

Prison Mental Health Service



December 2018

“a person suffering from a mental health problem or mental disorder subject to the criminal justice system has the right to assessment, treatment and rehabilitation appropriate to their mental health needs”
(Mental Health Statement of Rights and Responsibilities: Adopted by the Australian Health Ministers 1991)

West Moreton PMHS

- ❑ Based at The Park – Centre for Mental Health
- ❑ Is a component of Forensic & Secure Services
- ❑ Services:
 - Arthur Gorrie CC
 - Brisbane Women's CC
 - Brisbane CC
 - Southern Queensland CC
 - Wolston CC
 - Woodford CC
 - Borallon TCC
 - Palen Creek CC
 - Numinbah CC

QUEENSLAND FORENSIC MENTAL HEALTH SERVICE State-Wide Team



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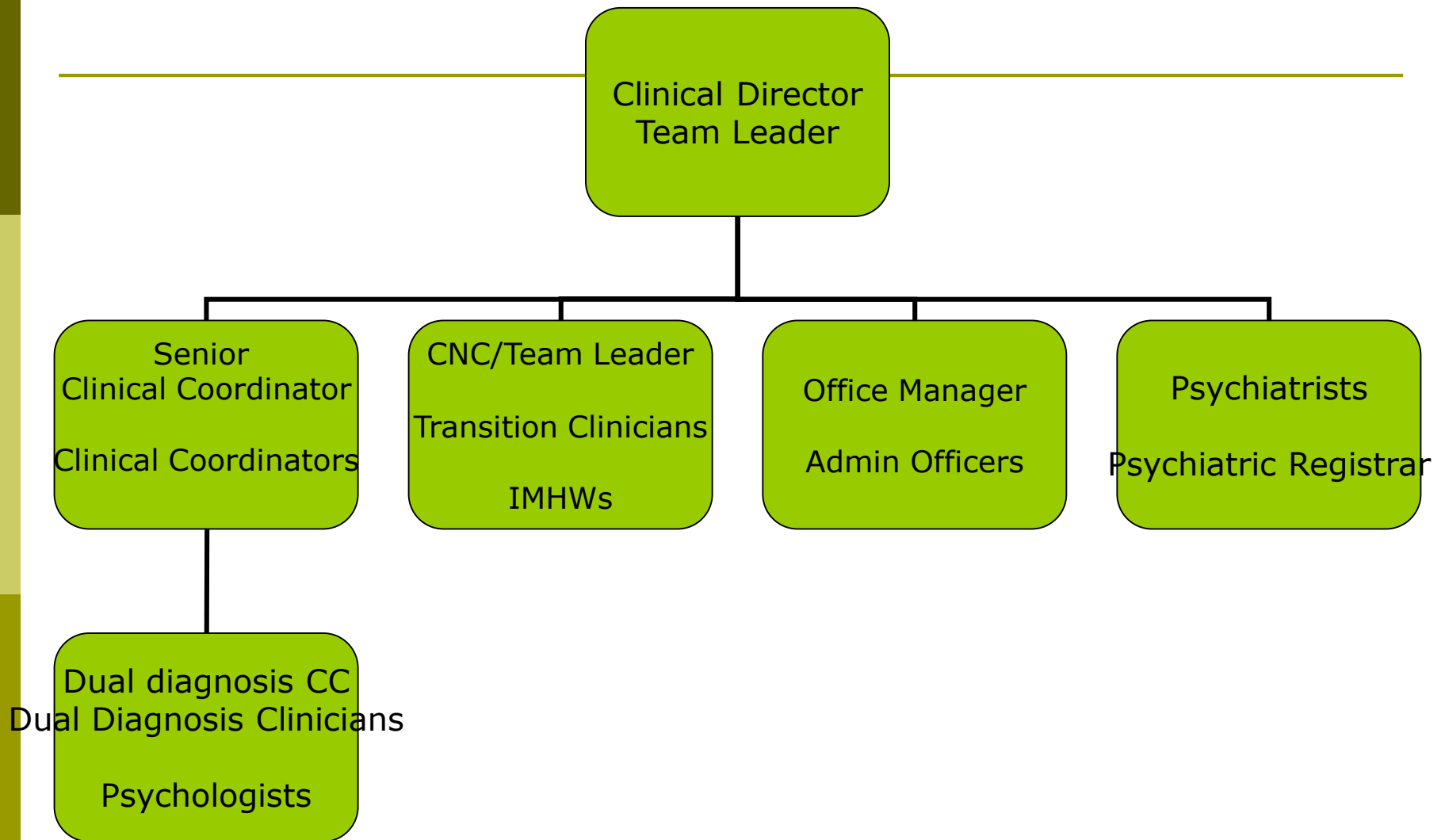


