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WELCOME

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

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

We recently published the fourth annual report (2018-2019). If you haven't yet seen it, you can find the report on our website (details inside). The report showcases good practice examples identified during peer-review visits and it provides benchmarking graphs to enable services to monitor their performance against other services. In addition, we consulted on the

draft revised guidance for the Care Programme Approach in Prisons throughout November. We have received plentiful helpful feedback since we hosted the first event in April; thank you to everyone that has offered their experiences and thoughts.

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

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



Dr Huw Stone, Dr Steffan Davies and Megan Georgiou

Wellbeing and Resilience at HMP Coldingley

As a newly promoted clinical team lead, I was excited to know that my Trust was willing to join the 5th cycle of the Quality Network for Prison Mental Health Services. The previous cycle which I was once involved was in May 2018 and the service scored really well.

My challenge was to start looking at the needs which were unmet from the previous cycle and identifying ways to improve and prepare for the next peer-review in December 2019. In the last 12 months, I had completed training in emotional resilience and have been supporting the team in maintaining and building healthy relationships within a team.

With that in mind, I enrolled on NHS Leadership Academy on the NHS Healthcare Leadership Model and completed my first self-review. This made me understand more about my role in the team as a leader. I have always been that person who believes that empowering others will have a positive impact on any service.

I would also like to mention my line manager Debbie Chamberlain, head of healthcare in HMP Coldingley, who has been assisting me and shaping me to be an effective leader. The team I work with has been amazing and we have been recently nominated as an outstanding team in CNWL's Diggory Division to be held in October.

I would also like to thank my predecessor Anita Jenkins who paved the way and demonstrated her leadership skills with early intervention and attention to detail which I will adopt and continue with the great service development.

This week was marked by World Mental Health Day and we had planned to have a quiz, reach out to workshops and talk to patients and share Twix chocolates. We managed to attend a Black History Month in education, MNH workshop, sign workshop, print workshop and engineering workshop.

Since the theme this year was tea and talk we had adopted "Support and No Shame" as our theme for the day.

Morris Kakunguwo, Forensic Mental Health Clinical Team Lead, HMP Coldingley, Central and North West London Foundation NHS Trust-Offender Care

Wellbeing and Resilience in an Inpatient Healthcare Unit at HMP Belmarsh

HMP Belmarsh is a difficult environment. A Category A high secure prison with a high secure unit. It is a busy unit. However, it has received positive reviews from the Prison Inspectorate and Royal College of Psychiatrists network's visits. The morale is good within the team. However, how do we keep this morale good; how do we support ourselves re: wellbeing and that all-

important resilience?

I did a random survey to prison officers and healthcare workers working in the inpatient unit. The skill group is mixed with senior discipline staff to junior staff; the healthcare group doctors and nurses from consultant level to health assistant. How do they work in this environment? How do they stay well and do they feel rewarded? I was met with amazing answers and these are just a few of the reflections.

I will start with an interesting motto. Probably the most negative. It was felt: never trust a prisoner. I think that was a reminder to us that no matter how much we are working in this world of healthcare, we

are looking after prisoners. How do we comprehend a prisoner and how do we protect ourselves from a prisoner. Another comment I got was: stay safe. Of course, it is hugely important that we do stay safe. We attend security training, have our NHS security needs and have an understanding of how to stay safe in a prison. Sadly, I find myself pointing out to all the students the alarm button on arrival. It was very fitting for a colleague to say to 'stay safe'.

A rather confusing piece of feedback I got was, say nothing. I thought about that for a period and I think, when I analysed it, it was said by an experienced nurse. My understanding was that they felt more comfortable seeing feedback given to a prisoner in healthcare in the ward round by a team. There was very positive feedback from everyone on the team; they liked working in a team. They felt working in a team helped them understand the prisoner from health and criminal justice needs. They felt there was continuity within the team and these were the big positives they felt about working in healthcare.

They also felt we were in a privileged position to look after such serious offenders and that at all times we should be non-judgemental.

And on a further note, what came up as a recurrent theme was 'I love my job'. I think it is true to say; they love their job in a difficult environment. I think that in this challenging time for prisons of high self-

harm and violence, we must go forward and think there are groups of people working out there who love their job. This was rationalised by the team saying it helped by having a supportive family life and having a job which means the bills get paid. The reflection and reason varied why the team love their job.

However, this is at one moment in time; maybe a positive day in HMP Belmarsh inpatient unit. We need to manage the boundaries which involves trust issues. We need to stay safe. We need to be acutely aware of what we are saying to prisoners and we need to work in a team. It is essential we continue to work as a team, that there is continuity within the team and the team reflects and supports each other. The team is non-judgemental and realises on occasion it is a privilege to work in this environment. We must continue for people to say 'I love my job'.

No matter if it's been a bad day, and the prisoner is self-harming and the prisoner is violent, that we can carry on saying, we can do this, we love our job. However, to remain like this, we need to have continuous reflective practice. We need to have support from governors and healthcare managers and we need some praise, some reward, and I'm not quite sure what that reward ever is.

