

UNGRIPP

The mental health of people serving Indeterminate Sentences for Public Protection

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Executive Summary

We are the United Group for Reform of IPP, known as UNGRIPP. We are an organisation that works to raise awareness of the Indeterminate Sentence for Public Protection – most commonly referred to as the IPP sentence. We are submitting evidence to the Justice Select Committee on the mental health of people serving an IPP sentence in prison (and their families), and show how it is bound up in the nature of the sentence itself. We would like the Committee to consider measures that are needed to tackle the particularly acute problems of mental health in the IPP population.

The IPP sentence is a type of life sentence given to 8,711 people between 2005 and 2013¹. It was abolished in 2012, but not retrospectively. The sentence has three parts: a mandatory period in prison which is based on the seriousness of the offence (known as a ‘tariff’), followed by indefinite detention until the Parole Board deems that the person has reduced their risk enough to be safely released (generally by engaging in rehabilitative activities), followed by a life licence in the community, from which they may be recalled to prison if they breach their licence or reoffend. The sentence operates almost entirely on the principle of what someone might do, rather than what they have done. On 31st March 2021, 3,134 people were detained in prison on an IPP sentence², with an unknown number on license in the community. Self-harm, suicide, strong feelings of injustice, perpetual anxiety, and depression/hopelessness are particular problems in the IPP population. In this report, we bring together all publicly available data on the mental health of people serving an IPP sentence, which we hope will assist the Committee in understanding why mental health issues are so prevalent and severe in this population. We draw on official statistics, published research, public testimonies, and personal accounts submitted to our social media project ‘The Forgotten’³, to show how the IPP sentence disadvantages those who entered prison with pre-existing mental health conditions, and how the sentence is a contributory factor in deteriorating mental health even among those with no prior psychiatric history. In the remainder of this summary, we outline evidence relevant to the Committee’s specific questions, and we hope that our full submission will give the Committee a comprehensive understanding of this important issue.

The scale of mental health issues within prisons in England and Wales and whether enough is in place to determine the scale of the problem.

When compiling this report, we were shocked to discover that we could find no large-scale clinical study of the prevalence of mental health conditions in IPP sentenced prisoners using conventional diagnostic methods. We found four studies attempting to establish prevalence

¹ Ministry of Justice. (2015). Criminal justice outcomes by offence data tool [Data set]. <https://www.gov.uk/government/statistics/criminaljusticesystem-statistics-quarterly-december-2015>

² Ministry of Justice. (2021). Prison population: 31 March 2021 (Data set). <https://www.gov.uk/government/statistics/offendermanagement-statistics-quarterly-october-to-december-2020>

³ https://twitter.com/forgotten_ipps

of particular conditions. However, three only used HMPPS administrative data, and one was a small study of the prevalence of intellectual disability in one prison. It is of serious concern that there is almost no reliable clinical data on the prevalence of poor mental health in the IPP population, although self-harm and suicide are recorded in Ministry of Justice official data. This oversight is of particularly grave concern because studies that ask IPP sentenced prisoners about their general experiences (of which there are at least seven) almost always foreground poor mental health as a prominent feature. Essentially, the problem is well known but poorly measured. From the limited data available:

- The self-harm rate for IPP prisoners is double that of other life sentenced prisoners, and almost double that of determinately sentenced prisoners⁴.
- 69 people have killed themselves in prison while serving an IPP sentence⁵. Suicidal thinking and suicide attempts feature prominently in the testimonies of IPP sentenced prisoners, with the sentenced cited as a major contributory factor.
- In the early days of the sentence, IPP sentenced prisoners had higher levels of pre-prison psychiatric problems than life-sentenced prisoners and determinately sentenced prisoners, but such problems were still only found in a minority of IPP sentenced prisoners^{6,7}. The mental health issues currently experienced by the majority of IPP sentenced prisoners may now be more heavily influenced by their current circumstances.
- A small study of intellectual disability in young men at HMP Aylesbury suggested such disabilities were present in around 24% of the population (5% severe, the rest mild), but were no higher in IPP sentenced prisoners than in the general prison population⁸. This finding should be extrapolated with caution to the now entirely adult IPP population.
- In a study of men serving an IPP sentence in one region (Humberside), 41% had ever had a diagnosis of anti-social personality disorder (ASPD)⁹ – 9% lower than in a study of ASPD prevalence in the general prison population^{10,11}.
- When asked about their experiences, people serving an IPP sentence describe a consistent and recognisable triad of symptoms across studies: strong feelings of **injustice**; living in a state of perpetual **anxiety**; and a pervasive feeling of **hopelessness**. Their families reported a similarly recognisable triad of symptoms. The consistency of this triad across studies may indicate a distinctive syndrome of poor mental health that is found in people affected by the IPP sentence.

⁴ Ministry of Justice (2020). Safety in custody statistics. <https://www.gov.uk/government/collections/safety-in-custody-statistics>

⁵ FOI request 21040516.

⁶ Sainsbury Centre for Mental Health (2008). In the dark: The mental health implications of Imprisonment for Public Protection. https://www.centreformentalhealth.org.uk/sites/default/files/in_the_dark.pdf

⁷ HM Chief Inspector of Prisons & HM Chief Inspector of Probation (2008). The indeterminate sentence for public protection: A thematic review. https://www.justiceinspectorates.gov.uk/probation/wp-content/uploads/sites/5/2014/03/hmip_ipp_thematic-rps.pdf

⁸ Kelly, J., Collier, A., & Stringer, J. (2012). Providing a learning disability in-reach service for young adult offenders serving a sentence of Imprisonment for Public Protection. *Journal of Learning Disabilities & Offending Behaviour*, 3(3), 139-149. <https://doi.org/10.1108/20420921211305882>

⁹ Crosswaite, S., Freestone, M., & Ramsden, J. Indefinite detention or supervision for public protection when a life sentence is not available: Pathway outcomes among prisoners in one region. *Criminal Behaviour and Mental Health*, 10. <https://doi.org/10.1002/cbm.2147>

¹⁰ Coid, J., Moran, P., Bebbington, P., Brugha, T., Jenkins, R., Farrell, M., Singleton, N. and Ullrich, S. (2009), The co-morbidity of personality disorder and clinical syndromes in prisoners. *Criminal Behaviour and Mental Health*, 19: 321-333. <https://doi.org/10.1002/cbm.747>

¹¹ For technical reasons, it is safer to conclude from these studies that rather than IPP sentenced prisoners having a lower prevalence of ASPD, there is not sufficient evidence (that we are aware of) to suggest that the prevalence differs from the general prison population. Tautological issues with criminal behaviour being an indicator of ASPD are beyond the scope of this submission, but should always be considered when interpreting the presence of ASPD in serving prisoners.

- In 102 submissions made to The Forgotten, by IPP sentenced prisoners and their loved ones, 75% mentioned experiencing some kind of mental/emotional distress that was caused or perpetuated by the sentence.

The appropriateness of prison for those with mental health needs.

A common theme in early studies of IPP sentenced prisoners was that those with mental health needs (particularly learning disabilities) were disadvantaged by the IPP sentence because their mental health meant they could not complete rehabilitative activities that they were expected to do in order to be deemed safe to release. This led to many serving years past their tariff expiry date and entering an indefinite period of imprisonment. In 2019, the Ministry of Justice and the Parole Board published an action plan to progress unreleased IPP sentenced prisoners, which involved case file reviews by Psychology Services, in order to identify unmet needs and how to address them. 1,514 case file reviews were completed between 2016 and 2020. Of these individuals, nearly half (49.7%) have still never been released¹². This suggests that prison is not meeting the needs that were identified in a substantial portion of unreleased IPP prisoners, though it is not known what proportion had needs specifically related to mental health.

From research, and publicly available testimonies, it is clear that some IPP sentenced prisoners struggle to cope mentally with the combined weight of prison, and of their sentence. The pressure to avoid having their mental health labelled as a risk factor, and therefore an impediment to release, discourages IPP sentenced prisoners from being open about, or seeking help for their problems. The Committee will be aware of the limited provision for complex mental health conditions in prison in general, which will also affect IPP sentenced prisoners, and further perpetuate their anxiety about being able to access services that may be necessary in order for them to be considered for release.

How mental health issues are identified on arrival at prison and/or while a prisoner is serving a custodial sentence.

We are not familiar with the standard policy in this area, and so cannot comment on how routine procedures are experienced by IPP sentenced prisoners. However, we are frequently contacted by people serving an IPP sentence and their loved ones, who feel that the mental health struggles caused by the weight of the sentence are not recognised by professionals. We think it is important to note that the professionals who most frequently compile reports on IPP sentenced prisoners – probation officers and forensic psychologists¹³ – are rarely trained in diagnosing mental health conditions, and may therefore interpret behaviour through a lens of risk rather than health.

¹² FOI request 210208029.

¹³ Mental health assessment is more typically the domain of clinical psychologists, or psychiatrists.

Support (clinical and non-clinical) available to those with mental health needs, whether it meets the needs of those in prison and if there are any gaps in provision.

We are not familiar with the overall pattern of mental health provision in prisons. The accounts we receive from IPP sentenced prisoners and their families suggest two problems. Firstly, many people serving the IPP sentence simply don't feel they are receiving help, and that their mental health problems are unrecognised. Those that do receive help express appreciation. The second problem is that people serving an IPP sentence often feel they must actively hide their mental health problems, in case they are interpreted as a risk factor that impedes their release. The risk-based principles of the sentence are not only an impediment to mental health, but to accessing help.

The effect of physical prison environment on mental health.

IPP sentenced prisoners report deteriorating physical health alongside mental health. Their accounts suggest that they experience physical symptoms linked to the chronic stress of the sentence, on top of the generalised stress of the prison environment. The IPP population is also an aging one, which in time will render them more vulnerable to physical illnesses that prisons are ill-equipped to manage.

There are hazards of the prison environment which affect IPP sentenced prisoners in particular ways. Many describe feeling particularly vulnerable because they have 'more to lose', which makes it more difficult to navigate the demands of the prison authorities while managing relationships with other prisoners, who exploit their reluctance to break rules that may compromise their release.

The effect of Covid on prisoner mental health, including on access to services.

IPP sentenced prisoners have suffered in similar ways to all prisoners subject to Covid-induced regime changes. An additional burden for IPP sentenced prisoners has been the lack of access to rehabilitative activities, which cannot be run safely under Covid restrictions. IPP sentenced prisoners are required to demonstrate reduced risk via rehabilitative work in order to be released. Not being able to complete what is required of them has enormously increased their already heightened levels of anxiety and hopelessness about their sentence, and deepened their feelings of injustice when denied Parole due to factors beyond their control. It is not just the effect of Covid on prison conditions, but their entire sentence, that has adversely affected the mental health of IPP sentenced prisoners. The Parole Board is aware of this issue¹⁴ and recommend the development of alternative risk management plans. They also point to offending behaviour programmes being delivered in alternative delivery formats across prisons. The accounts submitted to us suggest that this is not happening consistently, and IPP sentenced prisoners are experiencing severe delays in accessing a range of services, and difficulties securing release on temporary license (which

¹⁴ Parole Board (2020). Parole Board Covid-19 member guidance.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925387/Parole_Board_Covid-19_Member_Guidance_October_2020.pdf

helps them evidence risk reduction). There has been no substantive change to the risk-based criteria for release, and reduced opportunities to reduce risk are causing IPP sentenced prisoners and their families considerable distress.

The quality and availability of mental health support in prison compared to that in the community.

Our impression from people that speak to us is that provision is limited and patchy in both prison and the community.

The mental health care pathway in prison to the community.

We cannot comment on this point.

Whether current commissioning of mental health services in prison is working.

The consistent evidence of poor mental health in the IPP sentenced population, which our main submission describes, shows that people serving an IPP sentence are overwhelmingly being failed by current mental health provision.

The main point that we wish to stress is that the mental health of the IPP sentenced population is a serious concern. The sentence appears to produce a recognisable syndrome in those affected by it, comprised of injustice, anxiety and hopelessness. Any solution to this problem must address the fundamental problems of the sentence, as well as general improvement in mental health provision. The parallel mental health experiences of families of those serving an IPP sentence should also be recognised and addressed.

Introduction

We are the United Group for Reform of IPP, known as UNGRIPP. We are an organisation that works to raise awareness of the Indeterminate Sentence for Public Protection – most commonly referred to as the IPP sentence. We have four pillars of activity:

- **Educate:** to raise awareness of the IPP sentence, its history, and its current problems.
- **Campaign:** to campaign for changes to the IPP sentence that are aimed at resolving its current problems.
- **Remember:** to keep the IPP sentence visible by sharing stories of those affected by it, monitoring governmental and parliamentary activity, and the current trends in the IPP population.
- **Support:** to offer and signpost to practical support for people affected by the IPP sentence.

UNGRIPP is led by family members of people serving an IPP sentence, and supported by academics, organisations and individuals who stand in solidarity with those affected by the sentence. It aims to unite everyone that is concerned about the IPP sentence, in a collective call for meaningful action, regardless of political persuasion or positionality in the justice system.

We would like to support the Justice Select Committee in being fully apprised of the mental health issues suffered by people serving an IPP sentence, and their families. We present evidence of those issues, and show how they are tied to the IPP sentence. We would like the Committee to consider measures that are needed to tackle the particular nature of the mental health issues in the IPP population. We are of the view that special measures are needed for this group of people, beyond those that are needed to address the mental health needs of the general prison population. This is because the legal, political and administrative features of the IPP sentence feed directly into the mental and emotional distress of those serving it. Any measures which decontextualise the mental health of IPP sentenced individuals from the sentence itself are likely to be of limited use. We believe that urgent action is required to stem the deterioration in mental health (sometimes to the point of suicide) that is happening in people affected by the IPP sentence. We thank the Committee for their consideration of this matter, and we are happy to expand upon the evidence presented here, if deemed useful to the Committee's objectives.

Background and Context

What is the IPP sentence?

The IPP sentence is a form of life sentence that was given to 8,711 people (including 246 women and 329 children) between 2005 and 2013¹⁵. It followed concerns that arose from a

¹⁵ Op. cit. Ministry of Justice. (2015).

number of high-profile individuals who had served a prison sentence for a serious offence, and went on to commit another serious offence upon release¹⁶. Calls followed for a more effective way of dealing with dangerous individuals. The sentence consists of three parts. Each person was sentenced to a minimum amount of time that they must spend in prison, based on the seriousness of their offence (this minimum mandatory period is known as a ‘tariff’). Once their tariff has expired, the person must be detained indefinitely in prison until a Parole Board deems that they have reduced their risk enough to be safely released. Once released, they remain on life licence indefinitely, during which they must abide by their licence conditions, and they can be recalled indefinitely to prison if they reoffend or fail to comply. If recalled, they must remain in prison until a Parole Board is satisfied that they have reduced their risk enough to be safely released again.

The IPP sentence was available for 153 crimes, and was intended to be reserved for people deemed to pose a high risk of committing further serious harm. It was estimated that the sentence would only be given to 900 people, but it was given out far more frequently than intended, which overwhelmed the system. Measures to limit its use were introduced in the Criminal Justice and Immigration Act 2008¹⁷. Eventually the sentence was abolished by the Government in 2012¹⁸, followed a ruling by the European Court of Human Rights that the sentence breached Article 5(1), which guarantees the right to liberty and security¹⁹. But it was not abolished retrospectively. On 31st March 2021, there were 3,134 people in prison serving an IPP sentence. 1,782 of them have never been released from prison, and 96% of these are beyond their tariff date (known as ‘post-tariff’). The remaining 1,350 were released from prison but have since been recalled²⁰. The majority of recalls have been for non-compliance (71%) rather than further offending (44%)²¹. There is no publicly available data on how many people are serving an IPP sentence in the community. We are currently requesting this.

Why is the IPP sentence a problem?

The central problem with the IPP sentence is that it operates on the principle of *what somebody might do*, rather than *what they have done*. This has created a vast disproportionality between crime and punishment. Of the 96% of unreleased IPP sentenced prisoners who are post-tariff, 31% have served 10 or more years beyond their tariff date²². At the most severe end of disproportionality are the 204 people who were given tariffs of less than two years, but have served 10 or more years beyond their tariff end date (12 or more years in total).²³ The indefinite nature of the sentence has also created practical

¹⁶ Halliday, J. (2001). Making punishments work: Report of a review of the sentencing framework for England and Wales. Home Office. <https://web.archive.nationalarchives.gov.uk/+http://www.homeoffice.gov.uk/documents/halliday-report-sppu/chap-1-2-halliday2835.pdf>

¹⁷ Criminal Justice and Immigration Act 2008, c. 13, <https://www.legislation.gov.uk/ukpga/2008/4/contents>

¹⁸ Legal Aid, Sentencing and Punishment of Offenders Act 2012, c.5, <https://www.legislation.gov.uk/ukpga/2012/10/contents>

¹⁹ James, Wells and Lee v. the United Kingdom [2012] European Court of Human Rights, <https://hudoc.echr.coe.int/eng>

²⁰ Op. cit. Ministry of Justice. (2021).

