



Community Planning Aberdeen

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| Progress Report | Project End Report 10.7 Increase by 10% the number of clients who access assessment/support/ treatment/services in relation to mental health issues: - in Police custody - on a community disposal - in HMP Grampian by 2023. |
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| Governance Group | CPA Board – 28 June 2023 |

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| Purpose of the Report |
| This report presents the results of the LOIP Improvement Project Aim 10.7 which sought to increase by 10% the number of clients who access assessment/support/ treatment/services in relation to mental health issues: - in Police custody - on a community disposal - in HMP Grampian, by 2023. |

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| Summary of Key Information |
| <p>1 BACKGROUND</p> <p>1.1 It is important to ensure that people in the Justice System diagnosed with mental illness or experiencing mental ill health are able to access the right support at the right time from the right service and it is well documented that many individuals in the Justice System have mental health issues.</p> <p>1.2 There is evidence to indicate that intervention should occur as early as possible, and be aimed at providing support to develop personal resilience, learn adaptive coping skills, focus on improving mental wellbeing and forming meaningful connections within communities.</p> <p>1.3 One of the ambitions of this charter was to de-medicalise the support pathways for individuals by initiating an early intervention model which will start with supportive, non-judgemental conversations about mental wellbeing.</p> <p>1.4 If we can anticipate and reduce risk factors for individuals who experience low/ moderate level distress we can deliver a “right person, right time, right place” approach which could result in improvement in their mental wellbeing.</p> <p>1.5 The following was known in relation to mental health of individuals engaged in the following settings: in Police custody - on a community disposal - in HMP Grampian.</p> <p>Kittybrewster Custody Service</p> <p>1.6 Between 1 April 2020 and 31 March 2021, Kittybrewster Custody Centre in Aberdeen City had a throughput of 6864 custodies (custody episodes not individuals). Of these:</p> <ul style="list-style-type: none"> • 1619 (23.6%) stated they had previously attempted self-harm or suicide • 357 (5.2%) stated they had thoughts at present of self-harm or suicide • 2662 (38.8%) stated they had mental health problems or had received treatment for mental health problems |

Justice Social Work

- 1.7 A snapshot of 25 pre-sentence Justice Social Work Reports on individuals appearing in Sheriff Summary Courts in 2021 revealed the following:
- 5 (20%) reported no mental health issues
- 1.8 Of the 80% who reported mental health issues
- 3 (15%) had a diagnosed mental illness
 - 8 (40%) were currently being prescribed for depression/ anxiety/ low mood
 - 9 (45%) had wellbeing support needs
- 1.9 From Supervision Exit Questionnaires (i.e. those subject to statutory supervision in the community) we knew that 47% of respondents identified that they had a mental health issue before they were on Supervision, of whom 77% indicated there had been an improvement by the end of Supervision. This suggested that a combination of their relationship with workers and the support offered were sufficient to improve mental wellbeing.

HMP Grampian

- 1.10 HMP Grampian population fluctuates daily, however following a health needs assessment undertaken in January 2020, between 60-80 % of all prisoners reported mental health issues. The psychology service was part of the mental health service provision and was developed to provide high intensity/specialist intervention for mental health difficulties. However, there had been no provision to provide assessment and intervention for individuals with mild to moderate mental health problems.

2 IMPROVEMENT PROJECT AIM

- 2.1 In September 2021 the CPA Board gave approval for an improvement project which aimed to increase by 10% the number of clients who access assessment/support/treatment/services in relation to mental health issues: - in Police custody - on a community disposal - in HMP Grampian by 2023.

3 WHAT CHANGES DID WE MAKE?

- 3.1 Following a review of the current systems and engagement with individuals in each setting, several areas for improvement were identified and the following changes were tested throughout the project and are listed below.
- 3.2 In addition to the changes below, it was recognised that staff awareness, training and understanding of the routes available for people to be referred is vital to increasing access to available supports. Therefore within each setting whether providing staff development on ways to intervene earlier using distress interventions and compassionate conversations leads were tested to improve access to support for individuals within each of the services.

