Life in open conditions: mental health at HMP Leyhill

Neighbourhood health and wellbeing insights – June 2026

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Introduction

This report presents findings from a review of people's experiences of mental health services while in custody at HMP Leyhill. It focuses on access to support, the quality and timeliness of care, and how individuals are supported to prepare for transition back into the community.

The work is set against the wider national context of mental health reform. In December 2025, the Mental Health Act 2025 received Royal Assent, introducing significant changes to mental health law in England and Wales. Reforms expected from early 2026 include a new statutory 28-day time limit for transferring people who require hospital treatment, aimed at reducing delays for those with severe mental illness, alongside a stronger emphasis on therapeutic care, least-restrictive practice and enhanced patient rights.

The role of Healthwatch

Healthwatch Bristol's statutory duty and remit is to provide a voice for people who use health and social care services. We give people an opportunity to have a say about their local health and social care services and we report these experiences to influence service providers and improve outcomes. Healthwatch is committed to promoting equality and diversity and tackling social exclusion in all our activities.

We aim to ensure equitable access to our initiatives and projects. We have a representative on the Health and Wellbeing Boards, Health Overview and Scrutiny Committees, and at the Integrated Care Partnership and Board. We feed issues back to local care providers and nationally via Healthwatch England and the Care Quality Commission.

Overview

HMP Leyhill is a Category D resettlement prison holding people who are preparing to return to the community. Nearly half of the population is over fifty, and many are serving long sentences following years in closed conditions. The transition to open conditions, alongside the prospect of release, can present significant emotional and practical challenges that place particular demands on mental health support.

The experience of residents with the mental health provision at Leyhill was largely positive and this is reflected in the interviews and survey responses we received. People often felt listened to, supported and felt that they received better healthcare than was available at previous prisons or in the community. Some prisoners believed there were gaps or weaknesses in the service, and we have reflected these experiences in our report to highlight areas where changes could further benefit mental wellbeing in the prison population.

People experiencing poor mental health is recognised as an issue across the wider prison estate. Rates of severe mental illness are 10 times those in the general population. In addition, nine out of 10 people in prison have at least one mental health, neurodevelopmental or substance use problem and many have experienced trauma. National policy emphasises early identification, trauma-informed care and continuity of support from custody into the community. These challenges can be especially acute in resettlement prisons, where anxiety about release, housing and reintegration often intensifies.

Mental health care at HMP Leyhill is delivered by Oxleas NHS Foundation Trust in partnership with substance use services and voluntary-sector organisations. This report explores how people experience that support as well as gaining staff perspectives on delivering care in an open prison environment. The findings are intended to support reflection, learning and service improvement as men prepare for life beyond the prison.

Co-produced recommendations

Access, screening, and continuity of care

1. Review continuity of mental health medication on arrival, particularly for non-standard prescriptions and weekend receptions.
2. Review written and verbal guidance on how to request repeat prescriptions, including support for people who may struggle with memory or organisation.

Access to mental health support and therapies

3. Avoid late-notification appointment reminders when people may not have access to mail due to work or other commitments.

Access to support for drug and alcohol dependency

4. Strengthen awareness and promotion of recovery groups and mutual-aid services, ensuring information is current, visible and actively shared.

Neurodiversity and inclusive practice

5. Expand prison staff training in neurodiversity and trauma-informed practice, with consideration of making core elements mandatory and ensuring training is prioritised.
6. Explore options to improve access to diagnostic assessment and specialist support, working with community partners where appropriate.

Relationships, safety, and wellbeing

7. The mental health team should explore residents' fears about being returned to closed conditions and consider how clearer communication and further support could reduce social isolation and encourage more people to seek help when experiencing mental health difficulties.

Environment and resettlement

8. Strengthen coordination with external services prior to release for housing, finance and community mental health support, with particular focus on reducing last-minute uncertainty.

Demographic data

33 prisoners took part in interviews. Most participants had accessed mental health services during their time at HMP Leyhill, although a small number had only accessed drug and alcohol or neurodiversity support. The mental health caseload data used for comparison included 46 individuals. This may exclude some people who were released between the time of our visit and the subsequent data request.

Overall, the demographic profile of interview participants was broadly similar to that of the wider cohort who had accessed the prison's mental health services. Both groups were predominantly aged between 45 and 64. However, interview participants tended to be at the older end of this age range, while the wider mental health caseload included relatively more people in the younger part of the bracket.

The majority of interviewees identified as heterosexual and White British, which was consistent with the profile of the wider mental health cohort. Small numbers of participants identified as gay or bisexual, or were from Black, Asian, mixed, or Gypsy, Roma or Traveller backgrounds. This broadly reflected the diversity within the overall mental health caseload.

Compared with the wider prison population, interview participants were generally older and more likely to identify as White British. Minority ethnic prisoners, particularly Muslim prisoners, were somewhat under-represented in the interview sample.

Christianity was the most reported faith across all groups. However, interview participants included proportionally more individuals identifying as Buddhist and slightly fewer identifying as Christian than in the wider prison population.

