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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.

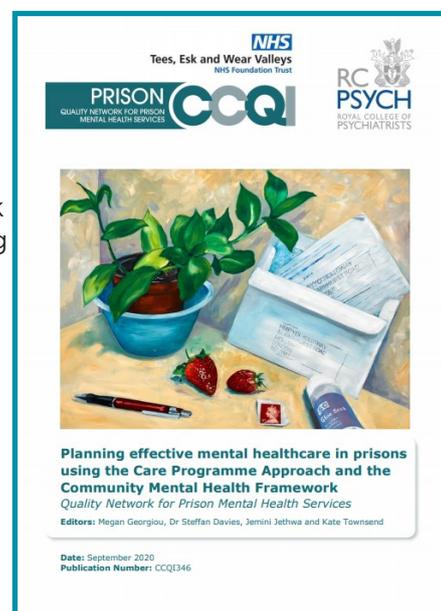
We have recently published the CPA document: Planning effective mental healthcare in prisons using the Care Programme Approach and the Community Mental Health Framework Quality Network for Prison Mental Health Services. This is available on our website for guidance and information on the CPA process 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 the 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-focussed 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.



The User Voice of Lockdown

User Voice have spent the last 10 years in prisons and probation services seeking feedback to turn into data to turn into system change. We use a model of democracy that means we measure volume, not by who shouts the loudest but by the issues that are shared by the most people. We take issues or problems, and we work with prisoners, people on probation and commissioners to turn them into solutions. 80% of our team have lived experience, that means we've been there, we talk to 'us' not 'them'.

COVID-19 in prison

To try to prevent the spread of the virus, prisoners in England and Wales have experienced severe lockdown, confined to their cells for 23 hours per day, with visits, support services and education effectively suspended for more than three months. This is still the case, with virtually all prisoners still in lockdown.

While these measures have reduced the spread of the virus, they have had unintended consequences. Conditions of virtual solitary confinement are not sustainable as a long-term solution to the crisis if we are to protect the mental health of people in prison.

"It's a frustrating time for me as the 23 hours lock up has stressed my mental health. I suffer from PTSD and sometimes have vivid flashbacks of past incidents. Earlier this week, I was taken on an "act" as I was having suicidal thoughts. Since then my medication has been re-stabilised and I feel much better. I haven't been able to implement my coping mechanisms as I have no access to education, employment or general time out of my cell which allows me to have some form of normality." -Male prisoner

In the first 4 months of the pandemic, we spoke to over 2,000 people in prison and on probation and they told us what these restrictions meant for them. In July we published our report [The User Voice of Lockdown](#) detailing their feedback and sharing their insights so that everyone working in prisons or in the wider criminal justice system had access to these insights and the ability to act on them.

Between March and July:

- 87% of prisoners reported feeling more frustrated than prior to the lockdown
- 83% felt more isolated during the lockdown
- 80% felt more stressed
- 23% prisoners who have called us have tried accessing mental health support during the lockdown.

"Not being able to socialise with people leads me to overthink so I go into depression mode." -Female prisoner

"23hrs behind a door is not good for mental or physical health." -Male prisoner

We listen and we engage because it is even more crucial to make sure that people in prison are given a voice. Issues must be identified and those that can need to solve them.

As the world opened up, prison became scarier

"Staff here work between two prisons and now they can go to the pub at the weekend. They keep us all banged up to prevent COVID-19 spread, but the officers don't wear any PPE at all, so they are the ones if any that would bring the infection into the prison." -Female prisoner

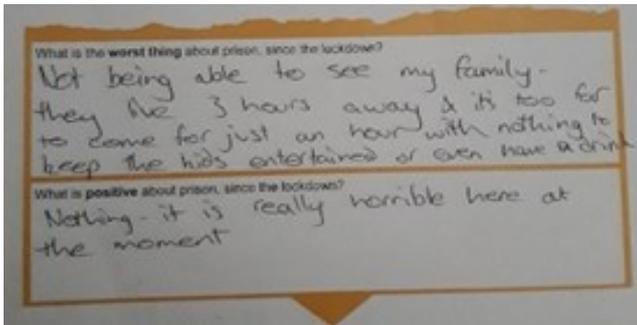
Visits

Most prisoners understood and do understand when social visits have needed to be stopped.

However, the ways in which they are re-introduced often does not account for individual circumstance or need. For example, shorter visiting time can make it difficult for family members to justify long journey times. Visits can only take place with people who live in the same household, but many children would normally be brought to visits with their mothers by grandparents or friends rather than their father. This can be for any number of reasons but in the case of the female prison estate is often due to domestic violence. Mothers are now faced with not seeing their children or being forced to see violent ex-partners.

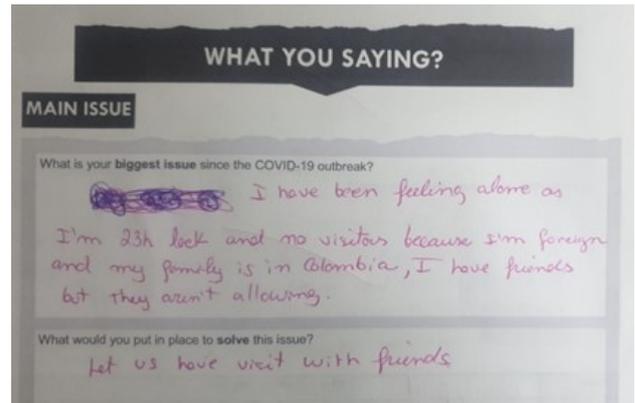
Q: what is the worst thing about prison since the lockdown?

