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# WELCOME

Thank you for taking the time to read our 11th newsletter! We are choosing to theme our newsletters to help inspire articles, and this edition is based on Transfer and Remission! We have some great good practice examples throughout this edition, to help support services with the long awaited recent publication of the [NHSE Transfer and Remission Guidance](#).

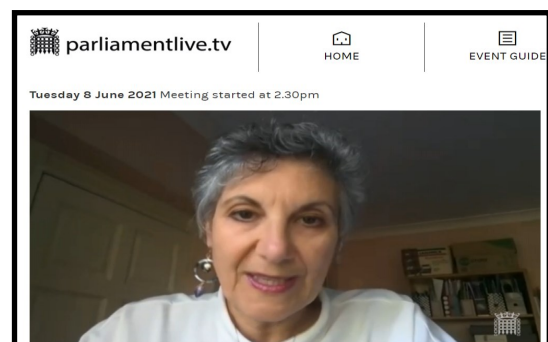
In addition, we were once again delighted to hold an artwork and creative writing competition to our members. A huge thank you to our members for encouraging patients to get involved with this again this year. Please check out the entries and winners within this article.

In other news, we have recently done our biggest QNPICU virtual event! This was in collaboration with ELFT, Traverse, QNFMHS and QNPMHS projects (CCQI) to discuss the topic of 'Emerging Drug Trends and their Impact of Mental Health Services'. This was a fantastic and engaging two-day event that covered a range of topics. We had international speakers, experts by experience, researchers and community projects share their knowledge and stories—a huge thank you to the presenters for their hard work. It was such an enjoyable two days. The recordings are now available on our online platform [Knowledge Hub](#).

Excitingly, the Network submitted evidence to the Justice Select Committee about mental

health in prisons. RCPsych submitted one from our Network and also from the Forensic Faculty. We were able to offer different perspectives for this, and the data collected from our members helped to support the evidence given. Dr Josanne Holloway was able to provide oral evidence and supported membership of our Network as a way to maintain standards.

Finally, I want to remind our members that registration for our new Cycle (7) is now open! Please do get in touch if you have any questions about this. I am going to be sending out more detail to our members about this, but we are hoping to return to face-to-face visits from 2022. This means we will be scheduling reviews from January onwards. As a team we are very excited to get back on the road and continue physical review visits again. However, as always, we must acknowledge that Covid-19 sometimes takes over the best made plans. So we say this with hopeful optimism, but with the understanding that these plans may have to change.





# Self-harm in remand prison during the first year of COVID-19

*Brian O'Mahony, Psychiatry Registrar*  
*Conor O'Neill, Consultant Psychiatrist*  
*Roisin McDaid, Psychiatry Registrar*  
*Philip Hickey, Forensic Community Mental Health Nurse*  
*Enda Taylor, Forensic Community Mental Health Nurse*

The first wave of the COVID-19 pandemic in the Republic of Ireland saw the government close all schools, colleges, childcare facilities and cultural institutions on 12 March 2020, with further restrictions following in the proceeding weeks. This was manifested in Cloverhill Prison, which accounts for the majority of remands nationally, through the introduction of a quarantine and testing system for prisoners as well as significant limitations in facilities such as the gym.

Emphasis was placed on reducing the risk of the virus entering the prison from the external population by minimising face-to-face visits and cur-tailing services provided by external agencies.

Since 18 March 2020, new committals were isolated for a minimum of eight days (two negative tests). Visits from family and friends were replaced by video calls. There was also a reduced capacity for prison mental health staff to carry out face-to-face reviews. One might expect these stressors and restrictions to lead to an increase in prisoners' distress, and possible subsequent self-harm. However, in the twelve months from 16 March 2020 – 16 March 2021, just seven episodes of self-harm were recorded in Cloverhill Prison, compared to 18 episodes of self-harm during the previous year. Episodes of deliberate self-harm are detected by prison officers and nurses, by self-reporting or by the objective evidence of self-harm.

Deliberate self-harm (DSH) incidents are logged on the prison healthcare medical records system. Episodes were cross-checked weekly at a formal interagency meeting, attended by Psychiatrists,

Psychologists, Prison Governors, and others. There was also a bi-monthly review at interagency suicide prevention meetings.

This level of self-harm represents the incidence rate of 0.3% of committals committing self-harm. Rates of self-harm in Cloverhill Prison have been described previously, with a rate of 1.1 % (95 % CI 0.9–1.4) acts of self-harm per committal episode during 2012-2014. This was below that reported by Hawton et. al, who predicted rates of 5% DSH per remand episode in a multi-year study of prisons in England and Wales.

Several issues may contribute to this low incidence of DSH. One such explanation might be that prisoners suffering from depressive and anxiety disorders are prescribed medication where appropriate, but emphasis is placed on not "medicalising" stress or distress. Prisoners can avail of the prison psychology service. The Samaritans provide a "Listener" service for people who are struggling to cope and may feel suicidal. The prison chaplaincy service provides further support for a variety of needs, beyond mental health. Prisoners reporting low mood, anxiety, or thoughts of self-harm are seen by these services. The cohort seen by the prison in-reach psychiatry service is mostly made up of prisoners suffering from a major mental disorder, with 78% of the team's caseload having a psychotic disorder (bipolar affective disorder (BPAD), schizophrenia, schizoaffective disorder) as of March 2021.

New committals are also reviewed daily by a general nurse to monitor for signs and symptoms of COVID-19. Any incidents of high distress can then be acted upon before they potentially progress to acts of self-harm.

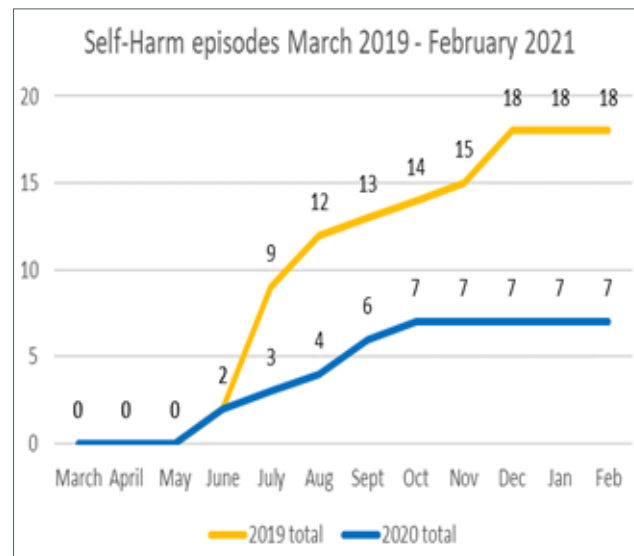
Research suggests single cells are best practice for prisoner mental health. In Cloverhill, most inmates are in two or three-bed cells. During the last year, this included those undergoing their precautionary COVID isolation. Human company may be helpful in dealing with the stress of initial weeks of a prisoner's committal, with single cells being better suited to those serving long-term sentences. Being within sight of others in a cell might also make a prisoner less likely to deliberately self-harm.

Lastly, vulnerable prisoners are housed in a separate high support wing called D2. This allows these prisoners to be seen regularly by the prison's mental health service. Access to illicit



intoxicants is rare. People with severe mental illness are less likely to experience bullying or intimidation on this unit, which has daily attendance by the mental health team and Healthcare Assistants. The prison operates a policy of not prescribing benzodiazepines, other than very brief periods of detoxification.

Such measures might partly explain Cloverhill prison's low baseline rate of self-harm episodes. The decrease in such episodes during a time of significant stress, and disruption to services appears less understandable. It would be interesting to compare numbers of self-harm episodes in other prisons to see if there was a similar decline in such episodes. The Irish Prison Service has had notable success in preventing prison COVID outbreaks, especially in comparison to other jurisdictions. This has been attributed to high levels of buy-in to effective policies. Such "buy-in" may contribute to the lower-than-expected levels of self-harm in Cloverhill during the COVID-19 pandemic.



