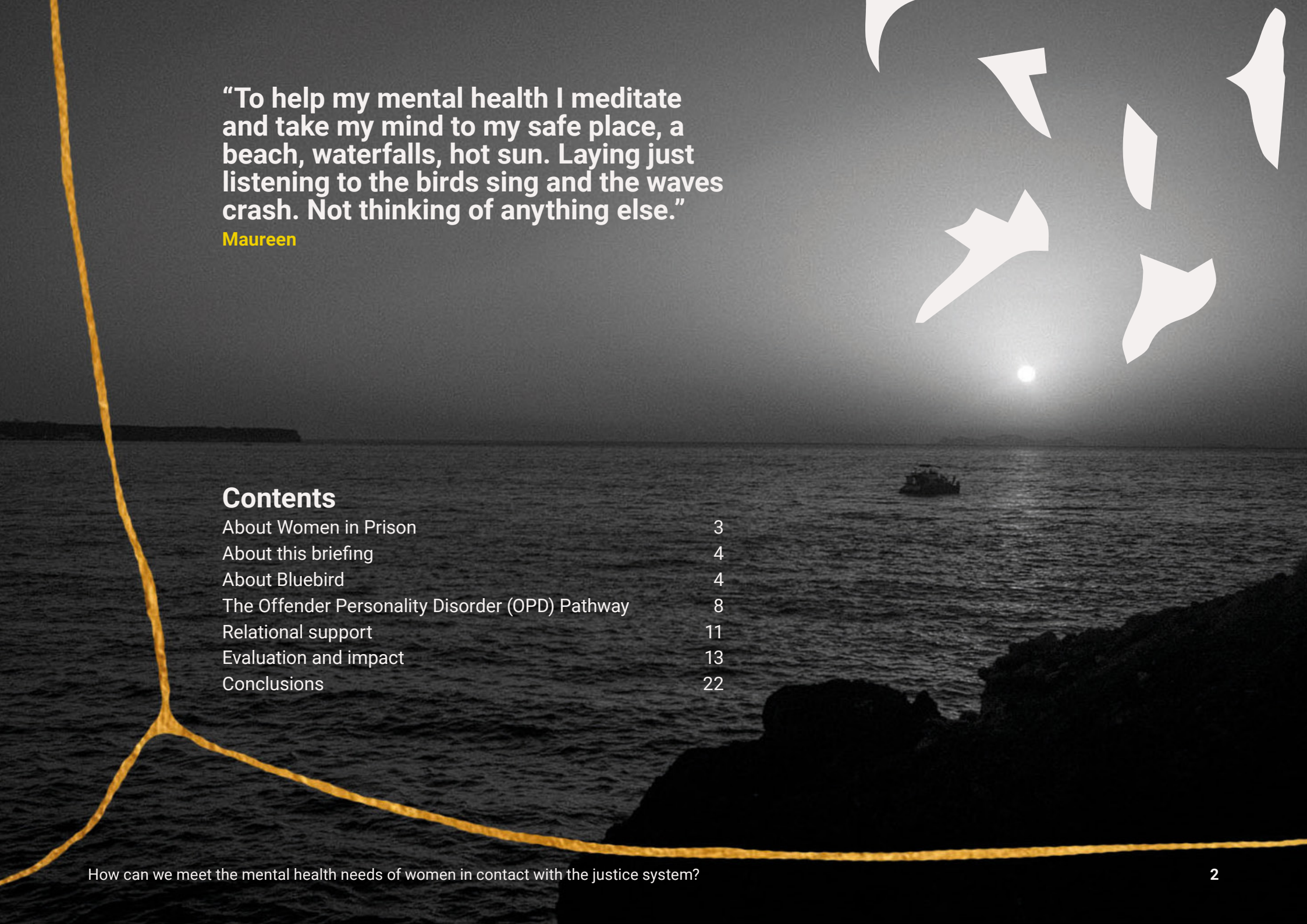


Programmatic Briefing: Meeting the Mental Health Needs of Women in Contact with the Criminal Justice System

June 2024



**“To help my mental health I meditate
and take my mind to my safe place, a
beach, waterfalls, hot sun. Laying just
listening to the birds sing and the waves
crash. Not thinking of anything else.”**

Maureen

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About Women in Prison

Women in Prison (WIP) is a national charity providing independent, holistic, gender-specialist support to women facing multiple disadvantage, including women in contact (or at risk of being in contact) with the criminal justice system. We work in prisons, the community and 'through the gate', supporting women to address the root causes of offending.

