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Counselling in prisons

Mental health needs and access to counselling

Policy Pack Briefing 02

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Overview

People in UK prisons experience significantly higher rates of mental ill-health, suicide, and self-harm than the general population[i]. Despite some existing targeted support initiatives, psychological support service provision remains fragmented and under-resourced with evidence suggesting there is limited and inconsistent access to counselling for prisoners serving sentences, those on remand and following release from prison.

BACP calls for improved access to counselling and psychotherapy in the prison estate across the UK. This requires increased investment in trauma-informed specialist services to meet the complex needs of people in the criminal justice system. BACP recognises the challenges of delivering mental health support in prison and the differences of the experiences of people in men's and women's prison and supports calls from experts for more research into the impact of therapy in reducing mental distress and recidivism.

The UK prison population

In June 2024 the prison population in England and Wales was around 91,000 of which 96% (88,000) were male.

Similar trends in gender are seen in the prison populations in the other UK nations which saw 7,400 male and 282 female prisoners in Scotland in 2022/23 and 2,032 prisoners in Northern Ireland in 2025, of which 4.8% were female.

People from racialised communities are overrepresented in prison, comprising 27% of the prison population in England and Wales but only 18% of the general population.

In 2022 there were more than two and a half times more Muslims in prison than there were in 2002. In 2002 there were 5,502 Muslims in prison, by 2022 this had risen to 14,037. They now account for 17% of the prison population but just 6% of the general population.

There is an ageing prison population across the four nations of the UK, fuelled by longer general life expectancy and longer sentencing. In 2024 it was estimated that 18% of the prison population in England and Wales was aged 50 and older.

Mental health in prison

Evidence varies on the prevalence of mental health problems in prison, reflecting the limited screening and expected underdiagnosis of mental health problems in the system. It has been estimated by some studies that as many as 90% of the UK prison population has one or more mental health problem[ii].

Up to 78% of women in some prisons report mental health problems and it is reported that women in prison have higher health and social care needs than

male prisoners and women in the general population[iii].

In its 2025 report, The House of Commons Justice Committee notes the shortfall in NHS England's commissioning target of providing equivalence of service to prisoners and the absence of trauma-informed support within the prison estate in England and Wales[iv].

Impact of prison environment of mental health

Prisons are not designed as therapeutic environments and are likely to undermine well-being, making them ill-equipped to adequately address complex mental health needs, especially for individuals with pre-existing conditions.

Isolation, lack of privacy, overcrowding, bullying, violence, fear, and lack of family contact can exacerbate existing mental health problems and contribute to the onset of new mental health problems and crises.

Inadequate staffing levels in prison contribute to a 'circle of stress' by which prisoners are locked up for longer periods of time, increasing frustration and stress for both prisoners and staff.

Suicide in prison

Male prisoners in England and Wales are estimated to be 3.9 times more likely to die by suicide than men in the general population. In 2023 there were 93 suicides in prison custody in England and Wales[v].

Due to the relatively small number of female prisoners and consequently fewer deaths, it's harder to provide precise suicide risk estimates for this population. However, some sources suggest female prisoners may be at an even greater relative risk (than male prisoners) compared to women in the general population.

In 2022, Scotland had a very high prison suicide rate of 18.9 per 10,000 inmates, which was above the rate of 9.3 in England and Wales, and the European median rate of 5.3. Only Latvia, Switzerland, and France reported higher rates than Scotland in 2022.[vi]

Between 2012 and 2019, there were 18 suicides within Northern Ireland's prisons. A review of health services for prisoners at risk of self-harm and suicide found the system under considerable pressure, with demand exceeding capacity.[vii]

A 2020 report by the Regulations and Quality Improvement Authority (RQIA) reported that half of all prisoners in Northern Ireland are self-harming or have a history of self-harm.

Substance misuse in prison

Substance misuse is a significant and persistent problem across UK prisons, though the strength and consistency of published data varies by nation.

England and Wales have the most comprehensive evidence base, with the Justice Committee concluding in 2025 that illicit drugs are "endemic" in prisons[viii]. Around 39% of prisoners report that drugs are easy to obtain, and inspections and testing show high levels of use, particularly of synthetic cannabinoids. In 2023–24, nearly 50,000 people in secure settings received substance misuse treatment, highlighting both scale of need and rising demand.

Scotland also reports high prevalence, with studies showing that a substantial proportion of people enter custody with drug problems and that many continue to use drugs while imprisoned[ix]

The impact of substance misuse on prison safety, health and regime stability is consistently severe. In England and Wales, drug use is strongly linked to increased violence, debt, intimidation, staff assaults and prisoner deaths; between 2022 and 2024, more than 130 investigated deaths were drug-related[x].

Scottish evidence highlights similar harms, including overdoses, emergency hospitalisations and the growing challenges posed by synthetic substances, against the backdrop of Scotland's wider drug-related death crisis.

In Wales and Northern Ireland, although quantitative evidence is more limited, inspections and qualitative studies point to the role of drugs—particularly psychoactive substances—in driving violence, self-harm and instability within prisons. Across the UK, substance misuse undermines rehabilitation and contributes to high levels of unmet health and social need (Justice Committee, 2025; Scottish Government, 2023).

Women in prison

Women in UK prisons face disproportionately high levels of mental health challenges compared to both male prisoners and women in the general population. Many have experienced trauma, abuse, and social disadvantage prior to incarceration. Addressing their mental health needs is not only a matter of justice and dignity but also essential for rehabilitation and reducing reoffending.

