INTRODUCTION

BMA Cymru Wales is pleased to provide a combined response with RCGP Wales to the Welsh Government’s consultation on Policy Implementation Guidance on Mental Health Services for Prisoners in Wales.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

Question 1: Do you agree that this Guidance addresses the issues outlined in ‘Part I: Context’?

Partly.

The changes within the NHS in Wales have resulted in more emphasis on management of conditions in Primary Care. Alongside this, there has been little or no additional funding for primary care services, either in the wider community or in the prison setting. As paralleled in the community setting, there has been an expectation that prison GPs are to provide increasingly complex care despite a lack of coordinated resources to support the needs of their patients as identified in the document. A large proportion of the GP consultations in the prison setting relate to mental health problems and often with co-occurring conditions (substance misuse, mental health disorder, learning difficulties) that cannot be addressed with the ‘same’ models as community primary care. While it is accepted that there should be ‘equivalence’ in care, this alone is not sufficient to address the enormous inequality and over-representation of mental health problems as outlined in your document.

The current provision suffers from a lack of integration of appropriate primary care resources and secondary care in-reach services. The care currently provided inside prisons also suffers being undermined by inadequate resourcing in facilitating the secure transfer of care back into the community when detainees are released.

We support the prospect that this consultation would seek to address the secure estate for Welsh detainees as a whole and would like to draw your attention to the following areas outside of the ‘obvious’ prison estate.
• All female offenders are detained outside Wales and as such could be overlooked within the context of this document especially given their extraordinary levels of need when compared with the adult male estate.
• A significant proportion of the juvenile prison population are detained outside Wales and may also be overlooked.
• There is a small but important number of children detained in the Secure Childrens’ Home that should not be overlooked given their extraordinary levels of need and the opportunity to make changes in the early stages.
• The proposed Wrexham prison requirements must not be overlooked.
• There are currently no Secure Training Centres or Immigration Removal Centres in Wales but we would like to highlight their corresponding needs should these facilities be established.
• There should be further consideration that within the adult male estate there is both a significant proportion of English prisoners that are detained in Wales and are accessing treatment (paid for by Wales) and yet an even larger number of Welsh prisoners housed outside Wales (in England) who would not be accessing the services being proposed.

Further research is required into prison primary care delivery to support appropriate resourcing and delivery of services. At present, the vast majority of prison research is based in the secondary care sector and these do not adequately focus on the involvement of the primary care teams in managing the health problems you have outlined. We would support the development and integration of prison primary care research networks.

Question 2: Do you agree with the approach outlined in ‘Part II: Guidance’?

Partly.

This document does not acknowledge the strategy for Liaison and Diversion Services within Wales (or England). We would support the utilisation of these services, so avoiding the incarceration of those with mental health problems where possible, thus avoiding exacerbation of their underlying condition(s) and enhancing access to appropriate treatment in the community. This document could then provide an avenue to demonstrate how these strategies would then dovetail with the current services provided inside the prison setting both on admission; where transfer to hospital is required and on release.

Question 2a: Do you agree with the ‘Aim and Principles’?

In terms of the “underpinning principles”, we would support the additional aim of ‘reducing recidivism’. One of the key outcomes for delivering care in the prison setting should be a reduction in the rate of re-incarceration. As above, further research is required to support the evidence base for the role of primary care services in achieving this aim.

Question 2b: Do you agree with the ‘Purpose and Functions’?

Partly.

We would welcome further resourcing for the primary care services in the prison setting to establish an increased level of access to primary mental health services, eg CBT, substance misuse, bereavement counselling to name a few, given the disproportionate representation of these issues seen by the GPs working in prisons. All too often, these services are not available or with untimely restrictions in accessing these through the secondary care in-reach services. Furthermore, many conditions such as these are deemed to be below the threshold for secondary care in-reach services and therefore these referrals are not accepted for further treatment; with the expectation that this should then fall back to the primary care team, despite the lack of resources.

Question 2c: Do you agree with the ‘Minimum Requirements – Primary Care’?
Partly.

We would support further training to assist GPs working in prisons (and other appropriate members of the primary care team) to further develop their specific skills in mental health and substance misuse problems in the prison setting as these skills vary markedly when compared to the community setting. Further support in respect of suitable funding to ensure there is adequate time to attend the training would be welcome.

Funding to provide time for the GPs (and other appropriate members of the primary care team) to attend regular multi-disciplinary meetings with secondary care services to discuss management of complex cases would be welcome. While this does not happen in the community, the prison setting provides a unique opportunity to develop these links and further strengthen the role of both teams in delivering care to patients with complex needs.

**Question 2d: Do you agree with the ‘Minimum Requirements – Secondary Care’?**

Partly.

We largely agree with the outline of the services for those with mental health problems, however, we are concerned that despite the model of secondary care substance misuse services in the community being part of the mental health trusts, there appears to be little or no support for ‘in-reach’-type services for substance misuse in the secure setting. Patients with substance misuse issues are often complex and are often left to be dealt with by the inadequately resourced and ill-equipped primary care prison GPs and are not currently being treated by the mental health in-reach services.