HMP Grampian

- 3.3 To help prisoners develop an understanding of mental health difficulties, factors that can impact upon mental health, and develop coping strategies to reduce distress, provision of the following interventions were tested through the introduction of an Assistant Psychologist (AP) post to develop and lead the following:
- psychological therapies service pathway revised to include a low intensity branch. This will include guidelines to screen for referred patients who would benefit from this kind of intervention in the first instance.
 - self-help materials and support to use them

- 1:1 CBT based interventions for mild to moderate mental health problems
- group CBT based interventions for mild to moderate mental health problems based on a structured protocol
- information sessions on mental health related topics for patient self-referred to sessions
- focus on the management of mental health difficulties in the context of patients' daily activities
- Follow-up review with prisoners who have had a previous assessment but not engaged

Custody

- Custody nurses to have an intentioned conversation led with each and every individual in custody.
- Refer individuals who give consent to supportive services e.g. the WELL Service.

3.4 Several other change ideas were looked at and at the outset, 'Custody Champions' were proposed. This idea was upskilling custody Officers to better identify persons who would benefit from wellbeing support. Thereafter deliver support as required. On review, there were risks associated to this approach whilst nursing professionals were available at all times. Preference being that nurses would deliver supportive conversations for accountability reasons. However, this did not preclude all persons employed within that setting from being compassionate. Focus was placed on having all Custody Officers enhance their awareness and use the pathway of on-site nursing professionals to deliver the required support.

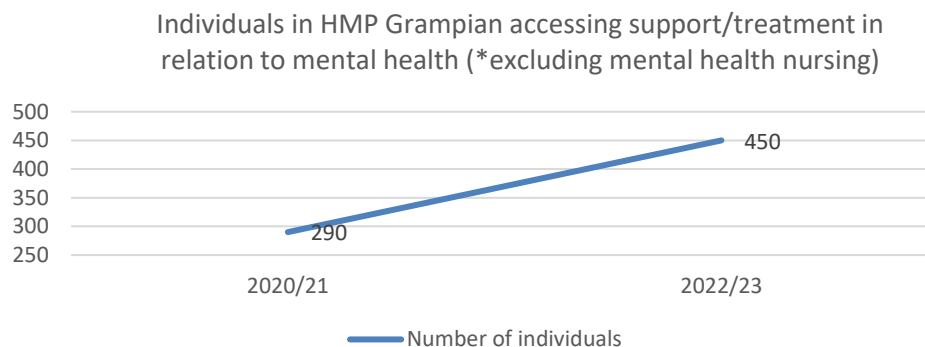
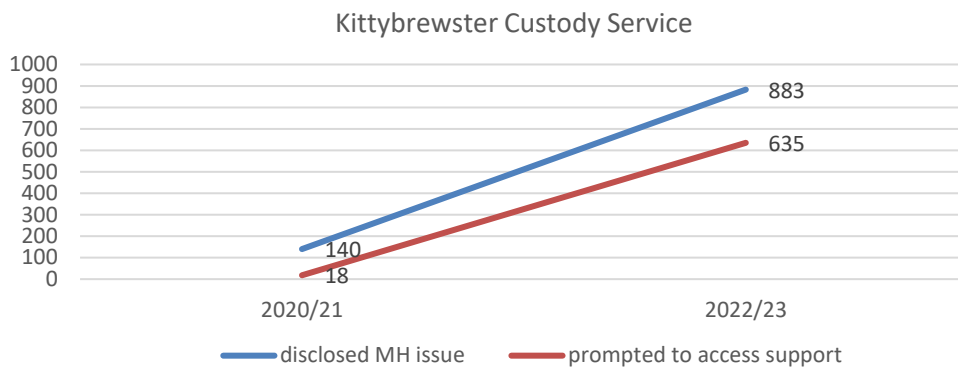
CJSW

3.5 The project had aimed to test within CJSW, however on review of the system it was found that within CJSW, 100% of clients were having a mental health assessment through a compassionate conversation with a qualified social worker. This conversation was ongoing and where specialist mental health support was required a referral was made either to the GP/or mental health provider. However, due to recording systems, data was not available from CJSW on the number of clients referred and/or accessing MH support/treatment and therefore this setting was unable to evidence progress towards the aim.

