

Further reading and websites

Further copies of this book can be obtained from: The Prison Health Task Force (prison staff) Tel: 01788 834215 or RSM Press
Tel: 020 7290 2900

Clinical

General

Andrew G, Jenkins R (eds), *Management of Mental Disorders*, UK edition. Sydney: World Health Organization Collaborating Centre for Mental Health and Substance Abuse, 1999.

Excellent, accessible textbook for use by general practitioners and generalist mental-health clinicians working in community settings. Covers core management skills, medication, affective disorders, anxiety and somatoform disorders, schizophrenic disorders, personality problems, sexual dysfunction and sleep disorders. Note that it is not available via bookshops or via the Internet. Available from: Management of Mental Disorders, PO Box 55, Aldershot GU12 4FP. Credit card payments: Tel: 01252 322252; Fax: 01252 322315.

British Medical Journal 'ABC of Mental Health' series:

Gerada C, Ashworth M. Addiction and dependence I: Illicit drugs. *British Medical Journal* 1997; 315: 297-300.

Review of drug misuse, dependence and management. Includes a table of benzodiazepines in equivalent doses of diazepam and a table of opioids in equivalent doses of methadone.

Ashworth M, Gerada C. Addiction and dependence II: Alcohol. *British Medical Journal* 1997; 315: 358-360.

Hale AS. Anxiety. *British Medical Journal* 1997; 314: 1886-1889.

Marlowe M, Sugarman P. Disorders of personality. *British Medical Journal* 1997; 315: 176-179.

Davies T. Mental health assessment. *British Medical Journal* 1997; 314: 1536-1539.

Atakan Z, Davies T. Mental health emergencies. *British Medical Journal* 1997; 314: 1740-1742.

Review of the causes of mental-health emergencies, safety and risks, rapid tranquillisation and aftercare.

Dein S. Mental health in a multiethnic society. *British Medical Journal* 1997; 315: 473-476.

Review of the cultural beliefs and practices of a patient, the errors doctors can make and mental health in ethnic cultures.

Watson JP, Davies T. Psychosexual problems. *British Medical Journal* 1997; 315: 239-242.

Pathare SR, Paton C. Psychotropic drug treatment. *British Medical Journal* 1997; 315: 661-664.

Reviews factors affecting the choice of antidepressants, antipsychotics, anti-anxiety medications and anticholinergics. Also covers patient concordance.

Turner T. Schizophrenia. *British Medical Journal* 1997; 315: 108-111.

Armstrong E. *Mental Health Issues in Primary Care: A Practical Guide*. Basingstoke: Macmillan, 1995.

Written for generalist nurses in primary care by a health visitor and mental-health educator. Discusses the treatments available and strategies for prevention of depression, anxiety and schizophrenia.

Medication

Taylor D, McConnell D, Abel K, Kerwin R. *The Bethlem and Maudsley NHS Trust Prescribing Guidelines*. London: Martin Dunitz, 2001. Available from: ITPS Ltd, ISBN 1-853-17963-9. £15.00. Tel: 01264 332424.

Provides detailed, annually updated information on prescribing psychotropic drugs. There are helpful charts and flow-charts.

Bazire, S. *Psychotropic Drug Directory 2000 (The Professionals' Pocket Handbook & Aide-Mémoire)*. Quay, 2000. Salisbury. ISBN 1-85642-180-5.

Compact, up-to-date information on psychiatric drugs. Contains community-orientated information.

Psychological therapies

Padesky C, Greenberger D. *Clinicians Guide to Mind Over Mood*. New York: Guilford, 1995.

Guide to cognitive therapy. It supports clinicians in acting as guides to patients using the companion volume.

Mind Over Mood: A Cognitive Treatment Manual for Clients.

Suitable for use by primary-care counsellors or others with appropriate training.

Daines B, Gask L, Usherwood T. *Medical and Psychiatric Issues for Counsellors*. London: Sage, 1997.

Self Injury

Crowe M. Deliberate self-harm. In Bhugra D, Munro A (eds), *Troublesome Disguises: Underdiagnosed Psychiatric Syndromes*. Oxford: Blackwell, 1997.
Useful overview of the literature plus a description of the treatment methods used at the South London and Maudsley NHS Trusts 'Crisis Recovery Unit' — the leading NHS treatment centre for people who self-harm repeatedly.

Ashworth Hospital Authority and MIND. *Self-injury: A Resource Pack*. Liverpool and London, 1996.
Available from: Ashworth Hospital, Parkbourn Maghull, Liverpool L31 1HW. Tel: 0151 473 0303; Fax: 0151 526 6603.
Information pack that covers personal accounts, the competencies required by healthcare staff and treatment guidelines.

Hawton K, Cowen P. *Dilemma and Difficulties in the Management of Psychiatric Patients*. Oxford: Oxford University Press, 1990.
Self-injury and other challenging behaviour analysed from a medical management perspective. Interesting and easy to access.

Suicide

Department of Mental Health and WHO. *Preventing Suicide: A Resource for Prison Officers*. London and Geneva, 2000.
Available from: www.who.int/mental_health/topic_suicide/
Advice for prison officers, produced as part of the WHO world-wide initiative for the prevention of suicide.

Substance misuse

Department of Health, The Scottish Office, Welsh Office and Department of Health and Social Services, Northern Ireland. *Drug Misuse and Dependence: Guidelines on Clinical Management*. London: HMSO, 1999.

Service development

Department of Health. *Treatment Choice in Psychological Therapies and Counselling: Evidence Based Clinical Practice Guideline*. London, Department of Health, 2001.
Developed by the British Psychological Society Centre for Outcomes Research and Effectiveness, the book makes recommendations relating to the treatment of depression, including suicidal behaviour, anxiety, panic disorder, social anxiety and phobias, post-traumatic disorders, eating disorders, obsessive-compulsive disorders, personality disorders, repetitive self-harm, chronic pain and chronic fatigue where there is an emotional element.

Department of Health and Prison Service. *Nursing in Prisons*. London, 2000.

Mental Health Foundation. *Knowing Our Own Minds: A Survey of How People in Emotional Distress Take Control of Their Lives*. London, 1997.
Valuable summary of what people with mental-health problems find useful; many simple, cost-effective options.

Clinical Advisory Group. *Depression*. London: Department of Health, 2000.
Evidence-based standards for services of depression, a review of the state of current services and recommendations for improving services. It focuses largely on primary care.

Counselling in Primary Care. *Guide to Setting Up and Running a Managed Primary-care Counselling Service*.
Available from: Counselling in Primary Care, 95 Hewarts Lane, Bognor Regis PO21 3DJ. Tel: 01243 268322.

Internet resources

Centre for Evidence-Based Mental Health

The centre has established a website with extracts from the journal *Evidence-based Mental Health*, which includes a useful evidence-based mental-health toolkit. It is a gateway to many other related sites through its links.
URL: <http://www.cebmh.com/>

The Cochrane Collaboration

URL: <http://www.update-software.com/ccweb.default.htm>

NHS Centre for Reviews and Dissemination

URL: <http://www.york.ac.uk/inst.crd.welcome.htm>

Health Evidence Bulletins Wales

URL: <http://www.uwcm/lb/pep>

Institute of Psychiatry, King's College, London

URL: <http://www.iop.kcl.ac.uk/main>

The Institute's library website page has links to other resources.

Mental Health Foundation

URL: <http://www.mentalhealth.org.uk>

PrIMHE (Primary Care Mental Health Education)

URL: <http://www.primhe.org>

Information and links specific to primary-care mental health.

UK Psychiatric Pharmacy Group

URL: <http://www.ukppg.co.uk>

Useful resources section, including 'Bespoke', an individualised patient information system.

WHO Health in Prisons Project

URL: <http://www.hipp-europe.org>

Health (in its broadest sense) in prisons in Europe.

Joint Prison Service and Department of Health site on prison health

URL: www.hmprisonservice.gov.uk/prisonhealth/index.htm

Prison Service England and Wales website — health page

URL: <http://www.hmprisonservice.gov.uk/life>

Prison Service Northern Ireland

URL: www.niprisonservice.gov.uk

Scottish Prison Service

URL: www.sps.gov.uk

Training resources

Training courses may be organised locally via university Departments of General Practice, Psychiatry or Nursing, Strategic Health Authorities or Primary Care Trusts, often utilising locally available skills. The following provides courses or training packs on a national or regional basis.