"Not being able to see my family – they live 3 hours away and it is just too far to come for just an hour with nothing to keep the kids entertained or even have a drink." -Female prisoner



Both video visits and social visits are limited to family and for many people this means continued isolation.

"I have been feeling alone as I'm 23 hour lock and no visitors because I'm foreign and my family is in Columbia. I have friends but they aren't allowing" -Male prisoner.



While it is important to keep prisons safe in regard to visitors, it is equally important that prisoners can access their support systems and their families.

We remain solution focused

User Voice always seeks to find answers and not just problems and prisoners have not let us down with ideas. Prisoners have suggested jobs, like cleaning, should be on a rota, so that more people have the opportunity to get out of their cells. NA and AA groups could be run on the wings, with prisoners taking leadership roles. This would mean recovery, and therefore rehabilitation, can continue. More organisations can operate remotely, adopting a similar style of telephone engagement as we have.

Creative and proactive prison staff know that there are ideas and solutions to many of the problem's prisoners are facing. You just need to ask.

To read the full report 'The User Voice of lockdown' head over to the User Voice [website](#). Follow User Voice on twitter for updates from the wings: [@userviceorg](#)

User Voice

Follow us on Twitter:

@ccqi_

and use #qnpmhs for up-to-date information.

A productive look at prisoners needs at HMP Belmarsh

It would appear that the COVID-19 second wave is beginning to strike. It has been a long hard struggle for prisons and prisoners. Prisoners, surprisingly, have been endlessly patient, maybe ourselves as healthcare workers are not so patient. We had so many plans and they have been put on hold. However, having come through a difficult summer at Belmarsh we have decided we must try and progress with some of our plans.

One plan we have had for some time is an overview of our old age spur where men over 50 are settled to see how we can improve their quality of life. We sought the assistance of Rob Rolls National Director of Inside Belief with experience of this population. Rob joined us for the month of September helped by our resource centre clinical lead. They sent a questionnaire out to our older prisoners to see how we could improve their life and came up with some very positive findings.

We now have to implement these findings. From the questionnaire the positive things

were met, they felt their quality of life was good, they felt well looked after.

They described simple things like loneliness, having more opportunities to mix as a group, having more of a variety in the environment. The changes we would like to implement are the following:

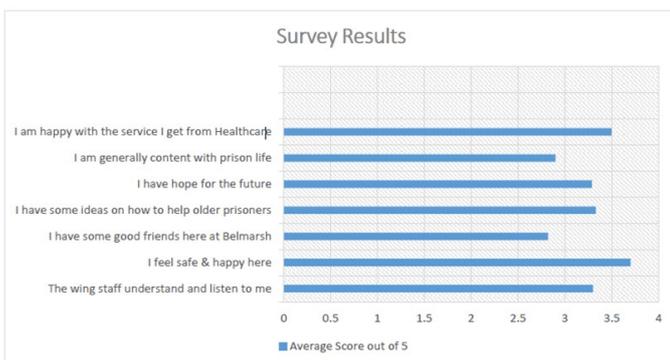
1. Introduce peer support workers to the relevant houseblock
2. Introduce a prisoner information desk system on the houseblock for older gentlemen
3. Introduce art for older prisoners on the houseblock including therapy
4. Introduce short staff training sessions on memory loss, mental wellbeing and dementia
5. Purchase appropriate banks of chairs with purpose built arms for older patients to aid association on landings
6. Develop new activities including walk of life and various board games, quiz events and a special design in-cell pack to be created and given to anyone over the age of 50 in Belmarsh
7. An older prisoner forum to be held every six weeks.

Optimistically, as we recover from COVID-19 hopefully we will achieve some of these for our older prisoners.

We are now looking again at a very selective group within our prison; the autistic population. Autism is something much more diagnosed and part of modern working for staff and prisoners.

The National Autistic Society is supporting Belmarsh at this time to get autism accreditation.

We are working tightly as a healthcare group with our colleagues on the disciplinary side including the healthcare governor, equality governor and safer custody governor to produce a joined up piece of work.



² Towards the end of my work, this cell became a two up.

³ <https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/Prison%20conditions%20in%20the%20UK.pdf>

⁴ In conversation with prisoner, HB 1 spur 2.

⁵ IMB Annual Report of HMP Belmarsh 2018/2019 can be found here <https://s3-eu-west-2.amazonaws.com/imb-prod-storage-10cod6bqky0vo/uploads/2019/10/BELMARSH-ANNUAL-REPORT-201819-FINAL.pdf>

⁶ In conversation with prisoner in HSU Sept 29th 2020.

were the older men felt safe on a spur together, they felt their healthcare needs

The word autism is part of everyone's life at Belmarsh; officers, healthcare, cleaners and the prisoners. This is proving to be a challenging but rewarding piece of work, which again we felt we had to start despite COVID-19 restrictions. Much of this work will be already in practice but we are now working with the national support and guidance of the National Autistic Society.

We know colleagues in other prisons have achieved this accreditation so we are learning and optimistically will achieve this goal.

We have accepted COVID-19 trauma again for the traumatised but strive to improve quality of life.

