

PRISON
QUALITY NETWORK FOR PRISON
MENTAL HEALTH SERVICES



Standards for Prison Mental Health Services – Second Edition

Quality Network for Prison Mental Health Services

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Foreword

Welcome to the second edition of the standards for prison mental health services. The first edition was developed after extensive professional consultation and two large stakeholder events. The standards were piloted through peer review visits to 18 pilot prisons in England, Wales and the Irish Republic and revised following the completion of all the peer reviews. For those that participated in the reviews they were an interesting and enjoyable process; seeing how other teams face similar problems and picking up good ideas from colleagues. Some standards were removed or merged and many clarified following the peer reviews. Over the next year we plan to develop specific standards for in-patient healthcare units. The standards have been welcomed by bodies such as the Care Quality Commission and the Welsh Government. We are very pleased to announce that 42 prisons have signed up for next year's cycle.

It has again been a very busy year in prisons and prison mental health. The challenges facing prisons in the UK have rarely been out of the news with rising rates of suicides, self-harm, assaults and an epidemic of Novel Psychoactive Substances (legal highs having become illegal this year). An important review of prisoner mental health following Prisons and Probation Ombudsman Investigations into deaths in custody influenced sections of the revised standards around medication compliance and continuity of care. National Institute for Health and Care Excellence (NICE) have continued their work on producing standards for physical healthcare in prisons and mental health in the criminal justice system. The draft guidelines will go out for consultation in the autumn with the final guidelines hopefully being published in late 2016 or early 2017. In England and Wales, despite the Brexit earthquake, a Courts and Justice Bill is planned which is intended to give prison governors more control over their prisons including the provision of education and mental health and substance misuse services. There are also proposals for 'problem solving' courts possibly modelled on US drug and mental health court schemes.

For those of you entering the second cycle of the Quality Network I hope the standards are a better reflection of the work you do. For those joining for the first time I hope they provide a useful focus for quality improvement and you find the review process, as hosts and reviewers, stimulating and enjoyable. For services that are not yet part of the Network please use the standards to look at your services (and join next year).



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Introduction

The Quality Network for Prison Mental Health Services (QNPMHS) was established in 2015 to promote quality improvement in the field of prison mental health. It is one of over 20 quality network, accreditation and audit programmes organised by the Royal College of Psychiatrists' Centre for Quality Improvement.

Our purpose is to support and engage individuals and services in a process of quality improvement as part of an annual review cycle. We report on the quality of mental health care provided in prison settings and allow services to benchmark their practices against other similar services. We promote the sharing and learning of best practice and support services in planning improvements for the future.

We review prison mental health services in adult male and female prisons, and young offender institutions, in the UK and Ireland. Participation in the Network is voluntary and services pay a fee to become a member.

The Network is governed by a group of professionals who represent key interests and areas of expertise in the field of mental health, and service-users who have experience of using these services. The group is led by Dr Huw Stone and Dr Steffan Davies.

Standards

The standards act as a framework by which to assess the quality of prison mental health services via a process of self and peer review. The first edition of the standards was published in June 2015 following an extensive process of consultation with stakeholder groups, including prison mental health staff, patients and commissioners. Information was collated from a wide range of sources and a review of key literature and documents was undertaken.

The second edition of the standards has been produced in order to acknowledge feedback collated from member services that participated in the pilot year of the Quality Network for Prison Mental Health Services, and also to account for new developments within the field of prison mental health.

The specialist standards also incorporate the CCQI standards for community-based mental health services (Royal College of Psychiatrists, 2015). All core standards have been marked adjacent to the standard number in brackets, followed by the letter 'C' and the core standard number as it appears in the CCQI standards for community-based mental health services publication [e.g. (C3.4)].

All criteria are rated as Type 1, 2 or 3

Type 1: Essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence based care and treatment.

Type 2: Expected standards that all services should meet.

Type 3: Desirable standards that high performing services should meet.

