

# Survey of Prison Mental Health Provision

(CDAPP survey)

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General Adult Psychiatry Conference 2013  
Manchester

# Vision

- “Imprisonment as a punishment extends only to deprivation of liberty. Prisons should not add to that punishment by also depriving people of other human rights, such as access to health care equivalent to that available in the community, or exposure to greater risks to their health than they would face in the community” (WHO, 2002)

# Home Office 1996

- 'Health care provided by the prison medical service does not match that provided by the NHS'
- 'prisoners requiring health care must be seen as patients and given the same care as provided in the community '

# Progress

- Creation of NHS – 1948
- Transfer of prison health services - 2006
- NHS England - 2013

# Relevant demographics

- Approx. 90000 prisoners in E & W
- Pop. Growth 0.7%
- Globally 10 million (14/10000 population)
- Total of 102 In-reach teams (2007)
- 58 suicides in 2011 (1:1500) MOJ
- Functional psychosis 7-14% (ONS 1998)
- Personality disorder 50-78%
- Depression/OCD, Anxiety – 40-76%

# Introduction

- Survey of mental health provision in prisons
- Lead : co-chairs of CDAPP
- Purpose: inform the revision of CR141 of 2007

# Objective

- Snap shot view of psychiatry services available to prisons in England and Wales in 2013.

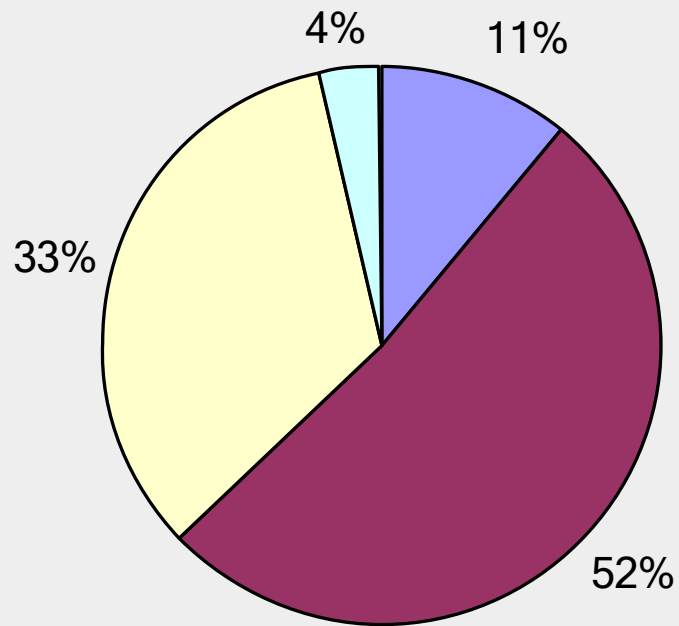
# Method

- Target - all
- A total of 128 prisons
- Data collection - ongoing
- Data received from 29 prisons (approx. 25%.)



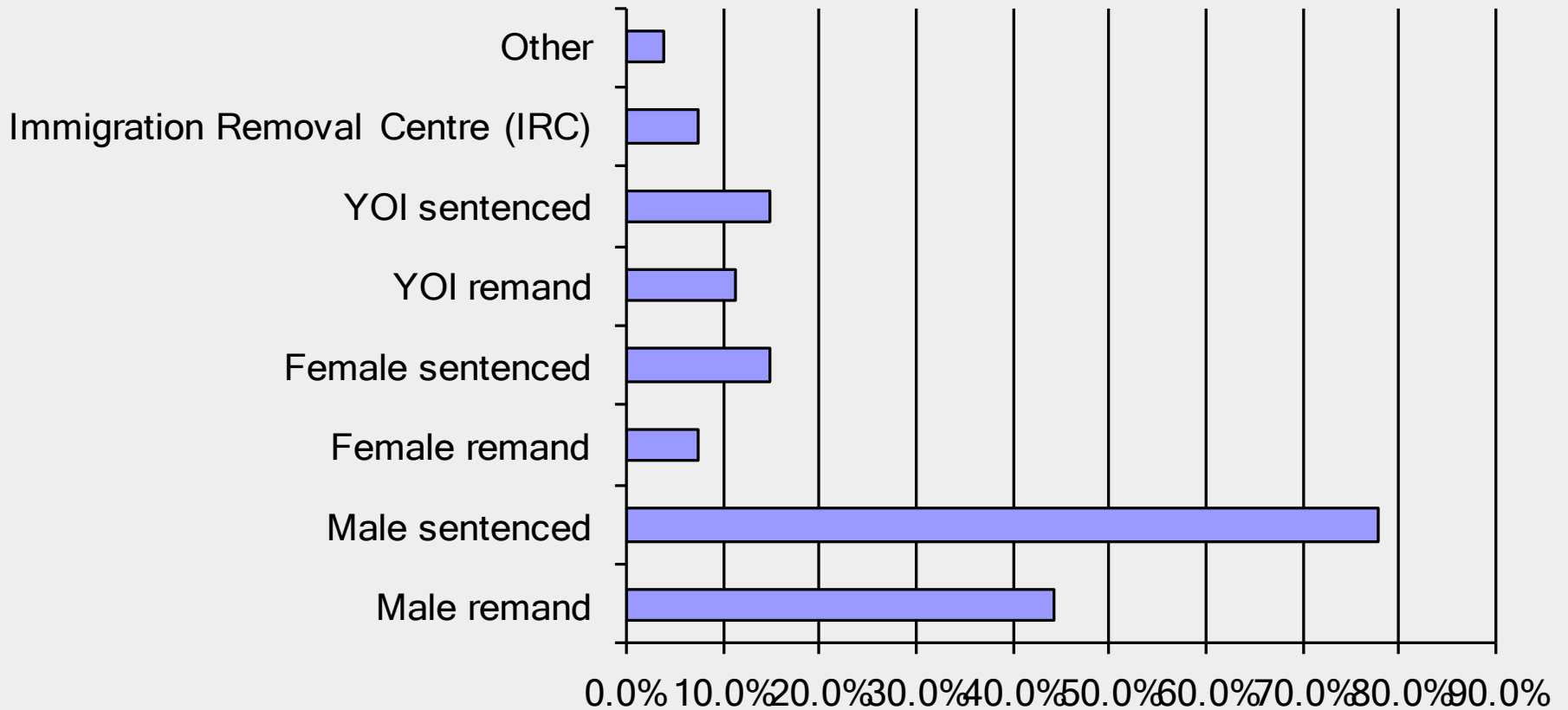
# Security category of prison

Please give security category of prison.



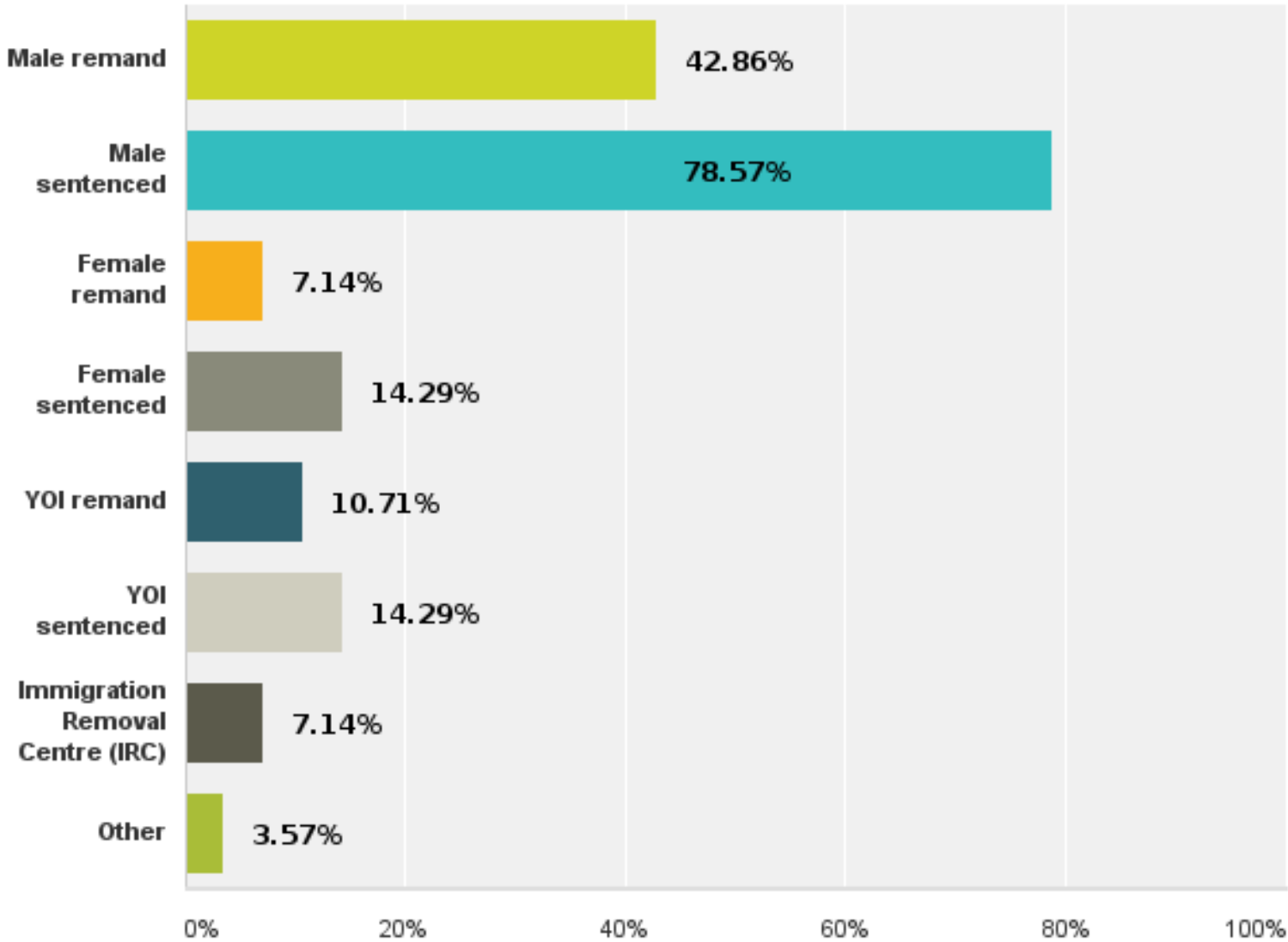
# Type of prisoners

What type of prisoners do you take?



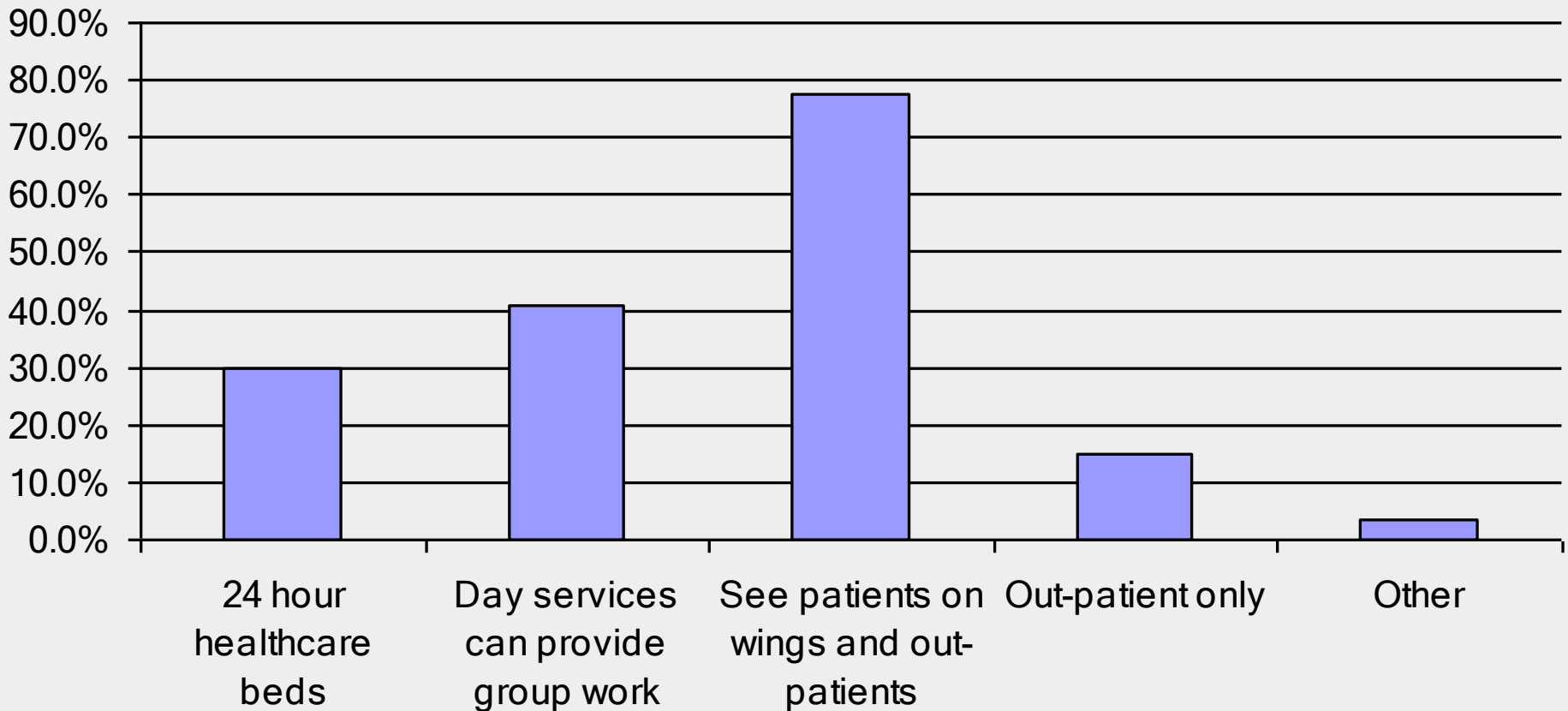
# Q4 What type of prisoners do you take?

