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# Prison Self-Harm and Self- Inflicted Death Project (PSHSIDP)

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**Presented by**  
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- The MOJ funded this project which designed to reduce self-harm and self-inflicted deaths at HMP Frankland and HMYOI Deerbolt. The project was designed to empower prison staff to work, in a care-orientated manner, with prisoners displaying mental health difficulties. The initiatives trialled in the current project were:
  - **Staff Development** through the analysis of Mental Health Team input into the ACCT process.
  - **Staff Development Activities** to enhance mental health support and training for front line Prison Staff.
  - **Development and evaluation of the use of therapeutically informed in-cell activities**, including BOB boxes (Big Orange Box) and prescribed relaxation.
  - **Development of a trauma informed service** model suitable for implementation into a male prison environment.

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# Quiz

- How many self-inflicted deaths in prisons were there in 2016?
  - A: 119
  - B: 28
  - C: 79

# Quiz

- What % increase was this from 2015?
  - A: 0.5%
  - B: 32%
  - C: 63%

# Quiz

- Between September 2015 – 2016 there were how many self-harm incidents?
  - A: 12,576
  - B: 37,784
  - C: 59,385
- This is an increase of what % from the previous year?
  - A: 12%
  - B: 23%
  - C: 49%



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# Self-harm and self-inflicted death statistics

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- During the 12 months to March 2016, there were **26,805 incidents of self-harm** by male prisoners in the UK - this is **an increase of 14,769 (55%) over 5 years** (Ministry Of Justice, 2016b; Ministry Of Justice, 2016c).
- **In the 12 months to June 2016, there were 105 self-inflicted deaths in UK** prisons. This represents an increase from 63 over five years (40%) and the rate of self-inflicted deaths for the 12 months to June 2016 was 1.2 per 1,000 prisoners.

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# Where the project was carried out

- **HMP Frankland** is located in Durham and is the largest high security prison in the UK.
  - It holds over 800 category A and B sentenced and category A remand male prisoners with the majority serving lengthy or indeterminate sentences for very serious offences.
  - There have been no self-inflicted deaths recorded since December 2014.
  - Levels of self-harm are generally low and occur generally among a small number of prisoners.
  - On average 14 prisoners, a month were subject to ACCT case management because they were at increased risk of self-inflicted death or self-harm.
- **HMYOI Deerbolt** is a young offender's institute located near Barnard Castle.
  - It holds up to 513 male prisoners aged between 18 and 21.
  - Prisoners serve sentences up to 4 years and come from the North and North East of England.
  - There has been one recorded self-inflicted death since it opened in 1973.
  - On average there are 17 incidents of self-harm a month involving an average of around seven prisoners.
  - On average, 16 ACCT case management documents a month are opened for prisoners at risk of self-inflicted death and self-harm (Her Majesty's Inspectorate of Prisons, 2015).

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## Staff Development - Analysis of Mental Health Team input into the ACCT process

This was designed to support better participation and information sharing between the prison and Mental Health Teams through:

- Questionnaires were used to identify the views of prisoners, Prison Staff and the Mental Health Teams at each establishment about the MHT input in the ACCT process.
- Obtaining process maps for the ACCT process from other male establishments in the North East
- Review of ACCT review documentation by Mental Health Team

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- **Completed by 26 prisoners:**
  - The majority of prisoners reported that they would like the MHT present at their ACCT reviews, value their input and felt supported by the MHT outside of ACCT reviews. Prisoners reported being rarely offered copies of their care maps.
- **Completed by 22 members of prison staff:**
  - Feel MHT input is beneficial as gives reassurance on decision-making.
  - In both establishments, it was reported that there is sufficient support from MHTs who are approachable and willing to help.
  - Prison Staff identified a training need to better understand mental health and reasons behind self-harm, in prisons, and the need for more MHT staff and informal MHT input at weekends.
  - Responses about experiences of working with MHT varied, HMYOI Deerbolt reported positive experiences and relationships with the MHT. Some responses from HMP Frankland felt MHT input was only useful when the prisoner was already known to them.
- **Completed by 6 members of MHT teams**
  - They aim to attend all ACCT reviews and to see prisoners before reviews but cannot always do so, due to time constraints and lack of advance warning.
  - They report providing support outside of ACCT reviews and feel valued by the Prison Staff.
  - Some mentioned that Prison Staff opinion on best way to manage a prisoner can differ to that of MHT, and suggested that ACCTs can sometimes seem like a “paper exercise”. Mental Health staff at HMP Frankland felt that the ACCT process could be improved if training and supervision were provided for Prison Staff, care plans were used more consistently, and if a more structured approach was adopted overall.

