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WELCOME



Welcome to the 6th edition of the Quality Network for Prison Mental Health Services' newsletter.

We marked the end of the last review cycle with the publication of our third annual report. We really enjoy having the opportunity to celebrate the successes of our member services through this document. There is so much fantastic work taking place and we hope you enjoy learning about it.

At the end of November we hosted our first joint special interest day with the Forensic Quality Network. The day's theme centred around prison transfer and remission. We had informative keynote presentations, interactive

workshops from our services, and plentiful discussion. We also displayed some excellent artwork from Watts Gallery, an exhibition showcasing how art can transform the lives of people in prison (left and below). We received lots of feedback about how valuable it is to share learning between the two networks - if you have any ideas for future events, please get in touch.

Finally, December marks the beginning of peer-reviews for cycle 4. We are looking forward to seeing you all over the coming months! We wish you a very Merry Christmas and a Happy New Year! Also inside this edition you'll find some fantastic Christmas artwork by one of the team, Jemini.

Megan Georgiou, Dr Huw Stone and Dr Steffan Davies



Mentalisation-Based Treatment in a Remand setting in the Irish Prison Service (IPS)

The Irish Prisons Psychology service, after conducting pilot work in Mentalisation Based Treatment (MBT-ASPD) in Wheatfield prison and Cork prison in 2014 and 2016, identified the programme as a key therapeutic approach to helping men in custody address their history of violent behaviour.

To embed the Mentalisation approach, the IPS psychology service organised a national training for all prison psychology staff delivered by the Anna Freud centre, focused on Mentalisation for people with anti-social personality disorder. Other mental health professionals across Ireland, including staff from the National Forensic Mental Health service, also attended this training.

Mentalisation-Based Treatment in the Irish Prison Service

This initiative is the first ever large scale use of MBT for individuals in custody. The main expected benefits of the treatment are the possibility of a reduction in aggressive behaviour and a subsequent reduction in arrests and offences.

Participants in the programme do not necessarily have a diagnosis of anti-social personality disorder, but may have traits of same and a significant history of aggressive and violent behaviours.

The delivery of MBT programmes is supervised by Dr. Anna Motz and Dr. Anthony Bateman from the Anna Freud Centre, London. Research is being completed on this national initiative, considering how MBT helps violent men control their aggressive behaviour. Two programmes are offered, the 8-12 module MBT-introductory programme and the MBT programme of minimum 16+ modules. The MBT-i programme content is provided in *Mentalization-Based Treatment for Personality*

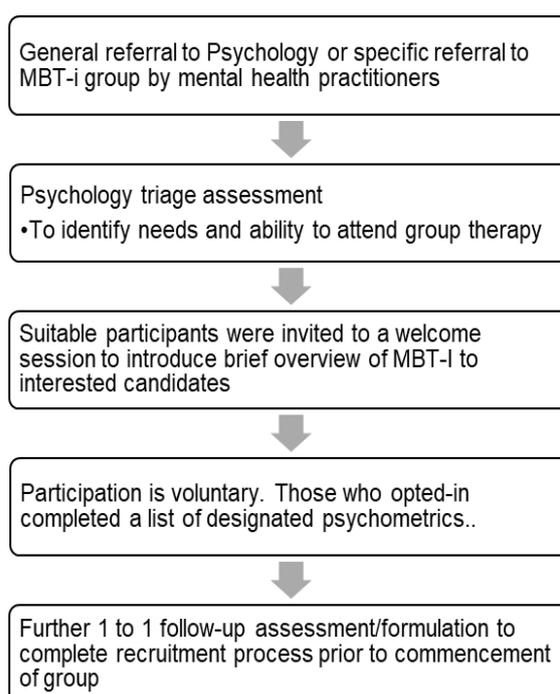
Disorder, A Practical Guide (Bateman & Fonagy, 2016). Additional content to target mentalising deficits relating to violent behaviour was provided as part of the specialist training on MBT for ASPD provided by Professor Anthony Bateman, Professor Peter Fonagy, and Dr Anna Motz.

MBT-i in a Remand Prison setting in Cloverhill Prison

The first Mentalization-Based Treatment Introductory (MBT-i) group in a remand prison (Cloverhill Prison) was run in May 2018. This was the start of a multidisciplinary approach to therapy delivery, with the Psychology Service partnering with the Prison In-Reach and Court Liaison Service (PICLS) from the National Forensic Mental Health Service.

Cloverhill Prison is the main male remand prison in the Republic of Ireland, with throughput of 60% of male remand prisoners nationally on an annual basis. Ensuring that prisoners in remand settings continue to have equivalent access to mental health care, the provision of offender rehabilitation programmes is a basic principle under Recommendation Rec(2006)2 of the Committee of Ministers to member states on the European Prison Rules. Providing an MBT-i programme in a remand setting is a key part of meeting these standards.

Below is the recruitment process for the MBT-i programme that is carried out in all prisons including Cloverhill:



Inclusion/Exclusion

Inclusion criteria:

- Age 17-75+
- Evidence of aggressive acts (charges, prison sanctioned behaviour, forensic history)
- Able and willing to provide written informed consent
- Some motivation for treatment

Exclusion criteria:

- Current diagnosis for schizophrenia or bipolar disorder (though clinical override if case made)
- Learning disability or significant cognitive impairment
- Inadequate English to participate in informed consent and group therapy

Drug/alcohol misuse and comorbid personality disorder are not exclusion criteria. Senior Psychologist can consider clinical override if appropriate.

Several key learning points from our delivery of the programme in Cloverhill Prison:

- 1) The Mentalising stance asks the therapists to hold a sense of 'not-knowing' and 'curiosity' in mind and to be aware of their own loss of mentalising within the session. As a result, it is important to have at least two facilitators in a group to support each other's mentalizing and to support the process for the group.
- 2) Even though participants expressed concerns about sharing their thoughts with others in a group setting, when a mutual theme arose, participants were eager to share their views and reflect on their past and current behaviour. This provides a supportive starting point for developing their mentalising skills.
- 3) The remand nature of prisoners in Cloverhill Prison means high turnover of prisoners in a short period of time due to change of prisoners' remand status. This complicated our initial recruitment process as well as subsequent retention of programme participants after they commenced the programme. Consequently, only six out

of the ten initial participants graduated from the MBT-i programme when it concluded in September 2018. It may be suitable particularly in the remand setting, if two sessions were held in a week, instead of one to shorten the duration of the MBT-i programme allowing participants to complete the programme.

