Improving access to health care – increasing social inclusion

Manchester, May 2009

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Outline for today

Prison leavers study: Offenders’ perspectives on access
COCOA: Systemic barriers to access and continuity
New models and unanswered questions
Mental health and social inclusion

Mental health:
• Confidence
• Enjoyment
• Resilience
• Social Inclusion

Social Inclusion:
• Having a home
• Employment and training
• Relationships
• Participating in the community
Prison leavers study

What kind of psychological distress and suicide attempts do individuals experience?
What factors affect help-seeking behaviour among custody leavers?
Methods

Longitudinal qualitative interview study with thematic analysis

Participants: 35 male offenders aged 18 – 52
Setting: Category B prison in South West England and surrounding community
Open ended interviews: one week prior and six weeks after release from prison
The Interview Schedule

Collaboration with "The Revolvers"

Topic guide:
- Family background
- Coping with stress and difficulties
- Suicide attempts
- Help seeking
Profile of Offenders (n=35)

Age 18-52
Single 34
One or more children 23

Family background
Split family or abandonment 24
Abuse or neglect 26
Harmful drug and alcohol use at home 15

CJA
No of prior convictions 0-116 (mean 18)
Prior times in prison 0-32 (mean 8)
Psychological distress, suicide, and substance abuse

- 70% reported mental health symptoms
- 83% reported drug or alcohol misuse
- 63% have had serious thoughts of suicide in past
- 56% had attempted suicide
• Whereas, as I said earlier on, it would bring down to the stress or something like that, or a situation I couldn’t cope with – ie a break up in a relationship – uhm - I would take too much inward and not give out; I wouldn’t allow it to come to the surface. So I would just want to curl up and die (R13).
• So things like that, yeah, just when they happen - they happen. I don’t really see it happening, I just go into this like … I don’t know, this kind of world, and just get on with it, get on with destroying everything around me – you know what I mean. Don’t get me wrong, not like destroying ( … ) like physically hurting people, not like that, just self-destruct for myself, you know go back onto the drugs, end up staying in this place, that place, forget that I’ve got rent to pay… (R27).
I: Have you ever had serious thoughts of suicide?
R: Tried it but it didn’t work.
I: Can you tell me about that?
R: I tried to hang myself once.
I: Here in prison, or outside?
R: Na, outside yeah um... the rope snapped. So I don’t know if I was using dodgy rope or ... but it just snapped rop...brok broken...
I: What happened that would cause you to take your own life?
R: They took my kids away from me (R6).
Would they seek help for mental health problems?

- 21 would not consider it
- 7 under certain conditions
- 7 would

Did they seek help?

No one had sought help at follow up
Stigma
Distrust and
Beliefs about professionals
all influenced help seeking behaviour.

Family background was a key underlying contributor......
Origins of distrust
And coming home was even worse, being at...living at home was worse, because my mum used to be ... my mum rules with her fists, do you know what meanings, she rules with her fists. And that was ....... She used to slap me about all the time ...and put a pillow over my head ...like trying to suffocate me(R27).
Q: Did you grow up with your mum and dad?
With my mum, not dad. I don’t talk to my dad.

Q: Really?
He raped my sister for 6 years and beat the crap out of me and my brothers for 6 years. So now I don’t talk to my dad…..

Q: Really?
Yeah. When he wasn’t beating us, it was her, but my mum, she never laid a finger on me in my life, she never would, she wouldn’t dare. She’s still messed up in her own little way. Well, mum introduced me to drugs(R3).
Distrust

I don’t trust the system one bit, I hate the system. All they’ve ever done is shit on my life. Why should I trust them? Probation, they’ve shit on me, DTTO, they shit on me, CORUS they shit on you, everybody shits on you. So I don’t trust nothing or no-one. I don’t trust my missus, I don’t trust my own mum and if I don’t trust my own mum I ain’t going to trust no-one(R4).
Perceptions of professionals.

I know doctors (…), especially to do with the prison service doctors. They don’t care one bit, they really don’t care. They must have a …a flippin’ programme to follow or something, where they must have to tick boxes or something to say that if an inmate comes and says I feel like I’m dying, then what you do is tick this box…….. (R27)
I don’t really trust talking to … key workers and all those people about deep emotions.