Answered: 28 Skipped: 0



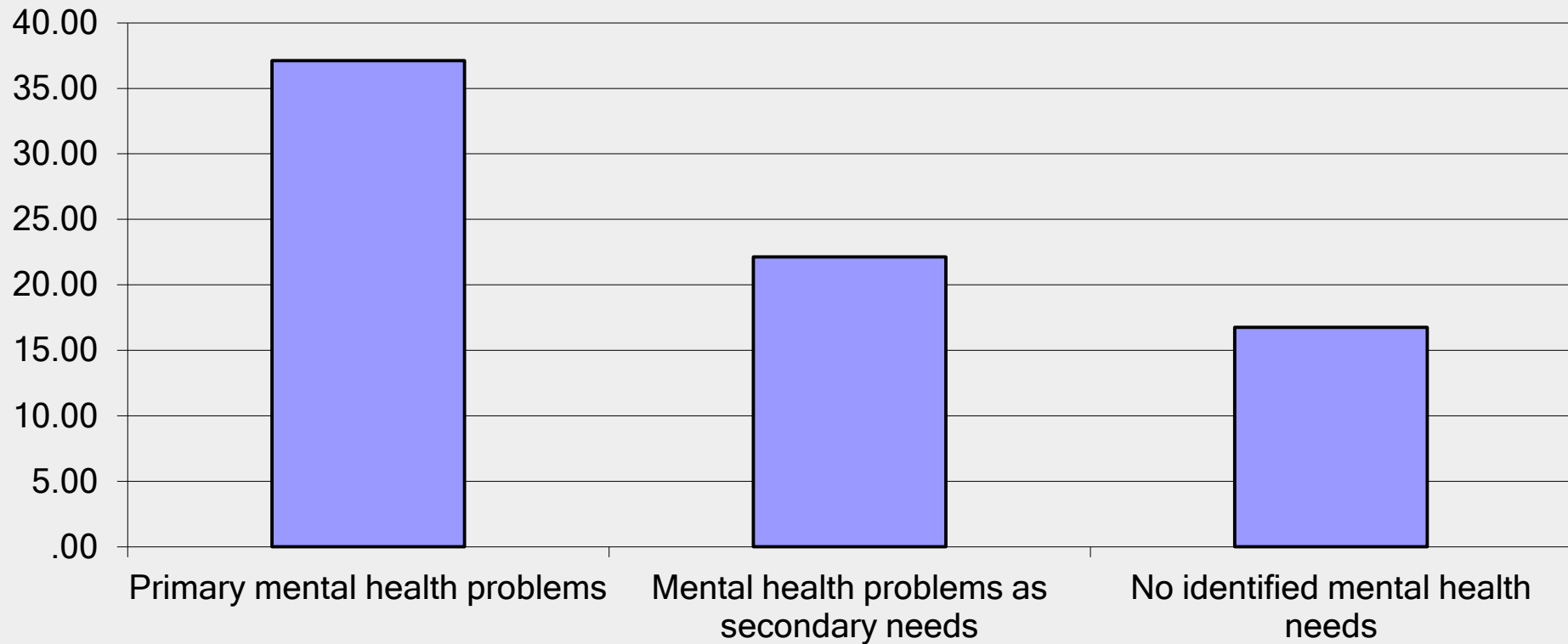
# Available healthcare facilities

What healthcare facilities are available?



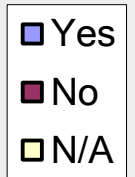
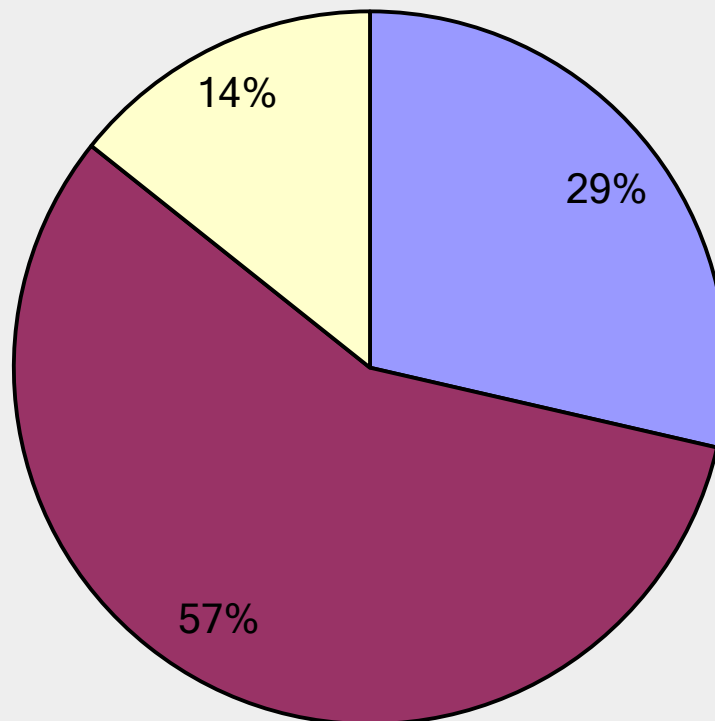
# 24 Hour HCC

For those with 24 hour HCC What proportion (approximately) in-patients have



# HCC closure within 5 Years

Has the 24 hour HCC in your prison closed within the last 5 years?

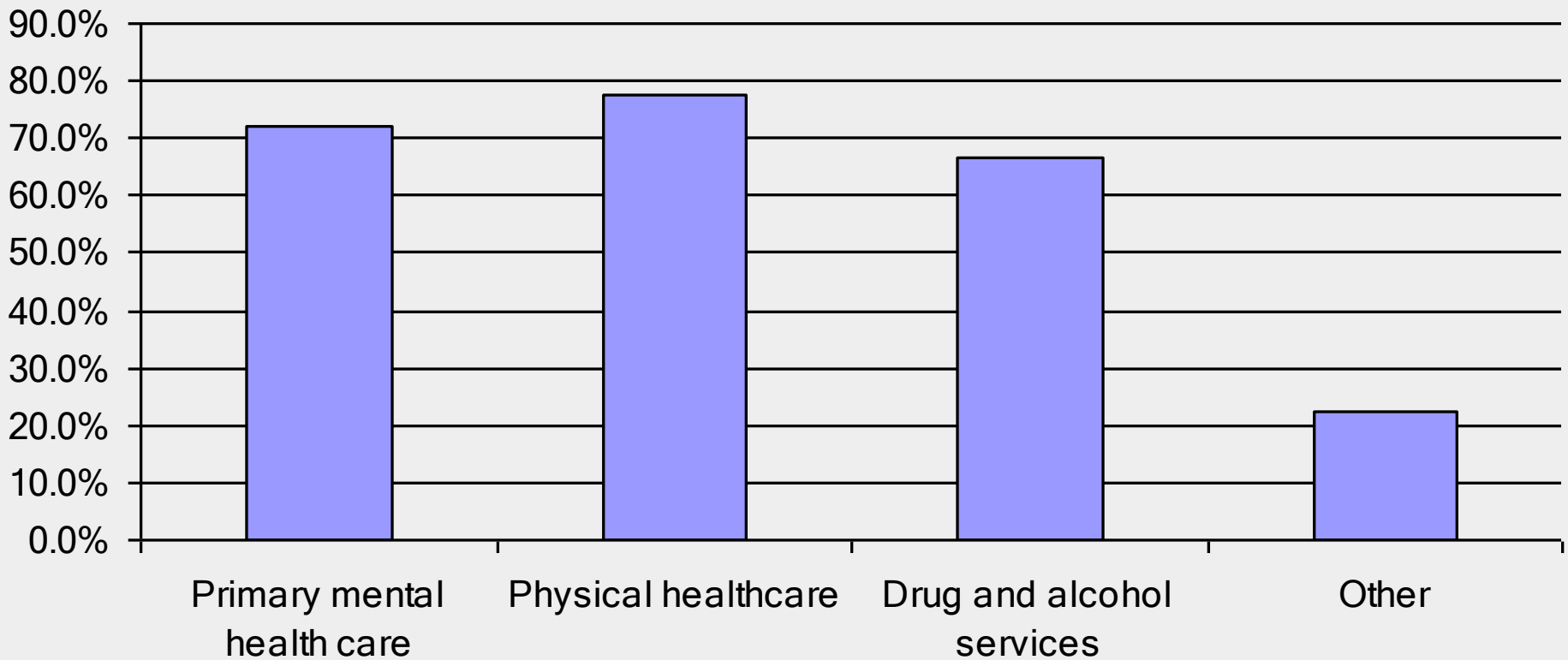


# Views on impact of HCC closures on referrals

- An increase in referrals and the need for admissions
- Unable to gather rich and reliable observation data
- Difficult to respond quickly to patients with mental health needs.
- Increase transfers to other prisons with a HCC
- Unable to manage levels of risk/complexity previously managed in HCC
- Not much impact

# Other services provided

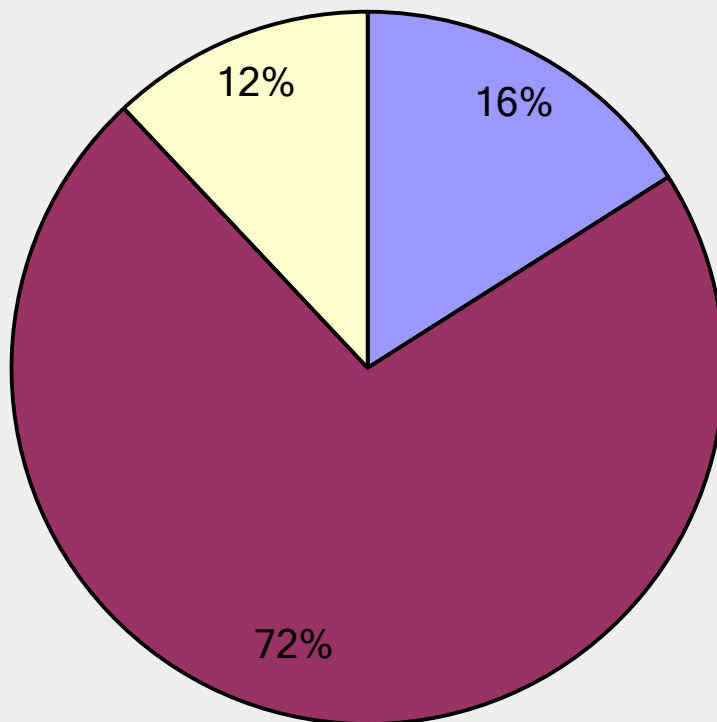
Does your organisation also provide any of the following in the prison?





