Concerns have also been raised in other areas, such as: mental health awareness among prison staff; the appropriateness of the environment for clinical practice; a lack of information available on mental healthcare and related services; limited patient involvement in care planning; and inadequate staff support systems[23]. The existing challenges of providing healthcare in prisons were amplified by COVID-19 and services quickly shifted to prioritising clinical need and suspending non-essential services[24]. The impact of the pandemic on mental health services will vary across the prison estate, with differing populations, environments, and health and custodial resource. However, there has been evidence of some innovative practice to support service delivery during this period, such as the increasing use of telemedicine whilst face-to-face assessments are not possible[25].

This paper analyses data from 44 reports of prison inspections conducted between May 2020 and April


10. Parliament UK (2020) Coronavirus (Covid-19): The impact on prisons: Government Response to the Committee's Fourth Report of Session 2019–21.
11. Brooks, S. K., Webster, R., Smith, L., Woodland, L., Wessely, S., Greenberg, N., & Gideon, J. (2020) The psychological impact of quarantine and how to reduce it: rapid review of the evidence. The Lancet, 395(10227): 912-920. https://doi.org/10.1016/S0140-6736(20)30460-8
12. Singleton, N., Meltzer, H., Gatward, R., Coid, J., & Deasy, D. (1998) ONS Psychiatric morbidity among prisoners: Summary report. Office for National Statistics.
13. Fazel, S., Hayes, A., Bartellas, K., Clerici, M. & Trestman, R. (2016) Mental health of prisoners: prevalence, adverse outcomes, and interventions. The Lancet Psychiatry, 3(9): 871–881. https://doi.org/10.1016/S2215-0366(16)30142-0
14. Prisons & Probation Ombudsman (2016) Prisoner mental health. http://www.ppo.gov.uk/app/uploads/2016/01/PPO-thematic-prisoners-mental-health-web-final.pdf
15. Ismail, N. & Forrester, A. (2020) The state of English prisons and the urgent need for reform. The Lancet Public Health, 5(7): E368-E369. https://doi.org/10.1016/S2468-2667(20)30142-0
16. Public Health England (2016) Health and Justice Annual Review 2015/16. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/565232/health_and_justice_annual_review_2015_to_2016.pdf
17. Prison Reform Trust (2021) CAPPTIVE: How prisons are responding to COVID-19. www.prisonreformtrust.org.uk
18. Moreno, C., Wykes, T., Galderisi, S., Nordentoft, M., Crossley, N., Jones, N., Cannon, M., Correll, C., Byrne, L., Carr, S., Chen, E., Gorwood, P., Johnson, S., Kärkkäinen, H., Krystal, J., Lee, J., Lieberman, J., López-Jaramillo, C., Männikkö, M., … (2020) How mental health care should change as a consequence of the COVID-19 pandemic. The Lancet Psychiatry, 7(9): 813-824. https://doi.org/10.1016/S2215-0366(20)30307-2
19. Forrester, A., Exworthy, T., Olumoroti, O., Sessay, M., Parrott, J., Spencer, S., & Whyte, S. (2013) Variations in prison mental health services in England and Wales. International Journal of Law and Psychiatry, 36(3–4): 326–332. https://doi.org/10.1016/j.ijlp.2013.04.007
20. Centre for Mental Health (2014) The Bradley report five years on: an independent review of progress to date and priorities for further development. https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/bradley5years.pdf.
21. National Audit Office (2017) Mental Health in Prisons. https://www.nao.org.uk/wp-content/uploads/2017/06/Mental-health-in-prisons.pdf
22. Ismail, N. & Forrester, A. (2020) The state of English prisons and the urgent need for reform. The Lancet Public Health, 5(7): E368-E369. https://doi.org/10.1016/S2468-2667(20)30142-0
23. Georgiou, M. & Townsend, K. (2019) Quality Network for Prison Mental Health Services: reviewing the quality of mental health provision in prisons. Journal of Forensic Psychiatry and Psychology, 30(5): 794-806. https://doi.org/10.1080/14789949.2019.1637918
24. Kothari, R., Forrester, A., Greenberg, N., Sarkissian, N. & Tracy, D. (2020) COVID-19 and prisons: Providing mental health care for people in prison, minimising moral injury and psychological distress in mental health staff. Medicine, Science and the Law, 60(3): 165-168. https://doi.org/10.1177%2F0025802420929799
25. Hewson, T., Robinson, L., Khalifa, N., Hard, J. & Shaw, J. (2021) Remote consultations in prison mental healthcare in England: impacts of COVID-19. BJPsych Open, 7(2): e49. https://doi.org/10.1192/bjo.2021.13

