

## **Stakeholder Engagement 24 Welsh Government – NHS Wales Mental Health Care for Prisoners**

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### **Background**

The Welsh Government published a strategy, *Together for Mental Health*<sup>1</sup>, in 2012. It is based on the principle that improvements to mental health and wellbeing can only be achieved by committed partnership working between organisations. It sets out how *The Mental Health (Wales) Measure 2010* will be delivered, including the mental health needs of offenders. People in the criminal justice system with mental health problems have an equal right to treatment and support. To provide this effectively all CJS and health services need to work together, sharing good quality information in a timely way and to support implementation of the strategy, the Welsh Government published implementation guidance, *Mental Health Services for Prisoners*, in 2014.

There is an acknowledgement that children and young people in contact with youth justice system present with complex, multiple problems. CAMHS in reach services should be provided to young people in custody in Wales.

All prison health partnerships should have a Prison Health Partnership Board (PHPB), jointly chaired by the Director of Primary, Community and Mental Health in the Local Health Board (or senior level representative) and the Governing Governor of the prison (or senior representative). The PHPB is accountable for the clinical delivery of healthcare services to the prison population. The senior management within the prison (public or private) is responsible for ensuring operational arrangements are in place designed to ensure clinical services are delivered.

**Dr Sarah Watkins, M.B.B.Ch. F.R.C.Psych (SW)**, previously a Consultant Psychiatrist in Cardiff and more recently Llantrisant, in Rhondda Cynon Taf now works as one of the health professional group for the Chief Medical Officer for Wales. Dr Watkins is Head of Mental Health & Vulnerable Groups Policy Division within Welsh Government and her remit covers mental health including drugs and alcohol, learning disability, older person's medicine and health services and disabilities.

**Mike Hardy (MH)**, started working in the CJS as a Probation Officer also working within the High Security Directorate of the Prison Service, his specialism was Substance Misuse and its impact on all aspects of offending, particularly with Young people. He joined the Welsh Government in 2007 and since 2013 he has lead the Welsh Government's Offender Health and has been responsible for drafting Policy

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<sup>1</sup> <http://wales.gov.uk/docs/dhss/publications/121031tmhfinalen.pdf>

Implementation Guidance in relation to Mental Health service's for Children and Young people, currently out for wider public Consultation.

The Review sought this meeting so that the Report could properly take into account any particular differences concerning health care in Wales and properly represent these.

There are five prisons in Wales, four of these are public and one is a private prison, HMP Parc, which is where most of the 18 – 24 year old prisoners in Wales are held.

The significant challenges for Local Health Boards in Wales that are of concern to the Review and that are factored into the practice of health care staff are the level of churn and number of prisoner movements. There is a potential, particularly when there is a change to prisoner status or location or when there is a transition, for core information to 'drift'. Observations of prisoners who present as being vulnerable, particularly during the initial first few days in custody are challenging; the need to observe the prisoners and identify what they need, particularly in relation to health is critical. There is always a degree of vulnerability when a Young Adult enters a mainly adult prison and health care staff are very sensitive to that. All information concerning co-morbidities such as drug or alcohol issues must be identified and data sharing for specific patients is an essential element of good quality care.

An effective screening process that identifies the potential risk factors at an early stage is important as it may be difficult to get information later on.

#### **CHARACTERISTICS OF 18-24 YEAR OLDS**

Young males are a high risk group and custodial staff need to understand this, it is important to intervene and make sure that their health needs are met when they go into custody through effective screening, staff should also be aware that the risk factors for 18 – 24 year olds are not very different from those of under 18 year olds.

Everyone is different and the prison environment affects and impacts on people differently, being without drugs, alcohol and nicotine will be factors and for these young people there may be attachment issues as well.

The journey to prison the reception process and then going to their accommodation is quite challenging for this age group and they may be shocked and traumatised. This could be worse if they are in a mainly adult environment.

Smaller living environments are preferable for young people who are not used to living in large groups with a wide age range.

A personal, rather than government view, is that there should be an emphasis on education and learning and the health care provision should allow for a bit more time to be spent with the patient.

#### **STAFF AND CULTURE IN PRISONS**

Welsh Government recognises that there are cultural differences between working in a prison and a healthcare setting and staff are very aware of this. Whilst acknowledging the nature of the environment within prison is different to delivering healthcare services in the community, the clinical approach remains the same.

The Local Health Board in North Wales has been heavily involved in the internal configuration for the new prison in Wales, which will hold mainly over 24 year olds. They have made representations for smaller and more personal living environments particularly for the more vulnerable young adults; a matter that is currently being considered by the National Offender Management Service (NOMS).

## **ACCT**

Healthcare services in Wales are being used across prisons in Wales to support the ACCT process. Their input, particularly during the early stages of a prisoner's admission, is a central plank for assessment. The work of David Sealy (Consultant Psychiatrist – HMP Cardiff) around enhancing the use of ACCT, particularly in respect of the observations undertaken may be helpful to the Review.<sup>2</sup>

ACCT may benefit from a refresh, there are fewer custody staff to provide key observations.

