

Offender Mental Health

September 2017

Key findings

- Offenders and ex-offenders are particularly vulnerable to mental ill health before, during and after contact with the criminal justice system – and some groups are particularly at risk.
- More people are coming into contact with the police and criminal justice system due to poor mental health and the strain on mental health services.
- Prison environments in London are disastrous for mental health, although leaving prison can be as traumatic as entering, particularly where resettlement needs are not identified and met.
- Probation services are struggling to handle the mental health needs of their service users.
- Improving mental health support for offenders and ex-offenders will require a range of interventions including better joint working and data sharing.
- Crucially, London needs to find alternatives to prison sentences and support rehabilitation in the community.
- Supporting ex-offenders into housing and employment improves mental health prospects and reduces the risk of reoffending.
- The Mayor is strongly placed to press for reform and to support changes to transform the mental health outlook for ex-offenders.

As part of its investigation into offender mental health in London, the London Assembly Health Committee held a public discussion on 19 April 2017, and sent out a call for evidence to stakeholders in both the public and voluntary sectors. We also visited the St Giles Trust to speak with service users and front-line practitioners, as well as hosting a roundtable with the Revolving Door Agency and ex-offenders. We would like to thank everyone who contributed to our investigation, particularly ex-offenders who shared their personal experiences and insight with us.



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Mental ill health should be neither a cause, nor a result, of contact with the Criminal Justice System (CJS) in London. But mental health support for people in contact with the CJS in London is nowhere near as good as it should be. Failure to intervene early enough, or to provide holistic support for people with complex, challenging needs, is locking offenders and ex-offenders into a downward spiral. This damages the health of the individuals and their families, but also has a wider cost to society in terms of avoidable healthcare costs, strain on services, and increased offending and reoffending.

Health and criminal justice can intersect in positive ways to help people with mental health problems turn their lives around. Tackling this issue will take a concerted effort from different agencies in contact with the offender population, and those at risk from becoming so.

The most crucial role for the Mayor is one of leadership. He has recently launched the Thrive LDN initiative. This is intended to be a citywide movement to raise awareness, challenge stigmatisation of mental health issues, and drive forward improvements to mental health support across the capital. Our report suggests ways in which Thrive LDN and other mayoral work can be harnessed to bring much-needed improvement in mental health for people in contact with the CJS. Offenders and ex-offenders cannot be ignored if the Thrive LDN ambitions are to be achieved.

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Offenders and ex-offenders are particularly vulnerable to mental ill health

Having poor mental health does not in itself make you more likely to offend. People with mental health problems are more often the victims of crime than the perpetrators, and a substantial number of offenders have themselves been victims of crime.

Offenders and ex-offenders are particularly vulnerable to mental ill health before, during and after contact with the police, courts, prison and probation services. Many within the offender and ex-offender population have been on “the wrong end of a lifetime of vulnerability” and this group experiences profound and ongoing social, economic and health inequalities. It is therefore vital that their particular needs are addressed in the overall ambition to improve mental health in London.

London has disproportionately more offenders than any other area in England and Wales, with 17 per cent of all offenders and reoffenders (75,000 and 18,000 respectively). The total joint adult caseload for the probation services in London is approximately 45,000 offenders.¹

In terms of **ex-offenders**, it is difficult to say with certainty how many live in London. The Government publishes data on the current prison and probation population.² However, this does not capture the numbers of Londoners who have been through the CJS, and whose status as an ex-offender continues to have consequences for their mental health. But the number is likely to be high: Business in the Community

estimates that there are over 10 million people - one in 7 of the adult population - in the UK with a criminal record.³

Poorly treated mental health is an overwhelming factor throughout the criminal justice pathway. The best available data shows a vastly increased prevalence for serious mental health conditions in the offender population across both prison and probation.⁴

- Seven per cent of male prisoners have experienced a psychotic disorder within the previous year, a substantial increase over the prevalence within the general population (0.7 per cent).
- 33 per cent of male and 51 per cent of female prisoners suffer from depression, while the prevalence in the general population is 9 per cent and 13 per cent respectively.
- The proportion of male prisoners with a diagnosed personality disorder is 64 per cent.

