National Institute for Health and Care Excellence

Mental health of people in prison
Scope Consultation Table
24 September - 22 October 2014

Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
Association for Family Therapy and Systemic Practice in the UK	1	General	AFT welcome the undertaking of such a review, we acknowledge that there are many issues pertaining to the mental health of offenders that most certainly need addressed.	Thank you for your comment.
Association for Family Therapy and Systemic Practice in the UK	2	General	One of our members in Northern Ireland comments that "My experience in Northern Ireland is that psychological services are largely Forensic in nature and relate more to the assessment of risk and the running of protocol/manualised group work treatment programmes that are targeted on reducing offending. At the same time mental health services are contracted out to Health Care providers and there is little constructive partnership working between these psychology and mental health services. Moreover, again in my experience, the mental services that are available are barely fit for purpose in that they are dominated by a medical model approach that does not allow for anything approaching a comprehensive biopsychosocial suite of services. In there words there is little in the way of a holistic approach to offenders. Rather the focus tends to be on either their offending or their mental health and not on how the two maybe connected."	Thank you for your comment. The way NICE was established in legislation means that NICE guidance is officially England-only. Service Level Agreements exist with Wales, Scotland and Northern Ireland. However, decisions about how NICE guidance applies (or needs to be adapted) in these countries are made by the devolved administrations, who are often involved and consulted with in the development of NICE guidance.
Association for Family Therapy and Systemic Practice in the UK	3	General	We note that this particular consultation relates only to the scope of a review of mental health and adults in the Justice System. At the outset it talks about people in prison and then later includes those offenders who are being supervised in the community?	Thank you for your comment. The groups that will be covered by this guideline are adults with (or at risk of developing) a mental health problem who are in contact with the criminal justice system (outlined in section 4.1.1 [a]). As noted on the first page of the scope it is anticipated that the title will change in the final version of the scope in order to be more reflective of the need for this guideline to look not only at an integrated model for addressing mental

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				health in prisons but also at interventions for the prevention and early treatment of the mental health problems of adults in contact with the criminal justice system taking account of the whole criminal justice pathway
British Association for Counselling and Psychotherapy	1	1.1	BACP supports the proposed title change to be more reflective of the guideline's scope to look at the integrated model for addressing mental health in prisons, but also looking across the whole of the criminal justice pathway, such as interventions for the prevention and early treatment of mental health problems. BACP hopes this will encourage early intervention within the criminal justice system and ensure continuity of care.	Thank you for your comment. Please see the revised scope for the amended title.
British Association for Counselling and Psychotherapy	2	General	(General comment / section 4.1.2) The scope does not include any guidance on how any mental health treatment received prior to an individual's involvement in the criminal justice system will continue. The World Health Organisation states that "*Health care should include the continuance of any treatment started before admission"* (WHO, 2014: p3). BACP advises the inclusion of this issue within the guideline. Reference: World Health Organisation (WHO), 2014, Prisons and Health, Denmark: WHO Regional Office for Europe.	Thank you for your comment. Section 4.3.1 (c) has been reworded to include 'care planning and pathways, and organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services' as a key issue that will be covered.
British Association for Counselling and Psychotherapy	3	General	(General comment / section 4.1.2) The scope of the guidance does not currently include transitions within the criminal justice system, despite the guideline reflecting the whole offender pathway (NICE, 2014, 1). Movement within the criminal justice system is constant and can impact on an individual receiving effective treatment. For example, Gee and Reed, noted that "*of the 62 clients accepted for the programme, only 29 clients finished one or more modules, due to prison transfer, transfer to hospital and generalised drop-out*" (Gee & Reed,	Thank you for your comment. Section 4.3.1 (c) has been reworded to include 'care planning and pathways, and organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services' as a key issue that will be covered. People who are cared for in hospital have been excluded from this guideline. However, the following exception has been added to the scope: 'except for providing guidance on

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			2013:p 16). Additionally, the scope states that the guideline will be relevant to but will not cover people in special hospitals such as Broadmoor, or people in medium to low secure units. However the scope does not indicate how the treatment of a prisoner will be managed when they are transitioning between prisons and forensic mental health services. BACP would suggest that the guideline includes guidance about how transitions between settings and services will be managed to ensure continuity of care and treatment efficacy. Reference: Gee, J. and Reed, S., 2013, The HoST programme: A pilot evaluation of modified dialectical behaviour therapy with female offenders diagnosed with borderline personality disorder. European Journal of Psychotherapy & Counselling, 15(3), pp.233–252.	the management of transitions between criminal justice system settings and hospital'.
British Association for Counselling and Psychotherapy	4	3.2 m	BACP welcomes NICE's comments relating to former prisoners having difficulty accessing services post-sentence (NICE, 2014, 7). However, the scope implies the guidance will not cover individuals post-contact with the criminal justice system, as it states the people the guidance will cover are those in police custody, remanded on bail, remanded in prison, serving a prison sentence, serving community sentence under the probation service. It is essential that mental health treatment is arranged prior to release, and provided post-release to prevent reoffending. "*Prison health staff should make arrangements for continuous access to care on transfer or on release, which should be facilitated by prison management"* (World Health	Thank you for your comment. People released from prison on licence and people released from prison and in contact with a community rehabilitation company (CRC) or the probation service have been added to the list of included groups (see section 4.1.1 [a]). In addition, the organisation and provision of services section has been reworded to include 'care planning and pathways, and organisation and structure of services which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services' as a key issue that will be covered by this guideline (see section 4.3.1 [c])

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			Organisation, 2014, 1). BACP recommends that treatment planning prior to release and provision of services post-release is included within the scope of the guideline. Reference: World Health Organisation (WHO), 2014, Prisons and Health, Denmark: WHO Regional Office for Europe.	
British Association for Counselling and Psychotherapy	5	4.1 b	BACP welcomes that the guideline will give specific consideration to older adults (aged 55 years and over). However, the scope's assessment of current practice in relation to older people only mentions that there is an increasing rate of dementia in the prison population (NICE, 2014, 6). BACP recommends that the guideline explores other mental health problems experienced by older people, for example over 50% of all elderly prisoners suffer from a mental disorder such as depression (Prison Reform Trust, 2003). Reference: Prison Reform Trust, Growing Old in Prison, London: Prison Reform Trust, (2003)	Thank you for your comment. This section has been broadened and depression has been added as an example of a mental health problem with increased prevalence in older prisoners.
British Association for Counselling and Psychotherapy	6	General	The scope states that the guideline will specifically consider women. Though women make up just 6% of the prison population, there is greater prevalence of mental health problems such as depression, anxiety and psychosis amongst female offenders in comparison to male offenders (Home Office, 2007). Many female offenders also experience comorbidities which can increase their risk of self-harm and suicide (Marzano, Fazel, Rivlin & Hawton, 2010); in 2003 they accounted for 46% of all reported self-harm incidents, compared with 6% of men (Prison Service, 2004). However, males within the prison population exhibit a number of difficulties in comparison to males in the general population, such as higher rates of hazardous alcohol	Thank you for your comment. Both male and female prisoners will be included in this guideline. The section that you refer to is concerned with groups that will be given specific consideration with regards to equality issues to ensure that recommendations are considered in terms of how they apply to these groups (and adapted or amended as appropriate) and to ensure that the guideline will not discriminate against any of the equality groups, with particular reference to population groups sharing the 'protected characteristics' as defined in the Equality Act. Women are included in this list because, as you point out, there are differences in the prevalence of mental health problems in women prisoners.

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			drinking and illegal drug use (Light, Grant & Hopkins, 2013). In addition, the prevalence of mental health disorders is known to be greater amongst prisoners than in the general population (Light et al., 2013), and the rate of attempted suicide is higher amongst prisoners than the general population (McManus et al., 2009). BACP therefore suggests that the difficulties faced by males in the criminal justice system are also recognised within the guidance, and specific recommendations should be made. References: Home Office. (2007). *The Corston Report: A Report by Baroness Jean Corston of a Review of Women with Particular Vulnerabilities in the Criminal Justice System.* London: Home Office. Light, M., Grant, E. & Hopkins, K. (2013). *Gender differences in substance misuse and mental health amongst prisoners. Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners.* London: Ministry of Justice. Marzano, L., Fazel, S., Rivlin, A. & Hawton, K. (2010). Psychiatric disorders in women prisoners who have engaged in near-lethal self-harm: case–control study. *The British Journal of Psychiatry, 197*, 219-226. McManus, S., Meltzer, H., Brugha, T., Bebbington, P., & Jenkins, R. (2009). *Adult Psychiatric morbidity in England, 2007 Results of a household survey.* Leeds: The NHS Information Centre. Safer Custody News, London: Prison Service, (June 2004)	
British Association for	7	4.1.2	Another group which the guideline will be relevant to, but	Thank you for your comment. We agree that the mental

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Counselling and Psychotherapy			not cover, is children and young people aged under 18 years. Mental health problems are prevalent amongst children in prison, with 85% of prisoners aged 16-20 showing signs of a personality disorder and 10% exhibiting signs of psychotic illness (Singleton et al, 2000). BACP recommends that NICE produces guidance for individuals of this age group who are in the offender pathway. Reference: Singleton et al, Psychiatric Morbidity among young offenders in England and Wales, London: Office for National Statistics, (2000)	health of children and young people in contact with the criminal justice system is an important area. However, the needs of children and young people cannot be adequately considered within this guidance given the time constraints of the guideline development process and the significant differences between juvenile and adult services which would necessitate a different guideline development group member constitution. We are unable to recommend that separate guidance is developed for children and young people as NICE's work programme is referred by NHS England
British Association for Counselling and Psychotherapy	8	4.3.1	BACP welcomes NICE's inclusion of 'interventions and their adaption to the criminal justice system'. The adaption of interventions into the criminal justice system is essential for interventions to be successful. For example, NICE recommends dialectical behaviour therapy for women with borderline personality disorder (DBT) for whom reducing recurrent self-harm is a priority. However, to be effective the therapy must be able to run its course, and there are barriers to it being delivered in prison due to the changing nature of this population and women prisoners often serving short sentences. A pilot of a modified DBT service in HMP Holloway showed positive outcomes in terms of improved overall mental health and a reduction in adjudications, suggesting that NICE recommended interventions can be adapted successfully to facilitate implementation within criminal justice settings (Gee & Reed, 2013). Reference Gee, J. and Reed, S. (2013). The HoST programme: A pilot evaluation of modified dialectical behaviour therapy with female offenders diagnosed with borderline personality disorder. *European Journal of Psychotherapy & Counselling*, *15*(3), pp.233–252.	Thank you for your comment. The review strategy for this guideline will be that where there is existing NICE guidance, systematic literature searches will search for evidence for context (criminal justice system)-relevant modifications to that guidance, and should identify papers such as the specific one you cite.

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British Association for Counselling and Psychotherapy	9	3.2 e	The scope, despite stating that the provision of mental health awareness training for staff working in the criminal justice system varies, does not include mental health training of staff within the criminal justice setting. BACP recommends that the guidance indicates the level and scope of training and expertise that health professionals who carry out interventions should possess. Additionally, details around mental health screening training for criminal justice staff should be included in the guidance. For example, the World Health Organisation recommends '*that either the health staff, or prison staff with some training, should conduct a more detailed screening in the first few days" (*WHO, 2014: p91). Reference: World Health Organisation (WHO), 2014, Prisons and Health, Denmark: WHO Regional Office for Europe.	Thank you for your comment. Training or education needs of health, social care and criminal justice professionals and practitioners will be considered as part of the systematic evidence review for this guideline
British Association for Music Therapy	1	4.3.1	Under section b) 'Interventions and their adaptation to the criminal justice system' and the first bullet point, beginning 'interventions to prevent mental health problems' our comments are as follows: After 'psychoeducational interventions' and before 'and staff training' we recommend adding: 'cultural, creative and arts based and arts therapies interventions.' Access to cultural, creative and arts based activities for vulnerable people (including but not limited to music participation) can have a significant positive effect on mental wellbeing and contribute to the prevention of mental health problems. Our concern is that the term 'psychoeducational' is not broad enough to include consideration of the role of the arts in prevention, and a separate specific mention is warranted. Further, the specific	Thank you for your comment. We did not consider it appropriate to add 'cultural, creative and arts based and arts therapies interventions' as it is too specific for the scoping document. However, we have rephrased this bullet point to 'interventions to promote mental health and wellbeing…' and this amendment would capture the types of intervention specified. Training or education needed to enable health, social care and criminal justice professionals and practitioners to provide good-quality services is also included as a key issue that will be covered (see section 4.3.1 [d])

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			training and skills of arts therapists is relevant to the delivery of such activities in prison settings.	
British Association for Music Therapy	2	4.3.1	Under section b) 'Interventions and their adaptation to the criminal justice system' and the third bullet point, beginning 'psychological and social interventions for the care and treatment of mental health problems', our comments are a as follows: We recommend including the term 'therapeutic' alongside 'psychological and social interventions' and specifically including non-verbal approaches such as arts therapies interventions (including but not limited to music therapy) as well as verbal approaches. We suggest the following rewording: 'psychological, therapeutic and social interventions for the care and treatment of mental health problems, both verbal and non-verbal (e.g. arts therapies) approaches (including adaptation to the prison environment) Our concern is that the term 'psychological intervention' alone does not invite adequate consideration of the full range of therapeutic approaches available to the prison service, particularly in relation to non-verbal therapeutic approaches such as the arts therapies. Arts therapies interventions should be distinguished from arts based activities in relation to care and treatment because of the specialist therapeutic training and skills of registered arts therapist practitioners.	Thank you for your comment. The term 'therapeutic' has not been added as it applies to all interventions included in this scope. Arts therapies will be captured by the psychological and social intervention categorisation.
British Association for Music Therapy	3	General	While we recognise that the current consultation relates to the scope of the guidelines rather than their content, we would like to take this opportunity to direct attention to a recent PhD on the outcome of music therapy interventions in a category A women's prison. The document can be	Thank you for your comment. Dissertations will generally not be included in the review.

