National Institute for Health and Care Excellence

Mental health of people in prison

Stakeholder Comments – Draft Scope

NOTE:

NICE is unable to accept comments from non-registered organisations or individuals. If you wish your comments to be considered but are not a registered stakeholder, please register via the NICE website or contact the registered stakeholder organisation that most closely represents your interests and pass your comments to them.

Please fill in both the ‘stakeholder organisation’ and ‘name of commentator’ fields below in order for your comments to be considered.

<table>
<thead>
<tr>
<th>Stakeholder organisation:</th>
<th>The British Association for Counselling and Psychotherapy</th>
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<tbody>
<tr>
<td>Name of commentator:</td>
<td>Nancy Rowland</td>
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<th>Comment No.</th>
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<td></td>
<td>3.4.6</td>
<td>Our comments are as follows ........</td>
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<td>Example</td>
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<tr>
<td>1.1</td>
<td>BACP supports the proposed title change to be more reflective of the guideline’s scope to look at the integrated model for addressing mental health in prisons, but also looking across the whole of the criminal justice pathway, such as interventions for the prevention and early treatment of mental health problems. BACP hopes this will encourage early intervention within the criminal justice system and ensure continuity of care.</td>
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| General/4.1.2 | The scope does not include any guidance on how any mental health treatment received prior to an individual's involvement in the criminal justice system will continue. The World Health Organisation states that “Health care should include the continuance of any treatment started before admission” (WHO, 2014: p3). BACP advises the inclusion of this issue within the guideline.  

Reference:  

World Health Organisation (WHO), 2014, Prisons and Health, Denmark: WHO Regional Office for Europe. |
|---|---|
| General/4.1.2 | The scope of the guidance does not currently include transitions within the criminal justice system, despite the guideline reflecting the whole offender pathway (NICE, 2014, 1). Movement within the criminal justice system is constant and can impact on an individual receiving effective treatment. For example, Gee and Reed, noted that “of the 62 clients accepted for the programme, only 29 clients finished one or more modules, due to prison transfer, transfer to hospital and generalised drop-out” (Gee & Reed, 2013:p 16).  

Additionally, the scope states that the guideline will be relevant to but will not cover people in special hospitals such as Broadmoor, or people in medium to low secure units. However the scope does not indicate how the treatment of a prisoner will be managed when they are transitioning between prisons and forensic mental health services.  

BACP would suggest that the guideline includes guidance about how transitions between settings and services will be managed to ensure continuity of care and treatment efficacy.  

Reference:  

|   |   | BACP welcomes NICE’s comments relating to former prisoners having difficulty accessing services post-sentence (NICE, 2014, 7). However, the scope implies the guidance will not cover individuals post-contact with the criminal justice system, as it states the people the guidance will cover are those in police custody, remanded on bail, remanded in prison, serving a prison sentence, serving community sentence under the probation service. It is essential that mental health treatment is arranged prior to release, and provided post-release to prevent reoffending. “Prison health staff should make arrangements for continuous access to care on transfer or on release, which should be facilitated by prison management” (World Health Organisation, 2014, 1). BACP recommends that treatment planning prior to release and provision of services post-release is included within the scope of the guideline.

Reference:

World Health Organisation (WHO), 2014, Prisons and Health, Denmark: WHO Regional Office for Europe. |
| 2 | 4.1 (b) | BACP welcomes that the guideline will give specific consideration to older adults (aged 55 years and over). However, the scope’s assessment of current practice in relation to older people only mentions that there is an increasing rate of dementia in the prison population (NICE, 2014, 6). BACP recommends that the guideline explores other mental health problems experienced by older people, for example over 50% of all elderly prisoners suffer from a mental disorder such as depression (Prison Reform Trust, 2003).

Reference:

The scope states that the guideline will specifically consider women. Though women make up just 6% of the prison population, there is greater prevalence of mental health problems such as depression, anxiety and psychosis amongst female offenders in comparison to male offenders (Home Office, 2007). Many female offenders also experience comorbidities which can increase their risk of self-harm and suicide (Marzano, Fazel, Rivlin & Hawton, 2010); in 2003 they accounted for 46% of all reported self-harm incidents, compared with 6% of men (Prison Service, 2004).

However, males within the prison population exhibit a number of difficulties in comparison to males in the general population, such as higher rates of hazardous alcohol drinking and illegal drug use (Light, Grant & Hopkins, 2013). In addition, the prevalence of mental health disorders is known to be greater amongst prisoners than in the general population (Light et al., 2013), and the rate of attempted suicide is higher amongst prisoners than the general population (McManus et al., 2009).

BACP therefore suggests that the difficulties faced by males in the criminal justice system are also recognised within the guidance, and specific recommendations should be made.

References:


| 4.1.2 | Another group which the guideline will be relevant to, but not cover, is children and young people aged under 18 years. Mental health problems are prevalent amongst children in prison, with 85% of prisoners aged 16-20 showing signs of a personality disorder and 10% exhibiting signs of psychotic illness (Singleton et al., 2000). BACP recommends that NICE produces guidance for individuals of this age group who are in the offender pathway.  

Reference:
| 3 | 4.3.1 | BACP welcomes NICE’s inclusion of ‘interventions and their adaption to the criminal justice system’. The adaption of interventions into the criminal justice system is essential for interventions to be successful. For example, NICE recommends dialectical behaviour therapy for women with borderline personality disorder (DBT) for whom reducing recurrent self-harm is a priority. However, to be effective the therapy must be able to run its course, and there are barriers to it being delivered in prison due to the changing nature of this population and women prisoners often serving short sentences. A pilot of a modified DBT service in HMP Holloway showed positive outcomes in terms of improved overall mental health and a reduction in adjudications, suggesting that NICE recommended interventions can be adapted successfully to facilitate implementation within criminal justice settings (Gee & Reed, 2013).  

Reference  
The scope, despite stating that the provision of mental health awareness training for staff working in the criminal justice system varies, does not include mental health training of staff within the criminal justice setting. BACP recommends that the guidance indicates the level and scope of training and expertise that health professionals who carry out interventions should possess. Additionally, details around mental health screening training for criminal justice staff should be included in the guidance. For example, the World Health Organisation recommends ‘that either the health staff, or prison staff with some training, should conduct a more detailed screening in the first few days’ (WHO, 2014: p91).

Reference:
World Health Organisation (WHO), 2014, Prisons and Health, Denmark: WHO Regional Office for Europe.