- 4) There was a diverse group of participants in aspects of educational background, language skills and communication difficulties, both oral and written. Often, a topic or theme that was intended to be delivered in one 90-minute session was delivered over two 90-minute sessions.
- 5) The limited room availability for group therapies mean we are dependent on the school for classrooms for programme delivery. However even the provision of the school service can be impacted by the multiple demands for resources in a prison setting, resulting in incidents of last minute cancellation of MBT-i sessions. The school was closed for six weeks during the summer, resulting in a relatively long break between session 9 and 10 of the MBT-i programme. This resulted in the scheduling of an extra session to support the group in consolidating their learning. Nevertheless, the first cohort successfully completed the programme in September 2018.

Programme outcome

The first MBT-i programme in Cloverhill Prison ran from May to September 2018. Ten participants began the programme but due to participants being transferred or released, six people completed the programme. We are currently conducting post programme one to one's to provide feedback on psychometrics completed as part of the national programme and to identify participant learning from the programme and review personal and sentence management goals.

Dr Kezanne Tong, Registrar in Forensic Psychiatry, Central Mental Hospital, Dr Niamh Joyce, Clinical Psychologist, Irish Prison Service and Dr Maura O'Sullivan, Clinical Psychologist, Irish Prison Service

Change

My name is John Murch. I am currently a patient reviewer for the Royal College of Psychiatrists. Prior to that, I was a guest of Her Majesty for the best part of three decades. I am diagnosed with severe post traumatic stress disorder, severe anxiety and depression. When I first went to prison there was little or no support for people with mental health difficulties and you just had to suffer in silence. Prisons then were based a lot more on the punitive model, and counselling and therapy were unheard-of practices. Looking back, I now see and understand I just became more and more unwell as the years passed. My addictions spiralled out of control, my thinking became more irrational and I went from crying for help by lots of self harm to actually wishing to die and having a couple of serious attempts at it.

I spent lots more time in segregation punishment blocks and later prison mental health units as I lost the will to live and I fell deeper and deeper into this dark pit of depression. I can honestly say that if it was not for the care, kindness and support from the drug and alcohol support team and certain prison staff whilst at HMP Elmley and later the life-changing support at HMP Rochester I would not, I'm sure, be sat writing this article today. Elmley staff supported me when two close friends decided the only way out left them was suicide which they duly carried out and I think I was in pole position to be next from my own disturbed state of mind at that time.

Luckily, I was transferred before I could put into practice my plan and I ended up at HMP Rochester which was to change the direction of my life from then on.

I wouldn't say I was initially welcomed into Rochester with open arms because I was met in reception by a probation officer, who on meeting me said, "I don't know whether to accept you, I need to make a couple of phone calls because you may be going back". Knowing I was returning to certain death by suicide, I pleaded for a chance which was eventually granted. I put my head down and focussed on getting well. I started to work with a psychological therapy group, the Dickens Centre, where I was encouraged to express myself, be it by CBT focus groups,

the arts, poetry writing, painting and music and drama. I met a wonderful lady, who was my counsellor for eighteen months and who helped in a massive way to put John Murch back together again after the brutalisation of the last three decades. I went on to write Koestler Trust award winning poetry, wrote, directed and acted in the play 'A Prisoner's Tale', which I put on in London after my release and found myself a place in this world again.

I received amazing support from prison ministries whereby I learnt and went on to work with Restorative Justice after release, so this mode of good practice certainly worked for me. A therapeutic and holistic mode of practice will always show more positive results in ex-offenders' getting out and successfully reintegrating back into society upon release rather than the old tried and failed method of the punitive approach. Rochester prison continues to support me after my release by helping me get the job I have now and supporting me on getting a place on a mentalisation behaviour therapy group once back in the community, demonstrating further good practice and rehabilitation support.

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

Visit our website for regular updates and further events information:

www.qnpmhs.co.uk

A Solution to the Management of Depression at HMP Thameside a Remand London Prison

In this challenging time for prisons, with the suicide statistics at an all-time high, 2016 had been the worst year recorded for suicide in prisons. Data recorded by the Howard League has seen 102 patients dying by suicide over the year of 2016. That is a death by suicide every three days. Depression is a common problem in the normal population, statistically a 1 in 4 chance of anyone becoming depressed. However, given the current state of our prisons with rapid turnover, inadequate staffing, and poor conditions we have to see that this group of prisoners will be at high risk of depression.

At HMP Thameside, a busy remand prison with a population of 1200, we looked at how best we can manage this problem. We are aware that depression is a primary care concern that should be managed by GPs. However, with an average 35-day stay at HMP Thameside the GPs are flooded just managing their own work without having an additional large load of mental health issues to solve. We decided on a solution by offering a depression clinic; the depression clinic ran on a Wednesday morning. The staffing was one session on a Wednesday morning delivered by a consultant forensic psychiatrist supported by a band 6 nurse. The clinic started on the 1 October 2017 and we have now completed one year which came to the end of September 2018. We now have to questions ourselves on our

effectiveness. We have decided to continue with the clinic. This clinic has various groups of populations: patients who were seen to be having minor psychiatric morbidity; non-specific psychiatric morbidity; known history of depression and atypical presentation of symptoms. In a period of one year we saw 223 patients who were reviewed 484 times and the main diagnosis for this group of patients was depression.

The clinic itself has had some challenges; the major role of the psychiatrist was to take the history diagnosing and manage the depression. In addition, the nurse and doctor together made referrals to immigration and liaised with immigration on behalf of some groups. We referred to housing services as many patients were only seen once on their short journey in a remand prison and needed their housing sorted. We also referred to addiction services, psychological services, and we had five patients who we referred to inpatient care at HMP Thameside.

On a reflective note, we will continue with this clinic as it has offered a service which not only manages depression, but offers social psychiatry including housing, immigration support, multiagency liaison and additional psychological therapy. We are fortunate that having reviewed our clinic at the end of the year, we have had no serious untoward incidents, which is extremely positive given the current climate in UK prisons. There are various models of care that can be offered, and ours is a solution for an average stay of 35 days and overwhelmed GP's working with such a large population coming through and it has worked well.

However, we would like to highlight that staffing is at senior levels, however we will continue with our clinic and continue to accept any challenges that may be met.

