The British Psychological Society

Mental health services for prisoners in Wales

British Psychological Society response to the Welsh Government consultation

February 2014

About the Society

The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of just over 50,000.

Under its Royal Charter, the objective of the British Psychological Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge". We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

Publication and Queries

We are content for our response, as well as our name and address, to be made public. We are also content for Welsh Government to contact us in the future in relation to this consultation response. Please direct all queries to:-

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About this Response

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We hope that you our comments useful.

David J Murphy CPsychol
Chair, Professional Practice Board

Policy Implementation Guidance on Mental Health Services for Prisoners in Wales

Consultation Response Form

Name	
Organisation (if applicable)	The British Psychological Society
Email / Telephone Number:	consult@bps.org.uk
Postal Address	St Andrews House, 48 Princess Road East, Leicester LE1 7DR

Are you responding as an individual or on behalf of an organisation?
Please tick appropriate box and provide details:

Individual	On behalf of an organisation - please tell us which organisation
	British Psychological Society

Consultation Questions

Please note, you do not have to answer all the questions.

Ref	Question	Yes	No	Partly	Comments
1	Do you agree that this Guidance addresses the issues outlined in 'Part I: Context'?	X			This guidance appropriately recognises what has been achieved and that there is still a long way to go before parity is achieved between mental healthcare for prisoners & those in the community and the Society welcomes the plans and aspirations contained in the document. We believe that there are issues in relation to private prisons such as, in relation to primary care, which may require clarification / further guidance. Paragraph 17 – interim should be borne in mind that there will be issues that are specific to the prison population which require adaptations to be made in relation to adoption of NICE guidance with this population (e.g. co-morbid substance misuse, personality disorder) and due to the environment (e.g. availability of primary care interventions and self help / C-CBT; how therapeutic it is, what opportunities for homework e.g. CBT).
2	Do you agree with the approach outlined in 'Part II: Guidance'?	X			Providing (mental) health care within prisons using the same approach to that in the community is helpful. There are issues in relation to the delivery of some of the primary care aspects especially where these are delivered by private sector organisations. For example, providing guided self help and short term interventions and the provision of support and advice as set out in paragraph 27.

2a	Do you agree with the 'Aim and Principles'?	X			The Society welcomes the explicit focus on promotion of positive mental health and 'equivalence' along with the fit with 'recovery' principles is positive.
2b	Do you agree with the 'Purpose and Functions'?	X			The comprehensive list of core functions of prison mental health services is helpful; however a number of questions about how these will be operationalised need to be considered. For example, if all will be assessed within 72 hours of first reception as part of what appears to be a secondary care function, what is the purpose of screening? There are resource and practice implications of this. In addition there are the following specific points: • Screening - what form / tools might be appropriate and who would be responsible. • Assessment – this appears to be a new requirement and could be resource intensive. Appropriate screening / assessment of cognitive function in relation to dementia should be considered as part of this. Prevalence rates for dementia estimate 1 in 40,000 people between 40 and 64 years rising to 1 in 6 in people over 80 years. In 2012 there were approximately 44,600 people living with dementia in Wales and this is likely to be an underestimate (Alzheimer's Society, 2014). Further, people with learning disability are at greater risk of developing dementia due to premature ageing. • Collation – this is an important task, and developing a

					chronology is often very helpful however this can be a very large task • Sharing – this is helpful to identify however there are complexities which would benefit from some additional guidance / consideration relating to the different systems used, consent, interface between custody and healthcare etc. • Interventions – this is important however for psychological interventions the resource / capacity for this is currently very limited. Consideration of what is / is not appropriate within the prison setting also needs consideration. • Advice – the approach to and resources for this need consideration especially in the context of a private sector prison The Society believes that risk is an important factor which may also influence decision making and service delivery.
2c	Do you agree with the 'Minimum Requirements – Primary Care?	X			The Society welcomes the requirements but believes that there are implications in relation to staff resources / skills base which needs to be acknowledged. For example, as noted above, the requirements set out in paragraph 27 may require new / additional resource. For private sector prisons this may not form part of the current contract – therefore this would necessitate either re-negotiation or finding another way to address this. The level of skill / knowledge is especially true given the complexity of the group (based on the figures of the introduction) and which may make this provision more complex that such primary care services in a community setting. A piece of research should be supported to establish the numbers and equivalence or otherwise of those in primary care within prison vs in the community.

					The comprehensive assessment (para 29) should include both screening and, where necessary, in-depth cognitive assessment for dementia the latter of which is likely to require a clinical psychologist to undertake. Depression and anxiety in older people can be more difficult to diagnose due to the co-morbidity of medical condition, disability and pain, multiple life events and loss. Specialised assessment may be necessary for accurate diagnosis and effective treatment.
2d	Do you agree with the 'Minimum Requirements – Secondary Care'?			X	The Society welcomes the inclusion of some minimum service requirements (in relation to the constitution – not absolute numbers) of in-reach teams to ensure that they always include a clinical or other appropriate practitioner psychologist. In relation to possible dementia, where initial screening has indicated the presence of cognitive impairment, further assessment should be undertaken in order to establish a diagnosis. Treatment planning and care co-ordination will need to include ongoing monitoring of the person's condition and appropriate treatment, care and support for the person potentially including self care and daily living skills. Working within secondary care within this setting is highly specialist - some specific reference to practitioner supervision should be made to support and develop the workforce. This should also be extended to primary care. The role for formulation alongside diagnosis could be explicitly acknowledged.

