

# STANDARD

## OPERATIONAL POLICY

### Prison Mental Health Services

- HMP Bedford
- HMP Onley
- HMP Littlehey
- HMP Whitemoor
- HMP Stocken

NHFT policy	OP/PMHS
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**DOCUMENT MANAGEMENT**

<b>Document Title</b>	<i>Prison Mental Health Services Operational Policy</i>
<b>Document Purpose (executive brief)</b>	<i>Prison Mental Health Service Workers– to inform on the operational process and pathway of the service.</i>
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<b>Equality Analysis</b>  (including Mental Capacity Act 2007)	See Appendix 2
<b>Training Needs Analysis</b>	See Section 7
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<b>If this policy requires Trust Board ratification please provide specific details of requirements</b>	N/A

## **Introduction.**

Northamptonshire Healthcare NHS Foundation Trust provides the mental health services within these prisons (HMP Littlehey, Whitemoor, Bedford Stocken and Onley. This document gives details of the service provided across the four establishments, the principles that guide them, the facilities available and how the services operate on a day to day basis.

The purpose of this policy document is to clarify the framework in which the prison mental health service functions. The key objective is to ensure that the mental health teams provide a consistent delivery of care appropriate to the needs of the individual service user. Core to this is the premise that people in prison should have equality of access to health services similar to that delivered in community based setting.

This policy reflects the national guidance on providing care to people in custodial setting by the government (Bradley report 2009) and the NICE guidelines (Physical health of people in prison 2016).

## **National Context.**

Prison Population Figures (2016) shows a steady increase in the prison population currently it stands at 85,583. The total number of male prisoners stands at 81,648.

The Prison Reform Trust (2016) revealed that 10% of males in prison had been admitted at some point in their lives to a psychiatric hospital. 15% of males and 25% of females show symptoms indicative of psychosis compared to 4% of the general population, 69% of men in prison meet criteria for a personality disorder.

They go on to show that 49% of females and 23% of males suffer with anxiety and or depression compared to 16% of the general population. Attempting suicide at some point in their lives is also significantly higher within the prison population compared to the general public 21% male and 46% female prisoners compared to 6% of the general population.

## **Overview of Prisons;**

- **HMP Bedford** a local category B and settlement prison for young adults and adult male prisoners it has the operational capacity of 500.
- **HMP Littlehey** is a category C male sex offenders prison with the operational capacity of 1206.
- **HMP Onley** is a category C Male trainer and resettlement prison with the operational capacity of 740.
- **HMP Stocken** is a category C male closed training prison and resettlement with the operational capacity of 843.
- **HMP Whitemoor** is a maximum secure prison one of 8 in the country for adult male prisoners it has the operational capacity of 458.

**Service Description**

NHFT provides an integrated model of care across the prison sites known as a step care model thus providing both primary and secondary care. This will vary and will be adapted according to the clinical needs of the population and demands of the individual prison. The exact nature of the service on each site will vary at each location to take in the individuality of each prison population but the aim to consist of one distinct pathway of delivery of service.



**Service Purpose- Aims and Objectives.**

The purpose of Prison mental health services is to provide a safe and specialist mental health service at each prison comparable to those in the wider community delivering core functions to pre-agreed standards that;

Maximise the health gain and safety of prisoners and supports prison staff

Is well integrated within the wider prison and other commissioned services.

Has good links with local community mental health services and criminal justice service pathways (including the court system)

It will offer a basis for developing services and the implementation of evidence based standards. The operational policy should be read in conjunction with the contract agreement between Northamptonshire Healthcare Foundation Trust (NHFT) and NHS England Specialised Commissioning Group.

**Key aims include:**

- To provide prompt individual and /or multi agency team assessment and treatment of prisoners in each of the prisons identified above.
- All prisoners assessed will receive a risk assessment and where relevant shared with the wider establishment (to include risk to self or others.)
- To work closely with MAPPA boards when mental health needs are perceived to present a risk to the public.
- People with an SMI or complex and ongoing mental health needs will be supported with the full implementation of the CPA process.
- To treat people with mental health problems where current good practice and research evidence indicates that mental health interventions will prove beneficial and create a positive outcome.
- To engage in early proactive discharge planning to ensure that all mental health needs are met on release from prison.
- To provide clear advice to referring professionals, prison staff and support agencies for prisoners assessed as not requiring input from the mental health services.
- To increase the understanding and skill level of those working with people in prison in relation to their mental health by providing relevant training to prison staff, consultation and input into multiagency meetings.
- To work in partnership with primary care and in liaison with other prison services including psychology, resettlement, social care, drug and alcohol services etc. as may be appropriate for individual prisoners with a range of health problems.
- To facilitate the transfer of any prisoner who requires transfer to a secure hospital in as timely manner as possible.
- To invite feedback from all stakeholders in order to continuously develop a high quality service.

