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WELCOME

Welcome to the 7th 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 Wears 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

Delivering a mental health service in prison: A brief analysis of core themes

Everyone is entitled to the “highest attainable standard” of mental health (MH), including individuals detained in prison (Coyle, Fair, 2018). The mental health team within HMP Holme House consists of primary and secondary care, psychology, speech and language therapy, support and resettlement. Treatments can consist of one-to-one or group support. The prison environment, however, brings its own challenges as well as successes when delivering a mental health service. This article will showcase perspectives of mental health staff working in HMP Holme House who endeavour to deliver a quality service within the prison.

Method

A qualitative approach was taken to explore themes from MH staff regarding the successes and difficulties of delivering a MH service within HMP Holme House. Fourteen members of staff in a range of different roles provided anonymous written feedback. Themes can be recognised within the feedback. For strengths, having a multi-disciplinary team (MDT) and treatments provided were identified, whilst themes for challenges include limited access, therapeutic environments and prison culture.

Multi-Disciplinary Team

Staff identified the positives of having a large MDT, not only within the mental health team, but also across the prison and the benefit this has on patients;

“Access to a whole MDT, providing a better patient journey”, “good MDT working which helps for advice and building on knowledge”, “multi-disciplinary discussion and joint working within the team is a strength” and “a massive MDT to work with including nurses, DART (drug and alcohol), safer custody etc”.

Much of the feedback recognised the positives of an MDT way of working, but also acknowledged the mix of staff and experience within the team- “the staff mix is brilliant” and also feedback on the “skills” within the team.

Treatment

Another clear theme from the feedback was around the quality and range of treatment services available;

“The mental health team has a full treatment pathway for service users enabling us to provide excellent and appropriate treatment and interventions”.

Feedback demonstrated the “wide range” of “all the therapies we offer” and specifically discussed specialised treatment such as the hearing voices group, dialectical behavioural treatment (DBT) group, and trauma-focussed work. Group work was frequently mentioned which was described as “excellent” and “well received”.

Patients

Other comments which were noted on the strengths of delivering a MH service in a prison were accessing and,

“Meeting the needs of marginalised and often difficult to engage individuals”.

Statements were made on the “resilience of prisoners” and credited their “motivation” especially those who “have faced horrendous environments”. These comments highlight the importance of delivering a quality MH service within the prison environment.

Access

Despite best efforts, staff have encountered and identified a number of challenges and barriers to delivering a MH service in a prison. These difficulties include access to patients and the prison regime.

“Limited access at times due to prison regime such as lock down”, “prison regime can hinder on clinical time”, “no access”, “limited access” causing “restrictions”.

This theme was identified in much of the feedback which highlights, “the conflict of interest between care vs custody”.

Therapeutic space

Other limitations which were identified included the therapeutic spaces available; *"There is a lack of suitable and confidential areas for assessments and interventions"*.

Comments referred to room availability- "sometimes it's hard to get a room", "availability of interview rooms is a difficulty". Feedback also centred on the environment; *"The environment is dingy, dark and has broken furniture", "rooms often don't have enough chairs or chairs that are available are broken"*.

Also, privacy concerns; "there are privacy issues", "others often walking past the room".

Prison Culture

Another theme which surfaced in feedback was a "prison culture" from officers. Comments discussed a potential "lack of understanding" from officers which is apparent in the number of "inappropriate

referrals". It was also noted there can be "negative attitudes of some discipline staff" in terms of mental health which can impact on officers' "expectations vs reality" on what services mental health can offer. This feedback can provide clear next steps on tackling mental health understanding and raising awareness for staff working alongside the mental health team.

Discussion

It is evident there are real strengths whilst delivering a service within prison however there appears to be challenges, some of which are beyond the control of non-disciplinary staff. This article has emphasised there are difficulties which are able to be tackled. Raising awareness of MH with staff as well as prisoners is a current and ongoing target which could potentially alleviate some of the difficulties which are currently present.

Danielle Mercer, Higher Assistant Psychologist and Emma Henderson, Clinical Lead, HMP Holme House, Tees, Esk and Wear Valley NHS Trust

Older prisoner population at Greenwich prison cluster: A needs assessment

You may have read the enlightening article entitled 'The Challenges of an Ageing Prison Population Nationally and Locally', authored by Dr Rachel Daly and Dr Faisal Mudathikundan in the summer 2018 issue of the newsletter. This article outlined the growing ageing prison population and particularly the situation at the Greenwich prison cluster; HMP Belmarsh, HMP Thameside and HMP Isis, whose healthcare arrangements are serviced by Oxleas NHS Foundation Trust.

It also described the unique aspect of healthcare at the Greenwich prison cluster; the integration of health and social care via the charity provider; Change Grow Live (CGL), commissioned by the Royal Borough of Greenwich. Their model makes use of a multi-disciplinary team working seven days a week to provide individualised care and support plans to assist prisoners with the aim of improving their quality of life.

As a follow-on to this review (and as a trainee based at HMP Belmarsh at the time) I decided to conduct a formal needs assessment of the older prison population (aged 50 plus years) at the three prisons, using guidance as set out in the Public Health England document '*Health and social care needs assessments of the older prison population*', published in 2017, in an effort to fully characterise the needs of this group in an evidence-based way.

This publication outlines seven key areas of consideration;

1. Chronic illness (including dementia)
2. Complex medication regimes
3. Mental health needs
4. Substance misuse
5. Neurological impairment
6. Impaired mobility
7. Impaired sensory function

A snapshot population from November 2018 was used and data gathered retrospectively using SystmOne at the three prisons.

Here are some of the important findings that this needs assessment revealed:

- The over 50 population of HMP Belmarsh, HMP Thameside and HMP Isis is 12%, 15% and 1.6% respectively.
- The majority of older prisoners in the three prisons are White British and in the 50-54 age group.
- Sexual offence is the most common offence type among this population.
- 66% of older adult prisoners in this cohort have a chronic illness, with cardiovascular and respiratory disease being the most common.
- The average BMI of the older prisoner population is 26 (overweight).
- Polypharmacy is common amongst the older adult population, with the average number of prescribed medications being 3 (range 0-17).
- Depression is the most common mental health problem among the older adult prisoner population, followed by psychotic disorders.
- 33% of older adult prisoners have had contact with mental health services, with 4% having had an inpatient stay on the Healthcare Wing.
- 1% of the older adult prisoner cohort have a diagnosis of dementia, with a further 4% having some degree of

cognitive impairment.

- Substance misuse is prevalent, with 29% of older prisoners having either primary alcohol or illicit substance misuse prior to incarceration.
- 20% of the older prisoner cohort have a mobility or sensory impairment, including one prisoner with paraplegia and one prisoner with bilateral arm amputations.
- The CGL group are involved in the care of 22% of the older prisoner population with varying degrees of input, including assistance with finance and resettlement in 11% of cases, assistance with activities of daily living in 7% of cases and substance misuse work in 4% of cases.

