

**VERSION FOR STAKEHOLDER LAUNCH – 2 DECEMBER 2009**

Taking Steps Workbook 2009



## **TAKING STEPS**

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

## **WORKBOOK**

**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
Step 7	Pre-release care planning

## Contents

### **Part 1 Introduction to the Pathway**

1.	Introduction to the pathway	4
2.	The principles underpinning the design and implementation of the pathway	4
3.	What is the pathway and who is it for?	5
4.	Supporting Implementation	8

### **Part 2 Taking Steps: The pathway to support prisoners experiencing emotional distress or mental health problems**

	A quick checklist	12
Base level	Community Support: Promoting and maintaining a mental health improving environment	15
Step 1	Identification, screening and routing of, and by, people requiring additional support for emotional distress or mental health problems	17
Step 2	Mental Health Assessment	28
Step 3	Providing support, care and treatment for people experiencing mild to moderate mental health problems	34
Step 4	Providing care and treatment for people experiencing moderate to severe mental health problems who can be supported within a prison environment	37
Step 5	Action to support people experiencing severe mental health problems or a mental health crisis requiring transfer to hospital in-patient care	43
Step 6	Action to support people being transferred between prisons	50
Step 7	Pre-release care planning	53
	List of Abbreviations	57
	References	58
Appendix 1	The 10 principles underpinning the Mental Health (Care and Treatment) (Scotland) Act 2003	59
Appendix 2	Sources of additional information	60

## **PART 1 INTRODUCTION TO THE PATHWAY**

### **1. Introduction to the pathway**

There are high levels of mental health problems among the prison population. These may range from emotional distress, low mood and/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.

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 a recent WHO paper suggests, this is not just about prison healthcare but also about good prison management (WHO, 2008).

### **2. 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 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**

**3. 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 care and treatment due to the nature or severity of the 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, including GPs, 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<sup>1</sup>. 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**

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Step 7	Pre-release care planning

<sup>1</sup> For more information on stepped approaches, particularly in relation to anxiety and depression see NICE guideline 23 *Depression* (amended) (NICE, 2007).

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 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 (MDMHTs), but 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.

#### **4. Supporting implementation**

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

1. This '**Workbook**' is designed 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.

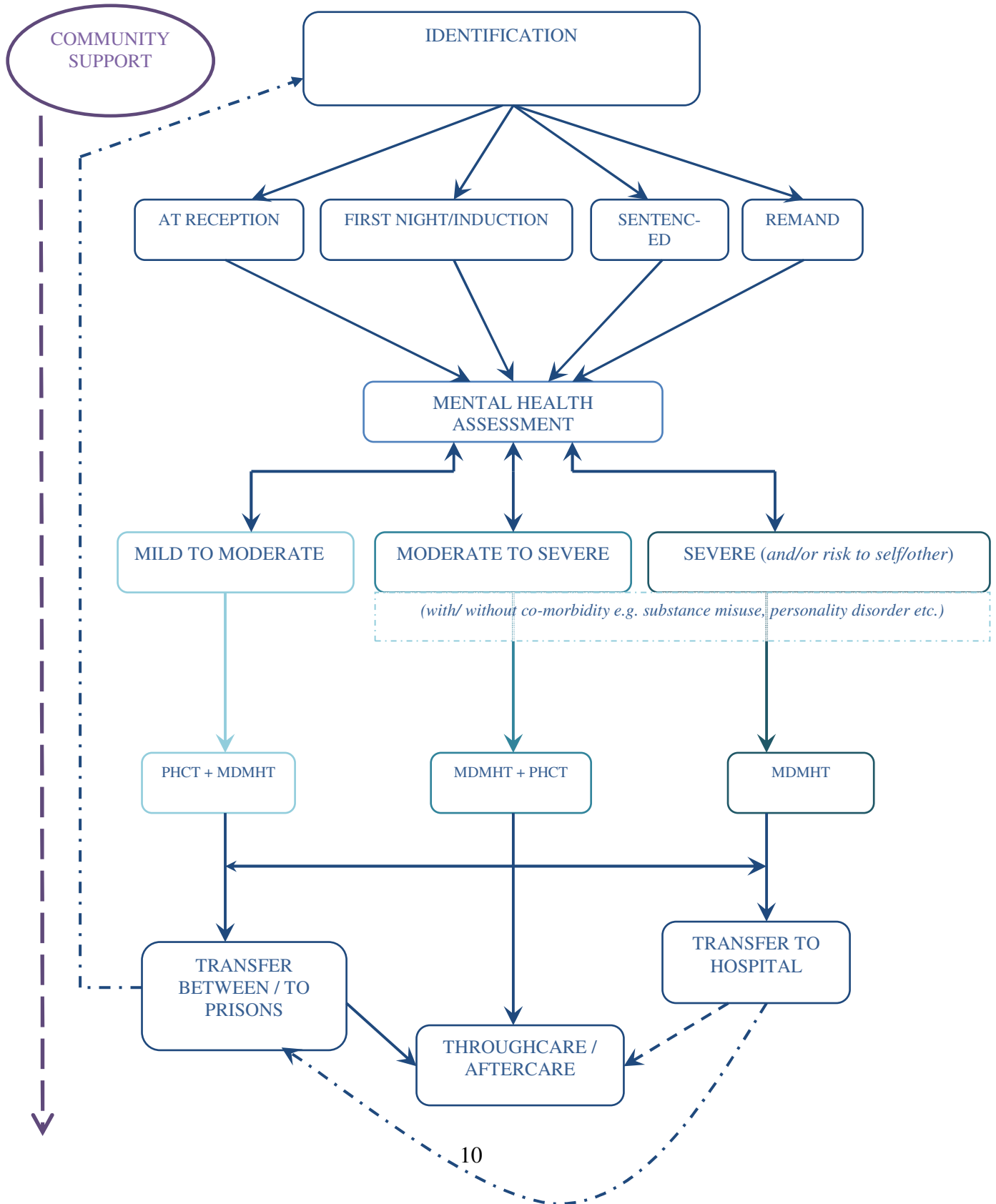
For each of the steps the different elements or activities which make up the step are described. For each element or action the *range of people* who should be involved is indicated together with



the key *objectives* of the element or activity and *issues to consider* when looking at the ways for delivering each element locally.

2. A **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.

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



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

The sections below set 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. As noted earlier, many of the 'elements' are already part of SPS policy - whether in the Health Care standards (SPS, 2006), or in *Positive Mental Health* (SPS, 2002a) or *The Health Promoting Prison* (SPS, 2002b) or as current practice under Act2Care. The template, however, 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.

