

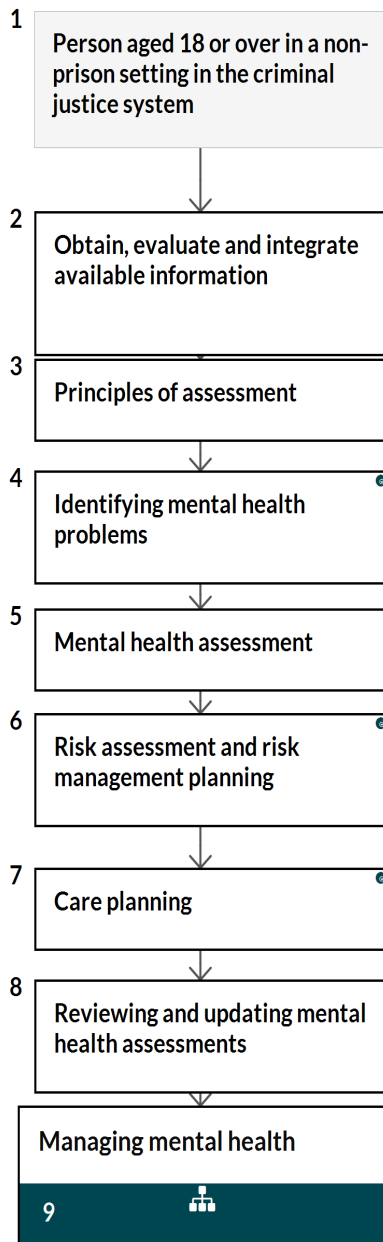
Assessing mental health and planning care in non-prison settings in the criminal justice system

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/health-of-people-in-the-criminal-justice-system>
NICE Pathway last updated: 28 August 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person aged 18 or over in a non-prison setting in the criminal justice system

No additional information

2 Obtain, evaluate and integrate information

Obtain, evaluate and integrate all available and reliable information about the person when assessing or treating people in contact with the criminal justice system. For example:

- person escort record (PER)
- pre-sentence report
- all medical records
- 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.

Take into account how up to date the information is and how it was gathered.

3 Principles of assessment

Work with a family member, partner, carer, advocate or legal representative when possible in order to get relevant information and support the person, help explain the outcome of assessment, and help them make informed decisions about their care. Take into account:

- the person's wishes
- the nature and quality of family relationships, including any safeguarding issues
- any statutory or legal considerations that may limit family and carer involvement
- the requirements of the Care Act 2014.

Carry out assessments:

- in a suitable environment that is safe and private

- in an engaging, empathic and non-judgemental manner.

When assessing a person, make reasonable adjustments to the assessment that take into account any suspected neurodevelopmental disorders (including learning disabilities), cognitive impairments, or physical health problems or disabilities. Seek advice or involve specialists if needed.

4 Identifying mental health problems

Be vigilant for the possibility of unidentified or emerging mental health problems in people in contact with the criminal justice system, and review available records for any indications of a mental health problem.

Ensure all staff working in criminal justice settings are aware of the potential impact on a person's mental health of being in contact with the criminal justice system.

Consider using the Correctional Mental Health Screen for Men (CMHS-M) or Women (CMHS-W) to identify possible mental health problems if:

- the person's history, presentation or behaviour suggest they may have a mental health problem
- the person's responses to the first-stage health assessment suggest they may have a mental health problem
- the person has a chronic physical health problem with associated functional impairment
- concerns have been raised by other agencies about the person's abilities to participate in the criminal justice process.

When using the CMHS-M or CMHS-W with a transgender person, use the measure that is in line with their preferred gender identity.

If a man scores 6 or more on the CMHS-M, or a woman scores 4 or more on the CMHS-W, or there is other evidence supporting the likelihood of mental health problems, practitioners should:

- conduct a further assessment if they are competent to perform assessments of mental health problems **or**
- refer the person to an appropriately trained professional for further assessment if they are not competent to perform such assessments themselves.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Mental health of adults in contact with the criminal justice system

2. Mental health assessment

5 Mental health assessment

If there are concerns about a person's mental capacity, practitioners should:

- perform a mental capacity assessment if they are competent to do this (or refer the person to a practitioner who is)
- consider involving an advocate to support the person.

See [mental health services staff competencies](#).

NICE is developing a guideline on [decision-making and mental health capacity](#).

All practitioners should discuss rights to confidentiality with people and explain:

- what the assessment is for, and how the outcome of the assessment may be used
- how consent for sharing information with named family members, carers and other services should be sought
- that the assessor may have a legal or ethical duty to disclose information relating to the safety of the person or others, or to the security of the institution.