					There is an opportunity to promote the development of 'therapeutic / enabling' establishments (there is a reference to PIPES as part of the PD developments) which could further meet the wellbeing / health agenda. Consultation to staff, such as advising other staff on approach / management, is frequently needed especially where risks are high and / or direct intervention is not appropriate or cannot be delivered. We believe that this should be highlighted as it caries a resource implication. Para 42, 44 – also It may be that the practice of co-working could also be considered to enable both community and prison inreach staff to remain 'active' in someone's care and treatment. Para 47 (and 105 later) – the response to crisis would benefit from elaboration. In the community the availability of home treatment / crisis resolution services are used in many areas to provide crisis and out of hours cover. This is unlikely to be appropriate in custody, therefore we suggest that consideration is given to provision to manage crises outside 9-5 Mon – Fri. Para 48 – see earlier note re existing NICE guidelines.
2e	Do you agree with the 'In Patient Provisions in Prisons'?			X	As noted above, there is an opportunity to promote a framework especially within services such as safer custody to create a culture which fosters wellbeing and addresses need. This could include a positive behaviour and skills development approach through to enabling environments / PIPES
2f	Do you agree with 'Specific			X	Mental health promotion – many of these points again focus on

	Considerations'?				environment / culture which offer the opportunity to also promote addressing need at the system level. Within the BME section, possible needs in-relation to language (e.g. provision of resources / services) should be noted (as is highlighted for the Welsh language). Para 71 – The issue of transition and appropriate service on arrival (e.g. adolescent or adult) should be expanded upon. Older prisoners who have dementia are extremely vulnerable and require specialised provision within the prison system. Incorporation of recommendations from national improvement programmes such as 1000 Lives + initiative is welcomed and will be essential for the development of appropriate and safe services for older prisoners. Personality Disorders – the developments of the pathway within Wales mean that some of the information in this section could be amended: KUF training is available and could be rolled out to prison staff; Eastwood Park (women from South Wales) will be establishing services for Personality Disorders during the summer; PIPES are being explored and a pilot may be established in an approved premises before considering developments within a Welsh prison. Para 86 – the delivery model has now been agreed however it differs slightly from that described in this paragraph Specifically a model of screening and consultation has been established which utilises probation specialists and clinical / forensic psychologists to support offender managers in case identification, and sentence / treatment planning. Health boards are either involved directly or indirectly in

					supporting this work. Further, specific treatments will be trialled across Wales (as part of National developments). An up to date statement for inclusion could be obtained from Meinir Edwards (Probation PD Pathway Lead) based in Cardiff Probation Offices.
2g	Do you agree with 'Operational Arrangements'?			X	The Society welcomes the scope for services to 'personalise' their model of delivery but we believe that there will need to be some consistency across prisons as well as clarity at service boundaries (para 101). Para 103 appears (for the first time in the document) to lean towards a diagnostic model (disease, diagnostics). Revision of this section to presenting problems / mental health needs, appropriate diagnosis and formulation, availability of specialist diagnostic methods (both medical and psychological / occupational e.g. scans, dementia assessment) should be considered. Para 105 – see earlier.
2h	Do you agree with 'Governance'?	X			
2i	Do you agree with 'Service Outcomes and Evaluation'?			X	The Society welcomes the required standards however; this could be developed to promote evaluation and research across Welsh prisons to ensure that the services delivered are world class. For example, there is an opportunity to develop a national minimum data set to support this and to consider how services and prisoner experiences can be evaluated and gathered. The approach within the All Wales Probation Personality Disorder Pathway development provides one model which could support this. Such a development would also enable better service planning and provision to be achieved into the

					future.
3	Do you agree with ‘Current Provision in Wales’ at Annex A?	X			
4	Do you agree with ‘Selected NICE Guidelines’ at Annex B?			X	The Society welcomes the focus on NICE gudielines but believes that it needs to be emphasised that they are guidelines to be interpreted as appropriate to each specific situation.
5	Do you agree with ’10 Key Elements to Aid Implementation’ at Annex C	X			
6	Do you agree with ‘Underlying Principles for prison mental health care, human rights (in health care) and equalities legislation’ at Annex D	X			
7	Are issues relating to the Welsh language adequately covered?	X			
7a	If Welsh Language is not adequately covered, what could be added or improved?				
8	We would also welcome comments on the potential impact of the Policy Implementation Guidance				We welcome the provision of services for older prisoners as well as the development of small units for older prisoners. These need to be available at all prisons including the large local prisons. There needs

	on: ● Disability ● Race ● Gender and gender reassignment ● Age ● Religion and belief and non-belief ● Sexual orientation ● Human Rights				to be awareness that these units are likely to need to expand with the increasingly ageing prison population, therefore there will be a need to increase staffing levels of staff specifically trained to assess and manage the physical and psychological needs of an increasingly frail population. There is a case for secure hospice provision in at least one unit on the prison estate. (not necessarily Wales but available to Welsh prisoners).
	We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them, or attach further comments:				The Society welcomes this document which is clear, comprehensive and provides a very helpful foundation to mental health and wellbeing provision within prison. As already noted there are a number of additional opportunities (focussed on the culture / environment) and in relation to evaluation that could be added. Another critical but significant area relates to training and staff development including mental health, health and custodial staff. For much of this, practitioner psychologists are well placed to deliver to meet these needs. However, resources, especially clinical psychologists and psychological therapy trained staff are currently limited and will need careful consideration to support the delivery of this guidance.

Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please tick here: