

# Quality Network for Prison Mental Health Services

# THEMATIC REPORT

CYCLE 5 & 6 2019 - 2021

Editors: Kate Townsend, Kelly Rodriguez, Rianna Herbert, Joshua Eden, Anja Gerjevic  
Publication Number: CCQI 376  
Date: November 2021

**PRISON**  
QUALITY NETWORK FOR PRISON  
MENTAL HEALTH SERVICES



# CONTENTS

FOREWORD.....	3
WHO WE ARE AND WHAT WE DO.....	4
THIS REPORT.....	6
MEMBERSHIP.....	7
DATA COLLECTION.....	8
EXECUTIVE SUMMARY.....	9
 ADMISSION AND ASSESSMENT.....	11
 CASE MANAGEMENT AND TREATMENT.....	13
 REFERRAL, DISCHARGE AND TRANSFER.....	15
 PATIENT EXPERIENCE.....	17
 PATIENT SAFETY.....	20
 ENVIRONMENT.....	22
 WORKFORCE CAPACITY AND CAPABILITY.....	24
 WORKFORCE TRAINING, CPD AND SUPPORT.....	26
 GOVERNANCE.....	29
 24-HOUR MENTAL HEALTHCARE.....	31
 COVID-19.....	32
SUMMARY OF RECOMMENDATIONS.....	34
OPEN FORUM DISCUSSION SESSIONS.....	38
EVENTS.....	40
WEBINARS.....	40
RESOURCES.....	42
FEEDBACK.....	44
PROJECT TEAM CONTACT DETAILS.....	47

This publication is available at:

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

Any enquiries relating to this publication should be sent to us at:

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

Artwork displayed on the front cover of this report:

*Fingle Bridge*

PS, a patient from HMP Dartmoor  
Devon Partnership NHS Trust

# FOREWORD

Welcome to this Thematic Report covering cycles 5 and 6 of the Quality Network for Prison Mental Health Services and the years 2019 to 2021. This covers the, hopefully, worst period of the COVID-19 pandemic when prisons in the UK and Eire were locked down for long periods. The restricted regimes made delivering mental health services even more challenging due to difficulties in accessing patients for face-to-face contacts. Prison mental health teams faced great challenges with staff sickness and team members having to shield and work from home. The normal peer review process of in person visits to member services also had to be suspended and replaced with remote reviews.

Technology in the form of MS Teams, cloud platforms, FaceTime, Zoom and more recently Visionable were able to mitigate the lack of physical contact and allow services and reviews to continue. Although some services were under too much pressure to undertake reviews many services managed, often opting for more focussed developmental reviews rather than full reviews against the QNPMHS standards. Whilst this enabled some sort of peer review to continue, I suspect most members, like myself, will be looking forward to getting back to face-to-face reviews in early 2022. Technology also allowed events such as the Annual Forum, training events on Trauma Informed Care and Emerging Drug Trends, and consultations on revising the QNPMHS standards to take place.

The Thematic Report covers the whole range of quality standards across a total of 68 prison mental services, in Eire, England, Northern Ireland, Scotland and Wales. It covers the successes in developing services with numerous good practice points and standards met in a high percentage of services. There are also, as in any good quality improvement report, areas that need attention and development. Most prominently the need to involve patients as much as possible in their care and the on-going difficulties in transferring care between prison and community mental health services. Most encouraging, as Co-chair of the Advisory Group, was the feedback that 98% of staff found the opportunity to meet people from other services useful and 100% being clear the process was intended to be supportive and designed to promote and share good practice.

We encourage everyone involved in the Quality Network, and prison mental health services more widely, to take a few minutes out of their busy working days to read this Thematic Review and apply some of the good practice ideas to their own services and clinical work. We can all look forward to the resumption of face-to-face reviews, meeting colleagues from other establishments again, and continuing to improve our services.

Dr Steffan Davies

Consultant Forensic Psychiatrist

Co-chair of the Quality Network for Prison Mental Health Services Advisory Group



# WHO WE ARE AND WHAT WE DO

## WHO WE ARE

The Quality Network for Prison Mental Health Services (QNPMHS) was established in 2015 to promote quality improvement within and between prison mental health services. It is one of over 27 quality network, accreditation and audit programmes organised by the Royal College of Psychiatrists' Centre for Quality Improvement.

Member services are reviewed against published specialist standards for prison mental health services and 24-hour mental healthcare in prisons<sup>1</sup>.

## WHAT WE DO

We adopt a multi-disciplinary approach to quality improvement in prison mental health services as part of an annual review cycle. We report on the quality of mental health care provided in prison settings and allow services to benchmark their practices against other similar services.

We serve to identify areas for improvement through a culture of openness and enquiry. The model is one of engagement rather than inspection. We aim to facilitate quality improvement through a supportive network and peer-review process. We review prison mental health services in the UK and Ireland and involve the mental health team, patients and partner agencies in this process.

Participation in the Quality Network is voluntary and members pay a fee to be a part of the process.

## OUR ADVISORY GROUP

The Quality Network is governed by a group of professionals who represent key interests and areas of expertise in the field of prison mental health, as well as patients who have experience of using these services. The group is co-chaired by Dr Steffan Davies, Consultant Forensic Psychiatrist (Nottinghamshire NHS Foundation Trust) and Dr Huw Stone, Consultant Forensic Psychiatrist. The group meets quarterly and includes representatives from NHS England, RCGP, Ministry of Justice and other organisations.



*Leave footprints of kindness wherever you go*  
Ben Lacomba, a patient from HMP Belmarsh  
Oxleas NHS Foundation Trust

## JARGON BUSTER



**QUALITY IMPROVEMENT:** Quality improvement throughout this report will refer to ensuring prison mental health services are effective, safe and patient-centred. We use our quality improvement standards to assess this and make recommendations for improvements.

**MULTI-DISCIPLINARY:** A multi-disciplinary team involves many different disciplines or professional backgrounds, that work together to deliver care to a population of patients.

**PEER-REVIEW:** This refers to the process by which services are evaluated by a team of people who work in similar settings. In this case, professionals working in other prison mental health services. Throughout this report it will refer to member services being visited (either face to face or virtually) by a team of professionals who work in prison mental health teams.

**PARTNER AGENCIES:** This refers to teams that work in prisons but are not part of the mental health team being peer-reviewed. This can include, but is not limited to, prison officers, governors, primary care staff, substance misuse teams, chaplaincy and safer custody.

<sup>1</sup> [www.qnpmhs.co.uk](http://www.qnpmhs.co.uk)

## THE REVIEW PROCESS

The review cycle runs yearly and, ordinarily, all services are reviewed against the QNPMHS standards. However, due to COVID-19, we offered services a choice of two review types: full review or developmental review.

### COVID-19

---

Members experienced disruptions throughout 2020-2021. During this period, reviews were taking place virtually so that the quality improvement processes could continue whilst keeping safe. However, unavoidably, there have been some member services who were unable to undergo a peer-review due to COVID-19 pressures within their establishments.

### Full review

---

As part of the full review, services complete a self-review workbook which includes a self-rated score and comment against each standard and any accompanying evidence. Questionnaires are distributed to staff, patients and partner agencies.

A visiting peer-review team meets with managers, frontline staff, patients and partner agencies to validate the information provided. A tour of the environment is completed. The service being reviewed receives preliminary findings at the end of the review, drawing on achievements and areas for improvement.

The data that is collected is then recorded in a service report, which summarises the areas of good practice and areas in need of improvement.

### Developmental review

---

Developmental reviews consist of reviewing the outcomes from a previous full review. These reviews are an opportunity for services to receive a more focused self-review and reflection on the progress that has been made as part of action planning. The self-review completed by services is brief and largely focuses on a services' own priorities and challenges.

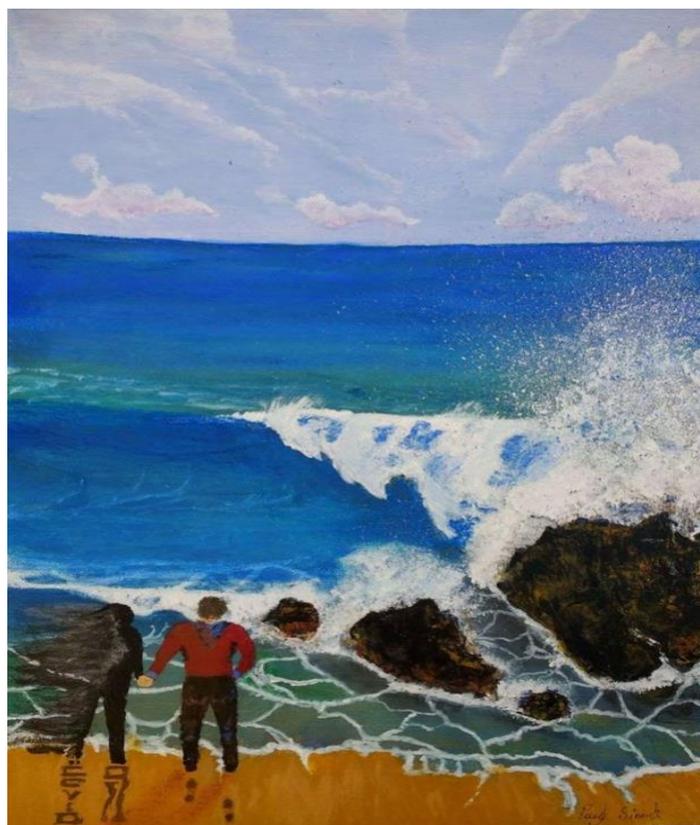
The review team holds open discussion meetings with managers, frontline staff, patients and partner agencies. This provides services with the opportunity to discuss their challenges in a safe and open environment as well as sharing learning with other services.

A developmental review summary is produced, summarising the actions taken since the previous review and the key areas of good practice and areas for improvement. Services then engage in further action planning to reflect on the feedback received.

### JARGON BUSTER



**SELF-REVIEW:** This is when member services will complete the documents required in preparation for their peer-review. It is different depending on the type of review but it always requires survey responses from the mental health team, patients and partner agencies.



*Washed away*

Paul, a patient from HMP Isle of Wight Care UK

# THIS REPORT

## OVERVIEW

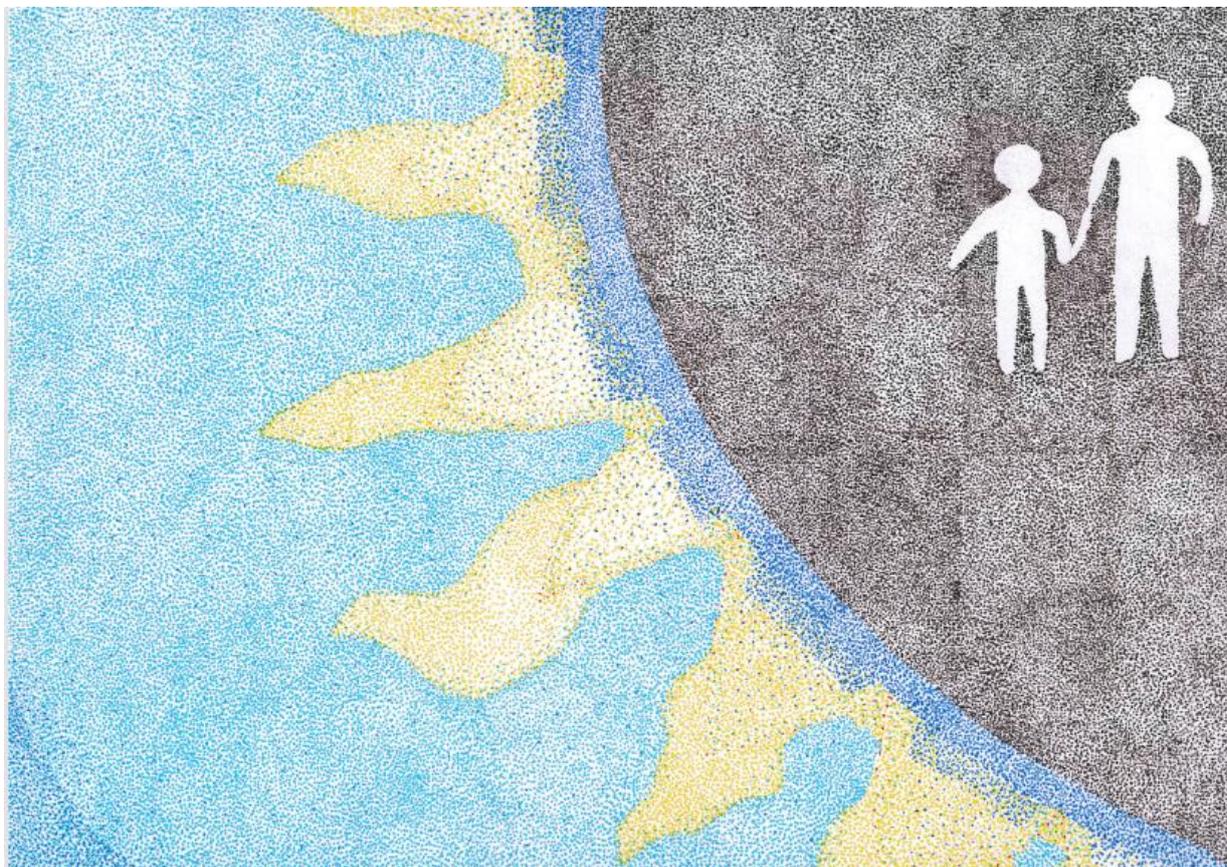
This is the first thematic report published by the Quality Network for Prison Mental Health Services, and uses the data collected from member services who completed their peer-review against the Standards for Prison Mental Health Services Fourth Edition (2018). It is aimed at frontline staff, senior management, patients and prison staff as well as anyone who has an interest in prison mental health services.

## PURPOSE

This report then presents an analysis of how well member services are performing against standards. This was done by assessing whether they were marked as 'Met', 'Partly Met' or 'Not Met' against QNPMHS standards. These include the standards for 24-hour mental healthcare in prisons, for services with inpatient provisions or enhanced care facilities.