**OBJECTIVES**

- To provide an integrated service model to meet the needs of the prison as a whole.
- To attend and partake in the ACCT process for prisoners that are open to the service or are at immediate risk of suicide and placed on constant observations to help with effective risk management through a multi-disciplinary process of assessment.
- To provide an identified member of staff to attend the Rule45 reviews within the Care and Separation Units within each establishment.

- To provide an identified member of staff as a mental health link for the safer Custody Department within each establishment.
- To implement a structured group programme, to offer non –medicalised interventions (eg Anxiety Management, Trauma psycho education group, Sleep clinic, understanding Personality Disorder and emotion regulation and mental health promotion
- To deliver structured mental health awareness training to non-clinical staff.

**Maintenance of NICE Guidelines.( Currently we are awaiting prison mental health guidelines and when published the service will adhere to them).**

- To operate within the Care Programme Approach for those prisoners identified as having complex and ongoing mental health needs.
- The mental health teams will provide specialist assessment and treatment for prisoners with mental health needs.
- Develop meaningful engagement with prisoners providing evidence based interventions and promoting recovery and resettlement.
- Ensure effective risk assessment and risk management including the use of HCR-20 (if clinically indicated).
- Develop communication pathways between the Mental Health Teams and wider prison agencies.
- Promote interagency working and develop working partnerships with professionals.
- Adapt the IAPT stepped care approach to the prison environment (Refer to Psychological Therapy in prisons protocol).
- Provide a service that is sensitive to a person’s culture, religious or gender needs.
- Provide sustained support to prisoners, their families and /or support network.
- Audit and evaluate the service and make changes as appropriate to support service development.
- To provide meaningful statistical activity as negotiated with NHS England and NHFT.
- Ensure effective liaison with external agencies to support the through-care process.

**REFERRAL & ELIGIBILITY.**

NHFT offer an innovative care model offering mental health care across the wide spectrum of mental health, from primary through to secondary care. The benefits of this model far outweigh a traditional in-reach model, which historically focused on serious mental illness.

The Step-care model ensures that all prisoners receive a recovery focused care approach even though their needs may not fit into the classical mental health label systems.

The Primary mental health component will offer:

Prisoners suffering from mild/moderate depression and anxiety disorders evidenced based psychological therapy alongside appropriate pharmacological treatments and other existing prison based services.

Treatments offered will be consistent with recommendations set out by NICE Guidelines

The Primary Care Service will be designed in a flexible manner at each prison to reflect their individuality and the diverse mental health needs of prisoners within each institution.

The Secondary mental health component will offer intervention and support to prisoners who have:

- A confirmed history of severe and enduring mental illness who are subject to CPA under the care of a CMHT or specialist mental health service.
- Prisoners with confirmed history of severe and enduring mental illness who were under the care of, or who have recently disengaged from their local CMHT or specialist mental health services, whose symptoms are becoming problematic in prison.
- Prisoners with a dual diagnosis whose primary diagnosis is a major mental illness.
- Depressive or anxiety related illnesses which have not responded to treatment at primary care level.
- Prisoners who meet criteria for a Personality Disorder who present with severely impaired functioning, experiencing high levels of distress and/or significant risk of self-harm.
- People that meet criteria for a Learning Disability (suspected or diagnosed) and have associated mental health problems.
- Prisoners requiring short term intervention or advice/liaison regarding management of Primary mental health issues such as anxiety and situational low mood

**Direct referrals to the Mental Health Teams are accepted from:**

- Reception staff.
- Any other professional working within the wider prison, including: healthcare, IDTS , , Offender management, education and discipline staff.
- Community based mental health teams.
- Within HMP Bedford& Stocken self-referrals from prisoners are accepted. In the future we are hoping to have this in place within the other establishments.

All referrals that are urgent will be seen within 48 hrs or as soon as possible following a weekend or bank holiday.

Within each establishment there are local procedures' in place as to how each team allocates and accesses referrals the over arcing being that:

All other referrals will be "paper triaged" within HMP Bedford and HMP Stocken to assess risk and then prioritised as to whether the referral warrants being screened or assessed within five working days .Referrals within HMP Littlehey and HMP Whitemoor are all assessed. All referrals will receive either a face-face screening assessment of where it is indicated a full mental health assessment.

