Neil CE (2012). Prisoner or Patient – The Challenges within Forensic Health Services. Scottish Universities Medical Journal. 1 (2). p. 119-122

Prisoner or Patient
The Challenges within Forensic Health Services

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ABSTRACT

Offenders have very high rates of mental health problems with recent estimates suggesting that up to 90% of individuals serving custodial sentences have some form of diagnosable mental health condition. As a group, prisoners and forensic patients have specific healthcare needs that differ from the general population. The challenge for doctors is providing the best care to address complex psychiatric, medical and social needs within a challenging setting. Prisoners are vulnerable members of society and it is the doctor's duty to make difficult decisions about treatment whilst keeping the patient's best interests at heart.

Key Words: psychiatry; forensic psychiatry/medicine; criminal justice; Breivik trial; insanity

Introduction

Medicine is a career full of challenges and forensic psychiatry offers an interesting combination of legal, ethical and medical issues that all need to be considered for every patient. This, plus the additional responsibility of constantly assessing risk and the potential consequences when this is underestimated, sets forensic psychiatry apart from other specialities. As a group, prisoners and forensic patients have specific healthcare needs that differ from the general population.[1] The challenge for doctors is providing the best care to address complex psychiatric, medical and social needs within a challenging setting. Although given the label of prisoners, this is a vulnerable group of patients who need help and must be treated with dignity and respect, regardless of their criminal conviction. The doctor must not judge or let their personal feelings compromise patient care. Prisoners are vulnerable members of society and it is the doctor's duty to make difficult decisions about treatment whilst keeping the patient's best interests at heart.

What is forensic psychiatry?

Forensic psychiatry is a diverse sub-specialty of psychiatry where psychiatrists treat patients involved with the criminal justice system. There are a number of settings in which patients can be referred to forensic health services- at the time of arrest, during court proceedings, or if they become ill in prison. Forensic psychiatrists work in a number of settings that include low secure, medium secure, high secure units, prisons and within the community. Secure units are secure psychiatric wards that are usually located outwith a prison facility. The clear division between custodial and treatment services for prisoners makes forensic psychiatry unique to the United Kingdom.

The challenges of managing forensic patients

One of the challenges in a forensic setting is that prisoners present a high healthcare need. Offenders have very high rates of mental health problems with recent estimates suggesting that up to 90% of individuals serving custodial sentences have some form of diagnosable mental health condition.[2-3] Mental health problems range from severe psychosis to mild anxiety and rates of suicide and self-harm are high. The number of self-harm incidents in England and Wales in 2010 was 26,983, continuing an overall upward trend.[4] The management of these conditions is often complicated by alcohol and substance abuse

problems, with half of all prisoners in 2009 saying that they were drunk at the time of their offence.[5] Subsequently, dual diagnosis and treatment is key.

Whilst some prisoners require to be transferred to a secure unit, the majority will be managed in a prison setting. The use of secure units and transfer of patients presents its own challenges. Secure units have the ability to forcibly treat patients, much like being sectioned in a hospital ward. However, there are a limited number of hospital beds and there is often strict exclusion criteria in place to protect service provision.[2] For example the patient must have a treatable condition so it would be unusual for a patient with severe personality disorder to be placed in a secure unit. Therefore, assessments and transfers can take time, with delays affecting patient care. In the meantime, it is the difficult task of prison healthcare professionals to keep a patient safe, from themselves and others until a bed can be found.

A large proportion of a professional's time can be taken up by a small number of patients suffering with severe mental illness. However, low-level mental health problems such as personality disorder, depression and anxiety can flourish in prison and often go undetected.[1-3] A number of factors including distance from home, frustration at the present situation and anxiety about the future all contribute to mental wellbeing. This is known to be a particular problem for female prisoners as female only prisons are few and far between meaning that prisoners are often hundreds of miles away from their family. In addition, poor physical health of patients with mental health conditions is well documented and the inextricable link between physical and mental health cannot be denied.[6-7] Patients have an increased mortality and morbidity associated with a range of physical conditions. For example, cardiovascular disease including type 2 diabetes is strongly associated with schizophrenia and depression.[7] Lifestyle factors (smoking, poor diet, little exercise), medication side effects and inadequate physical healthcare all contribute to the poor physical health of a patient with mental illness.[7] Smoking related illness continues to be the most likely cause of death for offenders.[7] The rates of blood borne diseases (HIV & hepatitis) are high among prisoners with research in 1997 showing that HIV rate for men in prison is fifteen times higher than the general population and hepatitis C rate is twenty times higher than the general population.[8] With the continuing practices of sharing injecting equipment, unprotected sex and tattooing in prison, it is important to recognise that blood borne viruses are an on-going issue. Importantly, prison provides a safe environment to screen patients and provide them with counselling.

