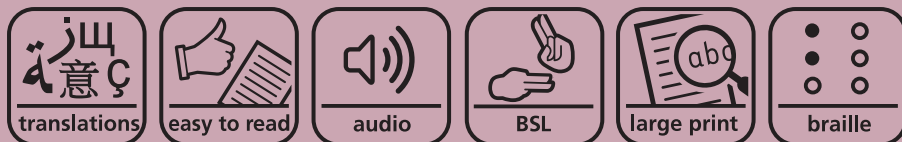



Community justice practice
spotlight summary 3
HMP Perth – Recovery Workstream

This resource may also be made available on request in the following formats:



 0131 314 5300

 nhs.healthscotland-alternativeformats@nhs.net

Published by NHS Health Scotland

1 South Gyle Crescent
Edinburgh EH12 9EB

© NHS Health Scotland 2017

All rights reserved. Material contained in this publication may not be reproduced in whole or part without prior permission of NHS Health Scotland (or other copyright owners). While every effort is made to ensure that the information given here is accurate, no legal responsibility is accepted for any errors, omissions or misleading statements.

NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

Background

The growing interest in addictions recovery in the UK and a growing recovery movement has brought to light a new set of questions and concerns. These are consistent with a paradigm shift from an 'acute care' model of addiction to a 'developmental' model of recovery-oriented thinking.¹

In Scotland, there are increasing numbers and types of recovery activities. Recovery is an evidence-based approach that, while not always suitable for randomised clinical trials, has used a wide range of research techniques to demonstrate that people can and do recover. Research has also shown what can be done to maximise the likelihood of recovery and how to support individuals, their families and their communities in doing so.¹

In *The Road to Recovery*,² recovery is defined as 'a process through which an individual is enabled to move from their problem drug use, towards a drug-free lifestyle as an active and contributing member of society'. The strategy emphasises that 'recovery is most effective when service users' needs and aspirations are placed at the centre of their care and treatment ... an aspirational and person-centred process'.² Recovery is a lived experience, which makes it challenging to measure. As there is no single pathway to recovery, people will experience different conditions and criteria at differing stages of their recovery journey. The notion of a journey is also important to many people and there are traditions that would define recovery as an ongoing process rather than an end state.¹

HMP Perth Recovery Workstream

There are two components to recovery: clinical and therapeutic. Clinical services offer harm reduction or abstinence-based support and therapeutic provides relationship-based support.

With regards to the recovery agenda/workstream, HMP Perth has:

- an opiate replacement therapy (ORT) group
- a SMART group

- recovery workshops for patients
- a recovery cafe
- mutual aid support
- mindfulness and serenity sessions
- yoga sessions.

SMART is one element of recovery and mutual aid support is another. HMP Perth has a recovery cafe which runs on a Friday afternoon. This day/time was chosen to coincide with 'Chemical Friday', which is when the weekly and weekend medication is dispensed. Recovery cafes run on the halls, with the long-term aim of having a recovery cafe, peer mentor and recovery champion on each hall. Recovery champions could be either patients and/or officers.

Recovery workshops are interactive sessions for patients/prisoners. HMP Perth has had the Scottish Recovery Consortium Scottish Recovery Workbook added to SPS SharePoint as an 'approved activity'. This encourages and supports prisoners to take part in such an activity. This establishment has also run one recovery college with nine patients/prisoners and two staff attending.

Staff run yoga sessions, and mindfulness and serenity sessions to support this work. The prison-based staff successfully secured some funding to decorate a room to use for these classes. They also hosted a Recovery Walk in the prison in 2015, where guests were invited into the establishment to take part. This was very well received and participation was high.

Attendance at such activities is **not** linked to progression for anyone being held in HMP Perth; however, uptake is high, which indicates buy-in from the patient/prisoner population.

There is wide promotion of the 'The Road to Recovery' strategy across this prison establishment. As part of the recovery agenda/workstream, guest speakers and peers, including former/current prisoners, are invited into the prison establishment to support this work. NHS Tayside and HMP Perth staff overcame security issues to facilitate this.

Liberation (including planning housing, welfare and prescriptions) can potentially interrupt the recovery journey and is a key stage of transition that those either in recovery or supporting people in recovery need to be prepared for – there therefore need to be strong community links to support ongoing throughcare.

The feeling from HMP Perth prison-based staff was that with regards to staff training, it is better to access external training than put on a recovery awareness session within the prison establishment itself. This allows the staff to learn from other agencies, helping to gain a holistic understanding of recovery and the associated issues/challenges. Prison-based staff who are involved in the recovery agenda/workstream also highlighted that empowerment is crucial, and must be supported by all those who are involved in patient/prisoner care.

Reflections and learning opportunities

The recovery agenda and the implementation of such work is pertinent to health and wellbeing work within justice settings. However, the role of a 'champion' was crucial to the success of this work in HMP Perth. This champion role has driven this workstream; so although such a workstream would be replicable in other prison establishments, it would realistically require such a champion to initiate and drive it.

Examples of issues a 'champion' may need to overcome are:

- no immediate results – the initial Recovery Cafe was running for 12 months in HMP Perth before it could show any merit as such
- prison custody officers not calling prisoners to attend the session because of a lack of knowledge around recovery and an inability to see how it would work
- prisoners believing they would need to disclose details of who is bringing substances into the establishment, leading to a lack of engagement.

Actions this HMP Perth work has triggered among collaboration group members included: accessing the Scottish Recovery Consortium (SRC) website³ for information on training days/sessions. The health improvement lead is now giving consideration in NHS Lothian how to perhaps offer Lothian and Edinburgh Abstinence Programme (LEAP) support for their prison establishments.

This summary was produced by the Health Improvement & Justice Practice Collaboration Group. For more information, please contact Alan Arundel, Head of Offender Outcomes, HMP Perth (Alan.Arundel@sps.pnn.gov.uk) or Jean Watson, Key Worker, Champion (Jean.Watson@sps.pnn.gov.uk).

References

¹ Best D. Digesting the evidence. Glasgow: Scottish Drugs Recovery Consortium: Glasgow 2010. URL:

scottishrecoveryconsortium.org/assets/files/DigestingTheEvidenceResearch.pdf

² Scottish Government. The road to recovery: a new approach to tackling Scotland's drug problem. Scottish Government: Edinburgh; 2008.

³ Scottish Recovery Consortium. www.scottishrecoveryconsortium.org