The standards are divided into three types: Type 1, Type 2 and Type 3. Type 1 are essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence based care and treatment. Type 2 are expected standards that all services should meet. Finally, Type 3 are desirable standards that high performing services should meet.

Finally, this report concludes with a 'summary of recommendations' section that encompasses all the themes. These recommendations are aimed at prison mental health staff and senior management. The purpose of these recommendations is to support teams to review their own areas for improvement and to continuously improve the quality of care that they provide. Therefore, it is hoped that this report will help to increase the likelihood that individuals who use mental health services within prisons will have a good experience.



# MEMBERSHIP

Between 2019 – 2021, 68 prison mental health services in the UK and Ireland took part in Cycles 5 and 6. During this time, 47 reviews took place. The difficulties with COVID-19 meant 21 reviews did not go ahead. You can see the geographical footprint of our member services in Figure 1.

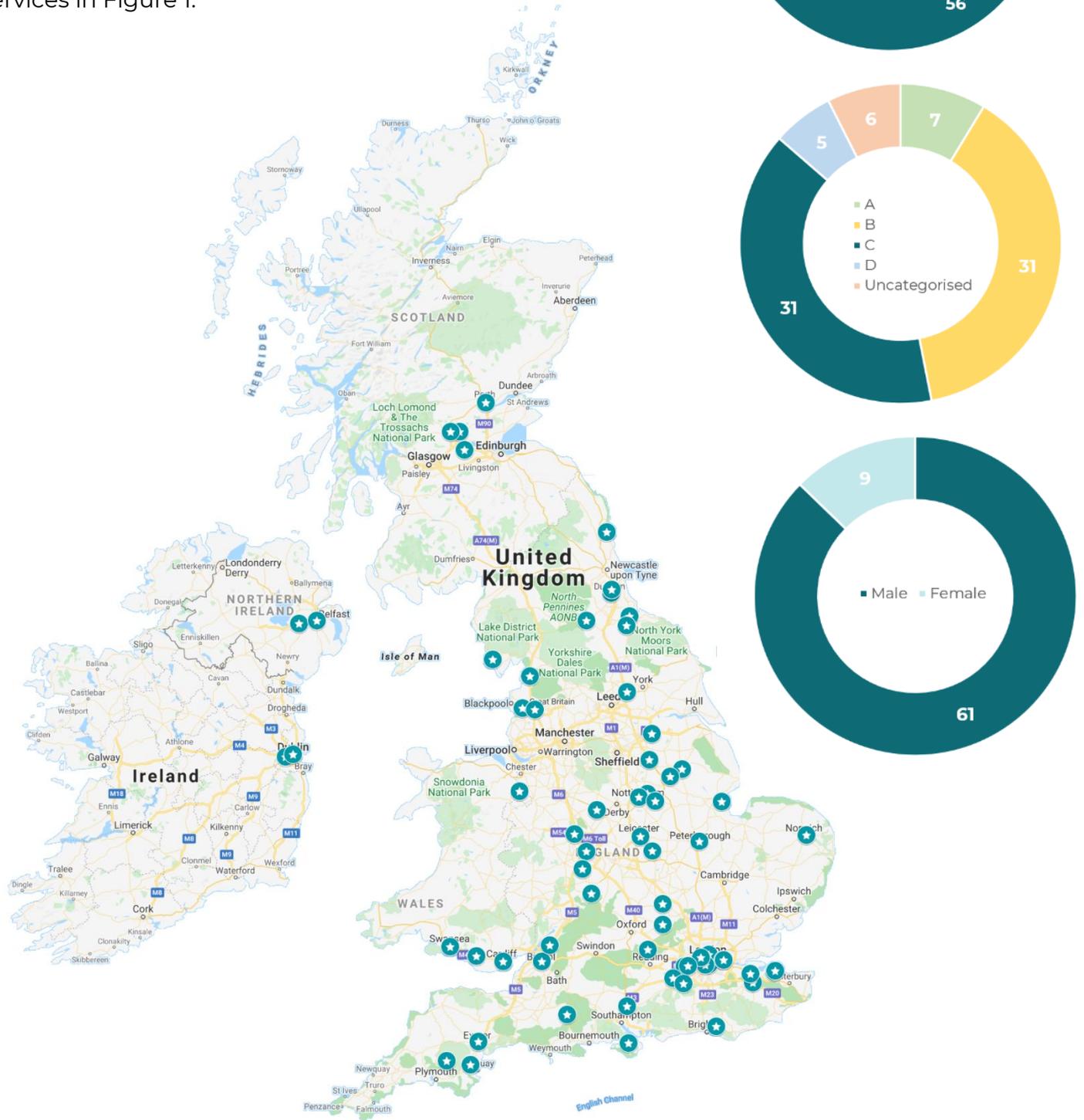


Figure 1. Geographical map of 68 member services that took part in Cycles 5 and 6 (2019-2021).

# DATA COLLECTION



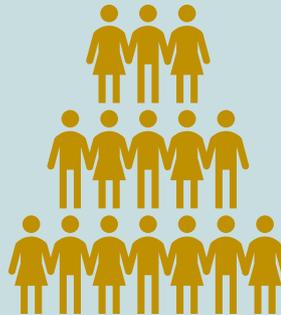
**18**

Trusts and Organisations



**562**

Staff completed questionnaires



**919**

Patients completed questionnaires



**47**

Prison mental health services



**1175**

Partner agency staff completed questionnaires

## HOW WAS DATA COLLECTED?

The data in this report comes from 47 members who undertook their QNPMHS self-review and peer-review in 2019 to 2021. Together, they represent 18 Trusts and organisations across the UK and Ireland.

Contextual data was obtained from the information completed by services at the beginning of their self-review period.

Data showing whether a service was marked as 'Met', 'Partly Met' or 'Not Met' against a given standard were taken from the decisions included in the final report written following

each service's peer-review. Decisions as to whether a service had met, partly met or not met standards were made by the peer-review teams based on evidence obtained from the review and subsequent peer-review visit.

This evidence included:

- Discussions during the peer-review
- Questionnaires
- Patient clinical notes
- Policy and documentation checks

# EXECUTIVE SUMMARY

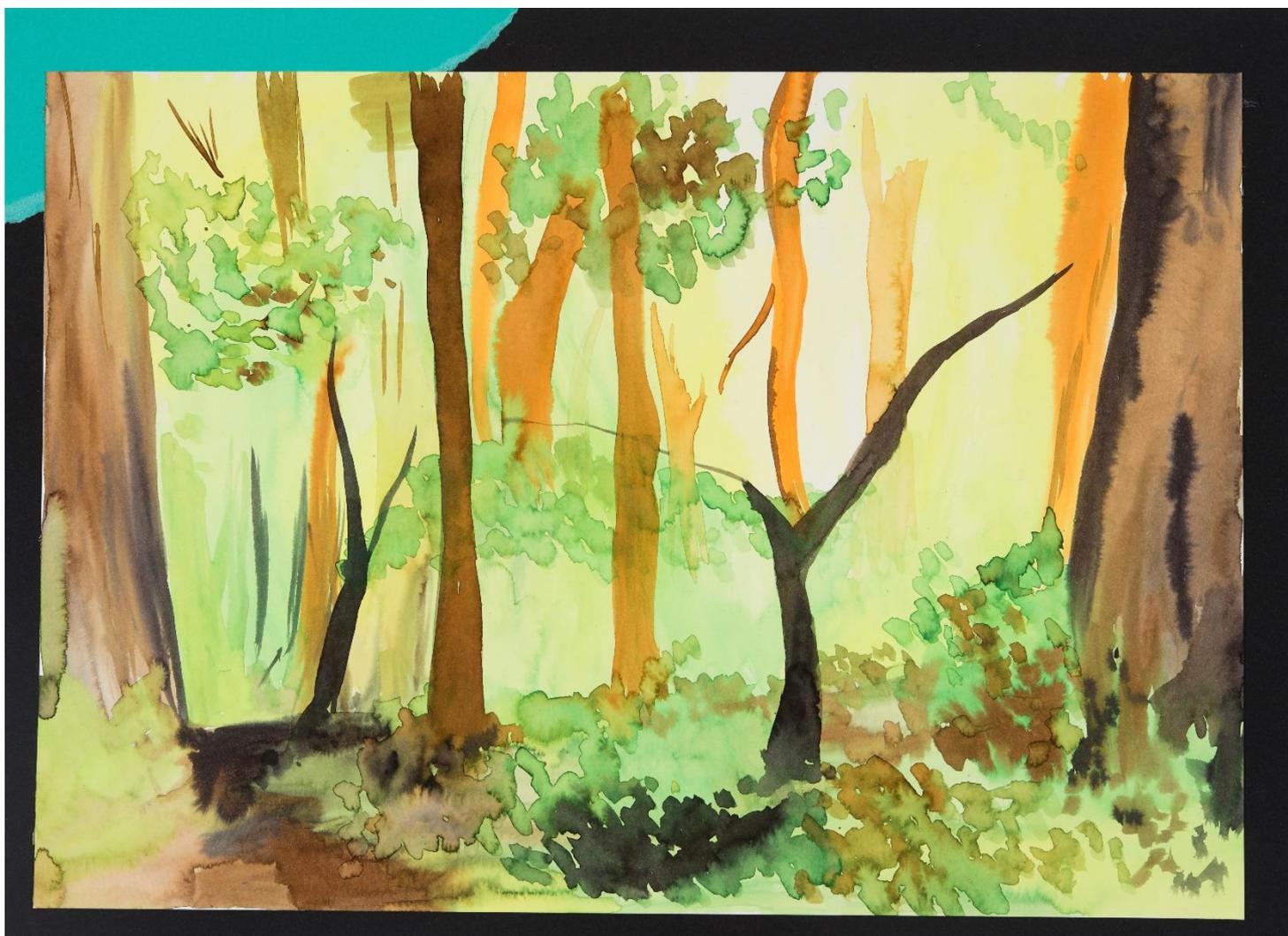
The report details areas of good practice, broken down into sections of the standards. It includes information from the survey responses collected and specific examples of good practice seen on the peer-review visits that took place. We have provided themes for the areas for improvement noted throughout the cycle and recommendations for commonly unmet standards. A summary of recommendations is provided towards the end of the report.

Key themes that are present through the two years of reviews include:

- Despite mental health teams being relatively small compared to the patient population, staff members will go out of their way to try and see as many individuals and make themselves as accessible as possible. Teams recognise how difficult it can be to manage mental health in prisons. For example, some teams have set dedicated spaces on the induction wings to educate patients about the team and what support they can offer. However, despite this, patients remain frustrated at the level of interaction, and would like to see more of mental health team.
- The care programme approach (CPA), community mental health framework (CMHF), or equivalent remains a struggle being properly implemented within prison settings. This may be due to staff capacity, incomplete patient records or difficulty connecting with the correct community mental health teams.
- Positively, there is a small increase in peer-support workers/mental health champions noted within prison settings. In some cases, mental health champions have been implemented on each wing, with an identified resident and prison staff member having additional training. In one case, the resident peer-support worker is paid for their role. These positions are usually in developmental stages, and it should be noted that only 28% of patients reported being aware of mental health representatives being in place.
- In a large proportion of members, there is a lack of written information available to patients about the mental health team, interventions and treatments available or how to self-refer. In addition, there is very little information about their rights regarding consent to care and treatment, how to access their health records or a second opinion. Written information is rarely available in easy-read formats or pictorial versions for those who have literary difficulties.
- Mental health awareness training for prison staff is not being done consistently. Both prison staff and mental health staff report this not taking place. If it is offered by the mental health teams, often there is a lack of uptake due to capacity of prison staff and partner agencies. Residents also reported noticing the lack in knowledge or understanding from prison staff about mental health issues.
- Although good practice is reported below, adequate space and environments for mental health teams is not common. This has been exacerbated by the pandemic, with competition for space large enough for social distancing increasing. Staff will sometimes see patients in environments that are not suitable, safe or confidential.
- IT infrastructure was often reported as a difficulty and challenge within services. Particularly during the pandemic, staff struggled to access remote software consultation and so very few remote clinics were able to take place. Furthermore, staff reported WiFi issues, lack of

appropriate computer terminals or laptops, and difficulties accessing prison systems. Remote working was often not able to take place, so staff members continued to work from prisons, even during lockdowns.

- There is an increase of staff being trained in lower level psychological interventions, or an increase in psychology input within mental health teams. Some services reported training all staff members in dialectical behavioural therapy (DBT). There is an increase in primary and secondary mental health teams merging, to ensure better patient flow, with some teams merging with substance misuse teams for a fully integrated team.
- There has been an impressive amount of research and quality improvement initiatives taking place, including topics such as why BAME patients have the lowest attendance, improving care for patients with ADHD and a development of a neurodiversity wing following research identifying a gap in provision.



Into the Forest,  
HM Prison & Young Offender Institution  
Parc, Under 25s Special Award for  
Watercolour. From Koestler Awards

# ADMISSION AND ASSESSMENT



**75% of patients**

reported that when they arrived at the establishment, they were asked about their mental health.

**34% of patients**

reported that they have received a written copy of their rights regarding consent to care and treatment.

**86% of patients**

reported that the mental health staff communicate in a way that is easy and clear to understand.

**86% of partner agencies**

reported that they would know how to refer someone to the mental health team if they were concerned about an individual's mental health.

## GOOD PRACTICE EXAMPLES

There is visible literature detailing the in-reach service around the prison, particularly at reception. Samaritan's posters are clearly visible and advise prisoners at reception how to access telephone support if feeling vulnerable. The leaflet is clear, easy to understand and informative, something the patients also appreciate.

***HMP Swansea, 2019-2020***

The team has a learning disability champion to support the prison to understand and support those who require support in this area, such as creating resources in easy-read and informing how to communicate effectively.

***HMP Cardiff, 2019 – 2020***

There is a crisis team in place to help support as many women as possible to get access to mental health support. This is a nursing team comprised of Band 3-6 practitioners, led by the consultant psychiatrist, and they assess and oversee a large majority of the patients. There is no criteria for the service, as anyone who feels they are in distress is eligible; this allows for easy access to the team, especially for anyone who is new to prison.