# Level of integration

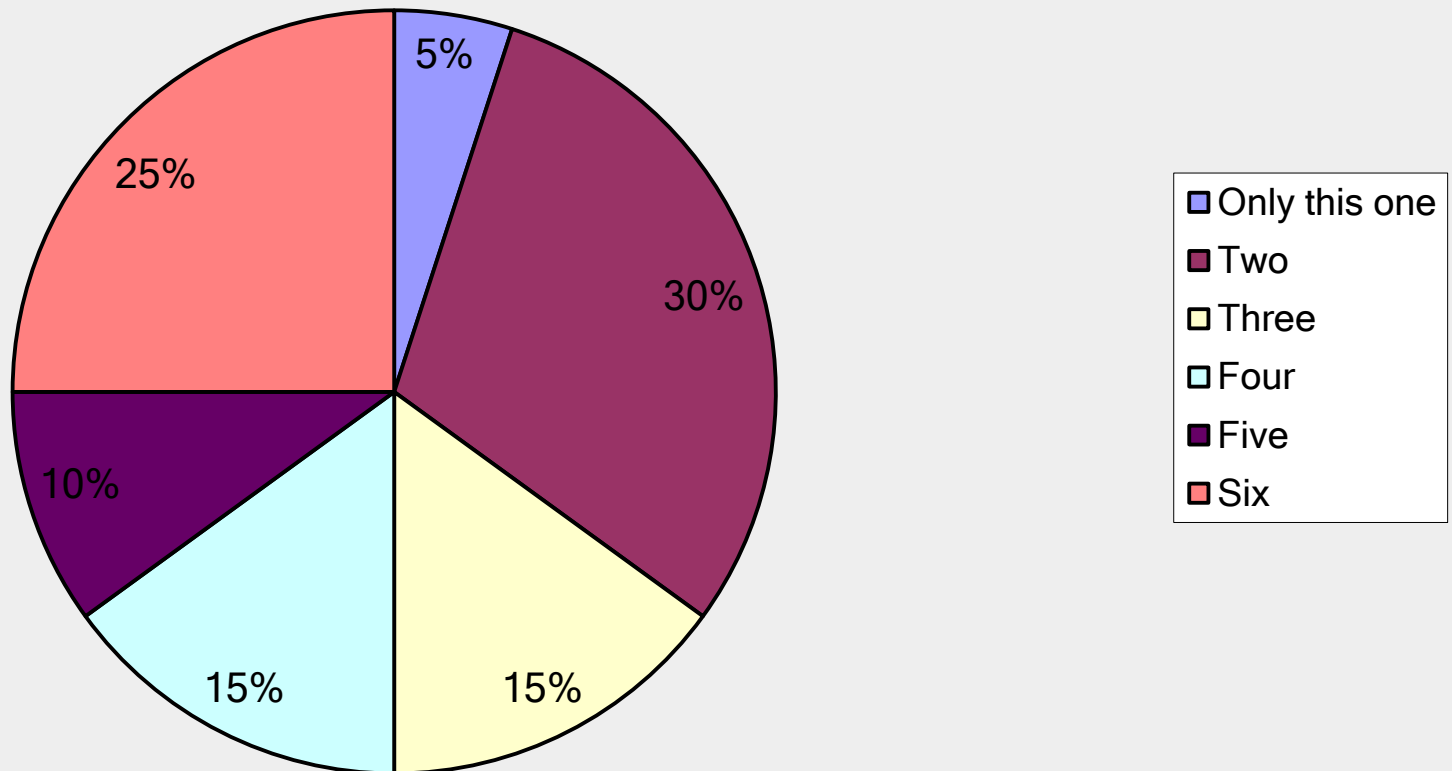
What level of integration is there between primary care and the mental health team?



- Fully integrated team with joint referrals and pathways
- Partial integration e.g. joint meetings
- No integration

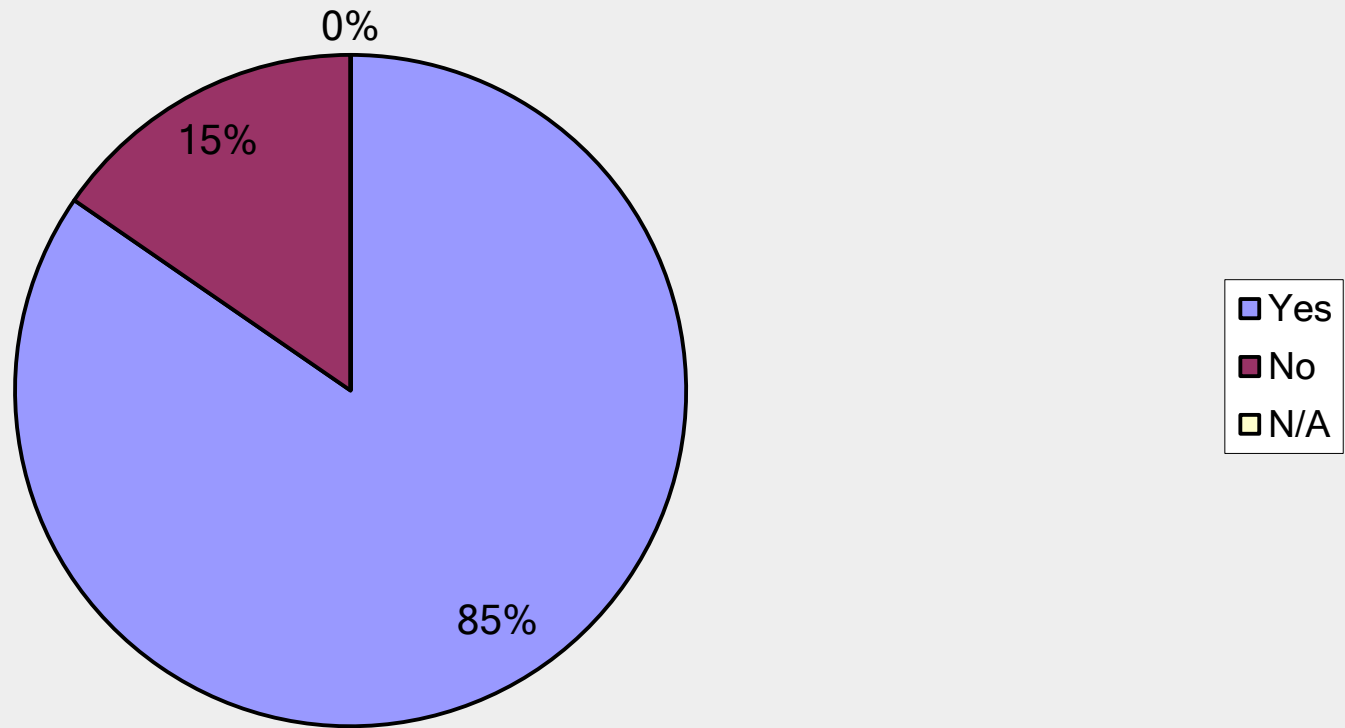
# Other prisons served

Does this organisation provide services to any other prisons?



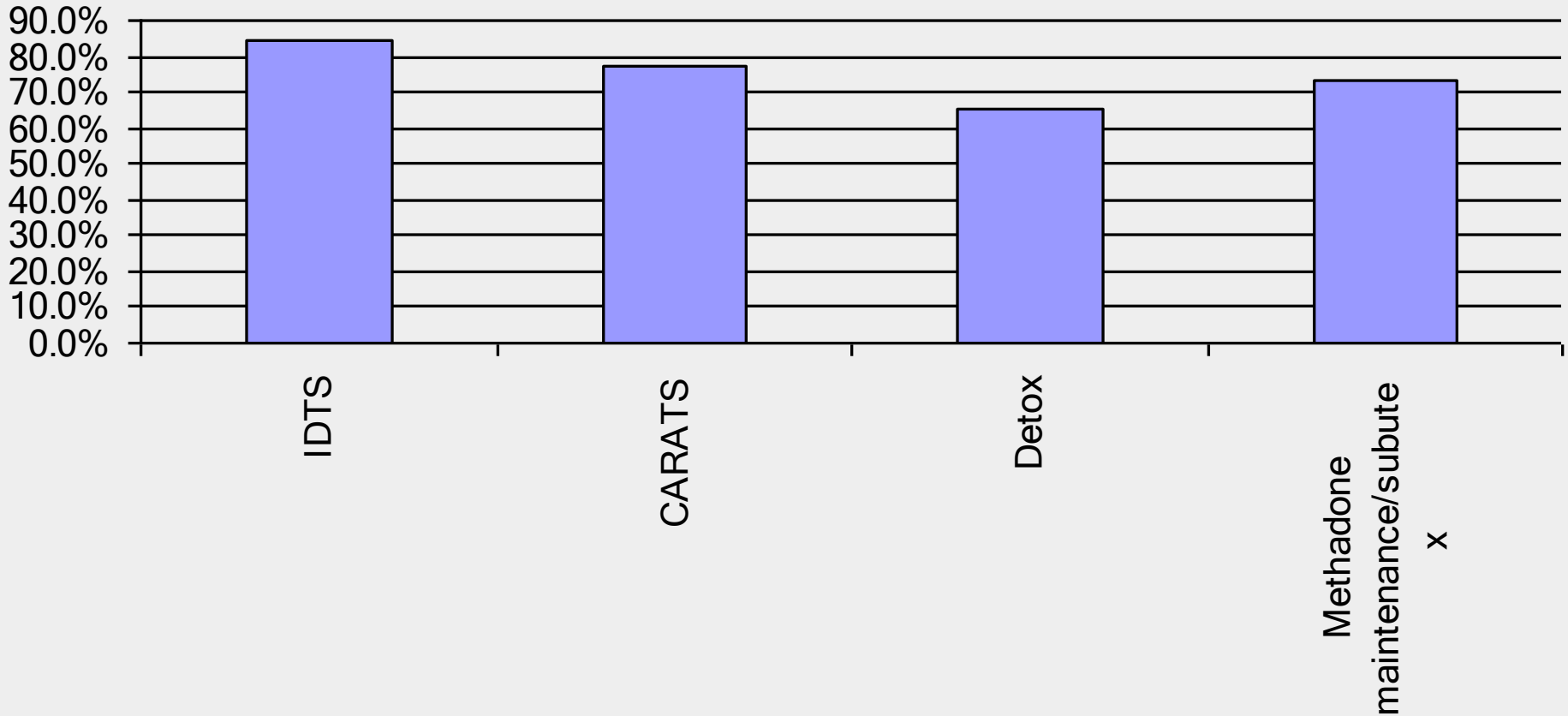
# Staff working across other prisons

Do staff work across several prisons providing a more integrated service? e.g. manager's, psychologists, psychiatrists?



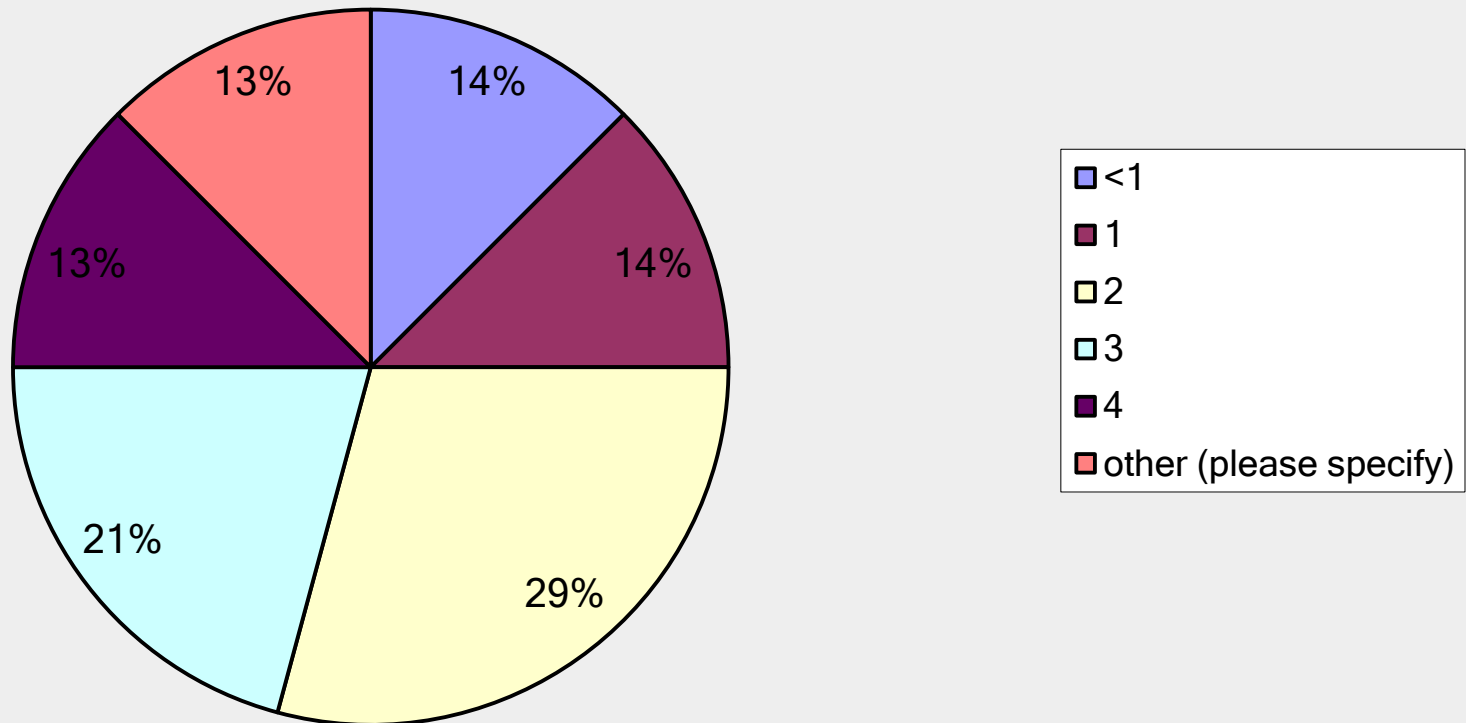
# Substance misuse services

What substance misuse services are provided to the prison?



