Mental health of adults in contact with the criminal justice system

NICE quality standard

Draft for consultation

September 2017

This quality standard covers recognising, assessing and managing mental health problems in adults (aged 18 and over) who are in contact with the criminal justice system (this includes police and court custody, prison custody, street triage, liaison and diversion services, and probation servicers). It describes high-quality care in priority areas for improvement.

It is for commissioners, service providers, health, public health and social care practitioners, and the public.

This is the draft quality standard for consultation (from 9 September to 5 October 2017). The final quality standard is expected to publish in February 2018.

Quality statements

Statement 1 Adults taken into police custody are cared for by police officers who recognise and respond to mental health problems.

Statement 2 Adults taken into police custody who have a suspected mental health problem are referred for a comprehensive mental health assessment.

Statement 3 Adults with mental health problems in contact with the criminal justice system have a care plan that is communicated with relevant services.

Statement 4 Adults who have a mental health risk management plan have their plan reviewed by the receiving service when they are transferred within the criminal justice system.

NICE has developed guidance and a quality standard on service user experience in adult mental health services (see the NICE pathway on service user experience in adult mental health services), which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing mental health services to people in contact with the criminal justice system include:

- Violent and aggressive behaviours in people with mental health problems (2017) NICE quality standard QS154.
- Service user experience in adult mental health services (2011) NICE quality standard QS14.
- Physical health of people in prison Publication expected September 2017.
- Drug misuse prevention Publication expected April 2018.
- Suicide prevention Referred for quality standard development.

A full list of NICE quality standards is available from the quality standards topic library.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Questions about the individual quality statements

Question 4 For draft quality statement 1: The statement currently focuses on police officers recognising and responding to mental health problems in adults taken into police custody. Quality statements usually focus on 1 area for quality improvement. Which of these 2 is the priority area?

Local practice case studies

Question 6 Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to NICE local practice case studies on the NICE website. Examples of using NICE quality standards can also be submitted.

Quality statement 1: Recognition and response to mental health problems

Quality statement

Adults taken into police custody are cared for by police officers who recognise and respond to mental health problems.

Rationale

For many people entering the criminal justice system, the police are the first service they come into contact with. When people who have mental health problems are taken into police custody it is important that officers can recognise that a person may have mental health problems. It is also important that they know how to keep the person calm, minimise anxiety and, if people are presenting with aggressive behaviour, reduce the need for restrictive interventions such as restraint. Police officers may see the same person on several occasions, so developing and maintaining safe boundaries and constructive relationships will help to reassure the person and reduce the risk of anxiety, self-harm or aggression when they are taken into custody.

Quality measures

Structure

a) Evidence of arrangements to ensure that police officers are given induction training in recognising and responding to mental health problems.

Data source: Local data collection such as induction training plans and audits of induction training records.

b) Evidence of arrangements to ensure that police officers are given regular update training in recognising and responding to mental health problems.

Data source: Local data collection such as audits of annual performance reviews.

Process

a) Proportion of police officers who are trained to recognise the risk of self-harm and suicide and take initial safety precautions.

Numerator – the number in the denominator who are trained to recognise the risk of self-harm and suicide and take initial safety precautions.

Denominator – the number of police officers.

Data source: Local data collection, for example, training records and copies of training documentation.

b) Proportion of police officers who are trained to recognise that changes in behaviour can indicate mental health problems.

Numerator – the number in the denominator who are trained to recognise that changes in behaviour can indicate mental health problems.

Denominator – the number of police officers.

Data source: Local data collection, for example, training records and copies of training documentation.

c) Proportion of police officers who are trained in de-escalation methods.

Numerator – the number in the denominator who are trained in de-escalation methods.

Denominator – the number of police officers.

Data source: Local data collection, for example, training records and copies of training documentation.

d) Proportion of police officers who are trained to develop and maintain safe boundaries and constructive relationships.

Numerator – the number in the denominator who are trained to develop and maintain safe boundaries and constructive relationships.

Denominator – the number of police officers.

Data source: Local data collection, for example, training records and copies of training documentation.

