

CUSTODIAL MENTAL HEALTHCARE IN VICTORIA

Extending Services For Adult Male Prisoners

Presentation for the 5th Annual Correctional Services Healthcare Summit 2014:
Addressing the gaps, promoting multidisciplinary care & improving the continuum of care into the community

Novotel Melbourne on Collins, Melbourne (VIC), 28-29th August 2014



Australasian Psychology Services

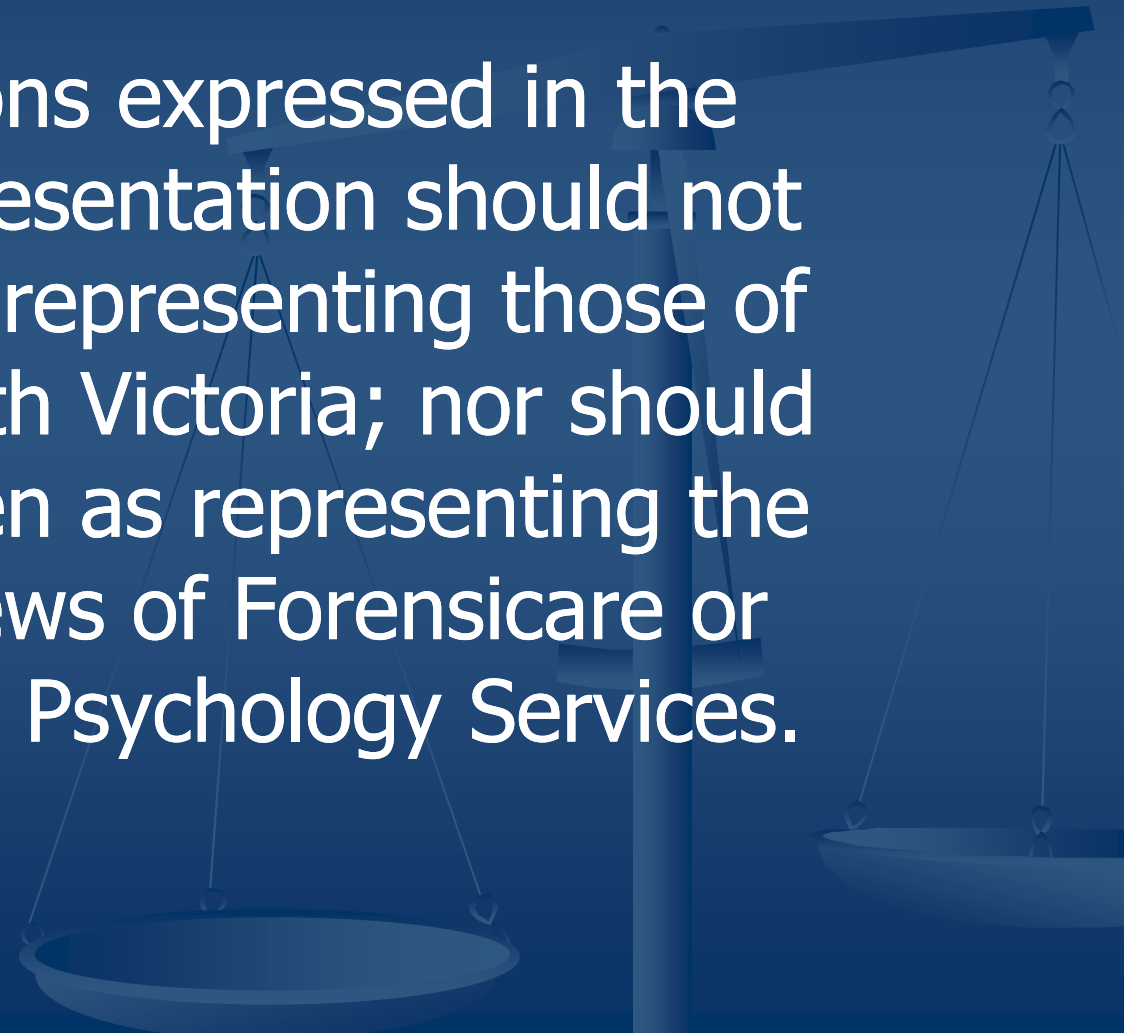
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DISCLAIMER

The opinions expressed in the following presentation should not be taken as representing those of Justice Health Victoria; nor should they be taken as representing the broader views of Forensicare or Australasian Psychology Services.