²¹ Data compiled from Offender Management Statistics Quarterly releases, “License Recalls” spreadsheet, Table 5.2.

<https://www.gov.uk/government/collections/offender-management-statistics-quarterly>

²² Op. cit. Ministry of Justice (2021).

²³ In official data, the MoJ categorises years beyond tariff in one year bands up until the ‘10 or more years category’, which disguises the true number of years that many people have served beyond their tariff. In practice, some people may have served up to 16 years beyond their tariff end date. We are aware of cases of at least 14 years served beyond tariff.

problems. The number of people serving the sentence who have never been released is decreasing, but the number recalled to prison is rising, leading to an overall stalling in the population, and a predicted increase by 2026²⁴. Despite its abolition, the IPP sentence is still very much present. We have expanded elsewhere on the range of issues that these central problems have created²⁵, but briefly they are:

- **Far more sentences were given out than was ever expected.** The sentence failed in its aim to target only the most dangerous people.
- **This overwhelmed the prison system, and help was not available** for people serving an IPP sentence to address their problems and reduce their risk.
- **The prison environment is overcrowded, dangerous and threatening.** The logic of the IPP sentence demands that people make lasting changes to their behaviour, yet these are the opposite to conditions known to promote change.
- Evidence shows **a consistent pattern of psychological toxicity created by the IPP sentence**, in the form of feelings of injustice, anxiety, and despair. Again, this toxicity is not conducive to change.
- **The IPP sentence relies on being able to predict future offending.** The best methods available for doing this are around 70% accurate. To our knowledge, no study has examined the accuracy of risk assessment tools specifically with people serving an IPP sentence. The unique circumstances of the sentence may well alter the predictive validity of existing tools and produce counter-productive effects.
- **Evidence shows that the IPP sentence produces harmful effects in the families of people serving an IPP sentence**, including to children^{26,27}.
- **The increasing growth of the recalled IPP sentenced prison population²⁸ indicates that it is failing to help people move on**, and is perpetuating a cycle of imprisonment.
- **There is no evidence that we are aware of which suggests that IPP and similar sentences are any more effective at reducing reoffending than determinate sentences.** In the UK context, there has been no comparative study of outcomes for those serving IPP sentences with those given determinate sentences for similar crimes, committed after the IPP sentence was abolished.
- **The sentence fails to preserve justice and proportionality of punishment**, as it results in people convicted of similar crimes serving very different lengths of time in prison.

What is the current situation?

The key features of the currently imprisoned IPP population are a falling number of releases (after an initial spike in 2015-17), a rising number of recalls, and an increasing number of people serving many years beyond their tariff date (see Table 1 for summary). Another

²⁴ Ministry of Justice (2020). Prison population projections: 2020 to 2026 (Data set). <https://www.gov.uk/government/statistics/prison-population-projections-2020-to-2026>

²⁵ <https://www.ungripp.com/educate>

²⁶ Anison, H., & Condry, R. (2019). The pains of indeterminate imprisonment for families of IPP prisoners. University of Oxford and University of Southampton. https://eprints.soton.ac.uk/423560/1/IPP_Families_Extended_Final.pdf

²⁷ McConnell, M., & Raikes, B. (2019). 'It's not a case of he'll be home one day' The impact on families of sentences of Imprisonment for Public Protection (IPP). *Child Care in Practice*, 25(4), 349-366. <https://doi.org/10.1080/13575279.2018.1448257>

²⁸ Op. cit. Ministry of Justice (2021).

dominant feature is a consistent narrative of mental and emotional distress. It is this narrative which we turn to in the next section.

Table 1: Key Features of the IPP Population

Data is presented for all years that it is publicly available.

Year	No. of releases from prison	% change on previous year	No. of recalls to prison	% change on previous year	No. of unreleased post-tariff IPP prisoners*	% change on previous year	Av. no. of years over tariff for unreleased IPP prisoners**	No. of recalled IPP prisoners*	% change on previous year
2012	444	-	122	-	3,531	-	-	-	
2013	431	-2.9%	215	76.2%	3,547	0.5%	-	-	
2014	385	-10.7%	Data missing	-	3,620	2.1%	-	-	
2015	562	46.0%	363	68.8%***	3,530	-2.5%	-	426	-
2016	576	2.5%	482	32.8%	3,263	-7.6%	4-5 years	621	45.8%
2017	616	6.9%	507	5.2%	2,862	-12.3%	5-6 years	760	22.4%
2018	506	-17.9%	637	25.6%	2,434	-15.0%	5-6 years	928	22.1%
2019	377	-25.5%	710	11.5%	2,136	-12.2%	6-7 years	1,114	20.0%
2020	275	-27.1%	639	-10%	1,856	-13.1%	7-8 years	1,359	22.0%

*At June of each year.

**Median average, based on classifications by the Ministry of Justice into 2 year bands.

***Increase from 2013, due to missing data in 2014.

The evidence base on the mental health of the IPP population.

There are three sources of evidence on the mental health of people serving an IPP sentence: Ministry of Justice statistics; published research; and the public testimonies of people serving the sentence, and their loved ones, which have appeared in various media outlets. We outline the quality of these sources, and then summarise what they show.

Quality of the evidence base

Ministry of Justice statistics

The Ministry of Justice releases annual statistics on the number of self-harm incidents and self-inflicted deaths in the IPP population²⁹. There are two limitations to this data. Firstly, it does not distinguish between unreleased and recalled IPP prisoners. Self-harm figures include only unreleased IPP prisoners, with recalled IPP prisoners counted in the general 'recalls' category that includes all recalled prisoners. Self-inflicted death figures include both unreleased and recalled IPP prisoners, but do not distinguish the two groups. Data from other sources suggest that being recalled is associated with self-harm and suicidal

²⁹ Op. cit. Ministry of Justice (2020).

thoughts/intentions in the IPP population³⁰. Therefore, it is problematic if recalled IPPs are not disaggregated in official data. The second limitation is that self-inflicted deaths which occur on temporary release do not appear to be counted. We are aware of at least one death of this nature³¹. Those that die on temporary release are still in a very real sense 'imprisoned' on the IPP sentence, and it is problematic if they are not included.

Research studies

We are aware of three studies with an explicit focus on some aspect of the mental health of people serving an IPP sentence³², ten studies that investigated general aspects of the IPP sentence but subsequently found mental health was a prominent theme, and three studies that investigated the experiences of family members of those serving an IPP sentence, and also found mental health to be salient. One further study measured the presence of an ASPD diagnosis as part of a study of Parole outcomes. Appendix I summarises the methods and samples of these studies.

There is not a single large-scale published study (that we are aware of) which directly measures the prevalence of mental health symptomatology in the IPP population using standard clinical screening and diagnostic methods. Where prevalence studies are attempted, they predominantly draw down on administrative data from the Offender Assessment System (OASys); a tool used by probation staff to assess areas of a person's life related to their risk of reoffending. Items relating to mental health may be scored based on available file data, or on the person's self-report. Senior analysts at the Ministry of Justice have observed that items from OASys pertaining to mental health may require specialist training to score accurately (which staff completing OASys generally do not have), and that OASys assessments often lack mental health related information³³. But even if staff have such training, OASys is not a mental health assessment tool. Therefore, there is a lack of good quality clinical data on the prevalence of particular mental health symptoms and diagnoses in the IPP population. The evidence that the mental health of IPP sentenced prisoners is poor, and in what way, comes from studies that have investigated the experiences of IPP prisoners, which have evoked rich descriptions of mental distress as experienced in the context of the IPP sentence.

