

Men with Mental Illness in Irish Remand Prisons

Conor O'Neill

Consultant Forensic Psychiatrist

Central Mental Hospital



Thanks

Harry Kennedy
Charles Smith
Helen O'Neill
Damian Mohan
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Ronan Mullaney
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Tony Kearns
Aoife Kearney
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Dearbhla Duffy
Mary Davoren

Mary Fitzpatrick
Fintan Caddow
Martin Caddow
Fergal Duffy
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Orla Byrne
Geraldine Burke
Pauline Gill
Orla Reynolds

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Zetti Azvee
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Kate Maddock
Ben O'Keeffe
Diane Mullins
Liz Owens
Grainne Flynn
Jamie Walsh
Eimear Counihan
Christopher Mohan
Kezanne Tong

CBMH CRIMINAL BEHAVIOUR
AND MENTAL HEALTH

Original Article |  Full Access |

Mental disorders detected in an Irish prison sample

Charles Smith FRCPsych, FRCP, Helen O'Neill, John Tobin, David Walshe, Enda Dooley

First published: June 1996 | <https://doi.org/10.1002/cbm.85> | Cited by: 21



Br J Psychiatry. 1977 Apr;130:317-29.

Criminal behaviour and mental disorder.

Gunn J.

Stage Army

"...they move from hospital to prison, to doss house and back again like a stage army tramping round and round, making much greater impression than their numbers warrant simply because we have no facilities for them".



Original

Long-stay forensic psychiatric inpatients in the Republic of Ireland: aggregated needs assessment

Conor O'Neill, Patrick Heffernan, Ray Goggins, Ciaran Corcoran, Sally Linehan, Dearbhla Duffy, Helen O'Neill, Charles Smith, Harry G Kennedy

Ir J Psych Med 2003; 20(4): 119-1 25



Liaison between prison, court and psychiatric services

Piotr Pierzchniak¹ Nick Purchase² Harry Kennedy¹

¹Senior Registrar, ²Forensic Social Work Manager, Camlet Lodge Regional Service Unit, Chase Farm Hospital, Enfield EN2 8JL, Camlet Lodge RSU, Chase Farm Hospital, Enfield EN2 8JL and Honorary Senior Lecturer, Royal Free and University College London NW3 2QG.

Correspondence: Mr P Pierzchniak

Health Trends 1997; 29: 26-9

Previous studies^{1,2} have focused on

Evaluation of a psychiatric court liaison scheme in north London

Nick D Purchase, Alison K McCallum, Harry G Kennedy

Court diversion schemes were established to ensure that people with mental illness who are brought before the courts obtain appropriate care from health and social services.¹ In July 1993 a psychiatric court liaison scheme, one of about 300 in England and Wales, was established at Tottenham Magistrates' Court in north London to cover two boroughs, or one health authority. We evaluated the outcome for all defendants attending the scheme over 18 months.

Subjects, methods, and results

Between July 1993 and December 1994, 104 defendants were seen. We report the data on the 89 local residents. Subjects were monitored by address, postcode, age, ethnic origin, previous contact with psychiatric services, criminal record, and offence. Their outcomes were measured against the rate of discharges of inpatients from the local psychiatric hospitals. The mean age of those referred was 33.1 (SD 10.9) years (range 18-67); 80 were men.

Of 87 patients with full information on accommodation, 16 were homeless, eight being in temporary accommodation. Of the remainder, 68 were owner

North London Forensic Psychiatry Service, Camlet Lodge, Enfield Community Care Trust, London EN2 8JL

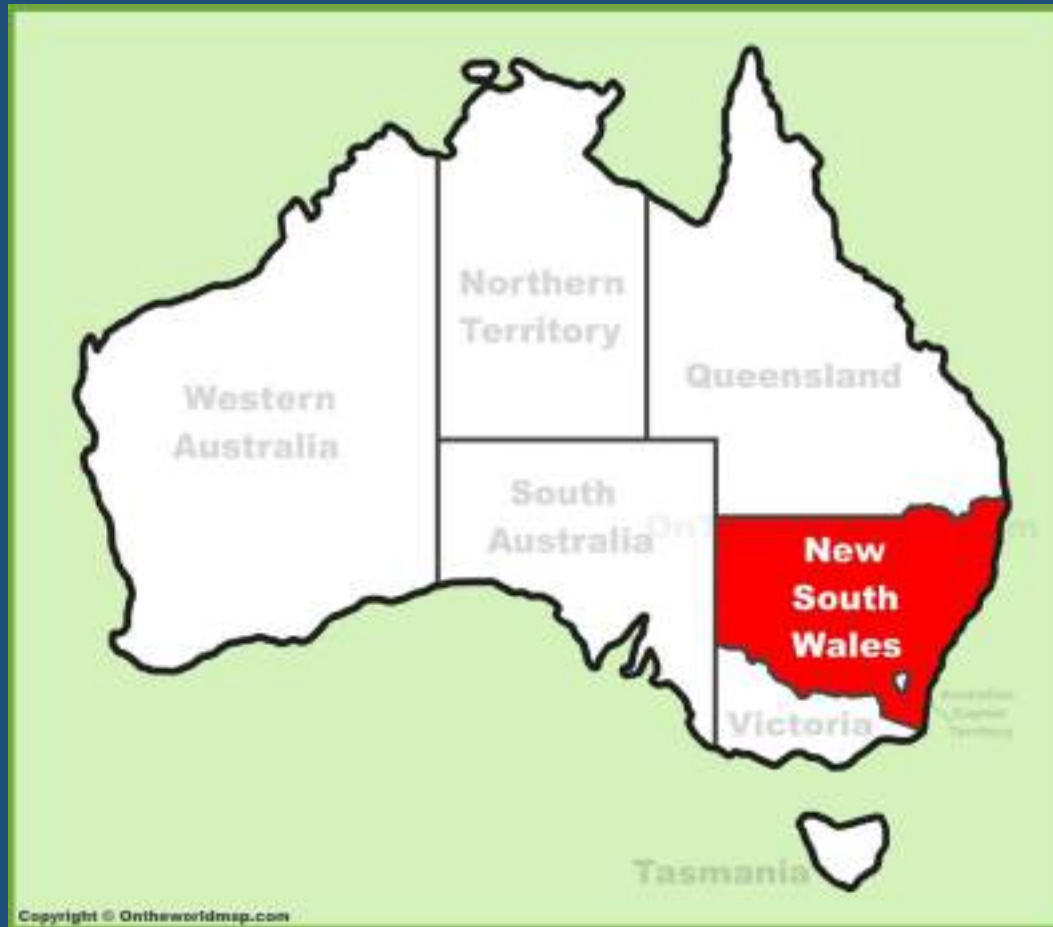
Nick D Purchase, *forensic social work manager*
Harry G Kennedy, *consultant forensic psychiatrist*

Department of Primary Care and Population Sciences, Royal Free Hospital School of Medicine, London NW3 2QG

Alison K McCallum, *senior lecturer in public health medicine*

Correspondence to:
Mr Purchase.

BMJ 1996;313:531-2



Moving towards a statewide approach to court diversion services in NSW

January 2003 · New South Wales Public Health Bulletin 14(12)

DOI: 10.1071/NB03062

David Greenberg · Ben Nielsen







Summary: 25 minutes

1. Mental Illness in prison, forensic and general settings
2. Cloverhill Remand Prison: Activity 2006-2014
3. Revolving door Patients
4. Cloverhill Remand Prison: Activity 2015-2017
5. Caseload changes over 13 years: Accumulation of men with SMI
6. What should we do?



“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.



Amber Christian Osterhout

“Gaining Insight” Art Campaign

BJPsych

The British Journal of Psychiatry (2012)
200, 364–373. doi: 10.1192/bjp.bp.111.096370

Review article

Severe mental illness in 33 588 prisoners worldwide: systematic review and meta-regression analysis

Seena Fazel and Katharina Seewald

Original

Psychiatric morbidity in the male sentenced Irish prisons population

Dearbhla Duffy, Sally Linehan, Harry G Kennedy

Ir J Psych Med 2006; 23(2): 54-62

Brief report

Psychiatric morbidity in a cross-sectional sample of male remanded prisoners

Sally A Linehan, Dearbhla M Duffy, Brenda Wright, Katherine Curtin, Stephen Monks, Harry G Kennedy

Ir J Psych Med 2005; 22(4): 128-132

Original

Psychiatric morbidity in male remanded and sentenced committals to Irish prisons

Katharine Curtin, Stephen Monks, Brenda Wright, Dearbhla Duffy, Sally Linehan, Harry G Kennedy

Ir J Psych Med 2009; 26(4): 169-173

AGE OF MALES COMMITTED TO PRISON IN 2016

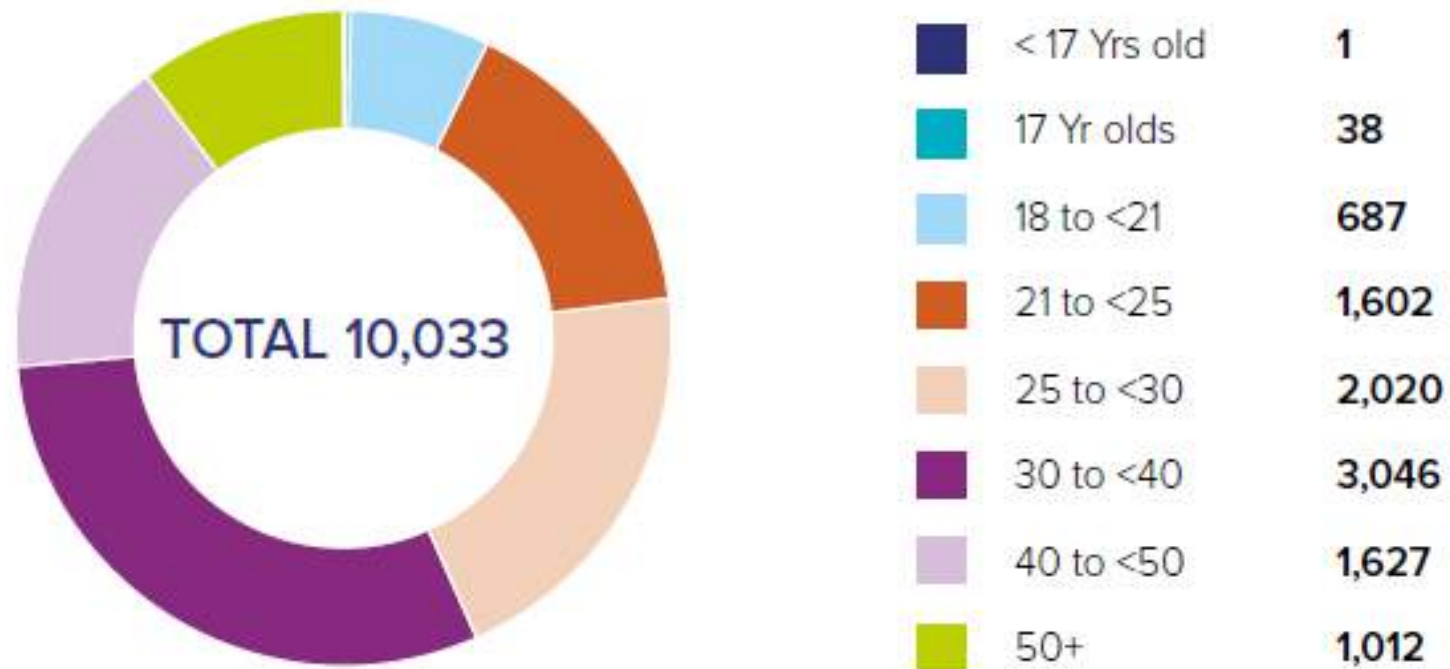
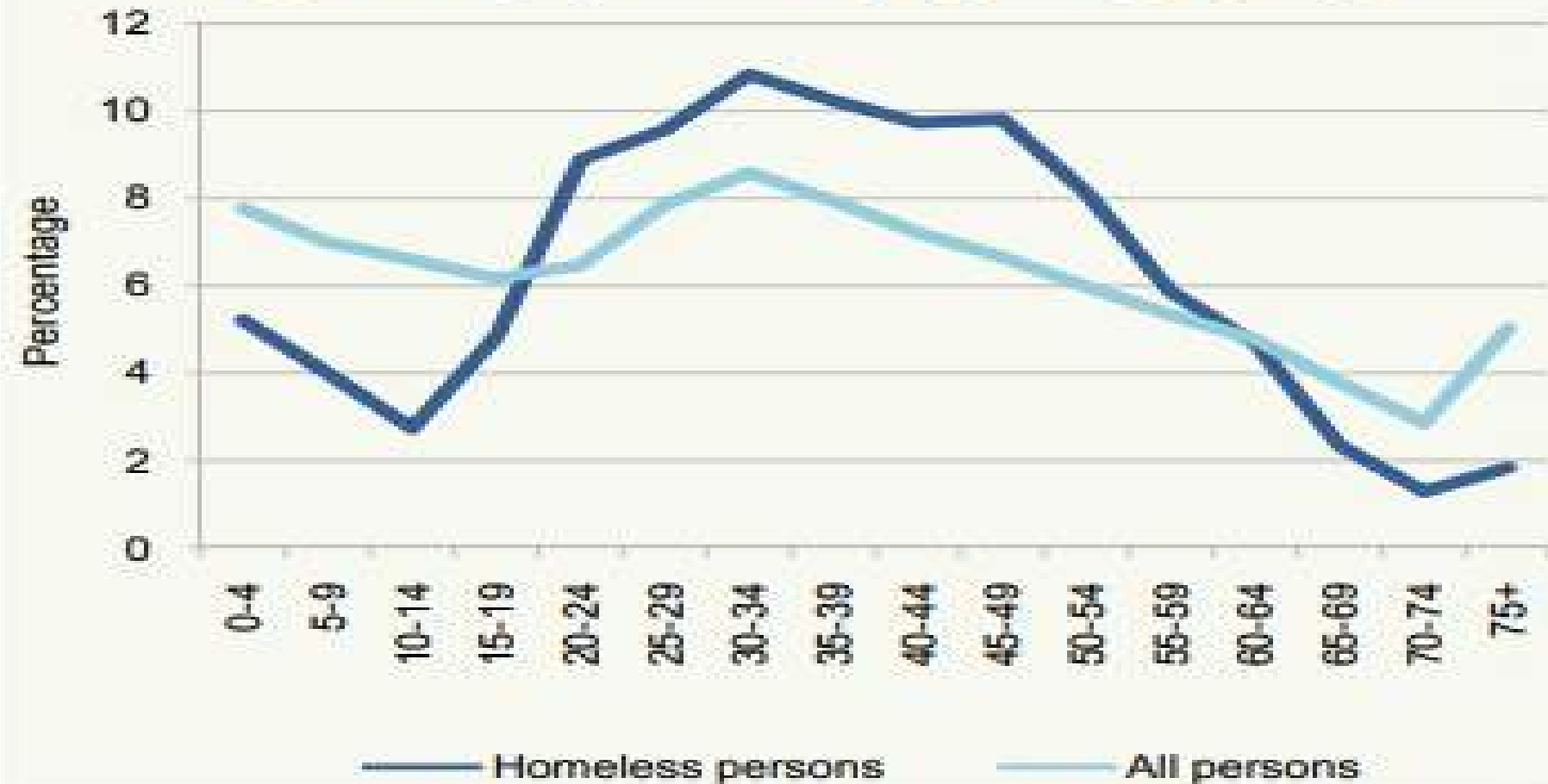


