Current issues in prison psychiatry

WPA Forensic Section Guidance paper on prison psychiatry

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WPA Section

- WPA Section on Forensic Psychiatry
- Background
  - Mentally ill people in prison
- WPA Forensic Section Guidance paper on prison psychiatry
- Discussion

WPA Section on Forensic Psychiatry

Forensic Psychiatry is a specialty of psychiatry primarily concerned with individuals who have offended and who also suffer from a mental disorder. These mentally disordered offenders (MDOs) are often cared for insecure psychiatric environments though larger numbers, particularly those with substance use disorders, are in prisons where healthcare can be insufficient to meet their needs. Our Section is also concerned with prison psychiatry.

Forensic psychiatrists act as expert witnesses in court (commenting on questions such as criminal responsibility and risk) or manage MDOs in treatment or carceral settings. They might also give advice on how to prevent and deal with violence in MDOs. In doing so, they face a "dual role dilemma", on the one hand serving, as doctors, individual patients, on the others hand having a role in protecting the public.

Important research questions concern the assessment of risk of violence and (re-) offending and the effectiveness of interventions to reduce risk.

As a section we provide a forum for practitioners to exchange experiences and views on all matters pertinent to forensic psychiatry. We organise activities at the main WPA meetings or regional conferences and develop guidance on relevant topics.

WPA Section on Forensic Psychiatry

Section Officers

Chair:		Birgit Völlm
Co-chair:		Antoni Novotni
Secretary		Elias Abdalla-Filho

Activities

- Conference contributions (WPA, International Lecture Series)
- Guidance documents
  - Expert witness
  - Prison psychiatry
- Future
  - Guidance on ethical issues
  - Teaching material

Prevalence of mental disorders in prison is high

- Systematic review (109 studies, 24 countries, 34 000 prisoners; Fazel & Seewald, 2012)
  - 3.6% of men (3.9% of the women) psychotic illnesses
  - 10.2% (14.1%) major depression
- Systematic review (24 studies, 10 countries, 18 000 prisoners; Fazel, Yoon & Hayes, 2017)
  - 26 (20%) alcohol abuse / dependence
  - 30 (50 %) drug abuse / dependence
- Systematic review (62 studies; Fazel & Danesh, 2002)
  - 65% (42%) personality disorders
- Systematic review (23 studies from 13 low - middle-income countries, 14 000 prisoners; Baranyi, Scholl, Fazel, Patel, Priebe and Mundt, 2019)
  - Rates for psychoses twice as high (6.2%)
  - Depression also higher (16%)
  - Alcohol (3.8%) and substance use disorders (5.1%) lower prevalences

Suicide in prisons

- Increased risk of suicide in prisoners
- Leading cause of death in penal institutions
- Particular risk at early stages of confinement
- Most common method is hanging

Treatment of MDOs

- Diversion into secure psychiatric settings
- Criteria differ widely between countries
- Most MDOs are „cared for“ in prison

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- Guiding principles
  - Medical ethics
    - Autonomy
    - Beneficence
    - Non-maleficence
    - Justice
  - International resolutions/recommendations, etc., e. g.
    - UN Standard minimum rules for the treatment of prisoners (“Mandela Rules”)
    - Council of Europe recommendations
  - Equivalence of care – prisoners should enjoy the same standards of healthcare that are available in the community

Guidance: General issues regarding the organisation and provision of care

- Adherence to principle of equivalence of care
- Consider contextual issues (e. g. legal, resources), cultural diversity and the existing model of mental health care
- Appropriate resources and staff
  - training, including in cultural awareness
  - non-clinical staff, such as prison officers need to be trained in mental health issues
- Mental health staff has to be independent from the prison administration and not be involved in decisions about disciplinary sanctions, punishment, torture, inhuman or degrading treatment of prisoners

Guidance: more specific points on the provision of care

- Routine application of standardized diagnostic screening instruments, including screening for suicide risk
- Patient-centred treatment based on individual assessment and case formulation
- No exclusion on the basis of specific diagnoses or behaviour
- Special attention paid to the needs of vulnerable populations, such as older adults, young offenders, female offenders, LGBTQ+ individuals, refugees, individuals without the legal right to remain in the country, those with cognitive problems, with poor language skills and sex offenders

Guidance: more specific points on the provision of care

- If necessary treatment in a hospital facility (within prison or outside)
- Modern, evidence-based care in a multidisciplinary team with access to pharmacological and psychological interventions, including treatment for substance use disorders, meaningful daily activities and sports
- Importance of milieu therapy, therefore patients' cells should not be locked for more than during sleeping hours at night
- Pharmacological treatment of withdrawal symptoms, opiate substitution treatment

Guidance: consent to treatment and confidentiality

- Consent to medical treatment to be sought from all patients who have capacity to consent (except for in an emergency)
- Decision of patients who have capacity to consent has to be respected
- Support for those lacking capacity with external oversight to safeguard human rights
- Treatment refusal may result from a conflict relating to non-medical issues, e. g. hunger strike
- Cooperation between professionals but confidentiality has to be respected

Guidance: Segregation

- Segregation as last resort
  - Human contact
  - Fresh air
  - Activities

Guidance: Other issues

- Follow-up treatment
- WHO Prison Health Framework
- Research, education and training

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Discussion