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SPS
SCOTTISH PRISON SERVICE

ScotPHN

TAKING STEPS

A PATHWAY FOR SUPPORTING PRISONERS EXPERIENCING EMOTIONAL DISTRESS OR MENTAL HEALTH PROBLEMS

USER GUIDE

ScotPHN/SPS
2009

Taking Steps: The Pathway for Supporting Prisoners Experiencing Emotional Distress or Mental Health Problems

Base Level   Community support: promoting and maintaining a mental health improving environment

Step 1   Identification, screening and routing of, and by, people requiring additional support for emotional distress or mental health problems:
At reception
At first night and induction
While serving a sentence
In prison on remand

Step 2   Mental Health Assessment

Step 3   Providing support, care and treatment for people experiencing mild to moderate mental health problems

Step 4   Providing care and treatment for people experiencing moderate to severe mental health problems who can be supported within a prison environment

Step 5   Action to support people experiencing severe mental health problems or a mental health crisis requiring transfer to in-patient care

Step 6   Action to support people being transferred between prisons

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PART 1   INTRODUCTION TO THE PATHWAY

1.   Introduction to the pathway

> *"Of the nine million prisoners worldwide, at least one million suffer from a significant mental disorder, and a larger number suffers from common mental health problems such as depression and anxiety…Yet the great majority of prisoners will at some point return to the community. It is therefore in the best interests of society that a prisoner's health needs are addressed, that the prisoner is adequately prepared for re-settlement, and that the causes of re-offending are addressed" (WHO, 2008, p. 4)*

As the quote from the World Health Organisation (WHO) above suggests, there are high levels of mental health problems among the prison population.   These may range from emotional distress or mild depression or anxiety, perhaps in reaction to the experience of imprisonment, to more severe mental health problems such as bipolar disorder or schizophrenia. The proportions experiencing difficulties may be even higher among some groups of people, women, for example, or young offenders or people who are refugees or asylum seekers. Some prisoners may enter prison with a history of mental health problems others may become unwell during their time in custody.

In Scotland a recent assessment of prison health care needs, drawing on data on the GPASS disease register, found that 14% of prisoners had a history of psychiatric disorder, including schizophrenia and bipolar disorder (Graham, 2007a). The same study estimated a prevalence rate of 8% for both anxiety and depression, across the Scottish prison population. This estimate is based on the prevalence rate for the Scottish population as a whole - a figure that may itself underestimate the Scotland wide rate (Graham, 2007a). Another audit of all prisoners in the charge of the Scottish Prison Service (SPS) managed under the Mental Health (Care and Treatment) (Scotland) Act 2003 found that over the period October 2005 to April 2006, 29 prisoners were sectioned under the Act. Of these, 19 prisoners were on remand and 10 were convicted (Graham, 2007b).

Another indicator of the levels of mental health problems among the population in Scottish prisons is the pattern of prescribing for drugs used in the management of psychosis and depression. This suggests

that the Defined Daily Dose (DDD) per 1000 population for SPS is markedly higher than for the Scottish population as a whole (Graham, 2007a).

The level of emotional distress among the prison population is further suggested by the findings of the 2008 Scottish Prisoner Survey. Based on the self-completion of a mental health and well being scale[1] this revealed that 30% of prisoners rarely or never felt optimistic about the future; 32% never or rarely felt relaxed and a similar proportion never or rarely felt good about themselves. Nearly one-half never or rarely felt close to other people, and a similar proportion did not feel loved any of the time, or only rarely (SPS, 2008).

Much is already being done within Scottish prisons to identify and respond to the mental health needs of the population, including Act2Care the SPS suicide risk management strategy, policies to promote positive mental health (SPS, 2002a; SPS, 2002b), Mental Health First Aid training for staff and the developing role of Multi-Disciplinary Mental Health Teams (MDMHTs) in the majority of prisons. Nonetheless there is scope for improving the processes for ensuring people receive timely and appropriate treatment and care to support their recovery.

To support further service improvement, the **'Taking Steps'** pathway describes the processes and structures that need to be in place to identify and respond to the needs of prisoners experiencing emotional distress or mental health problems. As the WHO paper referred to above suggests, this is not just about prison healthcare but also about good prison management (WHO, 2008).

2.   The policy context

The pathway not only aims to assist prisons to provide appropriate and timely care, support and treatment but also reflects and supports actions targeted at reducing re-offending (Scottish Executive, 2006a; Scottish Government, 2008c), as well as wider policy objectives aimed at reducing health inequalities (Scottish Government, 2008a) and improving mental health and wellbeing (Scottish Government, 2009).

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[1] The scale used at the time was called an "Affectometer". This scale has now become the Warwick Edinburgh Mental-wellbeing Scale (WEMBS)

Of the five SPS strategic aims three have particular applicability to the mental health and wellbeing of people in prison:

- To **Care** for prisoners with humanity

- To provide prisoners with a range of **Opportunity** to exercise personal responsibility and to prepare for release;

- And to play a full role in the integration of offender management services.

(http://www.sps.gov.uk)

These aims and their fulfilment are part of a wider policy context - which includes but extends beyond criminal justice policy.

Health Inequalities

Potentially all the recommendations in *Equally Well*, the Scottish Government's strategy for tackling health inequalities (Scottish Government, 2008a), are applicable to the prisoner population, in the sense that a high proportion of prisoners come from (and return to) communities and environments which are at risk of experiencing health inequalities. A number of recommendations are, however, directly concerned with prisoner mental health and wellbeing, including, for example[2]:

- Recommendation 57: Offenders and ex-offenders should have access to the health and other public services they need and benefit from the same quality of service as the rest of the population
- Recommendation 58: Criminal justice agencies and NHS Boards should work together to ensure that offenders who have engaged with the Throughcare Addiction Service are assessed for and able to access addiction and health services within six weeks of release from prison
- Recommendation 59: Criminal justice services should work with other public and Third Sector organisations and user groups to respond to studies led by the Prison Reform Trust that aim to improve the experience and wellbeing of people with learning disabilities who are in trouble with the law

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[2] For a full list of recommendations see Annex 4 of the report *Equally Well* (Scottish Government, 2008a) http://www.scotland.gov.uk/Publications/2008/06/25104032/0 and the *Equally Well Implementation Plan* (Scottish Government, 2008b) http://www.scotland.gov.uk/Publications/2008/12/10094101/0

- Recommendation 60: Scottish Prison Service approaches to promoting positive mental health and wellbeing should be extended across all criminal justice settings
- Recommendation 61: The Scottish Prison Service should offer family and relationships support from the date of entry to the prison.