Fig 12. Age of males committed to prison in 2016

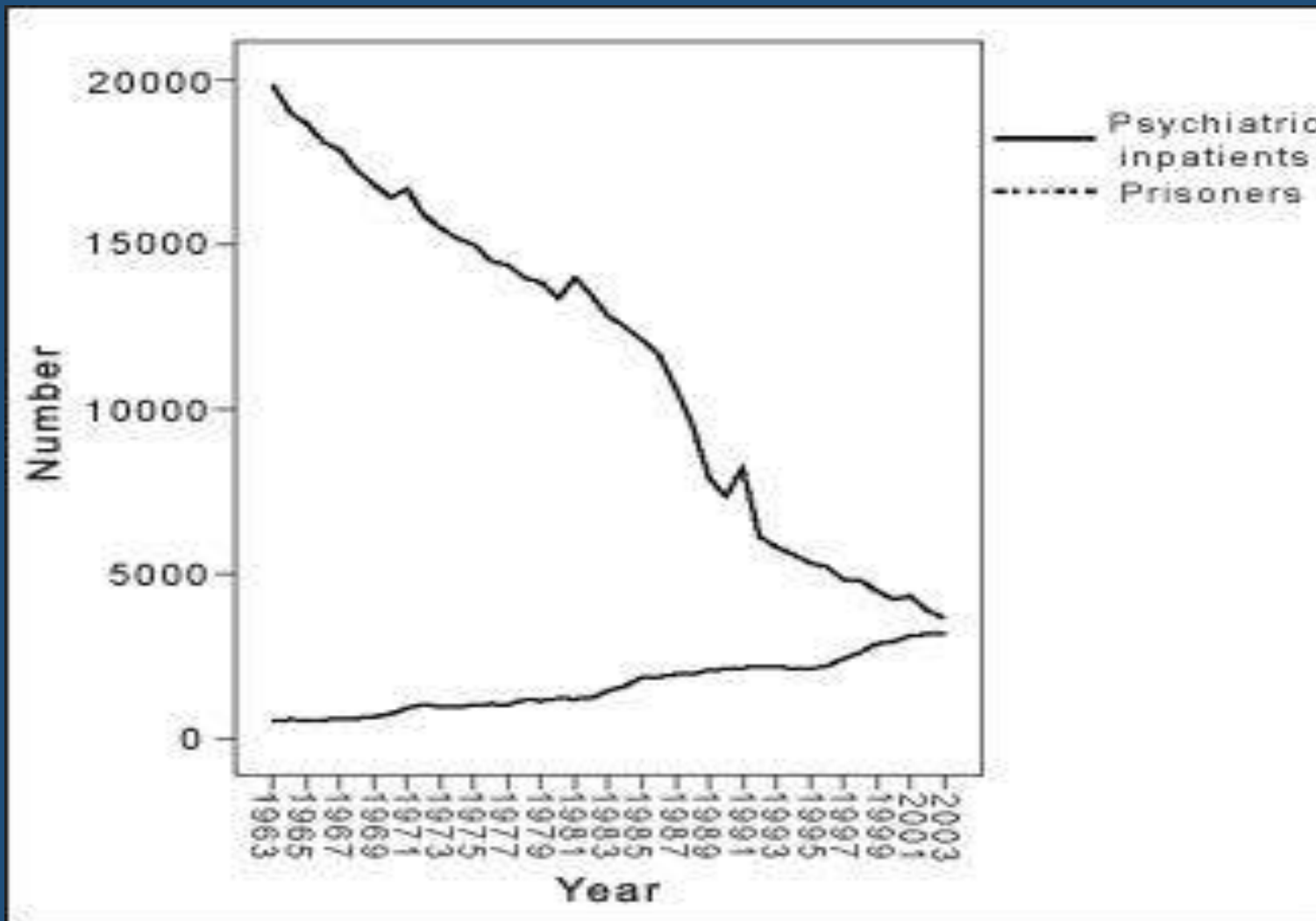
Graph 13: Suicide rates in Republic of Ireland by age group, 2015



Figure 2 Percentage of homeless population and general population by 5 year age-group

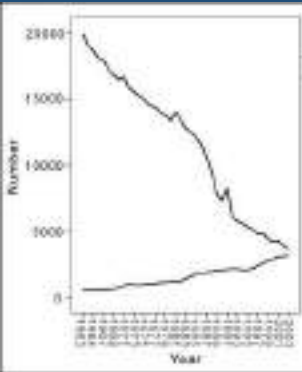
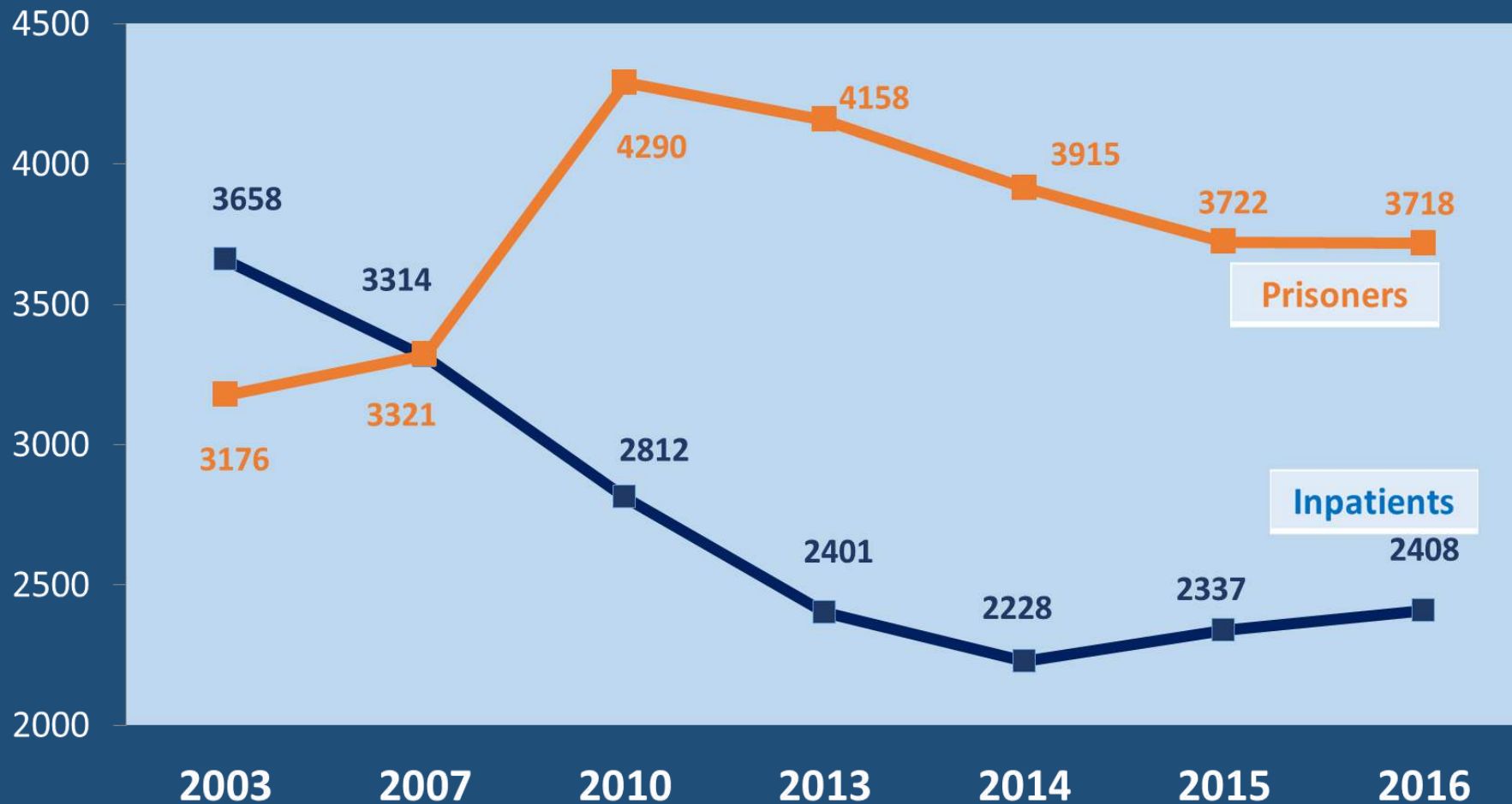


https://www.cso.ie/en/media/csoie/census/documents/homelesspersonsinireland/Homeless_persons_in_Ireland_A_special_Census_report.pdf



Kelly B. Penrose's Law in Ireland: An Ecological Analysis of Psychiatric Inpatients and Prisoners.
 Ir Med J. 2007 Feb;100(2):373-4

Psychiatric inpatients and prisoners in Ireland 2003-2013



Irish Psychiatric Units and Hospitals Census
2016 Tables



2016

2408 psychiatric beds in Ireland

Irish Psychiatric Units and Hospitals Census 2016

Section 5 Individual Units and Hospitals - Table List

Table 5.1 Irish Psychiatric Units and Hospitals Census 2016. General hospital psychiatric units and age group. Numbers with percentages.

Table 5.2 Irish Psychiatric Units and Hospitals Census 2016. Psychiatric hospitals/continuing care units and age group. Numbers with percentages.

Table 5.3 Irish Psychiatric Units and Hospitals Census 2016. Independent/private and private charitable centres and age group. Numbers with percentages

Table 5.4 Irish Psychiatric Units and Hospitals Census 2016. General hospital psychiatric units and diagnosis. Numbers with percentages.

Table 5.5 Irish Psychiatric Units and Hospitals Census 2016. Psychiatric hospitals/continuing care units and diagnosis. Numbers with percentages.

Table 5.6 Irish Psychiatric Units and Hospitals Census 2016. Independent/private and private charitable centres and diagnosis. Numbers with percentages.

Table 5.7 Irish Psychiatric Units and Hospitals Census 2016. General hospital psychiatric units and length of stay. Numbers with percentages.

Table 5.8 Irish Psychiatric Units and Hospitals Census 2016. Psychiatric hospitals/continuing care units and length of stay. Numbers with percentages.

Table 5.9 Irish Psychiatric Units and Hospitals Census 2016. Independent/private and private charitable centres and length of stay. Numbers with percentages.

2016 (HRB report)

http://www.hrb.ie/fileadmin/publications_files/IPUHCensus2016_Section5_Tables.pdf

Hospital Type	Total Bed Occupancy	Aged over 65	Inpatient over 1 year	Diagnosis SCZ/Mania
General Hospital Units	793	150	53	353
Psychiatric Hospitals & Cont. Care Units excl. CMH	896	442	481	427
Independent/Private	622	270	152	113
Central Mental Hospital	97	4	77	77
Total	2408 (100%)	866 (36%)	763 (32%)	970 (40%)

2016: Public General Psychiatry Beds

- 50% female
- 1/3 longstay
- 1/3 Over 65



- 350-400 beds available for younger men from deprived areas (all conditions)

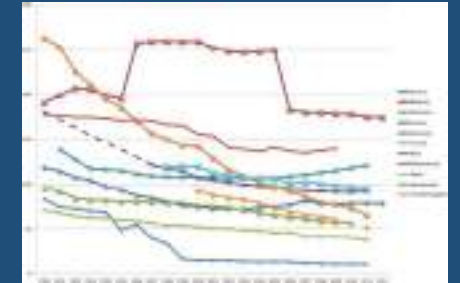
BMJ Open How has the extent of institutional mental healthcare changed in Western Europe? Analysis of data since 1990

Winnie S Chow, Stefan Priebe

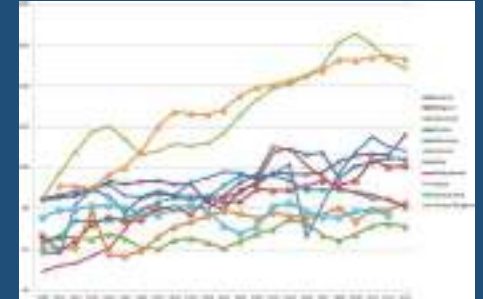
- 11 Western European Countries 1990-2012
- General Beds decreasing, Prison places increasing
- Most European countries have increased forensic beds
- Except Ireland
- **Despite marked increase in NGRI verdicts**

Per 100,000

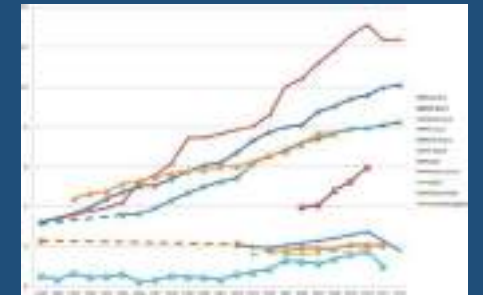
General
Beds



Prison
Places



Forensic
Beds



Chow WS, Priebe S.