Women in the criminal justice system are particularly vulnerable to mental ill health. Suicide and self-harm rates for women prisoners are disturbingly high. According to the British Medical Association (BMA), “female offenders are more likely than their male contemporaries to have been identified with indicators or diagnosis of mental ill health prior to entering prison.”⁵ 30 per cent of female offenders have previously had a psychiatric admission before they entered prison, and

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46 per cent had attempted suicide at some point in their lives, compared to 6 per cent of the general population.⁶

While the cycle of victimisation and offending is prevalent throughout the offender population, it is particularly difficult for women, and particularly those from BAME communities. Women separated from dependent children, or who are pregnant in prison, face additional distress, with adverse mental health consequences for both the mother and children. We heard that mental health support for these women is often only available through voluntary services, and that both prisoners and staff are frequently unaware of the support available. The closure of HMP Holloway has meant that London's women prisoners now serve their sentences further away from their families and support networks.

For those people in contact with the CJS who experience multiple marginalisation - for example, LGBT+ people, disabled and Deaf people, and people with learning disabilities - the picture is even more complex. However, the widespread lack of basic mental health support means that those with additional or more complex mental health needs are even less likely to receive meaningful support.

The mental health consequences of contact with the CJS can last much longer than the period of a sentence. Ex-offenders trying to rehabilitate face enormous barriers to returning to a 'normal' life. Lasting trauma from prison experience, difficulty in gaining employment due to a criminal record, and the ongoing stigma of 'being a criminal', mean that

"I felt like I had been thrown into a jungle. When I came out, my head went bang"

Ex-offender

for many ex-offenders life can be as hard in the outside world as it is in prison, leading to a cycle of reoffending and worsening mental health.

The impact of contact with the CJS can extend beyond the individual concerned and may lead to a cycle of worsening mental health for their families. For example, Revolving Doors Agency notes that there is evidence that children of offenders are three times more likely to have mental health problems or to engage in anti-social behaviour than their peers.⁷

It is clear that the number of current and ex-offenders in London continues to grow, that these groups are particularly vulnerable to mental ill health before, during and after contact with the criminal justice system, and that the effects of their marginalised status ripple out across the families and communities that they are a part of. Better addressing the mental health needs of offenders and ex-offenders will not only benefit the health of the individuals concerned, but also reduce wider costs to society. **The Mayor should encourage local authorities, through the London Health Board, to include offender and ex-offenders in their joint strategic needs assessments and health and wellbeing strategies.**

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More people with mental health problems are coming into contact with the police and the CJS

The number of people with a mental health condition who come into contact with the CJS is also increasing. Between April 2013 and March 2015, London saw a 63 per cent increase in the number of criminal incidents involving mental health aspects.⁸ But not every contact is a result of criminal activity. As community mental health services suffer from funding cuts, an increasing amount of police time is spent dealing with those who are in a mental health crisis. This will include a proportion of people who have not engaged in criminal activity, but have been unable to access support elsewhere. The Met has estimated that between 15 and 25 per cent of police time is taken up responding to mental health related incidents.⁹ According to the Revolving Doors Agency, in 2015-16, the Metropolitan Police Service responded to almost 3,700 incidents where section 136 of the Mental Health Act was used, an average of 10 incidents a day.¹⁰ MOPAC's own figures for the last two years indicate an average of 6,000 - 7,000 calls per month with some relation to mental health.¹¹

How police officers deal with initial contact with people with mental health issues may have profound implications for the individual's ongoing health and future stability. According to Andy Bell from the Centre for Mental Health, mental health "is the business of the police.