## CARS is coming to QNPMHS

**CARS** (College Accreditation and Review System) is an **online platform** that allows members to submit data online **as part of the peer-review process**. Once registered, a service can enter their **self-review scores** online and **upload evidence** supporting their self-review. More information will be sent to services when self-reviews are open, including guidance on how to use this system. This will help to streamline the process of sharing and reviewing evidence, and make the self-review process much easier. Please keep an eye out for more information on this—coming soon as part of Cycle 7 membership!



## The light in the darkness

*Matthew, Patient, HMP Dartmoor*

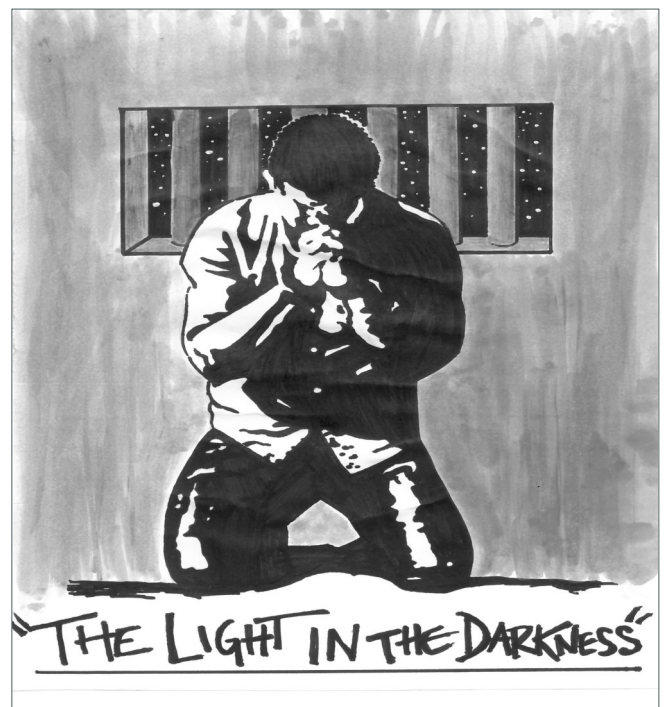
I was recalled back to prison in May last year, just around the time of the second lockdown. Prior to the re-call I was working with the mental health team in the community, receiving support from the psychology team which was limited due to the restrictions. After several relapses in the hostel I was staying in, I was re-called for being under the influence. I was dreading coming back to the prison especially during the pandemic as I was struggling with my mental health and didn't think I would be able to access the support I knew I needed.

On arrival at HMP Exeter I was seen fairly quickly by healthcare and the mental health team, and placed under assessment, care in custody and teamwork (ACCT) due to my mental state and concerns from my probation officer and family. The support I received was limited to someone talking to me through my cell door, however, I was grateful for having someone to talk to.

After a few weeks I was transferred to HMP Dartmoor and although I have had some very negative experiences with transfers in the past, coming here to Dartmoor felt like a good move. On arrival we were rushed off the bus and literally straight into a cell where we were quarantined for two weeks. Everyone was very friendly and helpful and after the two weeks, we were assessed by the healthcare team; I was referred to the mental health team and seen quickly. The result of this assessment meant being referred to the psychology department, where I engaged in a 12-week intervention with an Assistant Psychologist. This meant I was able to continue getting the support that I would have been getting in the

community, perhaps even more.

The help and support are there for anyone who need it, sometimes you just have to reach out and ask for help. Even throughout this pandemic and all the restrictions that we have had to endure, the prison's done extremely well to ensure that prisoners/patients can still access the support they need and live in a safe environment; masks, social distancing, etc. One last thing, working with the mental health team has opened other opportunities for me: submitting artwork and poetry to 'The mind' mental health newsletter, working with the patient engagement coordinator, and now I am training to be a mental health patient forum rep where I am looking forward to help others accessing the support that is on offer.



### Annual Forum 2021 - Save the date

Our **QNPMHS Annual Forum** will take place on **23 November 2021**. More information, including the draft programme, will be available soon. If you would like to present at this event, please email:

[PrisonNetwork@rcpsych.ac.uk](mailto:PrisonNetwork@rcpsych.ac.uk)





# Transfers and remissions across the Kent cluster prisons in 2020: The key role of a Transfers Co-ordinator

*Augusta Eziashi, Transfers Co-Ordinator for Kent Prisons, Oxleas NHS Foundation Trust*

*Kathleen McCurdy, Consultant Forensic Psychiatrist, Kent Prisons, Oxleas NHS Foundation Trust*

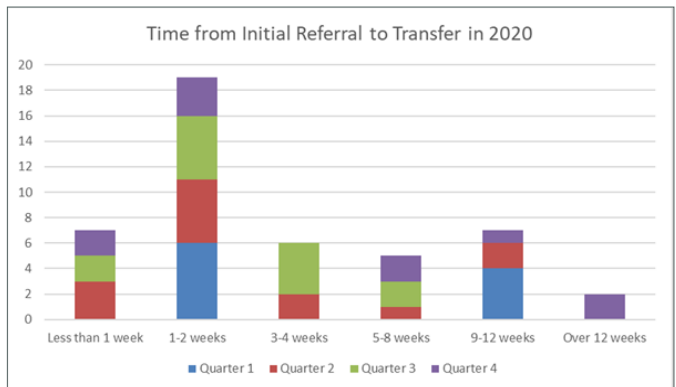
The Transfers Co-ordinator for Kent prisons works across six sites (HMP Elmley, HMP Swaleside, HMP Rochester, HMP Maidstone, HMP Standford Hill and HMP East Sutton Park). The role involves acting as the single point of contact to ensure a timely and co-ordinated approach to transferring patients with mental health needs from the Kent cluster to PICUs (psychiatric intensive care units) and secure hospitals across the country, as well as remissions to prisons from local secure units in line with key national guidance and targets.

The Transfers Co-ordinator is actively involved with a patient's care from the point that the need for a referral is identified, up until they are admitted into a psychiatric hospital. The main responsibilities involve identifying and liaising with the patient's catchment area secure unit, contacting the Ministry of Justice, co-ordinate the warrant application and liaising with the prison and external providers to facilitate assessments and practical arrangements for transfers.

As the contact point for the external providers while residents are in hospital, the transfers co-ordinator maintains links by attending CPAs. They are also key in setting up s117 discharge meetings prior to a patient's remission to prison to ensure that the in-reach team, primary healthcare and prison representatives are involved as appropriate.

## **Outcomes**

In 2020 there were 44 transfers from Kent prisons to psychiatric hospitals. The majority of transfers (24 of 44, 55%) were within a 14-day timeframe



and over two-thirds were within 28 days. Delays were due to bed availability, exacerbated by Covid outbreaks and staffing issues, with particularly long timeframes for specialist placements in learning disability and personality disorder units.

During 2020 there were eight remissions to prison from hospital. The active involvement of prison governors, safer custody, primary healthcare and in-reach in pre-discharge meetings (CPAs and s117) allowed the various professionals to have a shared understanding of the patient's needs and plan for appropriate aftercare within the prison environment.

## **Challenges and opportunities**

The provider for mental health services in the Kent prisons is Oxleas, NHS Foundation Trust, whereas local secure services are run by Kent and Medway Partnership Trust (KMPT).

In order to maintain strong links, the Transfers Co-ordinator attends the KMPT forensic referrals meeting on a regular basis, this has been done virtually during the Covid pandemic.