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

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

Wellbeing and Resilience

HMP Haverigg is a Category C establishment located in a geographically isolated peninsula, in Cumbria. Tees Esk and Wear Valleys (TEWV) National Health Service (NHS), in conjunction with the Commissioners for NHS England, have supported the development of a new and innovative post at HMP Haverigg. As such, I was appointed as nurse consultant for North-West Forensic Mental Health Services in March 2019.

I am a dual qualified advanced nurse practitioner and non-medical nurse prescriber, with specialist knowledge and experience in adult mental health, dementia and frailty. I have worked as clinical lead for psychosis in a community mental health team and more recently, in a unique role, as the clinical decision-maker in a nine bedded nurse-led/GP community hospital, specialising in fragility and palliative care. As part of the role, I had an honorary contract with the local GP practice, and held twice weekly nurse-led mental health clinics. Patients could therefore be seen by a specialist mental health practitioner, in their local area, in a timely manner and receive full assessment, diagnosis, and medication review (as clinically indicated) and referral to an appropriate part of the mental health service. This led to a more reactive, consistent service with increased patient satisfaction. These clinics significantly reduced prescribing and referrals to secondary services.

I aimed to replicate nurse-led mental health clinics at HMP Haverigg, so as to improve access to psychiatry. Previously, the prison had access to a psychiatrist once every two weeks, leading to a significant waiting list of prisoners requiring psychiatric review. This had a considerable impact on the prison community, having to manage prisoners in need of psychiatric review on a daily basis; and the GP who was overburdened with a high number of patients requesting mental health medication.

The mental health in-reach team at HMP Haverigg includes the therapy team and

Rethink Mental Illness, which provides care in accordance with step two of the National Institute of Clinical Excellence (NICE) stepped-care model; as part of the Improving Access to Psychological Therapies initiative.

Since nurse-led psychiatry clinics have been established at HMP Haverigg, the mental health in-reach team have been able to allocate thirty-minute appointments, during which full psychiatric and risk assessments are completed. Diagnosis is discussed with the patient and a collaborative treatment plan agreed, which may include medication that accords with NICE 'safer medication in prison' guidance and the patient's wishes. Patients are offered information regarding treatment options and side effects and a suitable time for a follow-up review is agreed, to ensure medication is titrated to a therapeutic dose. Once an efficacious dose is reached, care is transferred back to the GP, at the weekly multi-disciplinary team meeting, together with a prescribing regime and treatment plan.

Provision of a nurse-led clinic has reduced the psychiatrist's waiting time to zero, this has reduced costs significantly. Moreover, receiving weekly supervision from the clinical director has reduced demand on the consultant psychiatrist's time. Patient and staff satisfaction have also significantly increased.

Additionally, I have established a close working relationship with Safer Custody, in order to support the Assessment Care in Custody and Teamwork (ACCT) process, seeing prisoners in a timely manner for assessment and medication reviews. Collegiate working has led to a more cohesive practice. For instance, I am currently working with Safer Custody to review constant-watch observation documentation and processes to ensure they are in line with current NHS practices.

I have also worked with the Drug and Alcohol Recovery Team (DART) and gym staff to establish social-prescribing by referring prisoners to the HMP Haverigg 'pad-to-park run' (a precursor to the 5K park-run) and Sunday morning sports activities, so as to improve patient's physical and mental wellbeing.

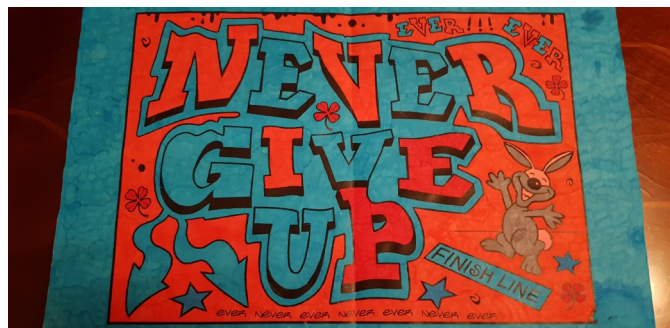
Finally, I am currently supporting newly-qualified, non-medical nurse prescribers to develop their practice, so the Haverigg model can be implemented across the North-West in the future. Looking ahead, HMP Haverigg has just been informed it is re-rolling as a Category D establishment for sex offenders. The demographic profile of the

new prison population will inevitably bring fresh challenges. In lieu of this, I am currently working on an organic pathway in collaboration with TEWV NHS.