It is core business for all criminal justice services."¹² Our investigation echoed the findings of Lord Adebowale's independent report in 2013, which found officers needed better training to help recognise and de-escalate those who are suffering a mental health crisis, and that better care pathways should be developed alongside health services.¹³

The Met has gone a considerable way to accepting that it needs to improve how officers respond to those with mental health issues. We are encouraged to see this issue receiving greater profile within the police service. The Mayor's new Police and Crime Plan outlines a series of measures to improve officer training and partnership working, including:

- introducing new Mental Health Investigation Teams that will serve all 32 London Boroughs. These teams will aim to improve joint agency working in relation to problem solving, intervention and demand reduction, and will be tested in East and North London
- piloting a new triage service aimed at female offenders with mental health needs to divert them from the criminal justice system¹⁴

We would therefore welcome assurances from the Mayor and MOPAC that these initiatives will be prioritised early in the delivery of the Police and Crime Plan and that, if pilot schemes are found to be effective, they are rolled out across the rest of London as quickly as possible.

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“Dual diagnosis” is when a person experiences co-occurring issues of mental illness and drug/alcohol abuse. The relationship between the two conditions is often complex: people may become mentally ill as a direct result of drug or alcohol abuse, or may become dependent on drugs and alcohol as a way of self-medicating for a mental health condition, or the two issues can exist independently. Untangling the two diagnoses can be challenging for doctors, and represents real difficulties for service provision. The evidence we heard suggests that vulnerable people are being passed between services and falling through the gaps. Substance abuse services often lack the expertise to deal with service users with severe mental health issues, while mental health services may refuse to work with an individual until their substance abuse issue has been addressed.

For many offenders, their situation represents, in part, a series of systemic failures to provide the support they need to avoid contact with the CJS in the first place. The strain on mental health services across the board has meant that, increasingly, people are unable to access support until they reach crisis point. The police therefore often bear the brunt. We heard that thresholds - the level of perceived need at which services become available - vary across London boroughs, with many areas unable, or unwilling, to support particularly challenging and complex cases. The situation is compounded when people have multiple issues, such as dual diagnosis. Between 70 and 90 per cent of the prisoner and

probation populations have mental ill health and/or substance abuse issues.¹⁵

“Very often they have lots of problems, none of which is regarded as serious enough in a diagnostic way to allow them to receive a service”

Centre for Mental Health

A question of trust

The Centre for Mental health told us that there remains “real fear” in some communities, particularly African and Caribbean communities, that getting involved in mental health services would lead to being detained under the Mental Health Act and potentially “at risk of losing your life”. This was echoed by a number of ex-offenders that we spoke to. Research shows that people from BAME communities are 40 per cent more likely to access mental health services via the CJS and that psychological therapy services are less likely to be supporting people from these communities.¹⁶ This is a particular issue for London, which has large BAME populations and low levels of early diagnosis of common mental health issues. But this same mistrust of the ‘mental health label’ can be seen to a greater or lesser degree among many other groups within the population.

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To succeed, mental health services will need to build confidence within the BAME and other communities who have had little reason to trust them in the past. The voluntary sector has a key role to play here: having worked in this space for many years, they are a goldmine of information and experience. But too many of them face uncertain futures: **The Mayor, through Thrive LDN and other initiatives, should recognise the critical value of these organisations in reaching groups who are marginalised from mainstream services.**

"[we need] a service that is much more open access and people bringing their friends along and you receive mental health support alongside other things in a building that does not say mental health on it."

Centre for Mental Health

Ex-offenders told us that having to repeat their often traumatic life stories to multiple people across different agencies has a negative impact on their mental health and their trust in services. We heard one example of someone who had to give their history nine times to different people within a 24-hour period in custody. Those we spoke to said they would welcome better sharing of their information between agencies with informed consent, so that their needs could be met more effectively.

"Why would I disclose when it's going to be used against me?"

Ex-offender

Improving data sharing arrangements between health services, voluntary organisations, the police and the wider CJS could help to provide a more joined-up mental health care pathway for offenders. We also heard that many people arrive in custody, probation or detention with no medical history. This slows down and reduces the accuracy of health assessments, meaning that early opportunities to provide the right support are sometimes missed. In some cases, this means people are left without access to medication to help them manage their long-term mental health conditions.