Training courses for prison staff

Prison Service mental-health training

A prison health-training manager started work in May 2001 to develop bespoke induction programmes and training for all prison healthcare staff, including healthcare officers, nurses, doctors and healthcare managers. Courses in mental health are an early priority, including a course for prison officers and non-healthcare staff. Work also includes the introduction of national occupational standards for prison nursing, the roll out of an NVQ in custodial healthcare for healthcare officers, the development of a modified system for assessing registered nurses against the occupational standards, and the further development and introduction of clinical appraisal models.

Contact: Marc Harrison, Curriculum Development Manager, Prison Service Training College, Newbold Revel, Rugby CV23 0TH. Tel: 01788 834048.

Prison Service suicide and self-harm prevention and management training

Core, multidisciplinary training in the prevention of suicide and self-harm is available from the establishment's training section. Further training, relevant to the needs of staff working in particular parts of the prison, will be developed from 2001 to 2003.

Contact: Lisa Jasper, Training Manager, Safer Custody Group, Abell House, John Islip Street, London SW1 4LH. Tel: 020 7217 2132.

John Moores University training, Liverpool

A certificate in Therapeutic Skills for generic prison officers in the North West is available. There are four modules: Experiential Learning and Reflection; Interpersonal Skills; Personal Stress and Anxiety Management; and Mental Health and Illness. Officers undertaking the course need to travel to the university for regular days spent in the classroom.

Contact: Deb Knott or Christina Lyons, Programme Leaders, School of Health and Human Sciences, Liverpool John Moores University.

Resources for use by trainers of prison staff

- *Understanding and Working with Women in Custody*, 2nd edn (2001).
- *The Nature of Adolescence: Working with Young People in Custody*, 2nd edn (1997).

Developed by the Trust for Study of Adolescence (TSA) in cooperation with the Prison Service, both packs cover normal adolescent development. *Understanding and Working with Women in Custody* also looks at mental-health issues and, in particular, provides a very helpful introduction to the issue of repetitive self-harm. The second edition relates to adult women as well as adolescents. Aimed at all types of prison staff, it provides useful background understanding. It does not address specific treatment issues. Packs are available for £110.45 from: Publishing Department, Trust for Study of Adolescence Ltd, 23 New Road, Brighton BN1 1WZ. Tel: 01273 693311; Fax: 01273 679907; E-mail: tsa@pavilion.co.uk; or Woman's Policy Unit, HM Prison Service, Abell House, John Islip Street, London SW1P 4LH.

Training courses for primary healthcare staff (non-prison specific)

The **Sainsbury Centre for Mental Health** is a mental-health charity that provides a mental-health-training consultancy. Courses are developed to meet the needs of the organisation requesting them. It has extensive experience in primary-care mental-health training, particularly in relation to patients with severe mental illness and in the commissioning of services. It is not experienced in working in prisons. Contact: Dr Alan Cohen, Primary Care Lead, Sainsbury Centre for Mental Health,

134-138 Borough High Street, London SE1 1LB. Tel: 020 7403 8790.

The National Depression Care Training Centre provides a range of short (1- or 2-day) courses primarily for general nurses working in primary care, but also for general practitioners and multidisciplinary groups, on caring for people with depression in primary care, and giving an introduction to mental illness, schizophrenia and anxiety management. It also runs a 3-day Trainers' Course for clinicians who already have some existing training skills. Contact: Elizabeth Armstrong or

Martin Davies, National Depression Care Training Centre, University College, Northampton, Thornby 1, Park Campus, Boughton Green Road, Northampton NN2 7AL. Tel: 01604 735 500 ext. 2640; Fax: 01604 712 425.

Courses for pharmacists in mental-health issues are available from the following institutions.

- Aston University, supported by the UK Psychiatric Pharmacists Group. It provides a Postgraduate Certificate, Diploma and MSc in Psychiatric Pharmacy and a Diploma by distance learning. Contact: Penny Delaney, Course Administrator, Aston Pharmacy School, Aston University, Aston Triangle, Birmingham B4 7ET. Tel: 0121 359 3611; E-mail: P.J.Delaney@aston.ac.uk.
- De Montford University provides a Certificate in Psychiatric Therapeutics and a Postgraduate Diploma in Psychiatric Pharmacy, both either part-time or by distance learning. Contact: Dr DM Collet, School of Pharmacy, De Montford University, The Gateway, Leicester LE1 9BH. Tel: 0116 257 7275; E-mail: SASCPD@dmu.ac.uk.
- Centres for Pharmacy Postgraduate Education (England, Scotland and Wales) all provide short workshops and distance-learning modules.