***HMP Eastwood Park, 2019 – 2020***

The provider of mental health services at the prison also provides services to the local courts as part of a court liaison and diversion service. The in-reach team manager oversees both teams and has good oversight of people arriving at the prison experiencing mental health issues. This ensures that people who require support have care arranged for them as soon as they arrive at the prison.

***HMP Wormwood Scrubs, 2019 – 2020***

The mental health team are very involved with all new admissions into the prison. They do the mental health screening assessments for all new prisoners in line with NICE guidance.

***HMPYOI Corntonvale, 2020 – 2021***

The reception screen is carried out with a mental health nurse present, which allows the team to quickly identify those who need their support and work with them as a team, including partner agencies.

**HMPYOI Polmont, 2020 – 2021**

The reception screening process is impressive. When prisoners attend the prison for the first time, they are seen by a registered mental health nurse who will carry out a mental health assessment. They will refer prisoners to the mental health team if needed during the reception process. The day after induction, a member of the mental health team will visit the wings and speak to new prisoners so that they are familiar with how the team can help them. They will also be able to manage expectations so that the team receives appropriate referrals.

**HMP Haverigg, 2019 – 2020**

## AREAS FOR IMPROVEMENT

- The mental health screening assessment is not always conducted by a mental health professional with experience of working with people in the criminal justice system.
- Information leaflets are not always available or provided to patients. These should include information about the service, how to access it, how to self-refer and the interventions on offer.
- Access to the mental health team can often be hindered by the confusing and inconsistent referral processes. Patients are often not aware of what is available from the mental health team, and the prison staff and partner agencies are unsure of the correct protocol to follow.

## RECOMMENDATIONS

- Ensure that all practitioners carrying out a mental health assessment are competent to assess problems that commonly arise, and have good knowledge and awareness of mental health diagnosis and pathways within the service in accordance to the new [QNPMHS standards](#).
- Create and provide information leaflets for all patients that outline the service and how to access it. This should include information on how to make a self-referral.
- Create a clear and concise referral procedure that is formalised by the service. Provide training for prison staff and partner agencies on how to refer, ensuring that there is a clear recording of all referrals to reduce the risk of people being missed.

“It’s the best service I’ve had whilst in prison. My key worker is sound and understands me. I feel at ease talking about my difficulties. HMP Swansea, 2019 – 2020”

“I wouldn’t change a thing. HMP Polmont, 2020 – 2021”

# CASE MANAGEMENT AND TREATMENT

## GOOD PRACTICE EXAMPLES

The service has implemented a weekly mental health induction programme. They developed this as a result of a high level of referrals from the induction wing. By acknowledging what has happened and recognising their feelings are valid, the team reported this has reduced referrals for situational anxiety and low mood. In addition, they have also introduced a weekly segregation mental health clinic. This has been well received by both patients and prison staff working in segregation.

### **HMP Isle of Wight, 2019 – 2020**

Patients are involved in the development of their care plans, stating discussions take place with the team about their goals and their treatment, with a document they are able to go through with the nurse fortnightly. It was also fed back that patients are involved in decisions about their care and treatment.

### **HMP Maidstone, 2020 – 2021**

The mental health team and safer custody team have an excellent working relationship. There is excellent communication between staff, with regular meetings and close office spaces. The trust between the two teams allows for sharing of information within the limits of confidentiality.

### **HMP Preston, 2020 – 2021**

The team promotes empowering service users through active participation in their care planning. There has been a peer-support worker initiative that has just began. The peer-support worker will go through specific training in mental health and the role is likely to be paid.

Furthermore, patients have a good understanding of their recovery pathway and steps needed to be discharged. The patients spoken to were in the inpatient ward and they explained the transition support back to the main houseblocks were particularly impressive.

### **HMP Holme House, 2020 – 2021**



## 24% of

### patients

reported that as part of their treatment, they are engaged with the Care Programme Approach (CPA).

## 91% of

### partner agencies

reported that the mental health team actively participates in the assessment, care in custody and teamwork (ACCT) protocol.

## 36% of

### patients

reported that with support from staff, they are involved in writing their own care plan.

## 79% of staff

reported that all patients have a written care plan.

Partner agency staff spoke highly of their engagement and interaction with the team. The team attend all first ACCT reviews and most of the following reviews. There are positive working relationships with other providers within the establishment and regular meetings such as the multi-professional complex clinical case meeting and the IDRMs to enable effective communication.

### **HMP Brixton, 2019 – 2020**

There is a positive focus on managing and supporting patients with their physical health, particularly from the drug, alcohol and recovery team (DART). This involves offering patients information around diet and nutrition and supporting them to engage in more physical activity and exercise. There is also education to patients around how substance misuse or alcohol use which can have an impact on their absorption of nutrients and any further physical health impact.

### **HMP Huntercombe, 2020 – 2021**

The psychology department have a big drive to provide trauma informed care, therefore they have developed a bespoke training package on trauma for all staff. The training is in its piloting stage and will be fully delivered in September 2021. The service has access to specialists such as an ADHD practitioner and a learning disability nurse. Furthermore, they offered group sessions for patients prior the pandemic and they offer a wide range of therapies for patients, including cognitive behavioural therapy, counselling and psychosocial family. They are also holding discussions about implementing weekly dog therapy and in the process of employing an occupational therapist as part of their team.

### **HMPYOI Isis, 2020 – 2021**

## AREAS FOR IMPROVEMENT

- Not all patients are aware of, or are involved in, their care plans. These are not always regularly reviewed and copies are not offered to patients. The frequency of care plan reviews varies across services.
- There is little patient awareness of CPA processes, with many patients not being invited to meetings or provided with a copy of their report.
- Patients often feel frustrated about the amount of time they have with the mental health team. They find appointments difficult to get and the length between sessions too long.

## RECOMMENDATIONS

- Involve patients in their care plans consistently. Show copies of the care plans to patients to read through and offer them a copy if they wish to read through in their own time. Ensure all care plans are reviewed monthly, or more frequently if required.
- Proactively involve patients within the formal review of their care. They should get the information about the meeting in advance, with enough time to read through the reports and contribute. Where possible, patients should be able to chair parts or all of the meeting, and should be able to invite relevant people to the meeting. [See QNPMHS guidance document for more information on how to involve patients in CPA.](#)
- Record and monitor waiting times within the service. Use the information to create a business case for additional staff where possible. Consider using group sessions to help reduce the waiting list. Ensure you see urgent cases within 48 hours and routine within four working days.

# REFERRAL, DISCHARGE AND TRANSFER



## GOOD PRACTICE EXAMPLES

The service implemented a new post of a mental healthcare navigator. This role supports patients a week before leaving the establishment and six months after their release. A mental healthcare navigator aims to reduce any barriers patients that have been released into the community may encounter and encourage patients to attend their appointments.

### ***HMP Northumberland, 2020 – 2021***

The team made positive changes regarding referrals to enable all staff to understand the process and also how patients can self-refer. They have devised a document outlining the process very specifically. Since the document has been in place, the number of referrals has improved.

### ***HMP Rochester, 2020 – 2021***

The team have a system in place to ensure all referrals and assessments are completed within the set timeframes. There is a Practice Plus Group referral tracker available which the team uses to keep track of when referrals are accepted, who is allocated to them and when the assessments are completed. The tracker is regularly reviewed by commissioners as part of the service's quality schedule. The system has consistently ensured the routine assessments are carried out within five days and urgent assessments within 48 hours.

### ***HMP Wealstun, 2020 – 2021***

The team have taken the initiative to spend a greater amount of time educating the general prison staff about what makes an appropriate referral. This has significantly reduced the number of referrals coming into the mental health team and is reportedly more manageable for the team. Partner agency feedback indicates the mental health team have demonstrated commitment in enabling patients to receive the appropriate care and treatment.

### ***HMP Bronzefield, 2019 – 2020***

The team's transfer coordinator, who works across the prison cluster, is very effective, meeting many of the transfer targets. Weekly support meetings are held to discuss any delays in transfers. Working remotely has enabled the transfer coordinator to attend many different CPA meetings and conference calls compared to pre-pandemic.

### ***HMP Elmley, 2020 – 2021***

The team are aware of the challenges frail patients with dementia can experience upon release into the community, therefore they ensure patients have all the necessary assessments, appropriate support and accommodation arrangements put in place prior to their release.

### ***HMP Haverigg, 2020 - 2021***

The mental health team has positive relationships with partner agencies, particularly with primary healthcare. The joint working between the two teams is impressive and the weekly bed management meeting allows for effective communication to be maintained. The meeting also allows for collaboration when care planning for patients with complex needs and plans to be put in place as required.

### **HMP Birmingham, 2020 – 2021**

The team regularly discuss the mental health needs of those on their caseload and those within the prison as a whole. They hold a weekly clinical team meetings where they discuss all referrals and anyone on Talk To Me, including those who are not on their caseload. There is also a monthly multi-agency meeting which focuses on the mental health needs of prisoners and how issues affect release planning and risk management. These meetings appear to be well embedded and streamlined, and cover issues which do not always have their own forum. The team are focused, forward thinking and have ambitious plans to deal with complex issues including neurodevelopmental disorders, access to speech and language therapists, low intensity intervention and the Buvidal injection. There is a clear vision for the service, and staff are working enthusiastically to achieve this.

### **HMP Glenochil, 2020 – 2021**

#### AREAS FOR IMPROVEMENT

- Community mental health teams can be difficult to engage with. This has an impact on patients and their continuity of care post-release. Additionally, key workers from the community mental health teams are not always invited to the discharge meetings.
- There can be a lack of structure with the referral process regarding patients' release. The referrals to the community mental health team are not consistent across the team. Moreover, staff are not always informed where and when patients are being transferred to, making it difficult to provide an effective handover.
- Contact and follow-up care is not being consistently achieved within the Network. Very few services manage to provide follow-up contact with the patient or their care team following discharge or release from prison.

#### RECOMMENDATIONS

- Make strong links and build on relationships with the community mental health team to help with the continuity of care. Consistently invite key workers and patients' care coordinators to the discharge meetings, and follow the [QNPMHS guidance on planning effective mental healthcare in prisons](#).
- Create a robust and detailed referral process to help support patients following their release from prison. Connect with community mental health teams and through-the-gate services at the earliest possible time. Request administration support to help with the process. Request the prison provides daily updates of any unexpected transfers or releases.
- Set alarms and reminders to follow up with patients within 14 days of their transfer or discharge from the mental health team, or release from prison. Utilise administration support where possible.

# PATIENT EXPERIENCE

**61% of patients**

reported that staff involve them in decisions made about their care and treatment.

**60% of patients**

reported that the mental health team ask them to give feedback about the service they provide.

**83% of patients**

reported that the mental health team staff are respectful towards them.

**71% of patients**

reported that the mental health team staff listen to and understand them during consultations.

## GOOD PRACTICE EXAMPLES

Mental health staff have a positive relationship with their patients. Patients described feeling respected and listened to. One patient shared that staff members go above and beyond, such as providing written summaries following meetings and giving a 'thank you' card for engaging positively in interventions. Although still in development, the mental health champion role is a strength. Patients are trained to provide a bridge between patients on the wing and the mental health service. They actively promote the service, such as engaging in mental health awareness week and developing content to display on Hub TV and the prison magazine.

### ***HMP Coldingley, 2019 – 2020***

There are various initiatives in place for patients through the health and wellbeing engagement lead. Patients have been able to celebrate men's health week, parkrun, take five and "Movember" to name a few. Prior to the pandemic, the team were able to engage patients in social activities such as dog walking with therapy dogs, attending a choir, engaging with sleep hygiene activities and other animal-based activities, like taking care of lambs. Although this was on hold during the pandemic, the team introduced a countdown colouring book calendar for those isolating which included a picture to be coloured in per day of isolation. Post-isolation interviews were introduced for those who were isolating regarding their experiences and what can be improved. Socially distanced fundraisers and events have also taken place. These included quizzes with the call bells being used as buzzers, a scavenger hunt, a karaoke picnic and elf on the shelf with patients deciding what the elf should be doing.

### ***Hydebank Wood College and Women's Prison, 2020 – 2021***

Patients' experiences of the service are highly positive. They are aware of the referral process and the leaflets about the mental health team are displayed around the service. They are also involved in the CPA process. Patients were complementary of the mental health team, stating staff are supportive, welcoming and treat them with compassion, dignity and respect. Finally, they highlighted the mental health team are good at communicating information.

### ***HMPYOI Isis, 2020 – 2021***

Patients spoke highly of the service and in particular the Wellbeing Centre. The resources there are impressive, including a 'Green Room' with plenty of plants, and the kitchen space. Patients have access to a music studio and pottery classes. The patients fed back that it feels like being out of prison.

**HMP Pentonville, 2019 – 2020**

The peer-mentors available at the service are impressive. There are recovery champions who work with the mental health team and are able to support patients on the wings. The self-help resources are available covering sleep hygiene, depression and anxiety. Furthermore, the peer-mentors were reflected on positively by partner agencies, the mental health team and patients.

**HMP Oakwood, 2020 – 2021**

It was evident throughout the review that there is a good relationship between staff and patients, with patients knowing staff by name. The patients spoke highly of the team and the effort they went to support them. Patients reported that staff are approachable and do not use jargon when talking to them regarding their care; this makes them feel relaxed about discussing any concerns they have regarding their care. There is a good level of coproduction in place; for instance, patients are asked to complete their own risk assessment with support from the team.

**HMP Lancaster Farms, 2019 – 2020**

The support offered to all residents at the prison is impressive. There are mental health representatives on the wings that residents can go to for support, to access information about the mental health service or mental health in general, and it is also a place they can go to get a self-referral form. The team has also introduced information boards on the wings, and provides self-help materials and distraction packs to anyone who wants one. There is also a mental health library within the mental health service where patients can access books specifically linked to mental health.

**HMP Dartmoor, 2020 – 2021**

Patients' experience of the team is highly positive. They reported feeling treated with compassion, dignity and respect as well as being listened to and understood. They are involved in decisions about their care, with patients explaining that for meetings they are not allowed to attend for clinical reasons, staff will ask for their views and feedback prior to the meeting and will provide feedback afterwards. Furthermore, patients also stated being involved in developing their care plans, with a copy being provided and easy read versions available. Finally, patients highlighted being able to provide feedback about their experiences of using the service and being able to see what changes have been done to improve things, with a "You Said, We Did" board.