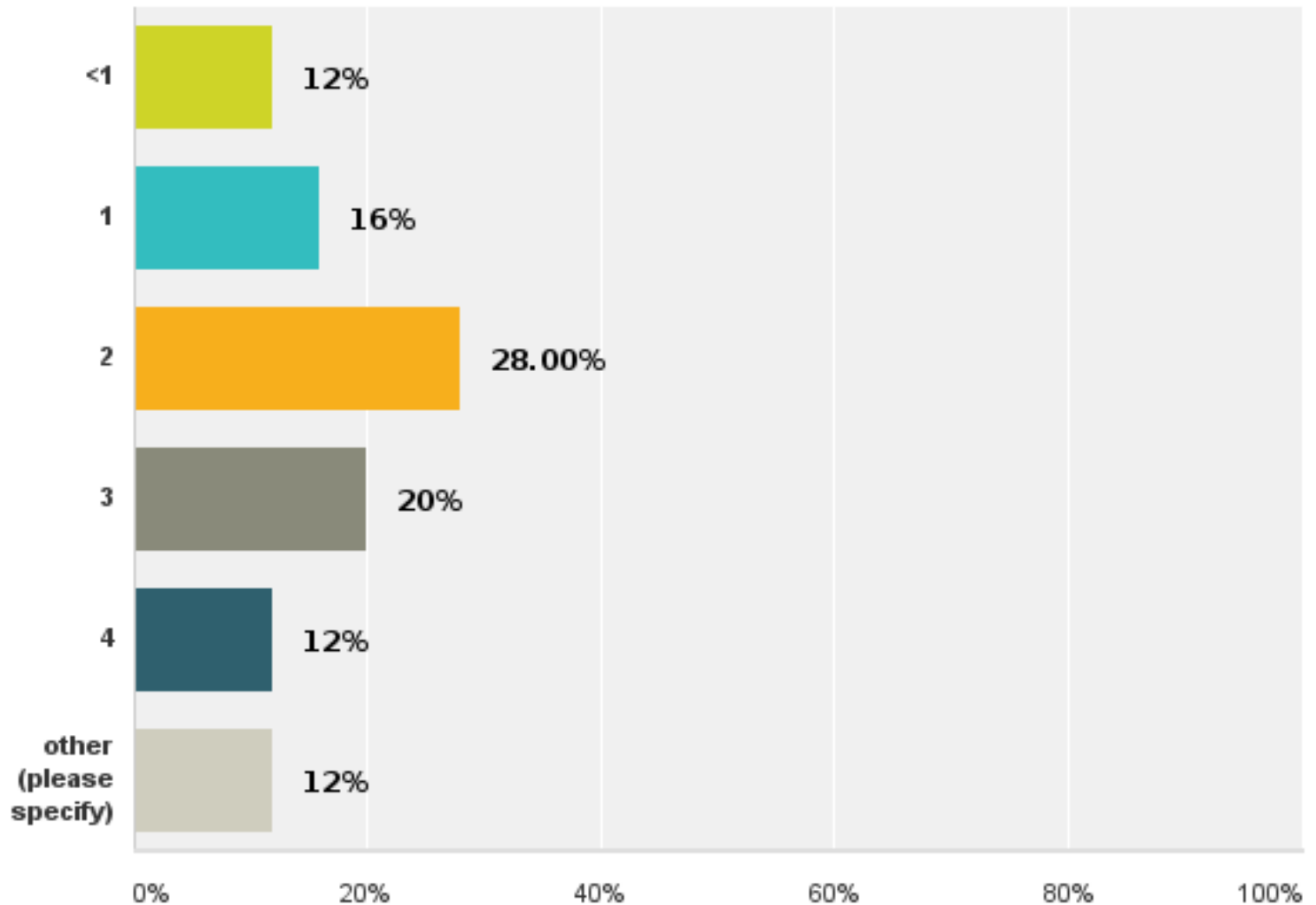
# Weekly Consultant sessions

How many weekly Consultant sessions (Programme Activities) are provided to the prison?



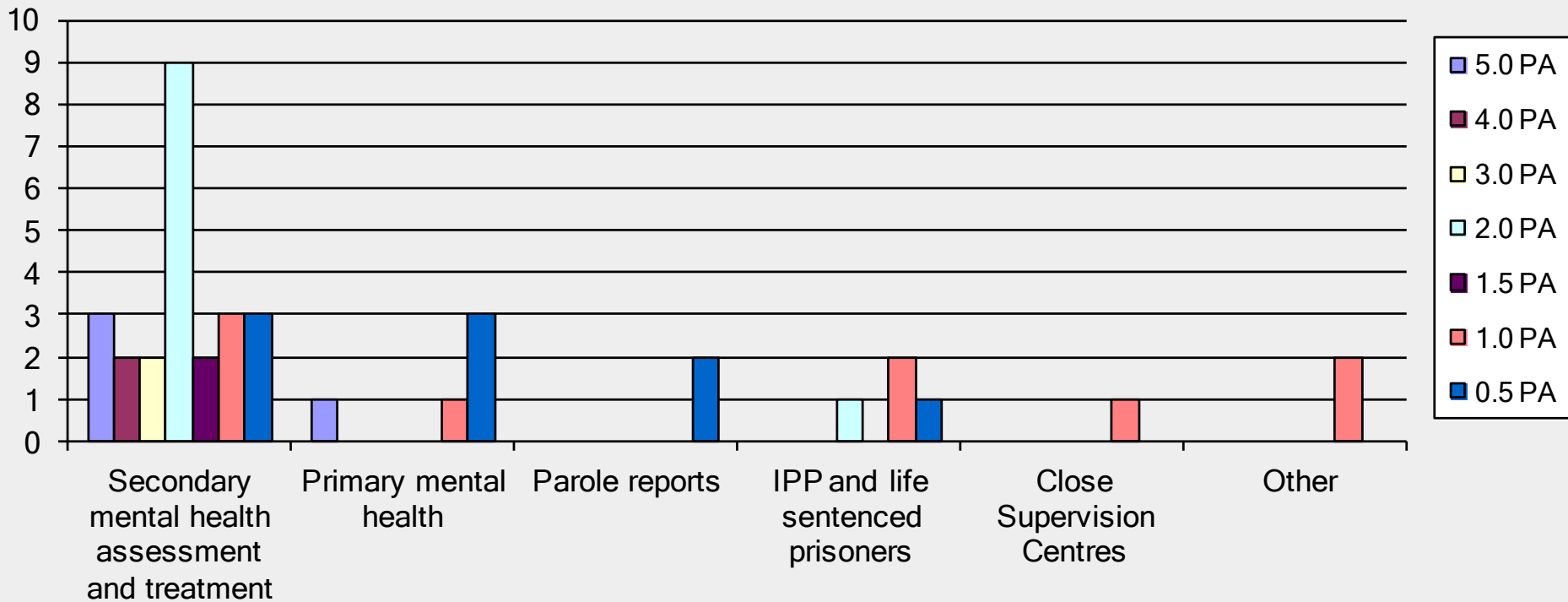
# Q15 How many weekly Consultant sessions (Programme Activities) are provided to the prison?

Answered: 25 Skipped: 3



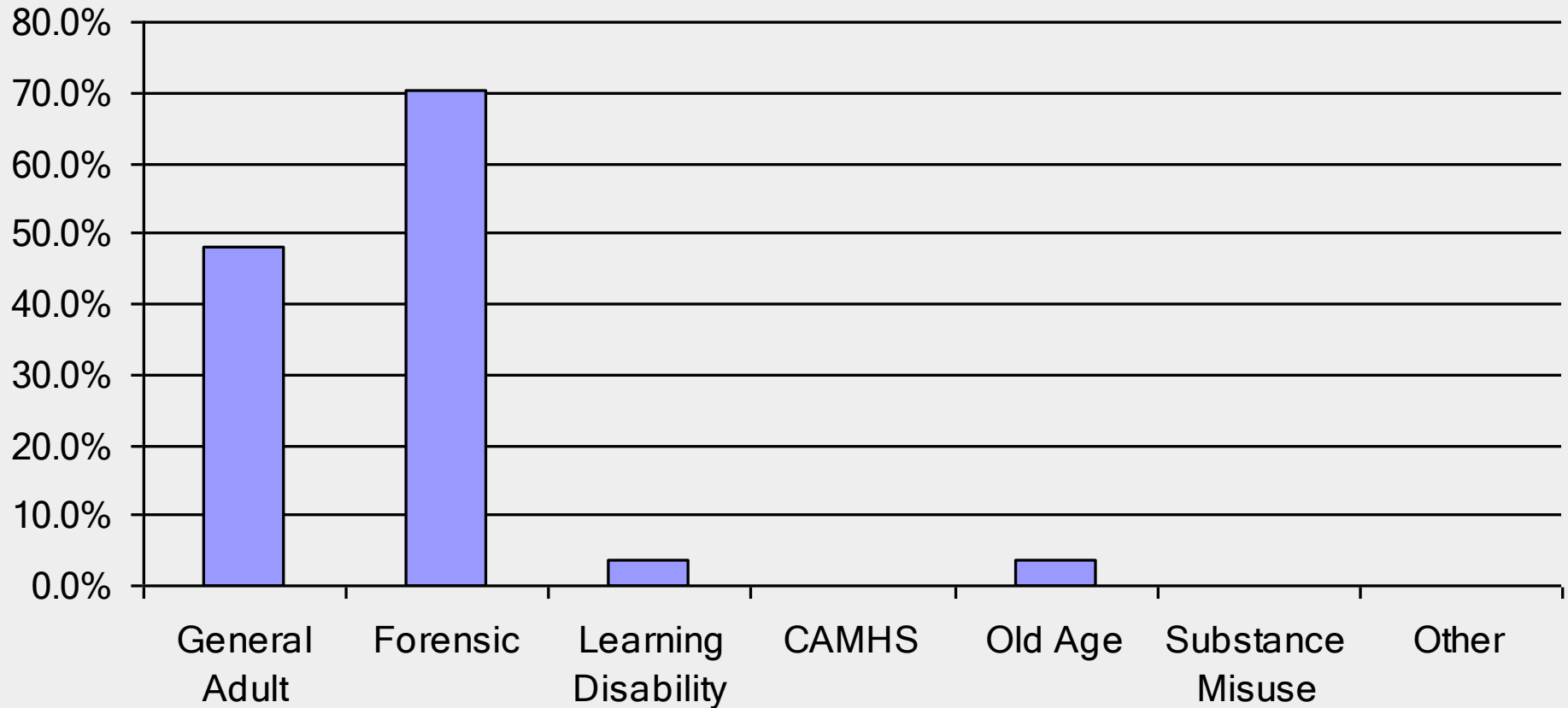
# Time allocated for different services

What is this time contracted for?