The Counselling in Primary Care Trust keeps information about additional training for counsellors in issues particular to work in general practice, including a Degree programme. Contact: Dr Graham Curtis-Jenkins, Counselling in Primary Care Trust, Majestic House, High Street, Staines TW18 4DG.

PrimHE (Primary Care Mental Health Education) is an initiative to bring together health professionals active in primary mental healthcare to provide a nationally coordinated programme of mental-health education. There are discussion forums for teachers, researchers and Primary Care Trust/Local Health Group mental-health leads. Co-chairs are Dr André Tylee and Dr Chris Manning. PrimHE does not itself provide training. Contact: PrimHE Secretariat, 29 Park Road, Hampton Wick KT1 4AS. Tel: 020 8891 6593; E-mail: PrimHE@compuserve.com; URL: <http://www.Primhe.org>

Northern and Yorkshire NHS Region 'Teach the Teachers' Course. This is a modular course for clinicians wishing to teach mental-health skills to primary-care teams in their local areas. Contact: Dr Tim Thornton, Mental Health Education Fellow, Strayside Education Centre, Harrogate Health Care, Harrogate District Hospital, Lancaster Park Road, Harrogate HG2 7SX. Tel: 01423 885959.

42nd Street is a voluntary organisation that works with young people with mental-health problems in Manchester. It has undertaken research into self-harm from the young person's perspective and provides courses from that perspective on working with young people who self-harm. Courses are provided on request for organisations in the North West of England. The organisation has some links with HMP Manchester. Contact: Sarah Dimmelow or Keith Green, 42nd Street, 2nd Floor, Swan Buildings, 20 Swan Street, Manchester M4 5JW. Tel: 0161 832 0169.

Bristol Crisis Service for Women provides training workshops, talks and seminars on working with people who self-injure. The training is customised to the needs of the organisation requesting it. Training is focused on the patient perspective. It also produces a modular training pack for professionals who work with people who self-injure. Contact: Hilary Lindsay (Coordinator), Bristol Crisis Services for Women, PO Box 654, Bristol BS99 1XH. Tel: 0117 925 1119.

Resources for use by trainers of primary-care staff (non-prison specific)

Video-based training packages for use in skills-based training (watching the skills demonstrated on the video followed by practising them in role-play) have been produced by the Department of Psychiatry, University of Manchester. Topics include: Counselling Depression in Primary Care; Depression in Primary Care — Part 1: Recognition in General Practice, Part 2: How to Plan and Assess Treatment; Problem-based Interviewing in General Practice; The Diagnosis of Schizophrenia; Interviewing Skills for Family Doctors; Relaxation; Managing Somatic Presentation of Emotional Distress; Helping People at Risk of Suicide or Self-harm; Depression and Suicidal Behaviour in Adolescents; and Cognitive Behaviour Therapy for Adolescents. Most tapes cost £58.75 and can be ordered from: Nick Jordan, Video Producer, University of Manchester, Department of Psychiatry, Withington Hospital, West Didsbury, Manchester M20 8LR. Tel: 0161 291 4359; Fax: 0161 445 9263; E-mail: Nick.Jordan@man.ac.uk; online catalogue:

URL: www.man.ac.uk/psych

Multimedia CD-ROM-based training packages are produced by the University of Leeds, Divisions of Psychiatry and Behavioural Studies. Aimed at a broad audience including general practitioners and psychiatrists-in-training, they are designed to teach the diagnosis, assessment and management of the patient's mental state. Topics include: Anxiety Disorders; Affective Disorders; Schizophrenia and Paranoid Disorders; and Disorders in the Elderly. There are also two CD-ROMS designed to be used as self-help materials by patients: Overcoming Depression and Overcoming Bulimia. Contact: Stephen Taylor-Parker, UoL Innovations Ltd, 175 Woodhouse Lane, Leeds LS2 3AR. Tel: 0113 233 3444.

Audio tapes for patients on coping with depression, coping with anxiety, relaxation, tranquilliser addiction and coping with pain; and for primary-care professionals. *The Depression Skills Pack* (three audio cassettes and a book on the recognition, assessment and management of depression in primary care) are available from: Wendy Lloyd Audio Productions Ltd, 30 Guffitts Rake Meols, Wirral L47 7AD. Tel: 0151 632 0662.

