

Assessing Mental Health Services in Jersey – States of Jersey Prison Submission

Preamble

The panel invites submissions on some or all of the following questions from people and organisations who run or have accessed or used mental health services in Jersey. The deadline is 5pm on Friday, 28 September 2018.

1. What are the current trends in mental health in Jersey?
2. What progress has the States of Jersey made on implementing its mental health strategy? What further work is required?
3. How have mental health services changed since the launch of the mental health strategy in 2015?
4. What support is in place to ensure the organisations which provide mental health services are able to work in partnership in the best interests of the individual concerned?
5. What are the potential risks and benefits of separating child and adult mental health services? How could any potential risks be mitigated?
6. What examples of best practice are available from other jurisdictions that Jersey could learn from?

The following submissions are from a perspective of Prison Healthcare, but we have endeavoured to keep as close to the terms of reference suggested by the scrutiny panel.

What are the current trends in mental health in Jersey?

Prisons in general have a significantly greater ratio of individuals affected by mental ill health compared with the general community. There are many well researched theories and propositions for this.

Delivery of a suitable and appropriate mental health service is also significantly affected by factors which do not exist to the same degree as in the community. Levels of poly drug misuse, violence, poor housing, unemployment rates etc. are far more prevalent within the prison population and the impact of these variables on an individuals' mental health cannot be understated. However I believe we are better equipped to respond to these challenges than most of our UK counterparts. Prisoners are assessed by Healthcare Officers at point of entry to prison, if there are any concerns relating to mental health, appropriate referrals are made. This assessment includes an MDT approach to suicide and self-harming with an emphasis on keeping the prisoner safe particularly in the initial stages of custody. A secondary health screen is carried out later in the prisoners' sentence, this includes a mental health assessment as prisoners can have trouble adjusting to prison and have difficulty coping with prison life.

The community mental health team provide the core of the mental health in-reach service. A CPN and Consultant Psychiatrist provide weekly clinics in a designated office/interview area within the healthcare department. If urgent assessment is required, we have access to the on-call team. We also have a mental health trained nurse on the Healthcare staff. The mental health in-reach service is based on the MDT model, with regular cross-discipline reviews at regular intervals. We also employ a part-time Substance Misuse Worker who is well 'embedded' within the alcohol and drug services on the island. He provides a significant amount of mental health support within his role.

Prisoners can refer themselves at any time, or they can be referred by various sources within the prison, from external community sources including the prisoners own family.

We hope to develop a mental health strategy to include elderly prisoners, a growing prisoner group within the prison.

Also, it is planned to implement self-help books and resources within both the Healthcare Centre and the prison library.

Negatives:

We are charged for the consultant psychiatrist's time, despite being part of the community within which the psychiatrist is employed to cover. This seems to be an unnecessary burden on the prison's budget, in addition to the costs in terms of time to agree, approve and pay the invoice.

While the prison has a forensic psychology team, their focus is on assessment of risk, providing interventions to reduce risk of reoffending and to oversee the reintegration process. There is no current provision of clinical psychology or access to talking therapies, thus leaving a shortfall in provision.

For a time we lost our access to the Community Bereavement Service. However, it is encouraging that access has once again been reinstated recently.

Due to our ability to respond positively to mental health issues, and a good record of keeping these prisoners safe, there is a tendency for the court to send detainees here to obtain the necessary reports rather than granting them bail. Also, the police will 'off-load' prisoners within this category, occasionally whilst the prisoner is intoxicated. These prisoners spend the night at HMP and then get released from court the following morning, often with no follow up or contingency plans in place.

What progress has the States of Jersey made on implementing its mental health strategy?

The most significant progress, particularly from a prison perspective has been the provision of adequate facilities to provide a service. A 2017 upgrade of the Healthcare Department has had a significant impact on the quality of the mental health service.

We now provide an appropriate office for the mental health in-reach team to operate from. We also have a separate office for the Substance Misuse Worker, a service which has significant overlap with mental health. It is argued that this facility has been achieved through the input of the prison management team rather than influence from the Mental Health Strategy.

What further work is required?

IT: Probably one of the most frustrating aspects of the current status is the lack of joined up communication and data sharing opportunities within the states. Every department works from different IT programmes and databases, with no access to other information sources. We keep hearing that this will be resolved but instead constantly hear excuses why we cannot have an integrated health information system across all island health providers such as Emis Web. Examples of how this works well are available nationally, or more locally through the now joined up GP system.

How have mental health services changed since the launch of the mental health strategy in 2015?

It could be said minimally: there have been no significant changes from a prison perspective that have been influenced directly by the mental health review. We have made positive changes to the delivery of the current service, but this has been driven internally without any input from the review team. The current service works well because of the mutual working relationship of the prison and community staff. It is felt that we have had many, many meetings and have discussed many possibilities and models of care, but have fallen short of executing ideas emanating from the review process.

What support is in place to ensure the organisations which provide mental health services are able to work in partnership in the best interests of the individual concerned?

There is currently good team working between the community mental health team and the prison. It is considered however that this is due to current staff in relevant posts, and not because of any managerial strategy. There is fear that should these staff move to other areas, there is a real possibility of this relationship changing in a negative way. This issue has also been observed by Contact Consulting also, who have been involved with the review from the onset.

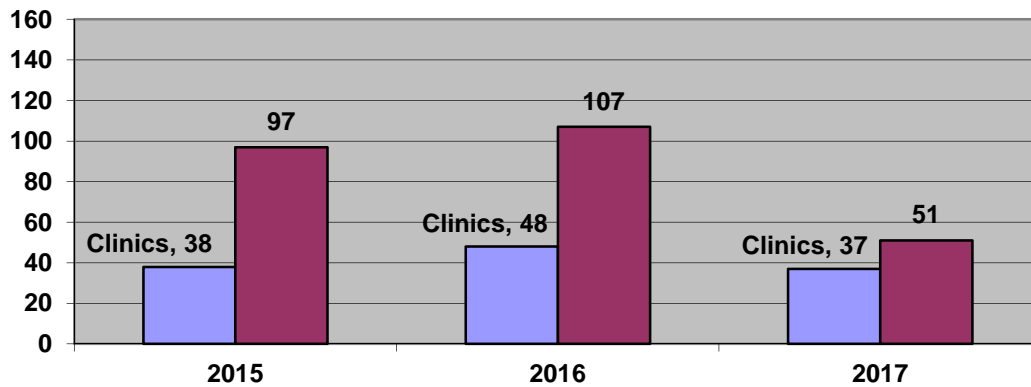
What are the potential risks and benefits of separating child and adult mental health services? How could any potential risks be mitigated?

We are not in a position to comment on this.

What examples of best practice are available from other jurisdictions that Jersey could learn from?

We simply have to have an appropriate IT system in place.
We need to identify an off island partner for treating serious mental health presentations that cannot be dealt with here, rather than relying on ad-hoc solutions which we currently employ.
Relevant training and learning opportunities for Prison Officers and Healthcare Officers

Psychiatry



In addition, 4 prisoners were seen by 'visiting' psychiatrists' during the year.

Healthcare Department
States of Jersey Prison
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