2021 with the purpose of understanding secondary mental healthcare service delivery in the context of the pandemic. It aims to recognise key themes and learning that can contribute to service improvements and enhancement of patient experience as prison mental health services focus on restoration and recovery from COVID-19. This paper is important given the growing concerns that have been raised regarding mental health and wellbeing in prisons and the challenges posed by the COVID-19 pandemic. The analysis focuses solely on the section within each inspection report that describes secondary mental health provision.

## Method

This qualitative study analyses HM Inspectorate of Prisons (HMIP) reports from inspections published in England and Wales during the COVID-19 pandemic. The analysis includes all 44 published reports for prisons (including privately run prisons) and young offender institutions inspected between May 2020 and April 2021. The reports consist of both individual site-based scrutiny visit reports (n=37) and multi-site short scrutiny visit reports (n=7). The study does not include reports on secure training centres, immigration detention facilities, police and court custody or military detention as the settings differ from prison establishments in purpose and service delivery. As this paper is focused on secondary mental healthcare, analysis has been restricted to sections within the report specifically relating to this provision. Though, it is important to highlight that some primary and secondary mental health services are integrated, and the reports have been presented in this manner. This paper reports on the summations and judgements provided by the inspectors only; the full data collected from the inspections was not observed. The study also presents data from a survey collected as part of the HMIP site-based visits for adult prisons and includes responses from 34 prisons. The survey was distributed to a random sample of the prisoner population at each prison and the response rate varied between prisons. The total number sampled was 5166. The survey posed questions on the experiences of people imprisoned during the COVID-19 pandemic. It included a question 'Is it easy or difficult to see mental health workers?' and a yes/no question on self-reported mental health problems — 'Do you have mental health problems?'.

| **Report on short scrutiny visits** | **Prisons inspected** |
|---|---|
| Category C Prisons | HMP Maidstone<br>HMP Onley<br>HMP/YOI Brinsford |
| Local Prisons | HMP Leeds<br>HMP Thameside<br>HMP Winchester |
| Long-term and High Security Prisons | HMP Belmarsh<br>HMP Manchester<br>HMP Woodhill |
| Category D Open Prisons | HMP/YOI Thorn Cross<br>HMP Ford<br>HMP Sudbury |
| Prisons holding prisoners convicted of sexual offences | HMP Littlehey<br>HMP Rye Hill<br>HMP Stafford |
| Prisons holding women | HMP Send<br>HMPYOI Downview |
| Young offender institutions holding children | HMYOI Feltham A<br>HMYOI Werrington |

**Table 1 Description of Short Scrutiny Visit reports reviewed, and the prisons included in each report.**

| Prison type | Site reports | Mean percentage of prisoners who self-reported a mental health condition (range) | Mean percentage of prisoners who reported easy access to mental health workers (range) |
|---|---|---|---|
| Category A | 2 | 43 (42-43 per cent) | 26 (22-30 per cent) |
| Category B | 14 | 59 (37-79 per cent) | 23 (8-49 per cent) |
| Category C | 11 | 46 (31-62 per cent) | 24 (11-35 per cent) |
| Category D | 5 | 30 (22-36 per cent) | 43 (36-56 per cent) |
| Women | 2 | 67 (59-75 per cent) | 19 (15-23 per cent) |
| YOI | 3 | No data | No data |
| Total | 37* | | |

**Table 2 Description of prisons reviewed under the Scrutiny Visit model, including HM Inspectorate of Prisons (HMIP) data on self-reported mental health conditions among prisoners and reported ease of access to mental health workers by prisoners.**

*Five prisons were managed by a private company as contracted by HM Prison and Probation Service.

