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## WELCOME

Welcome to the second edition of the Quality Network for Prison Mental Health Services' Newsletter. This edition is filled with good practice articles from both member and non-member services, exploring a range of topics relating to prison mental health. Many thanks to all those who contributed to this edition and we hope you find the articles both useful and interesting.

We have been very busy at the Network since the previous newsletter was published earlier in the year. We concluded the pilot year with an informative and well-attended Annual Forum in July, followed by the publication of our Annual Report in September. The full report can be found on our website.

We have also published the second edition of standards for prison mental health services, taking into account feedback from member services and recent developments in the field.

Moving into the second cycle, we are very excited to be engaging 42 services in the review process, an increase from 18 services in the previous year. We would like

to welcome each of the new services that have joined this year.

This cycle, we have hosted a successful event 'Managing Dual Diagnosis and New Psychoactive Substances in Prisons' with over 100 people in attendance, and we have facilitated two training days for people to become lead reviewers.

You can also look forward to further opportunities to engage with the Network as we move into 2017. We are holding a special interest day on 'Through-the-gate mental healthcare' on 14 March 2017 and the 2nd Annual Forum is scheduled for 6 July 2017.

Furthermore, we are currently developing a sub-set of standards on '24 hour mental healthcare in prisons' which we hope to publish in time for cycle 3. For those interested, we will be hosting a standards consultation event on 25 April 2017. Further information about all upcoming events can be found on page 22.

Finally, we would like to wish you all a very Merry Christmas and a Happy New Year! We look forward to seeing you in 2017.

**Dr Huw Stone, Dr Steffan Davies and Megan Georgiou**



# Developing a Housing Support Service at Cloverhill Prison

In January 2014, a housing support worker joined the prison in-reach and court liaison service (PICLS) in Cloverhill Prison, Ireland's largest remand prison. In the preceding two years, 39% of individuals on the PICLS caseload were experiencing homelessness. Of this group, most had been remanded for minor, non-violent offences and one third were assessed as being actively psychotic at the time of reception.

These individuals often have difficulty engaging with services upon their release to the community rendering them invisible to much needed supports. The addition of a housing support role to the PICLS team aimed to improve the level of support, advice and advocacy provided to prisoners with mental health difficulties who were experiencing homelessness.

A partnership was developed between HAIL, a voluntary housing association providing housing with support for people with mental health difficulties, and the National Forensic Mental Health Service (Health Service Executive, Ireland). The Genio Project, a philanthropic organisation, which aims to support people with disabilities and mental health problems, funded the housing support worker position.

Ireland has been experiencing a housing crisis for the past number of years. This crisis has resulted in an unprecedented demand for homeless services. Many of our clients have been 'falling between the cracks' and find it increasingly difficult to advocate

for themselves in a system under significant strain. This economic and social backdrop made this a challenging, yet critical time to introduce a housing support service at Cloverhill Prison.

During the initial phase of the service, it was crucial to spend time in the community building relationships with the key agencies involved in supporting our client's mental health and welfare needs. Introductory meetings were arranged with various agencies in order to raise awareness and highlight the many obstacles this group face when returning to the community. Services were receptive and viewed our housing support service as an opportunity to improve the chances of engaging this difficult to reach group.

In the two years since the introduction of the service, the housing support worker met with 92 individuals (123 committal episodes), of whom 63% had a lifetime prevalence of psychosis and 92% had a history of polysubstance abuse. At the time of committal, a significant number of these individuals were sleeping rough or accessing night-by-night emergency accommodation. The majority of this group were experiencing long-term homelessness\* and described chaotic lives, which made engagement with community mental health services challenging. No individual seen by the housing support service was released to rough sleeping.

Although many individuals had been experiencing long-term homelessness a large proportion (62%) were not registered as homeless with their local housing authority. In order to gain priority for homeless accommodation and longer-term accommodation in Ireland, local authority registration is a requirement. Following the

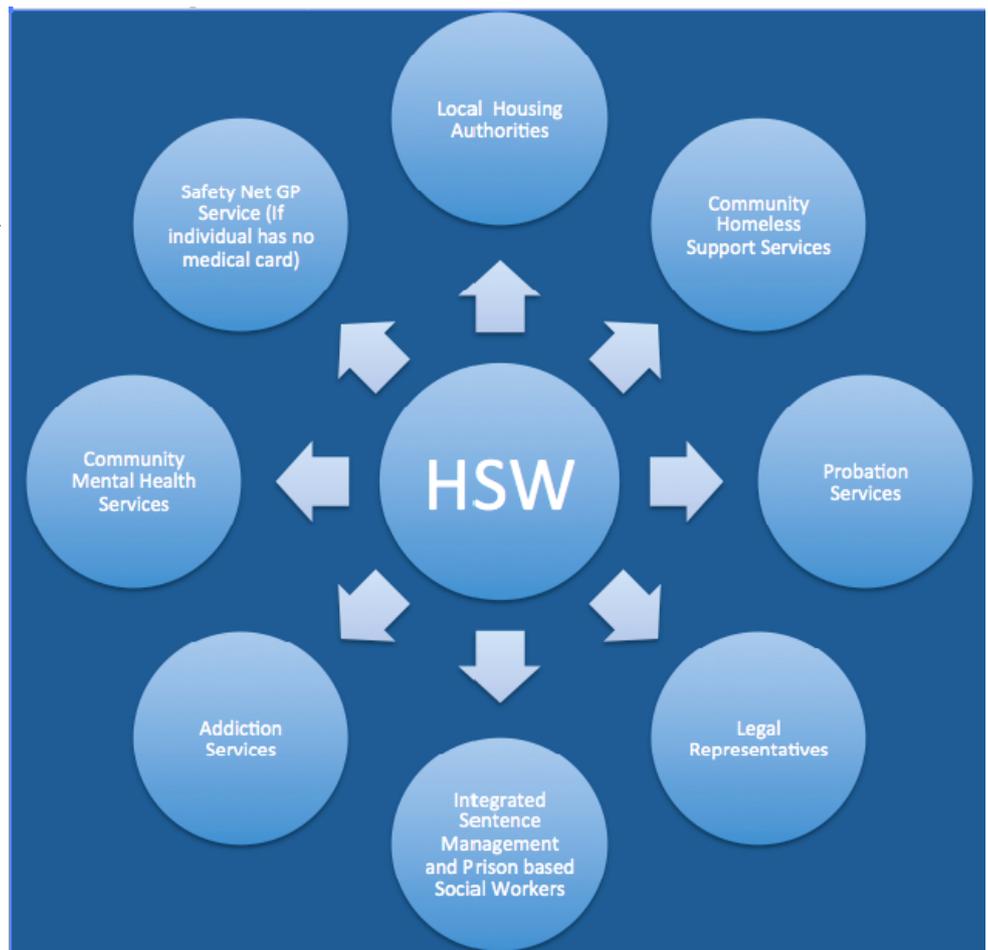
intervention, 66% of all individuals seen were registered with their local housing authority by the end of 2015. This crucial step increases the visibility of these individuals to the relevant housing agencies.