At HMPs Elmley and Swaleside we also work cross-partnership with colleagues from IC24, who run the healthcare inpatient units where they manage many of the patients awaiting transfer. We are grateful for their active support during the assessment and transfer process.

One positive change to come from the pandemic was the establishment of a weekly prison transfers meeting with the Transfers Co-ordinator, Operational Manager, Team Leaders, Psychiatrists and commissioner via MS Teams. This allows us to monitor and communicate information about transfers in progress, as well as allowing for timely escalation of delayed transfers to an appropriately senior level.



During the pandemic, we have had to change our way of working considerably and, as well as virtual meetings, many of the assessments for transfer by outside providers had to be carried out via video link and/or telephone consultation. Although there have been technological challenges with this, this has allowed many patients to have a shorter waiting time for both psychiatric and nursing assessments and consequently decisions to be made.

We have also noted that the number of patients requiring PICU transfer has increased over the past year. The difference in commissioning arrangements between PICUs (who are funded by CCGs) and secure services (who are commissioned by NHS England) has been an additional challenge to navigate. We have met with Psychiatrists and Managers from the local PICU and forensic services to discuss a forum for inter-professional discussion about complex patients who are at the PICU/LSU interface, with their needs not entirely met by either service.

At HMP Maidstone, a prison catering to foreign nationals, many residents do not have established UK addresses or GPs, are subject to immigration and often have no recourse to public funds. We have been able to draw on the specialist expertise in managing foreign national forensic patients within the trust, at the Bracton Centre. This has been invaluable in facilitating timely transfers of this group of patients.

### **Learning from Covid**

During the Covid pandemic we have been able to maintain and build upon our established relationships across services and have benefitted from having proactive prison and healthcare staff and a supportive NHS England commissioner who work collaboratively with us. One of the key things we have learned is that the smooth and successful transfer of patients to and from hospital requires clear communication and active engagement with all key stakeholders.

## **Online Peer-reviewer training**

**Peer-reviewer training** is a **free event** for staff from a service that is a member of the Quality Network. The training is a great learning experience for those who are **interested in participating in the peer-reviews of prison mental health services.**

The following training sessions will be held on MS Teams on:

- **Thursday 04 November 2021 (11:00—12:00)**
- **Monday, 31 January 2022 (10:00—11:00)**
- **Tuesday 05 April 2022 (13:00-14:00)**

If you are interested in attending, please keep an eye on the [website](#) for more training dates and updates.



# Mental health training for prison officers at HMP Wandsworth

*Dennis Kaip, Senior Assistant Psychologist,  
HMP Wandsworth*

Research has long been clear that, when compared to the general population, mental health conditions are represented disproportionately in much higher rates in the prison population. Several prison specific factors such as lack of privacy, exposure to violence and uncertainty about the future can impact everyone's mental health. Yet, many prisoners have additional mental health diagnoses and conditions such as Autism, ADHD, PTSD and so forth. In most instances, the prison officers are most often the first person on the cell door when difficulties present.

## Prison officers and understanding of mental health

Seemingly, most newly recruited Prison Officers receive basic mental health awareness training during their Prison Officer training. However, a report by the NAO (National Audit Office) in 2017 showed that over 40% did not receive any refresher training once they started working. It was also questioned whether the depth of the mental health awareness training was proportionate to the needs presented on the wings. It was noted that most Prison Officers themselves identified needing more mental health training to fulfil their duty more adequately.

## How it started

Acknowledging the aforementioned in tandem with anecdotal experiences from mental health staff on the wings, it was clear where to focus on. The mental health training for Prison Officers was initially part of a quality improvement (QI) project with the aims to provide knowledge and skills to the officer to deal with prisoners with mental health difficulties more effectively. As the QI project was initially based on the IDTS (Integrated drug treatment system) wing, it was crucial to recognise that their needs might slightly differ from other wings. Thus, rather than coming to the wing and offering a pre-designed training

package it was important to focus on the specific needs of each wing. The CM (custodial manager) of the wing joined the conversation and shared

the prison officer team experiences with mental health and some of the challenges.

## How the training is delivered

The mental health training covers the most common mental health conditions, such as anxiety, depression, NDD (neurodevelopmental disorder), PTSD and psychosis in prison. To adjust the training package to specific wing needs, a meeting with a member of the Prison Officer team is arranged to ensure that themes and presentations relevant to them are included.

The training is delivered by different members of the mental health team: e.g. NDD Nurse, Primary Care Mental Health Nurses, Psychologist, Psychiatrist. Durations and frequency of sessions are mutually arranged to meet the needs of the prison team. When discussing practical application of learned theories, cases that are known to the mental health team and the Prison Officer team are used as examples. This creates mutual understanding on how situations are approached.

## What do we know so far?

We all know that since the COVID-19 outbreak, the prison routine has changed. However, taking this into consideration we can record a reduction of inappropriate mental health referrals to the mental health service from the participating wing and a reduction in the use of force (UoF) on their landings.

## Unexpected

Extensive literature highlights the difficulties of setting up groups or projects within prisons. However, this was not our experience at HMP Wandsworth. Encountered difficulties were mostly due to timing or logistic reasons. However, all those involved were keen to offer support and get the training set up.

Importantly, it was noticed that the contact between the Prison Officer team and the mental health team has significantly improved. Furthermore, survey feedback from the officers had been very positive.

Another important lesson that we have learned was the immense pressure and stress the prison officers are under. All participants agreed that they were operating not only in a highly volatile and dangerous environment, but that the current system does not enable them to deal with those experiences adequately. Further discussions with



the Prison Officers made clear that their work experience impacts not only their work but also their home life.

#### Future plans

Seeing the great support, we received from the governors to establish the training for the Officer, we are very keen to set the training up more rou-

tinely. Further goals include providing keen Prison Officers with advanced training to support their colleagues after challenging events. Additionally, the mental health team is keen to set up a reflective practise group where prison Officers can join freely to speak about their experiences.

## QNPMHS 5<sup>th</sup> standards edition - coming soon

Following from the virtual standards event hosted on **17 March 2021**, there have been many changes to QNPMHS standards. This was the first large-scale review of the standards since their creation in 2015 where we considered specialisms within prison mental health.

The aim of this event was to develop a set of standards that could be broadly applicable across the membership, whilst remaining around the current 100 standards, plus inpatient standards. You can find information related to the event and useful documents [here](#).

Our current standards (4th edition) are available on our [website](#). We are currently in the process of finalising the 5th edition and we will keep members informed through our communication channels once the standards have been published.

The new edition will be used for the self-review and peer-review process for the new cycle.





# Reflections from a Psychologist and Nurse working in the care and separation unit at HMP Belmarsh

*Abi Riley – Forensic Psychologist, HMP Belmarsh*

*Sarah Morrison – Mental Health Nurse, HMP Belmarsh*

HMP Belmarsh is a category A high-secure prison. Its care and supervision area will on occasion hold some CSC (close supervision centre prisoners) complex prisoners. In that they are moved around the prison estate.

In addition, it will have many challenging prisoners. However, one has to balance the needs of the prisoners and the needs of the discipline staff, and where does healthcare fit in?

Positively, a member of the prison forensic psychology team, a qualified Psychologist, attends the unit weekly. She provides advice and guidance to the unit about prisoner's care and management. She will attend GOOD reviews. In addition, her consultancy includes closely working with the governor to progress these men into appropriate services/alternative establishment to enable them to engage in their sentence plan.

Psychology works closely with the care and separation custodial manager to develop reintegration plans moving prisoners back to the main house-block in the prison, ensuring they are supported by the appropriate agencies and teams within the prison.

Ongoing efforts are made to progress any long-term segregated prisoners in the unit. The psychologist works closely with the pathways to progression project to help identify appropriate pathways for men who cannot be relocated within the main prison population.