The interview sample provides a broadly representative picture of residents receiving mental health support at HMP Leyhill, suggesting that the findings are likely to reflect the experiences of the mental health caseload within the prison. As participation was voluntary and the interview sample was relatively small, some demographic groups, particularly younger people and those from minority ethnic backgrounds, may nevertheless be under-represented.

Methodology

Healthwatch initially carried out a survey, which was distributed to residents who have accessed or are accessing the mental health services at HMP Leyhill to establish the main broad patterns and trends for this report. This survey was distributed via the mental health service team within the prison and responses were returned anonymously. Out of approximately 80 people who have accessed the mental health services at HMP Leyhill we received 37 responses to the survey. The responses were analysed to identify emerging trends to help focus follow up interview questions.

Subsequently we visited Leyhill twice and attended wellbeing events as well as visited at certain times of the week where we were advised there would be gatherings of people – such as breakfast mornings, craft activity sessions and social time. Additionally, we distributed leaflets and flyers which we also gave to the administration team so they could continue to promote the research on a more regular basis.

For the interviews and group discussions we visited the prison for five days in early December 2025 and interviewed 33 people and 10 staff, including volunteers, prison officers and those working in the mental health and substance use services (provided by Change, Grow, Live). We also ran a focus group attended by four people. All participants volunteered for interviews via the administrative team and interviews took place within the Lobster Pot, a social hub for over 50s that has private rooms conducive to a trauma-informed approach. All interview material was anonymised.

Digital tools were used to support our analysis and were cross-checked by the research team to ensure accuracy and faithfulness to the interview material.

Analysis

The following section presents the themes identified through the analysis of surveys, interviews and focus group discussions.

Access, screening, and wellbeing

Screening

Responses from the survey and in-person interviews indicate that most people felt early screening was entirely or partly effective in identifying their mental

health needs. The experience was commonly described as calm, with clear communication, and many people felt their needs were recognised and followed up appropriately.

Some participants described particularly positive experiences of early contact with healthcare staff.

"Healthcare's better than any healthcare I've been in, in prison. Straight away I got in to see a doctor."

> "Within five minutes of me getting into reception and sitting down waiting to be processed, the neurodiversity manager had come in to see me specifically. She'd been emailed by my last prison so that was really good."

A smaller number of people reported fewer positive experiences. These tended to relate to partial screening, rushed or confusing processes, or difficulties associated with late arrivals, particularly on Friday evenings when staffing levels may be reduced. In some cases, people described appointments that did not go ahead as planned, which they found distressing.

> "The appointments that I did have, sometimes I would turn up, but the person didn't turn up, so you're sitting there, are you in the right place? You don't know what the person looks like, so you can't see them passing and say, I'm supposed to be seeing you today?"

Mental health staff described screening and referral processes as structured and appropriate, with nursing staff well informed about referral pathways and thresholds. Staff noted a tendency to over-refer rather than under-refer, to ensure that potential needs were identified and followed up.

Staff also reflected on the limitations of early screening, particularly in relation to trauma. While research suggests that trauma is often not identified at the point of reception, staff felt that this was sometimes appropriate, as new residents may not be ready to disclose sensitive experiences immediately on arrival.

"If… you've just had a transfer… sometimes it's hard to open up about that, isn't it?"

"Is that an appropriate question to ask as soon as someone gets off the van? That's why you have a secondary screening… that would probably be a good time."

Overall, both residents and staff described early screening as generally effective, while recognising that some needs, particularly trauma-related difficulties, may be more appropriately identified once people have had time to settle and feel safe enough to disclose.

Medication on arrival

Survey data indicates that most people received their medication soon after arrival at HMP Leyhill. 70% of the 30 people who responded to the survey question 'Did you receive your medication within 24 hours of arrival at HMP Leyhill?' confirmed that they had, with a similar picture emerging from the interviews. People described arriving with sufficient medication to cover the first few days, after which new medication was issued via the pharmacy at HMP Leyhill or, where required, through HMP Bristol pharmacy.

Some participants described clear explanations of the process and felt confident managing repeat prescriptions once established.

> "They wrote it all down and logged it on the computer, and then they just said that once you get low you need to put in a repeat prescription and then that's down to you to remember that. Otherwise, if you don't then you don't get your meds."

A minority of people did however report delays in accessing mental health medication. This was most often associated with non-standard or specialist prescriptions, or where continuity was disrupted.

"They are having trouble to get my medication because it's not a standard medication, it's a specialist hospital medication."

"I only missed like a day or two of my meds… when you've been doing medication so long and then you miss a couple days, it does your head in a little bit."

In one case, a participant described forgetting to request a repeat prescription for an anti-depressant, resulting in a significant gap in medication with distressing effects.

"I forgot once and I had to wait two weeks [for my medicine], which was quite horrendous 'cause, you know, you need to be weaned off that stuff… and… I was getting dizzy and feeling weird and… I couldn't remember anything for a bit."

