PRISON
QUALITY NETWORK FOR PRISON MENTAL HEALTH SERVICES
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WELCOME

Welcome to the final newsletter of 2021! It is hard to believe that the year is drawing to a close already. It has not been the easiest year for everyone within the prison worlds, and we are sending our good wishes to everyone working hard to keep people safe and well within prison.

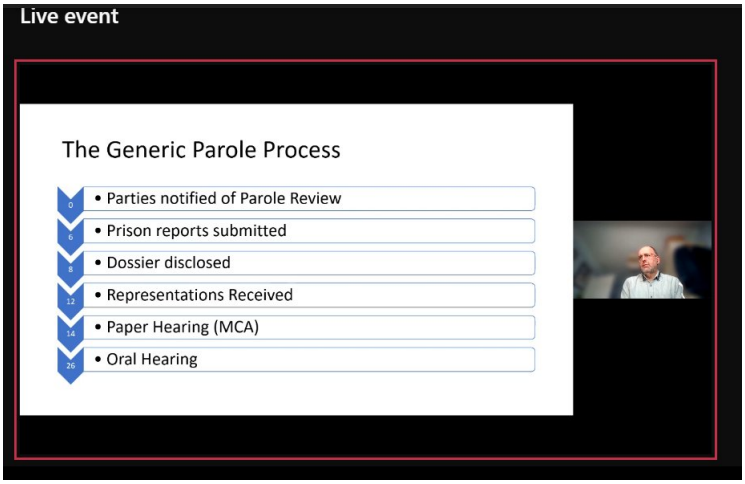
This edition of the newsletter is on Trauma Informed Care, and we have received some fantastic articles including how people have implemented a trauma informed environment within their services, and experiences of people receiving care in a trauma informed way—and what a difference it has made It is a really powerful edition, and I would like to thank everyone who contributed towards it. This is clearly a topic that people are passionate about.

I would also like to do another thank you to everyone who contributed to our recently QNPMHS annual forum! We had a fantastic day of speakers and presenters. This included hearing about technology within prisons and information on restorative justice. We also had a fantastic section about the patient pathway, hearing about continuity of care following discharge/release from prison, the parole board and mental health, and then finally about probation and mental health. This was timely as the recent joint thematic inspection report was published on the journey for individuals with mental health needs (available here).

Included in this newsletter is also the fantastic Festive Card Competition Entries—and what a fantastic haul we received this year! There are around 30 submissions which I was just blown away by!

Finally, I would also like to mention that this will be the last newsletter from me, as I will be leaving the College at the end of the year. It has been wonderful working here for the last five years, and I have learned so much. Thank you to all members for the wonderful teaching and innovative experiences I have had.

Kate Townsend, Programme Manager



"You've Made My Mirror Smile at Me" – Compassion and Complex Trauma in Prison

Laura Wright, Assistant Psychologist, HMP Belmarsh, Oxleas NHS Foundation Trust

When you study prison populations, you see a common preponderance of childhood trauma and mental illness. The two go together. So, what we have in prisons are the most traumatised people in our society.

Dr Gabor Maté

Traumatic Stress and Prison

Introduced in the international classification of diseases 11th revision (ICD-11), complex post -traumatic stress disorder (CPTSD) includes the core elements of PTSD (re-experiencing, avoidance, and hypervigilance) alongside additional difficulties with emotion regulation, negative self-concept, and interpersonal relationships. Recently, in the first study of its kind in a UK adult male prison population, researchers have examined the prevalence of PTSD and CPTSD in a Category B prison for adult males in South London.

Of their sample of 221 sentenced male prisoners, 7.7% met the ICD-11 diagnostic criteria for PTSD and 16.7% met criteria for CPTSD. Those in the CPTSD class more likely to report exposure to abuse, neglect, interpersonal or sexual violence, prolonged or repeated traumatic events, or exposure to multiple forms of trauma over their lifetime. Additionally, those with CPTSD were more likely to present with further psychiatric co-morbidities including anxiety, depression, substance misuse, psychosis, and ADHD (Facer-Irwin et al., 2021).

Trauma and its consequences can present a substantial challenge to those providing mental health care in prisons. As most working in prison mental health services will already be aware, our prisons are disproportionately populated by those who have experienced abuse, neglect, victimisation, poverty and racism. For many individuals, these traumatic experiences even continue inside prison.

A Compassionate Approach to Complex Trauma

Compassion Focused Therapy (CFT) is an integrative psychotherapy approach founded by Professor Paul Gilbert, underpinned by evolutionary, biopsychosocial and developmental theoretical models. It also draws upon ideas from Buddhist philosophy and practice. Gilbert (2017) defined compassion as "a sensitivity to suffering in self and others, with a commitment to try to alleviate and prevent it". CFT is a transdiagnostic approach felt to be particularly effective for those who can find it difficult to generate feelings of contentment, safeness or warmth in their relationships with themselves and others and who struggle with high levels of shame, guilt and self-criticism. Research has particularly highlighted the usefulness of CFT for people experiencing psychosis, eating disorders, personality disorder and PTSD (Dale-Hewitt et al., 2016).

A key element of the CFT model comes from research around the neurophysiology of emotion that suggests we have three main emotion regulation systems - the threat system (our stress response); the drive system (associated with reward or seeking resources); and the soothing-affiliative system (associated with feelings of calm, safety and social bonding) (Depue & Morrone -Strupinsky, 2005). CFT also uses a de-shaming 'not your fault' approach, grounded in evolutionary psychology, to highlight to clients how we have 'tricky' brains that can struggle to mediate between our basic animal motivations, our complex cognitive capacities (e.g. rumination, imagination and mentalising) and the demands of our

modern, social worlds (Irons & Lad, 2017).

Clients are encouraged to view their experiences through a lens of kindness and compassion, recognising that our emotional systems can be overactive or underdeveloped through exposure to threat in the absence of safety and affection, whilst also taking responsibility for learning new ways of managing distress by strengthening the soothing-affiliative system.

Compassion-Focused Therapy in a Category A Prison

Within the Oxleas forensic psychological therapy services across the Greenwich and Kent prison clusters, the calm and compassion group forms part of the treatment pathway for those with difficulties associated with complex trauma. Calm and compassion is a six-week course, comprising of weekly 2.5 hour group sessions and in-cell work. During the group, participants are supported to turn towards feelings of warmth and kindness through psycho-education, group activities and techniques that aim to build awareness and strengthen their capacity to attend, think and respond in ways that are more compassionate to both themselves and others. Some specific activities within the group include discussions on our development according to relational contexts, mindfulness and compassionate imagery exercises, learning to restructure responses to our self-critical thoughts and improving self-care and other compassionate behaviours.

In terms of clinical outcomes, our early findings are promising with group members in HMP Belmarsh demonstrating reduced levels of psychological distress, increased self-efficacy and a reduction in trauma-associated symptoms, as measured by pre and post intervention psychometrics. We are currently in the process of gathering more data to allow us to evaluate the effectiveness of the group in this respect.

Qualitatively, the group is often described by participants as being unlike any they have sat through in prison before. I've taken one quote

> *You've made my mirror smile at me*

from our last round of feedback forms and used it as the title of this article, whilst another participant once described to us a desire to bottle the atmosphere of the group room and take it back with him on to the wings.

Finally, we've also witnessed the benefits of compassion not only for group participants but those around them too - hearing stories of how participants have challenged themselves to respond more compassionately to other residents who might be stealing or bullying on the wing, to those residents who might be disruptive or distressed, and to managing challenging family situations – almost always leading to positive outcomes and meaningful conversations. As anyone who works in prison already knows, whilst what we might see around us are the most challenging manifestations of trauma, we also often see in our work the ripple effects of kindness.

CARS has arrived at QNPMHS

CARS (College Accreditation and Review System) is an **online platform** that allows members to submit **data online as part of their peer review process**. Once registered, a service can enter their **self-review scores online and upload evidence supporting their self-review**. **Follow this link to find out more.**

Encouraging a Trauma Informed Approach in Prison Teams Working with Young Adults

Hollie Price, Trainee Forensic Psychologist, Moyosore Adofo, Counselling Psychologist, Dr Laura Blundell, Consultant Clinical Psychologist and Dr Peter Stevens, Consultant Clinical and Forensic Psychologist, HMP/YOI Isis

Joshua has returned to the wing from the segregation unit of his Young Offender Institution (YOI) after another fight, this time injuring two staff members. Officers tell your psychology team he is making threats to harm his cell mate to protect himself from being attacked first. You accompany an officer to invite Joshua to an assessment. The sound of her keys echo down the wing as she unbolts the cell door, waking Joshua abruptly. He declines the meeting. Not an ideal start, but over the next few weeks persevering with a warm, informal approach appears to convince him to meet and eventually to tell his story.