Consideration continues to be given to segregated prisoners, whether that means individual psychology works and the resources available for this.

The Psychologist assists with the completion of monthly close supervision centre prisoner reports for men in the designated cells including a monthly multi-disciplinary team meeting about their progress, which is then discussed in the management meeting.

Psychology provides welfare checks for the CSC men, while they are located in the designated cells.

Psychology assists with staff support and there is a staff meeting on a Friday afternoon. These meetings will discuss complex cases currently held in the segregation area and provides staff a well-meaning opportunity, i.e., mindfulness exercises. Staff health checks are also completed by psychology every six months. This is a pro-active forensic psychology approach which is very positive.

In addition, we now have the reflection of a daily shift from a segregation nurse at HMP Belmarsh.

Every morning at 8:00 am there is a team meeting that is called a briefing, where the Senior Officer will discuss every prisoner who is currently in the segregation area. That includes any new risks or any concerns from the night staff. All staff, including the Nurse, are encouraged to participate in the discussion if they have any new information that can be a risk to staff or prisoner.

After the briefing, all staff, including the care and separation nurse, will start applications. This is when the Nurse will give prescribed medication to the prisoners, they will engage with them face-to-face, asking if they have any concerns to raise and observe any changes in their behaviour, physically and mentally.

If there is a new admission, the Nurse's role is to see them if they arrive following an alarm or an adjudication to see how they are coping with being in the segregation area, whether they have any self-harm thoughts, any suicidal harm. The nurse checks whether there is any past history of mental health illnesses which could lead to them failing the algorithm to stay within the segregation area.



The Nurse's daily role is to communicate with prisoners, segregation staff, the GPs and mental health teams if there are any concerns, and offer the prisoner support if they are struggling. There is also the understanding for some prisoners, being segregated from the general population can be a challenge.

The Nurse will carry a radio at all times and be available when needed to support staff with any decision making and attend GOOD reviews once a week.

In addition, three times a week a GP will enter the care and separation units and they will be visits by a Psychiatrist on a weekly basis.

We are striving at all times to support these difficult prisoners to ensure they have the best of physical and mental health care and ensure they are in the best place possible for themselves, which at times can be a challenge for us and for them.

## **K**nowledgehub

### Have you joined the QNPMHS Online Discussion Forum yet?

Joining Knowledge Hub will allow you to:

- **Share** best practice and quality improvement initiatives
- Seek **advice** and **network** with other members
- Share policies, procedures or research papers
- Register for upcoming **events** and conferences

We use Knowledge Hub as our main way of communicating with our members, so in order to keep up to date with the Quality Network, ensure you sign up!

Email '**join Knowledge Hub**' to [PrisonNetwork@rcpsych.ac.uk](mailto:PrisonNetwork@rcpsych.ac.uk)



## Care and separation unit – what are the healthcare needs?

*Rachel Daly - Consultant Forensic Psychiatrist*

*Alex Hay - Custodial Manager HMP Belmarsh*

*Jack Ziepe - Custodial manager HMP  
Thameside*

I reflect on this article hoping to provoke some thought in colleagues in other prisons as my experience in the old-fashioned segregation area, now known as the care and separation unit, has been varied.

I myself am exposed and understand how the care and separation unit works in a category A prison - HMP Belmarsh, a category B prison – HMP Thameside and a category C prison – Isis.

The theory behind care and separation unit is similar. It is a dedicated area separate from the rest of the prison. The type of prisoner in each prison who will go to this area will be very varied and have different needs. What we must not forget, despite the difference of prisoners and why they end up in the care and separation unit, is the need for physical and mental health overview. Our challenge is to provide good mental health needs and ensure we do not lose a prisoner to suicide by self-harm, because we did not have a fuller view of their needs at the time.

I think, to quote from the Custodial Manager (CM) at HMP Belmarsh, the purpose of the segregation unit should be to remove prisoners from main location for a period of time, to enable them to work with staff and other professionals such as psychology and mental health to gain stability and return to normal location at the earliest opportunity.

Segregation offers the ability to move individuals from normal location as a punishment purpose as well as protection of individuals at considerable risk of harm from prisoners in the residential areas. Segregation should only be used as a last re-

sort whilst maintaining a balance to ensure that it remains an option for disruptive prisoners. This does include prisoners on an open ACCT plan, but only when they are such a risk to others that no other suitable location is appropriate and where all other options have been tried or are considered inappropriate.

The expectation of segregation staff is to focus on helping prisoners manage their behaviour and problems rather than simply on punishment. It is desirable that there is greater interaction between staff and the prisoners which in turn will alert staff to any concerns on mental health issues and/or risk of self-harm, as well as between segregation and wing staff which will assist planning for the prisoners return to normal location.

Positive regimes and activities are encouraged as this will act as a diversion to the boredom and loneliness of segregation. With more regular visits of chaplains, governors and other medical staff there is an increased opportunity to identify individual needs.

I would like to echo the words of wisdom from my colleague, CM at HMP Thameside on running a segregation unit in a busy category B local prison. To quote from Jack :

*"I have found it helpful to have clear rules and entitlements that are explained to prisoners on entry to the segregation unit. They are also left with documentation that outlines the regime and rules of the CSU. It is then down to the staff to ensure they are being consistent with these rules without exception. I also ensure I am visible and present during rounds and serving of the meal to support staff and reinforce rules should I need to.*

*"We also have an unlock protocol of three officers at every door, which I have found has helped a lot to minimise any aggressive or threatening behaviour towards staff. Prisoners are treated with respect and staff are polite. One thing we do make a point of communicating with the prisoners is that we, as CSU staff, do not choose who comes to the segregation unit, nor do we decide how long they stay here. However, our job is to run a regime and ensure all their entitlements are being met and behaviour is managed appropriately."*



In summary, this article has been helped by the reflection from the two CMs.

In the Greenwich prison cluster we have regular healthcare input to care and separation units.

The care and separation area has a GP round three times weekly. There is a daily round every day by a Registered Nurse.

In addition, there is weekly attendance by a Psychiatrist. However, at any time if there is a crisis a Psychiatrist can urgently visit if a serious mental health issue arises. However, we are committed to daily intervention by nurses, regular intervention by the GPs and a weekly visit from a senior level Psychiatrist. We have the privilege at HMP Belmarsh of ongoing support from Forensic Psychology.

I think it is important to open up the debate that this is an area of the prison where we need to look after staff and prisoners. This is a challenging group of prisoners which can affect the prisoners

themselves as a group, but in addition, may also affect the staff. It is important that staff are supported and given time to reflect as they sometimes may struggle in this ongoing oppressive, difficult environment.

This is where the skills of the Forensic Psychologist help support the staff group and help make the care and separation unit a more progressive area.

The essence of care in this area of a prison is progression which needs joined up working by prisoners, staff and healthcare team for a healthy productive outcome.

## HMP Thameside and Belmarsh transfers/remissions for year 2020

*Kevin Valydon, Transfer Coordinator Greenwich cluster Prisons*  
*Rachel Daly, Consultant Psychiatrist, HMP Belmarsh*

A significant proportion of the adult prison population will experience mental health problems during their period in custody, either because of a relapse in a pre-existing condition or because they have become unwell for the first time. Some prisoners may have been sent to prison whilst experiencing active symptoms of mental illness. Early identification and transfer to hospital is vital for those individuals in need of hospital environment to care for their ill health.

The Greenwich cluster prisons consist of HMP Thameside, Belmarsh and Isis. For the purpose of this article only the first two prisons would be considered due to the volume of activities and the data will include year 2020.

