

Prison Reform Trust response to a consultation on mental health in the Long Term Plan for the NHS – August 2018

The Prison Reform Trust (PRT) is an independent UK charity working to create a just, humane and effective penal system. We do this by inquiring into the workings of the system; informing prisoners, staff and the wider public; and by influencing Parliament, government and officials towards reform. The Prison Reform Trust provides the secretariat to the All Party Parliamentary Penal Affairs Group and has an advice and information service for people in prison.

The Prison Reform Trust's main objectives are:

- reducing unnecessary imprisonment and promoting community solutions to crime
- improving treatment and conditions for prisoners and their families
- promoting equality and human rights in the justice system

www.prisonreformtrust.org.uk

1. What are your top three priorities for meeting the mental health needs of people of all ages in England? Over the next five, and ten years?

- a. Prevention through statutory education and public information campaigns, including increased support for programmes that counter the stigma of mental ill health.
- b. Early intervention, meaning timely access to services that address low level mental health needs.
- c. Ensuring services are flexible and able to meet the needs of all populations, including those that are frequently underserved by health and social care; such as people with multiple and complex needs; people from black and minority ethnic communities, especially young people; people with poor prior experiences of professional services; people who have experienced trauma; and offenders, including people in prison. The work of Health and Justice has played a pivotal role in ensuring people with mental health needs in contact with criminal justice services receive the care and treatment they need – for example, through the development and roll out of liaison and diversion services and the trialling of a new protocol to increase take up of the Mental Health Treatment Requirement (MHTR) as part of a community sentence.

2. What gaps in service provision currently exist, and how do you think the NHS should address them (these can overlap with Q1 but may include a longer list)?

- a. There is a significant gap in early intervention services, which can help prevent escalation and greater harm, and attendance at A & E services. Early intervention

services should be readily accessible (including opportunities for 'drop-in'); promoted in GP surgeries and relevant local community and voluntary organisations, such as Women's Centres; and by referral from liaison and diversion services.

- b. Mental health services should be flexible and pro-active, able to respond to the specific needs of specific groups, such as women, people from black and minority ethnic communities, and offenders.
- c. Many people have multiple needs, of which poor mental health might only be one. Professional mental, physical and social care services should improve how they integrate treatment and support around the individual, with a focus on prevention and early intervention. Effective multi-agency working, especially at an operational level, is often dependent on good working relationships between frontline workers and can stall easily in the absence of such. Co-location of services, shared priorities and a clear mandate for staff to work across organisational boundaries, including ICT systems that communicate with each other, can help build effective working relationships; investment in multi-agency team meetings and shared training can yield positive results.
- d. Poor prior experience of professional services can make it hard for people to seek help and for services to respond positively towards them. More needs to be done to support professionals and practitioners in working with such individuals. This could involve, for example, training, targets for 'engagement', a commitment to outreach, removing punitive responses for clients who fail to attend appointments, and greater use of 'key workers' to support individual engagement with main stream services.
- e. Service provision should routinely address co-morbidity, including poor mental health and substance misuse, and people with learning disability and/or autism who also have mental health problems.
- f. People with mental health conditions in the criminal justice system should have the same access to and quality of treatment and outcomes as people in the community, and the same approach to and level of safeguards. The impact of the prison environment on prisoners' mental health and wellbeing should be recognised. Prisoners should expect to be accommodated in an environment that promotes their mental health and wellbeing, and at the very least does no harm. Aspects of the criminal justice system that actively harm individuals' mental health – including prisons that cause feelings of anxiety and which inflict isolation and a justifiable fear of violence – should be viewed in the same way as other causes of mental ill-health and measured against their success or failure in reducing harm.
- g. The focus on offender health, enabled and maintained by Health and Justice, is important in ensuring mental health needs are recognised and met. The high level of multiple and complex needs frequently experienced by offenders often mean they require additional support to engage effectively with mainstream services (and vice versa). Work undertaken pre-custody by Health and Justice, such as key workers and women specific responses within liaison and diversion services and the new protocol to encourage take up of MHTRs, should be built upon and further developed to ensure effective mental health care for offenders in the community and on release from custody.
- h. The impact of parental imprisonment on children's mental health should be considered. Parental imprisonment has a significant, negative and long-lasting impact on children; they are twice as likely as their peers to have poor mental health, and are at greater risk of poverty, poor physical health and insecure

housing. Community sentences that address offenders' mental health should be routinely available for offenders with primary and secondary needs (see 1.c and 9.b), and services provided to ensure all children affected by parental imprisonment can access timely support to address their mental health and wellbeing needs, as necessary.