# Types of psychiatrists

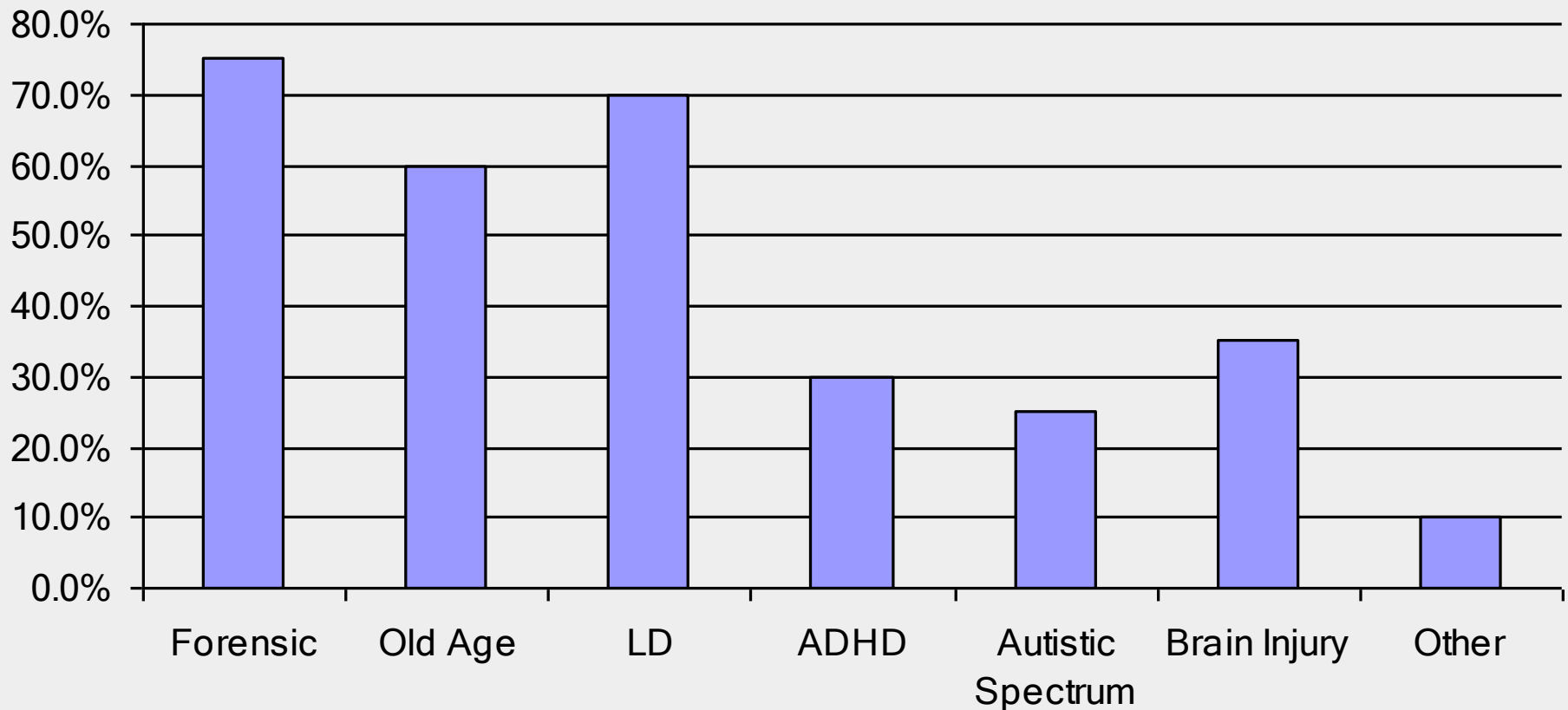
What type(s) of psychiatrist provide sessions?





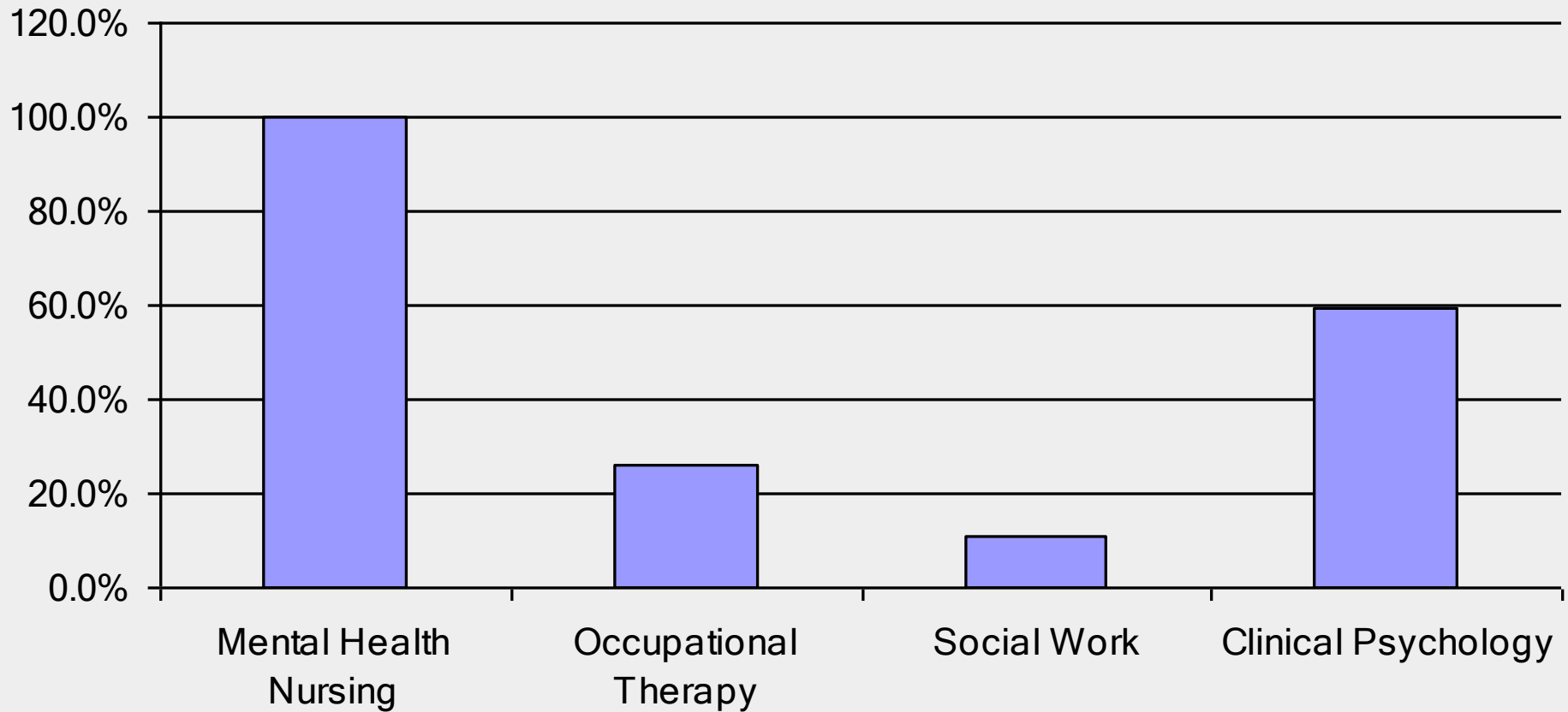
# Subspecialties that can be accessed/referred to

What other specialties can you access/refer to if necessary?



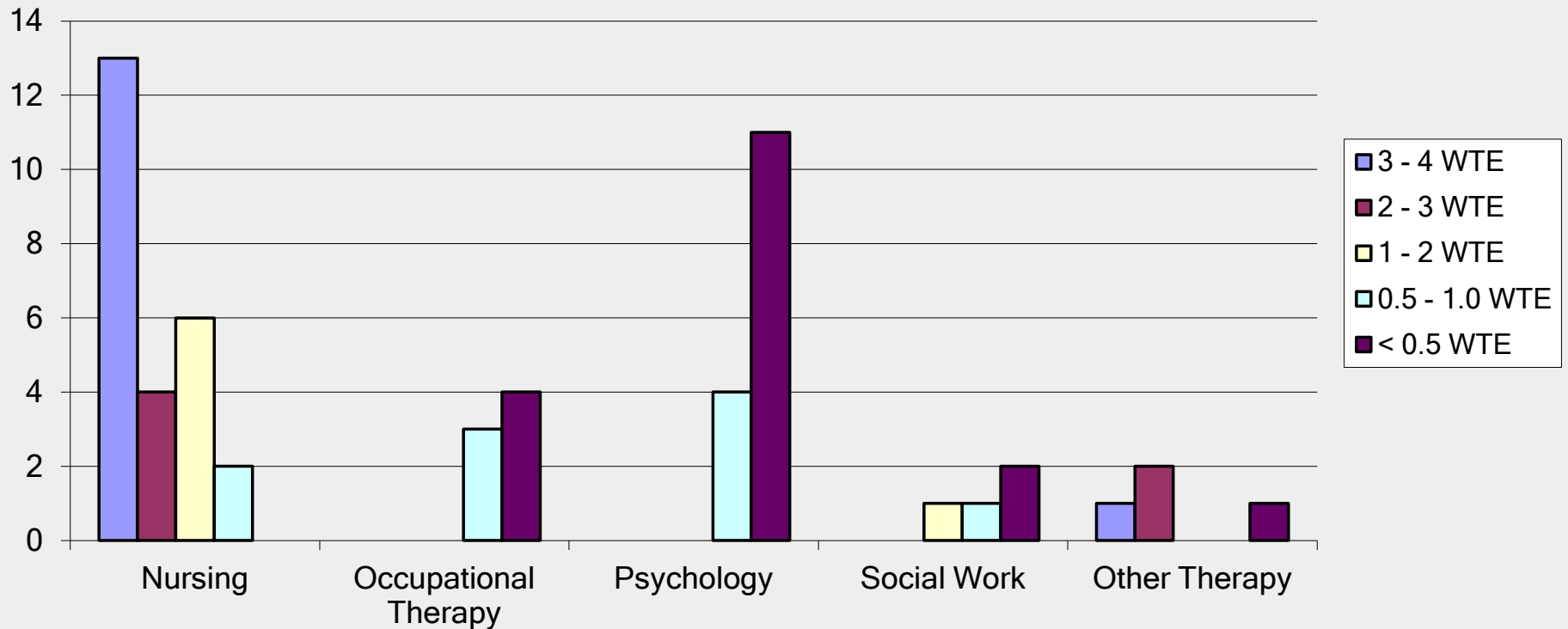
# Composition of MDT

What disciplines form part of the prison mental health team?