Learning resource packs for use by health professionals and others on *Understanding Depression in People with Learning Disabilities*, *Understanding Grief in People with Learning Disabilities* and *Mental Health and Learning Disabilities* are available from: Pavilion Publishing Ltd, 8 St George's Place, Brighton BN1 4ZZ. Tel: 01273 623 222. £125, £125 and £195, respectively (plus VAT and p&p).

Other resources are available from MIND, the Mental Health Foundation and the Samaritans. For example, the Mental Health Foundation sells a training pack: *Working With People Who Self-Injure*. £70 (plus £7 p&p). Tel: 020 7535 7400. MIND provides in-house training on mental-health awareness and other mental-health issues. These training courses are generally aimed at a broad audience, including clinicians, but are not specifically produced for primary care. For catalogues, contact: MIND Conference and Training Unit, Granta House, 15–19 Broadway, London E15 4BQ; and Mental Health Foundation, 20/21 Cornwall Terrace, London NW1 4QL.

Definitions

Mental health and illness

Mental health. The term includes both emotional and psychological well-being — being able to take pleasure in life, to form and sustain relationships with others, and to cope with the ups and downs of life.

Mental ill-health or **mental-health problem** are general terms covering a huge range of conditions and difficulties, from mild-or-moderate anxiety or depression to serious and debilitating conditions such as schizophrenia. One definition states that 'whenever a person's abnormal thoughts, feelings or sensory impressions cause him/her objective or subjective harm which is more than transitory, a mental illness may be said to be present'.¹ Terms used to describe different levels of mental ill-health are often used imprecisely and interchangeably, but the following definitions² may help.

- **Mental disorders** are any clinically significant mental or behavioural disorder, including alcohol and drug dependence and personality disorders.
- **Mental illness** is a clinically significant mental disorder other than 'behavioural' disorders such as alcohol or drug misuse and personality disorder. The term mainly refers to schizophrenia and 'affective' disorders (including depression and bipolar, or manic-depressive, disorder).
- **Severe mental illness** is a mental illness of sufficient severity that will usually require contact with the mental-health services rather than just with primary healthcare.
- **Neuroses** are conditions such as anxiety, obsessive-compulsive disorders and phobias.
- **Affective disorders** are conditions where mood is disturbed, such as depression.
- **Psychoses** are more serious disorders such as schizophrenia or mania in which insight and contact with reality are lost (for more details, including a description of 'substance-induced psychosis', see **Nursing a patient with a severe, psychotic illness**, page 173).
- **Personality disorders** are characterised by a long-lasting, inflexible and limited range of attitudes and behaviours that are expressed in a wide variety of settings and that deviate markedly from the expectations of the person's culture and cause distress to the person and others.

For a description of the characteristic features of each disorder, see **Specific mental disorders** (page 11).

Psychological therapies

Anxiety management comprises a varying mixture of behavioural strategies often taught in a group setting to people with anxiety problems. The strategies commonly include education about the nature of anxiety (eg fight or flight response), recognising hyperventilation, a slow breathing technique, relaxation training and graded exposure. Stress management, assertiveness training and structured problem-solving may also be included depending upon the training and background of the therapist and the needs of the clients.

Behaviour therapy is a structured therapy originally derived from learning theory that seeks to solve problems and relieve symptoms by changing behaviour and the environmental factors which control behaviour. **Graded exposure** to feared situations is one of the commonest behavioural treatment methods and is used in a range of anxiety disorders. **Social skills training** is a form of behaviour therapy in which patients are taught skills in social and interpersonal relationships.

Cognitive therapy is based on the idea that how you think largely determines the way you feel. It teaches the individual to recognise and challenge upsetting thoughts. Learning to challenge negative or fear-inducing thoughts helps people think more realistically and feel better. Patients are given homework assignments. Cognitive therapy is more complex than positive thinking. It is usually given in 50-minute sessions over 10–15 weeks.

Cognitive behavioural therapy (CBT) refers to the pragmatic combination of concepts and techniques from cognitive and behaviour therapies, common in clinical practice.

Counselling covers a wide range of skills and techniques. Counsellors may, for example, use cognitive or behavioural techniques. In the main, however, it provides a supportive and non-judgemental atmosphere for people to talk over their problems and explore more satisfactory ways of living. Counselling generally deals with specific life situations and is more short-term than analytic psychotherapies — in primary care, it usually lasts from six to 12 sessions. It is generally used for less severe problems. Counselling is often focused, with counsellors or agencies specialising in particular problems, eg relationship problems, rape, bereavement.