Total number of patients seen in Depression Clinic	Patients reviewed more than once/follow ups	Patients currently in prison	Patients admitted into inpatients unit from Depression Clinic	Patients transferred to another prison	Patients released from prison	Patients discharged from Depression Clinic after reviews
223	112	51	3	45	105	22

Table 1: Total of **612** patients with Mental Health Quality Outcome Framework (QOF) Register Code. **484** patients reviewed in Depression Clinic

Dr Rachel Daly, Consultant Forensic Psychiatrist, Faidat Orekan, Primary and Inreach Mental Health Team Manager, HMP Thameside

The Use of WRAPs to Enhance the Wellbeing within a Team

Within the Mental Health Team in HMP Holme House the use of Wellness Recovery Action Plan's (WRAP) have been introduced in order to enhance the wellbeing of the team and to promote a unified understanding around how team members can support one another in an otherwise challenging environment.

WRAPs were created by Mary Ellen Copeland and were designed to be used as a tool, underpinned with a recovery approach stemming from key recovery concepts. These consist of 5 areas: hope, personal responsibility, education, self-advocacy and support. They are designed to help recognise early warning signs that may indicate we are struggling and aid in developing a crisis plan for responding to these signs.

This is directly in line with our Trust's (Tees, Esk & Wear Valleys NHS Foundation Trust) ethos of recovery focused and trauma informed working, based upon the principles of CHIME (Connection, Hope, Identity, Meaning and Empowerment) which correspond well with the key recovery concepts providing the foundation of WRAPs.

Poor health and wellbeing has been observed among NHS staff and subsequently employee wellness has become a key focus for employers in ensuring the health and wellbeing of the workforce. Workplace wellness interventions have shown improvements in overall job satisfaction, organisational commitment and reductions in

sickness, all supporting the importance of promoting wellbeing amongst teams. When looking at implementing a WRAP this should factor in several elements for consideration:

- Wellness toolbox
- Maintenance
- Stressors
- Early warning signs
- When things are breaking down
- Crisis plan
- Post crisis plan

These elements are designed to encourage individuals to contemplate the various resources that they have available to support themselves when experiencing a challenging period, as well as looking at the differences within themselves between when you are well and when you are not so well. Through this, we can highlight ways which will help us in returning to a state of wellness.

The process of implementing a WRAP for the team was discussed during a team meeting involving as many team members as possible. Here, everyone was asked to reflect on the elements mentioned above and how they are able to notice a decline in their wellbeing. Both self-care, as well as factors involving what individuals find helpful from other team members, were considered in how we can restore an improved sense of wellbeing.

Completed WRAPs were shared amongst the team in order to promote connection amongst the team and empower individuals in articulating how they wish to be addressed and approached. We were asked to reflect on this process after and members of the team shared the following:

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

"Having time for self-reflection within the workplace really helped me in identifying what I find helpful for recovery, both personally as well as looking at how I can offer support to my colleagues."

"Completing and sharing our WRAPs as a team really promoted a sense of unity and provided excellent insight into the different ways we all internalise and externalise our emotions. I felt like I have a much better understanding of everyone and that we are now more connected as a result."

We also developed a WRAP from the team as a whole, allowing for a thorough reflection on the struggles and obstacles we can face

as a team and how we can effectively overcome these through looking after ourselves and one another. This again reinforces a sense of connection amongst the team through mutual understanding of the pressures that we can face and the benefits of approaching this together, as opposed to feeling isolated.

The introduction of WRAPs has been received unanimously positively within the team and, due to this success, we are looking at implementing this within other mental health teams throughout the Trust. The strength of a multi-disciplinary team working cohesively is shown to be hugely effective and this can only be improved upon with a solid foundation of individual well-being.

Kali Penfold, Mental Health Team Manager Winner of the Cavell Star Award 2018 for Support to Colleagues, and Lucia Parry-Newton, Higher Assistant Psychologist, HMP Holme House

Knowledgehub

Keep an eye out for the Quality Network for Prison Mental Health Services (QNPMHS) new online discussion forum!

Knowledge Hub is a free to join, online platform which allows you to be part of various groups. The Quality Network for Prison Mental Health Services (QNPMHS) will be creating their own group and we would very much like you to be part of this to join in on discussions around prison mental health services.

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

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

The Role of a Modern Prison Chaplaincy

You might be surprised to know that in 1851 when the Surrey House of Correction, later to become Wandsworth Prison, was opened there were deemed to be three essential people necessary for the effective running of the establishment: the Governor, a registered medical practitioner and an Anglican priest.

The first two are understandable even by today's standards but the third may be less so. When you see images from that era showing gallows, instruments for corporal punishment, women wearing veils and the compulsory attendance of men, women and children at church seated in compartmented booths, you begin to appreciate how the Christian moral code underpinned the Victorian understanding of punishment and rehabilitation and it was essential that the Church was present.

Fortunately, although we are still using a number of Victorian jails, much has changed since then in terms of our understanding of punishment and rehabilitation. However, chaplains or people of faith remain an essential element of the support provided within prison. Chaplaincy teams now more closely reflect the religious diversity of each prison and their role contributes toward the spiritual, emotional and physical well-being of prisoners and staff resident or working there.

If you work in a prison, then there is a distinct likelihood that you have already formed a view about your chaplaincy team and their contribution and worth within a custodial setting. My own experience is drawn primarily from ten years at HMP Wandsworth where I led the chaplaincy team. Whilst prisons vary considerably in nature and efficiency, there are some core aspects of chaplaincy that I would expect to see in all places. These comprise three key inter-related areas of responsibility: faith, pastoral care and prison governance. The detail is covered by a Prison Service Instruction 5/2016. Let me deal with these briefly:

Faith. This is the most obvious aspect of what chaplains offer and a requirement under human rights legislation, supporting

people held in custody in their expressed faith; including weekly services of prayer, meditation and worship, the celebration of religious festivals, opportunities to learn more about their faith, access to religious artefacts and to a faith leader at times of crisis or bereavement. Individuals' faith journey is as variable as the people held in prison and, at best, faith becomes a lens through which individuals can reflect on their lives, acknowledging past hurt and mistakes and move forward taking responsibility for themselves and others.