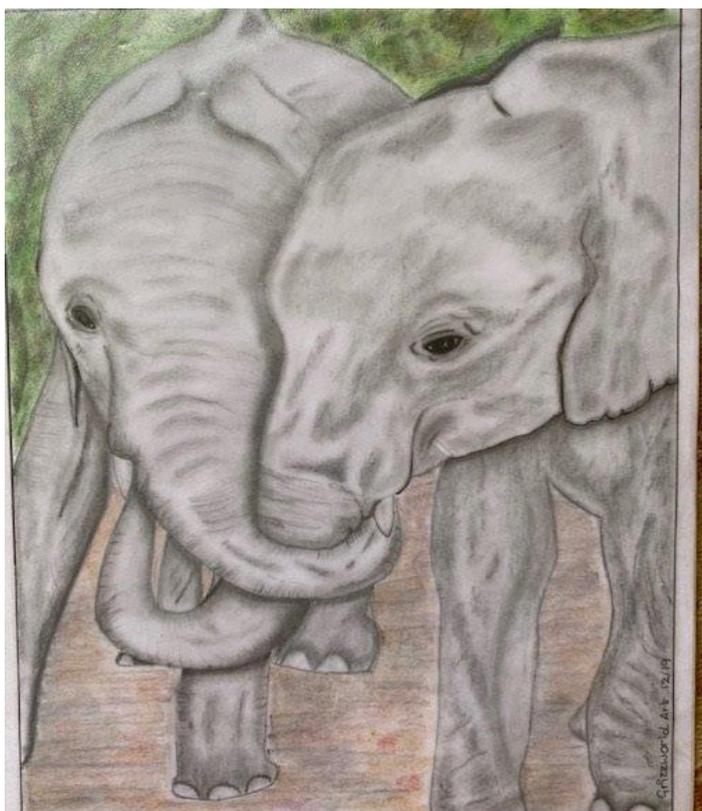
**HMPYOI Deerbolt, 2020 – 2021**

*“This is the best care I have ever received and my improvement since being with the team is much greater than it has been before. HMP Perth, 2019 - 2020”*

*“They are a good team, I wouldn't change anything. HMPYOI Deerbolt, 2020 - 2021”*

## AREAS FOR IMPROVEMENT

- Information provision for patients could be improved. Patients are not routinely offered information about the mental health team including referral criteria, interventions and treatment. Patients would also like to receive information about their rights regarding consent to care and treatment and access to medical records.
- Patients would like to be more involved in care-planning process as well as service delivery. Patients are not always consulted on decisions about their care and treatment. They are also unaware of how to provide feedback to the service or get involved in the governance and development of the team.
- Patients reported challenges in accessing appointments with the mental health team. They are not always able to make these due to the prison regime.
- Patients highlighted they would appreciate if officers on the wings were more aware of their mental health needs. Additionally, some patients reported a lack of understanding around learning disabilities and autism across the prison.



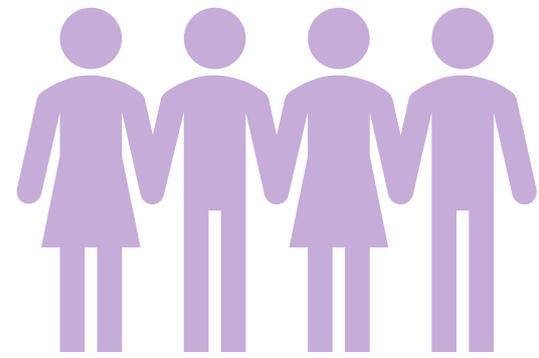
## RECOMMENDATIONS

- Create information leaflets for patients that are easily available and accessible. Ensure this is made available in different formats and languages where possible. Utilise the QNPMHS online platform [Knowledge Hub](#) to get templates and ideas from other members about what to include and how to make the language accessible.
- Consistently involve patients within their care plan. Ensure they have the opportunity to review and contribute to their care plan at every possible opportunity. Make sure their own goals are captured and incorporated within the plan. Ask patients to provide feedback about the service, either recorded or anonymously. Use this feedback to make improvements to the service. Nominate a patient to be a patient representative and invite them to governance meetings where appropriate.
- Work with the prison to ensure high rates of attendance. Request prior warning if the patient will not be able to be taken to the appropriate mental health appointment.
- Provide mental health awareness training to all prison staff. Provide the opportunity for prison staff and wing representatives to become mental health champions and consider doing something similar for autism awareness where appropriate.

*An Elephant Never Forgets,*

*Cavin, a patient at HMP Pentonville*

# PATIENT SAFETY



## GOOD PRACTICE EXAMPLES

Regular training sessions are made available for partner agencies. It was described that monthly education sessions are put in place by the mental health team on various topics, including identifying signs of mental health illness. Depending on the topic, the sessions have been co-delivered with partners. These sessions have been welcomed by partner agency staff.

### ***HMP Belmarsh, 2020 – 2021***

There is formal mental health awareness training available. Officers and the care and support unit can shadow the mental health team. Partner agencies report this has increased awareness of primary and secondary care provision. It has also supported an awareness of mental health and the work of the team. They find the team and managers very welcoming.

### ***HMP Cardiff, 2020 – 2021***

The risk management meetings in place at the service are impressive and a great example of inter-agency working. They can be set up quickly in the event of a risk being flagged, and members of different teams make an effort to attend when needed. The mental health team create reports for the meetings when required.

### ***HMP Kirkham, 2020 – 2021***

The service have implemented a learning disabilities (LD) /neurodevelopmental disorders wing specifically for LD patients. This wing is supported by the LD team and has a sensory room available. Additionally, there is a veterans support facility which helps support patients on the mental health teams caseload.

### ***HMP Parc, 2020 – 2021***

## 50% of patients

reported that they have been given information on the treatment they are receiving, the benefits of the treatment and any potential risks.

## 86% of partner agencies

reported that where relevant and appropriate, they are aware of individuals receiving treatment from the mental health team.

## 78% of staff

reported that they understand and engage in prison service policies on food refusal capacity assessments.

## 47% of partner agencies

reported that they have received training in mental health issues from either the establishment or the mental health team.

There are robust positive relationships in place with partner agencies. There is good communication in place and no barriers were highlighted when sharing information between the mental health team and partner agencies.

**HMP Maidstone, 2020 – 2021**

There are strong working relationships with partner agencies. The team is involved in attending meetings for other agencies which strengthen their relationships and ensure all agencies are up to date on vital information. The team was highly praised by the partner agencies in terms of their helpfulness and flexibility, as well as how approachable they are. Further, the team offers monthly mental health awareness training to prison staff.

**HMP Haverigg, 2019 – 2020**

### AREAS FOR IMPROVEMENT

- In a large number of prisons, there is no mental health awareness training being provided to prison staff or partner agencies. In prisons where the mental health team can provide the training, there is often very little uptake due to prison staff capacity.
- Throughout all prisons, there is a high rate of self-harm and, sadly, suicide. The number of people self-harming is still increasing year on year ([Bromley Briefings, winter 2021](#)).
- More joint working and collaboration between the mental health team, prison staff, safer custody and other relevant agencies are required for complex patients.
- Mental health teams do not always follow up patients for missed appointments.

### RECOMMENDATIONS

- All prison staff and partner agencies should receive mental health awareness training. Ideally, this should be facilitated at induction and refresher training provided once a year. The mental health team should input in the training and be able to offer specialised training that relates to the needs of the population.
- In addition to providing mental health awareness training, ensure that there are opportunities for residents to be able to access mental health support at all hours. Promote peer-support listeners and access to Samaritans. Have easy and open access to the mental health team for those who require additional support.
- Have joint meetings, shared policies and procedures between different, relevant agencies to improve joint working practice.
- Introduce a robust process for following up with patients when they have missed appointments. Ensure the true reason is recorded and offer them an alternative appointment where possible.

# ENVIRONMENT

**89% of staff**

reported that patients able to attend scheduled appointments with the mental health team.

**80% of patients**

reported that the appointments or consultations they have with mental health staff take place in a room that is private and confidential.



## GOOD PRACTICE EXAMPLES

Despite space being an issue within the establishment, the team have now moved into a new, dedicated office which allows for confidential working and meetings. The team rarely have to hot desk and have access to SystmOne on all computers, as well as access to Leicester Partnership Trust systems and NOMIS. They also reported that Nottinghamshire Trust has planned an update on all the computers in the coming months.

### ***HMP Leicester, 2019 – 2020***

The wellbeing centre allows staff to interact with patients in a more therapeutic environment and reported that the space is expanding. There is a relaxation room, meeting room for one-to-ones, activity room with board games and puzzles, and rooms available to run group sessions, including baking upstairs. The centre is decorated with recovery words and phrases, artwork drawn by patients over the year and plants scattered across the landing.

### ***HMP Nottingham, 2019 – 2020***

The environment is bright, airy and clean. There is good access to rooms and computer equipment. The use of colour, posters and quotes aiming to inspire creates a constructive environment. The waiting rooms in the healthcare unit have been redeveloped to better meet the needs of the population. A well-presented environment was observed on both male and female areas.

### ***HMP Peterborough, 2019 – 2020***

Having recently moved office sites, the team has adapted well, share space with other services and fully utilise the new space for consultations, meetings and group work. Areas on the wings and the main building were observed to be bright and airy.

### ***HMP Dovegate, 2019 – 2020***

The wellbeing centre is an impressive part of the service provision. Prior to the pandemic, the centre would hold group sessions and provide activities. There is a music studio, pottery room and kitchen within the centre. Due to restrictions, the centre cannot facilitate groups and activities on the same level, but they have continued to provide activities in smaller groups, virtual yoga sessions and have provided distraction packs for patients in their cells.

### ***HMP Pentonville, 2020 – 2021***

## AREAS FOR IMPROVEMENT

- Staff are repeatedly reporting a lack of dedicated or designated space for the mental health team to conduct one-to-one clinics or group sessions with staff. There is often competition for appropriate rooms, making it difficult for the mental health team to access.
- Without access to appropriate rooms, staff are forced to see patients on the wings or in rooms that are not private or confidential. Some patients would prefer not to see the mental health team at all due to the stigma associated. This results in patients being missed or their mental health deteriorating.
- Consistent messages from mental health teams reported unstable technology and unsuitable computer access, a lack of computer terminals and dropping WiFi connection. This affects their ability to access patient notes or report incidents.
- Staff do not always feel safe due to the environment. The rooms used often lack the presence of prison staff, with no radios or alarms available.

## RECOMMENDATIONS

- Introduce rotas for all suitable rooms to ensure fair and even access to areas for one-to-one clinics and group sessions with the mental health team. Work with the prison establishment to find suitable spaces and be innovative with areas that are not being fully used to create additional space.
- Ensure all rooms and spaces used by the mental health team to speak with patients is private and confidential. Ensure anonymity if required to help reduce stigma.
- Upgrade the technological systems and infrastructure to ensure it is fit for purpose. Increase the number of terminals available to the mental health team, ensuring adequate access to SystemOne and C-Nomis (or other reporting systems).
- All rooms being used by the mental health team should be equipped with adequate alarms, lines of sight and without unnecessary objects that could be used as weapons.

“ [I feel] appreciated as a human being. HMP Haverigg, 2019 – 2020 ”

“ Staff are very good, they are always here for us and listen to our problems. HMP Wormwood Scrubs 2019 – 2020 ”

# WORKFORCE CAPACITY AND CAPABILITY

“How [the mental health team] work with me is perfect, better than the outside... and quicker!  
HMP Leicester, 2019-2020”



## GOOD PRACTICE EXAMPLES

The team has recently started a new contract which entails providing the service seven days a week, including bank holidays and weekends. As a result of this change, there has been an expansion of the team and the diversity and skill mix of staff members is praiseworthy. There has been a significant expansion in the psychology staff and there are plans in place to implement more variety in the group work available to patients as a result. Additionally, a speech and language therapist has just been recruited. The input of the psychiatrist was also noted to be impressive, with psychiatry input every day and access to the speciality doctor.

**HMP Brixton, 2019 – 2020**

The mental health team work well together and are supportive of one another. The team are passionate about the service and are now fully staffed with psychology provision in place. The mental health and substance use service is now fully integrated and mental health and substance use workers work together as one team. The team put peer support sessions in place when there were gaps in support, provided by the trust.

**HMP Long Lartin, 2020 – 2021**

Partner agencies and mental health staff have close working relationships. Partner agencies are clear on the referral process and find it effective. They can complete referrals through SystemOne. Any patients that are referred to the mental health team urgently are seen the same day, while non-urgent referrals will be seen within 48 hours by the mental health team. Furthermore, the service appointed a responsible staff member from the mental health team for each house block. Officers find it helpful to have a designated person to speak to if they have any concerns about patients.

**HMPYOI Isis, 2020 – 2021**

The overall service provision is impressive with a wide-range of multidisciplinary team input including psychology, psychiatry, nursing, occupational therapists, speech and language therapist and specialist ADHD clinics. The service model and links with the primary provider work well. Referrals come into the health and wellbeing team and are then passed onto the mental health team where needed, which are then turned around quickly.

**HMP Pentonville, 2020 – 2021**

There are a wide range of disciplines within the team, including social workers, nursing staff and therapists. This allows for a wide range of interventions to be offered to patients. For example, there are various psychological interventions and groups offered. These include cognitive behavioural therapy, eye movement desensitisation and reprocessing, acceptance and commitment therapy, as well as mindfulness, anxiety and emotional coping groups.

**HMP Isle of Wight, 2019 – 2020**

Despite being a small team, staff work tirelessly across two prison sites, HMP Preston and HMP Kirkham. Both sites are different, with one being a busy remand environment and the other a category D open prison. This requires two very different approaches, yet the team are able to maintain visibility at both sites, and keep highly motivated to ensure high quality care across both sites.

### ***HMP Preston, 2020 – 2021***

Partner agency staff spoke highly of the mental health team, noting that they are approachable, supportive and that the team have a distinct presence within the prison.

### ***HMP Rochester, 2019 – 2020***

## AREAS FOR IMPROVEMENT

- As per the national picture, there are difficult issues with staff recruitment and retention within the prison mental health teams. Long recruitment and vetting processes to enable people to work in prisons are exacerbating the situation. Often large prisons are supported by very small prison mental health teams who have to cope with an enormous workload leading to a long waiting list for patients.
- Some mental health teams lack adequate access to specialist mental health professionals. This might even include basic psychological provision. Although there is availability through the trust, this may take a long time to access.
- In some cases, it was felt the mental health team could have more of a presence throughout the prison. Better partnership working with relevant agencies such as primary care and substance misuse could be improved.
- There is often no administrative support within the teams, further adding to the mental health team's workload, and eating into their clinical time.

## RECOMMENDATIONS

- Produce and create a recruitment drive that is specific to the service. Create an advert showing the benefits and opportunities of working within the prison service. Target local universities and up-skill current workers. Entice new employees with competitive benefits.
- Review the current workforce within the prison mental health team. Create a business case detailing the resident's psychological needs. Record how often the team requires additional specialists to be accessed through the trust and how long it takes to access this to help support the business case.
- Start multi-agency meeting for complex patients where required. Ensure there is a high presence of the mental health team and offer 'drop-in' sessions where prison staff and partner agencies can come to talk and ask questions. Do some promotional work about the achievements and challenges faced.
- Produce a business case for administrative support, detailing the number of clinical hours lost due to admin work.

# WORKFORCE TRAINING, CPD AND SUPPORT

**93% of staff**

reported that their team actively supports staff health and well-being.

**94% of staff**

reported that they receive training consistent with their role and in line with their professional body.

**90% of staff**

reported that they receive ongoing Continuing Professional Development (CPD).

**61% of staff**

reported that they have access to reflective practice groups.

## GOOD PRACTICE EXAMPLES

The staff are well-supported in their role and spoke positively about the support they receive from management and each other. They all have access to both clinical and managerial supervision and those who are trained in specific therapies have access to additional clinical skills supervision via the trust. They also attend monthly reflective practice sessions and debriefs following incidents. In addition, they have a 'wall of wellbeing' in the office which includes patient feedback, team photos and a poster for self-soothing sessions. The trust also offers a wellbeing resort, mindfulness resources and other initiatives. As a team they make an effort to do social activities during lunch break such as quizzes or karaoke.

### ***HMP Frankland, 2020 – 2021***

The staff reflected positively on the introduction of managerial and clinical supervision, which were not previously available. This has helped them to feel more supported in their roles. The training opportunities available to staff have increased. Staff reported they have been able to attend training sessions to expand their knowledge and improve their practice, which was welcomed by all staff. For example non-medical prescribing training. This also provides opportunities for career development.

### ***HMP Gartree, 2019 – 2020***

The whole team has been recently trained in dialectical behaviour therapy skills, with two members of staff taking the foundation course. Another member of the team has recently been trained in eye movement desensitisation and reprocessing. The service has an impressive IAPT-like model within the service, with wellbeing practitioners able to concentrate on low-level interventions to support people in the short period they are in the remand environment. The team are focussing on training and development as a priority. They have dedicated, saved time on a weekly basis to do their CPD. The trust has adapted well and enabled virtual training and e-learning to help with this.

### ***HMP Preston, 2020 – 2021***

The team are supported by strong leadership. The service manager has a good awareness of any gaps in the service and is passionate about addressing them and continually improving the service. The team leader is very knowledgeable about the processes of managing a large team and is focussed on helping as many patients as possible. This leadership enables medical students from the University of Bristol and doctors at different stages of training to work at HMP Eastwood Park. There is currently an F2, CT3 and ST5 posts currently filled at the service. The presence of an F2 is a national first for prisons.

#### ***HMP Eastwood Park, 2019 – 2020***

Staff feel that their health and wellbeing is supported by the service. The team have a staff wellbeing day, access to resilience training, access to mindfulness sessions and wellbeing champions are also available. Staff can access a staff retreat, or away day, and there is a staff wellbeing board in the office that includes photos of the staff pets, a calendar with outings, photos from recent team outings and kind words. Staff retention is high, with many staff having worked at the service for a number of years, and there are currently no vacancies in the team.

#### ***HMP Haverigg, 2019 – 2020***

The personal development offered to the staff is impressive. Staff spoke highly of the training opportunities, stating they can request training and courses relevant to personal and professional development. Staff have been offered training such as the delivering of low-level interventions and other talking therapies. The staff team are enthusiastic and take up the personal development opportunities offered to them, stating they feel these are hugely beneficial to their roles.

#### ***HMP Perth, 2020 – 2021***

The most striking area of achievement, which was highlighted throughout the review day, was the close-knit nature of the team and the mutual support that is offered to one another. Staff feel able to discuss complex cases with one-another as a “sounding board”, which they also feel makes for a consistent approach to care across the team.

#### ***HMP Rochester, 2019 – 2020***

The team held a mental health awareness day event which was attended by many prison staff. This involved spreading awareness and acupuncture taster sessions. This also helped the visibility of the mental health team.

#### ***HMP Long Lartin, 2020 – 2021***

There is strong peer-support in place and staff feel their health and wellbeing is being looked after. Prior to COVID-19, staff had access to a weekend mindfulness retreat. They have also joined Bupa who offer various health therapies. There are NHS wellbeing initiatives the team can access through the trust, such as employee support services, psychological services and occupational health. There is a wellbeing champion within the team and the service has links with a counselling service. Wellbeing is also discussed during supervision sessions. Finally, staff reported debriefs are offered quickly and these are highly effective.

#### ***HMP Northumberland, 2020 – 2021***

## AREAS FOR IMPROVEMENT

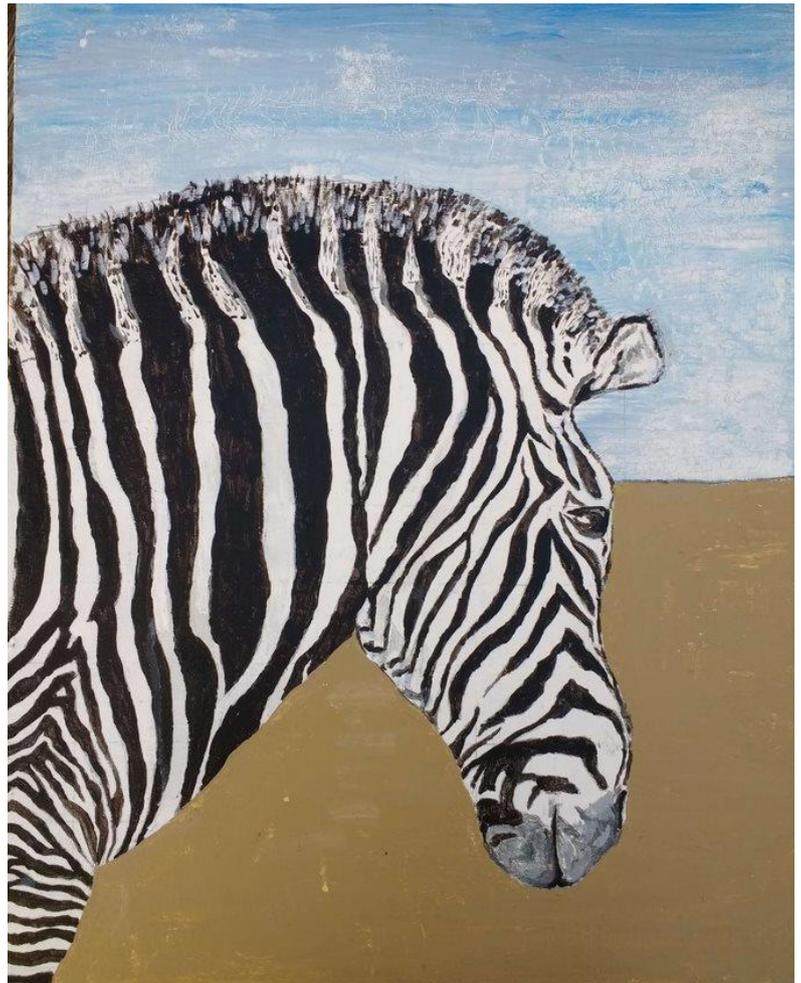
- Many mental health teams are not receiving consistent supervisory support. They do not have capacity or the structures in place to receive clinical and line management supervision on a monthly basis, and reflective practice is not consistent across the network.
- Reporting of incidents can sometimes be a long and laborious process. Often staff do not have direct access to a Datix computer or are required to find a prison officer and spare computer to get their login details. This can cause delays in reporting which might mean details are missed.
- Staff training and career progression can be challenging. Formal prison inductions for mental health staff is minimal, and can take months to complete, meaning delays in staff being key-trained. Training and developmental opportunities are difficult to come by and often have long waiting lists to access.

*Zebra Waiting,*

*Richie, a patient at HMP Isle of Wight*

## RECOMMENDATIONS

- Provide all staff with individual line management and clinical supervision on a monthly basis. Ensure there is a clear agenda to differentiate between the two. Offer reflective practice to all staff ideally every four-six weeks.
- Work with the prison establishment to ensure all mental health teams have a login and easy access to a computer with Datix, or equivalent, to report incidents quickly and efficiently.
- Offer staff protected time for training, development and CPD opportunities. There should be options of e-modules and face-to-face learning. Investment in staff will help with retention issues.



# GOVERNANCE

**95% of staff**

reported that they feel they are able to quickly and effectively report incidents.

**22% of patients**

reported that they have access to a regular forum or community meeting in order to feedback about their experiences of the mental health service.

**92% of staff**

reported that following a serious incident, they are offered post incident support and a debrief.

**28% of patients**

reported being aware of a mental health patient representative.

**99% of staff**

reported that they feel they are able to raise concerns about the standards of care being delivered by the mental health team.

**86% of staff**

reported that lessons learned from incidents shared with them.

## GOOD PRACTICE EXAMPLES

The service has clear future plans, including the development of a neurodiversity wing and a Time4Change programme. The neurodiversity wing is being planned for patients who have neurodevelopmental needs which require a specialised environment, but who do not qualify for inpatient care. Time4Change is a bespoke programme for young adults who do not usually access mental health support. The programme is aimed at young adults and offers 12 sessions of trauma informed intervention, which are facilitated by people with lived experience.

### ***HMP Pentonville, 2020 – 2021***

The team have been involved in several service evaluations, quality improvement and research projects. They are working with trainee clinical psychologists to investigate BAME engagement with the Bradley Therapy Service. The aim is to promote engagement with the service. The service has launched a quality improvement project to improve their care for patients with ADHD. In addition, an audit was carried out on off-label antipsychotic prescribing.

### ***HMP Elmley, 2020 – 2021***

The mental health team have experienced a period of restructuring in the last 18 months and have seen a significant number of staff move on in a short period of time. This transition period has been well managed and benefitted from strong leadership and teamworking.

### ***HMP Lindholme, 2019 – 2020***

The service has excellent levels of involvement in research and academic activity. The team demonstrate exceptional commitment to the publishing of research papers and the long-term collection of data. This allows for statistical analysis and identification of themes/trends within the prison and wider prison service. Some of the publication themes include transfers, court diversion and liaison and discharge analysis.

#### ***Cloverhill, 2020 – 2021***

There is a mental health peer mentor programme in place. The youth engagement health and wellbeing coach will provide training to those interested in becoming a peer mentor. This training includes communication, confidentiality, identifying needs, how to keep themselves safe and body language, amongst other topics. Peer mentors are normally involved in the induction process for new admissions and in service user forums, which are currently on hold.

#### ***HMPYOI Deerbolt, 2020 – 2021***

Research and quality improvement projects are commendable. The service is currently involved in a QI project looking at why BAME patients have the lowest attendance in group sessions, however, make up a high representation of the population. Additionally, the service is involved in an ending emotional eating group which has been designed by patients and staff.

#### ***HMP Send, 2019 – 2020***

The service is involving patients at every opportunity and offering patient-centred care. They produce a regular patient newsletter which includes information about the service, 'did you know...' sections, word searches and self-help tips. Furthermore, they host monthly prisoner forum groups.

#### ***HMP Leicester, 2019 – 2020***

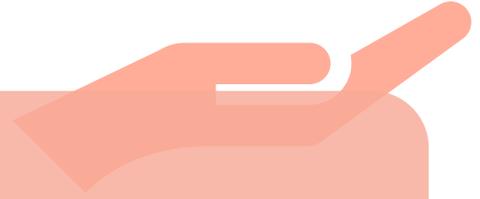
### AREAS FOR IMPROVEMENT

- Patients are often not involved in service development or the governance of the mental health team. There is a lack of patient steering groups or mental health representatives within the prison estate, even in the long-term, high secure establishments.
- Staff do not always feel listened to when they share their suggestions and feedback.
- Information sharing between primary care and mental health care can sometimes be difficult, particularly if the teams use different systems for recording patient notes. When multiple healthcare teams are subcontracted to different providers, information does not always flow well

### RECOMMENDATIONS

- Include patients in the governance of the mental health team and allow them to contribute. Create mental health peer-support roles and representatives on each wing. Use suggestions gathered by the representatives to feed into governance meetings.
- Encourage staff to feed back on their experiences. As far as possible, operate an "open-door" policy encouraging staff to drop in if they want to discuss any issues. A suggestions box can also be introduced so staff are able to offer feedback anonymously.
- Streamline communication processes to ensure patient information is not lost between providers. Create a standard operating policy detailing exactly how patient information is shared.

# 24-HOUR MENTAL HEALTHCARE



## GOOD PRACTICE EXAMPLES

The inpatient unit is staffed solely by permanent staff and regular bank staff. This provides a more stable and consistent service to the patient group. Dedicated prison staff support the operation of the unit.

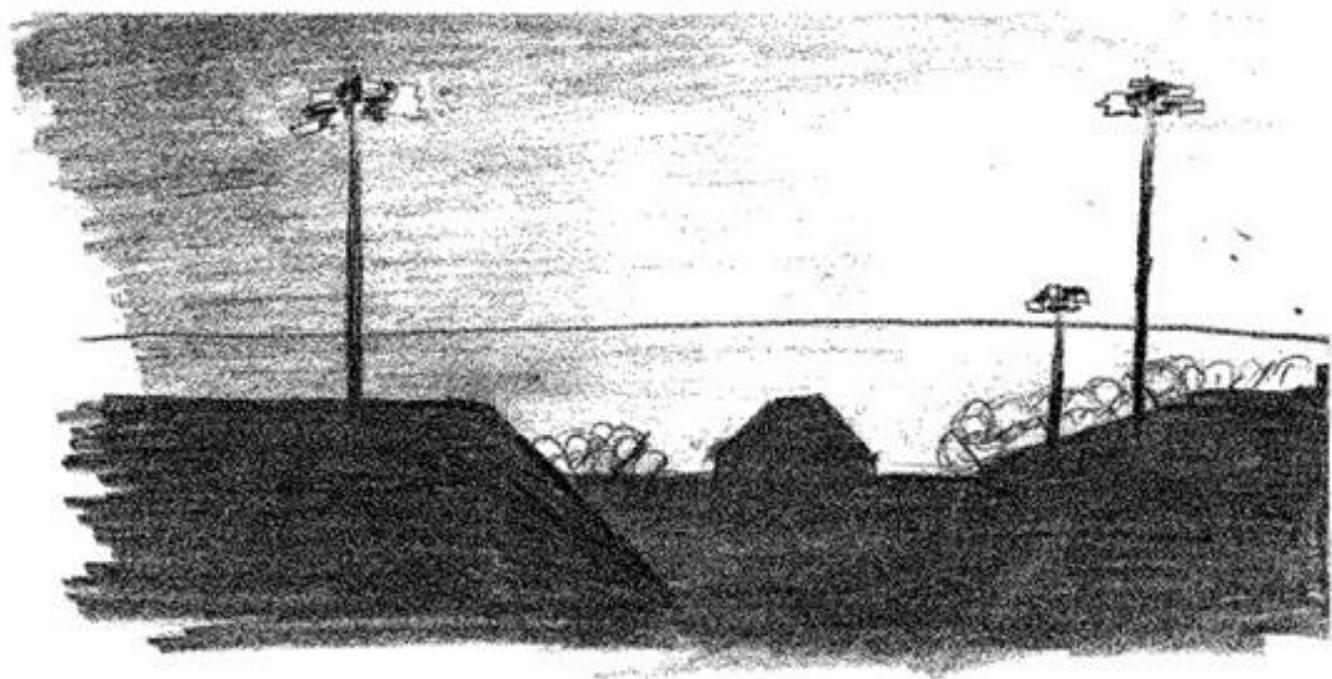
***HMP Wormwood Scrubs, 2019 – 2020***

## AREAS FOR IMPROVEMENT

- Clearer system for identifying patients placed in the inpatient needs to be developed. Additionally, there is at times a lack of formalised arrangements with mental health hospitals which causes transfer delays from the inpatient unit.
- Inpatient units can rarely evidence that the operation of the unit is explicitly included in the commissioning specification from NHS England

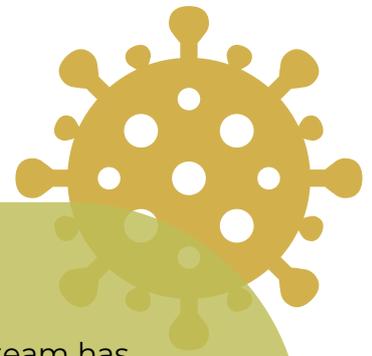
## RECOMMENDATIONS

- Clearer system for identifying patients placed in the inpatient needs to be developed. Additionally, the team report lack of formalised arrangements with mental health hospitals is causing transfer delays from the inpatient unit.
- Ensure the operation of the unit is explicitly included in the commissioning specification from NHS England.



*A Window's View,*

*S.McC, a patient at HMP Maghaberry*



## GOOD PRACTICE EXAMPLES

Despite the difficulties and restrictions COVID-19 has brought, the team has worked tirelessly to ensure minimal disruption to the service delivery. The majority of staff have remained onsite throughout the pandemic. They have been delivering mental health support as normal. Even more positively, the patients did not feel the service has changed at all.

### ***HMPYOI Corntonvale, 2020 – 2021***

The team have shown resilience and adaptability through the COVID-19 pandemic. For instance, the team visited every prisoner to offer an in cell tailored resource to support their mental health at the start of the pandemic. The team have also increased their use of technology to facilitate meetings and visits.

### ***HMP Channings Wood, 2020 – 2021***

The team have adapted well to the challenging circumstances around COVID-19 to continue to deliver high quality care. They developed a wellbeing strategy to distinguish between mental health and wellbeing and promoted wellbeing to the wider prison population. They kept in regular contact with patients via in-cell phones and also provided in-cell work packs. They ensured all patients were seen within specified timeframes with no delays to waiting times. The team described their collaborative and supportive approach and their emphasis on looking out for each other's wellbeing. They appeared to be an engaged and caring team, working hard to provide patients with high quality and holistic care.

### ***HMP Kirklevington, 2020 – 2021***

The team has worked hard to overcome the challenges caused by COVID-19 and have adapted their way of working to continue to provide patients with the care they need. For example, they have met with patients in the field to check in when they are unable to meet with patients indoors.

### ***HMP North Sea Camp, 2020 – 2021***

During the COVID-19 pandemic, the mental health team and the Bradley Therapy Service have provided good support for patients. They have developed in-cell workbooks for patients to continue their group work. In addition to this, the team have implemented a peer mentor scheme on each wing to encourage breaking down barriers for the residents not on the mental health team's caseload. It also encouraged residents to talk about issues they are not comfortable talking to staff about.

### ***HMP Swaleside, 2020 – 2021***

Mental health staff report feeling safe and supported during the pandemic. The service has responded proactively and facilitated regular COVID-19 'check-ins'. Frontline staff also have good access to remote working and report the prison has been accommodating, providing personal protective equipment, screens on the wings and access to video calling.

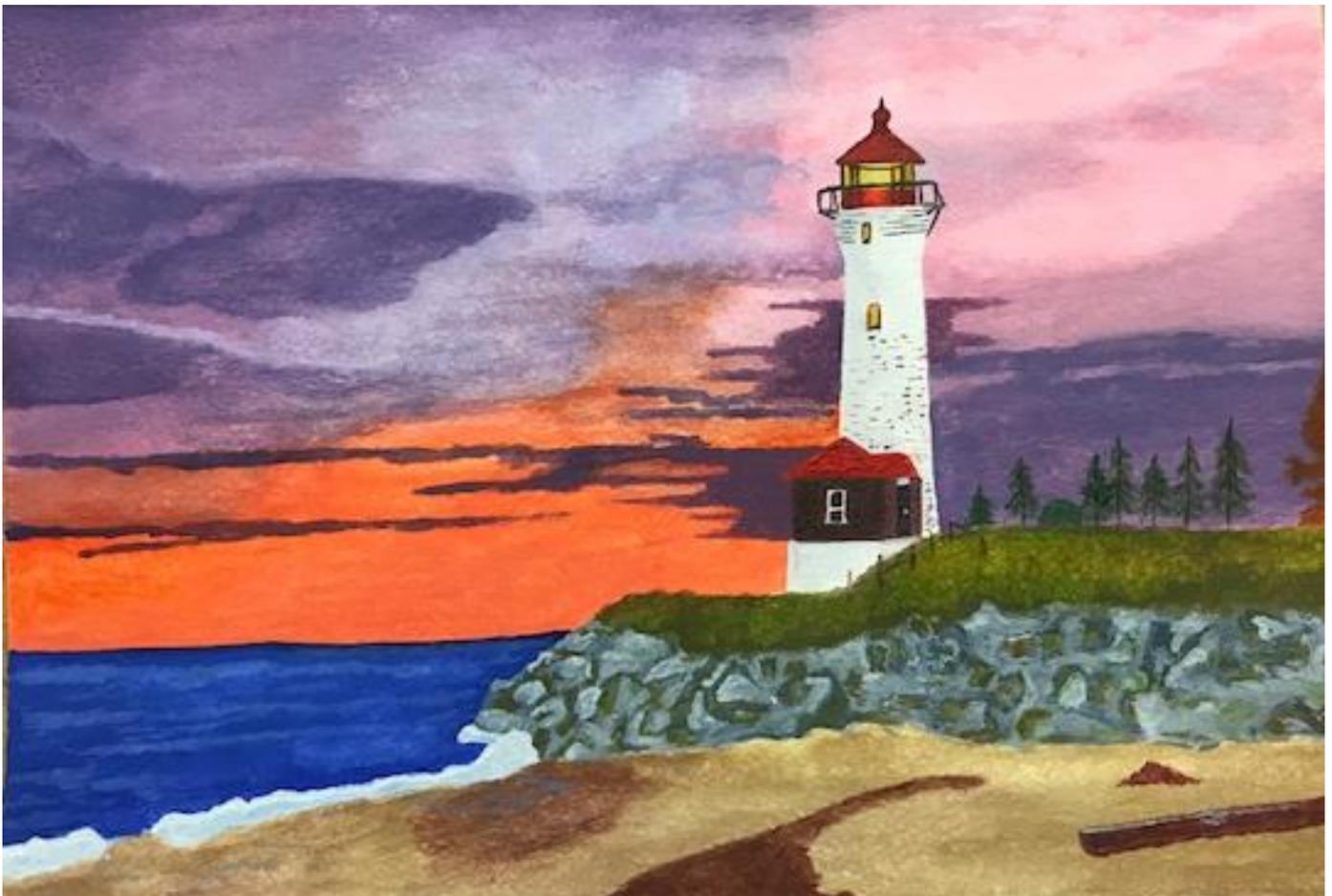
### ***Cloverhill Prison, 2020 – 2021***

## AREAS FOR IMPROVEMENT

- Changes to staffing patterns as a result of the COVID-19 pandemic have had a huge impact on staff morale and burnout. As large numbers of staff had to isolate, this caused low staffing levels, increased referrals and staff having to work overtime.
- Technological difficulties were worsened over the pandemic period. Staff members who may have been vulnerable in prisons had to work from home, but without adequate technological equipment. This meant that access to patient notes or relevant systems were not available.

## RECOMMENDATIONS

- Create a psychologically safe space for staff members to reflect on their experiences working during COVID-19. Offer a chance to learn from a difficult period for all mental health teams and create a productive opportunity to learn. Perhaps create a new contingency policy to follow should anything similar happen again, or if COVID-19 flares again.
- Work with the estates and IT teams to improve technological infrastructure and embrace the new era of technology. Ensure cyber safety support is available to patients where needed. Increase the availability of trust laptops that are secure to use outside the prison, but with good access to the required systems.



*Lighthouse,*

*D. Power, a patient at HMP Maghaberry*

# SUMMARY OF RECOMMENDATIONS

## Admission and Assessment

- Ensure that all practitioners carrying out a mental health assessment are competent to assess problems that commonly arise, and have good knowledge and awareness of mental health diagnosis and pathways within the service in accordance to the new [QNPMHS standards](#).
- Create and provide information leaflets for all patients that outline the service and how to access it. This should include information on how to make a self-referral.
- Create a clear and concise referral procedure that is formalised by the service. Provide training for prison staff and partner agencies on how to refer, ensuring that there is a clear recording of all referrals to reduce the risk of people being missed.

## Case Management and Treatment

- Involve patients in their care plans consistently. Show copies of the care plans to patients to read through and offer them a copy if they wish to read through in their own time. Ensure all care plans are reviewed monthly, or more frequently if required.
- Proactively involve patients within the formal review of their care. They should get the information about the meeting in advance, with enough time to read through and contribute. Where possible, patients should be able to chair parts or all of the meeting, and should be able to invite relevant people to the meeting. [See QNPMHS guidance document for more information on how to involve patients in CPA](#).
- Record and monitor waiting times within the service. Use the information to create a business case for additional staff where possible. Consider using group sessions to help reduce the waiting list. Ensure you see urgent cases within 48 hours and routine within four working days.

## Referral, Discharge and Transfer

- Make strong links and build on relationships with the community mental health team to help with the continuity of care. Consistently invite key workers and patients' care coordinators to the discharge meetings, and follow the [QNPMHS guidance on planning effective mental healthcare in prisons](#).
- Create a robust and detailed referral process to help support patients following their release from prison. Connect with community mental health teams and through-the-gate services at the earliest possible time. Request administration support to help with the process. Request the prison provides daily updates of any unexpected transfers or releases.
- Set alarms and reminders to follow up with patients within 14 days of their transfer or discharge from the mental health team, or release from prison. Utilise administration support where possible.



## Patient Experience

- Create information leaflets for patients that are easily available and accessible. Ensure this is made available in different formats and languages where possible. Utilise the QNPMHS online platform [Knowledge Hub](#) to get templates and ideas from other members about what to include and how to make the language accessible.
- Consistently involve patients within their care plan. Ensure they have the opportunity to review and contribute to their care plan at every possible opportunity. Make sure their own goals are captured and incorporated within the plan. Ask patients to provide feedback about the service, either recorded or anonymously. Use this feedback to make improvements to the service.
- Work with the prison to ensure high rates of attendance. Request prior warning if the patient will not be able to be taken to the appropriate mental health appointment.
- Provide mental health awareness training to all prison staff. Provide the opportunity for prison staff and wing representatives to become mental health champions and consider doing something similar for autism awareness where appropriate.



## Patient Safety

- All prison staff and partner agencies should receive mental health awareness training. Ideally, this should be facilitated at induction, and refresher training provided once a year. The mental health team should input in the training and be able to offer specialist training that relates to the needs of the population.
- In addition to providing mental health awareness training, ensure that there are opportunities for residents to be able to access mental health support at all hours. Promote peer-support listeners and access to Samaritans. Have easy and open access to the mental health team for those who require additional support.
- Have joint meetings, shared policies and procedures between different, relevant agencies to improve joint working practice.
- Introduce a robust process for following up with patients when they have missed appointments. Ensure the true reason is recorded and offer them an alternative appointment where possible.



