Health screening upon reception into prison: past, present and future

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Background

Reception health screening is...

• An initial triage process to detect immediate health needs
• A key first stage in determining later care in prison
• Often the first point at which health needs are identified
Background

“By the time someone comes into reception at prison, they should already have been assessed for mental health problems or learning disabilities at least once, by the police and possibly the courts.”

“Theoretically, there should be a whole wealth of information on an individual’s health needs that can be made available to prison reception to inform and support their assessment.”
Past

- All prisoners screened using a standard health questionnaire (HMPS, 1994)
- All prisoners saw the medical officer
- ‘Fitted’ for work

"the screening process suffers from conceptual confusion"

Grubin, Parson & Hopkins (1999)
Present

- Revised procedures
- A 2-part process
  - Initial screen for immediate needs/risks
  - Well man/well woman interview
- Piloted and evaluated in field trials in local prisons (Grubin, Parson & Hopkins, 1999; Grubin, Carson & Parson, 2002)
- PSO 0500: Reception (HMPS, 2004)
Present

• People are still being missed  
  (Shaw et al. 2009; HMIP, 2007)
• Onward referrals (Grubin et al., 1999)
• Challenges with follow-up screening
• Wider purpose is being lost (Durcan, 2008)
• Local modifications - but no central reporting or evaluation of these changes
Evaluation study

Our aims:

1. To identify modifications that have been made to the screen
2. To survey opinion on effectiveness of current screening procedures
3. To look at how screening might be improved
Evaluation study

Method:

- A national questionnaire survey of local prisons serving courts
  - 89% response rate (57/64)
- Semi-structured interviews at sub-sample of 12 local prisons
  - 68 staff
  - 24 prisoners
Evaluation study

Questionnaire findings:

- Since the current health screen was introduced in your establishment, have any modifications been made to it?

Modified 49%  
Original 51%
Evaluation study

Questionnaire findings:

• How effective do you feel that the current reception screening tool is for the identification of immediate/acute health problems?
Evaluation study

Questionnaire findings:

- Items on what other health problems requiring immediate attention (if any) should be added to the reception health screen?

1. Learning disability
2. Physical disability
3. Blood borne viruses
4. Other – dental, sexual health, medical history
Evaluation study

Interview findings:

• Confusion over purpose of the initial screen

“Obvious life and death things that need to be gotten through straight away”

“Enough to make them safe”

“A complete history of their physical and mental health.”
Evaluation study

Interview findings:

- Assessing mental state - over reliance on historical factors
- Training deficits
- Reception environment

“Won’t disclose because they’re frightened, scared of bullying, affected by their perceptions of what will happen if they disclose”

“How and the way you ask the questions is important, the person asking is just as important as the tool”
“I was told I was having a quick health check – ‘are you on any medication? No, well just have a look through these and see if they apply to you… ok great, now off you go’.”

“It was short and sweet, brief... happy with that, couldn’t see point in hanging around”

(Prisoner interviews)
“I think the reception process is a very mechanical, impersonal process - you feel like you’re on a conveyer belt, just being bounced from one place to the next, with no one giving you any information. The prisoners are the only ones who tell you what’s happening.”

(First-time prisoner)
Recommendations

• We propose

  – **First night:** brief tool focusing on *urgent, immediate* needs and then *everyone* kept safe overnight.

  – **Then:** comprehensive health and psychosocial needs assessment for everyone with robust systems for onward referral.
Recommendations

- Revised screening procedures need to be supported via:
  - Robust piloting and ongoing evaluation
  - Management ‘buy in’
  - Full integration with induction process
  - Changes to service referral pathways
  - Enhanced staff training and updates
  - Better information sharing
Final thoughts

• How can we improve the referral process for those screening positive?
• How do we get the right information to the right people at the right time?
• How do we make sure health assessments don’t get sidelined in the face of an already busy regime?
Thank you

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