SCOTTISH PRISON SERVICE

Mental Health Strategy

2024 - 2034

Supporting everyone in our care to achieve their best possible mental health, in an environment free from stigma and discrimination.

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Table of contents

Chief Executive's Foreword

As Chief Executive, I have seen firsthand the significant impact that mental health issues have on those in our care. It is vital that we address these challenges head-on to foster a safer and more supportive environment for everyone.

We know that many of those people coming into our care are already vulnerable, and often have complex mental health needs. So, it makes it even more crucial for our establishments to take a whole person approach, considering every aspect of their daily lives, ensuring they are equipped with the capabilities, skills and support to get back to their best mental health.

Through this strategy we will see the introduction of dedicated mental health pathways, improved access to a range of support in our establishments but also a focus on continuity of care as people transition back into the community.
Our workforce is fundamental to this strategy becoming a reality. We will provide robust learning and development across all levels so everyone can understand what good mental health means and what support people may need to keep them well while in our care.

This strategy represents more than just a plan, it's a commitment to making meaningful changes. It has been shaped through extensive collaboration across a range of stakeholders, experts and specialists, but more importantly those in our care. Listening to and incorporating the voices of those in our care ensures it is responsive and relevant to the needs of those it will benefit.

Together, we can create a safe and supportive environment that not only addresses mental health needs but also promotes overall well-being and rehabilitation in environments free from stigma and discrimination.

I wish to thank everyone who has contributed to the development of this strategy, especially those in our care who shared their experiences and insights. The user perspective, matched with specialist knowledge and expertise gained from our partners, ensures we can offer a robust network to keep people well.

Through this strategy, I am confident we can make significant progress in improving the mental health and wellbeing of those in our care.

Teresa Medhurst
Chief Executive, Scottish Prison Service

Terminology within this strategy

Mental health can be used to describe a broad spectrum of terms including mental wellbeing, common mental health difficulties (e.g. anxiety, low mood) and severe mental illness (e.g. schizophrenia, major depression and bipolar disorders). It is important to note that these terms are not mutually exclusive, as mental health and wellbeing can be experienced by someone with a stable psychiatric diagnosis, and someone without a psychiatric disorder can have poor mental wellbeing.

Mental Health The World Health Organisation (WHO) defines mental health as "a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community."

It is positive physical, social and mental state - not just the absence of pain, discomfort and incapacity. Everyone has mental health and wellbeing.

Poor mental health Poor mental health and wellbeing are linked with a wide range of factors such as poor physical health, unemployment and deprivation. The impacts of poor mental health, and mental ill health, are significant and have implications for a range of public services such as the NHS, Criminal Justice and local authorities. Tackling poor mental health involves improving mental wellbeing for the whole population, as well as preventing and reducing mental illness.

Mental health stigma Negative attitudes or beliefs based on a preconception, misunderstanding or fear of mental health.

Mental health discrimination When a person performs an action, whether intentional or unintentional, that creates barriers and inequality for people with lived experience of mental health problems.

Self-harm In their most recent guidelines (2022), the National Institute for Health and Care Excellence (NICE) defined self-harm as intentional self-poisoning or injury, irrespective of the apparent purpose. Injury includes both physical and psychological injury and would include any behaviour that serves a function of self-harm and adversely affects a person's psychological or physical health.

Families Anyone who is concerned about someone else's mental health, including family members, carers, friends, neighbours, siblings, older children, partners, parents, grandparents, formal and informal kinship carers, work colleagues or any other 'Concerned Significant Others'. When thinking about those with care experience or those without "family specific supports", we should include trusted adults or carers.

Whole prison approach The WHO have long recommended prisons adopt a whole prison approach to promoting and improving health and wellbeing. Health and wellbeing should never be treated as solely a health care issue but should ensure that regime, activities and staffing facilitate an environment that promotes good health and wellbeing and reduces violence for all individuals in custody. These include individuals and groups with diverse backgrounds and characteristics for whom a distinct approach may be required such as ethnic minorities, sexual orientation, religion and belief, foreign nationals, older people, and pregnancy.

Purpose

This Scottish Prison Service (SPS) Mental Health Strategy provides a framework for the planning and delivery of mental health and wellbeing activities for individuals in custody.

The strategy explains how SPS will work with people with lived/living experience, partners in NHS Scotland, local authorities, third sector and voluntary agencies, to achieve our vision.

Vision

Our vision is that all people in our care will be supported to achieve their best possible mental health in an environment free from stigma and discrimination.

We will help to prevent mental health problems occurring and those with mental ill health will get the respect, support, treatment and care they require to recover, without experiencing mental health stigma and discrimination.

