

Stakeholder engagement – deadline for comments [insert time] on [insert DD/MM/YY]

email: [QStopicengagement@nice.org.uk](mailto:QStopicengagement@nice.org.uk)

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"><li>1. What are the <b>key areas for quality improvement</b> that you would want to see covered by this quality standard? Please <b>prioritise up to 5 areas</b> which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality.</li><li>2. You may also wish to highlight any areas of practice that might be considered as emergent, are only currently being done by a minority of providers but which have the potential to be widely adopted and drive improvements in the longer term. Please note, these areas should be underpinned by NICE or NICE-accredited guidance</li><li>3. [Insert any specific questions you would like considered during consultation, or delete if not needed]</li></ol>
<p><b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p><b>Revolving Doors Agency</b></p>
<p><b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</p>	<p><b>No current or previous links</b></p>
<p><b>Name of person completing form:</b></p>	<p><b>Paul Anders</b></p>

<b>Supporting the quality standard</b> - Would your organisation like to express an interest in formally supporting this quality standard? <a href="#">More information.</a>		<b>Yes</b>	
<b>Type</b>		[for office use only]	
<b>Key area for quality improvement</b>	<b>Why is this important?</b>	<b>Why is this a key area for quality improvement?</b> Evidence or information that care in the suggested key areas for quality improvement is poor or variable and requires improvement?	<b>Supporting information</b> If available, any national data sources that collect data relating to your suggested key areas for quality improvement?  Do not paste other tables into this table, as your comments could get lost – type directly into this table.

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<p>Ensuring that mental health healthcare needs in prison are met, and are adequately coordinated with other services such as substance misuse and resettlement. This includes ensuring that appropriate mental health beds are available in hospital settings to accept prisoners who need them.</p>	<p>There is a substantial degree of unmet needs relating to mental ill health among the prison population.</p>	<p>There is evidence that mental health need is highly prevalent among the prison population, and that this need may not be fully met.</p> <p>Expert opinion and user experience suggests that, while some prisons have made progress in coordination and collaboration, health and social support services in prison are often poorly connected.</p>	<p>Our report Rebalancing Act contains an overview of prevalence of need in various settings, including prison, probation and community: <a href="http://www.revolving-doors.org.uk/blog/rebalancing-act">http://www.revolving-doors.org.uk/blog/rebalancing-act</a></p> <p>HM Inspector of Prisons has highlighted the level of unmet need found during inspections: <a href="https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2016/07/HMIP-AR_2015-16_web.pdf">https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2016/07/HMIP-AR_2015-16_web.pdf</a></p> <p>A 2002 study of the prevalence of comorbidity of mental ill health and substance misuse among users of community services found that comorbidity was the norm rather than the exception. It would be reasonable to assume that levels of comorbidity among the prison population would be substantially higher, given that prevalence of substance misuse and most forms of mental ill health is markedly higher: <a href="http://s3.amazonaws.com/academia.edu.documents/42560918/304.pdf?AWSAccessKeyId=AKIAIWOWY YGZ2Y53UL3A&amp;Expires=1496063908&amp;Signature=7a5TPzu%2Fhh3Pn1r9iNXUH96410A%3D&amp;response-content-disposition=inline%3B%20filename%3DCo-morbidity_of_substance_misuse_and_men.pdf">http://s3.amazonaws.com/academia.edu.documents/42560918/304.pdf?AWSAccessKeyId=AKIAIWOWY YGZ2Y53UL3A&amp;Expires=1496063908&amp;Signature=7a5TPzu%2Fhh3Pn1r9iNXUH96410A%3D&amp;response-content-disposition=inline%3B%20filename%3DCo-morbidity_of_substance_misuse_and_men.pdf</a></p>
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<p>Pick-up between prison-based mental health services and community services</p>	<p>There is a substantial degree of unmet needs relating to mental ill health both in the community, and among those in contact with the criminal justice system</p> <p>There is evidence that suggests that there is a significantly higher excess mortality rate faced by people on release from prison, including, for around 70 times higher for women, compared to around 30 for males. For women, almost all of this elevated rate can be accounted for by drug related deaths; for men, most of it can.</p>	<p>Expert opinion suggests that pick-up between prison and community drug treatment is likely to be higher than for other services, and the rate for that, nationally, is only 30.3%. Significant variation between and within English regions suggests that good practice can substantially increase this number, and that ineffective practice can reduce it.</p> <p>Non-engagement with, or ineffective use of, services poses avoidable risks and costs.</p>	<p>PHE statistics record the pick-up rate between prison and community substance misuse treatment service. Discussion with key stakeholder suggests that effective practice can increase the pick-up rate beyond the headline national and regional rates: <a href="http://www.nta.nhs.uk/uploads/secure-setting-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016.pdf">http://www.nta.nhs.uk/uploads/secure-setting-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016.pdf</a></p> <p>A joint report by HM Inspectorates of Prisons and Probation highlighted the importance of making links with and referring to existing community provision upon release from prison: <a href="https://www.justiceinspectorates.gov.uk/cji/wp-content/uploads/sites/2/2016/09/Through-the-Gate.pdf">https://www.justiceinspectorates.gov.uk/cji/wp-content/uploads/sites/2/2016/09/Through-the-Gate.pdf</a></p> <p>Rebalancing Act contains further detail about the excess mortality rate faced by people on release from prison.</p>
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<p>There should be vigilance that innovations such as court digitalisation and the increasing use of voluntary attendance (in place of police custody) do not undermine the intent of Liaison and Diversion services.</p>	<p>Liaison and diversion services play an important role in ensuring that mental health and related needs are identified early, in custody or in court.</p>	<p>The Ministry of Justice has set out ambitious plans to reform many aspects of the courts and tribunals systems, including the digital access to justice. This may, in some cases, mean that the opportunities to make an in-person assessment are reduced, and that opportunities to identify, put in place support and, where appropriate, to divert, are missed.</p> <p>Likewise, the increasing use of voluntary attendance, whilst welcome, removes police interviewees from custody suites where L&amp;D has been developed.</p>	<p>We have published a policy blog on the government's response to the Transforming Justice consultation which sets out some of our concerns: <a href="http://www.revolving-doors.org.uk/blog/transforming-justice">http://www.revolving-doors.org.uk/blog/transforming-justice</a></p>
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<p>The particular and often quite distinct levels and types of need faced by women in contact with the criminal justice system should be met.</p>	<p>Female offenders, in addition to often featuring higher rates of prevalence for some mental health conditions, and for some forms of substance misuse, also tend to have far higher rates of experience of trauma.</p> <p>There are distinct disparities of vulnerability and risk among the prison population, with the rate of instances of self-harm per 1,000 prisoners being approximately five times higher for women than men.</p> <p>There is evidence that institutions that adopt a trauma-informed experience a reduction in crisis situations and self-harm.</p>	<p>The Ministry of Justice has published a prison safety white paper, which sets out, in sparse form, the ambition to improve the female estate.</p> <p>The previous government's intention was to shortly accompany this with a Female Offender Strategy; as with the Prison and Courts Bill, the future is now unclear.</p>	<p>Phyllis Modley and Rachelle Giguere, Re-entry Considerations for Women Offenders, Coaching Packet, Center for Effective Public Policy: <a href="http://www.reentrycoalition.ohio.gov/docs/initiative/coaching/Reentry%20Considerations%20for%20Women.pdf">http://www.reentrycoalition.ohio.gov/docs/initiative/coaching/Reentry%20Considerations%20for%20Women.pdf</a></p> <p>Top line data on how the level and type of need can differ between men and women is included in Revolving Doors Agency's Rebalancing Act.</p>