Joshua shares what it feels like when he hears voices that command him to harm others and his belief that not doing so would put him at risk of being seriously harmed. He describes his racing heartbeat and breathlessness during vivid intense flashbacks of street violence he has perpetrated, suffered and fled from and how he wakes up covered in cold sweat, troubled by guilt after nightmares about domestic violence he was unable to protect his mother from in childhood. Together you realise he inhabits a vicious cycle of imagined and sometimes real threats and fear of harm. He escapes from this anxiety by threatening or using violence against others. There are close parallels between his early adverse experiences and the prison environment.

As a psychological therapies in-reach team working within a YOI, we are often expected to help individuals like Joshua. Of those referred into our service, 88% are considered potential candidates for trauma-based interventions established from indications of post-traumatic symptoms in assessment screening. The YOI, from Governor level down, has recognised this high prevalence of trauma among its residents and has adopted an organisation-wide philosophy of Trauma Informed Care (TiC; Treisman, 2021). This includes the appreciation of the impact of transgenerational trauma and how this is informed by an individual's history. It is considered to be particularly essential given the data from the YOI shows 72% of its population are from Black and Minority Ethnic (BAME) backgrounds. Individuals from these groups are also likely to face increased risk of mental health difficulties and exposure to risk factors for developing trauma symptoms (Public Health England, 2017). Furthermore, they are less likely to seek treatment, therefore calling for a wider trauma informed prison strategy to address these concerns.

Our service provides weekly reflective practice for prison officers. Reflective practice allows teams to notice and understand their responses to some of the complicated and often distressing experiences of working within a prison environment. This has created space for reflection on how these challenges can negatively impact on staff emotional wellbeing and promote hope when these challenges can feel overwhelming. Adopting this trauma focused approach promotes a more empathic response to behaviours that might otherwise have been responded to with punishment. Interestingly, it appears that staff engaging in these opportunities can be crudely divided into those for whom this approach to the work comes more naturally and those for whom it is more challenging to adopt. For both groups, the capacity for this trauma-informed approach appears to be inhibited by work-related stress and burnout, likely to influence officers' attitudes to rehabilitation (Clements & Kinman, 2020). Often new to reflective practice, officers describe seeing value in having time for reflection in a separate physical space to their usual duties, though this space is not always possible to protect in

the ever-changing prison environment.

Training on trauma, TiC principles and application to practice has been delivered to clinical and operational teams across the YOI. Aims of training include developing understanding of trauma and its links to pervasive distress in young people in custodial settings. The training offer has been evaluated and feedback shows it has been welcomed, valued and considered to be effective in building awareness and confidence. The psychological therapies service hopes to involve residents and operational staff in co-delivering future sessions.

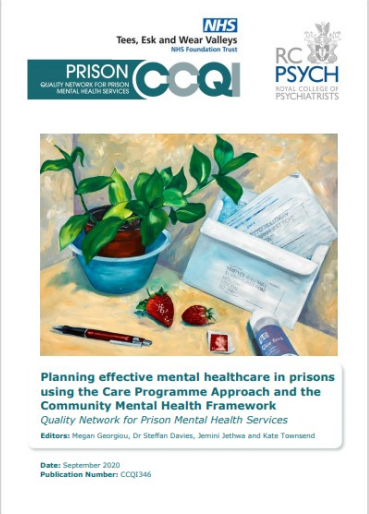
It is becoming apparent that a trauma-informed approach is essential when working within organisations like HMP YOIs that accommodate individuals who have suffered significant levels of adversity and harm and have the potential to retraumatise. It appears that a combination of training and reflective practice can create an environment that feels emotionally safe for trust-based relationships to form between individuals who have experienced trauma and those charged with responsibility for rehabilitating them.

Image submitted by HMP/YOI Isis of a mural recently painted at the prison collaboratively by service users and Joel Bergner, Artolution co-founder.

Care Programme Approach (CPA) Working Group

As the Quality Network for Prison Mental Health's work on the Care Programme Approach continues to its final stage, we are holding a working group to develop a set of training slides. These slides will be made available and free to our Network members from January.

The information we have already published on CPA in prisons can be found here: [QNPMHS publications and resources (rcpsych.ac.uk)]



Trauma Informed Care (TIC) – My Views and Experiences

MDV, Patient, HMP Isle of Wight

It never ceases to amaze me how every time a fellow prisoner opens up to talk about their childhood, their family life growing up, or their life in general before custody, time and time again with each different person and story, the same or similar traumatic experiences come up as a theme: abandonment, parental death, sexual abuse, domestic violence, bullying, poverty (among others) and the scale of it seems to be immense.

I do not know the exact number of prisoners who suffer with post-traumatic stress disorder (PTSD) and/or personality disorder but I am pretty certain that the percentage is a lot higher than in the wider community and it would be no coincidence that people suffering from trauma, sometimes from a very young age, have adopted beliefs, behaviours and negative response patterns that keep them stuck, are damaging in the long term, self-destructive or antisocial or unlawful. It's as if we're all trapped in a web of painful traumatic experiences and trying to escape from it by using tactics that serve a function in the short-term to ourselves and others.

With the above context, I believe trauma informed care should be a focus in prisons. I'm of the opinion that trauma therapy is a vital part in a path towards rehabilitation. Peoples' life directions have been hugely impacted by trauma and only with the start of a healing process, of understanding, and with the use of acceptance and self-compassion, will we be able to break free from it.

Trauma should not be left alone in prisons because of safeguarding concerns or because allowing dialogue might be detrimental in the short-term, instead of a sensible, individual tailored approach in conjunction with general staff support, offender manager support, drug and alcohol recovery teams (DARTS) and mental health team support can help drive engagement and have huge benefits for prisoners in the short and long term. Dealing with and healing trauma would be an excellent use of time in prison. Outside in the wider community, life takes over and it could be a lot harder to engage with professionals and/or have time to do therapy when the immediate concerns for an ex-prisoner will be housing, employment and resettling in the community.

Regular one-to-one therapy should give a good base to establish patient-therapist trust. Tailor sessions to individual needs and create a safe space where painful traumatic experiences can be discussed, understood and healed. A well-established patient-therapist relationship is vital before embarking in trauma therapy.

It is my view that offending behaviour programmes attempt to address the 'symptoms' (consequences) of trauma, but only trauma therapy can treat the real causes of most offending.

The majority of my unhealthy behaviours and negative beliefs that led me to offending developed from trauma in my early childhood.

Why only treat the consequences and ramifications of trauma, when a long stay in prison could be our only chance to attempt to heal trauma itself? It pleases me to say that I have been given the opportunity to do both.

During 27 months at HMP Isle of Wight, I have worked hard using cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT) self-help and 1:1. Acceptance and self-compassion are important. After preparation we began to use eye movement desensitisation and reprocessing (EMDR). The benefits for me are many, from enhanced insight and coping, to improved relationships with myself and others.

My journey has been far from easy and it's

not over yet. My prison, multi-dimensional/ agency support network offers me help and guidance regularly and in moments of crisis, which is vital to me and to many other prisoners. We can get the best care through team work and mutual good practice.