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			accessed here: http://vbn.aau.dk/da/publications/music-therapy-and-the-resettlement-of-women-prisoners(207cba18-475f-4827-a733-d13c44259abe).html	
British Psychological Society	1	General	Personality Disorder (PD) pathway has recently been implemented. This pathway may have overlapping issues with the development of guidelines and recommendations. Both the PD pathway and the implementation of Psychologically Informed Prison Environments (PIPEs) may have impacted upon current practice, particularly information sharing between health and justice settings. The Society recommends including the team who manage the PIPEs and the PD pathway as they will be able to provide current scenarios and potentially examples of good practice which is emerging.	Thank you for your comment and bringing this to our attention. The well balanced Guideline Development Group will review the evidence for the organisation and provision of services; where expert advice is required, the necessary people will be invited to a guideline meeting.
British Psychological Society	2	3.2 c	The Society welcomes the review of current practice arrangements and hopes that this allows for an amalgamation of services governed by the same standards of care and treatment. We believe that this should result in simpler, more effective and accountable services for service users.	Thank you for your comment.
British Psychological Society	3	3.2 b	3.2 b, d & e There is evidence of good practice in the training of police custody staff in mental health issues from the Ipswich & South Suffolk area where the Diversion team offered training and implemented a screening protocol.	Thank you for your comment. Training or education needs of health, social care and criminal justice professionals and practitioners will be considered as part of the systematic evidence review for this guideline
British Psychological Society	4	3.2 f	The Society welcomes the identification of a lack of suitably trained duty professionals in custodial settings. This is a pivotal window of opportunity for assessment. We recommend NICE guidelines to tackle this resource issue as appropriate.	Thank you for your comment.
British Psychological Society	5	3.2 j	The current situation regarding the Mental Health Act (MHA) not applying in prison is problematic for practitioners and service users. Given the lack of capacity of local psychiatric services to take mentally ill people from prisons, we would recommend that the guidelines are extended to include a limited extension of the MHA as this would be	Thank you for your comment. However, it is outside the scope of this guideline to influence the settings in which the Mental Health Act applies.

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			helpful, in particular in relation to medication and detention.	
British Psychological Society	6	4.1.1	The Society believes that specific reference to service users who may have an employment history in the armed forces or similar, where they may have encountered trauma, should be included. It would be useful to consider this issue along with Diversion strategies.	Thank you for your comment. This section is concerned with groups that will be given specific consideration with regards to equality issues to ensure that recommendations are considered in terms of how they apply to these groups (and adapted or amended as appropriate) and to ensure that the guideline will not discriminate against any of the equality groups, with particular reference to population groups sharing the 'protected characteristics' as defined in the Equality Act. We did not feel that military veterans should be included as an equality group. There is still no clear epidemiological information on the mental health of veterans in prison and it is unclear if veterans are over-represented in the criminal justice system given that no work has been done on the incidence of other employment groups or professions in contact with the criminal justice system
British Psychological Society	7	4.1.1	The Society has concerns regarding the omission of specific groups with reference to neurodevelopment conditions (e.g. Autism Spectrum Disorders, ASD and Attention Deficit Hyperactivity Disorder, ADHD and Traumatic Brain Injury, TBI). We believe that these specific disorders are important, under section 4.1.1.b. In particular the role of TBI and ADHD. TBI is very common in offender populations (see Perron et al. 2008; Williams et al. 2010). With around 60% reporting a TBI (see Williams, 2012 for overview). TBI is associated with increased risk of offending (Fazel et al. 2011) and re-offending (Williams et al. 2010) and poorer mental health outcomes (e.g. see Williams, et al, 2010 re: young offenders). TBI presents as a barrier for engagement in services and a responsivity issue for treatment and treatment outcomes as symptoms of TBI include poorer memory and problem solving skills. There have been commissioning guidelines developed regarding the need for	Thank you for your comment. Individuals with ASD or ADHD are included under neurodevelopmental disorders and already listed as a group that will be given specific consideration. TBI is included as a mental health problem in so far as it results in cognitive impairment ('acquired cognitive impairment') but is not included as a group that will be given specific consideration. Specific consideration groups are those that raise potential equality issues, and are outlined in the scope to ensure that recommendations are considered in terms of how they apply to these groups (and adapted or amended as appropriate) and to ensure that the guideline will not discriminate against any of the equality groups, with particular reference to population groups sharing the 'protected characteristics' as defined in the Equality Act. We did not feel that people with TBI should be included as an equality group.

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			secure offender systems to have services for managing TBI (see The Royal College of Paediatrics and Child Health guidelines re: young offenders). We believe that it is important that TBI is taken account of in relation to mental health of offenders to improve outcome. ADHD is a neurodevelopmental disorder which is disproportionately represented in justice settings compared with epidemiological rates. Meta-analyses have shown that 30 per cent and 26 per cent of the youth and adult prison populations respectively have clinically diagnosed ADHD representing a 5-fold and 10-fold increase above general population rates (Young et al., 2014a). Similar over-representation of ADHD has been found in police custody and probation service settings (Young et al., 2013; 2014b). Compared with controls, a younger age of engagement with the criminal justice system has been reported for offenders with ADHD together with significantly higher rates of recidivism (Langley et al, 2010; Satterfield et al., 2007; Young et al., 2009). They have been found to have a greater susceptibility to police questioning and interrogation (Gudjonsson et al., 2008), higher incidents of behavioural problems (including aggressive behaviours) in custody (Young et al., 2009; 2011a; 2013), greater psychopathology (Gonzalez et al 2012; Gudjonsson et al., 2012), greater history of substance use and drug dependence (Gonzalez et al., 2012; Young et al, 2011b), greater associated impairment (Einarsson et al., 2009; Rosler et al., 2009; Young et al., 2014b) and increased rates of health risk behaviours (Gonzalez et al., 2012). ADHD is a treatable condition (treatment effect size of 2.17 in this population with medication: Ginsberg & Lindefors 2012), with a NICE Guideline and one can intervene at any age. Additionally specific psychological treatments have been specifically developed for ADHD offenders (Young &	

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			Ross, 2007). Aside from conferring health gain for the individual	
British Psychological Society	8	4.1.2	4.1.2 and 4.3.1c 4.1.2 states that children and young people (under the age of 18) will not be covered by the guidelines but 4.3.1c states that care pathways 'in particular from juvenile to young offender services' will be included. We believe that this is contradictory and perhaps needs clarifying as it will be difficult to manage a care pathway only from the receiving end. It is important to note that young people aged over 18 are now routinely located in adult prison settings. This may be something the guidance targets specifically in care pathway planning.	Thank you for your comment. We agree that these points were contradictory and as children and young people aged under 18 years old are outside the scope of this guideline we have removed the reference to transitions between juvenile and young offender services from section 4.3.1 (c)
British Psychological Society	9	4.3.1 a	The Society believes that assessment should be considered in the context of admission to prison. There is evidence that reception to prison results in higher levels of psychiatric symptoms, but that these symptoms seem to improve over time (Walker, Canning, Garner, Wolley, Taylor, Amos, 2014). Therefore the timing of assessments needs to be carefully considered.	Thank you for your comment. The timing of assessments will be carefully considered and evidence will be searched for and reviewed (where available) for the key components of, and the most appropriate structure for a comprehensive diagnostic assessment (including diagnosis) at different time points, including in police custody, for the court process, at reception into prison and at subsequent time points in prison
British Psychological Society	10	4.3.1 c	There is evidence that larger prisons are associated with poorer mental state (Walker et al. 2014). Guidelines may want to consider this evidence in making recommendations for care.	Thank you for your comment. Section 4.3.1 (c) has been reworded to include 'care planning and pathways, and organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services' as a key issue that will be covered.
British Psychological Society	11	4.4 b	We believe that the use of the term reoffending has the potential to not be a useful outcome measure. Reoffending is challenging to measure as it may rely on self-report, which may be unreliable and following up large cohorts of participants. Reconviction may be a better outcome measure (Bowes et al. 2014) and would allow for additional outcome measures related to health economic outcomes.	Thank you for your comment and we are sympathetic to your point. However, we have used the term 're-offending' to be consistent with other NICE guidance, for example, the antisocial personality disorder guideline. In terms of the evidence review, many of the studies will use re-conviction as an outcome measure for re-offending

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British Psychological Society	12	General	**References:** Bowes, N., McMurran, M., Evans, C., Oatley, G., Williams, B. & David, S. (2014) Treating alcohol-related violence: a feasibility study of a randomized controlled trial in prisons , *The Journal of Forensic Psychiatry & Psychology*, **25(2)**, 152-163. Einarsson, E, J.F Sigurdsson, G.H Gudjonsson, A.K Newton and O.O Bragason. (2009) Screening for Attention-deficit Hyperactivity Disorder and Co-morbid Mental Disorders Among Prison Inmates. Nordic Journal of Psychiatry, **63(5)**, 361-367 Fazel, S., et al., *Risk of Violent Crime in Individuals with Epilepsy and Traumatic Brain Injury: A 35-Year Swedish Population Study*. PLoS Med, 2011. **8(12)**: e1001150. Ginsberg, Y. & Lindefors, N. (2012). Methylphenidate treatment of adult male prison inmates with attention-deficit hyperactivity disorder: randomised double-blind placebo-controlled trial with open-label extension. British Journal of Psychiatry, **200**, 68-73 Gonzalez, R.A, M.C Velez-Pastrana, J.J Ruiz Varcarcel, F.R Levin and C.E Albizu-Garcia. (2012) Childhood ADHD Symptoms are Associated with Lifetime and Current Illicit Substance-Use Disorders and In-Site Health Risk Behaviours in a Representative Sample of Latino Prison Inmates, Journal of Attention Disorders, http://dx.doi.org/10.1177/1087054712461690 Gonzalez, R.A, G.H Gudjonsson, J. Wells and S. Young. (2013) The Role of Emotional Distress and ADHD on Institutional Behavioural Disturbance and Recidivism	Thank you for drawing our attention to this relevant literature. We will cross-check these references against the systematic search and where studies meet the eligibility criteria they will be included in the review

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			Among Offenders. Journal of Attention Disorders, *Prepublished on July 26, 2013.* http://dx.doi.org/10.1177/1087054713493322 Gudjonsson, G.H, J. Wells, S. Young. (2012) Personality Disorders and Clinical Syndromes in ADHD Prisoners, Journal of Attention Disorders, **16**, 305-314 Gudjonsson, G, J.F Sigurdsson, O.O Bragason, A.K Newton, E, Einarsson. (2008) Interrogative Suggestibility, Compliance and False Confessions Among Prisoners and their Relationship with Attention Deficit Hyperactivity Disorder (ADHD) Symptoms Psychological Medicine, **38**, 1037-1044 *Hughes N., Williams, H. et al. (2012).* Office of the Children's Commissioner report: *Nobody made the connection:The prevalence of neurodisability in young people who offend. http://www.rcpch.ac.uk/news/basic-health-needs-children-custody-not-being-met-says-new-report* Langley, K, T. Fowler, T. Ford. A.K Thapar, M. van den Bree, G. Harold, M.J Owen, M.C O'Donovan and A. Thapar. (2010) Adolescent Clinical Outcomes for Young People with Attention Deficit Hyperactivity Disorder British Journal of Psychiatry, **196**, 235-240 Perron, B.E., Howard, M.O. (2008) *Prevalence and correlates of traumatic brain injury among delinquent youths*. Criminal Behaviour and Mental Health. **18(4)**, 243-255 Satterfield, J.H, K.J Faller, F.M Crinella, A.M Schell, J.M	