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**A review was carried out to compare entries made by MHT on SystemOne to the ACCT paper documentation.**

**Review findings:**

- Most of the entries made on SystemOne reflected and captured the information documented in the ACCT review. However in 2 instances this was not the case
  - One documented that they had met with the prisoner and reported on his progress but made no reference to the ACCT review they had attended.
  - The MHT member was unable to attend, but a record was made outlining that a verbal contribution had been provided to be taken to the review.
- Discrepancies were found between half of the ACCT reviews records made on SystemOne and the ACCT paperwork. These discrepancies include
  - Differences in content of information, with MHT providing more insight into self-harm and protective factors than was documented in ACCT documentation.
  - In once instance verbal input from MHT was documented on SystemOne but no in the ACCT documentation.

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SBARD in Relation to MHT ACCT Review Documentation

S	Situation
B	Background
A	Assessment
R	Recommendation
D	Decision

- Following the review a SBARD (Situation, Background, Assessment, Recommendation and Decision) document was trialled by the MHT to standardise the documentation of the ACCT review and to provide input in reviews when unable to attend.
- Mental Health Teams trialled the SBARD document for 2 weeks and completed a feedback questionnaire to identify the value of the SBARD approach.
- This questionnaire was completed by seven MHT members; 4 from HMP Frankland and 3 from HMYOI Deerbolt.
- **The feedback was mixed:**

- Created extra work
- Information would be stored in a different section on SystemOne
- Much of the information would be repeated in every review – especially the “Situation” and “Background” sections.
- + The SBARD as a framework gave good guidance on how to present the review in the clinical notes
- + It enabled the capture of standardised and relevant information that can be shared.
- + Several MHT members reported already using the “Recommendations” and “Decision” of the SBARD when providing information for ACCT reviews.





Following the questionnaire feedback, ACCT documentation review, and consideration of the process maps for ACCT process from other establishments, guidance to inform effective practice for the ACCT process for MHTs was developed.

- **MHT team staff should attend ACCT reviews whenever possible when the prisoner is open to them.**
- MHT should **monitor the use and impact of the coping techniques** that are offered to prisoners through the ACCT process.
- Prison MHTs should **create a file on a shared drive of all prisoners who are on open ACCTs**
- A shared diary should be considered, to allow future planning of ACCT reviews. MHT would **review the shared diary during morning huddle, with any new ACCTs added to a visual control board.**
- Each MHT should have a **visual control board with a list of prisoners who are open to them** and on an open ACCT. This should be reviewed and amended as appropriate.
- If a MHT member is **unable to attend an ACCT review then a written SBARD should be completed** and given to Prison Staff prior to the review. Each prisoner's keyworker should aim to attend and reviews should be added to each keyworkers ledger if on duty.
- Based on risk, **the name of prisoners who are open to the MHT should be stored and updated on the shared drive**, to assist Prison Staff in identifying mental health key workers for attendance at the ACCT.
- If a member of the MHT attends an ACCT review, **evidence of this should be documented on SystemOne and a copy of the review should be signed and scanned onto SystemOne records.**
- **If a more detailed entry from the MHT is required on SystemOne, then a SBARD format should be used.**
- All entries on SystemOne should capture **reference to prisoners care-map, prisoner contribution to it, and, if they agreed with the ACCT review documentation** (including any discrepancies). All prisoners should be offered a copy of their care-map.
- Once the ACCT is closed, the **MHT should follow up and continue to support the prisoner** if recommended and agreed.
- Documentation compiled by the Mental Health Teams could be improved to ensure there are no discrepancies between their record and what is documented in the ACCT review to ensure the avoidance of potential problems in the event of a Serious Untoward Incident (SUI).

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- **Staff Development - Analysis of Mental Health Team input into the ACCT process**
- Generally, all those involved have positive views of the MHT input in the ACCT process.
- Using an SBARD as a framework (rather than a specific document) could be useful to implement in Mental Health Teams when recording ACCT reviews and providing information for reviews when unable to attend. However, there are potential issues with repeating information and creating more work for MHT members.
- Several improvements could be made to the ACCT process, such as ensuring the same people attend each prisoner's ACCT meetings whenever possible and improving the ACCT review meeting scheduling procedure.
- The ACCT Process Guidance for effective practice for the MHTs encompasses improvements on the difficulties highlighted.

