Transfer of care on discharge from prison mental healthcare: Outcomes for 911 consecutive discharges from a remand prison, over a three-year period (2015-2017).

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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 remand 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, service and offending factors associated with successful transfer of care.

METHOD:

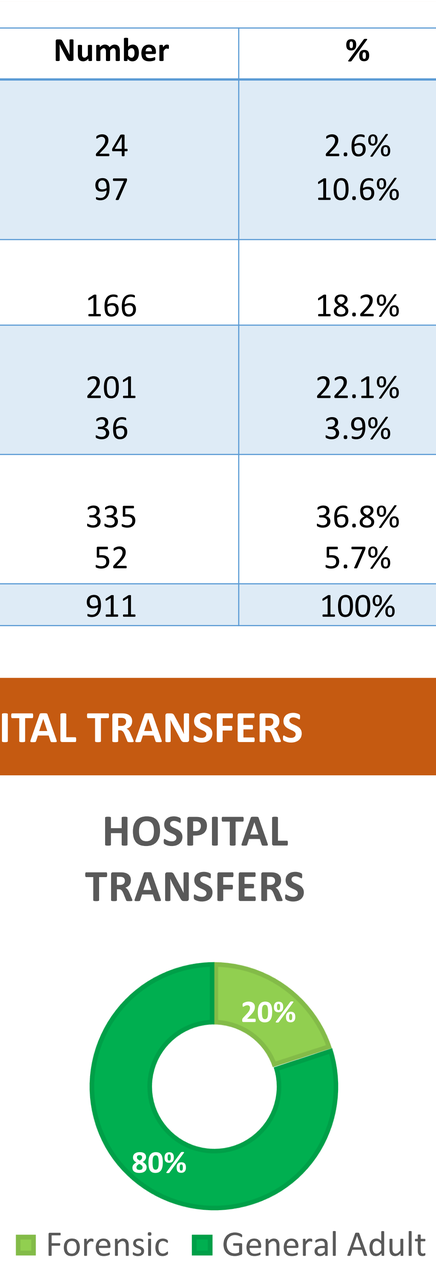
- This observational study was based in Ireland's main male remand prison.
- Ethical approval was granted by the NFMHS Ethics Committee
- Participants included all men discharged from the PICLS team at Cloverhill prison over three years (2015-2017).
- Successful TOC was defined as face-to face review 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 – REFERRAL OUTCOMES

Outcome	Number	%
Inpatient Admissions arranged:		
• Forensic admissions	24	2.6%
• General admissions	97	10.6%
Prison Transfers		
• Referred to inreach psychiatry	166	18.2%
Community Outpatient referrals		
• Community Psychiatry OPD	201	22.1%
• Community GP	36	3.9%
Not referred for mental health follow up:		
• Discharged to Prison GP/Addiction Services	335	36.8%
• Other (Information letter to GP/Deportation)	52	5.7%
Total	911	100%

RESULTS – DIAGNOSES, HOSPITAL TRANSFERS

ICD-10	Primary ICD-Diagnosis	N
F00-09 F10-19	Organic disorders	15 (1.6%)
	Substance Misuse	302 (33.2%)
F20-29 F30-39	Schizophrneniform	261 (28.6%)
	Mood Disorders	98 (10.8%)
F40-59 F60-69	Neurotic Disorders	17 (1.9%)
	Personality Disorders	148 (16.2%)
F70-98 Other	Mental Retardation/Dev	41 (4.5%)
	No Mental Illness	29 (3.2%)
Total	Discharges 2015-2017	911 (100%)



RESULTS – TRANSFER OF CARE: TIMEFRAMES

Admissions:

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

Prison Transfers:

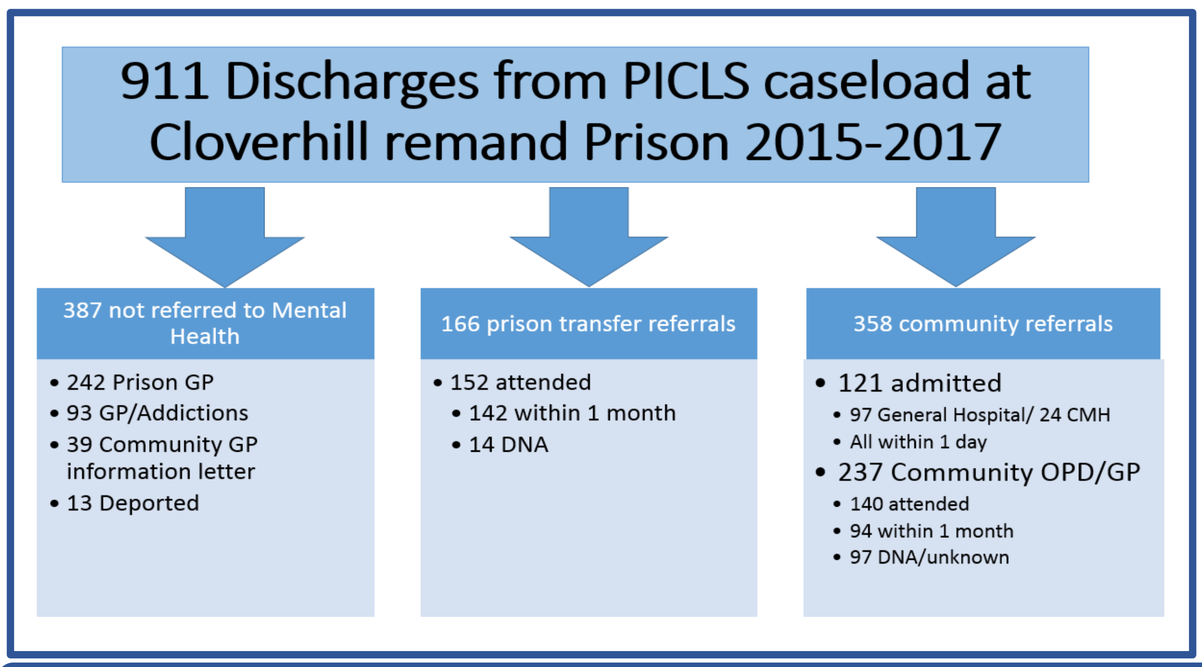
- 92% Prison transfers achieved TOC (152/166)
- 86% were seen within one month (142/166)

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:

Descriptor	Total discharges N=911	Referred to follow-up mental healthcare in an outpatient setting. (N=237)		Test for difference P value
		TOC achieved within 31 days N=94(39.7%)	TOC not achieved, or after 31 days N=143(60.3%)	
Age at date first seen	Mean 32.7 SD 10.9	Mean 33.74 years SD 9.31	Mean 33.21 years SD 12.17	t=0.38 P=0.71
Active psychotic symptoms	267 (29.3%)	36/94 (38.3%)	47/143 (32.9%)	X^2 = 0.735 P= 0.391
Diagnosis F20-31	304 (33.4%)	51/94 (54.3%)	56/143 (39.2%)	X^2 = 5.218 **P= 0.022**
Severe mental illness	360 (39.5%)	55/94 (58.5%)	73/143 (51%)	X^2 = 1.271 P= 0.260
Homeless	342 (37.5%)	57/94 (60.6%)	60/143 (42%)	X^2 = 7.918 **P=0.005**
Seen by Homeless Support Worker	161 (17.7%)	44/94 (46.8%)	35/143 (24.5%)	X^2 = 12.473 **P=0.000**
Lifetime substance abuse problems	817 (89.7%)	85/94 (90.4%)	134/143 (93.7%)	X^2 = 1.502 P=0.472
Lifetime DSH	538 (59.1%)	53/94 (56.4%)	87/143 (60.8%)	X^2 = 0.466 P=0.495
Violent index offence (current)	298 (32.7%)	18/94 (19.1%)	16/143 (11.2%)	X^2 = 2.925 P=0.087



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.

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