Women in Prison run women's centres and 'hubs' for services in Manchester, London and Surrey. Combined, these services provide women with support and advocacy, relating to domestic and sexual abuse, mental health, substance misuse, debt, education, training, and employment. Our campaigning is informed by our frontline engagement with women, delivered at many crucial stages of her journey through the justice system.

1,370

women accessed
our services in custody
and the community

336

women were signposted
or referred onward to
specialist services

1,011

referrals
were new to
Women in Prison

Women accessing our
services had an average of

7

overlapping needs at
the point of referral

About this briefing

This briefing gives an overview of Women in Prison's 'Bluebird' and 'Healthy Foundations' services, which worked with women with varying mental health needs or who had been diagnosed with a personality disorder, who were in contact with the criminal justice system.

Both services evolved out of our history of developing, testing and modifying ways of working with women in the justice system. Learning brought together on the two services in this briefing has gone on to inform how we meet women's mental health needs through our broader programmes. The key findings presented in this briefing were shared at a roundtable event in May 2024 with experts, including those with lived experience, and professionals working across the justice and health sectors, to generate shared learning and collaboration.

Women's needs can be acute and complex, so flexibility of approach is needed.

Both programmes were also underpinned by relational practice; a way of interacting with others that embodies values consistent with the ways Women in Prison works with women, such as respect, inclusiveness, honesty, compassion, cooperation and humility.

This briefing draws on two evaluations. The first, explores the effectiveness of the Enhanced Engagement Relational Support Service (EERSS) of which our Bluebird service was a part.¹ The second evaluation is of Healthy Foundations, which preceded Bluebird and shared many of its characteristics.² This briefing aims to draw out key themes and lessons to inform the work of Women in Prison and our partners.

We have included anonymised case studies that highlight the role of our frontline workers and the experiences of women using our services. We are grateful to them for allowing us to use their stories. We would like to thank Rachel O'Brien for her work on this briefing.

We would also like to thank Eva Fraser for the photographs included in this briefing, which were inspired by testimonials from women about their mental health, and by the Japanese art of 'Kintsugi', putting broken pieces of pottery back together with gold.

'Bea'

On referral to Women in Prison, 'Bea' had already had to move twice since her release from prison and was living in approved premises. She was in a violent relationship, which impacted on her safety and self-esteem. Bea's was finding her relationship with her probation officer difficult and her physical and mental health was deteriorating. Bea's Advocate met her once a week face-to-face, providing her with a safe space to discuss her needs and identify appropriate support.

When Bea said she was experiencing domestic abuse, the Advocate provided her with information about services available to her. Together they decided to make a referral to a multi-agency assessment conference (MARAC) and to contact the police. Bea received emotional support from her Advocate who attended police interviews and made a safeguarding referral. Bea was allocated an Independent Domestic Violence Advisors (IDVA), and an occupational therapist. The Advocate also made a referral to Women in Prison's health project where she was allocated a Health Advocate, reducing Bea's dependency on her partner.

Bea's Advocate supported her with practical issues such as benefit applications and setting up standing orders. This resulted in Bea's finances becoming more manageable. During periods where Bea's mental health declined, her Advocate increased support, working with Bea, the mental health team and care co-ordinator to devise a crisis and safety plan.

Details have been changed to protect privacy and identity

About Bluebird

Bluebird was run by Women in Prison between 2013 and 2024 (previously called 'Complex Needs') working with women in London who were leaving prison and on the Offender Personality Disorder (OPD) Pathway, jointly commissioned by Her Majesty's Prison and Probation service (HMPPS) and the NHS.

It worked in partnership with the London Pathway Project (a charity working to improve health services for homeless people), the London probation service and the prison service. This partnership aimed to promote social inclusion and improve the lives of those it worked with through providing appropriate levels of support. For women to access the service, they needed to be returning from prison to a London probation team and either on the OPD Pathway or meeting criteria that meant they could be screened into the pathway.

Where possible, Advocates engaged with women before release from prison. This enabled them to assess their immediate needs, begin to establish a relationship, to meet women at a very vulnerable point of their journey, and to reduce the likelihood of crisis on release. Once in the community, women received intensive one-to-one support, focused on individual goals set collaboratively between the service user and Advocate, and linked to progress in:

- Housing
- Engagement
- Personal Development
- Training, education and employment
- Harmful substance use
- Health and wellbeing
- Criminal justice.