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			Swanson, L.D Homer. J (2007). A 30-year Prospective Follow-up Study of Hyperactive Boys with Conduct Problems: Adult criminality Am Acad Child Adolesc Psychiatry, **46**, 601-610 Rosler, M, W. Retz, K. Yaqoobi, E. Burg and P. Retz-Junginger. (2009) Attention Deficit Hyperactivity Disorder in Female Offenders: prevalence, psychiatric co-morbidity and psychosocial implications European Archives of Psychiatry and Clinical Neuroscience, **259**, 98-105 The Royal College of Paediatrics and Child Health guidelines on Commissioning Care For Children And Young People In Secure Settings (June 2013) *http://www.rcpch.ac.uk/index.php?q=child-health/standards-care/service-configuration/secure-settings/children-and-young-people-secure-s* Walker J, Illingworth C, Canning A, Garner E, Woolley J, Taylor P, Amos T. Changes in mental state associated with prison environments: a systematic review. *Acta Psychiatrica Scandinavica.* **129(6)**, 427-436 Williams, H. *Repairing Shattered Lives: Brain injury and its implications for criminal justice (Dec 2012).* Report for Transition to Adulthood (T2A) Alliance, a coalition 12 leading organisations in the criminal justice, youth and health sectors. Williams, W.H., Cordan, G., Mewse, A.J., Tonks, J., & Burgess, C.N.W. (2010). Self-reported traumatic brain injury in male young offenders: A risk factor for re-offending, poor mental health and violence? *Neuropsychological Rehabilitation*, ***20*(6)**, 801-812. Williams, H. *Repairing Shattered Lives: Brain injury and its*	

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			implications for criminal justice (Dec 2012). Report for Transition to Adulthood (T2A) Alliance, a coalition 12 leading organisations in the criminal justice, youth and health sectors. Young, S, D. Moss, O. Sedgwick, M. Fridman and P. Hodgkins. (2014a) A Meta-Analysis of the Prevalence of Attention Deficit Hyperactivity Disorder in Incarcerated Population, Psychological Medicine, http://dx.doi.org/10.1017/S0033291714000762 Young, S, G.H Gudjonsson, E.J Goodwin, A. Jotangia, R. Farooq, D. Haddrick and M. Adamou. (2014b) Beyond the Gates: Identifying and managing offenders with Attention Deficit Hyperactivity Disorder in community probation services AIMS Public Health, **1**, 33-42 Young, S, E.J Goodwin, O. Sedgwick and G.H Gudjonsson. (2013) The Effectiveness of Police Custody Assessments in Identifying Suspects with Intellectual Disabilities and Attention Deficit Hyperactivity Disorder BMC Medicine, 11:248. doi: 10.1186/1741-7015-11-248 Young, S, P. Misch, P. Collins and G.H Gudjonsson. (2011a) Predictors of Institutional Behavioural Disturbance and Offending in the Community Among Young Offenders Journal of Forensic Psychiatry and Psychology, **22(1)**, 72-86 Young, S, J. Wells and G.H Gudjonsson. (2011b). Predictors of Offending Among Prisoners: The role of attention deficit hyperactivity disorder and substance use, Journal of Forensic Psychiatry and Psychology, **22(1)**, 72-	

Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
			86 Young, S, G.H Gudjonsson, J. Wells, P. Asherson, D. Theobald, B. Oliver, C. Scott, A. Mooney. (2009) Attention Deficit Hyperactivity Disorder and Critical Incidents in a Scottish Prison Population Personality and Individual Differences, **46**, 265-269 Young, S.J. & Ross, R.R. (2007). R&R2 for ADHD Youths and Adults: A Prosocial Competence Training Program. Ottawa: Cognitive Centre of Canada www.cognitivecentre.ca/rr2adhd (cognitivecentre@gmail.com)	
College of Occupational Therapists	1	4.1.1 b	While we agree with the list of those who will be given specific consideration, the rates of personality disorder, self-harm and drug/alcohol addiction are so high in this population that they may also warrant more specific consideration.	Thank you for your comment. Personality disorder, self-harm and drug and alcohol problems will be included in this guideline. However, people with these problems represent such a large group that they do not warrant specific consideration. Specific consideration groups are groups that might need attention with regards to equality issues and generally represent a minority of the included group.
College of Occupational Therapists	2	4.3.1 b	We strongly feel that list of interventions here should include occupational and activity interventions that engage those with mental health problems in the criminal justice system in meaningful activities. Prisons run a range of these from gyms, kitchens, gardening, industrial workshops, libraries and drama groups all of which can be extremely beneficial for those with mental illness and addiction problems.	Thank you for your comment. Where such interventions are specifically targeted at the treatment or management of the mental health problem they will be included under 'psychological and social interventions'. We will also be searching for, and reviewing, evidence for 'interventions to promote mental health and wellbeing'
College of Occupational Therapists	3	4.4 d	We agree that adaptive functioning such as employment and interpersonal skills should be used as one of the outcomes but we would also add of equal importance are people's daily living skills such as their ability to self-care (look after their personal care and health) and look after their home (for example being able to budget, pay bills and cook for themselves). These activities of daily living are often a prerequisite skill for employment.	Thank you for your comment. Daily living skills have been added as an example to this section of the scope.

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College of Occupational Therapists	4	4.4 d	We would also like to see adaptive functioning include leisure interests that are not linked to crime or addiction. People with mental health problems who are in contact with the criminal justice system often are under occupied or occupied in criminal or addiction related interests. Developing other meaningful leisure interests are a key part of rehabilitation.	Thank you for your comment. Leisure interests are not a relevant outcome in and of themselves. They may be an intervention and where such interventions are specifically targeted at the treatment or management of the mental health problem they will be included under 'psychological and social interventions'. We will also be searching for, and reviewing, evidence for 'interventions to promote mental health and wellbeing', and relevant outcomes for these types of interventions would be captured by mental health outcomes, adaptive functioning (including quality of life), and experience of care.
College of Occupational Therapists	5	General	The College of Occupational Therapists feel that more overall emphasis needs to be placed in the scope on the time use of those with mental health problems in contact with the criminal justice system. People typically spend a great deal of time with very little to usefully do and this lack of meaningful activity acerbates mental health problems, detracts from skill development and leaves little opportunity for learning new coping strategies. This is also an unrecognised problem in immigration removal and detention centres where people with significant mental health problems are provided with little meaningful time use and therefore end up experiencing higher levels of distress.	Thank you for your comment. However, the scheduling of activities and overall prison care are outside the scope of this guideline, unless they are specifically targeted at the mental health problem, or are part of an intervention to promote mental health and wellbeing.
Greater Manchester West Mental Health NHS Foundation Trust	1	3.1	Higher numbers may be expected in prison – alcohol and substance misuse, non-engagement with community services etc. Who assessed these people as being psychotic – do they have diagnoses of psychosis or symptoms of psychosis (not necessarily the same thing).	Thank you for your comment. As outlined in 3.1 (h) and (i) rates of alcohol and substance misuse are high amongst prisoners. In reference to your comments relating to 3.1 (d), rates of psychotic symptoms are higher than diagnoses of psychotic disorder. The prevalence figures for psychotic disorder in prisoners were taken from Singleton et al. (1998) and were based on clinical interview data.
Greater Manchester West Mental Health NHS Foundation Trust	2	3.1 a	We provide mental health input Mon-Fri 9-5 plus consultant psychiatric cover to our local Bail Hostel – is this a model to consider adopting?	Thank you for your comment. The organisation and delivery of care will be considered as part of the systematic evidence review.
Greater Manchester West Mental Health NHS Foundation Trust	3	3.1 e	Personality Disorder is a complex area comprising a number of different disorders requiring different approaches to therapeutic intervention and risk management. Some	Thank you for your comment. This section is concerned with prevalence rather than current practice or treatment. However, evidence relevant to the treatment of personality

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			would be best treated by psychology services and others through psychopathy services.	disorder in criminal justice settings will be reviewed as part of the guideline in order to address whether the context necessitates modifications to existing NICE guidance.
Greater Manchester West Mental Health NHS Foundation Trust	4	3.1 h	There is a need for more comprehensive services in prison and the community with close liaison prior to release	Thank you for your comment. The organisation and delivery of care will be considered as part of the systematic evidence review.
Greater Manchester West Mental Health NHS Foundation Trust	5	3.1 g	Referrals for prisoners with dementia appear to be increasing at presenting younger – possibly secondary to alcohol misuse. Need to training.	Thank you for your comment. This level of detail is greater than would typically be included in this epidemiology overview as the purpose of this section is to provide a brief background, rather than a comprehensive textbook review.
Greater Manchester West Mental Health NHS Foundation Trust	6	3.2	Reasons for delayed transfers seem to be a lack of available appropriate beds in hospital and Court processes.	Thank you for your comment. The organisation and delivery of care will be considered as part of the systematic evidence review.
Greater Manchester West Mental Health NHS Foundation Trust	7	General	The Care Programme Approach should be sued in prisons. This should include the identification of appropriate community services who should attend the Reviews prior to release. Prison mental health staff should attend CPA Reviews in the community after release.	Thank you for your comment. The care programme approach will be considered under the organisation and provision of services for mental health problems in the criminal justice system (see 4.3.1 [c])
Greater Manchester West Mental Health NHS Foundation Trust	8	General	There needs to be a standardised health screen – similar to the CHAT – that covers all areas of a prisoner's life/needs – physical and mental health; substance misuse; learning difficulties; communication difficulties including need for an interpreter; social care issues including parental responsibility and needs of their family; vulnerability; and risk to others.	Thank you for your comment. Key components of an assessment will form the basis of a review question to be addressed by the systematic evidence search and review
Greater Manchester West Mental Health NHS Foundation Trust	9	General	Services for those prisoners over the age of 18 with diagnoses of Attention Deficit Hyperactivity Disorder and Autistic Spectrum Disorders seem to be lagging far behind services for those with psychotic or mood disorders.	Thank you for your comment. People with neurodevelopmental disorders are included as a group that will be given specific consideration in this guideline (see 4.1.1 [b]). Section 4.3.1 (c) has also been reworded to include 'care planning and pathways, and organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services' as a key issue that will be covered.
Greater Manchester West Mental Health NHS	10	General	Need to consider the management of those in 'care and separation' (not 'segregation') as they are likely to be more	Thank you for your comment. This group has been removed from this section of the scope as equality issues were not

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Foundation Trust			risky to themselves and others and may well have complex needs including mental and physical health needs. Use of safety algorithms is important.	considered to apply to this group. That is not to say that prisoners in 'care and separation' units might not have different management needs. However, the more appropriate way to examine this is through sub-analyses, for instance, of intervention efficacy data or in the evidence review of the organisation and provision of services. The function of this list is to highlight groups that will be given specific consideration with regards to equality issues to ensure that recommendations are considered in terms of how they apply to these groups (and adapted or amended as appropriate) and to ensure that the guideline will not discriminate against any of the equality groups, with particular reference to population groups sharing the 'protected characteristics' as defined in the Equality Act.
Greater Manchester West Mental Health NHS Foundation Trust	11	General	Need access to a range of appropriate services including psychiatry, psychology (clinical and forensic); counselling; speech and language; learning disability; alcohol and substance misuse; interventions for Sexually harmful behaviour; neurodevelopmental assessments and interventions.	Thank you for your comment. Section 4.3.1 (c) has been reworded to include 'care planning and pathways, and organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services' as a key issue that will be covered.
Her Majesty's Inspectorate of Prisons	1	1.1	A different title which reflects a wider care pathway and the wider residential and non-residential criminal justice system would be more appropriate than the current working title, which only references prison.	Thank you for your comment. Please see the revised scope for the amended title.
Her Majesty's Inspectorate of Prisons	2	2	The remit needs to be widened to reflect the wider care pathway, including learning difficulties and dual diagnosis.	Thank you for your comment. People with neurodevelopmental disorders including learning disabilities will be covered. Dual diagnosis will be covered in a separate NICE guidance which is currently in progress.
Her Majesty's Inspectorate of Prisons	3	3.2 a	The draft currently states that police custody is the only time in the criminal justice system when healthcare is not the responsibility of the NHS. However, although there are some NHS mental health liaison and diversion schemes operating in courts, health provision in court custody is not the responsibility of the NHS. This current situation creates	Thank you for your comment. Court custody has been added (as an exception) to 3.2 (a)

