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Diversion from custody practice in Youth Justice have been shown to impact upon later offending behaviour; systematic assessments (e.g. ASSET in the UK) have been invaluable in supporting these processes. However, despite the potential increase in validity of actuarial risk assessment tools over clinical/practitioner judgements, questions remain regarding the practical utility and universal application of these inventories, particularly in smaller and/or less urban environments, for example. This paper outlines an initiative to develop and pilot a bespoke risk-assessment tool based upon both criminogenic and vulnerability factors associated with potential for offending. Still in its early stages, the tool indicates some preliminary areas for discussion in relation to the assessment of youth referrals.

161. Prison Mental Health: Local Innovation and Translation

Raising Standards in Prison Mental Health: Innovation and Translation

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This introductory talk sets the context for the workshop. Prison populations are rising internationally and in some areas there have been calls for improved health service arrangements. The use of conceptual drivers (such as *equivalence*) have been backed up by policy initiatives in some jurisdictions, and their usefulness is discussed. However, morbidity levels remain persistently high across a range of disorders and, despite improvements, there is evidence that reception screening misses large numbers with mental health problems. The nature and use of screening and the role of local, granular, evaluations in guiding and improving best practice is discussed. Theoretical healthcare models which emphasize service integration and pathways approaches are presented.

A Comparison of Prison Mental Health Inreach Services and Their Development over Time

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There is an increasing awareness of the high levels of mental illness in prison and in England, inreach teams were introduced to provide mental health care for prisoners with severe and enduring mental illness. This talk will outline the characteristics of referrals to a South London prison mental health inreach team over two time periods in 2008 and 2011. Socio-demographic, legal, clinical and treatment variables were collected from records and differences between those accepted onto the caseload and not accepted will be presented. Prisoners referred to the mental

health inreach team had a range of complex needs, with high levels of homelessness, unemployment and problematic drug use. Prisoners with a psychotic disorder or other severe mental illness were most likely to be accepted onto the caseload with other referrals signposted to appropriate services. The talk will highlight the work of mental health inreach teams and the pressures they face with large numbers of referrals, high turnover of patients and the nature of the complex cases they manage. It will also present the changing nature of referrals and the caseload and discuss reasons for the changes and how best changing pressures can be managed.

An Evaluation of a Prison Hospital Wing

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Remand prisons in England often have a healthcare wing where more intensive care can be provided for prisoners with serious mental health conditions. These units are not designed to act as psychiatric hospitals within prisons, but can be used to manage prisoners who may become well enough to return to normal location after a short period of care, or who may require transfer to hospital. The characteristics of prisoners admitted to the health care wing of an inner London remand prison, during a twenty-week period in 2011, are presented. Socio-demographic and clinical variables were recorded for eighty-two prisoners and information on good practice indicators, including the time before a prisoner was seen by the multi disciplinary team, preparation of nursing care and risk assessment plans, were also collected. The talk will focus on the characteristics of the prisoners that were admitted to the health care wing and the challenges that managing these patients within the prison environment presents. There are policy implications that arise from the study and documentation of the day-to-day workings of the health care wing may prompt solutions to the problems that are faced. These issues will also be discussed.

Key Challenges and Successes of a Prison Mental Health Service

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The introduction of prison in-reach mental health services and the transfer of responsibility for healthcare from prisons to the National Health Service marked an important step to improving the mental healthcare of prisoners in England and Wales (DH, 2001). In-reach teams were originally intended to target and treat prisoners with severe and enduring mental health problems but revised to include any mental health problem. Several studies have found wide variation in models of prison in-reach services and their operational characteristics have been described as limited and idiosyncratic. Alongside prison in-reach services some prisons also operate health-care wings to provide front-line mental illness triaging and care for complex individuals who display challenging behaviour. These prison health-care wings are comparatively less well documented, yet manage very high levels of disturbance among prisoners who are acutely

unwell. Based on the findings of a service evaluation this presentation aims to describe the workings of a mental health service – the in-reach team, the healthcare wing and transfer to hospital - in a South London prison; exploring the key challenges and successes, levels of integration and collaboration with other services located both inside and outside the prison.

Developing and Providing Integrated Care in One of Europe's Largest Prisons

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Prisons present considerable challenges as regards the delivery of healthcare. Populations are often rapidly moving (particularly in remand environments) and morbidity levels are high, while healthcare is delivered in an environment in which security concerns are prioritised. Here, the journey one London prison has taken towards full service integration, focused on the patient pathway, rather than on artificial health constructs based on disease entities (such as primary and secondary care) is discussed. The challenges, of which there are many, are discussed, along with methods for overcoming them.

162. Prison Psychiatry

Prison Psychiatry – Recent Developments

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A high and possibly increasing prevalence of mental disorders in prisoners has been demonstrated in recent surveys. In comparison to the general population, prisoners have an increased risk of suffering from a mental disorder. Mental disorders increase the risk of suicide, which is considerably higher in prisoners than in the general population. Suicide is the leading cause of death in penal institutions, especially during the early stage of confinement. For mentally disordered prisoners, there is often an increased risk of being victimized, as well as the potential for high rates of decompensation and deterioration. Ethical dilemmas in prison psychiatry do not only arise from resource allocation but also include issues of patient choice and autonomy in an inherently coercive environment. Furthermore, ethical conflicts may arise from the dual role of forensic psychiatrists giving raise to tension between patient care and protection of the public. This paper will discuss some ethical issues arising in this field. Relevant issues to be dealt with are the professional medical role of a psychiatrist and/or psychotherapist working in prison, the involvement of psychiatrists in disciplinary or coercive measures; consent to treatment, especially the right to refuse treatment, the use of coercion, hunger strike and confidentiality.