OVERVIEW



- Background
- Existing Custodial Mental Healthcare
- Service Demand
- Areas of Priority/Service Gaps
- Service Model of the MFMHU

BACKGROUND CONTEXT

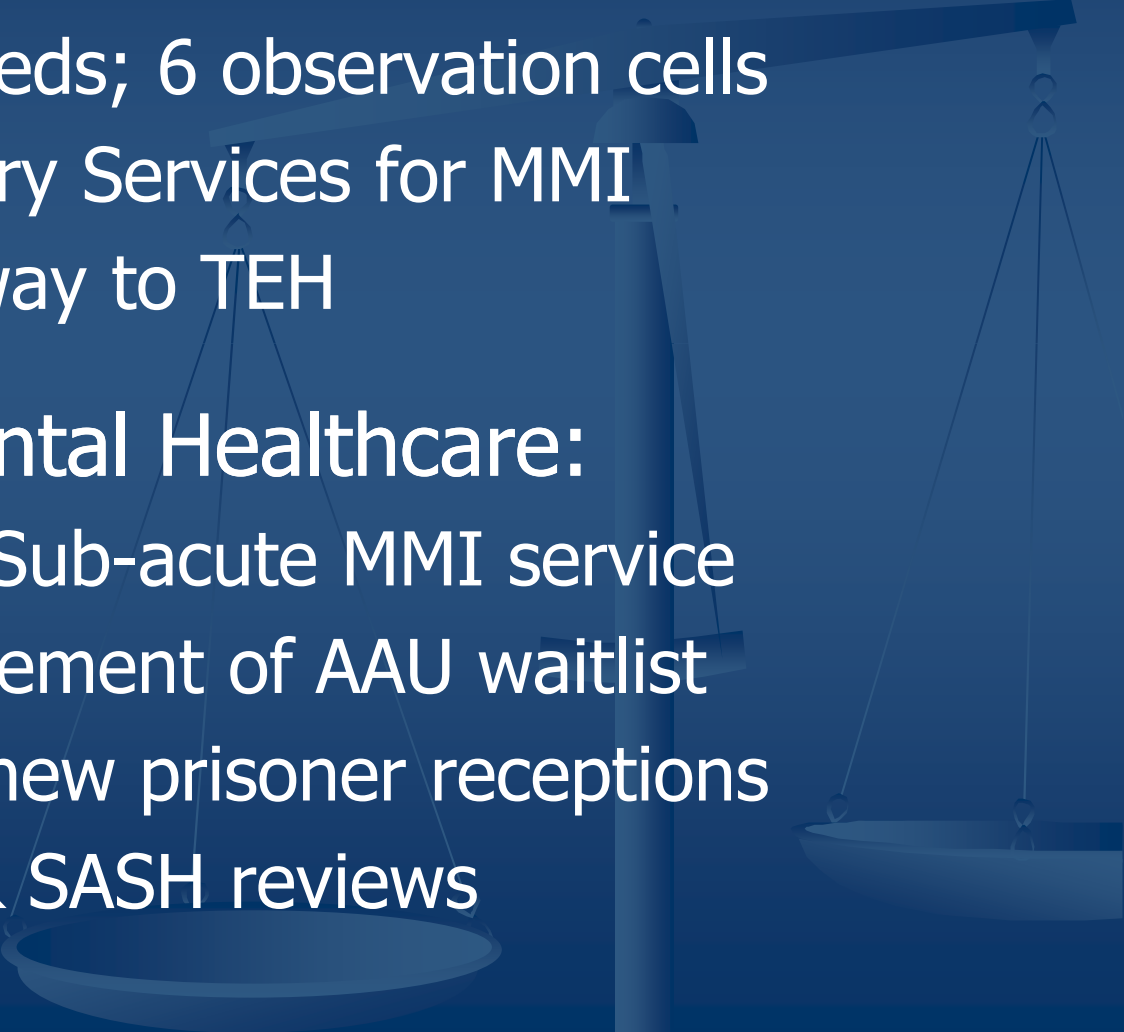
Justice Health's request to extend custodial mental healthcare services in the Victorian adult male prison system

- Pressure on existing custodial services
- Changes to the sentencing landscape
- Re-branding of CV's Clinical Services to OBP
- Increase in Victoria's prisoner population
- Planned further expansion of prison capacity