## Environment

- Introduce rotas for all suitable rooms to ensure fair and even access to areas for one-to-one clinics and group sessions with the mental health team. Work with the prison establishment to find suitable spaces and be innovative with areas that are not being fully used to create additional space.
- Ensure all rooms and spaces used by the mental health team to speak with patients is private and confidential. Promote anonymity if required to reduce stigma.
- Upgrade the technological systems and infrastructure to ensure it is fit for purpose. Increase the number of terminals available to the mental health team, ensuring adequate access to SystemOne and C-Nomis (or other reporting systems).
- All rooms being used by the mental health team should be equipped with adequate alarms, lines of sight and without unnecessary objects that could be used as weapons.



## Workforce, Capacity and Capability

- Produce and create a recruitment drive that is specific to the service. Create an advert showing the benefits and opportunities of working within the prison service. Target local universities and up-skill current workers. Entice new employees with competitive benefits.
- Review the current workforce within the prison mental health team. Create a business case detailing the resident's psychological needs. Record how often the team requires additional specialists to be accessed through the trust and how long it takes to access this to help support the business case.
- Start multi-agency meeting for complex patients where required. Ensure there is a high presence of the mental health team and offer 'drop-in' sessions where prison staff and partner agencies can come to talk and ask questions. Do some promotional work about the achievements and challenges faced.
- Produce a business case for administrative support, detailing the number of clinical hours lost due to admin work.

## Workforce Training, CPD and Support

- Provide all staff with individual line management and clinical supervision on a monthly basis. Ensure there is a clear agenda to differentiate between the two. Offer reflective practice to all staff ideally every four-six weeks.
- Work with the prison establishment to ensure all mental health teams have a login and easy access to a computer with Datix, or equivalent, to report incidents quickly and efficiently.
- Offer staff protected time for training, development and CPD opportunities. There should be options of e-modules and face-to-face learning. Investment in staff will help with retention issues.

## Governance

- Include patients in the governance of the mental health team and allow them to contribute. Create mental health peer-support roles and representatives on each wing. Use suggestions gathered by the representatives to feed into governance meetings.
- Encourage staff to feed back on their experiences. As far as possible, operate an “open-door” policy encouraging staff to drop in if they want to discuss any issues. A suggestions box can also be introduced so staff are able to offer feedback anonymously.
- Streamline communication processes to ensure patient information is not lost between providers. Create a standard operating policy detailing exactly how patient information is shared.

## 24-hour Healthcare

- Clearer system for identifying patients placed in the inpatient needs to be developed. Additionally, the team report lack of formalised arrangements with mental health hospitals is causing transfer delays from the inpatient unit.
- Ensure the operation of the unit is explicitly included in the commissioning specification from NHS England.

## COVID-19

- Create a psychologically safe space for staff members to reflect on their experiences working during COVID-19. Offer a chance to learn from a difficult period for all mental health teams and create a productive opportunity to learn. Perhaps create a new contingency policy to follow should anything similar happen again, or if COVID-19 flares again.
- Work with the estates and IT teams to improve technological infrastructure and embrace the new era of technology. Ensure cyber safety support is available to patients where needed. Increase the availability of trust-laptops that are secure to use outside the prison, but with good access to the required systems.

# OPEN FORUM DISCUSSION SESSIONS

During the first wave of the pandemic, the Quality Network took the decision to organise a series of open forum groups for individuals working within member services to discuss common issues arising from working with prison mental health. These sessions were also open to patients and partner agencies to discuss challenges they have experienced in relation to the pandemic. Each forum had a specific theme based on feedback that we were receiving from member services around key priority and challenge areas. The sessions were facilitated by the Quality Network

team and the purpose was mostly for individuals to access peer support and engage in helpful conversations about particular issues and to learn from each other. The open forum discussion sessions that took place were on the following themes:

- Staff support, wellbeing and resilience
- Delivering a safe service
- Restoration and recovery

A summary of the key themes that arose from these sessions can be found below.

## STAFF WELLBEING

Spaces have been temporarily adapted for use by staff during prison lockdown. When activities or sessions are organised, cakes and coffee are on offer as this seems to attract more people to socialise. Wellbeing sessions run by staff, these include juggling, crocheting, gardening, yoga and knitting. Comfortable chairs are available, and the space has been decorated with plants –which has had a positive effect. Managers do check ins with staff informally. Junior staff have been able to help other teams and skill-up in different areas which has been welcomed.

A WhatsApp group has been set up for staff.

For those working on site it can be difficult to interact with those not currently working. Trying to ensure a sense of ‘them and us’ does not develop but it is tricky to know when people can come back. Compassion is important but some people are running short of it, because people are so stretched and drained.

Some teams are not receptive to wellbeing initiatives, it is almost seen as a weakness to seek help and support, it is hard to introduce that culture when it is not something they usually do.

It is a different experience for different people, there is no equality. It has been thrust upon staff, not chosen.

## KEY CHALLENGES

Need to find ways for breaks to take place to ensure a space for chatting and laughing. Challenging “tough” culture when introducing new initiatives, such as informal check in sessions. Miss discussions with peers when shielding at home. Feel out of touch.

Ways of coping with stress pre-COVID no longer available (gym, cinema, theatre). Staff need to feel safe to be able to deliver therapies. They are tired and the end date keeps moving.

Some staff started working from home in the early days and others remained at work creating a sense of inequality.

Workload feels to be increasing by about 20-25% and that it is not sustainable. Technology use has been really helpful but doing a full day of screen time is tiring and it does not allow for the non-verbal side of communication. With more people on a call you don't get to see everybody.

Group work is difficult as there are no licenses and for one-to-one a chaperone has to be present so it does not feel like a one-to-one. Interactions with people with learning disabilities is challenging. Some are used to using smart phones, but others have struggled to work over the phone and there is no place to meet face-to-face so some work has been put on hold.

## POSITIVE CHANGES

Meeting remotely has allowed people to get together and attendance for meetings has increased. It creates barriers for some in terms of technology but for others it removes them, due to geographical limitations and the need to travel. It has forced people to think innovatively and there are advantages to meeting people virtually.

In about seven weeks a large number of licenses were rolled out across the prison estate - will there be the same motivation to continue with these new adaptations, or will people go back to how things were?

## PATIENT SUPPORT

Paper based questionnaires have been used for triage, which is a challenge for people with low literacy levels. Some prisons treat a landing as a household so residents can interact within their area. Ideas for activities are provided and newsletters have been sent out. Mindful colouring has been successful.

A pictorial guide was produced to provide information to patients with learning disabilities, non-English speakers or low literacy. Rolled out 4G tablets and inform people of what can be done through a screen. People cannot continue on without relational activity for 18 months or longer.

## USE OF TECHNOLOGY

Microsoft Teams is being used for discussions about challenges, virtual lunches, coffee breaks and virtual events.

Some services were looking to introduce TV channel within prison so therapies team able to do psychoeducation through the TV. Sessions include top tips on staying sane in lockdown, trauma, in-cell yoga sessions, etc.

Visionable provides licenses for one-to-one remote therapies which is being rolled out in UK prisons. The difficulty is that group therapies are not yet set up to take place.

For video-calls, someone has to be in the room with patients, and that's not as confidential.

Facilities provided for legal visits for video link should be available for mental health professionals as it provides a confidential space for good quality therapies to take place.

Videos have been recorded for residents regarding their feelings and the impact of lockdown/COVID-19, which will be shown on TV.

Purple visits has been used in some prisons, which is a phone app for family and friends to talk to people on prisons. However, it could be a challenge to provide a space to facilitate this.

## PATIENT IMPACT

Not having group sessions has affected patient's mental health and some teams have seen an increase in ACCTs open. Staff are noticing apathy towards the distraction packs provided to patients.

Some have adapted well to lockdown and others struggle. There has been an increase in acuity.

Agitation and stress has increased as patients are done with watching TV, distraction packs and in-cell workouts. Patients find it difficult to see the restrictions still in place in prison when the community has advanced so much.

## FUTURE

Whole prison approach needed where other staff within the prisons are equipped to deal with mental health issues to avoid a launch to these services when open.

It is difficult to plan for the future as people are afraid of relaxing too much to then being put on lockdown again.

Lockdown has advanced technology use, and there is a worry that the "no attitude" will come back once it is all over.

Difficult to recover with uncertainty, are we in recovery?

# EVENTS

## **TRAUMA-INFORMED CARE WITHIN FORENSIC AND PRISON MENTAL HEALTH SERVICES**

**21 November 2019**

The Quality Networks for Forensic and Prison Mental Health Services hosted a joint event for the first time, looking at trauma-informed care. The programme was filled with interesting topics ranging from gender, victim issues, lived experiences and more.

## **ANNUAL FORUM FOR PRISON MENTAL HEALTH SERVICES**

**03 December 2020**

The Quality Network hosted its fifth annual forum for prison mental health services. This event included presentations from experts within the field and was interactive and engaging with the audience, despite being virtual. The programme looked at several themes including the offender personality disorder (OPD) pathway, the user voice of lockdown from User Voice, military veterans in the criminal justice system and Quality Network updates.

## **STANDARDS REVISION**

**17 March 2021**

The Quality Network hosted its first full revision of the standards since they were first published in 2015. This event included presentations from experts within various prison settings and was interactive and engaging with the audience, despite being virtual. The programme looked at several areas including older adults, OPD pathway, Care Programme Approach and self-harm.

## **EMERGING DRUG TRENDS AND THEIR IMPACT ON MENTAL HEALTH SERVICES**

**01 & 02 June 2021**

This two-day event was hosted in joint partnership with the Quality Networks for Forensics, Prison and PICU mental health services, with East London Foundation Trust (ELFT) and Traverse.

This event brought together national and international experts to share their work on new policy, new trends and new developments in the field of substance use

and addictions. There were sessions dedicated for front line professionals to share their work and for service users to share their experiences. There were also opportunities to develop discussion points within breakout rooms and share these during whole forum discussion sessions.

# WEBINARS

We hosted a series of webinars and discussion groups where individuals can come together to learn and discuss certain topics. Each webinar had a specific theme and were free to join. Please see [our website](#) to watch any of our webinars on demand. Click on the titles to view the recordings.

## **MANAGING COVID-19 IN PRISONS, 09 APRIL 2020**

In this first Quality Network webinar, Professor Pamela Taylor (Chair of the RCPsych Forensic Faculty), Dr Caroline Watson (Royal College of GPs' Secure Environment Group) and Mika Rautanen (National Institute for Health and Welfare, Finland) discussed managing COVID-19 in prisons.

## **PRISONER ENGAGEMENT AND WELLBEING DURING COVID-19, 23 APRIL 2020**

This webinar hosted LJ Flanders, founder of Cell Workout who shared tips from his fitness and training guide devised from a prison cell. It's LJ's mission to "transform the dynamics of prison fitness and bring about positive change in the lives of people in prison".

### JARGON BUSTER



**CARE PROGRAMME APPROACH:** This is referred to as CPA. It is a package of care that is used by mental health services to assess the needs of patients and coordinate their care. This is used to ensure continuity of care, joint working and good information sharing between mental health services and community services.

## **BEING TRAUMA INFORMED DURING COVID-19, 30 APRIL 2020**

Dr Sunil Lad, Consultant Counselling Psychologist, Northamptonshire Healthcare NHS Foundation Trust, shared ideas about how to be trauma-informed during this period. Dr Lad works in several prisons and supports probation officers in developing a psychological understanding of behaviour.

## **TRANSFER AND REMITTANCE OF PRISONERS DURING COVID-19, 21 MAY 2020**

In this joint webinar from the Forensic and Prison Quality Networks, Dr Pratish Thakkar, Consultant Forensic Psychiatrist and Dr Steve Barlow, Consultant Forensic Psychiatrist and Clinical Director for the North East New Care Model, discuss the current situation in their prisons and secure hospital.

This includes the current guidance from NHS England and HMPPS about the transfer and remittance of prisoners.

## **MANAGING ENTRY AND RELEASE FROM PRISON, 02 JUNE 2020**

This webinar, 'Managing entry and release from prison', addressed the specific issues that COVID-19 was creating for people coming into prison and returning back to the community. It covered areas such as physical health, mental health and substance misuse.

The webinar involved contributions from Dr Caroline Watson, Dr Stephen Attard, Dr Jake Hard and Dr Anna Hiley, and was co-hosted with the Royal College of Physicians and Surgeons of Glasgow and Addiction Professionals.

## **VISIONABLE, 18 AUGUST 2020**

NHSE Health and Justice has invested in a two year pilot of telemedicine across the entire secure estate in England, including prisons, immigration removal centres and the children and young people secure estate (CYPSE), in response to the COVID-19 pandemic. The aims include improving access to patient care through video consultations and increasing patient safety by facilitating mobile access to SystemOne (on 4G tablet). This webinar aims to explain the national rollout programme and the possibilities for clinical use of telemedicine in the secure estate. It will also be an opportunity to understand more about the Visionable

videoconferencing software and to ask live Q&As from one of the Visionable technical team.

Speakers included:

Chantal Edge – Specialty Registrar in Public Health/ NIHR Clinical Doctoral Research Fellow, leading on the telemedicine programme rollout

Lee Henderson – Visionable Technical Manager, responsible for the NHSE/HMPPS Visionable service  
Caroline Watson - Lead GP, HMP Bedford, RCGP Clinical Champion Healthcare in Secure Environments.



### JARGON BUSTER

**REMITTANCE:** This refers to being admitted back to prison. For example, if a patient is referred to a mental health hospital whilst in prison, once the patient is ready to go back to prison, this needs to be remitted.

**ACCT:** Assessment, Care in Custody and Teamwork (ACCT) is the care planning process for prisoners identified as being at risk of suicide or self-harm. The ACCT process requires that certain actions are taken to ensure that the risk of suicide and self-harm is reduced.

**HMPPS:** Her Majesty's Prison and Probation service. They carry out sentences given by the courts, in custody and the community, and rehabilitate people in our care through education and employment.

