



Women in prison: mental health and well-being

A guide for prison staff



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This guide has been prepared by Penal Reform International (PRI) and Prison Reform Trust UK (PRT) under the authorship of Sharon Critoph (consultant), Jenny Talbot (PRT), Vicki Prais and Olivia Rope (PRI). It has been produced with the financial assistance of the Better Community Business Network and the Eleanor Rathbone Charitable Trust.

PRI and the PRT wish to acknowledge the contributions made by former women prisoners, women serving community sentences and people working with them. We also extend our gratitude to the international and national experts and practitioners from England and Wales, Canada, the World Health Organization, the United Nations Office on Drugs and Crime and the International Committee for the Red Cross for lending their expertise at a meeting held on 12 February 2019 in London, UK and subsequently.

The guide was copy edited by Harriet Lowe.

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Penal Reform International

Headquarters
1 Ardleigh Road
London N1 4HS

Email: publications@penalreform.org
Twitter: @PenalReformInt
Facebook: @penalreforminternational
www.penalreform.org

Prison Reform Trust

15 Northburgh Street
London
EC1V 0JR

Email: womensprogramme@prisonreformtrust.org.uk
Twitter: @PRTuk
Facebook: @prisonreformtrust
www.prisnreformtrust.org.uk/women

First published in February 2020
ISBN: 978-1-909521-66-7

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Illustrations by John Bishop.
Printed on 100% recycled paper.

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Introduction and purpose of this guide

In excess of 11 million people are in prison globally, including more than 714,000 women and girls. According to the World Health Organization (WHO), one in four people will be affected by mental or neurological disorders at some point in their lives.¹ People in prison have a disproportionately high rate of poor mental health; research suggests that around one in seven prisoners has a serious mental health condition.²

A high proportion of women in prison have poor mental health. There are many factors that can affect a person's mental health. Many people have difficult life histories and prisons can be very tough places. This guide does not claim to solve these challenges. Instead, it gives ideas of practical steps that can help.

Prison staff have an important role to play in protecting and promoting health and well-being in prison and need adequate training as well as support from their managers. In planning and delivering prison healthcare services it is good practice to involve service users alongside health and social care professionals, relevant voluntary groups and prison staff.

This guide is written to help understand how life in prison can affect a person's mental health, with a focus on women. It describes how to recognise the signs of poor mental health and how best to respond. The guide aims to break down the stigma and discrimination attached to poor mental health, especially for women in prison.

This guide has been written primarily for prison staff and others who work with women in prison or may be making decisions that affect them. It may also be helpful for women in prison, as well as for their families and friends.³ Many of the points in this guide are equally relevant to men in prison. However, there are particular approaches that should be taken to meet the specific needs of women.

At the national level, improvements in mental healthcare both within prison and the wider community need leadership from politicians and policy-makers. Aspects of prison life which have an impact on prisoners' well-being fall within the responsibility of senior prison management and national prison administrations. In the Appendix a checklist based on international human rights standards is designed to help with the implementation of key aspects of prison reform and advocacy initiatives in line with international standards and norms.

This guide does not deal with the diagnosis and treatment of specific mental health conditions. This is the responsibility of specialised mental healthcare professionals. Neither does this guide replace mental health training for prison staff. All prison staff should receive basic and ongoing mental health training as part of their professional development, especially in relation to the prevention of suicide and self-harm.

Terminology

There are different ways to describe poor mental health. This guide uses the terms '**mental health condition**' and '**poor mental health**' to describe a wide range of conditions that affect a person's thinking, emotions or behaviour and can cause distress.

The terms '**mental health**' and '**mental well-being**' are used to describe a state in which people are able to cope with the normal stresses of life and are able to contribute to their community.

This guide uses the term '**prisoner**' or '**people in prison**' to include all people detained in prisons. This includes those in pre-trial detention or remand, meaning people who have not been found guilty of a crime. It also includes people with mental health conditions who are sent to prison, even if they have not committed a crime.

Mental health and international standards

All prisoners have rights, as set down in international standards. International human rights standards apply to everyone regardless of where they are from, what they believe in, how they choose to live their lives, their legal status and their health status. Prison authorities must protect these rights and look after the physical and mental health of all prisoners.

The United Nations Rules on the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the **Bangkok Rules**)⁴ give guidance on how to meet the specific needs of women in prison and reduce the unnecessary imprisonment of women. Rule 10 states that gender-specific provision of mental healthcare should be provided to women prisoners.

The Bangkok Rules supplement the United Nations Standard Minimum Rules for the Treatment of Prisoners (the **Nelson Mandela Rules**)⁵ which outline the minimum conditions of prison management and the treatment of all prisoners as agreed upon by United Nations member states. The Nelson Mandela Rules set out clear responsibilities for prison healthcare staff to prevent and treat medical ill-health.

The **International Covenant on Economic, Social and Cultural Rights** (ICESCR)⁶ recognises ‘the right of everyone to the enjoyment of the highest attainable standard of physical and mental health’. The Covenant gives equal consideration to mental and physical health.

The **United Nations Convention on the Rights of Persons with Disabilities** (CRPD)⁷ is an international agreement that sets out what countries have to do to ensure that people with disabilities, including those with mental health conditions, have the same rights as everybody else.

Understanding mental health

It is not unusual for people to have a mental health condition at some point in their life. People develop poor mental health for many different reasons. Genetic vulnerability, personality traits, social conditions (e.g. poverty) or life experiences such as violence, bereavement, job loss and family difficulties can all play a role in the development of mental health conditions.

There are different types of mental health condition, and some are more serious or longer lasting than others. Poor mental health can affect people in different ways and might change the way they behave.

People with mental health conditions might find it more difficult to cope with daily life. Some might feel upset, worried, sad, confused or scared. Some might find it hard to relate to others. Some might feel good about themselves and the world around them, others may act impulsively and take risks.

Just like everyone else, people with mental health conditions can have good days and bad days. Their condition can fluctuate and may be influenced by the medicine they take, the treatment they receive and what is happening in their lives.

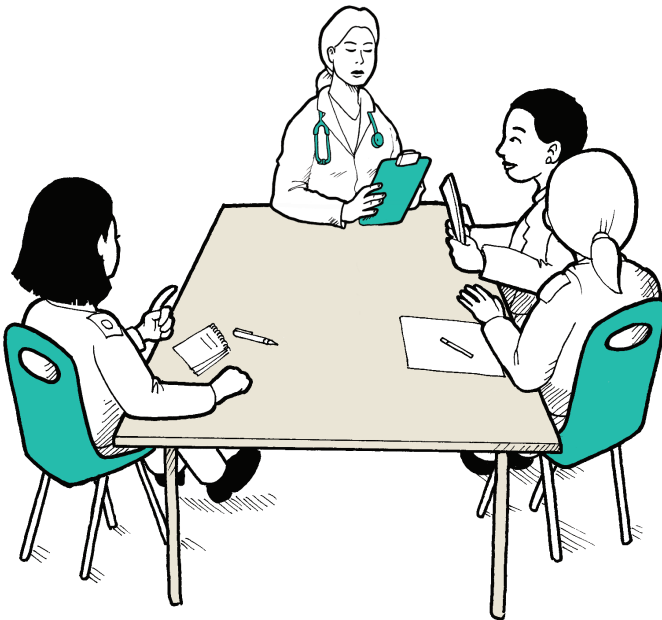
A person can have a mental health condition but experience good mental health. This could be because they are managing their condition well and/or receiving adequate medical or social support. Another person could experience poor mental health but have no diagnosis. This could be because they are going through a particularly difficult time in their life.