Locally, it is anticipated that the results of this needs assessment will be helpful in supporting the on-going work of both the healthcare team and CGL in the three prisons. It has served to highlight the propensity to ill health and vulnerability within the prison system, with a considerable burden of physical and mental illness and a surprisingly high prevalence of substance misuse amongst this population. Moving on, it is hoped that this data may be used as part of the commissioning cycle to inform the procuring of future services at the prisons, as necessary.

Since it is likely that this data is reflective of the needs of the older prisoner population as a whole, it is hoped that the results of this needs assessment can be widely disseminated to inform and educate staff working with older prisoners across the UK and beyond. As such, it was presented as a poster at the Royal College of Psychiatrists' Forensic Faculty Conference in March 2019 and will hopefully be presented again at the College's International Congress in July 2019.

Dr Ruth Freeman, ST5 Forensic Psychiatry, HMP Belmarsh, Oxleas NHS Foundation Trust

Rehabilitation

My Name is John Murch and I am currently working as a Patient Reviewer for the Royal College of Psychiatrists. Some months ago now I compiled a list with the support of Megan (programme manager) regarding establishments of Her Majesty that I have not had the pleasure of staying at. With this done we sent them off to the Governors of these such establishments and waited and waited.

As good fortune would have it though, I had previously met a wonderful lady called Debbie at a QNPMHS advisory group meeting who told me about the amazingly positive things now going on at the new mental health unit in HMP Pentonville and the forward thinking governor now at the helm.

We talked and I told her how I felt having spent many many years lost, unwell, and on numerous mental health wards and units over the years in prison; that I felt I had something to give back, not just to the poor souls still lost in these places but in recognition to the wonderful staff who supported me over the years to get to where I am now. Debbie left saying she would speak to the new Governor about the possibility of myself going in to do a peer review for the College.

Bear in mind I spent many years in prison serving a life sentence and had only been released three years ago. I wouldn't have put a bet on myself being granted such a privilege that I was. Thursday 24 January I'm told is the date and it's looking like it's on. Really!! I keep asking myself. I get a message, go to the prison in the morning and Leyla will meet me outside, OK. Apparently I've been given the nod it's just that the license hasn't been signed and the governor had gone home. I may be late getting in! But it looks like it's happening.

I get to the prison nice and early realising in my haste I had skipped breakfast, now I was hungry. I found a café and as I walk in it says The Breakout Cafe (??) on the sign above the door. I stifle a smile, get served, and sit down casually and try not to draw attention as I scan the floor for see through plastic bags with HMP stamped on them -

none. Finished, I cross over and there's Leyla, we talk and apparently the Governor had signed my license real early doors! Thank you. We go in, meet Debbie and I go about doing the job I'm there to do. We had a staff meeting not long after getting inside then cracked on.

I found the unit to be very calm and everyone works on the same page. The staff are amazing, and do this job because they truly care. Staff want to help the men get well and hopefully eventually go on to live positive lives back in the community after their release. I ran a meeting with the guys on the unit and they all liked being in there saying there was lots of different activities to get involved in alongside therapy. I found it a very positive, forward thinking unit supported by a fine prison governor and amazingly positive staff, no more so than Debbie who is passionate about the care and treatment the guys receive under her watch. Hats off sincerely.

At the end of the day all the different peer reviewers got together with staff and management and constructively fed back regarding the day's events. I found the whole experience humbling, personally, and I just hope I made a difference in some small way. Furthermore I would just like to add it's possible anyone is capable of making a truly devastating wrong turn in life given the appropriate circumstances. But the true test of character is how you come back from that.

I would like to think that I demonstrate by my actions every day that not only can you be fully rehabilitated with the right, constructive, positive support both inside and afterwards; but that you can then go on to support others in similar misfortune as you once were yourself, as well as follow whatever other wish you want at the same time. For me it's about making the right choices everyday now. Thank you for such a wonderful opportunity. John Murch. Humbled.

John Murch, Patient Reviewer, Quality Network for Prison Mental Health Services

Mental health provision in HMP Belmarsh

My experience of prison mental health is without doubt, the best anyone can hope for. All officers, nurses and doctors are caring and respectful while I read about prisons crumbling away elsewhere in the country, staff abuses, drugs violence and absence in mental health support in various prisons but none of these here in Belmarsh.

All our medication are always administered on time, the nurses check up on our special needs every day, prisoners at high risk are separated.

Belmarsh healthcare timetable includes a Monday to Friday activity session where nurse Victoria and Toyin imparts us with introductory knowledge of various mental health conditions as well as various techniques for improving our mental health.

Even after I came to prison, I suffer from my GP practice's false claim of the history of fluoxetine; fortunately, doctors at both Thameside and Belmarsh are happy to continue my medication regardless.

However, when I transferred from Thameside to Belmarsh, my optician's appointment did not travel with me, as such I was deemed to have missed my appointment by not being in the right prison, that reset my position in the queue, although the nurses here bumped up my position to ensure I received my glasses in no more than 3 months of total waiting time.

Still, there are some activities and exercise sessions I miss from time to time, all of them due to staff shortage. I just do not understand why we can have exercise all week by sacrificing the once per-week library trip when both of them seem to occupy the same staff number and time.

Jeffrey L, Service User, HMP Belmarsh, Oxleas NHS Foundation Trust

"It's all mental, whichever way you look at it"

Having been a patient at various hospitals for the treatment of my mental health over the past few months, I thought I would be well placed to highlight any differences, best practice, or areas of concern. I also have experience of mental health care in the community as my partner suffers from quite a rare personality disorder now known as dissociative identity disorder - having six distinct identities or personality states.

Prior to arriving in prison, I was an inpatient at a Priory Hospital where the daily regime was three therapy sessions per day, over the course of a two week period (Monday to Friday). Groups were facilitated by psychologists and there were various groups

entitled: "Group psychotherapy," "CBT" (or Cognitive Behavioural Therapy), "Coping with Emotions" and some others classed level one (or week one modules). You are not forced to attend every session as anyone with depression or mood disorders will know there are times when one's anxiety or general mood will not allow them to function in a way which would enable them to participate. However, it was wonderful to see the sense of camaraderie and peer support that I felt was built over the course of a relatively short period of time and also the change in people when they were enabled to open up more and talk about things we all felt difficult to talk about.

It seems a shame then, that what we all have in prison is time. Time to talk about experiences, time to build a support network and sense that we are not alone in our illnesses, and time to learn different "coping strategies". The cost and effort needed to implement this is minimal, but certainly the

therapies offered could easily be expanded to reflect some of the best and most effective treatment available.

Mental illnesses are difficult to diagnose, symptoms often over-lap and can be intermittent so behaviour needs to be measured over months and sometimes years in order for a correct and succinct diagnosis to be made. The staff do an excellent job in sometimes difficult circumstances but I do feel it would be beneficial to have more support and guidance from psychologists, particularly with regard to formulating group therapy sessions. There is also an opportunity to introduce more group relaxation, meditation, yoga and reflexology which would be of huge benefit to focus on mindfulness and create 'head-space' for healing. We have all ended up here for different reasons, though having an open mind to all and any help on offer has definitely helped me work out what works for me and what doesn't. And whether you are at the start of the road to recovery, somewhere along the way, or nearing the end, it is important to continue to engage with services outside of prison or hospital as an inpatient.