- i. Access to secure and specialist beds, whether for assessment or treatment and care, should be dealt with, with the same urgency for individuals in the criminal justice system as for those in the wider community. Prison should not be used as a temporary solution while a hospital bed is found, neither should it be used as a place of remand while awaiting a mental health assessment; instead, s.35 of the Mental Health Act should be invoked. For those convicted, but requiring treatment, there should be a greater use of s.38. An independent panel should be established with oversight of the detention status of prisoners requiring detention under the MHA. The panel would act in the best interest of individuals, which would help to safeguard the rights of those who are detained.

3. People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?

- a. By routinely enquiring about a person's mental health when they are seen for a physical health need – and vice versa. Medical records should be routinely cross checked when a physical or mental health intervention or review is undertaken. ICT systems (including those that operate in prisons) should be capable of alerting clinicians automatically on any subsequent contact once a person has been identified as falling into this category. See, for example: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Bringing_together-Kings-Fund-March-2016_1.pdf

4. There are some significant inequalities in how people access and experience care for their mental health needs, and in their outcomes, including but not limited to people who have 'protected characteristics' under the *Equality Act 2010*. What are your views on what practical steps the NHS should take to address inequalities in the services it provides?

- a. Much data exist that demonstrate existing inequality in both service provision and outcomes. (See, for example, Ministry of Justice, 2017: The Lammy Review¹; Centre for Mental Health, 2013: Black and Minority Ethnic communities, mental health and criminal justice; Centre for Mental Health 2017: Against the Odds). Evidence-based recommendations have been made about how such inequalities

¹ Some context provided by the Lammy Report: "Many prisoners arrive in custody as damaged individuals. In the youth estate, 33% arrive with mental health problems, whilst a similar proportion presents with learning difficulties. A third of children in prison have spent time in the care system, 45% arrive with substance misuse problems and 61% have a track record of disengagement with education. In the adult estate, an estimated 62% of men and 57% of women prisoners have a personality disorder, while 32% of new prisoners were recorded or self-identified as having a learning difficulty or disability. Many have been both victims and perpetrators of violence, with resulting trauma and psychological damage. [Yet...] data from the period April 2014 to March 2016, on admissions to custody, showed that BAME youths were less likely than the white group to be recorded as having health, educational or mental health problems. This may indicate unidentified needs and could have a knock-on effect on the services and support made available to them." (page 47).

might be tackled. As a starting point it would be useful to map all such recommendations. Consultation with service users, professionals and practitioners, to explore challenges and possible solutions is crucial.

7. Do you think the NHS should be doing more to prevent mental ill-health? If so, what should we do to improve this?

a. See above.

8. Do you think the NHS could do more to intervene early for people with mental ill-health? If so, are there any Mental Health problems we should prioritise to provide better early intervention?

a. See above. Liaison and diversion services are a good example of where timely intervention can ensure access to mental health services.

9. People with more serious and complex mental health problems do not always receive the care they need. Which groups would you prioritise and what extra help would you like to see developed by the NHS?

a. Many individuals encounter criminal justice services as a direct or indirect consequence of unmet need, including serious and complex mental health problems; they are also likely to be victims of crime and frequent users of A & E services. Prioritising this group has the potential to reduce the high cost of crisis care and use of emergency services; the harm to individuals themselves by meeting unmet need, and the harm caused to local communities as a result of their offending behaviour.

b. The NHS can make a positive difference by addressing points 1a, b and c, above; and by investing in primary and secondary MHTRs so that offenders with mental health problems can, as a matter of routine, access the services they need in the community.

11. What do you think are the specific challenges that will prevent the NHS from being able to deliver good mental health care, and what should we do to overcome them?*

a. The answer is, to a large extent, in the asterisk (in the consultation letter and repeated below). Until and unless national budgets and local services can provide integrated care and support that centres around the individual, organisational and cultural factors will militate against joined up working – nationally, in local strategic plans and at the point of delivery for the person in need. There is merit in considering a new mandatory requirement (or ‘duty to cooperate’) requiring physical and mental health, wider social care and, where appropriate, justice agencies to work together to develop the necessary package of personalised intervention and support for priority groups – see point 9 above. This could build on the principles of prevention, early intervention, personalisation and integration enshrined in legislation, such as the Care Act and the Autism Act, and policy such as the Five Year Forward View for Mental Health and Transforming Care.

** Whilst the importance of developing NHS services that promote prevention and are fully integrated with all of the relevant services (e.g. social care, employment and housing support) will be a key component of developing the Long Term Plan*

for the NHS, Local Authority budgets and the budget for Public Health England are not within the scope of the funding settlement for the NHS. We do, however, acknowledge the interdependencies of the health, community and social sectors; and will be sharing feedback with partners to your ideas can be heard.