It is not unusual for people to have more than one mental health condition at any given time, and symptoms often overlap. Minor mental health conditions can develop into more serious ones.

There are different ways to manage mental health conditions. People may take medicine to manage a mental health condition and/or engage in psychosocial interventions. Different mental health conditions may require different levels of intensity and duration of care. It is important to develop individualised treatment plans for each person with a mental health condition(s) as personalised responses offer the best chance of attaining and maintaining good mental health.

Religious and cultural beliefs can influence how people describe and understand their experience of mental health conditions, as well as causes and treatment of mental ill health. The International Classification of Diseases helps to diagnose all health conditions, including mental health conditions, against an international standard.⁸



Mental health of women in prison

Common causes

Poor mental health among women in prison can often be associated with experiences of abuse, trauma or neglect. Many of these experiences are overlapping. These and other common causes of poor mental health are summarised below.

Negative childhood experiences

Many people in prison have had negative childhood experiences that can lead to trauma in later life, such as abuse and neglect, witnessing or being a victim of violence.

Abuse and sexual violence

Many women in prison have experienced mental, physical or sexual abuse. This includes violence in the home by their husbands, partners or other family members. Women involved in sex work may also have been subjected to violence.

Nearly 60 per cent of women in prison who have had an assessment in England and Wales report having experienced domestic violence and 53 per cent say that they have experienced emotional, physical or sexual abuse during childhood.⁹ These are likely to be underestimates.

Drug and alcohol misuse

Many people in prison have histories of drug or alcohol misuse, which is associated with a range of risk factors including abuse, trauma or neglect and can lead to the development of drug or alcohol use disorders. Drug and alcohol use disorders often co-occur with other mental health conditions, especially in women. Having a family history of substance use disorders increases the risk of a person developing a drug or alcohol use disorder in later life.

Social and economic situation

Women in prison often come from poor communities or difficult family situations. Poverty and social exclusion are closely linked to poor mental health. Stigma can mean that people with poor mental health have difficulties finding work or getting decent and secure housing.

Care and support in the community

In many countries, access to quality mental healthcare is limited,¹⁰ especially for women and people from poor and rural communities. The stigma associated with poor mental health and the potential cost of mental health services can prevent people from seeking help. For some, contact with prison health services might be the first time they receive support for their mental health condition.

Pregnancy, birth and parenting

Some women are more at risk of poor mental health because of the physical and psychological changes they go through during and after pregnancy and childbirth. Mothers in prison might need additional mental health support after the birth of a child, after separation from a child (including a child previously in prison with her), or upon arrival in prison having left her children in the care of others.

Impact of imprisonment

Some women already have mental health conditions before they come to prison. Others develop poor mental health during their time in prison. This might be related to their detention and related conditions or the way they are treated by staff or other prisoners.

Women in prison are more likely to self-harm and attempt suicide than women in the community.¹¹ One study, from 24 countries, found that women in prison were four times more likely to commit suicide than women in the community.¹²

Life in prison

Life in prison can be difficult for everyone but it can be particularly distressing for women, especially those with mental health conditions. Some of the reasons why prison life can negatively impact the mental well-being of women prisoners are listed below.

Experiences of the criminal justice system

Negative experiences during arrest can impact people's mental health. Women are especially vulnerable immediately after their arrest and during admission to prison. In many countries, sexual harassment and abuse of women by police is common.¹³ The time in police custody can be especially stressful for women if they don't know what is happening to their children. While in prison, significant legal events, including court dates and parole hearings, can trigger poor mental health.

In some countries, women can be put in prison because they were raped, had an abortion or because they tried to escape from abusive situations. Others may be convicted of crimes they have been coerced into by men. In Mexico it has been estimated that at least 40 per cent of women convicted of drug related crimes, such as transporting drugs between cities or smuggling drugs into prisons, were coerced into doing so by their boyfriends or husbands.¹⁴

Separation from family

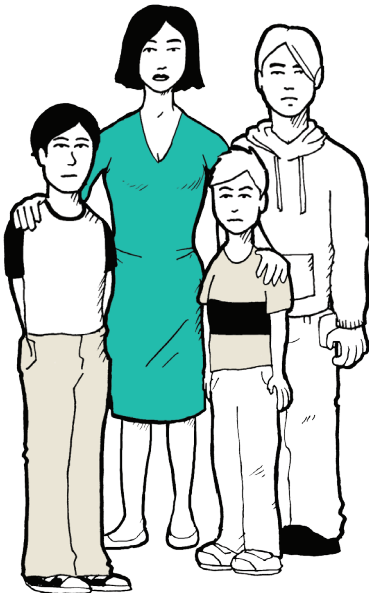
Separation from family can affect a person's mental health and well-being. Women are usually the main caregivers in the family. It can be very distressing for them to be separated from their family, particularly their children, especially on occasions such as a child's birthday, an anniversary or traditional holiday. Mothers may also feel worried and frustrated that they are unable to take part in decisions related to the welfare of their children. The imprisonment

of women can lead to family breakdown, including separation from their husbands or partners.¹⁵ Women in prison are at risk of losing contact with their children.

Women whose children lived with them in prison, and were then removed, may need particular support. This might include help maintaining contact with their children and counselling to deal with the separation and loss.

The UN Bangkok Rules require that alternatives to conviction or imprisonment should be prioritised, especially for pregnant women and women with dependent children. International law requires pre-trial detention to be a measure of last resort.¹⁶

Prisons may be located far from a woman's home, making it hard for families to visit. If visiting is possible, the time immediately after a visit can be especially upsetting. Women in prison often receive fewer visits than men. This is because when men are imprisoned it is often their female relatives who visit them regularly. Women prisoners often face more stigma than men and may be rejected by their families.



PROMISING PRACTICE

Community sentences for women with mental health conditions

A pilot programme in England helps to divert women with mental health conditions away from prison. Instead of custody, the programme offers community sentences that provide women with the mental health interventions they need, which are delivered through a Women's Centre.

The Women's Centre gives support not only for women's mental health, but also physical health, education, financial stability, relationships, employment and vocational training. It also provides programmes to empower women. Health, social care and justice sector professionals work together with community organisations to deliver the project.¹⁷

The programme works with women whose needs are best met by providing support for their mental health instead of a short prison sentence. It is based on the fact that many women in conflict with the law, who have experienced trauma and abuse, were not getting the support they need. High numbers of women were being sent to prison for non-violent crimes and most of these sentences were less than 12 months long. In addition to meeting women's needs, community sentences such as these avoid the harm that prison can cause women and their children.

Healthcare in prisons

International standards require adequate healthcare for people in prison, including counselling and treatment for people with poor mental health or mental health conditions.

However, there are many prisons around the world that cannot provide good physical and/or mental healthcare, and this may affect women worse. This is because women have specific healthcare and sanitary needs. It is also

because a high proportion of women have experienced violence and abuse in their lives and may be living with the associated consequences.

Without adequate physical and mental healthcare, women may develop poor mental health and existing mental health conditions may get worse. Mental well-being can also be negatively affected by the use of non-prescription drugs, and alcohol inside prison.

Sexually transmitted diseases

Mental health conditions can be made worse by physical health issues, including sexually transmitted diseases such as HIV and Hepatitis C. Sexual violence and abuse increases risk of transmission of sexually transmitted infections. Women in prison have a higher prevalence of HIV and Hepatitis C than women in the community, and the prevalence is even higher among women who use drugs in prisons.¹⁸

The prison environment

Prisons are often overcrowded and can be violent environments for both prisoners and prison staff. Many people in prison do not have adequate food, safe water or access to fresh air and natural daylight.

