Ethics and Mental Health in Probation: A Prison Psychiatrist's Perspective

Dr. Damian Smith

Consultant Forensic Psychiatrist

National Forensic Mental Health Service

Dublin, Ireland

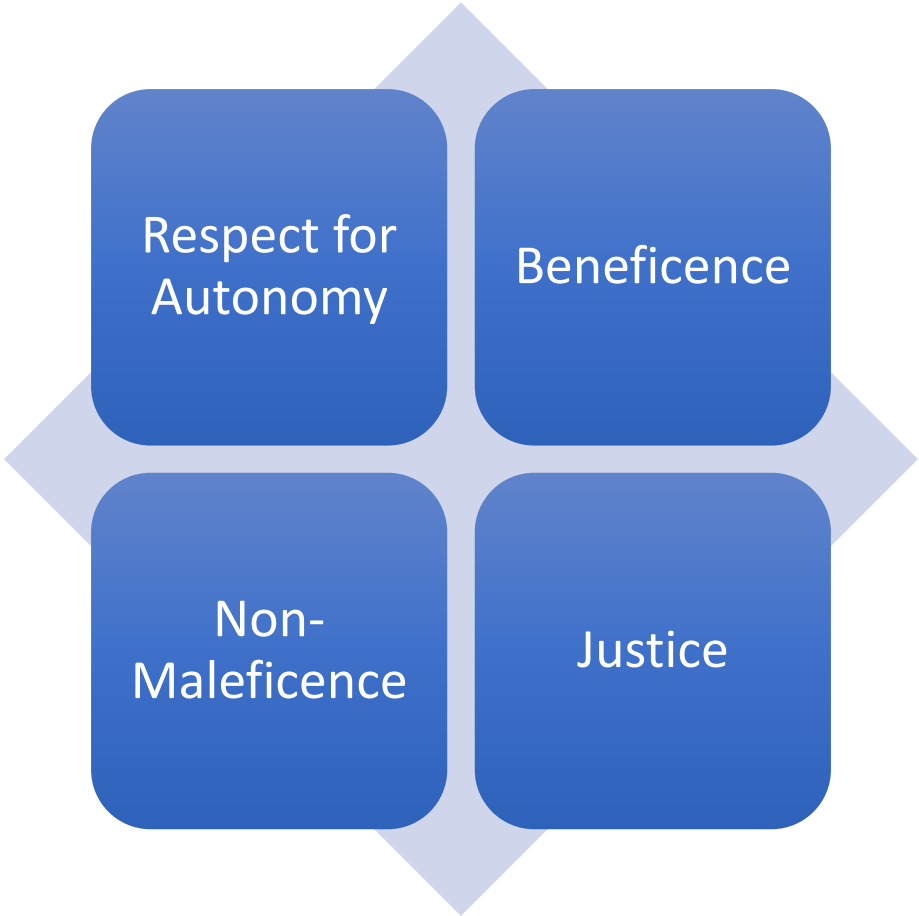
CEP International Webinar on Mental Health in Probation

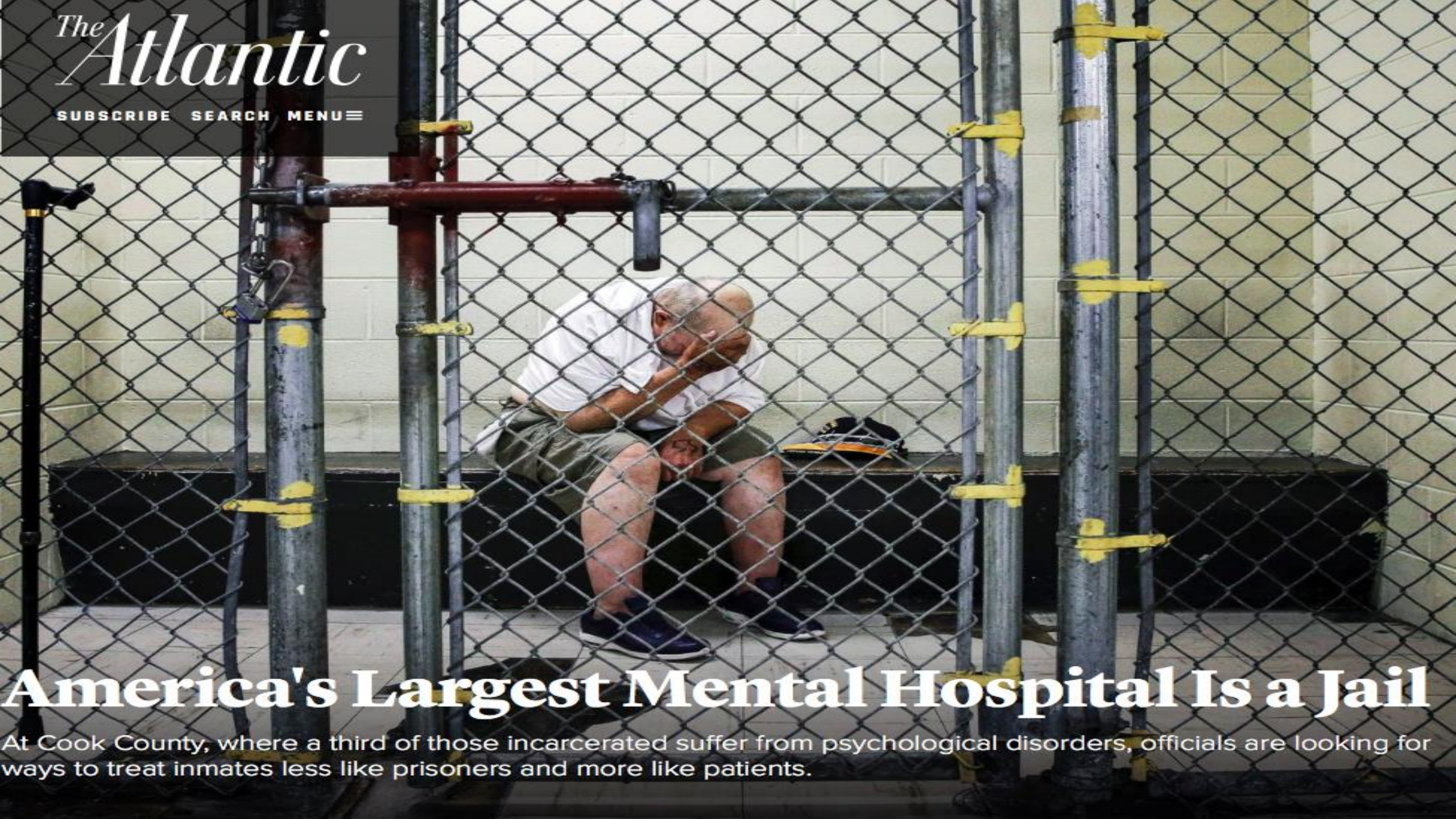
15th June 2022

Overview

- Introduction - Medical ethics and ethical dilemmas for a prison psychiatrist
- My Perspective as prison psychiatrist
- Release Planning and Interagency Collaboration
- Case Example
- Discussion

4 Pillars of Medical Ethics





America's Largest Mental Hospital Is a Jail

At Cook County, where a third of those incarcerated suffer from psychological disorders, officials are looking for ways to treat inmates less like prisoners and more like patients.