The needs of women referred to the Bluebird service can be acute and complex, so a flexible approach is needed. Bluebird aimed to reduce women's risk of reoffending, and being recalled to prison, and to improve their wellbeing. The team also worked with partners to develop best practice on managing risk, safeguarding and sharing information. As well as supporting women emotionally and practically, collaborating with practitioners from multiple agencies on issues such as health, housing, and finance, Bluebird Advocates worked with women to identify organisations, networks, and activities that could support their mental health and wellbeing.



“‘Mental health’, it makes me think about services letting people down and not helping them with their thoughts or feelings.”

Charlotte

How can we meet the mental health needs of women in contact with the justice system?

S H

Flexible

flagshh

@fla

Main Entrance

The OPD Pathway's long-term objective is to create more compassionate and therapeutically informed prison and probation systems and workforce.

The Offender Personality Disorder (OPD) Pathway

Jointly funded by the NHS and HMPPS, the ODP pathway has multiple aims including:

- Reducing high-harm offending
- Improving people's mental health, wellbeing and relationships
- Improving the competence, confidence and wellbeing of practitioners working with people with personality disorder
- Providing an efficient and cost-effective service.

Its long-term objective is to create more compassionate and therapeutically informed prison and probation systems and workforce. In its first 10 years, the OPD Pathway established a network of connected, innovative services, underpinned by evidence-based quality standards and principles that meet people's needs. In December 2023, NHS England published a five-year strategy (2023-28) that sets out its ambitions for the OPD Pathway.

Pathway-level ambitions

- Responding to unmet complexity of need
- Pathway consistency and quality
- Promoting diversity and inclusion
- Enhancing identification, pathway planning referrals and access
- Strengthening transitional support.

Many people experiencing this range of difficulties that mean they could be diagnosed with personality disorder have experienced abusive, neglectful and difficult childhoods.

System-level ambitions

- Supporting a whole system response to complexity, risk and need
- Prioritising a relational practice culture
- Building the evidence base.

'Louise'

On release from prison, Louise's Advocate from Women in Prison met her at the gate. Having been in and out of prison serving short sentences over the previous 12 years, Louise's expectations were low.

Together Louise and her Advocate attended a range of appointments, including probation, drug, and alcohol services. In between, Louise shared her experiences and feelings of pain and loss. She talked about the time her partner "knocked her teeth out" and the streets she's slept on. The Advocate noticed Louise's openness, resilience, wisdom, and humour. Yet she kept having to remind healthcare professionals to speak to Louise, not her. They also visited housing services and council buildings, filling out training application forms (Louise wants to be a peer mentor) and sat in parks drinking coffee, writing plans for when Louise's trauma was not so overwhelming.

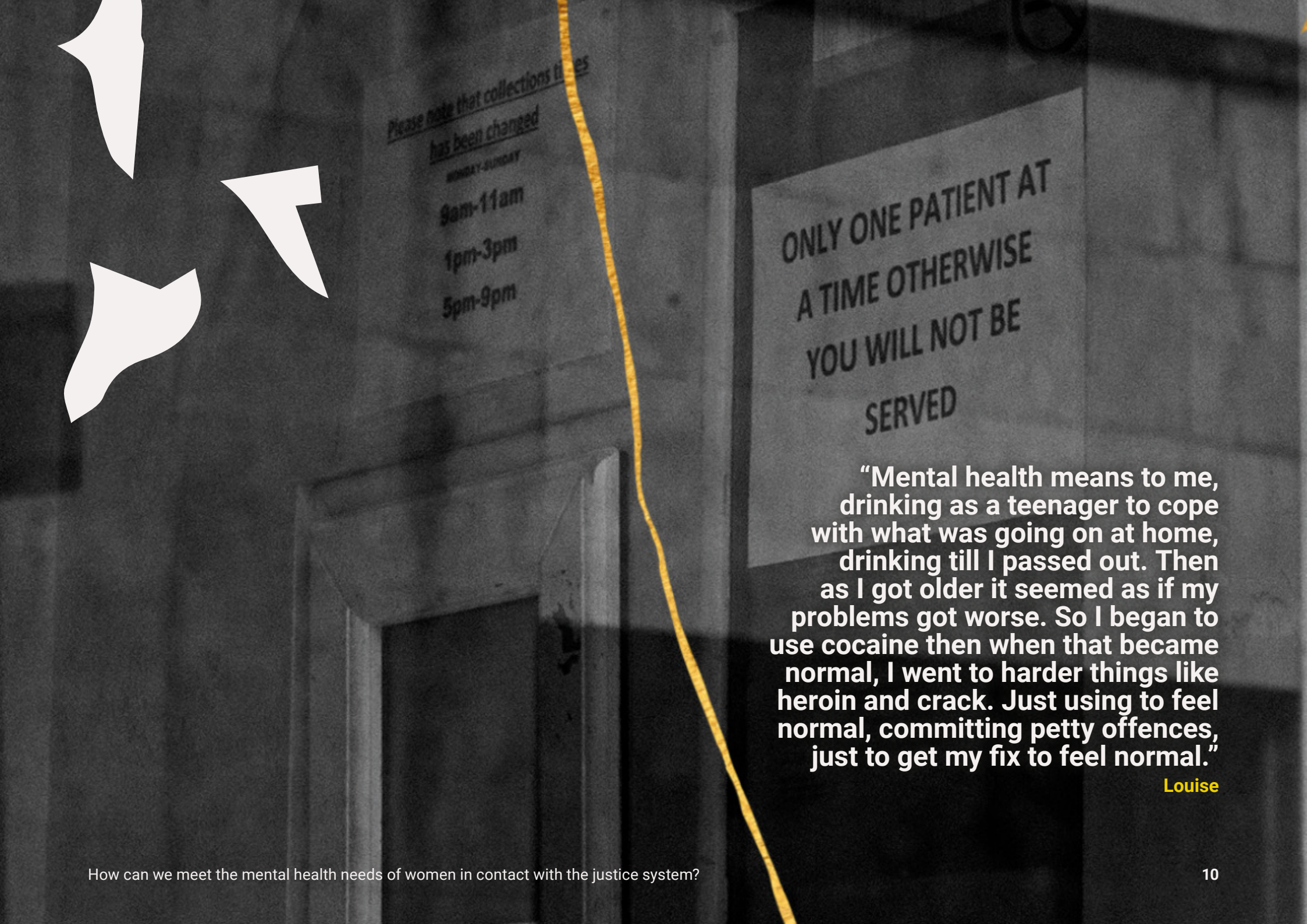
During the pandemic, Louise did not have access to the internet and her Women in Prison Advocate was unable to visit her. Instead, they spoke frequently on the phone, thought up exercise

routes, wrote them down, tried them out and shared them with other women who did not have internet access. The Advocate sent Louise puzzles and crafts to help her manage being isolated.

In October 2020, Louise reached the milestone of her first year in 12 without using drugs or coming in to contact with the criminal justice system. She was clear about what she needed to do and what she wanted. She said having someone by her side had helped her to achieve this.

Details have been changed to protect privacy and identity





Please note that collections times
has been changed

MONDAY-SUNDAY

9am-11am

1pm-3pm

5pm-9pm

ONLY ONE PATIENT AT
A TIME OTHERWISE
YOU WILL NOT BE
SERVED

“Mental health means to me, drinking as a teenager to cope with what was going on at home, drinking till I passed out. Then as I got older it seemed as if my problems got worse. So I began to use cocaine then when that became normal, I went to harder things like heroin and crack. Just using to feel normal, committing petty offences, just to get my fix to feel normal.”

Louise

Personality Disorder

A person can be diagnosed with 'personality disorder' if they think, feel, behave or relate to others very differently from the average person. There are different types of diagnoses and many people diagnosed with personality disorder have experienced abusive, neglectful and difficult childhoods. There are disagreements amongst practitioners about personality disorder, including about whether diagnosis stigmatises people and/or give enough weight to social context.

Eligibility criteria


The ODP Pathway works with men and women in the criminal justice system and secure hospitals experiencing complex interpersonal and personality difficulties, which could be diagnosed as 'personality disorder'. For women, the criteria for accessing the OPD Pathway intervention are:

- On their current sentence, they are eligible for Multi-Agency Public Protection Arrangements (MAPPA)
- Have a high or very high risk of serious harm score
- They are likely to meet the diagnostic criteria for 'personality disorder', to a level that has significant and severe consequences for themselves and others. Women meet this criterion if they score 10 or more on the Offender Assessment System for the Women's OPD Pathway.

Impact

In 2023 a three-stage external evaluation of the Enhanced Engagement Relational Support Service (EERSS) – of which Bluebird was a part – was completed.³ Commissioned by the NHS, the EERSS is for women and men screened into the OPD Pathway in London, which is being delivered as part of the wider strategy. The evaluation set out to assess the service's impact against its outcomes:

- Improved public protection
- Improvements in psychological health, wellbeing, stability and pro-social behaviour
- Improvements in competence and confidence of the staff team.