Such a seemingly minor task can be daunting for our clients because they are often faced with multiple administrative tasks upon release. These include registering for social welfare payments and obtaining a medical card. It is not surprising then, that keeping appointments with community mental health teams is often not a priority. A key role of the housing support service is to assist clients as they navigate through this process.

Initially, the housing support role was based solely within the prison, however it soon became clear that this should continue in the post release period. The housing support worker offered practical support with completing necessary forms; advocacy on behalf of clients when dealing with housing and social welfare agencies; and liaison with community mental health teams.

Since 2014, the housing support worker has formed key relationships with a range of community agencies across Ireland as highlighted in the diagram.

By establishing relationships with these individuals and forging links with community based agencies a housing support worker



can help make these often “invisible” individuals “visible”, improving their mental health and housing outcomes.

Although many challenges remain, a clear model of working with this client group is now in place. The Housing Support Worker initiative has been very successful over the past three years in assisting this patient group and is now an integral component of the PICLS team.

*\*For the purpose of this article long-term homelessness is defined as being homeless for longer than two years.*

**Orla Reynolds, Housing Support Worker, HAIL (Housing Association for Integrated Living) and Dr Damian Smith National Forensic Mental Health Service, Central Mental Hospital, Dublin**

# Developing the Care Programme Approach Process in Offender Health using TEWV Quality Improvement Systems

The Offender Health Pathway sits within Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust's Forensic Directorate and encompasses all of the North East prison mental health services. During the first phase of Prison Quality Network peer reviews we hosted visits in two of our seven establishments, HMP Holme House and HMP/YOI Low Newton. Looking ahead to Phase two, TEWV have extended our membership of the Prison Quality Network to include all of our teams, with the exception of HMP Kirklevington Grange. We, as a collective whole, are committed to this process and have embarked upon a constant endeavour of evaluation, review and improvement since receiving our respective review summaries, as well as the annual report for the pilot year 2015-2016.

We have used the findings of the Prison Quality Network to inform an improvement event to look at the development and launch of a Care Programme Approach (CPA) model within all of our establishments in the North East of England. Upon receipt and revision of our review summaries we were tasked by the Quality Network to develop an action plan in order to remedy any deficits. A number of these deficits related to the lack of a workable CPA model, tailored to meet

the specific needs of our patients, and which also included our colleagues from within Her Majesty's Prison Service and our wider community teams. The annual report also outlined that this issue was common across the rest of the Prison Quality Network.

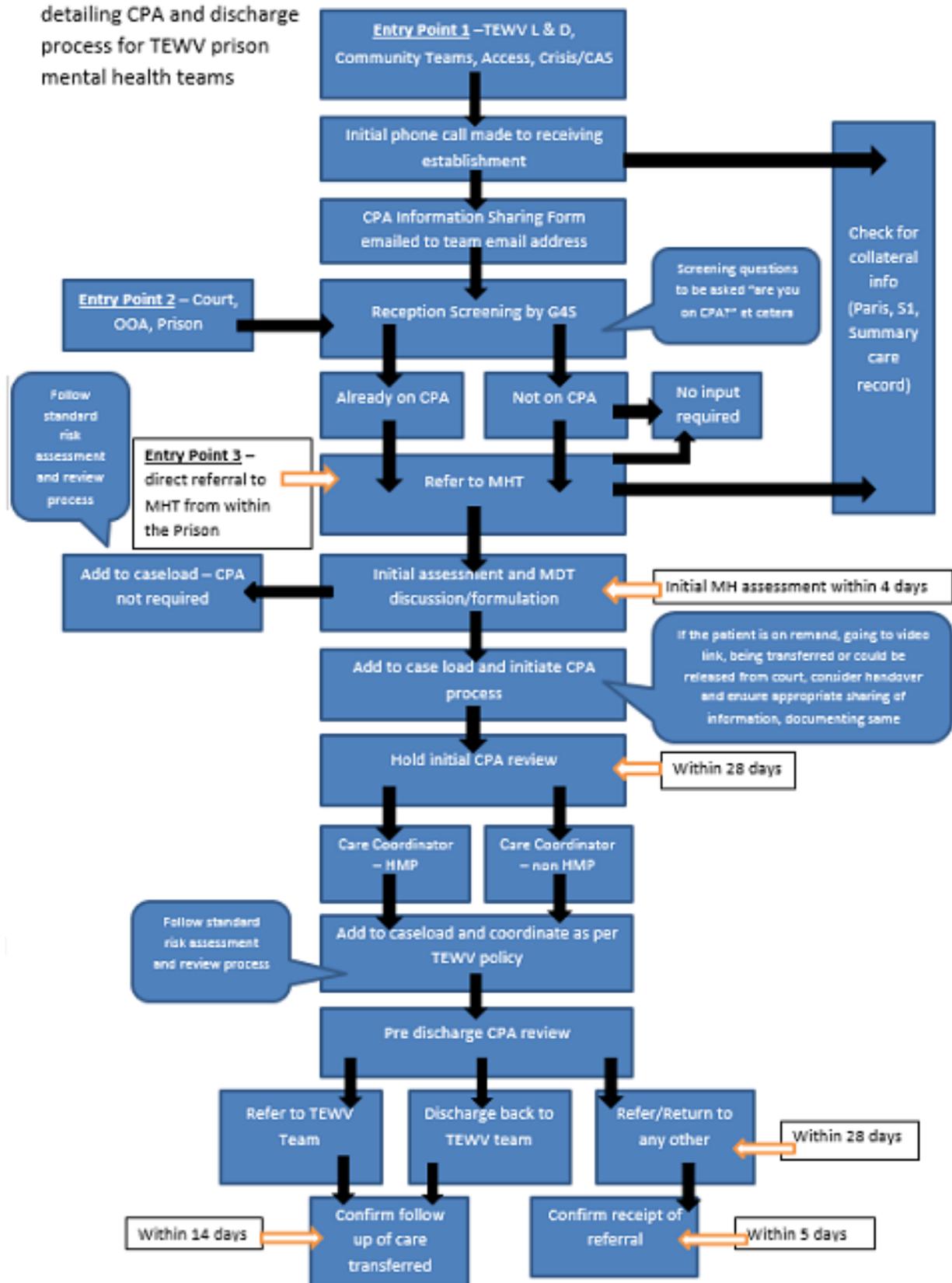
Using the Trust CPA policy, we and other healthcare partners, set out to review the current CPA and discharge processes across all North East Prisons and develop a model that could be applied across all mental health teams within the cluster. We wanted to produce standardised CPA documentation templates, alongside this we aimed to review how this information was accessed and stored on System One. We had ambitions to define the role and responsibilities of a care coordinator. Finally, we wanted to develop a practice to ensure that upcoming CPA reviews were identified well in advance for planning purposes, but also so as to offer the best opportunity for patient involvement within the review.