The prison inspection reports, published on the HMIP website, are within the public domain and free-to-access. HMIP are an independent, statutory organisation which reports on the treatments and conditions of those detained in prisons and other places of detention. The COVID-19 pandemic has prevented HMIP from conducting full inspections against their standard criteria. Therefore, from April 2020, a reduced methodology known as the 'short scrutiny visit' (SSV) model was developed. These visits occurred over one day in an establishment and inspecting teams consisted of two or three inspectors, including one healthcare inspector[26]. Thematic summary reports were published highlighting key themes from a series of visits across a sector of the prison estate (e.g. the youth estate, male local prisons, etc.). A full list of prisons that were included in the SSV thematic summary reports is presented in Table 1. In August 2020, inspections were replaced with 'scrutiny visits' (SV), an updated approach considering the changing circumstances around COVID-19 at the time (see Table 2 for a description of the prisons reviewed). The purpose of the SVs were to report on individual prison establishments. SV inspecting teams consisted of five inspectors, including one healthcare inspector[27]. Each report offers findings into the operation of the prison(s) and the services that are provided.

This study applies a systematic procedure for reviewing organisational and institutional reports, known as document analysis, to generate key themes, categories, and case examples[28]. The approach enables the researcher to rely on the description and interpretation of data within published documents, such as excerpts, quotations, and surveys, rather than analysing raw data[29 30]. Utilising this method in prison research offers valuable insight and understanding of how mental healthcare in prisons is delivered[31 32 33]. In the current climate of the coronavirus pandemic, this method offers greater utility whilst external scrutiny is reduced, and research activity suspended.

An inductive approach was taken to analyse the texts and generate categories[34]. The data was analysed using NVivo 12, a computer-assisted qualitative data analysis software. NVivo is a useful tool for managing large datasets and supports the researcher in ensuring and demonstrating rigor in the

26. HMIP (2020a) Alternative approach to scrutiny during the COVID-19 pandemic. https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2020/03/Short-scrutiny-visit-briefing-document-for-website-1.pdf
27. HMIP (2020b) Developing HMI Prisons scrutiny during recovery from the COVID-19 pandemic. https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2020/08/SV-methodology-for-website-1.pdf
28. Bowen, G. A. (2009) Document analysis as a qualitative research method. Qualitative Research Journal, 9(2): 27–40. https://doi.org/10.3316/QRJ0902027
29. Bowen, G. A. (2009) Document analysis as a qualitative research method. Qualitative Research Journal, 9(2): 27–40. https://doi.org/10.3316/QRJ0902027
30. Labuschagne, A. (2003) Qualitative Research - Airy Fairy or Fundamental?. The Qualitative Report, 8(1), 100-103. https://doi.org/10.46743/2160-3715/2003.1901
31. Woodall, J. & Freeman, C. (2019) Promoting health and well-being in prisons: an analysis of one year's prison inspection reports. Critical Public Health, 30(5): 555-566. https://doi.org/10.1080/09581596.2019.1612516
32. Woodall, J. & Freeman, C. (2021) Developing health and wellbeing in prisons: an analysis of prison inspection reports in Scotland. BMC Health Services Research, 21:314. https://doi.org/10.1186/s12913-021-06337-z
33. Patel, R., Harvey, J. & Forrester, A. (2018) Systemic limitations in the delivery of mental health care in prisons in England. International Journal of Law and Psychiatry, 60: 17-25. https://doi.org/10.1016/j.ijlp.2018.06.003
34. Braun, V., & Clarke, V. (2006) Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2): 77–101. https://doi.org/10.1191/1478088706qp063oa

analytical process[35]. Each report was uploaded into NVivo and coding functions were used to create categories and code date accordingly.

## Results

This section reports the key themes derived from 44 HMIP inspection reports that were published during the first year of the COVID-19 pandemic, as well as survey data relating to mental health and mental healthcare from 34 adult prisons. The prisons have not been identified in the reporting. The results have been presented under six headings: reduced service provision; prevalence; treatment and interventions; management of suicide and self-harm; use of technology; transfers to hospital under the Mental Health Act.

### Reduced service provision

The COVID-19 pandemic and its impact on health provision is described in each report. In relation to secondary mental health provision, 84 per cent of reports stated that the support available had reduced during the pandemic. Many teams were reported to be prioritising support on clinical risk and vulnerability and there were concerns that in some locations routine referrals were not being assessed or were taking much longer. In one location, services were withdrawn from the prison in the first part of the pandemic:

> *The secondary mental health in-reach team had been working remotely during the pandemic. On-site face-to-face appointments had restarted in mid-August with a caseload of 23 prisoners. There was evidence of unmet need.*

In relation to secondary mental health provision, 84 per cent of reports stated that the support available had reduced during the pandemic.

