

Segregation of men with mental health needs

A thematic monitoring report

January 2024



Introduction from the National Chair

This thematic monitoring report focuses on the repeat failings that IMBs have raised over recent years regarding the poor outcomes for men with mental health needs, who are being held in care and separation units (CSUs), previously known as segregation units, across closed adult prisons in England. Although IMBs did identify some good practice, this report focuses on our concerns.

Too often, the prison service is using CSUs as the default setting to manage and care for men with severe or challenging mental health needs. These units are holding bays for those who face lengthy delays prior to transfer to a more appropriate secure setting, stuck in CSUs because there is simply nowhere else for them to go.

It is clear that the decision to segregate any prisoner, especially those with mental health needs, is not taken lightly by individual prison governors. Despite this, the wider findings of IMBs in England show that CSUs are a frequently used tool.

Many of these issues are in no way the fault of prison governors or staff working in CSUs, who IMBs generally found to be compassionate, understanding and patient in challenging circumstances, often without sufficient training or resources. Overall, staff went to extensive efforts to support prisoners whose mental health was deteriorating, to keep prisoners at risk of self-harm and suicide safe, and to liaise with healthcare professionals to get more appropriate care.

While the prison service does need to find more humane and effective ways of caring for men with complex and severe mental health needs, the solution mainly lies outside of its remit, with a need for more appropriate mental health provision in the community. An increase in the number of mental health hospital beds of appropriate security levels, tighter controls on the transfer target and more effective monitoring of transfer time frames is necessary.

Prisons are having to fill the gaps created by a broken system; this is not about individual failings.

Although it would not have solved the problem entirely, the proposed Mental Health Bill would have been one step closer to tackling this problem, as it was due to make the 28-day transfer target a statutory requirement. It is extremely concerning that this Bill is not being progressed and it is now unclear when, or if, it will ever become law.

In the meantime, segregation will continue to be used as the wrong tool to manage the mental health crisis in men's prisons.

Elisabeth Davies
IMB National Chair

January 2024

About IMBs and this report

Independent Monitoring Boards (IMBs) monitor and report on the conditions and treatment of those detained in every prison in England and Wales, as well as every immigration detention facility across the UK.

IMBs monitoring in prisons have specific powers and responsibilities in order to effectively monitor the conditions and treatment of those in CSUs. Boards are notified when a prisoner is segregated, can speak to prisoners in CSUs in private, are invited to attend segregation review boards (SRBs), and can access and review all records.¹

This report provides an overview of outcomes for men in closed adult prisons with mental health needs who are being held in CSUs.

It is based on:

- A survey completed by IMBs monitoring at over 30 closed adult men's prisons in England for four weeks during late Autumn 2022 (see Annex 1).²
- A follow up survey six months later in Spring 2023 completed by IMBs who had previously identified segregated prisoners waiting for transfers to more appropriate secure settings.
- Findings from IMBs' most recent annual reports.
- Several IMBs' recent correspondence to ministers, senior HMPPS officials and healthcare bodies raising serious concerns over the care of prisoners with mental health needs in CSUs.

Key findings

- In recent years, almost all IMBs monitoring in prisons holding adult men have repeatedly raised concerns over CSUs not being a suitable or appropriate place for prisoners with mental health needs.
- Prisoners with mental health needs were often held for prolonged and long-term periods in CSUs. IMBs found that this was mostly due to:
 - Men struggling to cope or refusing to reintegrate back onto the residential wings (referred to as 'normal location')
 - Lack of capacity in prison healthcare units or prisons with specialist functions
 - Delays in referral, assessment, and transfer to a secure hospital
 - There being no alternative, often because of a lack of diagnosis or men not having met the threshold for admission to a secure hospital.
- Although most IMBs understood why CSUs were deemed the most appropriate place for these men to be held out of the limited locations available in prisons, there were still widespread concerns that CSUs were the only alternative for those who were acutely unwell and in need of specialist care.
- For men who were already struggling with their mental health, their wellbeing and behaviour often deteriorated further while being segregated for prolonged periods.
- Prisoners with mental health needs were often moved between different CSUs, healthcare units, or were returned to wings for short periods which made it harder to track the cumulative time some prisoners spent segregated.

