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# WELCOME

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

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

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

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

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

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



# Confusion and hope at HMP Belmarsh with coronavirus

It has been a challenging time globally with COVID-19 and of course no exception at HMP Belmarsh. All prisons are worrying about their new arrivals and the current inmate population.

Creativity has become a new word in our vocabulary at HMP Belmarsh, we have fortunately been using our high secure unit almost like an old sanatorium for patients, with symptoms of COVID-19 who can spend their first 14 days of their journey into prison there.

It has been admirable, the way prison officers and healthcare workers alike have managed to achieve a ward setting in sadly a unit usually used for very high secure purposes. At the end of the 14 day period when we have had time to test the new arrivals they then

transition back to the main prison to progress on their journey.

In addition, we have been struggling with healthcare and discipline staff shielding and being unable to come to work during the COVID-19 epidemic. We have had the national rule about masks, protection and all the challenges

## How do we keep the prisoners safe?

We have had to change their regime, reduce their exercises, stop workshops and stop education to meet the national guidelines to keep everyone safe. As always, the staff have come together; safer custody and the equalities department have visited over 150 vulnerable prisoners.

They have given all these prisoners an information leaflet (reader friendly) about COVID 19. Vulnerable prisoners have been given simple questionnaire to identify their needs.

The prison has issued TV amnesty all have access to television and extra phone credit



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for outside contact. Psychological therapies and safer custody have developed distraction packs including mindfulness colouring, word search, relaxation techniques and puzzles.

Primary care has developed sleep hygiene packs to have a positive effect on prisoner's physical and mental wellbeing. We have also distributed stress balls and games out to relieve tension. The identified vulnerable group are visited by member of staff every third day.

We are trying to ensure a safe prison population who feel cared for and wanted. In addition, the mental health services are unable to provide face-to-face counselling or one-to-one psychology at this time so have reverted to telephone contact.

For all those who need one-to-one contact for their mental health, we are able to provide this with the help of the prison. It has been a time of high challenge for the primary mental health team, who have produced a wonderful newsletter with contributions

from all health disciplines ensuring that prisoners are aware that the forensic consultants are still working with the courts.

Our independent monitoring board has had an input to the newsletter. All parts of the health team have shown how they are working differently and how the prisoners can access the services in a different way. It has all been a change and has shown that we can be creative and diverse with the help from discipline staff, using their skill in a new transferable way.

*We are striving in a frightening world to keep those marginalised from it protected, supported, educated and safe in what is potentially a scary prolonged empty time.*

**The Mental Health, Safer Custody and Equalities Teams, HMP Belmarsh, Oxleas NHS Foundation Trust**

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## Barriers to developing resilience and how a compassionate approach can help

Emotional resilience refers to how well we can bounce back from the difficulties of life and our capacity to adapt in the face of adversity, whilst maintaining a stable mental wellbeing. Research has shown that emotional resilience is not a personality trait, it is not something we are born knowing, or simply have. It is a skill set something we can all take steps in developing.

Working within forensic settings, we will have undoubtedly supported individuals who

have faced adversities throughout their lives. It is likely these individuals have not been provided, with the opportunity or guidance to develop skills in resilience and may have instead learned to cope using strategies, that have (often unintended) negative consequences for themselves and others.

Resilience training may therefore become a treatment goal for these individuals, but what challenges could they face? What barriers may arise whilst working to develop resilience? And are we in fact missing a treatment need entirely?

Clinical psychologist Dr Meg Jay explains that people often find the concept of resilience de - validating of their experiences. Language choices such as 'bounce back' and 'he/she is resilient' do not make people feel understood in all of their complexities, and diminishes how hard life can actually be. She explains that people do not simply 'bounce back', but

instead commit themselves to a heroic struggle - a process that can last for years. She recommends recognising and validating someone's experiences of adversity and struggle as the first step in supporting them to develop skills to manage future difficulties.

A person's capacity to develop resilience can also be affected by how they view themselves within the world. Researchers have identified that, whilst people vary in coping skills when faced with difficult situations, there are some key characteristics of resilience. For example, people with high levels of self-esteem, self-efficiency and self-awareness are more likely to be motivated and hold the belief that they are capable of overcoming adversity. They are also more likely to feel, that they are deserving of a better more positive life.

