



Standards for Prison Mental Health Services

Sixth Edition

*Editors: Kelly Rodriguez, Maisie Webster, Ciara McAree, Dr
Steffan Davies and Professor Andrew Forrester*

This publication is available on the [QNPMHS website](#).

Any enquiries relating to this publication should be sent to us at:
prisonnetwork@rcpsych.ac.uk

Artwork displayed on the front cover of the report:

Sea Hunter, created by a patient from HMP Haverigg, Tees, Esk and Wear Valleys
NHS Foundation Trust.

Contents

Foreword.....	3
Introduction.....	4
Standards for Prison Mental Health Services - Sixth Edition.....	6
Reception and Assessment.....	7
Treatment and Recovery	9
Discharge and Transfer	12
Safety.....	13
Patient Experience	14
Collaborative Partnerships	15
Medication Management.....	16
Environment.....	17
Workforce	18
Leadership and Governance	22
24 Hour Mental Healthcare.....	24
References.....	26
Appendix 1: Acknowledgements	28
Appendix 2: Sustainability Principles.....	29
Appendix 3: Project Contact Details.....	31

Foreword

Welcome to the 6th edition of the Quality Network Standards for Prison Mental Health Services.

Firstly, thank you to everyone who has contributed to the continued success of the Quality Network for Prison Mental Health Services. This includes the team from the Royal College of Psychiatrists, the executive members of the network, the healthcare organisations and the prisons involved, peer reviewers, speakers at our events, and the staff and people in prison who have given their time and energy to this work. Your commitment and hard work is appreciated.

The standards themselves have now gone through a number of iterations as, each time, we seek to revise and improve upon what went before. They are important because they help us all to delivery services that are more transparent and of better quality, and the network of collaborations underpinning them helps to ensure useful service comparisons from which we can learn much.

In recent years, we have faced a number of challenges with the delivery of healthcare services in prisons, not least the massive disruption arising from the Covid-19 pandemic. While many challenges persist, as we now move forward, we hope that you find these standards valuable in helping you set up, manage, and transform the quality of your prison mental health services.



Professor Andrew Forrester

Professor of Forensic Psychiatry

Co-chair of the QNPMHS Advisory Group

Introduction

These standards have been developed in consultation with individuals from member services of the Quality Network for Prison Mental Health Services (QNPMHS) programme, patient representatives and other experts (please see appendix 1 for a full list of acknowledgements).

1. Mapping exercise

The first stage of this process was to review the existing QNPMHS Standards for Prison Mental Health Services – 5th Edition (2021) to identify gaps, remove repetition and improve measurability. The second stage involved mapping these standards against the Royal College of Psychiatrists Standards for Community Mental Health Services – 4th Edition (2022). The purpose of this stage was to identify published community mental health services standards that were applicable to Prison services.

2. Literature review

A literature review and review of key documents was carried out (see reference list).

3. Electronic consultation

In December 2022, a survey was sent electronically to all QNPMHS member services and the Advisory Group to gather feedback on where changes to the fifth edition of the standards were needed. This survey offered the opportunity to provide feedback on the clarity and measurability of the standards, which standards required removal/altering and which standards were missing.

4. Standards consultation events

During the QNPMHS Advisory Group meeting on 06 February 2023, the draft of the revised standards, based on the feedback received during the e-consultation, was shared for feedback and comments. This involved making changes to the draft standards and removing any standard that was no longer required.

On 18 April 2023, QNPMHS hosted a virtual standards consultation event. The event was attended by staff from Prison services and involved a brief introductory presentation on the process of developing the standards. This was followed by group discussions to decide on any changes to the revised standards and whether any further standards needed to be removed.

5. Categorisation of standards

All criteria are rated as Type 1, 2 and 3.

Type 1: Essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment.

Type 2: Expected standards that all services should meet.

Type 3: Desirable standards that high performing services should meet.

6. Sustainability principles

The standards have been mapped against the College's sustainability principles.



Services that meet 90% or more of the standards relevant to Sustainability Principles (marked with the green leaf logo, left) will be awarded a Sustainable Service Accreditation certification in recognition of provision of a sustainable mental health service.

For further information, please see appendix 2.

