Shropshire Community Health NHS
NHS Trust

Policies, Procedures, Guidelines and Protocols

Document Details	
Title	**Mental health care pathway for HMP&YOI Stoke Heath**
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Local Ref (optional)	
Main points the document covers	To inform staff working within HMP&YOI Stoke Heath of the pathway of care for prisoners with mental ill health
Who is the document aimed at?	Prison nursing and medical staff, and Prison Service staff for information
Author	W. Sweeney
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3		

Contents

1. Introduction

1.1 The prevalence of mental health conditions amongst the prison population is well documented. Whilst the proportion of individuals with severe and enduring mental health conditions is significantly higher than in the general population, the majority of those experiencing mental ill health in prison will be suffering from common mental health conditions such as depression, anxiety, emotional distress and adjustment problems. This pathway aims to ensure that all these individuals, as well as those with more serious mental ill-health, receive safe and appropriate care whilst resident in HMPYOI Stoke Heath.

1.2 Prisoners should have access to the same range and quality of services appropriate to their needs as are available to the general population through the NHS.

1.3 NICE guidance on the treatment of depression and anxiety suggests a stepped model of treatment as the most efficient and effective way of delivering and organising services. The model suggests that some individuals referred to the service will require alternatives to clinical services; those individuals with sub clinical symptoms for example and those declining treatment with mild to moderate disorder. In a prison setting there are a range of other services, delivered through a whole prison approach, whose intervention can be of benefit to this population, for example chaplaincy interventions, substance misuse services, discussions and support from wing staff and interventions from the general primary health team (Appendix 1). There are also a number of services outside prison which can be contacted to provide support to individuals whilst in custody (Appendix 5).

2. Purpose

2.1 All staff employed by Shropshire Community NHS Trust will work in accordance with this pathway. The purpose of the pathway is to provide clear, simple guidance on use of the pathway, roles and responsibilities and the process to follow where staff engage with individuals within Shropshire prisons who have or may have a mental health need.

2.3 The model proposes that, following further assessment and in initial period of “watchful waiting” if appropriate (Step 1) patients with clinical symptoms can then enter treatment at a level of intensity appropriate to their clinical need. Access to guided self help such as books on prescription should be made available at Step 2 and brief face to face therapy at Step 3. The pathway suggests that medication should only be considered at Step 3 along with longer term interventions.

2.4 Delivery of the stepped care model requires a managed pathway of care through which access to a range of services, delivered by a range of people, is provided. It is anticipated that non- clinicians will form an essential part of the delivery of low level interventions to individuals.

2.5 Following the model it can be seen that problems which could be dealt with by non mental health trained staff include:

- Sleep problems
- Social issues
- Distressing life events
- Bereavement

Residential wing prison officers in particular can be useful in helping individuals with;

- Low level anxiety
- Problems on the wing
- Hygiene issues
- Social issues

3. Definitions.

ACCT – Assessment, Care, Custody and Teamwork – prison service process and documentation to highlight and manage individuals that are vulnerable and/ or at increased risk of self harm / suicide.

MMSE - Mini Mental State Examination **-** The MMSE is a brief 30-point questionnaire which assesses orientation, memory, arithmetic and written and verbal language skills.

4. Roles and Responsibilities.

Primary mental healthcare is defined as mental healthcare provided by GP's, but within the Shropshire prison setting this is supported by teams of qualified nurses (RMN) who each carry a caseload alongside their other general duties and who carry out mental health assessment, risk assessment screening and structured one to one support and interventions

5. Mental Capacity Statement

Patient's consent is required in all areas of treatment and care, if the person lacks capacity to consent the pathway can still go ahead if it is in the person's best interests and the appropriate steps have been taken to assess this and document it. More information can be found in the Shropshire Community Health NHS Trust's Consent policy and the Mental Capacity Act Code of Practice
Consent cannot be given on behalf of another adult.

5.2 All staff should note that, where a person lacks the capacity to consent to treatment, they should act in the person's best interest (capacity and best interest are defined in the Mental Capacity Act 2005 and the Mental Capacity Act code of practice).

5.3 All decisions relating to capacity made by a clinician should be recorded in the individual's clinical record.

6. Primary Mental Health Services

6.1 On reception to HMP&YOI Stoke Heath all prisoners are seen by a member of the primary care team and a health screening questionnaire is completed within the systm 1 electronic clinical record.. Depending on the outcome of the assessment a referral can be made at this point to primary mental health services or the GP, and / or an Assessment Care in Custody and Teamwork (ACCT) document can be opened. Information received from sending establishments, court, or escort services should be consulted when making a decision to refer. A prisoner with less severe need can be highlighted to wing staff, chaplaincy or other non- health staff for specific interventions.

6.2 Each prison has a Safer Custody/ Safer Communities Team with broad multi-disciplinary membership, chaired by a governor, and their role is to ensure compliance with prison standards on self harm and suicide. The team utilise the ACCT document to assess prisoners identified at risk of self harm or suicide.

