

# **World Psychiatric Association**

## **Prisoner Mental & Public Health Care Curriculum**

### **Background**

As a group, prisoners have a tendency not to engage effectively with healthcare services while they are in the community because they have so many other competing priorities. Other priorities may include access to adequate finance, finding a place to sleep that is dry and safe, having sufficient food for themselves and their families, or the need to meet existing addictions. However, as a group, they present with high levels of health morbidity across domains of physical and mental health and addictions.

It is widely established that screening people for healthcare conditions at the point when they are received into prison can assist in identifying a range of medical conditions. Although the process has limitations, the practice of screening is recommended internationally.

After screening has taken place, healthcare services are meant to be provided in prisons to the same extent and quality as would be available in the community, yet across the world, there have often been problems in ensuring the adequacy of prison healthcare systems. Prison healthcare departments have often lagged behind regarding funding, and many countries have reported problems with the quality and consistency of delivery. Also, issues with training and continuous professional development are often cited as problematic in this area.

This curriculum has been prepared to assist countries in ensuring that systems are in place for the effective training and continuous professional development of staff. It is meant to assist those who design such programs for local use.

## **Aims of Training in Health of People In Prison**

### **Target Audience:**

The aim of this curriculum is to make recommendations for the adequate training of medical students, registered multi-disciplinary health care staff-in-training and prison operational staff, and to address the effective continuing professional development of trained mental health staff who work in prisons.

### **Purpose**

#### **Medical Students and Registered Multi-Disciplinary Health Care Staff in Training:**

To inform and equip medical students and registered multi-disciplinary health care staff with a better understanding of the morbidity and the mortality of people who are, or have been, in prison. This is to ensure that people in prison are provided with optimum clinical assessment, informed diagnosis and access to appropriate evidence-based clinical services to meet their immediate and public health needs best.

To inform and inspire medical students and registered multi-disciplinary health care staff-in-training to pursue a clinical career involving the care of people in prison.

To provide medical students and registered multi-disciplinary health care staff-in-training with an understanding of the health and care of people in prison. This should give them sufficient confidence to speak out when they are aware of sub-optimum service delivery and prison systems that are in contravention of the 2015 Nelson Mandela Rules<sup>1</sup> (the UN Standard Minimum Rules for the Treatment of Prisoners).

The high levels of mental and physical ill-health amongst people in prison necessitate that prison health care professionals have excellent knowledge of the presentation of mental and physical illness in this population, and the evidence-base for its treatment.

Awareness that custody may precipitate mental ill-health or cause a deterioration in existing mental health disorders, especially depression or psychosis, leading to a vulnerability to suicide.

Ability to identify vulnerability to suicide, understand its relevant predisposing factors in custody, and implement evidence-based treatment as required as part of a prison multi-disciplinary team to keep individuals safe from harm.

To understand how the parts of correctional systems inter-relate, and how people move from one part to another (e.g. from arrest, through police custody, into courts and prisons).

To understand the core role of mental capacity throughout the process of their trial and conviction, and any subsequent sentencing arrangements.

To identify and understand the range and scope of healthcare services that are available to manage people whose mental health disorders cannot be effectively managed in prison. In some countries, this will require transfer to a psychiatric hospital where treatment can be initiated, while in others mental health treatment is permitted in prison settings using appropriate mental health legislation.

To have an awareness of the desire by some people in prison for illicit medication, especially if addictions are ineffectively treated, and of the possible trading of medication.

To have an awareness of drug interactions associated with prescribing for those who present with co-morbid conditions (e.g. substance misuse and psychosis).

To understand that clinicians working in prison must be competent in all aspects of work, including management, research, and teaching. Professional knowledge and skills should be up-to-date, and clinicians should work within the limits of their competence.

### **Prison Operational Staff:**

To provide operational staff with an understanding of the work, potential remit and possible constraints faced by health care professionals working in prison, so that both teams of staff can work well together with mutual respect for each other's areas of knowledge and expertise to secure the best possible outcomes for individuals in their care.

To inform and equip prison operational staff with a better understanding of the morbidity and mortality of patients in prison, to enable them to identify when people require health care referrals. This includes identifying signs of acute mental and physical illness to facilitate urgent health care referrals when necessary.