IMB findings

1. Support for prisoners with mental health needs in care and separation units

Men with mental health needs are often held in segregation units, known as care and separation units (CSUs), for ‘their own interest’ under Prison Rule 45.³

As part of their monitoring, IMBs visited prisoners in CSUs with severe and complex mental health conditions, such as post-traumatic stress disorder (PTSD), personality disorders, schizophrenia and psychosis.

Although not every prisoner with a neurodevelopmental condition will also have mental health needs, several IMBs reported on segregated prisoners with autism spectrum disorder, attention deficit hyperactivity disorder (ADHD), learning disabilities and head or brain injuries, as well as mental health needs.

1.1. Mental healthcare

All IMBs reported that prisoners in CSUs were seen by the prison mental health team routinely or on a daily basis and received multi-disciplinary care. One IMB reported that all prisoners in the CSU were automatically under the care of the mental health team. Some prisons had, or were waiting for the arrival of, a dedicated mental health nurse, appointed solely to work in the CSU. Some also had a dedicated psychologist.

In contrast, IMBs at prisons such as the Isle of Wight were concerned about low numbers of mental health staff, which impacted on the quality of care that could be provided to those in the CSUs.

Despite the specialist mental health care provided in some CSUs, many IMBs still considered these to be inappropriate environments for prisoners with more complex mental health needs.

1.2. Self-isolation

Prisoners with mental health needs are also known to isolate themselves on normal location. Many IMBs were concerned that these prisoners were living in segregated conditions without the protection of the segregation rules and the level of monitoring that would be offered in the CSU, such as daily/regular visits from mental health staff.

Channings Wood, Dartmoor and Hindley IMBs reported that the number of prisoners who were self-isolating on normal location had increased. There were prisoners with mental health needs who had self-isolated for a year at Lowdham Grange, and one prisoner who had self-isolated for 400 days at a category C training and resettlement prison.

Some prisons were working to tackle this. For example, Humber IMB reported that a specialist unit was being reopened to encourage prisoners who were self-isolating to return to a full regime and at Hindley, a management focus on this issue meant wing staff had been able to reduce the number of prisoners choosing to self-isolate.

2. Self-harm and suicide

2.1. Assessment, care in custody and teamwork (ACCT)

ACCT is the HMPPS case management approach used to support prisoners at risk of self-harm. Given the negative impact that segregation can have on mental wellbeing, the segregation of prisoners who are on ACCTs should only take place in exceptional circumstances and when all other options have been tried.⁴ Continued segregation of those on ACCTs should also only occur in exceptional circumstances.⁵

Fifteen percent of all prisoners in CSUs across 29 prisons were recorded by IMBs as being on ACCT plans in Autumn 2022.

More recently, several IMBs at prisons such as Lewes, reported that there were a high number of prisoners on ACCT plans in CSUs, and at some establishments, such as High Down, these numbers appeared to be increasing.

At Long Lartin, 12 prisoners on ACCTs were segregated during May 2023. Although this number reduced to two by the end of the month, the IMB stated in its most recent annual report that there had rarely been fewer than 10 prisoners in the CSU on ACCTs throughout 2022.⁶

2.2. Constant supervision

Constant supervision is where staff carry out one-to-one observations on a prisoner identified as at risk of serious self-harm, to reduce this risk and so that staff can intervene quickly in any emergencies.⁷ Numerous IMBs noted the high number of constant supervisions required for prisoners in CSUs, for some or most of their time held there.

For example, at Wymott, one prisoner was segregated for 10 months and required constant supervision for much of that time due to his continual threats to self-harm.⁸ At Littlehey, one prisoner was moved between the CSU and a constant supervision cell for over 42 days. In August 2023, High Down IMB was advised that a high number of constant supervisions were required, and staff had to carry out 60 observations per hour.

The CSU cells in many prisons across the men's closed estate, however, were unsuitable for constant supervision but these cells still had to remain in use. At Erlestoke, the IMB reported that the constant supervision cell was not fit for purpose, but it was still in almost continuous use for prisoners at risk of self-harm.

Constant supervision was not possible in some CSUs, such as Coldingley. One prisoner who required constant supervision while segregated there had to be transferred to another establishment for 24 hours to receive that constant supervision.