The BMA told us that the Health and Justice Information Service project, which has been tasked with improving the flow of data between the secure estate and community health settings, should be prioritised and rolled out. Information sharing should work both ways so that offenders leaving prison or probation are supported to receive long term continuous support for mental health

and other conditions such as substance abuse. This is particularly the case for 'unplanned releases' (where an individual is released immediately after a court appearance) and for short-term sentences where there has not been time to arrange community care. **The Mayor, through the London Health Board, should look at the current barriers to data flow between agencies and take a leadership role in identifying how these might be overcome through local and regional partnership working.**

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Prison environments in London are disastrous for mental health

The Howard League for Penal Reform told us that “prisons are violent, dangerous and unhealthy places”. Organisations across the health and justice sectors agree, and told us significant improvements are needed across a range of issues to ensure the physical and mental health of both prisoners and staff.¹⁷

Overcrowding: Key London prisons such as Wandsworth, Brixton, Thameside and Pentonville are all significantly overcrowded, with Wandsworth the worst, holding 50 per cent more prisoners than it should.¹⁸ Reports suggest that many aspects of prison life are negatively affected by the state of overcrowding in the prison system. For example, living conditions in Pentonville Prison were found to be adversely affected by the chronic overcrowding, with cells originally designed for one prisoner now holding two. Equally, overcrowding also significantly affects prison regimes, with a considerable number of prisoners spending up to 22 hours per day locked up in their cells.¹⁹

“They don’t care about your mental health. They’re just there to keep you in line”

Former prisoner

Violence: April 2017 Ministry of Justice data shows violence in prison has reached record highs. Assaults in prison rose by 27 per cent on the previous year, prisoner-on-prisoner assaults by 23 per cent, and assaults on staff by 38 per cent.²⁰

Drug abuse: Despite efforts at control and treatment provision, drug abuse is still rife within London’s prisons. In 2015, the Centre for Social Justice found that just under a third (31 per cent) of prisoners admit that it is easy to get drugs in prison and that 29 per cent of prisoners admit to having a drug problem on arrival to prison. Of those prisoners who have used heroin, almost a fifth reported first trying it in prison.²¹

Understaffing: Issues of violence, drug abuse and overcrowding are made worse by the ongoing problem of staff recruitment and retention in prisons. According to the Centre for Mental Health, “prisons need a stable cohort of trained, experienced and committed staff in order to run effectively. Staff need to get to know prisoners to be able to recognise minute changes in a prisoner’s demeanour which might indicate risk.”²²

The Ministry of Justice has attempted to deal with the situation by introducing more restrictive regimes which allow fewer staff to guard larger groups of prisoners. However, these restrictive regimes are detrimental to the mental health of prisoners. Often it involves longer periods of lock-up, fewer opportunities for prisoners to mix socially or to undertake activities to improve skills and education, and a harsher punishment regime which involves segregation of prisoners for long periods of time from the general prison population.

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Chronic understaffing means that often prisoners are unable to attend support services, as there is no guard to accompany them, or in some cases, workers are forced to give therapeutic services through a locked door. The increasing use of monitoring via CCTV also reduces one-to-one contact between staff and prisoners. The Howard League condemned this situation in its submission to us.

We are encouraged that some prisons have introduced peer led programmes to encourage prisoners to support each other. However, these programmes cannot be viewed as a substitute for adequately staffed, funded and trained professional mental health support. It is particularly important to recognise that peer supporters may well be struggling with their own issues, and especially in the case of those who witness violence, self-harm or suicide, may be undergoing significant trauma themselves.

The vast majority of prisoners will be released back into the community at some stage and expected to resume a normal life. Untreated mental health issues, triggered or exacerbated by time spent in prison, creates a further barrier to rehabilitation.

Being in prison is not intended to be a pleasant experience, but the contribution that current prison conditions make to the worsening mental health of prisoners, ex-prisoners, their families, and the staff working in prisons must be addressed.