In 2007 TEWV began to implement the lean transformation of its services, based upon the Virginia Mason Production System. TEWV Quality Improvement System aims to embed a culture of continuous improvement across the Trust; this is achieved by looking at existing ways of operating, removing waste from processes and maximizing activities that add value.

As highlighted by both TEWV staff and the Quality Network, the CPA process within the prisons needed improvement; it needed to be lean and effective in meeting the unique needs of our patients, as well as being consistent with current Trust processes.

A two day service improvement event was held which incorporated and utilized the lean

**Figure 1:** Flow chart detailing CPA and discharge process for TEWV prison mental health teams



methodology of TEWV QIS. The event was comprised of a large multidisciplinary team from across the vast array of prison establishments throughout the Trust, this approach was taken to ensure that the unique needs of each establishment were represented and considered, and also to improve transitions for the patient between each establishment or TEWV service (if appropriate). Throughout, we used the existing Trust policy as a resource, with appropriate points being adapted effectively to fit with the unique environment of a prison.

Initially, the three elements of the CPA process were split down and examined by staff: **referral/entry points into the CPA process; the process of CPA within the prison; and, discharge from prison and/or CPA.** We considered the deficits within the current ways of working and proposed changes as we progressed, all the while adhering to the principles of TEWV QIS by questioning the merits of some changes by testing these out hypothetically. We paid particular attention to the points as

highlighted within the Quality Network's report and listed a range of expectations thought to add value to the process. All of our changes were incorporated into a flow chart (Figure1).

Following this, we formulated a standardized set of documentation as a group; we deliberately developed these as an extension of existing tools currently in use and to maximise the elimination of waste.

At the conclusion of the two days, there were a range of outstanding tasks which needed clarification from sources external to the event. This clarification is currently being sought to ensure that the changes that we make are safe, effective, replicable and sustainable.

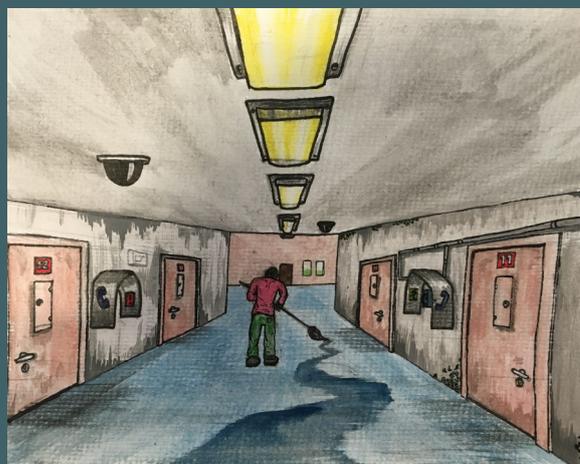
**Matty Caine, Mental Health Team Manager & Sarah Ryan, Mental Health Nurse Practitioner  
HMP/YOI Low Newton  
Tees, Esk and Wear Valleys NHS Foundation Trust**

## Patient Artwork

The Prison Network is looking for artwork produced by patients of prison mental health services to use on our reports and publications.

If any of the individuals you work with would be interested in submitting a piece of artwork for consideration, please email it to [prisonnetwork@rcpsych.ac.uk](mailto:prisonnetwork@rcpsych.ac.uk).

*Image: Anthony Walsh*



# Emotional Well-being Mentor Scheme at HMP Swaleside

HMP Swaleside is a Category B Training Prison. It accepts category B prisoners who are serving 4 years or more or should have at least 18 months left to serve. It is a main centre prison for prisoners in the first stage of their life sentence. HMP Swaleside also accepts prisoners in the second stage of their life sentence, giving us a total of 460 places for lifers; the current No. 1 Governor is Paul Newton.

Whilst working in the in-reach team it became very apparent to Debbie Smith that there were a lot of people in prison that were dropping through the cracks because they didn't fit the criteria to be accepted onto the inreach case load. Many of these people were struggling to cope with their emotional well-being. There was no one to go to for support and this led them to thoughts of self-harm and suicide. There were schemes within the prison but no initiative that was proactive and supportive in promoting positive emotional well-being. The counselling service in the prison had been disbanded leaving many people struggling to deal with feelings and past issues.

The scheme started running in May 2015, Debbie Smith and Susie Duthoit have initiated and run this scheme to what it has become today, working with the prison, three full time paid mentors were employed with six voluntary mentors making up the rest of the team. The mentors are chosen based on their desire to help others as well as having had personal experience of

positive mental health interventions. Each mentor is security checked and receives training from the Inreach team surrounding mental health awareness, understanding personality disorders and active listening skills. Weekly supervision is provided to the full time mentors, whilst monthly supervision and training is given to both full-time and part-time mentors.

They regularly work over 25 hours a week giving up their association time to support and help others that are struggling. The mentors undertake one-to-one support work for over 300 men. They facilitate several psycho educational courses based on self-help information, including anger management, CBT, low mood and depression and facing up to conflict. These courses have proved to be very popular particularly because they are voluntary and not on a sentence plan. Men who have completed the courses say they are very informative and help to bring about changes in their lives; over 170 men have completed these voluntary courses so far. The mentors now run regular clinics on the wings to raise awareness of mental health and offer a place for people to gain information and sign up for the course.

We currently work collaboratively with the prison and other external support services to make Swaleside a safer and more therapeutic establishment. We work closely with PACT and have run several successful Family Days involving both Mentors and Mentees; these have not only been a huge boost to the prisoners who attend but also gives the families an insight into what their loved ones are achieving in prison.

## The Need

The most recent unexpected inspection by the HM Chief Inspector of Prisons highlighted

Positive Activity within Swaleside	Mentees involved
Inreach	40%
Gym	75%
Healthcare	21%
Pathways	6%
IMB	3%
Governors	3%
Education	47%

	Incidents/attempts in the past (within the last 12 months)	Reduction in incidents/ attempts since EWB Mentor support
Self-Harmed	63%	57%
Suicidal thoughts or	78%	66%

areas where prisoners do not feel safe and the effect this is having on their well-being, it was stated that, '*at the time of the inspection Swaleside was not a safe prison*' (HM Chief Inspector of Prisons, 2016).

Feedback from current prisoners who are being supported by the Emotional Well-being Mentors has shown a reduction in self-harm; from a sample of 60 mentees, 63% had self-harmed in the past and 24% were currently using self-harm as a way of coping; of these men 57% stopped or reduced their self-harming behaviour since working with the EWB mentors.

78% of the same sample of mentees stated that they had thought of, or attempted suicide recently (within the past 12 months). Since receiving support from the EWB mentors 66% of these mentees had reduced or stopped both thoughts and attempts at suicide.

### Outcomes

The feedback we have received from prisoners and staff has been very positive and there have been noticeable benefits in terms of relieving pressure on staff, reduction in self-harm and positive engagement with other services in the prison.

There has been a dramatic fall in self harm amongst the mentees that have ongoing support from their mentors. Also disruptive behaviour has decreased with fewer negative entries and general alarms.

*Please contact the Network for the full reference list relating to this article.*

**Susie Duthoit & Debbie Smith  
HMP Swaleside  
Oxleas NHS Foundation Trust**

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## Poem from a mentee

My heads a mess, I'm struggling to cope.  
I feel so dejected, I've lost all hope.

I'm only minutes away, from doing something bad;  
I doubt anyone will care, or even be sad.

There's a knock on my door, and I look up and see.  
One of the Mentors, has come to chat to me.

We sit and we talk, I laugh and I cry.  
I tell him my problems, cos' I trust this guy.

He sits and he listens, letting me get it all out,  
He's patient when I go quiet, and calming when I shout.

If my problems are beyond him, he'll call in the troops.  
Somebody from Inreach, or one of the other staff groups.

In my time of need, I know I can depend,  
On the EWB Mentors, who are really my friends.

### **Emotional Wellbeing Mentee, HMP Swaleside**

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## MAPS Navigators: The Beginning

In June 2013, HMP Ranby experienced two suicides. To support the prison, the mental health team put on a tea and talk event. The event had no agenda and we just made ourselves a presence on the wing for support, advice information etc. We also wanted to know what the prisoners wanted, one of the ideas came from a lifer who felt that the best people to help prisoners were prisoners themselves as they had "walked the walk". He felt it would be beneficial for

prisoners to have basic mental health training to help and offer support to fellow prisoners who might be struggling.

The idea of the Mental Health Awareness Peer Support (MAPS) was born. The initial training was facilitated by the Institute of Mental Health and mental health staff attended the training alongside the prisoners to adopt a train the trainer approach.

This project will help promote a recovery focussed strategy to normalise mental health issues and allow patients to access services without the worry of stigma. To provide a sense of being believed in, being listened to

and understood. To give them the opportunity to take responsibility for their own recovery through the recovery of others. To allow personal growth and to allow them to regain a place in the community. We hope that it provides a belief in their own abilities and that although they may not always have full control over their symptoms, they have control over their lives.

Prisoners peer support can be seen as an innovative idea and one that we think will bring about huge benefits to the prison population. These prisoners will be able to identify when someone is in need and signpost them to the relevant services. Furthermore, having been in similar situations themselves, these prisoners can relate to the sorts of problems these individuals may be facing, enabling them to offer shared stories, understanding, support and advice.

### **Present and future**

The MAPS Navigator service continues to mature and grow.

We are supported by the safer custody team and referrals for MAPS support is done through them via a functional mail box.

The monthly group supervision is attended by at least 3 members of the mental health team and wherever possible by the safer custody Governor and a Custodial Manager, this gives the MAPS workers chance to discuss any prison issues they may have come across and usually these are addressed promptly. Supervision is also available one-to-one with a member of the mental health team should this be required.

During a group supervision session it was noted that MAPS struggled to access certain parts of the prison due to locked gates/ regime/work etc. To rectify this all MAPS are now provided with red arm bands which gives them 'access all areas'.

Recently a prisoner with a flair for art was approached to offer some therapeutic one-to-one work with prisoners who were struggling with their mental health. This has proved invaluable (please see prisoners own words regarding this).

*"Well, where do I start, such a success and more than a positive attitude that I've got back. I was sexually abused as a child, a fellow prisoner overheard me talking to someone about this and used it against me, saying cruel and hurtful things, this in turn made me angry and wanting to hurt myself. I eventually made cuts to my wrists on two occasions (requiring hospital treatment) and smashed my cell up, this was all in anger and frustration of what that other prisoner was saying about me. I had written a letter to my family saying "that's it, I can't take it anymore". I was at a low ebb, a very low ebb.*

*I was told about MAPS, I was sceptical, but I was at rock bottom. A MAPS worker came to see me and introduced me to the prisoner who does the 1:1 art work. Through their support I went from a 1/10 to an 8/10 and I don't know where I would be now if it wasn't for them.*

*Thank you lads and bless you*

*RB"*

The MAPS service is now available 24 hours a day and we now have two paid Navigators who are based in reception daily to promote

and explain the role of the MAPS. MAPS support the mental health team in the training of prison staff in regards to mental health.

### **Expectations for the future of MAPS**

- To continue to grow and expand with the help and support of the new reform prison
- For peer support workers to work across the pathways and not just mental health

- MAPS Navigators to take part in the training of new MAPS and eventually supervision
- MAPS service to be rolled out to other prisons
- MAPS workers to help facilitate groups and health promotion events

**Lindsey Watson**  
**Clinical Matron for Mental Health**  
**HMP Ranby**  
**Nottinghamshire Healthcare NHS**  
**Foundation Trust**

## New Starter Induction Competencies

The prison mental health team comprising of team members from Rethink Mental Illness, Middlesbrough and Stockton MIND, Northumberland, Tyne and Wear NHS Foundation Trust (NTW) and Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) are contracted to provide the mental health service across seven North East Prisons (HMP Holme House, HMP Kirkclevington Grange, HMP YO1 Deerbolt, HMP and YO1 Low Newton, HMP Durham, HMP Frankland and HMP Northumberland).

It is well documented that healthcare providers face the most significant period of change and during this the 'public' spotlight will be upon all of us. A challenge is faced by all healthcare providers to ensure we recruit and retain excellent staff, acknowledging that as organisations there is a need when developing any 'strategies' to reflect upon lessons learnt from national

reports such as the Francis Inquiry (2013) and Cavendish Review (2013). In addition, the Department of Health (2012) documented that an effective induction can enhance patient safety, and increase standards of care. Both the GMC and NMC highlight the need for staff to have access to clear standards of conduct and care expected by the healthcare provider for whom they are working.

In recent years, both the Francis report and the Keogh Mortality Review (2013) have highlighted the importance of a structured and comprehensive induction package for all health care staff. Health care staffs are central to the safety and wellbeing of those housed within the prison system. By creating an integrated, streamlined and role specific induction into the prison mental health teams, we have been able to develop a structure that places staff in the best possible position to provide the highest standard of patient care.

As this particular contract involves not only the prison, but four different health care

providers who need to work seamlessly together. The induction process is a key area which can be used to communicate the standards of work expected - the Francis report highlights that the education of staff is key in increasing patient safety. Before this innovation the induction programme for each organisation was a broad corporate formal induction informing those of what it is like working within the organisation and an informal 'on the job shadowing'.

In order to overcome this, and build on feedback from current staff about "not knowing what you don't know", a joint initiative was commenced between TEWV and Rethink Mental Illness to create a standardised induction package. We firstly agreed a format for the induction and then began to break key knowledge down into categories, such as general prison knowledge, IT systems and clinical skills. Once we had agreed categories, we then began to write a list of the skills and knowledge we felt were required for a new starter, in order for them to be able to complete their job autonomously.

This formed an induction checklist. We agreed to have columns for the manager and the staff member to sign to demonstrate that they were competent in this area and also to leave an area for questions or further training requirements.

In addition, we added an introductory section which gave an overview of the contract, model and service provision to ensure the new starter was as informed as possible of the mental health provision within the North East prisons, and had the relevant contact details for the other bases.

The package was then trialled with new staff in Holme House and reviewed following their feedback. Since then, the package has been rolled out across all 7 North East prisons and has been met with consistently positive feedback from those using it.

*Please contact the Network for the full reference list relating to this article.*

**Carolyn Houghton, Senior Psychological Wellbeing Practitioner, Rethink Mental Illness) & Richard Hand, Service Manager, Tees, Esk and Wear Valleys**

## Quality Network for Prison Mental Health Services Annual Report, Pilot Year 2015-16

Available online at:  
[www.qnpmhs.co.uk](http://www.qnpmhs.co.uk)



Quality Network for  
Prison Mental Health Services

**ANNUAL REPORT**  
PILOT YEAR 2015-16

Editors: Megan Georgiou, Renata Souza  
and Madhuri Pankhania  
Publication Number: CCQ1241

PRISON  
QUALITY NETWORK FOR PRISON  
MENTAL HEALTH SERVICES



# Improving the Recognition and Management of Prisoners with Autism

There is uncertainty and conflicting evidence about the exact prevalence of autism amongst prisoners. Problems arise due to differences in definitions, diagnostic methods used and populations studied. A recent systematic review (King & Murphy, 2014) has been published drawing together the main conclusions from the existing research and concluded that 'it is likely' that people with autism are over represented within the criminal justice system.

Coming into custody can exacerbate already high levels of distress for autistic people. This can result in them exhibiting challenging behaviour and gaining less benefit from attempts at rehabilitation. It also means they can inadvertently end up disrupting the way the prison is run taking up additional resources as staff have to spend more time with them.

In our experience, the difficulties experienced by autistic people often result in them attracting attention within prison, although the reasons behind their difficulties may be unrecognised. They can be viewed as being purposefully disruptive, irritating or rude rather than their behaviour being attributed to distress or misunderstanding. Alternatively, they can be bullied but struggle to communicate this to staff and thereby fail to access available support.

The Autism Act 2009 placed a duty on the Government to produce a strategy in relation to people with autism. The initial strategy was published in 2010 and was updated in

2014 as the 'Think Autism' strategy. Both strategies contained actions for the criminal justice system and the Ministry of Justice set up a cross-Government group in order to address these requirements.

In 2013 the National Offender Management Service (NOMS) commissioned the National Autistic Society (NAS) to conduct a review of the service provided to autistic prisoners. Although the review found that staff had good theoretical knowledge of some aspects of autism, it observed that in practice, they often struggled to recognise those aspects in offenders and misunderstood their behaviour.

The Criminal Justice Joint Inspection published two documents (HMI Probation, 2014 & 2015) which examined the treatment of offenders with learning disabilities including autism within the entire criminal justice system. Both publications reported a lack of support and understanding shown by the police, prisons and the courts.

A specialist multidisciplinary autism service has existed at HMYOI Feltham since 2012. Assessments comprise comprehensive developmental interviews and the use of several specialist autism tools. Individualised care plans are developed to support those identified with autism. Links are also made with community services to ensure ongoing care after release. We are proud of our specialist service but wanted to extend the work being done with autistic prisoners across the whole prison rather than confine it to just being part of our mental health service.

In order to achieve a more pervasive 'whole prison' approach, two years ago HMYOI Feltham undertook a collaborative project with the National Autistic Society (NAS) to develop and implement standards and a

framework for good practice to improve identification and support of autistic prisoners (Lewis et al, 2015) (Lewis et al, 2016) .

The National Autistic Society (NAS) is the UK's leading charity for autistic people. It has been running the Autism Accreditation programme since 1992. Autism Accreditation provides an autism-specific quality assurance programme for organisations throughout the UK and internationally. Although the NAS had previously worked with a wide range of organisations, this was the first time it had worked with a prison.

When we started to develop the standards we recognised that prisons are not homogenous institutions and that it would not be reasonable to expect a single level of understanding about autism and standard of practice across the whole establishment. We felt that front line discipline and primary care staff should not be expected to have a specialist level of knowledge about autism but that a higher standard could reasonably be expected of staff working in mental health and education. As a consequence, the prison was divided into four areas for the purposes of the audit: Education, Mental Health, Primary Care and Discipline. It was agreed that each area would be audited separately and all four areas would need to meet the relevant standards in order for the prison to be accredited.

Senior representatives from each area oversaw the development and implementation of the new standards. The project has led to the development of closer links between different departments within the prison which has had benefits that extend beyond this project.

Educational sessions and display boards were used to increase the awareness of all staff about autism and 25 staff members



received a higher level of training and became 'Autism Champions' and now act as a resource for other staff.

Efforts were also made to increase autism awareness among prisoners. Regular awareness raising events take place in Education and the library. We also introduced autism awareness training for all Listeners (peer support workers) to improve their ability to recognise and support autistic prisoners.

Following an independent evaluation, HMYOI Feltham achieved Autism Accreditation in December 2015. It is the first prison or young offender institution in the world to achieve this. The most recent progress report for the Think Autism strategy mentions the development of these standards for autistic prisoners as an example of good practice.

This work has attracted Ministerial attention and has led to questions being asked in Parliament about extending the project further. The prison was visited by the All Party Parliamentary Group for Autism in order for its members to find out more about the changes we have introduced. In March 2015 the Prisons Minister issued a statement

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encouraging all prisons to seek Autism Accreditation.

Since then over 30 prisons in England and Wales have registered an interest in working to achieve Autism Accreditation and a network has developed to share best practice. Pilots have also begun to develop similar standards with the National Probation Service and Community Rehabilitation

Companies as well as the Police. Prisons can find out more about Autism Accreditation by contacting [clare.hughes@nas.org.uk](mailto:clare.hughes@nas.org.uk).

*Please contact the Network for the full reference list relating to this article.*

**Alexandra Lewis, Mo Foster, Clare Hughes & Kim Turner**  
**HMYOI Feltham**

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## Trauma Psycho-education Group

### Overview

The trauma psycho-educational group is designed to help inmates prepare for trauma focused interventions by building coping strategies in the here-and-now. It consists of 8 sessions, each one introducing new knowledge and awareness surrounding post-traumatic stress disorder and leading on from that with a practical intervention. The use of a group setting allows us to increase access to interventions while normalising difficulties and helping inmates build a support network.

### Session breakdown

1. Introduction to the group – this session introduces people to the group format and starts psycho-education with the fight or flight model. It ends by introducing the safe space exercise for practice between sessions.
2. What is trauma? – looks at the symptoms of PTSD, introduces the filling cabinet metaphor for

understanding traumatic memories and engages in discussion as to why some struggle with trauma and others do not. The safe space exercise from session 1 is repeated and continued practice is encouraged.

3. Trauma and stress – discusses how stress impacts on PTSD symptoms and how having PTSD makes someone more likely to experience stress. Progressive muscle relaxation is introduced along with basic stress management tips.
4. Coping with dissociation and flashbacks – this session explores what is meant by flashbacks and dissociation, drawing on learning from the previous sessions. It encourages participants to identify triggers and early warning signs to help prevent re-experiencing symptoms. The session ends on a group exercise on brainstorming grounding techniques for participants to practice.
5. Trauma and substance misuse – outlines the cycle between trauma and substance misuse focusing on how substance misuse can be an unhelpful avoidant symptom and how intoxication can also lead to more traumatic experiences. For those who do not

misuse substances this session can be expanded to cover self-destructive behaviours. Participants are then taught controlled breathing to add to their growing tool set.

6. Trauma and self-harm – this session starts by looking at what self-harm is and why people might self-harm. It then looks at how interpersonal conflicts can be a trigger for self-harm in people with PTSD. To help participants the session introduces basic assertive strategies and brief chain analysis to encourage participants to identify areas for change.
7. Recovery from trauma – the final taught session looks at trauma focused CBT and EMDR as treatments for PTSD. It encourages participants to consider how they would like to approach their difficulties.
8. Feedback and recap – the final session is an opportunity to feedback on how the group has gone and recap on any areas that participants are uncertain on.

### Outcome and feedback

The feedback from the group participants was overwhelmingly positive. Statements include:

- “It has helped me reduce self-harming”
- “I wanted to take drugs and die, I would take as many drugs as a I could but would wake up sad, but now I choose life”
- “It helps me understand myself”

- “It has helped me understand why I do what I do”
- “People didn’t judge me and I learnt how to express my emotions”

Two of the participants wrote thank you letters and pictures describing their experiences in the group. With their permission, excerpts from these have been placed in the patient information letter to help answer patient questions and provide insight into the group.

The PHQ-9 and GAD-7 were conducted at every session, although the changes in these scores were small for most. The PTSD checklist for DSM-5 (PCL-5) was completed at the start and end of the group. Of those that completed the group all saw a significant reduction in PCL-5 scores (mean of 61.75 down to 51.5).

### Challenges

The biggest challenge we encountered in running a mental health group has been maintaining the focus on the course material and away from prison issues. Participants would often raise difficulties around being locked down, limited funds to spend and troubles on the wing. While each session provides a short period to check in, where participants can air their struggles, these issues would often spill out into the group discussion sections.

Additionally, due to the nature of the remand prison environment we have found that getting participants unlocked to attend and having people remain at HMP Nottingham to complete the course can be difficult.

# Enkama Therapy

## Deal or No Deal



## Master class

Build like a star.



### The future

We are now in the processing of running two trauma groups. The first group is aimed at the general prison population and a second group has been established for the vulnerable prisoners. Learning lessons from the first group we have focused on stronger agenda setting at each session to reduce discussions on unrelated issues. We have

tried to work with the prison officers to facilitate attendance, although this remains an ongoing issue.

**Jason Parker**  
**Psychological Wellbeing Practitioner**  
**HMP Nottingham**  
**Nottinghamshire Healthcare NHS**  
**Foundation Trust**

# Inside Recovery

## Service: Recovery

### Narratives

The prison healthcare system has changed dramatically over the years. I am a prisoner at HMP Birmingham currently located comfortably on a healthcare ward. This is the first time in my prison history that I have been a patient on healthcare although it's not the first time I've needed it. Being an inmate who usually gets well involved in prison drug violence and gang culture I am well aware and at times even been involved in the promotion of bad stigma against healthcare units. Many prisoners who are offered healthcare treatment will decline help due to fear of being put in the same category as those who get off the wing due to debt problems or the fact of being labelled a sex offender. I would like to say these rumours are false and I am a first-hand witness. I returned to HMP Brum in May 2016 and on my first day in the jail my name was flagged up on the healthcare system as being seen previously for mental health problems. I was met by a CPN, a nursing assistant and the head psychiatrist who immediately offered me a bed on healthcare. Although I was tempted I turned it down due to the stigma. The healthcare team and doctors didn't just walk away. They offered me treatment in the form of medication and regular interventions with a CPN.