As also noted earlier, this does **not** mean a 'one size fits all' approach, but is intended to help each prison to develop the steps 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.

## **Taking Steps : Quick checklist of elements**

### **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**

- 1.1 Identification and screening
  - 1.1.1 Healthcare screening at reception
  - 1.1.2 Identification at first night
  - 1.1.3 Identification and screening in the course of induction orientation
  - 1.1.4 Identification or screening for sentenced and remand prisoners
- 1.2 Routing people who may have a mental health problem
  - 1.2.1 Routing people who may have a mental health problem
  - 1.2.2 Routing people with substance misuse problems
  - 1.2.3 Routing people at risk of suicide or self harm

#### **Step 2 Mental Health Assessment**

- 2.1 Making and receiving referrals for mental health assessment
- 2.2 Mental Health Assessment
- 2.3 Review of mental health assessment by MDMHT (or local equivalent)
- 2.4 Routing of prisoners following assessment and review by MDMHT (or local equivalent)
  - 2.4.1 For prisoners requiring community support for emotional distress (Go to Base Level)
  - 2.4.2 For prisoners assessed as experiencing mild to moderate mental health problems (Go to Step 3)
  - 2.4.3 For prisoners assessed as experiencing moderate to severe mental health problems manageable within a prison context (Go to Step 4)

2.4.4 For prisoners assessed as experiencing severe mental health problems or a mental health crisis not manageable within a prison environment (Go to Step 5)

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

- 3.1 Developing a Care Plan and identifying a Key Worker
- 3.2 Implementing the Care Plan
- 3.3 On-going monitoring and review

**Step 4 Providing care and treatment for people experiencing moderate to severe mental health problems, and people who enter prison while under Care Programme Approach, who can be supported within a prison environment**

- 4.1 Developing a Care Plan and identifying a Key Worker
- 4.2 Implementing the Care Plan
- 4.3 On-going monitoring and review

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

5.1 Arranging assessment and transfer to hospital under the provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003

- 5.1.1 Identification of concerns
- 5.1.2 Referral to and assessment by an Approved Medical Practitioner
- 5.1.3 Referral to mental health service provider
- 5.2 Supporting people prior to transfer/on transfer
  - 5.2.1 Support to prison services while awaiting transfer
  - 5.2.2 Arranging appropriate transport and escort
- 5.3 Planning discharge from hospital to prison
  - 5.3.1 During hospital admission/pre-discharge
  - 5.3.2 Discharge back to the same prison

5.3.3 Discharge to a different prison

**Step 6 Action to support people being transferred between prisons**

- 6.1 All prisoners being transferred
- 6.2 Prisoners receiving care and treatment for a mental health problem

**Step 7 Pre-release care planning**

- 7.1 Pre-release care planning for all prisoners being discharged
- 7.2 Pre-release care planning for prisoners receiving care and treatment for a mental health problem who are on Enhanced Integrated Case Management
- 7.3 Pre-release care planning for prisoners receiving care and treatment for a mental health problem who are on Standard Integrated Case Management or who may be released without notice.

## VERSION FOR STAKEHOLDER LAUNCH – 2 DECEMBER 2009

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### Base level Community Support: Promoting and maintaining a mental health improving environment

Elements	Who is involved	Key Points/Objectives	Pertinent questions for service commissioners and providers
Supporting a mental health promoting environment	Residential Staff Personal Officers Other prison staff Addictions and other clinical specialists Social work Education etc Healthcare teams MDMHTs (or their local equivalent)	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	Have residential staff and personal officers received training in mental health awareness?  Are prisoners given advice on mental health awareness?  Are prisoners aware of the routes to take if they want to obtain support to maintain their mental health, to cope with emotional distress, or for assessment if they feel they may have a mental health problem?  Are prisoners aware of the routes to take to obtain support if they feel suicidal or are engaging in self-harm?  Are peer support systems, such as listener schemes available to support prisoners?  Are anti-bullying strategies in place? Are practices in place to maintain positive family relationships wherever possible?  Do practices support positive staff-prisoner relationships wherever possible?

**Base level Community Support: Promoting and maintaining a mental health improving environment (cont.)**

Elements	Who is involved	Key Points/Objectives	Pertinent questions for service commissioners and providers
On-going monitoring by prison primary healthcare team	Primary healthcare team GP	To provide appropriate support for emotional distress and identify changes in levels of distress	Have primary health care staff undertaken mental health awareness, or equivalent professional mental health awareness training (including training in suicide awareness)?



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

**1.1 IDENTIFICATION AND SCREENING**

ELEMENT	WHO IS INVOLVED	KEY POINTS OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<b>1.1.1 Healthcare screening at reception</b>			
<p>Screening to obtain history and current information including:</p> <p>Past medical, psychiatric and addiction history</p> <p>Current treatments and medications</p> <p>Identified Named Person</p> <p>Whether have an Advanced Statement</p> <p>Whether receiving support under the Care Programme Approach (CPA)</p> <p>Self harm/suicide warning from Prisoner Escort Record and verbal handover from escorts and reception staff</p>	<p>Healthcare staff trained to undertake screening</p> <p>Escort staff (for transmission of relevant information)</p> <p>Reception staff (for transmission of relevant information)</p>	<p>To identify and risk assess people who, on reception into prison, may have mental health problems that will require healthcare input during their first days in prison</p> <p>To identify and risk assess people who require assessment by the Multi-Disciplinary Mental Health Team</p> <p>To identify and risk assess people who may have substance misuse problems and/or dual diagnosis</p>	<p>Are there trained health care staff available to conduct health screening, whose training includes mental health awareness?</p> <p>Are reception and healthcare staff trained in suicide risk management?</p> <p>Is it possible to conduct the health screen in privacy?</p>

ELEMENT	WHO IS INVOLVED	KEY POINTS OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<p><b>1.1.1 Healthcare screening at reception (cont.)</b></p>			
<p>Act2Care - SPS Suicide Risk Management Process</p> <p>Any relevant information available from police, court community agencies etc.</p> <p>Information from self-completed (by prisoner) GHQ12 assessment of mental health</p>			<p>Are there criteria, protocols and processes in place for:</p> <ul style="list-style-type: none"> <li>• Urgent completion of mental health assessments</li> <li>• Access to a Consultant Psychiatrist</li> <li>• Transfer to hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003</li> <li>• Assessment/treatment of withdrawal symptoms for people with a history of substance misuse</li> <li>• Information sharing with other disciplines e.g. a Healthcare Medical Marker?</li> </ul> <p>Is everyone aware of Act2Care processes?</p>