Outcome

a) Number of people with mental health problems referred to liaison and diversion services from police custody.

Data source: Local data collection, for example audits of custody reports and Assessment, Care in Custody and Teamwork (ACCT) documents.

b) Number of assaults on police officers by people with mental health problems in police custody.

Data source: Local data collection, for example audits of custody reports.

c) Number of assaults on other detainees by people with mental health problems in police custody.

Data source: Local data collection, for example audits of custody reports.

d) Number of self-harm and suicide attempts in police custody.

Data source: Local data collection, for example audits of custody reports.

What the quality statement means for different audiences

Service providers (police services and training providers) ensure that training on recognising and responding to mental health problems is provided for police officers. This ensures that police officers understand the causes and implications of mental health conditions. It also means that officers are confident when they are in contact with adults with mental health conditions and ensures the safety of these adults and themselves. Initial training is provided at induction, with regular update training provided subsequently.

Police officers attend training at induction and have regular updates in recognising and responding to mental health problems. They are confident to safely support the adults with mental health problems who they have contact with. By developing and

maintaining safe boundaries and constructive relationships, officers are able to keep people calm and minimise their anxiety. They also use their training to help adults who present with symptoms of aggression to minimise the need for restrictive interventions such as restraint.

Commissioners (local authorities, NHS England and clinical commissioning groups) ensure that the police services they commission provide training to frontline staff which includes recognising and responding to mental health problems in adults. The police services they commission also ensure that frontline staff are given time to attend this training.

Adults taken into police custody are looked after by police officers who have an understanding of mental health problems. Police officers will work with them to keep them calm and minimise their anxiety while they are in police custody.

Source guidance

Mental health of adults in contact with the criminal justice system (2017) NICE guideline NG66 recommendation 1.9.4.

Definitions of terms used in this quality statement

Recognition and management of mental health problems

Training in recognising and managing mental health problems includes but is not limited to:

- recognising the risk of self-harm and suicide and taking initial safety precautions
- de-escalation methods to minimise the use of restrictive interventions
- recognition of changes in behaviour, taking into account that these may indicate the onset of, or changes to, mental health problems
- developing and maintaining safe boundaries and constructive relationships
- the need to avoid judgemental attitudes and the need to avoid using inappropriate terminology.

[Adapted from NICE's guideline on Mental health of adults in contact with the criminal justice system recommendations 1.9.2 and 1.9.4 and expert opinion.]

Equality and diversity considerations

Adults with a mental health problem which affects their ability to understand or retain information should be provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with police services. Information should be in a format that suits their needs and preferences. It should accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter or advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard.

Question for consultation

The statement currently focuses on police officers recognising and responding to mental health problems in adults taken into police custody. Quality statements usually focus on 1 area for quality improvement. Which of these 2 is the priority area?

Quality statement 2: Mental health assessment

Quality statement

Adults taken into police custody who have a suspected mental health problem are referred for a comprehensive mental health assessment.

Rationale

A comprehensive mental health assessment, which includes information obtained from relevant sources, can provide a detailed picture of the person's mental health. This means they can be referred to the appropriate services to receive the care and support they need. For some people, a comprehensive mental health assessment may result in referral from police custody to liaison and diversion services.

Quality measures

Structure

Evidence of local arrangements of joint working between the police and mental health assessments team to ensure referrals for comprehensive mental health assessments.

Data source: Local data collection.

Process

a) Proportion of adults taken into police custody who are identified as having a suspected mental health problem.

Numerator – the number in the denominator who are identified as having a suspected mental health problem.

Denominator – the number of adults taken into police custody.

Data source: Local data collection, for example audits of custody reports.

b) Proportion of adults taken into police custody who are identified as having a suspected mental health problem who are referred for a comprehensive mental health assessment.

Numerator – the number in the denominator who are referred for a comprehensive mental health assessment.

Denominator – the number of adults in police custody who are identified as having a suspected mental health problem.

Data source: Local data collection, for example audits of Assessment, Care in Custody and Teamwork (ACCT) documents.