There are some really great services available in the community, which will continue treatment, if required, but are also there whenever you feel you need help or to re-engage should your mental health deteriorate, need advice, or feel someone you care about is experiencing difficulties.

Those of us with mental health issues know the huge impact it can have on our lives and the lives of our loved ones around us. And it seems, although slow to start, that change is around the corner and awareness has led



Patient artwork from HMP Belmarsh

to the out-dated practices being dissolved and a more modern, forward-thinking and better signposted range of services and treatments are on the horizon.

Don't accept sub-standard treatment, just because we're in prison! There are staff and medical professionals that care. It just requires a little linked-up thinking to develop a better range of treatments and the prison to ensure it continues to facilitate these and any new ones as required. We'll watch this space with angst!

A poem about mental health, self-harm, hope, love and support

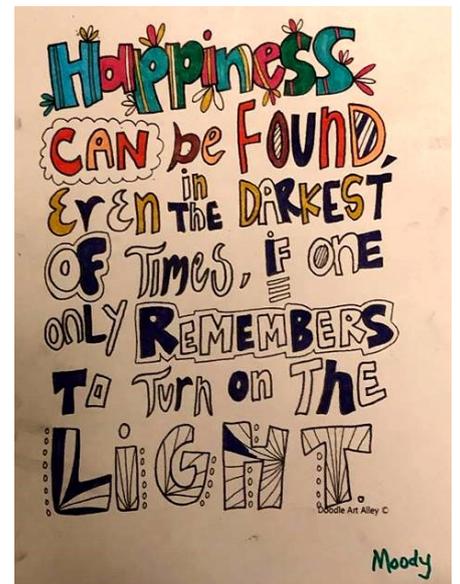
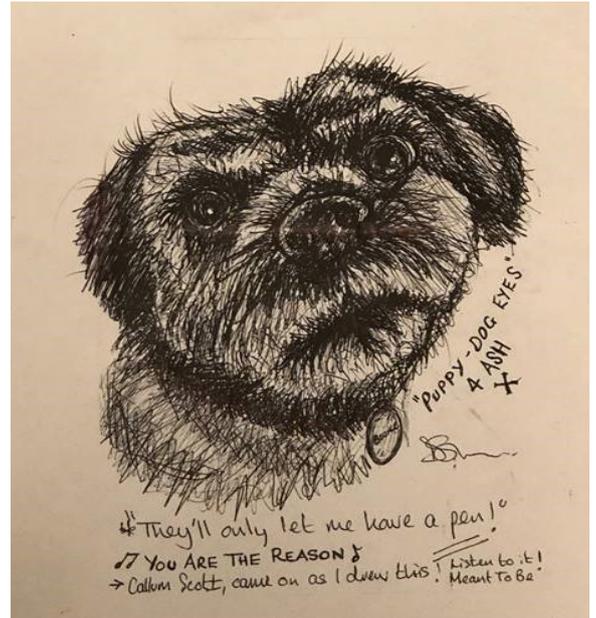
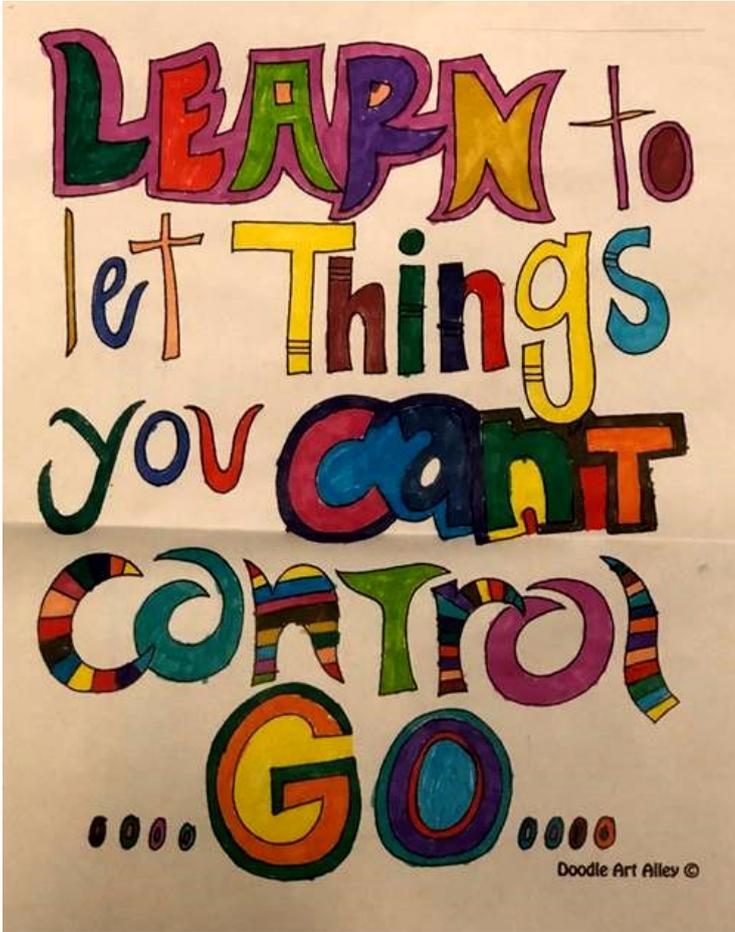
To Ashley, Love Always, David
"Behind My Eyelids"

There's Light in my blood
To flood this darkness with light
To fight the past with our love
And see a future that might,
Be filled with the dreams,
I used to dream years ago,
Instead of these nightmares
Which refuse not to go!
Panic steals my hope
And is forged within my brain
Being married to these demons
Is driving me insane!
But from somewhere comes the strength,
To keep on, keeping on
There is hope, there is love
There's support, and I know,
One day, Roses from the Ashes,
Will not only start to grow,
But bloom into a garden,
Where you and I can go.
So that when I close my eyes,
I see the Passion and the Beauty,
Hold your hand,
Walk through our Garden,

Full of Love Free of Pain,
Free of Shackles, Free of Duty

**David M, Service User, HMP Belmarsh,
Oxleas NHS Foundation Trust**

Patient artwork from HMP Belmarsh

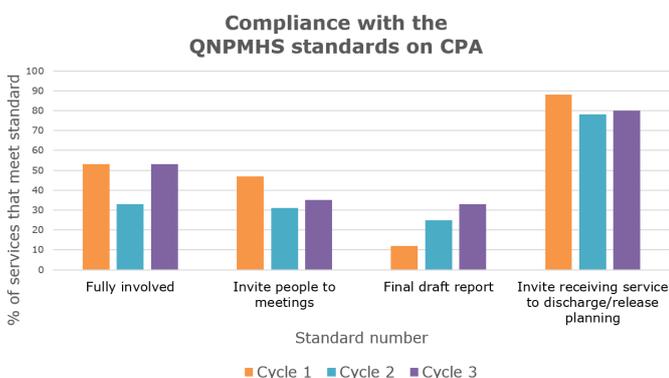


Care Programme Approach (CPA) in prisons: consultation event

On 11 April 2019 the Quality Network for Prison Mental Health Services and Tees Esk and Wear Valleys (TEWV) NHS Trust joined together to host the above event.