Standards for Prison Mental Health Services - Sixth Edition

Reception and Assessment		
No.	Standard	Type
1	<p>As part of the formal reception and induction process, every person receives a first and second stage health assessment that incorporates a mental health screen (NICE guideline 66, 2017).</p> <p><i>Guidance: This includes questions and actions relating to learning disabilities, neurodevelopmental disorders and risk of self-harm and/or suicide.</i></p>	1
2	<p>Where applicable, during the initial mental health assessment, individuals over 50 years old are offered an older adult assessment, and reasonable adjustments are made where required.</p> <p><i>Guidance: Patients may need a full physical health review by a GP or further full mental health assessment by a psychiatrist to identify long-term conditions, early cognitive impairment or a referral to a social care team for long term care planning.</i></p>	2
3	<p>A clinical member of staff is available to discuss emergency referrals during working hours.</p>	1
4	<p>The team undertakes urgent assessments within one working day and routine assessments within five working days.</p> <p><i>Guidance: The term 'urgent' refers to an individual in a mental health crisis, or with rapidly escalating needs or presentation, and/or at risk of immediate harm to self or others.</i></p>	1
5	<p>Patients have a comprehensive evidence-based assessment which includes their:</p> <ul style="list-style-type: none"> • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development; • Risk to self and others; • Disorders of intellectual development; • Neurodevelopmental disorders; • Substance misuse; <p><i>Guidance: Standard mental health assessment tools are used which are compliant with NICE guidelines.</i></p>	1

6	<p>The assessing professional is able to access notes about the patient (past and current) from primary care, secondary care and other relevant services (NICE guideline 66, 2017).</p> <p><i>Guidance: Notes, including those available from community services, should be accessed for all patients known to mental health services and where notes are available, including how up to date the information is and how it was gathered.</i></p>	2
7	<p>For non-emergency assessments, the team communicates in advance to patients:</p> <ul style="list-style-type: none"> • The role of the professional they will see; • An explanation of the assessment process; • How to contact the team if they have any queries, require support (e.g. an interpreter), need to change the appointment or have difficulty in getting there. 	1
8	<p>Patients have a risk assessment and management plan which is co-produced where possible, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality).</p> <p><i>Guidance: The assessment considers risk to self, risk to others and risk from others.</i></p> <p>Sustainability Principle: Prioritise Prevention</p>	1
9	<p>All patients have a documented diagnosis and a clinical formulation. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation are devised.</p>	1
10	<p>The team can provide information in a range of formats to suit individual needs.</p> <p><i>Guidance: The service should be able to provide key information in languages other than English, and in an accessible format for people with sight, hearing, learning or literacy difficulties.</i></p>	1
11	<p>The team provides information about how to make a referral and waiting times for assessment and treatment.</p> <p><i>Guidance: This information is provided to the patient and to agencies who regularly refer.</i></p>	1

12	<p>Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes:</p> <ul style="list-style-type: none"> • Their rights regarding consent to treatment; • Rights under the Mental Health Act/Mental Health Order/Capacity Act; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to view their health records; • How to raise concerns, complaints and give compliments. 	1
13	<p>A physical health review takes place as part of the initial assessment, or as soon as possible.</p> <p> <i>Guidance: This may be completed by any relevant healthcare team.</i></p> <p>Sustainability Principle: Prioritise Prevention</p>	1
14	<p>Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission.</p> <p><i>Guidance: This is undertaken promptly, and a named individual is responsible for follow-up. Advice may be sought from primary or secondary physical healthcare services.</i></p>	1
Treatment and Recovery		
15	<p>Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients when developing the care plan, and they are offered a copy.</p> <p><i>Guidance: Where possible, the patient writes the care plan themselves or with the support of staff.</i></p>	1
16	<p>Progress against patient-defined goals is reviewed collaboratively between the patient and staff members during clinical review meetings and at discharge.</p>	3

<p>17</p> 	<p>Patients are offered written and verbal information about their mental illness and treatment. The risks and benefits of treatment are discussed with them. This is recorded in clinical records.</p> <p><i>Guidance: Verbal information could be provided in a one-to-one meeting with a staff member or in a psycho-education group. Written information could include leaflets. All written information should be written using inclusive communication approaches.</i></p> <p>Sustainability Principle: Staff Empowerment</p>	<p>1</p>
<p>18</p>	<p>Staff members arrange for patients to access screening, monitoring and treatment for physical health problems through primary/secondary care services. This is documented in the patient's care plan.</p>	<p>1</p>
<p>19</p> 	<p>Patients are offered personalised healthy lifestyle interventions, such as advice on healthy eating and physical activity. This is documented in the patient's care plan.</p> <p><i>Guidance: This could be delivered in conjunction with other teams within the prison establishment.</i></p> <p>Sustainability Principle: Consider Carbon</p>	<p>1</p>
<p>20</p>	<p>Patients are managed under the Stepped Care Model for People with Common Mental Health Disorders (NICE guideline 41, 2011).</p> <p><i>Guidance: The model presents an integrated overview of the key assessment and treatment interventions that are service specific. Where NICE guidelines are not applicable, the appropriate equivalent should be followed, such as SIGN (Scottish Intercollegiate Guidelines Network) in Scotland.</i></p>	<p>2</p>
<p>21</p>	<p>Patients have access to low-level interventions (this includes steps 1 and 2 of the Stepped Care Model) and a range of psychological therapies. These interventions are delivered by an adequately trained and supported mental health professional.</p> <p><i>Guidance: The interventions and therapies are adapted to the needs of the patient and environment. For example, a remand environment delivers standalone sessions and psychoeducation support.</i></p>	<p>2</p>