### 1.1 IDENTIFICATION AND SCREENING (continued)

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<b>1.1.2 Identification at first night</b>			
Relevant health screening information and healthcare medical markers passed on to residential staff	Healthcare staff Residential First Line Managers	To ensure timely and appropriate sharing of relevant information  To ensure continuity and consistency of support	Are there processes and protocols in place to ensure timely sharing of appropriate information?
Where the Act2Care process has been initiated ensure care plan has been communicated and documentation passed on to residential staff	Healthcare staff Reception staff	To support provision of appropriate and timely care and support  To maintain a person's safety	
Continued observation to identify possible mental health problems and/or suicide or self harm risk	Residential staff	To ensure early identification of people experiencing mental health problems or at risk of suicide/self harm in the course of their first night in prison	

## 1.1 IDENTIFICATION AND SCREENING (continued)

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<b>1.1.3 Identification and screening in the course of induction-orientation</b>			
Identification of mental health and well-being needs, including the need for further mental health assessment in the course of completing the Core Assessment part of Prison Integrated Case Management process	Induction staff	To provide an additional source of information on the factors that may, or are impacting on the prisoner's mental health and well-being	Does the healthcare team provide input into the Core Assessment process?  Have induction staff received training in mental health awareness?
Provide health and prison information and other advice to prisoner	Induction staff	To orientate the prisoner to the prison, including sources of advice and support, including support for mental health and well-being	Do prisoners receive mental health awareness advice?
General Health Assessments	General Practitioner	To identify, risk assess and provide treatment to people who require mental health and or addiction support and/or support for physical health needs	Is access to the GP available within 24 hours for all new admissions to custody and 72 hours for all prison transfers?
Referral as appropriate to relevant services/agencies to address mental health, physical health or other needs identified in the course of the Integrated Case Management Process	Induction staff	To ensure timely support, care and treatment or other interventions as required	Are protocols, criteria or processes in place to ensure timely and appropriate referral by Induction staff to the range of in-prison (or external) services and agencies?

## 1.1 IDENTIFICATION AND SCREENING (continued)

ELEMENTS	WHO IS INVOLVED	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<b>1.1.4 Identification and screening for sentenced and remand prisoners</b>			
<p>Identification by staff of prisoners (sentenced or remand) who may be experiencing emotional distress or mental health difficulties</p>	<p>All those who come into contact with individual prisoners</p>	<p>To ensure early identification and referral on for appropriate assessment of people experiencing difficulties while on sentence or remand</p>	<p>Have residential and other staff working directly with prisoners received training in mental health awareness?</p> <p>Are there arrangements in place for sharing pertinent information with regard to the mental health and well-being of individual prisoners between relevant disciplines e.g. health care markers?</p> <p>Are there arrangements in place for recording and collating information and shared concerns?</p> <p>How are issues of patient confidentiality addressed?</p>

## 1.1 IDENTIFICATION AND SCREENING (continued)

ELEMENTS	WHO IS INVOLVED	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<b>1.1.4 Identification and screening for sentenced and remand prisoners (cont)</b>			
Processes in place for prisoners to self-refer for further assessment if they have concerns about their mental health	Prisoners Residential staff Personal officers Healthcare staff	To enable prisoners to raise concerns about their own mental health	Are prisoners given advice on mental health awareness?  Are prisoners informed of the processes for obtaining an assessment if they feel concerned about their mental health?
Processes in place for families and, as appropriate, other prisoners to raise concerns about a prisoner's mental health	Prisoners Families Residential Staff Personal officers Healthcare staff	To enable those who are familiar with the prisoner to raise concerns	Are prisoners' families informed of the processes for obtaining an assessment if they feel concerned about the prisoner's mental health?

## 1.2 Routing people identified as requiring further assessment or immediate intervention

Element	Who is involved	Key Points/Objectives	Pertinent Questions for Service Commissioners and Providers
<p><b>1.2.1 Routing people who may have mental health problems</b></p>			
<p>Referral to mental health nurse for detailed assessment of mental health where information on history or current mental state indicates that the person has mental health problems and/or they are supported under the Care Programme Approach, but do not require assessment for hospital in-patient care</p>	<p>Healthcare nursing staff Reception staff Mental health nurse</p>	<p>To initiate more detailed mental health assessment</p> <p>To ensure continuation of CPA care plan</p>	<p>Are there arrangements in place for timely sharing of pertinent information with regard to the mental health and well-being of individual prisoners between relevant disciplines?</p> <p>Are there criteria, protocols, and processes in place for:</p> <ul style="list-style-type: none"> <li>• Referral, including self referral and referral by other prisoners or a prisoner's family for mental health assessment</li> <li>• Information sharing with other disciplines (e.g. residential staff, addictions staff, through GPASS)</li> <li>• Addressing issues of confidentiality?</li> </ul>

**1.2 Routing people identified as requiring further assessment or immediate intervention (continued)**

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<b>1.2.1 Routing people who may have mental health problems (continued)</b>			
Referral for [immediate] assessment by MDMHT (or local equivalent) where information on history or current mental state indicates the prisoner may have an acute or severe mental health problem or be experiencing a mental health crisis requiring assessment for hospital in-patient admission	Healthcare nursing staff Reception staff Mental health nurse MDMHT (or local equivalent)	To ensure timely referral for assessment by MDMHT (or local equivalent) to initiate appropriate transfer processes to hospital in-patient care ( <b>Step 5</b> )	<p>Are there arrangements in place for timely sharing of pertinent information with regard to the mental health and well-being of individual prisoners between relevant disciplines?</p> <p>Are there criteria, protocols, and processes in place for:</p> <ul style="list-style-type: none"> <li>• Rapid referral for mental health assessment</li> <li>• Information sharing with other disciplines (e.g. residential staff, addictions staff, through GPASS)?</li> <li>• Addressing issues of confidentiality?</li> </ul>



**1.2 Routing people identified as requiring further assessment or immediate intervention  
(continued)**

Element	Who is involved	Key Points/Objectives	Pertinent Questions for Service Commissioners and Providers
<b>1.2.2 Routing people with substance misuse problems</b>			
Refer people screening positive for alcohol /drug withdrawal, e.g. at reception, to specialist staff providing clinical services for substance misuse	Healthcare nursing staff		Are there arrangements in place for the health screening of late receptions?
Apply patient group directives for treatment of drug/alcohol withdrawal	Healthcare nursing staff		Are there appropriately trained clinical staff available to follow patient group directives?