7. Referral to Primary Mental Health Services

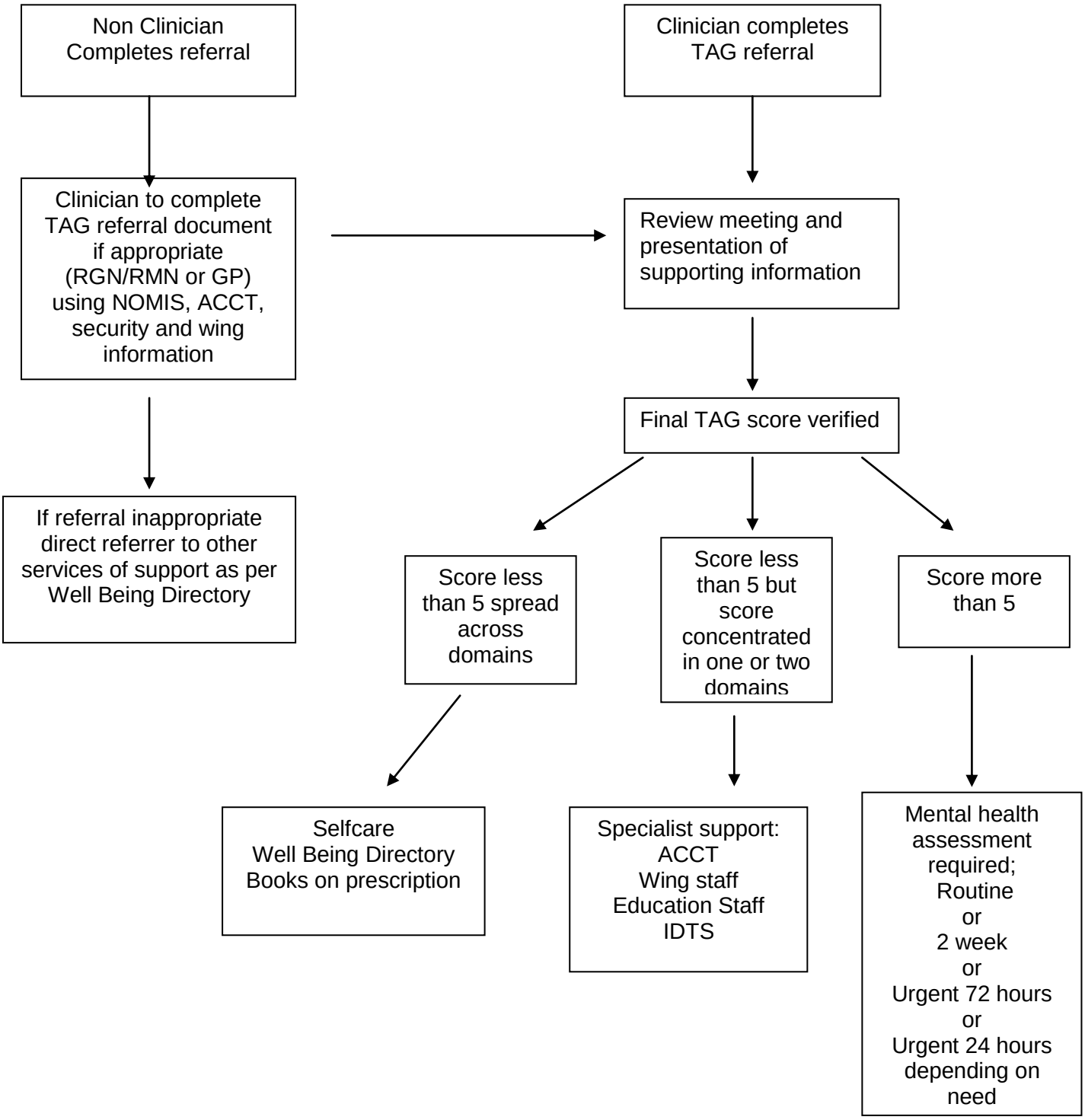
7.1 The referral process is uncomplicated and non-discriminatory to ensure that access to the service is not prohibitive in any way. Any concerned person can refer an individual prisoner to primary care services, with clinical staff using the Threshold Assessment Card (TAG) referral form (Appendix 2) which provides an assessment of risk, and other staff having the ability to refer directly without necessarily using the TAG. Stocks of TAG referral forms are held electronically and paper copies are also available on wings.

7.2 All referrals to the primary care team will be triaged for risk by a mental health nurse. Prisoners in the segregation unit and in immediate crisis may also need same day intervention. This immediate triage will be recorded in the patient's clinical record for audit purposes.

7.3 All referrals will be reviewed on a regular basis, at which all non- emergency referrals will be discussed and allocated to the appropriate stepped care level. Background information such as psychiatric reports, previous medical history, information from probation, previous ACCTs opened information from wing staff and security information will also be sourced during this meeting to ensure that as full a history as possible is obtained regarding the referral to ensure correct disposal. Any specific queries can also be discussed with the In-Reach Team at the weekly joint meeting if additional information is required.

7.4 Information from the paper TAG referral or other referral will be entered onto the electronic patient record (EPR) Systm One clinical record after it has been reviewed.

7.5 Referrals discussed at the meeting are allocated as:



8. Primary Mental Health Assessment

8.1 During the review meeting all mental health assessments will be prioritised as urgent (see within 24 hours), urgent (see within 72 hours), 2 week wait or routine depending on the TAG assessment and supply of information. These details will be entered onto the Systm One waiting list following the referral meeting by the primary mental health nurses attending the meeting. Monitoring of the waiting list, and of waiting times, will be via clinical audit and operational meetings.

8.2 The primary mental health assessment will be completed using the TAG assessment template on Systm One. If it is not possible to complete the assessment during one session, or if the patient is difficult to engage, the mental health summary sheet will be completed at the end of each appointment until the assessment document is completed.

8.3 All assessed patients accepted for primary care services will be placed on the assessing clinician's Systm One caseload and an appropriate care plan formulated. This may include all interventions at steps 1 and 2 of the pathway, and/ or referral to the GP for discussion of medication as per step 3.

8.4 Following assessment it may be necessary for the patient to be referred to the secondary care (In-reach) team and this should be carried out as per the instructions in section 9.

9. The Role of the General Practitioner

9.1 General Practitioners (GPs) hold routine clinics to identify and treat common health problems and facilitate referral to specialist services when indicated. These routinely include the identification and treatment of mild to moderate mental health problems/illness, including anxiety and depressive disorders. Prison-based GPs also work in partnership with primary mental healthcare staff to provide more comprehensive interventions to address mental, physical and social needs. Out of hours care is provided by Shropdoc, accessed via Princess Royal Hospital.