Individuals in custody experiencing mental health problems and/or mental illnesses will have timely access to essential services and supports. People will be provided with opportunities to participate in activities that support a prosocial identity.

A focus on continuity of care will enhance the effectiveness of services accessed prior to, during, and after being in the care and custody of the criminal justice system; recognising and supporting the role that families and carers, third sector, voluntary agencies and other community partners play in enabling and providing this continuity of care.

This will improve individual health outcomes and ultimately contribute to safer communities.

Principles and values

The promotion of positive mental health and improved mental wellbeing for the whole prison population are key components in realising our ambitions within this strategy. It draws upon research, existing statements of Scottish Government policy, aforementioned reports and the SPS Corporate Plan.

People will be treated with dignity, respect and compassion; they will be supported in their wellbeing and reintegration into their communities and society in order that they can fulfil their potential and become responsible citizens. Peer approaches will be valued and encouraged.

To summarise, the principles and values underpinning our ambitions are:

- recovery focussed, with a belief that people can, and do, recover
- adoption of a whole person, whole prison approach
- outcomes focussed and evidence based
- inclusive, equitable, and accessible
- trauma responsive and relational
- human rights based
- tackling mental health stigma and discrimination
- committed to peer support approaches and interventions

Introduction

In line with the Scottish Government Mental Health and Wellbeing Strategy, this is an overarching strategy for improving mental health outcomes for everyone in our care. This will ensure a consistent strategic approach across all prison populations, including crisis, suicide and self-harm responses, for all age groups, albeit the approach may differ depending on population need.

This strategy endorses a whole prison, whole person approach to health improvement, supporting individuals at all life stages, bringing together a range of work including promotion of population mental health, prevention of mental health problems, early intervention, providing delivery of care and treatment of mental illness and support for recovery.

The strategy will enable SPS to maximise its contribution towards the Scottish Government's Vision for Justice in Scotland (2022) which recognises the need for person-centred and trauma-informed approaches to care delivery. It reinforces our commitment to putting a human rights-based, public health approach at the centre of service design, delivery and improvement, and will contribute to safer communities.

The strategy has been developed in partnership with key stakeholders through the Mental Health Strategy Group, the Young People's Mental Health workstream, the SPS Young People's Strategy Group and through wider consultation with key internal stakeholders across SPS and the Scottish Government. Crucially, the strategy was informed by user voice input from individuals within the youth and adult estate with lived experience of mental health concerns.

As part of implementation of the strategy, the Delivery Plan and Implementation Guide will monitor activities towards the outcomes agreed therein. This plan will interface with a range of other strategic plans and commissioning statements which recognise, and impact on, the mental health and wellbeing of specific population groups. It will link directly to the Scottish Government Mental Health and Wellbeing Strategy and associated Workforce Action Plan 2023-2025, Suicide Prevention Strategy (2022) and Self-harm strategy and action plan 2023-2027 and take cognisance of other SPS strategies, including Prevention of Suicide in Prisons Strategy, Talk to Me, the Alcohol and Drug Recovery Strategy, Vision for Young People in Custody (2021), Women's Strategy (2021–2025) and Families and Parenting and Corporate Parenting Strategies.

It will also be cognisant of recommendations from the Expert Review of Mental Health Services (EROMH) in HMP & YOI Polmont (2019), as well as Scottish Government Prisons Mental Health Needs Assessment (2022) and Mental Welfare Commission (MWC) Mental Health resources themed visit report (2022). These interconnected plans reflect and put into action the strategic priorities implemented by Scottish Government at a national level, in terms of improving health and reducing health inequalities for the population as a whole.

The strategy supports the SPS duty to uphold the European Convention on Human Rights (ECHR), which is enacted in the UK through the Human Rights Act (1998) and the Equality Act (2010). It also takes account of the requirements of the United Nations Convention on the Rights of the Child (UNCRC) both for the children of people in custody and children remanded or convicted, for as long as 16 and 17 year olds are placed in SPS custody.

International human rights standards on the treatment of people in prison, including Rules 2, 24 & 25 of the Nelson Mandela and 1, 10 and 15 of the Bangkok Rules affirm that healthcare services in prisons must be anti-discriminatory and must promote, support and improve the physical and mental health of people in prison. They must be compatible with services in the community and should be provided in close cooperation with community health services to ensure continuity of treatment and care.

By taking an outcome-focussed approach, the strategy will enable partners to identify what they want to achieve and how to get there. Outcomes for people in custody will only be improved by working with partners across all sectors. It is imperative that individuals and their families are involved in decisions which affect them, and that services work collaboratively to provide the right support at the right time.