Dr Rachel Daly, Consultant Forensic Psychiatrist, HMP Belmarsh, Oxleas NHS Foundation Trust

Artwork from HMP Thameside and HMP Belmarsh



"I have coloured this picture for my children to let them know that one day, daddy is going to come back and we will all walk on a beautiful road like this and get to live in a lovely house as it is in this picture." -Mr T. Zarif, HMP Belmarsh



"Staying at home during the pandemic... - Whilst humanity has been in turmoil, the natural world has quietly continued. Each seed has spouted, leaves unfurled, flowers bloomed.. Nothing can stop the nature..." - Mr VJ, HMP Thameside



"My mental illness -I have always been someone who worries about things, letting them take over my mind, no matter how big or small the issue is.. This feeling, this uncomfortable feeling...You are being consumed by your own thoughts, this constant feeling of being trapped and not being able to do anything to stop it.. "- Mr HH, HMP Thameside



"I choose to colour a peacock as its characteristics are similar to mine, they are proud and colourful. They can be territorial and like to show off! Also, they can be cocky. This is how they represent me." -Mr T. Fish, HMP Belmarsh

My Mental Health Journey

I went to Jamaica for a holiday and found it difficult to adjust back to life in the UK. I couldn't sleep, withdrew from people and other activities I used to enjoy. I dropped out of work, at the time, I was working in a furniture company and I was in charge of the spraying department. I began to neglect and isolate myself. I stopped seeing friends. I didn't have any of my family members living in the UK, so it was difficult for anyone to quickly recognise that I was beginning to go down mentally.

I was wondering why I had strange feelings (had violent thoughts, was hearing voices). All along, I used to smoke a lot of cannabis and drink a lot of strong lager beer.

In 1996, I got in trouble with the police as I was involved in a violent crime. The police took me to the hospital, and I was in hospital for five years. I served two years prison sentence after leaving the hospital. There was nobody to turn to in this country and that was why I went downhill as I had no previous experience or understanding of mental health issues.

Whilst in hospital, I received counselling sessions and found it very useful. It gave me a better understanding and picture of what I was going through.

I attended groups and one-to-one sessions e.g. therapy groups where issues around emotions were addressed.

I also attended psychology groups where I learned to understand mental health a bit more. Whenever I started feeling the way I used to feel, then I knew where to turn to for help.

I found occupational therapy groups also very helpful. We used to engage in various activities just like we have here in prison doing cooking, art, games, quiz and other

activities. My engagement with these groups allowed me to take my mind away from whatever was going on in my mind and helped me to concentrate more. It helped me out of my 'dark' to a bit of normality.

Compliance with prescribed medication is also very important as it worked hand-in-hand with other therapies I received in the hospital to make me better.

I also found out that with mental health, the more you withdraw from people, the deeper you go into the problem you are already in. If I had known what I now know about mental health years back, I probably wouldn't be in the situation I'm currently in.

My advice for anyone experiencing mental health:

- Seek help in whatever way you can. Also, talk to people about your feelings, don't keep to yourself.
- Comply with prescribed medication.
- Stay away from drugs if you're taking any.
- Stay in touch with your family.
- You have to learn to accept what's happening to you because you will never get over what you're going through if you don't do so. Don't live in denial of the fact that you have mental health issues. You can't start all over again if you don't accept it and you'll be stuck on the same spot.

Mental health is like a boxing match, you get many punches, you get knocked down and then you find a way of getting up again.

There is a history of mental health in my family as my uncle had mental health issues. However, on reflection, I would say that use of illicit drugs played a big part in my mental health problem. I came off drugs after my admission into mental health hospital where I spent five years. I never went back to drugs afterwards.

However, the same unusual feeling returned. I started feeling as I felt before I went into hospital. I went to seek help but didn't get any. The system let me down as I could have been sectioned and put back in hospital or I could have been closely monitored whilst still in the community to see if there would be any improvement or decline in my mental health but nothing happened. I am now in prison for the serious crime I committed that I sought for help but didn't get any.

In my opinion with mental health, it doesn't function the way it should and this is letting a lot of people down like myself because

you don't have enough people to work in that sector, not enough mental health hospitals for people to go to. This leaves the community with so many people on the streets with so many people committing crime.

Anonymous, HMP Belmarsh, Oxleas NHS Foundation Trust

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Join the Quality Network for Prison Mental Health Services (QNPMHS) online discussion forum!

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
- Advertise upcoming events and conferences
- Access publications and resources exclusive to our members only

EMDR delivery at HMP Birmingham

The therapist experience

In the local remand establishment Eye Movement Desensitization and Reprocessing (EMDR) therapy and Adaptive Information Processing (AIP) model augmented nursing practice, with this becoming integrated in the assessment and treatment of those suffering unpredictable and changeable symptomology.

Overcoming ambivalent attachment with patients is always a primary goal for mental health staff in prompting a therapeutic relationship, having a tool like EMDR enhances those opportunities to be able to deliver further and more meaningful therapeutic interventions with good patient outcomes.

Many of the men referred who present with higher levels of self-harm may not identify with the term “trauma”. The opportunity is to create a formulation and plan for therapy based on “bad experiences” or “worst memories” has been more accessible for them, with the men being able to explain and understand their experiences and behaviours of coping with these. This personal approach has increased engagement as opposed to being symptom and criticism driven.

The delivery of trauma confrontation stages therapy within a local remand setting has raised eyebrows due to professional’s confidence in other models of therapy. However, the structured phases of EMDR and restricted processing protocols have allowed participants to fulfil opportunities of post-traumatic growth whilst serving short sentences. The provision of full trauma confrontation work has still taken place

within the prison setting. COVID-19 restrictions have limited the use of prison healthcare departments and how traditional therapy is delivered. The self-administration of bilateral stimulation has promoted safety, whilst maintaining social distancing. Most importantly the opportunity to process trauma has been achieved and men involved in this therapy have reported immediate benefits and reduced, then ceased self-harm.

