

Public Bill Committee: Mental Health Bill call for evidence

Independent Monitoring Board (IMB) findings relevant to the changes proposed in the Mental Health Bill.

About Independent Monitoring Boards (IMBs)

IMBs monitor the treatment and conditions of people detained in prisons across England and Wales, immigration detention facilities across the UK and charter flight removals. The IMB is a statutory body within the UK's National Preventive Mechanism set up under the UN's Optional Protocol to the Convention against Torture (OPCAT). Members are unpaid public appointees, with 132 IMBs making over 35,500 visits in 2024.

Scope and methodology

This submission draws on IMB reports containing references to policies and provisions impacted by the Mental Health Bill.

Summary

In prisons and immigration detention centres across the country, people experiencing acute and complex mental ill-health are held in establishments that are unable to provide the care and treatment required. Due to the lack of alternatives, prisons are inappropriately used as a 'place of safety' for those with severe mental illness, and many mentally unwell individuals are placed in separation units where conditions are incongruent with their needs. The findings of IMBs underscore how significantly people's mental health can deteriorate when they are not given the care and treatment they need, and at the earliest possible opportunity.

With mental health staffing departments under significant resource strain, those identified and assessed as requiring transfer to a mental health hospital represent the most acutely unwell of the prison and immigration detention population. At the point at which they are assessed as requiring transfer, the need for specialist in-patient care is urgent and, for some, life-threatening. IMBs have found a widespread failure to meet the 28-day transfer target, with some seriously unwell people made to wait hundreds of days to be taken to hospital.

A statutory 28-day hospital transfer requirement is essential but must be supported with adequate resources, reflective of the growing prevalence and severity of mental ill health among prison and immigration detention populations. While the proposed legislative requirement underscores the importance of timely hospital transfers, current failures identified by IMBs do not appear to result from a lack of urgency by staff working in these establishments. To make the 28-day requirement achievable, the statutory obligation must be matched by an increase in secure mental health bed capacity, resourcing to improve care prior to transfer and improved communication between HMPPS, the Home Office and NHS trusts. This proposed legislative provision would also benefit from supplementary guidance, outlining the consequence for failure to meet this transfer obligation.

IMB prison findings

1. Some individuals are so unwell that it is apparent very soon after they arrive that they cannot be adequately cared for in prison and require specialist treatment. The process of completing mental health assessments and identifying that a transfer to hospital is necessary can be lengthy, prisoners often then face extended wait times before they are eventually transferred to hospital and receive the mental healthcare they require. In January 2024, the IMB published a thematic report which found that the 28-day target for transferring individuals from prison to a mental health hospital because they required inpatient care was not often met¹. Since the publication of this report, IMBs have continued to report on widespread failure across the prison estate to meet the 28-day transfer target. These failures are coupled with an ever-increasing level of need amongst the prisoner population and under-resourced mental healthcare teams.
2. The failures to meet the 28-day transfer target are widespread across the estate and exemplified by the findings of individual IMBs. In some prisons, such as HMP Foston Hall over 50% of the prisoners between 2024 and early 2025 who required secure hospital transfers, waited over 28 days. As well as the proportion of individuals for whom the target transfer is missed, IMBs have observed some extreme cases whereby the processes have failed individual prisoners, with very unwell prisoners continuing to wait hundreds of days for a transfer due to a shortage of beds, or having their referrals declined despite having been declared unsuitable for detention in a prison environment. For example, at the beginning of 2025, Isis IMB reported on the case of one prisoner who waited seven months for transfer to a mental health facility.
3. IMBs have reported on the impact these delays have on prisoners. While awaiting transfer, prisoners are often subject to conditions that are not conducive to their needs, with their mental health often deteriorating as a result. It is commonplace for prisoners with severe mental illness to be segregated in Care and Separation Units (CSUs) due to a lack of appropriate alternatives. CSUs are often full to, or over, capacity, with normal cells on prison wings then used for overflow. It is not uncommon for prisoners held in the CSU because of their mental health needs to spend 23 hours a day in their cells, with only some books and puzzles for distraction.
4. At one category C prison, a prisoner was segregated for approximately six months before being transferred to a secure hospital, with shocking consequences. He was held in a cell almost entirely stripped of items due to his high risk of self-harm, and without access to social care support. Over that period his health rapidly deteriorated, he lost a considerable amount of weight, and his daily life was severely limited. Staff members were observed displaying anxiety

¹ IMB thematic report into the segregation of men with mental health needs available at: <https://imb.org.uk/news/mental-health-crisis-forces-prisoners-into-inhumane-isolation/>

and distress over his condition, and some prisoners told the IMB they feared he would die before his release.