High Down IMB – lack of constant supervision cell remains a concern

High Down IMB expressed serious concerns over the lack of a suitable constant watch cell in the CSU, which the Board described as dangerous. Supervision had to be carried out by officers standing at the cell door and looking through a small observation hatch that did not give adequate sight lines into the cell.

In November 2022, the IMB wrote to the prison group director (PGD) escalating its concerns regarding the conditions for men with mental health needs in the CSU, including those at high risk of suicide requiring constant supervision.

In reply, the PGD confirmed a proposal for the installation of a photochromatic door in the CSU to enable appropriate constant supervision if required. However, the door was not installed until August 2023, nine months later. Conditions for mentally unwell men held in the CSU, including those at risk of self-harm and suicide, remained of significant concern.⁹

2.3. Special accommodation¹⁰

A few IMBs reported that there were more serious incidents of prisoners self-harming or attempting suicide, resulting in either special accommodation or anti-ligature clothing being used. For example, at Dovegate, the IMB reported that a prisoner in the CSU who had self-harmed was put in anti-ligature clothing to prevent suicide attempts in special accommodation. A prisoner at Coldingley was placed in anti-ligature clothing after making a ligature in the CSU and was returned to the wing very soon afterwards.

It is concerning that extremely restrictive measures were being used more frequently, as prison officers tried to manage the increasing seriousness of men's mental health needs and the risks of self-harm and suicide. Although IMBs understood why these measures were used, and found them to be used humanely, there were concerns that these restrictive measures, which can have negative psychological impact, were the only ones available.

3. Lack of capacity in specialist wings or prisons

Some prisons have healthcare units where prisoners with complex mental health needs can be more appropriately cared for, or have a specialist function, such as a therapeutic community, that can provide support to these prisoners as part of their approach.

3.1. Prison healthcare units

Many IMBs reported that prisoners with mental health needs faced long waits before they could be moved or transferred to a healthcare unit due to the lack of available beds.

As not all prisons had healthcare units with 24-hour care available, those that did often received prisoners from CSUs at other establishments, exacerbating oversubscription issues and quickly filling these limited spaces. For example, several IMBs reported that prisoners with mental health needs had been transferred from CSUs to healthcare units at Birmingham, which meant that prisoners with similar needs at HMP Birmingham quite often faced extra days in the CSU, as there were no spaces left in the healthcare unit.

IMB at a category C training prison – more than 260 days in the CSU before transferring to healthcare

Mr A, a prisoner with autism, a previous diagnosis of schizophrenia and reported to be displaying severe ADHD symptoms, cumulatively spent more than 260 days in the CSU, with occasional transfers back to the wing.

During this time, his mental health dramatically deteriorated. He displayed aggressive behaviour and often created disturbances in the CSU. He threatened and assaulted staff, and periodically refused to engage with healthcare. He conducted dirty protests, and often was not willing to shower after, which meant he lived in conditions that were inhumane.

The IMB and the National Chair repeatedly escalated their concerns to NHS England and the Minister over a nine month period, and alerted other scrutiny bodies to Mr A's lack of care and the urgent need for him to be transferred to a inpatient unit, as there was no accommodation at this prison where his needs could be properly met.

Mr A was finally transferred to the 24-hour healthcare wing at another prison after being segregated intermittently for a year.

3.2. Prisons with specialist functions

Where they existed, IMBs reported positively on specialist units. At Hewell, the IMB previously reported that the staff team in a 15-bed specialist unit for men with severe mental health issues, or complex social, emotional and psychological needs were

building a therapeutic environment and providing a high level of support, which was having a positive effect with many notable successes.