3.6 In light of this, the project focused solely on testing in two settings (prison and custody) with the view that once the system issues have been resolved, the successful outcomes achieved from the tests in custody and prison could be spread to CJSW and the impact recorded via a new improvement aim which could progress other potential improvements in this setting such as better quality conversations or embedded MH professionals within CJSW reducing onward referrals in order to maintain better management of a person.

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

- 4.1 Yes, we have achieved our aim of a 10% increase in the number of clients who access assessment/support/ treatment/services in relation to mental health issues in *two* of the three settings, namely: Police custody and HMP Grampian, by 2023.
- 4.2 The graphs below illustrate that we achieved a 59% increase in the number of clients disclosing a mental health issue accessing support/treatment within the Kittybrewster Custody Service, and a 55% increase within HMP Grampian.



*The data above does not include mental health nursing figures as this was an obvious outlier, and considering only psychiatry and GP shows an average increase over baseline of 55%.

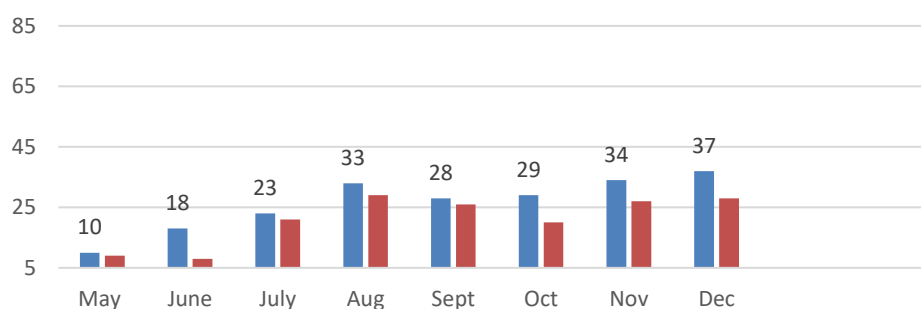
HMP Grampian

Provision of low intensity psychological interventions

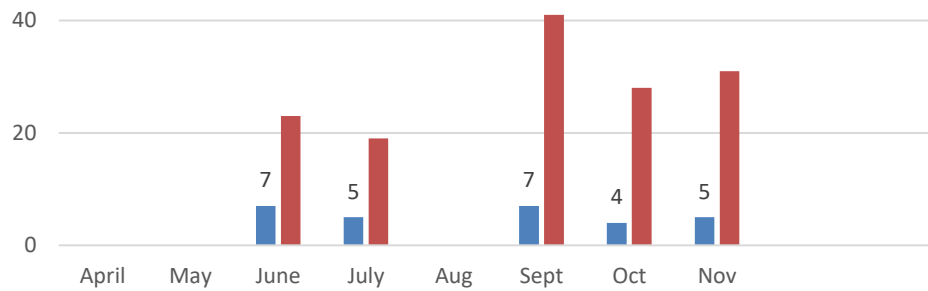
- 4.3 Prior to the project there no low intensity interventions delivered. Since the AP has been in post, patients have been offered low intensity psychological interventions. The psychological therapies service now offers low intensity interventions to patients. The shorter length of these interventions and consequent lower waiting times mean that patients have increased access to psychological treatment, both on a one-to-one and group basis. These can be a standalone treatment for mild to moderate mental health difficulties, or can be a helpful first step in preparation for higher intensity interventions subsequently offered by qualified psychology staff.
- 4.4 The delivery of short-term or single-session interventions allowed for a greater inclusion of remand prisoners, a growing population. Previously, few psychological interventions could be offered to remand prisoners, due to the uncertain length of their time in custody. Moreover, the fact that the groups are psychoeducational and do not require a significant degree of commitment - in terms of time and effort - will hopefully make the interventions more accessible to all patients.
- 4.5 From December 2021 to March 2022, the AP completed an induction, relevant training, and developed materials for both individual low intensity CBT sessions and materials for mental health education group session. The CBT self-help and psychoeducational materials for patients created were adapted for the specific target population. These were regularly used in 1:1 sessions with patients. These materials were also provided to other professionals in the Health Centre upon request and available to the wider Mental Health team on the virtual shared drive.