22	Following assessment, patients promptly begin evidence-based therapeutic interventions, which are appropriate for their bio-psychosocial needs.	1
23	<p>The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews.</p> <p><i>Guidance: Referrals that are urgent or that the team feel do not require discussion can be allocated before the meeting.</i></p>	1
24	<p>Where applicable, patients on secondary care caseload receive a formalised review of their care within the first 28 days, at three months and every six months thereafter, or whenever a significant transition occurs.</p> <p><i>Guidance: The review could be part of the Community Mental Health Framework (CMHF) in England, Promoting Quality Care (PQC) in Northern Ireland, Care and Treatment Plan (CTP) in Wales, Sharing the Vision policy in Ireland or equivalent processes.</i></p>	1
25	<p>Where applicable, patients are supported to be fully involved in their own assessment of secondary mental health needs during the formal review process.</p> <p><i>Guidance: The review could be part of the Community Mental Health Framework (CMHF) in England, Promoting Quality Care (PQC) in Northern Ireland, Care and Treatment Plan (CTP) in Wales, Sharing the Vision policy in Ireland or equivalent processes.</i></p>	3
26	<p>For any formalised review of patients on the secondary care caseload, as a minimum there should be a representative from the prison mental health team and the prison. A representative from the local community mental health team/the identified key worker or responsible clinician from the receiving service should also be invited.</p> <p><i>Guidance: The review could be part of the Community Mental Health Framework (CMHF) in England, Promoting Quality Care (PQC) in Northern Ireland, Care and Treatment Plan (CTP) in Wales, Sharing the Vision policy in Ireland or equivalent processes.</i></p>	1

27	The team follows up patients who have not attended an appointment/assessment. If patients are unable to be engaged, a decision is made by the assessor/team, based on patient need and risk, as to how long to continue to follow up the patient.	1
28	The service has a care pathway for the care of patients in the perinatal period (pregnancy and 12 months post-partum) that includes: <ul style="list-style-type: none"> • Assessment; • Care and treatment (particularly relating to prescribing psychotropic medication); • Referral to a specialist perinatal team/unit unless there is a specific reason not to do so. 	1
Discharge and Transfer		
29	The team has a formal process for referral and transfer of patients. When patients are transferred to another establishment, there is a handover which ensures that the new team have an up-to-date care plan and risk assessment before the transfer takes place. There is a monitoring process in place for patients awaiting transfer. <i>Guidance: The process should follow the Good Practice Procedure Guide (NHSE, 2021) or equivalent. Where a transfer is unforeseen, the handover is provided to the receiving team as soon as they are made aware.</i>	1
30	There is a robust transfer process to either a receiving prison or the community mental health team for patients who require continued care and follow-up support following release or transfer.	1
31	On discharge from the mental health team, patient information is provided to the receiving primary care or mental healthcare service. This can be a team within the same establishment.	1
32	The team contacts the patient and/or the new care coordinator/service provider within 14 days of release/transfer from the establishment. This is to confirm patients have been able to access the service. <i>Guidance: This includes communication in person, by telephone, email or in writing. This can be an administrative task.</i>	3

Safety		
33	<p>The mental health team are actively involved in the prison process managing self-harm and suicide. They will attend review meetings for all newly opened cases, for all reviews for anyone on their caseload, and where required and relevant to attend.</p> <p><i>Guidance: This refers to ACCT, SPAR Evolution or equivalent processes.</i></p>	1
34	<p>There is a representative from the mental health team who attends prison governance meetings to support the prison with self-harm and suicide, e.g. Safety and Intervention Meeting (SIM).</p>	2
35	<p>There are measures in place to ensure staff are safe when working with patients. These include:</p> <ul style="list-style-type: none"> • Having a lone working policy in place; • Conducting a risk assessment; • Identifying control measures that prevent or reduce any risks identified. 	1
36	<p>Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and young people. This includes escalating concerns if an inadequate response is received to a safeguarding referral.</p>	1
37	<p>Assessments of patients' capacity to consent to care and treatment are performed in accordance with current legislation.</p>	1
38	<p>The team understands and engages with policies on food and fluid refusal.</p>	1
39	<p>The team understands and follows relevant policies on sharing information and working across agencies to manage serious offenders.</p> <p><i>Guidance: For example, Multi-Agency Public Protection Arrangements (MAPPA), Public Protection Arrangements Northern Ireland (PPANI) or equivalent.</i></p>	1
40	<p>The team, including bank and agency staff, are able to identify and manage an acute physical health emergency in collaboration with the primary healthcare team.</p> <p><i>Guidance: Such as initial CPR.</i></p> <p>Sustainability Principle: Prioritise Prevention</p>	1