“People come in and they come out worse”

former prisoner

Prisoners have a right to expect equivalent levels of mental health care in prison as the general population. It is clear from our evidence that this is not happening in London. The BMA told us “access to mental health support and treatment, such as CBT (cognitive behavioural therapy) is very limited, or more frequently, not available at all within the secure estate in London.”²³

A thorough assessment should be made by health professionals about the physical and mental health needs of new prisoners. Unfortunately, the effectiveness of this initial assessment is undermined by the volume of prisoners and the lack of joined up record management between the police, health services, probation services and the courts. Without proper assessment, including an understanding of contributing factors such as past trauma or drug abuse, which can be triggered by conditions in prison, mental ill health is likely to get worse before it gets better.

“It is not sufficient to ensure that every prisoner is able to have the occasional appointment with a mental health professional if the prisoner is terrified, isolated, locked in their cell for hours on end or drug-addled”

Howard League for Penal Reform

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Diverting away from the criminal justice system

Liaison and Diversion (L&D) services identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the CJS. The service can support people through the early stages of the criminal justice pathway, refer them for appropriate health or social care support and enable them to be diverted away from the CJS into a more appropriate setting, if required.

L&D services are commissioned through the NHS' Health in Justice System. Currently, it operates in 31 Met custody suites, one in the City of London, and two British Transport Police custody suites. L&D services also operate in 12 Magistrates and five Crown Courts.²⁴ During our investigation, we found broad support for the concept of L&D services. The goal of intervening as early as possible with vulnerable adults and young people in the criminal justice pathway was seen as a positive move by the NHS and other stakeholders. L&D services are a relatively new addition to the CJS, but their presence should change how police and court services approach those with mental ill health.

Despite this, we have also heard criticisms from a wide group of organisations about how the service operates in reality. Arguably, the L&D model is dependent on several key assumptions that, at least in the current climate, may be unrealistic:

- That staff are able to work with a diverse, marginalised and sometimes challenging client group, many of whom are entering the CJS with a high degree of suspicion of both police and mental health services.
- That police and courts understand the intersection between mental ill health and offending, and are willing to divert offenders away from prison and into community sentences which seek to treat the underlying causes of offending.
- That there are appropriate pathways into local and community mental health services, and that these have both the capacity and willingness to deal with this challenging group, representing a realistic alternative to prison or other types of sentences.
- That there will be a continuity of care across the criminal justice pathway.

The Mayor and other criminal justice partners will need to continue to support the expansion and development of L&D Services across London and champion this approach to reducing avoidable involvement in the CJS. But such services will ultimately fail if there is no capacity within community mental health teams to provide support. And signposting people towards community based support and then failing to deliver it can further entrench anxiety, feelings of isolation and rejection, and mistrust of services. **We urge the Mayor to do everything in his power to ensure London has the resources needed to provide community based mental health support for all who need it.**

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Around 30,000 women are arrested each year in London, making up a third of all offenders sentenced at court. Of these, over a fifth go on to reoffend.²⁵ Women's centres were developed as a potential alternative to prison sentences for vulnerable women. They are 'one-stop-shops' for women involved in or at risk of involvement in the criminal justice system. In January 2017, the Mayor's Office for Police and Crime (MOPAC) announced additional funding to help reduce female re-offending. The Mayor noted that "support for female offenders in the capital has been historically underfunded and the need for more services has become increasingly acute as a result of the closure of HMP Holloway last summer."²⁶ The funding included £500,000 to set up a new Female Offender Service, in partnership with probation services. This aims to expand and improve current services and bring different agencies together to tackle women's reoffending across the capital and prevent women from entering prison. It is not yet clear what the Mayor and MOPAC are expecting from this investment: we would like to see a commitment to improving mental health incorporated into this programme.

Leaving prison can be as traumatic as entering

Prisons, however problematic, can provide some structure to the lives of many chaotic individuals. The change in status from prison to the community, where there is less structure, and often very poor support, can be traumatic.