The experience of the nurse delivering this as a standalone therapy, has observed this being effective at meeting the needs of the men referred for having experiences with challenging behaviour. The use of the nurses basic understanding of attachment, adverse childhood experiences, complex trauma, PTSD and the theory of structural dissociation really emphasises the initial phases of trauma therapy. They also support risk formulation through identifying triggers for dangerous behaviour in an inclusive person-centred way.

Nicholas Lea, Clinical Team Manager, Mental Health, HMP Birmingham, Birmingham and Solihull Mental Health Foundation Trust

The patient experience

I have been in custody for approximately 15 years, having experienced numerous traumatic experiences as a young boy I never really understood what had happened to me and how this made me feel.

I used drugs and alcohol to black out thoughts and flashbacks that I experienced until this no longer worked for me and I started to self-harm as a way of coping with how I was feeling. I felt better if I harmed myself. As I got older I suffered more traumas which led to me taking overdoses and I have attempted to take my own life, as

I could no longer cope with these experiences.

I was offered counselling but did not feel ready and tried to carry on with my life, harming myself and reliant on medication. Whilst at HMP Birmingham I had a number of family bereavements that impacted on my mental health and to cope I increased my self-harm. Counselling offered specifically for bereavement was often sporadic in delivery or the therapist left, so I gave up trying. Over a two year period I disengaged with the regime, with others and became focused on a pattern of self-harm, this became my therapy. Taking medication did not help with my problems and I knew I just had to do something differently but did not know what that was. I was introduced to Nick, a nurse from the mental health team by an officer from the Safer Custody team, he told me about EMDR, talked about traumatic experiences and read some of the thoughts and issues that I had written about.

When we started having sessions I was skeptical at first because of my previous

experiences of being let down. I engaged with Nick and participated in six sessions where he explained the EMDR process and what was going to happen. We then had six more sessions, that's when I started to deal with my problems and I found it hard but stuck with it and I started to reduce my self-harming. At the end of all the EMDR sessions I no longer need or felt the need to self-harm, I learnt to manage emotions with relaxation and breathing exercises and used all the things that Nick taught me to help.

I feel that EMDR therapy should be available in other prison establishments so that men and women who have experienced trauma have the options of this type of therapy. I know it has worked for me and it might not be for everyone but wanted to thank Nick for helping me.

**Mr F, Resident, HMP Birmingham,
Birmingham and Solihull Mental Health
Foundation Trust**

Prison Standards Event: 17 March 2021 Save the date!

We are hosting a virtual event next year for a large review of the QNPMHS standards. It will involve presentations and workshops on specialist prison mental health areas, followed by discussions on how that fits into the Quality Network. [Please follow this link to be sent to our online booking form.](#)

Keeping afloat whilst weathering COVID-19

As micro-communities of their own, prisons have a difficult balancing act to stay afloat in 'normal' conditions, given factors such as security, risk and dynamic working procedures. When faced with a major COVID-19 outbreak and resources becoming constrained, this can be even harder to manage.

HMP Lowdham Grange has been deemed a major outbreak site, meaning we are currently presented with both patient and staff COVID-19 cases. This creates a perfect storm for our micro-community. Our patients need additional care whilst, simultaneously, our staff resource is being depleted. This has opened an opportunity for innovation, development and psychological reflection to grow. Below, I will discuss some reflections from within the frontline at HMP Lowdham Grange's COVID-19 outbreak, including how we are coping, how we are struggling and our hopes for the future.

As a multi-disciplinary team, filled with allied health professionals, healthcare assistants and psychosocial staff as well as nurses, when COVID-19 hit, it was time to pull together and adapt. HMP Lowdham Grange made sure to listen to the needs of specific staff, whether they were anxious, needed additional shielding support or had roles they would not feel comfortable in. This allowed for teamwork at the same time as individualised plans for staff. The ongoing struggles with managing COVID-19 have needed a response including the unique skills from all staff. There has been outstanding work from administration staff in creating letters, NEWS scoring sheets and ordering additional medication cups. There have been allied health professionals, HCAs and psychosocial workers who have found themselves supporting with medication roles and taking on additional work in their pathways to free up nurses, finding

themselves adapting to fit the need of our community at present. Nurses from substance misuse and mental health teams have collaborated with physical health nurses throughout this outbreak to support each other and build a stronger foundation for our team.

Cross-deployment and feeling part of a team has spread amongst HMP Lowdham Grange's frontline, creating a strong team ethic and robust frontline for weathering the storm. With this, comes too some loss of professional identity, worries around never getting back to 'normal' and upset at seeing our colleagues fall ill. As our outbreak spreads into its second month, this leads us to continue taking on roles that are not our 'normal' day job. As staff continue to work through the outbreak, the disruption to regular training opportunities, mentoring and personal career development is clear. The lasting effects of a period without continuing professional development or using skills such as group facilitation is something to be considered as part of recovery from COVID-19 at HMP Lowdham Grange. Additionally, the generalised worry and anxiety created by fear of illness and apprehension around alternative duties in some colleagues has led to an underlying daily difficulty which, over time, can increase the likelihood of burnout. It is important that the disruption to regular life, career and mental state of staff is recognised, empathised with and accounted for when building a response to our outbreak.