9.2 Primary care GPs and In- Reach services work in collaboration to provide seamless service provision. Patients are under the care of the psychiatrist are managed by the prison In-Reach team, with the GP providing prescribing services and information. The team supports the primary care GP and provides more complex treatment options. The In-Reach team then facilitates transfer of care back to the GP when clinically appropriate.

9.3 There are a number of issues relating to prescribing in mental illness which are specific to the prison environment and these are outlined more fully in guidance from the Royal College of General Practitioners Secure Environments Group. In general there are specific issues of abuse, trading and misrepresentation of symptoms which must be borne in mind by the prescribing GP when formulating a treatment plan for an individual. Guidance from the primary mental health team nursing staff can be helpful in order to access specific security or risk information relating to individuals.

10. Secondary mental health services

10.1 The Shropshire Prisons In-Reach Team provides assessment and treatment services for those with serious and enduring mental health needs in prison, including facilitating the transfer of prisoners with severe mental health problems to external hospital facilities. The team also liaises with other agencies and the wider NHS to establish services for those leaving prison. The team employs psychiatrists, nurses, a social worker and occupational therapists and they work closely with primary care clinicians and prison staff to ensure that seamless services are provided to patients.

11. Referral to secondary mental health services

11.1 There are no specific exclusion criteria for referral to prison In-Reach services, and appropriateness of referrals in relation to mental illness or mental disorder is discussed at the team's multi-disciplinary allocations meeting held weekly.

11.2 In general prisoners accessing In-reach services may be individuals with severe and enduring mental illness (subject to or eligible for CPA care programme approach), those who are currently under the care of, or who have been recently discharged from, community mental health services, individuals who have a dual diagnosis where the primary diagnosis is a major mental illness and those individuals who have been diagnosed with a depressive or anxiety related illness that has not responded to treatment by the primary care team. Also eligible may be those individuals who have a personality disorder with severely impaired functioning and/or who are at risk of significant self harm requiring short term crisis intervention, and those individuals for whom the primary mental health team require advice regarding management of acute mental health needs.

11.3 Direct referral to the prison In-Reach team can be made by;
Prison primary mental health staff
In-Reach services at other prisons
Community mental health teams and other secondary services
Court diversion schemes
Prison GP
Any other member of staff will refer to primary care services in the first instance and this referral will be discussed and allocated in the usual way.

11.4 All referrals to In-reach services are made via the CC1 document which is sent directly to the team via the electronic medical record (systm 1) and a electronic task is also sent to confirm receipt of the referral.

11.5 Referrals to the In-Reach team are discussed at the weekly team allocations meeting. Acceptance into the service is followed up with a letter to the referrer. All patients suitable who have been accepted into the service, but who are waiting for their first appointment, will be reviewed regularly by the primary care team at a timescale decided jointly, to ensure that risk is managed in the interim period. Any issues during this interim period can be discussed with the In-Reach team and advice sought if necessary.

11.6 Any patient whose care is being managed by the primary care team whilst waiting for a first appointment with the In-Reach team, and who suffers a deterioration in presentation, should be jointly discussed at the first opportunity so that reprioritisation can be carried out if necessary. This should be done by direct contact with the in-reach team and a follow up electronic task from systm 1 clinical record. The primary care worker must highlight the current level of risk, and reasons why the priority level has changed.

12. Discharge from services

12.1 Prisoners may follow a number of pathways through mental health services, being referred to primary care, on to secondary care and back to primary care again a number of times during their sentence. All such transitions through services should be managed carefully in order to mitigate risk to as full an extent as possible.

12.2-Reach services may discharge patients back to primary care mental health services once their period of assessment and intervention is complete. In this instance the discharge plan will be discussed at the weekly referral meeting to ensure a smooth transition, and the In-Reach service will initially be available for advice and guidance. If the prisoner is transferred to another prison establishment the In-Reach team will contact the team at the receiving prison either prior to or as soon as possible after transfer to carry out a formal handover of care. All care will be documented within the electronic clinical record.

12.3 The primary care team may discharge patients from their caseload once a period of assessment and intervention is over, or when the prisoner is discharged from custody or transferred to another prison establishment. Discharged prisoners will receive a letter summarising their contact with the primary mental health team to give to their GP on release, along with contact details in case further information is sought. All clinical records for prisoners being transferred must be updated before the transfer takes place so that receiving teams are aware of the care plan being followed.

12.4 All prisoners being discharged from the primary mental health caseload can be flagged up to wing staff if this is felt to be appropriate.

13. Cognitive Assessments

13.1 The purpose of carrying out cognitive assessments is to identify older prisoners with cognitive impairment and to screen for the presence of dementia. This ensures that those prisoners identified with problems receive appropriate support and care.

13.2 All prisoners referred to the primary mental health team who are over the age of 65 years will to be referred to the older prisoner mental health nurse for cognitive assessment. At the first appointment a mini mental state examination (MMSE) will be carried out with the prisoners consent.

14. Information Sharing

All staff must adhere to the guidelines as outlined in Shropshire Community Health NHS Trusts Consent policy.

15. Dissemination and Implementation

15.1 All Shropshire Community Health NHS Trust staff will be trained to complete TAG referrals during their induction and this training will be refreshed annually. Mental health clinicians who complete TAG assessments will receive training on completion of the assessment during induction and again if any aspect of the assessment process receives a policy change thereafter. Prison staff who access Mental Health Awareness training will receive information on how to complete a TAG referral during the session.
All Shropshire Community Health NHS Trust will receive mandatory training in relation to the Mental Capacity Act.