The approach will take account of the risk factors for mental illness which include long-term conditions, learning disabilities, neurodiversity, adverse and traumatic experiences in childhood and adulthood, substance use, homelessness, offending, poverty, unemployment, stigma and discrimination, which can each have a considerable impact on mental health. We will promote the positive factors for mental wellbeing to enable progress towards achieving the outcomes.

Ultimately, SPS will provide an environment in which wellbeing can flourish, opportunities for services to provide access, and a safe space for people to engage. SPS's primary responsibility is to develop good relationships, these are key to keeping people well. Mental health is a whole-prison concern, involving multiple agencies working in partnership.

Background and context

Since 2011, NHS Scotland have been responsible for the delivery of primary and community healthcare in prisons, to make access to care and support equitable to provision in the community.

While there have been positive developments in multi-disciplinary prison mental health services since the transfer, there is a recognition that there is more to do to provide consistent support for individuals across the prison estate, and there is a shared commitment to achieving that.

There are many factors that present challenges when delivering care and treatment for individuals with mental health concerns in a prison setting. Firstly, prisons focus on security

and regimes. Challenges include diversion and misuse of prescribed medications and other drugs, rapid movement in, out and across establishments, and transitions from the young people's estate. Individuals can also be more acutely affected by stigma and discrimination.

Individuals who come into prison are more likely to be from communities with multiple deprivation, to have spent time in local authority care, and to have experienced interpersonal victimisation. Individuals are also likely to have experienced multiple adverse and traumatic experiences including violence, bereavement, higher rates of head injury, and harmful substance use.

The Scottish Government Prisons Mental Health Needs Assessment highlighted that joint and co-ordinated action from public services in justice, health and social care, and third sector providers is required to overcome longstanding and structural challenges to supporting the mental health and wellbeing of people in custody.

Self-harm

Self-harm can be a risk factor for suicide, therefore this strategy is aligned with Scottish Government's work on suicide prevention and self-harm. For some people, the line between a suicide attempt and an act of self-harm is blurred. Some people may not be sure of the outcome they intend, their desired outcome may change either over time, or even within a single episode. However, for many people, self-harm is a way to manage difficult emotions and circumstances, and they do not have suicidal intent.

This strategy aims to ensure that where someone's self-harm indicates they may be at elevated risk of suicide, the right support is available to keep people safe.

Suicide

The SPS Suicide Prevention Strategy, Talk To Me, developed in partnership with experts in suicide prevention, cares for those 'at risk' of suicide by providing support based on individual needs and promoting an environment where people in custody can ask for help. The suicide prevention strategy continues to evolve in line with best practice.

Suicide is more common in people in custody than the general population. Suicide in prison is associated with: diagnosis of mental illness, particularly depressive illness; past history of self-harm and/or suicide attempt; current suicidal ideation; single cell occupancy; and absence of social visits. Other risk factors include alcohol and drug use, and fear of the judgement and reaction from other people in custody relating to offence type.

The remand period, as well as liberation, is recognised to be a vulnerable time. According to data, two-thirds of all deaths by probable suicide in prisons occur during the first three months of custody. Isolation from social and support networks has detrimental and enduring effects on a person's ability to cope in prison, particularly for young people.