Purpose of the event

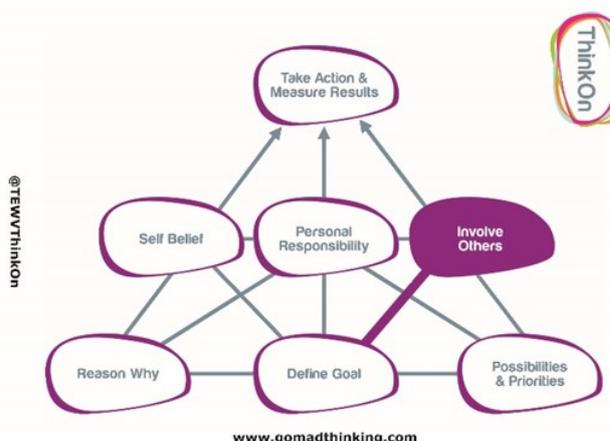
The purpose of the CPA in prisons consultation event was to explore services' experiences of using CPA in prisons and whether it is fit for purpose. We also hoped that the day would be a good opportunity for networking and to share good practice and learn from other prison mental health services. The day consisted of discussions about challenges and barriers as well as considerations for future ways of working. During this event, Megan and Jem from QNPMHS discussed an overview of how member services have been complying with the standards on CPA in prisons and below are the results for the past three cycles.



These standards look at patients being fully involved in their CPA meeting, patients agreeing who should be invited to their CPA meeting, patients being given a final report following a CPA meeting and lastly, an identified key worker and/or responsible clinician from the receiving service is invited to discharge/release planning meetings, such as CPA meetings.

Think On – solution focused thinking

As this is a challenging topic to services, it was felt that we needed to take a more proactive approach to addressing this matter. We came up with the idea of building a day using the Trust's new "ThinkOn" solution focused approach that supported information sharing and raising awareness of wider issues, whilst also encouraging the skill base and knowledge in the room to look to identify the challenges and barriers professionals face across the national prison service. Then using this, empowered and motivated people to look to identify ways to build better engagement, uptake, understanding, information sharing and quality for service users in the future.



The 'Think On' model through its framework and tools, empowers staff to take back the responsibility to think through their decisions and actions and has enabled staff to take ownership and pride in their work. Clearer and creative decision making is generating a more confident workforce.

Pre-event consultation

Prior to the event, we gained feedback from several prison mental health teams on how they are using CPA in prisons and whether they have any examples of good practice, problem areas and also suggestions for improvements.

The feedback was then summarised into themes:

Good practice examples:

- Aftercare arrangements
- Empowering patients
- Ensuring continued recovery
- Patient collaboration

- Identifying complex needs

Key challenges:

- Restrictions in a prison setting
- Lack of clear CPA criteria
- Engaging with community mental health teams (CMHTs)
- Lack of a multi-agency approach
- Accessing patient notes
- Templates are too specific

Some suggestions for improving practice included: education and training for CMHTs on how patients are managed in prisons, collaboration with CMHTs, having weekly protected time for CPA discussions, implementing a CPA lead, a shared information system, effective handovers with CMHTs and developing standardised templates.

The CPA consultation event

We had four coaches from the TEWV Forensic Directorate supporting the CPA consultation event who worked hard to engage and inspire the room. This was actually quite easy as delegates attending this event brought energy and motivation and took on the challenges and appeared to relish developing ideas and coming up with ways to approach the challenges identified. Through possibility thinking we estimated we

came up with over 400 ideas. We used these ideas to support us to develop 10 key areas or work streams that we felt would offer the best outcomes and positive changes and looked to commence identifying actions, goals and aims for future work.

Next steps

Feedback from the day to the coaches has been very positive with many people reporting they enjoyed the chance to actually engage and participate in the process of problem solving and a number of the responses actually suggesting they would have liked more time to engage in more work around the subjects.

A date has been planned for QNPMHS and TEWV to meet to start to develop these work streams with the aim to try to build pilots and new ways of working that could become the new national approach and setting attainable standards for all areas in the future. We are hoping for new, standardised templates to be developed throughout the year and released towards the end of 2019.

Dave Banks, Lead Nurse for the Integrated Support Unit (ISU), Tees, Esk and Wear Valley NHS Trust and Jem Jethwa, Project Officer, QNPMHS

Find out more about the CPA in Prisons Consultation Event

Presentations from the day are available on our online discussion forum, Knowledge Hub. More information on how to join Knowledge Hub can be found on page 13.

Presentations cover topics such as:

- A history of CPA
- Improving the delivery of CPA in prisons
- Introduction and history of CPA
- Access to aftercare upon remittal to prison
- Working with community mental health teams

'Feeling free to be honest'- the development of a dialectical behaviour therapy skills group within HMP Holme House

Dialectical behaviour therapy (DBT) is a cognitive behavioural treatment that was originally developed for chronically suicidal individuals that had a diagnosis of borderline personality disorder (BPD). The ethos of DBT is to help individuals change their behaviour, emotions, thinking and interpersonal patterns that are associated with their day-to-day living. Research has shown that not only was it effective for the treatment for BPD, but also effective for other disorders or problems that an individual may have (Linehan, 2015). Research states that the diagnosis of personality disorders within prison is quite high (Berzins and Trestman, 2004).

There is little research on the effectiveness of DBT within a prison but studies have shown that those who are in custody are more likely to have a mental health difficulty, have trouble regulating their emotions and engage in self-harming behaviours (Berzins and Trestman, 2004). There have been studies that compare DBT with other therapies and the results state that DBT has had a positive impact on reducing anger, suicide attempts as well as improved social adjustment (Linehan, Armstrong, Suarez, Allmon and Heard, 1991).

The DBT programme was implemented at HMP Holme House in November 2018 with the skills group starting in December 2018. The programme consists of a skills group, consultation and one-to-one therapy sessions. The DBT skills group runs for two hours each week with up to ten people attending and the consultation occurs each week for an hour.

Reflections from a Higher Assistant Psychologist

Starting a new group in any setting can be daunting, never mind when it is the first of its kind here at HMP Holme House. I have facilitated the DBT skills group for over two years in a mental health hospital but I didn't anticipate the challenges or the opportunities that starting a group in a prison would bring. Firstly, the environment; the rooms can be difficult to obtain (and keep) and the smaller rooms to facilitate one-to-one therapy are little to be desired.

Secondly, learning abilities. Each person is different and the teaching points were something we had to adapt, fail at and try again. I had to change my teaching style, rely on my knowledge and communication skills, introduce more discussion based exercises and not hide behind a flip chart. Finally, the attendees have shown great motivation to engage, the attendance is high and you hear first-hand how much people want to change their behaviours to live a life worth living.