Prevalence Studies – Prisoners

International:

- Psychosis 3.6%
- High rates of substance misuse

(Fazel & Seewald, 2012)

National (Ireland):

- Psychosis 3.6%
- Homelessness on committal 17%
- Substance use disorders 51%

(Gulati et al., 2018)

BJPsych | The British Journal of Psychiatry (2012) 200, 364–373. doi: 10.1192/bjp.bp.111.096370

Review article

Severe mental illness in 33 588 prisoners worldwide: systematic review and meta-regression analysis

Seena Fazel and Katharina Seewald

Background
High levels of psychiatric morbidity in prisoners have been documented in many countries, but it is not known whether rates of mental illness have been increasing over time or whether the prevalence differs between low–middle-income countries compared with high-income ones.

Aims
To systematically review prevalence studies for psychotic illness and major depression in prisoners, provide summary estimates and investigate sources of heterogeneity between studies using meta-regression.

models, and we found a pooled prevalence of psychosis of 3.6% (95% CI 3.1–4.2) in male prisoners and 3.9% (95% CI 2.7–5.0) in female prisoners. There were high levels of heterogeneity, some of which was explained by studies in low–middle-income countries reporting higher prevalences of psychosis (5.5%, 95% CI 4.2–6.8; $P=0.035$ on meta-regression). The pooled prevalence of major depression was 10.2% (95% CI 8.8–11.7) in male prisoners and 14.1% (95% CI 10.2–18.1) in female prisoners. The prevalence of these disorders did not appear to be increasing over time, apart from depression in the USA ($P=0.008$).

Prevalence Studies – Probation Clients

International (UK)

- Any mental disorder 38.7%
- Psychotic Disorder 11%
- High rates of co-morbid substance misuse

(Brooker et al. 2012)

National (Ireland):

- Formal mental disorder diagnosis41%
- Psychotic symptoms 3%
- Non-prescribed drug use 35%

(Power, 2020)

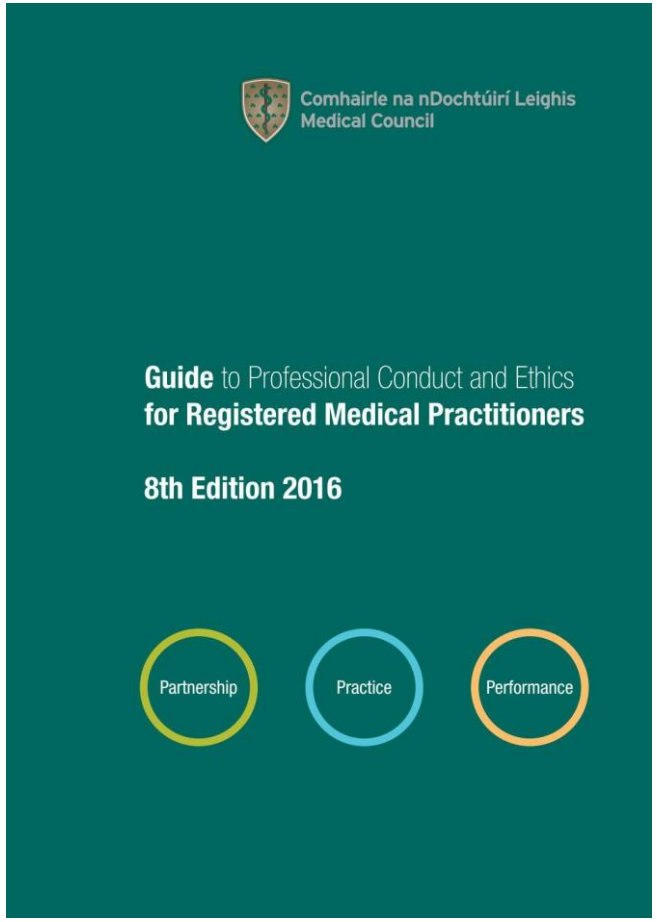
IRISH PROBATION JOURNAL Volume 17, October 2020

Engaging with Mental Health Challenges in Probation Practice

Christina Power*

Summary: In 2019, three internal studies were conducted in the Irish Probation Service, exploring mental health among persons subject to probation supervision. This paper will firstly briefly consider the wider literature exploring mental health problems among those engaged with probation services and will then outline the methodology and findings from each of the three studies. The studies were limited in scale, scope and methodology but are consistent in identifying recurring themes that also support the broader research literature highlighting the prevalence of mental health problems among probation service clients. In conclusion, the paper will discuss the key findings and implications for probation policy and practice. Key issues revealed include the significant incidence of unmet mental health needs and the potential gaps in knowledge and training in the area of mental health and mental health problems for practitioners.

Medical Ethics and Professionalism



Principles & Values

- Collaboration
- Communication
- Advocacy
- Caring
- Confidentiality

Ethical Dilemmas for the Psychiatrist

- **Respect for Autonomy** – Capacity to consent?
- **Beneficence and Non-Maleficence** - risk of re-imprisonment?
- **Justice** – is it fair to my patient to share information which might result in re-imprisonment?
- **Confidentiality** – Strict code of conduct around the sharing of information with third parties
- **Resource limitations and Access to care**