16. Consultation

16.1 The following stakeholders were consulted during the preparation of this pathway:

Wendy Sweeney	Clinical Nurse Manager, Stoke Heath
Kerry Davani	Team Leader, Stoke Heath
Dr J Khan	Prison GP
Alexis Fairclough	Clinical/ Operational Lead Prison In-Reach Team, SSSFT
John Huntington	Governor, Stoke Heath

Primary Care Mental Health team nurses E Pearce, L. Price, A Robertson, M. Ede and S. Daniels

17. Monitoring Compliance

15.1 Compliance with this pathway will be monitored by internal clinical audit and through internal and external inspection.

18. Associated Documents

Shropshire Community Health Trust Policy – Consent to examination or treatment policy.

19. References

Prison Service Order 3100

South Staffordshire and Shropshire Foundation Trust In-Reach Operational Policy

Department of Health and National Institute for Mental Health England (2005) Offender Mental Health Pathway. London: Department of Health.

Prison Service Order 2700

Montford, L. (2004) “Using an assessment tool for mental health team referral”. Nursing Times, 100 (22):38

Offender Health Consultancy Service (2004) Guidance for Information Management in Prisons. London: OHCS

Royal College of General Practitioners Secure Environments Group. – see RCGP website.

20. Appendices

Appendix 1 - Brief Reference Guide- Mental Health Stepped Care Model

Appendix 2 - Threshold Assessment Grid

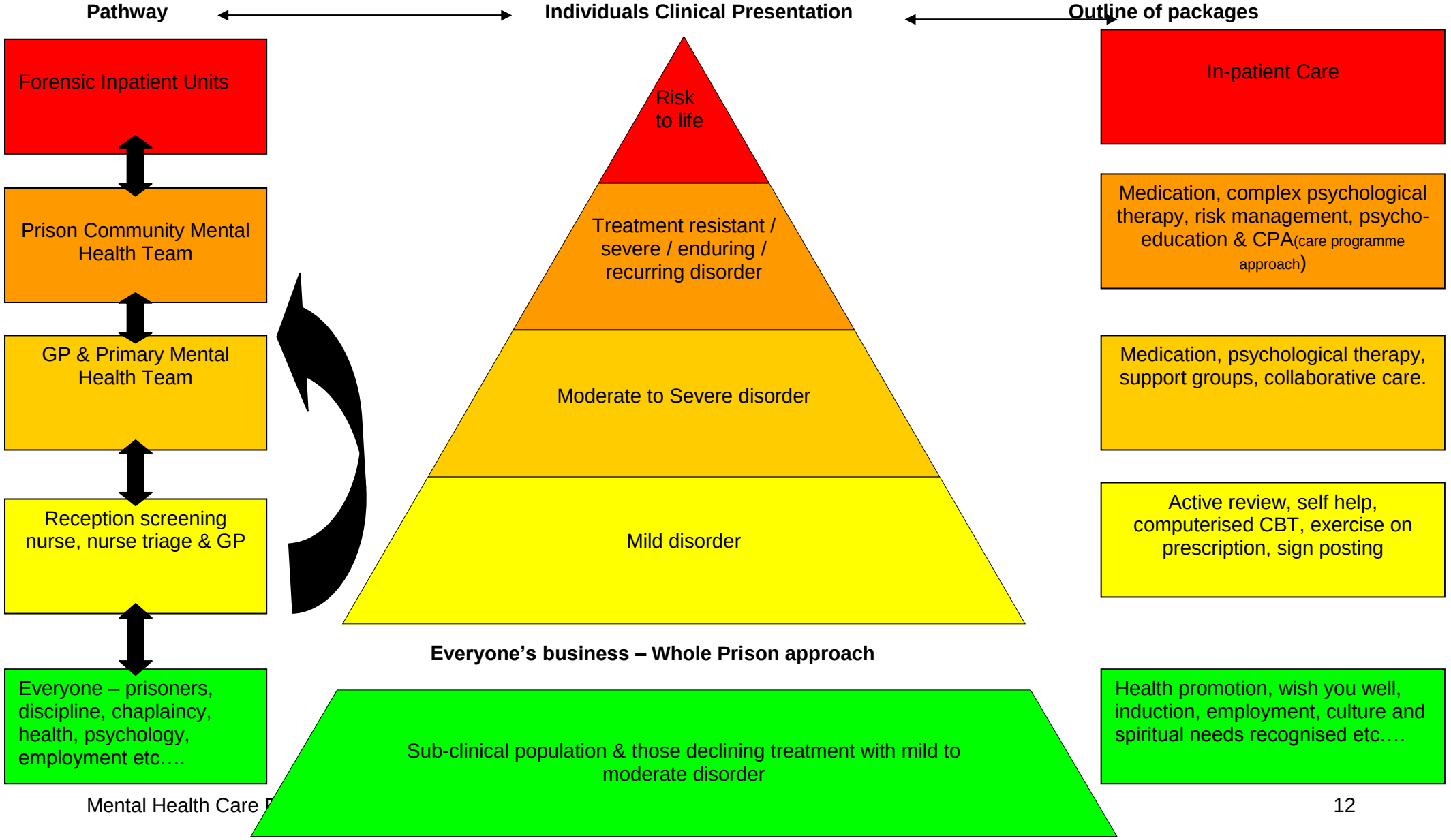
Appendix 3 - Discharge Information Form

Appendix 4 - Letter to Referrer

Appendix 5 - Well Being Directory Shropshire Prisons

Appendix 1

Brief Quick reference guide - Mental Health Stepped Care Model



Appendix 2

THRESHOLD ASSESSMENT GRID (TAG)

SCORE SHEET

TAG ASSESSES THE SEVERITY OF A PERSON'S MENTAL HEALTH PROBLEMS

For each domain (numbered 1 to 7), tick ONE statement that best applies to the person being assessed. There should be a total of 7 ticks on the completed grid (one for each domain). Then for each level of severity (e.g. 'None', 'Very Severe') add the number of ticks and record in the box at the bottom of the column. 'Very Severe' is only available for domains where life-saving emergency action by specialist mental health teams may be required. The checklists overleaf provide some guidance on the issues to consider when assessing each domain - they are not intended to be prescriptive. Further information on the TAG is available from www.iop.kcl.ac.uk/prism/tag.