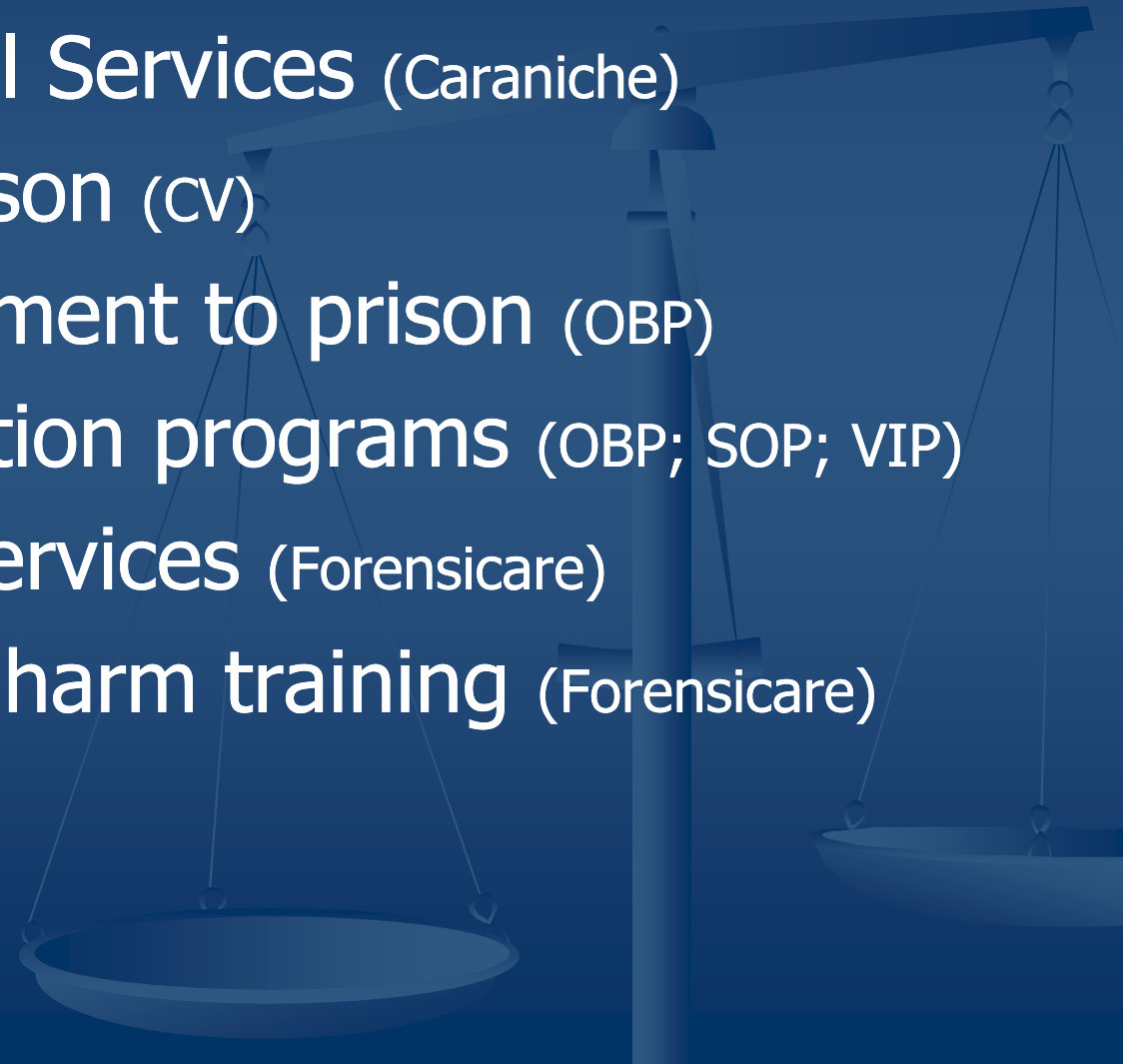
EXISTING MENTAL HEALTHCARE

- Complex rubric of public & private services
- Prisons & Secure Mental Health Hospital
- Centralised model of delivery
- Medicalisation of mental health issues
 - Acute mental healthcare (MAP)
 - Regional mental health environments
 - Slow-Stream Rehabilitation (St. Pauls Unit)
 - ID & ABI Intervention (Marlborough Unit)