Dialectical behaviour therapy (DBT) is a longer-term and intensive cognitive-behavioural treatment devised for borderline personality disorder that teaches patients skills for regulating and accepting emotions and increasing interpersonal effectiveness.

Family therapy sees the problem behaviours of the 'identified patient' as reflecting the generalised dysfunction in family relationships. Therapy therefore focuses on the whole family system. A close and on-going working relationship between

the family and therapist offers the best chance of success. However, especially where the family is very dysfunctional, this may be hard to achieve.

Interpersonal therapy (IPT) is a structured, supportive therapy linking recent interpersonal events to mood or other problems and paying systematic attention to current personal relationships, life transitions, role conflicts and losses. Experienced therapists carry out treatment over 10–15 sessions.

Problem-solving therapy systematically teaches generic skills in active problem-solving, helping individuals to clarify and formulate their life difficulties and apply principles of problem-solving to reduce stress and enhance self-efficacy. Self-management is a key goal, with the clinician adopting the role of teacher or guide.

Psychoanalytic psychotherapy is a longer-term process (usually 1 year or more) of allowing unconscious conflicts the opportunity to be re-enacted in the relationship with the therapist and, through interpretation, worked through in a developmental process.

Systemic therapy aims to facilitate personal and interpersonal resources within networks that the patient is involved with — for an adolescent, this may be the family, school and peer environments. The therapist may involve other professionals working with the individual or family. Therapists actively intervene to enable people to decide where change would be desirable and to facilitate the process of establishing new, more fulfilling patterns of interaction.

Therapeutic community refers to a residential treatment in which patients learn to understand their problems and to change through their interactions with other patients and staff throughout the 24 hours of community life.

Mental-health professionals

Psychiatrists are doctors who have specialised in mental health and who work both in hospitals and, increasingly, in the community. They are responsible for diagnosis, the general mental health and physical care of patients, including medication, and have specific responsibilities in the implementation of the Mental Health Act. Some have further specialist training in areas such as the psychiatry of old age or psychotherapy.

- **Forensic psychiatrists** have particular expertise in people with mental illness and personality disorders who come into contact with the criminal justice system. They are more experienced than general psychiatrists at risk assessments related to violence and other antisocial behaviours, offending behaviour and personality disorders.
- **Adolescent psychiatrists** specialise in the treatment of children and adolescents. They usually work in teams with community psychiatric nurses (CPNs), clinical psychologists, educational psychologists, psychotherapists and social workers. They frequently work with the whole family as opposed to with individual patients.
- **Learning disability psychiatrists** specialise in work with people with learning disability who may also have a mental disorder. They usually have expertise in epilepsy as well as learning disability. They too work in teams.

Psychiatric nurses or registered mental nurses (RMNs) are the most numerous professionals in mental health. Most of their basic training takes place in hospital.

Community psychiatric nurses (CPNs) are usually registered mental nurses, some of whom have completed the ENB training for community work. They are based in the community and care for people with mental illness in their own homes and communities. Their role can include psychological therapies, long-term support, counselling and administering medication by 'depot' injection.

Psychologists:

- **Clinical psychologists** have a postgraduate qualification in clinical work. They have a key role in assessment and may carry out a wide range of treatments, such as behaviour therapy and cognitive therapy. They may provide training and supervision in this kind of work to other professionals.
- **Forensic psychologists** are Psychology postgraduates whose work involves applying psychological approaches to the assessment, management and reduction of risk. They are not specialists in the psychological management of depression, anxiety or psychotic symptoms, although they may have some training in these areas. Most Prison Service psychologists are forensic psychologists.

Psychotherapists, psychoanalysts and counsellors all offer 'talking treatments'. The methods, intensity of treatment and the time involved varies. Individual or group therapy may be offered. Some psychotherapists are also psychiatrists, psychologists or nurses. Primary-care counsellors offer a brief, focused intervention across a wide spectrum of mild-to-moderate disorders.

Occupational therapists (OTs) work in hospital and in the community. Their role is to help people develop confidence and skills in daily living by using a variety of techniques such as creative therapies and training in practical tasks.