To ensure that prison operational staff understand the importance and practice of clinical confidentiality in the effective multidisciplinary management of people in prison. Information obtained from patients is considered confidential unless disclosure is justified in the public interest (e.g. when there is a risk of serious harm to the individual, or to others).

To understand that people in prison who are withdrawing from alcohol or substances, or who are suffering from physical ill-health such as epilepsy, asthma, or diabetes, can be more safely and effectively managed, with a reduced risk of exacerbation or need for emergency intervention, when operational staff understand their medical condition and need for regular medication.

To ensure that prison operational staff are aware of the potential currency of various types of medication and the consequent bullying and intimidation that may occur to obtain this medication from some more vulnerable individuals.

To ensure that operational staff are sufficiently trained to prevent or reduce bullying, intimidation and illicit drug usage.

To ensure that operational staff understand the risks to physical and mental well-being when individuals are placed in conditions of seclusion, and the need for regular monitoring by health staff of those who have been secluded.

To ensure that operational staff are aware of vulnerability to suicide, including how to identify and manage risk and ensure the effective multidisciplinary management of such individuals.

To ensure that operational staff understand the importance of acceding to health care staff recommendations when they perceive that an individual requires immediate removal from seclusion in prison, or transfer to hospital for urgent medical treatment.

To have awareness that custody may precipitate mental ill-health or cause a deterioration in existing mental health disorders, especially depression or psychosis, leading to a vulnerability to suicide.

To ensure that operational staff can identify vulnerability to suicide, understand its relevant predisposing factors in custody, and implement evidence-based management as required, as part of a prison multi-disciplinary team to keep individuals safe from harm

To understand how the parts of correctional systems inter-relate, and how people move from one part of the system to another (e.g. from arrest, through police custody, into courts and prisons).

To understand the core role of mental capacity throughout the process of their trial and conviction, and any subsequent sentencing arrangements.

To inform prison operational staff about the health and care of people in prison to give them sufficient confidence to speak out when aware of sub-optimum health care delivery and any prison matters that are in contravention of the 2015 Nelson Mandela Rules<sup>1</sup> (UN Standard Minimum Rules for the Treatment of Prisoners).

### **Trained Mental Health Staff Working in Prison:**

To ensure that trained mental health staff working in prison have knowledge, expertise and current clinical competence in the assessment, diagnosis, and treatment of people with mental health disorders. To further ensure that they are aware of clinical management practices and that they are encouraged to undertake prison-based research and to train other healthcare and operational staff, working within the limits of their competence.

To provide effective leadership within the prison mental health team, and be a health professional who commands the respect of other staff, no matter the discipline.

To have a clear understanding of the work, potential remit and possible constraints of operational staff working in prison so that both teams of staff can work well together, with mutual respect for each other's areas of knowledge and expertise to secure the best possible outcomes for individuals in their care.

The high levels of mental and physical ill-health amongst people in prison necessitate that prison health care professionals have excellent up-to-date knowledge of the presentation of mental and physical illness and the evidence base for its treatment.

To have an awareness that custody may precipitate mental ill health or cause a deterioration in existing mental health disorders, especially depression or psychosis, leading to a vulnerability to suicide

To have an ability to identify vulnerability to suicide, understand its relevant predisposing factors in custody, and implement evidence-based treatment as required as part of a prison multi-disciplinary team to keep individuals safe from harm

To understand how the parts of correctional systems inter-relate, and how people move from one part of the system to another (e.g. from arrest, through police custody, into courts and prisons).

To understand the core role of mental capacity throughout the process of their trial and conviction, and any subsequent sentencing arrangements.

To identify and understand the range and scope of healthcare services that are available to manage people whose mental health disorders cannot be effectively managed in prison. In some countries, this will require a transfer to psychiatric hospital where treatment can then be initiated, while in others mental health treatment is permitted in prison settings using the appropriate mental health legislation.

To understand and be aware of the desire by some people in prison for illicit medication, especially if their addictions are inadequately treated, with the possible trading of medication

To have an up-to-date awareness of drug interactions associated with prescribing for people who present with co-morbid conditions (e.g. substance misuse and psychosis).

To be competent in all aspects of work, including management, research, and teaching, with professional knowledge and skills that are up-to-date, working within the limits of their competence.

To ensure that trained mental health staff working in prison have knowledge of the 2015 Nelson Mandela Rules<sup>1</sup> (UN Standard Minimum Rules for the Treatment of Prisoners) and the confidence to speak out when they are breached.