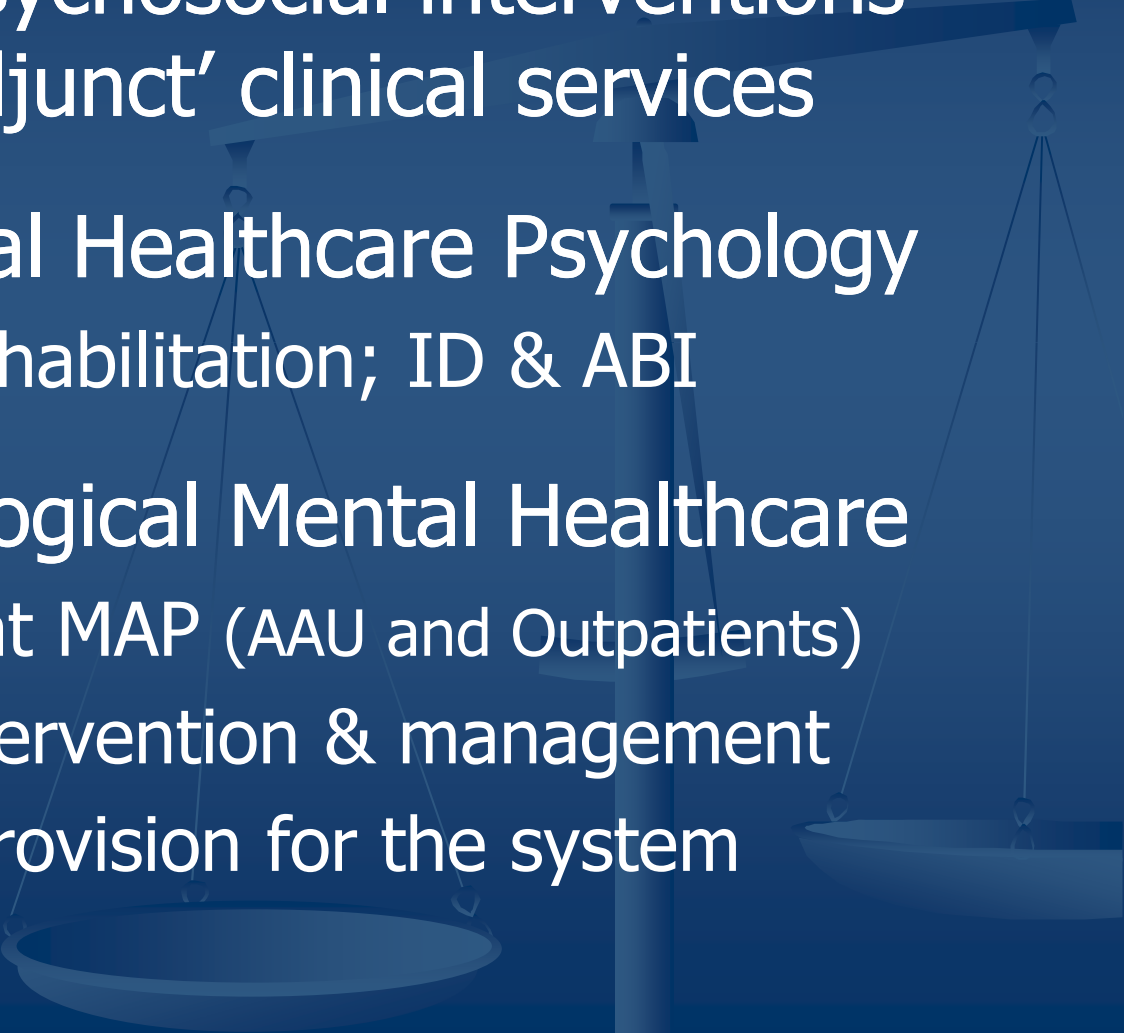
ACUTE MENTAL HEALTHCARE (MAP)

- Acute Assessment Unit:
 - 16 inpatient beds; 6 observation cells
 - Multidisciplinary Services for MMI
 - Primary gateway to TEH
 - Outpatient Mental Healthcare:
 - Step-down & Sub-acute MMI service
 - Triage/management of AAU waitlist
 - Screening all new prisoner receptions
 - Observation & SASH reviews
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SECONDARY MENTAL HEALTHCARE

- Drug & Alcohol Services (Caraniche)
 - Aboriginal Liaison (CV)
 - Coping/Adjustment to prison (OBP)
 - Offence reduction programs (OBP; SOP; VIP)
 - Court report services (Forensicare)
 - Suicide & Self-harm training (Forensicare)
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MENTAL HEALTH PSYCHOLOGY

- Psychological/psychosocial interventions are currently 'adjunct' clinical services
 - Dedicated Mental Healthcare Psychology
 - Psychosocial Rehabilitation; ID & ABI
 - Specific Psychological Mental Healthcare
 - Acute services at MAP (AAU and Outpatients)
 - Assessment, intervention & management
 - Mental health provision for the system
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SERVICE DEMAND