41	When serious mistakes are made in care this is discussed with the patient, in line with the Duty of Candour agreement (or equivalent).	1
Patient Experience		
42	Patients are actively involved in shared decision-making about their mental and physical healthcare, treatment and discharge planning, and supported in self-management.	1
43	<p>The team asks patients for their feedback about their experiences of using the service and this is used to improve the service.</p> <p> <i>Guidance: This may include patient surveys or focus groups.</i></p> <p>Sustainability Principle: Empowering Individuals</p>	2
44	Feedback received from patients is analysed and explored to identify any differences of experiences according to protected characteristics.	3
45	<p>Staff members treat patients with compassion, dignity and respect.</p> <p><i>Guidance: This includes respect of a patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.</i></p>	1
46	Patients feel listened to and understood by staff members.	1
47	<p>The team supports patients to undertake structured activities such as work, education and volunteering.</p> <p><i>Guidance: For patients who wish to find or return to work, this could include supporting them to access pre-vocational training or employment programmes. This includes referral to the Individual Placement and Support service where appropriate.</i></p>	2
48	Confidentiality and its limits are explained to the patient, both verbally and in writing. Patient preferences for sharing information with third parties are recorded, respected and reviewed regularly.	1
49	Patients are asked if they wish to have copies of correspondence about their health and treatment.	1
50	Patients know who is co-ordinating their care and how to contact them if they have any questions.	1

51	The team works with interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.	2
52	Patients can access help from mental health services 24 hours a day, seven days a week. Where teams do not operate 24 hours a day, seven days a week, there are written on-call arrangements in place which prison staff are aware of and know how to access mental health staff outside usual operating hours.	1
Collaborative Partnerships		
53	The team has processes in place for liaison and joint working across criminal justice, social care, physical healthcare and the third sector within limits of patient consent, confidentiality and risk management.	2
54	The team has processes in place for liaison and joint working with substance misuse services and primary care in cases of co-morbidity. <i>Guidance: This can include regular complex care or multi-pathway meetings to share information and develop management plans. There are clearly outlined roles and responsibilities in place for patients with co-morbid conditions.</i>	2
55	The team understands and follows policies on reporting intelligence according to the establishment's security reporting system. <i>Guidance: As a minimum, this includes one staff member who has access to the establishment's security reporting system.</i>	2
56	The team has processes in place for liaison and joint working between the establishment, primary care, substance misuse services and the mental health team on the control and management of substance misuse and substances.	2
57	The team is involved in providing mental health awareness training for prison staff in accordance with NICE guideline 66 (2017). <i>Guidance: This could include the direct involvement of the team in delivering training sessions, or the team has input into the development of training content and learning materials.</i>	2

58	<p>Where specialist interventions exist within prisons, there is a joint working protocol and meetings take place.</p> <p><i>Guidance: This could be Offender Personality Disorder (OPD) pathways, Psychologically Informed Planned Environments (PIPES) and Therapeutic Communities.</i></p>	2
59	<p>All staff within the team receive a full local prison induction within 28 days of commencing employment.</p> <p><i>Guidance: This could include key security, prison awareness, the prison processes on managing self-harm and suicide (such as ACCT, SPAR Evolution), counter corruption and personal protection, or equivalent.</i></p>	2
Medication Management		
60	<p>When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded.</p>	1
61	<p>The safe use of high-risk medication is audited at service level, at least annually.</p> <p><i>Guidance: This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines, gabapentinoids and stimulants for ADHD.</i></p>	1
62	<p>Psychotropic prescribing rates (antidepressants, antipsychotics, ADHD, anxiolytics, hypnotics) are regularly monitored and reviewed.</p> <p><i>Guidance: This should be completed at least quarterly. This includes regular reports from the pharmacy team, with findings being discussed at local or directorate meetings.</i></p>	2
63	<p>Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at three months and then annually. If a physical health abnormality is identified, this is acted upon.</p>	1