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			clinical risk.	
Her Majesty's Inspectorate of Prisons	4	3.2 f	We agree with the stated factors which adversely affect prompt mental health assessment. However, it needs to be clear that a lack of trained professionals in community mental health crisis services, particularly Approved Mental Health Professionals, can have a significant impact, exacerbated by an erroneous belief that police custody is an adequate place of safety.	Thank you for your comment. The bullet point that refers to 'a lack of trained professionals to do the assessment' would include trained professionals in community mental health crisis services, and the problems associated with police custody environments are recognised by 'the settings for the assessment (custody suites) being unsuitable'.
Her Majesty's Inspectorate of Prisons	5	3.2 g	The recognition of high comorbidity of physical and mental health disorders is useful, but there is no reference to dual diagnosis of mental health and learning difficulty diagnosis and/or personality disorder, which can generate significant complexity. The latter group can often struggle in prison, as they find it difficult to meet required behavioural norms and to engage effectively in a sentence plan to reduce the possibility of reoffending and affect release.	Thank you for your comment. Dual diagnosis of mental health and learning disability diagnosis and/or personality disorder is covered by 'comorbidity between different mental health problems'
Her Majesty's Inspectorate of Prisons	6	3.2 k	The explicit recognition of the frequent exclusion of patients with comorbid substance and mental health problems is positive.	Thank you for your comment.
Her Majesty's Inspectorate of Prisons	7	3.2 m	It is very positive that the difficulties in arranging effective community-based care for people in contact with the criminal justice system are overtly recognised.	Thank you for your comment
Her Majesty's Inspectorate of Prisons	8	4.1	Detainees held in court custody should also be included, as it cannot be assumed that their needs will be met in police custody or prison. Detainees in IRCs are not currently included as this is administrative detention but their needs require attention in some format and therapeutic needs and approaches are the same.	Thank you for your comment. Court custody has been added to section 4.1.1 (a). In response to stakeholder comments that immigration removal centres (IRCs) are not part of the criminal justice system, this group has been added to the groups that will not be covered (4.1.2) as they are outside the remit for this guideline
Her Majesty's Inspectorate of Prisons	9	4.3	The draft covers the relevant key issues but needs to include appropriate prompt diversion from custody and the criminal justice system where suitable.	Thank you for your comment. The organisation and provision of services for people with mental health problems in contact with the criminal justice system is a key issue that

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				will be covered as outlined in section 4.3.1 (c) and includes 'care planning and pathways, and organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services'.
Her Majesty's Inspectorate of Prisons	10	4.4	The main outcomes are appropriate but the order of the points should be changed, so that potentially reducing re-offending is last.	Thank you for your comment. The order of outcomes corresponds to the order of key issues and is not in order of clinical importance
Her Majesty's Inspectorate of Prisons	11	General	General comment Re equal opportunities: The independence of health care practitioners and their role in advocating the best interests of the patient to ensure humane treatment in the criminal justice system ought to be acknowledged. The role of the health care professional in system-specific activities designed to ensure the health and wellbeing of the patient ought to be acknowledged e.g. in ACCT, Rule 35, CSUs etc.	Thank you for your comment. Your suggestion has been noted in the Equalities monitoring form.
HQT Diagnostics	1	General	Many mental problems have an underlying physical cause Before talking therapies and pharmaceutical drugs are used, physical tests should be done. These should include tests for Fatty Acids and Vitamin D Major improvements in mental health have been seen within 3 months of supplementing levels of Omega-3 Fatty Acids and Vitamin D **Mental Health & Fatty Acids** www.expertomega3.com/omega-3-study.asp?id=38 www.hqt-diagnostics.com/Products/HQT-Analysis	Thank you for your comment. Another NICE guideline (that is currently in development) will be examining the physical health of people in prison including physical health assessment. Close collaboration is established between the two guideline development teams to ensure an integrated approach

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			Mental Health & Vitamin D www.vitamindwiki.com/ADHD+and+Vitamin+D+Deficiency www.vitamindwiki.com/Autism www.vitamindwiki.com/Alzheimers-Cognition+-+Overview www.vitamindwiki.com/Depression www.vitamindwiki.com/tiki-index.php?page_id=2985 www.vitamindwiki.com/Mental+Illness+and+Vitamin+D	
Medical Justice	1	General	Immigration detainees risk being a forgotten group with great health needs	Thank you for your comment and we agree. However, in response to stakeholder comments that immigration removal centres (IRCs) are not part of the criminal justice system, this group has been added to the groups that will not be covered (4.1.2) as they are outside the remit for this guideline
Medical Justice	2	General	They are not criminals and including them in a document when all others are within the criminal justice system risks 'criminalisation' by association	Thank you for your comment. We agree, and as a result, people in immigration and removal centres (IRCs) have been added to the groups that will not be covered (4.1.2) as they are outside the remit for this guideline
Medical Justice	3	General	There are some crucial differences about immigration detention, in that it is supposed to be optional and used for those with significant mental or physical illness only in very exceptional circumstances. Release from detention is the most cost-effective and preferred clinical choice as immigration detention is not a therapeutic environment. This option is not available to prisoners in the same way.	Thank you for your comment. In response to stakeholder comments that immigration removal centres (IRCs) are not part of the criminal justice system, this group has been added to the groups that will not be covered (4.1.2) as they are outside the remit for this guideline
Medical Justice	4	General	There is little information on the burden of disease and no controlled trials of therapies in the UK immigration detention setting - drawing parallels with prison may be misleading and not just that release should be a readily available option for immigration detainees. The best evidence for immigration detainees is expert comment, like the position statement from the Royal College of Psychiatrists on conditions not suitable for treatment in detention. Much of the research on mental health in prisoners shows that mental health improves as a result of access to treatment, stability etc whist the research on mental health of immigration detainees shows that it declines as a result of	Thank you for your comment. In response to stakeholder comments that immigration removal centres (IRCs) are not part of the criminal justice system, this group has been added to the groups that will not be covered (4.1.2) as they are outside the remit for this guideline

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			the uncertainty of their situation, the lack of access to treatment, and indefinite nature of immigration detention.	
Medical Justice	5	General	There are serious complications for therapy from the very short lengths of stay in any IRC for many detainees, the indefinite nature of detention, the problems with follow-up after discharge, even if the in-house healthcare aspects can be adequately resourced, which they are not at present.	Thank you for your comment. In response to stakeholder comments that immigration removal centres (IRCs) are not part of the criminal justice system, this group has been added to the groups that will not be covered (4.1.2) as they are outside the remit for this guideline
Medical Justice	6	General	Some special issues not usually seen in the criminal justice system are found, including sequelae of torture, but giving this the emphasis needed in a general document may be difficult.	Thank you for your comment. In response to stakeholder comments that immigration removal centres (IRCs) are not part of the criminal justice system, this group has been added to the groups that will not be covered (4.1.2) as they are outside the remit for this guideline
Medical Justice	7	General	All in all, the best solution would be separate guidance for immigration detention, which could then cover both mental and physical health, but this may not appeal to NICE nor their sponsors	Thank you for your comment. In response to stakeholder comments that immigration removal centres (IRCs) are not part of the criminal justice system, this group has been added to the groups that will not be covered (4.1.2) as they are outside the remit for this guideline. NICE are not able to recommend an additional guideline as the programme of work is referred by NHS England.
Medical Justice	8	General	If there is no prospect for separate guidance then we want to advise on the detention aspects of the joint guidelines.	Thank you for your comment. In response to stakeholder comments that immigration removal centres (IRCs) are not part of the criminal justice system, this group has been added to the groups that will not be covered (4.1.2) as they are outside the remit for this guideline
National Offender Management Service	1	General	Please ensure the guidance pays appropriate attention to the groups and individuals with protected characteristics, ie women, BAME etc, and their mental health needs, access issues etc	Thank you for your comment. Both women and young black men have been identified in the scope as groups that will receive specific consideration in the review.
National Offender Management Service	2	General	Scope to be clarified; custody and community. Document still refers only to custody	Thank you for your comment. The groups that will be covered by this guideline are adults with (or at risk of developing) a mental health problem who are in contact with the criminal justice system (outlined in section 4.1.1 a). As noted on the first page of the scope it is anticipated that the title will change in the final version of the scope in order to be more reflective of the need for this guideline to look not only at an integrated model for addressing mental

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				health in prisons but also at interventions for the prevention and early treatment of the mental health problems of adults in contact with the criminal justice system taking account of the whole criminal justice pathway
National Offender Management Service	3	General	People in Prison; Be aware that there is a difference in rights between those held on remand and those sentenced.	Thank you for bringing this to our attention.
National Offender Management Service	4	General	References to 'Older Prisoners'. To be aware for practical purposes and due to health indicators, prisoners are normally regarded as older from age 50	Thank you for your comment. The age cut-off for older adults has been amended to 50 years and over.
National Offender Management Service	5	General	Language; the correct term is Immigration Removal Centres or IRC	Thank you for your comment. This terminology has been amended.
National Offender Management Service	6	General	Language; IRCs are NOT prisons and the detainees are not charged with any crimes	Thank you for your comment. In response to stakeholder comments that immigration removal centres (IRCs) are not part of the criminal justice system, this group has been added to the groups that will not be covered (4.1.2) as they are outside the remit for this guideline
National Offender Management Service	7	General	Learning Disabilities; there is a strong feeling from the team that people with learning difficulties or disabilities should be included in the scope to ensure capture for those who also suffer MH problems which may or may not be exacerbated by their other LD	Thank your comment. Adults with learning disabilities are identified in the scope as a group that will be covered by this guideline and are included in the list of groups that will receive specific consideration in the review (see 4.1.1 [b])
National Offender Management Service	8	3.2 a	In private contracted prisons, NHS is accountable for healthcare as commissioner.	Thank you for your comment. This bullet point has been restructured to make clearer that the NHS is responsible for healthcare provision across the criminal justice system with the exception of police and court custody
National Offender Management Service	9	3.2 c	Reference 'prison services' incorrect. Prison Service is a NOMS term for public sector service provision. This is distinct to services provided in prisons which may be provided by a contracted service provider	Thank you for your comment. The term prison service is used here to refer to people in prison but this section has been reworded to make it clearer
National Offender Management Service	10	3.2 h	The overall term for therapeutic services fall into the Offender Personality Disorder services (includes PIPES for example)	Thank you for your comment. This section of the scope has been reworded.
National Offender Management Service	11	3.2 j	Provisions of the MHA do apply to for example Transfers to secure unit'	Thank you for your comment. This point has been added to this section of the scope.
National Offender	12	3.2 k	'co-morbid prisoners get no treatment' There is no basis to	Thank you for your comment. The sentence referred to

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Management Service			this incorrect statement. Please remove or amend	states that 'People with comorbid alcohol or drug misuse and mental health problems frequently fall through the gaps between services and receive no treatment at all' rather than that this is always the case and this statement is based on the evidence reviewed in The Bradley Report (2009)
NHS England	1	3.2 h	In the consultation at page 6, point h; some of the services that have been newly commissioned by this programme are mentioned (PIPES), however the context of the point is somewhat misleading suggesting that PIPEs are all that has been commissioned, and that they are for 'vulnerable' prisoners – this is also slightly misleading. **Psychologically Informed Planned Environment (PIPE)** are not a treatment; they are instead designed to enable offenders to progress through a pathway of intervention; supporting transition and personal development at significant stages of their pathway. An offender in a prison setting may either attend a **"Preparation PIPE"** to help them prepare for the treatment environment; reside in a PIPE environment (**"Provision PIPE"**) as they participate in treatment elsewhere, e.g. off the wing; or else attend on completion of a PD treatment or OBP in their sentence plan – **"Progression PIPE"[1].** Additionally the PIPE model has been applied in a number of community based hostel settings known as Approved Premises PIPEs, supporting those who have been released from custody. PIPEs are for any offender who requires a period in such an environment, and in particular those offenders with Personality disorder, where there is a link between their PD and their offending behaviour. Secondly they are not the only services that have been newly commissioned as part of the programme. There have also been treatment services in several prisons, for both men and women, a case management and consultation service in every probation	Thank you for your comment. This section of the scope has been reworded.

