
Dr Jamie Walsh, Dr Damian Smith, Mr Philip Hickey, Mr Enda Taylor, Mr Martin Caddow, Dr Conor O’Neill
National Forensic Mental Health Service, Dundrum, Dublin 14

**INTRODUCTION:**

- The post-release period is associated with an increased risk of morbidity and mortality. [1]
- Previous studies have identified serious deficits in pre-release planning for mentally ill prisoners, particularly in remain settings. [2]
- The Quality Network for Prison Mental Health Services has identified contacting the new care co-ordinator/service provider within 14 days of release/transfer from prison as a key standard. [3]
- We have previously shown that it is possible for a relatively small team, in a busy remand prison to sustainably achieve effective identification of major mental illness and diversion to healthcare [4].
- This model enabled mentally ill prisoners to be mapped from the point of identification to discharge, but not whether referral to outpatient community settings or transfer to another prison was followed by successful transfer of care. We aimed to address this important issue for a “full” sample over an extended period.

**AIMS:**

- For men discharged from the PICLS (Prison Inreach & Court Liaison Service) caseload at Cloverhill prison during the years 2015-2017:
  1. We aimed to determine the proportion of patients who, after referral to inpatient services, community outpatient services, and to other prison inreach psychiatry services, achieved successful transfer of care (TOC).
  2. We aimed to explore the demographic, clinical, and service offering factors associated with successful transfer of care.

**METHOD:**

- This observational study was based in Ireland’s main male remand prison.
- Ethical approval was granted by the NFMS Ethics Committee
- Participants included all men discharged from the PICLS team at Cloverhill prison over three years (2015-2017).
- Successful TOC was defined as face-to-face review by the receiving service.
- This was confirmed by written correspondence/telephone call.
- Case summaries and letters were sent at point of discharge.
- We calculated the proportion achieving TOC within one month, after one month and those for whom TOC was not achieved.
- Demographic, clinical and diagnostic details were recorded for each remand episode at point of discharge.
- Data was analysed using SPSS version 27.

**RESULTS – TRANSFER OF CARE: TIMEFRAMES**

**Admissions:**
- Forensic admissions and General admissions were all achieved within 24 hours of release from remand prison.

**Prison Transfers:**
- 92% Prison transfers achieved TOC (152/166)
- 86% were seen within one month (142/166)

**Community Transfers to Psychiatry OPD (201) or GP (36)**
- 59% referrals to community OPD/GP achieved TOC (140/237)
- 40% were seen within 1 month (94/237)

**RESULTS – OUTPATIENT TOC ACHIEVED VS NOT ACHIEVED:**

**TABLE 1: OUTPATIENT TOC ACHIEVED VS NOT ACHIEVED**

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Discharges</th>
<th>Referred to follow-up mental healthcare in an outpatient setting (N=143)</th>
<th>Test for difference</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOC achieved within 31 days</td>
<td>N=94 (69.7%)</td>
<td>N=64 (90.4%)</td>
<td>22.1%</td>
<td>0.000</td>
</tr>
<tr>
<td>TOC not achieved, or after 31 days</td>
<td>N=143 (60.3%)</td>
<td>N=30 (21%)</td>
<td>3.9%</td>
<td>0.087</td>
</tr>
<tr>
<td>Age at first seen</td>
<td>Mean 32.7 (SD 10.9)</td>
<td>Mean 33.34 years (SD 9.31)</td>
<td>Mean 33.21 years (SD 12.17)</td>
<td>P=0.38</td>
</tr>
<tr>
<td>Active psychotic illness</td>
<td>267 (29.3%)</td>
<td>182 (26.6%)</td>
<td>37 (26.0%)</td>
<td>P=0.38</td>
</tr>
<tr>
<td>Diagnosis F20-31</td>
<td>304 (33.4%)</td>
<td>51 (35.4%)</td>
<td>66 (48.3%)</td>
<td>X² = 5.218</td>
</tr>
<tr>
<td>Severe mental illness</td>
<td>360 (39.5%)</td>
<td>108 (78.2%)</td>
<td>23 (32.9%)</td>
<td>X² = 1.275</td>
</tr>
<tr>
<td>Homeless</td>
<td>342 (37.5%)</td>
<td>103 (75.2%)</td>
<td>22 (31.9%)</td>
<td>X² = 0.005</td>
</tr>
<tr>
<td>Support Worker</td>
<td>361 (39.7%)</td>
<td>144 (104.1%)</td>
<td>27 (39.6%)</td>
<td>X² = 1.275</td>
</tr>
<tr>
<td>Lifetime substance abuse problems</td>
<td>817 (90.7%)</td>
<td>765 (559.1%)</td>
<td>54 (77.7%)</td>
<td>X² = 0.005</td>
</tr>
<tr>
<td>Violent index (current)</td>
<td>358 (39.1%)</td>
<td>184 (133.2%)</td>
<td>171 (247.8%)</td>
<td>X² = 1.275</td>
</tr>
</tbody>
</table>

**DISCUSSION/CONCLUSIONS:**

- Most patients attended their scheduled mental healthcare appointments on release to the community or prison transfer.
- Patients with diagnosis of ICD F20-31, homeless on committal and those supported by our Homeless Support Worker were more likely to achieve TOC to community outpatient services within 1 month.
- The great majority (86%) of prison transfers achieved TOC within one month.
- Successful transfer of care for mentally ill prisoners can be achieved from remand settings using a systematic approach with emphasis on early and sustained interagency liaison and clear mapping of patient pathways.

**REFERENCES:**