Identifying people who are at high risk of suicide or self-harm on release is crucial. The period immediately after leaving prison can be particularly demanding for those who experience mental ill health. Issues including the lack of continuity of care between prison and community health services, and increased risk of long-term homelessness and unemployment, may contribute to the higher prevalence of suicide in recently released prisoners than in the general population, especially in the first few weeks after release. A fifth of deaths by suicide in this group occurred within the first 28 days after release.²⁷

Providing targeted support at this time, and signposting people to ongoing support, could be a big step towards the Mayor's aspirations for a zero-suicide city. Continuity of care between prison settings and the community is vital. Improvements in mental health outcomes can be lost if support disappears upon release. Ex-offenders and those working with them

"Physically they've been released, but mentally they are still in prison"

St Giles Trust

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have been critical of current ‘through the gate’ services, which are intended to support resettlement but in reality are compromised by a lack of joined-up working between agencies. Resettlement is expected to start 12 weeks before release, which includes an assessment of the health support needed after prison, as well as guidance on housing and employment opportunities. However, in too many cases, the support offered is not sufficient. For example, Women in Prison reported that “many leave prison without a named GP in the community, not knowing how to register with a GP or without the required ID forms to do so.”²⁸ It also outlined instances where prisoners were released without the proper psychiatric medication, or with the wrong dosage.

“You’re promised certain things when you come out, but there’s no one waiting for you outside, you’re left on your own”

Former prisoner

This can be a particular issue for those serving short sentences. The London Community Rehabilitation Company (CRC) told us that “the transition out of custody can sometimes be made more complex for those who are serving short sentences. They do not serve long enough in custody to have a full assessment and diagnosis and for that continuity to be then followed out into the community so that you are then referring back in once that person is released.”²⁹

Probation services are struggling to handle the mental health needs of their service users

Probation is the way in which offenders are supervised and their rehabilitation in the community is managed. The CRC manages the majority of offenders in London under probation supervision. It was set up in 2015 as part of the privatisation of probation services in London. Working directly with offenders and other agencies, the London CRCs aim is to tackle the causes of offending behaviour, enable offenders to turn their lives around and rehabilitate them back into the community.

Delivery of probation services in London has been heavily criticised. The London CRC was below the national average in 17 of 20 performance measures and has lower performance compared to other CRCs in key areas affecting mental health care, such as arrangement and prioritisation of unpaid work, contribution to initial offender contact, assessments for discharge and completion of resettlement plans.³⁰ HM Inspectorate of Probation reported that since the CRC had taken over the supervision of medium to low-risk offenders in 2014, probation services had deteriorated and that London is “now poorer than any other area that had been inspected.”³¹

London CRC outlined a series of measures it had undertaken, including contracting with a healthcare provider to provide mental health support, and was confident that its performance would improve. But the contracts awarded for CRCs did not include any requirements to show

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how they would support mental health of their service users. According to NHS England, this means that London CRC's provision of mental health support has been "left up to chance and good practice" rather than being a central tenet of its contract.³²

London CRC highlighted the challenges that the probation service in London faces in ensuring quality mental health support to its clients:

- Integrating health care records with probation services. London CRC relies on self-disclosure from its clients which is patchy and often inaccurate.
- Differing thresholds for mental health support from boroughs. Probation officers, who are not trained to be mental health professionals, often find it challenging to navigate the available support among 33 different boroughs.

We continue to hear criticisms about the level of resource given to London CRC, and the effect that this has on the quality of its service. In particular, for many less serious cases, it is too often seen as a 'tick box' exercise which fails to address the complex underlying needs that a majority of people leaving prison face. The Mayor has called for probation services to be devolved to City Hall, and has committed MOPAC to work with the Ministry of Justice to stabilise the service.³³

We urge the Mayor to include improving the mental health support offered by probation as a key part of this ambition.

Life beyond the criminal justice system

Liaison and diversion services, probation and other resettlement programmes, are only effective if they can provide a solid, practical foundation for ex-offenders to build a new life outside the CJS. This has particularly serious implications for those with the added burden of dealing with an underlying mental illness. Lack of housing and employment prospects after release, and the ongoing discrimination faced by ex-offenders, increase both mental health risk and the risk of re-offending.