A number of other recommendations also indirectly have relevance for the mental health and well-being of prisoners, including, for example:

- Recommendation 45: 'Keep Well'[3] health checks in deprived areas should identify people with depression and anxiety and make sure they get treatment and support
- Recommendation 48: NHS Board interventions to address depression, stress and anxiety should be increasingly targeted in deprived communities, ensuring that approaches and materials used are appropriate

The *Equally Well Implementation Report* published by the Scottish Government in December 2008 (Scottish Government, 2008b) describes the progress being made towards meeting the *Equally Well* recommendations. This includes addressing prisoner health and health inequalities through the on going discussions to transfer health services in the prisons to the NHS (Prison Healthcare Advisory Board, 2007).

Mental Health Policy and Legislation

Mental health policy and legislation similarly both directly and indirectly include people in prison. The principles of the Mental Health (Care and Treatment) (Scotland) Act 2003 (see appendix 1), apply to everyone experiencing, or who has experienced a "mental disorder". In addition, Parts 8 - 13 of the Act specifically relate to people with a mental disorder in the criminal justice system. This includes the options for courts in dealing with people with a mental disorder, the procedures for reviewing these orders, the procedures for transferring

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[3] 'Keep Well' is a Scottish Government initiative to improve health and address health inequalities through enhanced primary care services in deprived areas in Scotland. Based on an 'anticipatory care' model, it is currently being piloted in a number of Community Health Partnership areas across the country. In these areas free health checks are available for people aged 45 - 64 years from participating GP practices (for more information see: http://www.healthscotland.com/anticipatory-care-keepwell.aspx).

patients and the suspension of detention of patients subject to certain orders[4].

Following the National Programme for Improving Mental Health and Wellbeing, (which supported the introduction of specific initiatives including *Choose Life*, Scottish Mental Health First Aid, the Scottish Recovery Network, Breathing Space, and the 'see me' campaign to tackle stigma and discrimination) future initiatives to improve mental health and well-being will have a particular focus on disadvantaged groups and areas. The Scottish Government's policy and action plan "Towards a Mentally Flourishing Scotland", published in May 2009 will sets out the Scottish Government's vision for improving population mental health and wellbeing to 2011 and beyond (Scottish Government, 2009).

Running alongside initiatives to promote and improve individual and community mental well-being, the Mental Health Delivery Plan, launched in December 2006 (Scottish Executive, 2006b) set out targets for NHS Boards and their delivery partners to improve mental health services. The actions initiated under the Delivery Plan include: improving access to psychological therapies; the development and implementation of standards for integrated care pathways for schizophrenia, bi-polar disorder, depression, dementia and personality disorder; work with GPs to ensure that new patients presenting with depression will have a formal assessment using a standardised tool and therapy appropriate to level of need; training key frontline mental health service, primary care and accident and emergency staff in using suicide assessment tools; and the development and implementation of crisis standards so that people are not inappropriately admitted or re-admitted to hospital.

Actions undertaken under the Delivery Plan also include supporting the implementation of the new Care Programme Approach (CPA) for Restricted Patients[5] (as set out in CEL 13 (2007)).

SPS's own actions to improve mental heath and well-being within a prison context include the Health Care Standards (SPS, 2006) and *The Health Promoting Prison* (SPS, 2002b) which sets out four priority areas for action including healthy eating, active living, tobacco use and

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[4] For more information on processes under the Mental Health (Care and Treatment) (Scotland) Act 2003 see SPS Sharepoint Library
[5] A 'Restricted Patient' is a patient who has been made subject to a compulsion order (under the Mental Health (Care and Treatment) (Scotland) Act 2003) and a restriction order by the court.

the promotion of well-being. In addition the SPS strategy for *Positive Mental Health* (SPS, 2002a) aims to provide:

> "*a setting which encourages positive mental health in all aspects of prisoner management and care, which responds to the mental health and care needs of prisoners, and arranges specialist healthcare provision for those with mental illness within the prisoner population, as appropriate*" (SPS, 2002a, Para 2.1, p. 4).

Specific actions to meet these objectives include: the on-going implementation of Act2Care, the SPS suicide risk management strategy, the roll out of Mental Health First Aid across the prison estate and the on-going development of Multi-Disciplinary Mental Health Teams (MDMHTs). The SPS Healthcare Marker Policy also addresses mental health and self-harm.

Other relevant SPS policies which contribute to improving mental health and well-being and supporting prisoners experiencing emotional distress or mental health problems include the SPS Inclusion Policy (SPS, nd), which focuses on learning, skills and employability, addictions and social care, as well as organisation-wide equality and diversity policies.

Criminal Justice: Management of Offenders

Developed in parallel and cross-cutting these policy initiatives is the (previous) Scottish Executive's National Strategy for the Management of Offenders (Scottish Executive, 2006a). Its nine 'Outcomes for Offenders' include:

- Sustained or improved physical and mental well-being
- Reduced or stabilised substance misuse
- Maintained or improved relationships with families, peers and community
- The ability to access and sustain community support, including financial advice and education.

In the light of The Management of Offenders etc. (Scotland) Act 2005 which established eight Community Justice Authorities to plan and monitor the delivery of offender services, the seven 'Outcomes in the System' set out in the strategy include, for example:

- Effective Community Justice Authorities in place, promoting a **consistent approach** to offender management and systematic co-operation between offender management agencies, and supported by a system of **integrated case management**, with input from custodial and community services
- Wider **partnership** of rehabilitative services in place, including addictions, housing, health, education, training and employment.