## 1.2 Routing people identified as requiring further assessment or immediate intervention (continued)

Element	Who is involved	Key Points/Objectives	Pertinent Questions for Service Commissioners and Providers
<b>1.2.3 Routing people at risk of suicide or self-harm</b>			
Initiate Act2Care for prisoners identified at reception, first night, induction, while on sentence or on remand, as at risk of self-harm and/or suicide	All staff	To maintain person's safety	
Ensure that those at risk are assessed and placed in the most appropriate accommodation as per Act2Care arrangements	ACT initiator Residential First Line Manager	To maintain person's safety	
Complete cell sharing risk assessment	Healthcare staff Reception staff Residential First Line Manager	To identify risks that may prevent a prisoner from sharing a cell	
As appropriate referral to MDMHT	All staff	To identify any underlying mental health problems	Are there criteria in place to ensure appropriate referral of people under Act2Care to the MDMHT?

## Step 2 Mental Health Assessment

### 2.1 Making and receiving referrals for mental health assessment

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<p>Procedures are in place for making and receiving referrals of prisoners about whom there are concerns at reception, first night, induction, who are on remand or on sentence, for mental health assessment</p>	<p><i>Referrers:</i>                      Healthcare staff                      Reception staff                      Induction staff                      Residential staff                      Personal officers                      Other clinical and non-clinical staff in contact with/working with prisoners                      Prisoners: Self-referral                      Prisoners: Referral of peers about whom they are concerned                      Prisoner's families/Named Person/ Independent advocates etc.  <i>Referrals received by:</i> Mental Health Nurse (RMN)</p>	<p>To ensure timely and appropriate referral for mental health assessment</p>	<p>Are there criteria in place for referral for a mental health assessment?</p> <p>Are procedures in place for making a referral for a mental health assessment?</p> <p>Are staff and prisoners made aware of these procedures?</p> <p>Are there procedures in place for appropriate information sharing, including procedures for ensuring prisoner confidentiality?</p>

## 2.2 Mental Health Assessment

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<p>Mental Health Assessment using a locally/nationally validated tool</p> <p>To include:</p> <p>Medical Assessment</p> <p>Information obtained from prisoner</p> <p>Information obtained, as appropriate, from prisoner's family/other people of significance to the prisoner</p> <p>From the prisoner's Named Person where applicable</p> <p>Independent Advocate, where applicable</p> <p>Information obtained from external GP and/or other health service providers e.g. in relation to medical history, medication, risk assessment</p> <p>Information gathered through reception, screening and/or induction processes</p>	<p>Assessment undertaken by: RMN GP</p> <p>With contributions from: Other clinical/non-clinical specialties or disciplines (visiting or in-house) as required/appropriate e.g.</p> <p>Residential officers Personal officers Induction staff Act2Care case conference chair Social work staff Addictions staff Pharmacy provider Named Person (as applicable) Independent Advocate (as applicable)</p> <p>Prisoner's family/others significant to the prisoner (as appropriate)</p>	<p>To obtain a full assessment of the prisoner's mental health needs and identification of any associated risks.</p> <p>To include identification and assessment of additional problems relating to suicide/self-harm, drug and/or alcohol addictions, personality disorder, or learning disability</p>	<p>Is a validated mental health assessment tool used in the prison?</p>

**2.2 Mental Health Assessment (cont.)**

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<p>Information from other external agencies who have had contact with the prisoner such as the police, probation service, voluntary sector, social services</p> <p>Offending history and associated risk assessment</p> <p>Information from other disciplines within the prison e.g. residential officer, personal officer, social work, addictions and education staff, Act2Care case conference chair</p> <p>Information contained in the prisoner's Advanced Statement where available</p>			

## 2.3 Review of mental health assessment by MDMHT (or local equivalent)

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<p>Mental Health Assessment reviewed by the MDMHT (or local equivalent)</p> <p>Referrals to specialists, as appropriate, who may not be part of the MDMHT (or local equivalent) e.g. clinical psychologist, drug and alcohol specialists, occupational therapists</p>	<p>MDMHT (or local equivalent), including assessing RMN and GP</p>	<p>To inform triage, care planning and implementation</p> <p>To share appropriate information with other disciplines and agencies in support of the development and implementation of the prisoner's care plan and/or risk management plan</p> <p>To refer, as appropriate to the visiting Consultant Psychiatrist and other mental health specialists and/or other disciplines where indicated by the mental health assessment</p>	<p>Are there criteria and procedures in place to ensure appropriate and timely referrals to the MDMHT (or local equivalent)?</p> <p>Are procedures in place for fast track review and action in relation to prisoner's experiencing severe mental health problems or a mental health crisis?</p> <p>Does a member of the prison senior management team chair the MDMHT (or local equivalent)?</p> <p>Does the MDMHT (or local equivalent) include other disciplines within the prison, including the prison GP?</p> <p>Are criteria, procedures and protocols in place for referral to the visiting Consultant Psychiatrist and other mental health specialists and/or other disciplines?</p>

## 2.4 Routing of prisoner following mental health assessment and review by MDMHT (or local equivalent)

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<b>2.4.1 For prisoners requiring community support for emotional distress only</b>			
Referral back to GP and healthcare team and residential/personal officers for on-going community support and monitoring	GP Healthcare staff Residential staff Personal officers  —————→	To provide community support and on-going monitoring to identify any changes in emotional state  <b>GO TO BASE LEVEL</b>	Are procedures in place for appropriate information sharing between the healthcare team/GP with residential staff and personal officers?  —————→
<b>2.4.2 For prisoners assessed as experiencing mild to moderate mental health problems</b>	—————→	<b>GO TO STEP 3</b>	—————→
<b>2.4.3 For prisoners assessed as experiencing moderate to severe mental health problems (with or without additional complex needs such as addictions, personality disorder or who have a learning disability) manageable within the prison context</b>  <b>Also prisoners who enter prison while under CPA</b>	—————→	<b>GO TO STEP 4</b>	—————→

**2.4 Routing of prisoner following mental health assessment and review by MDMHT (or local equivalent) (continued)**

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<p><b><i>2.4.4 For prisoners experiencing severe mental health problems and or a mental health crisis ((with or without additional complex needs such as addictions, personality disorder or who have a learning disability) not manageable in a prison context</i></b></p>	<p>_____→</p>	<p><b>GO TO STEP 5</b></p>	<p>_____→</p>



**Step 3 Providing support, care and treatment for people experiencing MILD TO MODERATE mental health problems e.g. reactive depression, anxiety disorders, phobic disorders, sleep problems, somatic disorders**

**3.1 Developing a care plan and identifying a key worker for people experiencing mild to moderate mental health problems**

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
Where indicated, develop a care plan and copy to prisoner	GP RMN Other members of MDMHT (or local equivalent) as appropriate Prisoner Residential staff Personal officers Other relevant disciplines/mental health specialists	To ensure support, care and treatment at an appropriate level of need  Maintain mental health, prevent deterioration or relapse and promote individual recovery  To ensure the physical health and well-being of prisoners experiencing mental health problems	Is there sufficient capacity to develop care plans?  Are systems in place to integrate, or ensure the integration of care plans developed by different disciplines working with the prisoner?  Do prisoners actively participate in the development of care plans?
Develop relapse prevention plan and copy to prisoner	GP RMN Healthcare staff Residential officer/personal officer Other relevant disciplines	To ensure continuity of support, care and treatment at an appropriate level of need  Maintain mental health, prevent deterioration or relapse and promote individual recovery	Are relapse prevention plans developed for people with mild to moderate mental health problems?  Do prisoners receive a copy of their relapse prevention plan?