My Perspective as a Prison Psychiatrist

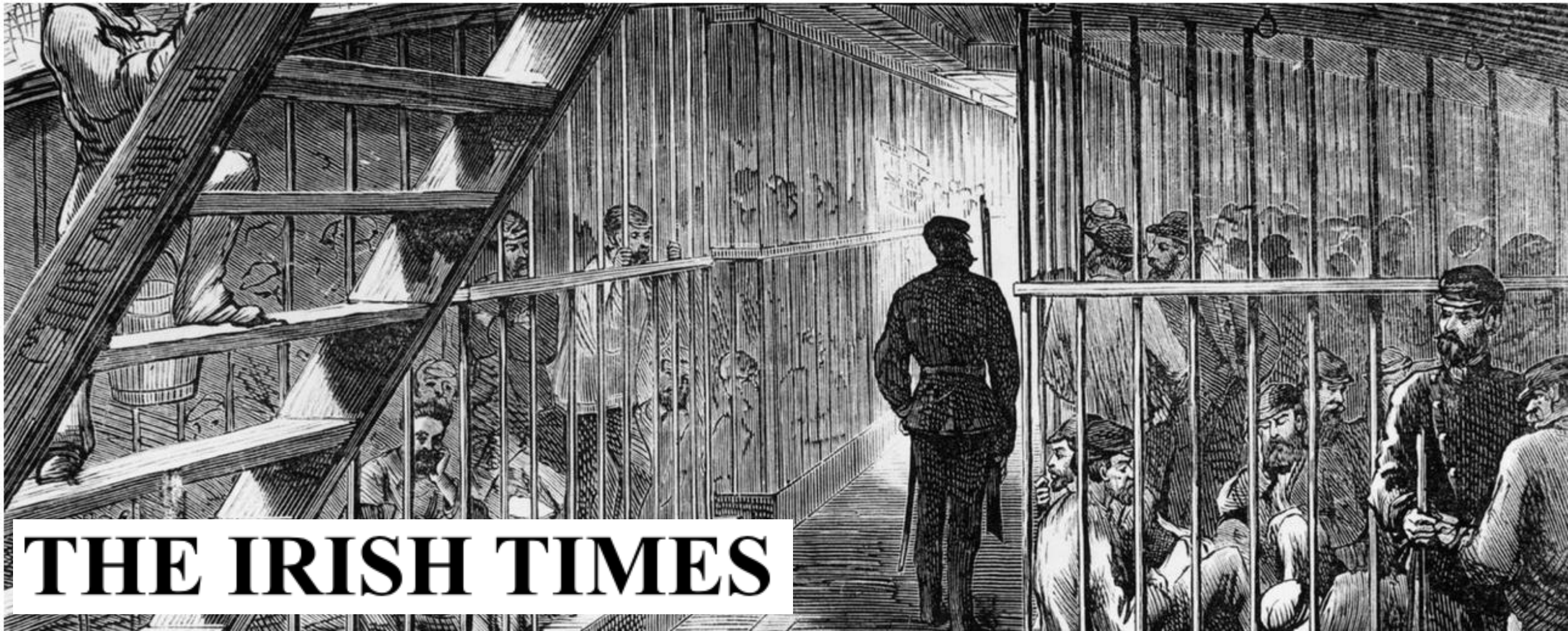
Mountjoy Prison

- Dublin, Ireland
- Medium security male sentenced prison
- Capacity: 755
- 08.06.22: 97% capacity

Steal a pig in Tipperary in 1841? You could be shipped off to Australia

Thousands of online records document crimes and journeys taken by Irish convicts

Expand



J. Lycett. Delt et Excute.

VIEW OF HOBART TOWN,

Van Diemens Land.

London. Published Oct.r 1. 1824. by J. Souter, 73, St. Pauls Church Yard.

Mountjoy Prison Inreach Mental Health Team

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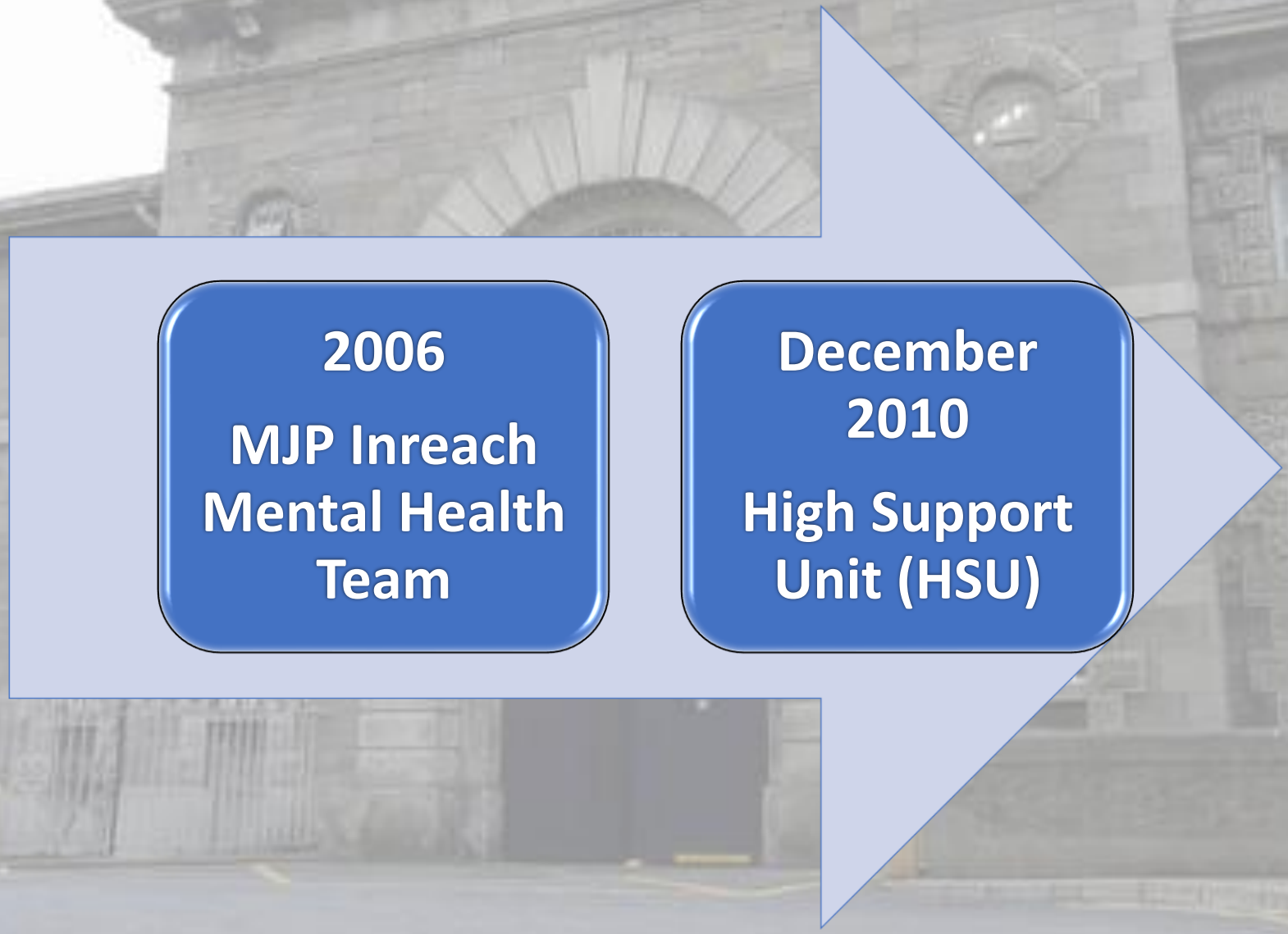


The High Support Unit (HSU)

Beyond the walls?