There are many reasons why someone may struggle to develop these characteristics within themselves. We are often taught to put other people's needs before our own, neglecting ourselves in order to do so. However, this long-term is not an effective or a sustainable strategy. As by not responding to our own needs we are likely to become intolerant and critical of ourselves when we inevitably become overwhelmed by life's challenges.

Neuroscientists have suggested that people who experience high levels of self-criticism are more likely to engage in behaviours of self-inhibition and self-punishment, which can cause us to disengage from our goals. Our inner critic can leave us feeling threatened and vulnerable; triggering our fight or flight response and an innate need to protect ourselves from current and future threats. This can see people feeling demoralised and unmotivated, leaving them stuck in a cycle of fear driven beliefs, unhelpful behaviours and unforeseen consequences. By supporting people in developing a more compassionate self, we encourage qualities such as wisdom, courage and warmth which help us to see that our inner critic isn't trying to harm us, but is in fact often a misguided attempt of self-preservation. It does not tell us truths about our abilities, but more stories about the things we fear.

Professor Paul Gilbert, Founder of The Compassionate Mind foundation defines compassion as 'a sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it.' He explains that the courage to be compassionate lies in the willingness to see into the nature and causes of suffering - be that in ourselves, in others or the human condition. The challenge is to acquire the wisdom we need to address the causes of suffering in ourselves and others.

Often people are reluctant to develop their compassionate-self, possibly seeing it as self-indulgent or self-pitying. People may feel overwhelmed and consumed by emotional pain, expressing feelings of helplessness and a lack of control over their lives. In developing the ability and strength to face and manage our difficulties is the essence of brave courageous living. Being able to attend to our own difficulties and challenges wisely enables us to have the spare emotional capacity to engage with others and life in a more helpful way.

There has been much academic interest in the effects of developing compassion, with research showing that people who score highly on self-compassion:

- Cope better with adversities;
- Take more personal initiative and responsibility;
- Are less fearful of making mistakes and being rejected;
- Are more emotionally intelligent, happier and more optimistic;
- Take better care of themselves physically and emotionally.

It is easy to see then how the development and use of a compassionate self can not only aid the overcoming of barriers to resilience, but also be utilised as a powerful tool in attending to our own needs and challenges.

**Hollie Stokes, Higher Assistant Psychologist, HMP Northumberland, TEWV**

# Rethinking primary healthcare during the pandemic

Rethink Mental Illness are proud to provide IAPT (Improving Access to Psychological Therapies) low-intensity psychological therapies and primary care mental health support across several UK prisons. Through the passion and commitment of our dedicated and skilled workforce involved in service provision, primary mental health support has continued to be provided within many prison sites amidst the COVID-19 pandemic, in line with NHS and government guidance. Rethink staff have taken a solution-focused approach towards service provision across all estates, which has included adapting ways of working and modifying working hours to ensure patient care, remains at the heart of our service whilst promoting safety within the environment.

When lockdown measures were initially introduced by the government, we ensured correspondence was distributed to all service users awaiting and receiving primary care support, explaining anticipated delays in service provision as a result of COVID-19 limitations. Self-help materials were made widely available across the prison estates, including newly formed and adapted resources specific to common mental health problems and COVID-19. This included ways of keeping well in isolation, facts about COVID-19 and ways of controlling the virus, and maintaining a healthy sleep cycle in isolation. Distraction packs containing a range of wellbeing-enhancing activities; including puzzles, workouts and relaxation activities, were also distributed to promote wellbeing during this difficult time.

With regards to the current provision of primary care support, fortunately some of our

prison estates have been able to embrace the use of in-cell technology. To continue providing therapeutic interventions to service users via telephone, mirroring community IAPT services. While prison-based support is usually delivered face-to-face or through intervention-based groups, using telephone appointments has allowed many barriers in treatment delivery to be overcome. In light of COVID-19 limitations, we have adapted contact with service users and appointments around the prison regimes currently operating.