In our view there has been a failure to systematically investigate the mental health of the IPP population, and to answer questions usually asked of prisoners and mental health. For example, we do not know how many people arrived at prison with pre-existing mental

³⁰ Edgar, K., Harris, M. and Webster, R. (2020). No life, no freedom, no future: The experiences of prisoners recalled under the sentence of Imprisonment for Public Protection. Prison Reform Trust.

http://www.prisonreformtrust.org.uk/Portals/0/Documents/no%20freedom_final_web.pdf

³¹ Newcomen, N. (2014). Investigation into the death of a prisoner at HMP Hewell who was found dead on 14 February 2014. Prison and Probation Ombudsman. https://s3-eu-west-2.amazonaws.com/ppo-prod-storage-1g9rkjhkjmngw/uploads/2015/01/J223-14-Death-of-a-male-prisoner-Hewell-14-02-2014-ONN-Unc_-22-30.pdf

³² These studies were each of a very different nature. One looked at general mental health and psychiatric issues via inspection of administrative data; one screened all IPP sentenced prisoners in one prison for intellectual disability; one sought IPP sentenced prisoners' views on how to prevent self-harm/suicide; and one tested whether a diagnosis of anti-social personality disorder was associated with Parole outcomes.

³³ Howard, P. D., & Dixon, L. (2012). The construction and validation of the OASys violence predictor: Advancing violence risk assessment in the English and Welsh correctional services. *Criminal Justice & Behavior*, 39(3), 287-307. <https://doi.org/10.1177/0093854811431239>. Page 304: "The present psychiatric treatment item seems crude but reliable: Unlike other items in Section 10 (Emotional Well-Being), only basic information and training are required to score it. Most OASys assessments record little or no direct information on personality disorder, psychopathic personality features, or active psychotic symptoms."

health issues, and how many have experienced onset of symptoms during their sentence (and whether this occurred before or after salient sentence points, such as failure to obtain Parole). What we do know from studies of general experience of the sentence is that the pattern of mental health experiences in the IPP population has a recognisable consistency that appears across multiple studies.

Personal testimonies

There is a vast amount of material written and spoken by people serving an IPP sentence and their loved ones. The 'quality' of these testimonies cannot be judged in the same way as formal evidence and research, and should be taken on its own terms, as an indication of the depth and nature of the pain experienced by people serving an IPP sentence and their loved ones. Our website archives personal testimony from people affected by the IPP sentence. We urge the Committee to spend some time with these testimonies, which say more than our summary can ever convey, and can be found at:

- News Archive: <https://www.ungripp.com/news-article-archive>
- Audio-Visual Archive: <https://www.ungripp.com/audio-visual-archive>
- Blog Archive: <https://www.ungripp.com/blogs>
- Letters from Prison: <https://www.ungripp.com/letters-from-prison>
- 'The Forgotten' social media project: https://twitter.com/forgotten_ipps

Themes and trends in the evidence

We now turn to the themes and trends that are apparent in the three types of evidence described above.

In-patient treatment

The number of IPP sentenced prisoners transferred from prison to hospital has been decreasing since 2012 (from 80 in that year, to 55 in 2019), although the *proportion* of the imprisoned IPP population transferred each year has increased (from 1.3% in 2012 to 2.8% in 2019). The year-on-year population of IPP sentenced prisoners residing in hospital has remained fairly stable (276 people in 2019). In 2019, IPP sentenced prisoners comprised 3.6% of the restricted patients population and 3.1% of the imprisoned population.

Very little is known about this set of IPP sentenced prisoners, and the numbers are rather small to make inferences. They suggest an overall small minority of IPP sentenced prisoners receiving inpatient psychiatric treatment, but a proportional increase in transfers, and slightly higher representation in the restricted patients population. Anecdotally, some family members report that their loved one experienced an onset of severe mental health symptoms some years into the sentence (e.g. hallucinations, delusions, PTSD symptoms, persistent self-harm/suicidal behaviour), which they had not experienced before prison. We suggest that the nature of the mental health problems, and their onset, in IPP sentenced prisoners in secure hospitals merits further attention.

Self-harm

The annual data released by the Ministry of Justice shows that the rate of self-harm by IPP sentenced prisoners (1.049 incidents per 1,000 prisoners in 2020) is consistently around twice that of other life sentenced prisoners (505 incidents per 1,000 prisoners in 2020), and almost twice that of determinate sentenced prisoners (580 incidents per 1,000 prisoners in 2020)³⁴. IPP is a type of life sentence, but the much higher rate of self-harm than other lifers indicates that it is not this aspect of the sentence alone which is responsible. Other life sentences differ from IPP sentences in a number of ways that might theoretically account for the higher self-harm rate. Firstly, the use of IPP for a wide range of crimes meant a wide range of tariff lengths, which were often very short. Short tariffs mean IPP sentenced prisoners are more quickly and frequently exposed to the stress, uncertainty and anxiety of upcoming Parole, while simultaneously having no definite release date – a limbo state of feeling despairing but unable to completely abandon hope, for which self-harm then becomes a coping mechanism. Secondly, non-IPP life sentences are reserved for the most serious offences, most often murder. There is evidence that coming to terms with taking a life requires a particular kind of moral reckoning with oneself, and a greater acceptance of the legitimacy of the sentence³⁵. Perceived legitimacy can act as a coping strategy by helping to ‘make sense’ of a painful sentence. Their wide variation in crimes and tariff lengths means that many IPP sentenced prisoners are deprived of two sources of legitimacy: the idea that their offence may ‘deserve’ a life sentence, and that the pains of the sentence are proportionate to their offence. Lack of legitimacy as a source of distress is also seen in lifers convicted of joint enterprise: another sentence where crime and punishment are perceived to be in a disproportionate relationship³⁶.

Self-harm is well known to be a coping response to distress and inner pain. The fact that the very structure of the IPP sentence deprives people of typical coping strategies (feeling that suffering has meaning, is proportionate, and has a definite end point), compounded by the other practical and emotional difficulties of prison in general, makes it unsurprising that IPP sentenced prisoners self-harm at a higher rate than other sentence groups.

Self-inflicted deaths

Data from the Ministry of Justice indicate that 69 people serving an IPP sentence have killed themselves in prison³⁷. There is no publicly available data on how many people serving an IPP sentence have killed themselves on licence in the community, but it has recently been acknowledged by the Prisons and Probation Ombudsman (PPO) that deaths of this nature require further investigation³⁸. Anecdotally, we are aware of individuals serving an IPP sentence who have killed themselves in the community. Some were very distressed and fearful about being recalled to prison, or for other reasons but were reluctant to ask for

³⁴ Op. cit. Ministry of Justice (2020).

³⁵ Jarman, B. (2020). Only one way to swim? The offence and the life course in accounts of adaptation to life imprisonment. *The British Journal of Criminology*, 60(6), 1460-1479. <https://doi.org/10.1093/bjc/azaa036>

³⁶ Hulley, S., Crewe, B. & Wright, S. (2019). Making sense of ‘joint enterprise’ for murder: Legal legitimacy or instrumental acquiescence? *The British Journal of Criminology*, 59(6), 1328–1346, <https://doi.org/10.1093/bjc/azz034>

³⁷ FOI request 21040516.

³⁸ McAllister, S. (2021). Post-release deaths. Prisons and Probation Ombudsman. <https://www.ppo.gov.uk/news/post-release-deaths/>

help, in case this led to recall. In these cases, the nature of the IPP sentence either directly or indirectly perpetuated individuals' suffering, prior to their death.

Due to small numbers (in a statistical sense) it is not meaningful to compare the rate of self-inflicted deaths of IPP prisoners with other sentence groups. In a real sense, the numbers are of course, not small. What is especially concerning is that there is evidence that the IPP sentence can play a causal or at least contributory role in self-inflicted deaths, a concern which has been highlighted by the PPO³⁹. We are currently engaged in a piece of work examining the prevalence of self-inflicted deaths in IPP sentenced prisoners where sentence-related factors have been highlighted as contributory. This is still in progress. At least 10 of the 69 IPP sentenced prisoners (14%) who have killed themselves did so after they were recalled to prison.⁴⁰ The experiences of these individuals can be best described as a loss of hope, feeling overwhelmed, or experiencing acute mental breakdown and distress – known factors in self-inflicted deaths generally. The IPP sentence creates these psychological conditions via a lack of a definite release date, lack of access to resources to do the work required for release, struggles to make sense of what is required, feeling unable to meet requirements, or acute feelings of failure, distress and loss of hope upon being denied Parole or being recalled to prison. In this way, the very nature of the IPP sentence is intimately tied to the emotional experiences of many of those who take their own lives. Suicide is a coherent response to its despair⁴¹.