The desire to positively change one's own behavior is exciting to hear when expressed by anyone but is particularly encouraging for a person in prison; to turn away from addictions or to recognize the hurt caused by unresolved grief and anger. Faith can be part, and sometimes a catalyst, of that process of change and frequently works in conjunction with a range of other people offering support in terms of anger management, AA/NA, mental health, employment skills and resettlement support.

Importantly, there are community chaplaincy organisations and some faith groups that will continue that support 'through the gate' and help to embed that progress and change in the community. A significant number of volunteers from faith communities also work in chaplaincy teams enhancing the activities and relationships.

Care. It is important to recognize that approximately 40% of people held in prison may not have a registered religion. The second dimension of chaplaincy, pastoral care, is therefore importantly offered to all prisoners (and staff) regardless of any faith registration. For many entering prison, there are huge anxieties and considerable emotional need and relatively few people that a prisoner may feel able to discuss these with. Even a cursory understanding of recent deaths in custody rates or violence in prison reveal that prisons in general are difficult places even for the most able people and, for those who have or develop vulnerabilities, those difficulties will only be accentuated. At their best, chaplains offer a physical and emotional presence on the landings, able to respond at points of crisis.

Their core responsibilities ensure that direct and personal conversations occur with all new arrivals, all new ACCTs (prisoners at risk of self-harm) and those held in isolation

or health care units on a daily basis. Those experiencing loss and bereavement are also practically supported in the process of grieving and arrangements made to attend funerals or visit dying relatives. Carl Rogers' core conditions of empathy, unconditional positive regard and congruence are central to managing relationships across the prison. And, again, this work cannot be undertaken in isolation from wing staff and other interdisciplinary colleagues, particularly where individuals are identified as posing a risk of self-harm.

Prison Governance. A good chaplaincy team, and particularly the Managing Chaplain, is visible and active across the prison and chaplains will be known and respected throughout the establishment for

being alert to difficulties, both personal and organisational, responsive to need without being naïve, and able to advocate for the vulnerable. Most chaplains see their role as an outworking of their faith, a vocation, and without the complications of promotion and career advancement this can offer senior managers within prisons an important additional source of perspective. With safety, decency and fairness being essential aspects of the modern prison service, there remains a continuing and vital role for chaplaincy to play in the care and rehabilitation of those held in custody.

Rev'd Canon Tim Bryan, Chaplaincy HQ Adviser, HMP Wandsworth

The Bradley Therapy Service, Kent Prisons

The Bradley Therapy Service (BTS) is run by Oxleas NHS and offers psychological and counselling based interventions across six prisons in Kent: HMP Elmley, HMP Swaleside, HMP Standford Hill, HMP Rochester, HMP Maidstone and HMP East Sutton Park.

BTS provides a stepped care approach which aims to give prisoners access to the most appropriate level of intervention with the philosophy being that people should be offered the least intensive intervention that will meet their needs.

At step 1, BTS offers a wide range of one-off psycho-educational workshops, covering topics such as understanding paranoid thoughts, understanding personality, understanding and managing trauma, mood management and coping skills.

At step 2, short-term (i.e. 6 – 8 sessions) low intensity psychological support is offered on a one to one or group basis using a cognitive behavioural therapy model by assistant psychologists and Star workers.

At step 3, counselling interventions are provided which offer medium term therapy for specific difficulties identified by the individual. During counselling, they will have the opportunity to reflect on difficult situations they have experienced in the past, as well as existing ways of relating or managing situations.

At step 4, BTS provides individual assessment, therapeutic intervention (including eye movement desensitisation and reprocessing) and consultation for individuals with more severe and complex difficulties. At step 4, higher intensity groups (of 16 sessions) are also included, which include a group called Seeking Safety (more details about the group below). There are plans to deliver a Dialectical Behavioural Therapy informed group and a Mentalisation Based Therapy group in the coming months.

Not all interventions are offered at every prison, as the provision is determined by the specific needs of each prison.

New developments within BTS:

Hearing Voices group

The service is currently piloting a Hearing Voices group at HMP Elmley and the group is

also due to start shortly at HMP Rochester. The facilitators of the group were trained by Mind. The Hearing Voices Group is a weekly group for men who have experienced or are experiencing auditory hallucinations. Hearing voices has the potential to cause significant distress. The group provides a forum for those attending to describe and learn from each other's experiences of hearing voices. The aim is to increase members' capacity to accept and live with their voices, to learn strategies that increase their control over the experience and its emotional impact, and to cope with the temptation to act in response to command hallucinations.

Seeking Safety group

BTS has begun running a weekly Seeking Safety group at HMP Rochester and is due to start in November 2018 at HMP Elmley. Seeking Safety is a cognitive behavioural therapy-based treatment for those suffering

with PTSD and substance abuse that was developed by Lisa Najavitas.

At BTS, we have adapted the group and offer 16 sessions split into three modules – trauma, substance abuse and relapse prevention. PTSD and substance abuse co-occur for a large number of people and, among prisoners, there are high rates of dual diagnosis. Furthermore, research suggests that the integrated treatment of both disorders is more likely to succeed. Psychometrics are collected before and after the groups to determine the effectiveness.

We are excited to continue to develop BTS over the coming year!

**Rebecca Vines,
Bradley Therapy Service
Oxleas NHS Foundation Trust**

A Psychology Service for the Most Challenging Cases in Prison

Prison environment can impact negatively upon psychological equilibrium. Importantly, experience of prison life, and wellbeing deteriorate when life strains, psychological difficulties, and mental health issues are involved. However, discipline staff do not have the time and the relevant training to deal with that aspect of managing prisoners.

This limitation is exacerbated as, due to their nature, prisons deal with challenging behaviours making prisoner care and management problematic. Staff face high risk challenging behaviours including damages to property, verbal and physical aggression, violence, self-harm and suicidality. Critically, a minority of prisoners pose a considerably heightened level of risk, refuse to engage with services, do not conform to prison regime and are nonresponsive to customary approaches to prison management and

clinical treatment. It is in this context that the psychology service, as part of HMP Belmarsh healthcare, makes a significant contribution by offering a viable, effective, compassionate service for that minority of prisoners who challenge prison and health services the most.

