

# Transfer of care on discharge from prison mental healthcare: Outcomes for 911 consecutive discharges from a remand prison, over a three year period (2015-2017).



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## INTRODUCTION:

- The post-release period is associated with an increased risk of morbidity and mortality. [1]
- Previous studies have identified serious deficits in pre-release planning for mentally ill prisoners, particularly in remand settings. [2]
- The Quality Network for Prison Mental Health Services has identified contacting the new care co-ordinator/service provider within 14 days of release/transfer from prison as a key standard [3].
- We have previously shown that its possible for a relatively small team, in a busy remand prison to sustainably achieve effective identification of major mental illness and diversion to healthcare [4].
- This model enabled mentally ill prisoners to be mapped from the point of identification to discharge, but not whether referral to outpatient community settings or transfer to another prison was followed by successful transfer of care. We aimed to address this important issue.

## AIMS:

- For men discharged from the PICLS (Prison Inreach & Court Liaison Service) caseload at Cloverhill prison during the years 2015-2017:
  - We aimed to determine the proportion of patients who, after referral to inpatient services, community outpatient services, and to other prison inreach psychiatry services, achieved successful transfer of care (TOC).
  - We aimed to explore the demographic, clinical, service and offending factors associate with successful transfer of care.

## METHOD:

- This observational study was based in Ireland's main male remand prison.
- Ethical approval was granted by the NFMHS Ethics Committee
- Participants included all men discharged from the PICLS team at Cloverhill prison over three years (2015-2017). All patients had a detailed discharge referral letter/case summary sent to receiving service.
- Successful TOC was defined as face-to face review by the receiving service. This was confirmed by written correspondence/telephone call.
- We calculated the proportion achieving TOC within one month, after one month and those for whom TOC was not achieved.
- Demographic, clinical and diagnostic details were recorded for each remand episode at point of discharge.
- Data were analysed using SPSS version 26.

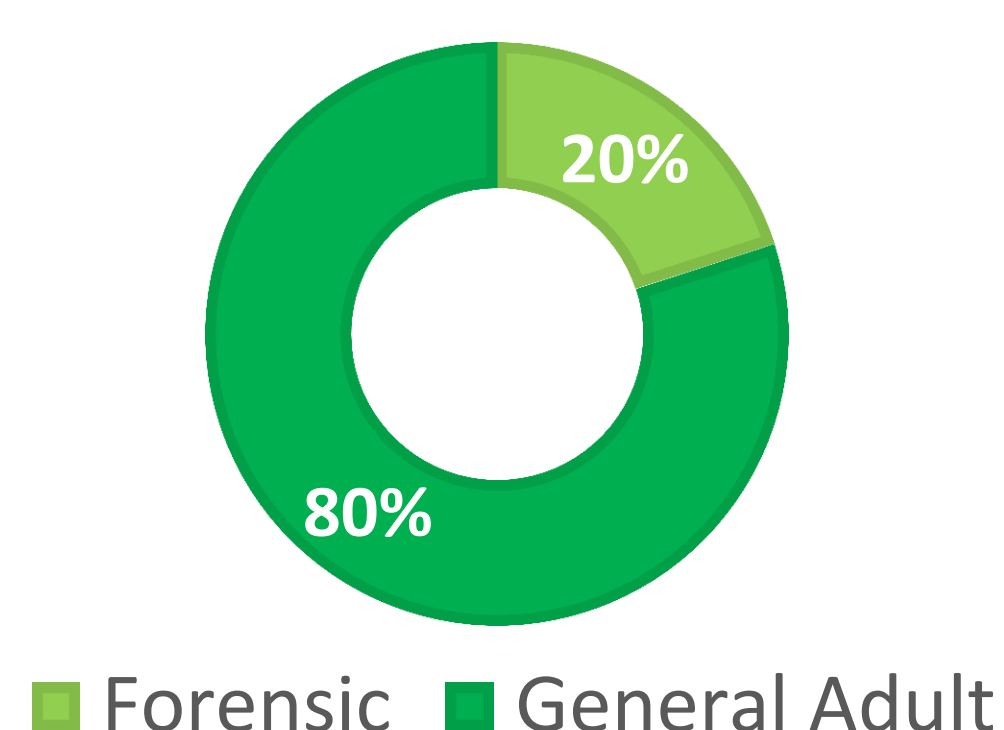
## RESULTS – REFERRAL OUTCOMES

Outcome	Number	%
<b>Inpatient Admissions arranged:</b>		
• Forensic admissions	24	2.6%
• General admissions	97	10.6%
<b>Prison Transfers</b>		
• Referred to inreach psychiatry	166	18.2%
<b>Community Outpatient referrals</b>		
• Community Psychiatry OPD	201	22.1%
• Community GP	36	3.9%
<b>Not referred for mental health follow up:</b>		
• Discharged to Prison GP/Addiction Services	335	36.8%
• Other (Information letter to GP/Deportation)	52	5.7%
<b>Total</b>	<b>911</b>	<b>100</b>

## RESULTS – DIAGNOSES, HOSPITAL TRANSFERS

ICD-10	Primary ICD-Diagnosis	N
F00-09	Organic disorders	14 (1.5%)
F10-19	Substance Misuse	301 (33.0%)
F20-29	Schizophreniform	262 (28.8%)
F30-39	Mood Disorders	98 (10.8%)
F40-59	Neurotic Disorders	17 (1.9%)
F60-69	Personality Disorders	148 (16.2%)
F70-98	Mental Retardation/Dev	42 (4.6%)
Other	No Mental Illness	29 (3.2%)
<b>Total</b>	<b>Discharges 2015-2017</b>	<b>911 (100%)</b>

### HOSPITAL TRANSFERS



## RESULTS – TRANSFER OF CARE: TIMEFRAMES

### Admissions:

- Forensic admissions and General admissions were all achieved within 24 hours of release from remand prison.