Q: Why is that?

Because they’ve got loads of people talking to them about those things. And I think it takes a special kind of person to talk to about these things, (R27)
Stigma

I’d be a bit…I’d be wary of contacting him really.”

Q:  *Why is that?*

I wouldn’t like…as I say, at the minute I seem alright like. I wouldn’t want to be branded schizophrenic or mad (laughs) do you know what I mean? It’s quite a scary thing, like, you know. You can get sectioned and all that lot, do you know what I mean? (R9).
Unwilling to admit to the diagnosis

- R: So why do you think some people who have been in here are reluctant to seek help for mental health problems on the out?
- R: They don’t want to accept that they’ve got a mental health problem.
- Q: Why?
- R: I think the embarrassment and the stigma - oh, he’s got a mental problem.
- Q: A stigma, what do you mean?
- R: Well, you’re obviously a bit wrong if you’ve got a mental health problem, that’s how some people see it - not myself personally, but you know yourself how some people see it. And to actually spill your guts and talk about your personal stuff to someone is another big barrier, isn’t it? Nowhere in life are you encouraged to do that ever, and you’ve really got to take it on board yourself (…..) that’s a big barrier I think...(R 28)
Offenders intrinsic distrust and concerns about seeing themselves or being seen as having mental illness are key barriers to access.

Health care outside

- General practice
- Community health services
- Community mental health teams
- Drug and alcohol teams
- A&E
Which health problems?

- 62-90% of prisoners have MH problems
- 75% PD
- 40% anxiety or depression
- 34% drug dependence, 30% alcohol
- 8x risk suicide when leaving prison
- Co-morbidity the norm
- Seen as social exclusion by offenders
COCOA

Care for Offenders: Continuity Of Access*

Facilitators and barriers to continuity and access:

- Phases and nodes
- NHS and CJA divide
- Professional and cultural factors
- Prison health care in transition

*COCOA -. SDO funded study
Overview of the study

Three parallel strands of data collection:
- Survey of organisations
- Organisational case studies
- Offender care and pathways
Four sets of offender data

- *Cross sectional face-to-face survey of care in the previous six months.*
- *Longitudinal follow up of 50% for up to 12 months*
- *Continuity of communication:* to GPs and community mental health teams.
- *Qualitative interviews and focus groups.*
Offender Research Group
COCOA RICH

Activities:
– reflect on their own health and CJA experience
– piloting and refining data collection
– co-facilitating focus groups
– helping administer structured questionnaires,
– participate in analysis and dissemination
So what are the organisational problems?

- Lack of training in identification of problems
- Lack of pathways from community CJA
- Reactive care in prison
- Rapid turn over and many short stays
- Poor prison health to standard NHS transition
- Separate programmes for resettlement and health
- Lack of resource in the community for mental health care
Potential public health benefits

Primary aims:
• Improved health of offenders
• Resettlement of offenders

And in turn better outcomes for:
• Dependants
• Other prison inmates
• Wider communities

And reduced costs to society:
• Less CJA costs
• Reduced benefits payments
• Reduced health care costs longer term
What kind of model?

Individual level:
• Engagement to overcome distrust
• Mobilise offenders’ own resources
• Work with offenders’ motivators for social inclusion
• Diagnosis sensitive not diagnosis specific
• It would combine medication, therapy and social interventions.
What kind of model?

Organisational assumptions:
• CJA contact and incarceration seen as an opportunity to engage
• Integrated care and pathways taking account co-morbidity and substance misuse.
• Include a pathway across the community-prison-community interface.
• Needs on release will be integral to developing individual care.
• Work with both prison and community based resettlement.
What kind of model?

Access to health care developed across CJA pathways:

• Initial police contact
• Custody suite
• Remand
• Pre-trial reports
• Courts
• Probation
• Prison entry
• Prison Release
Questions remaining

• Can this approach improve health and facilitate resettlement?
• What are the best strategies to engage with offenders?
• Should care be integrated into other resettlement functions?
• What is the role of third sector?
• What is the role of Mental Health treatment Orders?