Six reports described healthcare staff conducting welfare checks for the most vulnerable or to support people not on their caseload with general wellbeing issues due to increased demand.

Several reports described staffing shortages which led to increased waiting times. In some cases, the limited resources prior to the pandemic were mentioned and these challenges were further exacerbated due to shielding, isolating and social distancing.

> *… prisoners did not have access to evidence-based psychological therapies, and waiting lists for treatment were extensive.*

Table 2 displays the mean percentage of people in prison who reported easy access to mental health workers (by prison type) during the pandemic. There was little qualitative feedback directly from patients in the reports, however at one site it was stated that patients had reported having to wait for long periods for treatment, but that the care they received was good once they were able to access the service.

One service was able to mitigate the effects of the pandemic on service delivery by adapting their approach:

> *Despite some curtailment to the service during the pandemic, mental health staff had been flexible in providing ongoing support. They visited the units and had altered their working hours to fit in with exercise times on the playing field, to see their patients and anyone else who wanted to speak to them about their mental health and wellbeing.*

### Prevalence

Several reports described an increase in people in prison requiring support since the regime restrictions commenced. Table 2 displays the percentage mean and range of self-reported mental health problems from individuals surveyed across different prison types.

At one prison, staff raised concerns about the impact of the restricted regime on health and wellbeing:

> *Staff had serious concerns that the long periods confined to their cells would affect these patients' well-being, and cause boredom, low mood and sleep inversion, leading to increased prescribing.*

35. Spencer, L., Ritchie, J. & O'Connor, W. (2003) Analysis: Practices, principles and processes, in Ritchie, J. and Lewis, J. (eds) Qualitative Research Practice (pp. 199–218). Sage.

Interestingly, one site had seen diminished demand although there was no supporting information to explain the reduction:

> *Referrals were low and had in fact decreased since the beginning of the period of restrictions.*

There was variability in the size of caseloads of secondary mental health services, ranging from one patient to over 200. One mental health service was reported as having a combined primary and secondary mental health caseload of 450 patients.

**Treatment and interventions**

Face-to-face contact and therapeutic groups were greatly reduced or unavailable in most prisons during the restricted regime.

However, some teams were able to continue with individual sessions and one service managed to make improvements:

> *The team offered a variety of interventions including interventions based on cognitive behavioural therapy, sleep hygiene and an extensive range of in-cell guided workbooks.*

> *Services had improved with a more diverse range of psychological therapies, wider competences among staff and a developing neuro-disability pathway.*

Many mental health teams developed in-cell workbooks and self-help materials to mitigate the reduced service provision.

> *A range of mental health information was available, including specific COVID-19 anxiety management information in an easy-read format, and distraction and in-cell activity resources.*

> *A particularly helpful booklet entitled 'Living with Lockdown' which had been translated into Albanian, Romanian, Spanish and Polish provided useful coping strategies.*

In some cases, there were insufficient spaces to conduct one-to-one and group interventions:

> *There were not enough rooms in the prison to deliver high intensity one-to-one therapy, and therapeutic groups had been curtailed because of social distancing restrictions.*

For patients subject to the Care Programme Approach and due for transfer or release, two reports acknowledged the challenge in engaging external mental health services during the restrictions.

Psychiatry provision was available in most cases, either via telephone or face-to-face. Psychology input was much more variable with some sites continuing with therapy individually, although in other locations psychological therapies were not available. One prison upskilled nursing staff enabling them to offer patients interventions to address their psychological needs.

Psychology input was much more variable with some sites continuing with therapy individually, although in other locations psychological therapies were not available.

**Management of suicide and self-harm**

Almost half of reports acknowledged the mental health teams' involvement in Assessment, Care in Custody and Teamwork (ACCT) reviews for people at risk of suicide or self-harm. Of these, all the services were actively involved in the process however their input varied.

> *… ACCT records suggested that multidisciplinary input was not always consistent.*

Some teams attended all reviews in person, whereas others provided written contributions where it was not possible to attend. Furthermore, most teams attended initial ACCT reviews only and a couple of teams were reported as attending all ACCT reviews.