Staff interviews acknowledged that delays do occur, particularly when people arrive late in the day, at weekends, or without their medication. Staff described these situations as logistically difficult, as prescriptions must be reviewed and authorised before medication can be issued.

"If they come without medication, we are a little bit stuck… you need to do the prescription and you need to have pharmacy review the prescription… before it can even be sent."

"It depends what day they come in, what time they come in… pharmacy isn't open 24 hours."

Most people felt their experiences of medication on arrival were largely positive, but a small number experienced delays that had a noticeable impact on their wellbeing.

Self-perception of mental health and wellbeing

Both the survey question and in-person interviews explored whether people felt their mental health had improved, remained the same, or deteriorated since arriving at HMP Leyhill. Most who responded to the survey, and around half of those interviewed, felt that their mental health had improved during their time at the prison.

People mostly attributed improvements to having a work routine, stability and being in open conditions. These were described as calming and spacious, especially for those who had spent long periods in closed conditions.

"I'm a lot more stable, because I've got the freedoms here that I didn't have at [a] closed [prison]."

Many people also spoke about the positive impact of having greater responsibility and autonomy. Being trusted to manage routines and expectations was described as supporting confidence, purpose, and emotional balance.

> "At closed prisons, everything's regimented. Here, you make decisions for yourself, you follow through, you deal with the consequences. It builds confidence."

Access to mental health support was also identified as a contributing factor to improved wellbeing for some people. Participants stated they valued opportunities to talk openly about difficulties, whether through healthcare staff, peer support, or structured therapeutic activities.

However, not everyone experienced improvements in mental health. Those who described their mental health as mixed or deteriorated often linked this to periods of instability, including conflicts, negative interactions with staff, or uncertainty around release.

> "I don't know where I'm going to live and I'm panicking"

Some people also described frustration with appointment, medication, or administrative delays, and anxiety about the possibility of being returned to closed conditions. For these people, fear of making mistakes or associating with others who might breach rules contributed to ongoing stress and reluctance to fully settle or engage.

Overall, many people identified key positive influences on their mental health being the environment, quality of support and how stable they felt in their daily lives and with future plans.

Quality of healthcare services

Appointments

Both the survey and interview questions explored whether people felt supported by mental health services at HMP Leyhill, including the substance use service provided by Change, Grow, Live (CGL).

Many people valued continuity of care, and several people highlighted the accessibility of triage as a significant strength of the service.

> "One of the things here they do that I've never experienced before in any other prison is they operate a triage service. So you can triage yourself for physical or mental health, any morning of the week up at the health centre and be seen that day by somebody."

However, a minority of interviewees described difficulties accessing appointments, citing delays, cancellations, and poor communication. These experiences contributed to frustration and disengagement for some people.

"When I first got here they said oh do you want to see mental health? It took like a month, just over a month and in the end I just thought, what's the point? I finally got to see him and he said, oh, I'll see you next month. It's a nightmare."

> "I'm not sleeping… they said, 'we'll put you to the doctor,' and I'm still waiting… I've been waiting two months now to see a GP."

"Half the time you get an appointment from him, go up there, and, 'Oh, sorry, he's not in today.'"

Some people felt that the appointment system itself could be improved. In particular, they described situations where appointment slips were delivered after the scheduled time had already passed, which caused anxiety about the potential consequences of missing an appointment. People linked this to

concerns about losing Incentives and Earned Privileges (IEP), which can include access to work or the gym, and described this as discouraging engagement with services.

“I went down and collected my mail and I had an appointment that day earlier on in the morning, because we didn’t collect our mail until, I think it’s half six at night. Obviously I’ve missed the appointment.”

“I really need to talk to someone right now but I better not go ’cause I don’t wanna get an IEP or I don’t wanna get into trouble.”

However, others experienced the system as responsive and more accessible than support in the community.

“Let's just say I'm feeling down I can put an app into talking therapy with the mental health team and just by talking to someone who understands, it makes me feel that I'm not on my own. So when you're on the outside, you're a bit more alone and you have to kind of fight for yourself”.

Those that felt less assured by the support offered could highlight issues around people’s comfort levels in the use of technology and mistrust in having to use the system.

High satisfaction in healthcare staff interactions

Most interviewees rated their interactions with healthcare staff positively. Overall, people described a sense of openness, respect, and support within both the mental health and substance use teams.

“People are sticking their neck out, going beyond what maybe their normal job would entail, right? To help me better myself basically for release.”

“I asked to speak to her [the manager] the other day about my psychology sessions. She’s seen me straight away. She was like really helpful.”

Some people with dual diagnosis highlighted strong communication between services, which contributed to feeling supported.

“Every lunchtime, they have a handover, so they all meet up, mental health, health and well-being, substance abuse, and they all engage together, so they are on it.”

Overall, feedback about the mental health service was predominantly positive. Many valued having access to therapeutic support that they felt might be harder

to obtain outside prison. They also appreciated the accessibility of triage and felt listened to, respected and supported by staff. A significant minority experienced delays and communication issues and described them as contributing to anxiety and a reluctance to seek help at times when support was most needed. Some attributed this to issues such as anxiety about being removed to closed conditions if mental health got worse, or to sanctions within the prison system.