Some prisoners with particularly complex mental health needs were transferred directly from CSUs to prisons that had therapeutic or specialist functions. For example, Mr B, who has a personality disorder, had spent a year in the CSU at a category B training prison. The Board monitoring there reported that due to collaborative work between the CSU and mental health staff, paperwork had been completed for Mr B to access the offender personality disorder (OPD) pathway. Mr B was transferred to a prison with a psychologically informed planned environment (PIPE) unit, so he could benefit from the specialist support and environment available there.¹¹

However, IMBs felt there was a lack of specialist units and accommodation across the prison estate. This led to delays in prisoners being transferred to specialist units (as seen in the year it took for Mr B to transfer) and the units that did exist becoming oversubscribed. At some prisons, specialist units were not used as intended. For example, in its most recent report, Hewell IMB was concerned that prisoners with disabilities or mobility needs were accommodated in the specialist unit due to pressure on cell spaces and the lack of adapted cells for these prisoners elsewhere, rather than mental health needs.¹²

3.3. Relocation on other wings or establishments

As there was limited space in healthcare and more specialist prisons, staff in several prisons tried locating prisoners with mental health needs on wings which are typically more settled or quiet, such as wings for other vulnerable prisoners, those in drug treatment, or with older prisoners and those with mobility issues. However, this sometimes disrupted other prisoners on these wings and reduced the effectiveness of their intended purpose.

Staff also arranged for transfers to other prisons in case a change of environment would encourage reintegration. However, some IMBs found that this was not always an option across the closed estate, as other prisons were also lacking the necessary resources to support prisoners with mental health needs, or lacked available cell space, so these prisoners were 'stuck' in CSUs.

For example, an IMB monitoring at a category C resettlement prison reported that Mr C had been held in the CSU for over 100 days. During that time Mr C had been referred on three occasions to prison wellbeing units but further assessments were needed. Mr C was eventually assessed as requiring a secure hospital bed. A bed was allocated to him, but priority was given to other cases. Mr C was then moved to a prison wellbeing unit to receive more suitable mental health support. High Down IMB also noted the lack of pathways out of the CSU to other establishments, due to the limited number of spaces available in category B prisons.

The lack of space across the estate in both specialist and normal locations meant that IMBs got a sense of prison staff feeling that they were 'running out of options' and senior managers not knowing where to best house prisoners with complex mental health needs.

Two IMBs were concerned about instances where prisoners with particularly complex mental health needs were temporarily transferred from CSUs to other locations in the prison, or transferred to other prisons entirely, to give staff 'respite' and a 'lie down', rather than being held in the places that would best suit their care needs.

4. Delays in transfer to secure mental health hospitals

Prisoners with severe mental health needs who require care in a secure hospital or psychiatric intensive care unit (PICU) should be transferred within 28 days, as set out by NHS England guidance.¹³ During this time, prisoners should be referred for an assessment by the prison mental health team, assessed by the inpatient service and, if admission is required, transferred to a secure hospital or PICU.¹⁴ Similarly, prisoners with learning disabilities or autism who require care within a hospital should also be transferred within the 28-day target.¹⁵

Many IMBs have continually reported their concern that these target timelines were not being met and, as a result, prisoners who were acutely unwell with severe mental health needs were held for long periods in CSUs while they awaited transfers. This was a national issue, reported by IMBs across England.

IMBs found delays throughout the whole process: at referral, assessment, and transfer stage. Consequently, there are frequent instances of IMBs reporting that prisoners in CSUs have waited over 100 days for a transfer to a secure hospital or PICU. Some IMBs have reported waits of over 200 days, with one IMB reporting a wait of over 500 days from start to finish.

4.1. Delays to referral

In some instances, IMBs found that referrals for an assessment, to see if those with mental health needs and neurodevelopmental conditions were suitable for a secure hospital transfer, were not happening quickly enough.

IMB at a category B local and resettlement prison – referral made three months after need identified

Mr D, a young prisoner with autism, was unable to cope on normal location and often became aggressive and uncooperative. He refused to be relocated out of the CSU. He was unable to maintain hygiene and had to be moved to a new cell every few days for it to be cleaned. He was in the CSU for over 100 days and was referred for a secure hospital bed. Mr D was released a month later but returned to prison shortly after. He was seen by mental health staff on arrival and re-admitted straight into the CSU. Mental health staff made a referral to a secure hospital, which was declined due to a year long waiting list. Despite ongoing work, another referral for a secure hospital bed did not take place until three months later. He was transferred to a secure hospital over 30 days later.

The IMB reported that his presentation remained unchanged between the first referral for a secure hospital bed, his arrival in the CSU after recall and transfer. The IMB shared serious concerns regularly with CSU staff and the governor over the fact that had a second referral been made earlier, he may not have had to spend four months segregated without receiving the necessary care.