		NONE	MILD	MODERATE	SEVERE	VERY SEVERE
SAFETY	**Domain 1** Intentional self harm	No concerns about risk of deliberate self-harm or suicide attempt ○	Minor concerns about risk of deliberate self-harm or suicide attempt ○	Definite indicators of risk of deliberate self-harm or suicide attempt ○	High risk to physical safety as a result of deliberate self-harm or suicide attempt ○	Immediate risk to physical safety as a result of deliberate self-harm or suicide attempt ○
	Domain 2 Unintentional self harm	No concerns about unintentional risk to physical safety ○	Minor concerns about unintentional risk to physical safety ○	Definite indicators of unintentional risk to physical safety ○	High risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment ○	
RISK	**Domain 3** Risk from others	No concerns about risk of abuse or exploitation from other individuals or society ○	Minor concerns about risk of abuse or exploitation from other individuals or society ○	Definite risk of abuse or exploitation from other individuals or society ○	Positive evidence of abuse or exploitation from other individuals or society ○	
	Domain 4 Risk to others	No concerns about risk to physical safety or property of others ○	Antisocial behaviour ○	Risk to property and/or minor risk to physical safety of others ○	High risk to physical safety of others as a result of dangerous behaviour ○	Immediate risk to physical safety of others as a result of dangerous behaviour ○
NEEDS AND DISABILITIES	**Domain 5** Survival	No concerns about basic amenities, resources or living skills ○	Minor concerns about basic amenities, resources or living skills ○	Marked lack of basic amenities, resources or living skills ○	Serious lack of basic amenities, resources or living skills ○	Life-threatening lack of basic amenities, resources or living skills ○
	Domain 6 Psychological	No disabling or distressing problems with thinking, feeling or behaviour ○	Minor disabling or distressing problems with thinking, feeling or behaviour ○	Disabling or distressing problems with thinking, feeling or behaviour ○	Very disabling or distressing problems with thinking, feeling or behaviour ○	
	Domain 7 Social	No disabling problems with activities or in relationships with other people ○	Minor disabling problems with activities or in relationships with other people ○	Disabling problems with activities or in relationships with other people ○	Very disabling problems with activities or in relationships with other people ○	
	No. of ticks					
	TAG score	0 points for each None rating: **0**	1 point for each Mild rating:	2 points for each Moderate:	3 points for each Severe:	4 points for each V. Severe:

TAG score

THRESHOLD ASSESSMENT GRID (TAG)

CHECKLISTS FOR GUIDANCE

Also consider any other aspects which are relevant. The tick-boxes are provided for optional use to identify concerns, but the TAG rating is made on the score sheet.

1. Intentional Self-Harm

Individual factors:

- ○ expressing suicidal intent
- ○ clear plan
- ○ available means
- ○ preparations
- ○ hopelessness
- ○ no confidant, e.g. partner, friends, professionals
- ○ poor coping resources
- ○ lack of blocks to self-harm

Consider risk factors:

- ○ past history of deliberate self-harm
- ○ (i) alcohol/drug abuse *OR* (ii) diagnosis (e.g. depression, schizophrenia, personality disorder)
- ○ (i) AND (ii) = increased risk
- ○ physical illness/disability
- ○ recent GP contact
- ○ recent psychiatric hospitalisation
- ○ recent loss
- ○ no friends/family
- ○ living alone
- ○ unskilled worker
- ○ unemployment
- ○ older people
- ○ male (especially young males)

2. Unintentional Self-Harm

Consider self-neglect:

- ○ lack of self-care
- ○ not eating or drinking appropriately

Consider unsafe behaviour:

- ○ not seeking help for problems posing risk
- ○ refusing appropriate help e.g. not taking medication
- ○ not claiming benefits
- ○ lack of awareness of own safety in home e.g. fire risk
- ○ risky sexual behaviour
- ○ substance misuse
- ○ wandering

Consider the inability to maintain a safe environment:

- ○ unable to manage accommodation
- ○ not paying rent
- ○ running up debts

3. Risk From Others

Consider different types of abuse or exploitation:

- ○ physical
- ○ sexual
- ○ emotional
- ○ racial
- ○ financial
- ○ neglect

Consider risk from:

- ○ staff
- ○ relatives
- ○ friends
- ○ neighbours
- ○ strangers
- ○ treatments

Consider risk of abuse by carer:

- ○ severe stress
- ○ mental illness/alcohol /drug abuse in carer
- ○ carer refusing help
- ○ history of abuse by or to carer

Consider risk from society:

- ○ history of abusive/exploitative relationships
- ○ harassment from public
- ○ use of home by unwanted others
- ○ inadequate home security
- ○ fear of retaliation for reporting abuse

4. Risk To Others

Consider risk to:

- ○ children & other dependents
- ○ partners
- ○ carers
- ○ staff
- ○ neighbours
- ○ strangers

Consider risk factors:

- ○ current threats, especially to a named person
- ○ history of violence to people/property
- ○ carer's concern
- ○ access to weapons
- ○ no blocks to violence e.g. fear of consequences
- ○ history of arson
- ○ unemployment
- ○ drug/alcohol abuse
- ○ stress
- ○ voices telling person to harm someone
- ○ paranoia
- ○ risky sexual behaviour
- ○ anti-social behaviour e.g. unsafe driving
- ○ lack of information about person's history
- ○ no trusting relationship with professionals

5. Survival

Consider whether the person has problems with:

- ○ a home
- ○ heating for the home
- ○ essential amenities (e.g. washing facilities, toilet, cooker, bed)
- ○ the ability to look after their home
- ○ the ability to keep adequately clean and tidy
- ○ enough food & fluids
- ○ clothing
- ○ enough money to live on
- ○ mobility
- ○ the ability to use public transport
- ○ the ability to cope with physical health problems