Standards for Prison Mental Health Services – Second Edition

Admission and Assessment

No.	Standard	Type
1	As part of the formal prisoner induction process, all prisoners undergo health screening that incorporates a mental health assessment.	1
2	The secondary screening mental health assessment is carried out by a mental health professional.	1
3	The role of the team in the screening process is clearly defined and in agreement with the prison establishment.	1
4	There is a clear and consistent process for prison staff to refer prisoners directly to the mental health team.	1
5 (C1.4)	A clinical member of staff is available to discuss emergency referrals during working hours.	1
6	Urgent assessments are undertaken by the team within 48 hours and routine assessments within 5 working days. <i>Guidance: The term 'urgent' refers to an individual in a mental health crisis, or with rapidly escalating needs or presentation, and/or at risk of immediate harm to self or others.</i>	1
7	The mental health assessment uses a standardised format, which includes a relevant previous history, an assessment of mental health, intellectual and developmental disabilities, substance misuse, psychosocial factors, risk to self and others. <i>Guidance: Standard mental health assessment tools are used and they are compliant with NICE guidelines.</i>	1
8 (C3.4)	The assessing professional can access notes about the patient (past and current) from primary and secondary care. <i>Guidance: Notes should be accessed for all patients known to mental health services and where notes are available.</i>	3
9 (C4.6)	The team discusses the purpose and outcome of the risk assessment with each patient and a management plan is formulated jointly.	1
10 (C5.1)	All patients have a diagnosis and a clinical formulation. <i>Guidance: The formulation includes presenting problem and predisposing, precipitating, perpetuating and protective factors as appropriate. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation should be devised.</i>	1
11 (C17.5)	When talking to patients, health professionals communicate clearly, avoiding the use of jargon so that people understand them.	1
12 (C17.2)	Information is provided to patients. <i>Guidance: Information can be provided in languages other than English and in formats that are easy to use for people with sight/hearing/cognitive difficulties or learning disabilities. For example; audio and video materials, using symbols and pictures, using plain English, communication passports and signers. Information is culturally relevant.</i>	1

13 (C1.3)	<p>Clear information is made available, in paper and/or electronic format, to patients and healthcare practitioners on:</p> <ul style="list-style-type: none"> • A simple description of the service and its purpose; • Clear referral criteria; • How to make a referral, including self-referral if the service allows; • Clear clinical pathways describing access and discharge; • Main interventions and treatments available; • Contact details for service, including emergency and out of hours details. 	1
14 (C3.3)	<p>Patients are given verbal and/or written information on:</p> <ul style="list-style-type: none"> • Their rights regarding consent to care and treatment; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to raise concerns, complaints and compliments; • How to access their own health records. 	3
Case Management and Treatment		
15	Patients are managed under the Stepped Care Model for People with Common Mental Health Disorders (NICE guidelines 41, 2011).	2
16 (C7.3)	<p>The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews.</p> <p><i>Guidance: Referrals that are urgent or that do not require discussion can be allocated before the meeting.</i></p>	1
17 (C7.4)	<p>Every patient has a written care plan, reflecting their individual needs. <i>Guidance: This clearly outlines:</i></p> <ul style="list-style-type: none"> • <i>Agreed intervention strategies for physical and mental health;</i> • <i>Measurable goals and outcomes;</i> • <i>Strategies for self-management;</i> • <i>Any advance directives or stated wishes that the patient has made;</i> • <i>Crisis and contingency plans;</i> • <i>Review dates and discharge framework.</i> 	1
18 (C7.5)	The practitioner develops the care plan collaboratively with the patient.	1
19	Where applicable, patients are encouraged and supported to be fully involved in their CPA meeting, or equivalent.	1
20	Patients discuss, negotiate and agree with their care coordinator on who should be invited to their CPA meeting, or equivalent, and a joint decision made on what happens if people are unable to attend.	1
21	Patients will be shown a copy of the final draft report after the CPA meeting, or equivalent, and will have the opportunity to add their views at this stage.	1
22	The team has a policy on inter-agency working across criminal justice, social care, physical healthcare and the third sector within limits of patient consent, confidentiality and risk management.	2