<p>64</p> 	<p>Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime.</p> <p><i>Guidance: Side-effect monitoring tools can be used to support reviews. Guidance is available to the team on how to respond to non-adherence.</i></p> <p>Sustainability Principle: Consider Carbon</p>	<p>1</p>
<p>65</p>	<p>There are clear written protocols outlining prescribing responsibilities between psychiatrists, GPs and nurse prescribers.</p> <p><i>Guidance: Clinicians refer to 'Safer Prescribing in Prisons: Guidance for Clinicians, Second Edition' (RCGP, 2019).</i></p>	<p>2</p>
<p>66</p>	<p>Prescribers can contact a specialist pharmacist to discuss medications.</p>	<p>1</p>
<p>67</p>	<p>Patients are able to discuss medications with a specialist pharmacist.</p>	<p>3</p>
<p>68</p>	<p>Patients who are taking antipsychotic medication have their physical health and effects of antipsychotic medication monitored in line with NICE guidance.</p>	<p>1</p>
Environment		
<p>69</p>	<p>Patients are able to attend appointments with the team at the scheduled appointment time.</p> <p><i>Guidance: The team works jointly with the establishment to ensure appointments are not missed.</i></p>	<p>2</p>
<p>70</p>	<p>Patients feel welcomed by staff members when attending their appointments.</p> <p><i>Guidance: Staff members introduce themselves to patients and address them using their preferred name and correct pronouns.</i></p>	<p>1</p>
<p>71</p>	<p>There are designated rooms for the team to run clinics and one-to-one sessions which are private and conversations cannot be easily over-heard.</p>	<p>1</p>
<p>72</p>	<p>There are designated rooms for the team to run group sessions.</p>	<p>2</p>

73	All clinic rooms are safe. This includes the rooms being situated close to staffed areas, having an emergency call system, an internal inspection window and the exit is unimpeded. Objects cannot easily be used as weapons.	1
74	The team has designated spaces and meeting rooms for confidential working.	1
75	There are sufficient IT resources (e.g. computer terminals, adequate data speeds) to provide all practitioners with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements. Staff also have access to online conferencing applications (e.g., Microsoft Teams) to facilitate remote meetings and videocalls.	1
76	The healthcare environment is clean, comfortable and welcoming.	2
77	The healthcare environment complies with current legislation on accessible environments. <i>Guidance: Relevant assistive technology equipment, such handrails, are provided to meet individual needs and to maximise independence.</i>	1
78	The service reviews the environmental and social value of its current practices against the organisation's or NHS green plan. It identifies areas for improvement and develops a plan to increase sustainability in line with principles of sustainable services (prevention, service user empowerment, maximising value/minimising waste and low carbon interventions). <i>Guidance: Progress against this improvement plan is reviewed at least quarterly with the team.</i>	3
Workforce		
79	The multi-disciplinary team consists of or has access to staff from a number of different professional backgrounds that enables them to deliver a full range of treatments/therapies appropriate to the patient population. This includes a doctor, nurse and psychological therapist. <i>Guidance: This should include specialists who can undertake assessments and provide treatment/therapy relevant to the needs of the patient group.</i>	1

80	<p>There is dedicated sessional time from psychologists or psychological therapists in order to:</p> <ul style="list-style-type: none"> • Provide assessment and formulation of patients' psychological needs; • Ensure the safe and effective provision of evidence based psychological interventions adapted to patients' needs through a defined pathway. 	1
81	<p>There is dedicated sessional time from psychologists to support a whole-team approach for psychological management.</p>	2
82	<p>There is dedicated sessional input from occupational therapists in order to:</p> <ul style="list-style-type: none"> • Provide an occupational assessment for those patients who require it; • Ensure the safe and effective provision of evidence based occupational interventions adapted to patients' needs. 	3
83	<p>The service has a mechanism for responding to low/unsafe staffing levels when they fall below minimum agreed levels, including:</p> <ul style="list-style-type: none"> • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services. <p>Sustainability Principle: Prioritise Prevention</p>	1
84	<p>When a staff member is on leave, the team puts a plan in place to provide adequate cover for the patients who are allocated to that staff member.</p>	1
85	<p>There is a clearly identified clinical lead for the team.</p> <p><i>Guidance: The clinical lead has overall responsibility for the clinical requirements of the service.</i></p>	1
86	<p>There is a minimum of monthly multi-disciplinary team clinical meetings, which are recorded with written minutes.</p>	2

