



University of
Hertfordshire



Camden and Islington **NHS**
NHS Foundation Trust

Flying Under The Radar

Dr. Abu Shafi^{1,2}, Core Trainee & PhD Student, Dr. Paul Gallagher³, SpR,
Dr. Neil Stewart¹, Consultant.

PICU, Camden and Islington NHS Trust¹; NPS Unit, Centre for Clinical and Health Research
Services, School of Life and Medical Sciences, University of Hertfordshire², East London NHS
Trust³

Workshop Today



- 3 case studies- 5 minutes.
- Discussion in individual groups- 5 minutes.
- Share with the whole group- 5 minutes.

But first...

The screenshot shows the Guardian website interface. At the top, there are navigation links for 'sign in', 'become a supporter', 'subscribe', and 'search'. The Guardian logo is prominently displayed, along with the tagline 'website of the year'. Below the logo, there are category links such as 'UK', 'world', 'politics', 'sport', 'football', 'opinion', 'culture', 'business', 'lifestyle', 'fashion', 'environment', 'tech', and 'travel'. The main article is titled 'Prison psychiatrists warn care is 'at breaking point'' and is attributed to 'Prisons and probation' and 'The Observer'. The sub-headline reads 'Shortage of officers means basic mental health provision is under threat'. The article features a photograph of a person in a dark hooded garment looking through prison bars. A quote from a respondent to the Royal College of Psychiatrists survey is visible: 'access to psychological interventions in prisons is limited or non-existent'. The article text states: 'Prison psychiatrists are feeling so frightened at work that many are finding it "impossible" to provide a basic level of care to inmates, according to the latest research to document the deteriorating conditions inside Britain's jails.' An advertisement for 'STUDY ABROAD' is also visible on the right side of the page.

Prison psychiatrists warn care is 'at breaking point'

Shortage of officers means basic mental health provision is under threat

Prison psychiatrists are feeling so frightened at work that many are finding it "impossible" to provide a basic level of care to inmates, according to the latest research to document the deteriorating conditions inside Britain's jails.

- “It is important that there is wider public recognition of the impossibility of delivering adequate health care in many prisons at present”.
- “Constantly swim against the tidal wave of overwhelming morbidity”.
- “Access to psychological interventions is limited or non-existent. Listener, chaplaincy and counselling services are at breaking point.”

Case 1

- Mr S, 31 year old male.
- Arrested for ABH- hurt mother during an argument at home.
- Interviewed by himself at length.
- Remanded to prison.
- Care Coordinator concerned cannot contact him – LD services.
- Family contact CC after 8 weeks and inform her of incident.
- Delay in being able to locate which prison he is in.
- After 12 weeks, mental health assessment.
- Court hearing after 16 weeks, charges dismissed.
- Released, housing lost, homeless.
- Attends A&E with first episode of self-harm.
- Commits suicide 3 months later.

Questions

- Did he have any specific needs?
- Can you identify any gaps in his care?

No One Knows

REPORT AND FINAL RECOMMENDATIONS

PRISONERS' VOICES

Experiences of the criminal justice system
by prisoners with learning disabilities
and difficulties

Jenny Talbot

PRISON
REFORM
TRUST

Diava
Innovative Help Materials
The Work Court Trust

Discussion

- 32% of offenders have LD.
- Likely to struggle with police questioning.
- Unlikely to be identified unless challenging behaviour demonstrated.

Discussion

- “No One Knows” (2008).
- < 33% of vulnerable people received support from an appropriate adult during police interviews.
- > 20% did not understand the circumstances of their detention.
- 5 X more likely- control and restraint procedures.
- 3 x more likely- time in segregation.

Case 2



Case

- Mr F – 32 year old gentleman.
- Attending Substance Misuse Service.
- Served 2 years of 3½ year sentence.
- Previous (treated) opiate dependence.
- Diagnosis of Bipolar Affective Disorder.
- Started using illicit Subutex before release
- Two previous overdoses.

Situation

- Released from prison.
- Attended the day of his release .
- Consented to liaison with Probation.
- Bailed to a hostel in another borough.
- Agreed to attend local pharmacy.
- Permission given for notes in prison to be shared.