Connected services

Staff consistently described the substance use service as highly integrated with healthcare and mental health provision, with regular informal and formal communication. Physical co-location, including shared office space, was seen as supporting rapid information-sharing and joint working, particularly around risk, referrals and dual diagnosis.

The service operates alongside mental health, psychology, nursing and probation rather than in isolation, and referrals are often triggered as they arise during routine healthcare contact.

> "It's quite a tight knit healthcare team. So the nurses will bring it up if they have an appointment, even if they're just bandaging someone up for something or treating an ongoing illness."

The service is delivered by the health and social care charity Change, Grow, Live (CGL), with staff embedded within the prison healthcare team. Staff described a mixed model of one-to-one support, group work, informal drop-ins and referrals generated through MDTs, nursing contacts or drug testing outcomes. At the time of the interviews, the service was engaging with approximately 16% of the prison population.

The substance use service works closely with IFSL (Incentivised Substance-Free Living). These units are designed for people who commit to living drug-free, with regular testing in exchange for incentives such as enhanced activities and privileges, the units are a key component of drug management and wider prison processes. Positive tests typically trigger mandatory drug testing and there is a clear understanding among staff and people that illicit substance use in open conditions may result in a return to closed conditions.

A challenge identified by staff was recent understaffing within CGL, which at times limited the service to assessment and monitoring rather than more sustained psychosocial work. Staff reported that the service had been operating with reduced capacity, although additional staff were expected to join in the coming months.

"They've been down to one member of staff and… been rushed… assessment, assessment, assessment… not a lot of psychosocial work has been being done for the last few months."

Despite these limitations, many people spoke positively about their interactions with CGL workers. Most people described staff as approachable, supportive and practically helpful, particularly in relation to understanding triggers, providing continuity, and supporting planning for release.

> "I've had some difficulty since coming in. My dad passed away in August, but they were supportive. They listened to me more than in my previous prison."

Where people were actively engaged, recovery services such as Alcoholics Anonymous, SMART Recovery, Cocaine Anonymous and ARA (for gambling) were described as helpful. IFSL testing, alongside associated incentives such as organised activities outside the prison, and one-to-one support were seen by some as protective factors that helped support abstinence and structure.

"There's IFSL, which is like a drug testing thing that we do twice a month… it helps me stay clean as well… they do walks. I've seen photos of the boys going out and I think they climbed some mountain in Wales at one time."

"When I did the group sessions with them, that helped me an awful lot to pick up where I was going wrong."

A recurring theme, however, was that recovery groups were not always clearly communicated or actively facilitated. Some people felt that access relied on prior knowledge or confidence in navigating systems independently.

> "AA are very accessible, but in terms of the prison facilitating, it's very minimal."

"One notice in the visits hall, out-of-date, that was it. You had to know to phone them or rely on helpline numbers on the back of your ID card. That's not obvious for everyone."

Some people described a divide between people who were already motivated and familiar with recovery systems, and those who were newer to recovery, less confident, experiencing mental health or neurodiversity-related barriers, or afraid of engaging with services they perceived as closely linked to prison rules and procedures.

The impact of neurodiversity on accessing support

Independent reviews and research suggest that up to half of the UK prison population may have a neurodivergent condition, and that 80% of those with ADHD remain undiagnosed. Each UK prison is expected to have a neurodiversity lead, and at HMP Leyhill this role provides a no-threshold support service that allows people to self-refer. Feedback from residents about the neurodiversity service and its lead was often very positive.

Healthcare staff similarly described the service as effective in identifying and supporting neurodiversity.

“I think the neurodiversity has picked up quite well. A lot of people come in and report.”

The role of the neurodiversity lead was described as contributing to prison-wide strategy, supporting communication of people’ needs to staff, and helping prepare individuals for release. However, both residents and healthcare staff identified inconsistencies in awareness among some prison officers, particularly on arrival. Some participants described difficulties with a lack of understanding.

“I cope by self-isolating basically.”

Training for prison officers in neurodiversity was described as voluntary, which some staff felt limited its effectiveness.

“Civilian staff, you can probably really easily get on board. When it comes to operational staff, it's quite a tricky one... it's not mandatory... they won't do it if it's outside of what they view their job spec to be.”

Additional challenges included limited access to diagnostic assessment and the difficulty of communication across a large prison site.

“Communication is very hard... as a site we're so spread out.”

“Even in the community (testing) is near impossible. You're looking at a seven-year waiting list to get a diagnosis out there as well.”

Overall, many residents and staff valued the dedicated neurodiversity service at HMP Leyhill. Concerns were raised about inconsistent staff awareness, limited diagnostic access, and communication challenges and some interviewees saw this having a continuing effect on how neurodivergent needs are recognised and supported throughout the prison.

Flexibility of treatment options

A range of one-to-one and group talking support is available at HMP Leyhill through prison healthcare, voluntary and charitable services. The mental health and substance use teams provide both informal and structured therapeutic support, including cognitive behavioural therapy (CBT), compassion-focused therapy (CFT) internal family systems (IFS) and Eye Movement Desensitisation and Reprocessing (EMDR) for trauma, delivered through referral to psychological services. It was noted that due to maternity leave, the psychology service was reduced at the time of our visit.

Staff described a flexible, needs-led therapeutic approach.

> "We might do some CBT for anxiety, you might do some stabilisation for trauma, you might do some CFT, whatever is needed. And then if they need longer, we might do more like internal family systems… compassion-focused therapy and then EMDR."

"Sometimes single event traumas… maybe six to eight sessions… more complex trauma… maybe three to six months."

Staff also highlighted the potential depth and impact of this work.

"We can actually sit down and do really good work with people from mental health psychology, and you get people that are really positively impacted by the work that they do."

Experience of talking therapy

Feedback from those who had accessed structured talking therapies was largely positive. Several men described meaningful psychological change following CBT or EMDR.

> "I've done my CBT and EMDR over the last four and a half months… I've seen a massive difference in myself"

"I'm able to process my traumas that I had from childhood and being…a serving soldier"

Positive feedback also extended to more informal one-to-one emotional support through appointments and drop-ins, with people describing regular access to staff and reduced self-harm through talking support.

"I get a chance to go up there… a minimum of once a month, but if I need more, I can go up more."

However, not all experiences were positive. Some people described barriers to access or feeling excluded from support.

“I don't feel I've been supported in this place with my mental health… they've took me off their books… their choice, not mine.”

“It's very hard to get to see them… I still ain't got them today… how long… three weeks.”

Additional sources of support

For people who did not meet clinical thresholds, other psychologically informed support was available. The Pathway Enhanced Resettlement Service (PERS) offers social groups alongside one-to-one support with trained officers and psychologists.

“They're amazing… it's a real friendly atmosphere and they support us with mental health. Any issues that we get, we can speak to them straight away.”

The multi-faith chaplaincy provides an open-door listening service alongside social and activity-based groups which participants suggested tends to be accessed by people with existing faith or a spiritual practice. Peer listeners, residents offering one-to-one emotional support, were also available, trained either by the healthcare team or by the Samaritans, but trust and confidentiality concerns limited uptake.

“A few people… would struggle to trust another prisoner with confidential stuff.”

“They just go and talk to their friends and it's all around the wing then… I don't like confidentiality being an issue.”

Charitable provision further broadened support, including specialist services for veterans.

> “We've got the Veterans Society in this prison and that's really helpful for your mental health… Care After Combat, SSAFA, Royal British Legion… there's all sorts of help for people”

For non-veterans, Talk Club provides a monthly space for people to share feelings and build wellbeing strategies. There is also a group for people who belong to Gypsy, Romany and Traveller communities as well as an officer to represent BAME people.

Overall, a wide range of therapeutic and emotionally supportive provision exists at HMP Leyhill, spanning structured psychological therapies, informal one-to-one support, peer-led listening, chaplaincy care and charitable services. Many

people described talking therapy as beneficial, particularly for trauma-related difficulties.

However, some people felt access and thresholds for support were unfair, and many would not trust peer-based services due to concerns around confidentiality meaning that unmet emotional and mental health needs sometimes persist.

Staff relationships and awareness

Day-to-day interactions with staff

Both survey findings and interviews showed mixed experiences of relationships with prison staff. Just under half of people who completed the survey described respectful and supportive interactions, often comparing these favourably with other prisons, while half experienced inconsistency that affected trust.

“I think staff like you to initiate contact and to go and seek help rather than them doing it. It was…like giving us the responsibility, which I think is really good.”

“Don’t get me wrong, you’ve got some amazing, lovely staff in here that will break their backs to do anything for you. But they’re only very few. And then you’ve got the old school.”

A recurring concern from people was limited staff availability, including difficulty accessing personal officers and delays in receiving help.

“I would go to my personal officer if I knew who he was, there’s a name on my board saying who he is but I ain’t ever met him.”

“Last night for instance I locked myself out my door, they made me stand at my door 45 minutes before they come and opened. That would play into my mental health.”

Some people felt this reflected a hands-off approach associated with open conditions while others described staff behaviour as insensitive to mental health needs, leading to feelings of insecurity

“I think they’ve been told, right, it’s a DCAT prison, let them sort it out themselves. So they’re kind of just not interested.”

“They don’t knock on the door (referring to a particular officer). They use their boot. When they open the door, they just kick it… I feel like it could be one of the prisoners trying to get in.”

There were also examples where people seeking practical help felt rejected or dismissed, which reduced willingness to ask for support in future.

"Certain officers, you go, 'oh, can you read this for me?' They've been to school, swearing at you and that lot (saying) go and ask somebody else, go on. And I'm like, you're supposed to be here to help us."

Some people felt that more open communication, similar to approaches used in therapeutic-community prisons such as HMP Grendon could strengthen relationships.

"When I was in my last prison, I got offered to do some groups…with the new members of staff coming into the prison system, we'd sit in a room and we'd say, right, we're not telling you how to do your job, but what we're saying is, respect goes both ways."

Mental health staff also raised concerns that some aspects of staff–prisoner interaction could unintentionally retraumatise individuals.

"If someone's bursting into their room at half past 11 and shining a torch in their face to make sure that they can visibly see them and shut their door again, it's understandably re-traumatising. And that happens every day for some people for their whole prison stay, which could be like 30 years… it's not helpful, is it? And it feeds into a rhetoric that they're not cared for or that they're not important or that their problems aren't valid or deserve to be sensitive around."

"I think a lot of the prison officers really fall down in that respect. I don't think they understand that a lot of people do have additional needs."

Staff training and support

Staff also described gaps in trauma and mental-health training, alongside practical barriers to accessing available courses. This reflects wider national concerns about training access within the prison estate.

"… I've been trying to get on that training now for the best part of 18 months and just can't get on… there's been three over the last 12 months that have been confirmed, and then cancelled the day of the training for one reason or whatever… and so you just start thinking, 'Well, what's the point?'"

Staff also described pressures in the prison service affecting relationships with residents. These included reduced expectations for regular personal-officer contact following national policy changes, and the operational challenges of managing conflict safely within open conditions.

"If there's an incident here… an argument or an exchange of heated words…we have to make sure that that situation is completely resolved, because…we can't just put them behind a door and lock that door and say, 'You're now locked up for 12 hours'…there's nothing to stop that person then coming straight back out and dealing with it… I think that puts an element of stress and pressure on staff."

Staff noted that these pressures could also affect staff wellbeing and noted a lack of mental health support for officers.

“I would definitely look to bring in mandatory mental health sessions where people would either then look to come in to just have a conversation… I believe it would need to be done on a more individual basis…it can sometimes be quite a difficult place to work.”

Experiences of relationships with prison staff at HMP Leyhill were mixed. While some people described respectful and supportive interactions, others reported inconsistency, limited availability, and behaviours that they felt did not account for mental health difficulties. Staff perspectives highlighted training gaps and operational pressures that impacted delivery of support and relations.

Environment and resettlement

Anxiety arising from open conditions and its impact

Many people spoke about the possibility of being returned from open conditions to closed conditions, commonly referred as ‘swagging’, as a significant source of anxiety during their time at HMP Leyhill. People described this as shaping how safe they felt, how they behaved day to day, and how willing they were to speak openly about difficulties or concerns.

This uncertainty was described by many people as a constant presence, often expressed as anxiety about being unexpectedly removed from the prison.

“It’s like an underlying current of, of worry, fear… possibly… fuelled by rumour.”

This fear was frequently described as waiting for “the knock on the door” or “being on the bus”.

Some described the process as highly visible and distressing when it occurred, which reinforced anxiety among others.

“They tend to swag people… in the morning, we all stand by the front door because it’s locked… and then… they’ll grab someone and just walk them out, in front of everyone.”

A number of people described a paradoxical effect, where the prison felt physically safe but emotionally tense because of the perceived risk of removal.

> “It’s probably one of the safest prisons I’ve ever been to, to be honest with you. It’s because everyone’s under fear of leaving… they’re so scared they don’t want to go back to B Cat or C Cat, so they just toe the line.”

People linked this fear to ongoing anxiety, emotional masking, and social withdrawal. Some related this to avoiding raising concerns or challenging decisions.

“When that’s happening day after day, people are on eggshells. Like, people think it’s gonna happen to them.”

“This is my third time in a D-Cat. Every time it happens. I’ve just learned not to settle.”

Several people felt that the perceived risk of being returned to closed conditions made it harder to be open, including regarding their mental health and/or wellbeing.

“It kind of is used sometimes, I believe, as a tool to frighten people, by being too frightened to say something ’cause you might get swagged.”

This reluctance to disclose difficulties was also reflected in concerns about trust and relationships.

“A lot of people will keep themselves to themselves because it’s too risky for them to be associated with someone who is doing something.”

“Sometimes you’ll have it that they won’t even disclose stuff to staff where they feel that staff will go and tell another member of staff.”

Staff interviews offered a different perspective. Staff acknowledged that fears about “swagging” were commonly raised by people but felt that these concerns were often fuelled by rumour and uncertainty. Staff described returns to closed conditions as infrequent and based on clear risk factors, rather than minor mistakes.

“I always try to say to them, if you’re playing by the rules, then you’ve got nothing to worry about… no one’s taken out of here for no reason. It’s either for violence or for drugs.”

In one example, a staff member described efforts to reassure a resident who was anxious about being returned to closed conditions due to mental health concerns.

“I had a patient… he’s got a mental health diagnosis and he was worried about being transferred out, and the governor went and spoke to him and said if you’re worried, you’re not going to be transferred for making a mistake.”

While staff emphasised careful decision making and reassurance, many people said they experienced ongoing uncertainty that affected wellbeing, trust in staff and other residents, and willingness to seek support for mental health concerns. This suggested a divide in how swagging is perceived and the impacts it has between residents and staff.

Recreation and opportunities

A high proportion of people surveyed believed activities were available to support their mental health, and around two-thirds felt there was a safe place for them to go. The physical environment featured frequently in interviews where people felt their mental health had improved.

"There's a big field up the top… you just walk up with a group of boys, all of the same, similar, like, addiction problems or whatever, but all, like, trying to change their lives and just chat and talk."

> "I've got an allotment… I'd never done anything like that in my life. I will spend much of my time up there during the spring, summer months and weekends… it's fantastic."

Opportunities to work, both inside the prison and outside in the community, were commonly associated with improved wellbeing.

"I've got responsibilities, I have to follow processes, interact with staff and other prisoners in a professional way. That kind of engagement has definitely helped with mental health, because it keeps me occupied and gives me a sense of purpose."

The education centre provides support and qualifications, a hairdressing course and other activities such as a weekly art class. For people over 50 and those with neurodiversity, the Lobster Pot provides an important charity-run space offering drinks, guidance for day release, activities including karaoke and cooking, and support groups.

"This is a, a fantastic place for people to come and…. socialise, have a bit of a laugh, bit of banter, cup of coffee. It's fantastic, absolutely brilliant. And [the staff] are amazing."

For under 50s the main alternative is the gym, however, some younger people felt the lack of a more inclusive social space like the Lobster Pot meant spending more time alone.

"There should be a better support network where people, more of the younger generation can come in, have a coffee, have a cup of tea, have a game of pool, but there's nothing. It's just bare."

Daily living conditions

Many people complained about the lack of toilets and telephones in their cells and felt this negatively affected their wellbeing, particularly during periods of emotional distress.

“if you're having a tough time… it's not so easy to do that on a phone on a corridor.”

“The phones are always breaking so you're down to one or two phones. And what you get with the mains [main population], they like to sit there for an hour… and the toilets have got crap all over them and it's just not very nice.”

Unlike closed prisons, the main prison population is mixed with vulnerable people, many of whom are charged with sex offences. Some people felt this intermixing created conflict and described experiences of poor treatment or social hostility.

“So you've got the gym heads… you'd be queuing up for dinner, lad's push in. The staff let them do it. This has been brought up on multiple occasions… nothing happens.”

“it is quite obvious some people will just literally not talk to you and they will stare at you with almost hatred in their eyes. I find it upsetting.”

Communication issues and crowding were also occasionally highlighted by some residents and staff.

> “Miscommunication, lack of clarity from OMU or probation, outdated notices about services, having to chase everything yourself. And overcrowding indirectly, you get people transferred in who aren’t ready for this level of responsibility, and their attitude can disrupt things.”

The black population of Leyhill is approximately 4%. Whilst only 2 black people were interviewed for this report it is worth noting that both stated that they believed racial and cultural misunderstandings were commonplace in the prison environment.

“This is a huge issue, it creates trauma and leads to poor prison staff relations”

One person felt their faith was not accommodated which led to feeling isolated.

“I can't share my spiritual beliefs with anybody else or anything… the chapel… they don't cater for my religion …so when it comes to my religious beliefs, they don't care… I don't get no minister to come in for me, you know…. [they] don't do no celebrations for me kind of thing, you know?”

Staff perspectives on the environment

Staff generally viewed the environment as a significant improvement on closed conditions and as an important transitional space prior to release.

"It's better than any other prison I've worked in, in terms of physical layout. It does resemble more of a community feel, which is good."

However, some staff felt more could be done to ensure the environment was more inclusive.

> "I think it could be a little bit more sensitive to neurodiversity and people with dementia or people who are older who might need more colour coordinated corridors and things that help with cognitive decline."

Overall, the environment at HMP Leyhill was widely seen as supportive of mental wellbeing, with green space, opportunities for work and education, and the relative freedom of open conditions frequently linked to improved mood, purpose and stability. However, some people, particularly younger men or those outside specific support criteria, reported limited access to safe social spaces, alongside concerns about in-cell facilities, communication, and tensions within the mixed population. Men of colour also felt the prison lacked cultural and racial understanding. Staff generally viewed the environment as positive and rehabilitative but recognised that further adaptations could improve inclusivity for neurodiverse and older people.

Resettlement challenges

A core role of a Category D prison is to prepare people for life back in the community and to support continuity of care. This process includes gradual access to day and overnight release, alongside planning for accommodation, healthcare and ongoing support.

For some people, these processes worked well and they felt prepared.

"I think the ability to go on temporary releases, even small things like going to a shop or a café, it all makes a difference. Being trusted, being treated like an adult, it's huge. And the structured support for resettlement, knowing I've got a plan, it stops that feeling of helplessness you get in closed conditions."

"When I get out, there'll be the GP, there'll be my family. And then in the next circle it could be Mind, it could be Bipolar UK, and I've started to network with these people already."

Some people also valued opportunities to prepare financially for release by working outside the prison.

"I'm saving money and when I get out this time, I hopefully have a job to go to and I'll have money for bond and rent."

However, others described significant financial anxiety, particularly where earnings inside prison were low and saving for Release on Temporary Licence (ROTL) or final release felt unrealistic.

"The wages here are the lowest wage in any DCAT prison. I'm on 17 quid (a week). How the hell... I mean, I'm lucky I've got family who send me... money. But how are you meant to live and save money for your ROTLS?"

Delays in administrative processes required to begin ROTL also created stress and uncertainty.

"It should take 12 weeks to sort your paperwork out and I feel that it's like a lottery, what probation officer you get. If you get a good one, they sort it out straight away. If you don't, you're chasing them, so it took five months."

Staff perspectives on resettlement challenges

Staff spoke positively about the commitment of the HMP Leyhill resettlement team.

"It's a couple of really hard-working people who will go to the ends of the earth until the last minute to find someone, something, somewhere. If they can get a roof over their head for one night or more, they will do it."

However, many staff described the lack of safe housing and last-minute arrangements as having a significant impact on resident's mental health.

"A high percentage of the prison population have ADHD or autism and anxiety and depression. I think, if you were heading into a new life and didn't know if you had a house, it would be a terrifying experience. And that's without any mental health and drug issues."

"We've had lads who have pacemakers or something like that that needs to be plugged into a wall to charge overnight and they're literally anxiety ridden and terrified to go out because they haven't got a home to go"

Staff also highlighted systemic pressures beyond the prison's control, including national early-release policies and reduced preparation time.

"when we did the early release last year we did sign a load of guys out, and within a week, 60% of them were back. Within two or three weeks, it was closer to 100% because they rushed them out the door."

Healthcare staff described transition to community services as one of the most difficult aspects of care.

> "I can do the referral, but I can't guarantee that anyone's going to pick that up. Because, you know, it's like postcode lottery. Every service is different and we cover most of the country. People can go anywhere."

They also noted that a rise in shorter stays at Leyhill limits the ability to provide longer-term therapeutic interventions.

"We wouldn't start EMDR for someone that might be leaving. We would support them in other ways, give them more of the low-level interventions and try and give them coping strategies, that kind of thing."

While HMP Leyhill provides meaningful preparation for release for many people, a large number reported uncertainty around accommodation, finances, and follow-up support, which they felt undermined confidence and emotional stability at the point of transition.

Housing and risk on release

Uncertainty about accommodation was one of the most significant sources of anxiety described by people.

> "They're so overwhelmed with people trying to get into prison and trying to get out of prison that they don't have time to cater for everyone and all their needs."

Some described people being released homeless, given tents, or placed in environments where substance use was prevalent, creating high risk of relapse.

"The problem is that there's only three dry houses in the whole of the Southwest area."

"As soon as staff leave, we got people just banging on your door, putting Diazepam under my door. The last three times I've ended up leaving and I get recalled to prison for it."

Some people described this uncertainty as significantly affecting emotional and mental wellbeing

"Complete breakdown of emotion, like, not even wanting to be alive to be honest"

Conclusion

Overall, many people described improvements in their mental health during their time at HMP Leyhill, often linked to the stability of open conditions, opportunities for work and useful activity, and access to supportive healthcare and therapeutic services that they often felt exceeded what is available in the community.

Positive experiences were frequently associated with feeling trusted, listened to, and able to prepare gradually for release. Staff also described a strong commitment to supporting wellbeing within the constraints of an open prison environment.

However, experiences were not consistent for everyone. Some people reported delays in accessing appointments or medication, uncertainty around release planning, and anxiety linked to the possibility of being returned to closed conditions.

Concerns were also raised about accommodation on release and variation in staff awareness of mental health and neurodiversity, which some staff attributed to training not being prioritised. These challenges could affect confidence, engagement with support, and overall wellbeing as people approached transition back into the community.

Taken together, the findings suggest that HMP Leyhill provides important opportunities for recovery, stability, and preparation for release, while also highlighting areas where improved communication, continuity of care, inclusive practice, and coordinated resettlement support could strengthen outcomes for people with mental health needs.

Stakeholder response

Provider responses The stakeholders who received this report ahead of publication did not provide a response to our findings.

Appendices

Appendix 1: References

Appendix 2: Survey questions

Appendix 3: Trauma-informed protocol for interviews at HMP Leyhill

To view or download appendices 1-3, please go to:
https://www.healthwatchbristol.co.uk/life-open-conditions-mental-health-hmp-leyhill

healthwatch
in Bristol, North Somerset & South Gloucestershire

Healthwatch Bristol, North Somerset and South Gloucestershire
The Vassall Centre
Gill Avenue
Fishponds
Bristol
BS16 2QQ

www.healthwatchbristol.co.uk
t: 0330 055 3251
e: contact@healthwatchbristol.co.uk
@HWBristol
Facebook.com/bristolhealthwatch