## **All Staff - Core Curriculum**

### **Significant Numbers of People Imprisoned Worldwide:**

To understand the variations and trends in imprisonment across the world<sup>2</sup>, of which the following are provided by way of example:

There have been substantial changes in the world's prison population since 2000, with a growth of 15% in the numbers of people detained during the pre-trial, or remand, period. This figure shows considerable international variation, having fallen in Africa (-20%), increased in the Americas (+60%), increased in Asia (+34%), fallen in Europe (-42%) and increased in Oceania (+175%).

To have an awareness and understanding of international differences in the nature and resourcing of Correctional systems throughout the world. Different legislative and correctional approaches (including the organization, aims and remit of the police and judiciary, and the availability of alternatives to imprisonment) strongly influence the numbers detained in prisons. In some countries, imprisonment may reflect a wider lack of resources within public sector organizations, or the priorities of a political regime.

### **People who are incarcerated across the world:**

All staff should be aware of some of the reasons why people are detained in prisons throughout the world, including the following groups:

- *People who have contravened civil or criminal law - sentenced and remanded prisoners*

Prison contains those who have allegedly contravened, or have been found guilty of a criminal act that contravenes, the criminal laws of a country. Imprisonment should be a reasonable punishment for the offence.

- *Prisoners of conscience*

Prisoner of conscience are those who have been imprisoned because of their race, sexual orientation, religion, or political views, who may sometimes be imprisoned and persecuted for the non-violent expression of their conscientiously held beliefs.

- *Political prisoners*

Political prisoners are people who may be persecuted within a society for political reasons. This is often with the aim of reducing their ability to play a role in the political life of the society, and it has the effect of reducing their standing among fellow citizens.

### **Death penalty:**

Almost 70% of all countries have abolished the death penalty, either in law or practice. Of the remaining 58 countries that continue to use the death penalty, it is known that 22 completed executions in 2014.

There is an absolute prohibition on all healthcare professionals engaging in acts that may constitute torture, or otherwise cruel, inhuman or degrading treatment or punishment, and this includes the administration of lethal injections as part of a death sentence.

### **Socio-demographics:**

People who come into contact with Correctional Systems disproportionately come from poor and marginalised backgrounds. The social stigma of criminalization may create an inter- generational cycle of deprivation that people find it hard to break out of. All staff should be aware of the range of potential sanctions available to the State (including, for example, imprisonment or community orders), and of ways in which some of these

sanctions might help people break out of a cycle of crime and poverty (e.g. through community orders with treatment conditions).

All staff should have an awareness and understanding of the socio-demographics of particular groups of people found in prisons, as follows:

### *Children*

Between 2004 - 2006 and 2011 - 2013, the numbers of children in prison across the world reduced from 12 to 10 per 100,000. Thousands of these children are living in prison with their parent, mostly their mother.

### *Older people*

Recent studies have also shown that penal systems are seeing a rising number of older prisoners across much of the world. Clinicians providing care for older people in prison need to be aware of the multiplicity of physical and mental ill health in this age group, including the presentation and management of degenerative neurological conditions.

### *Women*

The population of women and girls held in prisons across the world is over 700,000. The levels of this group have grown quicker than comparable male prison population levels, increasing by approximately 50% over the last 15 years. In some countries women may be more likely to experience discrimination, being more likely than men to be imprisoned for first offences.

### *Mothers and babies*

A number of babies and children are incarcerated with their mothers worldwide. The Mandela Rule 28 provides standards for their care, including special accommodation for pre-natal and post-natal care and treatment. Wherever possible, arrangements should be made to allow children to be born outside the prison in a hospital setting. The clinical care of the child should be independent of the parent.

## **Epidemiology:**

The risks of having serious psychiatric disorders are substantially higher in prisoners than in the general population. Prisoners present with an excess of mental health problems, including psychotic illnesses, major depression, post-traumatic stress disorder, personality disorder, and neurodevelopmental problems (including intellectual disabilities and attention deficit hyperactivity disorder). Drug and alcohol dependency are highly prevalent amongst people in prison, with addiction often being a precipitating factor for offending behaviour. People with substance misuse dependency often present with co-morbid mental health problems such as psychosis, affective disorder, or personality disorder

Many people in prison have significant physical health issues, such as cardiovascular, respiratory or liver disease. Many physical health issues are caused by unhealthy lifestyles, such as smoking, drug, and alcohol misuse, injecting substances and poor diet. The opportunity for preventative medicine is enormous at every point along the correctional pathway, and at every age.