Reflections from a Clinical Lead

Coming from a female prison establishment, and prior to that CAMHS, to HMP Holme House I had preconceptions of the DBT skills group. I noticed that I was sceptical; how can I teach something that was so full of jargon? Joining a new team, wanting to progress in my career and teach skills in a structured way, I attended the DBT intensive training. Upon completion and throwing myself into the programme, I realised it was logical and very easy to explain to both a group and on a one-to-one basis. I quickly picked up a one-to-one therapy case and it was then upon reflection I started to become a very holistic care based nurse. If I was ever in doubt or struggling with the sessions, I would discuss the therapy case within consultation which I found to be validating and rewarding. I have observed the skills group go from strength to strength with seemingly quiet men not wishing to open up to then learning to share experiences, building strong relationships with each other and facilitators of the group.

Quotes from attendees

I do (feel different) in one way, I think before I say something but my self-harm is still a bit of a problem'.

'I have learnt about collecting positive emotions'.

*DBT Skills Group Emotion Regulation
Module Attendees 2018*

Conclusion

Overall, the DBT programme is running with great success with the waiting list being filled and the group brimming to capacity. The success of the programme is captured within the statements from attendees. We are making small changes to people's lives and taking small steps to achieve their goals.

Helen Herring, Higher Assistant Psychologist and Rachel Granville, Clinical Lead, HMP Holme House, Tees, Esk and Wear Valley NHS Trust

A CPN team's point of view of the extended working week within a primary mental health team

The community mental health team (CMHT) at HMP Birmingham includes eight primary and two in-reach nurses. We are a diverse nursing team of practitioners with immense knowledge. Our expertise range from years of extensive secure/forensic background, criminal justice pathway, liaison and diversion outreach, substance misuse, ten plus years understanding of the prison mental health services, ex-prison officer and lecturer.

In addition to our CMHT, we have a 15-bedded acute ward solely for patients suffering with mental illness in a custodial setting. This service provides 24-hour care to patients who require further mental health assessment in a supported and safe environment. The ward is staffed with mental health nurses who work alongside healthcare officers to ensure that patients receive the support and treatment required to aid recovery.

The primary mental health team receives approximately 700 referrals per month. Our nurses manage their own caseload and have weekly clinics where they engage with patients who are in mental health crisis, providing them with patient centred clinical interventions. Nurses also undertake a daily duty role and manage referrals from the first night centre. Part of our role is to liaise with the wider prison service, including partners and outside agencies to provide holistic patient care.

From Monday 14 January 2019, the CMHT began providing a seven day service, ensuring the availability of a CPN during core working hours throughout the entire week. Our team were a bit hesitant about working longer days and incorporating weekends into our already busy lifestyle. However, as the weeks passed, the team morale and workload has improved. The seven day service has given staff the opportunity to have a work-life balance, enabling flexibility within the rota, opening up opportunities to have days off during the core week.

The number of referrals that were triaged on a Monday have significantly reduced due to the distribution of referrals and reviews throughout a longer work week. Referrals and ACCT reviews which aren't carried out within the core hours, can now be handed over to the staff working the extended periods to ensure urgent referrals are

prioritised. Admissions to the in-patient ward have now reduced. The referrals we now receive are less dedicated to crisis regulation and are now focused on acute mental health management.

The extended service increased visibility of the mental health team across the prison, providing quicker assessments and ongoing engagement with patients and officers. This has had a positive impact within the prison service. They now have the opportunity to plan, spreading ACCT reviews throughout the day to aid a CPN's attendance, endorsing a more multi-disciplinary approach to patient care. In addition to this, attendance of all the initial ACCT assessments will ensure that the first review encompasses a holistic approach to patients' needs.

The extended week has improved areas of good practice; it ensures that patients receive consistent high quality and safe care every day of the week.

The extended days have given practitioners time to understand individuals' needs, focus on documentation to provide rich quality of information which informs sound decision making. Practitioners now have dedicated time to focus and formulate patient's care plans; to deliver clinically sound evidence based interventions.

As with every new endeavour, there are challenges. One of the challenges with the new extended work week is receiving last minute referrals and reviews. This means that urgent assessments and reviews were

not prioritised appropriately due to being unplanned. This hinders staff from attending the review and assessments because of pre-planned engagement.

Due to the extended hours, CPNs are now expected to undertake extra tasks after attending reviews or assessments. One of the benefits of the extended hours is to plan as much as possible; utilising time effectively. This allows a CPN time to enrich their decision making resulting in the best possible care for patients.

Another limitation is that due to rota management, some staff are unable to attend our weekly multi-disciplinary team meeting, during which we discuss challenging patients and participate in discussions around caseloads, which improves knowledge and familiarity of patients' needs.

Despite our challenges, we endeavour to work and adapt to the needs of the service. We address challenges by working in partnership with the prison service and other partner agencies to enhance the relationship, to understand the limitations within the extended week and to address this together. We will continue to develop and work to improve the mental health service within the HMP Birmingham.

Sharon Whyte, Senior Mental Health Practitioner, HMP Birmingham, Birmingham & Solihull Mental Health Foundation Trust

Knowledgehub

Join our online discussion forum!

The Quality Network for Prison Mental Health Services (QNPMHS) email discussion group has moved to an online discussion forum called Knowledge Hub. Currently, we have discussion topics on:

- Audit tools for high risk medication
- Transfer and remission guidance consultation
- Prison mental health awareness induction training
- Acquired brain injury (ABI)

Email us at prisonnetwork@rcpsych.ac.uk to join!

Mindfulness in Justice Network

Having received much funding and support from the Oxford Mindfulness Centre (OMC) for our Pentonville prison mindfulness project, we again asked them to support a day where those delivering mindfulness in justice settings could get together to explore the variety of ways people are approaching mindfulness in this setting.

Forming connections in this way is particularly important for those of us in prisons as the nature of the environment means we can be particularly isolated in our work.

We were delighted that the OMC allowed us to meet in the beautiful environment of Worcester College, quite a contrast from our usual daily environment. This was nourishing within itself. Mark Williams (founding director and honorary senior research fellow) and Chris Cullen (MBCT teacher and trainer) were in attendance and as always it was fantastic to have such knowledge and experience in the room.

What quickly became apparent, however, as we went around the room was that many inspiring people were present, forming impressive initiatives in isolated pockets across the justice system.

It was apparent how little we had previously been aware of each other and how much we had to offer each other. It was especially moving to hear from Paul who encountered Sonya Russo (MBCT teacher) and Plan B mindfulness in prison as he spoke of the impact mindfulness has had on his life. A graduate from our program was also in touch throughout the day keen to get feedback on developments.

Many connections were made, future plans for meetings hatched and reflections on next steps. Chris Cullen generously requested that we keep in touch to continue discussions regarding how the OMC might support us in the future. We all agreed that this meeting was just the start of something important for mindfulness in justice.