Most prisons have been designed with the needs of male prisoners in mind and do not always provide the services needed by women, such as childcare or gender-sensitive healthcare facilities. In prisons where both men and women are detained, this may mean that women have less chance of taking part in education, training and work opportunities.

Limited privacy and isolation, including solitary confinement, and the use of restraints or force are also commonly used in some prisons.

All of these factors can negatively affect a person's physical and mental health.

Solitary confinement of women and mental health

The negative, and potentially long-lasting, impact of solitary confinement on the physical and mental health and well-being of prisoners is well-documented.¹⁹ Solitary confinement can increase the risk of suicide or self-harm, particularly for prisoners with pre-existing mental health conditions.²⁰

In 2018, the Vera Institute of Justice in the United States reported that women in solitary confinement had much higher levels of mental health problems than women in the general population or men in solitary confinement.²¹

The Nelson Mandela Rules prohibit the use of indefinite and of prolonged solitary confinement, both of which amount to torture or other ill-treatment. The Bangkok Rules prohibit its use for pregnant women, women with infants and breastfeeding mothers in prison.

Violence in prison

Violence has a serious negative impact on the mental health of women in prison. While all prisoners are at risk of physical and sexual violence, in many countries, women are at greater risk of violence (reflecting the prevailing values and attitudes in society towards women).²² Women in prison – and especially those with poor mental health – are particularly at risk of violence in mixed facilities or where there are male staff working directly with women prisoners. Violence might include rape, threats of rape and sexual abuse.



Prisoners are also at risk of bullying/victimisation, humiliation and harassment. This can include sexual insults, obscene comments, whistling and leering, or body searches which may be humiliating. Violence and abuse can come from other prisoners or prison staff.

Worries about the future

Many prisoners have concerns about what will happen after their release. The time just before release can be particularly stressful.

Women in prison might have more worries about the future than men. There are many reasons for this. These include that women often have less financial independence. They are also less likely to have been in a regular job before prison and find it difficult to find a job and suitable housing after prison. Women who have been in prison and have experienced poor mental health are often doubly discriminated against because of the stigma attached to both prison and mental health conditions.

Some women in prison who have experienced abuse have little option other than to return to their abusive partner or family after they are released. Others may have been rejected by their families because of their time spent in prison. In many countries there are few social supports or post-release care programmes for women.

As the main caregivers in families, women in prison may worry about the future of their children and other family members. After release some women are forced to give up some or all of their child-caring responsibilities. This might be because authorities have decided they are not able to look after their children, or because their families will not let them take back responsibility for them.

Some women with poor mental health do not tell anyone about how they are feeling because they are worried that their children will be removed from their care after release.

Types of mental health condition

People's life experiences affect their mental well-being. Negative experiences of being imprisoned increase the likelihood of developing mental health conditions or making existing ones worse.

Some of the signs of a mental health condition are also common responses to imprisonment. Many people in prison will display such signs, but this does not mean they have a mental health condition or that they require a medical or clinical response. Having a trusted person to talk to and being able to share their worries can often help in such situations (see page 23). Prison staff should be aware that signs of poor mental health may develop into more serious, longer-term conditions.

Most mental health conditions can be managed well with adequate support (involving medications and/or psychosocial support).

Types of common mental health conditions include:

Depression

Depression is a feeling of low mood or emptiness which lasts for a sustained period (weeks to months). It often makes people feel hopeless, worthless and prone to self-blame. Many people with depression experience poor sleep, a loss of energy and little interest in activities or people around them. It is associated with an increased risk of self-harm and suicide.

Depression may be linked to social factors like poverty, isolation, abuse and difficult family situations. Hormonal changes, particularly around pregnancy and childbirth, may also increase women's risk of depression.



The World Health Organization says that depression is the most common mental health condition among women, almost always reported to be twice as common in women compared to men across diverse societies and social contexts.²³

Anxiety

Anxiety is a normal human experience but becomes a disorder when it happens for no reason, is excessive for the situation, continues for a long time and causes distress.

People with anxiety disorders feel worried, scared and tense, often without being able to say why. There may be particular situations or 'triggers' such as being in crowds or enclosed spaces that make these symptoms worse. This may mean that people change their behaviour to avoid particular situations, such as not leaving their home or, in prison, where they sleep, which can cause further problems. Periods of intense anxiety can result in 'panic attacks', which are very distressing. People who experience panic attacks describe feeling dizzy, unable to breathe and having chest pains, which might result in them being fearful they are about to die.

Post-traumatic stress disorder (PTSD)

PTSD is an anxiety disorder caused by traumatic experiences, including abuse and sexual violence. PTSD can develop months or years after a traumatic experience. People with PTSD might have flashbacks of a traumatic event and nightmares. They might also experience pain, sweating, nausea and trembling.

According to the Mental Health Foundation, globally the risk of developing PTSD after any traumatic event is 20 per cent for women and 8 per cent for men.²⁴ It has been reported between 30 and 59 per cent of women in substance dependence treatment experience PTSD.²⁵

Attention deficit hyperactivity disorder (ADHD)

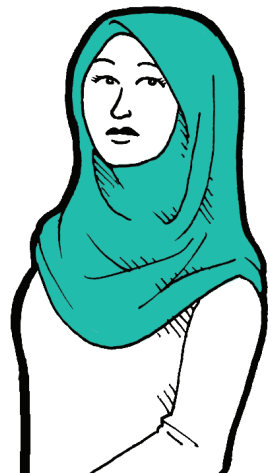
ADHD is a condition associated with having a poor attention span. Having ADHD may mean that someone is impulsive, restless, hyperactive and inattentive. They may find it hard to concentrate, follow instructions and finish tasks, and they may appear disorganised, easily distracted and forgetful.

Personality disorders

We all have individual characteristics called personality traits. These affect the way we think, feel and behave. A person may be described as having a personality disorder if these characteristics cause regular and long-term problems in the way they cope with life, interact with others or how they respond emotionally.

Brain injuries and mental health

Brain injury may be associated with poor mental health.²⁶ The prevalence of brain injury among prisoners is high, including 'acquired brain injury' (injury caused to the brain since birth by such things as a fall, a road accident, or tumour). Traumatic brain injury is caused by sudden physical damage to the brain, for example by a blow to the head. Such an injury could increase the likelihood of violent behaviour, criminal convictions, mental health problems and suicide attempts. Research found that nearly 65 per cent of women prisoners in one English prison may have suffered traumatic brain injuries at some point in their lives: there were 196 reports of brain injuries from severe blows to the head, with 62 per cent of the women reporting that the injury was the result of domestic violence.²⁷



Substance use disorders

These develop as a result of ongoing use of psychoactive substances, such as alcohol and drugs. Some people use alcohol and drugs as a way of coping with difficult situations in their lives, including unmet mental health needs. People with substance use disorders often continue using alcohol and drugs even though they have a bad effect on their health and relationships, and to avoid negative withdrawal effects.

For some people entering prison, withdrawal symptoms can be life threatening. In general, while fewer women than men start taking drugs, women who take drugs often develop more severe forms of substance use disorder more quickly and these are more frequently linked with other mental and physical health conditions.²⁸ Substance use during pregnancy should be given special attention.²⁹

Psychotic conditions

These encompass a range of conditions (including schizophrenia)³⁰ and are characterised sometimes by a person seeing things that do not exist (hallucinations) or believing things that are not generally believed by others (delusions or false beliefs) – although both are very real for the person concerned. Common examples include hearing voices or believing that people are trying to do you harm. Hallucinations can affect all the senses: sight, smell, taste, touch and sound.

People in prison with intellectual disabilities and autism

There are people with intellectual disabilities and people with autism in prisons around the world. These conditions can affect a person's ability to learn, participate in day-to-day activities and access information and services. They may also affect how a person communicates with and relates to other people.

People with such disabilities can face the same types of problem in prison as people with mental health conditions, but their disability can make it even harder for them to cope. For women, such disabilities can add an extra layer of need and disadvantage to an already vulnerable group.³¹

The approaches in this guide can be adapted for people with intellectual disabilities and/or autism. Just like anyone else, people with intellectual disabilities and people with autism have different strengths and needs. With the right support they can live their lives in much the same way as anyone else.

Understanding symptoms of poor mental health

In supporting the mental wellbeing of women prisoners it is important to recognise some common symptoms of poor mental health. The following list is not exhaustive, but provides some indication of when a person may be experiencing poor mental health. It is important to remember that people can have more than one condition at a time and symptoms can overlap. When in doubt, it is good practice to seek guidance from a trained mental health practitioner.

- Confused thinking and speech
- Experiencing extreme moods
- Changes in mood and behaviour
- Erratic behaviour
- Not looking after oneself
- Being quiet, sad or withdrawn
- Disruptive, impulsive or aggressive behaviour
- Drug and alcohol misuse
- Finding it hard to recognise one's own problems and needs



- Finding it hard to communicate problems and needs
- Feeling disconnected from others
- Bound to regime/rigidity
- Irritability
- Apathy
- Fear and anxiety
- Inability to cope with daily tasks
- Difficulty concentrating
- Sleep problems
- Eating problems
- Demanding of time and attention
- Crying, sometimes for no apparent reason
- Hearing voices.



Supporting the mental health and well-being of women in prison

There are many ways to support the mental well-being of women in prison. Prisons should have effective mental health policies and practice in place for women with existing conditions. These should exist alongside measures that protect and promote positive mental health and well-being for all prisoners to prevent poor mental health from developing.

Recognising and responding to urgent situations

Sometimes prison staff will need to respond urgently to the signs of poor mental health, especially if they think someone needs immediate attention (for example a drug overdose or alcohol withdrawal) or is going to hurt themselves or others.

Staff should know how to recognise these signs, which could include:

- a person saying they are going to take their own life or hurt themselves, or hurt somebody else
- self-harm, actual or threatened
- symptoms of a drug overdose
- withdrawal symptoms from drug or alcohol use disorders
- extreme mood changes
- extreme changes in behaviour
- confused speech
- experiencing extreme ups and downs
- erratic behaviour.

If prison staff are worried about how someone in prison is behaving, they should:

- Take urgent protective action.
- Carry out immediate lifesaving first aid interventions if needed.
- Tell prison healthcare staff and prison management immediately and ensure the person receives appropriate care.
- Take the person to a calm, quiet and safe space, if possible.
- Speak slowly and calmly to the individual to try to understand the situation.
- Ask them if they want to talk to a family member or a friend, including friends inside prison.

Awareness of women at particular risk

Special attention should be given to individuals and groups who may be at particular risk. These may be individuals who have experienced increased disadvantage, abuse or discrimination.

Groups and individuals with increased vulnerability to poor mental health may include but are not limited to:

- newly arrived prisoners
- those in pre-trial detention/ remand
- foreign nationals, minorities and indigenous women
- pregnant women, breastfeeding mothers and women with children in prison
- girls, young and older women
- lesbian, bisexual, transgender women and intersex people

What prison staff can do to support the mental well-being of women in prison

Positive staff-prisoner relationships can help staff recognise when a person might be experiencing poor mental health. It is, however, important to be aware that women may be reluctant to talk about how they are feeling, may find it hard to express themselves, and might not realise that they are unwell.

Prison staff should:

- Make efforts to recognise the signs of poor mental health (See page 19).
 - Be aware of certain situations and stages of detention when someone's mental health can be at particular risk. This might include, initial reception into prison, being held in pre-trial detention, court dates and parole hearings, disciplinary proceedings, solitary confinement, when a friend in prison is moved or released, or if a planned visit by family members doesn't go ahead.
 - Be aware that prison visits by family members and friends can be both happy times and sad and will affect prisoners in different ways. For some women, visits can be distressing and there may be a risk of self-harm after visits.
 - Try to get to know the women they supervise or work with. For example, ask questions such as: *How are you getting on in prison? Are you doing any activities? Have you made any friends?*
- This can enable a better understanding of important personal dates that may trigger poor mental health, such as a child's birthday or anniversary of the death of a family member or close friend. Understand that some women might not want to share their feelings and be careful not to re-traumatise a person by talking about their experiences.
- Pay attention to women who are often on their own, who don't receive many visitors or seem particularly isolated or quiet.
 - Acknowledge the feelings of women prisoners; treat any signs or expressions of poor mental health seriously – don't ignore individual prisoners or dismiss them as 'attention seeking'.
 - Look out for changes in behaviour. For example, is someone suddenly withdrawn, angry, loud, elated, quiet? If you notice any changes in behaviour, ask if there is anything you can do to help or if there is anyone they would like to talk to.

- women with physical health conditions and disabilities; it is important to remember that some disabilities cannot be seen
- women with drug or alcohol use disorders
- long-term and life-sentenced prisoners, and those on death row
- women in countries affected by conflict
- women who have been trafficked.

Practical ways to support the mental well-being of women in prison

Professionals and practitioners responsible for protecting and promoting positive mental well-being include prison staff, healthcare professionals and, where they exist, social care workers and probation staff. Families, friends and the broader community can also play an important role. Some of the ways in which they can help are listed below. This is not an exhaustive list. People who work with prisoners and women prisoners themselves will have their own ideas about what works for them.



Involve the individual

It is important that women in prison have the chance to discuss their healthcare needs. There should be opportunities for them to input into discussions about prison healthcare more generally, including how different aspects of prison life can impact physical and mental health.

These are some things that staff, professionals and healthcare practitioners may consider:

- Encourage women in prison to discuss their needs and what works best for them.
- Have regular meaningful conversations with each woman individually.
- Get to know women prisoners and ask how they are feeling – this can be helpful in spotting changes in behaviour and mood swings. Think about times when women may feel particular distress and make sure they are given proper support.
- Discuss and gather the views of women prisoners on how to improve the prison environment but be clear about what is possible and always provide feedback.

Use trauma-informed approaches

All policies, regimes, routines and practices in prisons should be trauma informed. Five key standards of trauma-informed practice are:

1. Safety

Women in prison feel physically and emotionally safe.

2. Trustworthiness

Staff ensure that expectations on prison-staff relationships are clear and that appropriate boundaries are maintained.

3. Choice

Preferences of the women in prison are considered, including in relation to the care, treatment and support they receive.

4. Collaboration

Input from women in prison is invited, encouraged and valued.

5. Empowerment

Services are developed to maximise women's empowerment, recognising strengths and building on skills that will enable a successful transition to the community.

Treat everyone fairly and equally

It is important to treat all prisoners with respect and to treat everyone fairly and equally. There should be no discrimination.

- Be consistent in applying prison rules. Do not make false promises, always give realistic timeframes and give feedback when you say you will.
- Make sure there are clear boundaries in prisoner-staff relationships and respect these boundaries. Staff can be friendly but should not become friends. Step back if a prisoner is becoming too dependent or attached and involve colleagues.

Create a safe and positive environment

Relatively small changes to the prison environment can make a big difference to the mental well-being of people in prison. It is beneficial for both prisoners and staff to live and work in an environment of hope.

