91.   Identifying and Managing Vulnerability in Prison Custody

Identifying and Managing Vulnerability in Prison Custody

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This presentation will take a human rights-based approach to the identification and management of vulnerability in prison custody, as well as touching on the need to identify illness as early as possible within the offender mental health, or correctional, pathway. It will describe the global development of human rights instruments and reviews their usefulness in protecting the human rights of people who are detained in custodial settings across the world. It will also discuss the development of the World Psychiatric Association's recent position statements on prison public health and a recommended educational curriculum. These documents were developed with input from expert representatives from each of the world's continents, reflecting the sheer scale of the international challenges that exist. The role that health professionals can play in ensuring systemic improvements will then be discussed. There is some evidence that such improvements can be hard-wired into even the most highly resistant systems by adopting specific clinical practices and an emerging global consensus for these systems-based approaches will be reviewed.

Peer Support Schemes in Managing Vulnerable Prisoners

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The most recent review in the UK illustrated that the prevalence of all investigated mental disorders is higher in prisoners than in the general population. The prison environment is very challenging for prisoners and staff as they are overcrowded, noisy, tedious, and porous to illegal drugs. Prisoners are often confined to their cells for as long as 23 hours a day and access to purposeful activity is often limited. Safety in prison has therefore deteriorated rapidly during the last six years and in 2016 there were 120 self-inflicted deaths and 40,161 self-harm incidents reported in UK prisons, the highest on record. The notion that prisoners mutually support each other as part of daily interactions within the custodial setting has been known for many years and in recent times, formal peer interventions have also become an important feature of prison life based on the assumption that peer support are both effective and cost-effective at addressing prisoners' health and social need. There is a shortage of evidence of these types of intervention models in prison settings. This presentation will aim to contribute to this research gap and discuss how peer-led support schemes could have a successful impact on prison policy and practice.

Understanding the Impact of Restrictive Punishment Regimes on Self-Harm Behaviours

Karen Slade, *Nottingham Trent University* (karen.slade@ntu.ac.uk)

The use of restrictive regimes, such as segregation and isolation regimes, are commonplace in many prison and correctional services and used to control violent behaviour or as punishment for rule-breaking behaviours. However, these regimes are also a high-risk location for suicidal behaviours. Our understanding of the risks (especially self-harm and suicidal behaviour) posed by restrictive regimes and to whom remains unclear. A study aimed to explore how restrictive regimes may affect the risk of self-harm and which groups were most vulnerable to these regimes. The study utilized routinely gathered data from all residents in a UK prison (N = 650). This included demographic and offending information plus details of their experience of restrictive regimes and recorded refractory incidents during their imprisonment, including self-harm. Results confirmed that restrictive regimes are widely used for sub-groups of the prison population, including prisoners who self-harm but without a history of institutional violence. A sub-group of prisoners are vulnerable to increased use of highly lethal methods of self-harm whilst under restrictive regimes. The implications for our understanding of the impact of restrictive regimes and identification of those most vulnerable plus challenges to current prison practice will be discussed.

Vulnerabilities of Offenders with Autism Spectrum Disorders

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There is increasing recognition of people with autism spectrum disorders (ASD) across the criminal justice system. Prevalence studies of prisoners found rates of 1 to 4% for ASD with up to rates of 18% in specialist juvenile courts. More recently there has been an increasing recognition of the vulnerabilities of offenders with ASD, including their risk for self-harm behaviour and mental illness. In a study, 240 male prisoners were recruited in a prison in London and screened for an autism spectrum disorder using the AQ-20. Forty-six had significant autistic traits and 12 met the diagnostic threshold for ASD using the Autism Diagnostic Observation Schedule. This group of prisoners had significantly higher rates of depression compared to prisoners without neurodevelopmental difficulties (NDD) and were at greater risk for self-harm behaviours (15% v. 1.5% for prisoners without NDD). In order to support offenders with ASD at different points of their journey we need to improve and adapt approaches to the early identification of such offenders across the criminal justice system. This requires further research into the role of liaison and diversion services in supporting offenders with ASD to ensure their vulnerabilities are recognized early on in both the court and prison setting.

Identifying and Managing Intellectual Disability in Prison Custody

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Jane McCarthy, *London South Bank University*

In the UK, intellectual disability (ID) is not routinely screened for across the criminal justice system. The consequence is that people may not be identified and therefore will not receive the support they require. This study aimed to examine the mental health and offending characteristics of intellectual disability prisoners. The study used the LDSQ to screen 240 prisoners for Intellectual Disability and the MINI for mental health diagnosis and compared them to a group of prisoners without ID or significant traits of neurodevelopmental disorder. From those assessed (n = 65), 33 screened positive for ID. Of these, 18 met diagnostic threshold for ID. These were compared to 77 prisoners with no ND. Prisoners with ID were significantly more likely to have comorbid mental illness and 25% had thought about suicide in the last month and 63% had attempted suicide in the past. Prisoners with ID were also more likely to be housed in the vulnerable prisoners' wing and significantly more likely to have committed robbery than other prisoners. Equity of service for prisoners with ID needs to be a priority often this group in spite of increased vulnerability to poor mental health, self-harm, and suicidality.

92. Identifying Physical Health Problems in Severely Mentally Ill Patients and Their Management

Current Status of Research Ethics and Projecting Future Initiatives

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The ethics of human research and regulation have greatly evolved over the past 50 years. Balancing general welfare and individual rights have become the backbone of ethical regulations. The principles of respect for persons, justice, beneficence, and informed consent are the guidelines to protect the independence of human subjects in research activities. Regulations and guidance from the UK, USA, Canada, and European countries were compared. Initiatives for future improvements include: 1. Simplification of regulations; 2. Improvement in communication and engagement with all concerned parties; 3. Removing unnecessary barriers to producing evidence about safety and efficacy; 4. Harmonizing ethical regulations in research and minimizing the inequalities between countries throughout the world with the help of the W.H.O; 5. Removing concerns by making clear and solid regulations in the areas of genetic and stem cell research, and gender equality; 6. Respecting the cultural variation of native, aboriginal people worldwide; and 7. Enhancing the attention to research regulation ethics, governance, and