Crisis Teams:
Referral, Response and Provision in the Prison setting

Sussex Partnership NHS
NHS Foundation Trust

Laura Woods & Felicity Thomas
Sussex Partnership NHS Foundation Trust
HMP Lewes

Sussex Partnership NHS
NHS Foundation Trust

Background

- Local remand prison
- Population of 692
- Males only 18-90+
- Built in 1853
- Rapid turnover of population
- Approximately 2000+screenings per year

Sussex Partnership NHS
NHS Foundation Trust

Health Services Provision

- Twelve-bedded Inpatient unit
- Crisis function
- IMHT (Integrated mental health team)
- Primary Care
- On-site pharmacy and staff

- Multi-disciplinary: General Adult Consultant Psychiatrist, General nurses, mental health nurses, Occupational therapy, psychology and art psychotherapy

- The aim to provide an integrated service that is commensurate with what is provided in the community.

.

Sussex Partnership NHS
NHS Foundation Trust

Crisis Team

- Forms part of the Inpatient Unit resource
- Capacity of up to 4 patients on general location
- "Equivalence of care" -CRHTT in community

"CRHT teams provide acute home treatment for people whose mental health crisis is so severe that they would otherwise have been admitted to an inpatient ward. Users of CRHT are typically suffering from severe mental illness such as psychosis, severe depression or bipolar affective disorder (manic depression)" (NAO 2007).

Sussex Partnership NHS
NHS Foundation Trust

HMP Lewes –the reality.

- Since February 2016, HMP Lewes has had 3 self-inflicted deaths by hanging.
- Reality of health needs of this population
- October 2017- 40 + ACCTs & 63 Incidents of self harm.
- High rates of Personality Disorder
- High rates of self harm

Sussex Partnership NHS
NHS Foundation Trust

Operational Policy

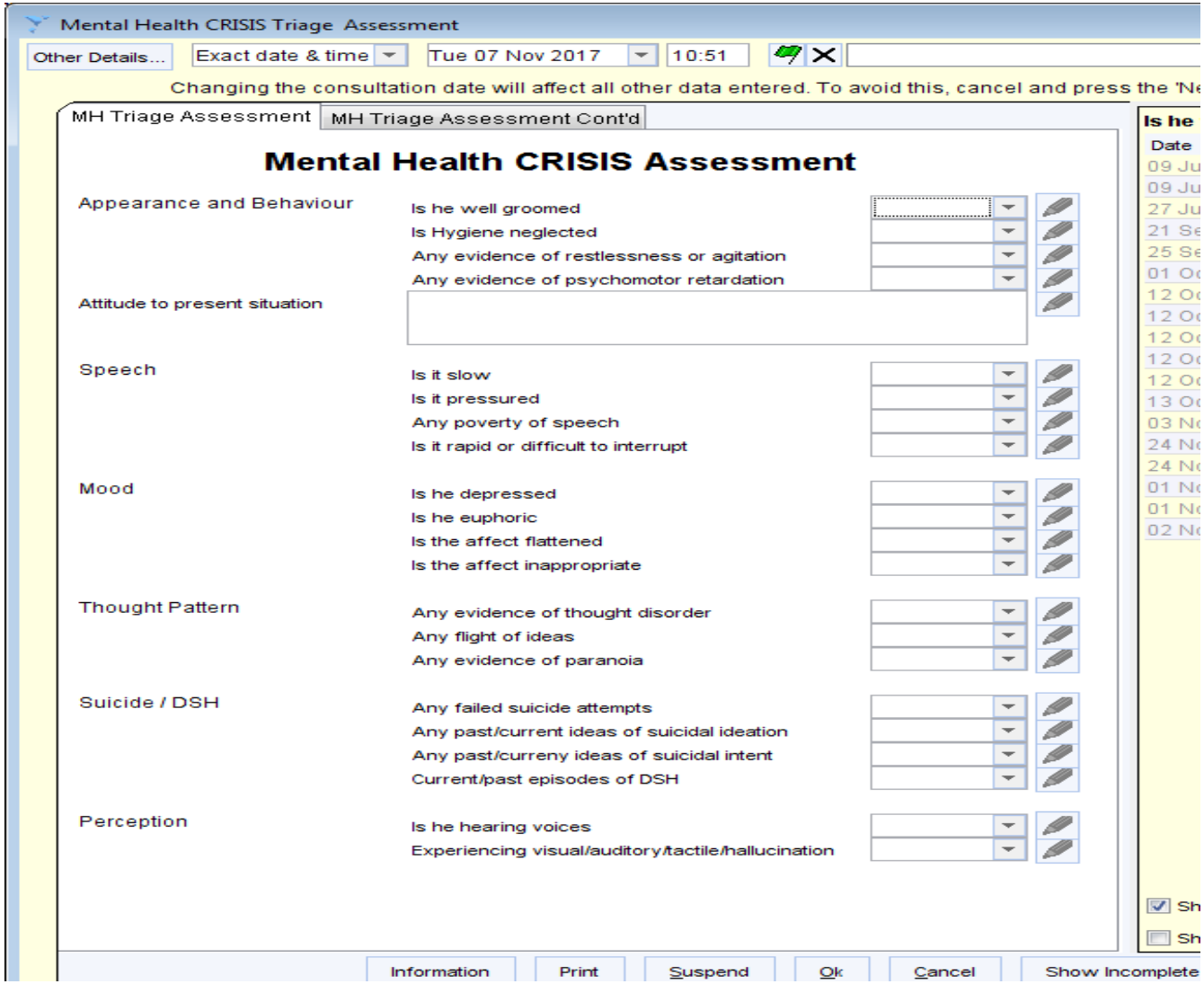
- Operational Policy re-written in March 2017
- Jointly with the IMHT
- Inclusion and Exclusion Criteria
- Self harm alone?
- Draws on NICE guidance for Self Harm

Sussex Partnership NHS
NHS Foundation Trust

Referral Process

- Time Scales – 1 hour response rate
- SystemOne referral if from IMHT
- Telephone referral from officers
- Assessment undertaken by qualified nurse
- Crisis assessment template completed
- Care plan created

Sussex Partnership NHS
NHS Foundation Trust



Sussex Partnership NHS
NHS Foundation Trust

Crisis Work

- Can offer up to 2x daily visits
- 5-7 days maximum
- Observe medication adherence
- Monitor mental state
- 1:1 time with nursing staff
- Manage and reduce risk
- Work collaboratively with prison staff
- Often post discharge from inpatient unit

Sussex Partnership NHS
NHS Foundation Trust

Expectations

- Increase of referrals on a Friday afternoon
- Short-term crisis support
- All other alternatives considered
- ACCT process for self-harm without mental illness but can be in tandem
- Clinical handover at end of intervention

Numbers…

- 5-6 referrals a week
- 60% acceptance
- Currently collecting further data on prevention of admissions.
- Anecdotally –approximately60% prevention of admissions.
- Longitudinal data on LOS

Sussex Partnership NHS
NHS Foundation Trust

Case Study

- A "typical" referral…….
- 28 year old white male
- Presenting an array of social factors indicating he was high risk:
- First 28 days in prison
- Loss of his relationship and loss of contact with child
- Age, employment status
- Poorly functioning network of family/friends
- History of substance misuse
- Expressing inability to cope, thoughts of suicide, self harm.
- assessed within one hour of referral.

Case study continued

The crisis care plan:

- Daily visits for one week
- Monitoring mood and risks by open dialogue with the patient and staff.
- Provision of 1-1 time
- Provision of in-cell activity.
- Commenced on anti-depressants (GP)
- Crisis staff attended all ACCT Reviews
- No admission to the in-patient unit.
- After review handover to the IMHT.

Sussex Partnership NHS
NHS Foundation Trust

Case Study 2

- Prisoner assessed on FNC. Signs of psychosis.
- Well known to MH services in the community
- Declined admission to the inpatient unit
- Risks to self minimal
- Risks to other minimal.
- Low profile, but high risk of neglect and deterioration.
- Wing staff expressing concern of isolation, poor self care.
- IMHT had been visiting weekly.

Case Study continued

The crisis care plan

- Daily visits to monitor mental state and observe for emerging signs of psychosis .
- Daily visits to improve adherence to medication
- Daily visits to improve engagement
- After review, this resulted in an admission to inpatient unit with his consent.
- Transferred under s48 of the MHA for further treatment in hospital. (PICU).

Questions?