5. In many cases, prisoners are segregated in CSUs because their mental health needs leave them unable to cope on a normal wing. Although IMBs understand why CSUs are deemed the most appropriate places for some prisoners, there are still widespread concerns that CSUs are the only alternative for extremely unwell men. Prisoners with mental health needs are also often moved between different CSUs, healthcare units, or returned to wings for short periods, making it harder to track the cumulative time some prisoners spend segregated. IMBs observe the efforts of staff to care for segregated prisoners appropriately, but staff lack the appropriate specialist training required to provide severely unwell prisoners the care and support they require. While there have been some learnings following deaths in custody, such as at HMP Coldingley where staff working in the CSU are now required to complete online training in mental health awareness, this has not become common practice across the estate and cannot be considered an alternative to external professional care.
6. IMBs have observed that healthcare providers at many prisons have struggled to sustain sufficient numbers of mental health staff, with vacant posts limiting service provision to prisoners. At the start of the year at Foston Hall, the mental health team manager was trying to fill staffing gaps by combining management responsibilities with direct mental health work. The team was having to prioritise triages, work with the most acutely unwell prisoners and provide reviews for those at risk of suicide or self-harm. At Holme House, the IMB raised concerns as there was evidence that prisoners in the CSU were not receiving daily visits from healthcare staff, which is a requirement under the current HMPPS policy on segregation (PSO1700) and the NHS service specification for primary care in prisons. These examples demonstrate the sentiment of IMBs across the prison estate that prisoners with serious mental health needs, who require transfer to a mental health hospital, are unlikely receive the healthcare they need in prison.
7. In May 2023 the IMB produced a thematic report on mental health concerns in women's prisons.² This highlighted the use of prisons as a 'place of safety' for people with severe mental illness, for whom prison is not an appropriate or humane environment. IMBs have continued to observe this practice and note that once in prison, these individuals may wait weeks or months for a hospital transfer, while their mental health often deteriorates.

IMB immigration detention findings

8. IMBs monitoring at immigration removal centres have repeatedly raised concerns about the effectiveness of safeguards that are intended to prevent the unnecessary and harmful detention of people with complex and acute mental

² IMB thematic report on mental health concerns in women's prisons available at: <https://imb.org.uk/news/women-sent-to-prison-solely-on-mental-health-grounds/>

health needs. As an administrative process, detention should only be used as a last resort and existing safeguards should work to prevent the unnecessary detention of those who may be particularly vulnerable to harm in detention. For too many people, it is only once they have been detained that they are identified as being at risk of harm from detention. IMBs have found that many people who are acutely mentally unwell then become 'stuck' in detention, due to the lack of pathways to the support they require in the community. In the meantime, they remain detained for many months in centres not equipped to provide the care and support they require.

9. As with the prison estate, IMBs monitoring in immigration removal centres continue to find failures in achieving the 28-day target for transferring those requiring inpatient care to hospital. IMBs have noted that the number of hospital beds allocated for those requiring inpatient mental health care is not reflective of the level of need and is not in line with the rise in occupancy of detention centres. This means that when the allocated number of hospital beds are occupied, others in need of inpatient care remain detained without the required treatment or support. For example, there is only one allocated mental health bed to serve both Colnbrook and Harmondsworth IRCs, the largest detention centre in Europe with a combined capacity of nearly one thousand. This one bed is consistently occupied.
10. It is commonplace for IMBs to observe the detention of people with complex and acute mental health needs and some who are so unwell that they have been sectioned under the Mental Health Act. However, IMBs across the detention estate have questioned the quality and nature of mental health support for detained people. With limited psychiatrist availability, IMBs have observed that most intervention from mental healthcare staff concerns medication. Healthcare staff have told IMB members that they see detention exacerbating the mental health conditions of already unwell individuals.
11. Detention staff, who despite their best efforts, do not possess the necessary skills and training to support those extremely unwell individuals who remain in detention while awaiting transfer. IMBs have questioned the ongoing use of Care and Separation Units (CSUs) to hold detained people with complex mental health issues, due to a lack of suitable alternatives. Here, Boards have observed their mental health further deteriorate. IMBs have raised concerns about the lack of a trauma-informed approach to caring for people with complex needs in detention and recommended that all detention staff receive mental-health first aid training, but this has not been implemented.
12. The importance of ensuring that the needs of detained people with significant mental health needs are met is more important than ever. Deaths in immigration detention historically have been very rare. IMBs have recently been deeply troubled by the rising number of self-inflicted deaths in detention. As well as deaths, IMBs across the estate have found that the number of people requiring

constant supervision has increased. The needs of many of those experiencing significant distress cannot be met, and the mental health of some individuals has deteriorated to the point where, unable to cope, they have caused serious and life-altering harm to themselves.