Prison Health Needs Assessment:
Extended Summary & Recommendations

Thematic review 2013: mental health needs and provision across the Welsh prison estate

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Purpose and Summary of Document:

This extended summary and recommendation document summarises the Health Needs Assessment of the current mental health needs and service provision within prisons in Wales. In addition this assessment will focus on the process aspects of mental health care delivery. It also contains details of the stakeholder priorities workshop where the report’s findings were discussed and a national implementation action plan agreed.

A more detailed technical document is also available.

Publication/Distribution:

- Prison Health Partnership Boards
- National Offender Management Services
- Welsh Government
- Public Health Wales Prison Group
- Prison Health Improvement Network (PHIN)
Extended summary and recommendations

Introduction

Health Needs Assessments (HNA) aim to maintain the currency of healthcare services. In 2011 stakeholders agreed that it would be of more practical use to all concerned to move the Welsh prison estate away from a standard cycle of individual general HNA every three years and instead instigate a programme of agreed annual joint thematic HNA allowing more detailed analysis of priority areas. Prisoner mental health was prioritised for 2012/13. This report therefore focuses on mental healthcare in all Welsh prisons:

- HMP Cardiff (Cat B/C, remand and convicted, operational capacity 804),
- HMP and YOI Parc (Cat B, convicted adults, remand and convicted juveniles, operational capacity 1,474),
- HMP Swansea (Cat B/C, remand and convicted, operational capacity 435),
- HMP Usk (Cat C, convicted, operational capacity 273) and HMP Prescoed (Cat D, convicted, operational capacity 230).

The prevalence of mental health problems among prisoners is substantially higher than seen in the community (ONS 2000). An Office of National Statistics (ONS 1997) survey, using clinical interviews, found that 64% of prisoners were likely to have Personality Disorder, 7% psychosis (e.g. Schizophrenia), and 40% neurotic disorders (e.g. depression). This survey, and other evidence discussed in the technical report, also suggested some mental health problems, especially depression, were more prevalent in certain types of prisoners, such as those on remand or older prisoners (ONS 1997; Kakoullis, Le Mesurier & Kingston 2010). Finally, the report discusses evidence which suggests that mental health problems were either under-diagnosed or under-documented in prisoners’ medical notes (Brooker, Sirdifield & Blizard 2011).

Several important policy changes are due to be made, or have been made recently, across both healthcare and prisons, including:

- The Mental Health Measure (MHM) came into full effect in Wales at the end of 2012, altering the model of mental healthcare service delivery;
- Updated NICE guidance on mental health (published) and the development of guidelines on effective early interventions for mental health problems in prisons (under development);
- Policy Implementation Guidance on Prison Mental Health Services as part of the Together for Mental Health Delivery Plan;
- The introduction of an electronic medical record management system (SystmOne) across the Welsh prison estate.
These are likely to influence mental healthcare delivery across the Welsh prison estate. Taking these factors into account stakeholders agreed that the current HNA would further focus down on the process elements of mental healthcare delivery.

**Method**

A standard HNA model was used, incorporating: corporate, comparative and epidemiological elements (Marshall, Simpson & Stevens 2001).

The corporate element consisted of two strands. Strand one consisted of two stakeholders workshops; the first to agree the focus and tools for the HNA, and the second to discuss the recommendations and their implementation. The second strand used informal discussions with the prison mental health leads to gain insight into the SystmOne data quality and findings, and also the delivery of mental health care within each establishment.

The comparative element compared the needs, staffing and services available at each of the Welsh prisons with each other to identify areas of weakness and strength. Additionally, HMP Liverpool and HMP Nottingham were used as external comparators (both Cat B, remand and convicted, operational capacities >1,000).