**Julie Barnes, Nurse Consultant,
HMP Haverigg, Tees, Esk and Wear
Valleys NHS Foundation Trust**

Keep Calm and Bounce Back

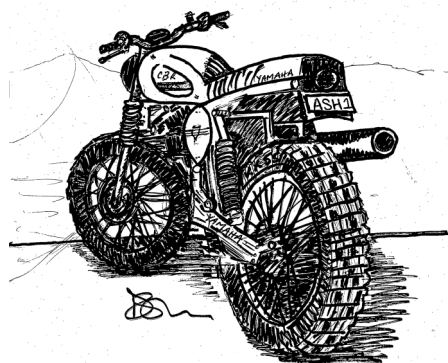
Before I left HMP Ford in 2018, a prison governor said to me "we're gonna make sure you leave here with resilience". I was confused as he had not suggested I attend any courses or work to engage with. Prior to being sentenced to 10 years for armed robbery in 2013, I was a mess. My mother had suffered with motor neurone disease (MND) and passed away in 2010. I had buried my head in a cocktail of drugs and alcohol and my life spiralled out of control. I assumed my numerous collapses in public places were due to the side effects of my self-medication. Sadly in 2015, my brother died of unknown causes aged 41 years whilst I was in HMP Elmley. A year before I left open prison, I was working six days a week with a good job with Timpson. I finished my sentence feeling better and with a positive outlook for the future despite the fact that my eight year relationship had also come to an end. Not long after leaving prison, I found out that my sister had been diagnosed with MND. I was also violently sexually assaulted three months after leaving prison.



On a happier note, I met a new partner who is the love of my life and stood by me even though I was recalled to prison in March 2019. I had attempted to commit suicide and ended up being admitted to a secure hospital and then to Priory in Woking. My sister has

since died whilst I was at HMP Belmarsh waiting for a parole hearing. During my stay in in-patients, I have found out that I carry this gene which leads to MND and death. I became suicidal, having tried to kill myself twice before. I was hearing voices and was in the darkest and scariest place I have ever known. I have panic attacks daily and other serious physical health problems.

David Milner



I believe in Karma and destiny and it has taken this long and came to this to get the help and meet the right people to understand and get an insight into my own mental health conditions.

I was diagnosed with depression, anxiety, post-traumatic stress disorder and emotional unstable personality disorder. Although most people might think this is devastating news, it gives me hope and understanding of how events have affected me and taken its toll. My Parole hearing has been listed for 18th of November and my offender manager and supervisor are supporting my release.

I feel calm, more stable and have a new outlook on life. I have problems to deal with but I will leave here better equipped and stable and into the arms of my wonderful one I love. Happy ever after - here I come....

David Milner, Ex-Service User

Wellbeing Initiatives within the Health and Justice Service in TEWV

Wellbeing is made up of two key concepts: feeling good and functioning well. It highlights that resilience is the ability to cope with life's challenges and to adapt when faced with adversity.

Resilience is important because it can help to protect against the development of some mental health problems. Resilience also helps us to maintain our wellbeing in difficult circumstances. However, high levels of wellbeing and resilience don't just lead to fewer mental health problems (such as stress, depression and anxiety). Higher levels of wellbeing are also associated with:

- Improved learning and academic achievement
- Reduced absence from work due to sickness
- Reductions in risk-taking behaviours e.g. smoking
- Improved physical health
- Reduced mortality
- Increased community/organisational involvement.

As part of the Trust values, Wellbeing Champions have been identified within each team of the Health and Justice Service in TEWV, demonstrating that the Health and Justice Service are investing in staff and staff wellbeing. It is the role of the Wellbeing Champion to share and disseminate information pertinent to wellbeing, to devise and update an action plan bespoke to their area, to create a Wellbeing Wall and attend quarterly Wellbeing meetings. The key objectives of the Wellbeing meetings are:

- To define and keep under review what wellbeing means to staff in the Health and Justice Service
- Contribute to raising the profile and standards of staff wellbeing in the Health and Justice Service by explaining how lifestyle choices affect health and wellbeing at work
- Promote a forum whereby staff can share ideas, learning, practice and ensure a culture of wellbeing and

resilience is established in their workplace

- Allow employees to participate in, and consult with, workplace health initiatives
- To review evidenced-based practice and consider how these fit with operational policies
- To develop training packages/resources that promote wellbeing.

When considering the challenges that are faced when working with service users in the Health and Justice Service, the role of the Wellbeing Champion and the overall wellbeing initiative is particularly important. In order for staff to be able to care for others, they must first feel able to care for themselves. As part of the wellbeing initiative, we are promoting different practices, approaches and support mechanisms that staff can use to support their own wellbeing, demonstrating that wellbeing is not only important on an individual level, but is the concern of the whole team and of the wider service and the Trust.

Some of the wellbeing initiatives that have been developed within teams so far include:

- Birthday Club where all staff contribute a small gift to a birthday hamper, and on a member of staff's birthday they get to take an item of their choice from the hamper
- Staff grounding/distraction boxes
- Jacket potato lunches, helping to ensure that staff have a chance to sit together and eat a proper lunch at least once a week
- Tea and coffee kitty, requiring staff to contribute £1 so that money collected can be used to purchase tea, coffee, and other drinks for staff to use throughout the week
- Wellbeing Walls
- Team away days, giving team members a chance to get to know each other outside of the workplace whilst engaging in fun activities
- Mindfulness for staff at the end of team meetings.

Staff members are also encouraged to attend Trust wide wellbeing initiatives, such as the staff retreat, mindfulness courses, access to the Employee Support Services, etc.

Wellbeing Champions within Health and Justice continue to attend regular meetings in order to develop and improve wellbeing initiatives across the service, sharing ideas and working together to promote wellbeing in line with Trust values.