[1] A study on the prison 'Progression PIPE' can be found at https://www.gov.uk/government/publications/enabling-features-of-pipes-research-report

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			Local Delivery Unit, and some community treatment. For a full list of all the services commissioned under this programme please contact me.	
NHS England	2	General	Comments on the scope of the paper; in scope are services in prisons and probation. It is noted that offenders in secure health settings are out of scope of this guideline. The OPD programme has commissioned across custody, community and in health settings, as one of the key principles of the programme is that NOMS and NHS England need to share joint responsibility for providing services to the offender population. A critical element to providing mental health services including personality disorder services are the **pathways** and links across systems and commissioning boundaries. The OPD programme aims where possible to provide pathways because it is able to commission across all these systems. It would be helpful for the guideline to acknowledge the role that commissioning plays in ensuring services link and are complimentary, in addition to the importance of pathways of services that link together.	Thank you for your comment. Section 4.3.1 (c) has been reworded to include 'care planning and pathways, and organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services' as a key issue that will be covered.
NHS England	3	General	The scope is only limited to those aged 18 or over; a key transition for children with complex needs and an offending history is between age 17 and 18, when they pass from being the responsibility of social services to probation services. Very often children with emerging mental illness and personality disorder require this to be acknowledged as early as possible, to allow services to start and continue when the child transfers to the adult offender system. It would be helpful for the guideline to include adolescent offender services and in particular to be able to focus on the transition between juvenile and adult status.	Thank you for your comment. We agree that transition from children to adult services is important. However, in order to ensure that the scope is of a manageable size to be adequately covered within the guideline development process timescale, children and young people aged under 18 years old are outside the scope of this guideline. As a result of stakeholder's comments, the reference to the transition from juvenile to young offender services has been removed from section 4.3.1 (c). However, young adults that have transitioned from juvenile services have been added to section 4.1.1 (b) as a group that will be given specific consideration.
NHS England	4	4.4	**Main outcomes: (c) Service Utilisation**: Would it be useful to include/specify prescribing changes/reduction in usage of medicines for mental health conditions?	Thank you for your comment. This level of detail is not appropriate for the scope and pre-empts the findings of the systematic review in that it assumes that medication

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				reduction is always a positive outcome
NHS England	5	4.4	**Main outcomes: (e) Rates of self-injury in service users:** Would it be useful to include/specify 1. Change in number of suicides; 2. Change in substance misuse activity	Thank you for your comment. This level of detail is not appropriate for the scope
NHS England	6	4.4	**Main outcomes:** In line with current priority in the community, consider adding dementia diagnosis rates.	Thank you for your comment. This would be captured under 'mental health outcomes'
Northamptonshire Healthcare NHS Foundation Trust	1	3.2 h	Needs to be a distinction between PIPEs and PD services. Pd services are for those with challenging behaviours (Self harm and violence) and not just those deemed as vulnerable. PIPEs are for those who are settled in their behaviour and who have completed offending behaviour programmes with a view to consolidate learning from treatment and offending behaviour programmes.	Thank you for your comment. This section of the scope has been reworded.
Prison Reform Trust	1	General	The sole use of the term 'mental health' in the title is, we believe, misguided. The scope of the guideline is wider than mental health (3.1) and includes, for example, people with a learning disability. Our concern is that the sole use of the term 'mental health' would limit the reach of the guideline when, for example, learning disability is identified as a specific consideration (4.1.1 b)). Our suggestion would be to have a more inclusive title, which can then be abbreviated throughout the guideline. In addition to including learning disability in the title we would also suggest including autistic spectrum disorder, given the Autism Act and Autism Strategy.	Thank you for your comment. Learning disabilities and autism spectrum disorders are both mental disorders as defined in diagnostic classification systems and we do not therefore consider it appropriate to outline all mental disorders that will be included in this guideline in the title.
Prison Reform Trust	2	1	As above	Please see response number 132.
Prison Reform Trust	3	1.1	As above	Please see response number 132.
Prison Reform Trust	4	1.1	While we appreciate the need for 'shorthand' in a document, we worry about the term 'offender pathway' when it is used to include suspects in police custody and defendants in court. People should not be described or labelled as offenders unless and until they have been found guilty of a crime. Although more wordy, we much prefer your description, 'integrated mental health care for adults in contact with the criminal justice system'.	Thank you for your comment. Please see the revised scope for the amended title.
Prison Reform Trust	5	3.1	We would like to see a women specific paragraph in this	Thank you for your comment. Where data was available

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			section, much the same as there is a specific paragraph for black and minority ethnic groups (m). This could highlight the particular problems faced by women in contact with the criminal justice system, such as higher prevalence rates of mental health conditions, self harm and multiple needs. This would reflect policy and research evidence on the need for a distinct approach to women in the criminal justice system and be in line with section 10, Offender rehabilitation Act 2014; see PRT's briefing paper on reducing women's imprisonment.	epidemiological data has been split by gender in order to highlight differential prevalence rates in males and females (see 3.1 [d]-[i]). A general statement about gender inequalities in the prevalence of mental health problems that was in the consultation version of the scope but was previously combined with rates of mental disorder in remand versus sentenced prisoners, has been separated out to make this point clearer (see 3.1 [c])
Prison Reform Trust	6	3.2 b	We would suggest that paragraph b) is revised to reflect current arrangements for liaison and diversion services, which are being developed by NHS England. There are currently ten trial sites, a detailed operating model and service specification, and a Government commitment for national roll out in police custody suites and criminal courts in England by 2017 (Wales is not included in this commitment). Contact Kate Davies, Head of Public Health, Armed Forces and their Families and Health & Justice Commissioning, NHS England kate.davies12@nhs.net	Thank you for your comment. This section of the scope has been reworded to make clearer that police and court liaison and diversion schemes are currently being developed in some locations. The level of detail in your response is greater than is appropriate for this current practice overview. However, if evidence is available and published for these pilot schemes it will be reviewed as part of the guideline (providing any studies meet eligibility criteria)
Prison Reform Trust	7	3.2 d	The newly evolving liaison and diversion services will play a key role in screening and, where necessary, assessment to identify suspects with mental health problems, learning disabilities and other support needs on their arrival into police custody; see point 6 above.	Thank you for your comment. Section 3.2 (g) outlines the functions of police and court liaison and diversion schemes including 'improving the identification of mental health problems'
Prison Reform Trust	8	3.2 f	See points 6 and 7 above	Thank you for your comment. Section 3.2 of the scope has been reworded to make clearer that police and court liaison and diversion schemes are currently being developed in some locations. Section 3.2 (g) outlines the functions of police and court liaison and diversion schemes including 'improving the identification of mental health problems'
Prison Reform Trust	9	3.2 i	However, there is limited availability of adapted programmes, such as the adapted sex offender treatment programme, for offenders with an IQ below 80.	Thank you for your comment. A new section has been added, 3.2 (j), to include reference to the limited availability of adapted management programmes for people with learning disabilities.
Prison Reform Trust	10	3.2 j	Further, delivering effective treatment options in custody	Thank you for your comment. This bullet point has been

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			may be especially limited by the nature of the prison environment itself.	broadened to capture the limits to effective treatment options imposed by the restrictive nature of the prison environment.
Prison Reform Trust	11	3.2 m	We would suggest a reference is made here to the Care Act 2014, which clarifies responsibility for adult social care of prisoners assessed as being in need, including arrangements for people upon their release from prison, and people residing in approved premises. Prisoners and people residing in approved premises will be treated as if they are resident in the local council area in which the prison or approved premises is located, and adult social services will be responsible for meeting assessed need. Arrangements will be effective from April 2015 and guidance is being developed. Note: this applies to England only. Arrangements for Wales are covered by the Social Services and Well-being (Wales) Act 2014.	Thank you for your comment. A reference to the Care Act 2014 has been added to this section. The Social Services and Well-being (Wales) Act 2014 has not been referenced as NICE guidance is officially England-only. Service Level Agreements exist with Wales, Scotland and Northern Ireland. However, decisions about how NICE guidance applies (or needs to be adapted) in these countries are made by the devolved administrations, who are often involved and consulted with in the development of NICE guidance.
Prison Reform Trust	12	4.1.1 a	We would suggest adding 'appearing in court' to the list of bullet points.	Thank you for your comment. Court custody has been added to this list
Prison Reform Trust	13	4.1.1 a	Final bullet point, we would suggest adding Community Rehabilitation Companies (CRCs).	Thank you for your comment. The last part of the bullet point 'under the probation service' has been deleted (from 'serving community sentences') so that this point can refer to people in contact with CRCs or the probation service, and people 'released from prison and in contact with a community rehabilitation company (CRC) or the probation service' have been added to the list of included groups (see section 4.1.1 [a]).
Prison Reform Trust	14	4.1.1 b	We would suggest adding people with autistic spectrum disorder to the list of bullet points (see point 1 above, in particular the Autism Act and Autism Strategy).	Thank you for your comment. Individuals with ASD are included under neurodevelopmental disorders and already listed as a group that will be given specific consideration.
Prison Reform Trust	15	4.1.1 b	Third bullet point: victims are included here but are identified as a group that will not be covered at 4.1.2	Thank you for your comment. Victims and perpetrators of domestic violence have been removed from section 4.1.1 (b)
Prison Reform Trust	16	4.1.2	Third bullet point: see point 15 above.	Please see comment 66.
Prison Reform Trust	17	4.3.1	It would be worth restating the particular challenges of co-morbidity amongst people in contact with criminal justice services in this section, and amongst prisoners in particular	Thank you for your comment. The complexity of comorbidities, in particular of learning disabilities and another mental health problem, is recognised by: the

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			((3.1 k) refers). For example, research undertaken by the Prison Reform Trust (Talbot 27:2008) showed that prisoners with learning disabilities/difficulties were almost three times as likely as prisoners without such conditions to have clinically significant depression or anxiety.	epidemiology section (3.1 [l]); the inclusion of people with neurodevelopmental disorders (including learning disabilities) as a group that will be given specific consideration (4.1.1 [b]); the rewording of section 4.3.1 (c) to include 'care planning and pathways, and organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services' as a key issue that will be covered by this guideline.
Prison Reform Trust	18	4.3.1 c	It is important to clarify the transition from children's (<18) to adult health and social care services, as well as the transition from juvenile (<18) to adult criminal justice services.	Thank you for your comment. The reference to the transition from 'juvenile to young offender services' has been removed from this section as children and young people (aged under 18 years old) are outside the scope of this guideline and it is therefore not considered appropriate to add in the transition from children's to adult health and social care services
Royal College of General Practitioners	1	General	I think that there is a crisis in primary care mental health in the community, which may be affecting the level of care provided on already stretched services in prisons. This guideline development should consider the economic impact of any recommendations and review the impact of previous recommendations from other reports, particularly the NIHR report of 2010 and the APG report 2006. There continues to be no standard model for mental inreach teams and a lack of primary care mental health care. I am reassured that the guideline development scope recognises the high prevalence of people with learning disabilities and would benefit from consideration to using an annual health check with an assessment of mental health. (MH)	Thank you for your comment. A health economic evidence review and cost-effectiveness analysis (where evidence is available) will be included in this guideline, as will a review of the organisation and provision of services and assessment.
Royal College of General Practitioners	2	General	The pathway of prisoners with mental health problems through prison health services and the effect of the prison environment on the mental health of prisoners April 2010 A report to the National Institute of Health Research:	Thank you for drawing our attention to this relevant report. Studies identified during the scoping consultation process will be cross-checked against the systematic search and where studies meet the eligibility criteria they will be included in the review

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			www.ohrn.nhs.uk/OHRNResearch/EnvPath.pdf Recommendations 1. The first health reception screening tool in prisons should be updated to improve the triaging of prisoners to appropriate health care pathways. 2. Staff administering health reception screens should be given training to identify those prisoners that are likely to need extra support during early custody, including women, those with a history of mental illness and prisoners likely to be on remand for extended periods of time. 3. Prisons should consider providing targeted, improved support to vulnerable groups during transitional periods such as early custody and resettlement. 4. Whilst detoxification may initially take priority in prison, treatment via the substance misuse care pathway should not necessarily replace involvement from mental health services. Opportunities for mental health assessment should be built into substance misuse care pathways to avoid overlooking individuals that also require psychiatric intervention. 5. Primary care mental health services need further development and investment to ensure that prisoners with common mental health problems receive appropriate, skilled and timely care. Implemented services and initiatives should be subject to proper monitoring and evaluation to inform ongoing service improvement and to judge their effectiveness. 6. Large scale prison prevalence surveys should be repeated to provide up-to-date information regarding the physical and mental health needs of	