**3.1 Developing a care plan and identifying a key worker for people experiencing mild to moderate mental health problems (continued)**

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
Identify and agree an appropriate key worker	Healthcare staff RMN	To ensure implementation of the care plan and identify the need for changes in response to prisoner's changing levels of need	Is there sufficient capacity to designate key workers?

### 3.2 Implementing the care plan for people experiencing mild to moderate mental health problems

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
Implementation of care plan including provision of therapeutic interventions and activities to support recovery e.g. bibliotherapy, living life to the full, anger management, anxiety management etc	Key worker GP Health care team Residential staff/Personal officers Others working with the prisoner Other mental health specialists	To support individual recovery	Is there a sufficient range of therapeutic options, including psychological therapies, and guided self-help, to meet the support and treatment needs of prisoners experiencing mild to moderate mental health problems?

### 3.3 On-going monitoring and review of prisoners experiencing mild to moderate mental health problems

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
On-going monitoring and review of prisoner's mental health and well-being	Key worker GP Prisoner Residential staff Personal Officer Others in contact with the prisoner	To monitor and identify changes in levels of need - either stepped up or stepped down	<p>Is the prisoner and other relevant disciplines working with the prisoner, including residential staff/personal officers, made aware of who the key worker is and their role?</p> <p>What arrangements are in place to ensure that residential and other disciplines have sufficient mental health awareness to identify and respond appropriately to signs of changes in someone's mental state?</p> <p>Are procedures in place for regular review of prisoners experiencing mild to moderate mental health problems?</p>
Re-referral for mental health assessment in response to deteriorating mental health <b>[Return to Step 2]</b>	Key worker GP MDMHT (or local equivalent)	To assess changes in level of need and referral to visiting psychiatrist or other specialists as required	Are procedures in place to undertake re-assessments of mental health?

**Step 4 Providing care and treatment for people experiencing MODERATE TO SEVERE mental health problems (with or without other complex needs) and people who enter prison while under CPA, who can be appropriately supported within a prison environment e.g. people diagnosed as having a psychosis or bipolar disorder who are able, with support, to manage their mental health problems.**

**4.1 Developing a care plan and identifying a key worker for people experiencing moderate to severe mental health problems**

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
Develop a care plan and copy to prisoner	MDMHT (or local equivalent) Prisoner GP Healthcare staff Residential staff Personal officers Other relevant disciplines (in-house or visiting) e.g. addictions staff, clinical psychologist	To ensure support, care and treatment at an appropriate level of need  Maintain mental health, prevent deterioration or relapse and promote individual recovery  To ensure the physical health and well-being of prisoners experiencing mental health problems	Is there sufficient capacity to develop care plans?  Are systems in place to integrate, or ensure the integration of care plans developed by different disciplines working with the prisoner?  Do prisoners actively participate in the development of care plans?  Is there a sufficient range of treatment and therapeutic options to meet the support and treatment needs of prisoners experiencing moderate to severe mental health problems?

#### 4.1 Developing a care plan and identifying a key worker for people experiencing moderate to severe mental health problems (continued)

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
For prisoners who enter prison under CPA, review existing care plan and where applicable maintain continuity	MDMHT (or local equivalent) Consultant Psychiatrist Prisoner GP Healthcare staff Residential staff Personal officers Other relevant disciplines (in-house or visiting) e.g. addictions staff, clinical psychologist	To ensure continuity of support, care and treatment at an appropriate level of need  Maintain mental health, prevent deterioration or relapse and promote individual recovery  To ensure the physical health and well-being of prisoners experiencing mental health problems	Is there a system in place that ensures liaison with and transfer of care from previous care provider(s)?  Do establishment health, management and residential staff attending CPA meetings prior to admission/ transfer to prison?
Develop relapse prevention plan and copy to prisoner	MDMHT (or local equivalent) Prisoner Residential officer/personal officer Other relevant disciplines	To ensure continuity of support, care and treatment at an appropriate level of need  Maintain mental health, prevent deterioration or relapse and promote individual recovery	Are relapse prevention plans developed for people with moderate to severe mental health problems managed within the prison?  Do prisoners receive a copy of their relapse prevention plan?
Identify and agree an appropriate key worker	MDMHT (or local equivalent)	To ensure implementation of the care plan and identify the need for changes in response to prisoner's changing levels of need	Is there sufficient capacity to designate key workers?

## 4.2 Implementing the care plan for people experiencing moderate to severe mental health problems

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<p>Implementation of care plan including provision of appropriate treatment and therapeutic interventions</p>	<p>MDMHT (or local equivalent)                      Consultant Psychiatrist                      Key worker                      Healthcare team                      GP                      Other specialists as appropriate e.g. addictions staff, clinical psychologist                      Residential staff/Personal officers                      Others working with the prisoner</p>	<p>To maintain mental health, prevent deterioration or relapse and promote individual recovery</p>	<p>Is there a sufficient range of treatment and therapeutic options, including psychological therapies to meet the support and treatment needs of prisoners experiencing moderate to severe mental health problems?</p> <p>If there is a dedicated day care facility in the prison? Is the day care regime 'owned' and delivered by the multi-disciplinary team? Does this team include day care officers?</p> <p>Does the dedicated day care facility provide opportunities for prisoners experiencing moderate to severe mental health problems to undertake meaningful activities relevant and appropriate to their needs?</p> <p>If a dedicated day care facility is not available or not required as part of an individual's care are there other opportunities for prisoners experiencing moderate to severe mental health problems to undertake meaningful activities relevant and appropriate to their needs?</p>

### 4.3 On-going monitoring and review of people experiencing moderate to severe mental health problems

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
On-going monitoring and review	Identified key worker MDMHT (or local equivalent) Consultant Psychiatrist Prisoner Residential staff/Personal officers Others who work with the prisoner	To monitor and identify changes in levels of need - either stepped up or stepped down  To ensure blood toxicology levels are within safe therapeutic limits	Are there processes in place to ensure on-going review and continuing care management of prisoners experiencing moderate to severe mental health problems?  Are the prisoner and other relevant disciplines working with them, including residential staff/personal officers made aware of who the key worker is and their role?  What arrangements are in place to ensure that residential and other disciplines have sufficient mental health awareness to identify and respond appropriately to signs of changes in someone's mental state?  Are procedures in place for regular review of prisoners experiencing moderate to severe mental health problems?
Re-assessment of mental health in response to prisoner experiencing possible deterioration in mental health <b>[Return to Step 2]</b>	Identified Key worker MDMHT (or local equivalent)	To assess changes in level of need and referral to visiting psychiatrist or other specialists as required	Are procedures in place to undertake re-assessments of mental health?