As we continue to find our feet and build our new routines for what is shaping up to be a marathon as opposed to a sprint, this brings hope for the progression of our journey at Lowdham Grange. Our staff team are hopeful of time to take longer breaks and schedule annual leave, to rebuild personal self-care, to enjoy additional wellbeing support on site and to see a continuation of the wellbeing packages being offered already. There are psychological implications that we can reflect upon to address in the

present and through future debriefing around resilience training and moral injury recovery.

Overall, the ups and downs of the journey will continue for now and additional ways to support and protect staff and patients will continue to grow. With staffing playing a crucial role in the management of this outbreak it is positive that HMP Lowdham Grange have such a strong and resilient team. With this, comes the note of caution that support now and beyond this outbreak will be imperative at HMP Lowdham Grange as the long-lasting effects on staff cannot be under-estimated.

HMP Lowdham Grange will continue to weather this storm as a strong, cohesive and resilient team, with everyone pitching in in the ways they can. There's hope that other sites can learn from the successes and shortcomings of our journey in order to prepare their ships for a time they may have to sail this storm too.

Beth Henderson MSc, BSc (Hons), Forensic Psychologist in Training, HMP Lowdham Grange, Nottinghamshire Healthcare NHS Foundation Trust

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The University
of Manchester

An investigation into aftercare planning for those remitted to prison from secure services: a mixed methodology exploratory study

The Offender Health Research Network at the University of Manchester are conducting two national surveys across all prisons and secure services in England and Wales.

The two surveys focus on the remittal care pathway, specifically the process of discharge planning and aftercare arrangements for those returned to prison from secure care.

We are inviting a clinical representative from each **prison mental health service** and **low, medium** and **high secure service** to complete the surveys.

Please contact sarah.leonard@manchester.ac.uk to access the surveys.

Principle Investigator: Professor Jennifer Shaw

Funder: NIHR Research for Patient Benefit funding stream

Sleep Hygiene packs at HMP Belmarsh

The Resource Centre commissioned by Oxleas NHS Foundation Trust at HMP Belmarsh aims to provide activity interventions on health education, advice, support and social understanding of common health and wellbeing needs highlighted in the prison based on the demographic and high prevalence needs of specific client groups. One common and long withstanding problem highlighted in the prison as well as the prison population in the UK is insomnia (Dewa, 2017).

Following the epidemiology of insomnia in prisons, precipitating factors of poor sleep include:

Demographic factors such as gender differences, age, socio-economic factors and substance misuse.

Internal factors following diagnosis of physical or psychiatric conditions, most commonly depression and anxiety, and other least common psychiatric disorders such as schizophrenia or other psychological issues such as stress or suicidality.

External environmental factors such as poor sleep environment.

The complexity of identifying the causes of insomnia however is the similar and circular nature of the factors classified between causes and risks. For example, whilst depression can precipitate the development of insomnia, insomnia is also a diagnostic criterion for depression.

Like other prisons in the UK, healthcare at HMP Belmarsh face challenges in the increasing demands of anxiolytic and hypnotic medications such as benzodiazepines and non-benzodiazepines in urge to support sleep hygiene. The resource centre clinical lead and pharmacy have therefore planned an inventive strategy in support of sleep hygiene without the use

of pharmaceutical medication, but rather a non-pharmacological route that emphasis therapeutic intervention. As of January 2020, the strategy was introduced at the sleep hygiene clinic which was formulated as an educational group activity that aimed to provide:

- Education on the biological and physiology of sleep and its importance for the mind and body
- Psychological understanding of thoughts, behaviours, feelings as well as the physical attributes of the body
- Sleep hygiene packs which include relevant resources and information for sustain support
- A sleep hygiene workshop certificate in award of prisoner's attendance

The health and service aims of the sleep hygiene clinic thrive to:

- Reduce unnecessary prescription and medication trading.
- Reduce misuse and diversion of medication.
- Have a positive impact on prisoners' mental and physical well-being and support smooth running of prison and healthcare service.

Unforeseeably, in March 2020 as Covid-19 began its first outbreak the sleep hygiene clinic was held behind just as groups were about to initiate. As COVID-19 restrictions and regime heightened, the welfare of prisoners and their wellbeing was amongst healthcare's concerns. An inactive routine of significant cell time indoors appeared to affect normal sleeping patterns due to oversleeping, increased stress and anxiety levels accumulated from less distractions and more time spent on procrastination/overthinking. The emphasis on sleep packs were therefore the resource centres main focus, with the support of pharmacy

purchasing sleep masks and ear plugs and healthcare's budget of affective herbal tea and booklets of useful activities and reading material had over time become increasingly popular and in demand as more prisoners were keen to experiment with the use of therapeutic support.