All practitioners carrying out mental health assessment should take into account the following when conducting an assessment of suspected mental health problems for people in contact with the criminal justice system:

- the nature and severity of the presenting mental health problems (including cognitive functioning) and their development and history
- coexisting mental health problems
- co-existing 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.

When assessing people in contact with the criminal justice system all practitioners should:

- recognise potential barriers to accessing and engaging in interventions and methods to overcome these at the individual and service level
- discuss mental health problems and treatment options in a way that gives rise to hope and optimism by explaining that change is possible and attainable
- be aware that people may have negative expectations based on earlier experiences with mental health services, the criminal justice system, or other relevant services.

All practitioners should share the outcomes of a mental health assessment, in accordance with legislation and local policies, subject to permission from the person where necessary, with:

- the person and, if possible, their family members or carers
- all staff and agencies (for example, probation service providers and secondary care mental health services) involved in the direct development and implementation of the plan
- other staff or agencies (as needed) not directly involved in the development and implementation of the plan who could support the effective implementation and delivery of the plan.

Involving the person and others in their care

All practitioners should ensure mental health assessment is a collaborative process that:

- involves negotiation with the person, as early as possible in the assessment process, about how information about them will be shared with others involved in their care
- makes the most of the contribution of everyone involved, including the person, those providing care or legal advice and families and carers
- engages the person in an informed discussion of treatment, support and care options
- allows for the discussion of the person's concerns about the assessment process.

6 Risk assessment and risk management planning

Perform a risk assessment for all people in contact with the criminal justice system when a mental health problem occurs or is suspected.

All practitioners should consider the following issues in risk assessments for people in contact with the criminal justice system:

- risk to self, including self-harm, suicide, self-neglect, risk to own health and degree of vulnerability to exploitation or victimisation
- risk to others that is linked to mental health problems, including aggression, violence, exploitation and sexual offending
- causal and maintaining factors
- the likelihood, imminence and severity of the risk
- the impact of their social and physical environment
- protective factors that may reduce risk.

During a risk assessment the practitioner doing the assessment should explain to the person that their behaviours may need to be monitored. This may include:

- external monitoring of behaviours that may indicate a risk to self or others
- self-monitoring of risk behaviours to help the person to identify, anticipate and prevent high-risk situations.

If indicated by their risk assessment, the practitioner doing the assessment should develop a risk management plan for a person. This should:

- 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.

All practitioners should ensure that any risk management plan is:

- informed by the assessments and interventions in relevant NICE guidance for the relevant mental health disorders, including NICE's recommendations on [self-harm](#))
- implemented in line with agreed protocols for safeguarding vulnerable people and the provision of appropriate adults
- implemented in line with agreed protocols in police custody, prisoner escort services,

- prison, community settings and probation service providers.

Ensure that the risk management plan is integrated with, and recorded in, the relevant information systems; for example, the ACCT procedure in prisons, the Offender Assessment System (OASys) and SystmOne and Multi-Agency Risk Assessment Conference (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Mental health of adults in contact with the criminal justice system

4. Risk management during transfers

7 Care planning

Develop a mental health care plan in collaboration with the person and, when possible, their family, carers and advocates. All practitioners developing the plan should ensure it is integrated with care plans from other services, and includes:

- 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.

When developing or implementing a mental health care plan all practitioners should take into account:

- the ability of the person to take in and remember information
- the need to provide extra information and support to help with the understanding and

- implementation of the care plan
- the need for any adjustment to the social or physical environment
- the need to adjust the structure, content, duration or frequency of any intervention
- the need for any prompts or cognitive aids to help with delivery of the intervention.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Mental health of adults in contact with the criminal justice system

3. Sharing mental health care plans

8 Reviewing and updating mental health assessments

Practitioners should review and update assessments:

- if new information is available about the person's mental health problem
- if there are significant differences between the views of the person and the views of the family, carers or staff that cannot be resolved through discussion.
- when major legal or life events occur
- when the person are transferred between, or out of, criminal justice services
- if a person experiences a significant change in care or support (for example, stopping an ACCT plan)
- if a person disengages or does not stick to their treatment plan
- annually or as required by local policy such as Care Programme Approach or Care Treatment Plan.

When updating mental health assessments, practitioners should consider:

- reviewing and ensuring demographic information is accurate
- reviewing psychological, social, safety, personal historical and criminological factors
- assessing multiple areas of need, including social and personal circumstances, physical health, occupational rehabilitation, education and previous and current care and support
- developing an increased understanding of the function of the offending behaviour and its relationship with mental health problems
- covering any areas not fully explored by the initial assessment.

