



# **Integration of Florence, Simple Telehealth into the Discharged Offender Pathway to Support Anxiety Management Post-Release Extending the Current Nurse-Led Anxiety Management Programme at HMP Stafford**

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## Real life video

Prisoners from HMP Stafford talk about what it has meant for them to be engaged with the Nurse – led Anxiety Management Programme at HMP Stafford

[https://www.youtube.com/watch?v=ao29tJ\\_JM8](https://www.youtube.com/watch?v=ao29tJ_JM8)

# Context

As demonstrated by the video anxiety disorders are disabling and debilitating affecting sufferers physical, mental and social wellbeing

Prevalence of anxiety disorders within prisons is estimated to be;

- 72% Females
- 54% Males

As a result individuals in prison with anxiety disorders tend to have **poorer physical and mental health** and are less likely to engage with rehabilitation programmes affecting their successful resettlement back into the community upon release from prison

# Current Situation

- On release from prison there is **no current support to maintain the valuable coping mechanisms, skills and techniques that prisoners have acquired to manage their anxiety and manage their mental-health post-release**
- Poor mental health is widely acknowledged as a mitigating factor blocking an offender's capacity to not re-offend and to become high users of NHS services
- As a call from the Burdett Trust for Nursing, a recent study by the University of Wolverhampton "*An Evaluation of Staffordshire and Stoke on Trent Partnership NHS Trust's Anxiety Management Programme (AMP) at HMP Stafford*" was commissioned.
- This study highlights the **lack of any through care provision for offenders regarding their anxiety disorders post-release.**
- NICE clinical guidelines highlight the evidence attached to self-medication and anxiety disorders.

# Reality

- On release from prison, offenders are most vulnerable to reoffending in the first 24 – 48 hours after release
- Many prisoners experience on-going anxiety pre and post release feeling isolated and ill equipped to access healthcare appropriately.
- Results in known behaviours, a large number “self-medicate” with alcohol or drugs to cope often resulting in a high number reoffending and /or accessing high levels of NHS resources

**The opportunity of using Flo enables the service to extend the support post-release from prison.**

# Flo's Objectives and Impact

Reviewed main objectives of use:

1. **Support for the patient to self manage their anxiety post-release to extend the impact of current skills and techniques learned via the in-prison Anxiety Management Programme.**
2. **Motivation for the patient to take responsibility for the organisation and self administration of prescribed medication resulting in continuity of care post-release and avoidance of side effects due to non-compliance**

Impact:

1. Improve the likelihood of successful resettlement
2. Reduction in likelihood of self-medicating with drugs and alcohol resulting in avoidable healthcare use and deterioration in mental and physical health leading to increased use of health and social care services.
3. Improvement in probability of accessing of accessing timely appropriate healthcare services
4. Reduction in avoidable ambulance call outs (and A&E attendance/admission) due to improved compliance with medication and improved self-management guidance and skill
5. Improved opportunities for early intervention to manage anxiety levels and prevent exacerbation.
6. Reduction in likelihood of re-offending due to stability of mental health resulting in a prison sentence and use of in-prison NHS resource
7. Reduction in likelihood of experiencing known behaviours due to escalated anxiety impacting on health and social care resource
8. Improve the wider experience for families when relatives are released from prison.

# Key Aims

- **Management of anxiety indicators** – remotely continuing the use of the Hospital Anxiety and Depression Scale with options of Skype or telephone consultations (dependent on user access and choice) with the Nurse-Led Service upon identified deterioration of mental-health
- **Medication compliance** –to establish better medication habits and reduce avoidable healthcare usage; include prompts and signposting to register with a GP to organise ongoing care
- **Positive and supportive messages** – to increase motivation and focus on a successful resettlement and reduce anxieties related to this
- **Reinforcement of techniques acquired** via the Nurse-Led Service whilst in prison around coping strategies and relaxation techniques as an alternative source of support to reduce the likelihood of deterioration in anxiety

# Pathway 1 and 2

## Management of Anxiety Indicators, Reinforcement of Acquired Techniques and Positive Support

- 28 day duration
- Commences with positive statements straight after release then twice a week e.g. *“Good morning it’s Flo. Remember Every accomplishment starts with the decision to try. Make that decision and give meaning to your life”*
- Weekly HADS score assessment with tailored advice and Skype / phone call initiation with Anxiety Nurse if criteria met
- Relaxation technique coaching day early on, encouraged to retain messages on handset
- Evaluation

# Pathway 3

**Establishing better medication habits to improve compliance with prescribed medication; supporting to take responsibility for adherence to agreed treatment and improve self-care**

