

Further mental health assessment and care planning for people in prisons and young offender institutions

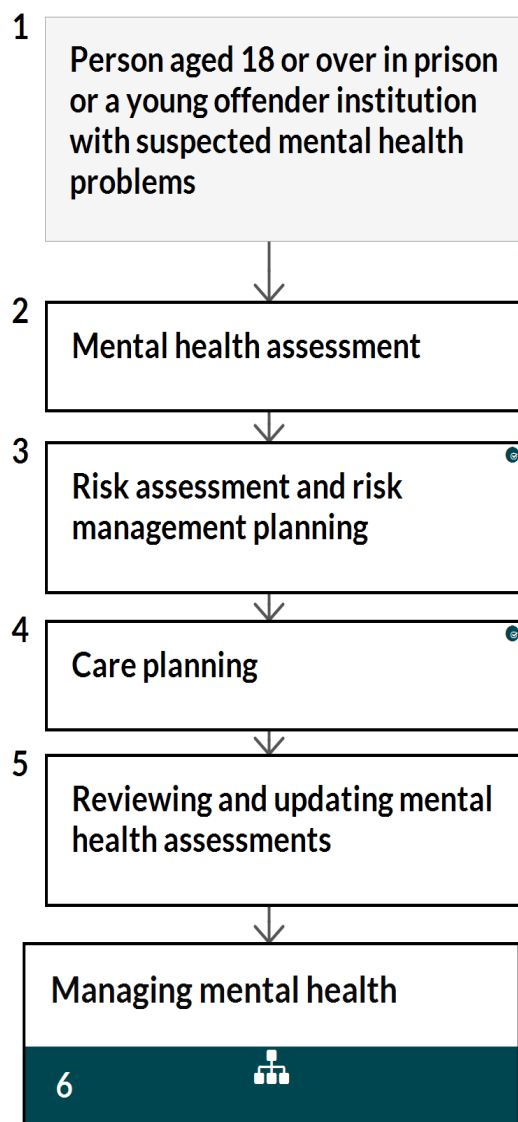
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

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: 25 August 2021

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



1 Person aged 18 or over in prison or a young offender institution with suspected mental health problems

No additional information

2 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.

3 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

4 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

5 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.

6 **Managing mental health**

See [Health of people in the criminal justice system / Managing the mental health of people in the criminal justice system](#)

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.