Support and advice will always be given immediately if required to the referral source.

Outstanding referrals to the service will be discussed at the weekly team meeting; an informed decision will be made as to the level of risk the prisoner may pose and this will inform the level of priority that each referral is given always being driven by clinical need and presentation. As far as possible the team lead or senior clinician will have input to these discussions.

All assessments will be entered on System One and this will outline the conclusion of the assessments, the mental health need, and the nature of the ongoing input from the mental health team.

### **RISK ASSESSMENT & MANAGEMENT**

The Prison Mental Health Teams risk assessment and management process aims to assess and target risk through 4 levels of intervention.

- A risk screening tool
- Those identified through screening/assessment that have significant history of self-harm will have a sharing of risk completed which will be shared with the wider prison.
- Where indicated a risk management plan
- For the complex prisoner a “whole team approach” will be adopted in assessing and formulating risk and a management plan will be then formulated by the Key Worker and circulated to all relevant parties involved in their care.

All prisoners seen by the mental health service who present with risk regardless of being opened to the service will have a sharing of risk completed.

Where risk to others is a concern then the team should report through the prison procedure (IR).

In exceptional circumstances and where clinically indicated if a HCR 20 has not been already completed, staff that have completed training in the HCR20 may conduct a risk assessment to plan and manage an individual at significant risk of engaging in violent behaviour.

If the service user is already on CPA with a “CARE CO-ORDINATOR” from another mental health trust or a transfer from hospital or another establishment’s mental health team, it is possible that a risk management plan already exists and all effort should be made to obtain a copy.

For service users with traits of Personality Disorder and that are presenting with risks of self-harm and behaviours that are difficult to manage, a management plan will be drawn up through a multi-disciplinary meeting. The mental health team will be responsible for making recommendations however it will be up to the relevant teams to action any points agreed that they are responsible for.

All management plans are “live documents” and must be updated at regular intervals to reflect all incidents or any Change in circumstances that may present as a risk.

### **HARM MINIMISATION.**

Where a service user is subject to the Prison Service Statutory Procedures for the management of Self-Harm and suicide or placed on an ACCT document the Mental Health team will actively participate in the reviews.

All prisoners who are subject to ACCT, and are deemed as needing a mental health assessment and /or intervention will be referred to the team following the referral process within each establishment. All urgent referrals will be seen with in 48 hrs in the working week and at the first opportunity following a weekend or bank holiday all others to be assessed within five working days.

The mental health teams will attend all the ACCT reviews of prisoners open to the team and all those on the waiting list awaiting assessment.

### **ASSESSMENT and FORMULATION.**

Each person referred to the service at either primary or secondary level will receive either a screening and or mental health assessment. The screening process is a tool used in the localities that except self-referrals . This approach enables effective and timely assessment of need and risk management.

Those that are deemed as needing a comprehensive person centred assessment aimed at identifying their current mental health need will do so within 5 working days or if urgent within 48 hours of referral. Each prison team will manage their referrals in different ways in order to meet differing service demands.

Following assessment by the mental health team the practitioner should generally conclude one of the following:

- There are serious mental health issues and or Learning Disability with a significant risk of suicidal, aggressive or dangerous behaviour and distress
- There are signs and symptoms of a mental illness which requires transfer to hospital under the Mental Health Act (1983).
- In association with the visiting psychiatrist to refer to NHS specialised inpatient care. It remains the responsibility of the mental health commissioners covering the catchment area of the service users address/general practitioner (or the sentencing court's address if NFA) to provide a suitable inpatient placement.
- Arrange an admission to prison inpatient health care if needs cannot be met on main location within the prison. Where applicable the service user's local mental health service should be kept informed.
- There are serious mental health problems requiring continued monitoring and support.
- Where a person is subject to CPA prior to prison, the care-co-ordinator from the service user's local mental health team maintains accountability for the service user. The prison mental health practitioner will liaise with the care –co-ordinator and service user by facilitating visits, delivering interventions and responding to crisis (according to a developed care plan) during time spent in prison.

