



Evaluation of the pilot National  
Mental Health and Ethnicity  
Census '*Count Me In*' in prisons in  
the South East.

Executive Summary

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Kate Saffin

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## Executive Summary

### Introduction

The Care Services Improvement Partnership (CSIP) in the South East region piloted the 'Count Me In' census in the prisons of the South East in April 2008. The Public Health Resource Unit (PHRU) undertook an evaluation of the pilot phase. This report presents the findings of the evaluation.

#### *The prison population*

The prison population is growing: from 70,036 men and 4,452 women in 2005 to 73,519 men and 4,463 women in 2007. Over this period there has been a slight reduction in the proportion that are from all Black and Ethnic (BME) groups from 31% to 27% of men and 32% to 29% of women.

The proportion of BME prisoners in the South East is lower than the national average at 19.86% (MoJ 2007<sup>1</sup>)

There are no definitive data on the incidence and prevalence of mental health problems in prisons. The available sources<sup>2, 3</sup> suggest that the level of mental health need in prison is much higher than the general population.

#### *'Count Me In' Census<sup>4</sup>*

'Count Me In' (CMI) is an annual census that counts all the in-patients in mental health and learning disability hospitals on one day. It includes all the NHS and independent hospitals in England and Wales. It started in 2005 and is scheduled to happen every year until 2010. It is intended to contribute to Delivering Race Equality (Department of Health 2005) by providing better information about in-patients and their care so that responsive and appropriate services can be developed and delivered<sup>5</sup>. The Mental Health Act Commission is the key organisation responsible for driving forward the 'Count Me In' Census across the NHS.

The aim of the pilot 'Count Me In' in prisons was to test the census' transferability to the prison service nationally. The scope was the 32 prisons in the South East. The work was led by the Care Services Improvement Partnership (CSIP) South East

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<sup>1</sup> Source: Statistics on Race and the Criminal Justice System – 2006/7 (MoJ July 2008) derived from full table p95

<sup>2</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH\\_4007132](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_4007132)

<sup>3</sup> <http://www.hsmc.bham.ac.uk/documents/Toolkit1.pdf>

<sup>4</sup> Source: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4100773](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100773) for full details

<sup>5</sup> Source: <http://www.mhac.org.uk/census2006>

region. Analysis was undertaken by the North East Public Health Observatory (NEPHO).

Links were established with the CMI Census and several joint meetings held to explore the extent to which the two can work to the same criteria.

## 'Count Me In' in prisons

### Aims

- To obtain robust baseline figures of all prisoners using mental health services on a specified date in 2008 with full details of ethnicity;
- To encourage all mental health providers of services within prisons to have accurate and comprehensive sustainable ethnic monitoring and ethnic record keeping procedures in place that will provide the basis for high quality data on the ethnicity of patients in all future data gathering exercises;
- To provide information that will help providers of mental health services in prisons take practical steps to achieve the government's five-year plan to tackle discrimination in mental health services (Delivering Race Equality DH Jan 2005), and within services as a whole.

### Process

The census form was based on the CMI form used in the acute trusts. Following briefing letters to all relevant stakeholders a member of the CSIP team visited (or telephoned, if a visit proved impossible) each prison healthcare manager.

An information pack was made available to each prison comprising:

- ✓ A copy of the census form
- ✓ Coding sheet
- ✓ Frequently Asked Questions
- ✓ A CSIP contact list
- ✓ Background to the CMI Census sheet.

The briefing focussed on how to use the data set coding, who would do the work, when and how to undertake it.

Following data collection the completed forms were collected in person by the CSIP team (usually the Project Lead) and forwarded to a data entry company. The completed forms were returned to CSIP and the dataset forwarded to the North East Public Health Observatory (NEPHO) for analysis.

## Evaluating the pilot

### *Methods*

We undertook a 'before and after' evaluation based on interviews and observation to capture expectations and concerns prior to the census, followed by an assessment of the process as experienced by the prison health care leads, the project lead at CSIP and the analysis team at NEPHO.

## Key findings

### *Background and preparation*

- ❖ There was uncertainty and consequently some delays concerning whether the prison census needed to have specific ethics approval or whether the CMI approval would apply (it did). This resulted in some delays in the implementation.
- ❖ The Review Of Central Returns (ROCR) who screen any research, audit or project that may have an impact on NHS health care staff workload, were informed of the project.
- ❖ The DH Patient Advisory Group was consulted but failed to respond to the CSIP team with any feedback from their committee. After several reminders on the deadline for feedback, the Project Lead wrote to them to inform them that CSIP would proceed without their feedback.
- ❖ Very few had any idea of how this census could help in service planning at a local level (Winchester and Kent prisons were exceptions).

### *Briefing*

All prisons (Cookham Wood excluded as presently closed for up-grade) were contacted. Face-to-face briefings were possible at most prisons. Some were undertaken by phone and one was sent the pack.