6. Psychological

Consider:

- ○ overactive, aggressive, disruptive or agitated behaviour
- ○ problems with hallucinations & delusions
- ○ cognitive problems with memory, orientation & understanding
- ○ mood problems e.g. depressed, manic, anxious
- ○ problems with reading or writing
- ○ a lack of coping strategies
- ○ attitude to problems
- ○ help seeking behaviour
- ○ spiritual problems
- ○ feelings of alienation

7. Social

Consider problems in relationships with others:

- ○ lack of ability to make or maintain friendships
- ○ lack of supportive relationships
- ○ lack of intimate relationship
- ○ sexual problems
- ○ communication problems
- ○ unable to handle daily hassles

Consider problems in activities:

- ○ leisure
- ○ unpaid work
- ○ paid work
- ○ education
- ○ travel
- ○ lack of personally meaningful life

Further information on the Threshold Assessment Grid is available from www.iop.kcl.ac.uk/prism/tag

THRESHOLD ASSESSMENT GRID (TAG)

FURTHER GUIDANCE

PURPOSE OF TAG

TAG is a brief assessment of the severity of an individual's mental health problems. Instructions for completing it are contained on the score sheet, and this page provides further guidance. TAG is very easy to complete, requiring seven ticks on the Score Sheet. It is rated by staff for people who have (or are believed to have) mental health problems. Information on diagnosis should be recorded separately, if required.

TAG can be used in different ways, including:

- by GPs and other agencies (e.g. social services) who think someone has mental health problems and want to refer to a specialist mental health team - by appending a TAG to their referral letter, specialist mental health services will be helped to prioritise those most in need of help.
- to give a means of agreeing between agencies at what point in the care system people should receive help - this might be done by locally agreeing thresholds for referral.
- as a routine outcome measure for patients on the caseload of a mental health team
- to give commissioners a means of specifying the way in which community mental health teams are to focus on the severely mentally ill

COMPLETING TAG

TAG has seven domains covering the areas of **Safety** (two domains), **Risk** (two domains), and **Needs and Disabilities** (three domains). In each domain on the Score Sheet, you should tick one box, to indicate the rating of severity for that domain (ranging from 'None' to 'Very Severe'). A checklist is provided for each domain, to indicate some of the important aspects to consider. The checklists are based on evidence and current practice, but must be used in conjunction with clinical judgement. If an aspect which is relevant to the person is not on the checklist, it should still inform the ratings made.

The rating chosen should be the one that best applies to the person being assessed. The time frame is not specified, since problems (e.g. violence) may only occasionally occur, but still be ongoing causes of concern. As a general guide, however, consider problems in the last month, but also include current concerns which originate from before this period.

Example - Domain 1. Intentional Self-Harm
Looking across the row, if *'High risk to physical safety as a result of deliberate self-harm or suicide attempt'* is the statement that best applies to the person, then tick this box. This rating is classified as 'Severe' (shown at the top of the grid).

When all seven domains have been ticked (once in each domain), the assessment is complete. If desired, the number of ticks for each column can be recorded in the first row at the bottom. (The total should then add up to seven). ***Example:*** *if there are three ticks in the 'Severe' column, write '3' in the box at the bottom of the 'Severe' column* . Also, if desired, the TAG score can be calculated, by recording the total weighted score for each domain (e.g. 2 points for each Moderate rating) in the second row at the bottom, and then adding those scores together. The maximum TAG score is 24.

HOW TO USE A TAG ASSESSMENT

The two rows at the bottom of the Score Sheet indicate the severity of mental health problems. 445 TAG referrals to mental health services across London were analysed to provide *guidance* on referral thresholds. If the goal is to ensure that all referrals are suitable, then a threshold of at least 1 severe or very severe domain will ensure that 95% of referrals are suitable, but 74% of referrals not meeting this criterion will in fact be suitable - a high false negative rate. If the concern is to ensure that all suitable referrals are offered assessment, then using a threshold TAG score of 3 or more will ensure that 91% of suitable referrals are identified. However, 80% of unsuitable referrals will also meet this criterion - a high false positive rate. The best cut-off is found using either a TAG score of 5 or more, or at least 2 moderate domains.

Example: *A team may agree with its referrers that a TAG will be completed for all referrals, and that the team will assess anyone referred with a Very Severe rating within 24 hours, with 2 or more Severe ratings within 72 hours, and anyone else with at least 2 Moderate rating within 2 weeks. For patients with less than 2 Moderate ratings, the referral letter will state why the patient's mental health problems are of a severity to warrant specialist mental health service.*

Further information on the Threshold Assessment Grid is available from www.iop.kcl.ac.uk/prism/tag

Appendix 3

Shropshire Community Health NHS Trust

CONFIDENTIAL – PRIMARY MENTAL HEALTH TEAM

DISCHARGE INFORMATION FORM

Patient Name: Referrers Name:

Date of Birth: Date of Referral:

Prison Number / nhs number: Home GP:

Current Location:
Prison: Home Address:

Supported by: From: To:

Reason for referral to team:
……
……
……

Number of sessions/contacts: ☐

Reason for discharge:

No further sessions needed: ☐

No further sessions needed referral left open for 8 weeks not booked further appointments: ☐

Did not attend further f/up sessions: ☐
Reminder Letter sent:…….

Did not book further f/up session: ☐

Cancelled appointment did not book further follow up session: ☐

Cancelled appointment no further session needed: ☐

Intervention provided if applicable:
Sign posted to: Referral to:

Advice & Information: ☐ Self Help: ☐

Supportive Counselling: ☐ CBT: ☐

Medication trialed: …….

Current Medication: ……

Other/Comments, to include any risk information:

…….

……

……

……

……

Diagnosis:

……

…….

Measurement Tool:

Start Score: …… End Score: ……..