- Try not to overwhelm people newly arrived to prison with information. Deal with their immediate needs, such as physical and mental health, medication, sanitary arrangements and the care of dependents at home.
- Maintain a positive attitude. Smile when engaging with prisoners and treat them in a kind manner. Use respectful language. Body language can be intimidating so be aware of your gestures and the personal space of others.
- Remember that a kind word or a simple gesture can make a difference to the mental well-being of women in prison.

Peer support and peer support groups

Many people in prison are willing to help each other in ways that reflect how they would behave as friends and neighbours in the community. Peer support is when people in prison help each other in a variety of ways (see below). The work undertaken by prisoners should not replace activities that should be undertaken by prison staff but can add value to life in prison. Peer supporters should be 'trusted' by prison staff and be supervised in their work. Peer support groups enable people in prison to come together to discuss topics of mutual interest in a supportive environment and to raise ideas and areas of concern with prison staff.

- Encourage women to support each other and share experiences; for example, ask a trusted prisoner to talk to fellow prisoners you think may be particularly isolated.
- Consider introducing a formal 'buddy' scheme for newly arrived prisoners; buddies should be trusted prisoners who have undertaken training.
- Create opportunities for women in prison to discuss topics of mutual interest that affect their lives both in prison and in the community. Topics might include how, together with prison staff, improvements to the prison regime might be made; staying healthy in prison; skills sharing; or thinking about the future.



Set realistic goals

Women in prison may lack confidence and have low self-esteem. This can be because of the things they have experienced in their lives or the shame they feel in relation to their imprisonment. This can affect their mental health and make them feel depressed and anxious. Prisons can provide women with the opportunity to build on their skills, self-esteem and confidence.

- Encourage women in prison to engage in constructive activities.
- Provide them with positive feedback, praise and recognition. This could include certificates for specific achievements related to education and vocational training.
- Encourage progress and recognise that for some women even seemingly small achievements may take a considerable amount of effort and courage.

Work together

Coordinated multi-agency approaches are increasingly seen as being the most effective way to support mental well-being, including within the prison environment. It is important that all agencies working with prisoners communicate well with each other, and with women prisoners themselves.

People with mental health conditions often need ongoing care and support, and the period following release from prison can be especially hard for women as they return to their home and community. Making links with community agencies can help to ensure women continue to receive the support they need upon their release.

Prison authorities can learn a lot about protecting and promoting mental well-being from past experiences, national and international good practice and by examining what works for others.

For example, working with women prisoners to design and deliver services that meet their needs, and builds upon their strengths, is likely to be more effective than services designed without their unique insight and experience.

Prison authorities, including senior managers and prison staff, should consider the following:

- Encourage women prisoners to talk about their experiences of life in prison and what improvements they would like to see made.
- Talk to community-based women's services, physical and mental healthcare services and social care services to explore how they can support women in prison, in planning for their release and on their release.
- With the agreement of women prisoners, engage with family members to explore how they might support their relatives while they are in prison and to help prepare for their release; this could include information about mental health conditions and how to access community support.

Facilitate and encourage contact with the outside world

Visits from family and friends are important to people in prison. Women in prison who do not receive visitors may be at risk of poor mental health because they can feel isolated. For many women in prison, it is important to them to have regular contact with their children, including through in-person visits. Some women, however, may not want their children to visit them in prison and their decisions should be respected.

When prisoners receive visits from people they trust, they can talk about how they feel. They can also discuss any fears or concerns they have. Women in prison must have a choice about who can visit them. This is particularly important if they have come from violent relationships.

- Talk to women about their families and other visitors; help and encourage them to arrange visits and discuss any problems they have in contacting their families and others. Allow women to have physical contact with their children during visits.
- Consider different types of personal visits, including temporary home release and overnight stays in prison, particularly near a woman's release date. This can help them prepare for release and make practical arrangements.
- Make sure that all prisoners have someone to talk to who is independent of the prison if they want to. This could include representatives of local community organisations or religious representatives.
- Make sure people in prison understand the rules around prison visiting and what they can expect.



Focus on the future

The time women are in prison should be spent preparing for a successful return to the community. Thinking positively about the future is important for mental well-being.

There are many different types of prisoner rehabilitation programmes. Programmes should be developed to meet the individual needs of women prisoners and, where necessary, be adapted for prisoners with mental health conditions.

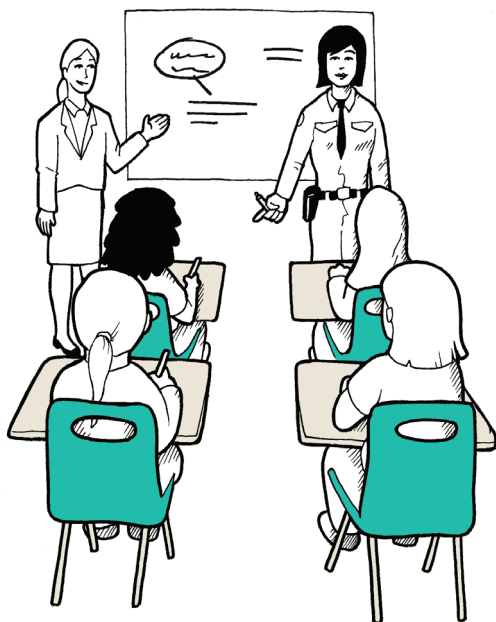
For guidance on improving rehabilitation programmes and services and designing new ones for women in prison, see a *Guide to the rehabilitation and social reintegration of women prisoners*, by Penal Reform International and the Thailand Institute of Justice (2019): www.penalreform.org/resource/guide-to-the-rehabilitation-and-social-reintegration-of.

Organised activities can help women to build on their strengths and develop new knowledge, skills and confidence. For example, organised activities could include learning about their mental health and how to manage their condition; vocational skills training to help find employment on release; helping women build positive relationships; or supporting them in their role as carers. It might also include helping them to be more assertive and learning how to take their own informed decisions. It is likely that women prisoners will themselves be able to help with organising and running some activities.

Preparing for release

People in prison also need help to prepare for their release and it should be part of prison policy and practice to support coordination with community health and social services. This is important because there are high rates of poor mental health, suicide and self-harm amongst former prisoners. Prisoners who use drugs are at a high risk of overdose upon return to the community, particularly in the early days after release.

- Make sure that women in prison are able to communicate with their family and friends if they want to. This can help women as well as their families and communities prepare for release.
- Think creatively about the types of opportunities available to women in prison. Consider the types of programmes that work well in other prisons, and ensure individual needs are met.
- Provide pre-release support, including practical help such as information about transport, housing and available support services. Include emotional support and how to promote independence.
- Ensure linkages with community health and social services, ideally through a case management approach.
- People with drug use disorders can be trained in effective life support techniques prior to release from prison.
- Talk to women about any problems they may face on release, including with their family, housing and work situation. Ask them what would help them most.



PROMISING PRACTICE

Foston Hall: enhanced pre-release skills programme³²

It is important that health, social care and prison services work together to ensure continuity of care for women as they enter prison from the community, and on release as they return to their home and community. The time immediately after release from prison is when people are at increased risk of poor mental health, drug overdose and suicide.

Foston Hall is a women's prison in England. The prison has worked with the National Health Service (NHS England) and Health and Justice (East Midlands) to develop pre-release skills amongst women prisoners. The programme was set up to break the cycle of reoffending and to improve the mental and physical health of women in the prison.

When setting up the programme women prisoners were asked what would help them most. The pre-release skills programme is based on what they said.

Women prisoners who are in the last six months of their sentence can join the programme. It is also available to repeat offenders, women who have experienced domestic violence, women with substance misuse problems, those who have been sex workers and those who are from unstable homes.