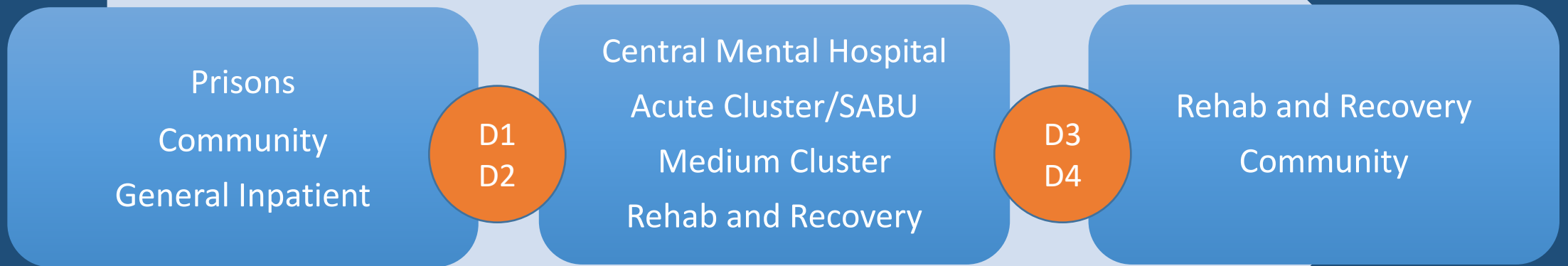
BMJ Open 2016;6:e010188. doi:10.1136/

CMH Dundrum 2018

- 97 beds
- 2 beds per 100,000
- Compare:
 - Netherlands (14 beds per 100,000)
 - Germany (10 beds per 100,000)
 - UK (10 beds per 100,000)
 - Lithuania (4 beds per 100,000)



National Forensic Mental Health Service Intake and progress through care guided by the DUNDRUM Toolkit (Kennedy et al)





Standard Model of mental health care in prisons served by NFMHS

1. Multidisciplinary Teams
2. Screening, Assessment, Follow-up care
3. High Support Units
4. Communication on committal and release
5. Weekly Multiagency meetings in each prison:
6. CMH Governance meetings

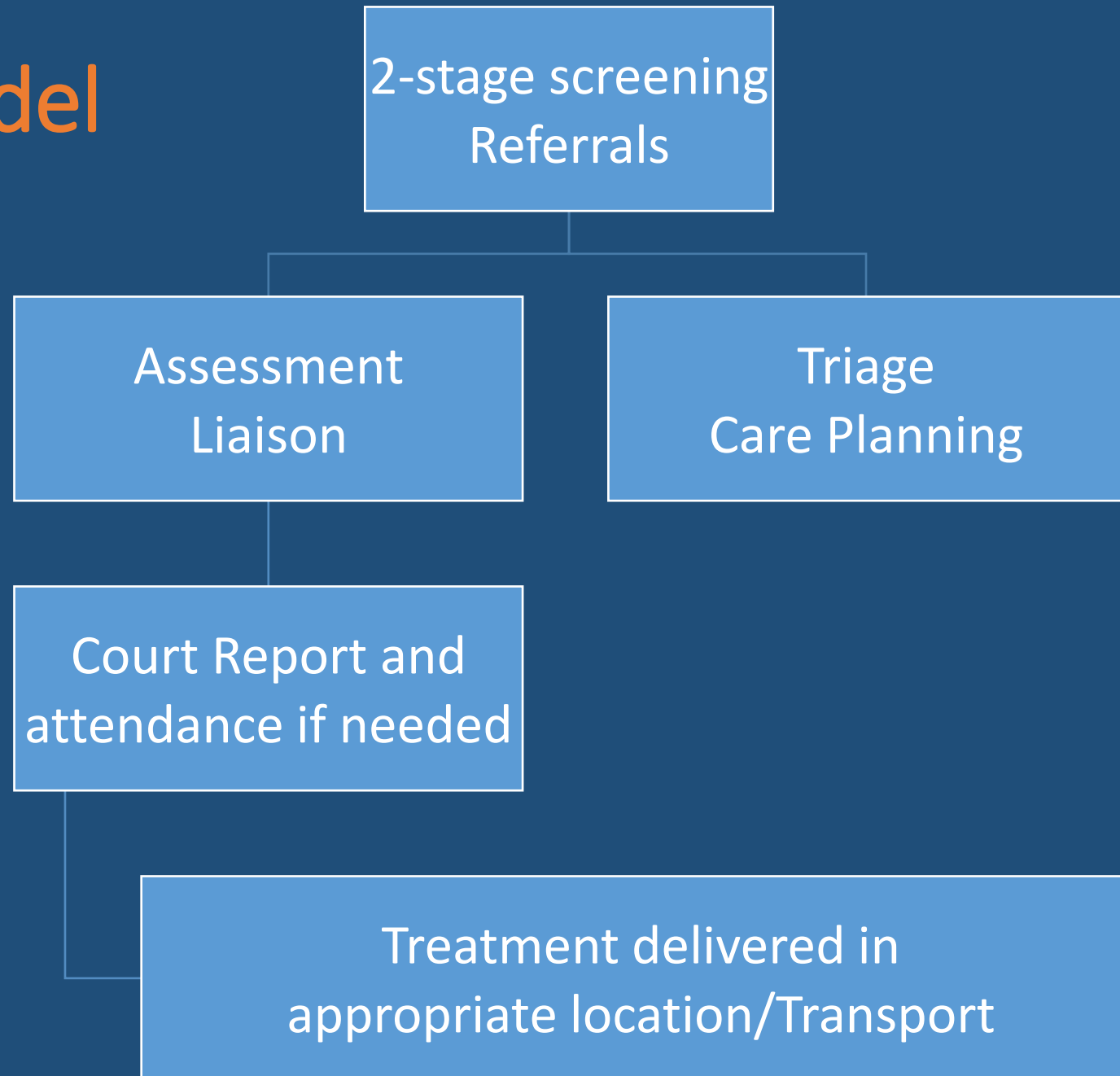


Prison Inreach & Court Liaison Service (PICLS)

- **Cloverhill Remand Prison**
 - 60% remands nationally
 - Focus of delivery of identification/diversion
- **Multidisciplinary Team (2006)**
 - Attends 5 days weekly
 - Consultant Psychiatrist
 - 3 Psychiatric Trainees
 - 3 Forensic Mental Health Nurses
 - Housing Support Worker since 2014



PICLS Model



Triage

CMH Admission

Major Illness/Major offence or High Risk

Community Diversion

Major Illness/Minor Offence

Prison Management

Minor or no illness

Quality Network for Prison Mental Health Services:



Georgiou M, Souza R, Holder S, Stone H, Davies S. Standards for Prison Mental Health Services, Quality network for Prison Mental Health Services [Internet]. London: 2015..

“Counting in, counting out” Changes 2006-2014

International Journal of Mental Health Systems

OPEN ACCESS

CASE STUDY Open Access

Implementing a court diversion and liaison scheme in a remand prison by systematic screening of new receptions: a 6 year participatory action research study of 20,084 consecutive male remands

Declan Mulvey^{1*}, Alan Davern^{1,2}, Brian Tierney^{1,3}, Diane Mahon^{1,4}, Gary Fitzpatrick¹, Martin Maddock¹, Pádraig Caddow¹, Lisa O'Leary¹, Fergal Duff¹, Mary G. Kennedy^{1,5} and Conor O'Neill^{1,6}

Abstract

Background: Mental health services in prisons in the Irish Republic are understaffed and have limited capacity to manage the needs of prisoners with mental health problems. A participatory action research approach is used to provide an integrated mental health service in a high security remand prison for 700 prisoners.

Methods: Following a series of discussions, a new high security prison was developed with an integrated mental health management system. During the six year (2006-2012) study 20,084 consecutive male remands to the prison were screened for mental health needs. Following the screening, 1,100 prisoners were referred to the mental health services. Of these, 24 were referred to the community psychiatric services, 2,000 to the prison mental health services, 140 to the mental health services, 1,000 to the mental health services, 140 to the mental health services, 140 to the mental health services.

Conclusions: The study demonstrates it is possible to implement a mental health service in a high security remand prison. The study also demonstrates the importance of a participatory action research approach in the development of a mental health service in a high security remand prison.

Keywords: Prison, mental health, screening, court diversion, liaison

Background

Prisons have been defined as a place of excluding the most dangerous and violent individuals from society (1). Over the last 50 years, the role of prisons has changed from a place of exclusion to a place of rehabilitation (2). The most common reason for imprisonment is for violent crimes (3). The most common reason for imprisonment is for violent crimes (3). The most common reason for imprisonment is for violent crimes (3).

Keywords

Prison, mental health, screening, court diversion, liaison

O'Neill et al. *International Journal of Mental Health Systems* (2016) 10:27

DOI 10.1186/s13031-016-0027-z

International Journal of
Mental Health Systems

RESEARCH Open Access

STRESS-testing clinical activity and outcomes for a combined prison in-reach and court liaison service: a 3-year observational study of 6177 consecutive male remands

Conor O'Neill^{1,2*}, Damian Smith^{1,3}, Martin Caddow¹, Fergal Duff¹, Philip Hickey¹, Mary Fitzpatrick¹, Pádraig Caddow¹, Tom Cronin¹, Mark Joyce¹, Zsófia Árvai¹, Brianagh Gallagher¹, Claire Kehoe¹, Catherine Maddock¹, Benjamin O'Keefe¹, Louise Brennan¹, Mary Davern¹, Elizabeth Owens¹, Ronan Mullane¹, Laurence Keavins¹, Ronan Maher¹ and Harry G. Kennedy^{1,2}

Abstract

Background: People with major mental illness are over-represented in prison populations however there are few longitudinal studies of prison in-reach services leading to appropriate healthcare over extended periods.

Aims: We aimed to examine measures of the clinical efficacy and effectiveness of a prison in-reach, court diversion and liaison service over a 3-year period. Secondly, we aimed to compare rates of identification of psychosis and diversion with rates previously reported for the same setting in the 6 years previously. We adopted a stress testing model for service evaluation.

Method: All 6177 consecutive remands to Ireland's main remand prison from 2012 to 2014 were screened in two stages. Demographic and clinical variables were recorded along with times to assessment and diversion. The DUN-DRAM Toolset was used to assess level of clinical urgency and level of security required. Binary logistic regression was used to assess factors relevant to diversion.

Results: All 6177 consecutive remands were screened of whom 1109 remand episodes (917 individuals) received a psychiatric assessment. 4.1% (95% CI 3.6-4.6) had active psychotic symptoms. Levels of self-harm were low. Median time to full assessment was 7 days and median time to admission was 15.0 days for local hospitals and 19.5 days for forensic admissions. Diversion to healthcare settings outside prison was achieved for 5.6% (349/6177, 95% CI 5.1-6.3) of all remand episodes and admissions for 2.3% (95% CI 1.9-2.7). Both were increased on the previous period reported. Mean DUNDRAMA and DUNDRAM-2 Triage Security Scores were appropriate to risk and need.

Conclusions: We found that a two-stage screening and referral process followed by comprehensive assessment, optimised identification of acute psychosis. The mapping approach described shows that it is possible for a relatively small team to sustainably achieve effective identification of major mental illness and diversion to healthcare in a

***Correspondence:** conor.o'neill@icmc.ie

1Conor O'Neill, Damian Smith, Martin Caddow, Fergal Duff, Philip Hickey, Mary Fitzpatrick, Pádraig Caddow, Tom Cronin, Mark Joyce, Zsófia Árvai, Brianagh Gallagher, Claire Kehoe, Catherine Maddock, Benjamin O'Keefe, Louise Brennan, Mary Davern, Elizabeth Owens, Ronan Mullane, Laurence Keavins, Ronan Maher and Harry G. Kennedy contributed equally to this work.

2National Forensic Mental Health Service, Central Mental Hospital, Clonsilla, Dublin 12, Ireland

Full list of author information is available at the end of the article

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2

Cloverhill Remand Prison:

Activity 2006-2014

2006-2011: 20,084 Remands to Cloverhill

- 3195 taken onto PICLS caseload
 - Mean age 32
 - 87% substance abuse
 - 22% Hx psychotic illness
 - 23% Homeless

Table 3 Case mix: historical and clinical variables for cases (N=3,195)

Gender	Male sex	3195	(100%)
Age (Mean/SD)	31.8 years	(SD 10.18)	
Nationality	Irish	2,690/ 3,195	84.2%
	other EU	251/3,195	7.9%
	non- EU	254/3,195	7.9%
Homeless	Homeless	748/3,195	23.4%
	Not homeless	2,362/3,195	73.9%
	Unknown	85/3,195	2.7%
Substance misuse	Any	2,773/3,195	86.8%
Substance misuse	Alcohol alone	501/3,195	15.7%
	Drugs alone	827/3,195	25.9%
	Alcohol and drugs	1,445/3,195	45.2%
	Neither	346/3,195	10.8%
	Unknown	76/3,195	2.4%
Past primary diagnosis (lifetime)	Any psychosis	705/3,195	22.1%
	Mood/anxiety	754/3,195	23.6%
	No major illness	1,555/3,195	48.6%
	Unknown/other	181/3,195	5.7%
Lifetime psychotic symptoms (including drug-induced)	Yes	949/3,195	29.7%
	No	2,211/3,195	69.2%
	Unknown	35/3,195	1.1%
Current primary diagnosis	Any psychosis	766/3,195	24.0%
	Mood/anxiety	480/3,195	15.0%
	Substance withdrawal	88/3,195	2.8%

Active psychosis 2006-2011

(expected range 2.2-6.6%)

2.8% actively
psychotic

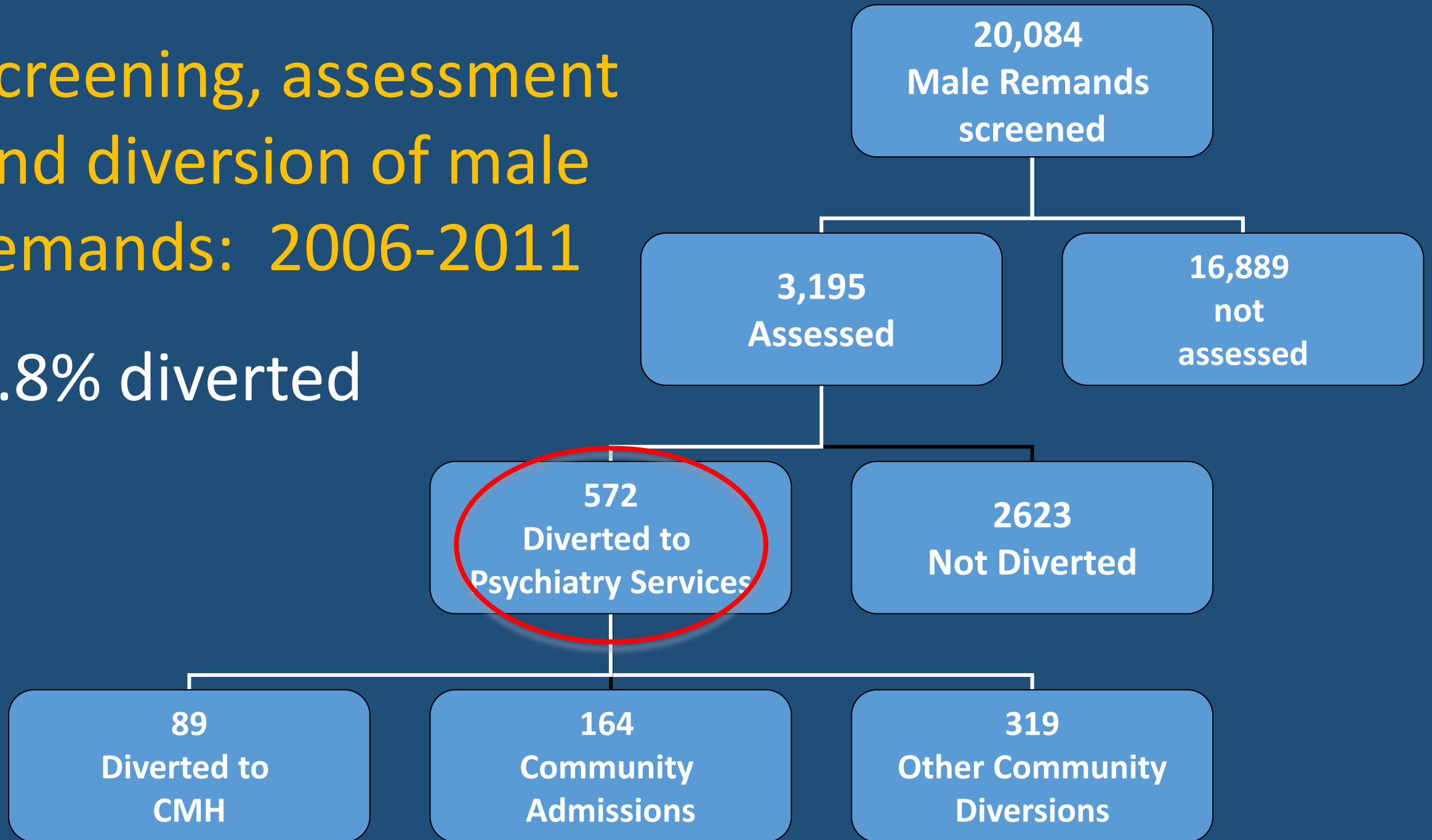
561/20,084

Absolute numbers
relatively constant

Year	Screened	Assessed	Psychosis		95% CI
			(N)	(%)	
2006	4107	306	95	(2.3%)	1.9-2.8
2007	3562	371	102	(2.9 %)	2.4-3.5
2008	3635	680	112	(3.1 %)	2.6-3.7
2009	2919	755	70	(2.4 %)	1.9-3.0
2010	3121	576	91	(2.9 %)	2.4-3.6
2011	2740	507	91	(3.2 %)	2.6-3.9
Total	20,084	3,195	561	(2.8 %)	2.6-3.0

Screening, assessment and diversion of male remands: 2006-2011

2.8% diverted



2006-2011: 20,084 Remands to Cloverhill

- **Limitations**

- Offence type?
- Is diversion risk-appropriate?
- How long does it take?

