



Mental Health Primary Care in Prison

World Health Organization
London: Royal Society of Medicine Press Ltd., 2002, 47 pp,
ISBN 1853155233

The current reform of prison health care is founded on a health care partnership established between the Prison Service and the National Health Service (NHS) in 2000. This partnership is designed to ensure that prisoners have access to the same range and quality of health care services as the general public receives from the NHS. Psychiatric morbidity is prevalent among prisoners. Most of those in prison with mental health problems, including the majority with complex treatment needs, are managed in prison primary care.

Mental Health Primary Care in Prison is the first, and as far as I am aware, the only mental health guide for primary health care staff working in prisons. It began life as the diagnostic and management guidelines for mental disorders in primary care, published in 1996 by the World Health Organization. These guidelines were adapted for UK primary care in 2000 and this version, for UK prisons, was published in 2002.

The book is supported by a stand-alone website (<http://www.prisonmentalhealth.org>). It also comes with additional electronic resources in the form of two floppy disks, the contents of which are described below.

The guide has five main sections plus a comprehensive resource directory and a list for further reading, including details of useful websites. The first section deals with the diagnosis and management of specific mental disorders in adults, young people and mothers; Section two tackles more general management issues such as assessment, the interface with the NHS, using the Mental Health Act 1983 and common law, comorbidity, and patients at risk of suicide and self-injury; Section three focuses on groups with particular needs including ethnic minorities, prisoners with learning disabilities and victims of sexual assault; Section four concentrates on managing difficult behaviours such as aggression, food refusal and dirty protests; Section five tackles ethical issues and working with voluntary organisations.

The two floppy disks that accompany the book contain files in Word format that can be printed out as leaflets or adapted for use in another format. The first disk contains information and self-help for use

with patients. The second disk contains information for prison officers and a range of instruments including the Severity of Alcohol Dependence Questionnaire and the Edinburgh Post Natal Depression scale designed to assist health care workers carrying out assessments.

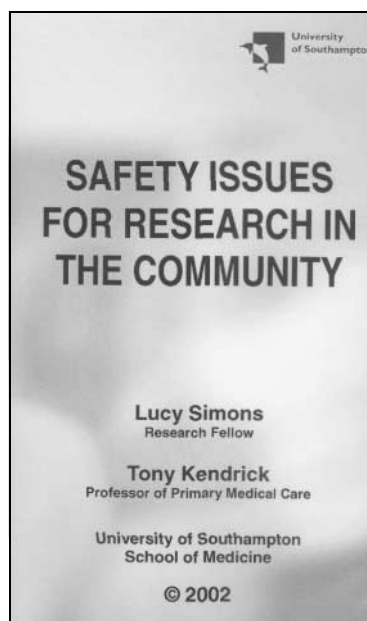
So, what do I think of this book? Well, I have to say that it does not make scintillating bedtime reading, but then it was not written for that purpose. As far as being a reference guide goes, I think it is easy to use, reasonably comprehensive and evidence-based. Its real strength, however, lies in the fact that it was developed with the assistance of staff who actually work on the front line of prison health care. Their involvement has undoubtedly helped to produce a set of best practice guidelines that are workable in a prison environment.

Although this book is not aimed at specialists, I would still recommend it to psychiatrists, especially trainees, who want to learn more about the assessment and management of people with mental health problems in prison.

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Safety Issues for Research in the Community (Video)

Lucy Simmons & Tony Kendrick
University of Southampton, 2002,
£35.00, running time of 13 minutes,
ID: 1618



Safety issues in psychiatry are, arguably, still not well addressed. This is a matter for concern. The video should be of value to anyone, clinician or researcher, who visits patients at home.

The tape runs for 12½ minutes and is divided into four sub-sections: preparation, the interview process itself, what to do if something goes wrong and post-incident analysis. There are sequences with research workers describing their own experiences, with comments by Professor Kendrick and the reconstruction of some adverse incidents. It is clear, concise and based on common sense principles. The makers have avoided over-emphasising the issue of potential interpersonal hostility or aggression, but not played down the need to maintain awareness of it as a possibility.

Some areas could have been emphasised further. The need to obtain a comprehensive history, especially of previous violence, might have been given greater importance. It is unlikely, as suggested by one researcher, that confidentiality might prevent it. Access to the patient presumes ethical approval which should have dealt with this. If clinicians agree that patients can be approached to participate in a study but will not share information then the individual concerned should be excluded. Initial contact with the patient by letter or through liaison with a professional already involved, and a joint visit, might also have been suggested. Education of research workers, particularly those with limited experience of patients suffering from mental illness, is also vital.

I would thoroughly recommend this short training film to all those supervising community researchers or undertaking the work themselves. It could also be used to teach medical students, trainees in psychiatry and general practice, student nurses, social workers and other community staff. The principles outlined apply equally well to research and clinical practice. The makers do not shy away from saying that one should cancel a visit if there is cause for concern and that safety is more important than research results. They also add that it may be necessary to leave a situation if it becomes dangerous in keeping with the principle that intervention can, at times, increase, rather than decrease, risk.

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