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## Initiative 2

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- **Staff Development Activities to enhance mental health support and training for front line Prison Staff.**
- Training needs of the Prison Staff were identified through feedback from the initial questionnaires. From the 22 responses received the following topics were identified as priorities for training and awareness raising:
  - Attention Deficit Hyperactive Disorder
  - Awareness around self-harm
  - Coping strategies and general mental health awareness
  - Learning difficulties
  - Obsessive Compulsive Disorder
  - Personality Disorder
  - Post-Traumatic Stress Disorder
  - Trauma and its impacts
- **These topics informed the e-learning packages, Prison Staff Guides of 'do's and don'ts,' Wellbeing Packs and mental health resources document developed for the project.**

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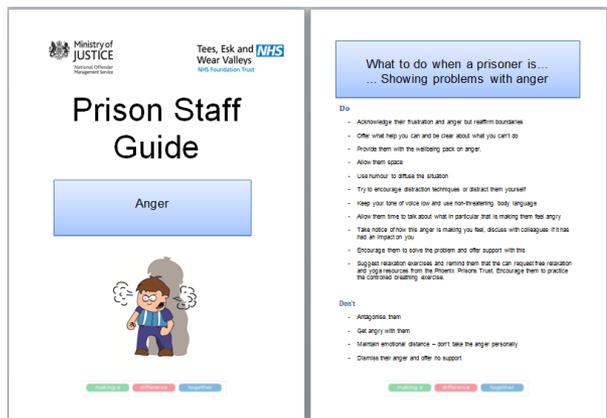
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# Prison Staff Guides and Wellbeing Packs

- ‘Prison Staff Guides’ ‘do’s and don’ts’ for Prison Staff working with prisoners experiencing and displaying difficulties associated with risk of self-harm and self-inflicted death were developed. In total, eight guides were created covering the following topics:



- Anger
- Bereavement
- Feeling anxious
- Feeling down
- Loneliness
- Panic attacks
- Self-Esteem
- Sleep problems.



- ‘Wellbeing Packs’ for prisoners was developed for each of the above titles. Prison Staff can give these to prisoners who may be experiencing the difficulties listed above. Psycho-education and self-help techniques were considered and those appropriate were incorporated into these packs.



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## Initiative 2 Conclusions

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- All of these resources created were given to the prisons to be made available on the prison IT network and were not evaluated by the project.
- All of the training needs identified by Prison Staff, in the initial questionnaires, were covered by these resources.
- This aimed to empower the Prison Staff responding to prisoners in distress (but may not meet the need for crisis intervention from MHT, or when the MHT are unavailable).

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# Developing and implementing therapeutically-informed in-cell activities

- **Background**
- Female prisoners who have survived self-inflicted death attempts identified that activities to reduce anxiety and distract from intrusive thoughts would have been beneficial in the lead up to their self-inflicted death attempt (Borrill, et al., 2005).
- The introduction of relaxation and mindfulness activities within prisons improved sleep and lowered anxiety (Lutz, 1990).
- Dialectical Behavioural Therapy (DBT) can be effective at reducing self-harm behaviour in prison environments, by developing prisoners' skills around mindfulness, distress tolerance, emotional regulation and interpersonal effectiveness (Berzins & Trestman, 2004)

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# Big Orange Boxes (BOB Boxes)

• BOB boxes are storage boxes containing:

- Drawing and art activities
- Water colour pencil pack
- Pastel art pack
- Playing cards pack
- Rubix cube
- Relaxation / wellbeing CDs
- 'Tumbling Tower' blocks
- Stress balls
- Yoga/relaxation pack
- Paper crafts/origami pack
- CD player
- Audio book (CD)



The also contained 'Prisoner Profiles' that the prisoner could complete with the Prison Staff member to identify triggers and calming techniques.

