
Overcrowding in UK prisons

House of Lords debate
Thursday 7th September

About the BMA

The BMA (British Medical Association) is a professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. In addition to representing doctors who work in detention settings, we have a longstanding interest in protecting and promoting the health and the health-related human rights of vulnerable or disadvantaged populations.

We welcome this timely debate, and believe that overcrowding is one of several issues significantly impacting on the health and wellbeing of offenders within the secure estate. We note the concerns raised by HM Chief Inspector of Prisons in his 2016-17 Annual Report, which highlighted that *“overcrowding continued to create problems, and was a significant issue in most prisons”*.¹ Specifically, the report stated that overcrowding had implications for prisoner safety, as well as prisoners’ dignity, especially when combined with staff shortages.

Key points

- Overcrowding can have a significant impact on the mental and physical health of prisoners.
- Overcrowding in prisons places an increased demand on all staff, including healthcare staff, which can directly impact on the timeliness of health appointments and support within prisons.
- Other staff shortages related to overcrowding, including the shortage of escorts to take prisoners to external health settings, are a significant concern and can mean that prisoners do not benefit from the same level of care as that available to people living within the wider community.
- In order to address overcrowding, we believe greater regard should be had to processes which aim to divert individuals away from prisons – thus reducing the number of individuals entering detention.

Overcrowding impacts on the mental and physical health of prisoners

A report by the Joint Committee on Human Rights raised concerns about the link between prison overcrowding and self-inflicted deaths in custody, emphasising that overcrowding places pressure on healthcare facilities so that prisoners do not have access to the level of support they need.² Our members recognise this as an ongoing problem and, worryingly, instances of self-harm and suicide have continued to increase to their highest ever recorded level since this report was published. In the 12 months leading up to March 2017, there were 40,414 incidents of self-harm (up 5,749, 17%, from the previous year), and 97 self-inflicted deaths.

¹ HM Chief Inspector of Prisons for England and Wales Annual Report 2016–17, p29

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629719/hmip-annual-report-2016-17.pdf

² Joint Committee on Human Rights (2004): Deaths in Custody, London: The Stationery Office:

<https://publications.parliament.uk/pa/jt200304/jtselect/jtrights/12/12.pdf>

We believe that in order to reduce self-inflicted deaths in prisons, reductions in overcrowding must be coupled with specific targets to reduce deaths in the secure estate, and that health provision should feature much more prominently in the commissioning, leadership and governance of prisons.

Overcrowding places increased pressure on staff

When overcrowding occurs, it means that doctors – who are already struggling under a demanding workload – have less time available to meet the needs of prisoners. Our members report that prison doctors often lack the resources, infrastructure, and time to treat and assess the large numbers of detainees with severe mental health problems. This problem is exacerbated by overcrowding.

Overcrowding affects the standard of care provided to individuals

In addition to affecting access to healthcare in prisons, overcrowding also affects access to external health appointments. In the community, when a patient's needs are best met by a specialist, it would be appropriate for them to be referred from the primary care setting. However, in the prison setting, it is complicated to refer someone to an external specialist due to security and resource considerations. Escorts to external services and appointments are already critically insufficient to meet the level of need in UK prisons, a situation made worse by overcrowding.

The consequence of this is that patients must be triaged, with escorts reserved only for the most urgent of cases, with many other individuals who need specialist care being denied access to it. Individuals experiencing a serious mental health crisis, for example, will frequently be placed on bed watch, with a member of prison staff there to observe and ensure that they do not attempt suicide or self-harm – but the staff are unable to provide therapeutic or clinical support.

Overcrowding could be reduced by exploring mechanisms for diverting people away from prison

In Elmley Prison, 236 prisoners were held two to a cell in cells only designed for one person; 144 prisoners were held three to a cell designed for two.³ This type of overcrowding must cease and we believe it should be examined whether prison is always the most appropriate setting for some offenders. To this end we support the current use of Diversion and Liaison schemes in place across England. We note that the initial evaluation of these schemes found an increase in the number of people with vulnerabilities who were identified and provided with alternative, more appropriate, support, and we welcome the additional investment from HM Treasury which will increase their coverage.

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³ HM Chief Inspector of Prisons for England and Wales Annual Report 2016–17, p29
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629719/hmip-annual-report-2016-17.pdf