**Use of technology**

Just over one-quarter of reports stated telephony as a means for mental health practitioners to maintain contact with patients throughout the pandemic. Only five reports indicated that video calling was utilised to undertake some consultations and assessments for mental health purposes.

*Clinicians had made more use of technology to treat patients in the last six months, including telephone consultations with hospital specialists and the use of electronic tablets to allow the psychiatrist to observe the patient while undertaking an assessment.*

One prison was reported to be planning to adopt video-conferencing and electronic handheld devices in the near future.

**Transfers to hospital under the Mental Health Act**

26 reports recorded activity in relation to Mental Health Act transfers to hospital. Of these, 15 reports identified concerns whereby patients were experiencing delays beyond the national guidance and waiting too long for transfer:

*All five patients on the transfer waiting list at the time of our visit were beyond the transfer time target (14 days), one of whom had waited more than 100 days and one more than 250 days. This was unacceptable.*

In one prison, two people awaiting transfer did not have a care plan.

Eight reports stated that there had been no reported (significant) delays or the transfers had taken place within specified timescales.

One prison was commended for reductions in waiting time:

*[Provider] had developed a new approach to transferring patients to hospital under the Mental Health Act, which included weekly monitoring with service commissioners and specialist commissioners. This had proved very effective with only two patients awaiting transfer (compared to 16 in April) and waiting times, while still beyond target, reduced.*

**Discussion**

The purpose of this study was to understand how mental healthcare was delivered in prisons during the first year of COVID-19 and identify learning that could be applied throughout the remainder of the pandemic and beyond. This is particularly important as external scrutiny has been lessened during the period of regime restrictions and service delivery is so variable. Whilst COVID-19 has presented unique challenges to the prison estate and measures are required to reduce the spread of infection within prisons, the effect on mental healthcare and the mental health and wellbeing of people in prison are profound.

In most cases, service delivery has been restricted, there has been an observed rise in people requiring support, and the health of people in prison has been compromised.

Mental healthcare in prisons was under pressure prior to the pandemic. The data contained within the inspection reports demonstrates the substantial impact COVID-19 has had on mental health services in prisons. In most cases, service delivery has been restricted, there has been an observed rise in people requiring support, and the health of people in prison has been compromised. Mental health practitioners have had to quickly adapt to new ways of working and navigate through a shifting landscape and increased risk[36].

The variability of mental health service provision identified in pre-pandemic accounts continue to be problematic, with services not able to provide equivalent care to that provided in the community[37]. COVID-19 exacerbated these challenges, with services suffering reduced resource because of vacancies, sickness and shielding arrangements. Many teams were constrained to prioritising need by clinical risk and vulnerability, despite increasing demand. Of most concern are the accounts where mental health services withdrew from the prison and only provided support remotely, resulting in unmet need. Moreover, the figures in Table 2 demonstrate the difficulties people in prison experienced in accessing mental health workers during this time. Four of the five prison types reported a mean below 26 per cent for the question relating to how easy respondents experienced accessing mental health workers.

Prior to the pandemic concerns were raised regarding the range of services available to people in

36. Kothari, R., Forrester, A., Greenberg, N., Sarkissian, N. & Tracy, D. (2020) COVID-19 and prisons: Providing mental health care for people in prison, minimising moral injury and psychological distress in mental health staff. Medicine, Science and the Law, 60(3): 165-168. https://doi.org/10.1177%2F0025802420929799
37. Forrester, A., Exworthy, T., Olumoroti, O., Sessay, M., Parrott, J., Spencer, S., & Whyte, S. (2013) Variations in prison mental health services in England and Wales. International Journal of Law and Psychiatry, 36(3–4): 326–332. https://doi.org/10.1016/j.ijlp.2013.04.007

prison[38]. The restricted regime limited the available interventions further, with face-to-face contact and group work being reduced or unavailable in most prisons. Mental health practitioners were quick to put alternatives in place, such as self-help materials and in-cell packs. One of the few positives of the pandemic was the implementation of technology to support the delivery of healthcare services using telemedicine. Around 40 per cent of prisons in England and Wales lacked sufficient internet connectivity for videoconferencing prior to the pandemic, however following COVID-19 new legislation has permitted the use of 4G enabled tablets for this purpose and all prisons in England now have telemedicine capability[39]. However, only five prison inspection reports mentioned the use of videoconferencing to undertake consultations and assessments. A greater number mentioned the use of telephones to maintain contact with their patients. Beyond the pandemic, opportunities to modernise healthcare delivery in prisons is welcomed. Telemedicine offers a range of potential advances, including improvements in accessing health services, reductions in waiting times, enhancement of the transfer process under the Mental Health Act, and improved health outcomes[40]. Although, further exploration is required to ensure remote working does not risk poorer health outcomes and compromise patient safety and experience[41].