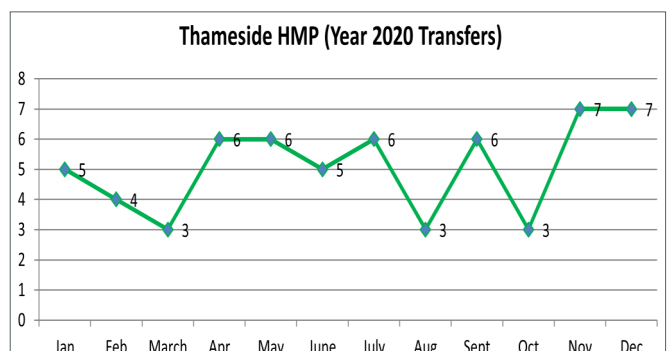
### HMP Thameside

HMP Thameside is a local category B resettlement prison in the Thamesmead area of the Royal Borough of Greenwich, South-East London.

### Secure Transfers:

There were **61** secure transfers at HMP Thameside throughout 2020 which included period during COVID-19 lockdown, the following were found:

Out of these **30** were for MSU's, **23** for PICU's and **6** for LSU's. We had **8** "Gate sectioning" (civil section) - which is a last resort approach to avoid sudden release from custody for someone who is mentally unwell.





There has been a marked increase in number of transfers compared to the year before partly attributed to an increased in number prisoners arriving at the establishment.

There were a few **good practices** which contributed to successful transfers including:

- Having dedicated NHSE personnel supporting the process especially surrounding delays/strategic engagement with providers and mediation in conflicts.
- Having a dedicated care pathway/protocol which emphasise on good practice and bring consistency in approach taking into consideration guidance's from MOJ/NHSE.
- Improved interactions with strategic stakeholders/service directors which improve service experiences and reduce delays.
- Improved working relationship with the prison including healthcare governor.
- Improved working relationship with Liaison and Diversion Team in courts
- Monthly NHSE meetings which includes representation from other providers to share good practice/service development apart from identifying issues affecting transfers.

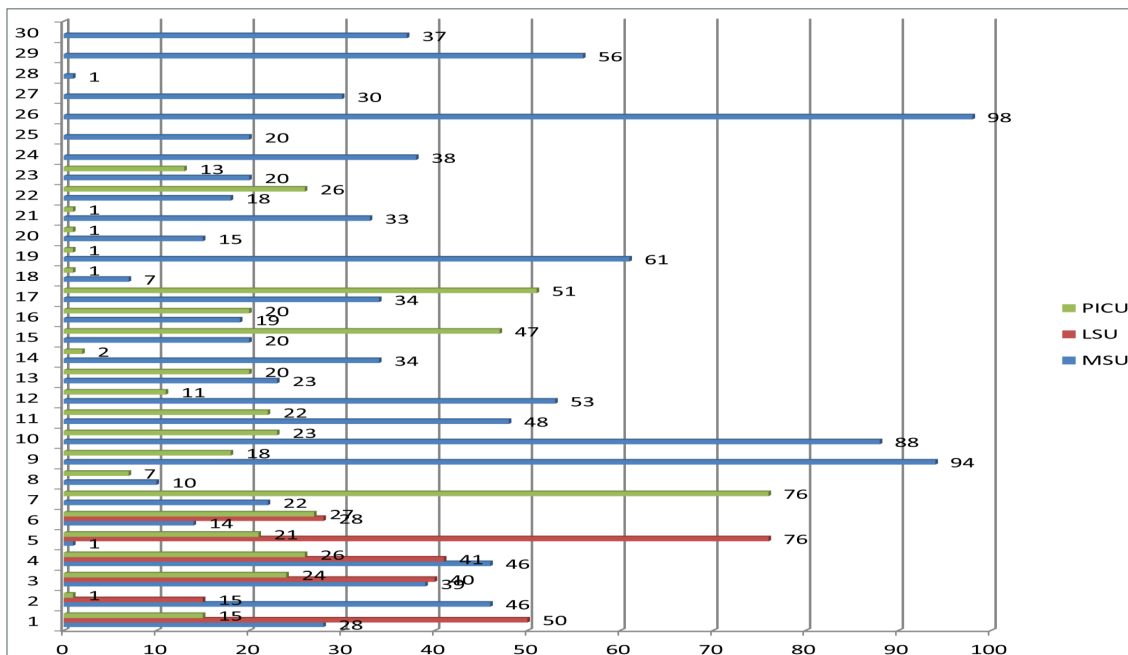
- Continued attendance to CPA117 and following agreed remission pathway.


Some of the **challenges** include:

- Short sentenced prisoners identified as requiring diversion put a strain in services which usually lead the service to consider gate sectioning which is not ideal in prison setting.
- Sudden courts releases can lead to serious incident in the community this despite the prison prior liaison before their court attendance. Some courts don't have Liaison and Diversion service.
- Limited available prison transport.
- Interaction/engagement with PICU services remain problematic and time consuming.
- Some PICUs lack of understanding of prison transfers and requirements.

**Remissions:**

There were **2** remissions in 2020 both from a local PICU. The prison as per the MOJ guidelines consider remission request from the hospital closest in distance.




 Follow us on Twitter @ccqi\_ @rcpsych  
 and use #qnpmhs for up-to-date information





# Forensic psychiatry in prisons: a trainee's perspective

*Mandip Jheeta, ST5 Specialist Registrar, Greenwich Prisons*

## One of the best jobs I've ever had

I recently completed a 13-month full-time prison rotation as an ST5 Specialist Registrar in forensic psychiatry, in what has been one of the best jobs that I've ever had.

My typical work week would include one day doing special interest or projects and one day in training (both training requirements). Half day sessions comprise of four outpatient clinics, one ward round and administration. The clinical days were split equally across two Greenwich prisons with different features. HMP Belmarsh is a category A prison run by HMPPS, including people with high profile offences. HMP Thameside is a high-turnover category B remand private prison, run by Serco. The rotation also included conducting mental health liaison and diversion team assessments at the Magistrates' Court, attending mental health liaison meetings with Woolwich and Central Criminal Courts and completing admission gatekeeping assessments and risk management consultancy for the forensic South London Partnership.

## Wonderful psychiatry training

I learnt a huge amount through assessing and treating hundreds of patients, mainly with diagnoses (and co-morbidities) of depression, psychosis, substance misuse, dissociative and borderline personality disorders, ADHD and post traumatic stress disorder (PTSD). This would often be done in enjoyable collaboration with nurses, psychologists, GPs, social workers, learning disability team, substance misuse team, and prison officers.

I learnt so much due to the high volume and pace of prison psychiatry, a need to build rapport quickly, improvise, and make quick clinical decisions and management plans and numerous follow-up appointments and patient feedback to see if their plans were helping. It was invaluable to see a much greater variety and depth of mental health problems compared to the most forensic settings. I also worked with a population with very complex needs, often including homelessness,

poverty, difficulties reading and writing, and histories of trauma. Other highlights included lots of face-to-face time spent with patients (around half the working week), surprisingly little time doing administration, experimenting with telehealth during the pandemic and running an ADHD clinic for the first time.

## Implications for training

I think that prisons are a wonderful mix of general adult (GA) and forensic psychiatry. Indeed, the outpatient part of the prison psychiatry is probably more general adult than forensic, and the inpatient part more forensic. Other areas with overlap are: PICU, assertive outreach, and addictions (on the GA side), and community and female forensics (on the forensic side). My experiences also highlighted anomalies and quirks in the two psychiatric training pathways. General adult trainees are often not able or encouraged to do prison rotations, where they would be able to gain GA capabilities, develop skills in managing risks to others, especially violence; and regularly assess and treat ADHD (often done by specialised community teams). Forensic trainees, on the other hand, are unable to gain an official endorsement/ GMC subspecialty in addiction psychiatry, when there is often more substance misuse and dependence in forensic populations; or do full-time prison rotations in some parts of the country, only sessions. Certainly, there should be an opportunity for trainees to do full-time prison rotations in every training scheme and greater collaboration and shared training opportunities in the overlapping areas in general adult and forensic psychiatry.