Doctors play a vital role in helping psychiatric patients manage their physical conditions. It has been reported that GPs and psychiatrists are poor at treating physical conditions in all psychiatric patients.[6] Proposed suggestions to combat this include increased education and awareness among doctors, standardization of assessment and incentives for detection and treatment of physical illness such as the Quality Outcomes Framework targets.[6]

Chronic medical conditions require patients to maintain a self-care regime in order to manage symptoms and prevent disease progression that can be hindered by a mental health condition. Extra support, in prison and in the community, needs to be available so that these patients have a point of access to care when they are struggling to maintain their physical health due to mental health problems. One step is ensuring that on release all prisoners are registered with a GP. This would be a major improvement as 50% of prisoners are not registered with a GP prior to being sentenced and the same amount will not be registered on release.[9] GP registration is essential for continuity of care and compliance with treatment regimens started in prison. Detecting and treating physical and mental health

problems within the prison population can be difficult. However, prison can provide an ideal environment for treating patients as there is time available to build a therapeutic relationship. This can prove especially important for patients with a dual diagnosis, who need concurrent treatment for more than one condition. This also provides an opportunity for the combination of pharmacological and psychological intervention.[1] As a medical student it is important to carefully consider the mental health of a prisoner or former prisoner and any evidence to suggest that it is changing. The physical health of these patients must be even more carefully scrutinized as patients are more likely to experience physical problems which they may not readily communicate.[7]

Forensic Psychiatry in the Media

The challenges within forensic psychiatry has recently come under scrutiny after the publication of conflicting court reports in the trial of Norwegian Anders Behring Breivik who shot 77 people in two attacks in Norway 2011.[10-13] The first report published after observing and talking to the patient for weeks concluded that Breivik was suffering from paranoid schizophrenia when the car bomb and shootings took place.[10] This report led to an outcry by the victims' families who wanted Breivik held accountable for his actions.[10] A second report concluded that Breivik suffered personality disorders but that he was not psychotic and subsequently should be held accountable for his actions.[10] Due to the conflicting reports it was left to the court to decide whether Breivik should be sent to prison or a secure psychiatric unit.[10]

This highlights the apparent difficulty of assessing psychiatric patients. Diagnosis is subjective and based on observations and interaction with the patient at a specific time. Unfortunately, there are no physical tests that can confirm a diagnosis. Strict legal criteria are in place for a plea of insanity to be considered and these reports were challenging this legal definition in Norway.[11] The debate surrounding Breivik's mental state is whether he was psychotic at the time of committing the crime or suffers from a personality disorder and is thus accountable for his actions. Latterly, it seems that the debate is whether fanaticism, which Breivik presents through his extreme beliefs, is a form of madness comparable to being delusional.[12]

Norway and the United Kingdom (UK) have different legal systems and although Norwegian courts can disregard forensic psychiatry reports it is rare for them to do so.[11] Due to Norwegian law the question of psychosis is crucial. Within the UK, for a plea of criminal insanity to be considered Breivik must have carried out the killings specifically because of his psychosis or he would have to serve a jail term.[12] Breivik has stated he was aware what he was doing was illegal and so in the UK it would be unlikely that he could use this plea. The Norwegian legal system differs and if the accused was psychotic at the time of the incident that makes him exempt from punishment regardless of whether psychosis was the direct cause of his actions.[12-13] This area of Norwegian law has been debated in the past and Breivik's case has once again brought this debate to the for-front of criminal law. Fundamentally the problem come down to the definition of insanity.

Editors Note:- On the 24th of August Brevik was sentenced to 21 years in jail after the court concluded that Brevik was sane at the time of his offence.[13]

Conclusion

As medical students and future doctors it is inevitable that we will be involved with the care of patients currently within or previously involved with the criminal justice system. Being aware of the physical and mental health risks and the barriers to accessing care is key for

this group of patients to effectively address their healthcare needs. Ill health, whether mental or physical, does not happen in isolation and social exclusion, unstable social relationships, unemployment and homelessness all contribute to a patient's overall state of wellbeing. A holistic approach is especially important in these cases to promote recovery. Planning, continuity of care and integration between different service providers needs to be addressed to help tackle complex problems presented by service users and to allow the good work to continue when they leave prison. The prison environment presents its own set of specific challenges and is an interesting and stimulating environment to work in. Indeed, the recent case in Norway highlights some of the inherent challenges within this field.

Lastly, I return to my original question: are these people a prisoner or patient? As doctors we have a duty of care to each person we meet. When working in the prison environment we must always remember that these people are patients first and prisoners second, our priority is their health and the fact that they are incarcerated at the present time should not affect the delivery of healthcare.

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Acknowledgements

The author wishes to thank Dr Audrey Morrison (Consultant Psychiatrist, NHS Tayside) for her support in an application to the Royal College of Forensic Psyhciatry for support to attend their annual conference earlier this year.