I agreed to this as these were people after 6 years of seeing me (healthcare making sure I always was seen by the same staff where possible) I now trusted and felt very comfortable with. Unfortunately I continued to use illicit and non-prescribed drugs

leading me to be again after a couple of months being asked to go to healthcare. This time I agreed. On arriving at healthcare I was kindly greeted by friendly and welcoming staff and a completely different environment to normal location. The wards are calm and relaxed and everyone just seems to get on with each other. The staff and nurses are concerned about your physical and mental health. Since I have been a patient on healthcare my physical and mental health has improved greatly. My original negative view of the healthcare department in general has changed. The staff and nurses work very hard to meet all your physical and mental health requirements. So please give them a chance!

#### **Ward 2 (HMP Birmingham) Offender Health Mental Health Ward**

Regular service user feedback has highlighted the wish of patients to engage in low intensity ward based physical activities. Previously the uptake by patients has been minimal when sessions were provided by gym staff. However the introduction in peer-to-peer training sessions with gym staff in attendance has proved extremely successful.

An Inside Recovery healthcare representative on N-wing provides the following narrative on the sessions. Weekly sessions that are facilitated on Ward 2 for patients who are experiencing forms of mental ill health.

Exercise has got me through some very hard times in prison. I have also helped some of my peers on the wing to manage their mental health. I have encouraged them to exercise and been there to talk to them when they were distressed. They tell me

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these things have been helpful to them especially as they wait to be seen at a mental health appointment.

I have recently helped set up and provide a project with healthcare and gym staff for patients on Ward 2. To encourage patients to engage in low key exercise sessions in the day area of the ward. I have also introduced them to stretching exercises that they can do in cell locked down.

During the first session on the ward a person used the exercise bike and did some stretches and other people got involved. They were grateful that someone especially a peer had taken time out to exercise with them and teach them some basic stretches and weightlifting techniques. Now with each session more people seem to join in either using the mats for press ups and crunches or squats. Now people want to know when the next session is and can we have more weekly sessions? I feel this is proof that the sessions are working and they are having a positive impact on people's mental health.

**I also find these things helpful:**

- Having someone to talk to that has personal experience of mental ill health.
- Being able to exercise and keep active.
- To feel safe and that your day to day activities have a sense of meaning.
- Stay connected to family and friends.
- The act of helping others helps me if I am slipping and makes me feel great.

**Things that I have found unhelpful:**

- Waiting times for healthcare appointments especially mental health.
- Waiting times for prescribed medication and delays in access to repeat prescriptions.

**Trevor Urch**  
**Recovery & Service User Involvement Manager**  
**HMP Birmingham**  
**Birmingham and Solihull Mental Health NHS Foundation Trust**

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## A Reflection from HMP Maidstone

Over the year, the mental health inreach team in Kent's foreign national prison has seen a steady increase in offenders presenting with trauma. The majority when seen by inreach appear to be experiencing an acute stress reaction which is a PTSD subtype and will last normally no longer than a month. However some genuinely present

with symptoms of Post-Traumatic Stress Disorder (PTSD). Triggers range from experiencing conflict from the Balkans to Iraq or Afghanistan, to boy soldiering or being sex trafficked; they have all sought support from the inreach team. Although the criteria has changed from my time working with veterans these offenders' symptoms are consistent with veterans diagnosed with PTSD in that they report to have directly experienced or witnessed or were confronted with an event that involved actual or threatened death or serious injury. Or threat

to the physical integrity of themselves or others, and responded with intense fear, helplessness or horror. These offenders are re-experiencing the trauma through flashbacks, distressing reminders, intrusive or upsetting memories and dreams. The individual also will try to avoid any stimuli through their thoughts, feelings, conversations, activities, places and people, which can remind them of their trauma. Finally arousal, persistent increased arousal

through one's own five senses, smell, touch, taste, sound and sight. They normally identify disturbed sleep as their main presenting problem as in essence someone experiencing PTSD is trapped in a continual 'loop' of unconscious self-traumatisation, coping and exhaustion.

**Ian Bryant**  
**HMP Maidstone**  
**Oxleas NHS Foundation Trust**

## News

A look at recent news and developments in mental health and the criminal justice system.

For regular communication, join the **email discussion group** by emailing the word 'join' to [prisonnetwork@rcpsych.ac.uk](mailto:prisonnetwork@rcpsych.ac.uk).

## Public Health England

### Health & Justice Annual Review 2015/16

The report identifies health trends in prisons and other prescribed places of detention (PPDs). It captures the range of activity led by the health and justice team at PHE on a national and local level.

[www.gov.uk/government/publications/prison-health-health-and-justice-annual-report](http://www.gov.uk/government/publications/prison-health-health-and-justice-annual-report)

### Mental health promotion and prevention training programmes

This framework can inform and influence the development of public health leadership and the workforce in relation to mental health.

[www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework](http://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework)

### Suicide prevention: developing a local action plan

This document is part of Public Health England's ongoing programme of work to support the government's suicide prevention strategy.

[www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan](http://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan)

## Prison safety and reform

The Ministry of Justice published a white paper in November 2016 setting out what is being done to make prisons places of safety and reform.

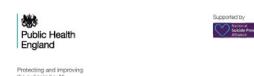
[www.gov.uk/government/publications/prison-safety-and-reform](http://www.gov.uk/government/publications/prison-safety-and-reform)



Public Health England  
Health & Justice annual review 2015/16



"No health without justice, no justice without health"



Local suicide prevention planning  
A practice resource



## A Matter of Conviction: a blueprint for community-based rehabilitative prisons

The paper was published by the RSA in October 2016 and explores how prisons in England and Wales could better support rehabilitation. The Quality Network for Prison Mental Health Services is included in the report as a good practice case study.

[www.thersa.org/discover/publications-and-articles/reports/a-matter-of-conviction-a-blueprint-for-community-based-prisons](http://www.thersa.org/discover/publications-and-articles/reports/a-matter-of-conviction-a-blueprint-for-community-based-prisons)

## NICE Guidance: Prisons and other secure settings

### Physical health of people in prison

This guideline, published early November 2016, covers assessing, diagnosing and managing physical health problems of people in prison.

