Easing Inmates’ Transition to the Community – The Maltese Experience

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The Challenges Faced on Discharge

Freed prisoners killing themselves at a rate of one every two days

Charity calls for urgent action after sixfold rise in suicide rate among people on supervision

There were 153 suicides among people on post-custody supervision in 2018-19, up from 24 eight years earlier. Photograph: Michael Cooper/PA

Recently incarcerated people are over 40 times more likely to die from an opioid overdose

Number of opioid overdose deaths per 100,000 recently incarcerated people in North Carolina compared to rate among the general population in North Carolina

Data Source: "Opioid Overdose Mortality Among Former North Carolina Inmates: 2008-2015" Table 1
The Challenges Faced on Discharge

“Molecules of the protein myosin drag a ball of endorphins along an actin filament into the inner part of the brain's parietal cortex, which produces feelings of pleasure & happiness.”
The Challenges Faced on Discharge

Setting Standards for Discharge

01 Identifying the Major Challenges
02 Setting Up an Action Plan
03 Setting up Meetings with Stakeholders
04 Establishing Standards of Practice
05 Enacting and Revising Standards of Practice
Identifying the Major Challenges

**CHALLENGE 1**
Mesolimbic system reward pathway in Drug Users

**CHALLENGE 2**
Huge burden of psychiatric illness, social problems and biological illness amongst discharged inmates

**CHALLENGE 3**
Chaotic lifestyles of discharged inmates hindering continuity of care and rehab plans.

**SOLUTION 1**
Access to science driven drug rehab programs, Detox clinics, use of modern effective, proven treatments for SUD

**SOLUTION 2**
Adequate staffing of health care professionals, social workers, probation officers

**SOLUTION 3**
A concise yet efficient tailor made discharge plan. Meticulous handover to staff providing assistance in the community.
Setting Up an Action Plan

- Analysis of Resources Present
- Valuing Potential in Current Staff
- Identification of Key Stakeholders
- Setting Achievable Goals
- Forecasting Pitfalls
- Ensuring Inmate Centered Action Plan
- Identifying Resources Required
- Establishing mutually beneficial inter-departmental plans
- Initiating the Plan
Setting Up Meetings with Relevant Stakeholders - 2020

1 – Substance Misuse Outpatients Unit
Setting up follow up appointments the day after discharge from prison for opiate replacement therapies and other psychiatric treatments.

Handover of opiate replacement therapy on admission and discharge of inmates.

4 – Psychiatric Department, Mount Carmel Hospital
Establishment of fast-track psychiatric appointments for inmates once discharged.
Handover of psychiatric care plans between doctors on admission & discharges of inmates.

2 – Infectious Diseases Department, Mater Dei Hospital
On-site treatment in prison for infectious illnesses.
Follow up appointments and investigations for inmates discharged with active infectious diseases.

5 – Care & Re-Integration Unit, Correctional Services Agency
Relevant handover on patient care between prison departments – regular meetings, medical reports, joint discharge planning.

3 – Maltese Public Health Authorities
Set up a prison database of infectious diseases for traceability on discharge and continuity of care.
Utilised their resources and advice of infectious illness mitigation measures during COVID-19 pandemic.

6 – IT Department, Mater Dei Hospital
Access to national health databases facilitating equivalence of care and fluent medical transition into the community.
Establishing Standards of Practice – 2021

Standard Operating Procedures for the Medical Service Provision within the Correctional Services Agency – Admissions & Discharges of Inmates

10th June 2021

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Enacting and Revising Standards of Practice – 2022

1. Identifying Changing Scenarios & Limitations of Standards of Practice
2. Review of Challenges with Stakeholders to Identify Solutions
3. Re-establishment of Updated Standards of Practice
4. Enacting & Enforcing Standards of Practice
Close Digital Communication Between Departments

- Medical Doctors
- Community Psychiatrists
- Infectious Diseases Consultants
- Probation Officers
- Social Workers
- Substance Misuse Outpatients Unit Staff
- Pharmaceutical Supplier
Planning an Effective Discharge

Day of Admission
Identifying biopsychosocial issues early.
Setting realistic targets for management and treatment.

30 Days to Discharge
Assessing compliance to interventions, treatment and discharge plans.

Day Of Discharge
Providing treatment, appointments dates, handover to community health care providers.
Drivers for Innovation in Discharge Plans

- **Legal Framework**: Changes in Maltese Law & Maltese Prison’s Act.
- **Inmates’ Perspectives**: Inmates’ feedback and individual needs.
- **Advances in Medicine & Therapies**: Novel therapeutic interventions & treatments for substance use disorders, psychiatric and medical illness.
- **Technological & Societal Changes**: Advances in technology creates opportunity whilst societal change requires adaptation of discharge plans.

Legal Framework

Inmates’ feedback and individual needs.

Advances in Medicine & Therapies

- Novel therapeutic interventions & treatments for substance use disorders, psychiatric and medical illness.

Technological & Societal Changes

- Advances in technology creates opportunity whilst societal change requires adaptation of discharge plans.
A Maltese Inmate’s Feedback on Discharge Plans

Background
50 year old male – was in foster care and then adopted at a young age. Currently married. Was unemployed prior to incarceration.

Time in Prison

Illicit Drug Use History
Prior to incarceration in 2019 he used heroin and cocaine regularly. During this incarceration he managed to wean off opiate replacement therapy successfully.
Key Strategy in Discharge Planning – Fluidity in Provider Roles

30 year old male incarcerated in view of theft in a context of homeless, family discord and unemployment.

**Medical Doctor**
Addressing any medical needs during incarceration. Handover to GP in community.

**Psychologist**
Addressing feelings of helplessness, guilt or shame. Empowerment & self-belief.

**Probation Officer**
Primary care giver in the community once inmate is discharged – with regular input during incarceration.

**Social Worker**
Lead role in view of primary challenges being social in nature.

**Psychiatrist**
Involvement on an as-need basis, both in prison and in the community.
Key Strategy in Discharge Planning – Fluidity in Provider Roles (2)

65 year old male – history of Intravenous drug use, bilateral pulmonary embolism, groin abscesses, active Hepatitis C, diabetes on insulin with supportive family and adequate housing.

- **Pharmaceutical Supplier**: Fluent provision of medical treatments during incarceration and in community on discharge.
- **Infectious Diseases Consultant**: Supporting prison medical doctor with licensing of infectious diseases medications and investigations.
- **Detox Unit Doctor**: Provision of drug misuse therapies on discharge to the community.
- **Prison Medical Doctor**: Co-ordinating medical care, treating infectious illness, optimising chronic medical conditions, handing over to GP on discharge.
- **Community General Practitioner**: Co-ordinating medical care once discharged to community.
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