The Epidemiological element used quantitative and qualitative data to examine several aspects of mental health service delivery. The areas examined include:

- Prison population
- Estimated mental health need
- Time available for assessment and treatment
- Current staffing and service provision
- Mental health assessments
- Mental health referrals
- Waiting times
- Plans
- Adverse events (e.g. sectionings, self-harm incidents, suicides)
- Protocols and pathways

**Main findings**

For this report the main findings have been broken down into the estimated level of mental health need and three key aspects of healthcare delivery: the structure of healthcare, the process of healthcare delivery and the outcome of that healthcare.
Mental health needs

There are approximately 3,300 adult males currently held in prisons across Wales; of these only 8% are estimated not to suffer from any sort of mental health problem, based on prevalence rates estimated through clinical interview in 1997 by ONS (ONS 1997) – the vast majority have one or more mental health problem (Table 1).

Table 1: Numbers of prisoners across Wales estimated to suffer from mental health problems

<table>
<thead>
<tr>
<th>Mental Health Issue</th>
<th>Number across Wales (not mutually exclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likely Personality Disorder</td>
<td>1,800</td>
</tr>
<tr>
<td>Functional psychosis (e.g. Schizophrenia)</td>
<td>200</td>
</tr>
<tr>
<td>Neurotic disorder (e.g. depression)</td>
<td>1,200</td>
</tr>
<tr>
<td>Alcohol problems</td>
<td>1,800</td>
</tr>
<tr>
<td>Drug use prior to entering prison</td>
<td>1,800</td>
</tr>
</tbody>
</table>

These estimates are not precise. They do not take into account fluctuations in prevalence over time or space. They do not account for the effect of age on the expected prevalence in each prison and they do not allow for any correlation between mental health problems and specific types of crime or prison security category.

The structure of mental healthcare delivery

All five prisons have a dedicated healthcare unit, housing general healthcare staff, Primary Care Mental Health Teams (PMHCT) and extended Mental Health In-Reach Team (MHIRT) and allowing effective communication between teams. 24 hour healthcare is available in all prisons with the exception of HMP Usk and Prescoed, although this does not always include mental health cover. Only HMP Cardiff currently has an inpatient unit.

During the discussions with healthcare staff the level of general healthcare staff provision was felt to be good, although healthcare staff provision in HMP Parc is low in comparison to both Welsh prisons and external comparators in England. Both PCMHT and MHIRT capacity varies widely across the Welsh prisons, as can be seen in table 2 below, with overall levels of MHIRT cover substantially lower in Wales than seen in the external comparator. Additionally, the use of healthcare assistants/officers varies across the prisons, as does their involvement in the health screens and other mental health duties. There is urgent need for a review of staffing needs, across both the PMHCT and MHIRT teams, in HMP Usk and Prescoed and staffing levels will needs serious
consideration in order to cope with the increase in demand due to the expansion of Parc prison.

Table 2: Staffing levels across the prisons and the ratio of staff to prisoners (RtP) for each position

<table>
<thead>
<tr>
<th></th>
<th>Cardiff</th>
<th>Parc</th>
<th>Swansea</th>
<th>Usk &amp; Prescoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population size</td>
<td>784</td>
<td>1560</td>
<td>405</td>
<td>511</td>
</tr>
<tr>
<td>No of RGNs (ratio to prisoner)</td>
<td>11 (1:71)</td>
<td>9 (1:173)</td>
<td>9 (1:45)</td>
<td>7 (1:73)</td>
</tr>
<tr>
<td>No of GP sessions (RtP)</td>
<td>9 (1:87)</td>
<td>11 (1:142)</td>
<td>6 (1:67.5)</td>
<td>3 (1:170)</td>
</tr>
<tr>
<td>No of RMNs (RtP)</td>
<td>10 (1:78)</td>
<td>9 (1:173)</td>
<td>4 (1:101)</td>
<td>0.4 (1:1278)</td>
</tr>
<tr>
<td>No of CPN/In reach nurses (RtP)</td>
<td>3 (1:261)</td>
<td>2 (1:780)</td>
<td>1 (1:405)</td>
<td>1 (1:511)</td>
</tr>
</tbody>
</table>

* these figure include vacancies currently advertised

A wide range of mental health services are provided across all prisons. A range of self help materials are available across the prisons, as are a range of mental health maintenance courses. Anger, anxiety and depression management is available, usually on a one to one basis and sometimes limited to those individuals with more serious mental health problems who are on the MHIRT caseload. The arrangements for the provision of mental healthcare provided at a time of an acute mental health incident, or crisis, varied across the prisons. It may be beneficial to formalise this process, with a clear care pathway, to aid rapid access to mental health services for those prisoners who experience a rapid decline in mental state.