Death by natural causes

There is currently no publicly available data on how many IPP prisoners have died by natural causes in prison, but according to the Ministry of Justice, 159 IPP sentenced prisoners have died in prison for reasons other than self-inflicted death (6 died for reasons not yet established, other reasons may include homicide or natural causes; the majority are likely to be the latter). This point may not seem related to mental health; however, we wish to draw attention to it for the following reasons. In studies of families of people serving IPP sentences, family members frequently reported being diagnosed with stress-related health conditions^{42,43}. The source of the stress was their loved one's sentence, indicating that the emotional distress of the sentence may in turn impact on physical health. By dint of being abolished, the IPP population is also an aging population, rendering them increasingly vulnerable to physical illness, which, similarly to family members, may be exacerbated by the chronic stress of the sentence. An investigation by the Independent Advisory Panel on Deaths in Custody into preventing self-harm and suicide in IPP sentenced prisoners found that these prisoners frequently described deteriorating physical health that was linked to chronic stress⁴⁴. We suggest that greater attention needs to be paid to natural deaths within

³⁹ Prisons and Probation Ombudsman (2014). Risk factors in self-inflicted deaths in prisons. https://s3-eu-west-2.amazonaws.com/ppo-prod-storage-1g9rkjhjkmjgw/uploads/2014/07/Risk_thematic_final_web.pdf

⁴⁰ See for example <https://s3-eu-west-2.amazonaws.com/ppo-prod-storage-1g9rkjhjkmjgw/uploads/2016/09/L036-15-Death-of-Mr-Carl-Jacques-Liverpool-10-05-2015-SID-31-40.pdf> and <https://s3-eu-west-2.amazonaws.com/ppo-prod-storage-1g9rkjhjkmjgw/uploads/2019/09/F3067-17-Death-of-Mr-Francis-Boateng-Elmley-31-01-2017-SI-31-40-34.pdf>

⁴¹ In other cases, there are other factors involved, including distress linked to the offence, a continuation of pre-existing mental health difficulties, bereavement or other adverse event, or the reasons are unclear.

⁴² Straub, C. and Annison, H. (2020), The mental health impact of parole on families of indeterminate-sentenced prisoners in England and Wales. *Criminal Behaviour and Mental Health*, 30,341-349. <https://doi.org/10.1002/cbm.2184>

⁴³ Op. cit. McConnell and Raikes (2019).

⁴⁴ Independent Advisory Panel on Deaths in Custody (2019). Indeterminate sentences for public protection (IPPs): Preventing self-harm and deaths in custody.

the IPP population, in order to urgently establish the prevalence of deaths from stress-related illnesses that may have been exacerbated by the stresses and strains of the sentence itself.

Mental health symptomatology

No large-scale study that we know of has investigated the prevalence of mental health symptomatology in IPP sentenced prisoners according to conventional clinical screening and diagnostic methods. Instead, prevalence studies tend to draw upon administrative data derived from the main classification and management system used by prison and probation: the Offender Assessment System (OASys), which we have already highlighted as a serious limitation and oversight in the investigation of IPP prisoners' mental health.

With this limitation in mind, there are three studies which attempt to establish the prevalence of mental health issues in the IPP population. The most comprehensive was conducted by the Sainsbury Centre for Mental Health.⁴⁵ They drew on OASys assessments up to September 2007, for 2,204 IPPs, 3,368 lifers and 54,785 determinate sentenced prisoners. They found that:

- 18% of IPPs had had prior psychiatric treatment (vs. 17% of life sentenced and 9% of determinate sentenced prisoners).
- 10% of IPPs were receiving or awaiting psychiatric treatment in prison ('higher' than life sentenced prisoners and 'twice as high' as the general prison population).
- 21% of IPPs were currently receiving medication for mental health issues ('more than the other groups').
- 6% of IPPs had previously been a psychiatric inpatient ('twice the proportion of the general population' & a 'slightly higher' percentage of lifers).

The comparator groups for each of these characteristics are inexact, but the data generally suggests that a significant minority of IPP sentenced prisoners had pre-existing mental health issues (although the time of onset is not always clear), and had more mental health problems than other groups.

The second study was a joint review of the IPP sentence conducted by HMIP Prison and Probation, in 2008 (prison)⁴⁶ and 2010 (probation)⁴⁷. In prison, they studied file data for 61 IPP sentenced prisoners. Drawing on OASys data up to September 2007, they concluded that:

- 33% of IPP prisoners had psychiatric problems at the time of the offence (vs 23% of determinate sentenced prisoners).
- 9% of IPP prisoners were current receiving psychiatric treatment (vs. 4% of determinate sentenced prisoners).

<https://static1.squarespace.com/static/5c5ae65ed86cc93b6c1e19a3/t/5f59bfe535e751014cbeb04f/1599717352035/IPP+briefing+paper+for+Ministers+FINAL.pdf>

⁴⁵ Op. cit. Sainsbury Centre for Mental Health (2008).

⁴⁶ Op. cit. HM Chief Inspector of Prisons & HM Chief Inspector of Probation (2008).

⁴⁷ HM Chief Inspector of Prisons & HM Chief Inspector of Probation (2010). Indeterminate sentences for public protection: A joint inspection by HMI Probation and HMI Prisons. https://www.justiceinspectorates.gov.uk/probation/wp-content/uploads/sites/5/2014/03/IPP_report_final_2-rps.pdf

- 18% of IPPs had a prior history of psychiatric treatment (vs. 9% of determinate sentenced prisoners).
- 21% of IPP prisoners were currently on medication for mental health issues (vs. 12% of determinate sentenced prisoners).
- 6% of IPP prisoners had been a psychiatric inpatient (vs 3% of determinate sentenced prisoners).

The HMIP team also administered the GHQ-12 – a screening tool for psychological distress – to 36 male IPP sentenced prisoners and 12 female IPP sentenced prisoners. 61% of men exceeded the threshold that would usually trigger further mental health assessment (compared to 52% of men in the general prison population, measured in a previous review). 58% of the women exceeded the clinical threshold for further assessment (compared to 65% of women in the general prison population, measured at a previous review). However, given the low number of women to whom the GHQ was administered (n = 12), it is more illustrative that 9 out of 12 had some kind of mental health need, and the study concluded that such needs were particularly acute in women IPP sentenced prisoners.

The team also reported on data received from the Youth Justice Board on young people who received an IPP sentence (the original data source is not clear). 15% had a mental health need, including 3% with depression and 5% with ADHD.

In the probation strand of the inspection, 176 IPP case files were viewed. The inspectors reported being unsatisfied with how mental health issues were documented, and therefore ‘based on their own judgement’, estimated that 12.5% had some kind of emotional or mental health difficulty, and 5% a learning difficulty or disability.

The final study was a whole population screening study of learning difficulty for the IPP population at HMP Aylesbury⁴⁸. Of 75 IPP sentenced prisoners, 5.5% were severely impaired, and 18.9% were in the borderline range of intellectual functioning. The mean score across the whole sample was not significantly different to the general prison population.

Together, these studies suggest that IPP sentenced prisoners had higher levels of previous psychiatric history and current problems than lifers or determinate sentenced prisoners. The small Aylesbury study should be extrapolated to the now entirely adult IPP population with caution, but gives some indication that intellectual functioning problems may be present, although they do not necessarily distinguish IPP sentenced prisoners from other prisoners. Altogether, it is apparent that the IPP sentence did sweep some vulnerable people with complex mental health needs into its net. The conclusion from the Sainsbury study, the HMIP study, and other studies of this early phase of the IPP sentence^{49,50} consistently find that, for such prisoners, the difficulties of the IPP sentence were exacerbated because their mental health needs prevented them from accessing mainstream rehabilitative programmes, and support for their individual problems was not available. This

⁴⁸ Op. cit. Kelly et al. (2012).

⁴⁹ Howard League for Penal Reform (2013). The never-ending story: Indeterminate sentencing and the prison regime. <https://howardleague.org/wp-content/uploads/2016/05/never-ending-story-IPP.pdf>

⁵⁰ Jacobson, J. & Hough, M. (2010). Unjust deserts: Imprisonment for Public protection. Prison Reform Trust. <http://www.prisonreformtrust.org.uk/uploads/documents/unjustdeserts.pdf>

caused many of them to remain in prison beyond their tariff, due to systemic issues beyond their control.