## Fantastic psychotherapy opportunities

One of my top 10 experiences in over 10 years of postgraduate training has been completing 10 sessions of a psychological therapy case, under the supervision of our highly specialist forensic psychologist. It was hugely enjoyable, fascinating, stimulating, challenging and rewarding. Although I had completed a psychotherapy rotation and cases before, the experience made me consider whether I would like to do more psychotherapy as part of my career in the longer-term. Prisons can be particularly conducive for trainees to gain psychotherapy skills, capabilities and experience. There are commonly long waiting lists of people assessed as suitable and wishing to commence psychological therapy, who have often had little opportunity to discuss their index offence, feelings and experiences within a therapeutic setting. It is



also usually helpful to work with someone you are not also medically treating, which can be harder in a hospital setting

Overall, my job was one of the most interesting and enjoyable that I've ever had, with wonderful

learning opportunities and experiences. I will strongly consider applying for a prison job when completing my training.

## Cycle 7 QNPMHS membership registration is open!

The Quality Network facilitates a supportive process of self- and peer-review and provides forums for sharing information, learning and networking.

**In order to register (2021-2022), please complete the following steps:**

- Complete and submit an **electronic joining form** (memorandum of understanding can be found [here](#)).
- Raise a purchase order number (costs of membership can be found [here](#))

The deadline for returning the form is **19 July 2021**.





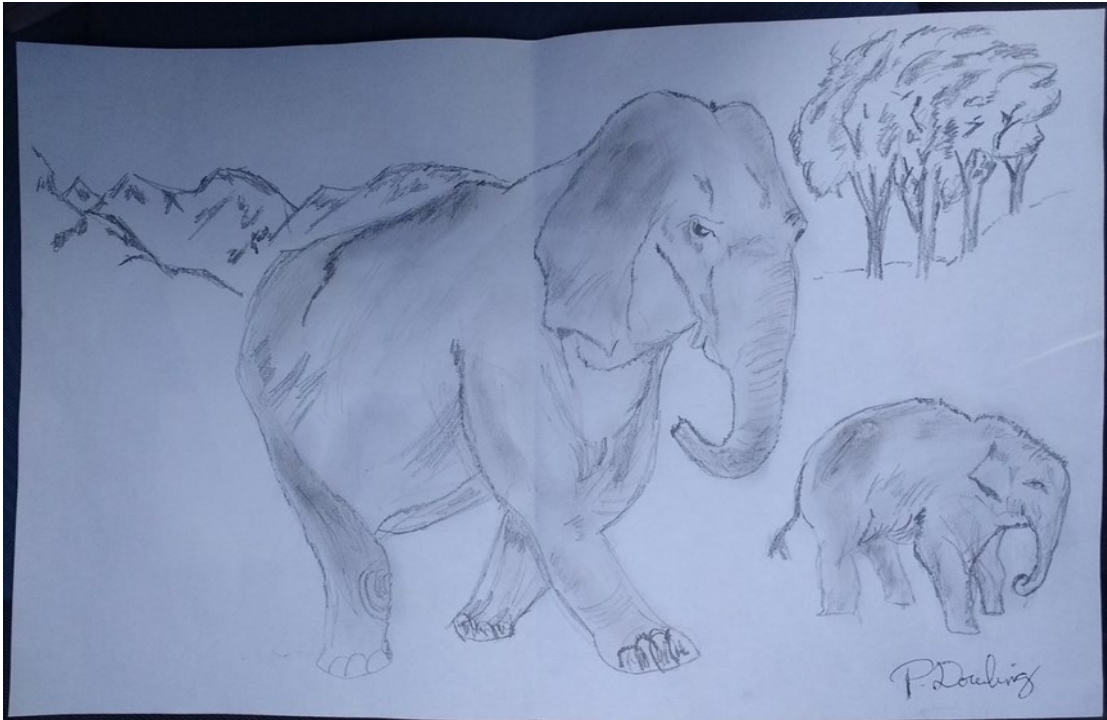
**QNMPHS: Creative Art Competition Winners**



A.W.Beeks  
HMP Isle of Wight



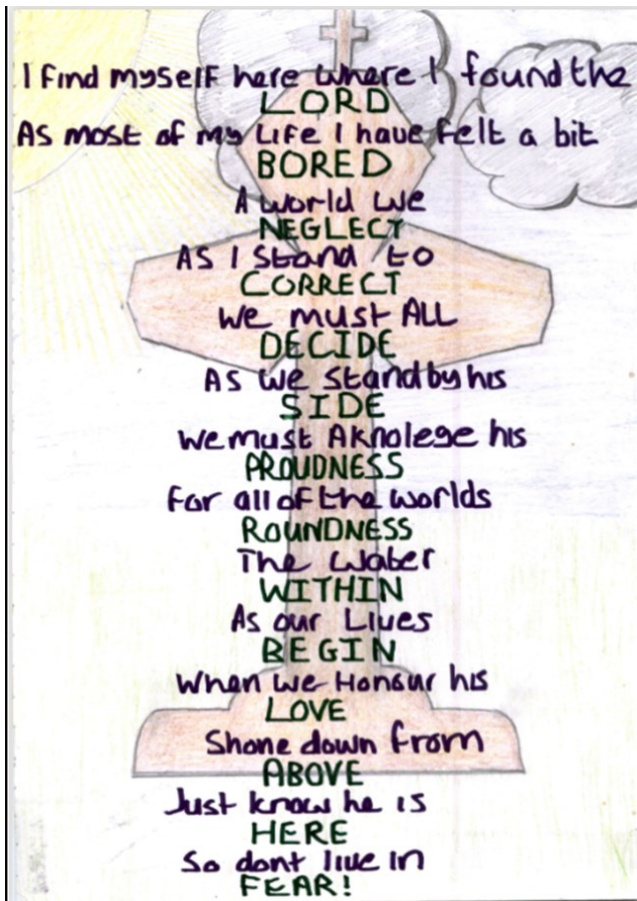
J. Jones  
HMP Swaleside



Dowling P.  
HMP Isle of Wight



## QNPMHS Artwork Competition Runners-up



Jasow Ellis  
HMP Wadsworth

Phil Dowling  
HMP Isle of Wight







## QNPMS Creative writing competition winners

### Cracked up – understanding mental health

Despite numerous attempts to call for medical help for me, even though I was on the verge of taking an opiate overdose or even worse, pumping my head full of 'lead' from 12-gauge shotgun, I was simply thrown into the prison system, starved of my medication for days on end and being treated like a 'monster', a law like criminal.

Nobody would listen to me or my family, they just didn't realise how severe mental health can be.

I had good days were I was practically a normal person, but I had the days were I was a raving 'lunatic', a danger to myself and potentially others around me, especially those close to me, those who loved me.

I couldn't face the public, I was the reason to my own home. Going out would cause severe panic attacks that would result in me running out of shops, petrified and locking myself in my car. I avoided my friends and made excuses for everything, especially if it meant meeting new people or even somebody I hadn't seen in awhile.

To this day, stress still 'triggers' my anxiety and drugs amplify the psychosis, but I can cope with it now. It's difficult, but my medication me keeps me stable, and I have strong support from my family and friends and also the mental health team. There is still a lack of understanding, care and support from the professionals, the prison and police.

I done my time for the crime, but was it what I deserved? Did I actually commit a crime or was it a cry for help?

Mental health defines a vast number of symptoms all very different from each other. In my case I suffer from manic depressive disorder and psychotic disorder and very recently was also diagnosed with adult ADHD.