Outcome

a) Number of mental health assessments following referral from police custody.

Data source: Local data collection, for example audits of custody reports and ACCT documents.

b) Number of people with mental health problems referred to liaison and diversion services from police custody.

Data source: Local data collection, for example audits of custody reports and ACCT documents.

What the quality statement means for different audiences

Service providers (police services and mental health teams) ensure that systems are in place for the police to identify possible mental health problems in adults being taken into custody. If a mental health problem is suspected, a referral system is in place for the person to receive a mental health assessment. As part of the mental health assessment, information is obtained from relevant and reliable sources.

Police and mental health practitioners (such as police officers, custody sergeants, primary care practitioners, and secondary care psychiatrists and psychiatric nurses) ensure that adults taken into police custody are referred for a mental health assessment if they have a suspected mental health problem. The police consider the possibility of mental health problems when people are taken into police custody. The

assessment can take place after release into the community or in prison if they are remanded in custody. As part of the assessment, the mental health practitioner collates information from relevant and reliable sources.

Commissioners (local authorities, NHS England and clinical commissioning groups) ensure that commissioned services consider the possibility of mental health problems in adults taken into police custody. They commission services that work together to ensure comprehensive mental health assessments are carried out and information is shared for people identified as having a suspected mental health problem when taken into in police custody.

Adults taken into police custody who may have a mental health problem are identified by the police officers looking after them. If they have a suspected mental health problem, they are referred to a mental health professional for an assessment to make sure they receive the care and support they need. The assessment may take place after they are released or, if they are remanded in custody, in prison.

Source guidance

Mental health of adults in contact with the criminal justice system (2017) NICE guideline NG66, recommendations 1.1.3, 1.3.10 and 1.3.14.

Definitions of terms used in this quality statement

Suspected mental health problem

This is when an adult's history, presentation or behaviour suggests they may have a mental health problem. This can include, but is not limited to:

- reported history of mental health problems, including self-harm or suicidal thoughts
- changes in behaviour (including unusual or late-onset offending behaviour) which may indicate the onset of, or changes to mental health problems.

[Adapted from NICE's guideline on the mental health of adults in contact with the criminal justice system, recommendation 1.9.4 and expert opinion]

Comprehensive mental health assessment

An assessment of a person's mental health which takes into account:

- the nature and severity of the presenting mental health problems (including cognitive functioning) and their development and history
- coexisting mental health problems
- coexisting substance misuse problems, including novel psychoactive substances
- coexisting physical health problems
- social and personal circumstances, including personal experience of trauma
- social care, educational and occupational needs
- people's strengths
- available support networks, and the person's capacity to make use of them
- previous care, support and treatment, including how the person responded to these
- offending history and how this may interact with mental health problems.

The assessment should obtain, evaluate and integrate all available and reliable information about the person, for example current and previous:

- person escort record
- pre-sentence report
- all medical reports
- custody reports
- ACCT document
- reports from other relevant services, including liaison and diversion, substance misuse services, social service or housing services and youth offending services
- Offender Assessment System (OASys) or other assessment tools

[Adapted from NICE's guideline on the mental health of adults in contact with the criminal justice system, recommendations 1.1.3 and 1.3.14.]

Equality and diversity considerations

Adults in police custody with a learning disability, acquired cognitive impairment or a communication difficulty (for example, language, literacy, information processing or sensory deficit) should be provided with information about the assessment that they can easily read and understand themselves, or with support, so they can communicate effectively with police and mental health services. Information should

be in a format that suits their needs and preferences. It should accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter or advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard.

Quality statement 3: Sharing mental health care plans

Quality statement

Adults with mental health problems in contact with the criminal justice system have a care plan that is communicated with relevant services.

Rationale

Communicating a person's mental health care plan with other relevant services, for example, police, probation services and social services, will help to ensure that they receive the treatment and support they need. This is particularly important when a person has been detained within the criminal justice system (such as in police or prison custody), and when plans are being made for them to leave it, because there are many agencies who may need to be involved in their care.

