Pathway for offenders with common mental health problems near to release

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The views expressed in this presentation are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health
Overview

• Discontinuity: a collusion of distrust and disorganization

• What is the need?

• What kind of service?
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).”

Understanding help seeking behaviour among male offenders
NIHR SDO funded Study (2008-2011)

200 offenders – 53% identified mental health issues
Low access to mental health care
High access to substance misuse care
Discontinuities

• Prison and community
• Physical and mental health, and substance misuse
• Health and social inclusion

Opportunities:
• Probation and Prison
General Practice Outreach: Gateway to Health - Plymouth

• Shared care with forensic team

• Pre-booked by GPs, forensic team and Probation.

• Rudimentary data sharing and joint care plans

• Regular corridor discussions with probation

• Electronic records at multiple locations
Engager 1

NIHR funded feasibility study 2010-11
Peninsula and Manchester

Aims:
• Develop a model for engaging and retaining offenders
• Feasibility for recruiting and following up after release to a trial of a ‘bridging’ intervention
• Further define need

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Engager 1 - method

An ‘engaging’ interview schedule, and follow up process was designed using literature, focus groups and case studies.

Schedule assessed:
- PHQ-9, GAD-7, PTSD screen,
- ‘past bad stress’
- SAPAS
- Drug and alcohol measures, Social inclusion measure
- Willingness to receive help

SMI excluded
Follow up of current, past CMHPs and SAPAS positive cases
Engager 1 - feasibility

Cohort of prison leavers destined for nearby localities

169 (84%) of 201 approached 2-8 week prior to release participated

114 (67%) met criteria for present or past CMHP or likely PD, would accept help and be followed up

53 to date (54%, estimated final) have been followed up 2-8 weeks following release
Engager 1- need

From cohort of 169 interviewed:
11 – Severe mental illness (Current psychosis, bipolar)
58 – Current common mental health problem +/- SAPAS
19 - Past common mental health problem +/- SAPAS
51 - SAPAS only
30 – None of above

Of 58 with CCMHPs:
55 for PHQ-9, 40 for GAD-7 and 37 for PTSD screen
19% were at case for all three

Of 128 eligible by diagnosis114 said they would accept help and were followed up
Engager 1 – need at f/u

Of 53 followed up so far:
29 cases (19 - PHQ-9, 12 - GAD-7, 9 for PTSD)
9 past case only
15 SAPAS only

Of original CCMHPs 36% remained cases
Of original PCMHP 33% met caseness for common mental health problems at follow up.
If SAPAS only originally 7% met caseness for common mental health problems at follow up.

50% significant need for accommodation
81% were unemployed
75% had problems with alcohol
40% had substance misuse problems.
Engager 1 – summary of need

Confirms high level of CMHPs, Substance misuse, PD in prisoners near to release

• Not receiving help
• 36% stay CMHP cases after release
• 33% of past cases return to caseness after release
• SAPAS only - tend not to become cases
• High levels of substance and alcohol misuse in all groups
• Unemployment and homelessness

Willing to accept help and participate
What kind of service?

Barriers to overcome:
• Distrust and unwillingness to admit ‘mental’
• Discontinuities created by CJS
• Silo based health services

Opportunities to exploit:
• Willingness to talk
• Motivators – family, home, work
• ? Strengths
• IAPT
Proposed model

- Identify
- Engage
- Engage, liaise, set up transfer

Prison services

IAPT or 2° mental health
- Initial prison contact
- Through the gate
- Case manager
- Therapy
- Liaise

Enhanced GP care, substance misuse services

Social inclusion services
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