Healthcare providers must consider the implementation of public health measures for communicable diseases such as the implementation of universal vaccination programs, the identification and treatment of Blood Borne Viruses, Sexually Transmitted Diseases and TB. Prison implementation of preventative measures for non-communicable diseases is equally important.

Important public health measures include smoking cessation programs, cholesterol and lipid lowering initiatives and the detection and treatment of hypertension, all with the aim of reducing the burden and effects of cardiovascular and cerebrovascular disease, pulmonary disease and cancer. Smoking cessation can be a very useful intervention in the effective management of alcohol and substance misuse, and in reducing passive smoking in families with its influence on reducing childhood asthma.

### **The Nature of Prison Health Care Conditions throughout the World:**

Clinicians should obtain skills in the clinical assessment and treatment of people in prisons. These skills should be framed by an understanding of the links between early trauma and victimization, psychopathology and mental disorder, and associations with criminal behaviour. These skills should also be complemented by a strong understanding of criminal justice system operations, both at a global and a local level.

Many prisoners receive healthcare of an inferior standard to that which is available in the community, if they receive healthcare services at all. Ill-health may be contributed to, or caused by, neglect, unhygienic conditions, lack of access to healthcare services, or inadequate control of infectious disease (e.g. HIV, TB).

Providing medical care, including preventative medicine, not only contributes to the health of individual detainees, but also to the protection of the wider public's health because the vast majority of prisoners will eventually return to the community.

All staff working in prison should be aware that:

- People in prison have the same right to healthcare as those in the community;
- Prisoners should receive effective healthcare, and prison conditions should promote the well-being of both prisoners and prison staff;
- Healthcare staff must ensure that people in prison are primarily patients and not prisoners;
- Healthcare staff must have the same professional independence as their colleagues who work in the community;
- Public health policies in prisons should be an integral part of a country's national health policy. The administration of national public health arrangements should be closely linked to health services administered in prisons;
- Prison healthcare staff should include multi-disciplinary specialists in primary and secondary health care;
- Prison health care staff will practice evidence-based medicine and have sufficient professional integrity to recommend and ensure swift transfer of patients to hospital as required;

- The regular mental health and physical assessment and treatment of those in segregation is an essential part of good clinical prison practice. Clinicians must have the confidence to recommend and ensure that an individual leaves seclusion when there is evidence that if continued it will have a deleterious impact on physical and or mental well-being;
- The identification and effective multi-disciplinary management of people who are vulnerable to suicide is an essential competence for healthcare staff working in prison.

### **Mental health conditions:**

- It is essential for all staff working in prison to have an understanding of the main psychiatric conditions presenting in prison settings, including their relationship to earlier life trauma and victimization, and to presentations within prison settings. Clinicians must be competent to assess, diagnose and treat all mental health matters including:
  - Major mental disorders (e.g. bipolar disorder, schizophrenia)
  - Common mental disorders (e.g. depression, anxiety, panic)
  - Dual diagnosis and substance misuse co-morbidities
  - Neurodegenerative conditions (e.g. dementia)
  - Head injury (mild, moderate, severe) and its psychiatric consequences
  - Neurodevelopmental disorders (e.g. intellectual disabilities, autism spectrum disorders and attention-deficit hyperactivity disorder)
  - Suicide and self-harm risks
  - Risks to others (e.g. physical injury, including assault and homicide, and psychological injury)
  - Post-traumatic stress disorder
  - Personality disorders
- Knowledge of local systems and correctional pathways\*, and their relationships to community health services before and after imprisonment, including:
  - Health arrangements in local police stations and courts, from which prisoners are received
  - Screening arrangements on arrival in prison custody
  - Effective referral mechanisms between primary and secondary health care to include urgent care
  - Health care systems for triage and initial assessment
  - Multi-agency prison systems for managing risks (e.g. risks of self-harm, suicide, or harm to others)