Signed: Discharge Date:

Print Name: Copied to Home GP:

Mini Mental State Examination-

The MMSE is a brief 30-point questionnaire which assesses orientation, memory, arithmetic and written and verbal language skills.

A cognitive score of 25-30 would be considered normal and prisoners scoring this would be routinely screened again in 12 months.

A cognitive score below 25 would indicate some degree of cognitive impairment. Prisoners scoring below 25 will be referred to the older prisoners nurse (RGN) for a physical assessment. The older prisoners' mental health nurse will also carry out a full mental health assessment.

Assessment scores of between 21 and 24 indicate mild cognitive impairment. The care of prisoners identified with mild cognitive impairment will be discussed at a shared care meeting involving the older prisoner mental health nurse, discipline staff, disability liaison officer, older prisoner nurse and chaplaincy.

Prisoners with mild cognitive impairment will be placed on to the case load of the older prisoner mental health nurse and be seen for regular reviews at least every 6 months.

A cognitive score of 10-20 points would indicate moderate impairment and a cognitive score of 9 or less would indicate severe impairment.

The older prisoners mental health nurse will arrange an urgent multidisciplinary meeting for any prisoners scoring 20 or below, in order that a shared care plan can be set up to support the prisoner. All prisoners scoring 20 or below will be immediately referred to secondary mental health services.

WELL BEING DIRECTORY

SHROPSHIRE PRISON AND BEYOND

Where to go for help and advice within HMPYOI Stoke Heath Healthcare.

- **Physical health issues**
- **Mental health issues**
- **GP**
- **Dentist**
- **Optician**
- **Sexual health advisor**
- **Chlamydia screening**
- **Vaccinations**
- **Physiotherapy**
- **PALS**
- **Advice and help about any issue that affects your health**
- **AXIS – specialist counselling**
- **Podiatry**
- **Books on prescription.**

Gym

- **Physical fitness**
- **Cardio Vascular Exercise**
- **Weights training**
- **Team sports**
- **Fitness Courses**
- **Sports qualifications**
- **First Aid Course**
- **Exercise on prescription**
- **Treatment of injuries group**

Forward Trust / Substance misuse services

- **Substance misuse issues – past and present**
- **Substance misuse courses**
- **Relapse prevention**
  IDTS

Chaplaincy

- **Spiritual well-being**
- **Multi faith worship**
- **Bereavement issues**
- **Family issues**

- **Chapel visits**
- **Advocacy**
- **Advice and guidance about issues that affect well-being**

Education

- **Vocational qualifications**
- **Educational qualifications**
- **Variety of subjects to learn and enjoy**
- **Help with resettlement**
- **Career advise**

Offender Management Unit

- **Employment**
- **Education**
- **Courses**
- **Qualifications**
- **Resettlement**
- **Housing issues**
- **ROTL**
- **External work placements**
- **NACRO**
- **Probation**
- **Liaison with external agencies**
- **Offender supervisors**

Residential wing staff

- **Help and advice on prison life**
- **Sentence planning**
- **Applications**
- **Employment**
- **Financial issues**
- **Resettlement**

Safer Communities

- **Individual support**.

Samaritans / Listeners

- **Help and advice on prison life**
- **Support and guidance**

- **Peers to talk to in confidence**

Health Issues outside prison.

GP / Practice Nurse / Dentist / Optician
You can register with a GP, Dentist and Optician through:

NHS Direct
Tel: 08454647
www.nhsdirect.nhs.uk

NHS Choices
www.nhs.uk/servicesdirectories

The Patients Association Helpline
Tel: 08456084455

Patient Advice Liaison Service (PALS)
www.pals.nhs.uk

Yellow Pages
Tel: 118247
www.yell.com

Abuse

Anti Bullying Network
www.antibullying.net

AXIS
Tel: 01743 357777
www.axis-counselling.co.uk

Beat Bullying
Tel: 02087713377
www.beatbullying.org

Bullying UK
www.bullying.co.uk

Child line

Tel: 0800 11 11

Help for Adult victims of child abuse
www.havoca.org.uk

Hidden Hurt
www.hiddenhurt.co.uk

Mankind
Tel: 01823 334244
www.mankind.org.uk

NSPCC (help for adult's line)
Tel: 0808 800 5000
www.nspcc.ork.uk

Support line
Tel: 01708 765200
www.supportline.ork.uk

Support for male victims of domestic violence
Tel: 0808 801 0327
www.mensadviseline.org.uk

Bereavement

Bereavement Advice Centre
Tel: 0800 634 9494
www.bereavementadvice.org

Citizens Advice Bureau
Tel: 0844 848 9600
www.adviceguide.co.uk

Cruse Bereavement care
Tel: 0844 477 9400
www.crusebereavementcare.org

The Miscarriage Association
Tel: 01924 200799
www.miscarriageassociation.org.uk

Education and Employment

Adult learning

www.direct.gov.uk

Apex
Tel: 0870 608 4567
www.apextrust.com

Citizens Advice Bureau
Tel: 0844 848 9600
www.adviceguide.co.uk

Employment opportunities (for people with disabilities looking for employment)
Tel: 020 7448 5420
www.opportunities.org.uk
Get on Helpline
Tel: 0800 66 0800
www.geton.direct.gov.uk

Job centre plus
www.jobseekers.direct.gov.uk

Learn Direct
Tel: 0800 101 901
www.learndirect.co.uk

Open University
Tel: 0845 300 60 90
www.open.ac.uk

Exercise and Fitness

Fit Map
www.thefitmap.com

Ramblers Association
Tel: 020 7339 8500
www.ramblers.co.uk

Sport England
www.sportengland.org

Fit 4 Life
www.fit4life.co.uk

YMCA

Tel: 020 7070 2160
www.ymcafit.org.uk

Financial Issues

Citizens Advice Bureau
Tel: 0844 848 9600
www.adviceguide.co.uk

Department of Work and Pensions
www.dwp.gov.uk

Job centre plus
www.jobseekers.direct.gov.uk

National Debt line
Tel: 0808 808 4000
www.nationaldebtline.co.uk

Foreign National Issues

Identity and Passport Service
www.homeoffice.gov.uk

Liberty
www.liberty-human-rights.org.uk

Healthy Eating and Diet

British Heart Foundation
Tel: 020 7554 0000
www.bhf.org.uk/keepingyourhearthealthy