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**COMMUNITY
Mental Health Services**

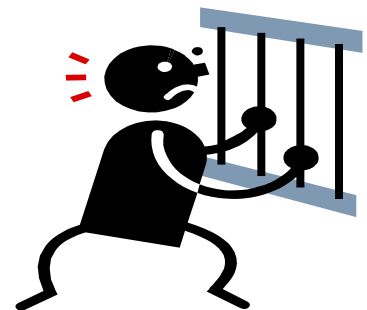
Staffing Profile



Prison Mental Health Service

Model of service based on equivalency to that provided by a community MHS

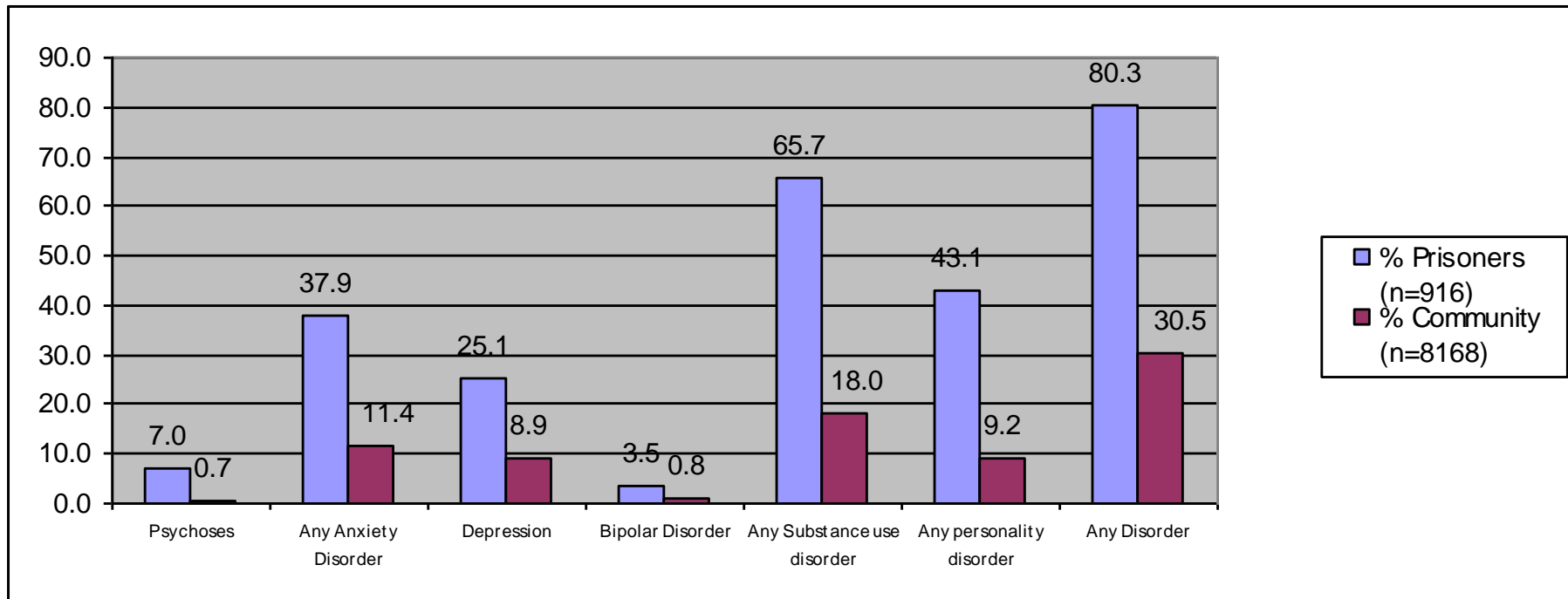
- ❑ *Not an AMHS*
- ❑ *Mental Health Act 2016*
- ❑ *National Statement of Principles for Forensic Mental Health*
- ❑ *Interaction & liaison with multiple organisations (DCS, Courts, Legal Reps, HHSMHS, QLD Parole Board)*
- ❑ *High Service demands*



