

## Correctional Mental Health: Current Evidence, Innovative Possibility

Mental health service delivery to prison inmates is a major focus for FMHS. Recent review of mental health care for prison inmates (Fazel et al, 2016) emphasized the need for systems of care for the identification of serious mental health problems, suicide and self-harm prevention programs, evidence-based psychological and pharmacological treatments and integrated substance misuse treatment. Further, they noted that research priorities must move on from more epidemiological studies to address profiling of need, and the development and evaluation of new treatments and systems of care. To address these and other aims, we have established a correctional network entitled I-CEIsMIC, the International Collaboration for Excellence and Innovation in Mental Health in Corrections.

### WORKSHOP DETAILS

This workshop will present some key issues in mental health service provision in prisons and develop collaboration in pursuing these interests. The workshop will be divided into 3 major sections:

#### 1. Care elements:

Core service elements that are needed for inmates with serious mental illness have been described (eg Ogloff, 2002) and recently elaborated on by the APA. We will review major care elements and what limited knowledge based on clinical trials of both pharmacological, psychotherapeutic programs and suicide reduction strategies.

#### 2. Organizing conceptual systems and evidence for effectiveness:

Two system models, critical time interventions and the sequential intercept, have been used in and evaluated to organize and prioritize particular tasks at particular timings of the person's passage through the criminal justice system. More recently we have integrated in prison services under the acronym STAIR (Screening, Triage, Assessment, Intervention, Reintegration) to emphasize these points. Evidence for the evaluation of these strategies and care pathways will be reviewed.

#### 3. Outcome measurement:

Only too frequently, service delivery is inadequate in the face of inmate need. Simple provision of service is inadequate to achieve necessary outcomes. Studies to address unmet needs and learnings from this will lead to discussion of the development of a shared indicator platform that can provide a basis for shared evaluation of innovation and different models of service delivery.

After discussing these themes, interest will be developed in sharing common problems and developing shared systems of learning and look for opportunities for developing future collaborative projects.

*Learning Objectives:*

- Learn about the key areas for clinical intervention that must be available for prison inmates with SMI, including evidence based in prison treatment systems
  - Become familiar with conceptual systems that integrate correctional service elements [Critical Time Interventions, STAIR]
  - Discuss key outcome measures that can be employed to evaluate the effectiveness
  - Develop interest in international collaboration in addressing service development and evaluation frameworks in prison mental health services
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Dr. Simpson, the Head of the Division of Forensic Psychiatry, University of Toronto and Chief of Forensic Psychiatry and Clinical Scientist at the Centre for Addiction and Mental Health, Toronto. He previously worked in New Zealand where he was National Director of the Psychiatric Morbidity Study in NZ Prisons, and was a co-investigator in screening tool development in NZ. He has led the development of a novel model of Correctional Mental Health Services (CMHS) in Ontario – integrating the STAIR model at the Toronto South Detention Centre, a 1650 bed prison.

Dr. Shaw is the academic lead for the Offender Health Research Network (<http://www.ohrn.nhs.uk>) focusing specifically on CMHS in the UK. She is Professor of Forensic Psychiatry at the University of Manchester and Clinical Director of Secure Services, Lancashirecare NHS Trust which includes provision of specialist in-reach mental health for seven prisons. Dr. Shaw developed a gold standard model of prison health care from a synthesis of available research evidence.

Dr. Ogloff is the Foundation Professor of Forensic Behavioural Science at Swinburne University of Technology in Australia and Director of Psychological Services and Research at the Victorian Institute of Forensic Mental Health (Forensicare), Victoria's statewide forensic mental health service. He is responsible for psychological services and research across the state: forensic hospital, prison mental health, community forensic and policing (family violence, extremism). Dr. Ogloff has extensive experience in the development, provision and evaluation of CMHS.

Dr. McKenna is Professor of Forensic Mental Health at the Auckland University of Technology and Auckland Regional Forensic Psychiatry Services, New Zealand. Dr.

Skipworth, is the Clinical Director of New Zealand's Auckland Regional Forensic Psychiatry Service and Honorary Clinical Senior Lecturer at the University of Auckland. Drs McKenna and Skipworth, developed and tested an explicit model of care (PMOC) for CMHS prisoners with Serious Mental Illness. This model has shown positive impact on detection (Pillai et al, 2015) and community re-integration indices (McKenna et al, 2014).

Dr. Forrester is a Consultant Forensic Psychiatrist currently full time at London's Wandsworth prison (the UK's largest prison). He is Honorary Senior Lecturer in Forensic Psychiatry at the Institute of Psychiatry, Psychology and Neuroscience, King's College London, and is the chair of the World Psychiatric Association's prison mental health taskforce. He has designed and developed services across 5 London prisons, courts and police stations in 4 South London boroughs.

Dr. Brink is Clinical Professor of Psychiatry, and Head, Forensic Psychiatry at the University of British Columbia. He is Vice President, Medical Affairs & Research for BC Mental Health & Substance Use Services that includes the Forensic Psychiatric Services Commission, an agency of the Provincial Health Services Authority in British Columbia. As of 2018, Dr. Brink will have direct responsibility for all health services, included mental health, in all 10 BC provincial prisons. Dr. Brink has developed and implemented evidence-based assessment and intervention models in federal prisons and provincial psychiatric in- and out-patient settings. He has extensive research and KT expertise including epidemiology and person-centered models of care in forensic populations.

Dr. Nicholls, a forensic psychologist, is Associate Professor and Distinguished Scientist BC Mental Health and Substance Use Services. She is also first author of a mental health screening tool used in several provincial and federal prisons in Canada. Drs. Brink and Nicholls are co-authors on a risk assessment and treatment planning measure, the START translated into 9 languages and used internationally in correctional, hospital, and community settings. It was recognized by Accreditation Canada as a leading practice in delivery mental health services to institutionalized populations and adopted by several Correctional Service of Canada sites.

Dr. Kennedy, is a consultant forensic psychiatrist and executive clinical director, National Forensic Mental Health Service, Central Mental Hospital, Dundrum, Dublin, and Clinical Professor of Forensic Psychiatry, Trinity College Dublin. He teaches forensic psychiatry and publishes research on the epidemiology of homicide and suicide, triage and recovery in therapeutically safe and secure pathways, neuroscience and violence, mental health law and human rights. Dr. Kennedy has been involved in the design, commissioning and transition to new forensic hospitals, twice in the last 25 years.