Despite initial concerns around the effect of telephone-based support on therapeutic relationship development, following findings from research such as Turner, Brown and Carpenter (2018), service users have reported positive outcomes through treatment while under this adapted service provision. Utilising this technology has also allowed staff to adapt their individual practice and develop their skills in providing telephone-based support, enhancing their professional development in service delivery.

One service user who transitioned from face-to-face contact to telephone sessions mid-treatment, in light of the pandemic, was initially reluctant to continue sessions. However, after overcoming this barrier and completing sessions with their psychological wellbeing practitioner (PWP), they said:

"It's been OK. I don't think there's been any negatives and I get to be in my own space, in my own comfort and relax. When I go to the area we usually go to I'm overthinking that other people can hear and are looking in".

The benefits and ease of providing this telephone-based support, gives huge potential to the delivery of prison-based IAPT support going forward, allowing equilibrium to the community and flexibility for service provision. As this has not been provided as a regular means of support previously, allowing this support to operate has required

assistance from colleagues within the estates to ensure telephone availability, by increasing the number of these resources. Other barriers have also been addressed along the way, such as ensuring confidentiality when service users are in a shared cell and working around prison regimes.

Where telephone support has not been possible due to the absence of in-cell technology, adapting treatment has meant adhering to government guidance to ensure staff and service user safety. This has been addressed by reducing active caseload numbers, maintaining social distancing at all times, and using PPE effectively alongside frequent hand washing and use of hand sanitisers.

Due to distancing measures in place for all prison activities, we have also liaised with prison officers and governors to ensure patients still have opportunity to attend

appointments and any foreseen barriers in treatment addressed. For example, when working with a patient shielding due to enhanced vulnerability of COVID-19, one PWP worked with prison staff to agree a time later in the afternoon where this service user could attend the appointment safely, with social distancing measures in place to continue treatment.

Adaptations made to sessions have been met by understanding from service users during these unprecedented times. We and our colleagues within the wider mental health team and wider prison estates continue to strive to provide the highest quality of care possible to service users as the situation develops and we reflect on lessons learned.

**Yasmin McGorlick, Psychological Wellbeing Practitioner, Rethink Mental Illness (North East Prison Service)**

## Knowledgehub

### 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

Email [prisonnetwork@rcpsych.ac.uk](mailto:prisonnetwork@rcpsych.ac.uk) if you would like to become a member.

# Good practice of physical health in prison



NHS Foundation Trust

In September 2019, Oxleas NHS Foundation Trust re-designed how we should manage physical health and the new role of the physical health co-ordinator was introduced. The challenge is to promote physical health in prison with the post covering three prisons HMP Belmarsh, HMP Thameside and HMP Isis known as the Greenwich Cluster.

Problems identified included:

1. Delays getting referrals to the specialist physical health.
2. Delays in getting hospital appointments.
3. Prison unable to facilitate appointments.
4. Rescheduling cancelled appointments.

The biggest issue for us was the breakdown of communication between the prison health care and hospital during admission of prisoners and premature and unsafe discharge back to prison. Inadequate and poor preparation in the process of receiving a prisoner back from hospital, was to say the least, challenging. We also had the concern that we would have some serious incidents because of the disjointed system managing physical care between two streams. There is also a financial implication for prisons and hospitals with lengthy stays and litigation issues where appropriate care was not accessed.

We have seen successfully how having a mental health transfer co-ordinator has worked across the clusters, so we decided mental health and physical health should have equal status so we went for change.

Successfully, there has been change since the introduction of this role. We have rapid

response referrals that are sent to the referral destination on the same day.

Referrals are better followed up by the admin team to ensure appointment dates; cancelling and re-scheduling of appointments is minimised. Pressure on the prison staff has minimised as appointments are better managed. There is also improved communication between the local hospitals and prison health care during admission of a prisoner.

With this being a very positive piece of work, the coordinator was supported by trust consultants and the medical director of the local teaching hospital, to explain how we all wanted to work in a more positive way. It was well received by our local general hospital where the majority of appointments take place and care is managed.