Reality

- Collected one day's prescription.
- Didn't attend subsequent appointments.
- Feel off prescription.
- Reported Hostel cause him to start using.
- Moved back in with mother (Close to exclusion zone).
- Repeated attendance for restart and requesting Lofexidine for detox.

Outcome

- Six months later continues to use illicit substances.
- Not engaged with a treatment programme.
- Numerous missed appointments within the service.
- Attending appointments after being chased by probation.
- Still no information about BAD diagnosis.

Discussion

- Information sharing – Good points? Bad points?
- Motivational factors – Positive and negative aspects?
- Risk management – Inflexible or protective?

Case 3



Mr D

- 22 year old man
- Only child
- Grew up with his mother (never knew his father)
- No known family history of mental illness
- Attended schools in Islington and left age 16 with no qualifications
- Was sexually abused by a female friend of the family

Victim of Sexual Abuse

- From age 5-11 he was sexually abused on 10-20 occasions by his Godmother's young adult daughter

Drugs and Alcohol

- Started to drink alcohol in a binge pattern age 14
- Started to smoke skunk cannabis age 15
- Has continued to use skunk cannabis and alcohol on a regular basis
- Has used spice during the last year

Convictions

- Age 15-18 sexually abused a 8-11 years old boy on several occasions
- Convicted 4 counts of non-penetrative sex with a boy aged less than 13 and sentenced to 20 months in prison
- Served sentence in Feltham YOI

Convictions

- Age 22 (Oct 16) he assaulted two members of the public and was convicted of assault by beating
- A member of the public asked him for directions. Mr D responded by punching the man and when another man intervened he punched him too
- He was remanded to HMP Wandsworth then sentenced to s37 MHA

CJS Monitoring Arrangements

- On Sex Offenders Register
- Subject to monitoring by Jigsaw Police Officer

Other violence that did not lead to convictions

- August 2016 sexually assaulted a female nurse in mental health ward by grabbing her breast (resulted in transfer to PICU)
- August 2016 assaulted a male hostel worker by punching him in the stomach. He was arrested then detained under s2 MHA

First Presentation to Psych Services

- Age 22 August 2016. Depressed, anxious, unsure re sexual identity, ruminating about having been abused. Seen by Complex Depression and Trauma (CDAT) Team and diagnosed with mixed depression and anxiety

First Psychiatric Admission

- 9-19 August 2016 on s2.
- Reason for admission: unwanted advances towards a female shop assistant/stole drink
- Appeared mute and perplexed
- Admitted skunk use and UDS +
- Sexually assaulted female nurse during admission
- Mutism and perplexity resolved spontaneously
- Formulation: mood swings, identity uncertainty, interpersonal problems: EUPD
- Plan: referral to PD Services for assessment

Second Psychiatric Admission

- 30 August 2016-27 September 2016 S2
- Reason for admission: mutism, odd affect, spoke of wanting to decapitate someone, punched hostel worker and was evicted
- Skunk cannabis use
- On admission was mute for 5 days then symptoms resolved completely after mother visited
- discharged on no medication
- Formulation: ? feigned symptoms to evade prosecution

Unusual Behaviour Persisted

- 3 October 2016 police called to Mr D's mother's house. He was lying still on mother's bed with 'eyes fluttering' and not talking. Mother wanted him to leave her house and go to his hostel.
- When police arrived they found him mute but after an hour they returned him to his hostel and his behaviour became 'completely normal'

Third Psychiatric Admission

- January 2017-ongoing S37 transfer from HMP Wandsworth
- Reason for admission: assaulted 2 strangers in the street October 2016. Once remanded to prison he was mute, stared oddly, perplexed and disinhibited eg masturbating in full view of others
- Cannabis and spice use
- Symptoms persisted unchanged October 16-January 17.
- Started on zuclopenthixol decanoate and mutism gradually diminished. Became warmer and interactive
- Formulation: schizophrenia

Services Involved

- CDAT
- Supported accommodation
- Jigsaw Police Officer
- Probation
- Personality Disorder Services
- Inpatient mental health services
- Prison

Questions

- How did the formulation of his difficulties influence the type of assessment and treatment he received?
- How could mental health and criminal justice services have managed him better?

**THANK YOU FOR
ATTENDING OUR
WORKSHOP**