Oliver Woolf Barts and The London School of Medicine Elective 2015
Arnold Lodge, medium secure hospital, Leicestershire
Supervisor: Dr Nicholas Taylor Consultant Psychiatrist

Objective 1: Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health:

Outline the prevalent mental health conditions in the forensic setting and compare this with the general adult population

Many studies have found that mental health problems are more common in prisoners than they are in the general population (Lamb and Weinberger). The most commonly reported problems include sleeping difficulties and worrying. *Psychiatric morbidity among prisoners* was a large survey, conducted by the Office of National Statistics for the Department of Health. The aim of this survey, was to provide an up to date account of the prevalent mental health conditions in male, female, sentenced and remanded prisoners. It also sought to identify 'lifetime factors' that may be associated with mental health disorders, e.g. domestic abuse or truancy from school. Significantly, this survey found that male prisoners are 14 times more likely to have 2 mental health disorders than men in general. In the female prisoner population this disparity was even larger, with women prisoners 35 times more likely to have 2 disorders than women in general. It was also identified that suicides were a far bigger problem in prison, in 2002 the suicide rate in prison was 143 per 100000 compared with 9 per 100000 in the general population (The National Service Framework For Mental Health: Five Years On, Department of Health, 2004)

Objective 2: Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK:

Compare the UK provision of Forensic Psychiatry with a developing nation and highlight key differences

Looking at the literature that focuses on the Forensic Psychiatry in North Africa, it is clear that it is hard to draw direct comparisons with the UK. The main differences that have been identified include the lack of specialist forensic training pathways available to trainee psychiatrists, although there are now some becoming available in countries such Egypt. Many countries in North Africa have Mental Health legislation, interestingly Egypt again, has a law covering the repeated use of substances and long term addiction. This law diverts people away from the criminal justice system and into hospitals for treatment. When comparing research practice in North Africa, there is some disparity when it comes to suicide. This has been attributed to inaccurate reporting of the numbers as criminality is attached to suicide in many countries. Work in the future has broad aims of developing links to established training programmes in developed nations, this would afford trainees from developing nations the experience of working in structures that exist and take skills and practices back to their home nations. (Hamaoui et al).

Objective 3: Health related objective: Explore how stigma is being challenged in mental health

In recent years campaigns such as *Time to Change, Rethink Mental Illness and Changing Minds* have worked tirelessly to increase public awareness of the prevalence of mental illness. At the forefront of these campaigns, the statement that mental illness is far more common than the public might perceive. Mental health stigma is widely believed to lag behind other stigmatized conditions such as HIV. It would be difficult to explain all the reasons for this discrepancy however it is possible to highlight some areas in which this stigma is being challenged(Peter Byrne)

A distinct knowledge gap clearly exists when it come to mental health, not only for the general public but also within the professions that exist to manage mental health. We can look to *Public education for community care: A new approach*. (Wolf G. et al) which identified clear strategies:

- *Prior identification of attitudes*
- *Small groups*
- *Several interventions over time exceed the sum of their parts*

The overall aim of the targeted intervention should challenge existing stereotypes and pursue the prejudice that has allowed these views to form.

Education alone is not the whole solution. The use of education accompanied with strong challenges to poor representation of mental health in the media, discrimination in the workplace and educational establishments. Further, the Disability Rights Commission to share best practice.

It has been suggested that Psychiatrists can address stigma as part of their whole review of a patients' management. Issues that could potentially be explored include discrimination and self-image. This exploration can help the patient to put their own experiences into context of the wider attitudes of society, and deepen the clinicians existing knowledge of their patient and issues surrounding stigma.

Psychological treatments, such as cognitive behavioural therapy, have proven efficacy in many mental health conditions. This treatment can be used for the psycho-education of patients but also as a method of combating stigma (Holmes and River)

Patients can become empowered to overcome stigma by developing their advocacy skills. Advocacy groups may not be appropriate to every patient, however with a broad mix of members have been shown to be of positive benefit. In fact empowerment was highlighted (Fisher) as an important part of the recovery process for patients recovering from chronic disability

Objective 4: Personal/professional development goals.: How has this placement informed future career plans?

This elective enabled me to gain hands on experience in a variety of forensic services focused around a medium secure hospital in Leicester. During this placement I have been able to get involved in lots of different activities, attending weekly ward rounds and shadowing the team when giving feedback to patients. Particular highlights beyond the hospital, included a day spent in Cambridge Crown Court to assess a defendant's fitness to plead. It was interesting to observe how this decision is made from a medical perspective and how the court process works to ratify this decision. I was also able to learn more about the legal framework that exists.

During my placement I was able to make two prison visits to HMP Nottingham and Stocken for new patient assessments. This was my first encounter in a prison setting and an opportunity to work outside of London in a new city, explore the work-life balance in this particular discipline and comparison to life in London. The placement gave me a chance to discuss my interests within Psychiatry, and explore the career further with trainees and consultants alike.

As a result of completing this placement, I believe I am better informed to make future career choices, and have also researched proven decision making tools to guide this process. I also feel I have made some excellent contacts within Psychiatry should I need to seek any more help. Above all though, this placement was intellectually stimulating and gave me exposure of an area of medicine that I was particularly interested in but never able to fully explore in medical school.

References

Lamb, Weinberger (1998) 'Persons with severe mental illness in jails and prisons: a review.', *Psychiatric Services,* 49(4)

Hamoui et al (2009) 'Forensic Psychiatry in North Africa' *Current opinion in Psychiatry* 22

Peter Byrne (2000) 'Stigma of mental illness and ways of diminishing it' Advances in Psychiatric Treatment 6 (1) 65-72

Wolf et al (1996) 'Public education for community care. A new approach' *British Journal of Psychiatry 168*

Holmes, P. & River, L. P. (1998) Individual strategies for coping with the stigma of severe mental illness. *Cognitive and Behavioral Practice*, **5**, 231–239.

Fisher, D. B. (1994) Health care reform based on a model of recovery by people with psychiatric disabilities. *Hospital and Community Psychiatry*, **45**, 913–915.