Women who take part in the programme attend 12 two-hour, group sessions. These deal with different health topics, including:

- Sexual health and healthy relationships.
- Physical well-being, including healthy diet and exercise.
- How to register and access healthcare, including mental healthcare.
- How to look after yourself emotionally.

The sessions include input from former women prisoners who talk about their own experiences before and after release. The women are also offered follow-up one-to-one sessions.

Resources

Penal Reform International, *Mental health in prison: A short guide for prison staff*, 2018. Available in English, Arabic and Georgian: www.penalreform.org/resource/mental-health-in-prison-a-short-guide-for.

Penal Reform International's Toolbox on the UN Bangkok Rules: a suite of practical resources to assist with implementation of the international standards on women in criminal justice systems. The Toolbox includes a Guidance Document, a Short Guide and a free online course on the Bangkok Rules. Available in multiple languages and published with the Thailand Institute of Justice: www.penalreform.org/priorities/women-in-the-criminal-justice-system/bangkok-rules-2/tools-resources.

WHO Europe's *The Partnership for Health in the Criminal Justice System* website provides prison health-related resources supplied by WHO Europe and partner organisations: www.euro.who.int/en/health-topics/health-determinants/prisons-and-health.

Penal Reform International, *A short guide to the UN Nelson Mandela Rules*, 2016. Available in ten languages: www.penalreform.org/resource/short-guide-to-the-nelson-mandela-rules.

OSCE Office for Democratic Institutions and Human Rights and Penal Reform International, *Guidance Document on the Nelson Mandela Rules: Implementing the revised United Nations Standard Minimum Rules for the Treatment of Prisoners*, 2018. Available in English, Russian and Georgian: www.penalreform.org/resource/guidance-document-on-the-nelson-mandela-rules.

UN Office on Drugs and Crime, *Handbook on Prisoners with Special Needs*, 2009: Available in Arabic, English, Spanish, Turkish from here: www.unodc.org/unodc/en/justice-and-prison-reform/tools.html?ref=menuaside.

Human rights and mental health policy checklist

For prison and healthcare leaders

The mental well-being of prisoners should be a priority in all prisons. It should be considered in the design and physical location of women's prisons and in the style of prison management. The specific needs of women prisoners should be reflected in all aspects of prison life. Managers who treat prisoners with dignity and respect are good role models for all staff.

While there are many things that prison staff and others can do, improvements in mental healthcare must also be addressed by politicians, law and policy makers, management and healthcare staff. Prison managers should also take steps to protect and promote the health of prison staff.

The checklist is based on international human rights standards. It is intended as a practical tool for prison and healthcare leaders to review their responsibilities and plan accordingly. It can also help people in prison, prison staff and others in advocacy roles working to improve conditions in prison for women.



Alternatives to detention

- | | | |
|---|------------------------------|-----------------------------|
| ■ Alternatives to detention are implemented for women wherever appropriate and possible.
[Bangkok Rules, Rule 58] | YES
<input type="radio"/> | NO
<input type="radio"/> |
| ■ People who have severe mental health conditions are not held in prison. They are treated in specialised mental health facilities.
[Nelson Mandela Rules, Rule 109] | YES
<input type="radio"/> | NO
<input type="radio"/> |

Healthcare provision

- | | | |
|--|------------------------------|-----------------------------|
| ■ Every prison has a healthcare service in place which includes mental health services and includes healthcare professionals with sufficient expertise in psychology and psychiatry.
[Nelson Mandela Rules, Rule 24 (2) and 25 (2)] | YES
<input type="radio"/> | NO
<input type="radio"/> |
| ■ Gender-specific healthcare services at least equivalent to those in the community are provided to women prisoners.
[Bangkok Rules, Rule 10 (1)] | YES
<input type="radio"/> | NO
<input type="radio"/> |
| ■ Clinical decisions taken by healthcare professionals are never ignored or over-ruled by non-medical prison staff.
[Nelson Mandela Rules, Rule 27 (2)] | YES
<input type="radio"/> | NO
<input type="radio"/> |
| ■ All prisoners receive a medical examination as soon as possible upon admission. This includes an assessment of mental healthcare needs, including Post-Traumatic Stress Disorder (PTSD) and risk of suicide and self-harm risk, any history of physical, emotional or sexual abuse and any history of substance dependency.
[Nelson Mandela Rules, Rule 30 (c) and Bangkok Rules, Rule 6] | YES
<input type="radio"/> | NO
<input type="radio"/> |

- | | | |
|--|--------------------------------------|-------------------------------------|
| <p>■ Women with mental healthcare needs are provided with individualised, gender-sensitive, trauma-informed and comprehensive mental healthcare and rehabilitation programmes.
[Bangkok Rules, Rule 12]</p> | <p>YES
<input type="radio"/></p> | <p>NO
<input type="radio"/></p> |
| <p>■ Available health treatment includes drug and alcohol treatment programmes, suicide and self-harm prevention and support for victims of violence.
[Bangkok Rules, Rules 15, 16 and 25]</p> | <p>YES
<input type="radio"/></p> | <p>NO
<input type="radio"/></p> |
| <p>■ Healthcare professionals have daily access to all prisoners who complain of mental health issues; They report to the prison director if they consider that a prisoner’s mental health has been or will be affected by continued imprisonment or any condition of imprisonment.
[Nelson Mandela Rules, Rule 31 and 33]</p> | <p>YES
<input type="radio"/></p> | <p>NO
<input type="radio"/></p> |
| <p>■ Prison staff are made aware of times when women may feel particular distress, so as to be sensitive to their situation and ensure they are provided appropriate support.
[Bangkok Rules, Rule 13]</p> | <p>YES
<input type="radio"/></p> | <p>NO
<input type="radio"/></p> |
| <p>■ All prisoners with mental health conditions continue to receive mental healthcare, treatment and support after they are released.
[Nelson Mandela Rules, Rule 24 (2) and Bangkok Rules, Rule 47]</p> | <p>YES
<input type="radio"/></p> | <p>NO
<input type="radio"/></p> |

Treatment inside prison

- | | | |
|--|------------------------------|-----------------------------|
| <p>■ No prisoner is subjected to, and all prisoners are protected from, torture and other cruel, inhuman or degrading treatment or punishment.</p> <p>[Nelson Mandela Rules, Rule 1 and UN Convention against Torture, Article 3]</p> | YES
<input type="radio"/> | NO
<input type="radio"/> |
| <p>■ Prison administrations take into account the individual needs of prisoners, particularly the most vulnerable categories. Measures are in place to protect and promote the rights of prisoners with special needs.</p> <p>[Nelson Mandela Rules, Rule 2]</p> | YES
<input type="radio"/> | NO
<input type="radio"/> |
| <p>■ Prison administrations make all reasonable adjustments to ensure that prisoners with mental health conditions have full and effective access to prison life.</p> <p>[Nelson Mandela Rules, Rule 5 (2)]</p> | YES
<input type="radio"/> | NO
<input type="radio"/> |
| <p>■ All accommodation provided to prisoners meets all requirements of health, including in relation to climate, air, floor space, heating, ventilation, personal hygiene, food and drinking water.</p> <p>[Nelson Mandela Rules, Rules 12-22]</p> | YES
<input type="radio"/> | NO
<input type="radio"/> |
| <p>■ Alternative screening methods are developed to replace strip searches and intrusive searches. Only women staff who have been properly trained are involved in the searches of women prisoners.</p> <p>[Bangkok Rules, Rules 19 and 20]</p> | YES
<input type="radio"/> | NO
<input type="radio"/> |