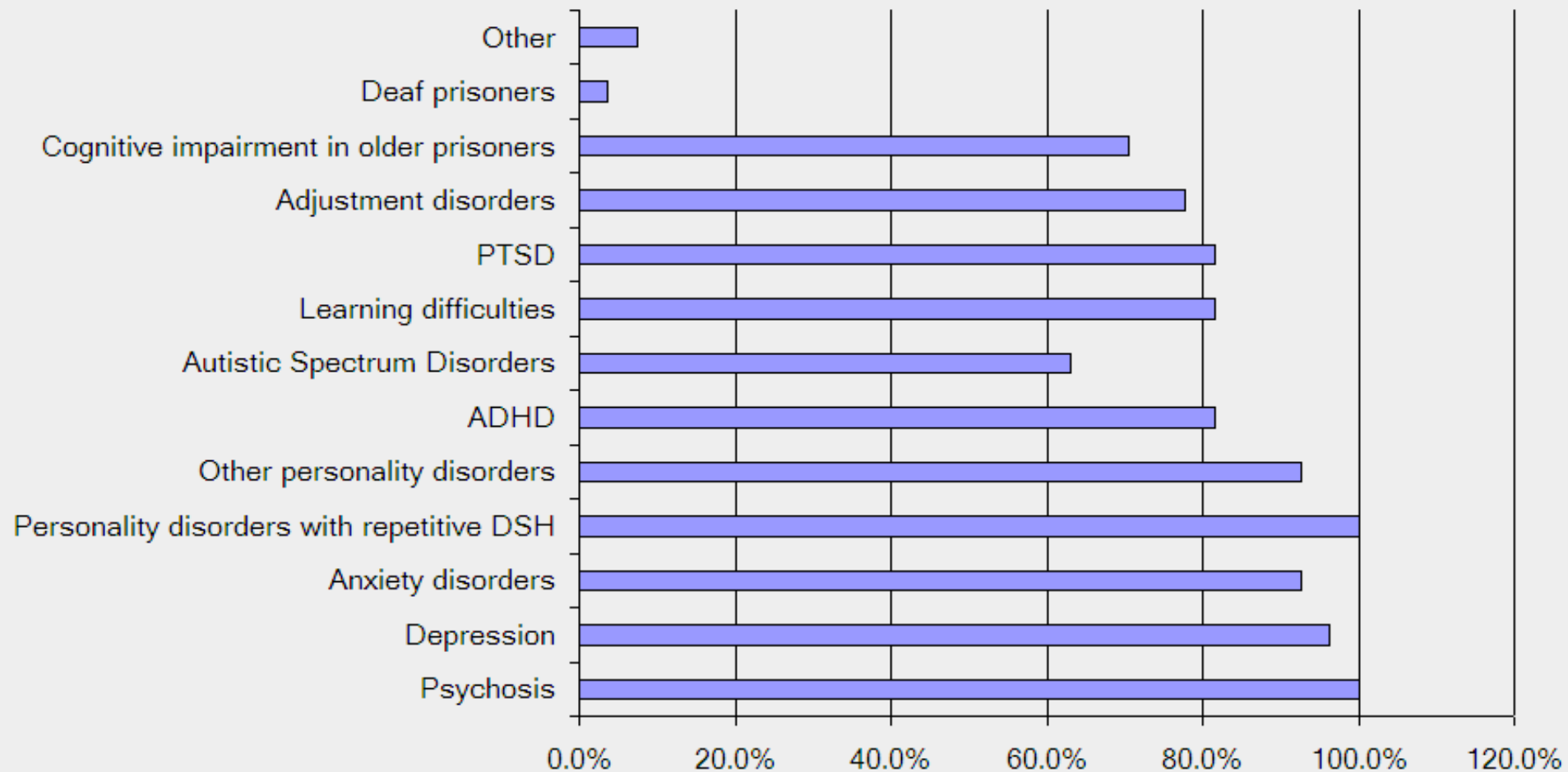
# Availability of different disciplines

How much time of each discipline is available?



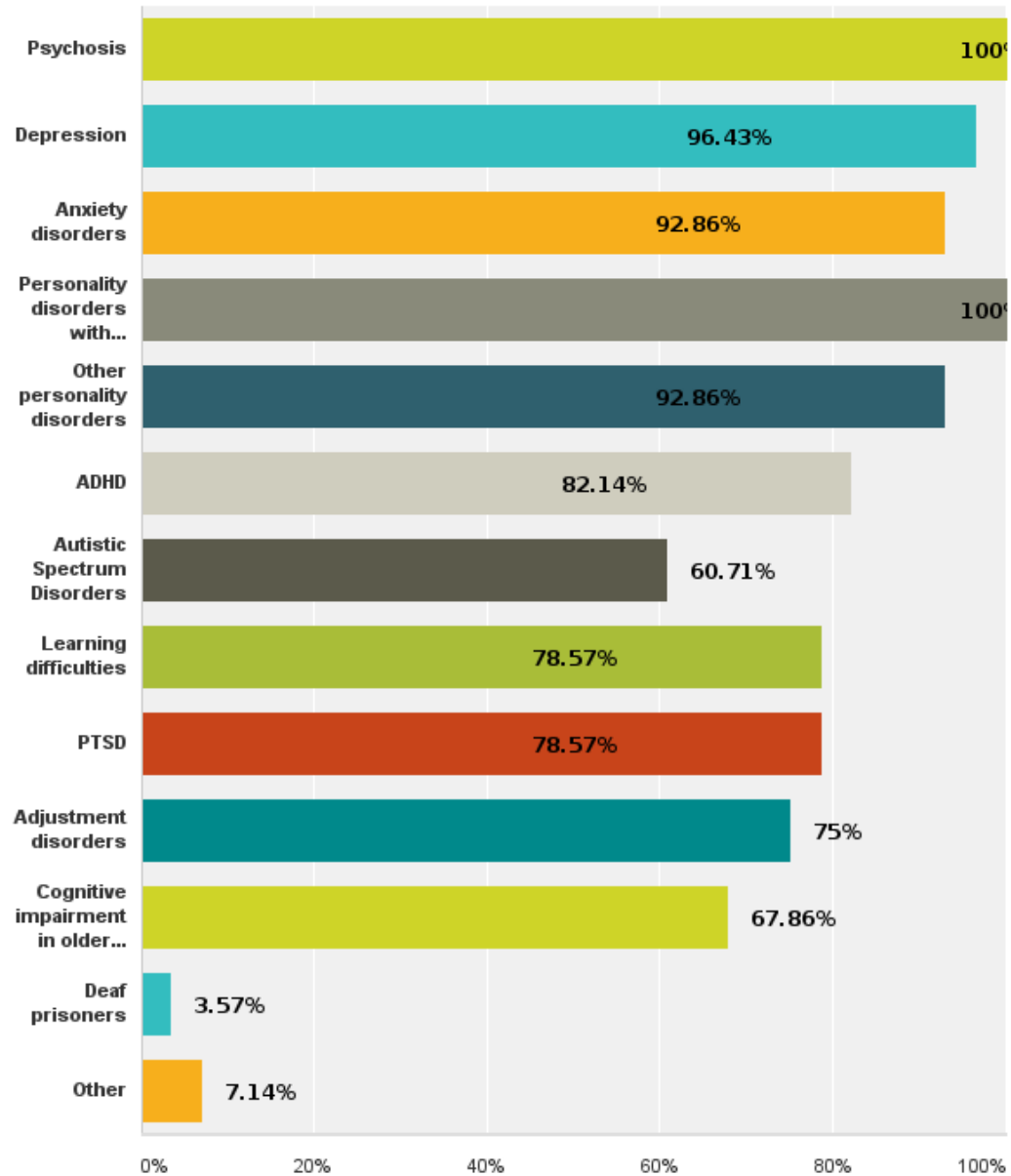
# Conditions assessed

Which conditions does your service regularly assess?



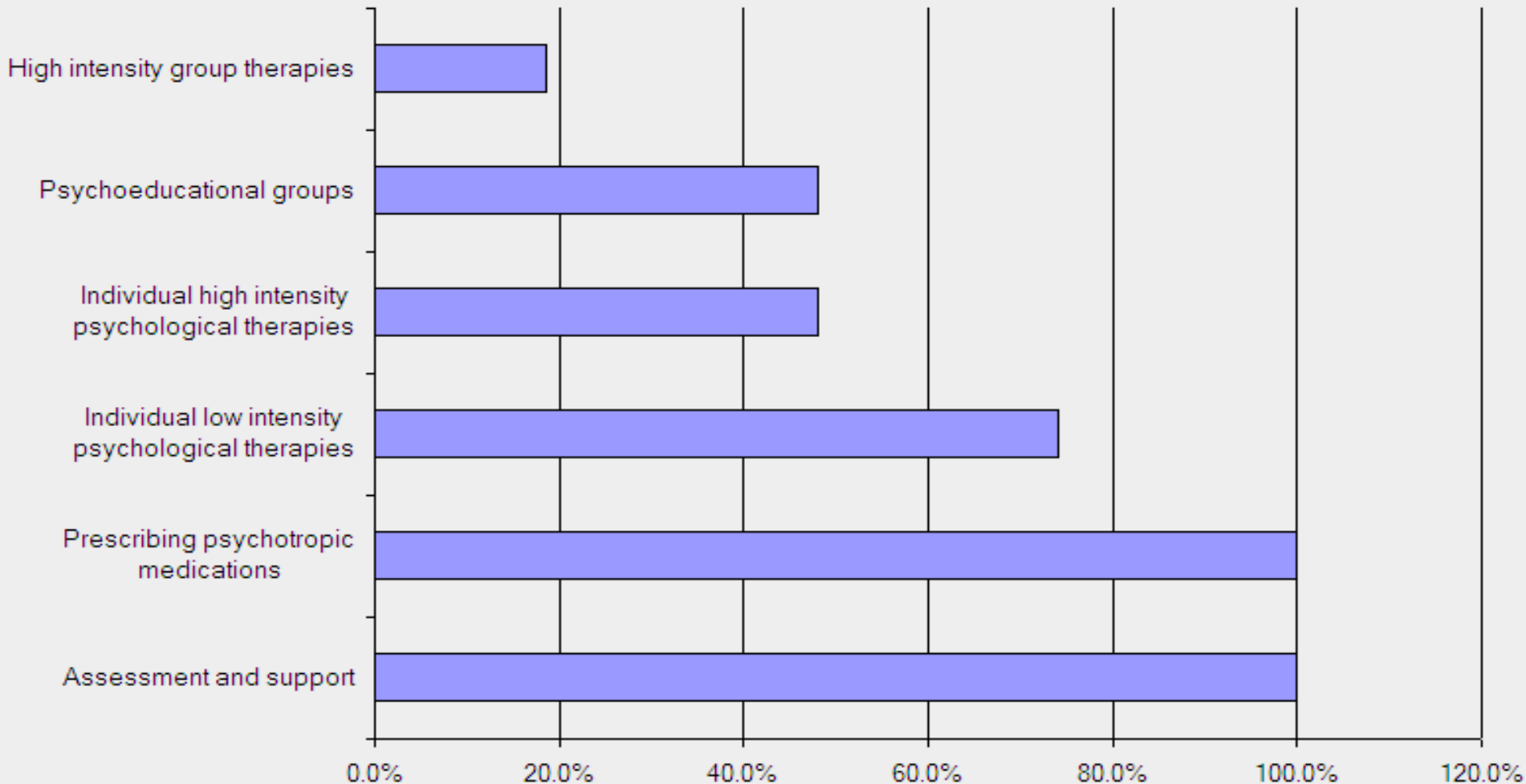
## Q23 Which conditions does your service regularly assess?

Answered: 28 Skipped: 0



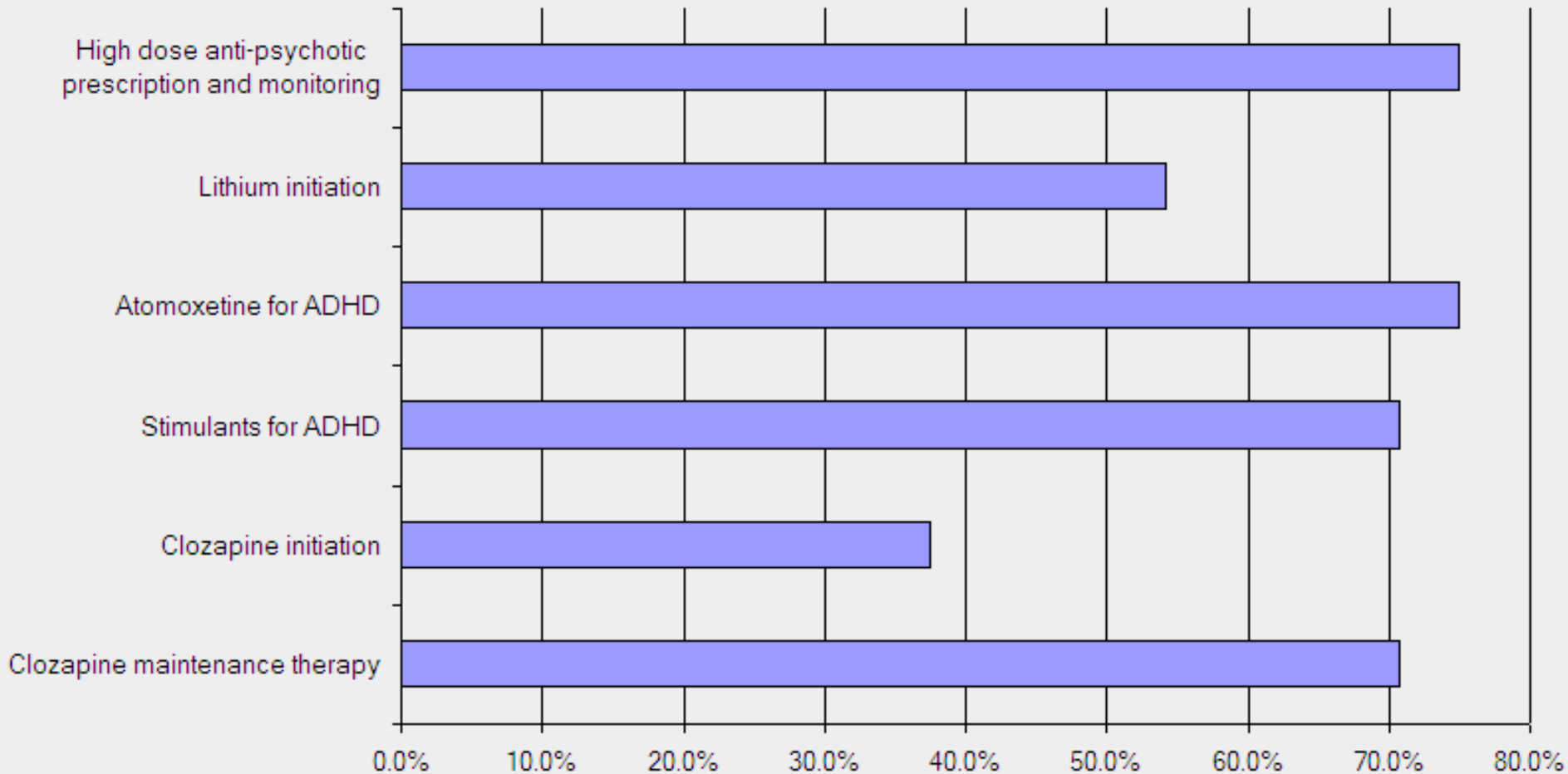
# Modalities of treatment offered

What modalities of treatment do you offer?