It is a case of improving communication so that we become part of a system as we have three prisons feeding into one general hospital. It has security implications and public image also for general hospitals to address.

The system is now working much better with everyone having a role to play; the prisons, Oxleas as the health care provider, the general hospitals and for the prisoners themselves.

Prisoners are discharged back to prison safely, and on time and the transfer co-ordinator attends pre-discharge meetings with multi-disciplinary teams on the ward for complex situations. In summary the essence of care is being addressed.

In addition, we have seen a role where the transfer co-ordinator is able to work with the social care team which is located in the Royal

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Borough of Greenwich if these needs are identified for a prisoner.

We are eager to learn in the prison and it has been very positive that the transfer co-ordinator has been able to get some training for general nurses at the prison in plastics and in managing Plaster of Paris (POP), given the nature of our population.

When this post was created nobody had heard of coronavirus, but fortunately it has been a pivotal role in how we have managed care across our prisons during epidemic also.

**Enoch Asumang, Physical Health Transfer and Discharge Co-Ordinator, Greenwich Prison Cluster, Oxleas NHS Foundation Trust**

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## QNPMHS webinars and open forums

### Webinars

If you missed any of our webinars, these are now available on our [website](#).

These include:

- Supporting safer working in prisons for with COVID-19 (with RCGP)
- Prisoner engagement and wellbeing (Cell Workout).
- Being trauma-informed during COVID-19.
- Transfer and remittance of prisoners and guidance from NHS England and HMPPS.
- Managing entry to and release from prison during COVID-19.

### Open discussion forums

We are organising a series of open forum groups for individuals working within member services to discuss common issues arising from working within prison mental health services. Each forum will have a particular theme and will be facilitated by the Quality Network group. The purpose of the sessions is for individuals to engage in conversations about particular issues and to learn and share good practice. The upcoming sessions are:

- **30 July 2020, 16:30-17:30: Delivering safe services**
- **06 August 2020, 16:30-17:30: Restoration and recovery**

To join a session, please complete this online [booking form](#). Please share this widely within your teams. Places are limited and allocated on a first-come, first-served basis. If the session is full, you will be placed on a waiting list. After booking, if you can no longer attend, please cancel your place so it can be offered to someone else.

Discussion summaries will be created after each forum. These are available on KnowledgeHub.



## Changes to the QNPMHS review process following COVID-19

As we are sure you are aware, COVID-19 has impacted our ability to deliver a normal service. Therefore, we just wanted to update our member services on the upcoming changes and options as we try to determine new ways of working.

We have recently opened member recruitment/registration for the next cycle. Services that did not receive a review visit last cycle are eligible for discounted membership rates for the next cycle. We will be in contact with eligible services shortly.

For the upcoming cycle you will have two options:

1. **Full review:** for services who are at a settled stage where they would benefit from reviewing their service against all standards.
2. **Developmental review:** for services who feel they are not at a stage where a full review would be beneficial. This will be discussion based.

Both options will be conducted remotely, via Microsoft Teams, for the foreseeable future. For the remainder of 2020, we do not expect to be conducting visits to prisons in person. This will be reviewed later this year.

For services that do not have access to the necessary technology, please let us know and we can consider other options.

### What will a virtual review look like?

The self-review will be done as normal, over a period of two months. The peer-review 'visit' can be completed in either of two ways:

- Over the usual period of one day
- Over a week period (for example, 1-2 meetings per day).

A member of the Quality Network team will be in contact with you over the coming weeks with more details about this.

We will be guided by you on the best ways to conduct the reviews/meetings and we will be as flexible as possible.

If you have any questions, please get in touch.

## NEWS

### **Mental Health Act transfers from prison to psychiatric hospital over a six-year period in a region of England**

There are high levels of psychiatric morbidity amongst people in prisons. In England and Wales, prisoners who present with the most acute mental health needs can be transferred to hospital urgently under part III of the Mental Health Act 1983. This project reviewed all such transfers within one region of England, with an emphasis on differences across levels of security. [You can access the article here.](#)

### **Prison Reform Trust have launched a new COVID-19 prisons project (CAPPTIVE)**

In response to the pandemic, the Prison Reform Trust has established an urgent new project—CAPPTIVE (The Covid Action Prison Project: Tracking Innovation, Valuing Experience). They want to hear from people in prison, and the people who care about them, about their own experience of the pandemic so far.