Patient Profile Summary PMHS

- High Risk Group
- Considerable Treatment Needs
- High co-morbidity & Substance misuse
- High levels of social disadvantage
- Stigma

Mental Disorders in Australian Prisoners v Community (Butler et al, 2006)



Mental Health Care for those in Custody

1. Care while in custody
 - Assessment
 - Psychiatric treatment provided by psychiatrists
 - Psychological intervention
 - Psychoeducation
 - Specialist dual diagnosis intervention
2. Diversion
3. Referral to HSMHS/Primary Care/Private psychologist/psychiatrist
4. Transitional care to the community

Referral to PMHS

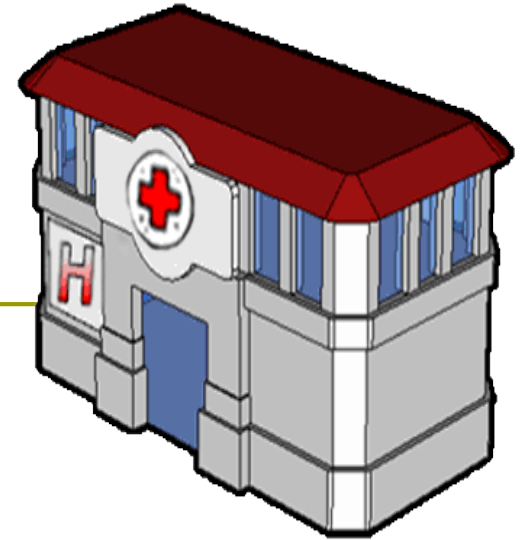
- PMHS receives referrals from:
 - OHS/PHS
 - QCS psychology/counselling sta
 - Court Liaison Service
 - Other Mental Health Services
 - Prisoners
 - Prisoner family members
 - QLD Parole Board
- Mandatory assessment of people charged with murder, attempt murder, arson & stalking



Referral process

- ❑ Referral given to Clinical Coordinator
- ❑ Triage and prioritised for assessment according to PMHS Triage Prioritisation Guide
- ❑ If Category 1,2 or 3 will be listed intake assessment
- ❑ May be returned to referrer for more information
- ❑ If Category 4 will be redirected to primary care services

Diversion



- ❑ Mental Health Act Queensland (2016) provides for assessment and treatment of patients in hospital setting based on clinical need and availability of beds.
- ❑ PMHS regularly makes 'recommendations for assessment' and 'transfer recommendations' to AMHS

Management in Hospital

- HHSMHS do not want adverse outcomes
- Recovery model
- Clinical decision making
- Risk screens
- ARMC
- Forensic Liaison Officers
- Approved leave (if not classified) on and off ground/escorted/unescorted

Critical Incidents during leave from an Australian Security Hospital – 12 year Audit (Russ Scott & Tom Meehan)

- ❑ Critical incidents between 2003 and 2015 relating to leave episodes
- ❑ 46 000 leave episodes
- ❑ 17 patients AWOP
- ❑ 2 patients re-offended
- ❑ 1 patient engaged in DSH
- ❑ 4 patients attempted unsuccessfully to flee from escorts
- ❑ 1 patient assaulted escort
- ❑ No patient committed a serious violent offence
- ❑ No patient committed suicide

Criteria for Transition Coordination

- ❑ Likely to be released within three months and due to their mental health problems have one or more of the following;
- ❑ A need for follow up with District Mental Health Services
- ❑ Limited chance of successful transition to the community without case management
- ❑ Continuing problematic symptoms
- ❑ Complex medication needs (eg clozapine) or potential compliance problems
- ❑ An admission, or recommendation for admission to hospital during incarceration

Referral profile

- ❑ Subset are eligible for Transition Coordination (TC) from PMHS (around 100+ per annum)
- ❑ Who does PMHS select for TC?
 - ❑ Significant mental health needs
 - ❑ Mental Health Act Status
 - ❑ Active Illness
 - ❑ Complex medication problems
 - ❑ Requires case management in community
 - ❑ Risk to successful transition of care
 - ❑ At risk of homelessness
- ❑ Subset of this group (-80%) are referred to RFQ

Questions