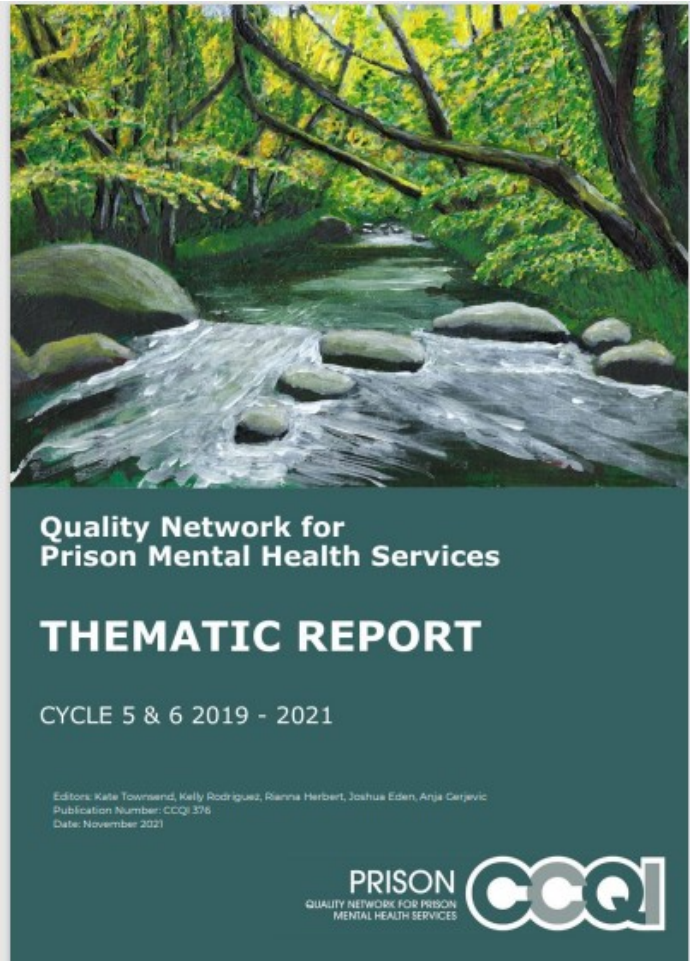
My mental health care plan is dynamic. Over time we have adapted it as relevant to my recovery, this supports the idea that different people need different things at different times, and I'm very grateful for receiving that understanding and flexibility.

To improve access to TIC, mental health practitioners could train and observe uniformed staff on each wing, to address any toxicity and promote a trauma informed rehabilitation focus.

If psychology and MH experts had more influence in the structure and content of the prison's core day, I expect time would be more rehabilitative and less dominated by HMP needs (e.g. staff shift patterns). There would be more activities designed to transform, inspire, improve prospects and heal trauma.

QNPMHS Thematic Report Cycles 5 and 6

We are pleased to announce the publication of the first-ever Quality Network for Prison Mental Health Services (QNPMHS) Thematic Report! This aggregated report, covering the period 2019-2021, uses data collected from member services who completed their peer reviews against the QNPMHS Standards for Prison Mental Health Services – Fourth Edition (2019).



The report identifies areas of good practice relating to admission and assessment; case management and treatment; referral, discharge and transfer; patient experience; patient safety; environment; workforce capacity and capability; workforce training CPD and support; governance; 24 hour mental healthcare; and COVID-19. We have provided common themes in areas for improvement alongside some recommendations.

In addition, we have detailed information gathered during the webinars and open discussions hosted during the start of the pandemic. The report ends with feedback gathered throughout the cycle. We hope you enjoy!

A copy of the report is available to view and download from our website.

Developing Trauma Informed Care at HMP Onley

Dr Jenika Patel, Counselling Psychologist, Secured Services, HMP Onley

HMP Onley is located on the outskirts of Rugby, in the county of Northamptonshire sharing its border with Warwickshire. HMP Onley is a category C overflow London prison, housing males. The healthcare department consists of a primary care team and a mental health team delivering primary and secondary mental health provision by Northamptonshire NHS Foundation Trust.

Prior to taking this position, I had worked in secured settings, specialist substance misuse and physical health services, forensic settings, improving access to psychological therapies (IAPT) and community secondary care mental health teams.

I started my post, in the middle of the COVID -19 pandemic. The regime at HMP Onley was very restricted and residents were spending up to 23 hours a day in their cells. The healthcare team at the time was expanding and I learnt that there would be two assistant psychologists starting as well. I was introduced to the trauma lead, who is a nurse practitioner named Becky with extensive experience in secured services.

My first week was spent shadowing mental health professionals to gain an understanding of their roles and what these entail. I soon became aware that the medical model was strongly favoured, as there were many conversations about prescriptions and the type of medication that could help alleviate distress, caused by fear, sadness, loss, deprivation, poverty and disadvantage. The focus on what was wrong with residents and medicating their distress was strong. This made me realise just how deeply rooted the medical model in prison healthcare was.

The task to develop trauma informed care seemed huge, and to get started I wanted colleagues to understand the reasons for why I had been put in post. I did this by setting up workshops, so that we could have discussions about what trauma informed care is, through these workshops, I also gained an understanding of how colleagues were feeling about their work.

There were expressions of burn out, loss of hope, feeling unsafe when coming into work, being unappreciated, holding unhelpful attitudes, feeling stressed and anxious, cynicism – 'will things ever change?', and over involvement with the challenges that residents presented.

Referring to the Window of Tolerance, I could see that the healthcare team were in states of hyperarousal and/or hypo-arousal. Starting with the mental health team, I began introducing the key principles of compassion focused therapy (CFT) which is embedded in evolutionary psychology and science. This was extended out to the wider healthcare service. Exploring the emotional regulation system of CFT helped colleagues to become aware of their own emotional regulation systems.

Key messages concerning the importance of self-care working in challenging environments were delivered, after all the first step towards trauma informed care is self-care. I was able to acknowledge the challenges of working in secured services and provided brief, accessible information on ways that colleagues could take care of themselves.

I began developing resources that staff could use to gain more understanding of the principles of CFT and how they could start conversations with residents about this. This started to form the foundation of emotional regulation strategies and formulation to develop a shared understanding of presenting problems.

In this way we had begun moving towards developing an awareness of what had happened to people, rather than what was wrong with them. Emphasis started to be

placed on the five principles of trauma informed care; trust, mutuality, collaboration, safety and, empowerment. The focus was shifted onto taking collective responsibility so that staff did not feel isolated and alone in their work. Case discussions were encouraged, so that we could learn from each other.

I completed a service evaluation recently and found that these initiatives have been useful and helpful. However, changing the culture of any organisation takes time, patience and perseverance. Consistent support for staff and residents will aid changing structural and working culture; this is important and necessary because a bad system will always beat a good person.

The Simple Things!

You tell me I'm guilty! You tell me I'm angry! You tell me I'm a liar!

People call me narcissistic, "junkie", and weirdo.

I hear you talk about me, we agree on something... I don't like me either!

You tell me I NEED to change!

Trust ME, I want to trust YOU

Respect ME, I want to Respect YOU

Acknowledge ME, I want to listen to YOU

Understand ME, I want to understand YOU

Motivate ME, I want to feel as needed as YOU

Accept ME, I wish I could be YOU

It's going to be hard, I may not always know why I am the way I am, I may not always make this easy for you, or me. Change is going to be hard, I will try and leave the old me behind even if it has protected me all this time! Be patient, listen to me.

I want to feel again! I want to choose again!

I CAN change!

James Locke, Recovery Worker, Drug and Alcohol Recovery Team, HMP Isle of Wight

Early Days in Custody: Mental Health Team Pilot Project at HMP Elmley

Katherine Carroll and Jane Singh, Early Days in Custody Mental Health Practitioners, HMP Elmley

Arriving into prison can be an overwhelming and daunting experience for anyone; even those familiar with the prison environment and processes. For those arriving into prison for the first time, it is likely that they may experience heightened feelings of distress, fearfulness (Jacobson, Edgar and Loucks, 2007) and trauma.

The Early Days in Custody (EDiC) mental health team was commissioned by NHS England to support prisoners arriving into HMP Elmley during their first seven days in custody who have an identified mental health need, are at a high risk to themselves or are a high risk to others based on their offences. The HM Chief Inspector of Prisons (2012) highlighted that during the first few days of imprisonment, prisoners are particularly vulnerable and the risk of self-injurious behaviours and suicidality is high.

The Prisons and Probation Ombudsman (PPO, 2016) identified that in a sample of 132 self-inflicted deaths in prisons from April 2012 to March 2014, nearly a third of the deaths occurred in the first 30 days; of which, half died within their first week in prison (15% of the total sample).

Referrals to the EDiC Mental Health Team are received from all services within the prison, and external agencies and are offered a non-face-to-face triage assessment using all available information. At this point referrals can be signposted to primary care services, psychological services or sent self-help information. All referrals are RAG rated using the traffic light system depending on levels of risk and levels of identified distress/mental health need to inform clinical and risk decisions.

Those referrals that are seen by the team for a mental health review or assessment are done so within 24 hours of being triaged. Prisoners that are seen by the team are offered a mental health assessment; including an assessment of risk, review of current circumstances and development of a holistic care plan detailing the support that they will be offered. Focus on continuity of care from the community is paramount and collateral information from GP's and community mental health services are gathered as standard to support the identification of an appropriate pathway of care. A follow up review and discharge review are offered with interim support provided to those in need; the EDiC service is particularly focused on supporting prisoners in crisis or at high risk of self-injurious behaviours.