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

**5.1 Arranging assessment and transfer to hospital under the provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003**

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<i>5.1.1 Identification of concern</i>			
Referral to MDMHT or local equivalent)	RMN GP Key worker Healthcare staff MDMHT member	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	Are there agreed and understood processes in place for urgent referral to the MDMHT of prisoners who may require transfer to hospital?

### 5.1 Arranging assessment and transfer to hospital under the provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003 (continued)

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<i>5.1.2 Referral to and assessment by Approved Medical Practitioner (AMP)</i>			
Referral to AMP for assessment under the mental health legislation  Assessment by AMP  Assessment by GP	<i>Referral by MDMHT (or equivalent) to:</i> AMP GP  <i>Others informed/involved as appropriate:</i>  Family Named Person Independent Advocate (as appropriate) GP Consultant Psychiatrist Prisoner's solicitor Courts Procurator Fiscal	To facilitate lawful transfer	Are procedures in place for timely access by the prison to an Approved Medical Practitioner?
Completion of appropriate statutory documentation (see SPS Sharepoint Library for information on the Mental Health (Care and Treatment) (Scotland) Act 2003)	AMP GP Governor-in-Charge Health of Healthcare/SPS Health and Care Directorate Courts	To facilitate lawful transfer	

### 5.1 Arranging assessment and transfer to hospital under the provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003 (continued)

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<i>5.1.3 Referral to Mental Health Service Provider</i>			
<p>Referral to appropriate mental health service provider/hospital</p> <p>As, appropriate, assessment of prisoner by receiving hospital care team</p>	<p>Referral by MDMHT (or local equivalent)</p> <p>Receiving hospital care team</p>	<p>To achieve timely transfer of prisoners to appropriate hospital for assessment, care and treatment</p>	<p>Are there shared referral criteria between the prison and mental health in-patient provider?</p> <p>Are conflict resolution procedures in place if there is a conflict of clinical opinion with regard to:</p> <ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Level of security required by the prisoner while in hospital?</li> </ul>
<p>Exchange of relevant information with mental health service provider/hospital</p>	<p>MDMHT (or local equivalent)</p> <p>Key worker</p> <p>Receiving hospital care team</p>		<p>Are protocols in place for sharing relevant patient information with the mental health service provider/hospital?</p>

## 5.2 Supporting people prior to transfer/on transfer to hospital

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<i>5.2.1 Support to prison services while awaiting transfer</i>			
If transfer is authorised, provision of advice and support to prison MDMHT (or local equivalent) by the receiving health care team prior to transfer	Receiving health care team Prison MDMHT (or local equivalent) Key worker	To ensure the prisoner's care, treatment and safety prior to transfer	Is there a shared agreement on the provision of support and advice to the prison MDMHT (or local equivalent) by the receiving hospital prior to the transfer of the patient?
<i>5.2.2 Arrange appropriate transport and escort</i>			
Risk assessment by psychiatrist to determine requirement for clinical escort and type of vehicle required <i>For untried prisoners:</i> Assessment by psychiatrist of fitness of prisoner to travel to court	Psychiatrist	To ensure that prisoners receive appropriate support in the course of being transferred to hospital	Are there arrangements in place to ensure that prisoners are transferred to hospital with the appropriate escort and in the appropriate form of transport?

### 5.3 Planning discharge from hospital to prison

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
5.3.1 <i>During Hospital admission/pre-discharge</i>			
<p>Relevant prison staff to attend CPA case conferences in receiving hospital</p> <p>Attend pre-discharge CPA case conference in hospital as appropriate</p>	<p>Member of prison clinical staff                      Member of prison operations staff                      Prison Visiting Consultant                      Psychiatrist                      As indicated by the hospital                      CPA co-ordinator:                      Key worker                      Member of prison social work staff                      Hospital healthcare team members</p> <p>As appropriate:                      Named Person                      Independent advocate</p>		<p>Are joint protocols in place to ensure that relevant prison staff are invited to case conferences and involved in pre-discharge planning?</p> <p>Are joint protocols in place for appropriate information sharing between the referring prison and the hospital care team while the prisoner/patient is in hospital?</p> <p>For prisoners required to return to custody, are prison MDMHT staff (or local equivalent) involved in decisions regarding when the prisoner/patient can be discharged back to prison?</p>

### 5.3 Planning discharge From hospital to prison (continued)

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<i>5.3.2 Discharge back to the same prison</i>			
<p>Copies of assessments undertaken while the prisoner is in hospital, and other relevant documentation to be made available to the prison MDMHT (or local equivalent)</p> <p>CPA minutes and care plan to be shared with all relevant prison staff who will be involved in the provision of care and treatment of the prisoner on discharge back to prison</p>	<p>Health Care Manager MDMHT (or local equivalent) GP Visiting Psychiatrist Other internal or visiting clinical and non-clinical specialists Residential officers/personal officer</p>	<p>To ensure continuity of care and to help promote individual recovery</p>	<p>Are joint protocols and procedures in place to ensure that relevant information is appropriately shared between the hospital and the receiving prison?</p> <p>Are joint protocols in place to ensure that copies of discharge plans are routinely made available to the receiving prison before the prisoner is transferred back?</p> <p>Are joint protocols in place to ensure that discharge plans routinely include:</p> <ul style="list-style-type: none"> <li>• Risk factors for relapse</li> <li>• A crisis plan</li> </ul>
<p>Agree post-discharge follow up and support from the Responsible Medical Officer (RMO)/transferring hospital, as appropriate</p>	<p>Prison MDMHT (or local equivalent) Key worker GP RMO Hospital health care team</p>	<p>To ensure continuity of care, to support for prison health care staff to help promote individual recovery</p>	<p>Is there joint agreement on the provision of follow up support by the transferring hospital to the receiving prison?</p>

### 5.3 Planning discharge from hospital to prison (cont.)

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<i>5.3.3 Discharge to a different prison</i>			
As 5.3.2 above, but prison from which prisoner is being transferred to ensure that all relevant information and documentation, including the prisoner's clinical record, is passed on to the receiving prison	Transferring Prison MDMHT (or local equivalent) Transferring prison key worker Receiving prison MDMHT (or local equivalent)	To ensure continuity of care and to help promote individual recovery	Are processes in place to ensure relevant information, including healthcare information and documentation relating to a prisoner is transferred between prisons?

