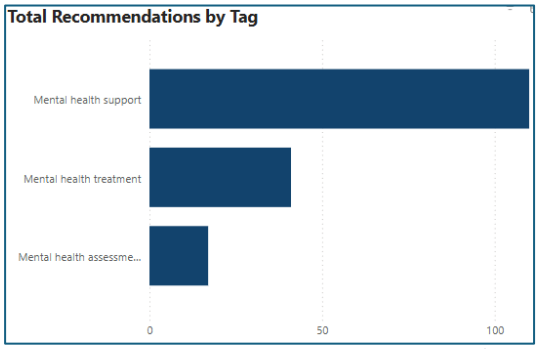
Good Practice: Mental Health

It is no myth to the UK NPM that people deprived of their liberty often struggle with mental health issues. This was demonstrated at the UK NPM's Annual Conference 2026, where one panel focused specifically on the barriers to ensuring people have access to necessary mental health care, and what practical changes are needed to prevent deterioration in the mental health of those deprived of their liberty.

This paper is also framed by this year's Mental Health Awareness Week's theme "*action*", a reminder that while awareness raising is vital, real change comes from taking action. So, this paper compiles actions taken across deprivation of liberty settings between April 2025 and March 2026 to improve mental health care and outcomes for those deprived of their liberty. The examples demonstrate that the most impactful actions are those that link early identification to coordinated care, with low-threshold access to support.



Number of mental health-related good practice examples from April 2025 – March 2026.

The UK NPM's Reporting Dashboard categorises mental health-related records in three ways: mental health assessment, mental health support and mental health treatment – though these often overlap.[1]

Mental health assessment:

Timely, holistic and comprehensive mental health assessments ensure that people deprived of their liberty do not fall through the gaps in services and receive prompt, appropriate care.

For example, at Clare Lodge Secure Children's Home, children benefitted from a carefully planned trauma-informed assessment led by the psychology team within 10 days of their arrival at the home. This provided staff with an understanding of each child's life events, mental health needs and their goals. This practice turns assessment from a compliance exercise into something that can guide effective day-to-day care.

NHS Western Isles had well-established and responsive pathways to mental health needs after assessment in police custody. The service also operated an integrated model that enabled joint assessments, particularly between mental health and substance use teams. This ensured timely, person-centred care, so that detainees with multiple diagnoses were not passed between services or assessed in parallel without a comprehensive plan. This is a good example of assessment acting as a coordinated, rather than standalone, action that reduces fragmentation.

At HMP Altcourse and HMP Liverpool, new arrivals received mental health assessments within 48 hours. This enabled the early identification of concerns and prompt access to care. Where reception

[1] Please see the UK NPM's Dashboard Glossary for definitions.

screening is both timely and followed by onward referral, it can function as an effective early safeguard, helping to prevent deterioration of mental wellbeing during the high-risk early days of detention.

The emerging principle in these examples is that assessments work best when they are time-bound, trauma-informed and closely connected to what happens next, rather than remaining a one-off checkpoint. All deprivation of liberty settings and staff should aim to assess detained persons' mental wellbeing as soon as possible after their entry into detention. Assessments should record next steps, to ensure ongoing care, and involve multiple teams to ensure attention is given to overlapping needs. Limitations may exist where practice depends on staff capacity and treatment availability.

Mental health support:

Collaborative care, including the involvement of family members or other external support networks, increases the mental wellbeing of people deprived of their liberty. A recent thematic paper on family contact in prisons by HMIP noted that when one individual's mental health deteriorated, prison staff consulted his family on his ongoing care plan. This person said that he valued his family's involvement, and their contribution was the "turning point" that led to him receiving the help he needed. At HMP Polmont, there was an established process for friends and family to raise concerns about prisoners, via a dedicated phone line. Family involvement can clearly function as an early-warning system and a stabilising influence.

Across other prisons, mental health processes like ACCT in England and Wales, and TTM in Scotland, were working well, especially when undertaken in collaboration with multiple staff teams. At HMP Berwyn, a Healthcare, Mental Health and Substance Misuse lead had been appointed to ensure effective treatment for patients with multiple needs. Care also mirrored local community provision, meaning that arrangements for these prisoners were uniform upon discharge into the community. Supportive processes are most effective when they are multidisciplinary, with clear roles and continuity.

The introduction of recreational activities or therapies has also been instrumental in improving the mental wellbeing of people deprived of their liberty. Some examples include: the Orchard Clinic's weekly music and art therapy sessions; therapy dogs being used across several prisons; and the creation of wellbeing "hubs" in a number of prisons, which offer mindfulness sessions, games, music and bingo sessions. Men that used the wellbeing hub at HMP Dumfries noted that they felt "more like a normal human being" afterwards. These activities and spaces reduce isolation and increase opportunities for emotional regulation. They can also act as low-threshold support, enabling people to access help before distress requires acute intervention.