Care pathways were identified for prisoners with ADHD; cognitive impairment/dementia; experiencing a crisis or at risk of self-harm; personality disorders; learning disabilities; and autistic spectrum conditions. These pathways enable the identification of appropriate provision of care available in the local setting utilising existing NHS, prison provision and tertiary providers.

Our service's aim is to:

- Support the prisoners in our care through their initial time in custody and prepare them to engage with appropriate mental health support during their time in custody.
- Help to develop the First Night Centre into a more mental health informed environment. This is reliant on the development and maintenance of relationships with prison staff which remains ongoing.
- Increase knowledge and appreciation for mental health needs in our population and promote collaborative working.
- Be facilitators of cultural change within prison environments.

Statistics

Between April 2020 and October 2021, the

EDiC Mental Health Team received 807 referrals and they have all had a non-face-to-face triage assessment. We have completed 483 face to face mental health assessments; held 458 prisoners on caseload (for up to 7-14 days depending on need) and attended 186 Assessment, Care in Custody and Teamwork (ACCT) reviews alongside prison staff and other agencies within the prison.

Challenges

- Starting a pilot project as a two person team at the beginning of a global pandemic was interesting! One week after being put in post, the nation went into lockdown. We quickly realised that although the timing was difficult and it quickly reduced service development by implementing social distancing, working from home and wearing full PPE; it was vital for the men coming into prison during this time to be offered an appropriate service.
- We found that there was a lack of services to refer and signpost to following our interventions due to the removal of non-essential services from the prison and reduction in group and therapeutic activities, as well as meaningful activities within the prison.

Positive Outcomes

- Feedback from the prisoners, officers and prison management has been overwhelmingly positive.
- Prisoners appreciate the chance to talk to someone about their mental health needs and have input into their planned care. They have felt listened to, appreciated and valued.
- Officers value us being based on the Houseblock and approach us regularly about prisoners that they need support with or for general information about mental health.
- Prison staff have proven invaluable in trying to support the prisoners when other services couldn't and working with our service collaboratively to best support our prisoners.
- Prison management have been supportive of the project and welcome input to the daily briefings on the houseblock; increasing collaborative and joint working and communication.
- The project was originally commissioned for 12 months from March 2020, but funding was extended until March 2022.
- We continue to plan training for prison staff on the Houseblock in their areas of interests in mental health, as well as upskilling trusted prisoners (e.g., Listeners, insiders) in referral processes and mental health awareness.
- With Oxleas successfully winning the recent bid to provide healthcare provision across all prisons in Kent from March 2022, the EDiC pilot will provide a foundation for the planned delivery of health and wellbeing in the First Night Centre and holistic approach to delivery of care to those with identified needs.

Call for Webinars

We are looking to host a range of webinars/discussion groups in 2022 where individuals can come together to learn and discuss certain topics. The aim is for each session to have a specific theme and will be facilitated by the QN team. If anyone has ideas on themes that can be discussed or would like to facilitate a session, please email PrisonNetwork@rcpsych.ac.uk.

Social Responsibility Units and Their Role in the Trauma Pathway

Kate Marsh, Senior Forensic Psychologist (SRU Clinical Lead), HMP Thameside

HMP Thameside has opened a social responsibility unit (SRU) designed to manage, develop and support prisoners with a history of anti-social and/or violent prison behaviour. These prisoners often present with challenging, complex needs and have experienced trauma within their lives. As such, trauma informed working has been integral to the practices and approaches utilised on the SRU, for example, management of sensory stimuli, adopting a consistent approach and understanding triggers and significant events from past trauma experienced. Serco has opened four SRUs in HMP Doncaster, HMP Lowdham Grange, HMP Dovegate and HMP Thameside.

The SRU is distinctly different from other areas of the prison. There is a higher level of staffing on the unit including ring fenced psychology staff of one senior forensic psychologist and two forensic psychologists in training. Whilst there are existing means within the prison to address institutional misconduct, such as the care and separation unit (CSU), the focus of the SRU is not punishment and has been introduced to address this behaviour in a collaborative, progressive and therapeutic manner. As such, location of a prisoner onto the SRU is voluntary; prisoners give their consent to engage. The environment is designed with soft furnishings and inspiring artwork to create a therapeutic space.

SRUs have an extensive theoretical underpinning, drawing upon custodial violence literature, factors contributing to desistance and building pro-social environments in a custodial setting. The Good Lives model (Whitehead, Ward & Collie, 2016) is an integral framework that informs the SRU model and its associated Clinical Delivery Manual and Theory Manual.

SRUs are jointly run by prison officers and psychology staff. Structured group and individual sessions are provided. This affords prisoners the opportunity to reflect on what is important to them, explore their violent and/or anti-social behaviour and identify realistic goals. Prisoners are supported by psychology staff to collaboratively develop their understanding of their 'own story' (clinical formulation). This enables prisoners to gain insight into the impact of their earlier life experiences and how this has linked to their belief systems, behaviour and decision making within adulthood. This is an empowering, trauma informed process where prisoners have often felt a greater understanding of themselves and how they can work towards addressing their needs in future.

The SRU model aims to promote prisoners' positive attitudinal and behavioural change, instill motivation and encourages hope and optimism for building a better future. Additionally, the unit aims to support and empower staff in addressing refractory behaviour in a trauma informed way. There is an emphasis on the development of appropriate relationships between prisoners, staff and significant others. For some prisoners, the experience of caring, supportive and appropriate relationships with others is a relatively new experience, particularly for those with traumatic histories.

Staff are selected to work on the unit based on their demonstration of; appropriate values aligned to the principles of the SRU, resilience, empathy, teamwork, and their ability to uphold boundaries whilst maintaining therapeutic alliance, albeit this is not an exhaustive list. SRU staff and partner agencies complete specific training to enable them to understand the underpinning psychological theory and principles and how these are practically applied. SRU staff are afforded weekly continued professional development (CPD) sessions, which have included developing their psychological understanding of the function of prisoners' behaviour through

clinical formulation. In turn, this has informed effective and responsive risk management plans.

Multi-disciplinary working has been essential for the success of the SRU. Strong working relationships exist between the SRU team and Oxleas NHS Foundation Trust, the CSU and other partner agencies. This has afforded an effective referral process as well as opportunity for multi-disciplinary decision making as to appropriate sequencing of services to best meet the prisoners' needs. This can include a pathway from CSU to SRU and ensuring the prisoner is able to engage from a mental health perspective. Utilising the expertise of professionals in varied roles ensures an enriched and rounded experience for prisoners on the SRU.

Empirical research has been conducted as a means of SRU evaluation and to aid future development of the model. The research thus far has focussed on the development of the model (pre-post psychometric evaluation), development of prison social climate on SRUs (culture) and evidence of the impact on institutional anti-social behaviour and violence. This has provided positive outcomes for the effectiveness of the SRU model in addressing prison violence and anti-social behaviour in a therapeutic and trauma informed manner.

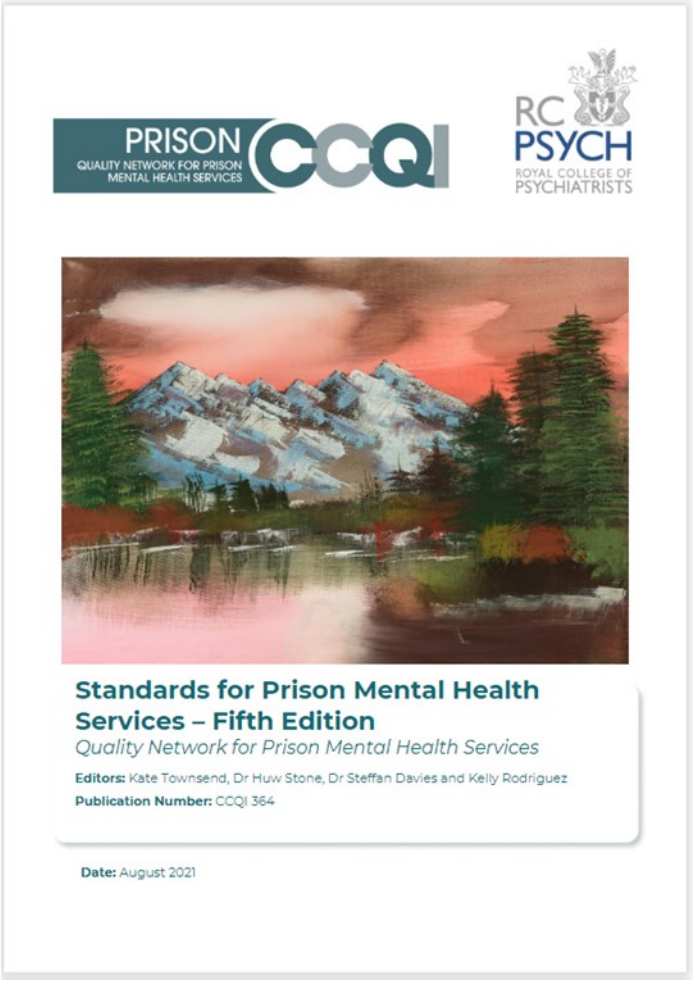
Standards for Prison Mental Health Services — 5th Edition

We are pleased to announce the fifth edition of standards for prison mental health services has been published. This is also available on our website.