Prisoner Personal Profile

Forename	
Surname	
Prison Number	
Relevant physical and mental health information (optional)	
Details of any relevant treatment / medication (optional)	
Known triggers	
How the person responds to the triggers or main difficulties	
Coping strategies known to help the person	

Effective distraction techniques (detail any activities including activities from the distraction box)	
Comments	
Prisoner signature	DATE
Signature of person completing with prisoner	DATE



# Big Orange Boxes (BOB Boxes)

- Prisoners would be offered the BOB box when they are on an open ACCT and showing signs or anxiety, distress and agitation.
- All the activities included are based on some of the modules of DBT, including mindfulness and distress tolerance (distraction).
- The paper art resources and each of the leaflets developed were made available on the prison IT network so Prison Staff have access to resources whenever they needed to.
- It was recommended that when Prison Staff identified a prisoner in need of the BOB box that they should take the box and allow the prisoner to choose the resources they would find helpful.
- To support the appropriate use of BOB boxes, each establishment was provided with copies of a standard process flow chart and record sheets to complete when prisoners used the box

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- In addition, yellow box files were developed and given to prisons to distribute one on each wing so prisoners who are not subject to ACCTs can use the resources.
- **These yellow box files included:**
  - playing card pack,
  - two sets of colouring pencils,
  - yoga leaflets,
  - creativity leaflets,
  - relaxation leaflets,
  - creative writing pack,
  - drawing packs
  - colouring packs.



These were to be kept on the wings and available to all prisoners. The use of these was not evaluated, they were just provided as another resource for Prison Staff.

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# Evaluating the BOB boxes

- Prisoners were given an evaluation form to complete every time they used the BOB Box.
- Fortnightly emails were sent to the Safer Custody Leads to arrange for the completed forms to be collected from the prisons.
- Prisoners who used the BOB box (who were available at the time) were also interviewed about their experience of using them.
- Prison staff completed feedback questionnaires on the BOB boxes.

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Number of:	HMP Frankland	HMYOI Deerbolt
Prisoners recorded using BOB box	No data provided by prison	16
Prisoner BOB feedback forms	4	6
Feedback interviews with prisoners	3	4
Prison Staff feedback questionnaire	3	5

## Key findings from prisoner perspective:

- Feedback was **positive** for the majority of prisoners who have used it.
- **Four out of the seven prisoners who had used the BOB boxes were no longer on an ACCT** – and it seems that their use of BOB box materials may have a contributory factor.
- **Prisoners were given little information about the BOB boxes**, or were unaware that they were a resource available to them.
- Yellow box files were used at HMYOI Deerbolt, but not by any prisoners interviewed at HMP Frankland.
- Prisoners felt that that **Prison Staff did not have a good knowledge** of the BOB boxes or their purpose.

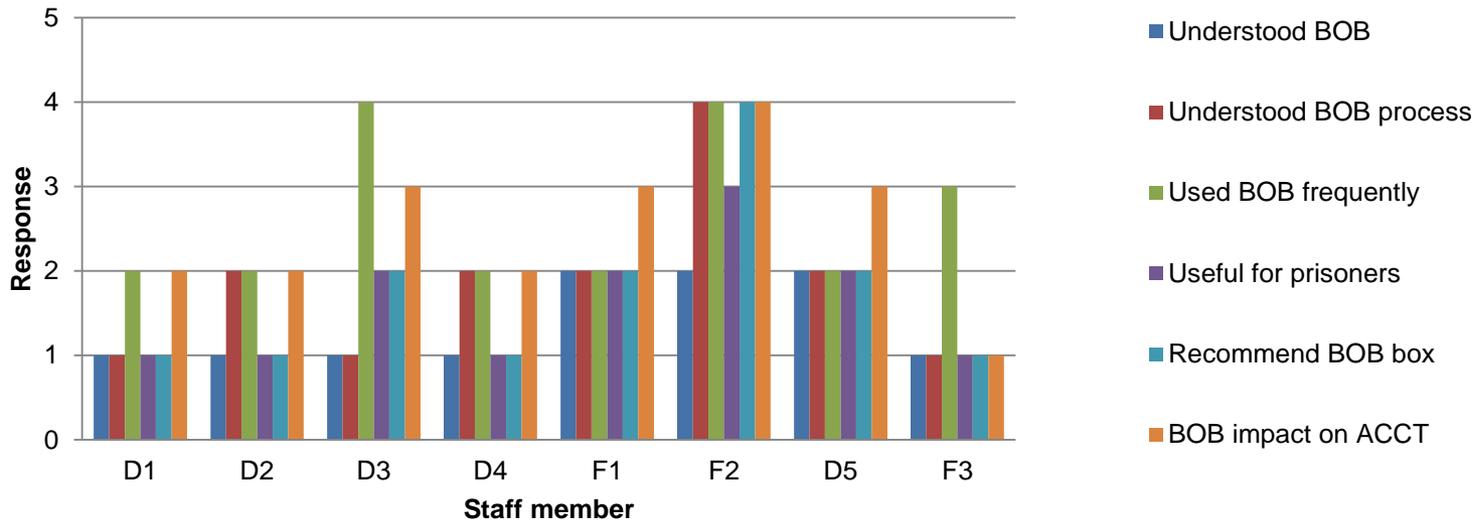
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## Prison staff perspective:



**Response key**  
 1 – Strongly agree  
 2 – Agree  
 3 – Neither  
 4 – Disagree  
 5 – Strongly disagree



- Prescribed relaxation was implemented at HMYOI Deerbolt.
- Prescribed relaxation packs contained:
  - a leaflet providing information on relaxation exercises,
  - a guided relaxation CD,
  - a yoga book,
  - a stress ball
  - (optional) aromatherapy.
  - diary sheet (to record relaxation practice).
- **\*\* Many of the packs resources were provided by the *Phoenix Prison Trust* which provides yoga and relaxation resources for all prisoners free of charge. \*\***
- Any prisoner with sleep disturbance was eligible to be offered prescribed relaxation and prisoners could self-refer.
- Prisoners an initial screening appointment with a member of the Mental Health Team to mitigate any physical health problems that could impact. They then received a leaflet about relaxation and its benefits.
- Prisoners were then encouraged to carry out relaxation every day over the four -week period and record it in their relaxation diary.

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# Evaluating Prescribed Relaxation

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- **Outcome measures used to identify the impact of prescribed relaxation were:**
  - Patient Health Questionnaire (PHQ-9) (Kroenke, Spitzer & Williams, 2001) to measure levels of depression
  - Generalised Anxiety Disorder (GAD-7) (Spitzer et al., 2006) as a measure of anxiety
  - Warwick-Edinburgh Mental Well-being scale (WEMWBS) (Tennant et al., 2007) to measure of overall wellbeing.
  - The measures were administered pre intervention and at 4 weeks post-intervention.
- It was planned for prisoners to receive a feedback questionnaire to complete about their experience of prescribed relaxation.

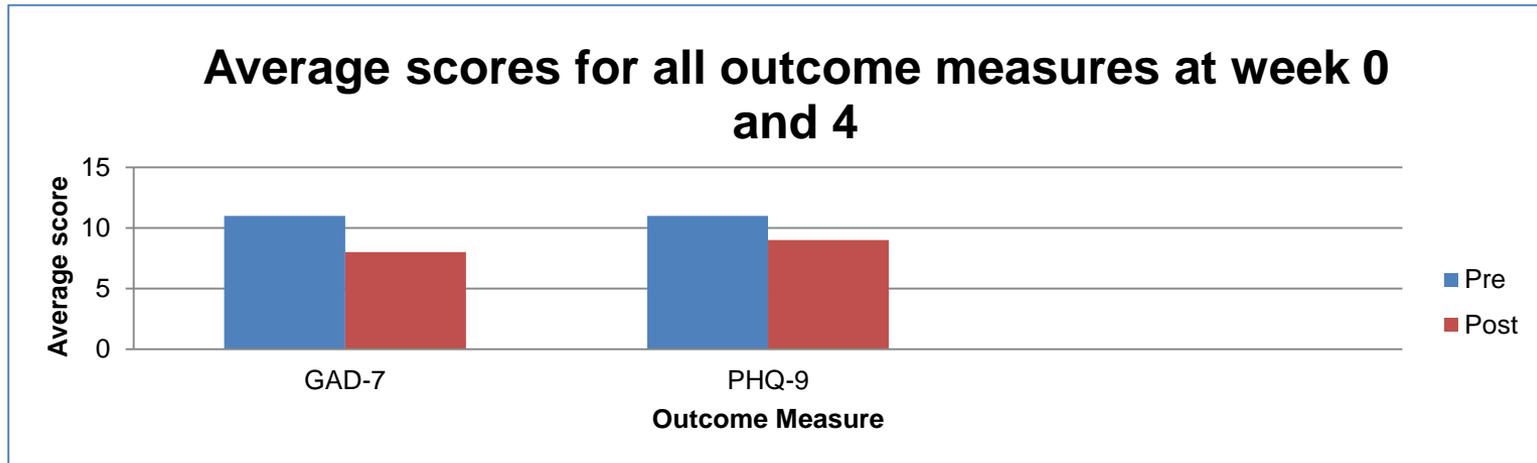
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# Prescribed Relaxation Findings



- Only one prisoner completed the WEMWBS at both time points.
- No prisoners completed the feedback questionnaire provided.
- The limited data collected suggests that prescribed relaxation can reduce levels of anxiety and depression, but that it does not do so for all prisoners.
- Prisoners did not complete the feedback questionnaire so no qualitative feedback on their experience is available to present.