9 **Managing mental health**

See Health of people in the criminal justice system / Managing the mental health of people in the criminal justice system

ACCT

(Assessment, Care in Custody and Teamwork: a prisoner-centred, flexible care-planning system which, when used effectively, can reduce risk, primarily of self-harm; the ACCT process is necessarily prescriptive and it is vital that all stages are followed in the timescales prescribed)

acquired cognitive impairment

(any cognitive impairment that develops after birth, including traumatic brain injury, stroke, and neurodegenerative disorders such as dementia)

appropriate adults

(responsible for protecting (or 'safeguarding') the rights and welfare of a child or 'mentally vulnerable' adult who is either detained by police or is interviewed under caution voluntarily – the role was created alongside the Police and Criminal Evidence Act (PACE) 1984)

body map

(a diagram of the body on which physical injuries can be recorded)

carer

(a person who provides unpaid support to someone who is ill, having trouble coping or who has disabilities)

carers

(provide unpaid support to someone who is ill, having trouble coping or who has disabilities)

contingency management

(a set of techniques that focus on the use of reinforcement to change certain specified behaviours: these may include promoting abstinence from drugs (for example, cocaine), reduction in drug misuse (for example, illicit drug use by people receiving methadone maintenance treatment), and improving adherence to interventions that can improve physical health outcomes)

Correctional Mental Health Screen for men (CMHS-M) or women (CMHS-W)

(a screening tool that measures acute mental health issues present in people in prison. Questions are answered in a yes-no format, and then rated on a Likert-scale from 1 (low risk or need) to 5 (high risk or need), depending on severity)

diversion

(the transfer of any prescription medicines from the individual person for whom they were prescribed to another person for misuse)

FP10

(a prescription form – people who are released from prison unexpectedly can take an FP10 to a community pharmacy to receive their medicines free of charge until they can arrange to see their GP or register with a new GP)

grab bags

(medical emergency bags containing equipment and medication for dealing with common medical emergencies – the equipment may include dressings, automated external defibrillator, and oxygen; it may also include medicine, for example for treating allergic reactions (anaphylaxis))

in-possession

(medicine is said to be held in-possession if a person (usually in a prison or other secure setting) is responsible for holding and taking it themselves)

jail craft

(learned, knowledgeable work depending on experience and fine judgements in a prison setting – often learned by new staff working in prisons through shadowing and being mentored by experienced staff)

liaison and diversion

(a service that aims to identify people who have mental health problems who come into contact with the criminal justice system before they enter prison: they may be able to liaise and refer

people they identify with mental health problems to local services or divert someone out of the criminal justice system, for example by arranging a Mental Health Act assessment; a liaison and diversion service may be in the form of a street triage service or they can be based in police custody suites or the court cells)

medicines reconciliation

(the process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated (adapted from definition by the Institute for Healthcare Improvement))

Multi-Agency Public Protection Arrangements (MAPPA)

(arrangements designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders: they require the local criminal justice agencies and other bodies dealing with offenders to work together in partnership in dealing with these offenders)

Multi-Agency Risk Assessment Conference (MARAC)

(a monthly meeting where professionals across criminal justice agencies and other bodies dealing with offenders share information on high risk cases of domestic violence and abuse and put in place a risk management plan)

multidisciplinary team

(a group of professionals from different disciplines who each provide specific support to a person, working as a team – in prison settings, a multidisciplinary team may include physical and mental health professionals, prison staff, National Probation Service and/or community rehabilitation company (CRC) representatives, chaplains, and staff from other agencies, such as immigration services and social care staff)

Offender Assessment System (OASys)

(a risk and needs assessment tool that identifies and classifies offending related needs, such as a lack of accommodation, poor educational and employment skills, substance misuse, relationship problems, and problems with thinking and attitudes and the risk of harm offenders pose to themselves and others)

street drugs

(substances taken for a non-medical purpose (for example, mood-altering, stimulant or sedative effects))

street triage

(schemes involving mental health professionals providing on-the-spot support to police officers who are dealing with people with possible mental health problems)

SystemOne

(a clinical computer system used widely by healthcare professionals in the UK to manage electronic patient records; SystemOne is the standard system currently used in prisons in England and Wales)

Sources

[Mental health of adults in contact with the criminal justice system](#) (2017) NICE guideline NG66

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to

advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with

the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, 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 interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.