Quality measures

Structure

a) Evidence of local arrangements for mental health care plans to include an agreed process for the plan to be shared with relevant services.

Data source: Local data collection.

b) Evidence of local arrangements for mental health care plans to be shared with other services both inside and outside the criminal justice system.

Data source: Local data collection, for example cross-organisation agreements and multidisciplinary team meetings.

Process

Proportion of adults with mental health problems in contact with the criminal justice system whose care plan includes an agreed process for the plan to be communicated with relevant services.

Numerator – the number in the denominator whose mental health care plan includes an agreed process for the plan to be communicated with relevant services.

Denominator – the number of adults in contact with the criminal justice system with a mental health care plan.

Data source: Local data collection, for example an audit of mental health care plans.

Outcome

a) Continuity of care for people with mental health problems in contact with the criminal justice system.

Data source: Local data collection, for example an audit of mental health care plans.

b) Referral rates to liaison and diversion services.

Data source: Local data collection, for example an audit of custody reports.

What the quality statement means for different audiences

Service providers (for example police, court, probation, prison and mental health services) ensure that there is an agreed cross-organisational process for mental health care plans to be shared. Local agreements are made for how the plan is shared.

Criminal justice professionals and mental health practitioners (for example police, court, prison and probation professionals and mental health practitioners) check whether the adults they come into contact with have a mental health care plan and request a copy of this if necessary. They share the plan with the next service(s) the person is in contact with when they leave the service. Mental health practitioners writing a care plan ensure that it includes a process, agreed with the person, for communicating the plan to relevant services and agencies.

Commissioners (local authorities, NHS England and clinical commissioning groups) ensure that commissioned services have processes in place to ensure that mental health care plans developed for people in contact with the criminal justice system can be shared across services to ensure partnership working and continuity of care.

Adults with mental health problems in contact with the criminal justice system have a mental health care plan, which includes an agreed plan for share it with other services. This will help to make sure all services they have contact with, for example

courts, prisons, probation, housing and healthcare, can follow the plan to ensure they receive the most appropriate care.

Source guidance

Mental health of adults in contact with the criminal justice system (2017) NICE guideline NG66, recommendation 1.5.1.

Definitions of terms used in this quality statement

Mental health care plan

A mental health plan, developed in collaboration with the person and, if possible their family, carers and advocates. It should be integrated with other care plans and include:

- a profile of the person's needs (including physical health needs), identifying agreed goals and the means to progress towards them
- identification of the roles and responsibilities of those practitioners involved in delivering the care plan
- the implications of any mandated treatment programmes, post-release licences and transfer between institutions or agencies, in particular release from prison
- a clear strategy to access all identified interventions and services
- agreed outcome measures and timescale to evaluate and review the plan
- a risk management plan and a crisis plan if developed
- an agreed process for communicating the care plan (such as the Care Programme Approach or Care Treatment Plan) to all relevant agencies, the person, and their families and carers, subject to permission from the person where necessary.

[Adapted from NICE's guideline on the mental health of adults in contact with the criminal justice system, recommendation 1.5.1.]

Equality and diversity considerations

Adults in contact with the criminal justice system who have a mental health problem should be involved in the development of their own care plan, including how it will be

shared with relevant services to ensure they receive ongoing support and care. Their family or carers should also be included, as appropriate.

Information about their care plan should be in a format that suits their needs and preferences. It should accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter or advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard.

Quality statement 4: Risk management during transfers

Quality statement

Adults who have a mental health risk management plan have their plan reviewed by the receiving service when they are transferred within the criminal justice system.

Rationale

When people with mental health problems are being transferred to different services (for example, transfers by prisoner escort services to court custody, into prison and between prisons) it is important to check if they have a risk management plan and ensure that it is implemented. This will help to maintain the safety of the person, particularly if they are at risk of self-harm. It will also help to keep other people within the criminal justice system safe, for example by ensuring that people who could present a risk are not placed with others in cells, holding areas or prisoner escort vehicles. People working in the criminal justice system will also be safer because they will be prepared and aware of any risks before coming into contact with people who could present a risk.