- Risks in the post-release period:
  - Mortality ↑ x12.5 fold particularly from drug OD (*Binswanger et al, 2007*)
  - Suicide (*Sirdifield et al, 2019*)
  - Reoffending (*Chang et al, 2015*)

The Nelson Mandela Rules

- **Rule 107:**
- "From the beginning *of a prisoner's sentence, consideration shall be given to his or her future after release……*
- *….maintain or establish such relations with persons or agencies outside the prison as may promote the prisoner's rehabilitation…."*

Her Majesty's Inspectorate of Probation

Maximising positive mental health outcomes for people under probation supervision

Coral Sirdifield and Charlie Brooker

HM Inspectorate of Probation

Academic Insights 2020/06

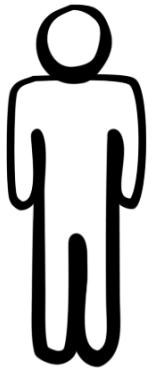
Improving (health) literacy
Improving commissioning processes
Improving access to data and training
Increasing integration
Improving GP access
Addressing the social determinants of health
Investing in research and evaluation
Maximsing positive mental health outcomes

Integration and Collaboration:
Silos ➔ Synergy

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Seirbhís Phríosúin na hÉireann

THE PROBATION SERVICE
An tSeirbhís Phromhaidh



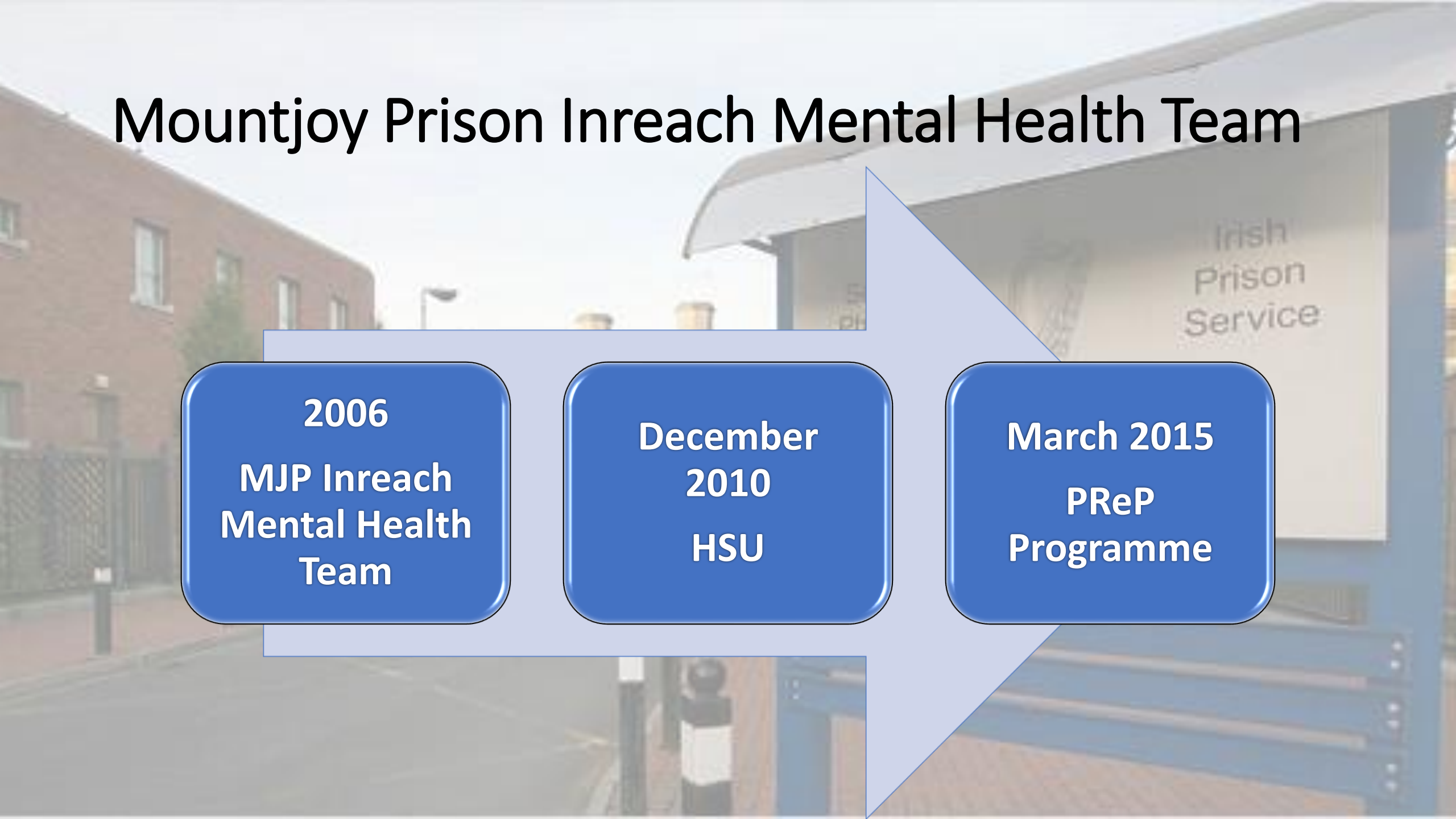
HAIL 30 YEARS
PROVIDING QUALITY HOUSING & SUPPORT

Safetynet
PRIMARY CARE

Peter McVerry Trust
Opening doors for homeless people

Focus Ireland | Peter McVerry Trust
HOUSING FIRST

Mountjoy Prison Inreach Mental Health Team



2006

MJP Inreach Mental Health Team

December 2010

HSU

March 2015

PReP Programme

Release Planning & Interagency Collaboration

frontiers in Psychiatry | Forensic Psychiatry

ORIGINAL RESEARCH article

Front. Psychiatry, 02 November 2018 | https://doi.org/10.3389/fpsyt.2018.00549

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Beyond the Walls: An Evaluation of a Pre-Release Planning (PReP) Programme for Sentenced Mentally Disordered Offenders

Damian Smith[1,2], Susan Harnett[1], Aisling Flanagan[1], Sarah Hennessy[1,2], Pauline Gill[1], Niamh Quigley[1], Cornelia Carey[1], Michael McGhee[1], Aoife McManus[1], Mary Kennedy[3], Enda Kelly[3], Jean Carey[3], Ann Concannon[1], Harry G. Kennedy[1,2] and Damian Mohan[1,2*]

[1]National Forensic Mental Health Service, Central Mental Hospital, Dublin, Ireland

[2]Department of Psychiatry, Trinity College, Dublin, Ireland

[3]Irish Prison Service, Dublin, Ireland

Background: Prison mental health services have tended to focus on improving the quality of care provided to mentally disordered offenders at the initial point of contact with the prison system and within the prison environment itself. When these individuals reach the

4,412 TOTAL VIEWS

Am score 3

View Article Impact

Suggest a Research Topic >

Goals of the PReP Programme

The Mountjoy Prison Pre-Release Planning (PReP) Programme aimed to enshrine the principles of integration, collaboration, communication and advocacy by:

1. Building trusting professional relationships with mentally ill prisoners

1. Advocating for supports, and inviting those supports including families into the prison in order to collaboratively plan for the persons return to the community

2. Reintegrating mentally ill prisoners with community based mental health services and other supports

3. Identifying homeless mentally ill prisoners and assisting them to obtain accommodation upon release

The PReP Programme

- Forensic Mental Health Social Worker

- Role and Interventions:

1. Mental Health Liaison
2. Advocacy
3. Working with families
4. Release planning - PReP Meeting and written Release Plan
5. Post Release Follow-up
6. Data Collection and analysis

Pre-Release Planning (PReP) Meeting

Results (n=43)

Offence Type:

- Violent – 49% (n=21)
- Non-violent – 51% (n=22)

Clinical:

- Psychotic Disorder (+Drug Induced Psychosis): 74% (n=32)
- Co-morbidities:
  - Polysubstance Abuse: 91% (n=39)
  - Personality Disorder: 26% (n=11)
  - Self Harm: 61% (n=26)

- Previous Contact with MHS: 72% (n=31)

Level of Healthcare Support at time of committal vs. Level of Healthcare Support on Day of Release (n=43)

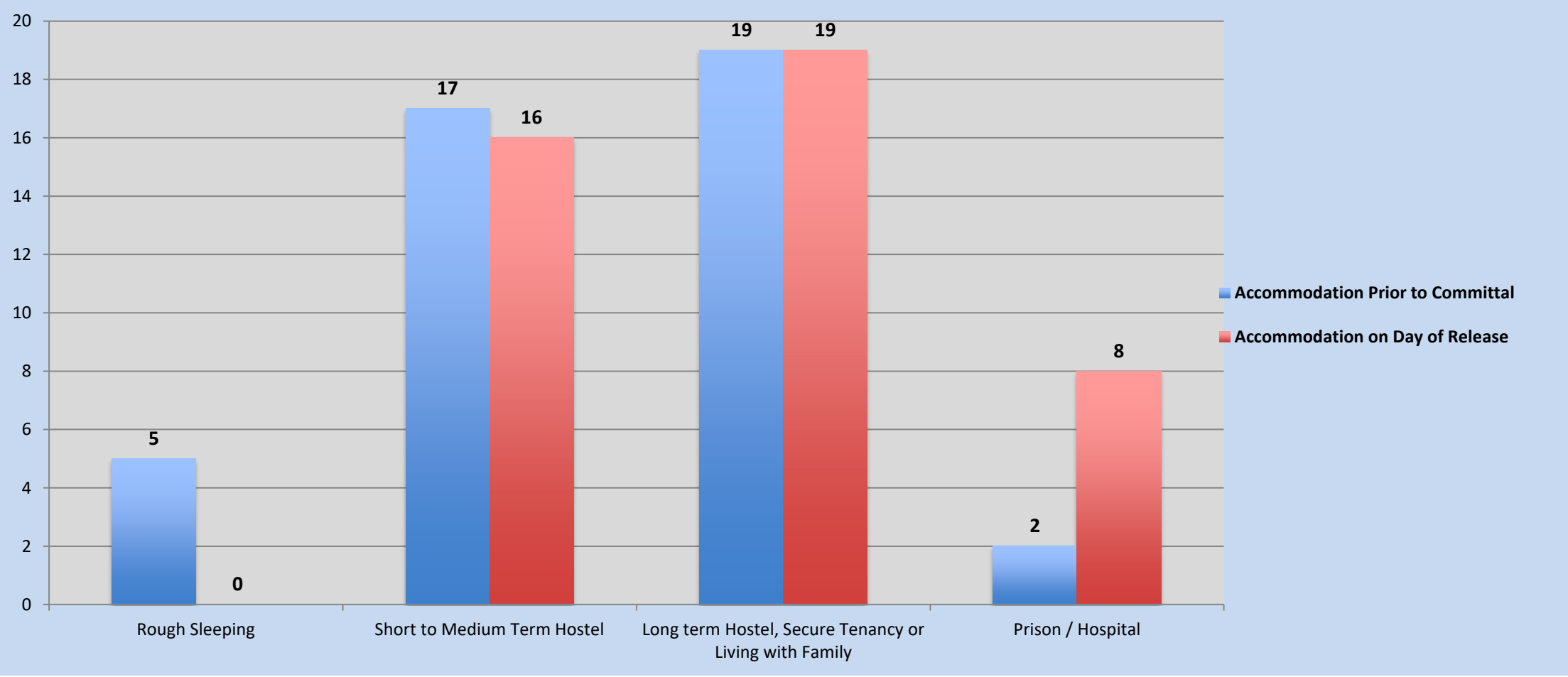
	Healthcare Support				Total
	None	GP	Outpatient Services (CMHT, Addictions or ID Services)	Prison or Hospital	
Prior to Reception at prison (N)	15	6	20	2 (Prison)	43
On Day of Release (N)	2	11	22	8 (Hospital)	43

FET $p<0.001$

Accommodation Outcomes

- 49% (21/43) were homeless on committal.
- 12% (n=5) reported rough sleeping prior to committal.
- No prisoners were released to rough sleeping.

Accommodation at time of committal vs. Accommodation on Day of Release (n=43)



FET $p<0.001$

Re-imprisonment

- 20 (20/43, 47%) were returned to prison during the 2 year study period.

- 15 (15/43, 35%) were subject to a supervision order by probation services upon release.
  - 6 of these were recommitted.

- In Ireland the recidivism rate for male prisoners within 3 years: 62% (*CSO, 2010*)
  - Two thirds of re-offending occurred within 6 months of release.

Conclusions

- This multidisciplinary and interagency service innovation, has supported mentally ill prisoners in accessing improved care and accommodation in the post release period.

- Many individuals remained homeless, however none were released to rough sleeping.

Could we do better?

