Forensic Mental Health and Prison Risk Management

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Overview

1. Psychiatric morbidity data
2. Risk management and minimisation in prisons
3. Segregation and restrictive environments
4. Research considerations
5. Correctional management policy and practice implications

1. Psychiatric morbidity among incarcerated populations

- Of the roughly 15,000 people with major mental illnesses in Australian institutions during 2001, around one-third were in prisons (Australian Institute of Criminology)
  - Rates of the major mental illnesses, such as schizophrenia and depression, are between three and five times higher in offender populations than those expected in the general community (Australian Institute of Criminology)
- Mullen, Holmquist and Ogloff (2003) - an extensive review of existing Australian epidemiological data - collated datasets to arrive at composite prevalence data
  - They reported that 13.5% of male prisoners, and 20% of female prisoners, had reported having prior psychiatric admission(s)
  - The same study found that "up to 8% of male and 14% of females in... (Australian) prisons have a major mental disorder with psychotic features"
- A Singaporean investigation of the prevalence and comorbidity of Axis I and Axis II disorders in a population of incarcerated offenders offenders (Oon Jit Hui, 2012) reported the following:
  - *N* = 594 valid MCMI-III profiles (total *N* = 1,123 – sentenced prisoners)
  - 11.3% no clinical features
  - 5.1% Axis I clinical features only
  - 8.4% Axis II clinical features only
  - 83.7% Axis I and Axis II comorbidity

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1. Psychiatric morbidity among incarcerated populations

- Butler and Allnut (2003) - the prevalence of mental illness in the NSW correctional system is substantial and consistent with international findings
  - The twelve-month prevalence of 'any psychiatric disorder' (e.g., psychosis, anxiety disorder, affective disorder, substance use disorder or personality disorder) identified in the NSW inmate population was substantially higher than in the general community (74% *vs.* 22%).
- Brugha et al (2005)
  - Large scale study in the UK comparing psychosis prevalence rates obtained from prison and household population surveys (13,250 adults) confirmed that rates in prison are about 10 times higher.
- Vicens et al (2011) – study of 707 male prisoners in Spain
  - The lifetime prevalence of mental disorder was 84.4%. Substance use disorder (abuse and dependence) was the most frequent disorder (76.2%) followed by anxiety disorder (45.3%), mood disorder (41%) and psychotic disorder (10.7%). The period (last month) prevalence of any mental disorder was 41.2%
  - Anxiety disorder was the most prevalent (23.3%) followed by substance use disorder (abuse and dependence; 17.5%), mood disorder (14.9%) and psychotic disorder (4.2%).

Correctional centre locations in Queensland

Lotus Glen

Townsville

Capricornia

Maryborough

Woodford

Darling Downs

Numinbah

Palen Creek

- Arthur Gorrie
- Borallon
- Brisbane
- Brisbane Women's - Helana Jones
- Wolston

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Southeast Queensland
Prison Mental Health Services (2010)

- Queensland prison population >5,500
- Southeast QLD *Prison Mental Health Service* - 8 prisons
- 8,000 receptions per year into those prisons
- 4,000 triaged per year
- ≈1,000 open cases - approx. 20% of the prison population
  - note Axis II disorders not treated

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Mental Disorders in Australia

Prisoners v Community

	% Prisoners (n=916)	% Community (n=8168)
Psychoses	7.0	0.7
Any Anxiety Disorder	37.9	11.4
Depression	25.1	8.9
Bipolar Disorder	3.5	0.8
Any Substance use disorder	65.7	18.0
Any personality disorder	43.1	9.2
Any Disorder	80.3	30.5

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2. Risk Management and Minimisation

- Risk management in secure custody
  - escape risk management
  - suicide/self harm risk management
  - staff safety risk management
  - duty of care and prisoner safety risk management
- Protecting the community and political fortunes
- Critical background factors (in Australia)

Royal Commission into the Aboriginal Deaths in Custody

Custodial Health and Safety

- **Recommendation 122:**
- That Governments ensure that:
  - Police Services, Corrective Services, and authorities in charge of juvenile centres recognise that they **owe a legal duty of care** to persons in their custody;
  - That the standing instructions to the officers of these authorities specify that each officer involved in the arrest, incarceration or supervision of a person in custody has a legal duty of care to that person, and **may be held legally responsible** for the death or injury of the person caused or contributed to by a breach of that duty;

3. Segregation and Restrictive Environments

- Early studies of segregation effects investigated conditions more closely resembling sensory deprivation and isolation - current segregation conditions in developed countries usually are more humane but still highly restrictive

- Detrimental psychological effects documented in research dating from the 1960s include severe anger, anxiety, depression, phobic reactions, hallucinations, somatic complaints and lowered self-esteem

- Metzner and Fellner (2010)
  - prolonged segregation of inmates with serious mental illness violates basic tenets of mental health treatment
  - clinicians generally agree that placement of inmates with serious mental illnesses in settings with 'extreme isolation' is contraindicated because many of these inmates' psychiatric conditions will clinically deteriorate or not improve
  - furthermore, experience demonstrates that prisons can operate safely and securely without putting inmates with mental illness in typical conditions of segregation.

4. Research Considerations

- Typically research into morbidity in prison populations is confined to Axis I disorders – the issue of severe personality disorders (and/or psychopathy) and offending may be even more contentious, complex, and urgent
- Quite a large volume of research employing widely varying methodologies (Mullen, 2001)
  - causal associations often unclear
  - focus on single points in time with often highly selected groups
  - rarely proceeding from bivariate to multivariate analyses (e.g., taking into account effects of social background cultural context and so on)
  - use of appropriately established control groups is rare
  - sample recruitment may create problems of generalisability (e.g., by excluding those at high risk of offending, or by specifically selecting those at high risk of offending)
  - widely differing methods of ascertaining criminality and violence, and of ascertaining mental disorder (e.g., catch all categories)
  - effect sizes and practical significance – problems in moving from reports of significant associations, relative risks, odds ratios, and effect sizes, to clinical and public policy implications
- Practical and ethical impediments

5. Correctional management policy and practice implications

- Overarching reform of mental health legislation to support diversion of mentally ill persons from the criminal justice system
  - increased resources directed to mental health courts and tribunals and to establishment of secure mental health treatment facilities
  - increased community-based facilities and programs

- Mental health training programs for custodial staff – managers, supervisors, officers

- Development of innovative correctional management policies and procedures governing segregation and restrictions
  - recognise that applying "one size fits all" procedures is ultimately neither cost effective nor humane
  - use of sophisticated offender management plans and protocols designed to limit restrictions (within segregation) while effectively managing risk
  - appropriate in-service training of correctional psychologists and managers such that segregation and restriction practices can be informed by high levels of professional discretion, particularly in the case of management of offenders with mental illness

Thank you

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