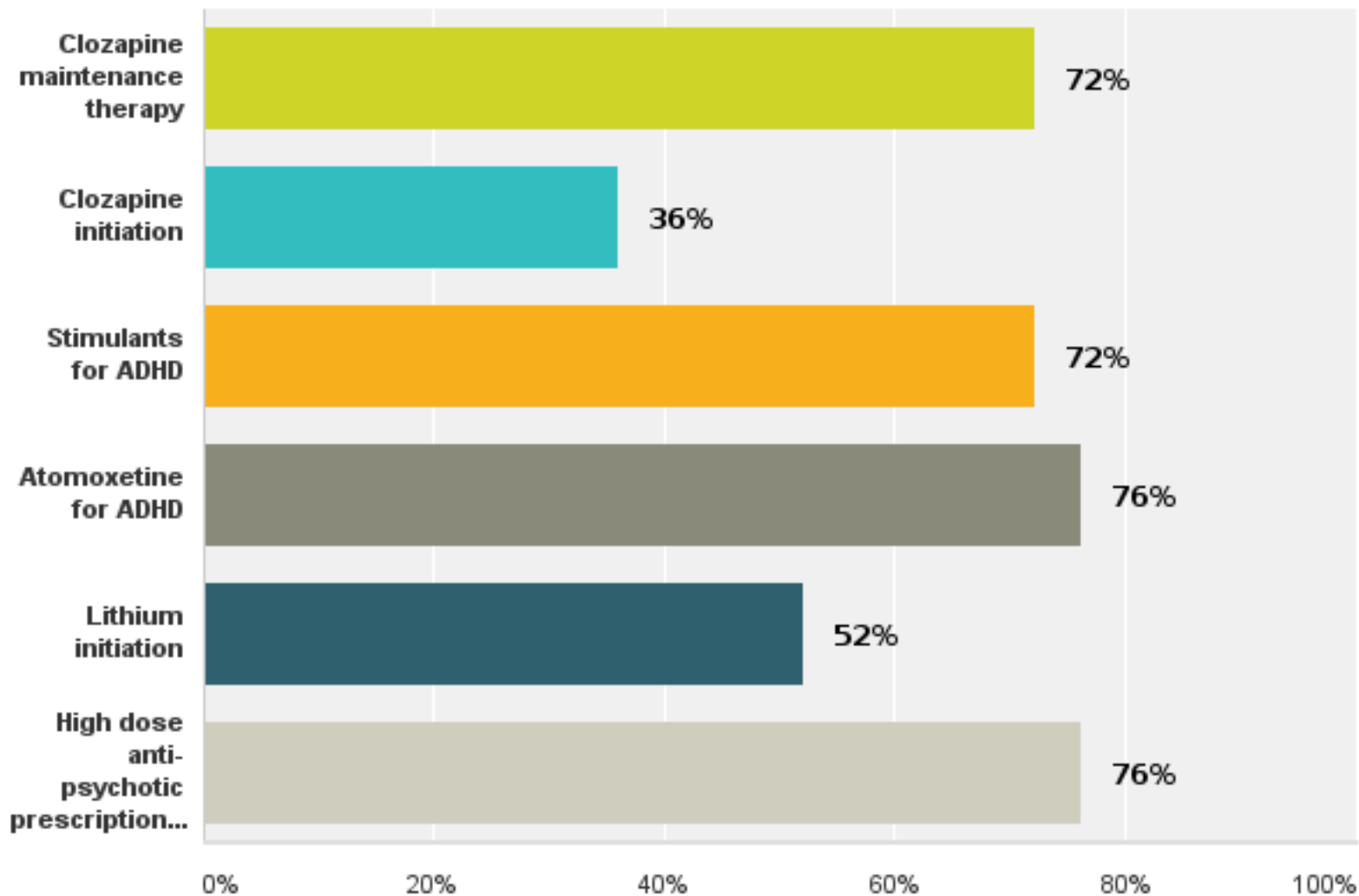
# Specific treatments provided

Does your service provide the following specific therapies?



## Q25 Does your service provide the following specific therapies?

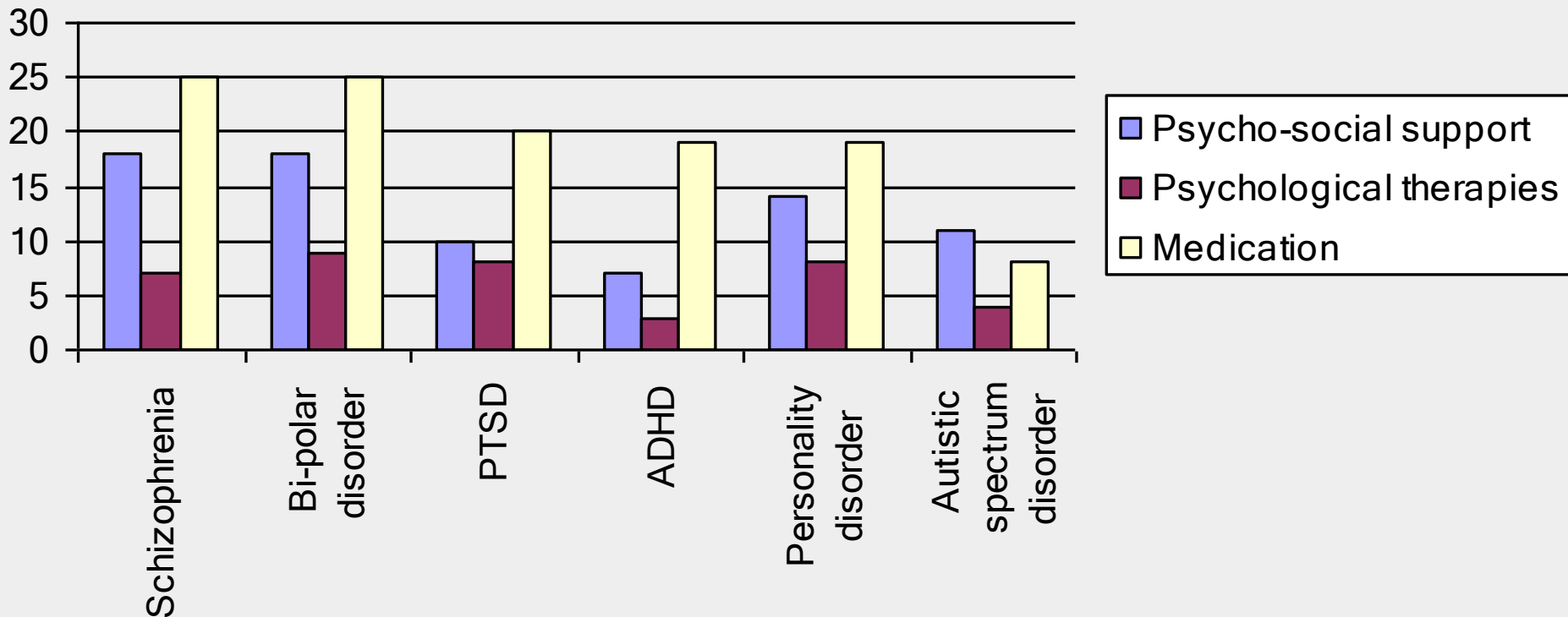
Answered: 25 Skipped: 3





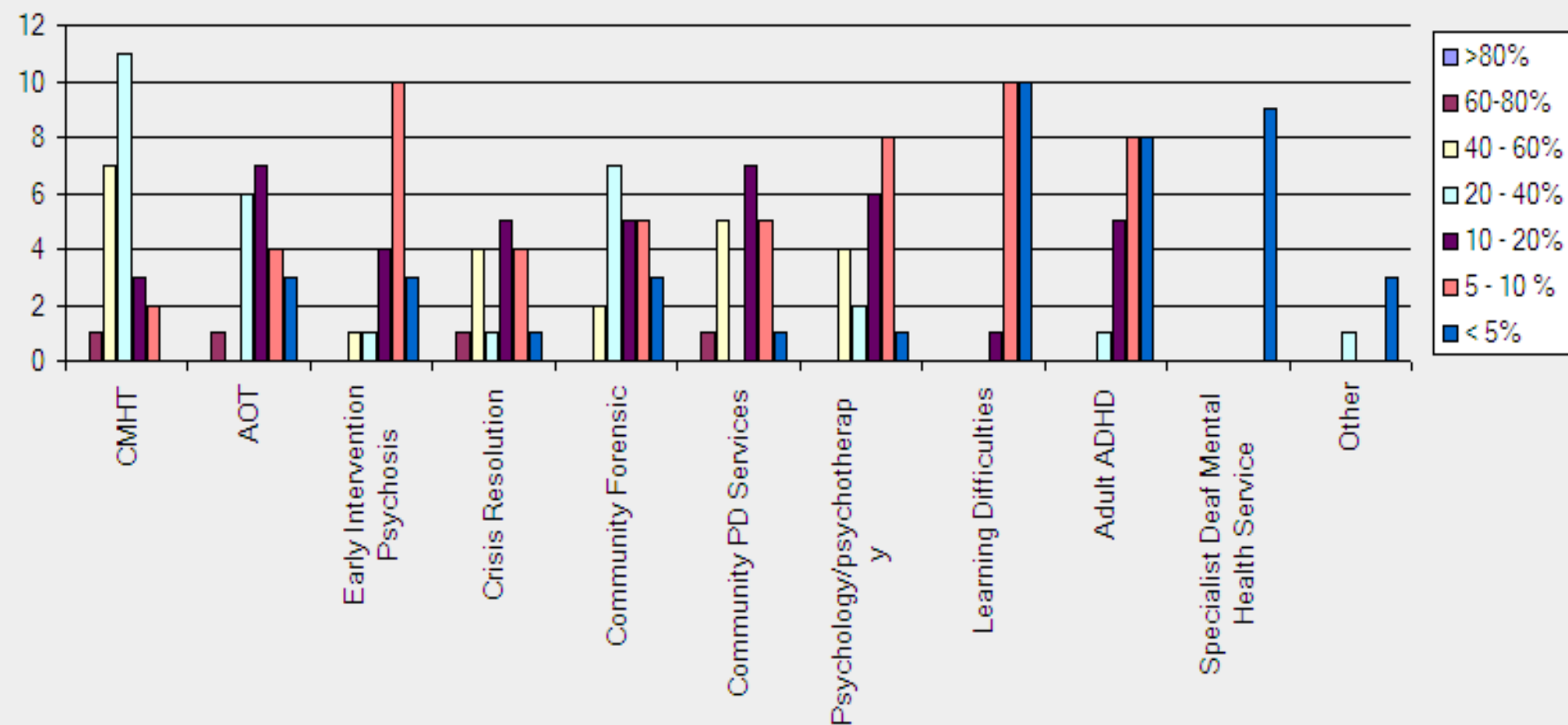
# Standard of care compared to NICE guidelines

Do you feel your service provide an equivalent service to an NHS Mental Health Trust for the following conditions in accordance with NICE guidelines?