(Scottish Executive, 2006a)

More recently the Scottish Prisons Commission Report *Scotland's Choice* (July 2008) was charged with looking at how imprisonment is used and how this fits in with the current Government's objectives. It included among its 23 recommendations:

- Recommendation 18: To ensure progress in developing services that are available nationwide to address the social and health related needs of many offenders, the Commission recommends that the Government promote recognition across all Government departments, all public services, all sectors and all communities of a duty to reintegrate both those who have paid back in the community and those who have served their time in prison.

The Government's response to the Scottish Prison's Commission Report, *Protecting Scotland's Communities - Fair, Fast and Flexible Justice*, (Scottish Government, 2008c), identifies actions to be taken at national level, including addressing inequalities and early intervention, as well as at local level through effective joined up working between Community Justice Agencies and their partners in Community Planning Partnerships.

The recurrent theme across and within these different policies aimed at improving mental health and wellbeing, reducing health inequalities and supporting action to reduce re-offending is the need for *integration*: of processes and outcomes within the prisons; and between the prisons and other services and agencies.

The imperative for continuous improvement to support prisoners experiencing emotional distress or mental health problems is reinforced by the recent thematic inspection by HM Chief Inspector of Prisons for Scotland (HMIP, 2008) Although relating specifically to people with severe and enduring mental health problems, the report's findings may have wider applicability to prisoners at all points along

the continuum of emotional and mental health needs. This may include for example[6]:

- The fact and nature of imprisonment itself does real harm to people with severe and enduring mental health problems
- These impacts are exacerbated by overcrowding
- There are number of gaps in the identification of mental health problems and needs
- The provision of advocacy support varies. Prisoners generally have no awareness of their right to access advocacy support under the Mental Health (Care and Treatment) (Scotland) Act 2003
- Some prisoners with severe and enduring mental health problems are released from prison with few, if any, links to continuing support in the community, and without any arrangements for the continuation of any work which had started in prison
- There are a number of perceived difficulties in securing access to services upon release such as GP services, hospital services, housing services
- In all prisons, residential and operational staff have a less well-defined but still important, and increasing role to play in relation to prisoners with severe and enduring mental health problems. A number of concerns were raised that staff: lack specific training; may lack confidence; may feel that they have not had sufficient guidance; may have insufficient time to interact with prisoners; and may lack information about prisoners' problems and the impact of any steps they take in working with them.

While the pathway alone cannot resolve all the issues identified in the HMIP report it nonetheless provides a framework for addressing the support, care and treatment of all prisoners, whether they are experiencing emotional distress, mild to moderate mental health problems or more severe and long standing mental health needs. But also, importantly, the pathway provides a mechanism for systematically monitoring and identifying gaps in the system so that these too are no longer 'out of sight' (HMIP, 2008).

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[6] This is a selection and paraphrase of some of the main findings. For the complete summary of main findings see (HMIP, 2008) (http://www.scotland.gov.uk/Publications/2008/11/10112354/0).

3. The principles underpinning the design and implementation of the pathway

A number of core principles underpin the development and design of the pathway.

The ten core principles enshrined within the Mental Health (Care and Treatment) (Scotland) Act 2003 should inform all actions to support people who have had or are currently experiencing a 'mental disorder' *including people in prison*. These are set out in box 1.1 below (more details on each principle are set out in appendix 1).

Box 1.1. The 10 principles underpinning the Mental Health (Care and Treatment) (Scotland) 2003 Act

1. Non-discrimination
2. Equality
3. Respect for diversity
4. Reciprocity
5. Informal care
6. Participation
7. Respect for carers
8. Least restrictive alternative
9. Benefit
10. Child welfare

To reinforce these in a prison context the pathway has been further informed by principles drawn from United Nations Conventions (see Coyle, 2007), the WHO Declaration on Prison Health (2003), European Prison Rules (see Coyle, 2007) and the SPS's own mission statement (http://www.sps.gov.uk). An additional principle reflects the increasing emphasis in mental health policy and practice on promoting individual recovery (see for example the review of mental health nursing (Scottish Executive, 2006c) and the Scottish Integrated Care Standards for Mental Health (NHS QIS, 2007)).

These additional principles are:

• People who are in prison have the same **right to health care** as everyone else
• The health care available in prison should be broadly **equivalent** to that available in the community
• Health care staff should deal with prisoners primarily as **patients and not as prisoners**

- Prison administrators have a responsibility to ensure that prisoners receive proper health care and that **prison conditions promote the well-being of both prisoners and prison staff**
- Health policy in prisons should be **integrated** into national health policy
- **Inclusive**: "Prison should be seen as part of society…While security is one of the prison's key functions, isolation from or rejection by society is misguided..Community re-integration is crucial for successful rehabilitation and reduced recidivism" (WHO 2008, p. 7)
- **Recovery orientated**. The Scottish Recovery Network defines recovery as: "being able to live a meaningful and satisfying life, as defined by each person in the presence or absence of symptoms. It is about having control over and input into your own life" (http://www.srn.net).

These additional principles are summarised in box 1.2 below.

Box 1.2 Additional principles underpinning the pathway

Right to health care
Equivalent care
Patients not prisoners
Mental health promoting environment
Integrated within the prison and with external partners
Inclusive
Recovery orientated

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4.   What is the pathway and who is it for?

The pathway is based on the assumption that ALL prisoners will be experiencing some level of emotional distress, low mood and/or feelings of anxiety. However some people may require additional support, care and treatment due to the nature or severity of the emotional distress or mental health problems they experience. The aim of the pathway is to ensure that processes are in place to assess and identify changes in the level of individual need and to provide an appropriate and timely level of response. These levels of need can be broadly distinguished between:

Prisoners experiencing mild to moderate mental health problems

This would be a level of need that was manageable within the prison environment by primary health care staff, including GPs, and with input from residential and other staff who work with the prisoner to support them to maintain a therapeutic regime.