## **HEALTH AND MENTAL HEALTH**

There may be differences in the way care is provided between England and Wales but both services want the same outcomes. Health services within the custodial estate are not commissioned *per se* in Wales but form part of the Local Health Board planning and delivery requirements. There are seven Local Health Boards which deliver a range of services across Wales. Health is a fully devolved function of the Welsh Government, the accountability for which rests with Welsh Ministers. The executive oversight and responsibility for the delivery of Healthcare strategy and service delivery sits with the Director General for Health and Social Services and who is also the NHS Wales Chief Executive.

Mental health in-reach in all Welsh prisons was set up a decade ago. The Mental Health Wales Measure 2012 states that all prisoners should be able to access local primary care and mental health services that are referred by the GP. Prisoners should get the same services as those in the community. It is recognised that going into prison can be an opportunity to generally improve personal health and to access a range of services. Specifically in relation to mental health, the aim is to provide low level interventions by Primary Care teams. If an individual's circumstances both requires and, in respect of time being spent in custody, allows treatment for more complex illnesses such as depression, this can be provided.

Local Health Boards are aware that mental health may or may not be a factor in offending and these things may need to be addressed separately. A care and treatment plan at primary and / or secondary care level that may include a substance misuse perspective is likely to ensure that an opportunity to reduce offending is not lost.

Health is a key pathway of the Welsh Government's Reducing Reoffending Strategy specifically in relation to drivers for criminality such as, personality disorder, substance misuse and specific issues in relation to women offenders. In Wales, healthcare services should be woven into the strategic thinking around reducing reoffending.

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<sup>2</sup> Dr David Sealy Guidance provided, OOC 65

NHS Wales has a campaign to get all prisoners registered with a GP on release. The Housing Bill currently going through the Welsh Assembly incorporates that where there is a housing priority for a prisoner that need should be met. The majority of prisoners released are no longer of 'No Fixed Abode'. All female prisoners who are released from Eastwood Park (who live in Wales) are met by an official and escorted home.

#### **LEARNING DIFFICULTIES AND DISABILITIES**

Following the Prison Reform Trust report 'No one Knows' Welsh Government and other partners across Wales have developed an Access to Justice Guidebook designed to assist all agencies within the Justice system to deal better with people with a learning disability or difficulty. This guidebook is particularly relevant to the custodial environment (including police cells), the courts and Probation Service.

#### **COMMUNITY AND SOCIAL CARE SERVICES**

The Social Services and Well-being Wales Act 2014, in general terms provides the same guidance and provision in Wales as similar legislation in England. In relation to social care, provision for prisoners, unless the need is severe and acute tends to be met after release. The emphasis for Wales is on forward planning to develop appropriate care plans for release.

SW and MH are aware of the challenges for prisoners who are over 18 and are care leavers and they expect Local Authorities to fulfil their statutory duties. The complexity in relation to those who have or are about to leave the statutory care of the local prison is no different in Wales than in England. The wider issue relates to the importance of planning the transition which accords with both statutory guidance and best practice. This remains an important issue given what is already known about the vulnerability of those leaving the 'looked after' system specifically in relation to offending.

#### **INFORMATION SHARING**

Local Health Boards have their own mechanisms for devolved and non-devolved information sharing functions and know that they will need to be compatible with new The Health and Justice Information System which they are addressing over the coming months.

The Welsh Government Information Sharing Protocol Framework has 'design in' the principle that information will be shared when the risks are self-evident and in the interest of both patient and public safety. Improvements, specifically with Police and Prison partners have been achieved over the last three years.

#### **FOLLOWING A SELF-INFLICTED DEATH**

Local Health Boards, specifically those responsible for delivery of health services within the custodial estate follow the formal policy of working with the Prison and Probation Ombudsman (PPO), specifically in relation to investigations when serious and untoward incidents occur. This is particularly relevant when incidents of self-inflicted death or serious self-harm occur. Health Care Inspectorate Wales are a key participant in any investigation carried out by the PPO in Wales. In relation to specific incidents of a mental health nature, a group of senior officials within the Welsh Government meets twice yearly to consider all such reported incidents,

designed to ensure that lessons are learnt in relation to clinical practice. Incidents which formally arise from within the custodial estate, whilst relatively few in number, are given particular attention given safety and quality imperatives. Due processes concerning the PPO and the Coroner will be followed and specific learning will be picked up as part of the above reviews. Additionally, there is formal process in place for Welsh Government (Health) officials to be included in the findings of all inspections completed by HMCIP and to endorse any subsequent recommendations set down. This arrangement provides the necessary safeguard and governance, designed to ensure that delivery of healthcare within the custodial environment is given due regards.