- Where a person is not subject to CPA and assessment identifies that they will require CPA the prison mental health team will provide care-co-ordination until transfer of care to either another prison or to local mental health services prior to release. The prison mental health team will accept transfer of care from other prison establishments and from NHS establishments. Following assessment a keyworker will be allocated from the mental health team.
- Planning for discharge commences from the time of reception at the prison.
- There are previous or current mental health issues which can be addressed within the prison with the ongoing support of the prison mental health team.
- There are no mental health issues and no action is required.
- Feedback to the referrer or prisoner.
- In complex cases a need for a more thorough multi-disciplinary assessment may exist. This will identify an appropriate care plan to be drawn up to best meet the needs of the service user. This may involve other agencies and team. NHFT only remain responsible for the mental health needs of the service user and other needs such as substance misuse remain the responsibility of the appropriate organisation.
- Offer group work, self-help or refer to the psychologist for a range of psychological treatments offered by the service.

#### **INTERVENTION/TREATMENT/ ACTIVITIES AVAILABLE.**

The following treatments and interventions are available service wide:

- Psychiatric assessment diagnosis and treatment.
- Medication management and support.
- Risk assessment and management.
- Psychological assessments
- Multidisciplinary therapeutic interventions including nursing, psychology
- Evidence based psychosocial interventions and psychological therapies (group and 1.1)
- Education advice and support for the prison staff on psychiatric issues including mental health awareness training.
- Attendance and input into the Acct reviews for those prisoners known to the team, related to the reduction and management of deliberate self-harm. The teams will also attend all first ACCT reviews of those prisoners deemed at high risk of completed suicide and placed on constant supervision.
- Liaise with and/or joint work with other professionals/agencies such as Drug Services, Probation, Prison Psychology, Custody, Security, Safer Custody, MAPPA the courts and parole board where appropriate.
- Facilitate through care of service users by liaising with outside agencies and other specialist community mental health team as appropriate.
- Assist with pre-release/aftercare arrangements for those subject to CPA process.

- Facilitate timely transfer of service users requiring treatment under the Mental Health Act in A secure hospital.
- Facilitate the handover of care for service users who are transferred to other prison establishments.
- Within HMP Bedford and Whitemoor to work closely with the inpatient units to facilitate the admission care and discharge of prisoners with mental health problems who cannot be managed safely on main location. (For the other two establishments this may include liaison with other prison establishments that provide 24hr health care).
- Provide placements training and supervision for multi-disciplinary trainees.
- Review and develop the service in line with the principles of clinical governance and relevant local and national guidelines.

## **CARE PLANNING**

All prisoners accepted for intervention by the prison mental health teams will have an individualised care plan that is collaborative and recovery focused. The care plan is a record of needs, actions and responsibilities. It will outline proposed interventions, intended outcomes and the contributions of others. All care plans must be reviewed on a regular basis with a recorded outcome. Crisis and contingency arrangements should be included if needed. Each individualised care plan should identify how often the service user is being seen and how they can access support.

All service users should sign and receive a copy of their care plan, any disagreements or refusal to sign or decline a copy should be recorded within their notes.

There must be only one CPA document which includes their Care-plan for an individual at any one time. It is essential that external care co-ordinators and prison Mental Health Practitioners liaise to avoid possible duplication of work and confusion to the service user.

Primary health care will address any identified physical health needs and this will be included within the service user's care-plan.

Those service users who are deemed to be needing a CPA should be reviewed according to NHFT CPA policy guidance. A review should:

- Reflect any progress the service user has made
- How the service user has responded to the service provided
- How Needs may have changed
- The views of the service user, carers and professionals.
- Development of communication pathways between service user and service providers.

Reviews and evaluation of care planning is a continuous process and reflects the journey of the service user.

Reviews should be planned and recorded appropriately in a timely manner, where others are invited and unable to attend a report should be asked for. Any changes in care, crisis and contingency plans

risk assessment and management plans should be agreed and recorded appropriately including any dissenting views. Unmet needs should also be recorded.

Care plans will be recorded on System1. The service user's consent should be actively sought for copies to be forwarded to:

- The service user
- Internal and external agencies involved in the care and supervision of the client.
- External GP if known or appropriate. (Some will be serving long sentences).
- External care co-ordinator
- Wing staff if appropriate.

### **SERVICE USER and FAMILY/CARER INVOLVEMENT**

Where appropriate NHFT are committed to providing prisoners and with their consent families/support networks with the following information:

- Information re ;the Prison Mental Health Service
- Information re: The Care Programme Approach.
- Copy of care plan.
- Appropriate information about their medication.
- Relapse prevention plan, crisis plan and statement as appropriate.
- How to access help or advice out of hrs.
- How to express their views on the service given
- Name and contact of their care-co-ordinator and/or the prison.
- Mental Health Team Practitioner if different to care- co- ordinator.