Quality measures

Structure

Evidence of local arrangements for risk management plans to be reviewed by the receiving service when adults are transferred between services within the criminal justice system.

Data source: Local data collection.

Process

Proportion of transfers between services within the criminal justice system where risk management plans were reviewed.

Numerator – the number in the denominator where risk management plans were reviewed.

Denominator – the number of transfers between services within the criminal justice system

Data source: Local data collection, for example review of custody records and prison escort records.

Outcome

a) Number of assaults within the criminal justice system.

Data source: Local data collection, for example audit of incident reports.

b) Number of self-harm incidents within the criminal justice system.

Data source: Local data collection, for example audit of incident reports and medical records.

What the quality statement means for different audiences

Service providers (such as police, prisoner escort, court custody and prison services) ensure that processes are in place for mental health risk management plans to be implemented when people are moved between services. This includes sharing information between services to ensure that people are not placed in transport, holding areas or cells until the plan has been reviewed.

Criminal justice professionals (such as police officers, custody sergeants, court custody officers, prison escort officers and prison officers) ensure that they review and act upon mental health risk management plans when people are moved between services. This includes reviewing the requirements of the plan before booking transport and confirming any relevant information, such as the need for someone to be transferred individually or to be placed in a single cell on arrival.

Commissioners (local authorities, NHS England and clinical commissioning groups) ensure that the services they commission implement mental health risk management plans, sharing information across services to do so.

Adults in contact with the criminal justice system who have a mental health risk management plan will have their plan checked and any requirements of their plan carried out when they are moved between different services, for example from police custody to court or to prison. A mental health management plan is developed

for people who may be a risk to themselves or to others. It outlines ways that the risks can be reduced.

Source guidance

Mental health of adults in contact with the criminal justice system (2017) NICE guideline NG66, recommendations 1.4.4 and 1.4.5.

Definitions of terms used in this quality statement

Risk management plan

This should be completed and implemented for people who are assessed to be:

- a risk to themselves, including self-harm, suicide, self-neglect, a risk to their own health or vulnerable to exploitation or victimisation
- a risk to others that is linked to mental health problems, including aggression, violence, exploitation and sexual offending.

The plan should:

- include protective factors which may reduce risk
- integrate with or be consistent with the mental health assessment and plan
- take an individualised approach to each person and recognise that risk levels may change over time
- set out the interventions to reduce risk at the individual, service or environmental level
- take into account any legal or statutory responsibilities which apply in the setting in which they are used
- be shared with the person (and their family members or carers if appropriate) and relevant agencies and services subject to permission from the person where necessary
- be reviewed regularly by those responsible for implementing the plan and adjusted if risk levels change.

[Adapted from NICE's guideline on the mental health of adults in contact with the criminal justice system, recommendations 1.4.2 and 1.4.4]

Transfer within the criminal justice system

These are times that adults in contact with the criminal justice system are moved between services. Most commonly, this will be time spent with prisoner escort services, in court custody, at initial reception into prison, during transfers between prisons and moving into probation services.

[Expert opinion]

Equality and diversity considerations

Adults in the criminal justice system who have a mental health risk management plan should be aware of how it will be shared with relevant services when they are transferred within the system to ensure they receive ongoing support and care.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See quality standard advisory committees on the website for details of standing committee 1 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the quality standard's webpage.

This quality standard has been incorporated into the NICE pathway on the health of people in the criminal justice system.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references

to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

- numbers of people with mental health problems in prison
- reoffending rates of people with mental health problems
- mortality rates of people with mental health problems who have had contact with the criminal justice system
- morbidity rates of people with mental health problems who have had contact with the criminal justice system.

It is also expected to support delivery of the Department of Health's outcome frameworks:

- Adult social care outcomes framework 2015–16
- NHS outcomes framework 2016–17
- Public health outcomes framework for England, 2016–19.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the resource impact products for the NICE guideline on the mental health of adults in contact with the criminal justice system to help estimate local costs.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and equality assessments are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate

unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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