<p>87</p> 	<p>The service actively supports staff health and wellbeing.</p> <p><i>Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.</i></p> <p>Sustainability Principle: Staff Empowerment</p>	<p>1</p>
<p>88</p>	<p>New staff members, including bank staff, receive an induction based on an agreed list of core competencies.</p> <p><i>Guidance: This should include arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.</i></p>	<p>1</p>
<p>89</p>	<p>All staff who use an electronic patient recording system receive formal training and are competent in its use. For example, SystemOne training.</p>	<p>1</p>
<p>90</p>	<p>Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:</p>	
<p>90.1</p>	<p>The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).</p>	<p>1</p>
<p>90.2</p>	<p>Physical health assessment.</p> <p><i>Guidance: This could include training in understanding physical health problems, undertaking physical observations, basic life support and when to refer the patient for specialist input.</i></p>	<p>1</p>
<p>90.3</p> 	<p>Safeguarding vulnerable adults and children.</p> <p><i>Guidance: This includes recognising and responding to the signs of abuse, exploitation, or neglect.</i></p> <p>Sustainability Principle: Prioritise Prevention</p>	<p>1</p>
<p>90.4</p>	<p>Risk assessment and management.</p> <p><i>Guidance: This includes assessing and managing suicide risk and self-harm, and the prevention and management of challenging behaviour.</i></p>	<p>1</p>

90.5	Recognising and communicating with patients with cognitive impairment.	1
90.6	Inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care.	1
90.7	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	2
91	Team members are trained in the assessment and management of mental health presentations in people with learning difficulties and neurodiversity.	1
92	Staff receive training in the principles of Trauma Informed Care and are able to demonstrate how this has influenced their practice.	2
93	All staff members who deliver therapies and activities are appropriately trained and supervised.	1
94	Patient representatives are involved in delivering and developing staff training. <i>Guidance: This could be locally or within the wider organisation.</i>	2
95	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. <i>Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.</i>	1
96	All staff members receive individual line management supervision at least monthly. <i>Guidance: Supervision forms a part of individual performance management and discusses organisational, professional and personal objectives.</i>	2
97	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse.	1

98 	Staff members are able to access reflective practice groups at least every six weeks where teams can meet together to think about team dynamics and develop their clinical practice. Sustainability Principle: Staff Empowerment	2
99	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. <i>Guidance: Staff have the right to one uninterrupted 20-minute rest break during their working day if they work more than six hours a day. Adequate cover is provided to ensure staff members can take their breaks.</i>	1
Leadership and Governance		
100	The service is developed in partnership with appropriately experienced patients who have an active role in decision making.	2
101	Systems are in place to enable staff members to report incidents quickly and effectively, and managers encourage staff members to do this.	1
102 	Staff members and patients who are affected by a healthcare related serious incident are offered post incident support. <i>Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review.</i> Sustainability Principle: Empowering Individuals	1
103	Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	1
104	Complaints are reviewed on a quarterly basis to identify themes, trends and learning.	2
105 	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing. Sustainability Principle: Staff Empowerment	1

<p>106</p> 	<p>Patient representatives are involved in the interview process for recruiting potential staff members.</p> <p><i>Guidance: These representatives should have experience of the relevant service.</i></p> <p>Sustainability Principle: Empowering Individuals</p>	<p>3</p>
<p>107</p>	<p>The mental health team engage with carers where possible in line with the Triangle of Care.</p> <p><i>Guidance: This could involve gathering family history, involving carers in decisions about patients care (with consent) and inviting carers to relevant meetings.</i></p>	<p>3</p>
<p>108</p>	<p>Clinical outcome measurement data is collected at two time points (at assessment and discharge).</p> <p><i>Guidance: This includes patient-reported outcome measurements where possible.</i></p>	<p>1</p>
<p>109</p>	<p>The service's clinical outcome data are reviewed at least six-monthly. The data are shared with commissioners, the team, patients, and is used to make improvements to the service.</p>	<p>3</p>
<p>110</p>	<p>The team is actively involved in quality improvement activity. This could include QI, research or other quality improvement activities.</p>	<p>2</p>
<p>111</p>	<p>The team actively encourages patients to be involved in quality improvement initiatives. This could include QI, research or other quality improvement activities.</p>	<p>2</p>
<p>112</p>	<p>All patient information is kept in accordance with current legislation.</p> <p><i>Guidance: This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.</i></p>	<p>1</p>
<p>113</p>	<p>The team reviews data at least annually about the people who use the service. Data are compared with local population statistics and action is taken to address any inequalities of access that are identified.</p>	<p>1</p>