On a bad day I can see things and hear voices that are not there. It really is very scary because one example is the one I'm in bigger public places, I have panic attacks and psychosis were I

think the people are looking at me and thinking about me, either to rob or mug me or hurt me and even keel me.

My medication really helps me through, it regulates the imbalance of chemicals in the brain. The sertraline stops the depression and the aripiprazole stops the psychosis. I've often thought how long will be relying on medication for? What do people think of me knowing that I take it?

The important thing is that the medication really does work for me. It makes me feel better, it makes me feel normal, why stop taking it? Why feel embarrassed?

I had to explain mental health to somebody who never experienced it before.

It easy for them to say:

"just brush it off."

"Look at the glass half full not half empty."

"Pick yourself up."

And worse yet: "Man up!"

The only way I can help explain it is that imagine the minute you open your eyes, you just want to go back to sleep, there isn't anything worth getting up for. The horrible black cloud is still raining on your hard and it follows you everywhere you go. You don't even have the energy to go and take a shower, personal hygiene goes out of the window, the thought of anybody seeing you, especially to talk to is terrifying and going out in public is truly scary! You don't want to answer the phone to anyone and is a scary thought to listen to your voicemail. It's just better to turn your phone off.

It feels like your hand is being squeezed in the voice and when you try and have a normal conversation is happy and you struggle to concentrate, just like somebody else taking over you in your ear.

It's exhausting, the best thing to do is sleep. Close your eye and never wake up, but then that's selfish to your children, family and friends.





Suicide came into my head on many occasions and the way I was going to do with wanting the worst painless and enjoyable way, to take large amount of cocaine, drink bottle of vodka with orange juice and then swallow every oxycontin, tramadol, buprenorphine and any other opiate lying around. This way I would fall asleep another week of duty respiratory failure from the opiate overdose. Failing that a 12-gauge shotgun was at hand to finish the job properly.

I've been on remand for nearly one year now and I am waiting to be sentenced in June 2021 for possession of a shotgun without a certificate.

I hope there is some justice after all, I was cracked up and now I am on the road to recovery.

*Timothy White, HMP Wandsworth*

## QNPMHS Creative writing competition runner-up

### HMP Strangeways!

#### Best place I ever been!

1. Free bed, breakfast, dinner and evening meal, great cooking.
2. You get selection each week for menu, food off computer.
3. Free clothing when arrive in prison (grey tops, joggers)
4. You get a nice cell where you can share with your friend.
5. Free television, don't pay for the television licence.
6. You get a nice nurse giving you medication twice a day.
7. You get exercise, go for a walk in yard once in a while.
8. You get a good job inside laundry or printing press and get paid a good wage.
9. You don't have to open the worse or again, you get a guard to open them for you.
10. You get a good selection of books and taken to library once a week.
11. You get nice guard dogs to watch over you all night (Alsatisans).
12. You go to over 50s club once a week in the church.

13. You get free pool, football game, table tennis on wing.

14. Taken to the gym twice a week where you can keep fit.

Hotel Strangeway's

All this can be yours for nothing!

You just arrive when you get sentence of judge!

10 minutes from Manchester Piccadilly, Piccadilly Gardens, Victoria train station, 5-minute

Walk central Manchester

I give this 3 \* hotel, better than Butlin's.

Nice karaoke daily, bingo twice a week, archery, darts, crazy golf.

Bus outings outside once a man, Blackpool, Scotland, Chester Zoo.

Hotel Strange don't miss it, it welcomes everyone

Good Queen Elizabeth is the Judge who sends you on holiday!

*A.W. Beeks, HMP Isle of Wight*



# News

## Joint Event Quality Networks, ELFT and Traverse: Emerging Drug Trends and Their Impact on Mental Health Services

We held a two-day event, in joint partnership with the Quality Networks for Forensic, Prison and PICU mental health services, with East London Foundation Trust (ELFT) and Traverse. The event that took place on 01 & 02 June 2021 was attended by 215 participants.

We brought together national and international experts to share their work on new policy, new trends and new developments in the field of substance use and addictions. There was also a dedicated session where front line professionals shared their work and service users to talked about their experiences.

[The recording of Day 1 can be found via this link](#) and the [recording of Day 2 is accessible here.](#)



## Enjoying Work Collaborative

The Royal College of Psychiatrists' National Collaborating Centre for Mental Health (NCCMH) and Centre for Quality Improvement (CCQI) are launching a brand new national Quality Improvement (QI) collaborative to support wellbeing and enjoying work in teams across mental health services in the UK. The aim of the enjoying work collaborative will be to improve wellbeing and support teams to measure and make changes to enhance everyone's experience at work. For further information please see the [Enjoying Work webpage.](#)

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH



## Managing prisoner safety in custody

The updated guidance on ACCTs was updated in April 2021. [Please find more information here.](#)



HM Prison & Probation Service



[Management of prisoners at risk of harm to self, to others and from others \(safer custody\): PSI 64/2011](#)

MS Word Document, 696KB

This file may not be suitable for users of assistive technology.

[Request an accessible format.](#)



# Previous Newsletters

Click on the images below to access the previous editions.

**PRISON CCQI**  
QUALITY NETWORK FOR PRISON MENTAL HEALTH SERVICES  
ISSUE 10 Autumn/Winter 2020

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- 05 Artwork from HMP Thameside and HMP Belmarsh
- 06 My Mental Health Journey
- 08 EMDR Delivery at HMP Birmingham
- 10 Keeping afloat whilst weathering COVID-19
- 11 An investigation into aftercare planning for those remitted to prison from secure services
- 12 Sleep Hygiene Packs at HMP Belmarsh
- 14 QNPMHS Festive Card Competition
- 16 News

Well, it's almost the end of what has been dubbed as the worst year of all time. Although it has not been an easy year for people, we want to provide the opportunity for positive sharing of best practice, and hope to finish the year with some festive spirits and best wishes from the Quality Network team.

Our virtual reviews have just started! This is not an easy thing to arrange or organise, so a huge thank you to the project team and our member services for their dedication to facilitate this. We continue to work closely with everyone to make the reviews run as smoothly as possible, and to make sure that staff, patients and partner agencies receive what they want and need from the review.

We have recently published the CPA document: Planning effective mental healthcare in prisons using the Care Programme Approach and the Community Mental Health Framework Quality Network for Prison Mental Health Services. This is available on our website for guidance and information on the CPA process within prisons. We will use this as a base to create more practical guidance and information. Please click on the picture to be sent to the document on our website. (Click on the picture to be directed to the document)

We have recently had our first virtual annual forum at the beginning of December. Although we had the inevitable technical glitches, they day was so interesting and engaging. I hope you all enjoyed it! We had speakers from User Voice, baby companions and RECONNECT, and presenters speaking about the Winston Churchill fellowship, veteran mental health and the OPD pathway. So not all about COVID which was a nice escape. We have some pictures of the event on page 13 and a link to the feedback form if anyone has not had a chance to complete this yet.

During the QN updates presentation, I spoke about patient involvement on reviews. This continues to be a priority for us, and we are so keen to continue getting patient involvement at all opportunities. We have linked with Visionable (England and Wales) and NearMe (Scotland) to use their technology to help with this. If you are unsure what stage your service is at with the roll out of the remote consultation software, please get in touch and we can connect you to our Visionable & NearMe contacts.

I want to end the message on a festive note. With our focus on patient engagement at an all time high, we have hosted our first ever festive card competition, which has had amazing results. The entries and winners can be found from page 14. I was amazed by the skills and creative flare from everyone. I want to recognise that we couldn't hold these patient-focused initiatives without the push from staff to get our messages through to patients. We really appreciate it and couldn't do this without your hard work. I hope everyone has a wonderful Christmas, and look forward to speaking to you in the New Year. Bring on 2021!