- 6 week duration to improve likelihood of habit-formation commencing straight after release
- 3 scheduled messages within 1<sup>st</sup> week to re-affirm importance and prompt to register at a GP practice e.g. *“Remember to register at a GP practice urgently so you don’t run out of medication, see [www.nhs.uk/Service-Search/GP/LocationSearch/4](http://www.nhs.uk/Service-Search/GP/LocationSearch/4) for a list or call 111, Flo “*
- Morning and evening medication prompts
- Evaluation

# Pathway 4

## Supporting positive resettlement post-release from prison

- Option to use alone or in conjunction with the medication compliance protocol
- To retain focus and commitment to a successful resettlement
- Reduce isolation leading to negative behaviour
- 28 day duration, 3 contacts per week
- Evaluation

*“Nobody can go back and start a new beginning but today can be the start of a new ending for you, a chance to re-write the story of your life, Flo “*

*“This is the end of this service. Use the tools that you have learned and look back on these messages regularly. Re-write your future from today, take care, Flo”*

# MAKING IT HAPPEN

## Innovation

*NHS is recognised as “world class” for inventing innovative ideas to improve healthcare for millions of people”*

NHS Institute for Improvement and Innovation

# Essential for Stakeholders to Embrace

- Ethical to approach the Prison Governor
- Approval from SSOTP
- Clinical engagement
- Agreement operationally (roles and responsibilities)
- Engaging with prison staff
- Working with offenders to incorporate their concepts
- Requirements for and developing of supporting resources
- Case study

# The Governor

- Ethical to approach the Governor
- The Governor is responsible for the wellbeing of prisoners
- Informed of risk assessments
- Assurance of security clearance

# Approval from SSOTP and Governance

- Research, review and feedback
- Documentation and application (PID)
- Submit to Executive board level
- Ethical reviews
- Benefits and costs towards both SSOTP, Prisons and society

# Why Clinical Engagement?

- Major influence over patient care
- Support from the organization for resources and processes to implement a decision
- Different approach to improvement
- Awareness of the strengths and weaknesses of the system
- Lead change and involve colleagues
- Require a prepared plan with clear objectives
- Tools required, Stakeholder Analysis, addressing uncertainty, listening, communication.

# Responsibility Charting

- Everyone is clear about their roles and responsibilities
- Clarifies confusion (not just talking but taking forward )
- Prevents duplication of efforts (waste time )
- Consider underlying issues
- List tasks / activities
- Responsibility, Approval, Support, Inform (Beckhard and Harris 1977)
- We kept a small group to take this forward

# Engaging with Prison Staff

- Required plenty of information
- Process on release of offender
- Culture of prison staff to engage with project
- Security staff
- Working in partnership between Healthcare and Prison Staff

# Working with Offenders

- Involving patients working in partnership
- Making a difference
- Providing support
- Awareness of FLO and training involved

# Case Study

- Female prisoner-first time in prison
- Placed in care as a child by her mum - witnessed domestic violence in the home as a child
- Had first child aged 15 – moved into own flat with her baby age 16-found this situation very difficult and scary-received minimal support
- History of serious domestic violence over a 10 year period and emotional abuse states this situation left her with no self-confidence and very low self esteem
- Experiences high levels of anxiety and suffers with agoraphobia could not face any type of social situation and isolated herself in her home refusing to go out-also refused to take her children to school or parks etc
- Referred to AMP and stated during assessment that she would like to have a future where she is working and taking her children out-felt this was out of her reach and she could not achieve this
  
- At commencement of the course she did not engage with group peers or facilitator sitting in the corner of the room with her eye's fixed on the floor after 3-4 weeks began to look at people in the group and sat within the group circle-by the end of the course maintaining good eye contact, engaging verbally with peers and facilitator, communicating needs and able to challenge in a positive way if she did not agree.
- Feels that when she leaves prison she will now have the skills to manage her anxiety and has the self-confidence and belief in herself to gain employment and do all the things with her children that she has missed out on over the past few years
  
- **HADS anxiety measurement on commencement of the AMP; 18 indicating severe anxiety**
- **On completion of AMP her score was 6, indicating no abnormal anxiety**
- **She is now keen to engage with Flo on release from prison to help to maintain her progress during the transition from prison life to being back in the community and her home.**

# Further Details

## Contact:

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## Simple Telehealth - Florence

[www.networks.nhs.uk/nhs-networks/simple-telehealth](http://www.networks.nhs.uk/nhs-networks/simple-telehealth)

[www.digitalhealthsot.nhs.uk](http://www.digitalhealthsot.nhs.uk)

[www.getflorencia.co.uk](http://www.getflorencia.co.uk)