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			the UK prison population, including the prevalence of PTSD. 7. A future prevalence survey should include measures of individual service needs, in addition to identification of mental health problems, to provide data upon which NHS commissioners and managers can develop services which are appropriately matched to need in terms of both quantity and plurality of provision. Further longitudinal studies should be conducted to determine the effects of imprisonment over longer periods of time and on vulnerable groups, including women and those on indeterminate (IPP) sentences. (MH)	
Royal College of General Practitioners	3	General	The Mental Health Problems in UK HM Prisons 2006 A Report from the All-Party Parliamentary Group on Prison Health: www.centreformentalhealth.org.uk/pdfs/allparty_prison_health_report_nov06.pdf RECOMMENDATIONS The Prison Reform Trust states that it "should be unlawful to send to prison an offender or defendant for whom there is clinical evidence that they require hospital care." We suggest a more radical prescription. Successive studies by interested bodies over many years have called attention to the problems of mental health in prisons; and successive studies have made recommendations for improvement. Our visits identified a number of areas for attention outlined above. However, the problems remain so widespread and acute that we suspect that they cannot properly be addressed by an "a la carte" menu of further	Thank you for drawing our attention to this relevant report. Studies identified during the scoping consultation process will be cross-checked against the systematic search and where studies meet the eligibility criteria they will be included in the review

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			recommendations. Nothing less than a fundamental shift in thinking is required, at each stage of the individual's 'pathway' through mental health and criminal justice services. Community-based mental health services need a major boost to offer people at risk of offending a full programme of support to lead ordinary lives: to stay in education or employment; to maintain family and social relationships; to have a reasonable income and any welfare benefits to which they are entitled. Court diversion and liaison schemes must be improved. We know that where diversion schemes are fully functioning they provide an alternative to mainstream criminal justice provision to people with severe mental health problems. Diversion schemes must be properly staffed, available where and when needed, proactive and with access to appropriate facilities for all groups of people. They must provide access to genuine alternatives to imprisonment for people whose severe mental health problems make prison inappropriate for them. Mental health care in prison needs to be of an equal standard to that provided in the community. The Government has stated its wish to create an 'equivalent' service in prison to that which exists in the community. Achieving this will require massive investment in a 'stepped care' model of services, from good quality primary care for prisoners with depression and anxiety to more specialised services for those developing more severe problems. Finally, links between prison mental health services and those outside must undergo rapid and radical improvement. People who need compulsory treatment should be taken to	

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			hospital; not kept in prison until a bed becomes available. Ex-offenders with mental health problems need support to re-establish their lives; while people on community sentences need as much care and support for their mental health as those in prison. Redefining the boundaries between mental illness and criminality could lead to lower crime, better mental health, and a happier society. No doubt, there are dramatic implications for budgetary redistribution from Home Office back to NHS, but with prison containment costs running at £37,000 a year per person we suspect that there may be some potential saving in current expenditure. The bleak alternative is to continue with the present clearly dysfunctional system, applying make do and mend solutions to its broken parts. Perhaps future generations will look back on our generation which has criminalised a large section of its mentally ill as being just as misguided as previous generations which exhibited the mentally ill as freaks. (MH)	
Royal College of General Practitioners	4	4.4	I agree with the suggested main outcomes but there should also be consideration given to enabling individual recovery and independence. (EE)	Thank you for your comment. This would be captured under 'adaptive functioning'
Royal College of General Practitioners	5	General	The principle of parity must apply. Mental health care in prison must be of the same standard and equivalent to mental healthcare in the community. (EE)	Thank you for your comment.
Royal College of General Practitioners	6	General	There needs to be an emphasis on the organisation of care being commissioned as an integrated care pathway which focuses on improving and ensuring seamless transitions between different organisations and services. Those leaving the criminal justice system tend to have complex and multiple problems and requiring a co-ordinated multi-agency response. (EE)	Thank you for your comment. Section 4.3.1 (c) has been reworded to include 'care planning and pathways, and organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services' as a key issue that will be covered.
Royal College of General Practitioners	7	General	Commissioners should ensure they commission a safe environment that allows the delivery of evidence based	Thank you for your comment. Section 4.3.1 (c) has been reworded to include 'care planning and pathways, and

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			therapeutic interventions. (EE)	organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services' as a key issue that will be covered.
Royal College of General Practitioners	8	4.1.1 b	Specific vulnerable groups that require focused attention should include people with a dual diagnosis and individuals with personality disorders. (EE)	Thank you for your comment. People with a dual diagnosis and with personality disorders will be included in this guideline. However, people with these problems represent such a large group that they do not warrant specific consideration. Specific consideration groups are groups that might need attention with regards to equality issues and generally represent a minority of the included group.
Royal College of General Practitioners	9	General	The Quality Network for forensic mental health have been successful in improving standards in medium secure care and should be similarly applied to other forensic services. (EE)	Thank you for your comment. Evidence for the organisation and provision of services for mental health problems in the criminal justice system will be searched for and reviewed in order to address the key issues outlined in section 4.3.1 (c)
Royal College of General Practitioners	10	General	Commissioners should take into account the recommendations in the Bradley report 2009. These include: Early Intervention- Community-based mental health services need a major boost to offer people at risk of offending a full programme of support to lead ordinary lives: to stay in education or employment; to maintain family and social relationships; to have a reasonable income and any welfare benefits to which they are entitled. Court diversion and liaison schemes must be improved and have 'fidelity' to the evidenced based functional model. When concordant with this model, they provide an alternative to mainstream criminal justice provision to people with severe mental health problems. They must provide access to genuine alternatives to imprisonment for people whose severe mental health problems make prison inappropriate for them. (NHS England (2014) *Operating Model for Liaison and Diversion 2013/2014*.	Thank you for drawing our attention to this relevant report. Studies identified during the scoping consultation process will be cross-checked against the systematic search and where studies meet the eligibility criteria they will be included in the review

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			The prison psychiatric morbidity study conducted in 1997 should be repeated to get up to date levels of need across the whole of the criminal justice system. An emphasis should be placed on improving data collection and a programme of research to support and develop the evidence base in this area. (EE)	
Royal College of General Practitioners	11	General	NHS England should develop an Operating Model to include both prevention and resettlement. It should also include the Mental Health Treatment Requirement. http://www.legislation.gov.uk/ukpga/2003/44/section/207 The Operating Model should map both provision and commissioning responsibility to different elements of the model. In addition to the Operating Model, guidance for CCGs and others should be produced to support their commissioning of diversion pathways. A housing first policy should be considered and implemented. Need to include housing and an overall strategic direction set by the H&WB boards. (EE)	Thank you for your comment. Evidence for the organisation and provision of services for mental health problems in the criminal justice system will be searched for and reviewed in order to address the key issues outlined in section 4.3.1 (c)
Royal College of General Practitioners	12	General	There needs to be reference to the work taking place around the Mental Health Crisis care concordat which ensures all front line workers (e.g. from police, ambulance services, prison service, probation &CRCs , Youth Offending services and Emergency Departments) receive appropriate mental health awareness and regular updated training. http://www.crisiscareconcordat.org.uk/ (EE)	Thank you for your comment. Staff training is outlined in the scope as a key issue that will be covered by this guideline (see section 4.3.1 [d])
Royal College of Nursing	1	General	We feel the draft scope is fairly comprehensive however we did observe that there seems to be an absence of mention for the need to have strong nursing leadership.	Thank you for your comment. Evidence for the organisation and provision of services for mental health problems in the criminal justice system and training and education for

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				health, social care and criminal justice professionals will be searched for and reviewed as outlined in 4.3.1 (c) and (d). It is not considered appropriate to single out specific professional groups in this scoping document.
Royal College of Nursing	2	General	The RCN would strongly recommend that IRC's (Immigration and Removal Centres) and police custody healthcare are IN scope of this work	Thank you for your comment. Police custody is included in this scope as outlined in section 4.1.1 (a). However, in response to stakeholder comments that immigration removal centres (IRCs) are not part of the criminal justice system, this group has been added to the groups that will not be covered (4.1.2) as they are outside the remit for this guideline
Royal College of Psychiatrists	1	General	The Scope asks, "Do you think this scope could be changed to better promote equality of opportunity relating to age, disability, gender, gender identity, ethnicity, religion and belief, sexual orientation or socio-economic status?" It seems to deal adequately with these issues.	Thank you for your comment.
Royal College of Psychiatrists	2	4.1.1 a	The Faculty believes that the list of groups covered should include those held in immigration remove and detention centres.	Thank you for your comment. In response to stakeholder comments that immigration removal centres (IRCs) are not part of the criminal justice system, this group has been added to the groups that will not be covered (4.1.2) as they are outside the remit for this guideline
Royal College of Psychiatrists	3	4.2	There is no reference in the scope to; physical conditions, including the provision of a suitable environment in which to care for those at risk of self harm, the provision of a prison environment which, if not always therapeutic, is not actively anti-therapeutic and in which psychological treatment is feasible and what a prison health care centre should look like, and how it should be managed and staffed.	Thank you for your comment. The first bullet point of section 4.3.1 (b) includes 'interventions to promote mental health and wellbeing, including environmental adaptations' which would capture environments to care for those at risk of self-harm and prison-based environmental adaptations. The organisation and provision of services will also be included in the systematic evidence review as set out in section 4.3.1 (c)
Royal College of Speech and Language Therapists	1	3.1	It may be worthwhile highlighting the communication difficulties that are present with individuals within the prison population i.e. the evidence that states those with LD are highly likely to experience communication difficulties or those taking anti-psychotic medication that may develop a dysphagia as a side effect	Thank you for your comment. This level of detail is greater than would typically be included in this epidemiology overview as the purpose of this section is to provide a brief background, rather than a comprehensive textbook review.

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Royal College of Speech and Language Therapists	2	3.1	Need to add speech, language and communication needs to this section. There is a strong link between mental health in prisons and speech, language and communication needs. Evidence suggests that around 60% with diagnosable mental health problems have speech and language difficulties. Furthermore, evidence shows that around 60% of offenders in the custodial estate have difficulties with speech, language or communication. Of those, up to a third with untreated communication problems will go on to develop subsequent mental health issues* . **CCC report*	Thank you for your comment. This level of detail is greater than would typically be included in this epidemiology overview as the purpose of this section is to provide a brief background, rather than a comprehensive textbook review. The reference you highlight is also not relevant here as it refers to juvenile offenders, and children and young people are outside the scope of this guideline
Royal College of Speech and Language Therapists	3	3.2 b	Liaison and diversion schemes also provide early intervention and support for people with speech, language and communication needs.	Thank you for your comment. Liaison and diversion services do not provide early intervention but the function of these schemes does include improving the identification of mental health problems and signposting and referring to appropriate services. It is not considered appropriate to single out speech, language and communication needs as they would be included under 'mental health problems' if the person had a neurodevelopmental disorder (including learning disabilities) or other mental health problem, and if not, they would be outside the scope of this guideline
Royal College of Speech and Language Therapists	4	3.2 c	Examples of mental health problems and disorders e.g. autism, ADHD – all need SLT input	Thank you for your comment. It is not considered appropriate to list mental health problems in this section as this bullet point is concerned with outlining current practice with regards to the provision of services. It is not general NICE practice to single out any specific professional group in this scoping document.
Royal College of Speech and Language Therapists	5	3.2 d	Also the prison provides services for LD prisoners i.e. Therapeutic communities only for LD prisoners at HMP Dovegate, Gartree and Grendon and other LD supportive prisons such as HMP Whatton.	Thank you for your comment. A new section has been added, 3.2 (j), to include specialist services that are provided by some prisons for offenders with learning disabilities and learning difficulties
Royal College of Speech and	6	3.2 e	3.2 e and 4.3.1 b	Thank you for your comment. A new section has been