- 4.6 The material for the mental health groups sessions included development of Powerpoint slides to structure group sessions, patient self-help handouts, and facilitator instructions. In addition, the AP engaged in extensive liaison with SPS services to establish the required resources and procedures to set up a new group within a prison establishment.
- 4.7 The AP also completed preparation for delivery of the Emotional Resources Group (ERG) including information leaflet for patients and staff as well as adaptation of group session to fit with prison regime; a low intensity group intervention to address emotion regulation. The ERG group has not yet been able to be delivered, initially due to Covid-related restrictions on group working and then availability of psychology staff with AP leaving post.
- 4.8 Figures for AP contacts
- 4.9 **1:1 CBT Appointments:** The AP post enabled delivery of direct low intensity CBT interventions for individuals (e.g. anxiety management, CBT for low mood and depression, intervention for attentional difficulties).
- 4.10 **Low Intensity Support:** The AP post also enabled delivery of support sessions for those patients engaged in specialist psychological interventions who require additional between session input (e.g. to implement cognitive support strategies).
- 4.11 **Mental Health Education Groups:** Following development of the relevant materials, delivery of Mental Health Education group sessions commenced in June 2022. Patients self-referred to the group; up to 8 patients could attend each group session; and the topics covered included: 1) mental health and wellbeing; 2) Better sleep; 3) Loss and Grief; 4) Understanding emotions; 5) Overcoming low mood; 6) Long-term Physical Conditions; 7) Helpful things to know about head injury; and 8) Improving attention and concentration.
- 4.12 The graph below shows the number of additional appointments provided to individuals within HMP Grampian during the test phase. Unfortunately the Assistant Psychologist left post in December 2022 just before the test phase concluded. Between April and Nov 2022, 282 appointments were supported by the AP. The post was re-advertised and a new postholder appointed on 24th April 2023.
- 4.13 These appointments were in addition to the established “treatment as usual” options available to prisoners who are identified as requiring a mental health related intervention. The red column indicates the number of prisoners who did not attend their allocated appointment. The reasons are varied and range from the prisoner simply not wishing to attend, the prisoner feeling too unwell to attend, prison officers being unavailable to facilitate attendance.

Asst. Psychologist appointments (individual) HMP
Grampian for 2022/23



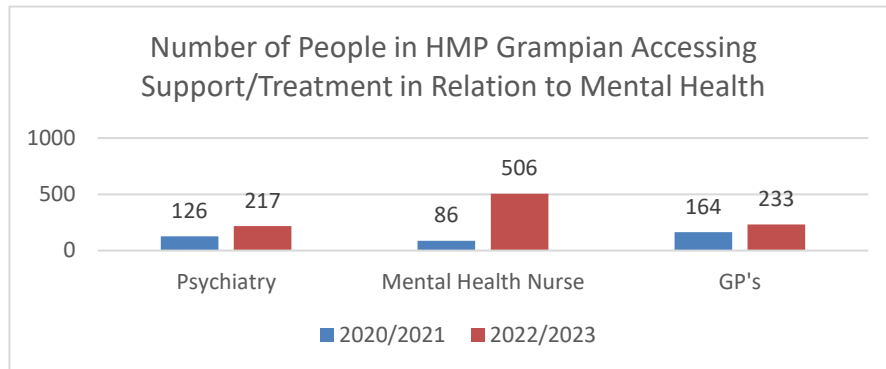
Asst Psychology appointments (group)



- 4.14 In addition to the above figures, patients were asked to provide feedback regarding their experience of the mental health education groups. There has been less interim written feedback received back from the current groups, due to literacy difficulties in the target population.
- 4.15 Patients were asked to rate the overall helpfulness of group sessions from (0) very unhelpful to (5) very helpful; the mean rating for all group sessions was between 4 and 5 and so it seems that overall attendees found the group helpful to them.
- 4.16 Patient also provided some qualitative feedback from the group sessions and comments included:
- “Overall these groups have great potential to help those open to the ideas and tools. Thank you!”
 - “Opened eyes that we're all in similar position.”
 - “[Gained] More understanding of mental health and wellbeing, and the importance of this”
 - “I think everything was really helpful”
- 4.17 To support the sustainability of the above the following have also now been developed and embedded:
- collection of self-help and psychoeducational materials for patients created, adapting these to the specific target population. These are regularly used in 1:1 sessions with patients, supporting them to put them into practice. These are also provided to other professionals in the Health Centre, upon request and available to the wider Mental Health team on the virtual shared drive.
- 4.18 Psychoeducational sessions offering information on common mental health difficulties, have been delivered in group format. The initial plan was for groups to be delivered in the halls however on further discussion to reduce stigma group sessions will be offered in the work shed area. The groups contain signposting for further support, in terms of self-help material and available services. A leaflet outlining the various sessions has been created and available to patients and staff. The AP has also created instructions for the delivery of these groups. This is now embedded into daily business.
- 4.19 Both group sessions and 1:1 work are now focused on the management of mental health difficulties in the context of patients’ daily activities.
- 4.20 Follow-up review with prisoners who have had a previous assessment but not engaged, has not yet been required as all have engaged. This is testament to the impact that the new interventions are having.