Seirbhís
Phríosúin
na hÉireann
Irish
Prison
Service
Cloverhill Prison

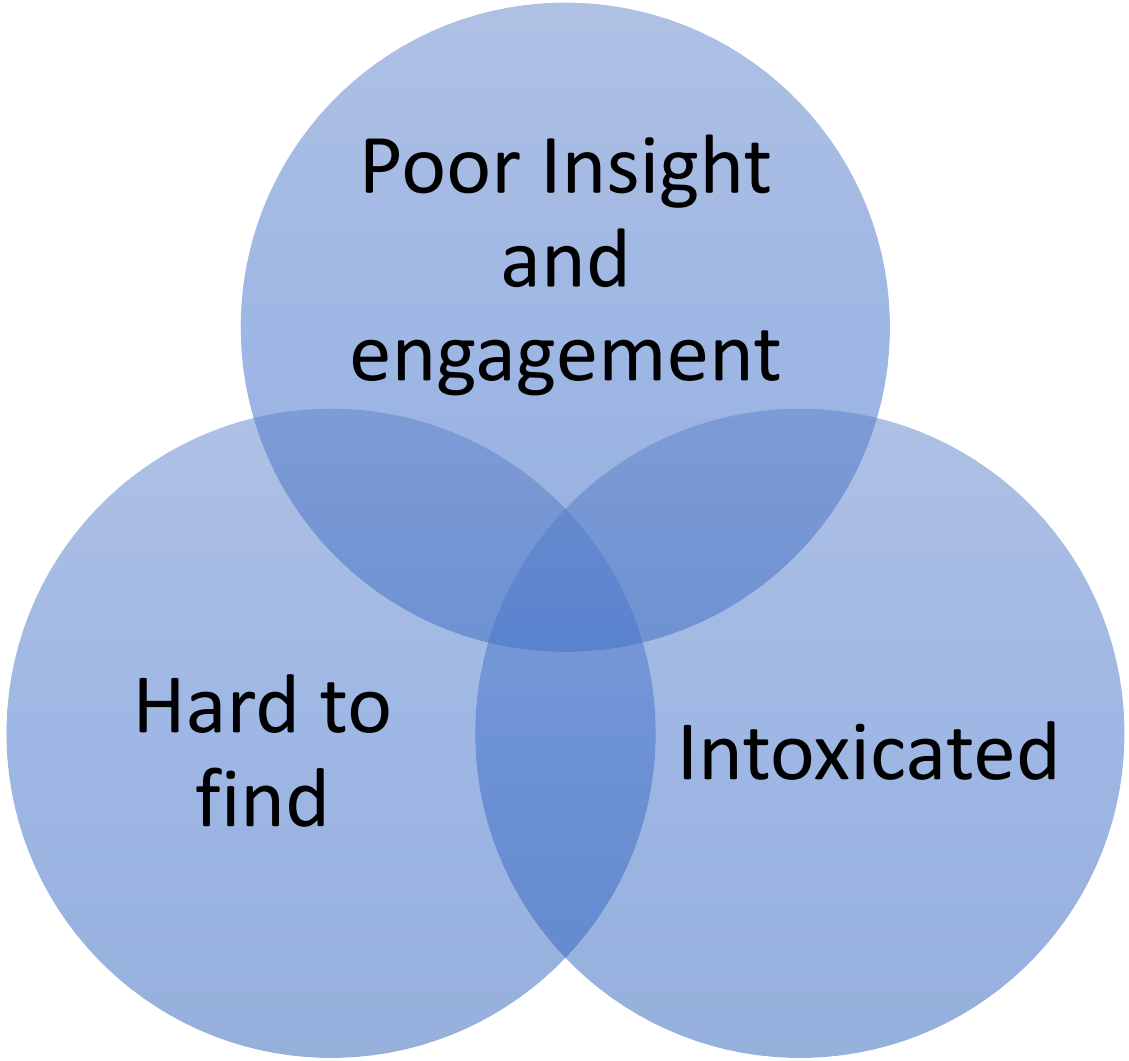
Ireland's Homeless Crisis

Over 10,000 people homeless in Ireland for first time since pandemic

IRELAND

New figures released by the Department of Housing show there were 10,049 people in emergency accommodation in April. Photo: PA Images

Why is it difficult to access Healthcare?



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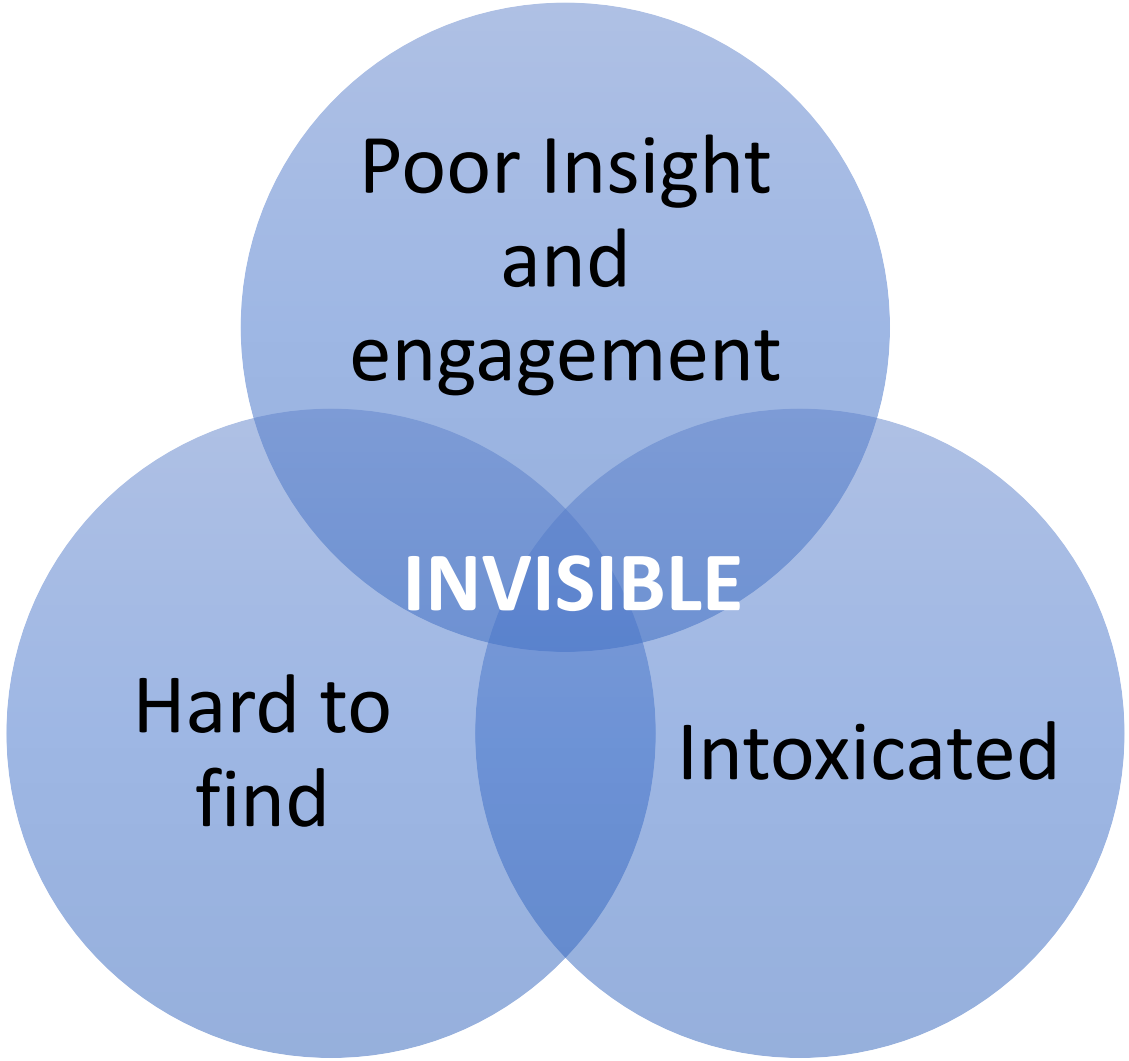

Comparison of Homeless vs. Non-Homeless - 1st Jan 2012 to 31st Dec 2013

- 39.3% (294/ 749) of all committals seen by PICLS were homeless.
- An unmet need was identified

	Homeless N= 294	Non-Homeless N = 455	X^2	*p*
Irish	242 (82%)	398 (87%)	3.8	0.05
Active Psychotic Symptoms	96 (33%)	72 (16%)	29.1	<0.001
Lifetime History of psychosis	127 (43%)	103 (23%)	35.5	<0.001
PSA	259 (88%)	400 (88%)	0.01	0.94
Known to Community MHS prior to Committal	220 (75%)	303 (67%)	5.8	0.02
3 or more committals	49 (17%)	39 (9%)	11.3	0.001
Violent Index Offence	76 (26%)	181 (40%)	15.4	<0.001