It is vital that prisoners' voices are heard in the discussions amongst wider society about what our lives will look like after lockdown. CAPPTIVE provides that space for prisoners and their families to be heard. [Please go to their website for more information.](#)

### **Beyond Words**

The Beyond Words team have been working on a COVID-19 pictorial toolkit with Dr Caroline Watson, RCGP Clinical Champion for Healthcare in secure environments, and Mr Michael Emmett, a former prisoner.

They have co-created a specific COVID-19 secure environments resource kit for use by healthcare teams, prison officers, education staff, chaplaincy teams and peer support workers over the coming months to support residents who find pictures more accessible than the written word.

Please look on the [website](#) for further information.

## Racial disparity reports

In February 2020 the Ministry of Justice released a report that includes responses to the Lammy Review into the treatment of Black, Asian and Minority Ethnic individuals in the criminal justice system. [The report can be found here.](#)



Ministry  
of Justice

Release, a national centre of expertise on drugs and drugs law has published a report: The numbers in black and white: Ethnic disparities in the policing and prosecution of drug offences in England and Wales. [The report can be found here.](#)

**Release**  
Drugs, The Law & Human Rights

There is a summary of this report on their website: <https://www.release.org.uk/publications/numbers-black-and-white-ethnic-disparities-policing-and-prosecution-drug-offences>

## Effects of the COVID-19 pandemic on the mental health of prisoners

A research article has been released to look at the effects of COVID-19 on the mental health of prisoners. This is a particular area of concern due to the high rates of pre-existing mental disorders, suicide and self-harm and the links between poor mental health, suicide and self-harm and reoffending behaviour.

You can access the full article here: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30241-8/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30241-8/fulltext)

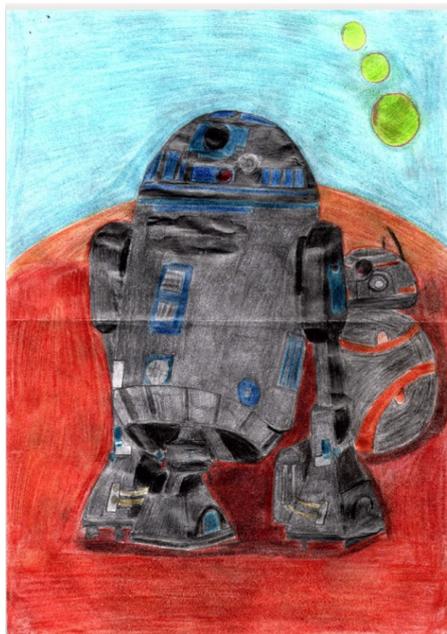
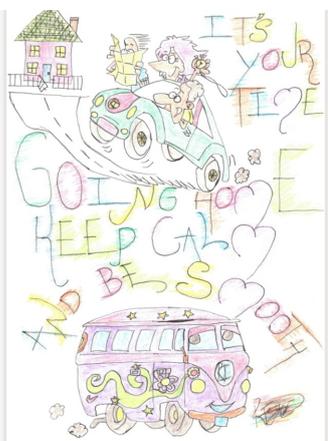
## COVID-19 and prisons: Providing mental health care for people in prison, minimising moral injury and psychological distress in mental health staff

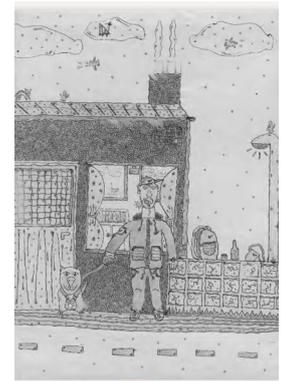
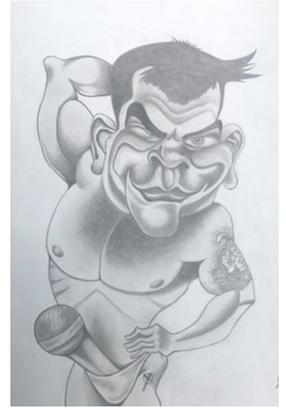
This report highlights the longer-term challenges from the COVID-19 outbreak in prison mental healthcare. Whilst recognising these additional difficulties, it argues that there is precedent and evidence from which we can learn. The report proposes ways to optimise the support to staff and prisoners.