Prisoners experiencing moderate to severe mental health problems

This would be a level of need that was manageable within the prison environment by the prison Multi-Disciplinary Mental Health Team (or local equivalent), with support from primary health care staff and with input from residential and other staff who work with the prisoner to support them to maintain a therapeutic regime. This might include, for example, people with more severe levels of depression, or a mental health problem such as schizophrenia which the prisoner had experienced for some time and which was manageable with on-going monitoring.

Prisoners experiencing severe mental health problems or a mental health crisis not manageable within the prison

This level of need would need to be managed by the prison Multi-Disciplinary Mental Health Team (or local equivalent) and may necessitate transfer to NHS in-patient care under the Mental Health (Care and Treatment) (Scotland) Act 2003.

The terms 'mild', 'moderate' and 'severe' while often used specifically in relation to depression, are used here in a more general sense to encompass the level of *need*, *complexity* (including, for example, people with a personality disorder and a mental health problem, or who are experiencing emotional distress and have a substance misuse problem), and *severity* of emotional distress or mental health problems experienced by a prisoner, irrespective of whether or not they have a mental health diagnosis or the type of mental health problem experienced.

Building on existing policies, standards and practices already implemented across the prison service, the pathway sets out a stepped

approach for assessing and responding to these different levels[7]. The aim is to help each prison, working with their external partners, to develop clear, consistent processes to ensure early identification, assessment, care planning, treatment, care and throughcare for all prisoners experiencing emotional distress or mental health problems.

The pathway also helps to support planning and commissioning of prison mental health services. Monitoring and recording the actual process of care and comparing this with the locally agreed pathway helps to further improve the quality of service delivery. It can be used to identify where things are working well and can be built upon or where they are not working well and require further development or change.

Taking Steps: The Pathway for Supporting Prisoners Experiencing Emotional Distress or Mental Health Problems	
Base Level	Community support: promoting and maintaining a mental health improving environment
Step 1	Identification, screening and routing of, and by, people requiring additional support for emotional distress or mental health problems: At reception At first night and induction While serving a sentence In prison on remand
Step 2	Mental Health Assessment
Step 3	Providing support, care and treatment for people experiencing mild to moderate mental health problems
Step 4	Providing care and treatment for people experiencing moderate to severe mental health problems who can be supported within a prison environment
Step 5	Action to support people experiencing severe mental health problems or a mental health crisis requiring transfer to in-patient care
Step 6	Action to support people being transferred between prisons
Step 7	Pre-release care planning

Although described as a 'pathway', it is not necessarily linear: people may move back and forward depending on their level of need. People may be transferred to other prisons because of, or for reasons

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[7] For more information on stepped approaches, particularly in relation to anxiety and depression see NICE guideline 23 *Depression* (amended) (NICE, 2007).

unrelated to their level of need (for example a remand prisoner who is convicted and sentenced). Step 7, pre-release planning, however, should be considered for all prisoners experiencing emotional distress or mental health problems. Figure 1 below illustrates the links and connections between each of the steps.

The pathway describes the different steps and responses to each level of need, the objectives of each stage, the action required and the key personnel who need to be involved. **Everyone**, however, who works with prisoners has a role to play in putting the pathway into practice - not just health care staff and staff of the prison Multi-disciplinary Mental Health Teams, but also prison managers, prison officers, escort staff, education centre staff, addictions teams, social work and social care staff.

Obviously prisons in Scotland vary in size, prisoner characteristics and healthcare resources. The pathway therefore sets out the core elements but enables each prison to develop and apply the pathway in ways that reflect the local context.

The focus of the pathway is on the point at which the prisoner enters or is in prison, throughcare and pre-release planning. It does not, at this time, include the earlier stages of police custody or pre-trial, nor processes post-liberation.

5.   How the pathway was developed

Working in partnership with the Scottish Prison Service (SPS), co-ordination and development of the pathway was undertaken by the Scottish Public Health Network (ScotPHN)[8]. Details of the membership of the steering group are given in appendix 2.

Before developing the pathway a review was undertaken of evidence and examples of other prison mental health care pathways including those developed by the Department of Health for prisons in England (Department of Health and National Institute for Mental Health England, 2005) and for the prison service in Wales (HM Prison Service and Welsh Assembly Government, 2006). A modified version of the Welsh pathway was used as a starting point because of its level of

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[8] The Scottish Public Health Network (ScotPHN) undertakes projects of national importance and facilitates information and knowledge exchange between public health practitioners (http://www.healthscotland.com/scotphn).

detail. It has, however, been developed and modified to reflect the policy, practice and legal context in Scotland.

An early outline of the pathway was distributed to prisons across the estate for comment. The feedback received from Perth, Edinburgh, Inverness, Barlinnie, Greenock and Peterhead prisons informed the final version.

6.   Supporting implementation

To assist local prisons to implement the pathway two documents have been developed. These are available via the SPS website and the SPS Health & Care Directorate Sharepoint Library.

1. This '**user guide**' sets out the policy context, purpose and structure of the pathway. This is aimed at all those with a contribution to make to the implementation of the pathway. As suggested above, this includes not just healthcare teams and their external partners, but also prison officers and others working with prisoners, including professionals from outwith the prison involved in throughcare and pre-release planning.

2. A '**workbook**' to assist each prison to plan, develop and implement the pathway so that it reflects and is integrated into local policies and practices. Planning and development should involve key managers and staff within each prison together with relevant external partners.