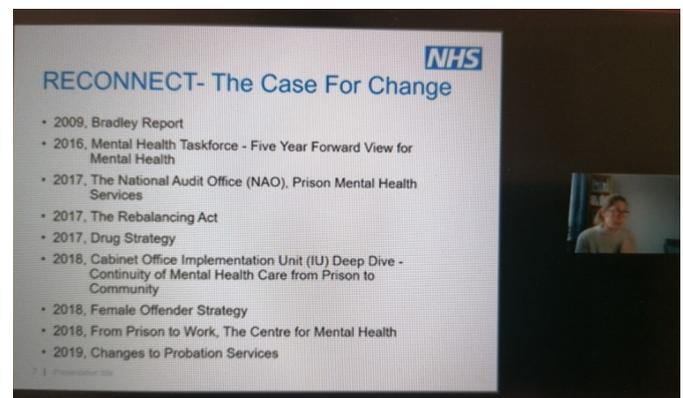
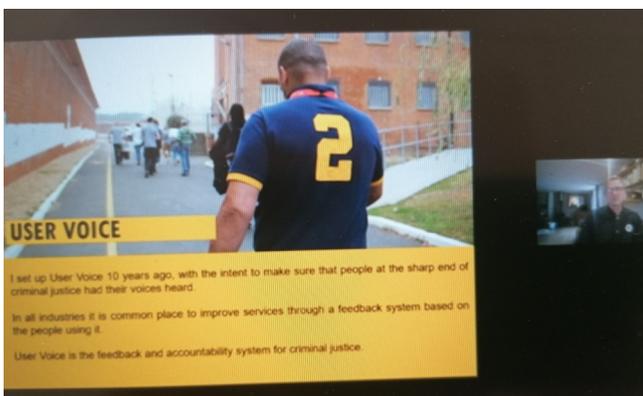
As the popularity of sleep packs increased, prisons across Oxleas and Kent and Medway trusts such as HMP Thameside, HMP ISIS/ YOI, HMP Rochester and HMP Maidstone

have registered their interest in providing sleep hygiene packs. This is one of healthcare's accomplishments in establishing new and inventive strategies in the hope that non- pharmacological treatment in the prison can provide therapeutic support in impacting rehabilitation and wellbeing. It is a prime goal that healthcare at HMP Belmarsh continue the use of sleep hygiene and provide future statistical rates of improved wellbeing, and a network link to support other healthcare services in prisons managing sleep hygiene and wellbeing.

Fateha Rahman, Resource Centre Clinical Lead, HMP Belmarsh, Oxleas NHS Foundation Trust

QNPMHS Annual Forum

We held our first virtual QNPMHS Annual Forum on 03 December 2020! It was a fantastic day with great interaction from those watching, and we have received a lot of positive feedback. We would like to thank all those who attended, as we are aware of how busy services are at the moment. We will be adding the recordings to KnowledgeHub shortly for those who missed it or would like to watch it again! If you haven't already, please fill out this short [feedback form](#).

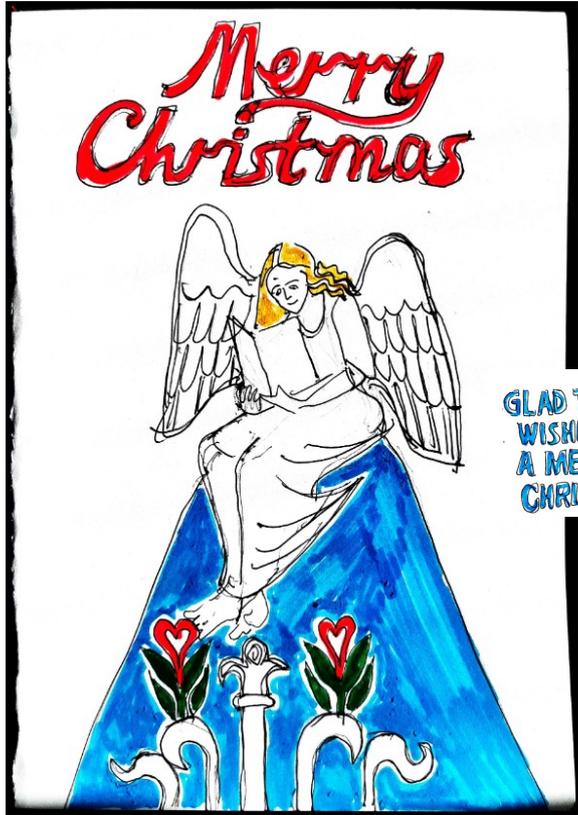


QNPMHS Festive Card Competition Winner

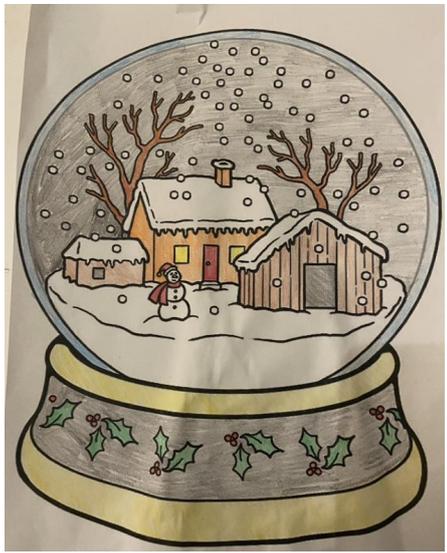
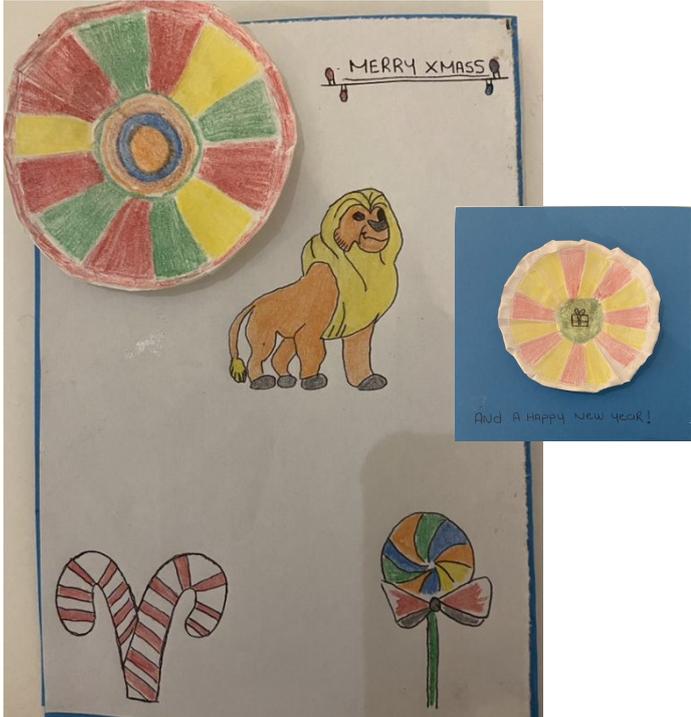
In November, we launched our first Festive Card Competition for prison mental health services. We received some fantastic entries which you can see over the next couple of pages. Below is the winner of the competition chosen by the QNPMHS Team and our patient and carer representatives, an entry from N.W. at HMP Channings Wood.