Across the prisons included in this study, it is apparent that people are still waiting unacceptably long periods of time to be transferred to hospital under the Mental Health Act. This is particularly concerning as delays in transferring individuals with a severe mental illness is detrimental to health and is associated with increased risk of harm to self and others[42 43 44]. Existing guidance states that the transfer should occur within 14 days after the first assessment has taken place[45]; however, figures indicate that only 34 per cent of people were transferred in time[46]. New proposals as part of the Reforming the Mental Health Act White Paper suggest extending the timeframe to 28 days, despite the known harms associated with doing so[47]. The findings from this study illustrate the scale of the issue, and most alarmingly, that patients awaiting transfer are not always receiving a personalised plan to appropriately manage their health and ongoing care.

The study's findings highlight the importance of prison reform and greater investment in prison mental health services to improve health outcomes and rehabilitation for people in prison. Standards consistently fall short of the minimum requirements for mental healthcare in prisons and there remains much work to make improvements[48]. Mental health teams should be of a sufficient size and skill-mix to appropriately cater for the mental healthcare needs of people in prison[49]. Improvements in multi-agency working is also paramount to ensure people involved with the criminal justice system receive ongoing support across the care pathway, rather than the current fragmented approach[50].

In normal conditions the experience of imprisonment can have detrimental effects on health

38. Patel, R., Harvey, J. & Forrester, A. (2018) Systemic limitations in the delivery of mental health care in prisons in England. International Journal of Law and Psychiatry, 60: 17-25. https://doi.org/10.1016/j.ijlp.2018.06.003
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and wellbeing, therefore it is vital that people in prison can access high quality care[51]. For those experiencing imprisonment during a pandemic, access to these services is even more important to mitigate the psychological impact of quarantine conditions.

Whilst this study has drawn together the key results from more than 40 inspection reports, identifying a number of key commonalities across the prison estate around mental health provision during the first year of the COVID-19 pandemic, it is limited in a number of key ways. In particular, the inspection reports lack detail as they were not produced for research purposes. This paper focuses on one section of the prison inspection reports whereby concise and factual accounts of mental healthcare provision are provided. It is possible that some areas of service provision were not recorded by inspectors. As a result, the depth of the analysis was restricted. Reports offering more in-depth analysis, such as the peer-review reports offered by the Royal College of Psychiatrists' Quality Network for Prison Mental Health Services, may glean a richer picture. This paper is further limited by the argument that inspection reports offer a negative picture of healthcare delivery in prisons and may not capture good practice[52 53]. Lastly, this paper focuses on secondary mental healthcare only as it forms part of a wider project on this topic. The impact of COVID-19 on primary mental healthcare in prisons would also be an important consideration for future research.

## Conclusion

This study summarises the key themes and learning from 44 prison inspection reports, offering a broad understanding of the delivery of mental healthcare in prisons during the first year of the COVID-19 pandemic. The pandemic posed new challenges for prison healthcare, whilst also exposing existing inadequacies. The regime restrictions have led to increased demand for mental health services, however with curtailed service delivery the support provided to people in prison has diminished, resulting in unmet need. The severe reduction in access and range of mental healthcare opposes the notion that the highest attainable standard of health is a fundamental right of every human being and that imprisonment should not adversely affect this[54 55]. Services require greater investment and resources to ensure people in prison receive equivalent services to that received in the community. Conversely, whilst presenting substantial challenges to the prison estate, the COVID-19 pandemic has offered the opportunity to modernise and improve some aspects of health and justice services. Action is now required to maximise these opportunities for advancement, such as improved technology and connectivity within prisons, to enhance prison healthcare services, improve health outcomes and support rehabilitation. With the return to full prison inspections from May 2021 it is vital that greater scrutiny is given to mental health provision, as services focus on recovering from COVID-19, to monitor progress and developments[56].

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