"I think there's no one size fits all. It's unique to each individual person, and it takes time to work through. My mum was a counsellor and I have so much respect for her and the people who help people with mental health issues. For me personally, I've always been a positive person, but coming to jail, I've experienced a form of anxiety. Probably down to having lost control of my own life."

Nadia

Services bridged the gap between men and women and probation, acting as a mediator and encouraging joint working.

The study included 34 people (including 17 Bluebird clients), filling in questionnaires and eight people (including four Bluebird clients) participating in interviews.

Results were compared with control groups; one group that was screened by the OPD Pathway but received no intervention, and one group that was working with the Intensive Intervention Risk Management Service (IIRMS), a psychologically informed case management approach, and component of the Pathway. Across the EERSS services the evaluation showed that:

- Therapeutic alliance of trust with an EERSS worker (a Women in Prison Advocate in Bluebird's case) significantly improved peoples' relationships with others
- Services bridged the gap between men and women and probation, acting as a mediator and encouraging joint working with probation.

The evaluation identified gender differences and drew out some themes. Both men and women were less likely miss statutory appointments, including with probation. Women scored higher for psychological distress, whereas men had higher scores for Risk of Serious Harm (ROSH).

Relational aspects

Women made links between the support they received from Bluebird and their relationship with probation. For some this highlighted how *different* nature of these relationships were.

"...probation ... reminds you that you've done something wrong...it can sort of reaffirm the idea in your head that you're a bad person ... when you have an appointment with someone from Women in Prison all of that goes out the window and you feel like you're good enough."

For others, the effect was to increase trust overall; the study found a significant link between good relationships with EERSS workers and better relationships with others, including restraining anger and frustrations.

Practical support was highlighted as a key to alleviating negative emotions and stabilising their wellbeing.

"I do go to probation, and I have violent ideations in my head but don't act on it especially 'cause of [Women in Prison's] support. I'm not a violent person."

"She has really been my rock and she has been in touch with my probation officer a lot ... working together to help me best and I truly appreciate it."

'Sara'


Sara was 33 when she was referred by probation to Women in Prison's Healthy Foundations Project. She has a learning disability, was dependent on alcohol and needed support accessing recovery services and managing her physical and mental health. She was presenting at A&E two or three times a week.

Sara's Advocate noticed that she was not receiving the correct benefits and supported her to declare her health conditions and learning disability, and to provide medical evidence from the GP. She went with Sara to a work capability assessment. Sara's benefits were updated, and a back payment paid.

Sara's Advocate also helped her to access and attend health appointments. Although she had worked with a recovery service on and off for many years, Sara found it unhelpful as it did not take her learning disability and mental health needs into account. Sara used her back benefit payment to access a residential rehabilitation unit. As well as helping her find a suitable service, Sara's Advocate liaised with the staff to ensure they were aware of her needs and could offer appropriate support.

Sara spent a month there and at the time of writing has been sober for nearly a year and a half. She attends Alcoholics Anonymous, and her Advocate has continued to support her, including helping Sara to fill her time with meaningful activities, to apply for a passport, and for independent accommodation. Sara no longer goes to A&E and has been able to manage treatment of her health needs more effectively.

Details have been changed to project privacy and identity

A black and white photograph of a muddy surface, possibly a road or path, with a yellow line running diagonally across it. The line is irregular and wavy, suggesting it might be a painted line or a path. There are several white, abstract shapes scattered across the image, resembling torn paper or stylized leaves. The background is a textured, dark surface with some lighter patches, possibly water or mud.

**“When I hear the words
'mental health' it makes me
think about being trapped
inside my head, travelling
around in the labyrinth of
thought until I am lost to all
sane reasoning. Travelling
ever, yet reaching nowhere.
In the end of a prisoner of
my mind, still and standing
just where I started.”**

Natalie

Above and beyond

Women talked about how their relationship with their Bluebird Advocate gave them a sense of normality. They reported feeling less distress and improved wellbeing after working with Bluebird, describing improvement in:

- Self-esteem and confidence during a difficult transition into the community
- Self-esteem overall
- Sense of identity
- The development of coping strategies in managing their mental health.

“I came out of jail with no confidence at all and I think over a period of time just having the constant reminder of what you’ve achieved has helped with building my confidence and my self-esteem...”

“I feel like I can rationalise the way that I conduct myself in what feels like it could be a crisis situation ... [I’ve] changed dramatically...”