HSW

HAIL 30 YEARS
PROVIDING QUALITY HOUSING & SUPPORT

Role of the Housing Support Worker

PRISON
QUALITY NETWORK FOR PRISON
MENTAL HEALTH SERVICES

ISSUE 02 Autumn/Winter 2016

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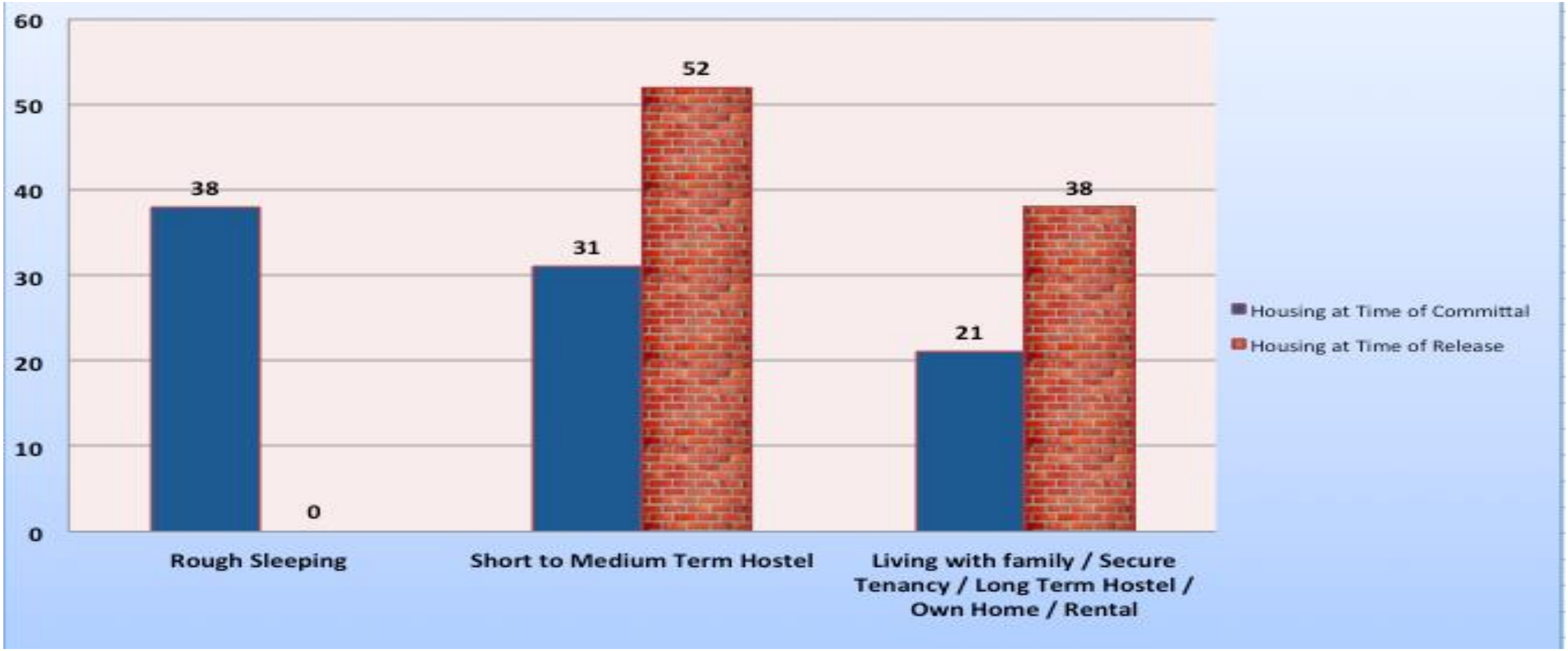
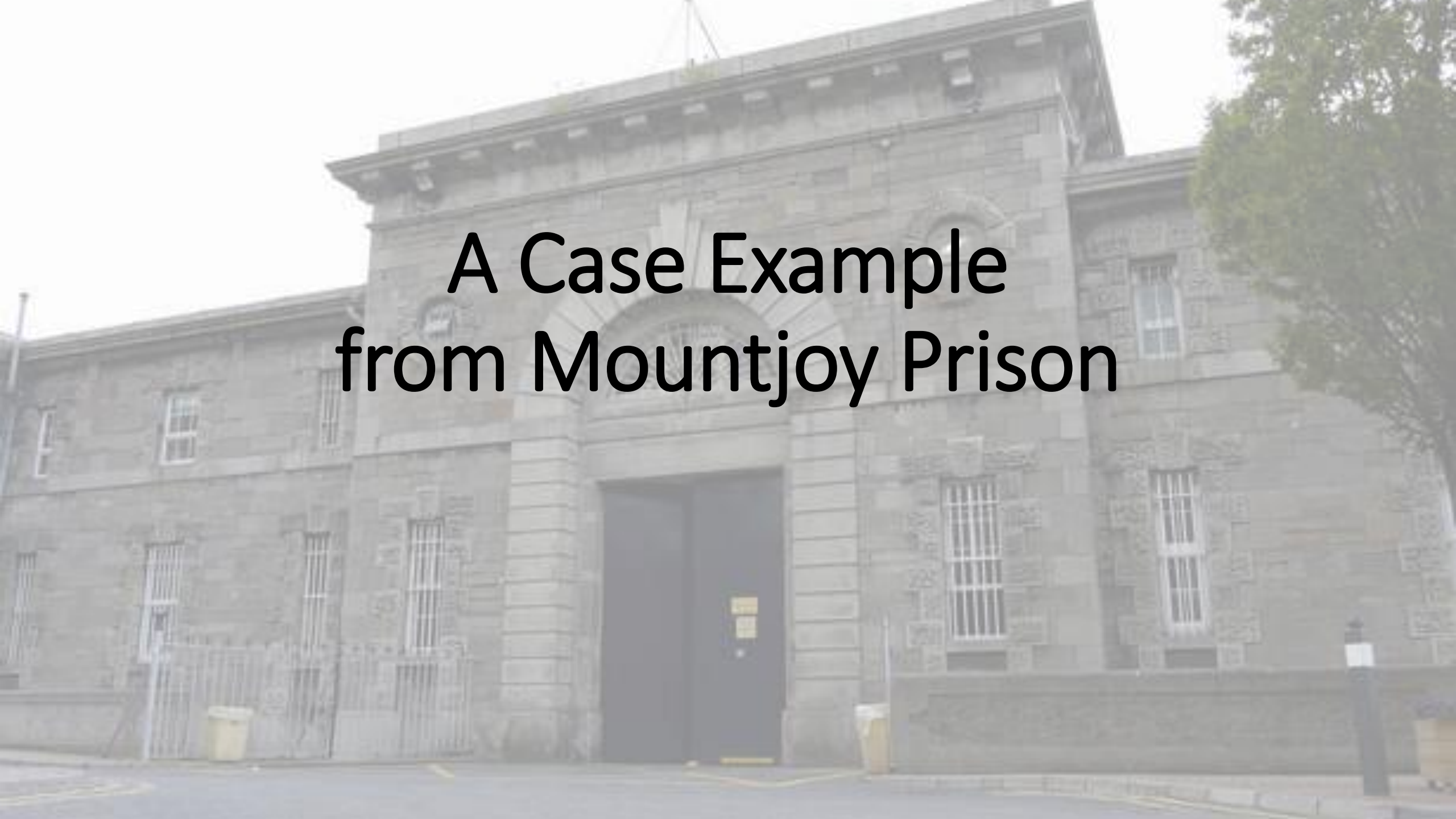
Housing Outcomes:
Accommodation at Time of Committal vs. Time of Release (Simplified)
(n=90, 64 Individuals)



Mountjoy Prison Inreach Mental Health Team



A Case Example from Mountjoy Prison

Patient H - Background

- Mr H is a 39 year old homeless man with a diagnosis of Schizophrenia (19yo) complicated by polysubstance abuse (12 yo)

- History of suicide attempts.

- Well known to homeless services, community mental health services and probation services.

- 25 committals since 2001 for minor offences – “Frequent Flyer Prisoner”

Patient H – History of Homelessness

- First became homeless in 2011.
- Entrenched rough sleeper and reluctant to access homeless services.
- Regularly met bedded down in south Dublin area when not staying in homeless services.
- Regular placement breakdowns due to “chaotic” presentation.

Patient H - Intervention

- Identified as a Pre-Release Planning (PReP) case.
- Introduced to HSW in October 2021 and initial assessment completed. Mr. H identified a particular service where he would like to stay.
- Contact made with Local County Council housing department and Peter McVerry Trust Homeless service.
- Community probation, homeless services and county council attended PReP meeting
- Single room placement secured in high supported service with a keyworker and 24 hour staff onsite.

Seirbhís
Phríosúin
na hÉireann
Irish
Prison
Service
Mountjoy Prison

Discussion

Discussion

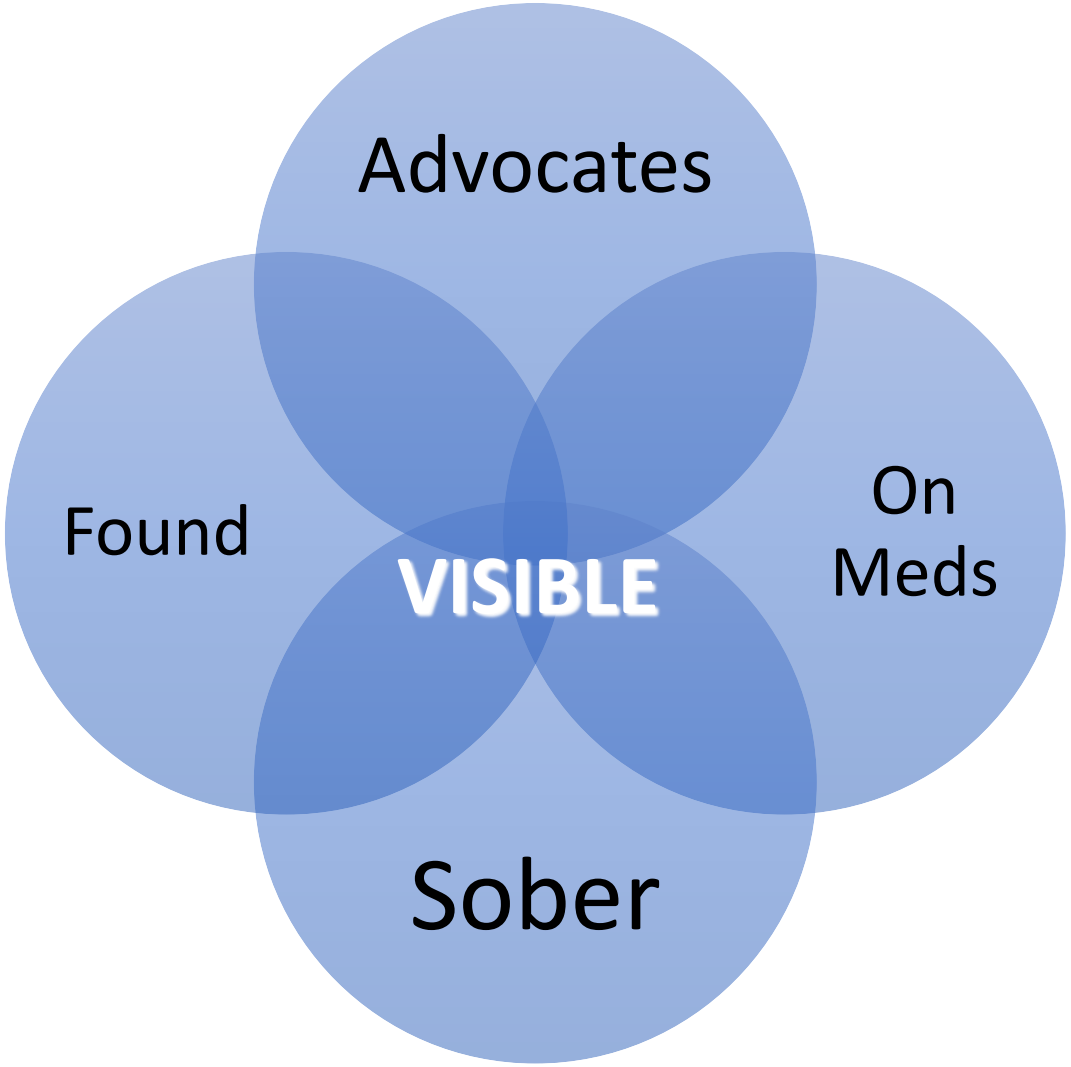
- Prisoners and Probation clients have increased rates of mental health problems, substance misuse and self harm.

- With limited resources prison psychiatry adopts an ethical approach which aims to address the needs of the most vulnerable and marginalized, namely, prisoners with severe mental illness and complex needs.

Shared Principles & Values

- Collaboration
- Communication
- Advocacy
- Caring
- Confidentiality

Prison: Opportunity to Engage?



What is needed post-release?

- Criminal Justice “Housing first” models - Access to Probation approved premises with wrap around supports
- Access to more inclusive dual diagnosis residential rehabilitation programmes
- Flexible approach from mental health service beyond “catchment areas”
- Further development of assertive outreach and social inclusion mental health services and homeless mental health services

Acknowledgements

- Aaron Kennedy
- Karen Newman
- Mike McGhee
- Kevin Kirrane
- Ciara Flynn
- Anne Marie Hannigan
- Aisling Flanagan
- Susan Harnett
- Niamh McCallion
- Ronan O’Dulaine
- Orla Reynolds
- Philip Hickey
- Enda Taylor
- Prof Conor O’Neill
- Prof Damian Mohan
- Prof Harry Kennedy

Thank you!

Questions?