The psychology team delivers assessment, treatment and management of individuals with mental health issues following a stepped care model. At Steps 1-3 it supports primary care, lower level mental health issues (low mood and anxiety). At Steps 4-5, it focuses on working with the cases who:

- Pose a considerably heightened level of risk of damages to property, verbal and physical aggression, violence, self-harm and suicidality
- Refuse to engage with services
- Do not conform to prison regime
- Are nonresponsive to customary approaches to prison management and clinical treatment
- Might present with chronicity of cognitive-perceptual dysfunction, affect dysregulation, poor interpersonal functioning, and poor impulse control

and struggle with complex, comorbid needs including potential history of depression, anxiety, psychosis and diagnoses, or features of, personality, developmental, learning, substance misuse, and somatoform disorders.

At Steps 4-5, the Psychology Team delivers client sessions if and when required. Alternatively, it can assist care and management without client contact being necessary. In any case, the focus is on exploring the function, and supporting a psychological understanding, of client behaviour within its wider systemic context of prison. The aim is to contribute to care and management planning and/or offer a consultative input to relevant meetings (e.g. Assessment, Care in Custody & Teamwork (ACCT) reviews; Care and Separation Unit (CSU)/Inpatient Psychiatric Unit (IPU) rounds; meetings regarding the management of serious cases/incidents).

Engagement with clients starts at the CSU or the IPU. The work is time limited and clients are discharged as soon as they engage with other healthcare and/or prison services and have settled in on house blocks. In more severe cases, work is prolonged, while being mindful of unhealthy attachments.

The aim of client work is to reduce the frequency and intensity of antisocial and unhelpful behaviours. This is in balance with supporting prisoners' access to prosocial activity and to services within the prison (e.g. primary care physical and mental health, education, work, drugs work, multi-faith centre).

Services refuse to work with clients who present hostile or threatening. When client work is appropriate, the psychology team at Steps 4-5 attempts to make contact in ways that anticipate and deal with resistance and adversity (e.g. aggressive behaviour, intimidation).

Psychological work includes, but is not limited to:

- Building trust and developing therapeutic alliance. Consistency, boundaries and own humility are paramount
- Work on motivation to engage and make meaningful changes

- Psychological "first aid" (warm acceptance, validation and acknowledgement of client worldview and subjective needs, psychoeducation, emotional regulation, awareness of triggers and coping mechanisms, skills training, taking a solution focused approach to upsetting events)
- Longer term work (elements from Dialectical, Mindfulness, Compassion Focused, Metacognitive, Mentalisation Behavioural therapies)
- Work on normalising the experience of human predicament, as opposed to engaging in frantic efforts to ameliorate any element of psychological discomfort
- Work on acting according to own value system, long-term goals and life direction as opposed to acting upon ephemeral, negative emotional states
- If appropriate, discussing with staff client needs and, gently but firmly, persisting on resolution (e.g. phone calls to family, access to library) and client psychological process, triggers and incentives (e.g. on autistic spectrum, concrete thinking, paranoid (suspicious thinking)
- Referring to organisations client would engage with (e.g. education, library, drugs work)

This way of working is in its fourth year. Feedback from staff and service users is very positive, incidents of challenging behaviour have decreased and client wellbeing, within limits, has increased. In the department there is an atmosphere of optimism as we are reviewing our processes continually and we are reaching out to other services with the aim to learn from our work collectively.

George Koukidis, Counselling Psychologist In-Training, HMP Belmarsh Healthcare, Oxleas NHS Foundation Trust



Reconfiguration of the Prison Estate

In our adult male estate, we have too many local prison places and too few training and resettlement places. The Reconfiguration Project aims to match the supply of places to the demands of the population by reorganising the estate so men are placed in prisons with regimes that better meet their needs. These changes, when combined with introducing key workers and case managers through Offender Management in Custody, will create the right conditions to better help men in prison turn their lives around.

New prison functions

By 2021, we will simplify the adult male prison estate into three main functions: reception, training and resettlement.

Reception Prisons

People will be received into the prison system either on remand, following sentence or recall to custody. Reception Prisons will specialise in supporting courts and allocating sentenced individuals onwards.

Training Prisons

These will settle people into the prison environment, identifying and addressing offending behaviours and related risks and needs, and preparing men for the move to resettlement.

Resettlement Prisons

These will focus on preparing individuals for release through maintaining or improving family and community ties and providing access to local services. We have increased the amount of time men will spend in resettlement prisons so they will spend longer preparing for release, closer to home.

The scale of change

We are working with governors, prisons and partners to ensure all changes are coordinated and happen seamlessly. This preparation will ensure that the right services and staffing are in place when we make changes in function and population. For most prisons, this will not be a big change; it will simply mean a reduction in the cohorts of men they hold and a clearer

function to enable them to focus on providing a safe, decent and rehabilitative regime.

By 2021, each prison will have a main function and most prisons will also have a secondary function. For example, all Reception Prisons will have a resettlement function. A small number of prisons (largely due to their geographical location) will have all three functions.

Models for Operational Delivery

Every prison function is supported by a specific Model for Operational Delivery (MOD), which is a toolkit to help prisons, alongside their partners, to meet the needs of their future population. The MODs support all prisons through reconfiguration, even if they do not see a significant change to their function or population. There is one MOD for each prison function, and MODs for some specialist cohorts: young adults, older prisoners, men convicted of sexual offences and foreign national offenders.

Work with partners

In rolling out reconfiguration, we are working closely with partners. We have commissioned a health and social care sub-group, chaired by health colleagues, to identify issues and opportunities, and oversee activity to prepare for reconfiguration. This includes the development of a health readiness assessment to feed into the overall readiness assessment and governance of reconfiguration. In addition, we sit on the on the National Prison Healthcare Board as part of our commitment to the National Partnership Agreement.

Progress so far

Reconfiguration has already started and will continue through to 2021. We are reconfiguring the estate in waves, and wave 1 has commenced. By the end of wave 1, we will have added much-needed training and resettlement places and reduced the number of sentenced men held in local prisons.

Wave 1 (May 2017)

In May 2017, Durham became our first Reception Prison with a new video conferencing centre. Holme House became a Training Prison with a resettlement function; it no longer serves the courts as receptions are now directed to Durham.

Wandsworth will become a Reception Prison and will serve the courts that currently feed into High Down. High Down will start changing to a category C resettlement/training prison. We are working closely with both prisons, and partners, to prepare for reconfiguration.

Future Waves

Following scoping work, all prisons that require capital investment or a significant change to their function have been allocated to waves 2, 3 or 4. We are working with Peterborough, Bullingdon, Woodhill, Chelmsford, Elmley, Manchester, Forest Bank, Leeds and Lewes as part of wave 2. We understand the implications that

reconfiguration has on the work carried out by health and social care commissioners and providers. We are committed to working with you and providing further detail on our plans as they develop.