Access the full report here: <https://journals.sagepub.com/doi/full/10.1177/0025802420929799#articleShareContainer>

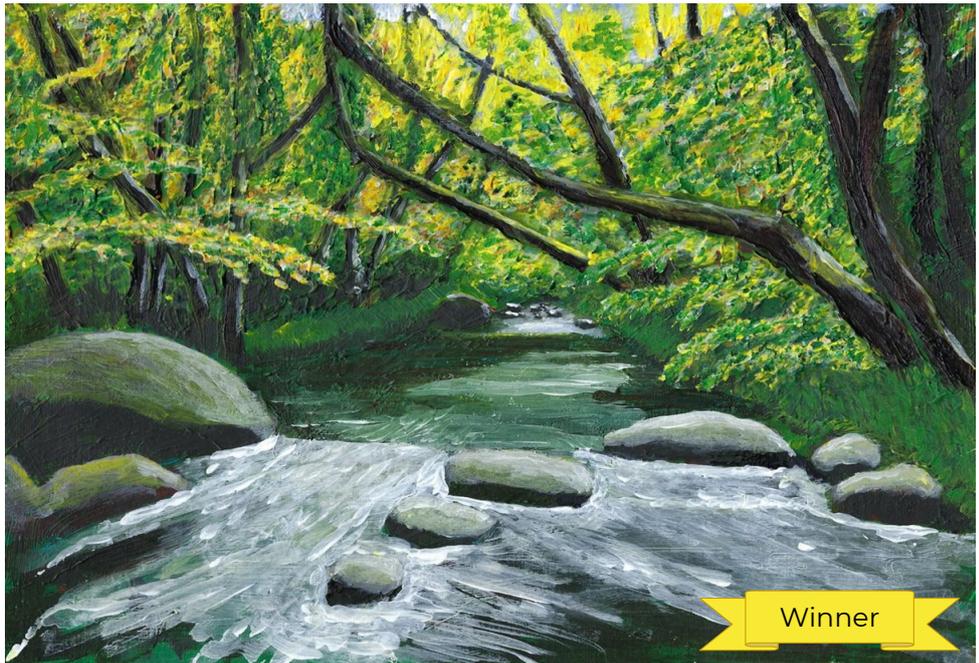
# QNPMHS artwork competition

This May, we launched an artwork competition for prison mental health services! We received some wonderful entries and wanted to share them all over the next couple of pages. We have also produced a separate edition with the creative writing entries, which will be going on our website shortly.