However, we urge caution against the narrative that what *distinguishes* IPP prisoners is a higher level of pre-existing mental health needs, and that this is solely responsible for the problems of the sentence today. The above studies were all conducted some years ago, at a very different time in the IPP sentence’s trajectory. Given the evidence from other sources, the level of post-prison mental health issues may now be far higher than pre-existing history which itself is still only present in a minority of IPP prisoners. Such a narrative has been used to explain away the stalling of progress in the release of IPP prisoners⁵¹, most of whom are now so distant from their pre-prison ‘selves’, that it seems of limited use to focus on prior history at the expense of the distressing circumstances of the present.

We turn now to more recent evidence, which has looked at the experience of mental health for IPP prisoners, rather than prevalence of issues in the population. The frequency and consistent pattern of poor mental health reported by IPP sentenced prisoners (and probationers) in such studies, suggests that mental distress is now perhaps the most pervasive and destabilising factor in those serving the sentence.

To our knowledge, six studies have investigated the experiences of people serving an IPP sentence by asking them about it⁵². These studies have primarily utilised interviews, with one also using surveys, and one inviting letters. A clear pattern of mental health experiences emerges from these studies. The most commonly reported experiences are described in Table 2:

Table 2: Commonly reported mental health experiences of IPP prisoners

Experience	No. of studies where experience found
Feelings of unfairness, injustice and bitterness.	5
Perpetual anxiety	5
Hopelessness & despair	6
Reduced sense of future	4
Disruption of life course & dislocation in time	2
Post-traumatic stress symptoms	2

These studies found common experiences of feelings of injustice, perpetual anxiety, and hopelessness/despair – it is this triad of feelings which most consistently define the mental health experiences of IPP prisoners. Some studies also noted other internal experiences linked to this triad, such as a reduced sense of future, a feeling of dislocation in time compared to their peers, and a loss of who they ‘might’ have been. Two studies found that

⁵¹ Frazer, L. (2020). Letter to Independent Monitoring Board in response to their HMP Wealstun report. https://s3-eu-west-2.amazonaws.com/imb-prod-storage-1ocod6bqky0vo/uploads/2021/03/Wealstun-SUB-82893-Signed-reply-20201029.IMB_-Response-to-the-IMB-Annual-Report-for-HMP-Wealstun.pdf

⁵² An additional three studies have been conducted, but did not involve talking to IPP prisoners directly. A further study is discussed separately in the ‘Personality disorder’ subsection.

many IPP sentenced prisoners suffered from post-traumatic stress symptoms. This set of studies do not approach the IPP sentence from a diagnostic perspective, but the rich qualitative accounts gathered by them suggest that there is a recognisable 'syndrome' of poor mental health experienced by people serving an IPP sentence, which appears consistently across studies.

Personality disorder

We feel that personality disorder is important to comment on separately from acute mental health symptoms, because it is such a contested diagnosis in both clinician and patient circles, and has a particular history of intersection with notions of risk and dangerousness, which are relevant to the IPP sentence. Personality disorder was once associated with the notion that it was untreatable, eventually resulting in the creation of the Dangerous and Severe Personality Disorder (DSPD) strategy, which sought to treat and manage those in the criminal justice system diagnosed with personality disorder. The DSPD strategy was discontinued, but its successor is the Offending Personality Disorder (OPD) Pathway – a joint initiative founded in 2015 by the Ministry of Justice and Department of Health⁵³. The OPD Pathway aims to offer a range of treatment and management options to progress people with 'personality difficulties' through their sentences. A formal diagnosis of personality disorder is not required for the OPD pathway. Instead, a screening tool based on OASys data is used to identify people likely to have 'personality difficulties'⁵⁴. This can trigger assessment for a variety of treatment services.

Both the DSPD initiative and the IPP sentence were borne out of concerns about 'dangerous' people, and have both been used to define and label people perceived to be 'dangerous' (or 'risky'). The issues with locating risk within a particular kind of personality, and with defining personality as 'disordered' are beyond the scope of this evidence submission, but we urge the Committee to consult the work of Annison⁵⁵, and O'Loughlin⁵⁶ on this subject. We merely wish to make the point that any argument put forward that people serving an IPP sentence have elevated levels of personality disorder must be judged in context with the evidence that the sentence itself is traumatic and personality changing. For example, failure to cooperate with the demands of the IPP sentence may at one time (and still) have been interpreted as antisociality. Given the current political status of the sentence (abolished, and widely regarded as a failure), such symptoms may now need to be judged in the context of political resistance to oppression (whether perceived or actual), and a not unreasonable loss of hope in the benefits of compliance.

We are not aware of any large-scale studies investigating the prevalence of personality disorder in the IPP population. Two studies have investigated various outcomes for IPP prisoners who were assessed as having personality disorder or difficulty. Both merit some consideration.

⁵³ National Offender Management Service and NHS England (2015). The Offender Personality Disorder Pathway Strategy 2015. <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/02/opd-strategy-nov-15.pdf>

⁵⁴ London Pathways Partnership (undated). OASys PD screen. <http://www.lpp-pd.co.uk/personality-disorder-guidance/chapter-1-how-to-spot-personality-disorder/oasys-pd-screen/>

⁵⁵ Annison, H. (2015). *Dangerous politics: Risk, political vulnerability and penal policy*. Oxford University Press.

⁵⁶ O'Loughlin, A. (2014). The Offender Personality Disorder Pathway: Expansion in the face of failure? *Howard Journal of Criminal Justice*, 53(2), 173-192. <https://doi.org/10.1111/hojo.12058>

Crosswaite et al.⁵⁷ investigated Parole outcomes in men serving an IPP sentence in the Humberside region, as part of the Humberside Indeterminate Public Protection Project, which supports intensive case management of men serving an IPP sentence. They identified 82 IPP sentenced men in the region who were post-tariff. 41% had ever been given a diagnosis of anti-social personality disorder (ASPD), but as with other mental health studies, establishing this figure relied on criminal justice administrative data. ASPD prevalence was 9% lower than in another study of ASPD prevalence in prisoners in general^{58,59}. The authors investigated whether ASPD, completion of an offending behaviour programme (psychosocial programmes designed to address risk factors for reoffending), being recalled, and difficulties in relationships with professionals were related to whether that person was granted, deferred, denied, or awaiting Parole. They concluded that a previous ASPD diagnosis was not directly related to Parole outcome, but that difficulties in relationships with professionals were. Men serving an IPP sentence who had such difficulties were around eight times more likely to be denied Parole than to have been granted it. This finding ties in with accounts from IPP sentenced prisoners and their families, of the anxiety about 'getting along' with professionals that make judgements about them. This study suggests that these worries are legitimate, and also that difficulties cannot be wholly attributed to generally antisocial personality traits.

The second study by King and Crisp⁶⁰ was a qualitative study of how people serving an IPP sentence assessed as having personality difficulties conceptualise 'success'. They found that 'success' was conceptualised as having 'survived' the traumatic and unjust experience of the sentence. Participants described feeling stripped of their humanity, suicidal, lacking in hope, constantly anxious and in a state of limbo, powerless, and frustrated at not being offered opportunities to demonstrate change. Upon release they described feeling overwhelmed, frightened, and worthless. They described surviving by drawing upon reserves of willpower, and utilising support. They described the role of 'luck' and feelings of thankfulness when they were allocated to staff who treated them with humanity, and who were able to get the practical support in place that they needed.

This study's findings replicate many of the mental health experiences described in other studies, suggesting that those assessed as having 'personality difficulties' experience similar mental health struggles. However, we feel it is worth highlighting this study in particular as an example of the dangers of uncritical acceptance of the 'personality disorder' narrative. Rather than equating their findings with the genuine distress produced by systemic and real issues with the IPP sentence, the authors suggest that the participants demonstrated 'a reluctance to internalise and take ownership of their own success' (p. 99), which indicates an 'external locus of control' (a psychological term for the perception that one's difficulties and behaviour are beyond one's control to change). They also suggest that feelings of

⁵⁷ Op. cit. Crosswaite et al. (2020).

⁵⁸ Op. cit. Coid et al. (2009).

⁵⁹ For technical reasons, it is safer to conclude from these studies that rather than IPP sentenced prisoners having a lower prevalence of ASPD, there is not sufficient evidence (that we are aware of) to suggest that the prevalence differs from the general prison population. Tautological issues with criminal behaviour being an indicator of ASPD are beyond the scope of this submission, but should always be considered when interpreting the presence of ASPD in serving prisoners.