23	There are written policies in place for liaison and joint working with substance misuse services and primary care in cases of co-morbidity. <i>Guidance: This can be an individual policy or included as part of a wider operational policy.</i>	2
24	There are contracted agreements for joint working with primary care to ensure high standards of physical healthcare and mental healthcare for patients with co-morbid physical and mental health problems.	2
25	The team works collaboratively with other health care providers and the prison to manage self-harm and suicidal ideation in accordance with NICE guidelines 16 (2004) and 133 (2011).	1
26	The team actively participates with the Assessment, Care in Custody and Teamwork (ACCT) process in managing the risk of self-harm and suicide. <i>Guidance: The mental health team attends or contributes to all ACCT reviews for prisoners under their care. They are involved in decisions about location, observations and risk.</i>	1
27 (C8.1.1)	Patients are offered evidence based pharmacological and psychological interventions and any exceptions are documented in the case notes. <i>Guidance: The number, type and frequency of psychological interventions offered are informed by the evidence base.</i>	1
28 (C8.2.1)	When medication is prescribed, specific treatment targets are set for the patient, the risks and benefits are reviewed, a timescale for response is set and patient consent is recorded.	1
29 (C9.2.1)	Patients who are prescribed mood stabilisers or antipsychotics are reviewed at the start of treatment (baseline), at 3 months and then annually unless a physical health abnormality arises. The clinician monitors the following information about the patient: <ul style="list-style-type: none"> • A personal/family history (at baseline and annual review); • Lifestyle review (at every review); • Weight (at every review); • Waist circumference (at baseline and annual review); • Blood pressure (at every review); • Fasting plasma glucose/HbA1c (glycated haemoglobin) (at every review); • Lipid profile (at every review). 	1
30 (C6.2)	The team pro-actively follows up patients who have not attended an appointment/assessment or who are difficult to engage.	1
31 (C6.3)	Data on missed appointments are reviewed at least annually. This is done at a service level to identify where engagement difficulties may exist. <i>Guidance: This should include monitoring a patient's failure to attend the initial appointment after referral and early disengagement from the service.</i>	2

32 (C9.1.5)	<p>The service has a care pathway for the care of women in the perinatal period (pregnancy and 12 months post-partum) that includes:</p> <ul style="list-style-type: none"> • Assessment; • Care and treatment (particularly relating to prescribing psychotropic medication); • Referral to a specialist perinatal team/unit unless there is a specific reason not to do so. 	1
Referral, Discharge and Transfer		
33	There is an agreed policy that identifies the role of the team in initiating, facilitating and managing referrals to outside hospitals.	1
34	The process for referral and transfer of patients under Part 3 of the Mental Health Act follows the Good Practice Procedure Guide (DH, April 2011).	1
35	<p>When a patient is transferred to another prison, the mental health team provides a comprehensive handover to the receiving prison's mental team before the transfer takes place.</p> <p><i>Guidance: Where a transfer is not known, the handover is provided to the receiving team within one working day of the individual's reception to the establishment.</i></p>	1
36	<p>The care co-ordinator or equivalent is involved in discharge/transfer planning.</p> <p><i>Guidance: Planning occurs ahead of the individual's discharge/transfer and the timescale for this depends on the individual patient's presentation and identified needs.</i></p>	1
37	An identified key worker and/or responsible clinician from the receiving service are invited to discharge/release planning CPA meetings.	1
38	Referrals to community mental health services are made for those patients who require continued care and follow-up support following release.	2
39	On discharge from the team, patient information is provided to the receiving primary care or mental healthcare service.	1
40	<p>The team carries out a follow-up interview with the patient and/or the new care co-ordinator/service provider within 14 days of release/transfer from prison.</p> <p><i>Guidance: This includes communication in person, by telephone, email or in writing.</i></p>	2
Patient Experience		
41	The patient is involved in decisions about their care, treatment and discharge/release planning.	1
42 (C14.1)	<p>Patients are given the opportunity to feed back about their experiences of using the service, and their feedback has been used to improve the service.</p> <p><i>Guidance: This might include patient surveys or focus groups.</i></p>	1