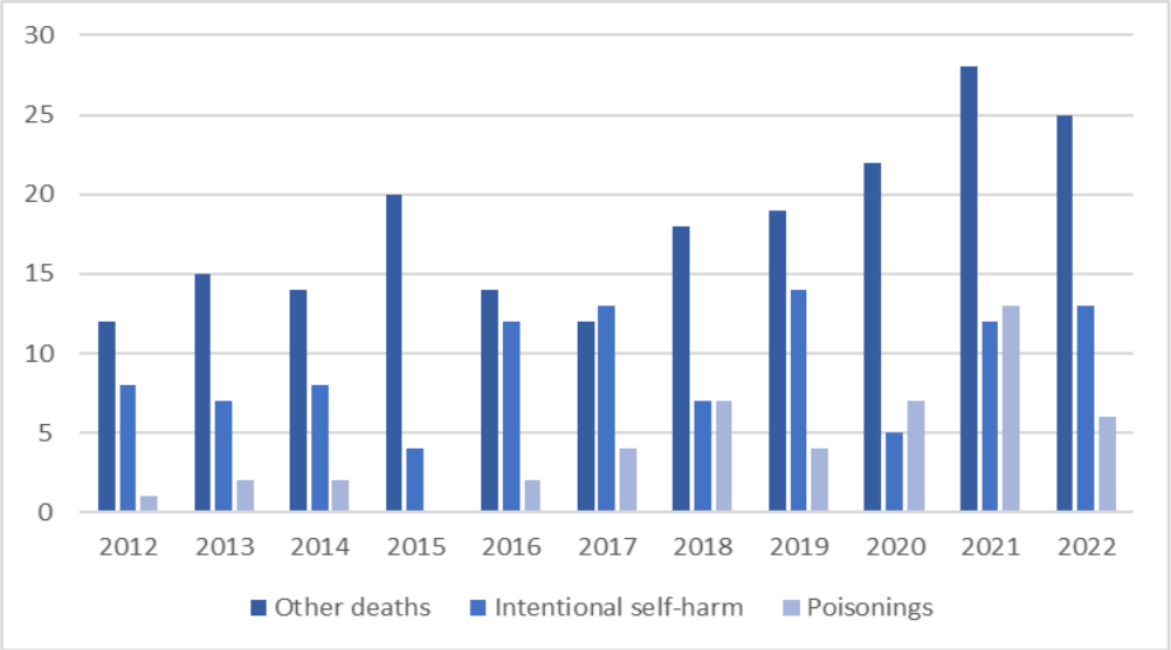
Deaths in Prison Custody

A key priority for the Scottish Prison Service is to reduce the incidence of deaths, including by 'intentional self-harm' (defined in national publication as hanging, suspension by ligature or asphyxia were mentioned in the cause of death).

Following publication of the Independent Review of the Response to Deaths in Prison Custody in 2021, the SPS have an established tasking group and associated action plan to address recommendations from the report.

The number of deaths in custody per year increased between 2012 and 2022, with the highest number of annual deaths recorded in 2021 (figure 1). Of the 350 deaths recorded during this period, 103 occurred due to 'intentional self-harm', 48 were attributed to poisonings, and 199 fall into the other deaths category (those attributed to disease, illness and natural causes), which accounted for the majority.

Figure 1. Deaths in custody by cause of death 2012 to 2022



Source: Deaths in Prison Custody in Scotland 2012-2022 (mcas.ms)

No clear trend was found in the number of deaths attributed to 'intentional self-harm' which has fluctuated between 4 and 14 per year during 2012-2022.

SPS is committed to training all staff in trauma informed practice this includes the roll out of the Scottish Trauma Informed Leaders Training (STILT) to all senior managers, including multi-disciplinary partners and executives, which will inform corporate planning and development of our trauma framework. All staff have the opportunity to access trauma informed learning.

Prison population

Scotland saw an increase in the number of convictions per 1,000 population for all age-sex groups in 2021-22, with the sole exception of 16-17 year old males. Convictions resulting in a custodial sentence increased from 7,239 in 2020-21 to 8,169 in 2021-22. There were 7,930 individuals in custody on 15 November 2023. The age breakdown was:

	Under 18	18-20	21-25	26-30	31-40	41-50	51-60	61-70	Over 70
Male	-	-	657	1171	2764	1590	847	311	131
Female	-	5	20	36	117	80	38	7	-
Young male	4	152	-	-	-	-	-	-	-

The increasing volume and complexity of the population is likely to result in an increase in numbers of people with mental health needs requiring support.

Information on some key populations for this strategy over the next ten years are detailed overleaf. We will consider areas of high risk for different population groups. For example, young people experience disproportionately high levels of health and social disadvantage, and have distinctive healthcare and wider support needs.

We are also aware that in the general population there is an increased risk in the post-natal period for females. Interventions need to be designed to support women across the women's estate to promote positive outcomes. Engagement with our colleagues in NHS women's health is crucial.

The needs of those who experience social and structural inequality and discrimination, such as those with protected characteristics, will also vary.

Research undertaken in the community has highlighted the risk of poor mental health to those from ethnic minorities, and LGBTQ+ communities. Disproportionate levels of experiences of stigma and discrimination have also been found within adversely racialised communities. Individuals must be supported in a way that is person-centred and culturally sensitive.

Information on key populations

Adult males

In Scotland between 2011 and 2021, males constituted the majority of suicides overall, and higher rates of suicides, compared to females, in most age bands. The highest numbers and rates were found in the 35-54 age group. Gender specific approaches, which encourage engagement, are required for males.

The Scottish prison population is predominantly adult male, and men are overrepresented in completing suicide. While women may experience more mental health needs than men, men are less likely to be in contact with prison mental health services for treatment for their needs.

People in custody in Scotland aged 35 years or younger have been found to have a higher lifetime prevalence of hospitalised head injury than the general population, presenting an issue in terms of health service need and therefore influencing the interventions we will have to design to support them.