### **DISCHARGE**

Primary service users at the end of sentence /transfer to another establishment will either be provided with a letter for their GP outlining any interventions completed and also any recommendation of future needs. The Key worker may also consider any information on Voluntary organisations such as MIND if area of release is known for future support.

Secondary service users will have their release/transfer planned as in line with the Trust's CPA policy. A pre discharge meeting will take place with all the relevant people to :

- Ensure all plans are in place for discharge;
- Ensure that relevant risk assessments and management strategies are in place;
- Ensure that any follow up support needed from other services is in place for the person, their family and/or carers;
- Ensure that key people have been informed;
- Confirm date of discharge;

- Ensure that the service user and carer has relevant contact name and details should they need advice or support following discharge.

### **INFORMATION GOVERNANCE**

- Service user notes will be multi-disciplinary and kept on System1. Access is limited to those who need to know the information kept within them. Other types of records should be treated with the security that they merit. Procedures are contained within the records keeping policy. Prison information sharing policies will also need to be considered.
- Confidentiality within the Prison Mental Health Team is paramount. All staff must ensure they are familiar with the Data Protection Act 1998 and that they adhere to its guidelines.
- All contacts with or about service user will be documented in their medical notes on System1.
- All staff to be compliant with annual information Governance training.

### **COMPLAINTS PROCEDURE**

Those using the services of the Prison Mental Health teams are entitled to expect a high quality of service at all times. When they feel this in their opinion has failed, they are entitled to seek an explanation and where appropriate an apology. Complaints will be taken up through local established procedure through NHFT. In the first instance the complaint will come through the prison complaint system and be passed on to the team managers.

### **TEAM ACCOUNTABILITY**

Staff will be managed by the team manager for Prison Mental Health Services, but will also have clear lines of professional/clinical supervision provided by relevant professionals.

All team members will receive regular supervision and annual appraisals in line with Trust Policy.

### **MANAGEMENT and OPERATIONAL ISSUES**

Apart from HMP Stocken all the Health Services are integrated within each establishment and will work closely together in delivering a mental health service as part of the overall health care provision. Within HMP Stocken the team manager will liaise closely with the Health Care Manager in respect of delivery of service.

### **TEAM TRAINING**

- All staff to complete mandatory training within the timeframes set.
- Records of training will be reviewed within Supervision.
- Any other training that occurs will seek to add to the development of the Prison Mental Health Team.
- For all Teams to access the training offered by the lead service psychologist.

## **AUDIT AND EVALUATION.**

Within the prison context all members of the prison mental health team will be responsible for ongoing audit. The Head of Speciality Services will lead NHFTs audit programme with support from the Trust Clinical Effectiveness team. Audit of caseloads, clinical records and Key Performance indicators are built into the supervision process on an ongoing basis.

The audit process will provide information on the following areas.

- Number of referrals
- Source of referral
- Number of service users assessed
- Outcome of assessments
- Seen Not Taken on
- Open to secondary/primary.
- Care plans implemented
- CPA
- Referred to other agencies
- Feed back to referrer
- Feed back to prisoner having been assessed.
- Unmet needs
- Feedback from service users.

Crucial to the auditing system is the recoding on System1. Team Managers to ensure all members of the team recode their entries.

## **WORKING HOURS**

NHFT will ensure the effective operational management of staff within the mental health teams.

Team managers where possible will ensure any gaps in service are planned for. Planning includes the effective management of annual leave and training by ensuring that structures and staffing levels include the capacity to cover minimum levels of staffing absences.

However should the services of bank/agency staff be required NHFT's robust vetting and other HR procedures will ensure that all staff will be appropriately qualified have the required experience. Full DBS checks will be undertaken and appropriate security clearances are achieved.

## **HEALTH & SAFETY**

It is the duty of all members of staff to take reasonable care of their own health and safety and that of others under their care. This includes adhering to the policies and procedures under the health and safety legislation.

The safety of staff is paramount. Any kind of violence, verbal and or physical towards staff will not be tolerated in accordance with the zero tolerance policy and procedures of NHFT. Prison security will be alerted in the event of any incident through their reporting process.

Within all establishments the teams will have access to radios to help maximise their safety.

All incidents or concerns must be reported through the DATIX system and line managers made aware.

A health and safety risk assessor within each locality will identify and manage risk within their working environment in line with Trust Policy.