Jade Warner, Higher Assistant Psychologist, and David Minchella, Higher Assistant Psychologist, HMP/YOI Low Newton, Tees, Esk and Wear Valleys NHS Foundation Trust

HMP Channings Wood: A Patient's Perspective

Coming to prison was a huge culture shock to me, and at the time, the end of the tunnel did not appear to exist. Being absent from those you love is hard enough, but being thrown into a world you know nothing about is terrifying.

You may feel that your body and mind is strong and stable, but every human has a limit and can be subject to circumstances that test them and prison was my weakness. I became distraught and distressed, demotivated and depressed and to make it worse I was surrounded by others feeling the same. The self-harm culture is and was rife, how do you stay away with nowhere to go?

I wanted to succeed and wanted to survive, this appeared to be quite a challenge. Guess what? 20 months later, I am still here.

Family, friends, other prisoners, officers,

support workers, healthcare - they all care. They all care about how you are and it's not 'just a job' because they are humans, humans are naturally compassionate. I was supported because I took the step and approached others. I only had to ask for help and I was reminded that my darkest hour only has 60 minutes, I got it then, I will get through it again.

It has been a challenge to get this far but I promise anyone that being resilient and powering on will improve your wellbeing and help you get through the dark times and into the light.

I have written this article to highlight my experience which I know has been experienced by countless others but also to encourage those that are suffering to make use of the mental health services and support because every life matters, there is support so do not suffer in silence.

Jaimie Monteiro, Service User, HMP Channings Wood, Devon Partnership Trust

Upcoming Events at the Quality Network

"Supporting Wellbeing and Recovery in Prisons"

A Special Interest Day co-hosted with Nottinghamshire Healthcare NHS Foundation Trust

10 March 2020

Trent Vineyard Conference Centre Nottingham, Unit 1 Easter Park, Lenton Lane, Nottingham, NG7 2PX

Each Quality Network member service will receive free places and lunch will be provided.

To book a place, please complete the online booking form or email

Lana.MacNaboe@rcpsych.ac.uk if you have any questions.

For further information on event locations and booking enquiries, please visit **gnpmhs.co.uk** or email **prisonnetwork@rcpsych.ac.uk**

What Has Been Happening at HMP Belmarsh in September

Every September there is an international campaign to raise awareness and challenge the stigma that surrounds Alzheimer's.

September 2019 marked world Alzheimer month. This campaign has been running since 2012 and World Alzheimer Day is on 21st September each year. However, we were a little early this year and on 5th September, HMP Belmarsh welcomed the Alzheimer Society once again. We had a very successful Awareness Day with the Alzheimer Society offering a morning session on Alzheimer Awareness to our multi-disciplinary team including our discipline

staff and the offer of becoming an Alzheimer Champion. There was great up-take, interest, and very positive feedback from health and discipline staff.

Old age is a big focus of our work at HMP Belmarsh and in recent months we have had the privilege of working with discipline staff and they have now identified Spur2 on House Block 1 for the older prisoners where we can work more closely with meeting their needs. In addition, we have defined ward space in our healthcare unit for the older prisoner. Things continue to prosper with this ageing group at Belmarsh, and, of course it is essential that we allow it with the growth in ageing prisoners and the estimation in 5 years' time of over 20% of the prison population being over 50. We are working towards a dementia friendly prison.

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

Acupuncture

We're sat in the class on the beanbags relaxed with Jackie our worker so happy and chillaxed.

She prods us with pins that hurts and stings when she turns off the lights you sit back in delight.

Sittin' back on the beanbags forgettin' the world, wishin' you was out there with you wife or your girl.

You miss your kids and they miss you too. You're sat in your pad and you start to stew.

You get so angry and ready to smash up but Jackie comes along and cheers you up.

Poem about Acupuncture by a Service User, HMPYOI Deebolt, Tees, Esk and Wear Valleys NHS Foundation Trust

Upcoming Reviewer Training:

25 February 2020

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

Working with Transgender People: the Importance of Communication and Response

Transgender awareness has become increasingly pertinent and an important factor to consider to meet the individual needs of service users, carers or others. Transgender is an umbrella term inclusive of anyone who feels that the sex/gender assigned to them at birth (male or female) is either an inaccurate or incomplete description of them (Unique, 2019). Transgender people are increasingly becoming more prominent within the criminal justice system (CJS) and mental health services. In 2016 the Ministry of Justice reported 70 prisoners in England and Wales described themselves as transgender (MoJ, 2016). There have been many developments in this area over the last few years in terms of policy and practice, more specifically the way in which trans-people are treated and managed within the custodial and mental health settings.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) deliver services within prison estate, probation and community services to support the needs of service users who have contact with the criminal justice system. In order for services within TEWV to ensure specific needs are met and staff have the required knowledge to communicate effectively with transgender individuals, a booklet has been developed in collaboration with 'Unique' (an organisation created to support transgender people). The rationale for this specific booklet highlighting transgender individuals was due to the complexity and diverse nature of trans-people and staff reported limited knowledge of trans-people while working within criminal justice agencies. Collaboration with 'Unique' assisted with understanding of how to respond effectively to transgender individuals. Firstly, by ensuring you ask people the name they wish to be known, which pronouns they prefer and title they wish to be addressed by. Furthermore, the booklet clearly presents do's and don'ts in terms of understanding the importance of validation of feelings about transgender individual identity. It has been clearly