- Increased prisoner population (n=5817; 08/2014)
- 44% with known psychiatric issues (03/2014)
- 6624 (new) Receptions in 2013 (552 per month)
- 8302 Incoming MAP movements (2013)
- MAP turnover – 15.8 days (2006) to 12.3 days (2013)
- 60% MAP have a psychiatric rating (03/2014)
- Upward trend of P1 prisoners
- Heightened acuity & Increased 'Hold-times'

MENTAL ILLNESS

- Recent lifetime prevalence study
- 2006/7 - 23.5% pre-existing diagnosis
 - 4.2% Sch; 1.6% OSS; 17.6% OD
- Intensive/immediate inpatient services
 - 63% Sch; 12.4% OSS; 4.7% OD
- Most Sch & OSS receive outpatient services
- Minimal services for OD (HPD, IMF, Co-morbidity)

SUICIDE

- 13 prisoner suicides in 10 years (Ogloff, 2014)
 - 23% (n=3) no identified mental health concerns
 - Majority with Mood disorder or HPD – with PD
- Recent Coronial inquest (Coroner White, 2014)
 - Commented on 6 recent custodial suicides
 - 2 (P1); 3 (P2); 1 no psychiatric rating
 - 4 out of 5 – provisional diagnosis (depression)

SECLUSION

- SASH Risk = Seclusion in Observation Cell
 - Increases mental instability, slows recovery



Source: Victorian Ombudsman (2011).

SECLUSION



- Accurate system-wide data is limited
- MAP data (first 6 months 2014)
 - 167 prisoners – 1 day to several weeks
 - At clearance 96% had a Psychiatric (P) rating
 - 6 individuals no identified mental health issues
 - 47% (n=80) had <P1 psychiatric rating

SOLITARY CONFINEMENT

- Violence Risk = Solitary Confinement
- 168 management beds (133 public; 35 private)
- 99 Long-Term Management beds
 - 80% (n=79) public
- 75% of LTM had no psychiatric rating
 - Limited proactive mental health monitoring
- 25% have pre-existing Psychiatric ratings
 - Minimal intervention: Medication & monitoring

UNIDENTIFIED DEMAND

- Custodial mental health lacks clinical breadth
- Mirrors community inpatient services
- Evident through:
 - Low identification rates of IMF, HPD and ID/ABI
 - Adherence to a medical model of illness
 - 'Sluggish' uptake of Courts position in *Verdins*
 - Mismatch in 'Community equivalence'
- Under-estimation of mental health needs

IMPETUS FOR CHANGE



- Several recent Coronial enquires/findings into deaths in custody
- Judicial questioning of service provision
- Victorian Ombudsman's reviews (2011; 2012; 2014)
 - Revise prisoner access to psychiatric services
 - Increase prisoner mental health accommodation
 - Enhance services for the range of mental health problems
 - Training Correction's Victoria staff on mental health identification
 - Review management of, and therapeutic approaches for, SASH
 - Address provision of rehabilitation & transitional programs

IDENTIFYING AREAS OF PRIORITY

- Aim to broaden custodial mental health by focusing on unmet service needs
- Identification through contemporary literature, data analysis, discussion with stakeholders and anecdotal evidence
 - See: Gee, (2014); Gee & Ogloff (2014); Rushworth (2011); Schilders & Ogloff (unpublished); Victorian Ombudsman (2011; 2012; 2014)
 - Primary Stakeholders: Justice Health; Corrections Victoria; Major Offenders Unit; Sentence Management Unit; Forensicare; GEOCare