If you have any concerns or queries, or would like to raise an issue through the Health and Social Care sub-group, please contact us at:

PETPREconfigurationteam@noms.gsi.gov.uk
or health colleagues via
Angelique.whitfield@nhs.net.

**Prison Estate
Transformation Programme
Ministry of Justice**

[Inside Recovery]

HMP Birmingham and Offender Health services are pleased to announce that:

A nationally recognised service provider is engaged in proactive dialogue to provide a mental health specific support phone line for offenders across the prison. This free phone service will be accessible via in cell phones on a daily basis from 6pm to 11pm, throughout the year.

This initiative was originally proposed by a group of HMP Birmingham prisoners. Upon completing a Mental Health First Aid 2 day adult training course in February 2017. A group of the MHFA students looked to take their new found knowledge and skills a step further. They aimed to support the development of a range of specific mental health interventions in the prison. Their first step was to hold regular structured meetings they named the 'Positive Mental Attitude' group. The PMA group member's used their first-hand experience of prison life to take an in-depth look at existing life styles and attitudes within the prison.

They highlighted a gap in services for those needing help and support with mental health needs. Especially during lock down of an evening, as new arrivals and existing

prisoner's exhibit support needs covering a broad spectrum of the signs and symptoms of mental health.

The highlighted needs include that of low key anxiety, depression, incidents of self-harm and thoughts of suicide. The group collectively agreed that:

"We needed to make a change. It's not about saving the world; it is about changing prison life. All it takes is for one person to reach out, helping one person at a time. People are here for such a long time, we need to make it as good and supportive as possible"

Members of the PMA group worked with the inside recovery team to identify potential mental health telephone support line providers. Three services were contacted re the initial phase of the proposal and interim discussions led the inside recovery team to the current preferred service provider.

A business case to access funding to facilitate the project was devised by the inside recovery team in late October 2017. After defining processes and practical considerations in terms of risk factors, offender healthcare commissioners confirmed they would fund the project during 2018. All service providers HMP/G4S,

Offender Health and have been working towards a proposed launch date ever since. The behind the scenes detailed work to ensure three large organisations will work cohesively together in the best interest of the project, after securing the necessary funds has been considerable. All service providers and the members of the PMA group have committed considerable time and effort to ensure the project has the best platform for a much anticipated start date to launch the phone line.

The process of identifying this service provider has been a fraught journey. That has included a number of twists and turns, with one provider declining the option after a 'go live date' was previously set.

The dialogue held with the alternate service provider has been broad ranging and proactive. The emphases of discussions have not centred on the telephone support line alone. They have included the potential to change hearts and minds in terms of attitudes and behaviours. There is potential to develop training and awareness sessions that can make each engagement matter. Not just for people classed as offenders but also nursing staff and officers alike. As a desired shift in institutional attitudes and behaviours can move the prison towards being a more respectful and ultimately safer place.

The hearting aspect of the dialogue with this service provider has been a sense of togetherness. A collective will to help and support services to improve. That actually there is another way to look at the high profile negativity that has surrounded this prison over the last few months and years. The alternate way is to offer a supportive approach working together collectively to make a difference as it is the right thing to do.

Callers to the helpline can expect to receive advice and guidance in relation to their own mental health needs, as well as signposting and navigation support into community resources. An added benefit is that this service is easily accessible once a person is released back into society if required. Internally, the service will be 'championed' and rolled out by those who have developed the idea, identifying individuals who might be struggling and supporting those in need in a timely fashion.

The service offers a fantastic opportunity to help significant numbers of individuals to not only receive support over the telephone, but to also learn how to understand and self-manage their mental health conditions. Attention will be paid to any stated risk to individuals or potential risk to others. Callers will be made aware that will forward such concerns to the prison authorities. To trigger a set of responses that may include a safe and well check.

The phone line is an exciting development that will complement existing support processes, while increasing individual choice to specific mental health support. It is anticipated that the start date for this service will now be in early 2019. The phone line has the added value, of being accessible, for all staff prison and healthcare staff. This includes personal and confidential mental health support or general guidance with difficult situations. However, the core work of the phone line is to provide mental health support from a service 'Developed by prisoners for prisoners'.

The introduction of the phone line is an integral step in the recovery journey of the HMP Birmingham establishment, highlighting the desired will and commitment to support those individuals who so frequently struggle with their mental health needs in the setting.

This brief has been produced by the BSMHFT Inside Recovery Team in collaboration with Mental Health Matters



Reflections

My name is Victoria Aribeara, I am a therapeutic coordinator for Oxleas NHS Foundation Trust. I work in HMP Prison Belmarsh which is located in Thamesmead South-East London, England. It is a Category 'A' men's prison, run by Her Majesty's Prison Services. Belmarsh is adjacent and adjoined to Woolwich Crown Court; as such the prison is used in high profile cases, particularly those concerning National Security.

My role is to help prisoners engage with their surroundings in order to combat individuals feeling isolated. I organise group activities such as current affairs, creative writing /self-expression which deals with drawings, poem, recovery star and 1:1 sessions etc. These sessions aim to deal with mental health issues such as depression, anxiety, personality disorder and bipolar disorder.

As officer put it, in prison you learn to get very good at waiting. On the healthcare wing you are banged up for about 22 hours a day, waiting for those other 2 hours. Meals, TV, exercise, group activities and association are the only external things to break the monotony.

Writing an article? That is new, I can spend some time on that, maybe get published, and stave off the boredom for a bit.

In the cell, you end up finding things to do, exercise, pacing or just napping.

Out of the cell, you can talk to the other inmates, which can while away the time, mostly talking about in-house gossip, crimes and what was on the telly.

The world cup is a gift as there is always something new going on with that.

But still mainly it is waiting, marking time, and crossing off days until the end of the sentence.

I will support prisoners until they are released back to the Community or transferred to another prison. This is done through building therapeutic relationships.

I would like to introduce the work of two prisoners who have written their reflections of life in prison. One is serving a life sentence, whilst the other was transferred to a mental health hospital and is suffering from mental health issues.