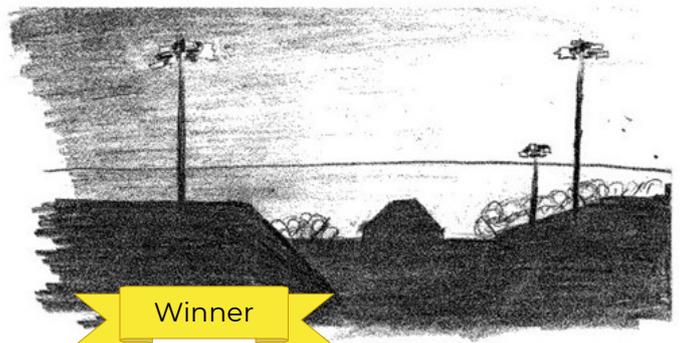




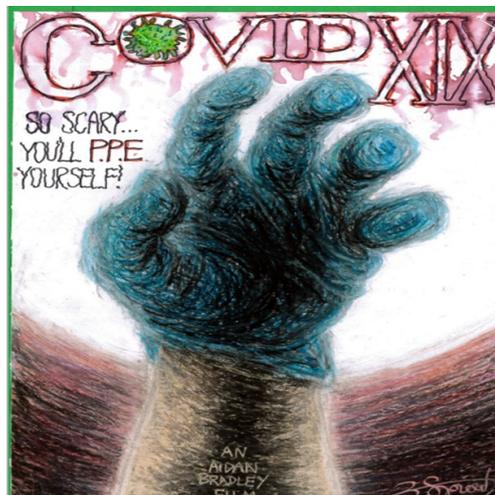
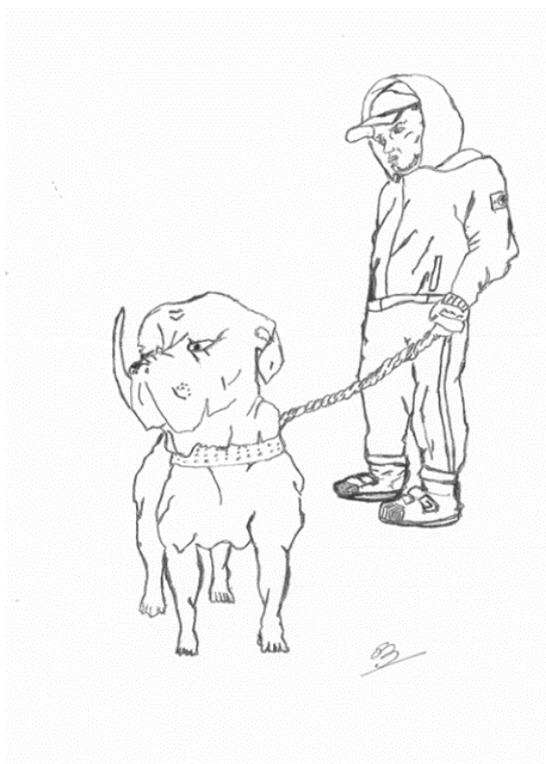
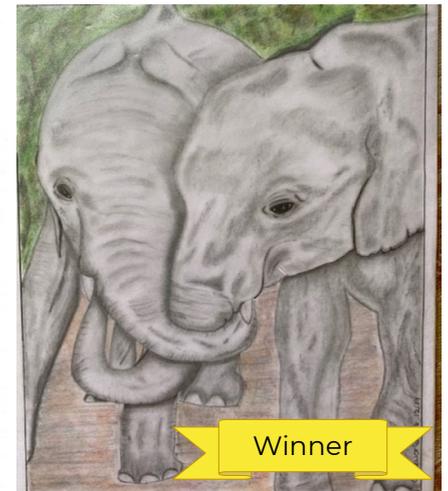
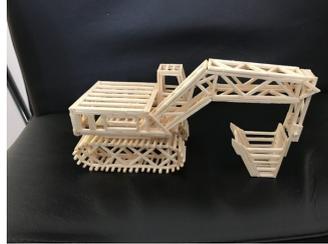
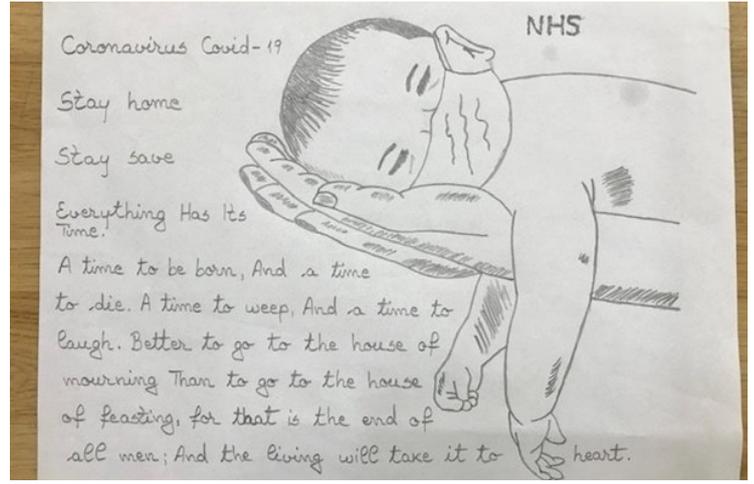
Winner