**Step 6 Action to support people being transferred between prisons**

**6.1 All prisoners being transferred**

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
Consideration of impact on mental health and well-being prior to transfer on <i>all</i> prisoners being transferred  (On transfer to receiving prison refer to Step 1)	Residential Officers/Personal officers Healthcare staff Prisoners	To maintain mental health and well-being	Have residential staff and personal officers received training in mental health awareness?  Are prisoners given advice on mental health awareness?



## 6.2 Transfer of prisoners receiving care and treatment for a mental health problem

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
Assessment of fitness to transfer for prisoners receiving care and treatment for a mental health problem	GP Healthcare team Key worker/MDMHT (if care and treatment managed by MDMHT (or local equivalent))		
<p>Contact between sending and receiving Healthcare Managers/Clinical Manager in charge (or appropriate healthcare professionals) to provide a verbal summary of the prisoner's mental health needs.</p> <p>Provide copies of risk assessment(s) and current care plan</p> <p>Joint consideration of need for pre-transfer case conference between sending and receiving prison health care teams</p>	<p>GP Healthcare team Key worker/MDMHT (if care and treatment managed by MDMHT (or local equivalent))) Other relevant health care staff/specialist services in sending and receiving prisons</p> <p>Receiving prison reception staff</p>	<p>To ensure continuity of care and continued support for individual recovery on transfer to other prisons</p> <p>To identify in advance any gaps in service provision to enable continuity of care and explore jointly between sending and receiving prisons possible means for filling these gaps</p>	<p>What formal arrangements are in place to ensure that receiving prisons obtain relevant information about the prisoner in advance of their arrival?</p> <p>What mechanisms are in place for sending and receiving prisons to work jointly to achieve continuity of care?</p>

## 6.2 Transfer of prisoners receiving care and treatment for a mental health problem (cont.)

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
Complete documentation transfer, ensuring that all relevant files and documents to be forwarded with the prisoner are up to date	Healthcare staff MDMHT (or local equivalent) Residential officers/Personal officers	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	What mechanisms are in place to ensure that documentation to be transferred with the prisoner is complete and up to date?
Assessment of escort/travel arrangements	GP/Psychiatrist MDMHT (or local equivalent) Healthcare staff Prisoner escort services	To inform safe and effective support and supervision arrangements (and mode of transport) during transportation between prisons for prisoners who may be at risk	What arrangements are in place to ensure that those escorting prisoners are aware of the potential risks or vulnerabilities of the prisoner?

## Step 7 Pre-Release Care Planning

### 7.1 Pre-release care planning for all prisoners being liberated

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<p>Consideration of impact on mental health and well-being of <i>all</i> prisoners being liberated</p>	<p>Residential officers/Personal officers Healthcare staff Prisoners Peer support workers</p>	<p>To maintain mental health and well-being</p>	<p>Are prisoners given advice on mental health awareness?</p> <p>Does discharge planning take into account the heightened risk of suicide in the first three months after discharge?</p> <p>Are prisoners made aware of services available if, for example, they feel depressed, anxious or suicidal/self-harming on release from prison?</p>
<p>Ensuring prisoners are registered with, and made aware of who their GP in the community is</p>	<p>Residential officer/Personal officer Healthcare staff/(Prison) GP Prisoner Peer support worker</p>	<p>To ensure continuity of primary healthcare support</p> <p>To ensure primary healthcare services are in place on liberation</p>	<p>Are prisoners routinely supported registering with a GP if they do not have one?</p> <p>What procedures are in place to ensure that people are aware who their GP is?</p> <p>Are there joint agreements in place to enable prisoners to make GP appointments prior to liberation?</p>

**7.2 Pre-release care planning for prisoners receiving care and treatment for mental health problems on Enhanced Integrated Care Management (Integrated Case Management Practice Guidance Manual, 2007)**

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<p>Ensuring people are registered with, and made aware of who their GP in the community is</p>	<p>Healthcare staff/(prison) GP Residential officer/personal officer Prisoner Peer support worker (as appropriate)</p>	<p>To ensure continuity of primary healthcare support</p> <p>To ensure primary healthcare services are in place on liberation</p>	<p>Are prisoners routinely supported registering with a GP if they do not have one?</p> <p>What procedures are in place to ensure that people are aware who their GP is?</p> <p>Are there joint agreements in place to enable prisoners to make GP appointments prior to liberation?</p>
<p>Prisoners with mild to moderate mental health problems on medication to receive a five-day supply of that medication upon liberation (see <b>SPS Health Care Standard five</b>)</p>	<p>Pharmacy provider Healthcare staff/Prison-based GP</p>	<p>To ensure prisoner is able to continue their medication on liberation and prior to seeing a community GP</p>	<p>What procedures are there in place to ensure that prisoners receive a five-day supply of medication on liberation?</p> <p>What procedures are in place to ensure that prisoners are aware of how, and from whom, they can obtain a further supply of medication?</p>

## 7.2 Pre-release care planning for prisoners receiving care and treatment for mental health problems on Enhanced Integrated Care Management (cont.)

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<p>For prisoners requiring specialist NHS care and treatment on liberation multi-disciplinary/agency pre-discharge meeting involving relevant NHS services</p>	<p>MDMHT (or local equivalent)                      Key worker                      Residential officer/Personal officer                      GP                      CMHT/local psychiatric and social services                      Other relevant agencies e.g. Community Drug and Alcohol Teams                      Prisoner</p> <p>As appropriate:                      Prisoner's family/people significant to the prisoner                      Named Person                      Independent Advocate                      Peer support worker</p>	<p>To have appropriate, agreed and integrated arrangements in place for continuity of care after liberation and to support individual recovery</p>	<p>Are there locally agreed policies and practices for the management of transfer of care to the NHS, including the timing of pre-release meetings?</p> <p>Are there jointly agreed -multi-disciplinary/agency discharge planning processes in place between prison health and mental health care services and community based health and mental health care services?</p>

## 7.2 Pre-release care planning for prisoners receiving care and treatment for mental health problems on Enhanced Integrated Care Management (continued)