**PART 2   TAKING   STEPS: THE   PATHWAY   TO   SUPPORT
PRISONERS EXPERIENCING EMOTIONAL DISTRESS OR MENTAL
HEALTH PROBLEMS**

7.   Taking Steps: The pathway

To support local development and implementation of the pathway the
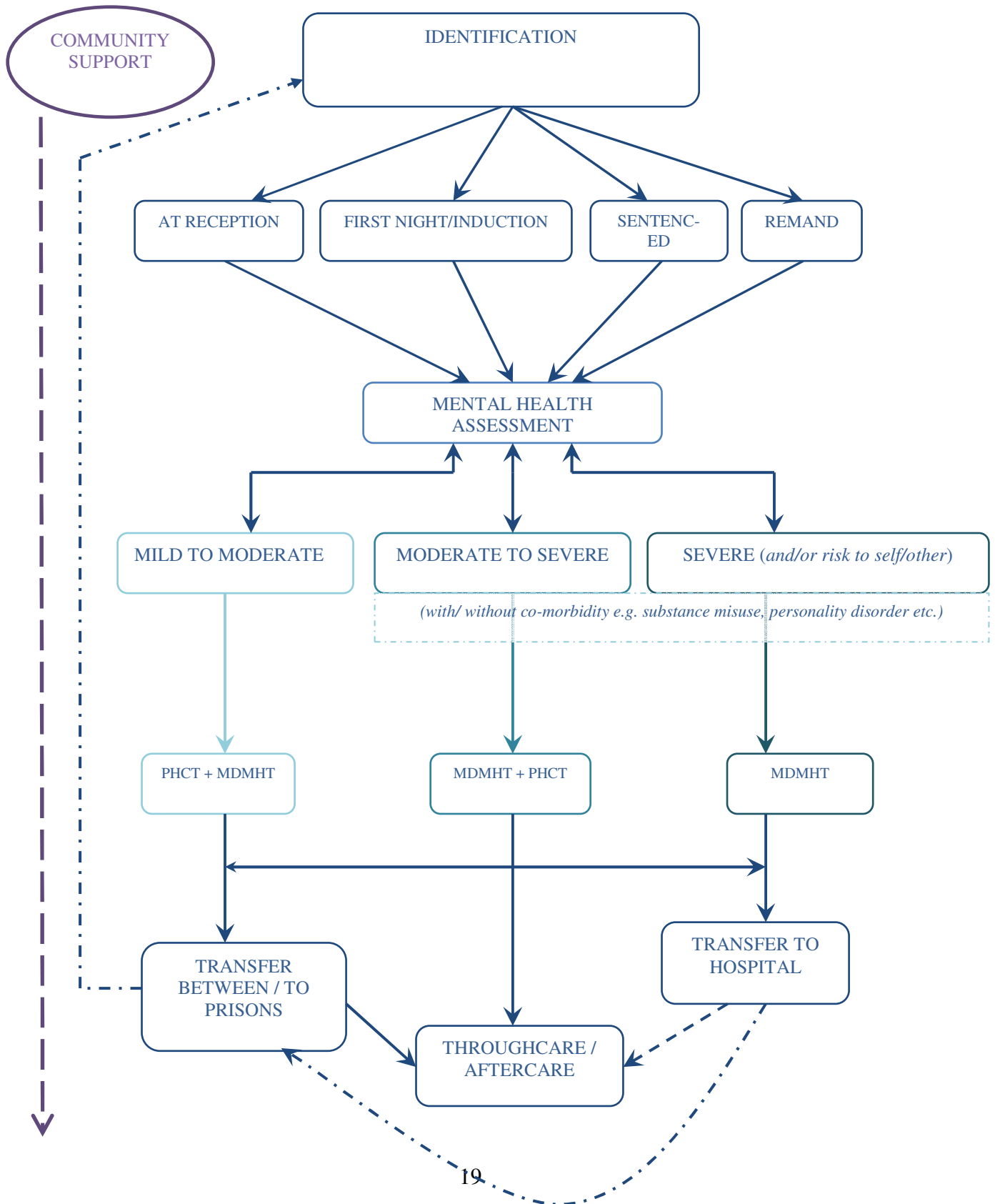accompanying workbook sets out:

- The different *elements* of each step - that is the processes,
  practices or actions that need to be taken
- *Who* should be involved in each element
- The *key points or objectives* behind each element
- *Questions* for service commissioners and providers to consider in
  relation to each element.

This is the framework or template that each prison, working with their
partners, can use to assess, develop and monitor their current
processes and practices. Many of the 'elements' are already part of
SPS policy - whether in the Health Care standards (SPS, 2006),
Positive Mental Health (SPS, 2002a), *The Health Promoting Prison*
(SPS, 2002b) or as current practice under Act2Care. The template
brings these together to assist prisons to develop shared and
integrated standards of practice to further improve the quality of
service delivery for people in prison experiencing emotional distress or
mental health problems. 'Shared and integrated' here includes, within
prisons, across the prison estate and with key partners such as health
boards and social work departments.

For a number of the elements responsibility for ensuring these are in
place may lay outwith the prison. In these cases it is suggested that
joint protocols may need to be developed locally.

This does **not** mean a 'one size fits all' approach, but is intended to
help each prison to develop the pathway in ways that reflect the size,
function and capacities of each prison. But it also helps to flag up
areas where there are gaps in local provision; elements or steps that
cannot be provided. This provides a systematic way of identifying
these gaps within and across estate so that information can be fed into
service planning and development.

Figure 1   Pathway for Prisoners Experiencing Emotional Distress or Mental Health Problems

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                                    ┌─────────────────────────┐
  ╭───────────────╮                 │      IDENTIFICATION      │
  │   COMMUNITY   │                 └─────────────────────────┘
  │    SUPPORT    │
  ╰───────────────╯

        ┌──────────────┐  ┌──────────────────┐  ┌──────────┐  ┌──────────┐
        │ AT RECEPTION │  │FIRST NIGHT/INDUCTION│ │ SENTENC- │  │  REMAND  │
        └──────────────┘  └──────────────────┘  │    ED    │  └──────────┘
                                                 └──────────┘

                        ┌─────────────────────┐
                        │    MENTAL HEALTH     │
                        │     ASSESSMENT       │
                        └─────────────────────┘

  ┌──────────────────┐   ┌──────────────────┐   ┌──────────────────────────────┐
  │ MILD TO MODERATE │   │ MODERATE TO SEVERE│   │ SEVERE (and/or risk to self/other)│
  └──────────────────┘   └──────────────────┘   └──────────────────────────────┘

          (with/ without co-morbidity e.g. substance misuse, personality disorder etc.)