QNPMHS Festive Card Competition

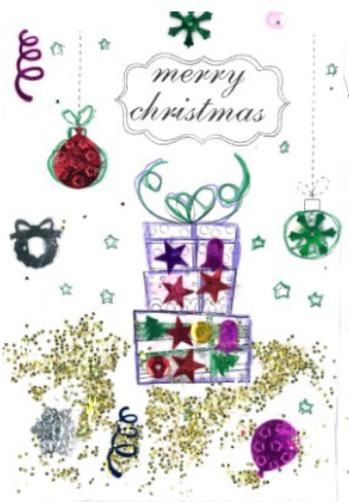
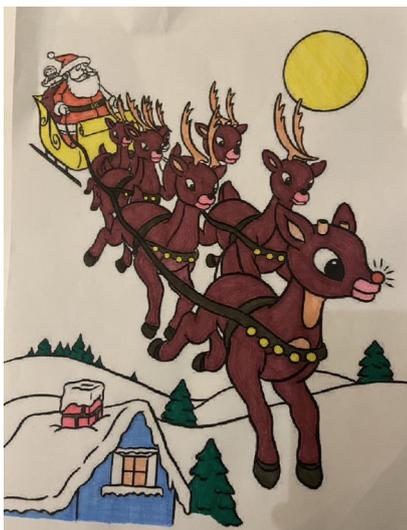


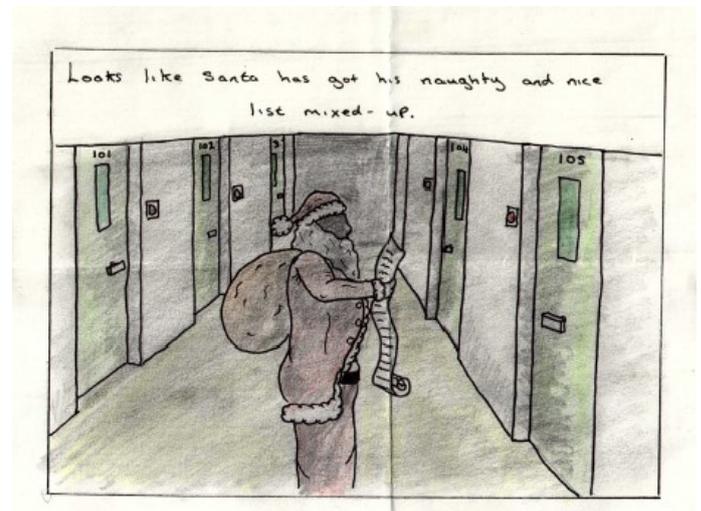
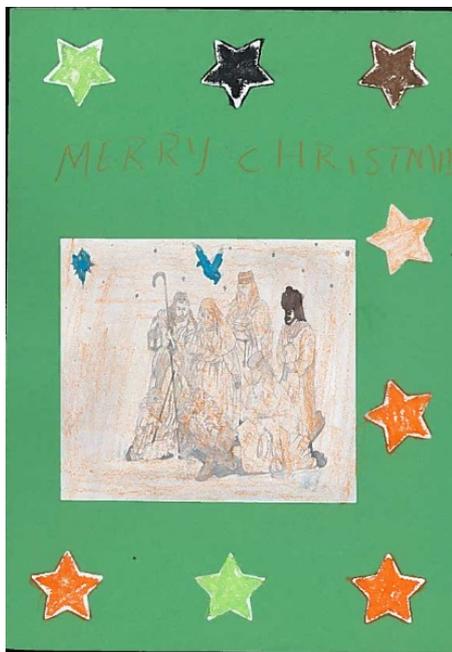
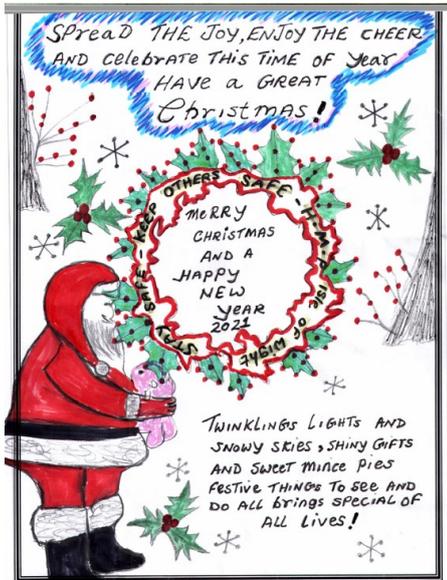
GLAD TIDINGS.
WISHING YOU
A MERRY
CHRISTMAS





There is only one christmas gremlin, but just like Santa, he somehow makes his way all around the world, he is responsible for the tangles in your neatly wrapped, pot away fairy lights, as well as broken bulbs, and broken christmas tree decorations. he is a very naughty gremlin, and he is the only one that has ever seen an angry Santa, a face that the christmas gremlin will never forget.