Life in prison for me has been difficult. I'm experiencing all sorts of emotions, sadness, loneliness, despair and fear. It is different than last time in 2006 when I spent two years in prison that time I literally counted every second till I was released. Now I will be spending the rest of my life in prison, which is quite a daunting prospect, but where I'm at now, I feel some sort of acceptance towards that.

I have to become more tolerant of others, I will not find this easy because noise is everywhere. It is something I can't get away from, but there are also some decent lads with a lot in common who've made mistakes, so now I just need to make the best out of a bad situation.

Prison in reality isn't as bad as people might think. I've got to dig deep and keep going and ride out the harder days that lie ahead, it is not going to be easy especially as I have four young kids. I suppose the strangest part of being in prison for me is that late in the night when it is quiet and you're alone with your thoughts, thinking what my life had been and what it has now become.

Submitted by Victoria Aribeara, Therapeutic Co-ordinator on behalf of the patients in the healthcare in-patient unit at HMP Belmarsh

Reflection of Joint Working in Prison Mental Health

Background

M was a male in his 30s who was serving his first custodial sentence at a closed Category C prison for violent offences.

M had a long history of recreational substance misuse and had a reputation for being aggressive and violent. During his time in prison he was involved in a number of fights and had been given a number of adjudications (e.g. assaulting staff). He had been moved several times around the establishment.

M's notes at this time was describing him as "aggressive", "agitated", "angry", "irate", and "he was seen with officer outside due to previous aggression".

Involvement with Rethink

M was referred to Rethink for Anxiety and Depression. Rethink is a primary care service who provide low intensity psychological therapies e.g. Cognitive Behavioural Therapies and work as part of an integrated Mental Health Team. M was referred due to anxiety and depression. During the assessment that highlighted anxiety and worry but notes also referred to anti-social behaviour during the assessment. M described that 'he found it difficult to talk as he doesn't explain it right'. It was agreed that he would attend a treatment group.

On the first group session M arrived shouting and had just had a fight with his cellmate. The majority of the session he spent with his head on his arms until a discussion about sources of support where officers were referred to. At this point M began shouting at the group leader and banging his fist on the table. He was asked to stay behind after the session and at this point broke down crying saying he was on an ACCT that his friend had taken his own life and he had witnessed the person being found. Later on, when his behaviour in the group was discussed M was

surprised that his behaviour appeared aggressive and that he was frustrated due to difficulties getting his point across. At this point it was suggested that M might also benefit from a Speech and Language Therapy assessment.

Involvement with Speech and Language Therapy

A Speech and Language Therapist had been commissioned in the mental health team at the prison. He was offered a joint assessment session.

Communication assessment identified M had significant difficulties with word finding, expressive language and nonverbal communication e.g. understanding sarcasm. This meant M often presented as aggressive e.g. pacing, pointing, clenching fists and regularly misinterpreted the intentions of others.

This was explained to M and the group leaders and adjustments were made in the group for the following sessions.

M began to positively engage in the group and a communication tips document was produced for M. He consented to share this with Education, Officers on the wing and Activity Management Unit and it was referred to during the ACCT process.

Service User Feedback:

M reported in an ACCT review he was 'enjoying the joint sessions and was proud of himself for making positive progress'. M reported he was using less psychoactive substances

"Since working with X I have got extra help from Speech and Language, they are continuing to help me reach my goals. I wish I could work with them when I get out"

Outcomes

Following ongoing joint input from Rethink and Speech and Language Therapy:

- A communication passport document was produced and shared with all involved staff including GP and Probation prior to release which M reported relieved some of his anxiety about his release and engaging with services
- M completed his first therapeutic work and his anxiety scores declined from severe to sub-clinical levels
- No further adjudications
- M was offered an alternative to English and Maths Education sessions and given employment on the wing
- M agreed to work with Resettlement worker as M was due to be released from prison
- Subsequently to M's release the GP telephoned the prison mental health

team to request additional information as M was seeking further support in the community

Staff Reflections on Joint working

All staff felt that the experience had been very positive and had a significant impact on the individual. They highlighted:

- Improved knowledge of communication strategies
- Increased understanding of each other's roles and areas of overlap e.g. emotion vocabulary
- Change in perceptions due to both services working together
- Effective use of time
- Receptiveness of services e.g. prison officers

Tracey Forster
Clinical Lead Speech and Language
Therapist
Offender Health

Upcoming Peer-reviewer Training:

20 March 2019

14:00-17:00

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

If you would like to attend reviewer training, please return a completed form via email to prisonnetwork@rcpsych.ac.uk

Booking forms can be found on our website at www.qnpmhs.co.uk



Quality Network for
Prison Mental Health Services

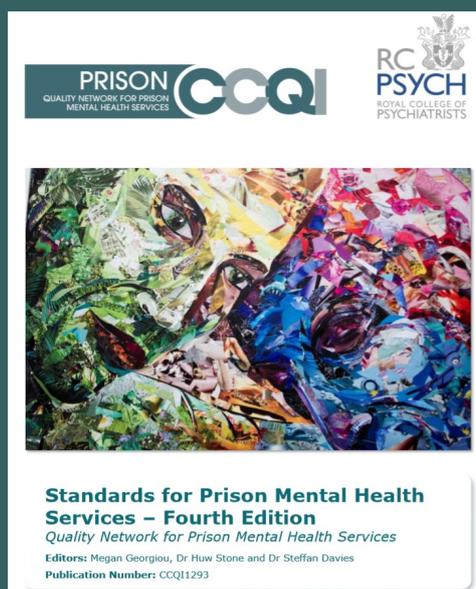
QNPMHS Annual Report Cycle 3 2017-18

ANNUAL REPORT
CYCLE 3 2017-18

Editors: Megan Georgiou, Kate Townsend
and Jenni Jethwa
Publication Number: CCQ1297
Date: October 2018



Standards for Prison Mental Health Services (4th Edition)



Available on our website:
www.qnpmhs.co.uk

A Visit to Koestler's 'I'm Still Here' Exhibition

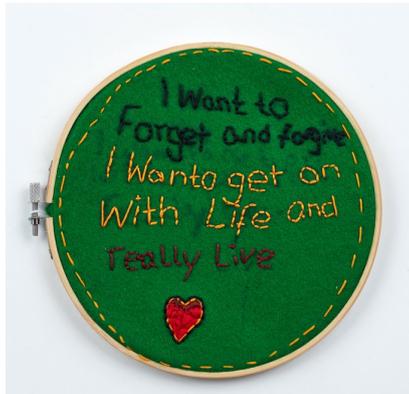
In October, the QNPMHS team visited the Koestler Trust Exhibition 'I'm Still Here' at the Southbank Centre. It included fantastic artwork entries from produced by offenders, detainees and secure patients across the UK, and curated by prisoners' families.