Both CSIP team and prison health care leads generally agreed that face-to-face briefings were more useful:

#### What went well?

- ✓ Targeted the right people.
- ✓ Queries and concerns could be dealt with more clearly e.g. about the workload involved, the process, collection of completed forms.
- ✓ Prison managers felt that the briefing pack was good and most found it self explanatory. Some suggestions were made concerning clarity and additional material. As far as possible, these were addressed and incorporated in the course of the pilot.
- ✓ It helped in establishing/developing relationships with the prisons e.g. a new health care manager was pleased to meet CSIP staff.
- ✓ The CSIP staff learned more about the prisons in the area.
- ✓ Improved interest and engagement in the census. This may be demonstrable in terms of the returns but it is likely that the sample is too small at this stage.
- ✓ Most prison health care managers seemed clear about the purpose of the census.
- ✓ Prison managers were pleased that the completed forms were collected in person by the CSIP team.

#### What went less well?

- × The person present at the briefing had not necessarily seen any of the briefing letters that had been sent to the prison.

- × The briefing team would have liked to have met with both the Healthcare and MHIRTs but this was not always possible.
- × Contacting some prisons was time consuming, with prisons failing to return calls or emails. There were also difficulties identifying the right person in some prisons and some worked part time or part time in that prison.
- × There is no accessible electronic network between prisons' health care services and few proved to have easy access to the internet and thus the website that CSIP had set up. At the same time the CSIP administrator reported getting better response from emails than phone calls or letters.
- × There were a small number of errors in the briefing pack that caused confusion e.g. an original draft date had not been changed.
- × Although the prisons all seemed to acknowledge the rationale for the census, no one volunteered any comments on how they might use these data for planning purposes.
- × Most wanted more time for briefing and preparation – there were some examples where the pack and forms arrived at the last minute.
- × Whilst there appeared to be general support for face-to-face briefings these are more time and resource intensive.

### *Data collection & analysis*

- ❖ Workload in undertaking the census: several prisons complained of the workload this had created for their team (particularly the Isle of Wight cluster), finding the overall BME figures seemed to be a problem for some MHIRTs and locating postcode data was a problem for the majority. However, allowing a week for completion of the forms was helpful (if a prisoner was no longer present on the census day the form was withdrawn).
- ❖ The majority of forms were completed by nurses with some done by admin staff (NEPHO) from Inmate Medical Records (IMRs) rather than interview.
- ❖ We found some uncertainty about the criteria for inclusion (i.e. whole caseload, or those seen that week, or just BME prisoners) amongst the prisons, what constituted 'caseload' and whether prisoners had to be interviewed directly or not.
- ❖ There were a number of specific comments re clarity of some questions (see full report) including whether it sufficiently took account of the particular needs and diagnoses of Young Offenders.
- ❖ Data entry and analysis were generally unproblematic with the senior analyst at NEPHO commenting that the quality of data were good given that it was the first census.
- ❖ However, there were a number of specific comments about refining the tool to improve clarity and enable further analysis and comparison.

## Overview of the process

Overall the process appears to have worked well. In particular:

- ❖ Aiming to visit each prison for the briefing clearly supported data collection, as the quality of data was felt to be good, despite some comments and queries.
- ❖ The briefing pack was valued by all participants.
- ❖ The process worked to time and was completed within the timescale.
- ❖ Participants from the prisons, CSIP and NEPHO contributed suggestions for improving the process to roll out nationally. These are reflected in the recommendations.

In addition the process and work with CMI enabled a thorough exploration of the commonalities as well as the differences between the two census. This should support future work looking at ways the two can work together.

- A feedback event for the prisons is planned for the autumn.
- Since the pilot there has been discussion about defining a performance indicator that would require prisons to complete it.

## Recommendations for rolling out nationally

1. Give consideration to a staged roll out region by region rather than aiming for national coverage. We feel the former is more likely to embed the process thoroughly and thus ensure more accurate and complete data.
2. It is essential that participating prisons both understand and support the census if accurate valid data is to be collected. To achieve this we suggest:
  - a. Building links with regional CSIP leads to champion it in their area.
  - b. Sell the concept and purpose of the census at regional prison healthcare forums: Prison Healthcare Manager Forum; MHIRT leads forum. However, this will not be a substitute for detailed briefing.
  - c. Detailed briefing for each participating prison the first time they take part. This should be face-to-face at the participating prison other than in exceptional circumstances.
  - d. The level of subsequent briefings to depend on need, for example staff changes, particular issues in data collection or feedback.
  - e. Agreeing the mode of data retrieval from the prison with the Head of Healthcare to ensure confidence in the process.
  - f. Feedback to each prison as well as regional and summary reports.
3. Systematic approach to project management – will probably need a dedicated co-ordinator in each region, possibly a national one at the start to oversee roll out.
4. Develop a system to manage and retrieve data with a view to enabling data uploading. However, this is dependant on suitable IT systems in participating prisons. In the interim, we recommend that each regional team collect the data in person as in the pilot to ensure safe transition of the information.

5. Establish a link to '*Count Me In*' taking account of the different populations and contexts of data collection.
6. Explore linking to performance indicators (DH and PSO) in order to raise the profile and ensure accurate data submission.
7. Realistic assessment of the time involved in the process, taking account of the particular constraints that prison health care services experience.
8. Review the decision to include partial postcode. Ideally the full postcode should be used to enable analysis by geographical areas to highlight regional differences. If the full postcode is not acceptable for any reason there is no value in a partial postcode.

Kate Saffin

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