Deborah Murphy, Wellbeing Centre Manager and Lead Occupational Therapist, HMP Pentonville, Barnet, Enfield and Haringey Mental Health Trust

Occupational therapy within a prison environment

When I first mentioned to friends and family that I was considering applying for a job in a prison mental health team, the responses were predictably humorous ones, mostly along the lines of 'well, you need locking up'. However, once I had given the application some more thought, and had been able to look around the prison and talk to staff at interview, I decided that if ever there was a place for a creative and out-of-the-box inclined occupational therapist (OT) to flourish, then this was surely it.

Working in a C category prison – a category generally regarded as offering more

opportunities for moving forward in your life and the possibility of escaping from your current circumstances – I have come to see our prison as primarily almost a mental health prison, in the widest possible sense. The workshops, groups, training, and education opportunities available all combine to make this a therapeutic environment, and to give focus and opportunity to those who previously had none. We try to challenge offenders' own preconceptions about themselves and the ways that they should be treated; to put ourselves in their shoes – however uncomfortable – and always keep in mind that being kept away from their community behind the walls is the punishment: how offenders are treated inside the walls is not and should not be any part of it.

The challenge as an OT is to know all opportunities in detail, and to support

people, often with multiple diagnoses, to decide on the best way for them *personally* to engage with what is on offer. We work closely with individual offenders, to develop personalised pathways to cover their time here, recognising that they have frequently been written off as children, and may consequently have a mountain of self-doubt to overcome before they can fully participate in any programme that we may come up with. For example, we have recently been supporting a client with learning disability, attention deficit hyperactivity disorder and autistic spectrum condition to work toward developing his own business on release. This has required the various agencies involved to work extensively with him and his family, and we think that this work to focus his energies will help to significantly reduce the risk of relapse and reoffending.

We have broadened the scope of OT input to include bringing in outside agencies to meet people preparing for release, recently hosting a session with Primal Roots gym, a social enterprise based in West Kent, who offer gym sessions in local woodlands. They came to meet people inside the segregation unit, and to offer help and support to those people leaving prison.

Recently, a manager approached me for my input on the best ways of spending a grant to renovate the segregation unit, and this led to a long conversation about the benefit of ball pools to ease adults in distress, the ethics of having one in a prison – ‘what if a newspaper finds out?’ – colour charts, and to our planning a trip to the redeveloped Broadmoor to see how they are managing things there, and what we could incorporate into our own strategy.

Probably the greatest surprise within the prison service has been the number of people who tell us that they have got themselves into prison purely for the greater mental health support available. This is overwhelmingly due to the current state of chaos in chronically underfunded community mental health services, which has resulted in people with ever more complex needs ending up in the prison sector, where they are unfortunately surrounded with drugs and violence to an even greater degree than they are on the outside.

Interestingly now when I speak about my role and work in the prison the discussion tends to shift emphasis to the wider community outside the walls, and how financial and social pressures can affect vulnerable people, and lead them into crime. Often, it is only once they arrive in prison that any efforts are made to help them find other ways of coping with these pressures. Visitors are often surprised by the atmosphere within the prison, by the bonhomie, and by our general approach to prison life, where all staff are encouraged to think creatively about their approach to offenders within safety and environmental constraints.

Although initially I was unsure whether prison was a place that would be open to the possibilities that OT offered, it now feels like it was just waiting patiently for the door to be opened.

Rachel Turpin, Occupational Therapist and Inreach Team Manager, HMP Rochester, Oxleas NHS Foundation Trust

Follow us on Twitter

@rcpsych and **@ccqi_**
and use **#qnpmhs** for up-to-date information.

News

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



Royal College of
General Practitioners

Safer prescribing in prisons

The second edition of Safer Prescribing in Prisons has drawn on emerging evidence and responded to feedback from the first edition. It has followed NICE guidance where possible to reflect the safety and

security issues that affect the prison environment, in order to improve care, while aiming to embrace equivalence of effect, practice and outcome, where possible.

<https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/prison-health.aspx>

Broken Trust: The rising numbers of women recalled to prison

This research confirms a principle of the Transforming Lives programme: that the solutions to women's offending lie in the community. One of the programme's objectives has been to improve awareness of and support for women's specific needs, for example the links between their experience of abusive and coercive relationships and their offending, unmet mental health needs arising from histories of trauma, and the adverse effects on children due to their mother's imprisonment.



<http://www.prisonreformtrust.org.uk/Portals/0/Documents/Broken%20Trust.pdf>

Imprisonment in Wales: A Fact file



Canolfan
Llywodraethiant Cymru

Wales Governance
Centre

The Wales Governance Centre is a research centre that forms part of Cardiff University's School of Law and Politics undertaking innovative research into all aspects of the law, politics, government and political economy of Wales, as well as the wider UK and European contexts of territorial governance. This report looks at the prison population in Wales and the current statistics and problem areas faced.

https://www.cardiff.ac.uk/data/assets/pdf_file/0008/1195577/Imprisonment-in-Wales-A-Factfile.pdf



Restoring something lost: the mental health impact of therapy dogs in prisons

This report looks at animal assisted therapies (using animals including dogs to create a therapeutic environment) and how they are widely used in health settings for those with physical, developmental, cognitive and mental difficulties. It looks at the impact of this therapy in a prison setting and the research to date.

https://www.centreformentalhealth.org.uk/sites/default/files/2018-12/CentreforMentalHealth_Restoring_something_lost.pdf

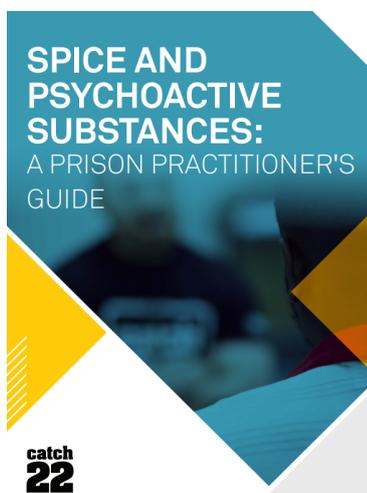
Female Offender Strategy

This strategy sets out the Government's commitment to a new programme of work for female offenders, driven by three priorities: earlier intervention, an emphasis on community-based solutions, and an aim to make custody as effective and decent as possible for those women who do have to be there. It also sets out the framework for taking this forward: it is only through effective partnerships, at national and local level, that progress can really happen.



Ministry
of Justice

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719819/female-offender-strategy.pdf



Spice and psychoactive substances: A prison practitioner's guide

This report looks at the different psychoactive substances, such as synthetic cannabinoids, depressants, stimulants and hallucinogens. It looks at various research into the impact of these drugs on individuals and practitioner guidelines on managing these in prison.

https://cdn.catch-22.org.uk/wp-content/uploads/2018/11/edited_Catch22-Spice-and-NPS-A-Prison-Practitioners-Guide.pdf

HMP Elmley STaR worker initiative and where it fits within a mental health inreach team

Bradley Therapy Service (BTS) work under a stepped care model approach, this is through a single point of access: mental health inreach team (MHIRT). This pathway of care which is available within the prison allows residents to access appropriate interventions according to their level of need. This ranges from Step 1; distressed but able to manage daily living activities (DLA) which would be managed by GP and BTS workshops through to Step 4; longstanding complex problems, behaviours affecting self and others. Not able to attend to DLA.