Some IMBs reported examples of prisoners who displayed challenging behaviour and were therefore suspected of having a mental health need or neurodevelopmental condition but had no diagnosis. This delayed referrals, as the lack of diagnosis meant that identifying the right inpatient service was difficult.

4.2. Delays to assessments

In the survey conducted in Autumn 2022, several IMBs reported delays between referrals made by prison mental health teams and assessments being carried out by community inpatient services, due to disagreements over responsibility and cost.

For example, Brinsford IMB reported that one prisoner with mental health needs in the CSU was kept waiting for an assessment, as the referral was ‘bounced’ between commissioners until a hospital would take responsibility. At Rye Hill, mental health staff were waiting nearly three months after referral for an assessment for a prisoner who had been in the CSU for the duration of this period. Staff reported to the IMB that this was proving to be difficult and costly. Similarly, Hewell IMB reported that there had been some ‘baton passing’ between external mental health and learning difficulty providers.

NHS England guidance, however, states that disagreements in commissioning arrangements should not delay the process and that all referrals should be accepted without prejudice.¹⁶

Whatton IMB has repeatedly reported on the delays that prisoners experience. In its most recent annual report, the IMB stated that prisoners’ long stays in the CSU were as a result of delays which came after referral by the prison mental health team, while the receiving hospitals assessed. If a prisoner was found to require secure hospital admission, the IMB noted that there was a further delay for a bed to become available and for an admission date for transfer to be confirmed (see section 4.3 on delays after assessments).¹⁷

IMB at a category B reception and resettlement prison – prisoner waited nearly 20 times over the target transfer time

The Board raised serious concerns about Mr E, a prisoner with complex mental health needs who, at that point, had spent over 300 days segregated awaiting assessment for a high-secure mental health hospital. In total, Mr E spent over 550 days in the CSU before finally being assessed and transferred. The Board reported this unacceptable delay as inhumane.

4.3. Delays after assessments

IMBs also found that delays in the process took place after the assessment stage, when prisoners were waiting for bed availability, an admission date and to be transported to a secure hospital.

Lindholme IMB noted that during 2023, there were at least four prisoners who had required admission to a secure hospital after assessment, two of whom had been held in the CSU for a significant period, and one other for some time, while waiting for an admission date and transfer.

In 2022, an IMB monitoring at a category B training prison reported concerns over Mr F, who was fearful, lived in the dark, refused to eat prison food, would not leave his cell to shower, refused to exercise and reacted violently towards staff. He was recurrently on an ACCT plan. In 2023, the IMB reported that Mr F had finally been transferred to a medium-secure hospital. The process took five months. The longest delay took place between Mr F being assessed as requiring admission, to a transfer date being agreed and arranged between the prison and hospital. In total, Mr F spent over 270 days in the CSU and was self-isolating on normal location for around a year prior to that, due to his mental health needs.

Delays after assessment can also occur if a setting is deemed inappropriate as there are more severe cases which need to be clinically prioritised, or a bed is not available at the required security level (high, medium or low secure). Alternatively, IMBs have also found that delays occur when there are gaps in the information being shared between prison mental health staff and other services involved in secure hospital admissions.

For prisoners with high levels of mental health needs who were already in CSUs, the extra time needed to share additional information, or for alternative provision to be identified which matched their needs, and for them to then be reassessed, resulted in further delays to transfer and them spending even longer in CSUs.

IMB at a category C training and resettlement prison – re-assessment processes

Mr G had a personality disorder and psychosis. Both prison and mental health staff noted the deterioration in his mental health. He was assessed three times by a community forensic mental health team and two different secure hospitals. After the first assessment by the mental health service, admission was not recommended. This decision was appealed and reviewed by an independent psychiatrist. More information was shared with the service to evidence Mr G's mental health need. A second assessment was carried out by a medium secure hospital. The inpatient service refused to take Mr G, not based on mental health need, but solely due to information shared that indicated he may be a threat to staff.

A month later, after being assessed for a third time, Mr G was eventually assessed as requiring admission by another secure hospital. The process for this assessment, admission and transfer took only 11 days. In total, Mr G spent over 70 days in the CSU.