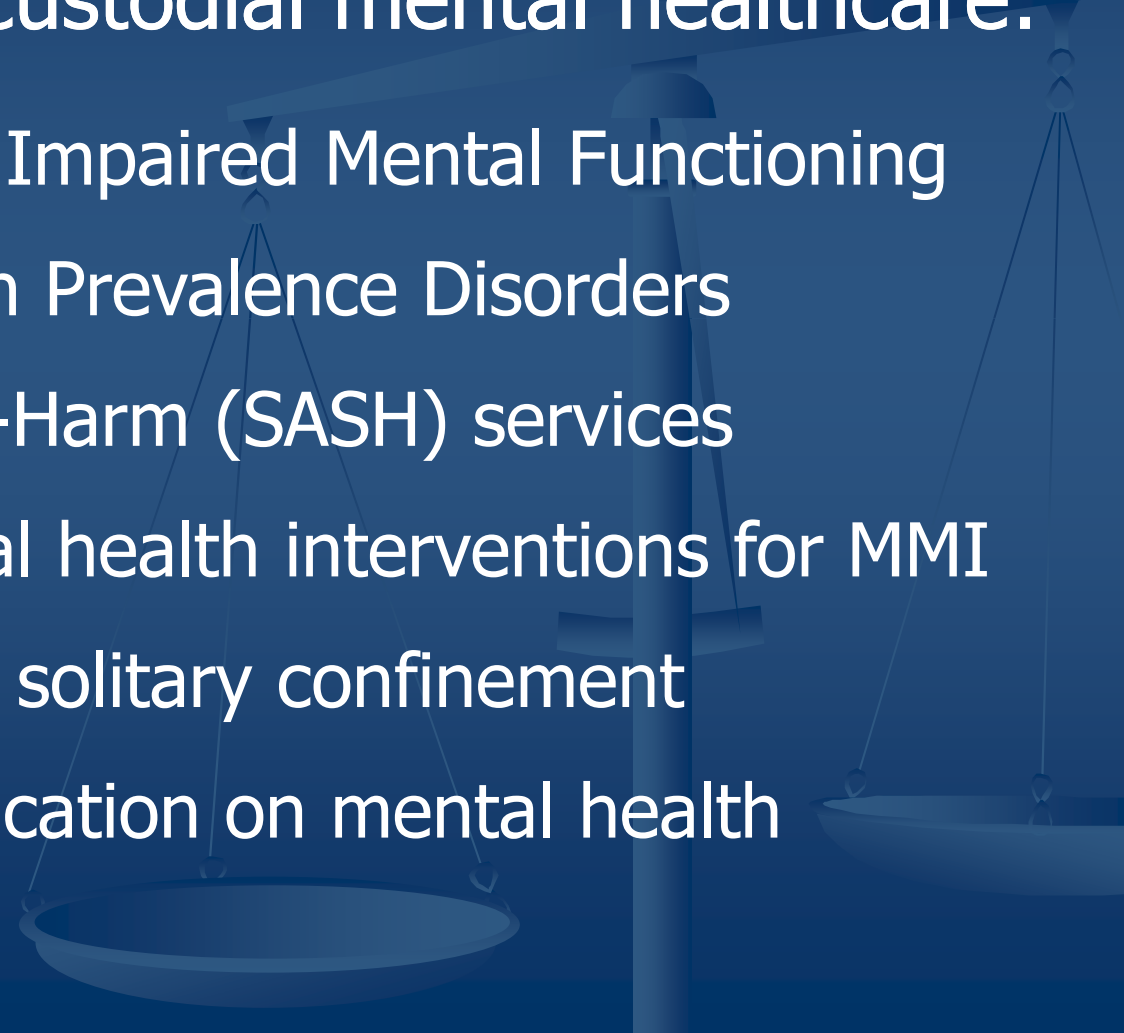
KEY SERVICE AREAS



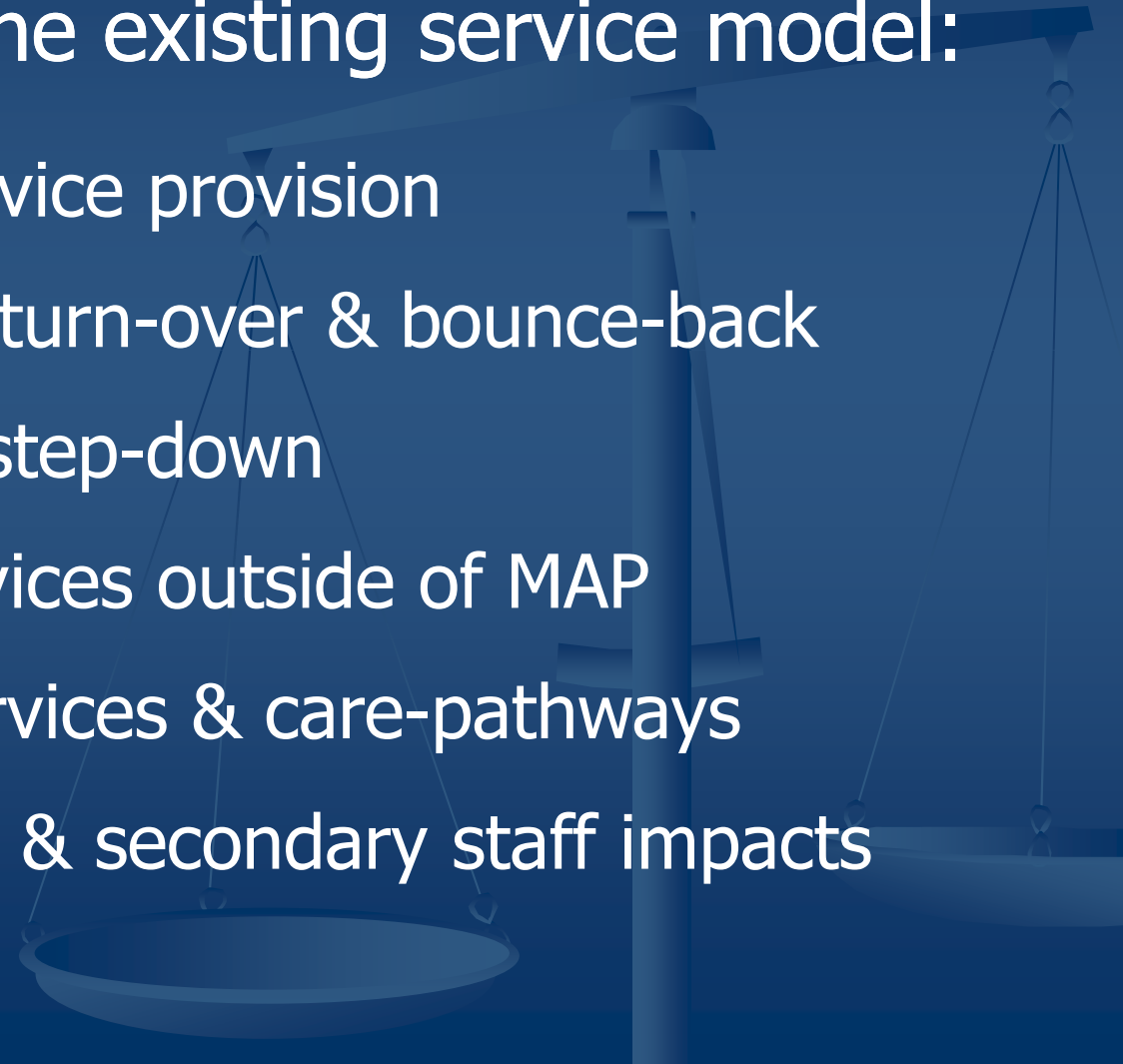
Service targets were operationalised around four overlapping areas of need:

- Identified Service Gaps
- Blockage within the existing model
- Comprehensive clinical services
- Co-morbidity & tailored CALD services

KEY TARGET - 1

- Service gaps in custodial mental healthcare:
 - Identification of Impaired Mental Functioning
 - Services for High Prevalence Disorders
 - Suicide and Self-Harm (SASH) services
 - Enhanced mental health interventions for MMI
 - Mental health in solitary confinement
 - Correctional education on mental health
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KEY TARGET - 2

- 'Blockages' in the existing service model:
 - Centralised service provision
 - Bed-blockage, turn-over & bounce-back
 - Mental health step-down
 - Diagnostic services outside of MAP
 - Transitional services & care-pathways
 - Resource drain & secondary staff impacts
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KEY TARGET - 3

- Comprehensive mental health assessment, intervention and clinical management:
 - Secondary interventions for MMI/IMF/HPD
 - Interventions for solitary confinement
 - Targeted SASH intervention/management
 - Enhanced follow-up & transition planning
 - Education on mental health management