Compared to women within community settings, women in prison are more likely to have endured prolonged and multiple experiences of sexual and physical violence and abuse throughout their lives, including as children and young women.[xi]

Therapy in prison

Mental health provision is reported to vary considerably across both the male and female prison estates in the four nations of the UK.

Independent analysis of the Samaritan's Listener scheme which trains and supports prisoners to provide mental health support to other prisoners has indicated that reliance on peer support holds risk for the prisoners[xii]. This model can be effective but should not be used to replace access to therapy by trained and qualified therapists.

Some prisons have implemented trauma-informed models of care and counselling services, but access remains inconsistent.

Examples in the case-studies below demonstrate how third sector counselling services are delivering therapy in prison.

Counselling and psychotherapy help prisoners to process trauma, manage mental health conditions, and build resilience.

Therapeutic interventions reduce self-harm, improve emotional regulation, and support rehabilitation and trauma-informed therapy can address the root causes of offending behaviour, aiding reintegration into society.

Therapists working in prison report challenges relating to bringing therapy into prison environments. These include the risk of being unable to access and use confidential spaces for sessions and the need to understand the prison routine, scheduling therapy sessions to avoid them being ahead of lengthy periods of isolation for their clients.

Case Study 1 – We Are Survivors

We Are Survivors, previously known as Survivors Manchester, is a charity that supports male survivors of sexual abuse, rape, and sexual exploitation.

The organisation provides the OUT Spoken Talking Therapy service in 15 prisons in the North West of England, using a trauma-informed approach. The service aims to address the needs of incarcerated individuals who have experienced victimisation, especially those who have not previously discussed their traumatic experiences. Their work in prisons focuses on creating safe spaces for healing and processing experiences.

The OUT Spoken service has had a significant impact. It received over 950 referrals in 2022-23, many from prisoners. Between 2020 and 2024, the service provided nearly 9,500 hours of therapy and supported over 2,300 prisoners. The service empowers individuals to address trauma and navigate their healing journey while incarcerated. Partnerships with prison staff and other organisations are crucial to their success. They also train prison staff on working with adult survivors. The organisation's work is informed by an Expert Reference Group of male survivors, some of whom have used the OUT Spoken service in prison. We Are Survivors is committed to expanding its reach and researching the effectiveness of their prison service.

Evaluation of OUT Spoken carried out by Manchester University's 'Making Change Meaningful' project has found that despite the many limitations, barriers and challenges to delivering therapy in prison, that the mental wellbeing of most OUT Spoken clients significantly improves when 11 or more sessions are undertaken, and that with 16 or more sessions, a substantial minority reach the NHS thresholds for 'reliable recovery'[xiii].

Case Study 2 - RSACC

The Rape and Sexual Abuse Counselling Centre (RSACC) was funded by an HMPPS innovation grant to deliver a two-year project (Believed) in Low Newton women's prison, delivered by three part-time counsellors which ended at the onset of the Covid-19 pandemic. The project identified that 70-80% of the women in prison identified as being victims of sexual violence. Research carried out by Durham University of the 'Believed' project[xiv] includes specific recommendations in its conclusion that relate to improving access to counselling:

- Specialist women-centred sexual violence services should be commissioned in prisons across the women's estate. This should include a specialist counselling service, designed to be long-term and flexible and delivered by experienced counselling staff (who should receive adequate training and ongoing support).
- A specialist women-centred sexual violence service model should be scaled up to include a full-time Independent Sexual Violence Advisor (ISVA) based in each women's prison.
- A specialist women-centred sexual violence service model should be scaled up to include a **designated counselling room** designed in a trauma informed way.
- The service (and team) should be embedded within a multi-agency partnership structure alongside Drug, Alcohol and Recovery Team (DART), mental health and family support workers and where appropriate, a hold should be placed on women engaging with the service until they have completed their counselling programme.
- Counselling should be voluntary and not mandated as part of sentencing.

- Roll out of trauma-informed training (with an emphasis on sexual violence and abuse) to all prison staff (especially personal officers) and women detained in prison in peer-support roles, such as mentors, Prison Information Desk workers and listeners to be delivered by specialist VAWG workers.
- Further research and action is required to better understand and meet the needs of racially minoritised women in prison.

Recommendations

1.Expand Access: Ensure all people in prison have timely access to qualified counselling and psychotherapy services.

2. Embed Trauma-Informed Care: Integrate trauma-informed approaches across all prison health services.

3. Specialist women-centred sexual violence services should be commissioned in prisons across the women's estate. This should include a specialist counselling service, designed to be long-term and flexible and delivered by experienced counselling staff, adequately supervised.

4. Workforce Development: Train prison staff and healthcare providers in recognising and responding to mental health needs.

5. Lived Experience Involvement: Involve people with lived experience of prison in the design and evaluation of mental health services.

6. Sustainable Funding: Secure long-term investment in therapeutic services as part of the broader health and justice strategy, engaging the third sector and community partners.

7. Grow the Evidence. Research the value and impact of counselling in improving psychological wellbeing and reducing recidivism.

About the British Association for Counselling and Psychotherapy (BACP)

BACP has over 75,000 members working to the highest professional standards in a range of settings. BACP is recognised by legislators, national and international organisations and the public as the leading professional body and the voice of counselling and psychotherapy in the UK.

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