⁶⁰ King, N., & Crisp, B. (2021). Conceptualising 'success' among Imprisonment for Public Protection (IPP) sentenced offenders with personality-related difficulties. *Probation Journal*, 68(1), 85-106. <https://doi.org/10.1177/0264550520984513>

unfairness and injustice in relation to the IPP sentence, rather than being a legitimate response, are in fact:

‘In line with past experiences of trauma associated with personality-related difficulties, it is likely that participants experienced a re-traumatisation as a consequence of perceiving injustice; leading to negative core beliefs and perceptions of self and other being maintained and reinforced.’ (p.101)

They cite previous evidence of how punishment institutions can reactivate feelings of powerlessness from early adverse experiences. While this is indeed an established phenomenon, we are extremely concerned that such efforts are made to interpret findings solely within the context of individuality. To dismiss participants’ perceptions of luck at receiving the right help, and to interpret feelings of powerlessness as replication of early experiences seems to us to be a powerful denial of the genuine hazards of resettlement provision⁶¹, and the powerlessness of the IPP sentence which is clearly *over and above* the powerlessness of prison in general, due to the particularly acute reliance of IPP prisoners on professionals to make decisions that affect their liberty. We therefore urge caution in conclusions of this nature, which divorce mental distress from the context of the IPP sentence.

Personal testimonies

As an exploratory summary, we surveyed 102 submissions from people serving an IPP sentence and their families to our social media project ‘The Forgotten’ between May 2020 and April 2021, and tabulated the mental health experiences reported. We hasten to add that we are not trained mental health diagnosticians, that the submissions were intended for the public eye, and were shortened to fit the Twitter format. These features are most likely to mean that some experiences were missed, or unreported. We present this data as indicative only.

Table 3: Mental health experiences reported in ‘The Forgotten’ project

Experience	% reported (n = 102)
Feelings of injustice	16.7%
Anxiety	14.7%
Unspecified emotional distress	12.8%
Hopelessness	12.7%
Childhood trauma	10.8%
Self-harm	9.8%
Grief/loss	9.8%
Suicidal thoughts/attempts	8.8%

⁶¹ We are aware of some very distressing cases in which people serving an IPP sentence have been recalled to prison when their place in an approved premises is no longer available, and they have been unable to find alternative accommodation.

Social/emotional withdrawal	5.9%
Reduced sense of future	5.9%
Trauma from prison events	4.9%
Suicide	3.9%
Personality change	2.9%
Hallucinations	2.9%
Hostility/mistrust of the system	2.0%

The most frequently reported experiences were feelings of injustice, anxiety and hopelessness, which mirrors the experiences most frequently reported in published research. In total, 75% of people who made submissions made some reference to experiences of mental/emotional distress. Those that did not, often simply made bald statements about the number of years they had been subject to the IPP sentence, leaving such statements to speak for themselves. For example:

My brother was given a 2 year IPP for setting fire to an empty house. He has had so many parole knock backs and is now on his 14th year in prison having never been released.

Here, we reproduce a selection of submissions from The Forgotten, which illustrate the distinctive pattern of injustice, anxiety and hopelessness:

Injustice

He's become so distant, sometimes he's angry about the situation and he now self-harms, which is heartbreaking to see.

When you see your sentence on the prison system it says '99 year sentence', that's pretty hard to get your head round, especially with the crime I had committed.

It's stripped him of dignity, of a sense of fair justice, of any hope of a normal life and even the chance to have his own family.

Anxiety

There are days when I speak to him and I hear his angst and worry in his voice. I have listened to him weep, shout, and threaten suicide.

The uncertainty of the IPP and being in prison that long has really affected my mental health. I have scars all over my body from self-harming because it was the only outlet I had from the uncertainty and feeling of helplessness. I even tried to commit suicide because of it but I was found and cut down.

I truly believe that my brother has suffered PTSD caused by this sentence. The irony is that his instability, which has been caused by the sentence and the environment he is in, is now used as a reason for him not being released.

He now has got severe mental health issues because of this sentence. He has tried to kill himself more than once because he can't take the not knowing.

It really messes with your head. You try to just get on with it but it's hard. There's no stability, as you get moved to different prisons all the time and you have absolutely no control over any aspect of your sentence and freedom.

My partner was assaulted badly but he did not retaliate because he was worried about it impacting his parole hearing. He still got knocked back.

Now I am out I am still not really free. I live in constant fear of recall, it never really leaves you, even when you know you haven't done anything wrong. At any probation visit I always take a bag of overnight clothes just in case I get recalled. It's like living in constant fear.

Even today, I cannot explain the sheer terror I feel if I see a police car along the street. Not because I have committed any crimes but because I can be recalled straight back to prison at any point, even if I have not done anything wrong.

Hopelessness

The more over tariff he has gotten the more I have seen a change in him. I think it was after he had done around 7 years, double his tariff, that he first began self-harming.

I see my brother fading away day by day, unable to cope. I dread the day I get the call that tells me he couldn't cope any longer.

He has given up all hope of ever being released and now confines himself in solitary confinement.

After his most recent knock back he wrote to us telling us he wants to end his life.

When that inevitable knock back happens it hits you hard and for me I turned to drugs to cope, to try to shut everything out. This was my story for many years. It's a perpetual cycle.

It is not uncommon for him to call and say to me "I just want to die".

There were times when I definitely gave up hope of ever being released. I lost myself completely and even tried to kill myself but I was one of the lucky ones. I survived.

The mental health of families of those serving an IPP sentence.

Three studies have investigated the experiences of this group^{62,63,64}. All found that families experienced severe deterioration in their mental health, in ways that often mirrored the deterioration experienced by their loved one serving the sentence. Families too lived in a perpetual state of anxiety about the prospect of release (and, once released, the prospect of recall), of eventual hopelessness and despair about their loved one ever returning home. They felt unjustly treated, and indicated that organisations recognising their feelings of injustice would be valued. They struggled with the pain of lost 'family time' missing milestones, deteriorating relationships as the years passed by, and distress at watching their

⁶² Op. cit. McConnell & Raikes (2019).

⁶³ Op. cit. Annison & Condry (2019).

⁶⁴ Annison, H. & Straub, C. (2019). A helping hand: Supporting families in the resettlement of people serving IPPs. University of Southampton & Prison Reform Trust. <http://www.prisonreformtrust.org.uk/portals/0/documents/A%20helping%20hand.pdf>

loved one despair and often withdraw. Parents reported difficulties in explaining the IPP sentence to their children, and to others, which often resulted in a particular kind of stigma where others began to assume that, due to the length of imprisonment, people had lied about the nature and extent of the original offence committed by their loved one. Families also experienced significant strain of acting as legal advocates for their loved ones. Many reported being diagnosed with health conditions related to chronic stress. The close mirroring of experiences of those serving the sentence and their families has been conceptualised in the prisoners' families literature more generally as 'symbiotic harm' – harm that inherently has a two-way flow via the close relationships of the person in prison to those outside⁶⁵. For this reason, we urge the Committee not to consider the mental health of IPP prisoners in isolation, but as occurring in tandem with symptoms experienced by their families and children, which could be conceived as a form of state-inflicted harm on people who have not committed any crime.

Making sense of the mental health of people serving an IPP sentence

It is evident from the accounts given by people serving an IPP sentence, and their loved ones, that mental distress is a pervasive and defining part of their experience. While the wide application of the sentence is very likely to have resulted in vulnerable people with pre-existing mental health conditions being drawn into the IPP net and then struggling to escape it due to their vulnerabilities, this cannot entirely account for the mental distress experienced by those affected by the IPP sentence. Their accounts frequently reference the distinctive characteristics of the sentence itself as influential on their distress, including, but also over and above, the general experience of imprisonment. The sentence seems to produce a recognisable syndrome that comprises strong feelings of injustice and unfairness, perpetual anxiety, and hopelessness/despair. These symptoms are either brought on or exacerbated by the long prison terms that many IPPs end up serving, the increasing disproportionality between crime and punishment, the uncertainty related to release and recall, and the dependence on professional judgements about all aspects of their thinking and behaviour. These primary symptoms often occur with existential and identity related issues that stem from experiencing loss of important years of one's life, missing key milestones, and a limbo state in which hope can be mostly, but never completely, abandoned. Certain phrases re-occur from IPP prisoners, including "psychological torture", "inhumane" and "barbaric", indicating the intensity of their distress.