Individualised treatment

- | | | |
|---|------------------------------|-----------------------------|
| <p>■ Prisoners are classified in such a way as to facilitate their treatment with a view to their social rehabilitation; An individualised programme of treatment shall be prepared as soon as possible after admission</p> <p>[Nelson Mandela Rules, Rule 93 (1) and 94]</p> | YES
<input type="radio"/> | NO
<input type="radio"/> |
|---|------------------------------|-----------------------------|

- | | | |
|---|---|--|
| <p>■ There are gender-sensitive risk assessments and classifications in place which take into account women’s backgrounds.</p> <p>[Bangkok Rules, Rule 41 (a)]</p> | <p>YES</p> <p><input type="radio"/></p> | <p>NO</p> <p><input type="radio"/></p> |
| <p>■ Women’s sentence plans include rehabilitative programmes and services that match their gender-specific needs.</p> <p>[Bangkok Rules, Rule 41 (c)]</p> | <p>YES</p> <p><input type="radio"/></p> | <p>NO</p> <p><input type="radio"/></p> |
| <p>■ Women with mental healthcare needs are housed in accommodation which is not restrictive and at the lowest possible security level.</p> <p>[Bangkok Rules, Rule 41 (d)]</p> | <p>YES</p> <p><input type="radio"/></p> | <p>NO</p> <p><input type="radio"/></p> |

Contact with the outside world

- | | | |
|--|---|--|
| <p>■ Prisoners are allocated, to the extent possible, to prisons close to their homes or places of social rehabilitation.</p> <p>[Nelson Mandela Rules, Rule 59, Bangkok Rules, Rule 4]</p> | <p>YES</p> <p><input type="radio"/></p> | <p>NO</p> <p><input type="radio"/></p> |
| <p>■ All prisoners are allowed to communicate with their family and friends at regular intervals. Women prisoners’ contact with their children is encouraged and facilitated.</p> <p>[Nelson Mandela Rules, Rule 58 (1), Bangkok Rules, Rule 26]</p> | <p>YES</p> <p><input type="radio"/></p> | <p>NO</p> <p><input type="radio"/></p> |
| <p>■ All prisoners are given adequate opportunity to communicate and consult with a legal advisor of their choosing.</p> <p>[Nelson Mandela Rules, Rule 61 (1)]</p> | <p>YES</p> <p><input type="radio"/></p> | <p>NO</p> <p><input type="radio"/></p> |
| <p>■ External independent prison monitors have access to people in prison with mental health conditions and inspect relevant services and facilities.</p> <p>[Nelson Mandela Rules, Rule 84]</p> | <p>YES</p> <p><input type="radio"/></p> | <p>NO</p> <p><input type="radio"/></p> |

Prison discipline

- | | | |
|---|------------------------------|-----------------------------|
| ■ Prison administrations consider a prisoner's mental health before imposing any disciplinary sanction. They do not sanction prisoners whose offences are considered a direct result of mental illness or developmental disability.
[Nelson Mandela Rules, Rule 39 (3)] | YES
<input type="radio"/> | NO
<input type="radio"/> |
| ■ People with mental health conditions are never placed in solitary confinement when their conditions would be exacerbated by such measures.
[Nelson Mandela Rules, Rule 45 (2)] | YES
<input type="radio"/> | NO
<input type="radio"/> |
| ■ Pregnant women, women with infants and breastfeeding mothers are never placed in solitary confinement.
[Nelson Mandela Rules, Rule 45 (2) and Bangkok Rules, Rule 22] | YES
<input type="radio"/> | NO
<input type="radio"/> |
| ■ Healthcare staff visit all prisoners held under any form of involuntary separation on a daily basis. They have the authority to review and recommend changes to involuntary separation to ensure it does not exacerbate mental health conditions.
[Nelson Mandela Rules, Rule 46 (1) and 46 (3)] | YES
<input type="radio"/> | NO
<input type="radio"/> |
| ■ Healthcare staff report to the prison director any adverse effect of sanctions or other restrictive measures on the mental health of a prisoner and advise if it is necessary to terminate them for mental health reasons.
[Nelson Mandela Rules, Rule 46 (2)] | YES
<input type="radio"/> | NO
<input type="radio"/> |
| ■ The prison director follows the medical advice or – in particular if doing so would exceed his or her authority – immediately reports to a higher authority.
[Nelson Mandela Rules, Rule 35 (2)] | YES
<input type="radio"/> | NO
<input type="radio"/> |

Children in prison

- | | | |
|--|------------------------------|-----------------------------|
| <p>■ Any decision to allow a child to stay with his or her parent in prison and when to separate the child from the parent in prison is based on the best interest of the child concerned.</p> <p>[Nelson Mandela Rules, Rule 29 (1) and Bangkok Rules, Rules 49 and 52]</p> | YES
<input type="radio"/> | NO
<input type="radio"/> |
| <p>■ Where children are allowed to remain in prison with a parent there are appropriate childcare facilities and child-specific healthcare services.</p> <p>[Nelson Mandela Rules, Rule 29 (1) and Bangkok Rules, Rule 51]</p> | YES
<input type="radio"/> | NO
<input type="radio"/> |

Staffing

- | | | |
|---|------------------------------|-----------------------------|
| <p>■ Women prisoners are attended and supervised only by women staff members, without precluding male healthcare staff from carrying out their professional duties. A woman physician or nurse is made available to examine or treat a woman prisoner upon her request.</p> <p>[Nelson Mandela Rules, Rule 81 (3) and Bangkok Rules, Rule 10 (2)]</p> | YES
<input type="radio"/> | NO
<input type="radio"/> |
| <p>■ Prison staff are trained to detect mental-healthcare needs and risk of self-harm and suicide among women prisoners.</p> <p>[Nelson Mandela Rules, Rule 76(1)d and Bangkok Rules, Rule 35]</p> | YES
<input type="radio"/> | NO
<input type="radio"/> |
| <p>■ Staff working in women's prisons receive training relating to the gender-specific needs and human rights of women prisoners.</p> <p>[Bangkok Rules, Rule 33]</p> | YES
<input type="radio"/> | NO
<input type="radio"/> |
| <p>■ Staff have suitable salaries, employment benefits and conditions of service.</p> <p>[Nelson Mandela Rules, Rule 74]</p> | YES
<input type="radio"/> | NO
<input type="radio"/> |

Research

- Efforts are made to organize and promote comprehensive, result-oriented research on characteristics of women offenders. This includes disaggregated statistics on mental health.

[Bangkok Rules, Rule 68]