documented to ensure individuals that there is nothing 'wrong with them' and being gender diverse is a natural diversity recognised all over the world. A relevant point within the booklet which is important for people to be mindful of is that 'sex' refers to the biological and physiological characteristics that define men and women on their birth certificate (e.g. their genitals at birth). Gender on the other hand is not defined by body parts, chromosomes or sexuality, but a deep sense of their own identity. What was clear was the importance to consider the language adopted when referring to or speaking to trans-people in terms of undergoing 'gender reassignment' or had 'transitioned' and NOT 'has had the op' or 'has a sex change.' In addition, due to recent changes in policies and practices, staff are empowered to acquaint themselves with current policies and practices within the prison and community settings to ensure service users are supported more effectively retaining both dignity and respect. As previously noted transgender is an umbrella term inclusive of anyone who feels that the sex/gender assigned to them at birth (male or female) is either an inaccurate or incomplete description of them, therefore consideration is needed about understanding different aspects of the individuals in terms of gender identity, sexual orientation, biological sex and gender expression and reflection on the 'gender bread person' can assist in understanding, and the booklet provides alternate descriptions. Feedback noted by staff working within the criminal justice service with transgender people recognised the helpfulness of the information in term of understanding, practical skills as well as additional signposting to continue to enhance their learning. It is apparent that trans-people are increasing within the criminal justice system and this has been one way to support staff in understanding peoples' needs and for trans-people to maintain both dignity and respect.

Richard Hand, Locality Manager, and Sarah Johnson, Trainee Forensic Psychologist, Tees, Esk and Wear Valleys NHS Foundation Trust

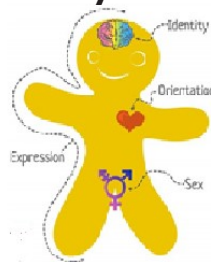


Figure 1: Gender bread person by www.itspronouncedmentrosexual.com

Reflections

Having spent the best part of my adult life regrettably languishing as a guest of Her Majesty's Prison Service, I feel I am in a position alongside anyone else to comment on the current state of our houses of correction. Not only did I spend many, many years walking the landings alongside the other unfortunate souls. I experienced quite a few trips to the in-house mental health service quarters, as my mind and sanity started to deteriorate with time, as most things do.

Our current prisons - and lets all be honest here - are akin to gulags, cold concrete and steel, those unfortunate enough to be inside are fed a diet of slops, and the environment they now live in awash with psychoactive drugs, like spice and monkey dust, or whatever else has been knocked up in some shady gaff and smuggled inside for men and women, at their most vulnerable ever in their lives to consume, and become more ill as time passes.

Should we be at all surprised then that extremism and hatred flourish when all hope is lost and there is not enough staff to get prisoners from their cells to legal visits and hospital appointments? Locking people up for twenty-three hours of each day is severely psychologically damaging for any period of time for anyone, be it because of staff shortages or the negative mindset of some staff of the out of sight, out of mind mentality. This has to be addressed, if any change is ever to be seriously implemented.

A lick of paint here and there, might brighten up the exteriors of these cold and dark places, however under the surface the filth still remains. As a society we should all be ashamed as we have let our prisons deteriorate and fester for so many decades now. Didn't someone once say that our prisons are a reflection of our current society? If so, this sounds about right to me.

Successive governments, and any serious lack of meaningful funding over many decades are to be blamed for the mess we now find ourselves in, and being from Liverpool, it would be easy for me to point the finger at certain regimes that have come and gone and lay the blame there. However, in my opinion during the 1980s, the prisons were more productive and rehabilitative

than I have ever known.

Education programmes were thriving with Open University courses encouraged, factories within prisons teaching men a range of skills such as welding, carpentry and a multitude of building maintenance courses. The education departments also promoted music classes and you could learn to play a range of instruments from guitar and keyboard skills to drums. Creative arts flourished with prisoners encouraged to get involved in play writing and performing, in front of in house audiences. How did we go so dramatically wrong to where we are now? There were good medical services such as doctors, psychologists and dentists, who were readily available on-site at most prisons. Men and women who were incarcerated were encouraged to take part in sporting activities outside, in the fresh air whenever possible and people did seriously have the opportunity to turn their lives around.

We all know that the prison population has dramatically increased over the last few decades, but in my opinion, it is much more to do with a lack of funding rather than numbers as to the state we find ourselves in now. The vast majority of prison officers sign up not just for a career but because they sincerely care. We are tying their hands behind their backs now because they can offer nothing positive.

Today we house people in medieval-like conditions. How can that be right? The thinking of the people at the very top needs to change. I understand as well as anyone the need for personal security and protection, but your normal officer walking the landings - instead of being told everyone is bad and not to be trusted - should be instructed by their own peers, to support, encourage and befriend. The 'care' approach works better for some, trust me.

Rehabilitation of offenders can be achieved in most cases, our prisons can be more productive, safer; releasing better members of society than before they went in. Our prisons are long overdue any real serious funding to make them more humane and fit for anything worthy. This is not an attack on any one organisation over another. I see it as a collective response needed by all if anyone is serious about implementing real positive constructive change that lasts long-term.

Moving forward many positives could and should be put in place. Every prison should have a recording studio for our current prison population to enable prisoners to be able to express themselves through music. No negativity, just a place of musical diversity. Every prison should have a small theatre and rehearsal space for men and women to learn about creative and performing arts and to be encouraged to express themselves via drama to build better communication and social skills.

Restorative justice should be rolled out right across the prison estate, and part of a prisoner's progression should include participation in this work when applicable. The church has a massive continuing and valuable part to play in prisons not just with space, but the teaching of tolerance, and offender behaviour course work, like anger management, etc. Further funding is needed in psychological therapies and mental health such as counselling, and cognitive behavioural therapy course work, due to the nature and complexities of those presenting at our prisons today. More funding should be found for domestic abuse awareness courses and long-term prisoners moving back into a family environment should be helped with relationship counselling where needed. The personal officer scheme should be encouraged to build better understanding between staff and prisoners. Finally, peer support workers should be given a far greater and more rewarding role right across the prison estate.

Drug and alcohol treatment programmes are vital commodities in prison with so many people on arrival now turning up with a mixture of mental health and addiction issues. The most notorious prison I spent time in was maximum security Wakefield, aptly nicknamed Monster Mansion. This prison in the 1980s was one of only a handful of long-term prisons in the country so if you got five years or over you had a good chance of ending up there.

When there was a violent incident it was extreme but believe it or not, in such an environment and with such notorious characters all together under one roof, this was rare. There was no spice, or other rubbish turning people into violent zombies, just cannabis, and it was everywhere.

To wish to briefly escape from an atmosphere of fear and an undercurrent of violence that stalks everyone every waking hour unfortunate enough to be inside one of these current houses of horror, be it staff or prisoner is understandable. People are always going to wish to alter their state of mind when faced with such a psychologically disturbing situation as imprisonment and the whole disturbing new environment and experience.

We can promote other forms of legal therapies, and you can get legal cannabis products for medicinal purposes now, which are said to be good for insomnia, arthritis, multiple sclerosis, anxiety and depression. Meditation classes and acupuncture can help in relaxation. To tackle today's climate of

Knowledgehub

Keep an eye out for 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

Email prison@rcpsych.ac.uk if you would like to become a member.

brown, white, spice, and whatever else is available, more funding should be made available to security, and safer custody departments within each prison. Everyone and anyone entering a prison should go through a thorough search procedure from a landing officer to a lawyer and not just prisoners' families when visiting a loved one. Rehabilitation, change and a determination to turn your life around must start from within each individual before any change can begin. But when a person finally realises that they have ended up in a big vat of detritus through the error of their ways and wish to change, should help and support not be available to these lost and often broken men and women?

A lot needs to be done within our prisons to turn them around, and if we wish to make people better members of society when they come out than before they went inside, then we need to invest and change direction now. To leave people to fester, and just grow older, and angrier in prison, with no form of rehabilitation at all, only to be released back into society one day soon, worse than before, well that just leaves the sword of Damocles above us all, does it not? Or have we really become so uncaring as a society?

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

Therapy

I never thought I'd see the day,
That I'd be in therapy and find it okay,
The feeling at first is very daunting,
To talk of those things that I found haunting,
If only I'd know it actually helps,
To deal with my emotions and all my self-doubt,
But don't ever think it's a walk in the park,
Because the things you discuss have once ached your heart,
You're opening up to someone you never knew,
And soon start realizing they want to help you,
So I'd like to say it's been a blessing,
Even though the sessions are sometimes stressing,
I'd recommend it to those in need,
To ease their heart from that continuous bleed,
I'm pleased to say I'm on the road to feeling better,
And that's all thanks to a therapist called Jenna.

Service User, HMP Frankland, Tees, Esk and Wear Valleys NHS Foundation Trust

New Pathway for Prolific Offenders at HMP Lincoln

Clinical matron Suzan Lilley and psychological wellbeing practitioner Sarah-Jayne Holmes have set up a new collaboration with Sgt Phil Muirhead and his team from ARC Lincolnshire, to create a mental health pathway for prolific offenders at HMP Lincoln.

Prolific offenders desperately seek and are keen to engage in therapy but on the whole, don't meet the criteria either in prison or in the community due to the specific nature of their offending and the 'revolving door scenario' which in turn, reinforces their belief they are being 'failed by the system'. They are generally unaware of how to manage their own vicious cycle which perpetuates their offending behaviour, using maladaptive coping strategies such as drugs for self-medication 'to feel better'.

Findings from working with an ARC client sporadically over the last year showed that brief, solution focused, psychological interventions have helped them to identify their maintenance cycle and their related triggers for offending behaviours and self-medicating with drugs. They have been keen to re-engage on coming back in to custody and have received continual support from Sarah, their named keyworker, helping them to consolidate their skills and work towards an identified goal.

Through a collaborative approach with ARC, when a prolific offender is recalled back into the system, they are now highlighted to the team. This in turn creates a continuity of care and builds a transparent therapeutic alliance, positively challenging any aspect of their belief of being failed or unsupported, and coaching them to identify positive change.

D/Sgt Phil Muirhead, ARC - Assisting Rehabilitation through Collaboration, said: "I'm extremely excited to work closely with the Integrated Mental Health Team at HMP Lincoln, in particular Suzan and Sarah-Jayne, who have shown a vocational desire in supporting the most vulnerable and most difficult to reach client base.

Suzan and Sarah-Jayne were quick to identify the gaps that existed within the system and equally quick at offering a solution; recognising that by working in collaboration with ARC we would quite organically offer a supporting mechanism for a client who was not only in custody but also a client who was transitioning to the community.

The fundamental work that ARC seeks to achieve goes hand-in-glove with what the Integrated Mental Health Team offer and I look forward to being a part of this innovative approach at collaborative working."

Sarah-Jayne Holmes, Psychological Wellbeing Practitioner, Phil Muirhead, ARC, Suzan Lilley, Clinical Matron, and Julie Clarke, PCSO, HMP Lincoln, Nottinghamshire Healthcare NHS Trust



Raising Awareness of Mental Health and Suicide in HMP/YOI Pentonville

Prevalence of mental health difficulties among the prison population is significantly higher than in the general population (Bradley, 2009). The recent HM Chief Inspector of Prisons for England and Wales annual report highlighted the increase in incidents of self-harm and suicide and acknowledged that the challenging prison environment is likely to be contributing to the risk of this. They stated that, *"at a third of the prisons, support for prisoners in crisis was undermined because they spent too much time locked up, often in poor living conditions, and had a lack of purposeful activity"*. In addition, other factors associated with being in prison, such as losing contact with family, is likely to increase risk of developing mental health difficulties, self-harm behaviours, and suicidal ideation (MoJ, 2018).

There is stigma in relation to mental health based on the masculine stereotype, where men are viewed as strong and not able to talk about their feelings. The pressure to live up to this stereotype impacts negatively on men sharing emotions and this stereotype appears to be more embedded within the prison. Being in prison might lead men to believe that they cannot show weakness as this can be a sign of vulnerability. This makes it even harder for men to feel comfortable talking about how they feel, making it difficult to learn strategies to cope in prison. One way to encourage engagement with services is to conduct outreach. The Health and Wellbeing Team at HMP/YOI Pentonville conduct outreach to residents of the prison as standard. Mental Health Awareness Week and Suicide Prevention Day were identified as good opportunities to raise awareness about mental health and provide information about therapeutic interventions offered.

Each year the Mental Health Foundation provides a theme for Mental Health Awareness Week and this year the theme was body image. We held an event, over two

days in the prison chapel, which included presentations from external speakers and teams within the prison. The event was run by the health and wellbeing team, in particular, psychology, primary care mental health (PCMH), and substance misuse staff. Ben Bidwell (The Naked Professor) and Joe Wicks (The Body Coach) were booked as external speakers. Joe Wicks gave a presentation on healthy lifestyle and the impact of this on mental health. In particular, he gave advice on exercising in a small space with limited resources, such as a prison cell. Ben Bidwell gave a presentation sharing how he has become accepting of how he looks and feels within himself and spoke of the difficulties of being vulnerable in relation to the masculine stereotype. Residents gave good feedback and had many questions for the speakers. Internal speakers presented on the relationship between body image and various mental health difficulties (psychology team), and on how substance misuse relates to body image (substance misuse team).

The event held on Suicide Prevention Day aimed to spread awareness among prisoners and staff about suicide. Staff from different teams within the prison including Psychology, PCMH, Safer Custody, Building Futures, and the Samaritans, set up a drop-in station on each wing within the prison for residents, and a lunch time drop-in station for staff. Both events involved distributing online resources on mental health and suicide such as posters providing information on how to cope with thoughts of self-harm/suicide and crisis cards from the Samaritans. Information on the support available to residents and how to self-refer, was shared. Feedback from residents was positive and staff at drop-in stations also took referrals. Staff were provided with information regarding support available to them during the lunch time event including the Employee Assistance Programme (EAP). Many staff expressed they were pleased that their mental wellbeing had been acknowledged too, particularly in light of the very challenging environment that they work in.

Modelling to prisoners how agencies work together within the prison can encourage people to talk more openly about their problems and access support. Both events were supported well by colleagues within healthcare, but also by other departments

within the prison. In addition to the influential guest speakers giving their time without payment, companies external to the prison donated food for both events. This showed the range of people and agencies that were interested in providing support to a population who are vulnerable to mental health difficulties. Holding awareness events can provide an opportunity to reduce the stigma of mental health and suicide, and target a population who are the least likely

to access services but are most likely to have the greatest need for these services.

Laura Craster, Assistant Psychologist, Sophie Dennard, Assistant Psychologist, and Radha Kothari, Clinical Psychologist, HMP Pentonville, Barnet Enfield and Haringey Mental Health Trust



Joe Wicks (The Body Coach) during his tour of one of the prison gyms.