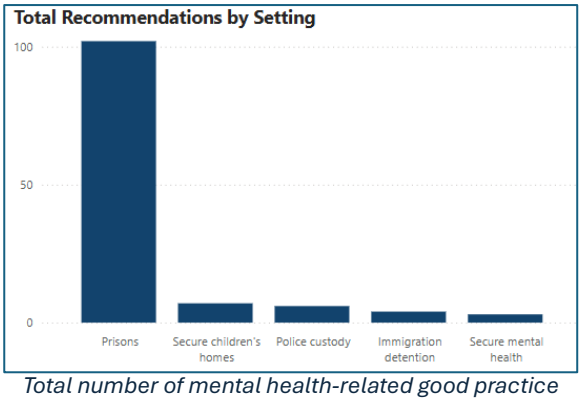
The introduction of targeted programmes, most often in prisons, has also been effective in improving mental wellbeing. At HMP Hollesley Bay, the "Unlock my Life" peer-led rehabilitation programme ran courses in mental health awareness and peer support, with 156 men participating in 2024. At HMP Perth, the Chaplain ran a Sanctuary Mental Health Course alongside an advanced nurse practitioner, with a 100% completion rate. HMP Isis had introduced "Changing the Game", a group therapy programme which improved access to therapy for black men and men from other minoritised communities who had been involved with gangs and serious violence. Peer and group-based approaches widen access to mental health support by lowering stigma and creating trusted routes

into further care, particularly for those less likely to engage with formal mental health support services.

Mental health support is most effective when it combines teams and non-traditional access points. Places of deprivation of liberty should introduce structured wellbeing access, for example through a dedicated space or programmes, which can provide low-barrier opportunities for people to self-refer, build coping strategies, and maintain routine contact with supportive staff or peers. Where individuals do request further support, this should be multidisciplinary and involve external support mechanisms where appropriate.

Mental health treatment:

Personalised care is instrumental in improving the experience of people deprived of their liberty struggling with their mental health. At HMPs Bronzefield and Barlinnie, an individualised approach was assisting prisoners to cope in the main population, with the latter having introduced "What matters to me" into care plans. This provided a summary of the views of the individual in their own words. Used in this way, care planning can prioritise what the individual identifies as important, strengthening engagement and making care more meaningful.



Total number of mental health-related good practice examples by setting.

Again, collaborative care has remained a key approach in improving mental health treatment. At HMP Wormwood Scrubs, the enhanced support service involved close working between NHS and prison staff and provided coordinated treatment for 12 very complex prisoners. Similarly, across custody suites in the Highlands and Islands, the nursing team featured Adult Health Nurses, and Registered Mental Health Nurses who were trained to support physical and mental health, as well as drug and alcohol needs. This joined-up working meant that detainees received care responsive to their individual needs. At Leicester prison, a dedicated team – made up of healthcare support workers, nurses, psychological wellbeing practitioners and psychiatry – provided interventions and care for all levels of mental illness. Across settings and establishments, integrated approaches solve fragmentation and support more coherent responses to overlapping needs, reducing the risk that individuals fell between the gaps.

Adequate staff training also enabled access to mental health treatment. At Cardiff prison, the mental health team had been given specialist training in cognitive behavioural therapy, dialectical behaviour therapy and trauma-informed care to improve service provision for prisoners. Similarly, at HMP Birmingham, suicide and self-harm training had been delivered to all staff. These examples indicate how workforce capability across all staff can shape the availability of support: not only what is offered, but whether it is offered consistently and early enough to be preventive.

Treatment quality improves when it is person-centred, integrated, and appropriately resourced. Person-centred planning and treatment should exist across all deprivation of liberty settings, alongside joint working. Staff should be appropriately trained in mental health awareness and trauma-informed approaches, so that responses are consistent. This practice may be weakened where staff

turnover is high, or operational pressures disrupt access to care or the ability to deliver planned interventions consistently.

Concluding remarks:

The clearest lesson in this paper is that mental health care improves most when settings build reliable pathways with coordinated support and sustained follow-through. This means making assessments time-bound and explicitly actionable, with recorded next steps; embedding multidisciplinary working so responsibility is shared and plans are coherent; and expanding low-threshold support that people can access before crisis. It also requires a workforce model that matches demand, aligning training so responses are delivered consistently across both operational and healthcare teams.