Housing

Having stable accommodation is vital to both good mental health and to preventing reoffending. But many people leave prison without it: the Centre for Social Justice reported in 2010 that up to a third of people left prison with "nowhere to go", and we have seen no evidence that this has substantially improved.³⁴

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

Ex-offender

Local authorities have a statutory duty to assist homeless and vulnerable ex-offenders in some circumstances. However, London CRC told us that each London local authority has a different set of thresholds

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for providing housing support, and this can make it difficult for resettlement services to know how to navigate the system to provide adequate housing support. Supported housing remains one of the key housing options for ex-offenders. However, research from Homeless Link and Clinks, a charity working with ex-offenders, shows that, while organisations are being commissioned by CRCs to provide housing services, the provision of specialist support remains patchy.³⁵ In London, the lack of affordable housing makes this problem more acute.

The latest figures from the Combined Homelessness and Information Network (CHAIN) record that 33 per cent of all rough sleepers in London had some experience of prison. Nacro, which runs many resettlement programmes on behalf of probation services around the country, echoed the evidence submitted to us on this issue: “we can have great intentions and we can make 100 referrals for someone into housing but if the local authority do not deem them a priority need and, if there are private landlords, they cannot get deposits for private rented properties.”³⁶ **This is an area that the Mayor should explicitly address in his housing strategy and homelessness programmes.**

A lack of housing has significant impact on continuity of care between prison and community environments. GPs are the gateway to mental health support, particularly for those whose mental health issues do not reach the threshold for intervention by acute mental health services. Although GP registration is not dependent on having a fixed address, we have heard examples of people being refused registration because they

do not have accommodation and the accompanying identifying documents. And, in reality, the more chaotic an individual’s circumstances are after leaving prison, the less likely they are to engage with services. **The Mayor and Thrive LDN partners should consider working with prisons on a London-wide drive to improve prisoner registration with GP services to address this gap in care continuity, and explore the feasibility of providing a London-wide pool of GPs for offenders to access until they are settled.**

“Because employers do not want to employ ex-offenders you are almost building people up to knock them down again”

Nacro

Employment

Meaningful employment is a significant driver of good mental health and is shown to reduce re-offending by up to 50 per cent.³⁷ But having a criminal conviction is heavily stigmatised, and many routes into employment remain blocked, despite legislation that prevents employers

discriminating on the basis of spent convictions. 60 per cent of those leaving prison do not have employment on leaving prison.³⁸

There are numerous advocates for hiring ex-offenders, who argue that they often turn out to be fantastic employees, determined to show their worth. But most application forms still ask for disclosure of a criminal record. According to 2015 research by employability service Working Links, 75 per cent of employers admit to discriminating against a

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candidate with a criminal record, and 10 per cent say they would never recruit an ex-offender.³⁹

Peer support can be of particular use in this area. The St Giles Trust trains ex-offenders to provide key worker support to individuals about to be released from prison. These advisors have strong local knowledge of services, and can speak to those about to be released from prison about their fears and expectations. Improving access to community peer support of this type could play a significant role in helping people to navigate the support options available. Peer support can also help rebuild people's trust in services, and help reduce the social isolation of people recently released from prison.

Improving mental health support for offenders and ex-offenders will need a range of changes. Mental health will need to be core business for the police and data sharing between agencies must be enhanced. We need effective Liaison and Diversion services to divert people away from criminal justice system where it is safe and reasonable to do so. Beyond the CJS, ex-offenders need effective support to access health, housing and employment opportunities.

The Mayor will gain greater control over employment support programmes and the adult skills budget from 2019. There is a real opportunity here for the Mayor to help better target programmes at this marginalised group. While the details of the Mayor's skills strategy are currently still in development, efforts should be made to identify ex-offenders as a priority for support into the workplace. **This is an area**

where the Mayor can work proactively with the CJS to ensure that education and skills activity in prisons is fit for purpose, giving people the tools to successfully get and keep a job once their sentence has been served.

