

Better integration between agencies could save lives in custody

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It is now widely accepted that referral to prison may not be appropriate for some people, and risk factors associated with suicide are well known, so why are policy makers still not doing enough to prevent increasing numbers of deaths in custody, asks Alison Frater from the University of Southampton.

Suicide prevention strategies in prisons in England and Wales need to look at the appropriateness of interventions and best practice, but research into this is difficult because prisons are not linked by a national database and there are no routine national surveys that look at the health of prisoners, she argues.

Previous studies have identified risk factors associated with suicide in prison—including the vulnerability of younger people, drug use and mental illness—and have emphasised that preventive strategies should be tailored to meet the needs of the individual. For instance, better access to psychological support for people at risk of suicide and for preventative strategies in the wider prison environment such as safer cell design.

But despite this significant body of evidence, public policy is lagging behind, claims Frater.

Some preventive strategies, such as a more progressive drug policy and access to the Samaritans and trained listeners have already been introduced, but much more needs to be done, she argues.

The transfer of responsibility for medical care in prisons to the National Health Service (NHS) was widely expected to raise standards of health care, explains Frater, but primary care in prisons is still in the early stages of development and continues to differ to that available in the community. For example, general practitioners are contracted on a sessional basis, prisoners are not registered with them, and prison populations are not yet included in the quality and outcomes framework.

Further research is needed to determine the appropriateness of interventions and develop best practice within prison and for better integration of services with persistent follow up on release. But this is currently limited by the lack of routine information across the prison system and record linkage into the community, she says.

More precise measures of the effect of exposure to prison and its consequences are needed if lives are to be saved, Frater says. She concludes by calling for an integrated cross governmental strategy between prison authorities, health services, and other agencies.

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