

EDITORIAL

National guidance for transfer of prisoners to PICUs

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In my Editorial ‘PICU and Prison’ (Dix 2021) I explored the current climate in respect of inpatient mental health services available to people who find themselves in prison. In this narrative, it was acknowledged that there are high levels of mental health morbidity within the prison population and, at times, it will be appropriate for individuals to be transferred from prison to a general adult PICU. That said, it was also acknowledged that there are high levels of need for mental health inpatient care within the prison population and over-dependence on general adult PICU beds could and likely would result in significant capacity problems.

I am pleased to announce that NAPICU has led the process for the development of National Guidance entitled *The Referral and Admission of Prisoners to General Adult Psychiatric Intensive Care Units: Quality and Good Practice Guidance*. This has been a long project which has now concluded the draft guidance consultation stage. We have been very pleased to receive feedback on the draft document from a wide range of institutions and individuals whose expertise will be instrumental in further developing the guidance for publication later this year.

The process of developing the guidance has highlighted the significant mental health needs within the prison population. These can range from people who have found themselves imprisoned for relatively minor offences while acutely mentally unwell. Most would agree that it is inappropriate and increasingly unacceptable that people experiencing acute mental health problems, which have directly resulted in a minor offence, should find themselves imprisoned. Moreover, delays in securing appropriate treatment in hospital must be considered equally unacceptable.

It is also true of course, that some prisoners with degrees of mental healthcare need may have committed



serious offences and/or present complex range of needs and risks which are not easily accommodated within the general adult PICU estate.

Talking with colleagues around the country in a variety of related mental health services, revealed wide variations in understanding across facets of the Mental Health Inpatient Estate. The issue of prisoners’ mental healthcare seemed to reveal a variety of assumptions, ideological positions and opinions regarding the role of different facets of the Mental Health Inpatient Secure Estate along with expectations for related general adult services.

We can be hopeful that the publication of new national PICU and prison guidance will provide further clarity and sense of cohesion for all stakeholders in the Mental Health Inpatient Estate. It maybe reasonable to also hope

for improvements in aligning procedures to the best benefit of patients including those in prison.

Also identified during the process of developing national guidance, is the extent to which mental health needs can and should be better provided for within the Prison Estate. Possibly the next round of service development within statutory services engaged with the Criminal Justice System should be the development of services within the Prison Estate. At a glance, it would seem that the current arrangements within prisons for promoting, improving, and where necessary treating mental health conditions requires significant further investment.

The Editorial Board of *JPI* would be very interested to hear of experiences from within the PICU Estate as to the extent to which services are being provided to people in prison. In addition, the experiences of forensic colleagues in their interface between the adult Secure Estate and general adult services require further exploration and representation within the pages of this journal.

There may again be need for a wider debate which has not occurred since the early 1990s. The 1992 Reed report on mentally disordered offenders and others requiring similar services highlighted the lack of secure beds within the Mental Health UK Estate (Chiswick 1992). At that time, there was a proposal that the inpatient Secure Estate should double in size from 900 to 2000 beds. There has, of course, been significant development and investment since the Reed Committee reported. That said, levels of need within the Prison Estate remain high and it is not clear that the commissioning of additional mental health inpatient beds should represent the sole solution.

The ways in which society has developed in terms of awareness of mental health problems and expectations may be worthy debating points in the future. In addition, the modern UK Prison Estate may not be as advanced as it once was in the provision of rehabilitation programmes, education and the promotion of mental health. There may be increasing scope for further development of psychologically informed prison environments, a wider range of treatment options for mental health conditions and a greater synergy between mental health and life skills which could feature more centrally within a period of imprisonment than is currently the case.

Please look out for the publication of *The Referral and Admission of Prisoners to General Adult Psychiatric Intensive Care Units: Quality and Good Practice Guidance* later this year. We will of course, keep you informed about progress.

In the meantime, we invite you to consider your experiences and opinions related to the complex interface between Criminal Justice matters, mental health and PICU. As all ways, don't keep these to yourself but submit them to the Editorial Board of the *JPI*.

References

- Chiswick, D. (1992) Reed report on mentally disordered offenders. *BMJ*, 305: 1448–1449.
<https://doi.org/10.1136/bmj.305.6867.1448>
- Dix, R. (2021) PICU and prison. *Journal of Psychiatric Intensive Care*, 17(1): 1–4.
<https://doi.org/10.20299/jpi.2021.002>