Implementing the MHM is likely to alter primary care service provision in the community in the near future. The PCMHTs within the prisons need to keep pace with these changes to ensure continuity of care. As required under the MHM, most prisons have moved, or are in the process of moving all secondary care prisoners onto the MHM care and treatment plans. However, current referral pathways do not meet the requirements made under the MHM for individuals who have previously received secondary care to be able to self-refer back to the MHIRT; therefore alterations will need to be made to these pathways in order to meet this obligation.

Staff training was seen by healthcare leads as the way to meet many of the unmet needs across the prisons. In particular training in personality disorder and substance misuse would allow a more tailored approach to treatment plans. Other unmet needs included speech and language therapy, especially for the young offenders, additional counselling provision, and training or provision to account for the growing population of older prisoners. Training was also raised with respect to other prison staff, with acknowledgement of the benefits of
mental health awareness and well being among these staff and endorsement of the principle of mental health training for all staff.

The process of mental healthcare delivery

The primary and second health screens are a key point of contact between the healthcare teams and the prisoners and provide a vital opportunity to detect mental health problems. 100% of primary health screens are performed within the recommended time period of 24 hours; however this figure drops below 90% for second health screens performed within 72 hours in HMPs Cardiff, Parc and Usk prisons. Additionally, it is questionable whether all screens are being performed by appropriately qualified members of staff, with a large minority performed by healthcare assistants/officers in some prisons, which may influence the quality and accuracy of these screens.

The variable use of SystmOne has made the assessment of mental healthcare activity less reliable than was originally anticipated. SystmOne data showed the median waiting time for the PMHCT across prisons was 15 days or less (for prisoners who were both referred and seen between October and December 2012). The median wait for the MHIRT was slightly longer at 17 days or less. In both cases, prisoners deducted (removed from the prison) before being seen appeared to have been waiting longer for their appointments before they were deducted; this could be due to a number of acceptable or unacceptable factors and it was universally agreed that the regularity of patient follow up was variable dependant on need.

Churn (the small amount of time individual prisoners spend in one prison before being transferred or released) and continuity of care were repeatedly raised as issues for mental healthcare delivery and all staff agreed that moving towards the universal use of validated tools for the assessment, where available, by all Welsh prisons would be beneficial for patient care. A variety of tools are currently used and discussion between the different PCMHTs is needed to facilitate the move to a single set of tools. This would also help with discharge into the community, an area universally agreed by the healthcare staff consulted to be handled well across the prisons.

The outcomes of mental healthcare

Ideally the outcome of mental healthcare should be the stabilisation and improvement of an individual’s mental state. The use of universal assessment tools and regular follow up may allow a more accurate measure of this outcome in the future but was not possible during the current HNA. Instead the report
uses a selection of outcomes indicators: anti-depressant use, transfers of care required, suicides and self-harm events.

The use of anti-depressants varies substantially across Wales, with prescription rates varying from 4.5% of all prisoners in HMP Prescoed to 25% of all prisoners in HMP Swansea. It has also been acknowledged that anti-depressants are widely used as a “safety net” to prevent suicides. It was agreed that this approach was not recommended by current guidelines and all prisons agreed that moving to a watch and wait approach, as recommended by NICE, would be beneficial. It was also agreed that in HMPs Cardiff, Parc and Swansea medication reviews are not performed as regularly as is recommended by NICE guidelines and may lead to additional unnecessary use of medication.