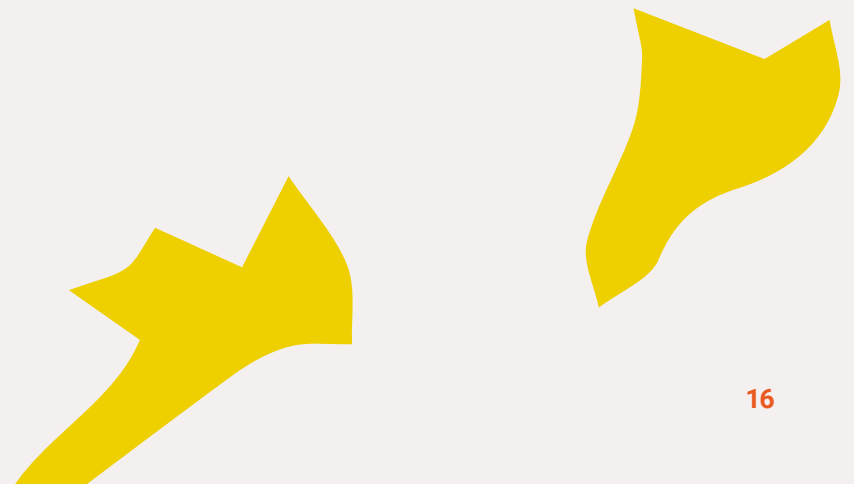
Practical support was highlighted as a key to alleviating negative emotions and stabilising their wellbeing.

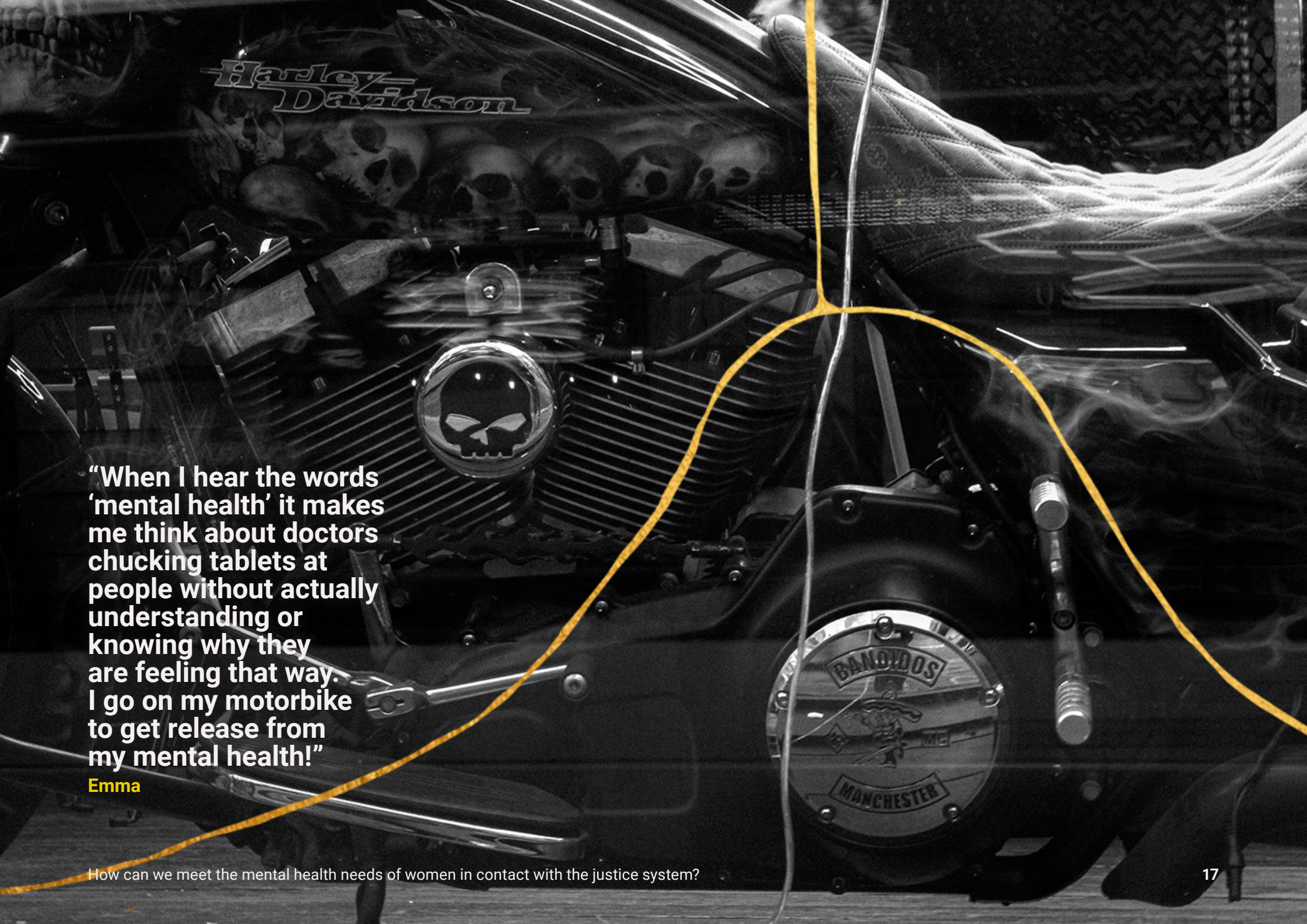
“She’s really lightened the load and there’s been times when

I would have actually buried my head in the sand but having [my Advocate] to deal with that practical side of things has helped my mental health no end. I feel lighter for it.”

Some women felt emotionally dependent on their worker and experienced feelings of loss when working with Bluebird came to an end.

“...it’s like helping a baby bird with learning to fly and the only way you’re gonna know if it’s worked is if you let it go. I get that but ... I wish I could just keep [working with Women in Prison] forever. Not necessarily for support but like she’s going to leave a really big hole in my heart.”





**"When I hear the words
'mental health' it makes
me think about doctors
chucking tablets at
people without actually
understanding or
knowing why they
are feeling that way.
I go on my motorbike
to get release from
my mental health!"**

Emma

Overall participants reported increased ability to manage their emotions and visible improvements in reduction of risks to themselves.

Risk

When it came to risk to others, some did not see themselves as a risk, whilst others said they had violent thoughts, but that they were developing self-control with support.

“...had it not been for [my Advocate] just grounding me ... I don't think she even knows what kind of an impact she had in that defining moment...”

However, overall participants reported increased ability to manage their emotions and visible improvements in reducing risks to themselves.

“...I've got my therapy, but [Women in Prison] had been a help alongside that ... it hasn't got to the point where I feel like I need [to self-harm] ... but if I need it then I would ask [my Advocate]...”

“I was at a point where I was doing a lot of drugs and like my support from Sam and Angela before helped me pick up my life...and stop taking those things to feel better and cope with what I've gone through...[I am] so much healthier.”

Some interviewees felt Bluebird had no effect on their risk either because this was 'down to them' or because they did not see themselves as a risk and/or felt inaccurately labelled as such by probation.

These findings highlight how influential a therapeutic alliance between ... worker and service user can be in a community integration.

Identity

Bluebird workers encouraged women to talk about and engage in events surrounding identity.

“...there was a thing that I needed to do for Black History Month, and I didn't wanna do it 'cause I felt like it was too much pain. She spoke to me about it and what it meant to me, and I ended up doing it...”

Interviewees talked about changes to their identity and how important this was to self-acceptance and relationships with others. Confiding in their Advocate about their trauma helped women to accept their identity.

“...my acceptance of myself is a lot higher than it was before. I feel like it's key for anything – like once you accept something, you might not like it, but once you've accepted it you can sort of move forward. She's really helped me with that.”

“...it’s an unspoken thing, she just gets it when I don’t have the words to say it ... It’s more difficult to explain like to a white person than it is to a Black person... I’d say that the first time I spoke about racism was with her ... ‘cause people feel uncomfortable to hear that this stuff is going on in the institution ‘cause of their attachment with that system...”

The evaluation concluded: “These findings highlight how influential a therapeutic alliance between EERSS worker and service user can be in a community integration.”

These findings build on previous evaluation of Women in Prison’s Healthy Foundations project, carried out by AVA to assess its performance and identify its impact.⁴

About Healthy Foundations

A three-year (2019-2022) project funded by the National Lottery Community Fund, Healthy Foundations aimed to improve the health of women affected by the criminal justice system. Its work included providing advocacy and support, advice and information, workshops and health promotion. The programme was underpinned by a belief that women in contact with the justice system are faced with challenges because of failures in the health system to meet their needs.

The evaluation of Healthy Foundations found that:

- Women using its services were overwhelmingly positive about the support and advocacy they received
- Working with the service improved women’s knowledge of the health system, boosted their confidence to manage their health independently, and empowered them to take control of their health in the short and long term.

It showed the value of independent advocacy services in helping women feel heard, cared for and valued, more in control of their health, confident about speaking up, and able to access additional support services.

Taking these evaluations together and building on Women in Prison’s history of learning and development, we identified key findings and questions that will frame our future recommendations for changes to better meet the mental health needs of women in contact with the criminal justice system.