Further resourcing for in-reach substance misuse services will help by supporting both primary and secondary care inside the prison with the aim of addressing the significant illicit substance misuse problem inside the prison and ultimately aim to improve outcomes for patients whilst in this setting and subsequently on their release back to the community.

**Question 2e: Do you agree with the ‘In Patient Provisions in Prisons’?**

Partly.

We support the role of Liaison and Diversion services to avoid incarceration of those with mental health problems where appropriate. Where detention has been unavoidable, then we support the approach that there is a suitably resourced and coordinated setting for the most severely unwell and that this should be accessible by the whole of the prison estate.

**Question 2f: Do you agree with ‘Specific Considerations’?**

Yes

**Question 2g: Do you agree with ‘Operational Arrangements’?**

Partly.

We would support the development of a formal network of mental health practitioners in Wales.

We would support the opportunity to consider developing roles for mental health link workers who would act as liaisons between prisons and the community teams to where patients are being discharged. This would be similar to the model of the specialist blood-borne virus nurses.

**Question 2h: Do you agree with ‘Governance’?**

Yes.
We would welcome the opportunity for the Government to consider an opportunity to encourage the Prison Health Partnership Boards to have an overarching clinical director. This would aim to encourage closer working amongst the prisons in the estate and aim to reduce inconsistencies between services. Learning outcomes from inspections (Her Majesty’s Inspectorate of Prisons; Healthcare Inspectorate Wales and the Prison and Probation Ombudsman amongst others) as well as significant events could be more strategically focused to improve safety and service quality. This should be aligned with Public Health Wales and the Custodial Public Health Advisory Board.

Question 2i: Do you agree with ‘Service Outcomes and Evaluation’?

Yes.

We welcome the prospect of attaining the targets outlined in the document and would support the allocation of further resources to accommodate their delivery in the prison setting.

Question 3: Do you agree with ‘Current Provision in Wales’ at Annex A?

Partly.

We agree with the statement: “The current configuration and resourcing of mental health services within the prisons cannot be assumed to be best fit for the populations they are serving” and would welcome the opportunity for services to be configured to more integrated both between prisons and the community settings so that continuity of care is upheld as much as possible.

We would welcome further support for in-reach substance misuse services and that they be coordinated with the mental health services.

We are aware of the provision of the Child and Adolescent Mental Health Services but are not aware of any access to Young Persons Substance Misuse Services at this time.

Question 4: Do you agree with ‘Selected NICE Guidelines’ at Annex B?

Partly.

It is often the case that NICE guidance relates their advice to “primary care”, but this should be considered as distinctly different to the primary care that is delivered in the secure settings. There are significant differences when comparing secure and community settings. For example, medication is often used as currency in secure settings and this in turn can fuel bullying and drug-seeking behaviours, which are out of proportion with what you would find in the community. An example to demonstrate this would be the NICE guidance supporting the prescribing of pregabalin for anxiety. Pregabalin is an enormous drug problem within the prison estate owing to its abuse potential. There is nothing within the NICE guidance to deal with this aspect of prison medicine.

It is also worth highlighting that many of the screening tools that have been used in community primary care for conditions such as anxiety or depression have not been validated for the prison setting.

There are other relevant documents which provide clinicians with opportunities to consider their prescribing within the NICE guidance but also contrast these with other documents that are more specific to the secure settings. Some of these are:

- Safer Prescribing in Prisons (RCGP):
Managing Persistent Pain in Secure settings:  

These matters are also relevant in consideration of substance misuse treatments in the prison setting. The UK guidance [Orange Book] mentions very little about the management of substance misuse in the prison setting and the factors relevant to clinical practice. The DoH guidance “Clinical Management of Substance Misuse in the Adult Prison Setting” goes a long way towards addressing this but is not comprehensive.  

Question 5: Do you agree with ‘10 Key Elements to Aid Implementation’ at Annex C?

Partly.

However, given the disproportional representation of mental health issues as have been outlined and that conditions may overlap within one individual, the present services need to be scaled up to accommodate these factors, ie patients often have multiple diagnoses (not simply ‘dual diagnosis’). Services for the mental health of prisoners therefore need to be more integrated than in the wider community if the desired outcomes are to be achieved.

Question 6: Do you agree with ‘Underlying Principles for prison mental health care, human rights (in health care) and equalities legislation’ at Annex D?

Partly.

Welcome support for Liaison and Diversion services where possible to avoid incarceration.

Question 7: Are issues relating to the Welsh language adequately covered?

Yes.

No additional comments.

Question 8: We would also welcome comments on the potential impact of the Policy Implementation Guidance on: Disability; Race; Gender and gender reassignment; Age; Religion and belief and non-belief; Sexual orientation; Human Rights.

Comments welcomed.

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