We were blown away by the talent showcased throughout the exhibition, and would strongly recommend all to visit when Koestler Trust is next at the Southbank Centre! For updates and details, please



Nebu Eye, HM Prison Nottingham, Ed King Silver Award for Painting

check the Koestler Trust website on www.koestlertrust.org.uk



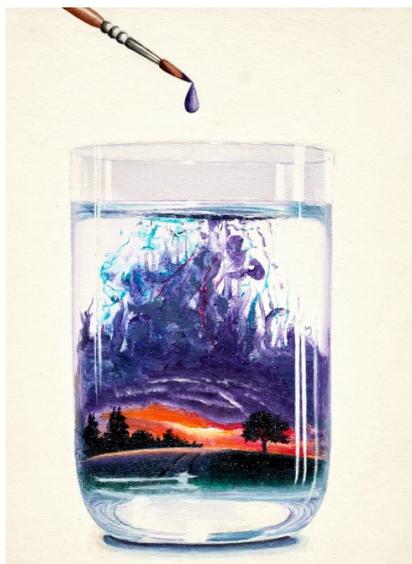
How I Felt, HM Prison & Young Offender Institution Low Newton, 2018



Trapped, HM Prison & Young Offender Institution Parc, Gold Award for Ceramics, 2018



Coin Toss, HM Prison Elmley, 2017



Storm in the Glass of Water, HM Prison Isle of Wight, Frederick Davies Platinum Award for Painting



AAAAAARGH!!, Bolton Probation Office, Phillip King Bronze Award for Sculpture, 2018



Morning Dew, HM Prison Glenochil, Silver Award for Painting, 2018

News

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

Still No Way Out: Foreign national women and trafficked women in the criminal justice system

The report, *Still No Way Out*, found that foreign national women, many of whom are accused or convicted of non-violent offences and who have in many cases been trafficked or coerced into offending, are receiving inadequate legal representation, poor interpreting services and disproportionate punishment.

www.prisonreformtrust.org.uk/Portals/0/Documents/Still%20No%20Way%20Out%20full%20report.pdf

Guidance for improving continuity of care between prison and the community

An audit toolkit and guidance on data recording, for prison and community treatment providers and commissioners.

www.gov.uk/government/publications/continuity-of-care-for-prisoners-who-need-substance-misuse-treatment



Public Health
England



HM Government

National Partnership Agreement for Prison Healthcare in England 2018-2021

This document sets out the partnership agreement between the Ministry of Justice, Her Majesty's Prison and Probation Service, Public Health England, the Department of Health & Social Care, and NHS England. It sets out the basis of a shared understanding of, and commitment to, the way in which the partners will work together.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/697130/moj-national-health-partnership-2018-2021.pdf



Self-harm by adult men in prison:
A rapid evidence assessment (REA)

Laura Pope
Her Majesty's Prison and Probation Service

Ministry of Justice Analytical Series
2018

Preventing victims by changing lives



Self-harm by adult men in prison: A rapid evidence assessment (REA) A summary of the review's work so far.

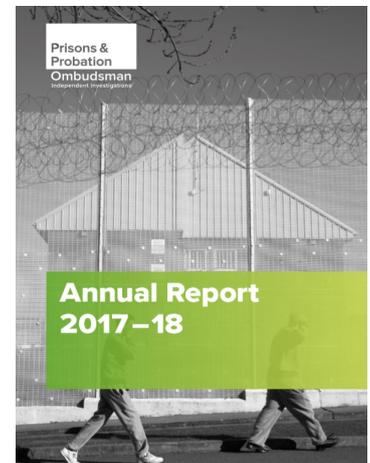
A Rapid Evidence Assessment (REA) was undertaken to improve understanding of self-harm among adult men in prison, and to develop and inform thinking and action towards the management and treatment of self-harm in prisons.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/739521/self-harm-adult-men-prison-2018.pdf

Prisons and Probation Ombudsman publishes Annual Report for 2017-18

Prisoners are dying as a result of alarming levels of drug abuse while some prisons continue to struggle to learn from investigations into deaths, according to Acting Prisons and Probation Ombudsman (PPO) Elizabeth Moody.

https://s3-eu-west-2.amazonaws.com/ppo-prod-storage-1g9rkhjhkjmjgw/uploads/2018/10/PPO_Annual-Report-2017-18_WEB_final.pdf



Home truths: housing for women in the criminal justice system



The report found that while in-prison housing support should be an integral part of preparing for release, it is often last-minute, with some women unsure on the morning of their release if they will have accommodation that evening.

<http://www.prisonreformtrust.org.uk/portals/0/documents/home%20truths%20june%202018.pdf>

Join the **Email Discussion Group** to network with colleagues in the field of prison mental health.
Email 'join' to prisonnetwork@rcpsych.ac.uk

RC Psych
wishes you a



Merry Christmas

**This amazing artwork was created by
Jemini Jethwa, a Project Worker from the QNPMHS team.**

Upcoming Events at the Quality Network

'Safety in Prisons' Special Interest Day

14 March 2019

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

This is a free event for Quality Network member services and lunch will be provided. To book a place, please email leyla.golparvar@rcpsych.ac.uk for a booking form or visit www.qnpmhs.co.uk

Save the date: CPA Consultation Event

11 April 2019

Radisson Blu Hotel, Frankland Lane, Durham, DH1 5TA

We are pleased to be working with Tees, Esk and Wear Valley NHS Trust (TEWV) to host a consultation event on Care Programme Approach (CPA) in prisons. The aim of the day will be to bring prison mental health teams together and share good practice in the standardisation of the CPA process. We hope to increase the understanding and awareness of CPA, add clarity, and determine whether it is fit for purpose in prisons. The day will consist of presentations, open discussion and action planning.

Save the date: QNPMHS Annual Forum

2 July 2019

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

For further information on event locations and booking enquiries, please visit qnpmhs.co.uk or email 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

www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement.aspx

User Voice

www.uservice.org/

World Health Organisation Prisons and Health

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

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

Royal College of Psychiatrists (CCQI)

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