Young people

Public Health Scotland reported in 2021 that suicide was the leading cause of death among young people in Scotland. Higher rates of suicide have also been found in custody, alongside factors associated with self-harm and suicide including depression, anxiety disorders, psychotic symptoms and ADHD.

Young people in custody have heightened risk, including histories of trauma, existing mental health issues, poverty, unemployment, living with neurodevelopmental disorders and time spent in care. Some have experienced multiple and traumatic bereavements, often leading to self-medication with substances and difficulties with regulating emotions.

We will reflect the needs of young people within the interventions we deliver, taking account of evidence that brain development (in particular, higher executive functions of the brain, such as planning, verbal memory and impulse control) continues up until the age of 25 and beyond.

Ageing population

The number of older adults in custody has increased disproportionately compared to community demographics. SPS classifies people in custody aged 50 as older due to 'accelerated ageing', where signs of ageing may occur 10 years earlier than for the rest of the population.

Older people often have complex needs relating to health and decreased physical capacity, leading to increased vulnerability. This can include deteriorating cognition, chronic conditions requiring regular monitoring, and increased risk of falls, frailty, Alzheimer's disease, other types of dementia and cognitive disabilities. SPS need to consider the impact and the unique health concerns posed and how to manage this growing cohort within the estate.

The Scottish Government Prison Social Needs Assessment identified high prevalence of mental health issues in the prison community as one of the drivers of social care needs in Scottish Prisons.

Women

Women in custody in Scotland disproportionately experience both physical and psychological problems, exacerbated by using substances, alongside mental and physical adversities in childhood and adulthood.

In a study of 109 women across four prisons in Scotland, almost all (98 of 107) reported mental health difficulties. Anxiety, depression, or a combination of both, were the most commonly self-reported mental health problems. In the same study, 78% reported a history of Significant Head Injury (SHI), of whom 40% had associated disability.

The evidence of women's experience of trauma, adversity, mental ill-health, high levels of learning need, prevalence of learning disability and brain injury is informing SPS's new approach for women in our care, and the services that will support them.

Understanding how different factors can impact mental health

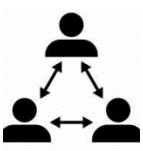
The World Health Organisation (WHO) defines social determinants of health as the circumstances in which people are born, grow, live, work and age.

As aforementioned, poor mental health and wellbeing are linked with a wide range of risk factors, such as unemployment and deprivation.

The following table illustrates the risk factors that contribute to poor mental health, and the protective factors that can enhance good mental health.

	Protective factors	Risk factors
Individual factors	Problem-solving skills Ability to manage stress and adversity Communication skills Good physical health and healthy living Spirituality Self-Efficacy	Adverse and traumatic experiences Low self-esteem Loneliness Difficulty in communicating Alcohol and drug use Physical ill health & impairment Work stress Unemployment Debt Self-stigma
Social circumstances	Social capital and community cohesion Physical safety and security Good, supportive, nurturing parental/care relationships Close and supportive partnership/family interaction Peer support Educational achievement Purposeful activity	Adverse and traumatic experiences Social fragmentation and poor social connections Social exclusion Social stigma Isolation (Gender-based) violence and abuse Family conflict Low income/poverty
Environmental factors	Social protection and active labour market Programmes against economic downturn Equity of access to services Safe, secure employment Positive physical environment including housing, neighbourhoods and green spaces	Adverse and traumatic experiences High unemployment rates Economic recession Socio-economic deprivation and inequality Population alcohol consumption Structural stigma

Enablers to success



Supportive and nurturing relationships are critical for good mental health. The approach is to maintain existing positive relationships, and support individuals who may be isolated to develop strategies to form new positive relationships with peers, staff and other people who can provide support.

Parents, carers, and families play an essential role in helping people to develop resilience and coping strategies through the life course. This strategy highlights the importance of maximising supportive and nurturing relationships for good mental health.

For care leavers in our care, we must consider the wider social network and support important connections, wherever possible; building safe positive relationships which may include carers, siblings, or friends.

Workforce development and support will ensure that our workforce has the skills, knowledge and experience to support individuals in our care through access to training and supervision. This includes the tools, systems and processes they need to be able to work effectively.

The entire prison workforce needs an understanding of the range of needs people in custody may have, and how these might impact on individuals.

SPS is committed to training all staff in trauma informed practice, and we have rolled out the Scottish Trauma Informed Leaders Training (STILT) to all senior managers and executives. A multi-agency approach is vital to creating a rehabilitative, stigma-free, trauma-responsive and recovery focussed culture, promoting a positive social environment.