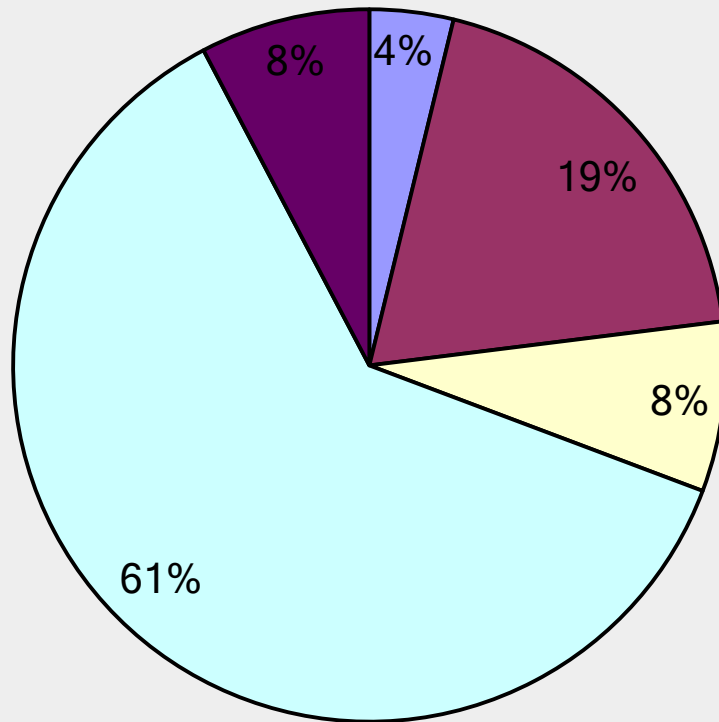
# Types of clients served

What equivalent community services would best meet the needs of your patients group?



# Out of hours cover arrangement

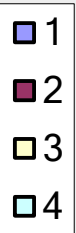
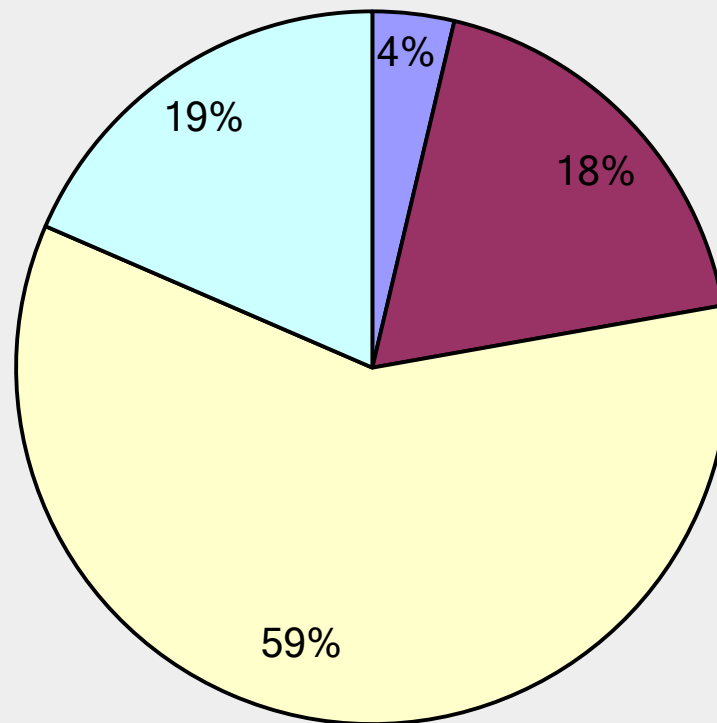
What are the arrangements for out of hours cover for psychiatric emergencies?



- Psychiatrist
- Mental health nurse
- Prison based nurse (Primary)
- GP (on-call)
- Other (please specify)

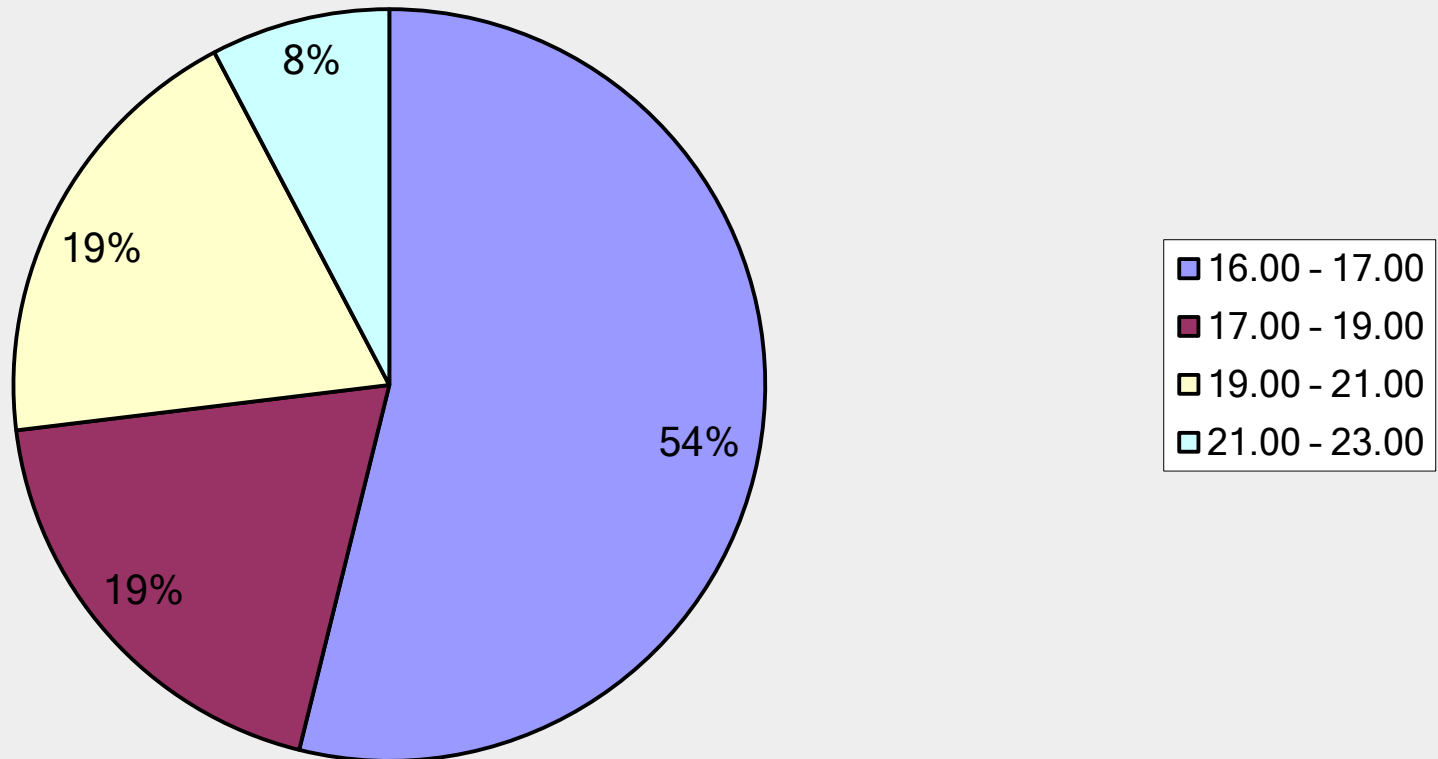
# Number of times medications can be dispensed

For patients who do not have their medication in possession, how many times can medication be dispensed daily?



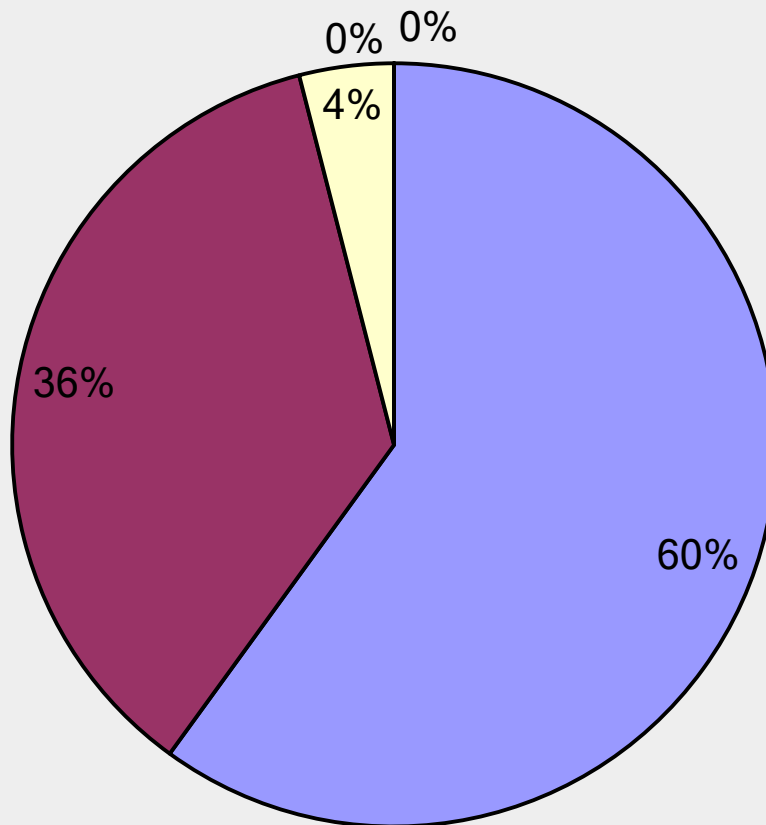
# Late evening round for medications

What time is the 'late evening round'?



# IT system used

IT systems



- Uses SystemOne alone
- SystemOne and another 'Mental Health IT system' (e.g. RIO).
- SystemOne and separate paper MH records
- Does not use SystemOne
- Other

# Other grades of psychiatrists providing consultations

- ST 4-6 grades
- Associate specialists
- Specialty doctors/staff grades

# Targets for service improvement - views

- Development of care pathways (ADHD, LD PD etc)
- More consistency / equity of services provided across establishments
- Much closer multiagency working for complex cases
- More contribution to release / resettlement planning
- Clear consistent national approach to standards of care and services
- Staffing arrangements resolved.
- Developed services for PD, adult ADHD and ID combined with multi agency aftercare alignment
- Better commissioning and funding
- To be able to offer a range of therapeutic interventions with a truly multidisciplinary team (not just a doctor and a nurse).
- Developing mental health services that are truly equitable to those in the community
- Longer contracts/less tendering as it takes time and resources away from service delivery.



# Targets for service improvement –views cont....

- Consistent boundaries for admission to MHIR across prisons
- More psychological therapies.
- Joined up working between prisons.
- More rationalised prescribing across prisons, complying with NICE guidance
- More input from CMHT's when this is necessary
- Making prison psychiatrists have admitting rights to local secure units
- Easier referral out of prison greater contact with external services
- To have a single provider of healthcare within the prison
- Stop the process of repetitive tendering
- Integration of community and prison System One to improve sharing of information

# Summary of findings

- Majority of prisons (1/2) - category B.
- Prison size 280 -1200
- Only 1/4 prisons have 24 hour healthcare beds.
- Approx. 1/3 of prisons have lost their 24 hour healthcare beds over the past 5 years.
- Majority (3/4) have only partial integration between primary care and mental health teams.
- Almost all have substance misuse services
- All prisons are served by at least one qualified consultant psychiatrist
- An average of two sessions (PA) is provided
- Case load – average 100

# Summary of findings cont...

- Nursing discipline forms main composition of the MDT
- Noticeable lack of other disciplines - OT, SW
- Psychosis, depression, anxiety, PD, LD, ADHD and PTSD are the most common conditions assessed
- Majority able to provide psychotropic meds.
- Treatment standard in par with NICE
- Inadequate psychology services and MDT working

# Comparable studies

- Secondary mental healthcare in prisons in England and Wales: results of postal questionnaire – Nick Kosky, Clifford Hoyle 2011 (62 prisons)
- Variations in Prison mental health services in England and Wales – Forrester et al 2013 (105 prisons)

# Comparison

- Year of study 2013
  - Sample size 29
  - Category B 50%,  
C 33%
  - In-reach - 100%
  - Consultant - 100%
  - Psychologists – 60%
  - 24 Hour HCC – 30%
  - Substance misuse  
service - 85%
- 2011
  - 105
  - B+YOI 50%,  
C 33%
  - 86%
  - 71%
  - 24%
  - 40%
  - 48%

# Discussion

- Significant improvements over the years
- Yet to achieve equivalent standards
- Impact of frequent change of health care providers/ short term tender policies
- The effects of the recent takeover of commissioning by NHS England