- Outcome standards refined:

McInerney et al. *International Journal of Mental Health Systems* 2013, 7:18
<http://www.ijmhs.com/content/7/1/18>



INTERNATIONAL JOURNAL OF
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CASE STUDY **Open Access**

Implementing a court diversion and liaison scheme in a remand prison by systematic screening of new receptions: a 6 year participatory action research study of 20,084 consecutive male remands

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2012-2014

O'Neill et al. *Int J Ment Health Syst* (2016) 10:67
DOI 10.1186/s13033-016-0097-z

International Journal of
Mental Health Systems

RESEARCH

Open Access



STRESS-testing clinical activity and outcomes for a combined prison in-reach and court liaison service: a 3-year observational study of 6177 consecutive male remands

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Ronan Mullaney^{1†}, Laurence Keevans^{1†}, Rorian Maher^{1†} and Harry G. Kennedy^{1,2†}

Model Designed around the DUNDRUM Toolkit

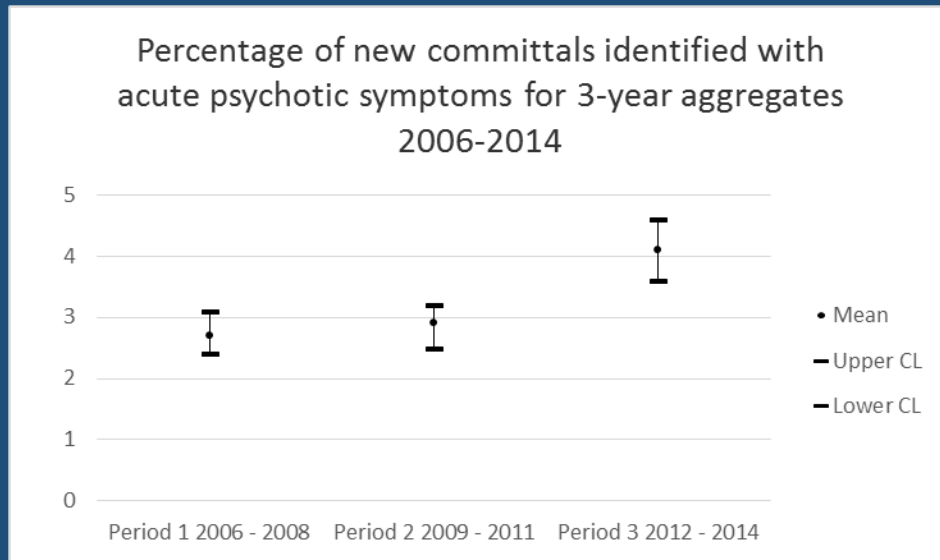
PICLS 2012-2014: Caseload

- 1109 taken onto PICLS caseload
- Mean age 33
- 86% substance abuse
- 31% Hx psychotic illness
- 35% Violent offence
- 35% Homeless

Table: Demographic and clinical variables for individuals at first remand and all remand episodes for individuals identified through 2-stage screening and referrals to PICLS team 2012-2014.

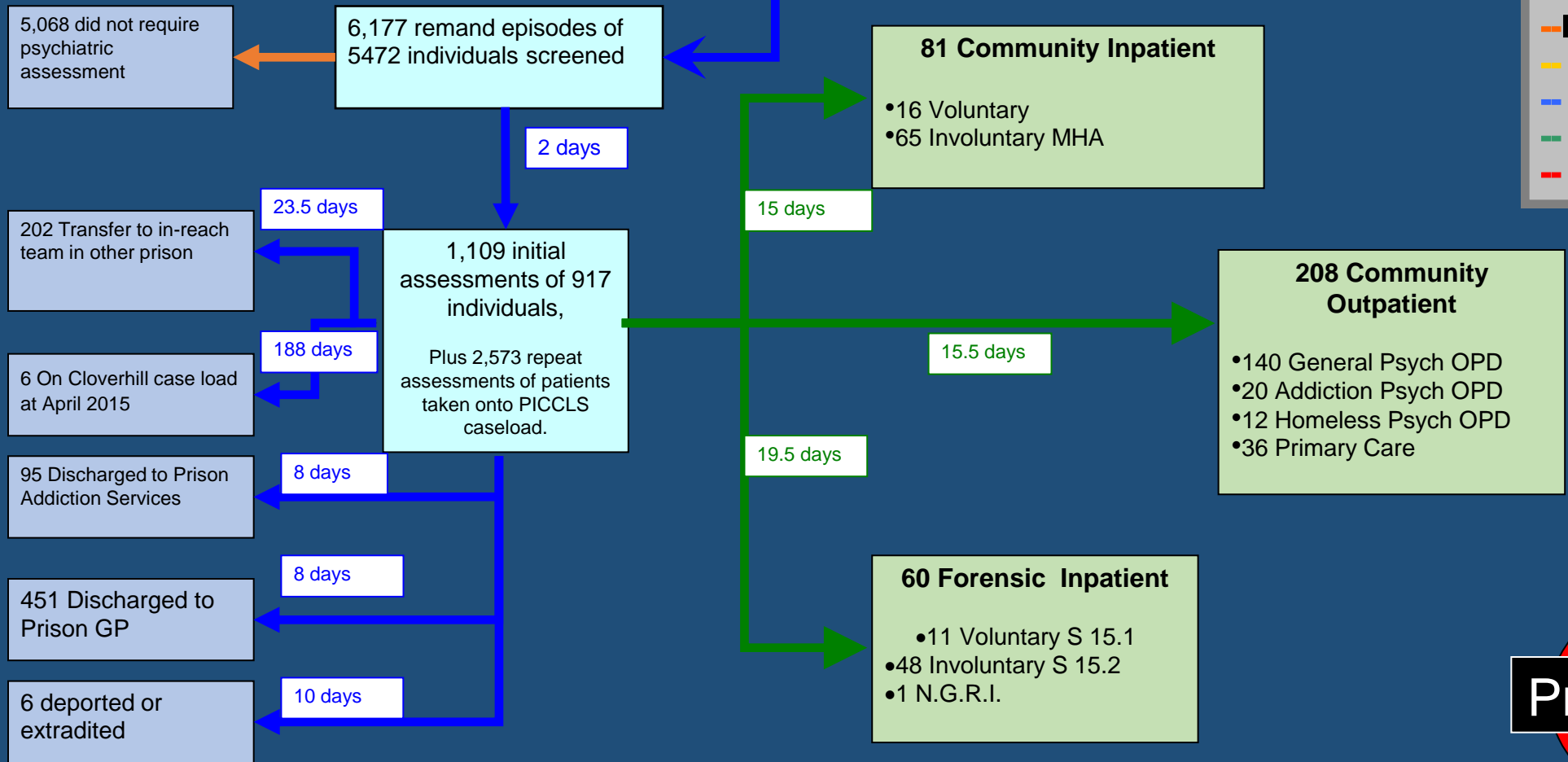
Variable	Individuals on first remand episode during 2012-14 (N=917)							All remand episodes during 2012-2014 (N=1109)						
	Number Yes	%	95% CI	Number No	%	95% CI	Total (100%)	Number Yes	%	95% CI	Number No	%	95% CI	Total (100%)
Irish nationality	772	84.2%	81.7-86.5	145	15.8%	13.5-18.3	917	952	85.8%	83.7-87.8	157	14.2%	12.2-16.3	1109
Homeless	308	33.6%	30.5-36.7	609	66.4%	63.3-69.5	917	388	35.0%	32.2-37.9	721	65.0%	62.1-67.8	1109
Lifetime Psychosis	252	27.5%	24.6-30.5	665	72.5%	69.5-75.4	917	339	30.6%	27.9-33.4	770	69.4%	66.6-72.1	1109
Active psychosis	192	20.9%	18.3-23.7	725	79.1%	76.3-81.7	917	251	22.6%	20.2-25.2	858	77.4%	74.8-79.8	1109
History substance misuse	781	85.2%	82.7-87.4	136	14.8%	12.6-17.3	917	954	86.0%	83.8-88.0	155	14.0%	12.0-16.2	1109
History deliberate self-harm	571	62.3%	59.0-65.4	346	37.7%	34.6-41.0	917	715	64.5%	61.6-67.3	394	35.6%	32.7-38.4	1109
Violent index offence	329	35.9%	32.8-39.1	588	64.1%	60.9-67.2	917	384	34.6%	31.8-37.5	725	65.4%		1109

Identification of Psychosis: 3-year aggregates 2006-2012



- 2006-2011: 2.8% (2.6-3.0)
 - 280 per three year aggregate
- 2012-2014: 4.1% (3.6-4.6)
 - 251
- Absolute numbers similar

Prison **District Courts** **Community**



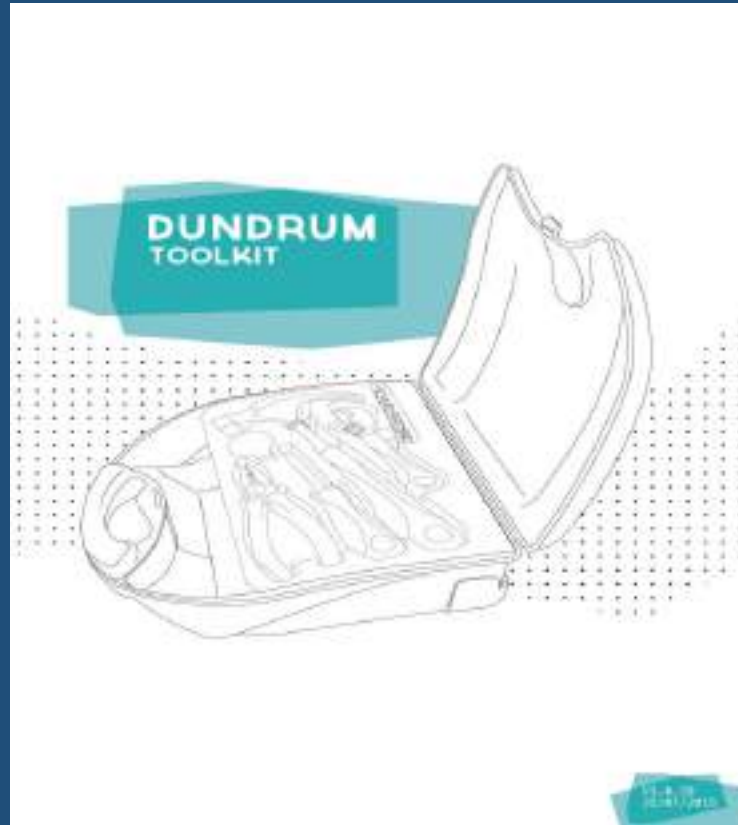
FLOWCHART

- Remands
- 2012-2014
- At 9.4.2015
- Median time
- to outcome



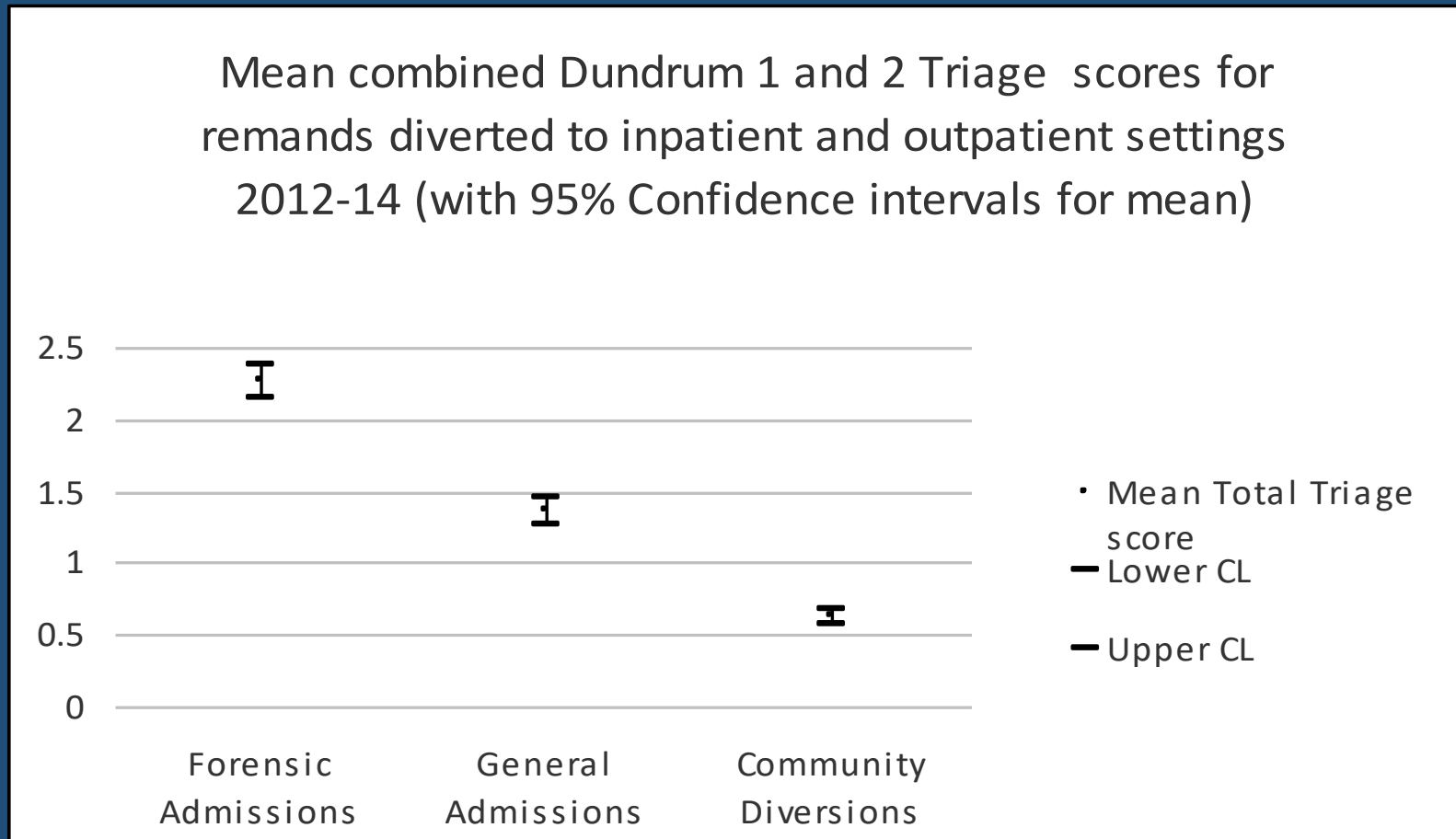
Risk-appropriateness of diversions 2012-2014