Eating Disorder Association
Tel: 0845 634 1414
www.b-eat.co.uk

NHS
www.nhs.uk/livewell

HIV and AIDS

Family Planning Association
Tel: 0845 310 1334
www.fpa.org.uk

Help and Advice for HIV/Aids in UK
www.avert.org

International HIV/Aids alliance
www.aidsalliance.org

NHS
www.nhschoices.co.uk

Terrence Higgins Trust
Tel: 0845 122 1200
www.tht.org.uk

Housing

Citizens Advice Bureau
Tel: 0844 848 9600
www.adviceguide.co.uk

NACRO
Tel: 020 7840 6464
www.nacro.org.uk

Self Help Community Housing Association
Tel: 0845 2700 669
www.selfhelpha.co.uk

Shelter
Tel: 0808 800 4444
www.england.shelter.org.uk

Leaving Prison Support

Action for Prisoners Families
Tel: 020 8812 3600
www.prisonersfamilies.org.uk

Apex
Tel: 0870 608 4567
www.apextrust.com

Citizens Advice Bureau
Tel: 0844 848 9600
www.adviceguide.co.uk

NACRO
Tel: 020 7840 6464
www.nacro.org.uk

New Bridge Foundation
Tel: 020 7976 0779
www.newbridgefoundation.org.uk

PACT
Tel: 0808 808 2003
www.prisonadvice.org.uk

Offenders helpline
Tel: 0808 808 2003
www.offendersfamilieshelpine.org.uk

UNLOCK
www.unlock.org.uk

Military (ex-servicemen/ women)

Combat Stress
Tel: 0800 1381619
www.combatstress.org.uk

Royal British Legion
Tel: 0845 7725725
www.britishlegion.org.uk
SPACES (accommodation)
Tel: 01748 833797

SSAFA – forces help
Tel: 0845 1300 975
www.ssafa.org.uk/exservice

Mental Health

Anxiety UK
www.anxietyuk.org.uk

Child line
Tel: 0800 11

Depression Alliance
Tel: 0845 123 23 20
www.depressionalliance.org

Mental Health Foundation
www.mentalhealth.org.uk

MIND
Tel: 0300 123 3393
www.mind.org.uk

No Panic
Tel: 0808 808 0545
www.nopanic.org.uk

Rethink
Tel: 0300 5000 927
www.rethink.org

Samaritans
Tel: 08457 90 90 90

Sane
Tel: 0845 767 8000
www.sane.org.uk

Parenting and Family Matters

Childline
Tel: 0800 11 11

Child Support Agency
Tel: 08457 133 133

Divorce Aid
www.divorceaid.co.uk

Families need fathers
Tel: 0300 0300 363
www.fnf.org.uk

Gingerbread
Tel : 0808 802 0925
www.gingerbread.org.uk

Parentline Plus
Tel: 0808 800 2222
www.parentlineplus.org.uk/support

Prisoners Families Helpline
Tel: 0808 808 2003
www.prisonersfamiliesehelpline.org.uk

Relate
Tel: 0300 100 1234
www.relate.org.uk

Religion and Spiritual needs.

The Buddhist Society
Tel: 020 7834 5858
www.thebuddhistsociety.org

Catholic Communications Network
Tel: 020 7630 8220
www.catholicchurch.org.uk

Church of England
Tel: 020 7898 1000
www.churchofengland.org

Hindu Council UK
Tel: 020 8840 8844
www.hinducounciluk.org

Spiritualist association of Great Britain.
Tel: 020 7931 6488
www.sagb.org.uk

The Methodist Church in Britain
www.methodist.org.uk

Muslims In
www.muslimsIn.com
Sikhs in England
Tel: 07958 946 868
www.sikhs.org.uk

YMCA

Tel: 020 7070 2160
www.ymca.org.uk

Sexual Health

Brook (for under 25's)
Tel: 0808 802 1234
www.brook.org.uk

Family Planning Association
Tel: 0845 310 1334
www.fpa.org.uk

R U thinking
www.ruthinking.co.uk

Sexual Health Line
Tel: 0800 567 123

Sexuality

Bisexuality Support Group
www.dailystrength.org

The Lesbian and Gay Foundation
Tel: 0845 330 3030
www.lgf.org.uk

Support line
Tel: 020 8554 9004
www.supportline.org.uk

UK Transgender resources
www.transgenderzone.com

Smoking Cessation

NHS
Tel: 0800 022 4332
www.smokefree.nhs.uk

NHS – Smoking Helpline
Tel: 0800 169 0169

Quitline
Tel: 0800 00 22 00
www.quit.org.uk

Substance Misuse

Addaction
www.addaction.org.uk

Adfam
Tel: 0207 553 7640
www.adfam.org.uk

Alcohol Anonymous
Tel: 0845 769 7555
www.alcoholics-anonymous.org.uk

Alcohol Concern 6pm – 11pm daily
Tel: 0800 917 8282
www.alcoholconcern.org.uk

British Liver Trust
Tel: 01473 276 326

Drugs Line
Tel: 0808 1 606 606
www.drugsline.org

Frank
Tel: 0800 77 66 00
www.talktofrank.com

Prisoners Families Helpline
Tel: 0808 808 2003
www.prisonersfamilieshelpline.org.uk

Release
Tel: 0845 4500 215
www.release.org.uk