The IMB was concerned that Mr G spent longer than necessary in the CSU, due to prison mental health staff having to find alternative provision and the need for him to be assessed three times, at a time when his mental health was deteriorating. It

was also concerned that the CSU was the only suitable location for him during this time. The IMB wrote to the HMPPS prison group director and the Minister to escalate its concerns.

5. Imprisonment for Public Protection (IPP)

A number of IMBs had specific concerns about men with mental health needs who were regularly in CSUs, or were spending prolonged and long-term periods there, and were also serving an IPP sentence. Garth IMB noted there was an increase in segregated IPP prisoners displaying serious mental health conditions, including prisoners demonstrating behaviours commonly associated with personality disorders. The IMB felt the ongoing hardship of the IPP sentence was likely to be a contributing factor, seemingly due to the vulnerabilities caused by an indefinite sentence such as this.

The IMB at a high security prison had concerns about Mr H, an IPP prisoner with a personality disorder. He repeatedly self-harmed and was supported through the ACCT process. Staff encouraged Mr H to return to normal location, but he consistently refused. Mr H spent over 800 days in the CSU. He was eventually familiarised with a PIPE unit and successfully transferred there. Despite some progression, his behaviour deteriorated, and he was returned to a CSU.

The IMB at a category B training prison reported concerns over Mr I, an IPP prisoner with a serious mental illness and physical and learning disabilities, who was deteriorating. Mr I was described as confused, tearful, unpredictable and volatile. He had exhibited worrying behaviours, such as being unaware of his surroundings, attempting to fight imaginary people in his cell and arguing with his cell wall. He often mistook prison staff for his significant others. Mr I was also incontinent and needed assistance to clean his cell. The Director and staff became increasingly concerned about him and described him as 'no longer having any good days'. Staff did not think he could be reintegrated on normal location. Mr I had been in the CSU for over 250 days before he was eventually transferred to an older person's secure unit.

The IMB at a category C training and resettlement prison also raised concerns about the long-term segregation of another IPP prisoner. Prior to his arrival in the CSU, he had self-isolated for 400 days on normal location and wanted to be kept in secluded conditions. Improvements to Mr J's wellbeing were only noted when the number of people interacting with him were kept to a minimum. Transfer to a secure hospital was ruled out by psychiatrists over concerns that Mr J may not cope with coming out of seclusion. During his time on the CSU, dedicated one-to-one work was carried out by staff to reintegrate Mr J back onto normal location. After five months he was transferred to normal location at another prison. However, he was subsequently transferred three more times, as the receiving prisons could not meet his complex needs. It was disappointing that attempts were not made to prepare Mr J for integration into a secure hospital setting where his needs could be best met.

At Coldingley, two of the last three self-inflicted deaths were by prisoners serving IPP sentences held in the CSU. The last of which took place in March 2023, soon after the Justice Secretary's announcement that there would be no resentencing exercise for those serving IPP sentences.¹⁸ Many IMBs reported this announcement to be a catalyst for IPP prisoners' poor mental health and feelings of hopelessness.¹⁹

Annexes

Annex 1: Survey

IMBs monitoring at 31 adult male closed prisons in England completed a survey of segregated prisoners over a four-week period during late Autumn 2022.²⁰ As part of the survey, IMBs recorded the number of prisoners held in CSUs, the reasons for their segregation, their length of stay, and whether they were supported by the mental health team or on an ACCT plan.

During this period, on average, over a quarter (26%) of the total prisoners in CSUs were recorded as being under the care of the mental health team and 15% were recorded as being on ACCT plans.

Table 1: Prisoners under the care of the mental health team and on ACCT plans

	Total prisoners in CSUs	Prisoners under care of mental health team²¹	Prisoners on ACCT plans
Week 1	309	76 (25%)	45 (15%)
Week 2	287	76 (26%)	48 (17%)
Week 3	313	88 (28%)	43 (14%)
Week 4	310	79 (25%)	44 (14%)
<i>Average</i>	305	78 (26%)	45 (15%)

At the time of the survey, nearly one-third of IMBs had identified prisoners who were held in CSUs while they waited for an assessment or transfer to more appropriate secure settings, due to their mental health needs. These IMBs were contacted again six months later in Spring 2023 to follow up on progress.

