Response
to the First Draft -
Mental Health & Wellbeing Strategy

Thank you for sharing the first draft of the Mental Health & Wellbeing Strategy. The Forensic Mental Health Managed Care Network (Forensic Network) welcomes and broadly supports the document. In our view, the Strategy needs to include major issues within forensic mental health.

Within the Forensic Network, we have identified a need for consistency in service delivery, equity and adequacy of resources, authority in decision-making, a quality improvement framework across services, and patient pathways that ensure effective flow through the system. The Strategy should refer to these ongoing issues and set goals to address these. Whilst the Barron Report on the Delivery of Forensic Mental Health Services (2021) makes recommendation on these matters, these have not been implemented. This includes the importance of ongoing education and research through the School of Forensic Mental Health (SoFMH).

It would be helpful if the Strategy referred not only to Forensic Mental Health Services in health and community settings but also to the mental health needs of individuals within the Scottish Prison Service (SPS).

Within the Prison setting there is an identified need for improved prisoner mental healthcare, support for families affected by imprisonment, workforce mental health development and a reduction in deaths in prison custody with a review of the SPS "Talk to me" strategy. There have been numerous reports into the healthcare of prisoners. Most recently, the Forensic Network and SoFMH were involved in research for the Scottish Government on Understanding the Mental Health Needs of Scotland's Prison Population. It is our view that the recommendations from this report should be incorporated into the Strategy. These recommendations are set out below:

High-level and strategic

1. A fundamental change is required in how the mental health of individuals in prison is perceived, given the demonstrated mental health needs of Scotland's prison population. A model of care should be adopted across all prisons that focuses on assessing and meeting individual needs, supporting individuals' wellbeing, and providing a caring and supportive environment. Trauma informed care is one model that may be appropriately considered.

2. The model of care adopted should have individuals' needs and wellbeing at its centre and strive to make the prison environment more therapeutic with a greater focus on meaningful activity. To break the cycle of repeated imprisonment, individuals should leave Scotland's prisons with better life opportunities than when they started their sentence.

3. Greater resources are required for NHS mental health services. Rather than use community-based formulations, modelling should be used to determine service provision, accounting for the known demographic and social characteristics of the population in each prison, recognising that most individuals

come from communities of multiple deprivation, have had adverse life experiences and many have multiple and complex needs. The outcomes of these models for each prison should be published.

4. An increase in funding for clinical psychology and allied health professionals within the multidisciplinary mental health team is needed in many of Scotland's prisons where current input is either none or limited. As the model of care is developed, a need for increased resources from other professional groups may too become apparent.

5. Standards for prison mental healthcare should be adopted. These could be newly developed or adopted from existing standards such as those published by the Royal College of Psychiatrists (2018). Adopted standards should include staffing requirements per prison resident to ensure consistency across the estate.

6. The development of a formal partnership between SPS (and private contractors, currently Serco and Sodexo), health and social care, and third sector organisations is necessary to drive forward the high-level changes recommended. This partnership should be empowered to deal with strategic and operational issues across the prison and health services. This must include a mechanism to empower decision making across all NHS Boards that interface with the prison estate. There should be mechanisms for governance, and processes embedded to enable routine quality improvement and assurance.

Operational

7. The set of health indicators monitored at a national level by Public Health Scotland should be expanded to include reliable data relating to the mental health of individuals in prison. Mental health outcomes should be specified so that progress to achieve these can be monitored.

8. Action is required to address the longstanding staff shortages and retention issues across prison staff and health staff employed within Scotland's prisons. Consideration should be given to the adoption of 'forensic careers' for professionals working across justice and health settings. This would support staff to develop skills and obtain experience of working with patients in different settings, including high, medium, and low secure hospital units; in the community; and in police cells, courts and prisons.

9. Investment in prison facilities is required to provide adequate space to conduct clinical assessments and interventions with individuals in prison.

10. SPS (and private contractors) and healthcare providers should jointly identify a solution which increases the time available each day, currently four hours, for health staff to see their patients in the prison health centres.

11. Training about mental health and trauma should be mandatory for all staff working within prisons to reduce stigma and improve the relationships between prison residents and staff. The induction process for new staff should include education on the remit and role of the various service providers working within the prisons to facilitate joint working and ensure referrals to other providers are made as appropriate.

12. A second mental health screening should conducted in the days following reception, when someone may be better placed to engage in discussion and the immediate stressor of being imprisoned is not as acute. This should be done by a trained mental health professional.

13. Specialty services available in the community, including neurodevelopmental assessment and old age psychiatry, should be accessible to people in prison. That someone is in prison should not be a barrier to accessing appropriate services directly or via videoconferencing technology.

14. Given the expansion of telehealth and online mental health resources available in to people in the community a modernisation is required for digital communications and technology in prisons. Videoconferencing technology should be more widely adopted to support remote mental health service delivery. People in prison should have greater opportunities to use digital technology to access online mental health resources.

15. Information sharing agreements should be introduced so that all professionals involved in the care and support of a person in prison can appropriately, effectively, and efficiently access relevant information relating to mental health needs.

16. Mechanisms for the two-way sharing of information between prisons and the families of people in prison about the mental health, care, and safety of their loved one should be examined.

17. A common prescribing formulary should be introduced across all of Scotland's prisons to eliminate the need to adjust established medication regimens on inter-prison transfer.

18. The throughcare system should be reviewed and consideration given to the development of standards as well as to auditing of performance against these standards.

We value the opportunity to contribute as the Forensic Network, to the development of the Strategy and hope our feedback will help shape its further development.