    ┌─────────────┐      ┌─────────────┐      ┌─────────────┐
    │ PHCT + MDMHT│      │ MDMHT + PHCT│      │    MDMHT    │
    └─────────────┘      └─────────────┘      └─────────────┘

  ┌──────────────┐       ┌──────────────┐      ┌──────────────┐
  │  TRANSFER    │       │ THROUGHCARE /│      │ TRANSFER TO  │
  │ BETWEEN / TO │       │  AFTERCARE   │      │  HOSPITAL    │
  │   PRISONS    │       └──────────────┘      └──────────────┘
  └──────────────┘
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Base Level Community Support: Promoting and maintaining a mental health improving environment

What is this step?

This step relates to the underpinning assumption that *ALL prisoners will be experiencing some level of emotional distress, low mood and or feelings of anxiety*. This also includes people who may have other mental health problems who can be supported within the prison environment.

It is described as 'base level' to underline that it should be integral to day-to-day practice within the prison and is not an 'add on' just when someone appears to be having particular difficulties. This step reflects national policy aimed at improving community and individual mental well-being and reducing health inequalities, as well as SPS policies including *Positive Mental Health* (SPS, 2002a) and *The Health Promoting Prison* (SPS, 2002b).

It is called *Community Support* to reflect the fact that while people are in custody the prison environment is their community. In addition it underlines the importance of integrated and (positive) equivalence between national and local actions targeted to address mental health improvement and mental health inequalities in the communities from which people enter prison and to which they will be liberated.

The objectives of this step

This step has two main objectives:

- To support all staff working within the prison to provide an environment that promotes and improves mental health and well-being
- To provide information, advice and education to prisoners and staff on mental health awareness and mental health and well-being.

Who should this involve?

This involves all staff who work with prisoners, or have responsibility at an operational, managerial or strategic level with maintaining a

mental health improving environment, including, for example, maintaining the physical fabric and physical environment of the prison, promoting personal safety and well-being, maintaining good interpersonal relationships between prisoners and staff, prisoners and prisoners and between prisoners and their families, providing training and other resources to maintain or improve self-esteem, ensuring prisoners and staff are able to identify prisoners who may be experiencing mental health difficulties and providing an appropriate response or taking appropriate action.

Step 1 Identification, screening and routing of, and by, people requiring additional support for emotional distress or mental health problems

What is this step?

This step is concerned with the processes and practices for identifying people who may be experiencing high levels of emotional distress or mental health problems that may require more specialist assessment. This includes identification at the point when a prisoner is newly received into the prison as well as prisoners who may be on remand or on sentence who may become unwell in the course of their stay in custody. This step includes processes for identifying or responding to possible concerns by those in contact with the prisoner as well as by the prisoner him or herself.

The objectives of this step

This step is concerned with early identification and preliminary screening and subsequent routing of people for more specialist assessment and/or actions. The objectives behind both of these components are:

- To ensure early identification and risk assessment
- To ensure timely and appropriate action, including specialist assessment, treatment, care and possible transfer out of prison where required
- To ensure continuity and consistency of care and support
- To maintain the prisoner's safety (and the safety of others).

Who should this involve?

This step should involve the range of staff who come into contact with prisoners at each stage of their 'journey' into and through the prison system. This includes escort staff, reception and induction staff, healthcare staff, the MDMHT (or local equivalent), residential officers, personal officers, addictions and other specialist services. It also includes prisoners and their families.

Step 2 Mental Health Assessment

What is this step?

This step focuses on procedures to ensure timely and appropriate specialist mental health assessment. It includes referral processes to the appropriately trained staff within the prison healthcare team and/or MDMHT, the review of the assessment by the MDMHT (or equivalent) and the subsequent routing of people based on the assessment and review.

The objectives of this step

The objectives of this step are:

- To ensure timely and appropriate referral for mental health assessment
- To obtain a full assessment of the prisoner's mental health and other health related needs and identification of any associated risks
- To develop a plan of care appropriate to the level of assessed need and risk and support implementation in accordance with the appropriate step on the pathway
- To ensure appropriate sharing of information with other disciplines and agencies in support of the development and implementation of the prisoner's plan of care and/or risk management plan.

Who should this involve?

Referral can be from all those staff/disciplines in contact with the prisoner, other prisoners, the prisoner him/herself and prisoners' families.

Assessment, using a validated mental health assessment tool, to be undertaken by trained mental health nurse, and include information collected from the range of operational staff, clinical staff and professionals to whom the prisoner is known.

Review and care planning undertaken by the MDMHT (or equivalent within the prison).

Step 3   Providing care, support and treatment for people experiencing mild to moderate mental health problems

What is this step?

For people assessed at Step 2 as having a mild to moderate mental health problem, this step seeks to ensure implementation of a plan of care and on-going monitoring by primary healthcare staff, other clinical or specialist staff and operational staff, with advice as required from MDMHT staff (or local equivalent).

The objectives of this step

The objectives of this step are:

- To provide support, care and treatment at an appropriate level of need for people with mild to moderate mental health problems
- To provide an appropriate range of therapeutic interventions and activities in order to maintain mental health, prevent deterioration or relapse and promote individual recovery
- To monitor, identify and respond to changes in levels of need - either stepped up or stepped down.

Who should this involve?

For this step provision of care and treatment would be primarily by the primary healthcare team, including the GP, with advice and support, as required, from a Registered Mental Nurse within the MDMHT (or equivalent).

Day to day support and monitoring would be undertaken by others working with the prisoner including residential staff and clinical or non-clinical specialists such as addictions team.

Step 4   Providing   care   and   treatment   for   people experiencing moderate to severe mental health problems who can be supported within a prison environment

What is this step?