Mental-health social workers have a general qualification in social work and may have specialised later in mental health. They act as care managers in assessing people with severe and complex needs, coordinating and monitoring care plans, and

ensuring service users get the services they need: respite care, residential accommodation, supported housing or support from a community care worker. Less frequently, they may also provide formal counselling or psychotherapy.

Approved social workers (ASW) (in Scotland, mental health officers) have undertaken specialist training in mental health and are approved under the Mental Health Act 1983 (in Scotland the Mental Health Act 1984, in Northern Ireland the Mental Health Order 1986) to carry out the following duties: assessments for urgent admission to hospital — approved social work assessments under the Mental Health Act, acting as supervisors under the supervised discharge procedures, acting as social supervisors for mentally disordered offenders subject to Home Office supervision.

Community mental-health teams provide assessment, treatment and care for individuals and groups outside hospitals. They comprise a mix of the general mental-health professionals described above, but not all are represented in every team. Community psychiatric nurses (CPNs) are the most numerous. Most areas have Child and Adolescent Mental Health Teams (CAMs). A smaller number have Adolescent Mental Health Teams.

Learning disability teams (similar to community mental-health teams) provide specialist health- and social-care services. Multidisciplinary teams usually include community learning-disability nurses, a psychiatrist, a psychologist, a speech and language therapist, a physiotherapist, an occupational therapist and may also include a dietitian.

Day care services aim to provide a number of groups that offer a supportive environment and a safe space to relax in. This helps people build self-esteem and confidence, while giving an opportunity to meet others. Drop-in sessions, sports and activity groups, and outings are all included as part of the day service.

Prison service terms used in this book

This book is meant to be of use to staff from PCTs and Health Authorities whose work involves prisons as well as workers in prisons. These definitions are provided for them. Those new to the world of the Prison Service may find *The Prisons Handbook* by Mark Leech, published annually by Waterside Press (URL: <http://www.watersidepress.co.uk>), helpful. It contains a wealth of basic information about prisons.

Adjudications are disciplinary hearings carried out by prison governors (also called 'adjudicators') held when a prisoner is accused of a disciplinary offence. Adjudicators have the power to award up to 42 additional days' imprisonment on each finding of guilt.

Board of Visitors is the group of people (all unpaid volunteers) appointed by the Secretary of State to act as an independent watchdog to ensure that the prison is run fairly and in accordance with the prison rules.

CARATS (counselling, assessment, referral, advice and throughcare services) is the Prison Service drug-treatment programme.

Incentives and Earned Privileges System (IEPS) is the behavioural framework that governs the type of 'regime' that a prisoner experiences. Prisoners can earn or lose privileges by good or bad behaviour. There are three levels: basic, standard and enhanced. The privileges include more access to private cash, more or improved visits, enhanced earning schemes, the right to wear one's own clothes, more time out of cell and in-cell television. Where the scheme is not implemented on an individual basis, prisoners with mental and behavioural disorders may be more likely to find themselves on the lower levels.

Offending behaviour programmes are structured psychological courses that aim to reduce re-offending by challenging ways of thinking that may underlie the offending behaviour. Courses may aim to increase the self-control, interpersonal problem-solving, critical reasoning, moral reasoning and social perspective taking of participants.

Segregation. Prisoners can be segregated from other prisoners either for their own protection (OP) or in the interests of 'good order and discipline' (GOAD). GOAD is a management measure that takes out of circulation those prisoners who the governor believes are a threat to the good order of the prison. Prisoners segregated for this reason are often housed in the Segregation Block. Prisoners segregated for OP may be on a special unit (Vulnerable Prisoners Unit) or, sometimes, on the Segregation Block. In addition, on the Segregation Block are prisoners who have been punished for a breach of discipline with a period of 'cellular confinement'.

Sentence planning is the process of needs' assessment and planning of the time in prison (work, training, education, offending behaviour programmes) that takes place for longer-term prisoners.

Throughcare (also known as resettlement) is the process of prerelease planning. Throughcare in the prison may include prison officers, probation officers and voluntary organisations. Probation officers are involved in risk assessments for parole or home-detention curfew, in sentence planning and bail information, as well as in the preparation for the release of prisoners. They can also help prisoners remain in contact with their families during their time in custody.

¹ *Oxford Handbook of Clinical Specialities*. Oxford: Oxford University Press, 1987.

² From the glossary of the *National Confidential Inquiry into Suicide and Homicide by People with Mental Illness*.