Summary.

4.21 As a result of the changes in the process and documentation/guidance, there was also a reported increase in the number of appointments provided by GP's and mental health nurses in comparison with the baseline figures as per the graph below.

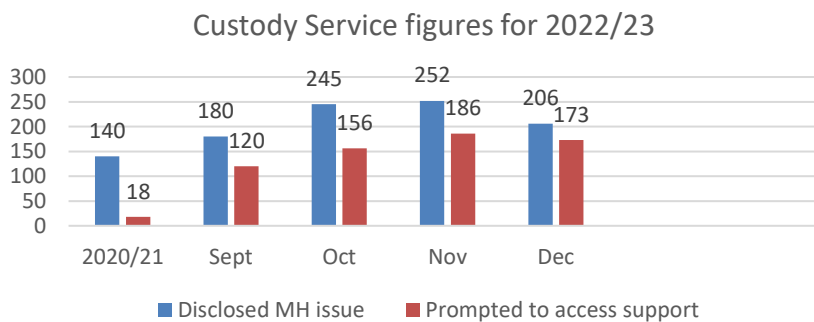


4.22 Analysis of the above graph illustrates an increase in all domains for the number of prisoners accessing support/treatment. There has been a 71% increase in relation to psychiatry, 42% for GP and a dramatic increase in the number of contacts for mental health nurse which may be due to a number of vacancies in the mental health nurse service during 2020/21 being filled during 2022/23. Excluding mental health nursing figures as an obvious outlier, and considering only psychiatry and GP shows an increase of 55% from the baseline.

Kittybrewster

4.23 Prior to the start of the project, custody staff discussed mental well being with individuals who appeared to be displaying symptoms or behaviours indicative of mental ill health. This is represented by the comparatively low number of 140 individuals recorded as disclosing a mental health issue by custody nurses (with 18 prompted to access support) in the column for 2020/21 in graph below.

4.24 This gave us a baseline start point of 12% of individuals being prompted to access support for their mental health issues.



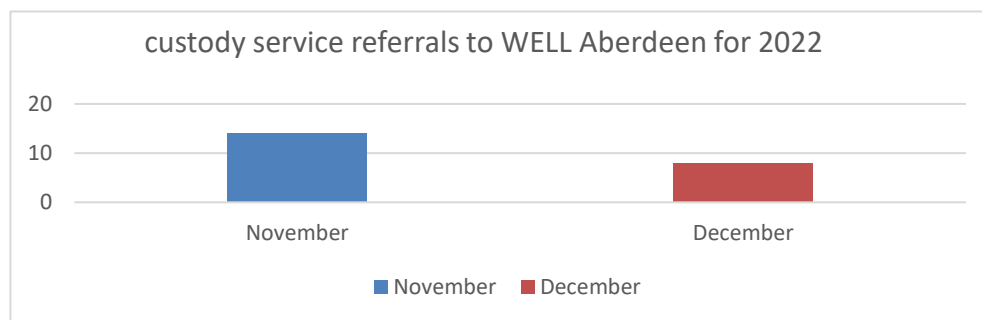
4.25 When the project commenced the approach taken by custody nurses changed to a dynamic and intentioned conversation led by the custody nurse with each and every individual in custody. This change in approach was an integral element of the testing process.