- Processes for out-patient review
- Prescribing arrangements
- Systems for keeping and maintaining clinical notes
- Arrangements for the maintenance of patient clinical confidentiality, with the ability to share clinical information on a need to know basis with operational and other prison staff
- Systems for transferring prisoners between establishments, and for health care arrangements to ensure continuity of care on release into the community
- Knowledge of the social care needs of people in prison and on release into the community and how these needs should be met in both settings
- The range of other agencies involved in the individual's care and management (e.g. probation, primary care, specialist health teams)
- Effective knowledge of mental capacity and criminal responsibility and the confidence to provide specialist reports for courts when either are in doubt
- Effective knowledge of the country's mental health and mental capacity legal frameworks, and the competence to administer them appropriately and effectively in conjunction with other mental health professionals as required

\*It is understood that there are considerable international variations in the delivery of these local systems and pathways, including variations inside individual countries. To an extent, understanding these systems and pathways often requires the accrual of local knowledge that cannot easily be captured by a generic curriculum.

### **The UN Standard Minimum Rules for the Treatment of Prisoners:**

- In 2015, a revised version of the UN Standard Minimum Rules for the Treatment of Prisoners<sup>1</sup> was adopted by the UN General Assembly. They are known as the 'Nelson Mandela Rules' in honour of the late Nelson Rolihlahla Mandela, who spent 27 years in prison. All staff should be aware of these rules, which contain the following:
  - All prisoners shall be treated with the respect due to their inherent dignity and value as human beings.
  - Prisoners shall not be subjected to, and shall be protected from, torture and other cruel, inhuman or degrading treatment or punishment.
  - The safety and security of prisoners, service providers, staff, and visitors should be protected at all times.
  - Guidelines on accommodation, access to fresh air, exercise and sport, adequate nutrition, personal hygiene, clothing and bedding, sanitation, access to books, the practice of the individual's religion, education and recreation.

- The management of all types of prisoners shall be fair and humane including persons arrested or detained without charge, civil prisoners, prisoners under arrest or awaiting trial, and prisoners under sentence.
- States are responsible for ensuring that prisoners receive proper and appropriate clinical care and that general prison conditions promote their well-being and the welfare of staff.

### **Health Care Providers:**

Access to justice for all requires Correctional Systems to operate fairly and effectively. Prisons can be closed institutions, and they therefore require particular attention as regards external scrutiny, transparency, and good governance. Prisons can also be part of more inclusive societies if they create prospects for rehabilitation and the reintegration of offenders back into society.

Healthcare provision should be in accordance with Nelson Mandela Prison Rules 24- 35 which state that:

- Healthcare provision should be as good as that available in the community, accessed free of charge.
- Clinical decisions should only be taken by the responsible health-care professionals, and not be over-ruled or ignored by non-medical prison staff.
- Prison health policies should be an integral part of national health policy, and the administration of public health initiatives in prison should be closely linked to the health services administered in prisons.
- National suicide and violence prevention strategies should consider prison health.
- Prompt access to urgent medical treatment in an emergency.
- The relationship between the clinician and prisoners should be governed by the same ethical and professional standards as are in place for patients in the community, including the confidentiality of medical information.
- Health-care personnel do not have any role in the imposition of disciplinary sanctions or other restrictive measures and should visit prisoners daily when involuntarily separated from others so that they can identify the presence or deterioration of mental and physical ill health. If required, healthcare staff will provide prompt medical assistance and treatment, and provide advice on the termination of seclusion.
- Healthcare providers should ensure that robust policies are in place for the clinical management of the following situations:
  - Individuals may attend hospital for the investigation and diagnosis of physical disorders. Prison clinical and operational staff need to be aware that such clinical interventions are confidential matters. The use of restraints should be considered exceptional during clinical interventions, and consideration needs to be given to changing clinical conditions (e.g.

reduced physical capacity while a patient is dying, making restraint inappropriate).

- Prison clinical and operational staff need to consider the timely release of prisoners on compassionate grounds when their physical health is declining.
- Healthcare providers should be aware of custodial systems for appropriate independent clinical reviews of all deaths in custody. Such systems must be provided so that significant untoward events and poor clinical management can be recognized, and recommendations for improvements in care and lessons can be learned by both clinicians and operational staff.

### **References:**

- 1 UN General Assembly. (2015): The UN Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). *UN General Assembly*.
- 2 Walmsley, R. (2015): World prison population list. *London: Institute for Criminal Policy Research*.