Where do support time and recovery workers (STaR workers) fit into this model? STaR workers facilitate the BTS workshops along with providing the material on a one-to-one basis. These lower level psycho-educational workshops cover the following; mood management, coping skills, understanding and managing trauma, understanding paranoid thoughts, bereavement and other loss and understanding personality.

In addition STaR workers hold their own caseload and work independently to plan ad-hoc sessions around additional low level support for anxiety and depression, extending this to emotion regulation and distress tolerance. Once a resident has completed the sessions, the STaR worker may refer on to the BTS team for higher level intervention if the level of need is identified.

STaR workers may also assist BTS with the other longer term groups available including; hearing voices, calm and compassion, DBT and seeking safety. Although STaR workers mainly support BTS with step 1 and step 2 interventions, an important aspect of all the psychological groups provided is that they are evidence-based, trauma-informed interventions.

STaR workers have been running an art group weekly which has had positive feedback from residents as a space to come and spend time in a relaxed environment. They engage in all art forms including but not limited to painting, drawing, colouring and card making. This has proven a positive setting that allows residents to identify effective coping skills to take back to their cells during lock up, potentially reducing stress and thought rumination.

An addition to this has been the set up and running of drop-in clinics on all house blocks by STaR workers. The idea was to be present on each spur for an amount of time should residents have any questions regarding their mental health and STaR workers would be able to sign post them efficiently to the appropriate service, intervention or agency depending on their need. It is also an opportunity to confirm if residents are on a waiting list to be seen for a mental health assessment, bringing reassurance. Any resident wishing to complete a referral is supported with writing a general application and this is posted on their behalf.

When not engaging in the above, STaR workers are an overall support to the MHIRT and BTS. From completing admin tasks such as sending in-cell packs for residents to carrying out workshop assessments which supports the assistant psychologist. STaR workers are supported by senior colleagues from both the MHIRT and BTS teams on a day-to-day basis. In addition they receive monthly personal supervision from their allocated supervisor within the MHIRT as well as monthly workshop supervision with the BTS team in collaboration with HMP Rochester.

In summary, the STaR Workers are an important element to the MHIRT within the prison setting. By helping to support both colleagues and residents, STaR Workers are able to provide lower level intervention and identify the need to refer for a higher level of support to maintain an efficient and effective service.

**Claudine Clarke and Charlotte Baker,
StaR Workers, HMP Elmley, Oxleas NHS
Foundation Trust**

A day in the life of the mental health team

Working in prison can sometimes be tough,
Especially within offender health,
Here's a whistle stop guide of what we can
do,
Have a read and see for yourself

We are an MDT with a range of staff,
Psychology, nurses and support,
Offering one-to-one therapies or group
work,
Guided learning or self-taught

For continuity of care, resettlement's for
you,
For continued support past the gate,
We signpost on for your needs to be met,
So you can get back to feeling great

Referrals from staff or a self-refer method,
Come in via our IMP and MDT,
Together we decide what's best care for you,
A decision we all must agree

The referral may state a range of symptoms,
Whether you're depressed, anxious or
nervous,
If this is the case, we triage it on,
Rethink can offer you the service

We offer quality care with high standards to

uphold,
But it's not always plain sailing you see,
No matter how many times you scream
shout or yell,
We can't give you a single cell or TV

Feedback from groups is always a hit,
Whether it's wellbeing or hearing voices,
For emotion reg, DBT is the one,
To address emotions and subsequent
choices

Assessments, signposting and mental health
intervention,
Is just a sample of what we do,
EMDR, speech and language and depot
injection,
And not forgetting the odd ACCT review

We liaise with others to give the best care,
Officers, GP's or next of kin,
But ultimately we need your consent,
Only then can the treatment begin

I've just scratched the surface on what we
can offer,
Ready to work and support, we're living the
dream,
So yes, we are there for your mental health
needs,
A day in the life of the mental health
team!!!!

**Danielle Mercer, Higher Assistant
Psychologist, HMP Holme House, Tees,
Esk and Wear Valley NHS Trust**

End of life approach at HMP Belmarsh

HMP Belmarsh, located in South East London, is a high security core local prison and one of the highest profile and most complex prisons in England and Wales. We serve a population of around 900 prisoners. Oxleas NHS Foundation Trust is commissioned to provide healthcare within the prison. Similar to the general population we have an ageing population with 10% of prisoners falling into the 'old age' category.

Meeting the needs of the older population in

healthcare is a challenge, due to the prison regime. We recognised there are no established national protocols and what we have is good practice in various prisons around the country including our local prison, HMP Belmarsh. There is an active programme for redeveloped prison services and rehabilitation. The number of people who are in prison over the age of 50 has been steadily increasing and is projected to continue for the next 5 years and beyond. In December 2017 the total prison population in the U.K. was 84,373 which includes age 50 – 59 population 8,638, age 60 – 69 population 3,243, over 70 populations 1,641 and total prison population age 50 and above 13,522. We currently have 91

prisoners who fall into the over 50 age category.

End of life is a subject that most in the community do not want to talk about. Most establishments are not geared to meet the needs of prisoners at this stage in their life but here at HMP Belmarsh we have taken a step forward and are working collaboratively with all key parties to meet the needs of those individuals. It is key for staff to be given the tools, resources and skills they need to deliver high quality care for palliative patients; hence we have prioritised end of life training to all staff working in our inpatient unit including disciplinary staff.

HMP Belmarsh has an established protocol for end of life care, we work collaboratively with all agencies and actively involve family attendance and contribution at case conferences to discuss and plan care focusing on dignity and privacy for the patient and their family. Despite the confidence within the team that we are well prepared to deliver end of life care, we always challenge ourselves to provide "a good death". It is a fine balance to juggle all the emotions and feelings during this process bearing in mind we still have to adhere to prison regime and regulations.

Understandably emotions can run high during this challenging period, reflective practice allows us to ventilate, examine and learn from our practice. We have had success stories but some were a learning curve for us.

Our strength is in the working relationship we have with partner agencies; it would be unthinkable to work in silo when delivering end of life care. Prison governors, social care, chaplaincy, offender management unit, local hospice, probation, legal representations, family and the patient are key stakeholders in decision making. Patient and family feedback has been very positive with regards to support received. The palliative care suite is located in our inpatient unit and has been designed to meet the standard required to deliver end of life care. Dignity and privacy remain our core objectives. When end of life is inevitable, aggressive therapies, medications and other interventions may be withdrawn but our team will never withdraw care and compassion.

Suraj Persand, Mental Health and Substance Misuse Service Manager and Michael Chiteme, Ward Manager, HMP Belmarsh, Oxleas NHS Foundation Trust

Preparing for a patient reviewer to participate in a prison review

For many, the peer review process is one of the most significant aspects of the work of the Quality Network for Prison Mental Health Services (QNMPHS). The Quality Network recognises that if we are to perform robust reviews of mental health services in prisons, it is essential that we hear the voices and experiences of those who receive our services. For this reason, the peer review team dedicate time and attention to talking with and listening to service users on review days. However, what has proved more challenging has been gaining the involvement of service users to contribute to the review process itself.