The fifth edition, which also includes the second revision of the standards for 24-hour mental healthcare in prisons, have been informed by peer review visits, individual feedback, a day long consultation workshop in March 2021 and electronic consultation on the final version. This was the first large-scale review of the standards since their creation in 2015 where we considered specialisms within prison mental health.

There are new standards on: strengthening collaborative working with primary care and substance misuse services; with specialist prison programmes such as therapeutic communities and offender PD pathways; and knowledge of the principles of trauma informed care.

These standards will form the basis of self and peer-reviews for member services partaking in the upcoming review cycle.



Experience of Being a Listener

Dan and Michael, Listeners, HMP Wandsworth

The Listener Scheme in prisons

The Listener scheme is a peer-support scheme within prisons, which aims to reduce suicide and self-harm. Listeners are prisoners who provide confidential emotional support to their peers who are struggling to cope or feeling suicidal. They are specially selected and trained for the role by Samaritans volunteers, who then provide ongoing support.

Typically, 1,500 Listeners respond to over 50,000 requests for support every year, although some Listener schemes have been restricted during the pandemic and figures for the last 18 months are lower. In addition, in the 12 months prior to June 2021, Samaritans answered over 365,000 phone calls from people in prison.

Prisons aim to have enough Listeners available around the clock, for anyone who needs them. Support is given in private to allow complete confidentiality. Knowing that the service is completely private often gives people in prison the courage to ask for help and talk about what is getting to them.

At Wandsworth, the team of Listeners are available on their wings during the day, and during the night two Listeners are on call and work together if a prisoner rings his cell bell to request to speak to them. Listeners are not paid and do not receive any form of benefit for their role.

The Listener scheme provides the prison service with an incredible tool that can and does make a difference for those contemplating suicide and self-harm in prison.

Two of the Listeners at Wandsworth prison have written about their experience of the scheme, and how they feel it can help those who are struggling.

Experience of being a Listener

Dan writes:

When I reached my thirties I started to be inquisitive about one particular thought which was to find out what makes me tick and fills my life with purpose. Turned out that one of those things was altruism. Subsequently it was the reason why I applied to become a Listener when I found myself in prison.

Once I was done with the training I was issued with a green t-shirt with the word 'LISTENER' spelled out in capital letters on the back, and there I was, a qualified Listener. From the very first 'listen' it felt natural and I enjoyed it, despite it being quite an emotional endeavour more often than not.

Prison can be a very harsh and stressful environment, especially for those with mental health issues. Being there for someone when nobody else is, to let them offload the emotional burden they have been carrying, can be a lifeline to some of those people. One thing I started to notice right away as a Listener is that the emotional burden often turns out to be the residue of a broken heart and traumatised mind, which usually dates back to childhood. For example, someone who was sexually abused as a child, and his experiences in prison remind him of the ordeal he faced at such a young age. Or another person who was neglected as a child by his parents who were always busy fighting each other; this left him with a lot of unexpressed emotions which never died but came forth later in much uglier ways. These emotions predominantly sabotaged his lifestyle and eventually landed him in prison.

Those are just a few drops in the huge ocean of despair that make up the large majority of the prison population. It is so large that the system in place cannot facilitate the help that is needed, especially in those intricate cases where a traumatised past requires an individual approach.

In some ways I find the Listener scheme is a

much more efficient way of providing support, as opposed to the more conventional approaches. This is because of two main factors. One is the consistent availability around the clock, with the press of a button. The second is that Listeners are prisoners themselves, which helps to bring down the wall that is usually there when it comes to a figure of authority, or any official for that matter. Most of the time these officials are quite dry in their approach, and only listen to respond rather than listen to understand. As Listeners, however, we are trained to show more empathy and let the person be heard without being judged. Nine times out of ten, this is all that is needed to make someone feel better.

It is a uniquely rewarding feeling when you help someone to feel better by just listening to them. Therefore, I am very proud to be part of this wonderful scheme, and I am planning to do it for as long as I can.

Generally, I feel that everyone should strive to be better listeners with each other, and it will automatically help to solve a lot of problems in the world.

Michael writes:

Being a Listener in prison can feel very surreal sometimes. Whilst we are trained over a period of four weeks, it still only equates to about 16 hours. The range of issues we may hear about differs, from someone just wanting to be out of their cell for a few minutes to someone who has suffered both physical and sexual abuse. The range of trauma is extreme, and at times difficult to digest. It really is an eye opener to other people's struggles and their inability to cope. It also highlights the prison's lack of resources, and at times lack of empathy.

On the wing where I am a Listener, we deal with a lot of calls as we also cover healthcare and the segregation unit. Each area coming with their own specific types of 'listens'. In the block (segregation unit) there are a lot of prisoners who are very angry and also like to portray an aggressive nature. Once that is broken down, however, you generally find a very vulnerable, desperate man – perhaps who has been through a horrific childhood or who has lived with a lot of violence in his life.

One night myself and another Listener did several calls, one after the other, all over the prison. It went from someone asking for vapes, another who wanted to see our hands while we spoke to him because he was so paranoid, one who threatened us, another who thought and spoke to us as if he was a well-known historical gangster, and finally one who wanted to kill himself.

Whilst there is a massive spectrum of listens that we do, they all benefit from the most important thing we are taught as Listeners, 'just listen, don't give advice, don't judge. Just simply listen.'

I would say 80% of all listens I do, people feel better, and all I have done is give them the time of day and listened. What a powerful tool! I have lost count of the number of times someone has told me they are going to kill themselves, and just by being there to hear them out, it has given them the pressure release they needed.

I've learnt so much from this and it has personally really helped me deal with my own troubles. In fact, I have benefitted personally as much as I have benefitted others as a Listener. It is a journey of complete madness at times, hearing stories you sometimes wish you hadn't. However, it's one I would choose to do over and over again. In truth, I'm not sure the system would cope without it.

Learning to understand, rather than trying to be understood, is what I have taken from the Listeners scheme. I would suggest we all could do with doing this more.

PIPE: How Best to Approach Trauma in the Prison System

Laura Cunningham, Assistant Psychologist, PIPE, HMP & YOI Low Newton

Introduction

Psychologically Informed Planned Environments (PIPEs) form a key part of the Offender Personality Disorder (OPD) Pathway which is a joint commissioned initiative between the NHS and Her Majesty's Prison and Probation Service (HMPPS). PIPEs are specifically designed, contained environments where staff have additional training to develop an increased psychological understanding of their work (NHS England, 2015). This understanding enables them to create an enhanced, safe and supportive environment, which can facilitate the development of those who live there.

PIPEs are designed to have a particular focus on the environment in which they operate, and actively recognise the importance and quality of relationships and interactions. They aim to maximise ordinary situations and to approach these in a psychologically informed way, paying attention to interpersonal difficulties, including issues that might be linked to personality disorder (NOMS & DH, 2012).

In autumn 2021, a member of psychology staff working on PIPE was involved in a project across Health and Justice Services which helped develop a care pathway for individuals who have experienced trauma. As advocates of service user involvement, staff asked residents whether they wished to participate in focus groups exploring how services can best support individuals with trauma. A total of 26 residents agreed to take part and provided several recommendations for the pathway and trauma-informed care.

Outcomes

> *We should get asked if we have experienced trauma at the very start of our sentence*

Reflecting on their prison sentence, many residents advised that they have never been asked about trauma. They stated that not giving the opportunity to discuss trauma means that they are more likely to continue blocking out memories or remain unaware that they have experienced trauma. As a result, residents often do not become aware of trauma until the latter stage of their sentence meaning that they do not have sufficient time to engage with professionals or therapy. Residents discussed the consequences of being asked this question as it can trigger unpleasant memories, however, stated that the benefit of being given the opportunity to ask for help is more important.