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## Development of a trauma informed service model suitable for implementation into a male prison environment.

### Background

- There is a strong association between experiencing trauma and being involved in the criminal justice system (Donley et al., 2012).
- Trauma is linked to child abuse, physical trauma and sexual trauma, but is also associated with experiencing trauma linked to witnessing harm to others.
- For incarcerated adult males, trauma exposure rates range from 62.4 to 87%.
- Self-destructive and suicidal behaviours, anger and aggression towards others are linked to interpersonal trauma (Van der Kolk et al., 1996).

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# Trauma Informed Service Model

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- The model was designed to help address trauma-related self-inflicted death and self-harm by allowing individuals to develop positive relationships and a sense of control over their environment and their future.
- Key principles encompassed by a Trauma Informed Service:
  - **Safety**
  - **Trustworthiness and Transparency**
  - **Peer Support**
  - **Collaboration and Mutuality**
  - **Empowerment, Voice and Choice**

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# Trauma Informed Service Within Prisons

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- Some prisons have developed Trauma Informed Services to identify and respond to trauma.
- Developments have included:
  - staff training to improve awareness of trauma and its impact on prisoners,
  - identification of triggers
  - Improvements in understanding and managing prisoners' triggers and associated trauma-based behaviours
- A trauma informed unit at a female prison in the USA being introduced resulted in:
  - **self-harm behaviours being reduced by 15%,**
  - **self-inflicted death attempts reduced by 60%**
  - **the number of days prisoners spent on constant watch reduced by 33%,**
  - **positive reductions in staff and prisoner assaults also identified**

(National Resource Centre for Justice Involved Women, 2013)

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# Trauma Informed Service Within Male Prisons

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- The project focused on awareness-raising activities, designed to influence the prison culture, to make it more trauma informed. This was achieved through:
  - Face-to-face awareness training delivered to Prison Staff including Safer Custody Officers and Offender Managers (selected by the Safer Custody Lead) .
  - Following training the trainees would cascade the knowledge of Trauma Informed Service to colleagues
  - An e-learning package for all Prison Staff to complete.

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- **A training awareness session was organised and delivered** by 2 Higher Assistant Psychologists.
- Attendees included seven members of Prison Staff, including Safer Custody Officers, Custodial Managers and Supervising Officers.
- The training package included:
  - information and statistics around trauma
  - advice about how to work in a trauma informed way
  - the impact trauma may have on prisoners and their behaviour
  - Identifying current practice that is trauma informed.

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# Trauma Informed Service E-learning Package

- An e-learning package covering trauma and the trauma informed service model was developed for Prison Staff.
- This was a less detailed version of the awareness training delivered and included knowledge quizzes at the end of each section.
- The e-learning package was added to the prisons IT network so all Prison Staff could access it. It was left to the prison on how they felt best to implement it.
- It was not implemented or evaluated as part of the current project.



- Attendees completed the feedback questionnaire before and after the training was delivered to identify any effect of the training package delivered.
- **The training session resulted in:**
  - increase awareness of trauma informed approaches.
  - enabling trainees to identify elements of the approach already used as part of their existing practice.
  - The trainees who were unsure whether their skills and knowledge were adequate in fulfilling their roles regarding trauma before the training, felt more confident in their skills and knowledge following training session.
  - All agreeing that a Trauma Informed Service could improve prisoner quality of life. Similarly, overall attitudes towards implementing a Trauma Informed Service remained positive.

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## Trauma Informed Service recommendations:

To enable the implementation a full Trauma Informed Service within the prison estate, the following recommendations are made:

- **All staff to receive training on trauma and the trauma informed service model** and how it is relevant to their work. Ideally face-to-face but considering the staffing pressure, the e-learning package may be easier to facilitate.
- **Trauma informed champions to be identified** for each wing, they will take responsibility for ensuring all staff are trained and work in line with the principles of trauma informed care and drive the approach throughout the prison.
- **Regular supervision for Prison Staff** to utilise when working with prisoners in a trauma informed way and ensure they are not being indirectly affected by trauma.
- **Co-production including focus groups with prisoners and Prison Staff** to think about how each of the 5 principles of Trauma Informed Service can be implemented in each wing or unit, as different needs or restrictions may need different approaches.
- **Screen prisoners for trauma at induction** and complete Prisoner Profile in order to identify triggers and effective grounding / calming techniques
- **To use and continue to develop the initiatives presented in this project**, as they ensure Prison Staff are working in a supportive and caring culture, considering the mental health needs of prisoners as well as ensuring safety of both prisoners and staff.
- **Consider trauma when developing any new policies, procedures and practices** within the prisons and attempt to limit re-traumatisation.
- **Trauma Informed Service training materials should be incorporated into the Personal Officer Training Package**