In my role on the QNMPHS advisory board, I became conscious that although making excellent contributions in their work with the College, presenting at conferences, advising the panel on standards, the peer representatives experienced much Frustration. Without access to entering prisons themselves, their role and potential was being significantly limited.

The prison vetting process, by its very nature, presents challenges to those who have reformed and now wish to contribute to others in the criminal justice system. Having experienced barriers in getting access through these processes, a more successful approach was likely to be to simply approach the governor of individual prisons to request that peer reviewers gain entry.

As HMP Pentonville had recently become the responsibility of a forward-thinking and inclusive governor, Darren Hughes, I offered

to test whether this approach might be more successful. As is often the way in large and busy prisons, attempts at meeting with the governor to discuss this possibility were postponed twice due to more pressing security issues. However, third time lucky and the governor and his deputy were immediately open to the suggestion. Having been referred to the security governor a detailed risk assessment of the service user was requested around issues related to his offending, time served and current attitudes, "associates" and lifestyle.

I had previously met John, the prisons service user representative around a boardroom table at the Royal College of Psychiatrists. We were both new to our respective roles and I'd had little opportunity to talk with him as yet. I found it quite challenging that our first meaningful interaction would be around my extracting quite deeply personal information from him about the aspect of his life that he was currently attempting (successfully) to move away from. It felt uncomfortably intrusive. John however, took this in his stride and offered a very thoughtful and detailed letter written directly to the prison governor's regarding intimate details of his mental health and offending history, as well as his current efforts and achievements in creating a new life upon leaving prison.

I was personally very moved by John's story and efforts at reform and felt confident that the governors would be satisfied by the information provided. I liaised between John, the Network, and the prison system, completed a plan for mitigating any potential risks during a visit, and with all prison personnel now satisfied, the day before the review we had finally got to the stage that the governors final agreement was all that was needed. With a significant event diverting his attention that day we didn't have confirmation regarding whether John could enter the prison until the early hours of the morning the day of the review itself.

John who had been on standby got news he was needed at 7am, and in he came at 9.30. John later told me that his mother had joked that he spent all those years trying to get out of prison and now he was spending all of his time trying to get back in. All of the hard work proved to be worth it. Having John on board gave the day a very

different feel to our previous reviews. It was great for our team to experience John's enthusiasm. It meant so much more hearing from someone who has used services similar to ours saying that this was a great example of what was needed.

It was also great to hear the enthusiasm from the users of our service. They were very animated after speaking with John. Not only did they provide John with feedback regarding their personal experiences of our mental health services, they experienced it as inspiring to hear from John about his own journey through the criminal justice system, and they expressed feeling a sense of hope that reform is possible having met with John.

One man in particular who had an upcoming parole hearing found it helpful talking to someone who had been through such processes to live a creative life. Many team members also took the opportunity to talk to John throughout the informal breaks and over lunch. John expressed being particularly moved by how he felt welcomed and treated with respect throughout the visit from the staff on the gate to the various professionals he encountered through the day.

I am conscious that the college are currently putting structures in place in effort to make this a regular aspect of review processes. We have experienced a lot of learning regarding overcoming potential barriers to this process. Pentonville is known to be a very complex prison and because it was uncharted territory, it was in honesty additional work and energy to make this happen, however I feel it's been a really important and interesting learning process and we've all learnt and gained so much from the experience that I do hope that others will be prepared to put a little extra effort in for the enormous amount of gain that having a peer representative on the team offers.

**Deborah Murphy, Wellbeing
Centre Manager and Lead Occupational
Therapist, HMP Pentonville, Barnet,
Enfield and Haringey Mental Health
Trust**

How to respond to your draft report feedback

At the Quality Network, we get a lot of questions from services about their draft reports in particular, their initial draft report scores and the number of standards rated as met, partly met or not met.

We endeavour for the process to be as supportive as possible and we do not want teams to receive the reports negatively.

To improve this, we thought it would be helpful to give some guidance on how the reports should be received and what to do next.

1. Don't focus on the score! This is just a number and it will likely increase when you submit further evidence and commentary. We're only with you for one day and we may have missed things or not had time to fully explore an area.
2. The most common area where services are scored down is a lack of documentation submitted for the evidence bank section of the review. Provide as much as possible ahead of the review day.
3. Refer to the evidence bank checklist about the *type* of evidence needed. This will give a breakdown about whether anonymised patient notes, policies or records are needed.
4. Read the key achievements and areas for improvement in detail. These are the highlights of your service's review and they provide more meaningful information than the overarching percentage of met criteria.
5. Share the qualitative feedback with your team and celebrate your achievements. Don't share the score at this stage as it will change if you provide further evidence.
6. Work through each section and devise a spreadsheet to log each area that is partly met or not met.
7. Where you can provide further evidence or commentary, log it on the spreadsheet and return it with the accompanying evidence to your project link person at the Quality Network.
8. Where you identify that further work is required, you can log this on the spreadsheet too and use it to inform your action plan.
9. If helpful, request a phone call with the project team to talk through the evidence and agree each point together. The project team are here to help and support your team. They have a good knowledge of the standards and how to evidence them – utilise their expertise!
10. You will have two weeks to provide further evidence and do feel free to arrange to speak with the Network for clarification if necessary.

**Megan Georgiou, Programme Manager,
Quality Network for Prison Mental
Health Services**

Look out for our 4th Annual Report this Autumn!

Our annual reports summarise findings from the review visits that are conducted each year. They outline the current climate within prison mental health nationally, identifying best practice as well as the key areas of challenge experienced by participating services.

Visit our website for previous reports.



Upcoming events at the Quality Network

QNPMHS 4th Annual Forum

This will be an exciting day packed with plenty of presentations and workshops. It's an opportunity for professionals from all disciplines to meet and discuss key service development issues relevant to prison mental health services and share ideas about the future.

Date: 02 July 2019

Location: Royal College of Psychiatrists, 21 Prescot Street, E1 8BB

Reviewer Training

Reviewer training is a free event for staff working within member services. The training is a great learning experience for those who are interested in participating in external peer-reviews of mental health services in prison.

Dates: 03 September 2019 (Nottingham)

24 September 2019 (London)

24 October 2019 (London)

Save the date: Trauma-informed care within secure and prison mental health services

Date: 21 November 2019

Location: Royal College of Psychiatrists, 21 Prescot Street, E1 8BB

For further information and booking enquiries, please visit gnpmhs.co.uk or email us at prisonnetwork@rcpsych.ac.uk

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

Her Majesty's Prison & Probation Service

www.gov.uk/government/organisations/her-majestys-prison-and-probation-service

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/

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/

Revolving Doors

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

Royal College of Psychiatrists' Centre for Quality Improvement

<https://www.rcpsych.ac.uk/improving-care/ccqi>

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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Follow us: @rcpsych and @ccqi_ and use #qnpmhs for up-to-date information

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