The Mayor should also lead by example. We have heard that public sector organisations have a particularly poor record in London for hiring ex-offenders. **The Mayor should review hiring policies across the GLA group to ensure that ex-offenders are not unfairly discriminated against, and should explore how this group might be encouraged to work within the GLA group.**

Our investigation paints a grim picture of a growing population of people who are falling through the net in terms of mental health support. But there are a number of ways in which the Mayor, through Thrive LDN and other programmes, can help improve this situation.

Thrive LDN aims to begin a citywide movement to improve mental health. Organisations in the CJS are key partners in this aspiration, and Thrive LDN should be proactive in working with prison and probation services to improve outcomes. As a minimum, we would like to see all London prisons and probation services sign up to Thrive LDN, and for the Thrive team to set out what steps it will take to ensure that prisoners and ex-offenders can benefit from this programme.

We welcome the Mayor's Thrive LDN programme as a potential game-changer for how the city as a whole views mental health. However, it is vital that voluntary sector services, which have vast experience and

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knowledge on how to reach out within vulnerable and marginalised groups, are viewed as key partners.

Thrive LDN represents an opportunity to engage offenders and ex-offenders directly in plans to improve mental health support in London. The views of service users will be critical in designing and delivering support that reflects their needs. It is not clear how Thrive LDN partners intend to capture the vital information that offenders and ex-offenders have to offer. We have gained valuable insight from working with St Giles Trust and the Revolving Doors Agency. **We would encourage the Mayor and Thrive LDN partners to be proactive in reaching out to these organisations, and others like them, which work with ex-offenders.**

Recommendations

The Mayor should ensure that the Thrive LDN programme:

- works proactively with London's prison and probation services to ensure the offender population can benefit from this London-wide movement. The Mayor should write to the committee to set out how he intends to use this programme to engage with London's prisons and the London Community Rehabilitation Company to improve mental health
- develops clear mechanisms for capturing service user feedback from the ex-offender population. The Mayor should set out what engagement he has had to date with the voluntary and community sectors on this issue, and what further engagement is planned
- specifically targets people being released from prison as a high risk group for suicide and self-harm, as part of the suicide prevention strand of the Thrive LDN programme
- includes specific information and signposting for ex-offenders and their families to access specialised and peer support

The Mayor and MOPAC should:

- prioritise the piloting, evaluation and roll out of mental health triage teams across London, and provide further details to the committee of the expected timescales for this work

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- write to the committee setting out how MOPAC will work with the London CRC to 'stabilise' probation services in London and what steps he will take to ensure mental health support is embedded in this service
- set out how the new Female Offender Service will be designed to improve mental health support and how success will be monitored
- support urgent calls for prison reform and alternatives to custodial sentences where appropriate

The Mayor should further support ex-offenders by:

- working with partners on a London-wide drive to improve GP registration for people leaving prison, to improve early access to mental health support and provide continuity of care
- encouraging local authorities, through the London Health Board, to include offender and ex-offenders in their joint strategic needs assessments and health and wellbeing strategies
- explicitly highlighting the housing needs of this group as part of his Housing Strategy and homelessness programmes
- ensuring that his forthcoming skills strategy recognises the value of upskilling and re-training to improve employment prospects and reduce reoffending rates
- reviewing hiring policies across the GLA group to ensure that ex-offenders are not unfairly discriminated against, and are able to access suitable employment opportunities

Next steps

Over the coming months we will:

- continue to scrutinise the development of the Thrive LDN programme
- press the Mayor to ensure that the needs of offenders and ex-offenders are considered in the development of his policies
- review the Mayor's Health Inequalities Strategy to identify ways to provide better support to this group

This work is one strand of a larger committee investigation into access to mental health support for marginalised communities. Previously, we have looked at the LGBT+ and Deaf and disabled communities, as well as holding a session on suicide prevention in London. Further details of this work, as well as other information about the committee, its remit and political make-up, can be found at <https://www.london.gov.uk/about-us/london-assembly/london-assembly-committees/health-committee>

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