Results:



Risk-appropriateness of diversions 2012-2014

Results:

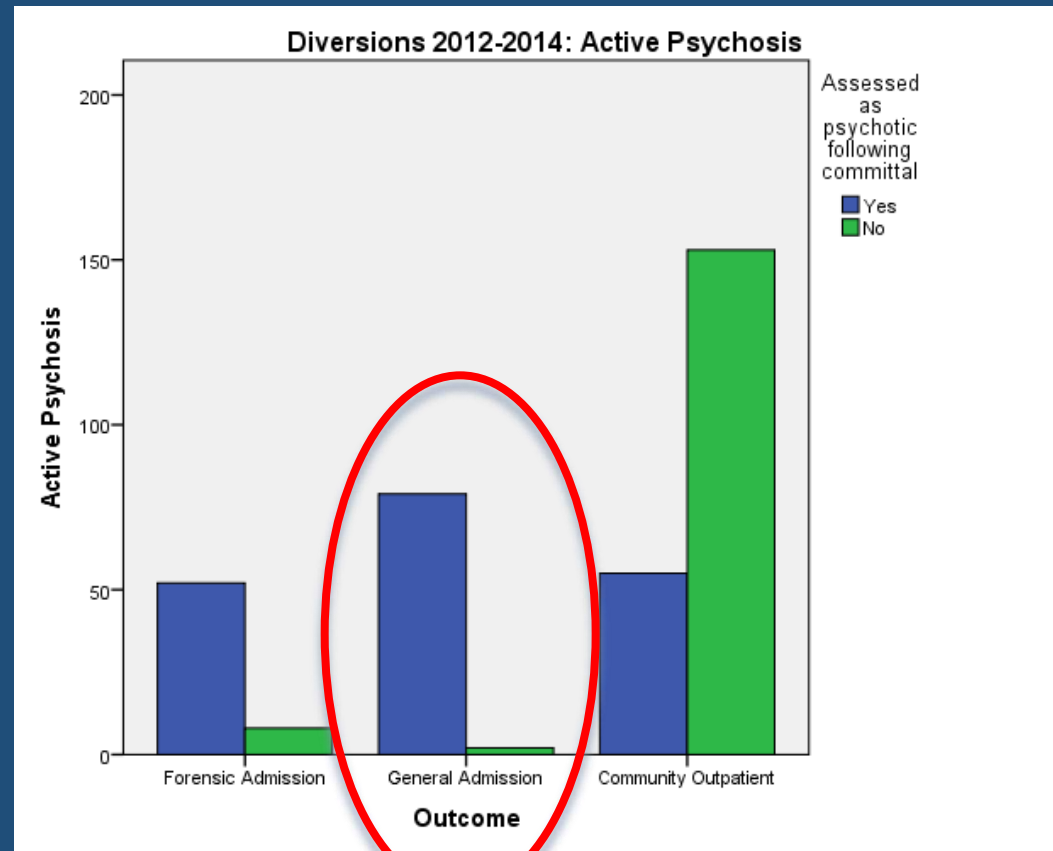


Risk-appropriateness of diversions 2012-2014

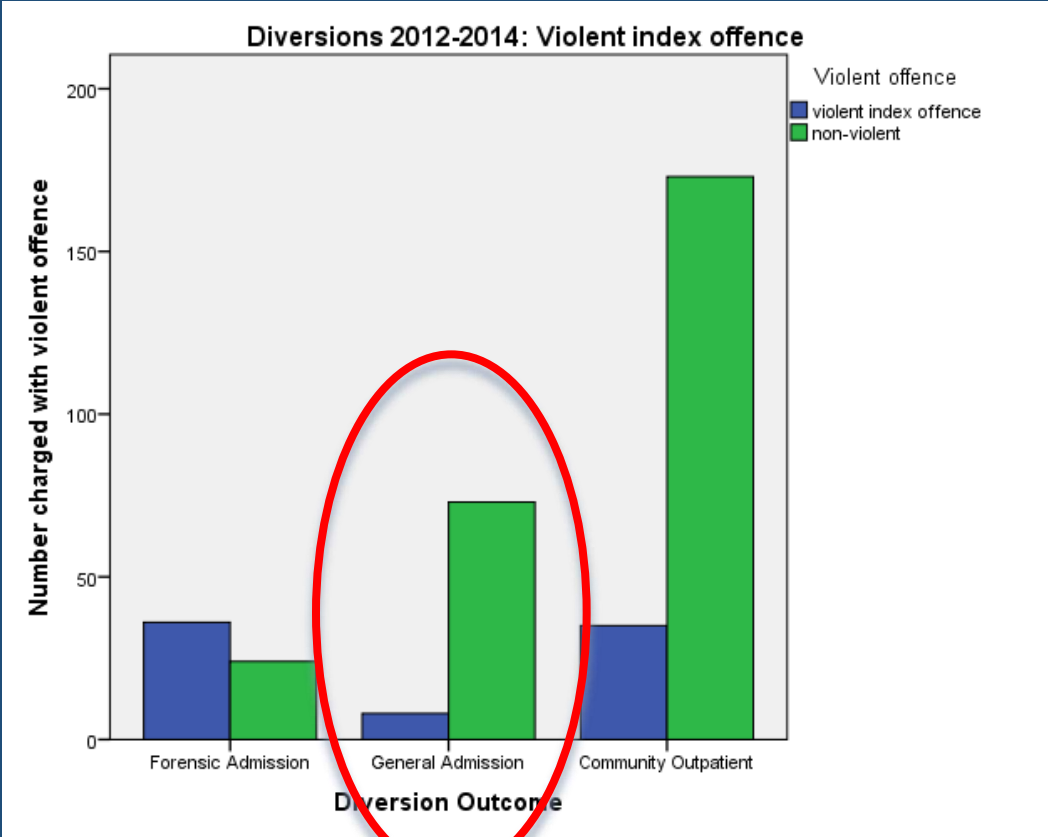
Results:

	N	D-1 triage security score		D-2 triage urgency score		Total (D-1 + D-2) triage score	
		Mean (SD)	95 % CI	Mean (SD)	95 % CI	Mean (SD)	95 % (CI)
Forensic admission	60	2.39 (0.07)	2.25–2.53	2.01 (0.07)	1.89 –2.14	2.26 (0.06)	2.15–2.37
General admission	81	1.44 (0.05)	1.35–1.53	1.19 (0.06)	1.07–1.31	1.36 (0.05)	1.26–1.45
Outpatient diversions	208	0.77 (0.03)	0.71–0.82	0.26 (0.02)	0.23–0.30	0.59 (0.02)	0.55–0.63

Admissions mostly actively psychotic



Forensic Admissions mainly violent
Non-forensic diversions mainly non-violent



3

Revolving door Patients

Psychiatric Disorders and Repeat Incarcerations: The Revolving Prison Door

Jacques Baillargeon Ph.D. Ingrid A. Binswanger M.D., M.P.H.

Joseph V. Penn M.D. Brie A. Williams M.D., M.S. Owen J. Murray D.O.

Published Online: 1 Jan 2009 |

<https://doi.org/10.1176/appi.ajp.2008.08030416>

- Prisoners with serious mental illness 2 -3 times more likely to be reincarcerated than prisoners without SMI

The Rikers Island Hot Spotters: Defining the Needs of the Most Frequently Incarcerated

Ross MacDonald, MD, Fatos Kaba, MA, Zachary Rosner, MD, Allison Vise, BA, David Weiss, MD, Mindy Brittner, MD, Molly Skerker, BA, Nathaniel Dickey, MPH, MA, and Homer Venters, MD, MA

Am J Public Health. 2015 November; 105(11): 2262–2268.

- 800 most recommitted 2008-13
 - 2-3 X SMI (30-40%) vs controls
 - 3X Homeless Rate
 - Mainly minor offences

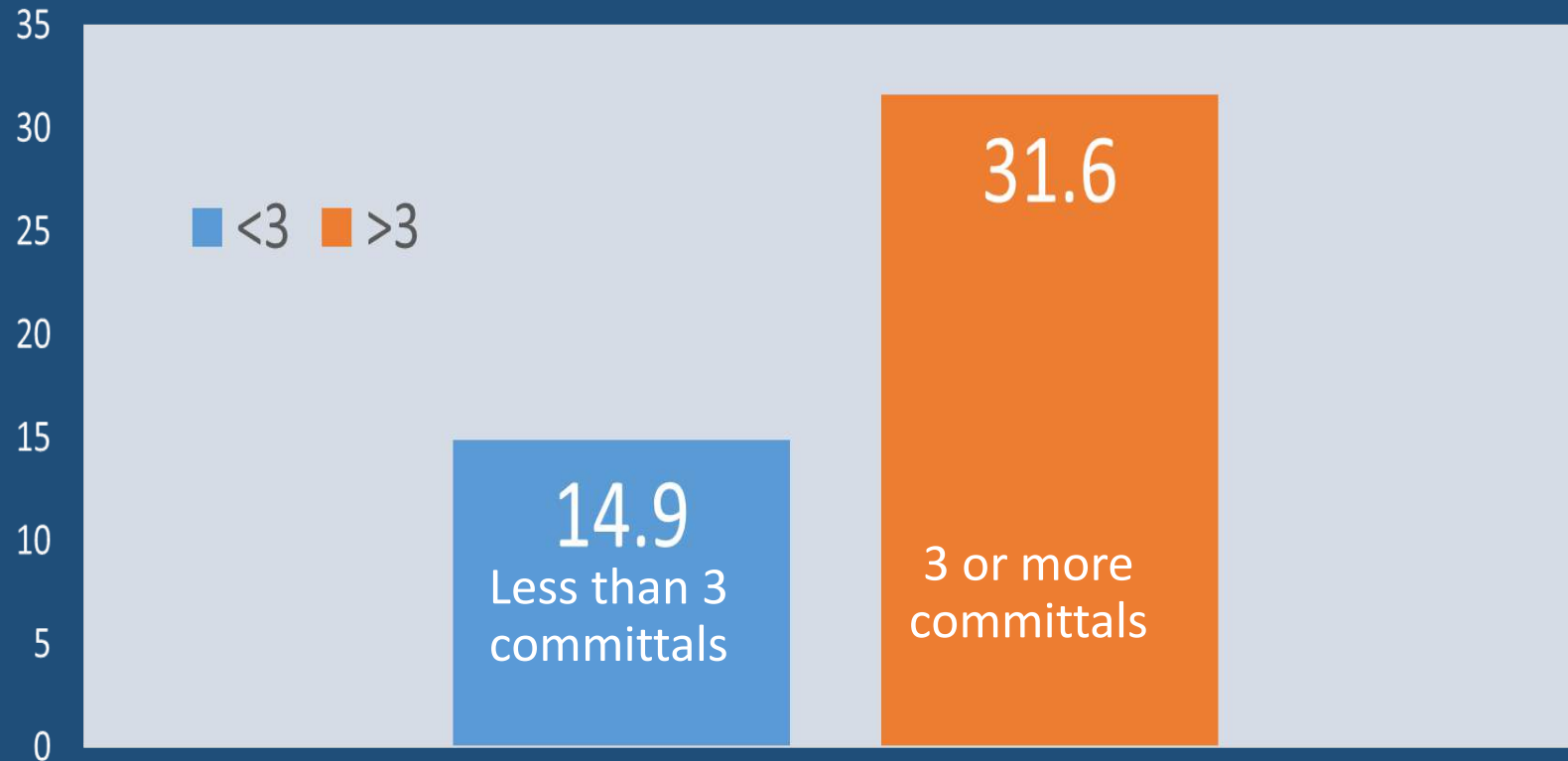


“Revolving Door” patients at Cloverhill: Counting in, counting out 2006-2014

Number of committals	Individuals	Committal episodes	Psychotic	%	Homeless	%	Substance Misuse
1	2376	2376	342	14.4	498	21.0	1936
2	448	896	144	16.1	243	27.1	813
3	113	339	86	25.4	89	26.3	313
4	56	224	65	29.0	90	40.2	215
5	32	160	46	28.8	62	38.8	155
6	18	108	39	36.1	48	44.4	97
7	9	63	17	27.0	30	47.6	63
8	5	40	21	52.5	21	52.5	38
9	2	18	9	50.0	7	38.9	18
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	2	24	9	37.5	14	58.3	24
13	2	26	18	69.2	13	50.0	25
14	0	0	0	0	0	0	0
15	2	30	16	53.3	21	70.0	30
Total	3065	4304	812	18.9	1136	26.4	3727