NEWS



Prison Reform Trust CAPPTIVE: How prisons are responding to Covid-19 (briefing 2)

Lockdown conditions in prisons have effectively ended opportunities for prisoners to take part in rehabilitation activities and progress in their sentences. The briefing is the second of a series that the Prison Reform Trust is publishing as part of its CAPPTIVE project, exploring the experience of prisoners and their families during the pandemic. The briefing reveals that activities to help reduce the risk of reoffending and prepare people to lead law abiding lives had all but stopped, and that this was potentially delaying the release of people back into the community. The briefing can be found [here](#).

Mental health and probation: A systematic review of the literature

A systematic review of the literature to identify studies on the effectiveness of approaches to improving health outcomes for adults on probation. Findings are presented from a review in relation to mental health. [Review can be found here](#).

A new QNPMHS Publication: Planning effective mental healthcare in prisons using the Care Programme Approach and the Community Mental Health Framework

We are delighted to announce the new QNPMHS publication: Planning effective mental healthcare in prisons using the Care Programme Approach and the Community Mental Health Framework. This work stemmed from our April 2019 event with Tees, Esk and Wear Valley NHS Foundation Trust (TEWV). Within prison settings, CPA has been poorly implemented and the principles underpinning the approach have been lost. QNPMHS and TEWV have been working collaboratively since the beginning of last year to create a thorough and effective guidance document to help support clinicians and services with the CPA process.

Purpose of the document

The purpose of the document is to standardise the CPA and successor processes, and to ensure consistency within and between prisons and through transfers from and to community services. The guidance will also be helpful for immigration removal centres. We hope you find the document helpful and useful. We will continue working to bring you further guidance and templates to support the use of the document, and implementation of recommendations.

The document can be found [here](#).



The NHS workforce strategy in context

Following on from the NHS publication [We are the NHS: People Plan 2020/2021 – action for us all](#), the Centre for Mental Health

have published a useful document called the NHS workforce strategy in context. This breaks down the document, highlighting in the context of mental health services. The briefing discusses the significant gaps between targets for workforce expansion set by successive workforce strategies and current progress on recruitment. It highlights the need to invest in recruitment and to protect workforce wellbeing within the NHS. You can find the document [here](#).

Centre for
Mental Health



A Smarter Approach to Sentencing

This White Paper sets out the government's proposals for important changes to the sentencing and release framework in England and Wales. Within the document is outlines a Community Sentence Treatment Requirement (CSTR) Programme which would work collaboratively with mental health, alcohol and drug treatment requirements as part of community services. It also touches on the Independent Review of the Mental Health Act: "Prisons should be places where offenders are punished and rehabilitated, not a holding pen for people whose primary issue is related to mental health." Find out more [here](#).



Ministry
of Justice

Scotland's Independent review into the delivery of forensic mental health services

The review published an interim report in August 2020 summarising the evidence it received. The report brings together the key issues and challenges in forensic mental health services in Scotland as they are experienced by the people receiving and delivering them. The review is not recommending solutions in this report. Its aim is to let people know what the review was told. It was suggested that if more prisons were to join the network there would be less variation in standards of care between prisons and an increase in services offered to prisoners. You can find the report [here](#).

Service transitions, interventions and care pathways following remittal to prison from medium secure psychiatric services in England and Wales: national cohort study

Please find the national cohort study on service transitions, interventions and care pathways following remittal to prison from medium psychiatric services [here](#).

National Audit Office report: Improving the prison estate

The NAO have released a report looking at improving the prison estate. The report can be found [here](#).



National Audit Office

Useful links

Care Quality Commission

www.cqc.org.uk/

Centre for Crime and Justice Studies

www.crimeandjustice.org.uk/

Centre for Mental Health

www.centreformentalhealth.org.uk/

Department of Health

www.gov.uk/government/organisations/department-of-health

GOV.UK Prison and Probation

www.gov.uk/browse/justice/prisons-probation

Howard League for Penal Reform

www.howardleague.org/

HM Inspectorate of Prisons

www.justiceinspectorates.gov.uk/hmiprisons/

Institute of Psychiatry

www.kcl.ac.uk/ioppn/index.aspx

Ministry of Justice

www.justice.gov.uk/

National Institute for Health and Care Excellence

www.nice.org.uk/

Her Majesty's Prison and Probation Service

<https://www.gov.uk/government/organisations/her-majestys-prison-and-probation-service>

NHS England

www.england.nhs.uk/

Offender Health Research Network

www.ohrn.nhs.uk/

Prisons and Probation Ombudsman

www.ppo.gov.uk/

Prison Officers' Association

www.poauk.org.uk/index.php?aid=2

Prison Reform Trust

www.prisonreformtrust.org.uk/

www.qnpmhs.co.uk

Revolving Doors

www.revolving-doors.org.uk/home/

Royal College of Psychiatrists' Centre for Quality Improvement

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

We also have modified versions for prison settings, please email kate.townsend@rcpsych.ac.uk to request copies.

User Voice

www.uservoice.org/

World Health Organisation Prisons and Health

www.euro.who.int/en/health-topics/health-determinants/prisons-and-health

Contact the Network

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