Adopting effective training and learning approaches will build capacity at all levels to:

- increase understanding of mental health stigma and discrimination, and its impact on people in our care with lived and living experience;
- have the knowledge, skills and confidence to have conversations about mental health and mental wellbeing and signpost to support; and
- provide personalised compassionate responses, flexibility and responsiveness, taking into account individuals' cultural needs.

A framework of recommended training resources will be made available via SPS's partnership with NHS Education Scotland and Public Health Scotland.

The SPS is committed to providing an environment and opportunities to enable staff to take control of their own health and wellbeing with support provided by partners. Our Health and Wellbeing Activity Plan is focused on embedding health and wellbeing into organisational culture.

Communication and engagement will ensure that all those who have a role in the strategy, specifically key stakeholders in NHS, the third sector, voluntary agencies and families understand its rationale, and their role in realising its intentions.

People with lived and living experience of poor mental health must be involved in the co-production of services which affect them. Their knowledge and skills should be utilised to their full potential. Speaking, and, more importantly, listening to people who have spent time in our care is fundamental to effective service design, delivery, and improvement.

Consultation with those in our care took place to understand their experiences and help to inform and shape how we deliver outcomes within SPS. Some of the key themes and quotes have been included within the strategy.

Key priorities

The key areas of focus are essential to the success of realising the intentions of the strategy, they each carry equal importance and are interconnected.

To support these priorities, we will strive to ensure that people who live and work within the prison setting, care services, and partners, feel engaged in the work they do, and are supported to continuously improve the information, support, and care they provide.

Health promotion, prevention, and early intervention: ensuring that everyone is supported to look after their own mental health and wellbeing, and that they are provided with accessible information and support. Family engagement, where appropriate, and peer support is crucial.

Addressing the impact of health inequalities: recognising that custody provides a unique opportunity to address the health inequalities commonly experienced by individuals in our care. Promoting recovery from trauma and supporting people to improve their mental health and wellbeing.

Tackling mental health stigma and discrimination: creating a culture and environment where individuals feel comfortable to ask for help, and can access services and support without being judged, discriminated against or treated differently and unfairly.

Address mental health needs: recognising that mental and physical health are closely related. Promoting good mental health, wellbeing and recovery will impact positively on physical health, and many other aspects of people's lives. Ensuring plans are in place to support those coming from the community, throughout their time spent in custody, and undertaking comprehensive pre- and post-liberation planning.

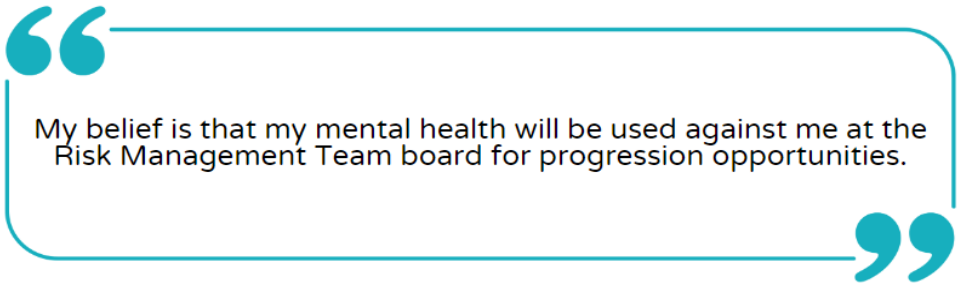
Our approach

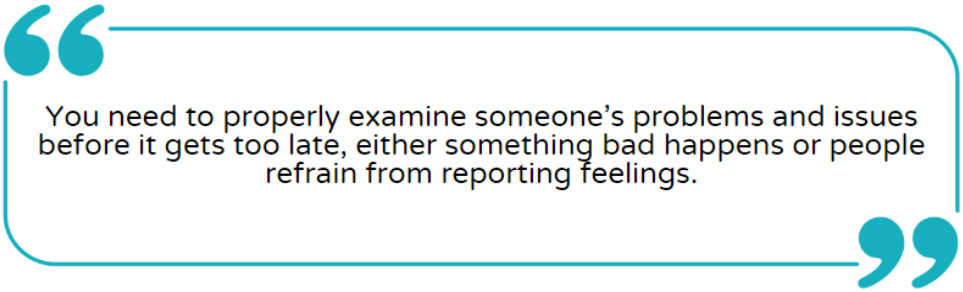
1. Create an environment where people feel valued and cared for, comfortable to seek help and access support, and which minimises the damaging effects of mental health stigma and discrimination

The best way of ensuring that people enjoy good mental health and wellbeing is to prevent problems from arising in the first place. When problems do arise, it is best that they are dealt with as quickly as possible. The strategy will therefore deliver support that is open to all, free from stigma and discrimination, helping people to look after their own mental health and wellbeing.