From Kate Townsend, Programme Manager and the Quality Network team.

Issue 10, Autumn/Winter

**PRISON CCQI**  
QUALITY NETWORK FOR PRISON MENTAL HEALTH SERVICES  
ISSUE 09 Spring/Summer 2020

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**WELCOME**

Welcome to the 9th edition of the Quality Network for Prison Mental Health Services' newsletter. The year so far has largely been dominated by COVID-19 and the challenges a pandemic brings. The prison system has had its own set of unique challenges in handling the situation and prison mental health teams have had to adapt to new ways of working. The Quality Network would like to thank all of the staff working in prisons for their efforts in managing the pandemic and keeping everyone on the inside safe.

This edition contains articles relating to COVID-19, as well as good practice on physical health management and the benefits of compassionate approaches to care. In addition, we have included the entries to our artwork competition for you all to enjoy. They really are excellent and we look forward to using the winning pieces on our publications over the next year.

As a result of COVID-19, we sadly had to cancel all peer-review visits from mid-March 2020. We are planning to restart the cycle of visits later this year. Initially, visits will occur virtually until it is safe to conduct reviews face-to-face again. We will be working closely with services to anticipate in advance any potential issues and ensure the review visits run as smoothly as possible.

Just before lockdown came into effect, we were able to host a conference with Nottinghamshire Healthcare NHS Foundation Trust on wellbeing and recovery in prisons. The event was well attended and received positive feedback. Unfortunately, since then, we have been able to meet in person. Although, we have hosted a series of webinars to support services through the pandemic, and started a programme of open forum discussion sessions to enable a form of peer support. We hope you are finding these useful, please do get in touch if you have an idea for a webinar or any other form of virtual initiative.

Finally, Megan Georgiou is stepping down as programme manager in July, having worked at the College since 2014. Kate Townsend has been appointed to take over the role and is looking forward to further developing the programme of work.

We wish you all the best over the coming months and hope it won't be too long before we can see you all in person!

Issue 09, Spring/Summer

**PRISON CCQI**  
QUALITY NETWORK FOR PRISON MENTAL HEALTH SERVICES  
ISSUE 08 Autumn/Winter 2019

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- 08 Poem about Acupuncture
- 09 Working with Transgender People: The Importance of Communication and Response
- 10 Reflections
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**WELCOME**

Welcome to the 8<sup>th</sup> edition of the Quality Network for Prison Mental Health Services' newsletter on "Wellbeing and Resilience". This is the first themed edition; by theming future editions we hope to inspire services to submit their work on the topic offered and support the sharing of good practice. However, services are still welcome to submit articles on topics unrelated to the theme. Thank you to those who have shared their work for this edition.

This cycle, we have 54 participating services and the first peer-review visits started in December. We really do value the time and commitment given by services to enable the visits to go ahead. We heavily rely on staff members volunteering to participate in the review process and this network wouldn't be able to function without your support. We're always looking for more reviewers and we have training scheduled throughout the year. If you or anyone you know would like to be involved in reviews, please do get in touch.

We recently published the fourth annual report (2018-2019). If you haven't yet seen it, you can find the report on our website (details inside). The report showcases good practice examples identified during peer-review visits and it provides benchmarking graphs to enable services to monitor their performance against other services. In addition, we consulted on the draft revised guidance for the Care Programme Approach in Prisons throughout November. We have received plentiful helpful feedback since we hosted the first event in April; thank you to everyone that has offered their experiences and thoughts.

Furthermore, we hosted an event on trauma-informed care in secure and prison mental health services at the end of November. We had a packed and varied programme, with excellent speakers and plentiful discussions. The presentations have been uploaded onto our Knowledge Hub group; please do take a look if you couldn't be with us on the day.

Lastly, from all of us at the Quality Network, we would like to wish you a very Merry Christmas and a Happy New Year!

Dr Huw Stone, Dr Steffan Davies and Megan Georgiou

Issue 08, Autumn/Winter

**PRISON CCQI**  
QUALITY NETWORK FOR PRISON MENTAL HEALTH SERVICES  
ISSUE 07 Spring/Summer 2019

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- 22 How to respond to your draft report feedback
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**WELCOME**

Welcome to the 7<sup>th</sup> edition of the Quality Network for Prison Mental Health Services' newsletter. We have an excellent collection of articles for you, as well as poetry and patient artwork. Thank you to everyone that made a contribution to this edition.

We're approaching the end of the cycle with only a few reviews remaining and the annual forum just around the corner. Don't forget to book your place at the forum, it's shaping up to be an excellent programme. It's been a busy cycle; we've hosted an event on safety in prisons in March, a joint consultation event with Tees, Esk and Wear Valleys NHS Foundation Trust on the Care Programme Approach in prisons in April, and we had our first peer-review with a patient reviewer on the visiting team. Thank you to colleagues at HMP Pentonville for enabling this to happen. You can find out more about the CPA event and John's visit to HMP Pentonville inside!

We're now planning for the next cycle and we have been meeting with QNPMHS members to consider how we can develop the programme to best meet the needs of our services.

We've received lots of helpful feedback and we will be creating an action plan to progress this work. If you would like to contribute some feedback to this, please get in touch. Finally, we're currently taking registrations for returning and new members to join QNPMHS for cycle 5 (August 2019 - July 2020). Visit our website for how to join.

Megan Georgiou, Dr Huw Stone and Dr Steffan Davies

Issue 07, Spring/Summer



## Useful Links

**Care Quality Commission**  
[www.cqc.org.uk](http://www.cqc.org.uk)

**Centre for Mental Health**  
[www.centreformentalhealth.org.uk](http://www.centreformentalhealth.org.uk)

**Department of Health**  
[www.doh.gov.uk](http://www.doh.gov.uk)

**Health and Social Care Advisory Service**  
[www.hascas.org.uk](http://www.hascas.org.uk)

**Institute of Psychiatry**  
[www.iop.kcl.ac.uk](http://www.iop.kcl.ac.uk)

**Knowledge Hub**  
[www.khub.net](http://www.khub.net)

**Ministry of Justice**  
[www.gov.uk/government/organisations/ministry-of-justice](http://www.gov.uk/government/organisations/ministry-of-justice)

**National Institute for Health and Care Excellence**  
[www.nice.org.uk](http://www.nice.org.uk)

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

**Offender Health Research Network**  
[www.ohrn.nhs.uk](http://www.ohrn.nhs.uk)

**Revolving Doors**  
[www.revolving-doors.org.uk](http://www.revolving-doors.org.uk)

**Royal College of Psychiatrists' College Centre for Quality Improvement**  
<https://www.rcpsych.ac.uk/improving-care/ccqi>

**Royal College of Psychiatrists' Training**  
<https://www.rcpsych.ac.uk/training>

**See Think Act (2nd Edition)**  
<https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/forensic-mental-health-services/see-think-act>

## Contact the Network

**Kate Townsend, Programme Manager**  
Kate.Townsend@rcpsych.ac.uk  
020 8618 4067

**Kelly Rodriguez, Deputy Programme Manager**  
Kelly.Rodriguez@rcpsych.ac.uk  
020 8618 4063

**Anja Gerjevic, Project Officer**  
Anja.Gerjevic@rcpsych.ac.uk  
020 8618 4052

**Twitter**  
Follow us: @rcpsych @ccqi\_  
And use #qnpmhs for up-to-date information

**QNPMHS Knowledge Hub Group**  
[Home - Quality Network for Prison Mental Health Services \(QNPMHS\)](#)  
[Discussion Forum - Knowledge Hub \(khub.net\)](#)

**Royal College of Psychiatrists' Centre for Quality for Improvement**  
21 Prescott Street, London, E1 8BB

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