Residents informed that they would benefit from being asked what trauma is before being asked whether they have experienced it. The majority of residents agreed that prior to coming into custody, they did not know what trauma was and believed that it was solely related to physical injury. Through their sentence, they have learnt that trauma can be a result of any stressful, frightening or distressing event. Residents advised that they would benefit from receiving leaflets on trauma as this gives them the option to consider whether they would like the support to address this. They also argued that being given psychoeducational material around trauma is helpful in giving them an understanding of what trauma is rather than just being given a "label". They said that this knowledge is vital in helping them discuss trauma.

> *The therapy works*

Reflecting on the different interventions, residents advised that Dialectical Behavioural Therapy Skills Training is highly effective, however, they were unable to

consolidate these skills until completing the group a few times. Residents expressed a preference for Eye Movement Desensitization and Reprocessing (EMDR) and recommended that professionals work collaboratively with residents to recognise when they are not ready for this treatment. Art Therapy was favoured by those who have experienced it as it helps them communicate difficulties. Residents expressed a wish to make this more accessible in the prison system. Residents advised that follow-up sessions of any therapy is essential, particularly when they have built relationships with professionals, as failure to do so has impacted their trust towards others and led to them feeling rejected.

> *Trauma-informed care is important*

Residents stated that all multi-disciplinary staff should be trained in trauma-informed care as it is vital in HMPPS. They expressed frustration towards being unable to express their difficulties to professionals and said that there should be less stigma around this. Residents agreed that communication amongst mental health and operational staff needs to improve as this is essential for supporting those with mental health difficulties.

Conclusion

Reflecting on these focus groups, it is evident that service user involvement can empower individuals to share their views. Residents have recommended that they would benefit from discussing and learning about trauma early in their sentence before attending therapy. They have stressed the importance of trauma-informed care which the NHS and HMPPS should take into consideration for future practice.

Online Peer-reviewer training

Peer-reviewer training is a **free event** for staff from a service that is a member of the Quality Network. The training is a great learning experience for those who are **interested in participating in the virtual peer-reviews of prison mental health services.**

The following training sessions will be held on MS Teams on:

- **Monday, 31 January 2022, 10:00-12:00**
- **Tuesday, 05 April 2022, 13:00-15:00**

If you are interested in attending, please complete this **booking form.** Keep an eye on the **website** for more training dates and updates.

Take Me to the TIP

Here I am
“What happened”
My lips part -
Now I am
The man with the can of worms.
Worms, worms! Keep the lid on tightly
They will all spill out twisting and writhing
Like they do nightly
40 days and nights of darkness
None of us will survive this
I barely make it every night
When I'm four, curled on hardness, wrapped in roughness
You're not there, my body is saying
It is happening NOW
Those worms - my memories?
Part of me, of what made me
Who I am - do I disgust you?
Am I - a can of worms?
You want my silence? I know that request.
Distract, distract
Distraction pack, distraction pact
Distract from what?
YOU KNOW WHAT!
My fist's twisted expression of untold hurt and rage
This is the most settled my life has been
Hard for you to see
How could you know
There is less chaos here -
Than my blood-and-beer-soaked childhood
And on-the-out with moving sands and confusion
I am looked after
Or at least I know I have food
Tea and bedtime of a child,
But I cannot sleep and feel wild
I am haunted

Down time is daunting
OK spice is sometimes nice
My blood flows to tell me I'm alive
Things get too much and not enough
I never learned how to be with me, how to be with you,
Where I am and
You say a boundary keeps me safe
And helps me-to-find-myself in this place
Are you binding me? I push and rage
My feelings, it's true, are hard to manage
My feelings, it's been said, are unstable
They can't be placed on the table
- at least in the way you tell me to
I hear that you don't want them - neither do I
You shout, my innards writhe
I'm small again
No never again - I'll show you!
I need help and rarely know what that means
I need somewhere to be
I hear there's work to do
I'm frightened - are you?

Anonymous, HMP Isle of Wight

Request For Contact

I have a long-term interest in trauma intervention and complex care. I have worked with complex individuals and systems for over 20 years and half of that time in a prison setting within an integrated mental health team.

We would appreciate the opportunity to reach out to those involved in developing trauma informed environments, practice and those delivering trauma focused interventions in a forensic context to link with myself and my colleagues Maria.Ellis2@nhs.net / iow.prisonmhs@nhs.net.

It would be great to see if there are any practitioners interested in developing connections to support high standards of care, service developments, skilled delivery of appropriate interventions and exploration of research links.

Patients and Staff at HMP Dartmoor Create a Prison Version of '5 Ways to Wellbeing'

Kirsty Lane, Patient Engagement Co-ordinator, Julie Cole, Occupational Therapist, and Adam, John, Josh and Matthew, Patients, HMP Dartmoor

This year Devon Partnership Trusts' Prison Mental Health Team created a new opportunity for patients at HMP Dartmoor to engage in some co-produced training. The training co-produced by staff and patients allows vetted patients to engage in a Mental Health Patient Forum Representative role. This allows individuals to share their lived experience with others, encouraging peer to peer support.

The benefits and opportunities the role provides are:

- Encouraging a 'working together' culture.
- Sharing supportive and recovery focused materials and facilitating discussion around these.
- Greater confidence, self-esteem and independence for the individuals involved.
- Direct feedback from those using the mental health service to contribute towards service development.

This opportunity is continuously evolving and its value has been recognised by the prison by it becoming a paid role. Those taking up the posts now have a tangible reward, which allows them a greater appreciation of the value of their lived experience and its potential to make a positive contribution to the lives of others.

During the training sessions patients and staff looked at the topic of 'self-care' and acknowledged the importance of prioritising this, especially in a prison environment and particularly during lockdown.

When we explored 'How can we look after ourselves?' we looked at a variety resources, one of them being Devon Partnership NHS Trusts' 5 Ways to Wellbeing booklet and it soon became apparent that not all of the suggestions were practical in a prison environment, however, the benefit of this framework for viewing wellbeing was positively acknowledged.

Staff members Kirsty Lane (Patient Engagement Co-ordinator) and Julie Cole (Occupational Therapist) from the prison mental health team drew upon their experience of what they do to keep well. Patients reflected on their experience of maintaining wellbeing and the particular challenges of living within the confines of prison through a pandemic.

In collaboration patients and staff participating in the training produced an alternative publication - 5 Ways to wellbeing in prison. This booklet provides suggestions on how self-care under the headings of Connection, Learning New Skills, Being Active, Noticing and Giving to Others can be achieved in the prison environment. This is not only useful for those residing at HMP Dartmoor but is relevant to those living in other prisons too.

This booklet is now available and being provided to individuals across the local Devon prison cluster. We are now able to share this co-produced piece of work with other prisons. Follow this link to the booklet which is freely available to download.

Embedding a Trauma-Informed Culture in Youth Offender Institutions

Dr Rhiannon Lewis, Consultant Clinical Psychologist, HMYOI Feltham and Dr Sam Russell, Consultant Forensic Psychologist, HMYOI Cookham Wood

Overview

Numbers of children and young people (CYP) in custody in England have fallen significantly over the last 15 years – from 2,800 under 18 year olds in 2005, to 780 in 2019/20 (YJB). The remaining cohort are a complex group with multiple needs across multiple domains – including high levels of substance misuse, mental health and neurodevelopmental needs (YJB, 2020). Around 40% have experience of being in care, most have been excluded from school and at least 80% have significant histories of adversity in childhood (YJB, 2016).

This population is often described as 'hard to reach' and it is common for families to be in contact with multiple professionals from different agencies which increases the risk of a fragmented system, inconsistent care and children 'falling through the gaps' of statutory services. Incidents of violence in secure settings, as well as the physical environment itself, carries with it the propensity to retraumatise those within it. Contributing to poorer outcomes for young people, as well as high levels of staff burnout and inter and intra-agency conflict.

In recognition of the complexity that this population can bring and the need to develop trauma-informed culture, thinking and practice in youth custody settings, the SECURE STAIRS Framework was developed (Taylor, Shostak, Rogers & Mitchell, 2018) and has been jointly funded by NHS-E, HMPPS and DfE.

The ultimate aims of SECURE STAIRS are to improve relationships between staff and young people. By achieving this over-arching goal, it is thought that high risk behaviours, such as self-harm and violence towards others will decrease and staff satisfaction will increase, meaning lower levels of sickness, better staff retention and less risk of 'burn-out'. The project aims to achieve this through:

- The provision of specialist training for all staff to help them understand the needs of young people through the lens of trauma, attachment and child development.
- Provision of a comprehensive, multi-agency formulation for every child with collaboration and sustainability at the heart.
- Facilitation of a reflective culture (rather than a reactive one) through reflective practice.
- More value and acknowledgement given to the role of front-line staff as 'therapeutic parents'.
- Regular opportunities for communication between partner agencies and shared understanding of the goals and interventions that are important for an individual's care.