Transferring prisoners to mental health hospitals is an ongoing issue. While all prisons reported that it was possible to do so, and they have set procedures in place, the average waiting time was between two and four weeks post-assessment. This is often due to the type of secure hospital facilities required; however, experiences at Parc prison illustrated that using low security hospitals often resulted in problems. These waiting times are however reasonably consistent with those seen in the two English comparator prisons and are, to a certain degree at least, dependant on urgency.

The number of suicides seen across Wales varied according to prison. HMP Usk and Prescoed have seen no completed suicides in 10 years, while in 2012 alone HMP Cardiff saw 4 completed suicides, HMP Swansea saw one, and Parc prison had one death for which cause has not yet been ascertained. All of these deaths were individually reviewed and a summary of the Health Inspectorate Wales reports is provided as part of the HNA. Additionally, Parc prison estimates that there were 730 self harm incidents during 2012; this figure is much higher than HMP Usk and Prescoed (52), HMP Swansea (40) or HMP Cardiff (100). This may be due to different definitions of self harm but requires further investigation and intervention by Parc prison.

**Limitations**

The use of ONS national prevalence estimates, from clinical interviews with a nationally representative sample of prisoners in 1997, to estimate the level of mental health need within each prison is a limitation of this review; however, other methods of estimating need are likely to have been either flawed or extremely expensive.
The reliance on SystmOne data is also a limitation at the current time; however, if used correctly and consistently the system will in future provide the type of data required for both a HNA and an internal audit.

It is another limitation of this report that prisoners were not consulted about their experiences of mental healthcare within the prisons. While this was considered during the planning stage it was not felt to be feasible at the time, given the poor responses that have been reported in previous HNA.

**Full list of recommendations**

**Pathways/procedures**

- Clear procedures should be put in place to ensure that any changes in the prisoners risk or mental health state are conveyed to wing staff in a timely manner.

- It is recommended by the health needs assessment and the HIW reviews that regular audits be carried out in order to monitor the effectiveness of the mental health service delivery within all prisons.

- Alterations need to be made to the pathway into MHIRT care, to allow for the legal requirements set out in the MHM whereby individuals who have previously received secondary care can self-refer back into secondary services should they feel their mental health is deteriorating.

**Staffing**

- Healthcare staffing levels at HMP Usk and Prescoed are in urgent need of review. The PCMHT in particular has a significant staff deficit compared to the other prisons. Additionally, due to the extensive paperwork involved in mental health care in this team additional MHIRT staff and/or administrative staff should be considered.

- A review of staffing levels at HMP Parc should form an integral part of the expansion arrangements as current staffing levels are unlikely to be able to meet this increase in demand, especially within the MHIRT and psychiatry.
Treatment/services

- A commitment should be made to implement the NICE guidelines on the provision of mental healthcare in prisons across the estate once they are published.
- The services provided in the community should be monitored and internal services adapted to provide a degree of continuity of care.
- A standard method of recording care plans, with a minimum acceptable level of detail would aid in transfer of care across the prison system.
- Recovery work, or relapse prevention signatures, should be carried out, in collaboration with the safer custody teams, with anyone who presents with a history of self-harm or has been placed on an ACCT. This may be particularly important at HMP Parc, where levels of self-harm seem comparatively high.
- The Supported Living Plans used in Parc prison (similar to the therapeutic landing system in HMP Cardiff) provides additional support for vulnerable individuals, improves their transition into prison life and may prevent mental health problems escalating. Similar systems should be considered in across the estate.
- Counselling services have been requested and would be beneficial to help maintain good mental health in the prison population.
- Speech and language therapy services have been requested, especially for the under 18’s, and would bring Wales in line with the services provided by prisons in England.
- GP coverage should take into account the amount of time required for both the assessment of new receptions and also routine clinics.
- Pooling self-help resources between the prisons would provide each prison with the full range of information available and would minimise the effort require to make this information available to those prisoner with limited reading or English language skills.
- Anger management courses could be considered as a collaboration between healthcare and prison services where it is currently not available or not available to all.
- Specialist services for older people with mental health problems should be considered, especially at Parc prisons.
- An expanded role for the crisis teams may allow for rapid access into mental health services, as is the case in HMP Liverpool.
Training

- Personality disorder training for the PMHCTs would be beneficial to help them deal with the high numbers of individuals with personality disorder, especially the large proportion with additional mental health problems.