43 (C16.1)	Patients are treated with compassion, dignity and respect. <i>Guidance: This includes respect of a patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.</i>	1
44 (C16.2)	Patients feel listened to and understood by staff members.	2
45 (C17.3)	The service has access to interpreters.	1
46 (C18.1)	Confidentiality and its limits are explained to the patient at the first assessment, both verbally and in writing.	1
47 (C18.3)	The patient's consent to the sharing of clinical information outside the team is recorded. If this is not obtained the reasons for this are recorded.	1
Patient Safety		
48	The team communicates findings from risk assessments across relevant agencies and care settings, in accordance with patient consent and professional guidance relating to patient confidentiality and risk.	1
49	The patient is given information on the intervention being offered and the risks and benefits are discussed with them. This is recorded in clinical records.	1
50 (C13.1)	Capacity assessments are performed in accordance with current legislation and codes of practice.	1
51 (C8.2.5)	The safe use of high risk medication is audited at a service level, at least annually. <i>Guidance: This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines and stimulants for ADHD.</i>	1
52	The team proactively follows up with patients who fail to collect or take their medication.	1
53	A system is in place for recording non-compliance with medication. <i>Guidance: Guidance is available to the team on the management of medication and how to deal with non-compliance.</i>	1
54	Compliance with medication is recorded as part of the patient's care plan and this is reviewed on a monthly basis, or more frequently where required.	1
55 (C10.2)	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and young people. This includes escalating concerns if an inadequate response is received to a safeguarding referral.	1
56	The team understands and engages in prison service policies on food refusal capacity assessments.	2
57	The team understands and engages in prison service policies on reporting incidents according to the Mercury Intelligence System (MIS).	2
58	There is a joint working policy between the prison, primary care, substance misuse services and the mental health team on the control and management of substance misuse and substances.	2

59	The team understands and engages in prison service policies on Multi-agency Public Protection Arrangements (MAPPA).	2
60	The team shares with prison staff any information that might affect a prisoner's safety, within the limits of confidentiality and patient consent.	2
61	The team supports the prison establishment in the provision of mental health awareness training for prison staff. <i>Guidance: This could include: The direct involvement of the team in delivering training sessions; or the team has input into the development of training content and learning materials.</i>	2
Environment		
62	The prison and healthcare regimes ensure that patients are able to attend appointments with the team at the scheduled appointment time.	2
63	There are designated rooms for the team to run clinics and one-to-one sessions.	1
64	There are designated rooms for the team to run group sessions.	1
65	All interview rooms are situated close to staffed areas, have an emergency call system, an internal inspection window and the exit is unimpeded.	1
66 (C19.3)	Clinical rooms are private and conversations cannot be easily overheard.	1
67	The team has dedicated spaces and meeting rooms for confidential working.	1
68	There are sufficient IT resources (e.g. computer terminals) to provide all practitioners with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements.	1
Workforce Capacity and Capability		
69	The multi-disciplinary team consists of or has access to staff from a number of different professional backgrounds that enables them to deliver a full range of treatments/therapies appropriate to the patient population.	1
70	The team has access to specialists relevant to the needs of the patient group. This may include: child and adolescent mental health, intellectual disabilities (ID), autistic spectrum disorder (ASD), neuropsychiatric disorders and cognitive impairment.	2
71	There is a clearly identified clinical lead for the team. <i>Guidance: The clinical lead has overall responsibility for the clinical requirements of the service.</i>	1
72 (C22.4)	There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify gaps in the team and to develop a balanced workforce which meets the needs of the service.	2