YES



NO



Endnotes

1. World Health Organization, *The World Health Report 2001, Mental Health: New Understanding*, New Hope, 2001.
2. For example, a review of research found that post-traumatic stress disorder affected up to a fifth of prisoners, and rates of self-harm range from 7–15 per cent for men, with higher rates recorded for women, at up to 27 per cent. Fazel S et al, 'The health of prisoners', *The Lancet*, Vol 377, No 9769, pp956–965.
3. This guide should be read in conjunction with Penal Reform International's *Mental health in prison: A short guide for prison staff*, 2018, which provides guidance to prison staff on addressing mental health conditions and promoting well-being amongst the prison population more generally, see: www.penalreform.org/resource/mental-health-in-prison-a-short-guide-for.
4. Resolution A/RES/65/457, 16 March 2011. Available here: www.penalreform.org/priorities/women-in-the-criminal-justice-system/bangkok-rules-2.
5. Resolution A/RES/70/175, 8 January 2016. Available here: www.penalreform.org/priorities/prison-conditions/standard-minimum-rules.
6. Resolution 2200A (XXI), 16 December 1966. Available here: www.ohchr.org/en/professionalinterest/pages/cescr.aspx.
7. Resolution A/RES/61/106, 13 December 2006. Available here: www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html.
8. International Classification of Diseases (ICD-10/ICD-11). Available here: www.who.int/classifications/icd/en.
9. Prison Reform Trust, *Why focus on reducing women's imprisonment? England and wales Fact Sheet*, August 2019, www.prisonreformtrust.org.uk/Portals/0/Documents/Women/Why%20Women%20England%20and%20Wales%202018%20data.pdf.
10. See World Health Organization, *Mental Health ATLAS 2017, 2018*. Available at www.who.int/mental_health/evidence/atlas/mental_health_atlas_2017/en.
11. World Health Organization, *Women's health in prison: urgent need for improvement in gender equity and social justice*, 2019.
12. Seena Fazel, Ramesh Taanvi Ramesh and Keith Hawton, *Suicide in prisons: an international study of prevalence and contributory factors*, July 2018.
13. See, for example: Amnesty International, *Surviving death: Police and Military Torture of Women in Mexico*, 2016.
14. Agren D, 'Female felons swell ranks among Mexican criminals', *USA Today*, 2 December 2010. Available at: usatoday30.usatoday.com/news/world/2010-12-02-mexicocartels02-ST_N.htm.
15. For example, Penal Reform International research on female prisoners in Jordan and Tunisia found that 39% of women surveyed experienced family breakdown and 9% had their children taken away. See *Who are women prisoners? Survey results from Jordan and Tunisia*, 2014.
16. United Nations Standard Minimum Rules for Non-custodial Measures (The Tokyo Rules), Resolution A/RES/45/110, 14 December 1990. Available at: www.ohchr.org/Documents/ProfessionalInterest/tokyorules.pdf.
17. The Community Sentence Treatment Requirement (CSTR) Programme is a partnership between the Ministry of Justice, Department of Health and Social Care, NHS England and Public Health England. During 2017/18 five pilot areas were selected to test the CSTR, although Northamptonshire is the only women's only programme. For more information see: Olivia Rope, *A community sentence for women with mental health needs*, Penal Reform International Blog, 1 November 2018, www.penalreform.org/blog/a-community-sentence-for-women-with-mental-health.
18. Penal Reform International and Thailand Institute of Justice, *Global Prison Trends 2019*, Special focus on Healthcare, 2019 p6.
19. OSCE Office for Democratic Institutions and Human Rights and Penal Reform International, *Guidance Document on the Nelson Mandela Rules: Implementing the revised United Nations Standard Minimum Rules for the Treatment of Prisoners*, 2018, Chapter 4.2.
20. Cited in American Civil Liberties Union, *Still Worse Than Second-Class Solitary Confinement of Women in the United States*, 2019, p8.
21. Vera Institute of Justice Factsheet, *Women in Segregation*, June 2018.
22. United Nations Special Rapporteur on Torture, A/HRC/7/3, 15 January 2008, para. 29.
23. World Health Organization, *Gender Disparities in Mental Health*, p2.
24. Mental Health Foundation, 'Women and mental health'. Available at www.mentalhealth.org.uk/a-to-z/w/women-and-mental-health.

25. UNODC, *Drug Abuse Treatment Toolkit, Substance abuse treatment and care for women: Case studies and lessons learned*, United Nations, New York, 2004, p10.
26. See for example: Mewse, J., Tonks, J., Mills, S, Crispin, N., Burgess, W., and Cordan, G., *Traumatic brain injury in a prison population: Prevalence and risk for re-offending*, 2009.
27. The Disabilities Trust: *Making the Link: Female Offending and Brain Injury*, 2019. Available at: www.thedtgroup.org/media/163444/making-the-link-female-offending-and-brain-injury.pdf.
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29. World Health Organization, *Guidance for identification and management of substance use and substance use disorders in pregnancy*, 2014. Available at: www.who.int/substance_abuse/publications/pregnancy_guidelines/en.
30. Some common symptoms of schizophrenia include difficulties in determining what is real or not; muddled thinking and speech; difficulty in relating to others; little motivation; self-neglect and poor hygiene.
31. Prison Reform Trust, *Out of the Shadows Women with learning disabilities in contact with or on the edges of the criminal justice system*, 2018, p40. Available at: www.prisonreformtrust.org.uk/Portals/0/Documents/Out%20of%20the%20shadows.pdf.
32. Attributable to Mala Dhakk Health Inequalities Manager, commissioning team, NHS England Health and Justice (East Mids) and the Lived Experience Panel through Revolving Doors Agency.

About Penal Reform International

Penal Reform International (PRI) is an independent non-governmental organisation that develops and promotes fair, effective and proportionate responses to criminal justice problems worldwide. We work to promote criminal justice systems that uphold human rights for all and do no harm. We run practical human rights programmes and support reforms that make criminal justice fair and effective. Our primary objectives are to secure trials that are impartial, sentencing practices that are proportionate and promote social rehabilitation, and humane conditions of detention where alternatives to imprisonment are not possible. We work through country missions, regional hubs, remote coordination, and through partners.

www.penalreform.org

About the Prison Reform Trust

The Prison Reform Trust is an independent UK charity working to create a just, humane and effective prison system. PRT has a longstanding interest in improving criminal justice outcomes for women. Since 2015, our Transforming Lives programme to reduce the unnecessary imprisonment of women has been supported by the National Lottery Community Fund. About 12,000 women are sent to prison in the UK every year, twice as many as 20 years ago, many on remand or to serve short sentences for non-violent offences, often for a first offence. Thousands of children are separated from their mothers by imprisonment every year. Yet most of the solutions to women's offending lie in the community. PRT works with national and local agencies to promote more effective responses to women in contact with the criminal justice system.

www.prisonreformtrust.org.uk

About the Better Community Business Network (BCBN)

BCBN is a Muslim-led charity, bringing together professionals, politicians across the political spectrum and heads of charities to facilitate community engagement. Since its inception, BCBN has raised over £1.3million in funds for community causes and has attracted support from respected figures such as HRH The Prince of Wales to the Mayor of London, Rt Hon Sadiq Khan among others. We provide grants and support the work of grassroot, community organisations and charities working within deprived communities. BCBN commissions research for a more targeted and effective, evidence-based approach to the projects we support long-term. We work with academic institutions, researchers, think tanks and government departments, seeking to overcome barriers in furtherance of a more just and equal society.

www.bcbn.org.uk

B | C Better Community
B | N Business Network



FAIR AND EFFECTIVE CRIMINAL JUSTICE

Penal Reform International Headquarters

1 Ardleigh Road
London N1 4HS
United Kingdom

+44 (0) 207 923 0946
info@penalreform.org

🐦 @PenalReformInt
📘 @Penalreforminternational

Penal Reform International in Central Asia

Syganak str. 29
Nur-Sultan
Kazakhstan

+7 (7172) 79-88-83

96 Toktogul street, office 7
Bishkek
Kyrgyzstan

+996 312 88 38 76

pricentralasia@penalreform.org

Penal Reform International in South Caucasus

Chavchavadze Avenue
1st Lane, Block N6, 3rd entrance, apt. N61
Tbilisi 0179
Georgia

+995 32 237 02 7

Penal Reform International in Middle East and North Africa

22 Amro Bin Dinar
Amman
Jordan

+962 6 582 6017
priamman@penalreform.org

Penal Reform International in Sub-Saharan Africa

Plot 8, Kisozi Close
Kisozi Complex
Nakasero
Kampala
P.O. Box 11455
Uganda

+256 3920 01139
africa@penalreform.org

WWW.PENALREFORM.ORG