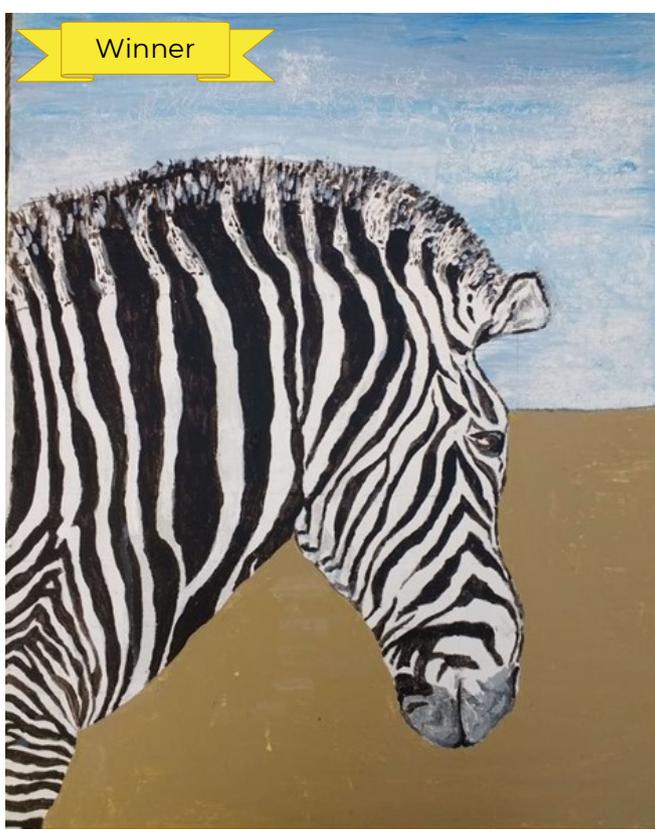
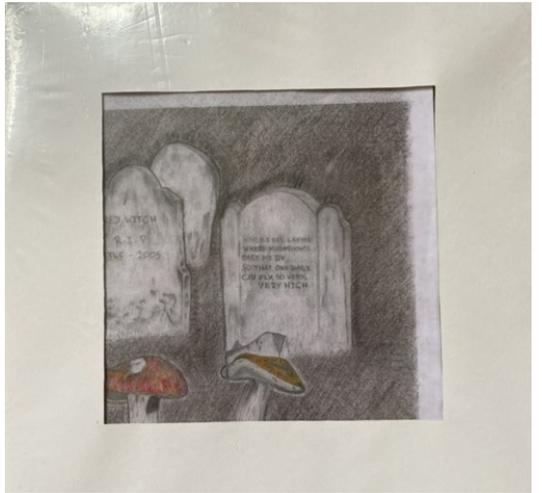


Winner



Winner





## Useful links

### Care Quality Commission

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

### Centre for Crime and Justice Studies

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

### Centre for Mental Health

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

### Department of Health

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

### GOV.UK Prison and Probation

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

### Howard League for Penal Reform

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

### HM Inspectorate of Prisons

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

### Institute of Psychiatry

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

### Ministry of Justice

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

### National Institute for Health and Care Excellence

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

### National Offender Management Service

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

### NHS England

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

### Offender Health Research Network

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

### Prisons and Probation Ombudsman

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

### Prison Officers' Association

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

### Prison Reform Trust

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

### Revolving Doors

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

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

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

### See Think Act (2nd Edition)

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

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

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

### User Voice

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

### World Health Organisation Prisons and Health

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

## Contact the Network

### Kate Townsend, Programme Manager

[Kate.Townsend@rcpsych.ac.uk](mailto:Kate.Townsend@rcpsych.ac.uk)  
0208 618 4067

### Jem Jethwa, Deputy Programme Manager

[Jemini.Jethwa@rcpsych.ac.uk](mailto:Jemini.Jethwa@rcpsych.ac.uk)  
0208 618 4061

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

21 Prescott Street  
London  
E1 8BB

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

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