[nice.org.uk/guidance/ng57](http://nice.org.uk/guidance/ng57)

### Mental health of adults in contact with the criminal justice system

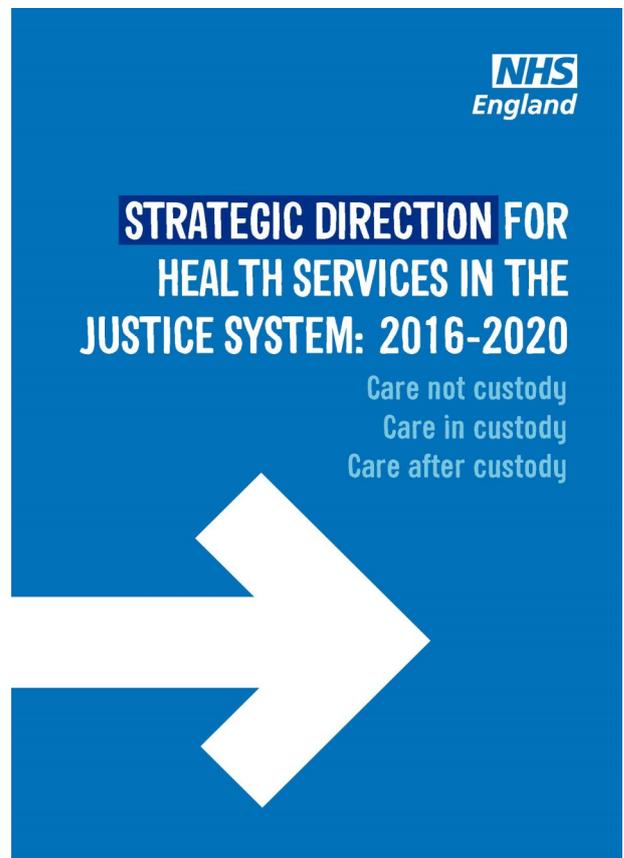
This guideline was out for consultation in November 2016 and is due to be published in March 2017.

[nice.org.uk/guidance/indevelopment/GID-CGWAVE0726/consultation/html-content-2](http://nice.org.uk/guidance/indevelopment/GID-CGWAVE0726/consultation/html-content-2)

## Strategic direction for health services in the justice system: 2016-2020

A commissioning strategy which sets out the ambition of NHS England to improve health and care outcomes for those in secure and detained settings, support safer communities and social cohesion.

[www.england.nhs.uk/commissioning/health-just/#justice](http://www.england.nhs.uk/commissioning/health-just/#justice)



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# Upcoming Events at the Quality Network

## **Through-the-gate mental healthcare: ensuring continuity between prison and the community, 14 March 2017**

This event will consist of a series of presentations and workshops exploring through-the-gate mental health provision and continuity of care between prison and the community.

It is an opportunity for professionals from all disciplines to meet and discuss key issues in this area and to learn and share ideas.

*Member services are invited to submit proposals for good practice workshops.*

*This is a free event for Quality Network member services and lunch will be provided. Non-members can attend at a cost of £40.*

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## **Standards consultation event: 24 hour mental healthcare in prisons, 25 April 2017**

The Quality Network is developing standards for 24 hour mental healthcare in prisons, to accompany the existing standards for prison mental health services (2016).

This event is an opportunity to view and consult on the working draft of the standards. They will be applied as part of the Network's annual review process and are due to be published in July 2017.

*This is a free event and lunch will be provided.*

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## **QNPMHS Annual Forum, 6 July 2017**

This will be an interactive event for our member services, packed with presentations and workshops. It is an opportunity for professionals from all disciplines to meet and discuss key service development issues to prison mental health services and to learn and share ideas about the future of services.

*Member services are invited to submit proposals for good practice workshops.*

*This is a free event for Quality Network member services and lunch will be provided. Non-members can attend at a cost of £40.*

For further information and how to book onto an event, visit [gnpmhs.co.uk](http://gnpmhs.co.uk) or email [prisonnetwork@rcpsych.ac.uk](mailto:prisonnetwork@rcpsych.ac.uk).

Events will be held at:

Royal College of Psychiatrists, 21 Prescott Street, London, E1 8BB.

Join the **Email Discussion Group** to network with colleagues in the field of prison mental health.

Email 'join' to [prisonnetwork@rcpsych.ac.uk](mailto:prisonnetwork@rcpsych.ac.uk)

## Useful links

### Care Quality Commission

[www.cqc.org.uk/](http://www.cqc.org.uk/)

### Centre for Crime and Justice Studies

[www.crimeandjustice.org.uk/](http://www.crimeandjustice.org.uk/)

### Centre for Mental Health

[www.centreformentalhealth.org.uk/](http://www.centreformentalhealth.org.uk/)

### Department of Health

[www.gov.uk/government/organisations/department-of-health](http://www.gov.uk/government/organisations/department-of-health)

### GOV.UK Prison and Probation

[www.gov.uk/browse/justice/prisons-probation](http://www.gov.uk/browse/justice/prisons-probation)

### Howard League for Penal Reform

[www.howardleague.org/](http://www.howardleague.org/)

### HM Inspectorate of Prisons

[www.justiceinspectorates.gov.uk/hmiprisons/](http://www.justiceinspectorates.gov.uk/hmiprisons/)

### Institute of Psychiatry

[www.kcl.ac.uk/ioppn/index.aspx](http://www.kcl.ac.uk/ioppn/index.aspx)

### Ministry of Justice

[www.justice.gov.uk/](http://www.justice.gov.uk/)

### National Institute for Health and Care Excellence

[www.nice.org.uk/](http://www.nice.org.uk/)

### National Offender Management Service

[www.gov.uk/government/organisations/national-offender-management-service](http://www.gov.uk/government/organisations/national-offender-management-service)

### NHS England

[www.england.nhs.uk/](http://www.england.nhs.uk/)

### Offender Health Research Network

[www.ohrn.nhs.uk/](http://www.ohrn.nhs.uk/)

### Prisons and Probation Ombudsman

[www.ppo.gov.uk/](http://www.ppo.gov.uk/)

### Prison Officers' Association

[www.poauk.org.uk/index.php?aid=2](http://www.poauk.org.uk/index.php?aid=2)

### Prison Reform Trust

[www.prisonreformtrust.org.uk/](http://www.prisonreformtrust.org.uk/)

### Revolving Doors

[www.revolving-doors.org.uk/home/](http://www.revolving-doors.org.uk/home/)

### Royal College of Psychiatrists' Centre for Quality Improvement

[www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement.aspx](http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement.aspx)

### See Think Act (2nd Edition)

For information and materials on relational security in secure settings, please visit:

[www.rcpsych.ac.uk/sta](http://www.rcpsych.ac.uk/sta)

We also have modified versions for prison settings, please email [megan.georgiou@rcpsych.ac.uk](mailto:megan.georgiou@rcpsych.ac.uk) to request copies.

### User Voice

[www.uservoice.org/](http://www.uservoice.org/)

### World Health Organisation Prisons and Health

[www.euro.who.int/en/health-topics/health-determinants/prisons-and-health](http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health)

## Contact the Network

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### Royal College of Psychiatrists (CCQI) Quality Network for Prison Mental Health Services

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