This is achieved by:

- Health promotion and prevention of harm for good physical and mental health and wellbeing, which is tailored to individual needs;
- Embedding a relational approach, allowing the time for positive relationships to be established;
- Supporting people who live with ongoing mental health challenges to keep as well as possible and prevent relapse;
- Continuing to develop staff learning and development approaches to increase understanding of mental health stigma and discrimination;
- Identifying and removing structural barriers that lead to stigma and discrimination in prison settings; and
- Improving individual health outcomes and ultimately contributing to safer communities.





The CHIME Framework model for personal recovery displayed below offers a basis for considering the elements that support people to build positive relationships, and can form the basis of sustained recovery.

This aligns with the SPS's vision to become a trauma informed organisation, underpinned by the core values of trust, empowerment, collaboration, choice, and safety, with a recognition that relationships based on these values are central to everything that we do.

It is also reflected within the SPS Alcohol and Drug Recovery Strategy.

Connectedness	Hope and Optimism	Identity	Meaning	Empowerment
• Peer support and social groups • Relationships • Support from others • Community	• Belief in recovery • Motivation to change • Hope-inspiring relationships • Positive thinking and valuing effort • Having dreams	• Rebuilding a positive sense of identity • Overcoming stigma	• Meaning in mental health experience • Meaningful life and social roles • Meaningful life and social goals	• Personal responsibility • Control over own life • Focusing upon strengths

Leamy et al. 2011

The above CHIME model covers five components of effective recovery-orientated services and interventions. In addition to providing a framework for personal recovery, it provides a basis for service design and delivery.

2. Collaborate with individuals throughout their time in custody to address their needs and enable them to prepare for a positive future

We recognise the importance of an asset-based approach to mental health and wellbeing, to promote self-care and self-management support where it is correct to do so, building capacity and resilience aiming for wellbeing.

People should be enabled to have positive links with family, carers and friends (where this is in their best interests). The approach in the strategy makes clear the importance of health and wellbeing to a life-course approach and to addressing inequalities, including racial and gender inequality.

This is achieved by:

- Supporting people who are struggling with their mental health to access services and participate and engage in activities, and include wherever possible their families and carers in their plan;

- Responding to the specific needs of the whole prison population, including those with protected characteristics; ensuring continuity of care throughout an individual's sentence;
- Working in partnership with key stakeholders in NHS, third sector and voluntary agencies to provide support and develop wider opportunities where they don't currently exist;
- Provision of a co-ordinated response for individuals experiencing problems with both mental health and substance use; and
- Using the CHIME model to promote sustained recovery. The framework applies to all population groups.

> Staff need time to meaningfully engage with individuals to allow for better outcomes for those in recovery.

3. Support people to plan for their return to communities with the best chance of success

Upon liberation, people often return to their communities facing similar circumstances they experienced before custody. Problems upon liberation in relation to housing, relationships, and challenges finding employment can negate any improvements in mental health and wellbeing. Adequate transition planning and throughcare support are essential for those leaving prisons, as limited support can have a detrimental impact on mental health and community reintegration.

This is achieved by:

- Partnerships between SPS and forensic and general adult psychiatry inpatient facilities to temporarily transfer care of individuals with mental illness in need of acute mental health care in a timely manner;
- Engaging with key stakeholders in NHS, secondary mental health services, including forensic mental health, to establish a network of community links that continue to promote and support their mental health recovery journeys; and
- Working collaboratively with all support agencies (SPS, local authorities, treatment services, third sector, voluntary agencies, criminal justice partners, community-based services), families and those in our care, to develop an individualised Community Integration Pathway (CIP) to support their transition into the community. This adheres to the processes in place to support housing such as SHORE (Sustainable Housing on Release for Everyone) Standards.

How this strategy will be implemented

Notwithstanding NHS's responsibilities in the clinical assessment and treatment interventions, the SPS will work to compliment the plans that are required to support positive mental health and wellbeing of all individuals in our care.

The four overarching actions of this strategy are:

Develop a mental wellbeing pathway and implement it across the SPS estate

Work in partnership with key stakeholders to develop, implement and monitor plans to address health inequalities

Create a positive culture that reduces fear of mental health stigma and discrimination, through the delivery of mental health awareness training and support for embedding trauma-informed and responsive practice within the prison setting

In collaboration with partners and families, produce and support implementation of an individualised wellbeing plan to ensure continuity of all support post-liberation.

Annex A provides a summary of actions against the key priorities towards improving mental health for all.

A Delivery Plan and Implementation Guide containing the outcomes framework will help to monitor and evaluate progress towards achieving better health outcomes.