Joe with a member of the gym staff.



Ben Bidwell (The Naked Professor) during his talk.

News

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

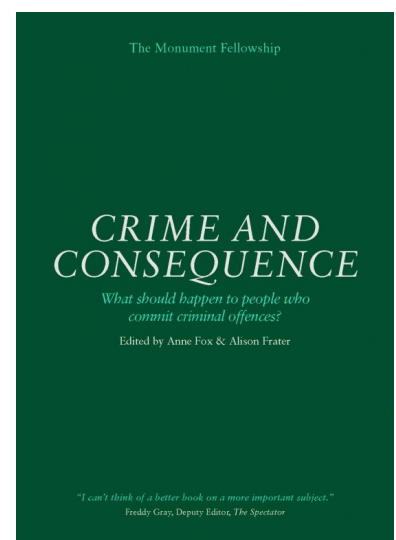
Crime and Consequence: What Should Happen to People Who Commit Criminal Offences?

A collection of essays and creative reflections on one of the most important questions for our society - what should happen to people who commit criminal offences.

Contributors include academics, business leaders, artists, criminal justice professionals, charity leaders and prisoners themselves. They explore how our society can respond to crime to tackle the causes and consequences.

This collection is the third in a series of books curated by The Monument Fellowship; eight organisations funded by The Monument Trust to work together to make a sustained, cumulative and transformative change to the journey of individuals through our justice system. The members of the fellowship are: The Centre for Justice Innovation, Clinks, the Diagrama Foundation UK, Khulisa UK, Koestler Arts, Lemos and Crane: The Good Prison, The National Criminal Justice Arts Alliance and Restorative Solutions CIC.

For more information, please follow this link: <https://www.clinks.org/publication/crime-and-consequence>



Centre for Mental Health: A Sense of Safety - Trauma-Informed Approaches for Women

Produced jointly with Agenda, the alliance for women and girls at risk, A sense of safety: Trauma-informed approaches for women explores how trauma-informed approaches are being implemented by public services including women's centres, prisons and mental health services.

For more information, please follow this link: <https://www.centreformentalhealth.org.uk/sense-of-safety>



Ministry of Justice - Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to September 2019; Assaults and Self-harm to June 2019

Safety in custody statistics cover deaths, self-harm and assaults in prison custody in England and Wales. This publication updates statistics on deaths to the end of September 2019 and assaults and self-harm up to June 2019.

Nuffield Trust - Prisoner health

Delivery of health care in prisons presents unique challenges, and there is a lack of quantitative evidence about care in these environments. This spotlight collects our work towards gaining a better understanding of the health care needs of prisoners, their use of health services and how the quality of care compares to that of non-prisoners.

Some recent publications include:

- Prisoners' use of hospital services
- Pregnancy and childbirth in prison: what do we know?
- What can we learn from hospital data about prisoner health?

For more information, please follow this link: <https://www.nuffieldtrust.org.uk/spotlight/prisoner-health>

The Secret Life of Prisons podcast

The Secret Life of Prisons aims to take the bars off prison windows. To shine a light into some of the darkest corners of prisons. It is curious, illuminating, moving and informative, this podcast offers more than just a glimpse into what is, for many, an unseen world. The presenters are Phil Maguire OBE, Chief Executive of the Prison Radio Association, and the Prison Reform Trust's Head of Prisoner Involvement, Paula Harriott. Each episode of The Secret Life of Prisons takes on a theme related to the prison experience and features guests with personal experience. Most have been inside. For more information please visit: <http://www.prisonreformtrust.org.uk/> <https://wearestraightline.com/>

Some of the topics covered in the podcast so far are: arrival into prison, the experience of living in a cell, visiting a family member in prison, being released from prison and the Longford Lecture.

Please follow this link for more information: <http://secretlifeofprisons.libsyn.com/>



Standards for Prison Mental Health Services (4th Edition)



Join the **Email Discussion Group** to network with colleagues in the field of prison mental health.

Email 'join' to
prisonnetwork@rcpsych.ac.uk

For further information on the below, visit our website:

- Upcoming events and past events
- Newsletters and publications
- General updates from the Network
- Annual reports



www.qnmpmhs.co.uk



QNPMHS Annual Report Cycle 4 2018-19

The report published covers the findings of the review process between 2018 and 2019, Cycle 4 of the Quality Network for Prison Mental Health Services. The report demonstrates good practice that has taken place within services during the cycle, as highlighted by peer-review visits. Additionally, the report contains bench-marking graphs which enable member services to monitor their performance against other services.

Reviewing the peer-review visits and the good practice that has presented over the past year has served as a reminder of the fantastic work that takes place and the dedication of member services to provide high quality care. We would like to take this opportunity to thank you for your ongoing hard work and commitment and congratulate you on the achievements of you and your team.

The report is available on the website (<https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/prison-quality-network-prison>)

QNPMHS Aggregated Report - Cycle 4 (2018-2019)

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.uservoice.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: @ccqi_ and use #qnpmhs for up-to-date information

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