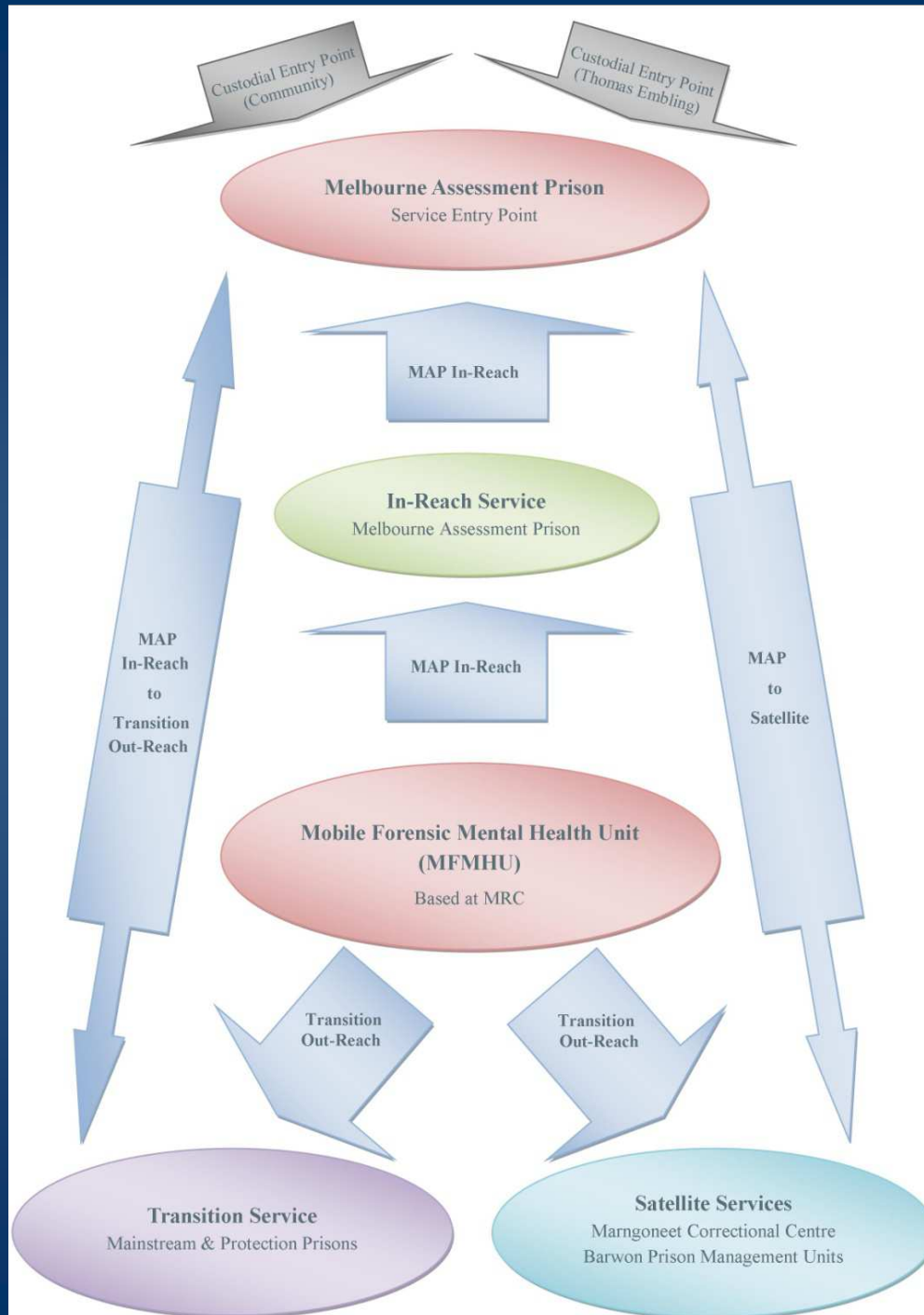
KEY TARGET - 4

- Areas of co-morbidity:
 - Major Mental Illness (MMI)
 - Impaired Mental Functioning (IMF)
 - Neuro-Developmental Disorders (ID/ASD)
 - Acquired Brain Injury (ABI)/Dementia
 - Challenging & externalizing behaviours
- Services for Aboriginal & Torres Strait Islander populations and Culturally & Linguistically Diverse (CALD) prisoners

SERVICE OVERVIEW (MFMHU)

- Decentralised and mobile multi-disciplinary team
- Delivering assessment, intervention and clinical management services (IMF, MMI, HPD, Co-morbidity)
- Utilises a transitional pathway approach to coordinate custodial service delivery
- Allows for training/education, support, complex case involvement, and state-wide secondary consultation
- Comprehensive external evaluation of services

MFMHU SERVICE MODEL



MFMHU SERVICE COMPONENTS

- MRC Based Multidisciplinary Team
 - Clinical Psychology, Occupational Therapy, Social Work, Psychiatric Nursing, sessional Psychiatry
 - MAP In-Reach
 - Transition Out-Reach
 - State-wide Sentenced Prisons (Mainstream & Protection)
 - Satellite Services
 - Barwon Prison (Management units)
 - Marngoneet Prison (Support ORP participation)
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SYSTEM BENEFITS

- Decentralised custodial mental healthcare
- Increased clearance & through-put rates
- Reduced bounce-back & bed blockage
- Enhanced identification of mental health issues
- State-wide diagnostic evaluations
- Training, education & case consultation
- Management services for chronic SASH
- Step-down services for mental illness
- Coordinated transition planning services
- Addresses *Verdins* & Community Equivalence

CLIENT BENEFITS

- Assessment & intervention for HPD & IMF
- Non-pharmacological intervention for MMI
- Intervention for SASH & solitary confinement
- Continuity in mental healthcare pathways
- Supported participation in ORP
- Time-limited transitional intervention
- Mental health 'stock takes' for LMT
- Interventions for 'challenging behaviour'
- Training/education on managing complexity
- Possible tailoring of criminogenic programs

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