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# Project Conclusions

- The project delivered a number of positive outcomes:
  - ***The Mental Health Team input into ACCT process was explored***, with the process for providing information and documenting reviews standardised, and guidance of effective practice for ACCT reviews was developed. This will enable improved participation and information sharing between the prison and the Mental Health Teams.
  - ***Staff were provided with resources to increase their awareness of mental health issues, self-harm and self-inflicted death*** and how they might best respond to prisoners with these issues. This should in turn enable them to work with prisoners displaying mental health difficulties, build on a culture of care and enable Prison Staff to make more referrals that are appropriate to the MHT.
  - ***Therapeutically informed in-cell activities were implemented and appear useful for prisoners*** who are at risk of self-harm or self-inflicted death:
    - The project demonstrated that BOB boxes can be administered and can be beneficial to prisoners at risk of self-inflicted death and self-harm. A BOB box has been developed and provided to each of the seven prisons in the North East as a result of this project.
    - Prescribed relaxation appears to be beneficial for some – but not all – prisoners. This suggests its use needs to be targeted and explored further.
  - ***A model for how a Trauma Informed Service could be rolled out with the male prison estate was developed.***

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- **BOB Box**
- **Feedback was generally positive**, indicating that they can be a useful intervention to address the problem of self-harm and self-inflicted death in prisons. Four out of the seven prisoners interviewed were no longer on an ACCTs, and reported that the BOB boxes helped them to manage distress, indicating that boxes played a part in the closure of their ACCTs.
- **As BOB box data is limited**, so it's difficult to identify the full impact of the boxes, or determine their potential value to the wider prison population. It may have been that only those who found the BOB box useful were willing to complete the evaluation forms or to be interviewed about their experience.
- **Some of the data sources are contradictory**. For example, during interviews with prisoners, one mentioned that he was given the playing card pack, yet BOB box evaluation sheets suggests the card pack was never used. This makes it difficult to reach firm conclusions. It also suggests that not all prisoners who used the resources filled out the evaluation forms, compromising the validity of the findings.
- **BOB boxes may have been used more than has been reported**; Prison Staff report using the BOB boxes frequently. Prisoners were given little information about the BOB boxes and most were not aware that they were a resource available. Therefore a greater number prisoners could have benefited from the BOB boxes had they known about them.

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# Discussion In-cell Activities

- A key challenge is that ***no member of Prison Staff was charged with driving the BOB boxes*** as a result, promotion, administration and monitoring were inconsistent.
- ***The feedback from prisoners suggests that Prison Staff did not know much about BOB boxes which conflicts with that of the Prison Staff***, who all reported being confident in their knowledge of them. This could suggest that only Prison Staff that used the BOB boxes completed the questionnaires. Had they been completed by a wider range of Prison Staff working on different teams or wings then different findings may have been produced.
- ***It would have been useful to capture quantitative data***. This could have included exploring the length of time prisoners were on ACCTs before they used the boxes and identifying if there was any decrease in the average time prisoners spend on an ACCT once use of the BOB boxes had commenced.
- **Recent communication between the project team and the Prison Staff has included requests for more resources, with the establishments stating that BOB boxes are being used more frequently and that they are being offered during ACCT reviews. This is positive, suggesting that their value is recognised.**

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- **Prescribed Relaxation**

- **Prescribed relaxation generally appears to be helpful** in decreasing prisoner depression and anxiety, however this is not the case for all prisoners.
- Mental Health Team members felt that **prescribed relaxation resources were positively received, with the stress balls in particular** identified as a useful resource for prisoners.
- No qualitative feedback questionnaires were completed as anticipated.
- **More quantitative data would have been beneficial**, for example looking at the frequency of self-harm after a prisoner had practiced prescribed relaxation, and assessing their ACCT status before, during and after undertaking prescribed relaxation.
- Only one prisoner completed both the pre- and post- WEMWBS score. It was reported that both the PHQ-9 and GAD-7 were available on SystemOne (and therefore easy to access and complete) whereas there were issues uploading the WEMWBS, which may explain the lack of completion
- **A 2- month follow up was not possible** due to the timescale of the project. This was problematic as a follow up would have helped to identify any longer-term impacts linked to practicing relaxation.