This step focuses on people with moderate to severe mental health problems whose support, care and treatment can be appropriately managed within a prison environment. This includes, for example, people diagnosed as having a psychosis or bipolar disorder who are able, with support, to manage their mental health problems. It also includes people who enter prison while under the Care Programme Approach (CPA). Some of the people in this group might have both a mental health problem and other complex needs related to, for example, drug or alcohol addiction, or who have a personality disorder or who also have a learning disability.

No precise definition is given here of what constitutes a level of need that can be "appropriately managed within a prison environment". It is recognised that this may vary between prisons and should be part of the individual's mental health assessment and MDMHT Case Management process.

The objectives of this step

- To provide support, care and treatment at an appropriate level of need for people with moderate to severe mental health problems

- To provide an appropriate range of therapeutic interventions and activities in order to maintain mental health, prevent deterioration or relapse and promote individual recovery
- To ensure implementation of the care plan and to monitor, identify and respond to changes in levels of need - either stepped up or stepped down.

Who should this involve?

For this group of people the MDMHT (or local equivalent) would have primary responsibility for planning, management and implementation of care, treatment and support, with input from primary healthcare staff, including the GP, and others who work with the prisoner on a day to day basis, including residential officers.

Step 5   Action to support people experiencing severe mental health problems or a mental health crisis requiring transfer to hospital in-patient care

What is this step?

This step is primarily concerned with the processes in place and the mechanisms for supporting people who require admission to in-patient hospital care from prison under the Mental Health (Care and Treatment) (Scotland) Act 2003. It covers the processes for arranging assessment and transfer under the Act, referral to the mental health in-patient provider and the exchange of appropriate information, support for prisoners and prison healthcare teams prior to and on transfer and planning discharge from hospital - whether back to the same prison or to another prison.

The objectives of this step

The objectives of this step are:

- To respond rapidly when an individual is experiencing severe mental health problems or a mental health crisis that can not be managed within the prison environment and requires assessment and treatment in hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003

- To facilitate lawful transfer to in-patient hospital care
- To achieve timely transfer of prisoners to appropriate hospital in-patient services for assessment, care and treatment
- To ensure the patient's care, treatment and safety prior to transfer and appropriate support in the course of being transferred
- To inform safe and effective supervision arrangements during transportation between prison and hospital for prisoners who may be at risk
- To ensure continuity of care and to help promote individual recovery.

Who should be involved?

Those involved in arranging assessment and transfer would include the MDMHT (or local equivalent), the Approved Medical Practitioner (AMP), the visiting psychiatrist, the person's independent advocate and/or Named Person[9], the healthcare manager, governor in charge, the SPS head of healthcare, the courts, procurator fiscal and prisoner's solicitor (if untried). In addition there should be liaison with the receiving healthcare team prior to transfer and before transfer back to the prison environment, and communication with prisoner escort services in advance of transfer.

Step 6 Action to support people experiencing emotional distress or mental health problems being transferred between prisons

What is this step?

This step focuses on the process of transfer between prisons and the elements for minimising the impact on mental health and well-being of all prisoners being transferred to other prisons as well as those prisoners with a mental health problem.

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[9] Under the Mental Health (Care and Treatment) (Scotland) Act 2003 a 'Named Person' is someone nominated by the individual in accordance with the provisions of the Act to support them and protect their interests.

The objectives of this step

The objectives of this step are:

- To maintain the mental health and well-being of all prisoners who are being transferred between prisons
- To ensure continuity of care and continued support for individual recovery on transfer to other prison for prisoners experiencing mental health problems
- To identify in advance any gaps in service provision to enable continuity of care and for the sending and receiving prisons to jointly explore possible means for meeting these gaps
- To ensure that all relevant information regarding the prisoner's mental health problems, including those relating to other complex needs e.g. substance misuse, are promptly communicated to the receiving prison
- To inform safe and effective supervision arrangements during transportation between prisons for prisoners who may be at risk.

Who should be involved?

This step involves the primary healthcare and MDMHT staff (or local equivalent) and other relevant specialists of both the receiving and sending prisons, as well as residential staff of the sending prison, reception staff of the receiving prison and prisoner escort services.

Step 7 Pre-release care planning

What is this step?

This step focuses on pre-release planning both to minimise the impact of liberation on the mental health and well-being of all prisoners and to ensure the continuity of care and support for individual recovery for prisoners with mental health problems on liberation.

The objectives of this step

The objectives of this step are:

- To maintain mental health and well-being of all prisoners being liberated
- To have appropriate, agreed and integrated arrangements in place for continuity of care after liberation of prisoners with mental health problems and to support individual recovery
- To ensure that information regarding the prisoner's mental health needs are appropriately communicated to those who will provide care, treatment and support to the prisoner on liberation
- Where appropriate to ensure that there are strategies in place to identify and manage potential risk to self and/or others
- To ensure continuity of care and risk management of prisoners with mental health problems liberated from prison unexpectedly.

Who should be involved?

Planning should involve the prison healthcare staff, including GP, MDMHT (or local equivalent), residential staff, other specialties working with the prisoner while they are in prison, Integrated Care Management Co-ordinator, MAPPA co-ordinator (as appropriate) peer support worker (where available/appropriate), independent advocate and Named Person (as appropriate). In addition this step should include early liaison with the community GP, local Community Mental Health Team and other relevant community agencies including housing and addiction services.

8. Implementation, monitoring and evaluation

1. Equality proofing the pathway and its local implementation through impact assessment will ensure it promotes equality and does not discriminate against particular groups.

Groups for particular consideration include women, people from black and minority ethnic communities, older prisoners, young offenders, disabled prisoners, refugees and asylum seekers.

2. The Pathway will be launched within SPS through a Governors and Managers Action Notice. External communication of the pathway disseminated through public and forensic mental health networks, for example, the Forensic Mental Health Managed Care Network.

3.   Monitoring and Evaluation Strategy

A monitoring and evaluation strategy will be developed, including a review of the implementation of the pathway a year after implementation and consideration to be given to commissioning an evaluation in two years time.