“Revolving Door” Patients

Remanded under PICLS care 3 or more times
2006-2014



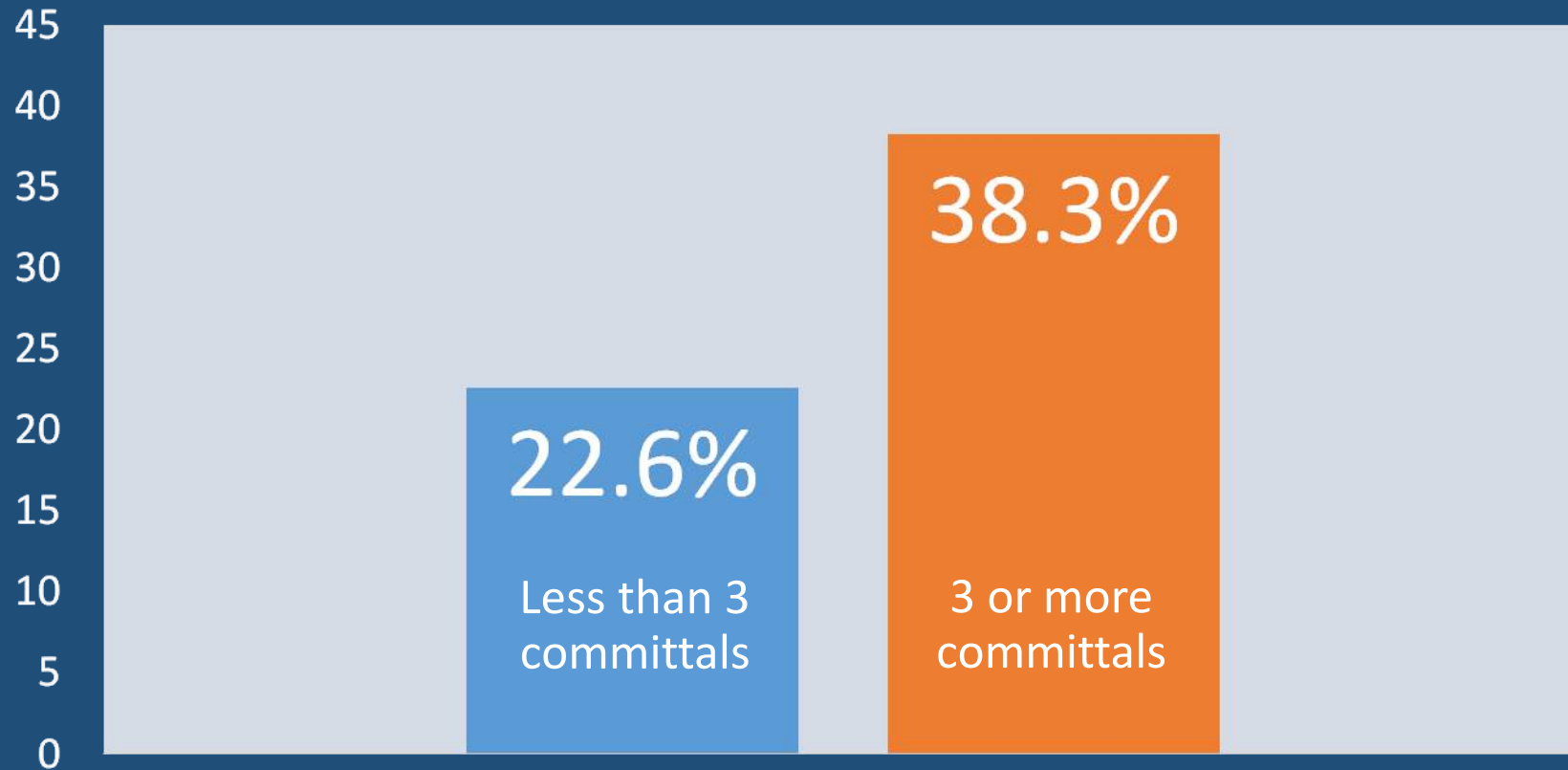
Psychotic on committal %

PSYCHOTIC

Relative Risk 2.1
(95% CI 1.9-2.4)

“Revolving Door” Patients

Remanded under PICLS care 3 or more times
2006-2014



Homeless on committal %

HOMELESS

Relative Risk 1.7
(95% CI 1.5-1.9)

“Revolving Door” Patients

Remanded under PICLS care 3 or more times
2006-2014



HOSPITALISED

Relative Risk 1.4
(95% CI 1.1-1.7)

Admitted to hospital per 1000 committals

Stage Army

- "They move from hospital to prison, to doss house & back again like a stage army tramping round and round,
- making much greater impression than their numbers warrant
- simply because we have no facilities for them"



Br J Psychiatry. 1977 Apr;130:317-29.

Criminal behaviour and mental disorder.

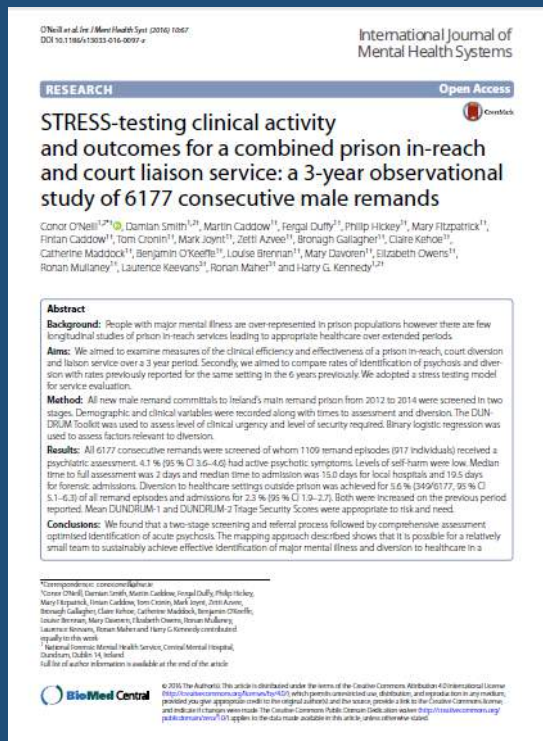
Gunn J.

“Counting in, counting out”

2006-2011

2012-2014

2015-2017



4

Cloverhill Remand Prison:
Activity 2015-2017

PICLS Caseload 2012-2017: Psychosis and Homelessness

Time period	2012-2014		2015-2017*	
Number of Committals	6177 committals		5740 committals	
	N %	Percent (95% CI)	N %	Percent (95% CI)
Number Taken onto caseload	1109	18.0% 17.0-18.9	911	15.9% 14.9-16.8
Active Psychosis	251	22.6% 20.2-25.5	267	29.3% 26.4-32.4
Homeless	388	35.0% 32.2-37.9	343	37.7% 34.5-40.9%



2015-17 Figures relate only to patients with logged outcomes as at 31.12.17

All Cloverhill Remands 2012-2017: Psychosis and Hospital admissions

Time period	2012-2014 6177 committals		2015-2017* 5740 committals	
	N %	Percent (95% CI)	N %	Percent (95% CI)
Active psychosis	251	4.1% 3.6-4.6%	267	4.7% 4.1-5.2
Forensic Admissions	60	0.97% 0.74-1.25	24	0.42% 0.27-0.62
General Admissions	81	1.31% 1.04-1.63	97	1.69% 1.37-2.06



***2015-17 Figures relate only to patients with logged outcomes as at 31.12.17**

Cloverhill Remands 2015-2017:

- 5740 committals

 4.7% actively psychotic (95% CI 4.1-5.2%)

 1.7% admitted to General Hospitals

 0.44% admitted to CMH

**Preliminary Data
Only**

***2015-17 Figures relate only
to patients with logged
outcomes as at 31.12.17**

PICLS Caseload 2015-2017:

- 911 taken onto PICLS caseload outcomes at 31.12.17



29.3% actively psychotic

(95% CI 4.1-5.2%)



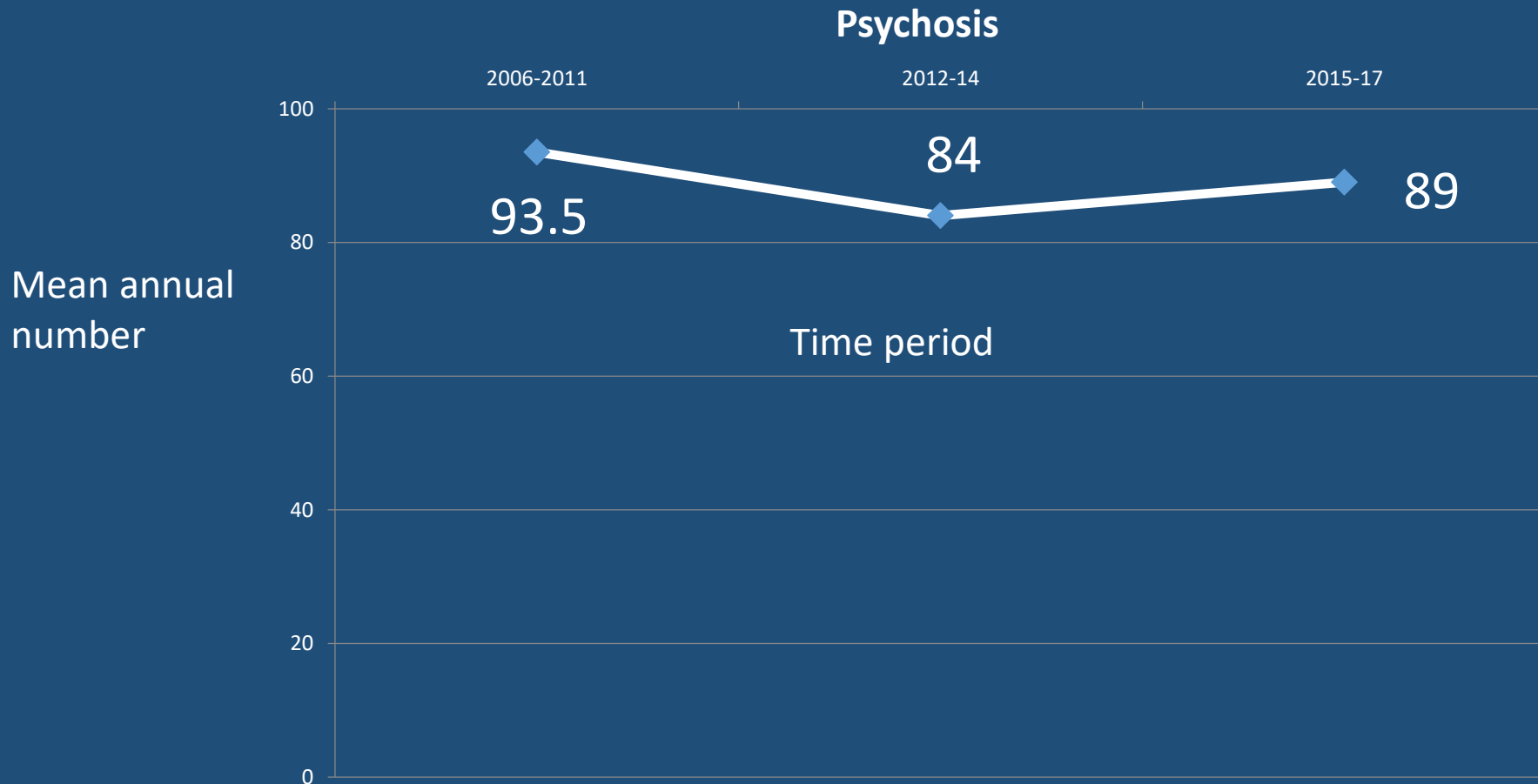
37.7% Homeless

(95% CI 34.5-40.9)

**Preliminary Data
Only**

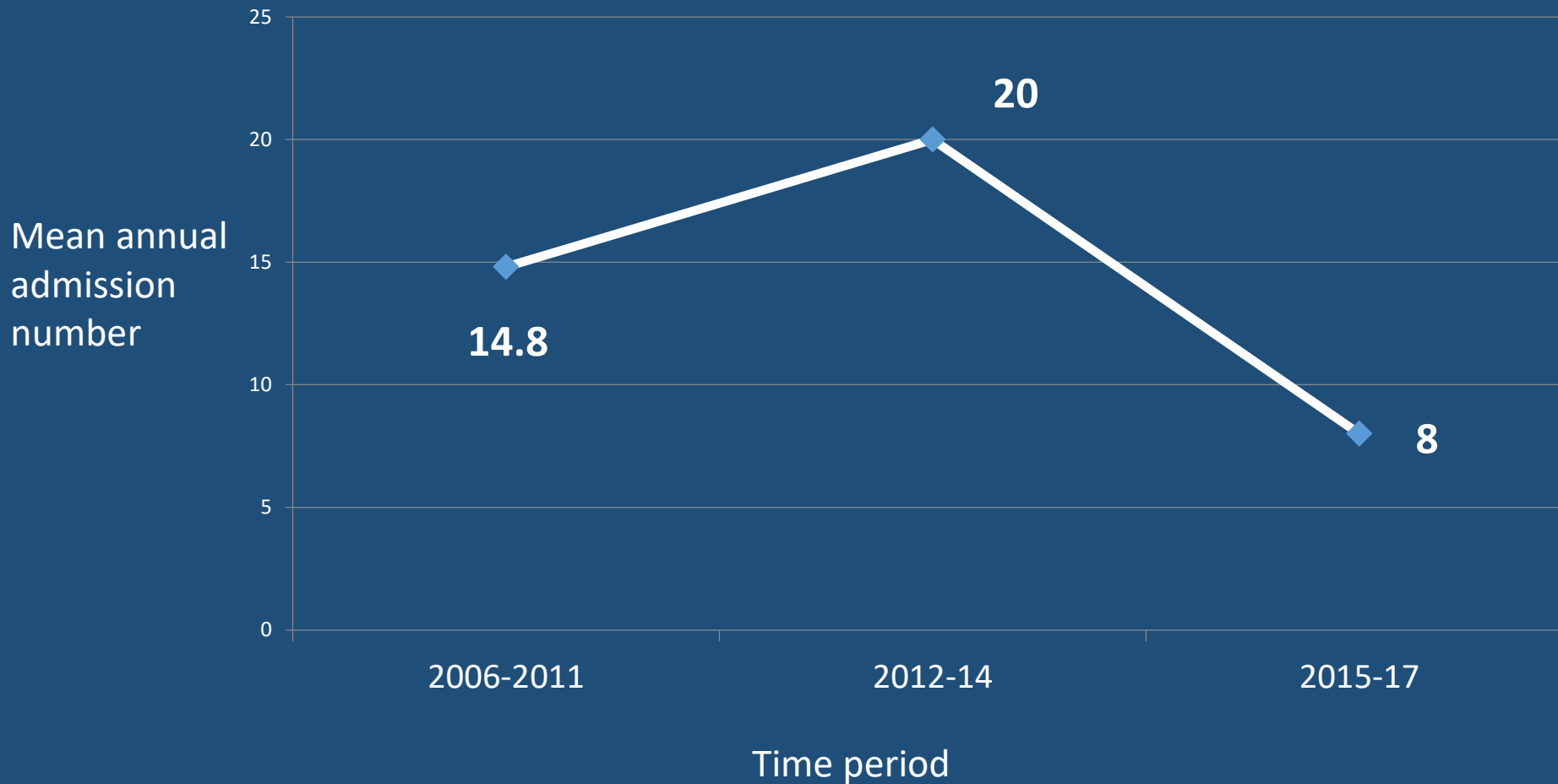
*2015-17 Figures relate only
to patients with logged
outcomes as at 31.12.17