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<p>For people who will be liberated from prison on CPA copy of CPA to be made available to those responsible for the person's care post-liberation</p> <p>Copy of CPA given to prisoner</p>	<p>(Prison) Psychiatrist RMN CMHT/local psychiatric and social services Key Worker Personal officer Independent Advocate (as appropriate) Named Person (as appropriate)</p>	<p>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</p> <p>Where appropriate to ensure that there are strategies in place to identify and manage potential risk to self and/or others</p>	<p>Do those involved in the prisoner's care post-liberation routinely receive a copy of the CPA care plans prior to release?</p> <p>Do prisoners managed under CPA routinely receive a copy of their CPA care plans prior to release?</p>
<p>As appropriate, referral and convening of MARACs/MAPPAs for prisoners assessed as presenting a risk to the public</p>	<p>Local MAPPA co-ordinators</p>	<p>For multi-agency risk assessment if prisoner meets MARAC/MAPPA criteria</p>	<p>Are there agreed processes and protocols in place for both urgent and non-urgent referral to local MARACs/MAAPAs?</p>

### 7.3 Pre-release care planning for prisoners receiving care and treatment for mental health problems on Standard Case Management who may be released without notice

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
Ensuring people are registered with, and made aware of who their GP in the community is	Prisoner Peer support worker (as appropriate) Residential officer/Personal officer Healthcare staff/(prison) GP	To ensure continuity of primary healthcare support  To ensure primary healthcare services are in place on liberation	Are prisoners routinely supported registering with a GP if they do not have one?  What procedures are in place to ensure that people are aware who their GP is?
Prisoners with mild to moderate mental health problems on medication to receive a five-day supply of that medication upon liberation (see <b>SPS Health Care Standard five</b> )	Pharmacy provider Healthcare staff/Prison-based GP	To ensure prisoner is able to continue their medication on liberation and prior to seeing a community GP	What procedures are there in place to ensure that prisoners receive a five-day supply of medication on liberation?  What procedures are in place to ensure that prisoners are aware of how, and from whom, they can obtain a further supply of medication?

**7.3 Pre-release care planning for prisoners receiving care and treatment for mental health problems on Standard Case Management who may be released without notice (cont.)**

ELEMENTS	WHO IS INVOLVED?	KEY POINTS/OBJECTIVES	PERTINENT QUESTIONS FOR SERVICE COMMISSIONERS AND PROVIDERS
<p>Contingency/interim and emergency plans for prisoners with mental health needs include plans to address mental health problems and potential risks</p>	<p>Court liaison service Police GP/NHS Board Prison health care staff, Residential officers/Personal officers Prisoner</p> <p>As appropriate: Prisoner's family/people significant to the prisoner Named Person Independent Advocate</p>	<p>To ensure continuity of care and risk management of prisoners with mental health problems liberated from prison unexpectedly.</p>	<p>Are arrangements in place with key service providers to ensure contingency, interim and action plans are agreed and implemented for those prisoners with mental health problems liberated unexpectedly from prison, e.g. local crisis intervention teams?</p> <p>Have time limits been jointly agreed within which prisoners with mental health problems on liberation, will have their first appointments with community service providers?</p>



## VERSION FOR STAKEHOLDER LAUNCH – 2 DECEMBER 2009

Taking Steps Workbook 2009

### 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

## References

Coyle, A (2007) *Health in Prisons: A Who Guide to the essentials in prison health*, Moller, Lars et al, Copenhagen: WHO Regional Office for Europe

NICE (2007) *Depression (Amended): Management of depression in primary and secondary care*, London: National Institute for Health and Clinical Excellence

SPS (2002a) *Positive Mental Health*, Edinburgh: SPS  
<http://www.sps.gov.uk/multimedialogallery/59AC3C8C-CDED-477E-B760-46623D23CA90.pdf>

SPS (2002b) *The Health Promoting Prison, Edinburgh*: HEBS  
<http://www.sps.gov.uk/multimedialogallery/7AC37908-F280-4895-A772-E77CF4E4CD60.pdf>

SPS (2006) *Health Care Standards 2006*  
<http://www.sps.gov.uk//Default.aspx?DocumentID=06acde94-3523-4509-a9df-69d9c61a9820>

SPS, ADSW and Scottish Executive (2007), *Integrated Case Management Practice Guidance Manual 2007*, Edinburgh: SPS, ADSW and Scottish Executive  
<http://www.sps.gov.uk/MultimediaGallery/b9bd23bd-445e-41f9-936b-1e0decf0a40a.pdf>

WHO (2008) *Background Paper for Trencin Statement on Prisons and Mental Health: Towards best practice in mental health*, Copenhagen: WHO Regional Office for Europe

## **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.

## **Appendix 2 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](http://www.bipolarscotland.org.uk)

Breathing Space - free and confidential phone line for people who are feeling depressed or sad  
[www.breathingspacescotland.co.uk](http://www.breathingspacescotland.co.uk)

Choose Life - The national strategy and action plan to prevent suicide in Scotland  
[www.chooselife.net](http://www.chooselife.net)

Depression Alliance  
[www.dascot.org](http://www.dascot.org)

Families Outside - support to families affected by imprisonment  
[www.familiesoutside.org.uk](http://www.familiesoutside.org.uk)

Forensic Mental Health Services Managed Care Network  
[www.forensicnetwork.scot.nhs.uk/](http://www.forensicnetwork.scot.nhs.uk/)

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

Manic Depression Fellowship  
[www.mdf.org.uk](http://www.mdf.org.uk)

Mental Health Foundation  
[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

Mental Welfare Commission  
[www.mwscot.org.uk](http://www.mwscot.org.uk)

National Schizophrenia Fellowship Scotland  
[www.nsfscot.org.uk](http://www.nsfscot.org.uk)

Scottish Associate for Mental Health (SAMH)  
[www.samh.org.uk](http://www.samh.org.uk)

Scottish Carers Alliance  
[www.scottishcarersalliance.org](http://www.scottishcarersalliance.org)

Scottish Independent Advocacy Alliance (SIAA)  
[www.siaa.org.uk](http://www.siaa.org.uk)

Scottish Mental Health First Aid (SMHFA)  
[www.smhfa.com](http://www.smhfa.com)

Scottish Recovery Network  
[www.scottishrecovery.net](http://www.scottishrecovery.net)

Scottish Women's Aid  
[www.scottishwomensaid.org.uk](http://www.scottishwomensaid.org.uk)

'see me' - the Scottish Campaign to challenge stigma and  
discrimination around mental ill-health  
[www.seemescotland.org](http://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](http://www.womeninprison.org.uk)

Vox (Voices of experience) national (Scottish) mental health service  
user led organisation  
[www.voxscotland.org.uk](http://www.voxscotland.org.uk)