A series of sub actions will be contained within the Delivery Plan and Implementation Guide.

How we will measure progress

What works to support people to improve their mental health and wellbeing can be challenging to capture for a variety of reasons, so, assessing outcomes and indicators of success will require comparing various sources of data, and include qualitative feedback from staff and those we care for.

Our overarching aim is to improve individual health outcomes, and ultimately contribute to safer communities.

We will do so by:

- Establishing a strategic forum of key stakeholders, including people with lived/living experience. of mental health problems and mental illness, their families and carers, to drive and support implementation;
- Adopting a mental health outcomes framework with indicators and outcomes detailed in the Delivery Plan and Implementation Guide;
- Collaborating with the Mental Welfare Commission, ensuring that commitments and the strategy are regulated and scrutinised; and
- Undertaking a progress review in 2028 to align with the SPS Corporate Plan 2023-2028. Specific areas of delivery will be determined by the development and further planning which will underpin this Strategy as well as any change in national direction and priorities identified through the Corporate Plan and Scottish Government.

Monitoring and evaluation

The Scottish Government Prisons Mental Health Needs Assessment highlighted that poor data quality hinders an ability to monitor and respond to health inequalities in the prison population in Scotland.

Evidence that will assist in monitoring, evaluating and improving our practice includes:

- Establishment data e.g. participation, family contact
- Feedback from families
- Focus groups, staff surveys
- Interviews with individuals with lived and living experience of prison
- Training reviews and compliance rates
- Collaboration and consultations with external partners in gathering and sharing best practice
- Prison survey trends
- Tracking individual journey data
- Local, national and international research and evidence
- Regulation and scrutiny data

The Mental Health Strategy Steering Group, made up of stakeholders and partners, will track progress on the priorities and actions identified in our Delivery Plan.

The Mental Health Strategy sits within the overarching Health & Wellbeing Framework for SPS.

Overall governance is aligned with the Corporate Plan.

Next steps

SPS are committed to ensuring this strategy is fully embedded in practice and as such, there are some key steps we will take to ensure that implementation is effective. We will:

- Develop a range of quality indicators for use across the Health & Wellbeing Strategies.
- Develop an overarching Delivery and Implementation Plan with specific key actions which contribute to achieving the outcomes identified in the Mental Health Strategy.
- Establish communications plan to share, communicate and support implementation of the strategy across establishments.

Annex A: How this strategy will be implemented

Health promotion, prevention, and early intervention

- In collaboration with stakeholders, develop mental health pathways which reflect specific population needs;
- Health promotion and early intervention for good physical and mental health and wellbeing, that is tailored to individual needs;
- Working collaboratively with all support agencies (SPS, local authorities, third sector, voluntary agencies, criminal justice partners, community-based services), families and those in our care, to support transitions into the community;
- Responding to the specific needs of the whole prison population, including those with protected characteristics; ensuring continuity of care throughout an individual's sentence;
- Improve people's quality of life and our response to people experiencing distress;
- Provide low intensity psychological support at earlier stages in an individual's journey; and
- Promote and, wherever possible, improve family engagement and support a peer mentoring model.

Addressing the impact of health inequalities

- Working in partnership with key stakeholders in NHS, third sector and voluntary agencies to provide support and develop wider opportunities where they don't currently exist;
- Consideration of the broader risk factors that contribute to health inequalities, which people may also need support with, in preparation for release. For example, financial, employment and education; and
- Improving individual health outcomes and ultimately contributing to safer communities.

Tackling mental health stigma and discrimination

- Ensure all organisational strategies, policies, practices, commissioning and procurement, quality assurance and improvement processes prioritise the mental health needs of people in prison, and are implemented effectively to create mental health inclusive prison environments, free from stigma and discrimination;
- Embedding a relational approach, allowing the time for positive relationships to be established, and creating opportunities for social contact; and
- Deliver effective learning and development approaches to build the capacity of the prison workforce at all levels; to increase understanding of mental health stigma and discrimination, and its impact on people with lived and living experience in prison.

Address mental health needs

- Engaging with key stakeholders in NHS, secondary mental health services, including forensic mental health, to establish a network of community links that continue to promote and support mental health recovery journeys;
- Partnerships between SPS and forensic and general adult psychiatry inpatient facilities to temporarily transfer care of individuals with mental illness in need of acute mental health care in a timely manner;
- Using the CHIME model as the basis for promoting sustained recovery that supports people to build positive relationships predicated on active participation and engagement in activities that promote and support recovery;
- Supporting people who live with ongoing mental health challenges to keep as well as possible, recover and prevent relapse; and
- Provision of a co-ordinated response for individuals experiencing problems with both mental health and substance use.