The IPP sentence is not the first indeterminate sentence, the first abolished sentence, or the first sentence to lack legitimacy. We therefore suggest that it is worth looking to evidence on the mental health of people serving other kinds of prison sentences which bear legal or experiential similarity to the IPP sentence, as a means of making sense of the IPP population. We suggest that the kind of sentences which might fit these criteria are a) life sentences, b) long sentences and c) sentences of wrongful or overturned conviction. Space does not permit us to examine the evidence for all these kinds of sentences. For life, and long sentences we encourage the Committee to consult the work of Crewe, Hulley and

⁶⁵ Condry, R., & Minson, S. (2020). Conceptualizing the effects of imprisonment on families: Collateral consequences, secondary punishment, or symbiotic harms? *Theoretical Criminology*. <https://doi.org/10.1177/1362480619897078>

Wright⁶⁶, particularly their work on life sentences for joint enterprise⁶⁷, which share the characteristic of being experienced as highly disproportionate.

Instead, we reserve our examination to the literature on the psychiatric profiles and experiences of wrongfully convicted prisoners, which we believe, for reasons we will outline, has some bearing on making sense of the experience of IPP sentenced prisoners. This is summarised in a systematic literature review by Brookes and Greenberg (2021), which examined 20 studies of the psychological impact of wrongful conviction on 601 individuals, at least 148 (24.6%) of whom were imprisoned. Frequently reported mental health symptoms included:

- Depression
- Suicidal ideation or attempts
- Anxiety & panic disorders (in and after prison)
- PTSD symptoms.
- Feeling 'worn down' by their conviction.
- Paranoia, hostility, and mistrust.
- Feelings of bitterness.
- Feelings of unresolved loss.
- Hopelessness, helplessness, and emptiness.
- Chronic feelings of threat and fear when in public.
- Lost sense of purpose/the future.
- Isolation & withdrawal from relationships.
- Stress, fear and panic in the face of criminal justice related stimuli (e.g. hearing police sirens).

We were struck with the overlap in symptoms between this group, and the experiences reported by IPP sentenced prisoners both in research studies and to us directly. Although in our experience, IPP sentenced prisoners rarely dispute that they committed their crime, or that they deserved to go to prison for it, they too experience 'unremitting feelings of bitterness, loss and inability to come to terms with what had been done to them'⁶⁸, alongside emptiness, hopelessness, fear, mistrust, a feeling of being irreversibly changed by the sentence, and withdrawal from family, which add up to a severely reduced sense of hope or purpose for the future. Many also describe remaining in chronic states of fear after release, which can be escalated by stimuli associated with the possibility of recall, such as police sirens.

The overlap between the particular pattern of mental distress related to wrongful (and therefore experienced as unjust) imprisonment and the pattern of mental distress described by IPP sentenced prisoners, suggests to us that the injustice needs to be taken seriously as a fundamental part of IPP sentenced prisoners' mental-health related distress. The experience of being 'wrongfully' imprisoned appears to greatly overlap with the experience of being 'unjustly' imprisoned. However, what distinguishes IPP sentenced prisoners from

⁶⁶ Crewe, B., Hulley, S., & Wright, S. (2019). *Life imprisonment from young adulthood: Adaptation, identity and time*. Palgrave.

⁶⁷ Op. cit. Hulley et al. (2019).

⁶⁸ Jamieson, R. & Grounds, A. (2005). Release and adjustment: Perspectives from studies of wrongly convicted and politically motivated prisoners. In A. Liebling & S. Maruna (Eds.) *The effects of imprisonment*. Willan.

wrongfully convicted prisoners (in terms of their mental health profile) is that they continue to experience mental distress which is commensurate with the justice system's continuing grip on their lives. Fear is not a traumatic hangover from the past, but a reasonable response to the present; something which often leads people serving an IPP sentence to hide their mental health problems from officials, in case it leads to them being recalled. Similarly, rebuilding their lives is not a case of only overcoming past trauma, but of dealing with a perpetually indeterminate present; something which can be almost as unbearable as the imprisonment term.

Recommendations and conclusions

The criminal justice system's response to IPP prisoners has been to try to better identify the 'complex needs' of IPP prisoners, and progress them towards release⁶⁹. This did temporarily result in increased release rates, however these have slowed down. The unreleased population is also increasingly post-tariff. The largest unreleased post-tariff group (when grouped by years over tariff) is those who are 10 or more years over tariff. We suggest that it is the increasing despair and mental deterioration of this group that at least partially produces 'complex needs', rather than unaddressed risk factors. The 'addressing complex needs' solution has also not stemmed the rising recall rate, which is predominantly for non-compliance rather than fresh offending. We therefore urge caution in oversubscription to the 'complex needs' argument, which is often made in a way that is devoid of the wider context of the IPP sentence.

We instead suggest that the criminal justice system needs to adopt a much more systemic approach to the problem of the IPP sentence, with the mental health of individuals firmly front and centre. Mental health and personality difficulties need to be understood within the political context and emotional burden of the IPP sentence, which produces a distinctive syndrome of mental distress characterised by injustice, anxiety and despair. The sentence itself is psychologically toxic, and failing to recognise this is not only a failure in duty of care but a failure to reduce reoffending, because the behaviour changes required for risk reduction are unlikely to take place under conditions of psychological toxicity. A systemic approach is also needed to address the mental distress experienced by families and children, also produced by the legal structure of the sentence which promotes uncertainty, insecurity, chronic stress, stigma, and a sense of living in limbo.

For the reasons outlined above, UNGRIPP favours three changes to the IPP sentence, all of which would go some way to addressing the mental health of those affected by it:

Determinate resentencing: This would restore a sense of justice and proportionality, which is one of the key things lacking in the IPP sentence, and which produces feelings of helplessness, despair, alienation and disenfranchisement. A fixed release date, after an appropriate amount of time served as punishment, would restore crucial mental health supports, including certainty, hope, and gaining closure. These are more favourable conditions for behavioural change. In the inevitable cases of very serious crime, a

⁶⁹ HMPPS & Parole Board (2019). Joint HMPPS and Parole Board IPP action plan – June 2019. http://data.parliament.uk/DepositedPapers/Files/DEP2019-0946/deposit_Joint_HMPPS_and_Parole_Board_IPP_Action_Plan.pdf

discretionary life sentence could be imposed, similar to those available under current sentencing law.

Reform to the license portion of the sentence: It is clear that the mental health problems of the IPP sentence do not stop at the prison gate. Imposing a fixed term license of five years or less would also restore some sense of certainty, hope, and closure (though it would not address the mental health effects of indefinite imprisonment). The head of the Parole Board has expressed support for a fixed-term license period of two years⁷⁰.

A holistic package of support for those affected by the IPP sentence: With or without legislative change, those affected by the IPP sentence are still left with a legacy of trauma and distress. The current focus on risk reduction work rather than mental health support means that many IPP sentenced individuals often cannot access help for their distress, or else their distress is reframed through an interpretive lens of risk. For families affected by a loved one serving an IPP sentence, there is no official support service, and only very limited third sector provision aimed at prisoners' families in general. We believe that a holistic support package is needed for both people serving the IPP sentence and their loved ones, which is driven by the principle of restoration for the harm caused by the sentence, in tandem with risk reduction requirements and support for pre-existing mental health conditions. That would mean addressing, for example, the financial losses weathered by families, the damaging effects on the children of IPP sentenced individuals, and both the physical and mental health effects of the sentence experienced by all. The institutions and principles of community mental health support may be a useful framework to draw upon, as people affected by the sentence are now naturally – and in all likelihood irrevocably – mistrustful of any services offered by the criminal justice system.

We welcome the Committee's interest in the mental health of prisoners, and hope that our contribution has demonstrated why it is worth examining the mental health of IPP sentenced prisoners in particular. We hope that any proposed action recognises that the unique characteristics of the sentence worsen mental health, and puts conditions in place that will genuinely improve the mental health of those affected by a sentence that even its creator, David Blunkett has called "*the greatest single stain on our justice system.*"

⁷⁰ Inside Time (2021). Parole chief calls for resentencing of IPPs. <https://insidetime.org/parole-chief-calls-for-resentencing-of-ipp/>