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Language Therapists			Treatments options are limited and inaccessible to many due to literacy and language processing skills	added, 3.2 (j), to include reference to the limited availability of adapted management programmes for people with learning disabilities. People with neurodevelopmental disorders (including learning disabilities) are included as a group that will be given specific consideration in this guideline, see 4.1.1 (b). In addition, the following has been added to the key issues that will be covered (section 4.3.1 [c]): 'care planning and pathways, and organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services'
Royal College of Speech and Language Therapists	7	3.2 h	Would be worth having a consistent and clear treatment transfer plan	Thank you for your comment. This section is concerned with current practice. However, the organisation and delivery of care, including continuity of care, will be considered as part of the systematic evidence review
Royal College of Speech and Language Therapists	8	4.1.1	This section includes the groups of people who are at risk of developing mental health problems who are in contact with the justice system. As evidence suggests that of the 60% of offenders with speech, language or communication problems, up to a third of people with untreated communication problems will go on to develop subsequent mental health issues*, this group of individuals should be included in the study. **CCC report*	Thank you for your comment. The bulleted list in 4.1.1 (b) is not a list of the groups of people who are at risk of developing mental health problems. This is a list of groups that will be given specific consideration with regards to equality issues to ensure that recommendations are considered in terms of how they apply to these groups (and adapted or amended as appropriate) and to ensure that the guideline will not discriminate against any of the equality groups, with particular reference to population groups sharing the 'protected characteristics' as defined in the Equality Act. Speech, language and communication problems will be adequately captured by 'people with neurodevelopmental disorders (including learning disabilities)'
Royal College of Speech and Language Therapists	9	4.1.2	Can NICE explain why forensic hospitals and low and medium secure units are being excluded from this guideline?	Thank you for your comment. People who are cared for in hospital have been excluded from this guideline (except for providing guidance on the management of transitions between criminal justice system settings and hospital). The difference between these services and other criminal justice system settings is such that inclusion of this group would

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				have significant repercussions on the manageability of the size of the scope in relation to the time-constrained guideline development process. It is also important to note that because care is generally better in these settings, it is appropriate for NICE guidelines to focus on areas where there are problems in practice.
Royal College of Speech and Language Therapists	10	4.3.1 a	It is important to identify someone with speech and language problems early in the assessment to identify any issues with communication, language or dysphagia	Thank you for your comment. Key components of an assessment will form the basis of a review question to be addressed by the systematic evidence search and review
Royal College of Speech and Language Therapists	11	4.3.1 a	Need to identify the importance of having a SLT assessment in the early stages to identify any issues with language processing, expressing, dysphagia etc.	Thank you for your comment. Key components of an assessment will form the basis of a review question to be addressed by the systematic evidence search and review
Royal College of Speech and Language Therapists	12	4.3.1 b	Treatment, rehabilitation and therapeutic programmes are inaccessible to people with mental health problems with speech, language and communication problems. This should be examined. Evidence shows that around 40% of offenders find it difficult or are unable to benefit from and access rehabilitation programmes that are delivered verbally, such as drug rehabilitation courses. Approximately a third of offenders have poor speaking and listening skills and are unable to access education and treatment programmes due to their poor language and literacy skills.	Thank you for your comment. The specific needs of people with mental health problems with speech, language and communication problems are included within 'people with neurodevelopmental disorders (including learning disabilities)' and are identified as a group that will receive specific consideration in section 4.1.1 (b). Section 4.3.1 (c) has also been reworded to include 'care planning and pathways, and organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services' as a key issue that will be covered.
Royal College of Speech and Language Therapists	13	4.3.2 b	No mention of the need for team discussions and formulations for the complex cases – as provided by NHS it needs to be an embedded that this can work alongside the usual prison regime. Difficult at the moment due to prison staff shortages.	Thank you for your comment. Section 4.3.1 (c) has been reworded to include 'care planning and pathways, and organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services' as a key issue that will be covered.
Royal College of Speech and Language Therapists	14	4.4	Working within the prison system I've worked with many people that have sentence planning boards etc. that are completely unhelpful due to being lengthy and using	Thank you for your comment. Sentence planning is outside the scope of this guideline

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			complex vocabulary. It would be extremely beneficial to highlight the need for transition planning/sentence planning to be individualised and targeted at an appropriate level for the prisoners involved to fully understand the decisions that are being made about their future.	
Royal College of Speech and Language Therapists	15	3.1	Page 4: Add in about the high levels of speech, language and communication needs in the prison population. > 6 0% as opposed to <10% in the general population. See Bryan,K et al. 2007	Thank you for your comment. This level of detail is greater than would typically be included in this epidemiology overview as the purpose of this section is to provide a brief background, rather than a comprehensive textbook review. The reference you highlight is also not relevant here as it refers to juvenile offenders, and children and young people (aged under 18 years old) are outside the scope of this guideline
Women in Prison	1	4.1.1 a	It is important that those who are released from prison on licence are also covered to examine how services and care provision which is accessed in prison is continued whilst in the community. This is of particular importance as with Transforming Rehabilitation reforms all those leaving prison will be on licence and there needs to be a focus in these guidelines on ensuring support and health care is continued once released.	Thank you for your comment. People released from prison on licence have been added to the list of included groups (see section 4.1.1 [a]) and the organisation and provision of services section has been reworded to include 'care planning and pathways, and organisation and structure of services, which promote appropriate access to services, positive experience of services, care coordination, transitions between services and discharge from services' as a key issue that will be covered (see section 4.3.1 [c])
Youth Justice Board for England and Wales	1	General	The YJB welcomes this opportunity to respond to this consultation on the draft scope for guidelines to address the identification and management of mental health of people in prison. However, we are concerned that, in the absence of separate guidance from NICE this guideline will not include a section on the mental health needs of children and young people in custody*. This is an issue of increasing concern and interest and we believe that there is significant merit in ensuring that NICE guidance is available on this topic, in addition to that which is already available. We also believe that the guideline needs to provide distinct advice to those working with or providing services to young adults who are transitioning between youth and adult	Thank you for your comment. We agree that the mental health of children and young people in contact with the criminal justice system is an important area and young adults that have transitioned from juvenile services have been added as a group that will be given specific consideration in this guideline (see section 4.1.1 [b]). However, the assessment, treatment and management of children and young people (under the age of 18 years old) cannot be adequately considered within this guidance given the time constraints of the guideline development process and the significant differences between juvenile and adult services which would necessitate a different guideline development group member constitution. We are unable to

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			criminal justice and mental health services. **By which we mean Young Offender Institutes, Secure Training Centres and Secure Children's Homes*	recommend that separate guidance is developed for children and young people as NICE's work programme is referred by NHS England
Youth Justice Board for England and Wales	2	General	The Youth Justice Board for England and Wales (YJB) is a non-departmental public body established by the Crime and Disorder Act 1998 to oversee the youth justice system in England and Wales. Our vision is for an effective youth justice system where young people receive the support they need to live successful, crime-free lives, and where more offenders are caught and held to account for their actions. We also seek to protect the public and provide better support for victims. The YJB's responsibilities include: • advising Ministers on the operation of, and standards for, the youth justice system; • monitoring the performance of the youth justice system; • identifying and promoting effective practice; • making grants to local authorities and other bodies to support the development of effective practice; • commissioning research and publishing information; and • purchasing secure accommodation places for, and placing, children and young people remanded or sentenced by the courts to custody.	Thank you for raising our awareness.
Youth Justice Board for England and Wales	3	General	In June 2013, the Royal College of Paediatrics published the intercollegiate 'Healthcare Standards Children and Young People in Secure Settings'. Funded by the Youth Justice Board and led by the RCPCH, the healthcare standards set out 69 standards for the provision of healthcare – including mental health provision – in young offender institutions, secure children's homes and secure	Thank you for your comment. We agree that the mental health of children and young people in contact with the criminal justice system is an important area. However, the assessment, treatment and management of children and young people (under the age of 18 years old) cannot be adequately considered within this guidance given the time constraints of the guideline development process and the

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			training centres. In developing the Healthcare Standards for Children and Young People in Secure Settings (June 2012) The Royal Colleges identified that young people in secure settings have significantly greater health care needs than their peers, this included mental health needs which may have been previously unidentified. The prevalence of mental health disorders is over three times greater in young people in secure settings compared to the general population. The most common of these are conduct disorders, anxiety and depression; but the prevalence rates of personality disorder, psychosis, attention disorders post traumatic stress and self harm are also high*. Significantly it is widely known that the early and accurate assessment of needs followed by appropriate care and intervention are the best way to respond to these needs. For young people in secure settings the unique opportunity is available to improve health outcomes and initiate some continuity of care. Including a specific section in your guidelines on the identification and management of mental health problems for children and young people would provide an opportunity to reinforce good practice and expectations and support better outcomes. **Health needs of young people in secure settings – 'Evidence about the health and well-being needs of children and young peoplein contact with the youth justice system' (Ryan,and Tunnard) Healthy Children Safer Communities programme 2012*	significant differences between juvenile and adult services which would necessitate a different guideline development group member constitution. However, adults in young offender services (18-21 years) are included and the evidence for the identification and management of mental health problems in this group will be reviewed
Youth Justice Board for England and Wales	4	General	The mental health needs of young adults in custody, especially those who have transitioned from the youth estate, vary from those of the wider adult population. On	Thank you for your comment. We agree that the mental health of children and young people in contact with the criminal justice system is an important area and young

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			this basis we would propose that you consider the needs of this group specifically within the scope of these guidelines. There are well-documented high levels of health and care needs within the youth justice cohort (those under the age of 18), with the prevalence higher than in the general population. For example, a YJB commissioned research study across six areas of England and Wales, published in 2005, showed a third of young people (aged 13-18) who offended (including young people in custody and in the community) were identified as having a mental health need. This is compared to an estimated one in 10 young people aged five to 16 years in the general population in 2004*. In addition YJB Cymru, supported by the Welsh Government carried out a project to profile young people who were prolific offenders (25+ offences) (2012). The findings showed that 57% had contact with/or referrals to mental health services** and we would suggest that these figures could be similarly represented with young offenders in England. Similarly, a recent study of young people across the youth secure estate in 2010 (i.e. Young Offender Institutions, Secure Training Centres and Secure Children Homes) reported that, among those for whom such information was available, at least one in four young people had a mental health issue***. The prevalence of mental health needs in the youth justice cohort is expected to be reflected in the needs of those young adults who are entering the adult justice system having transitioned.	adults that have transitioned from juvenile services have been added as a group that will be given specific consideration in this guideline (see section 4.1.1 [b]). However, the assessment, treatment and management of children and young people (under the age of 18 years old) cannot be adequately considered within this guidance given the time constraints of the guideline development process and the significant differences between juvenile and adult services which would necessitate a different guideline development group member constitution. However, adults in young offender services (18-21 years) are included and the evidence for the identification and management of mental health problems in this group will be reviewed

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			**See Green et al (2005) Mental Health of Children and Young People in Great Britain, 2004. ONS.* ***Welsh Government Green Paper (2012) Proposals to improve services in Wales to better meet the needs of children and young people who are at risk of entering, or are already in, the Youth Justice System* ****Gyateng et al (2013). Young People and the Secure Estate: Needs and interventions. Youth Justice Board for England and Wales.*	
Youth Justice Board for England and Wales	5	General	Young adults have specific needs that should be considered alongside the mental health provision they receive in prisons. These include the following: • Maturity is a significant issue particularly for those entering adulthood, (such as 18 – 24year olds). Research by the University of Birmingham has developed Maturity Guidance for use by probation practitioners, to aid their assessments and preparation of Pre Sentence Reports and sentencing recommendations. • For any young adults who transition from the youth estate it should be recognised that they are often vulnerable individuals to whom the impact of moving from a better resourced and more supportive environment may be stark and they therefore required more focused management than the general adult population. • How the pathway between child and adult mental health services operates for those already accessing mental health support Although there are specialist services/interventions in place for children that are placed in custody it appears that transitioning these across to adult services does not occur as smoothly as possible.	Thank you for your comment. Young adults that have transitioned from juvenile services have been added as a group that will be given specific consideration in this guideline (see section 4.1.1 [b]).
Youth Justice Board for	6	3.2	The YJB would suggest that reference and alignment	Thank you for your comment. The way NICE was

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England and Wales			should be made to relevant Welsh Legislation and Strategies where appropriate in any guidance that is developed, specifically: • Mental Health Measure 2010 • Together for Mental Health Strategy 2012	established in legislation means that NICE guidance is officially England-only. Service Level Agreements exist with Wales, Scotland and Northern Ireland. However, decisions about how NICE guidance applies (or needs to be adapted) in these countries are made by the devolved administrations, who are often involved and consulted with in the development of NICE guidance.
Youth Justice Board for England and Wales	7	3.2 a	We would recommend that guidance should reflect the differences in commissioning and delivery arrangements which apply in Wales as health is devolved, but criminal justice is not.	Thank you for your comment. The way NICE was established in legislation means that NICE guidance is officially England-only. Service Level Agreements exist with Wales, Scotland and Northern Ireland. However, decisions about how NICE guidance applies (or needs to be adapted) in these countries are made by the devolved administrations, who are often involved and consulted with in the development of NICE guidance.
Youth Justice Board for England and Wales	8	4.1.1 b	We would consider that the scope should be extended to include specific consideration of 'young adults that have transitioned from youth justice services' and the mental health support provided to them in an adult prison setting.	Thank you for your comment. Young adults that have transitioned from juvenile services have been added as a group that will be given specific consideration.
Youth Justice Board for England and Wales	9	4.3.1 a	You should be aware that young adults who have transitioned from youth justice custody will have had their mental health needs identified through the health screening tool introduced by the YJB and the Department of Health in 2012 the Comprehensive Health Assessment Tool (CHAT). This tool was specifically developed for use in the youth justice system, and designed to enable consistent and comprehensive identification and assessment of the health and health-related needs of children by the right professionals at the right time. The mental health element of CHAT includes a neurodisability assessment that considers the impact of: traumatic brain injury, speech, language and communication impairment, attention deficit hyperactivity disorder (ADHD), learning disabilities, educational needs, and autistic spectrum disorder. The outcomes of which are	Thank you for raising our awareness. Children and young people (aged under 18 years old) are outside the scope of this guideline. However, young adults that have transitioned from juvenile services have been added as a group that will be given specific consideration in this guideline.