24 Hour Mental Healthcare		
114	<p>The purpose of the admission is explained to the patient and an assessment of their capacity to consent to admission, care and treatment is completed within 24 hours of admission.</p> <p><i>Guidance: This relates to mental health admissions only.</i></p>	1
115	<p>On admission to the healthcare centre, patients feel welcomed by staff members who explain why they are there.</p> <p><i>Guidance: Staff members show patients around and introduce themselves and other patients, offer them refreshments and address them using their preferred name and correct pronouns. Staff should enquire as relevant how they would like to be supported in regard to their gender.</i></p>	1
116	<p>There is a documented formalised review of care within one week of the patient's transfer. Where possible, patients are supported to attend this with advanced preparation and feedback.</p>	1
117	<p>Planning for return to normal location begins at the first review and, where possible, outcomes are agreed.</p>	1
118	<p>Each patient is offered a one-hour session at least once a week with a nominated member of their care team to discuss progress, care plans and concerns.</p>	2
119	<p>Every patient is engaged in active conversation at least twice a day by a team member and this is recorded in patient notes.</p> <p><i>Guidance: This is an opportunity for patients to discuss any issues or difficulties they are experiencing.</i></p>	1
120	<p>Every patient has a personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.</p> <p><i>Guidance: This can include occupational therapy, art/creative therapies, non-therapeutic activities and in-cell activities.</i></p>	1
121	<p>All patients can access a range of current culturally specific resources for entertainment, which reflect the unit's population.</p>	2

	<i>Guidance: This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs.</i>	
122	Patients have access to safe outdoor space every day and should be encouraged and supported to do so.	1
123	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly, and after each use.	1
124	There are agreed minimum staffing levels that include at least one qualified nurse present on all shifts.	1
125	The unit is staffed by permanent staff members, and bank and agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need. <i>Guidance: The use of agency staff is monitored on a monthly basis. An overdependence on bank and agency staff members results in action being taken.</i>	2
126	Arrangements are in place to ensure that a doctor is available at all times to attend the unit, including out of hours.	1
127	Patients are not transferred from 24-hour healthcare without the consultation of a mental health professional and/or duty healthcare manager.	1
128	The operation of the unit is explicitly included in the commissioning specification. <i>Guidance: This is from NHS England, NHS Scotland, Health Service Executive, Health and Social Care or NHS Wales.</i>	2

References

Centre for Mental Health (2016) *Mental Health and Criminal Justice*, London: Centre for Mental Health.

Favril, L., Shaw, J., & Fazel, S. (2022). Prevalence and risk factors for suicide attempts in prison. *Clinical psychology review*, 102190.

Ministry of Justice. (2021). Prisons strategy White Paper - gov.uk. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1038765/prisons-strategy-white-paper.pdf

National Institute for Health and Care Excellence (2011) Common mental health problems: identification and pathways to care [NG41], available online at: <https://www.nice.org.uk/guidance/cg123>

National Institute for Health and Care Excellent (2014) Psychosis and schizophrenia in adults: prevention and management [CG178], available at: <https://www.nice.org.uk/guidance/cg178>

National Institute for Health and Care Excellence (2016) Physical health of people in prison [NG57], available at: <https://www.nice.org.uk/guidance/ng57>

National Institute for Health and Care Excellence (2016) Mental health problems in people with learning disabilities: prevention, assessment and management [NG54], available online at: <https://www.nice.org.uk/guidance/ng54>

National Institute for Health and Care Excellence (2017) Mental health of adults in contact with the criminal justice system [NG66], available online at: <https://www.nice.org.uk/guidance/ng66>

NHS Education for Scotland (2017) Transforming Psychological Trauma: A knowledge and Skills Framework for the Scottish Workforce, available at: <https://www.nes.scot.nhs.uk/media/rgxngvpv/nationaltraumatrainningframework-execsummary-web.pdf>

NHS England. (2018). National Partnership Agreement for Prison Healthcare in England 2018-2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767832/6.4289_MoJ_National_health_partnership_A4-L_v10_web.pdf

NHS England (2021) Guidance for the transfer and remission of adult prisoners and immigration removal centre detainees under the Mental Health Act 1983, Good practice guidance, available at: <https://www.england.nhs.uk/wp->

[content/uploads/2021/06/B0229_iii_Transfer-and-remission-prison-guidance_080421.pdf](https://www.ppo.gov.uk/app/uploads/2021/06/B0229_iii_Transfer-and-remission-prison-guidance_080421.pdf)

Prisons and Probation Ombudsman (2016), Learning from PPO Investigations: Prisoner Mental Health. Available online at: <https://www.ppo.gov.uk/app/uploads/2016/01/PPO-thematic-prisoners-mental-health-web-final.pdf>

Royal College of General Practitioners (2019) *Safer Prescribing in Prisons: Guidance for Clinicians*. Available online at: <https://www.rcgp.org.uk/-/media/Files/Policy/2019/RCGP-safer-prescribing-in-prisons-guidance-jan-2019.ashx?la=en>