Actively psychotic committals to Cloverhill 2006-2017



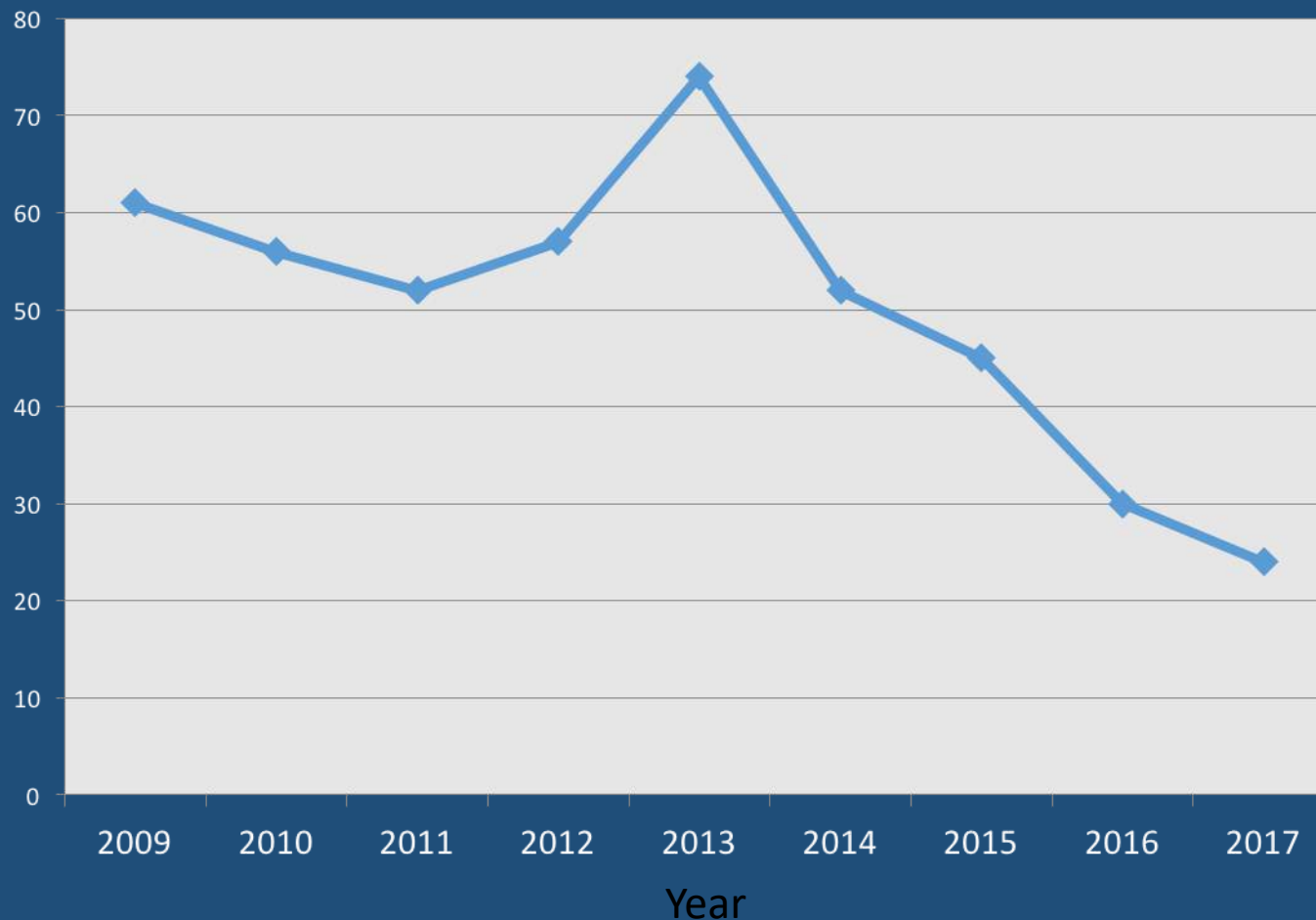
Diversions Cloverhill to CMH 2006-2017

Forensic Admissions



CMH Admissions reducing in context of increased NGR1 numbers

Annual admissions to CMH 2009-2017

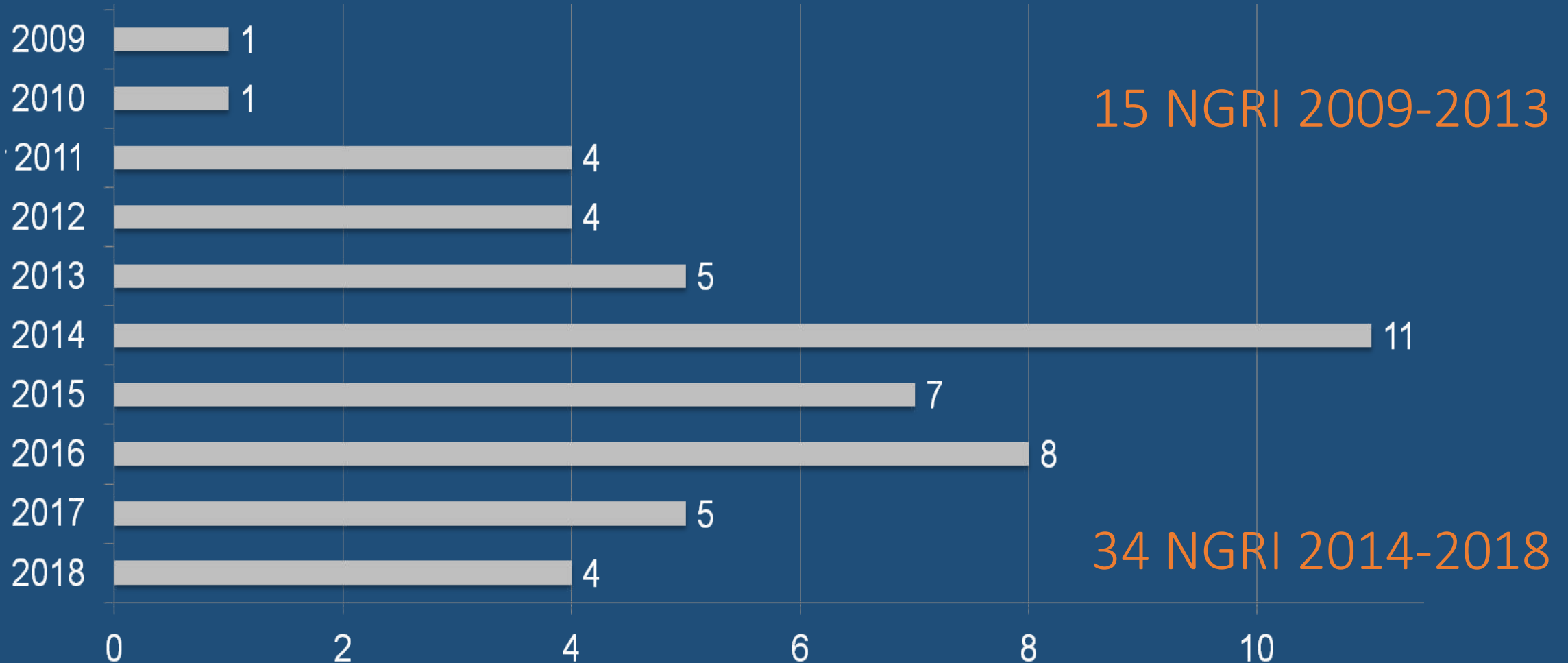


- 2015-2017: 24 CMH admissions from Cloverhill vs 60 in previous three years



NGRI verdicts in Ireland 2009-2018

Courtesy of Dr Tony Kearns



Diversions Cloverhill to General Hospitals 2006-2017

General Admissions



All Cloverhill Remands 2012-2017: Time to Hospital admissions

Time period	2012-2014		2015-2017*			
	Number of admissions	Time to admission (Days)		Number of admissions	Time to admission (Days)	
		Mean (95% CI)	Median		Mean (95% CI)	Median
Forensic Admissions	60	52.0 (22.4-81.5)	19.5 days	24	107.3 (51.8-162.8)	63.5 days
General Admissions	81	19.7 (16.4-23.0)	15.0 days	97	33.2 (27.3-39.1)	25.0 days



NB Figures relate only to patients with logged outcomes as at 31.12.17

5

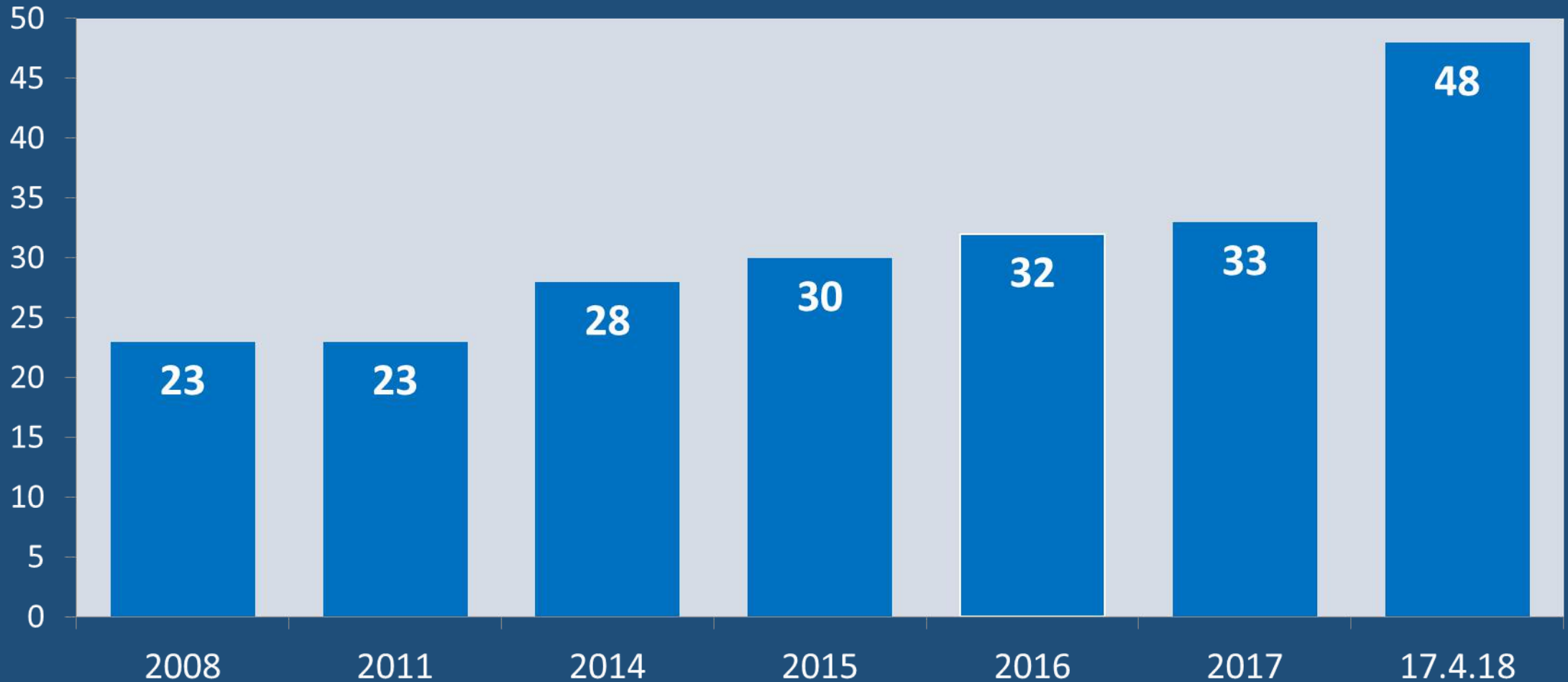
Impact on cross-sectional caseloads

2006-2018

“Counting in, counting out”



PICLS Caseload on census dates 2008-2018

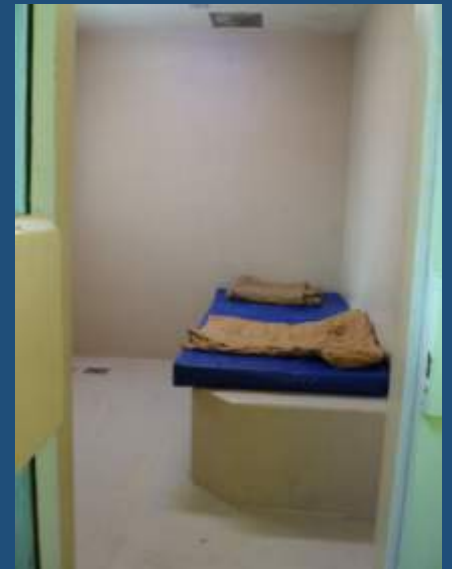


Figures 2006-2017 refer to census dates within 2 weeks of November 1st of relevant year.

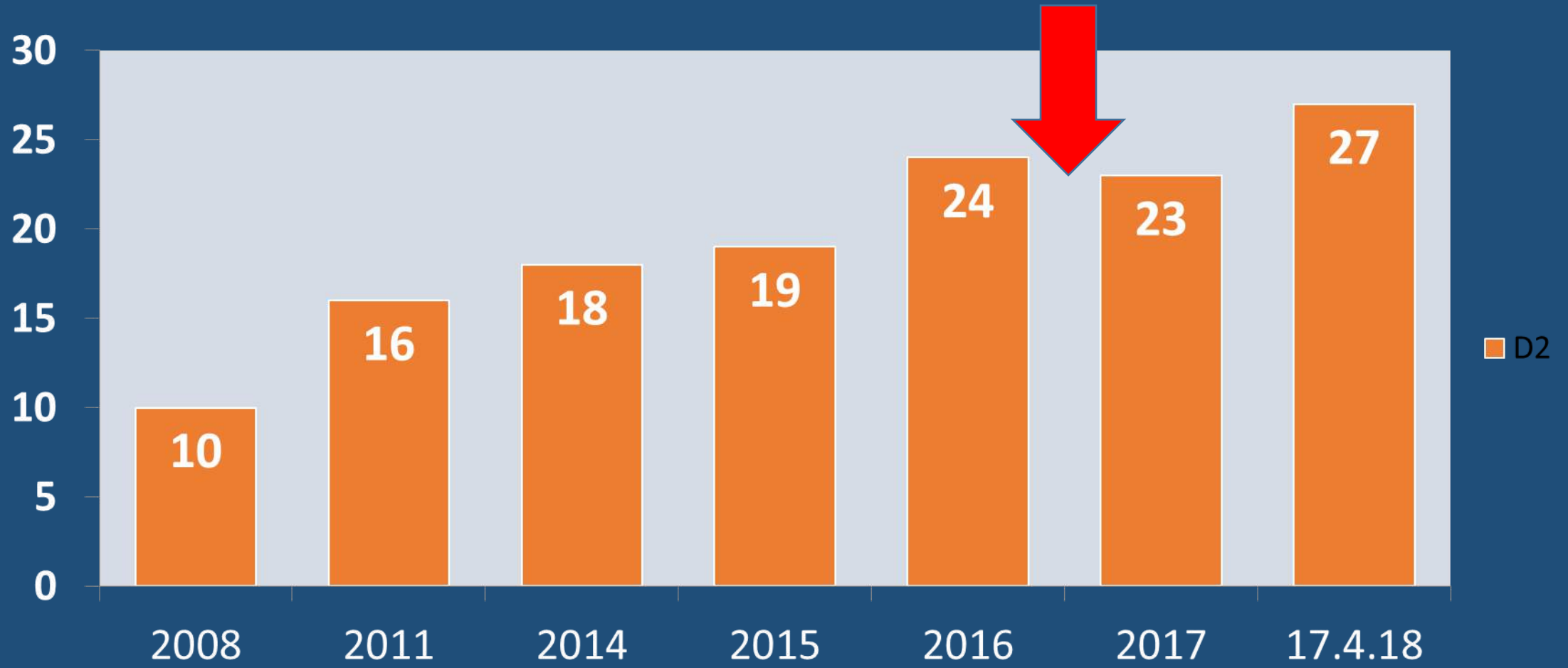
Figure for 2018 refers to 17th April 2018.