Endnotes

- ¹ [Segregation: PSO 1700](#) sets out IMBs' role in monitoring segregated prisoners. This PSO is currently under review by HM Prison and Probation Service. The revised policy will amend IMBs' responsibilities to reflect Boards' monitoring role and remit more accurately.
- ² Figures included in this report are local management information and may not align with official statistics published by the Ministry of Justice.
- ³ Prison Rules 1999, [Section 45\(1\), Removal from association](#).
- ⁴ Ministry of Justice and HM Prison and Probation Service, [Assessment, Care in Custody and Teamwork \(ACCT\) version 6, policy guidance annex, published 13 July 2021](#).
- ⁵ Ministry of Justice and HM Prison and Probation Service, [Segregation: PSO 1700](#), updated version published 11 May 2022.
- ⁶ [Annual Report of the Independent Monitoring Board at HMP Long Lartin for reporting year 1 January 2022 – 31 December 2022](#), published 14 April 2023.
- ⁷ Ministry of Justice and HM Prison and Probation Service, [Assessment, Care in Custody and Teamwork \(ACCT\) version 6, policy guidance annex, published 13 July 2021](#).
- ⁸ Annual Report of the Independent Monitoring Board at HMP Wymott for reporting year 01 June 2022 – 31 May 2023, published 12 October 2023.
- ⁹ [Annual Report of the Independent Monitoring Board at HMP High Down for reporting year 1 January 2022 – 31 December 2022](#), published 14 June 2023.
- ¹⁰ andsworth removed in the interests of safety. It should only be used for the shortest time necessary. See HM Prison and Probation Service, [Reviewing and Authorising Continuing Segregation & Temporary Confinement in Special Accommodation Amendment to Policy set out in PSO 1700](#) (updated April 2022), published 11 May 2023.
- ¹¹ HM Prison and Probation Service and NHS England, [Working with people in the criminal justice system showing personality difficulties](#) (third edition – February 2020), published 3 March 2020.
- ¹² [Annual Report of the Independent Monitoring Board at HMP Hewell for reporting year 1 October 2022 to 30 September 2023](#), published 19 January 2024.
- ¹³ The draft Mental Health Bill had provided for the 28-day target to become a statutory requirement.
- ¹⁴ The 28-day target for transfer of prisoners to secure hospitals consists of two sequential targets of 14 days each:
- Day 0 to before day 14: From the initial referral to assessment
 - Day 15 to before day 28: From assessment to transfer.
- See NHS England, [The transfer and remission of adult prisoners under the Mental Health Act 1983. Good practice guidance 2021](#), published 10 June 2021.
- ¹⁵ NHS England, [The transfer and remission of adult prisoners under the Mental Health Act 1983. Good practice guidance 2021](#), published 10 June 2021.
- ¹⁶ NHS England, [The transfer and remission of adult prisoners under the Mental Health Act 1983. Good practice guidance 2021](#), published 10 June 2021. NHS England, [Who pays? guidance](#), published 14 June 2022.
- ¹⁷ [Annual Report of the Independent Monitoring Board at HMP Whatton for reporting year 1 June 2022 to 31 May 2023](#), published 19 October 2023.
- ¹⁸ [Annual Report of the Independent Monitoring Board at HMP Coldingley for reporting year 1 August 2022 – 31 July 2023](#), published 5 October 2023.
- ¹⁹ IMB thematic monitoring report, [The impact of IPP sentences on prisoners' wellbeing](#), published 12 May 2023.
- ²⁰ IMBs at the following prisons completed the survey in Autumn 2022: Altcourse, Belmarsh, Brinsford, Bristol, Buckley Hall, Bullingdon, Coldingley, Erlestoke, Exeter, Featherstone, Hewell, High Down, Highpoint, Humber, Isle of Wight, Leicester, Lincoln, Lindholme, Long Lartin, Lowdham Grange, Maidstone, Moorland, Morton Hall, Oakwood, Ranby, Rochester, Rye Hill, Stoke Heath, Whatton, Woodhill and Wymott.
- ²¹ Not every IMB answered each survey question. There will be some overlap between these categories, for example a prisoner could be under the care of the mental health team and on an ACCT. The healthcare provider at Lindholme considered all prisoners held in the CSU to be under the care of the mental health team.