Royal College of Psychiatrists (2022) Standards for Inpatient-Based Mental Health Services. Available online at: https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/ccqi-resources/ccqicorestandardsin2022.pdf?sfvrsn=ae828418_4

Royal College of Psychiatrists (2022) *Standards for Community-Based Mental Health Services*. Available online at: [CCQI_Standards_Community_2022_V3.indd \(rcpsych.ac.uk\)https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/ccqi-resources/rcpsych_standards_com_2019_lr.pdf?sfvrsn=321ed2a3_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/ccqi-resources/rcpsych_standards_com_2019_lr.pdf?sfvrsn=321ed2a3_2)

Tyler, N., Miles, H. L., Karadag, B., & Rogers, G. (2019). An updated picture of the mental health needs of male and female prisoners in the UK: prevalence, comorbidity, and gender differences. *Social psychiatry and psychiatric epidemiology*, 54, 1143-1152.

Appendix 1: Acknowledgements

The Quality Network for Prison Mental Health Services is extremely grateful to the following people for their time and expert advice in the development and revision of these standards:

- Dr Steffan Davies, Co-Chair of the Advisory Group.
- Professor Andrew Forrester, Co-Chair of the Advisory Group.
- The full QNPMHS Advisory Group for their input and guidance throughout the consultations.
- Individuals who contributed to the standards revision process and provided feedback.

Appendix 2: Sustainability Principles

The sixth edition of the QNPMHS standards has been mapped against sustainability principles developed by the Royal College of Psychiatrists Sustainability Committee. This is the first time that the QNPMHS standards will be incorporating the sustainability standards.

The Royal College of Psychiatrists is striving to improve the sustainability of mental health care, by designing and delivering services with the sustainability principles at the core. The aim of this process is to raise awareness around sustainability in mental health services and to work towards making prison services sustainable in the long run. In recent years the mounting economic, social and environmental constraints have put mental healthcare system under enormous pressure and it is vital to ensure that high-value services continue despite these constraints. Developing a sustainable approach to our clinical practice is a crucial step in ensuring that mental health services will continue to provide high-quality care in the 21st century in the face of these constraints.

For more information on the Sustainability Committee, please follow this link: <https://www.rcpsych.ac.uk/improving-care/working-sustainably>

The five Sustainability Principles are listed below:

1. Prioritise Prevention – preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants alongside the biological determinants of health).

2. Empower Individuals and Communities – this involves improving awareness of mental health problems, promoting opportunities for self-management and independent living, and ensuring patients are at the centre of decision making. It also requires supporting community projects that improve social networks, build new skills, support employment (where appropriate) and ensure appropriate housing.

3. Improve Value – this involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste.

4. Consider Carbon – this requires working with providers to reduce the carbon impacts of interventions and models of care (e.g. emails instead of letters, telehealth clinics instead of face-to-face contacts). Reducing over-medication, adopting a recovery approach, exploiting the therapeutic value of natural settings and nurturing support networks are examples that can improve patient care while reducing economic and environmental costs.

5. Staff Sustainability – this requires actively supporting employees to maintain their health and well-being. Contributions to the service should be recognised and effective team working facilitated. Employees should be encouraged to develop their skills and supported to access training, mentorship and supervision.

A range of guidance reports and papers has already been developed by the College to help improve the sustainability of mental health care. Please see below for further information:

- Guidance for commissioners of financially, environmentally, and socially sustainable mental health services
<https://www.icpmh.info/good-services/sustainable-services/>
- Choosing Wisely – shared decision making
<http://www.rcpsych.ac.uk/healthadvice/choosingwisely.aspx>
- Centre for Sustainable Healthcare
<https://sustainablehealthcare.org.uk/>
- Psych Susnet
<https://networks.sustainablehealthcare.org.uk/network/psych-susnet>

Appendix 3: Project Contact Details

Project Team

Kelly Rodriguez, Programme Manager

Kelly.Rodriguez@rcpsych.ac.uk

0208 618 4063

Maisie Webster, Deputy Programme Manager

Maisie.Webster@rcpsych.ac.uk

0208 618 4023

Address

QNPMS

Royal College of Psychiatrists

21 Prescot Street

London

E1 8BB

Website

[Prison Mental Health Services | Royal College of Psychiatrists
\(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/prison-mental-health-services)

Email

prisonnetwork@rcpsych.ac.uk



PRISON
QUALITY NETWORK
FOR PRISON MENTAL
HEALTH SERVICES

PRISON

The Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB



CCQI
COLLEGE CENTRE
FOR QUALITY
IMPROVEMENT