- Substance misuse training for the PMCHT would also be beneficial to help them deal with individuals with dual diagnoses.

- Mental health awareness training/first aid should be made available for all prison staff to aid with the early detection of mental health problems on the wings. Recent awareness raising incidents have resulted in improved detection and is likely to have resulted in earlier treatment.

- Healthcare assistants/officers who are going to be carrying out primary and secondary health screen should receive increased training in mental health. The level of this training should be universally agreed across the prison and should be made mandatory.

Assessments

- Universal assessment tools should be used across the Welsh prison estate, and recorded on SystmOne, to allow long term monitoring and seamless care; this is particularly important given the short duration that some individuals stay in local remand prisons. In particular universal tools for anxiety, depression, alcohol use, self-harm and suicide should be agreed upon and adopted.

- Depression assessments should be performed, and recorded on SystmOne, before prescribing antidepressants and regular reassessments and prescription reviews should be performed.

- Self-harm and/or suicide assessments should be considered for any individual who scores highly on the depression scale.

- Self harm and/or suicide assessments should be added to the primary or second health screen so they are carried out systematically and early.

- It should be considered as a matter of urgency whether Healthcare assistants are appropriately qualified to perform primary and second health screens.

- In line with best practice in the community, prisons should maintain, or introduce the practice of annual health checks for those with severe mental health problems.
• HMPs Usk, Precoed and Parc should all look at improving the timeliness of their second screens in order to catch mental health problems before they escalate.

**SystmOne**

• An agreed template of read codes should be agreed across the Welsh prison estate to allow the easy transfer and understanding of medical records between the prisons and to allow for auditing and monitoring of the health care systems.

• Improvements should be made to SystmOne to allow the more effective auditing of waiting times by connecting referrals to appointments, allowing for care planning and advanced appointments (possibly with an “ongoing care option”) and an option to record those who do not attend/no longer require.

• A routine method of recording “inappropriate” referrals to MHIRT would be beneficial.

• A facility for the standard recording of care plans would be beneficial.

• SystmOne should be set up and used correctly to allow prisons to easily extract lists of prisoners with mental health problems in need of annual health check, as is done in HMP Nottingham.

• It would be useful if a register of “recently deducted” individuals was easily accessible.

• For monitoring purposes it would be useful if it was possible for authorship of the mental health aspect of the second health screen could be reported separately.

• Use of SystmOne remains suboptimal among members of the extended MHIRT (psychiatrists and psychologist predominately) and it is possible that additional improvements of the system, with tick boxes and drop down menus may improve usage and aid future audits.

• Self-harm and/or suicide assessments should be flagged on SystmOne.
Research

- The use of a universal set of read codes across the Welsh prison estate would allow the more accurate estimation of number of individuals experiencing mental health symptoms in prison.

- If the introduction of relapse prevention signatures across the Welsh prison estate is agreed it would be important that a formal evaluation be conducted so that additional evidence on the effectiveness of this technique in the prison population can be gathered and shared.

- If the universal use of validated assessment tools across the Welsh prison estate is agreed, and SystmOne correctly used, then there would be a rare opportunity to monitor the effect of prison on the mental health of individuals. It would also open up the possibility of further evaluating any additional services that are suggested in the forthcoming NICE guidelines.
**Prioritised National Action Plan**

A list of seven recommendations felt to be of the highest priority for the Welsh Prison Estate were agreed during a stakeholder workshop and the actions required to achieve these prioritise and the agreed timescale is displayed in the prioritised national action plan below:

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Action</th>
<th>Lead Organisation/individuals</th>
<th>Outcome</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1: A commitment should be made to implement the NICE guidelines on the provision of mental healthcare in prisons across the estate once they are published.</td>
<td>Implementation of guidelines following Welsh Government approval</td>
<td>Health Boards</td>
<td>Specific outcomes need to be set following the publication of the guidelines but it is anticipated that they will focus on improved detection of mental health problems and early treatment</td>
<td>Pending publication</td>
</tr>
<tr>
<td>4.1: Personality disorder training for the PMHCTs would be beneficial to help them deal with the high numbers of individuals with personality disorder, especially the large proportion with additional mental health problems.</td>
<td>To arrange personality disorder awareness training, either electronically or in person, for all relevant healthcare staff.</td>
<td>Heads of healthcare</td>
<td>100% of nurses to have received personality disorder training</td>
<td>March 2014</td>
</tr>
<tr>
<td>5.3: Self-harm and/or suicide assessments should be considered for any individual who scores highly on the depression scale.</td>
<td>1. To agree a universal self-harm and suicide tools for use across Wales. 2. To add these tools to SystmOne 3. To routinely record</td>
<td>Working group  NWIS SystmOne lead  Heads of healthcare</td>
<td>100% of individuals scoring above a set threshold to have received a self-harm and/or suicide assessment</td>
<td>December 2013</td>
</tr>
</tbody>
</table>
### 5.1: Universal assessment tools should be used across the Welsh prison estate, and recorded on SystmOne, to allow long term monitoring and seamless care; this is particularly important given the short duration that some individuals stay in local remand prisons. In particular universal tools for anxiety, depression, alcohol use, self-harm and suicide should be agreed upon and adopted.

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<table>
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<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1.</strong> HMP Usk and Prescoed to move towards using the PQH9</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Working group to agree other universal tools/practices to be used</td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> Tools to be added to SystmOne</td>
<td></td>
</tr>
</tbody>
</table>

#### 1. Mental health Lead for Usk and Prescoed

#### 2. Heads of healthcare to nominate attendees. PHW mental health Lead to be invited to chair working group

#### 3. NWIS SystmOne lead

*Overall improvements in the continuity of care, specifically:*

- 100% use and recording of chosen tools.
- Assessed using internal audit and reported to prison partnership board by December 2013.

**December 2013**

### 5.5: It should be considered as a matter of urgency whether Healthcare assistants are appropriately qualified to perform primary and second health screens.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Mental health section of second screen to be completed by a qualified member of nursing staff.</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> SystmOne to be altered to allow the</td>
<td></td>
</tr>
</tbody>
</table>

#### 1. Heads of healthcare

#### 2. NWIS SystmOne lead

*100% of mental health screens conducted by qualified members of nursing staff.*

*Assessed using internal audit and reported to prison partnership board by June 2013*

**June 2013**
### 6.1: A universal list of READ codes should be agreed across the Welsh prison estate to allow the easy transfer and understanding of medical records between the prisons and to allow for auditing and monitoring of the health care systems.

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working group to agree a universal list of READ codes</td>
<td>Heads of healthcare to nominate attendees. PHW mental health Lead to be invited to chair working group</td>
</tr>
</tbody>
</table>

**100% compliance with universal list**
Assessed using internal audit and reported to prison partnership board by December 2013

**December 2013**

### 3.5: The Supported Living Plans used in Parc prison (similar to the therapeutic landing system in HMP Cardiff) provides additional support for vulnerable individuals, improves their transition into prison life and may prevent mental health problems escalating. Similar systems should be considered in across the estate.

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>To discuss current arrangements within each prison at the next PHIN meeting.</td>
<td>Heads of healthcare to nominate attendees.</td>
</tr>
<tr>
<td>To implement any appropriate improvements to the current arrangements</td>
<td>Heads of healthcare and Governors to implement any necessary changes</td>
</tr>
</tbody>
</table>

**Production and implementation of prison specific plans and reported to prison partnership board by March 2014**

**March 2014**
References

Brooker C et al. (2011) An investigation into the prevalence of mental health disorder and patterns of health service access in a probation population. Lincoln: Criminal Justice and Health Research Group. Available at:


