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HM Chief Inspector of Prisons
CHARLIE TAYLOR

Date: 14 July 2026

To:

Secretary of State for Home Affairs
Secretary of State for Health and Social Care
Secretary of State for Justice

Dear Secretaries of State,

In October last year, HMI Prisons carried out an unannounced inspection of HMP Birmingham. Inspectors came across men who had been sent to court and then remanded into prison without having had a mental health assessment while in police custody. My team were advised that this was due to a change in practice associated with local implementation of The Right Care, Right Person national partnership agreement between the Home Office, Department of Health and Social Care, the National Police Chiefs' Council, Association of Police and Crime Commissioners, and NHS England.

The result was that in the 8 weeks prior to inspection, 12 acutely mentally unwell men had been remanded into custody, with devastating consequences. Several had acute undiagnosed and/or untreated mental disorders including psychosis, leading to disinhibited behaviour such as walking naked around wings and smearing faeces. The healthcare in-patient unit at HMP Birmingham was often full and so some of these individuals were housed on the main residential wings. It was clear that other prisoners were distressed at having to live alongside such mentally unwell men and that prison officers, who are not trained mental health workers, were unable to provide adequate care.

I wrote to the PCC for the West Midlands about the matter on 29 October 2025 and, following various internal investigations, received a written response on 27 April 2026. He recognised some of the challenges with the ‘amber’ and ‘red’ pathways and suggested provision would be put in place which he anticipated, would reduce the number of ‘red’ routes.

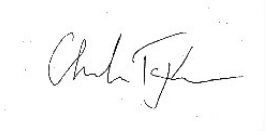
My team returned to HMP Birmingham for an Independent Review of Progress last month, only to find that the situation had not changed. Mentally unwell men continued to be remanded to prison without undergoing a mental health assessment in police or court custody to determine the most appropriate care. This is not normal practice in other parts of the country. During the inspection, inspectors learned that an average of nine of these prisoners continued to arrive at HMP Birmingham each month without having been assessed or been considered for diversion from custody.

Unsurprisingly, the number of seriously mentally unwell men admitted to the prison who then required a transfer to a mental health hospital was rising. Since the inspection, 31 had been assessed to be requiring transfer from Birmingham to a mental health hospital. Most continued to wait too long to be moved, which delayed their care and treatment, with the longest wait in recent months being an unacceptable 311 days.

Immediate action is required to improve this desperate situation, in which the individuals concerned are in danger of suffering irreversible harm as well as putting prison staff and other prisoners at risk. Prisoners cannot be treated under the mental health act in a prison, meaning the jail can do nothing if they refuse or are unable to take their medication. It is not acceptable for very unwell men who require urgent treatment to be remanded to prison.

I enclose two case studies to illustrate the issue.

Yours sincerely,



CHARLIE TAYLOR

Cc: West Midlands PCC, Chief Constable West Midlands, Health & Justice NHS England, Local Commissioner NHS, Governor - HMP Birmingham, Governor - HMP Hewell, PGD West Midlands

Annex

Two examples of prisoners who ended up in prison through the Red Route without having been assessed at the police station.

Case study 1 – Patient A admitted via red route

Patient A had been seen wandering through the streets in possession of a large knife. He had a history of severe mental health problems and had previously been admitted to a mental health hospital. On arrival at the police station, we were told that the police had noted he was known to the community mental health team and had an acute psychotic disorder. The custody officers however, listed him as fit for interview despite not having seen a healthcare professional.

On arrival at HMP Birmingham, prison officers assessed him as unfit for a standard reception interview due to mental health crisis. He was promptly referred to the mental health team from reception and identified as a risk to himself. He was seen for a mental health assessment the following day and a support package initiated to try and manage his risks. His family advised he had been deteriorating for a few weeks.

Prisoner A was assessed as requiring transfer to hospital under the mental health Act. He was managed on general location with other prisoners for two weeks before a space became available in a prison wing with 24-hour healthcare.

Case study 2 – Patient B admitted via red route

Patient B arrived from court where information identified that he was a severe risk to others due to threats to kill and was presenting as mentally unwell. The patient was known to community addictions and mental health services with a diagnosis of personality disorder, acute schizophrenia and delusional thinking.

On arrival he was immediately referred to the mental health team and the psychiatrist with consideration for admission to the prison's 24-hour healthcare unit. Prior to arrest the patient had disengaged with the community mental health service and had previous admissions to hospital under the Mental Health Act.

He was admitted to the prison's healthcare unit five days later once a bed was free. He had not been taking his medication or attending to his basic hygiene needs in this time. Over the next few weeks his assessment continued but he refused a range of physical observations, blood tests and ECG while his condition remained very poor.

Patient B was referred for a transfer under Section 48 of the Mental Health Act, to a medium secure unit. A second referral was required to a high security hospital, but admission was declined.

At the same time a third local psychiatric intensive care bed had become available and the patient was subsequently transferred.