### Prison Transfers:

- 92% Prison transfers achieved TOC (152/166)
- 86% within one month (142/166)

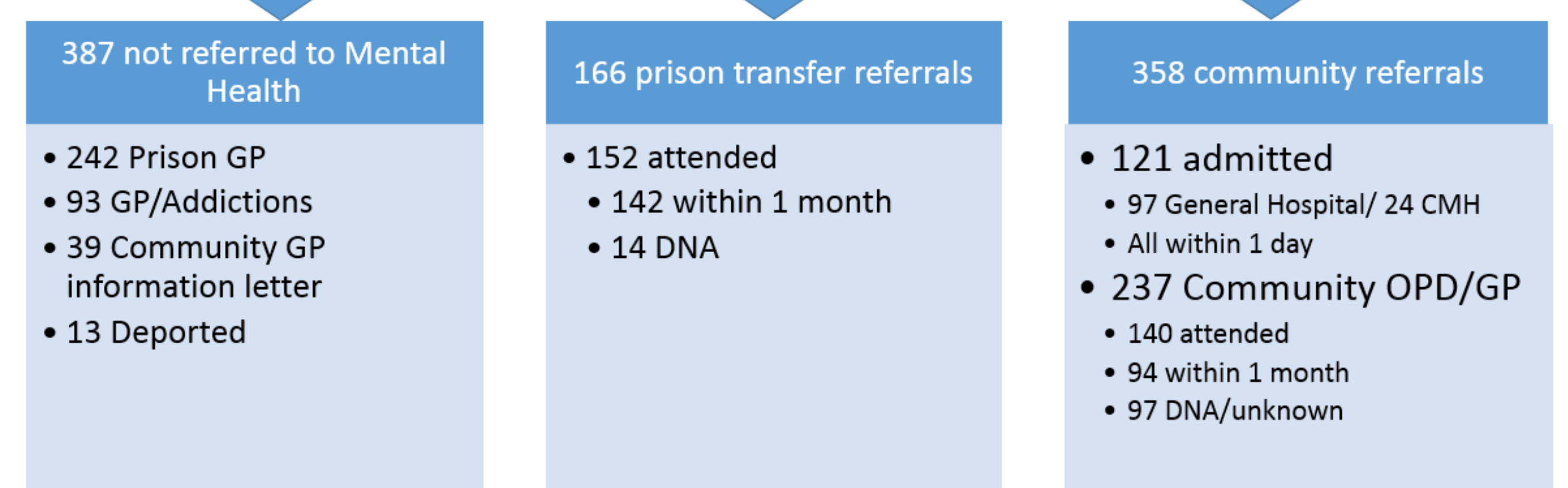
### Community Transfers to Psychiatry OPD (201) or GP (36)

- 59% referrals to community OPD/GP achieved TOC (140/237)
- 40% within 1 month (94/237)

## RESULTS – TOC ACHIEVED VS NOT ACHIEVED:

Descriptor	Total discharges N=911	Referred to follow-up mental healthcare in prisons and inpatient/outpatient settings. (N=524)		Test for difference P value
		TOC achieved within 31 days N=357(68.1%)	TOC not achieved, or after 31 days N=167(31.9%)	
Age at date first seen	Mean 32.7 SD 10.9	Mean 33.3 years SD 10.6	Mean 34.0 years SD 12.4	t=0.6 P=0.6
Active psychotic symptoms	267 (29.3%)	197/357 (55.2%)	53/167 (31.7%)	X <sup>2</sup> = 25.1 P<0.001
Diagnosis F20-31	304 (33.4%)	226/357 (63.3%)	64/167 (38.3%)	X <sup>2</sup> = 28.7 P<0.001
Severe mental illness	360 (39.5%)	236/357 (66.1%)	81/167 (48.5%)	X <sup>2</sup> = 14.7 P<0.001
Homeless	342 (37.5%)	166/357 (46.5%)	65/167 (38.9%)	X <sup>2</sup> = 2.7 P=0.1
Lifetime substance abuse problems	817 (89.7%)	319/357 (89.4%)	155/167 (92.8%)	X <sup>2</sup> = 4.3 P=0.0117
Lifetime DSH	538 (59.1%)	190/357 (53.2%)	100/167 (59.8%)	X <sup>2</sup> = 2.0 P=0.153
Violent index offence (current)	298 (32.7%)	113/357 (31.7%)	33/167 (19.8%)	X <sup>2</sup> = 8.0 P=0.05

## 911 Discharges from PICLS caseload at Cloverhill remand Prison 2015-2017



## DISCUSSIONS/CONCLUSIONS:

- Most patients attended their scheduled mental healthcare appointments on release to the community or prison transfer.
- Patients with SMI, diagnosis of ICD F20-31 or active psychotic symptoms on committal were more likely to achieve TOC to community services within 1 month.
- The great majority (86%) of prison transfers achieved TOC within one month.
- Successful transfer of care for mentally ill prisoners can be achieved from remand settings using a systematic approach with emphasis on early and sustained interagency liaison and clear mapping of patient pathways.

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