Implementation

CNWL provides the Health and Wellbeing services in HMYOI Cookham Wood and HMYOI Feltham where implementation of SECURE STAIRS commenced in 2019.

Although the project sets out an over-arching set of principles to follow – each establishment has adapted these to local ways of working and unique barriers. These included working in physical locations that were not designed for the task at hand – with limited access to meeting rooms and technological solutions. Staff have been creative to find ways to overcome this – including repurposing rooms and making the most of informal interactions to build relationships.

S	**Staff** with the skill sets appropriate to the interventions required.
E	**Emotionally** resilient staff able to remain child-centred when faced with challenging behaviour.
C	**Cared for staff** through supervision and support.
U	**Understanding** across the establishment of child development, attachment, trauma and other relevant key theories.
R	**Reflective system** whereby staff are able to consider the impact of trauma at all levels.
E	**'Every Interaction Matters'** a whole system approach
S	**Scoping:** The child or young person's presenting situation is assessed with clarity around their pathway and life narrative.
T	**Targets:** Staff, children & young people and the 'home' environment agree on the child or young person's goals whilst in the establishment.
A	**Activators:** All children and young people have an agreed psycho-bio-social, developmentally informed, multi-factorial formulation (understanding not based on diagnosis) that clarifies what activates problems for the child or young person.
I	**Interventions:** Specialist and core interventions, driven by the formulation and incorporating the risk assessment. Tailored to individual risk and need with specified content, intensity and timing.
R	**Review and Revise:** Clear 'real-life' outcome monitoring by the establishment and 'home', including the frequency and severity of high risk behaviours and of movement towards goals, regularly evaluated using a formulation-based approach at multidisciplinary reviews.
S	**Sustain:** Sustainability planning from the outset around maintaining goals upon release and the transition to 'home' or other services

COVID-19 presented both additional challenges and a unique opportunity - with staff from different areas coming together with a shared sense of purpose.

For the teams working within these settings some of the most significant outcomes have been the improved relationships between staff from different disciplines and agencies and the feedback from training and workshops for staff and managers within the establishments:

> *It helped me see things in a different light.*

> [I learnt...] how it can be applied to any team and situation and how trauma impacts *organisations and teams and how I can see that in the team and myself in the way we behave with each other.*

> *Culture change is a marathon... not a sprint*

Embedding culture change is a challenging task and requires a long-term focus with dedicated and persistent leadership. This journey has highlighted the importance of being flexible and adaptive and we hope to use the lessons learned to apply trauma-informed principles in other settings.

Knowledgehub

Have you joined the QNPMHS Online Discussion Forum yet?

Joining Knowledge Hub will allow you to:

- **Share best practice and quality improvement initiatives**
- **Seek advice and network with other members**
- **Share policies, procedures or research papers**
- **Advertise upcoming events and conferences**

We use Knowledge Hub as our main way of communicating with our members, so in order to keep up to date with the Quality Network, ensure you sign up!

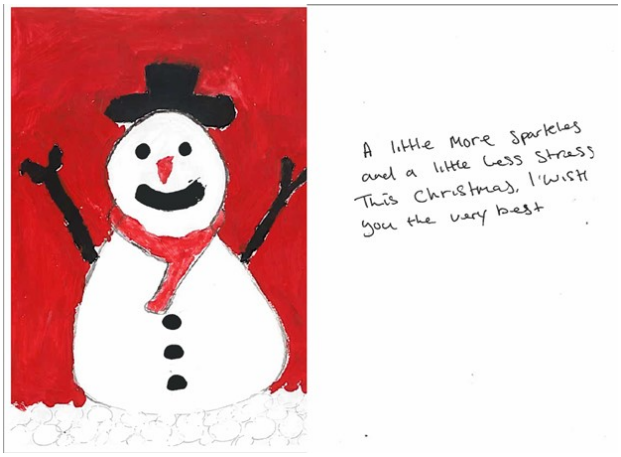
Email **'join Knowledge Hub'** to **PrisonNetwork@rcpsych.ac.uk**

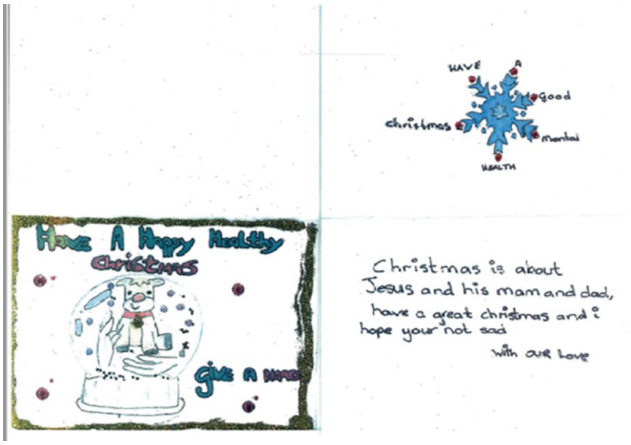
QNMPHS Festive Card Competition Winner

This year we held our second annual festive card competition. We had lots of amazing entries and we would like to thank everyone who sent in their artwork. Below is this year's winner, and on the next three pages you can see all of the brilliant entries.

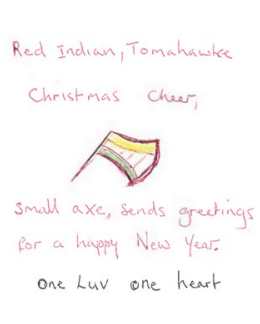
The winning artwork was created by B.C., a patient at HMP New Hall.

QNPMHS Festive Card Competition Entries

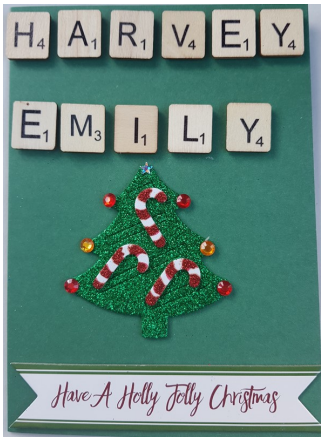


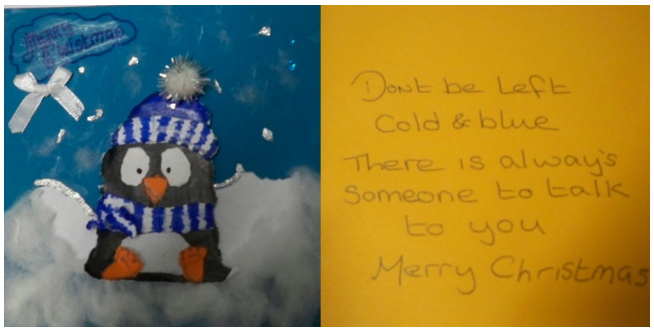


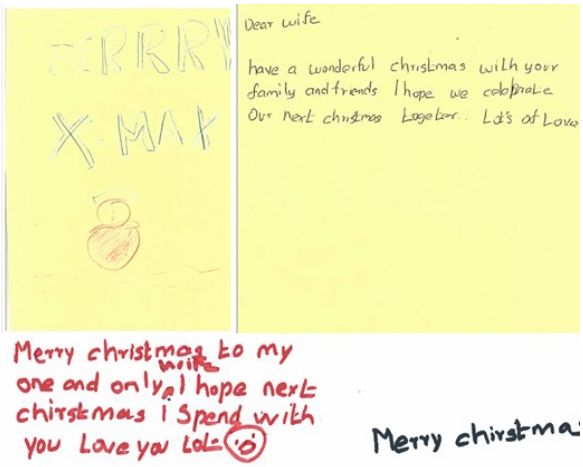
QNPMHS Festive Card Competition Entries

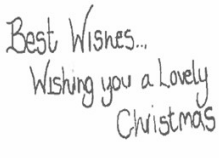


QNPMHS Festive Card Competition Entries

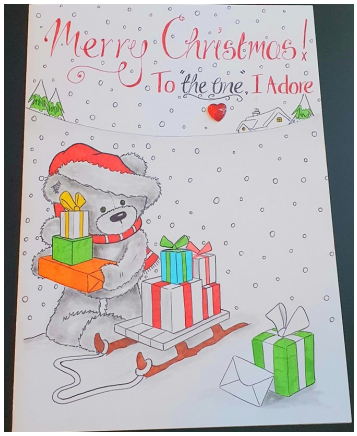








QNPMHS Festive Card Competition Entries



QNPMHS Festive Card Competition Entries

Last Year's QNMPHS Festive Card Competition Winner

N.W, HMP Channings Wood

Previous Newsletters

PRISON CCQI
QUALITY NETWORK FOR PRISON MENTAL HEALTH SERVICES
ISSUE 11 Spring/Summer, 2021

This issue:

2) Self-harm in remand prison during the first year of COVID-19
4) The light in the darkness
5) Transfers and remissions across the Kent Cluster Prisons in 2020: The Key Role of a Transfers Co-ordinator
7) Mental health training for prison officers at HMP Wandsworth
9) Reflections from a psychologist and nurse working in the care and separation unit at HMP Belmarsh
11) Care and separation unit – what are the healthcare needs?
12) HMP Thameside and Belmarsh Transfers/ Remissions for year 2020
14) Forensic Psychiatry in Prisons: A Trainee's Perspective
16) QNMHS: Creative Art Competition
18) QNPMHS: Creative Writing Competition
20) News
21) Previous Newsletters
22) Useful Links

WELCOME

Thank you for taking the time to read our 11th newsletter! We are choosing to theme our newsletters to help inspire articles, and this edition is based on Transfer and Remission! We have some great good practice examples throughout this edition, to help support services with the long awaited recent publication of the NHSE Transfer and Remission Guidance.

In addition, we were once again delighted to hold an artwork and creative writing competition to our members. A huge thank you to our members for encouraging patients to get involved with this again this year. Please check out the entries and winners within this article.

In other news, we have recently done our biggest QNPICU virtual event! This was in collaboration with ELFT, Traverse, QNFMHS and QNPMHS projects (CCQI) to discuss the topic of 'Emerging Drug Trends and their Impact of Mental Health Services'. This was a fantastic and engaging two-day event that covered a range of topics. We had international speakers, experts by experience, researchers and community projects share their knowledge and stories—a huge thank you to the presenters for their hard work. It was such an enjoyable two days. The recordings are now available on our online platform Knowledge Hub.

Excitingly, the Network submitted evidence to the Justice Select Committee about mental health in prisons. RCPsych submitted one from our Network and also from the Forensic Faculty. We were able to offer different perspectives for this, and the data collected from our members helped to support the evidence given. Dr Josanne Holloway was able to provide oral evidence and supported membership of our Network as a way to maintain standards.

Finally, I want to remind our members that registration for our new Cycle (7) is now open! Please do get in touch if you have any questions about this. I am going to be sending out more detail to our members about this, but we are hoping to return to face-to-face visits from 2022. This means we will be scheduling reviews from January onwards. As a team we are very excited to get back on the road and continue physical review visits again. However, as always, we must acknowledge that Covid-19 sometimes takes over the best made plans. So we say this with hopeful optimism, but with the understanding that these plans may have to change.

ISSUE 10 Autumn/Winter 2020

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10 Keeping afloat whilst weathering COVID-19
11 An investigation into aftercare planning for those remitted to prison from secure services
12 Sleep Hygiene Packs at HMP Belmarsh
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18 News

Well, it's almost the end of what has been dubbed as the worst year of all time. Although it has not been an easy year for people, we want to provide the opportunity for positive sharing of best practice, and hope to finish the year with some festive spirits and best wishes from the Quality Network team.

Our virtual reviews have just started! This is not an easy thing to arrange or organise, so a huge thank you to the project team and our member services for their dedication to facilitate this. We continue to work closely with everyone to make the reviews run as smoothly as possible, and to make sure that staff, patients and partner agencies receive want they want and need from the review.

We have recently published the CPA document: Planning effective mental healthcare in prisons using the Care Programme Approach and the Community Mental Health Framework Quality Network for Prison Mental Health Services . This is available on our website for guidance and information on the CPA process within prisons. We will use this as a base to create more practical guidance and information. Please click on the picture to be sent to the document on our website. (Click on the picture to be directed to the document).

We have recently had our first virtual annual forum at the beginning of December. Although we had the inevitable technical glitches, they day was so interesting and engaging. I hope you all enjoyed it! We had speakers from User Voice, baby companions and RECONNECT, and presenters speaking about the Winston Churchill fellowship, veteran mental health and the OPD pathway. So not all about COVID which was a nice escape. We have some pictures of the event on page 13 and a link to the feedback form if anyone has not had a chance to complete this yet.

During the QN updates presentation, I spoke about patient involvement on reviews. This continues to be a priority for us, and we are so keen to continue getting patient involvement at all opportunities. We have linked with Visionable (England and Wales) and NearMe (Scotland) to use their technology to help with this. If you are unsure what stage your service is at with the roll out of the remote consultation software, please get in touch and we can connect you to the our Visionable & NearMe contacts.

I want to end the message on a festive note. With our focus on patient engagement at an all time high, we have hosted our first ever festive card competition, which has had amazing results. The entries and winners can be found from page 14. I was amazed by the skills and creative flare from everyone. I want to recognise that we couldn't hold these patient-focussed initiatives without the push from staff to get our messages through to patients. We really appreciate it and couldn't do this without your hard work. I hope everyone has a wonderful Christmas, and look forward to speaking to you in the New Year. Bring on 2021!

From Kate Townsend, Programme Manager and the Quality Network team.

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WELCOME

Welcome to the 9th edition of the Quality Network for Prison Mental Health Services' newsletter. The year so far has largely been dominated by COVID-19 and the challenges a pandemic brings. The prison system has had its own set of unique challenges in handling the situation and prison mental health teams have had to adapt to new ways of working. The Quality Network would like to thank all of the staff working in prisons for their efforts in managing the pandemic and keeping everyone on the inside safe.

This edition contains articles relating to COVID-19, as well as good practice on physical health management and the benefits of compassionate approaches to care. In addition, we have included the entries to our artwork competition for you all to enjoy. They really are excellent and we look forward to using the winning pieces on our publications over the next year.

As a result of COVID-19, we sadly had to cancel all peer-review visits from mid-March 2020. We are planning to restart the cycle of visits later this year. Initially, visits will occur virtually until it is safe to conduct reviews face-to-face again. We will be working closely with services to anticipate in advance any potential issues and ensure the review visits run as smoothly as possible.

Just before lockdown came into effect, we were able to host a conference with Nottinghamshire Healthcare NHS Foundation Trust on wellbeing and recovery in prisons. The event was well attended and received positive feedback. Unfortunately, since then, we have been able to meet in person. Although, we have hosted a series of webinars to support services through the pandemic, and started a programme of open forum discussion sessions to enable a form of peer support. We hope you are finding these useful, please do get in touch if you have an idea for a webinar or any other form of virtual initiative.

Finally, Megan Georgiou is stepping down as programme manager in July, having worked at the College since 2014. Kate Townsend has been appointed to take over the role and is looking forward to further developing the programme of work.

We wish you all the best over the coming months and hope it won't be too long before we can see you all in person.

Useful Links

Care Quality Commission
www.cqc.org.uk

Centre for Mental Health
www.centreformentalhealth.org.uk

Department of Health
www.doh.gov.uk

Health and Social Care Advisory Service
www.hascas.org.uk

Institute of Psychiatry
www.iop.kcl.ac.uk

Knowledge Hub
www.khub.net

Ministry of Justice
www.gov.uk/government/organisations/ministry-of-justice

National Institute for Health and Care Excellence
www.nice.org.uk

NHS England
www.england.nhs.uk

Offender Health Research Network
www.ohrn.nhs.uk

Revolving Doors
www.revolving-doors.org.uk

Royal College of Psychiatrists' College Centre for Quality Improvement
https://www.rcpsych.ac.uk/improving-care/ccqi

Royal College of Psychiatrists' Training
https://www.rcpsych.ac.uk/training

See Think Act (2nd Edition)
https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/forensic-mental-health-services/see-think-act

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Twitter
Follow us: **@rcpsych @ccqi_**
And use **#qnpmhs** for up-to-date information

QNPMHS Knowledge Hub Group
Home - Quality Network for Prison Mental Health Services (QNPMHS) Discussion Forum - Knowledge Hub (khub.net)

Royal College of Psychiatrists' Centre for Quality for Improvement
21 Prescot Street, London, E1 8BB

www.qnpmhs.co.uk