**MAPPA:** Multi-Agency Public Protection Arrangements. It is the process through which the Police, Probation and Prison Services work together with other agencies to manage the risks posed by violent and sexual offenders living in the community in order to protect the public.

**SYSTEMONE:** SystemOne is a centrally hosted clinical computer system developed by Horsforth-based The Phoenix Partnership. It is used by healthcare professionals in the UK and throughout prison healthcare.

**YOI:** Young Offenders Institute is a type of prison in Great Britain, intended for offenders aged between 18 and 20, although some prisons cater for younger offenders from ages 15 to 17, who are classed as juvenile offenders.

# RESOURCES

## PLANNING EFFECTIVE MENTAL HEALTHCARE IN PRISONS USING THE CARE PROGRAMME APPROACH AND THE COMMUNITY MENTAL HEALTH FRAMEWORK

This work stemmed from our April 2019 event with Tees, Esk and Wear Valley NHS Foundation Trust (TEWV). Within prison settings, CPA has been poorly implemented and the principles underpinning the approach have been lost. QNPMHS and TEWV have worked collaboratively to create a thorough and effective guidance document to help support clinicians and services with the CPA process.

The purpose of the document is to standardise the CPA and successor processes and to ensure consistency within and between prisons and through transfers from and to community services. The guidance will also be helpful for immigration removal centres. Please click on the image below to read the document.

## INVOLVING PATIENTS AND PARTNER AGENCIES ON VIRTUAL REVIEWS

As a team we have been working hard to recreate all the elements of an in-person review in a virtual environment.

The involvement of patients and partner agencies on our peer-review days remained vital and is something we did not wish to let slip given the circumstances with virtual reviews. We worked collaboratively with our member services to engage patients and partner agencies in a meaningful, confidential way.

For some recommendations on how best to involve patients and partner agencies in virtual peer-reviews, we created a guidance document. This was shared with our member services undergoing a virtual peer-review, proving to be useful when organising these and providing examples on how patients can be involved in the meetings. For more information, please click on the image below.

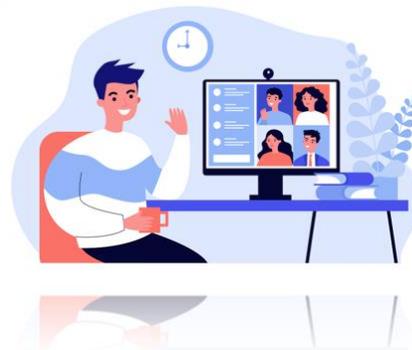


**Planning effective mental healthcare in prisons using the Care Programme Approach and the Community Mental Health Framework**  
Quality Network for Prison Mental Health Services

Editors: Megan Georgiou, Dr Steffan Davies, Jemini Jethwa and Kate Townsend

Date: September 2020  
Publication Number: CCQI346

### Involving patients and partner agencies on virtual reviews



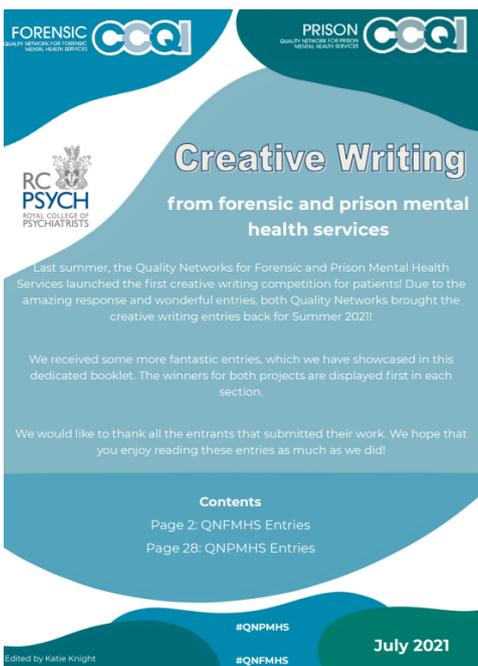
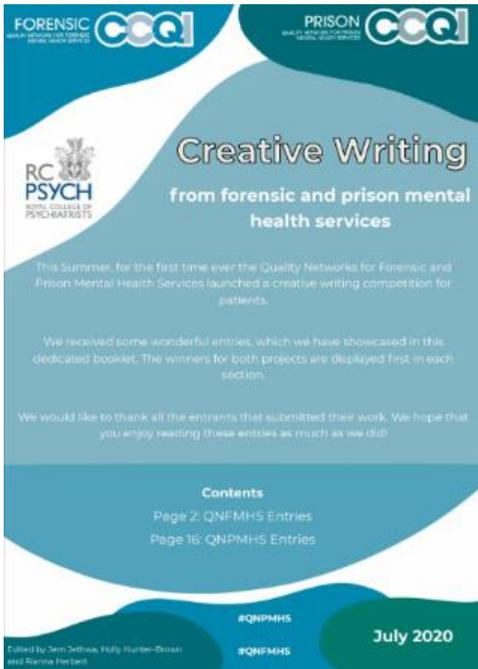
Produced by the QNPMHS project team



# CREATIVE WRITING BOOKLET

In the Summer of 2020, for the first time ever the Quality Networks for Forensic and Prison Mental Health Services launched a creative writing competition for patients. We received some fantastic entries and have showcased all the entries in this special edition creative writing booklet.

As this proved to be popular in 2020, we relaunched it in summer 2021. Please click on the images below to access the booklets.



# NEWSLETTERS

We have published four issues of our newsletter for prison mental health services, where we invite staff and patients from prison mental health services to submit articles demonstrating good practice based on our set themes.

You can see the themes and access the newsletters by clicking on the images below.



**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 sharing future editions we hope to ensure 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 across the first three visits shared in December. We really do value the time and partnership in 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 (https://www.qnfmhs.org.uk). The report includes good practice examples identified during peer-review visits and it provides a helpful guide for services to monitor their performance against other services. In addition, we consulted the draft revised guidance for the Care Programme Approach (CPA) in December. We have received plentiful helpful feedback since we released 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 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 Husein Shams, Dr Sheffan Davies and Megan Georgiou**



**WELCOME**

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

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

As a result of COVID-19, we sadly had to cancel all peer-review visits from mid-March 2020. We are planning to restart the cycle of visits later this year. In the meantime, we will be working closely with services to anticipate in advance any potential issues and ensure the review visits run as smoothly as possible.

Finally, Megan Georgiou is stepping down as programme manager in July. Having worked at the College since 2016, Kate Townsend has been asked to take over the role and is looking forward to further developing the programme of work.

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

**Dr Husein Shams, Dr Sheffan Davies and Megan Georgiou**

## Issue 08 – Wellbeing and Resilience

## Issue 09 – COVID-19



**WELCOME**

Thank you for taking the time to read our 10th newsletter! We are choosing to theme our newsletters to help inspire articles, and this edition is based on Transfer and Remission. We have some great good practice examples throughout this edition, to help support services with the long-awaited recent publication of the [Joint Carers and Prisoners Guidelines](#).

In addition, we were once again delighted to hold an artwork and creative writing competition to our members. A huge thank you to our members for encouraging patients to get involved with this again this year. Please check out the entries and reviews within this article.

In other news, we have recently done our biggest QNPMHS virtual event! This was in collaboration with RCPsych, QNFMHS and QNPMHS projects (CCQ) to discuss the topic of 'Emerging Drug Trends and their Impact on Mental Health Services'. This was a fantastic and engaging two-day event that covered a range of topics. We had international speakers, experts in experience, researchers and community projects share their knowledge and stories – a huge thank you to the presenters for their hard work. It was such an enjoyable two days. The recordings are now available on our online platform [Knowledge Hub](#).

Excitingly, the Network submitted evidence to



**WELCOME**

Health in prisons. RCPsych submitted one from our Network and also from the Forensic Faculty. We were able to offer different perspectives for this, and the data collected from our members helped to support the evidence given. Dr Joanna Holliday was able to provide our welcome and supported membership of our fast work as a way to maintain standards.

Finally, I want to thank our members that registration for our new Cycle (7) is now open! Please do get in touch if you have any questions about this. I am going to be sending out more details to our members about this, but we are hoping to return to face-to-face visits from 2022. The more we will be scheduling reviews from January onwards, so we are very excited to get back on the road and continue physical review visits again. However, as always, we must acknowledge that Covid-19 sometimes takes over the best made plans, so we stay with hopeful optimism, but with the understanding that these plans may have to change.

Excitingly, the Network submitted evidence to

## Issue 10 – No theme

## Issue 11 – Transfer and Remission

# FEEDBACK

Review feedback

## 98% of staff

found the opportunity to meet people from other services useful.

## 100% of staff

agreed that it was made clear that the review is intended to be a supportive process, and designed to promote the sharing of good practice.

### POSITIVE EXPERIENCES

Staff from the host teams and review teams found the review process to be a supportive and meaningful way to share best practice and support quality improvements. They valued the opportunity to network with different services and learn from each other's experiences, challenges and initiatives.

“I really enjoyed my experience as part of the peer review team. I felt prepared and comfortable in my role and very supported. I enjoyed hearing about how other teams are thriving and also what they are struggling with to be able to compare it to our service.”

“The process is helpful in encouraging and maintaining quality in services.”

“I felt the guidance provided by the Quality Network Representative was excellent and delivered in an understanding and professional manner. I was very impressed.”

“I found the whole day very interesting. It was good to be able to showcase the work our team does, and what we can do better, given the correct resources.”

“We really enjoyed the review and have made some connections with the team from the host team to share good practice in the future.”

“Overall I enjoyed the review and felt it was interesting. Despite some technical issues in the beginning I felt overall it has been a very good review considering it had been virtual.”

“The review was a purely supportive process with a strong core of sharing and collaboration.”

## VIRTUAL REVIEWS AND COVID-19

With the move to holding reviews online due to the COVID-19 pandemic, some teams experienced difficulties hosting and taking part in reviews virtually.

Unfortunately, for some services, COVID-19 outbreaks on wings limited patient participation in reviews.

Some staff said that reviewing services virtually felt less conversational and free flowing than in person.

Others reported experiencing technical problems accessing meetings in MS Teams and not being able clearly hear or see the participants, spiritually in larger meetings.

Some staff appreciated the convenience of not having to travel to different services. Many stated that they were impressed with how well facilitated their online reviews were.

**96% of staff**

felt they had the opportunity to discuss issues relevant to prison mental health services.

**89% of staff**

found the support from the project team useful.

**99% of staff**

found the opportunity to meet people from other services useful.

## AREAS FOR IMPROVEMENT

Staff found that sometimes it can be difficult to discuss issues in full detail under the constraints of the timetable.

Some staff also felt that there was not a wide enough variety of specialisms on the review team.

## Event feedback

Throughout 2019-2021 the quality network has held a number of webinars, workshops, peer reviewer training sessions and our annual forums. In 2019, all our events were held in person at the College and at other venues across the country. With the outbreak of the COVID-19 pandemic, all events were moved online to ensure the safety of our staff, members and guests.

We held our first virtual annual forum in December 2020, which included topics on the impact of COVID-19 on prison services, the offender personality disorder pathway and veterans in the criminal justice system. Throughout the pandemic we also ran a series of webinars to keep our member services connected and provide support around the impact of COVID-19.

Following positive feedback from services around virtual reviewer training, we will be keeping these sessions virtual in the future.

## REVIEWER TRAINING

“It was all good and the presenters were friendly and engaging.”

“Engaging session, length of session was just right and I left feeling confident in what my roles and responsibilities will be as a peer reviewer in the future.”

“The training and materials provided were very helpful.”

“I thought it was run well and an efficient use of time.”

“Training worked well and was nice and succinct, helpful having resources sent in advanced in addition to slides being sent afterwards.”

### EMERGING DRUG TRENDS AND THEIR IMPACT ON MENTAL HEALTH SERVICES SYMPOSIUM

The range of disciplines and professionals from across the UK and Europe involved in this specialist area was brilliant.

All presentations were delivered to a high standard. They ranged from interesting, informative and thought provoking to inspiring and empowering.

I found the sessions really informative, in particular as the information was so relevant to my work as a consultant in general adult psychiatry. I also found the personal stories of the last two speakers very inspirational.

This was extremely helpful in gaining more knowledge and understanding of trending drugs and approaches taken by other services in managing substance use with patients.

I have gained so much more knowledge from this event. Especially in regard to ADHD and its relationship with substances. I really enjoyed hearing from those directly affected by the use of these substances, and the impact on family and friends and work.

The presentations were really interesting. I have learnt a great deal about some very relevant things.

### MANAGING ENTRY TO AND RELEASE FROM PRISON DURING COVID-19 WEBINAR

Useful information was provided and it was good to learn how colleagues in other jurisdictions are addressing COVID-19 issues.

I felt that I learned a lot during the session.

Really useful to gain an insight about specific considerations being made with entry and exit from prison in relation to the burden that the new regimes have on healthcare demands.

### VISIONABLE WEBINAR

The webinar worked very well and I personally learned from the event.

I felt that I learned a lot during the session.

Very informative webinar, delivered at a good pace. At no point was interest lost. A lot of information expertly explained at the right speed.

This was a very good session to attend.

# PROJECT TEAM CONTACT DETAILS

## **Team contact information**

Kate Townsend, Programme Manager

[kate.townsend@rcpsych.ac.uk](mailto:kate.townsend@rcpsych.ac.uk)

0208 618 4058

Kelly Rodriguez, Deputy Programme  
Manager

[kelly.rodriguez@rcpsych.ac.uk](mailto:kelly.rodriguez@rcpsych.ac.uk)

0208 618 4063

## **Address**

Quality Network for Prison Mental Health  
Services

Royal College of Psychiatrists

2<sup>nd</sup> Floor

21 Prescott Street

London

E1 8BB

## **Website**

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

## **Online discussion platform**

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

[www.khub.net](http://www.khub.net)

Royal College of Psychiatrists Centre for Quality Improvement  
21 Prescot Street • London • E1 8BB

The Royal College of Psychiatrists is a charity registered in England and Wales (228636)  
and in Scotland (SC038369)

©2021 The Royal College of Psychiatrists

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

COLLEGE CENTRE FOR  
QUALITY IMPROVEMENT