73	There are written arrangements and processes in place which ensure that the prison healthcare team can access specialist mental health advice out of hours.	2
74	Capacity management plans are in place to ensure continuity of service in the event of leave or sickness. <i>Guidance: This is a written document that describes the measures the service will take to manage sudden increases in demand.</i>	1
75	There are clear written protocols outlining prescribing responsibilities between psychiatrists, GP's and nurse prescribers. <i>Guidance: Clinicians refer to 'Safer Prescribing in Prisons: Guidance for Clinicians' (RCGP, 2011).</i>	2
76	There is a minimum of monthly multi-disciplinary team clinical meetings, which are recorded with written minutes.	1
Workforce Training, CPD and Support		
77	All permanent staff within the team receive a full local prison induction within 28 days of commencing employment and before being issued with keys. <i>Guidance: This includes: key security, prison awareness, the Assessment, Care in Custody and Teamwork (ACCT) process and personal protection, or equivalent.</i>	1
78	All staff who use SystemOne are fully trained in its use.	1
79 (C23.2)	Staff members receive an induction programme specific to the service, which covers: The purpose of the service; The team's clinical approach; The roles and responsibilities of staff members; Care pathways with other services. <i>Guidance: This induction should be over and above the mandatory Trust or organisation-wide induction programme.</i>	1
80 (C10.1)	The team receives training consistent with their roles on risk assessment and risk management. This is refreshed in accordance with local guidelines. This training includes, but is not limited to training on: <ul style="list-style-type: none"> • Safeguarding vulnerable adults and children; • Assessing and managing suicide risk and self-harm; • Prevention and management of aggression and violence. 	1
81 (C26.3)	Staff receive training consistent with their role and in line with their professional body. This is recorded in their personal development plan and is refreshed in accordance with local guidelines.	1
82 (C24.1)	All staff members receive an annual appraisal and personal development planning or equivalent. <i>Guidance: This contains clear objectives and identifies development needs.</i>	1
83	All staff within the team receive Continuing Professional Development (CPD) in line with their respective professional body.	1

84 (C24.2)	All clinical staff members receive clinical supervision at least monthly or as otherwise specified by their professional body. <i>Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.</i>	1
85 (C24.6)	All staff members receive monthly line management supervision. <i>Guidance: Supervision forms a part of individual performance management and discusses organisational, professional and personal objectives.</i>	2
86 (C25.3)	Staff members have access to reflective practice groups.	2
Governance		
87	A representative of the team is part of the prison clinical governance and quality processes.	1
88 (C14.2)	Patient representatives attend and contribute to local and service level meetings and committees.	2
89	Patients are involved in the governance and development of the team. <i>Guidance: This may include representation from a patient or a patient representative in governance meetings and/or direct consultation with the patient group on areas of development.</i>	3
90 (C27.4)	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.	2
91 (C27.1)	The team attends business meetings that are held at least monthly.	2
92 (C27.2)	The team reviews its progress against its own plan/strategy, which includes objectives and deadlines in line with the organisation's strategy.	3
93 (C29.3)	When staff undertake audits they; <ul style="list-style-type: none"> • Agree and implement action plans in response to audit reports; • Disseminate information (audit findings, action plan); • Complete the audit cycle. 	2
94 (C30.1)	Systems are in place to enable staff members to quickly and effectively report incidents. Managers encourage staff members to do this and staff members receive guidance on how to do this.	1
95 (C30.3)	Team members and patients who are affected by a serious incident are offered a debrief and post incident support.	1
96 (C30.4)	Lessons learned from incidents are shared with the team and disseminated to the wider organisation.	1
97 (C30.5)	Key clinical/service measures and reports are shared between the team and the organisation's board, e.g. findings from serious incident investigations, examples of innovative practice.	2
98 (C20.7)	Staff members feel able to raise any concerns they may have about standards of care. <i>Guidance: Staff members should follow their Trust or local policy.</i>	1
99	The team engages in service relevant research and academic activity.	3

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