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			intended to inform the young person's care plan and be reviewed at regular intervals. It should be noted that CHAT is a screening tool to identify 'suspected need' and therefore further assessments and appropriate interventions are dependent on local arrangements. The availability of this information to the adult estate should be able to support the needs of those young adults who have directly transitions from youth custody; signalling where health needs have been identified and potentially allowing for some stability of the interventions received supporting their health, wellbeing and rehabilitation so that appropriate interventions can be put in place as well as a structured plan for how to transition from youth to adult mental health services.	

These organisations were approached but did not respond:

2gether NHS Foundation Trust

4Children

5 Borough Partnership NHS Foundation Trust

5 boroughs NHS Foundation Trust Partnership

Abbey Community Association Ltd

Action on Smoking and Health

Addaction

ADFAM

ADHD Foundation

Adult ADHD NI

Advertising Standards Authority

African Health Policy Network

Age UK

Alcohol Concern

Allocate Software PLC
Alzheimer's Society
Anxiety UK
ASPECT
Associate Development Solutions Ltd
Association for Cognitive Analytic
Association for the advancement of meridian energy techniques
Association of Anaesthetists of Great Britain and Ireland
Association of Directors of Adult Social Services
Association of Directors of Children's Services
Association of Directors of Public Health
Association of Police and Crime Commissioners
Association of Psychoanalytic Psychotherapy in the NHS
Belfast Health and Social Care Trust
BeTr Foundation
Big White Wall
Birmingham and Solihull Mental Health NHS Foundation Trust
Birmingham City Council
Black and Ethnic Minority Diabetes Association
Black Women's Rape Action Project
Bolton Council
Bracknell Forest Council
British Academy of Audiology
British Association for Behavioural & Cognitive Psychotherapies
British Association of Dramatherapists
British Dental Association
British Heart Foundation

British Institute of Learning Disabilities

British Liver Trust
British Medical Association
British Medical Journal
British National Formulary
British Nuclear Cardiology Society
British Red Cross
British Retail Consortium
British Society for Disability and Oral Health
Calderstones Partnerships NHS Foundation Trust
Cambridge University MRC Epidemiology Unit
Camden Public Health NHS NCL London
Cancer Research UK
Capsulation PPS
Cardiff School of Social Sciences
Care Plus Group
Care Quality Commission
Carers in Partnership CIC
Central & North West London NHS Foundation Trust
Centre for Policy on Ageing
Centre for Reviews and Dissemination and Centre for Health Economics – York
Changing Our Lives
Chartered Society of Physiotherapy
Cheshire & Wirral Partnership NHS Foundation Trust
Children's Law Centre
Chroma
CIS' ters

Citizens' Advice Bureau

Citizens Commission on Human Rights

City of Lincoln Council

Cochrane Depression Anxiety and Neurosis Group

Cochrane Drugs and Alcohol Group

Cochrane Heart Group

Cochrane Oral Health Group

Cochrane Public Health Group

Cochrane Tobacco Addiction Group

College of Optometrists

Community Service Volunteers

Complementary and Natural Healthcare Council

Contact

Croydon Council

Cumbria Partnership NHS Foundation Trust

Defence Public Health Unit

Dementia UK

Department for Work and Pensions

Department of Health

Department of Health, Social Services and Public Safety - Northern Ireland

Deputy Parliamentary & Health Service Ombudsman

Diabetes UK

Disability Rights UK

DNU Health Protection Agency

Doncaster Council

Doncaster Metropolitan Borough Council

Drinksense

DrugScope

Dudley Office of Public Health
Durham County Council
East of England Public Health Group
East Riding of Yorkshire Council
East Sussex County Council
Economic and Social Research Council
Edinburgh School of Social Sciences
Emergence
Faculty of Forensic and Legal Medicine
Faculty of Occupational Medicine
Faculty of Public Health
False Allegations Support Organisation
Family Action
FirstSIGNS aka LifeSigns
Five Boroughs Partnership NHS Trust
Five Rivers Child Care Ltd.
Food Inside Out
Food Standards Agency
Foundation for People with Learning Disabilities
Friends, Families & Travellers
Gloucestershire LINk
Hampshire County Council
Harrogate District Hospital
Hartlepool Borough Council
Havering Council
Health and Care Professions Council
Health and Safety Executive

Health and Social Care Information Centre
Health Research Forum
Healthcare Improvement Scotland
Healthcare Quality Improvement Partnership
Healthwatch Cumbria
HealthWatch England
Healthwatch Peterborough
Hertfordshire County Council
Hertfordshire Partnership University NHS Foundation Trust
Hindu Council UK
Hull City Council
Human Givens Institute
Hyperactive Children's Support Group
ICE Creates Ltd
Information Centre for Health and Social Care
INQUEST
Institute of Alcohol Studies
Isle of Wight Council
Janssen
Joint Committee on Vaccination and Immunisation
JonnyMatthew.com
Kent and Medway NHS and Social Care Partnership Trust
Lancashire Care NHS Foundation Trust
LB Haringey
Leeds City Council
Leeds Metropolitan University
Leicestershire Fit for Work Service

Leicestershire Partnership NHS Trust
Lesbian & Gay Foundation
Lilly UK
Lincolnshire County Council
Lincolnshire Partnership NHS Foundation Trust
Liverpool City Council
Local Government Association
London Borough of Bexley
London Borough of Haringey
London Borough of Hounslow
London Borough of Newham
London Development Centre
London Joint Working Group on Substance Misuse and Hepatitis C
London Tobacco Control and Mental Heath Network
London VAWG Consortium
Lundbeck UK
Making Waves
Medical Research Council
Medicines and Healthcare products Regulatory Agency
Medsin
Medway Public Health
Memories UK Ltd
Men's Health Forum
Mental Health Foundation
Mental Health Group - British Dietetic Association
Mental Health Matters
Mental Health North East

Mental Health Providers Forum
Mersey Care NHS Trust
Merton Council
Mind
Mind Wise New Vision
Ministry of Defence (MOD)
Motivational Interviewing Network of Trainers
MQ Transforming Mental Health
MTS Medication Technologies Ltd
National AIDS trust
National Association of LINk Members
National Clinical Guideline Centre
National Collaborating Centre for Cancer
National Collaborating Centre for Mental Health
National Collaborating Centre for Women's and Children's Health
National Commissioning Board
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
National Deaf Children's Society
National Institute for Health Research
National Obesity Forum
National Public Health Service for Wales
Nestor Primecare
Newcastle University
NHS Ayrshire and Arran
NHS Employers
NHS England Health and Criminal Justice Clinical Reference Group
NHS Great Yarmouth and Waveney CCG

NHS Hardwick CCG
NHS Health at Work
NHS Health Scotland
NHS Medway Clinical Commissioning Group
NHS Oldham CCG
NHS Plus
NHS Sheffield CCG
NHS Stockton-on-Tees
NIHR Greater Manchester Primary Care Patient Safety Translational Research Centre
Norfolk and Suffolk NHS Foundation Trust
North East Autism Society
North Essex Partnership Foundation Trust
North of England Commissioning Support
Northamptonshire county council
Northern Health and Social Care Trust
Northumberland Care Trust
Northumberland County Council
Nottingham School of Social Sciences
Nottinghamshire Healthcare NHS Trust
Nottinghamshire Office of the Police and Crime Commissioner
Nursing and Midwifery Council
Nutrition Policy Unit
Offender Health Research Network
Office of Police and Crime Commissioner - Nottinghamshire
Office of the Children's Commissioner
Office of the Police and Crime Commissioner - Northumbria
Office of the Police and Crime Commissioner - South Wales

Otsuka Pharmaceuticals
Oxford Health NHS Foundation Trust
Oxleas NHS Foundation Trust
Paediatric Mental Health Association
PAPYRUS
PARITY
Peterborough City Council
Pharmaceutical Mental Health Initiative
Plymouth City Council
POhWER
Positively UK
Primecare
Public Health Agency
Public Health Bolton
Public Health England
Public Health Manchester
Public Health Portsmouth
Public Health Wandsworth
Queens Nursing Institute
Race Equality Foundation
Re-Solv
Respond
Rethink Mental Illness
Rightway Employee Wellbeing Solutions
Royal College of Anaesthetists
Royal College of General Practitioners in Wales
Royal College of Midwives

Royal College of Obstetricians and Gynaecologists
Royal College of Paediatrics and Child Health
Royal College of Pathologists
Royal College of Physicians
Royal College of Physicians and Surgeons of Glasgow
Royal College of Physicians of Edinburgh
Royal College of Psychiatrists in Scotland
Royal College of Psychiatrists in Wales
Royal College of Radiologists
Royal College of Surgeons of England
Royal Cornwall Hospitals NHS Trust
Royal National Institute of Blind People
Royal Pharmaceutical Society
Royal Society for Public Health
Royal Society of Medicine
Runnymede Trust
SANE
Scientific Advisory Committee on Nutrition
Scottish Intercollegiate Guidelines Network
Sefton Council
Self Help Services
Sheffield City Council
Sheffield Teaching Hospitals NHS Foundation Trust
Social Care Institute for Excellence
Society of Local Authority Chief Executives and Senior Managers
Soldiers, Sailors, Airmen and Families Association
Somerset County Council

South Belfast Partnership Board
South Cambridge District Council
South Eastern Health and Social Care Trust
South Gloucestershire Council
South West Yorkshire Partnership NHS Foundation Trust
Southern Health & Social Care Trust
St Andrews Healthcare
St Helens Council
Staffordshire and Stoke on Trent Partnership NHS Trust
Staffordshire County Council
Staffordshire University
Standing Together Against Domestic Violence
Stockport Clinical Commissioning Group
Stonewall
Suffolk County Council
Surrey and Borders Partnership NHS Foundation Trust
Sussex Partnership NHS Foundation Trust
Suzy Lamplugh Trust
Tameside Sports Trust
TB Alert
Tees, Esk and Wear Valleys NHS Trust
Telford and Wrekin Council

Thames Reach
The Academy for Health Coaching
The Chartered Institute of Environmental Health
The Consortium for Therapeutic Communities
The FASD Trust

The Journal of Public Mental Health
The National LGB&T Partnership
The Stefanou Foundation
The Surrey Local Involvement Network
The Vegan Society
Therapy in Praxis
Tobacco Control Collaborating Centre
Tuke Centre, The
UK Council for psychotherapy
UK Health Forum
UK National Screening Committee
UK Society for Behavioural Medicine
Unite - the Union
University of Central Lancashire
University of Glasgow
University of Leeds
University of Manchester
University of Sheffield
University of Wolverhampton
University of Worcester
Uscreates
User Voice
Victim Support
Violence Prevention Research Unit
Virgin Care
Warwickshire County Council
WAVE Trust

Waymarks
Welsh Government
Welsh Scientific Advisory Committee
West London Mental Health NHS Trust
Western Health and Social Care Trust
Wigan Borough Clinical Commissioning Group
Wigan Council
WISH - A voice for women's mental health
Womencentre Ltd
Worcestershire Health and Care NHS Trust