4.26 Analysis of the figures above shows a significant increase in the number of individuals prompted to assess support during the testing phase between September 2022 and December 2022. The graph shows a month on month increasing trend with an average across the test period of 72% of individuals who disclosed a mental health issue being prompted to access support. "Prompting" required custody nurses to have an understanding of mental well being services which would be available to the individual

on release from custody, to highlight the services to the individual, and engage in a conversation about the potential benefits.

4.27 WELL Service: This test saw Penumbra, mental wellbeing provider, having a member of staff based within Kittybrewster out of hours since November 2022 and accepting referrals from custody colleagues to support individuals with a disclosed mental health issue so that they could be supported at that point.

4.28 During November and December 458 individuals disclosed a mental health issue and 359 were prompted to access support. The graph below shows that 32 individuals were seen by the WELL practitioner which suggests that the service is responding to requests for support. However, the service is available out of hours only which may explain why the numbers referred to WELL are comparatively low.



4.29 With a focus remaining on making positive change, using the new data sources, more accurate baselines were achieved.

4.30 We experienced a number of challenges throughout the testing phase i.e. variations in data collection processes, arranging staff training, some staff changes within the project group, the impact of the global pandemic. In both areas (HMP Grampian and Kittybrewster), changes in processes affected and introduced into these settings led significant changes in data collection processes whereby different metrics were seen as more beneficial to measuring success across a range of outcomes including this project.

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 The data is showing that the improvement has been sustained. To ensure this continues the changes tested have been adopted as business as usual and will continue as they have increased access in both settings as detailed below.

HMP Grampian.

5.2 The Assistant Psychologist post is funded on a permanent basis and the changes and low interventions as described above embedded as business as usual. Processes and guides are fully developed and tested to mitigate against the impact of a postholder leaving and this ensures that the interventions can continue to be offered.

Kittybrewster Custody Service.

5.3 The custody nursing staff have recognised the positive difference the small change to their practice in having an intentional conversation has made to the sense of personal optimism for many of the individuals within the custody service and as a consequence have embedded this approach in their day-to-day clinical practice. To support this change in practice they will continue to gather data on a monthly basis and use an analytical approach to monitor clinical practice.

5.4 In addition, the team have been working with Royal Cornhill Hospital Unscheduled Care Team as a result of learning from the testing process. They are developing a pathway for individuals who they identify as requiring an urgent assessment by psychiatry. They also have developed contacts with Criminal Justice Social Work at court who can the highlight concerns to the procurator fiscal which will then prompt a review by psychiatry at the court.

6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1 As a result of the project, data systems in both settings are now in place to gather data monthly and use an analytical approach to monitor clinical practice in both settings. The data gathered is now being used as a performance measure. Conversations continue with CJSW to ensure that a similar system is in place for this data to be available from that setting.

6.2 Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Community Justice Group, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1 This project looked at two specialised settings. There are opportunities to spread the changes to the CJSW setting and any other setting where individuals are coming into direct contact with front line staff and where support needs could be identified.

Recommendations for Action

It is recommended that the CPA Board:

- i) Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been met in two of the three settings;
- ii) Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and
- iii) Note the opportunities to scale up and spread the changes tested to the CJSW setting which was not tested during this project for the reasons described above and note that the CJSW would consider a new improvement aim focused on the CJSW as part of the LOIP refresh and once the new CJSW recording system was in place.

Opportunities and Risks

The key risks defined in the document are –

- Changes of process and data recording mechanisms out with the control of the project team.
- Key services within the prison setting used to deliver our improvement aims became unavailable for a period of time.
- In the justice setting, what appeared to be feasible in terms of data collection at the outset was not and ongoing challenges meant that data collection was unachievable.

The key opportunities are –

- Although the means of collecting data changed within HMP Grampian and Kittybrewster, the Project team were able to reassess means of measuring improvement using new metric available to them.
- Despite services within HMP Grampian becoming unavailable, to continue delivering upon the project aims, flexibility in process was introduced and measuring success continued.
- Opportunities were identified in the Justice Setting for further training to enhance the conversations that were taking place with clients. Following discussions, a new

separate improvement aim in relation to CJSW be identified once the new recording system is in place and that this project can take the learning gained from the improvements tested.

Consultation

Community Justice Group
CPA Management Group

Background Papers

The following papers were used in the preparation of this report.
Charter 10.7

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