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# Discussion MHT & ACCT Process

- **Staff development – analysis of Mental Health Team input in ACCT process**
- The PSHSIDP suggests that prisoners, Prison Staff and Mental Health Team members are generally satisfied with the current ACCT process.
- Guidance for effective practice for the Mental Health Team regarding the ACCT process was developed following the feedback received and given to the Mental Health Teams for review and implementation.
- This included the recommendation of using the SBARD tool as a framework for structuring ACCT review records and when providing information when unable to attend a review.

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- **Tees Esk and Wear Valleys NHS Foundation Trust** will continue to drive the initiatives within this project at each of the seven establishments in the North East:
- The **BOB box** will be rolled out within each of the seven prisons, with information about the BOB box disseminated in Safer Custody meetings in each of the establishments.
- The **SBARD**, as a format for documenting and providing information, will be used within the MHTs in each of the prisons as per the guidance for effective practice produced within this report – practice which will continue to be developed and reviewed.
- MHTs within each of the prisons will also be provided with electronic copies of the **paper resources provided within the BOB boxes** including the drawing guides, colouring in and yoga guides.
- **All of the staff development resources created** (Staff Guides and other MHT resources and training packages) will be available to the MHTs in each of the prisons so they can provide Prison Staff with any of these when they feel appropriate.
- **All MHTs have been provided with electronic copies of the BOB box resources** in addition to Prison Staff Guides and Prisoner Wellbeing Packs to give prison staff where they feel appropriate.

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A 15,500 word evaluation report was produced to document the project, its findings, conclusions and ways forward.

Northumbria University was approached to assist with the write up of the project to ensure the report was of excellent quality and increase the opportunity for publication and dissemination.

Dr Wendy Dyer (Senior Lecturer in Criminology) and Paul Biddle (Research Associate) assisted with the write up and editing of the project offering advice and support throughout the evaluation periods.



 <b>Ministry of JUSTICE</b> Ministry of Justice Commercial and Contract Management Directorate – Grant funding opportunity to pilot, develop and test to provide proof of concept of schemes/initiatives which may reduce the risk of self-harm or self-inflicted death in prison The Tees, Esk and Wear Valleys NHS Foundation Trust Prison Self-Harm and Self-Inflicted Death Project (PSHSIDP) Evaluation Report  Richard Hand & Charlitta Strinati (Tees, Esk and Wear Valleys NHS Foundation Trust) Edited by Dr Wendy Dyer & Paul Biddle (Northumbria University)  September 2016	Tees, Esk and Wear Valleys <b>NHS</b> NHS Foundation Trust	<b>Contents</b> Acknowledgments ..... 3 Executive Summary ..... 4 1. Introduction ..... 6 2. Background & Context ..... 7 3. The TEVW Prison Self-Harm and Self-Inflicted Death Project (PSHSIDP) ..... 14 Staff Development - Analysis of Mental Health Team input into the ACCT process ..... 15 Therapeutically informed in-cell activities ..... 16 Big Orange Boxes (BOB boxes) ..... 16 Prescribed Relaxation ..... 19 Staff development – staff awareness training and resources ..... 21 Staff development – Trauma Informed Service ..... 22 4. The TEVW Prison Self-Harm and Self-Inflicted Death Project Evaluation ..... 24 Staff Development - Analysis of MHT input into ACCT ..... 24 Therapeutically informed in Cell Activities ..... 25 Staff Development –training & resources ..... 25 Trauma Informed Service ..... 26 5. Findings from the Prison Self-Inflicted death & Self Harm Project (PSHSIDP) ..... 27 Prisoner, Prison Staff and MHT staff experiences and views of the MHT input in the ACCT process ..... 27 Therapeutically informed in-cell activities ..... 31 BOB Boxes ..... 31 Prescribed Relaxation ..... 38 Trauma Informed Service ..... 40 Section Conclusion ..... 44 6. Discussion ..... 45 Staff Development – analysis of Mental Health Team input in ACCT process ..... 45 Staff development – training and resources ..... 45 BOB Box ..... 45 Prescribed Relaxation ..... 46 Trauma Informed Service ..... 47 7. Conclusions and ways forward ..... 50 References ..... 55
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# Thank you for listening

## Any questions?

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