D2 vulnerable wing



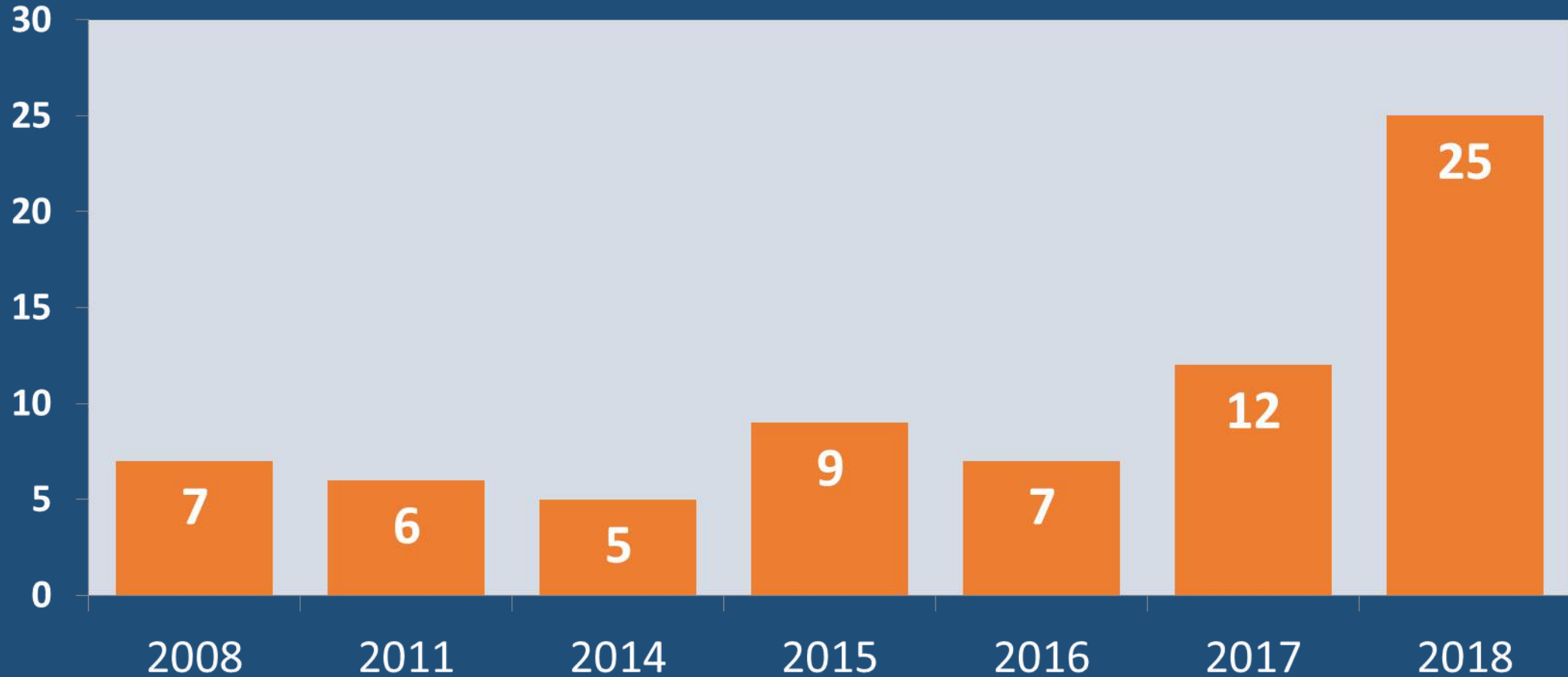
Dependency Needs: Numbers on D2 High-support wing, 2008-2018



Figures 2006-2017 refer to census dates within 2 weeks of November 1st of relevant year.
Figure for 2018 refers to 17th April 2018.

Cloverhill PICLS Caseload 2008-2018

Active Psychotic Symptoms



Figures 2006-2017 refer to census dates within 2 weeks of November 1st of relevant year.
Figure for 2018 refers to 17th April 2018.

7th November 2018: 4pm

40/423 inmates on PICLS caseload

25 on D2 wing

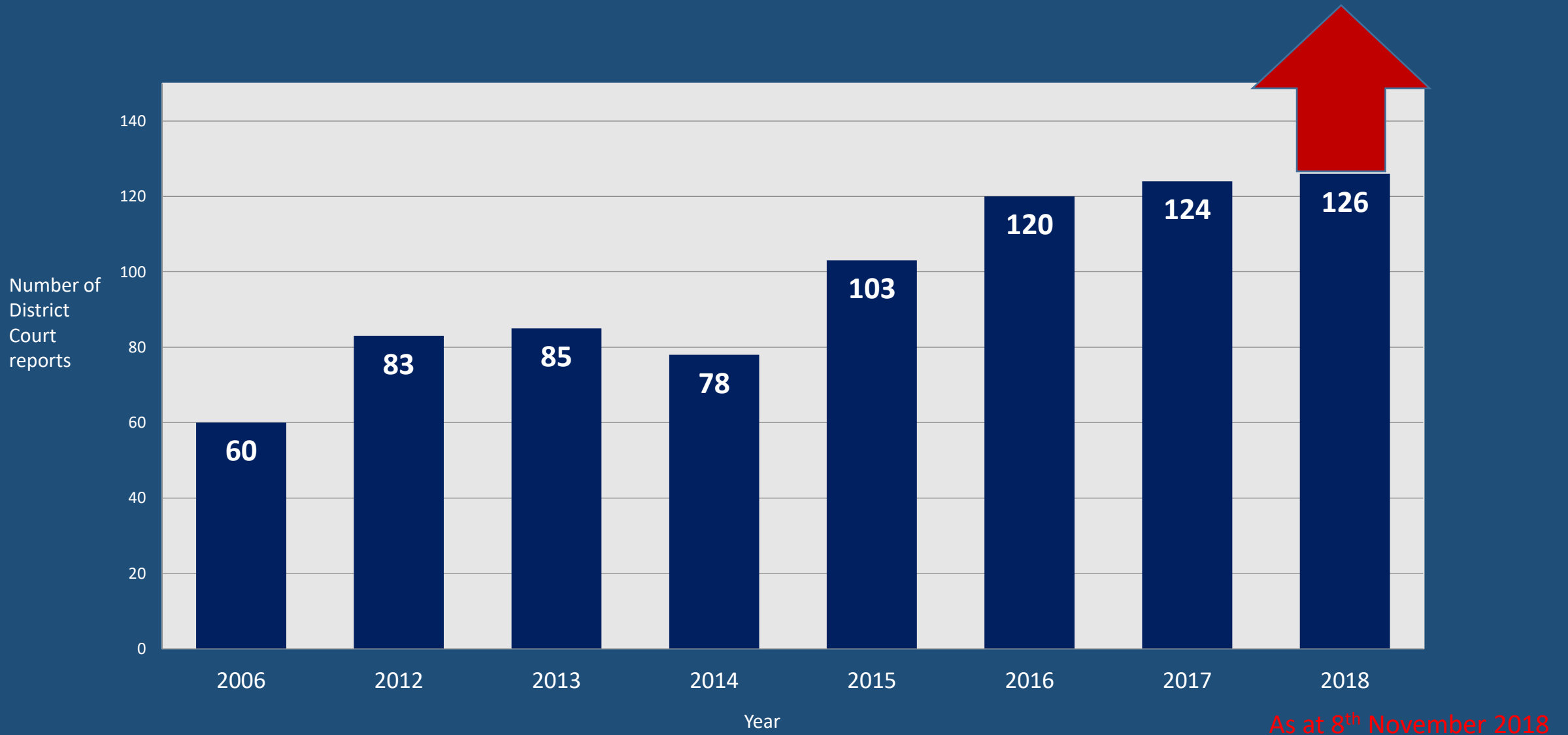
19 active psychotic symptoms

22 on waiting list to be seen

7 on CMH waiting list plus one en-route



District Court report requests 2006-2018



Summary: 25 minutes

1. Mental Illness in prison, forensic and general settings
2. Cloverhill Remand Prison: Activity 2006-2014
3. Revolving door Patients
4. Cloverhill Remand Prison: Activity 2015-2017
5. Caseload changes over 13 years: Accumulation of men with SMI
6. What should we do?



6. What should we do?



Improving Long-term Psychiatric Care Bring Back the Asylum

Dominic A. Sisti, PhD¹; Andrea G. Segal, MS¹; Ezekiel J. Emanuel, MD, PhD¹

» [Author Affiliations](#) | [Article Information](#)

JAMA. 2015;313(3):243-244. doi:10.1001/jama.2014.16088

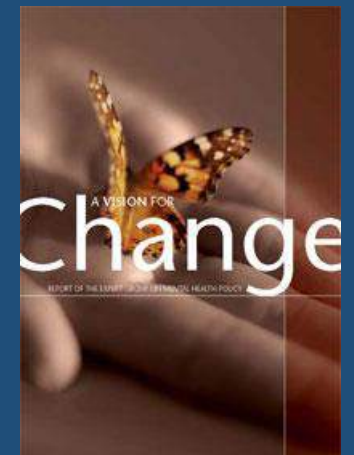
“A protected place where safety, sanctuary, and long-term care for the mentally ill would be provided....It is time to build them—again”.

Specialised treatment settings to permit meaningful recovery.



11. DIFFICULT TO MANAGE BEHAVIOURS

- Difficult to Manage Behaviours (DMBs)require intensive multidisciplinary intervention to produce any significant change.
- Each of the four HSE regions should provide a 30-bed ICRU unit – with two sub-units of 15 beds each –
- Multidisciplinary teams with appropriate training.



ORIGINAL

Interaction of forensic and general psychiatric services in Ireland: learning the lessons or repeating the mistakes?

Conor O'Neill, Hamish Sinclair, Alan Kelly, Harry Kennedy

Ir J Psych Med 2002; 19(2): 48-54

ORIGINAL PAPER

Conor O'Neill · Alan Kelly · Hamish Sinclair · Harry Kennedy

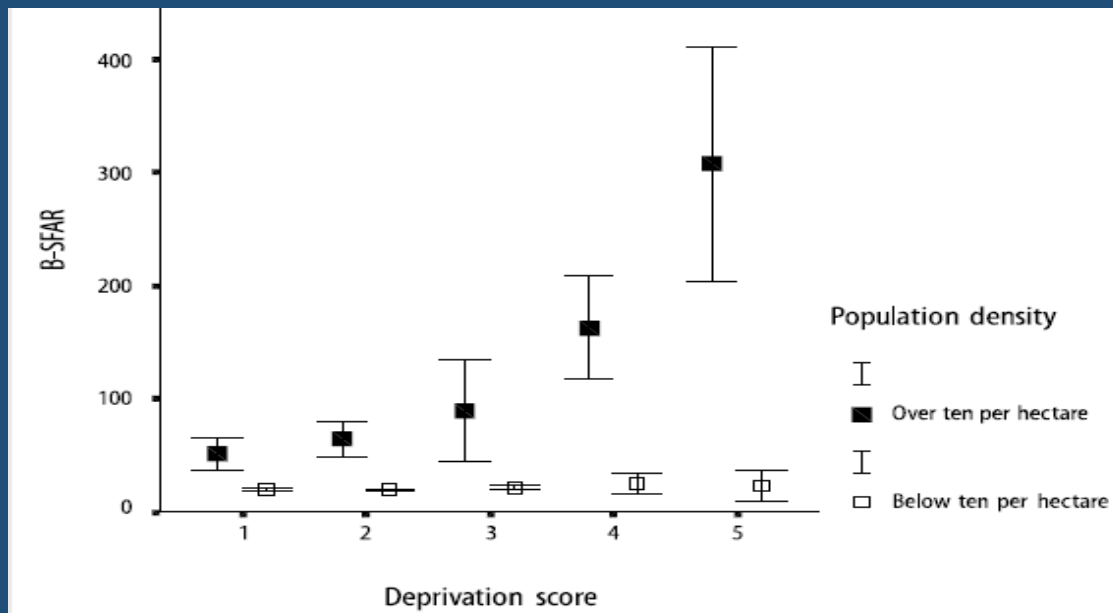
Deprivation: Different implications for forensic psychiatric need in urban and rural areas

Fig. 3 Mean Bayesian-predicted forensic admission ratios (B-SFAR) for Irish small area aggregates at five levels of material deprivation in areas with population densities above and below ten persons per hectare (Error bars indicate 95% confidence intervals)

CMH Portrane 2020

- New 130 bed adult forensic hospital at Portrane: 2020.
 - 10 bed Forensic Child and Adolescent Mental Health Unit
 - 30 bed Intensive Care Rehabilitation Unit.
 - 3.5 beds per 100,000
 - NEED OUTFLOW BEDS
- Compare:
 - Netherlands (14 beds per 100,000)
 - Germany (10 beds per 100,000)
 - UK (10 beds per 100,000)
 - Lithuania (4 beds per 100,000)



Homeless People:

- Need clear rules and early decisions regarding responsibility for psychotic homeless men`.
- Need to adequately fund and provide beds for Homeless Psychiatry Services.
- “Housing First” approach- Traditional MH “hostels” rarely appropriate
- Programmes to connect with housing and other agencies
 - PREP Mountjoy (sentenced)
 - PICLS Cloverhill (remand) Housing Support Worker

Summary: 25 minutes

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Stage Army

- "They move from hospital to prison, to doss house & back again like a stage army tramping round and round,
- making much greater impression than their numbers warrant
- simply because we have no facilities for them"



Br J Psychiatry. 1977 Apr;130:317-29.

Criminal behaviour and mental disorder.

Gunn J.



That is no country for old men. The young
In one another's arms, birds in the trees —
Those dying generations—at their song.

(William Butler Yeats)

izquotes.com

Thank You!

Questions/Comments



conor.oneill@hse.ie