Monitoring will include:
* Locally developed monitoring processes
* National collation and analysis of local monitoring data
* Reporting of variance to SPS Directorate of Prisons

9.   Issues for further consideration (June 2009)

The pathway is just one link in a larger chain or network, covering the period from the time a prisoner is received into SPS custody to the time when they leave. The period in police custody and beyond prison are further links with which the prison pathway needs to connect and which in terms of support, care and treatment the prisoner should experience as continuous. This has implications for SPS and their partners and for the wider health and community care and criminal justice systems.

For SPS and partners the areas for consideration include:

* Agreement with NHS partners on the Minimum Data Set for information to be transferred with prisoners discharged back to NHS in-patient or community care
* Ensuring that the pathway links with local health and social care systems
* Ensuring that the pathway is shared and agreed with local NHS health care partners to facilitate continuity in the event of responsibility for prison healthcare being transferred to the NHS.

For the wider health and community care systems and criminal justice systems areas for consideration include the scope for linking and extending the pathway to include pre-prison contact with the police and criminal justice system.

List of Abbreviations

ACT2Care	Assessment, Context, Teamwork - the Scottish Prison Service Suicide Risk Management Process
AMP	Approved Medical Practitioner
CHP	Community Health Partnership
CIP	Community Integration Plan
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CPN	Community Psychiatric Nurse
FLM	First Line Manager
GHQ12	General Health Questionnaire
GPASS	General Practice Administration System for Scotland
HMIP	Her Majesty's Inspectorate of Prisons
ICP	Integrated Care Pathway
ICM	Integrated Case Management
MARAC	Multi-Agency Risk Assessment Conferences
MAPPA	Multi-Agency Public Protection Arrangements
MDMHT	Multi-Disciplinary Mental Health Team
NICE	National Institute for Health and Clinical Excellence
OT	Occupational Therapist
PER	Patient Escort Record
PHCT	Primary Health Care Team
PHQ9	Patient Health Questionnaire
QIS	Quality Improvement Scotland
RMN	Registered Mental Nurse
RMO	Responsible Medical Officer
ScotPHN	Scottish Public Health Network
SIGN	Scottish Intercollegiate Guidelines Network
SMHFA	Scottish Mental Health First Aid
SPS	Scottish Prison Service
WHO	World Health Organisation

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Appendix 1 Principles underpinning the Mental Health (Care and Treatment) (Scotland) Act 2003

1. Non-discrimination – People with mental disorder should, wherever possible, retain the same rights and entitlements as those with other health needs.

2. Equality – All powers under the Act should be exercised without any direct or indirect discrimination on the grounds of physical disability, age, gender, sexual orientation, language, religion or national or ethnic or social origin.

3. Respect for diversity – Service users should receive care, treatment and support in a manner that accords respect for their individual qualities, abilities and diverse backgrounds and properly takes into account their age, gender, sexual orientation, ethnic group and social, cultural and religious background.

4. Reciprocity – Where society imposes an obligation on an individual to comply with a programme of treatment of care, it should impose a parallel obligation on the health and social care authorities to provide safe and appropriate services, including ongoing care following discharge from compulsion.

5. Informal care – Wherever possible, care, treatment and support should be provided to people with mental disorder without the use of compulsory powers.

6. Participation – Service users should be fully involved, so far as they are able to be, in all aspects of their assessment, care, treatment and support. Their past and present wishes should be taken into account. They should be provided with all the information and support necessary to enable them to participate fully. Information should be provided in a way which makes it most likely to be understood.

7. Respect for carers – Those who provide care to service users on an informal basis should receive respect for their role and experience, receive appropriate information and advice, and have their views and needs taken into account.

8. Least restrictive alternative – Service users should be provided with any necessary care, treatment and support both in the least invasive manner and in the least restrictive manner and environment compatible with the delivery of safe and effective care, taking account where appropriate of the safety of others.

9. Benefit – Any intervention under the Act should be likely to produce for the service user a benefit that cannot reasonably be achieved other than by the intervention.

10. Child welfare – The welfare of a child with mental disorder should be paramount in any interventions imposed on the child under the Act.

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Appendix 3   Sources of additional information

The following provides links to agencies and organisations that can provide further information on resources to support people experiencing mental health problems or to promote mental health and well-being, particularly in Scotland.   **This is not a source of information for people requiring immediate help**

These are all external websites - neither ScotPHN nor SPS can be held responsible for the contents of any pages referenced by an external link.

Bipolar Fellowship Scotland
www.bipolarscotland.org.uk

Breathing Space - free and confidential phone line for people who are feeling depressed or sad
www.breathingspacescotland.co.uk

Choose Life - The national strategy and action plan to prevent suicide in Scotland
www.chooselife.net

Depression Alliance
www.dascot.org

Families Outside - support to families affected by imprisonment
www.familiesoutside.org.uk

Forensic Mental Health Services Managed Care Network
www.forensicnetwork.scot.nhs.uk/

Living Life to the Full - Information on interactive cognitive behavioural therapy (CBT) courses
www.livinglifetothefull.com

Manic Depression Fellowship
www.mdf.org.uk

Mental Health Foundation
www.mentalhealth.org.uk

Mental Welfare Commission
www.mwcscot.org.uk

National Schizophrenia Fellowship Scotland
www.nsfscot.org.uk

Scottish Associate for Mental Health (SAMH)
www.samh.org.uk

Scottish Carers Alliance
www.scottishcarersalliance.org

Scottish Independent Advocacy Alliance (SIAA)
www.siaa.org.uk

Scottish Mental Health First Aid (SMHFA)
www.smhfa.com

Scottish Recovery Network
www.scottishrecovery.net

Scottish Women's Aid
www.scottishwomensaid.org.uk

'see me' - the Scottish Campaign to challenge stigma and discrimination around mental ill-health
www.seemescotland.org

Women in Prison - an organization based in England which campaigns on behalf of as well as providing education, training and practical support to women who are, or have been, in prison.
www.womeninprison.org.uk

Vox (Voices of experience)   national (Scottish) mental health service user led organisation
www.voxscotland.org.uk