'Anita'

Anita was recalled after an incident when she was an inpatient on a psychiatric ward. Her mental health needs were not being met by the staff who called the police as they perceived her to be, in the Advocate's words: "an angry Black woman that [had] no mental health needs but should be dealt with by criminal justice system."


Through the Healthy Foundations service, the Women in Prison Advocate supported Anita by outlining the options available for challenging the treatment she received from staff, empowering her to make a choice about whether to raise a formal complaint. She continued to support Anita when she was in custody as her mental health was deteriorating significantly. She was pregnant and constituted a high-risk pregnancy due to her physical health needs. This included liaising with the prison and hospital staff, and Anita's cardiologist. Anita received face-to-face visits from her Advocate before and after she gave birth, providing emotional support to help Anita with her feelings of anxiety and loneliness.

After Anita had her baby, the question of whether she could move to the Mother and Baby Unit was raised.

Her Advocate made sure Anita understood the process, supporting her through the assessment, and ensuring her voice was heard by helping her to communicate with social services, social care, probation, the prison, and solicitors.

Weekly contact with Anita continued while she was in custody. Anita was awaiting a parole board hearing, a court case for sentencing, and appearance at family court and needed support with her mental health. The Advocate liaised with practitioners, providing support in formulating a robust release and support plan.

Details have been changed to project privacy and identity

A black and white photograph of a person wearing a dark hoodie, covering their face with their right hand. The person is standing outdoors at night, with a blurred background of city lights and a metal railing. A bright yellow light streak is visible in the upper left corner of the image.

**"It makes me think
about being broken
inside and feeling lost,
keeping everything to
yourself and thinking
you are on your own."**

Nicole

Key findings

The needs of women leaving prison with mental health issues are often acute and varied, but progress to greater stability and independence can be achieved if they can access appropriate levels of practical and emotional support.

- Working with Advocates helped women to gain a sense of 'normality', reduce levels of distress and improve wellbeing including self-esteem, sense of identity, and ability to develop coping strategies.
- Women leaving prison with mental health needs who have at least one professional, trusting, supportive relationship are more likely to trust others.
- The mediating role of Advocates encouraged joint working between agencies and between women and services, including women being less likely to miss statutory appointments and coping better with anger and frustrations.
- Working with the service improved women's knowledge of the health system, boosted their confidence to manage their health independently, and empowered them to take control of their health in the short and long term.
- Practical support from Advocates can result in accessing resources such as finance, accommodation, and health services, which help stabilise their wellbeing.

- Working with women on trauma and identity can help them to identify communities of support and acceptance.
- Some women felt emotionally dependent on their Advocate and experienced feelings of loss when this came to an end.


Closing thoughts

This paper underscores the crucial role that holistic, relational support plays in meeting the mental health needs of women in contact with the criminal justice system. Findings from external evaluations of two Women in Prison programmes, Bluebird and Healthy Foundations, reveal that with appropriate and timely practical and emotional support, women can make significant progress towards stability, independence, and agency over managing their health. The therapeutic alliance between Advocates and women fosters trust, improves wellbeing, and facilitates better engagement with services. Women in Prison has used this learning to inform subsequent health-based projects such as Bridges to Health and our substance misuse-focused 'through-the-gate' programme, through which we work with women in prison to build relationships, understand their own needs, then support them with the transition into the community.

The need for these forms of support highlights systemic gaps and raises essential questions about how to extend these benefits more broadly, both in custody and the community, as well as considering how this form of support could be implemented as a preventative measure to stop women coming into contact with the criminal justice system. Addressing these questions will be vital for shaping future interventions and ensuring that women receive the support necessary improve mental health outcomes, prevent contact with the criminal justice system, and live happily and healthily. The implications for criminal justice and health systems are profound, suggesting a need for a more integrated, compassionate, relational and resourceful approach to meet women's mental health needs.

Notes

1. Singh B. and Minoudis P. (2023). Evaluation of the Enhanced Engagement Relational Support Service. Women in Prison.
2. Glew C. and Magic J. (2023). Health Foundations Project. AVA (Against Violence and Abuse).
3. Singh B. and Minoudis P. (2023). Evaluation of the Enhanced Engagement Relational Support Service. Women in Prison.
4. Glew C. and Magic J. (2023). Health Foundations Project. AVA (Against Violence and Abuse).



“When I think about ‘mental health’ I think about past trauma and negative relationships growing up; but that doesn’t mean you can’t achieve your goals and rise above all the hurt and pain caused. Stay strong and keep going, we can do this.”

Rebecca



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