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<p>Female prisons and prison-based mental health services should take a whole-system approach to reducing the risk of suicide.</p>	<p>The rate of self-inflicted deaths is twice as high for women than men, at 2.6 per 1,000 prisoners compared to 1.3, both rates being the highest since at least 2008.</p>		<p>Consideration should be given to adopting, in full, the recommendations made by the Prisons and Probations Ombudsman: <a href="http://www.ppo.gov.uk/wp-content/uploads/2017/03/PPO-Learning-Lessons-Bulletin_Self-inflicted-deaths-among-female-prisoners_WEB.pdf">http://www.ppo.gov.uk/wp-content/uploads/2017/03/PPO-Learning-Lessons-Bulletin_Self-inflicted-deaths-among-female-prisoners_WEB.pdf</a></p>
<p>In addition to ensuring that people in prison have access to appropriate services, promoting positive mental health should be embedded in all aspects of the prison.</p>	<p>Initially described by the World Health Organisation, the concept of healthy prisons has been adopted and adapted by HM Inspectorate of Prisons, focussing on: safety, respect, purposeful activity, and resettlement.</p>	<p>There is evidence that the number of prison officers in post has fallen. To this has been attributed a general deterioration in the safety and standards of the prison estate, including increased use of restricted regimes and difficulties in supporting people to attend (e.g.) health appointments or pre-release resettlement support.</p> <p>There is evidence (referred to above) that key indicators such as incidents, incidents of self-harm and self-inflicted deaths have tended to increase in recent years.</p>	<p>Both the HM Inspectorate of Prisons report above, and the joint report of HM Inspectorates of Prison and Probation set out some of the challenges encountered by the Inspectorates when looking at prisons, or at the 'through the gate' services designed to support people to reintegrate themselves stably and successfully into the community.</p>

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### Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

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