

LETTERS

PRISONS AND HEALTH

Who cares about healthcare transitions in prisoners with mental health problems?

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We welcome Ginn's inclusion of mental health as a key element in the challenges of prison healthcare.¹ Up to 90% of prisoners have a diagnosable mental illness, personality disorder, or substance misuse disorder,² and many will have been difficult to engage outside prison. Continuity of treatment from community to prison might be assumed to be a basic element of good prison mental healthcare.

However, this seems not to be the case. Two thirds of prisoners received into custody with current prescriptions of psychotropic drugs did not receive that treatment during the first month.³ This puts those with established mental illness at risk of relapse and affects their progress during their sentence. Abrupt discontinuation with no clear rationale may be the norm rather than the exception, even for antipsychotics, with risk, mistrust, role conflict, and poor information sharing systems as underlying factors.⁴ This complicates the process of continuing prescriptions for those who genuinely need psychotropic drugs. One of us (LD) has come across situations where offenders transferred between prisons have not been continued on their existing psychotropic drug prescribed in the previous institution.

We wonder whether this discontinuity at a crucial transition applies to long term physical conditions too. Transitions of care are known to be difficult, even when there is goodwill to manage them well, as in child to adult transitions in mental health. More effort should be brought to bear on transitions for one of our most disadvantaged groups—prisoners with severe mental health problems.

Competing interests: None declared.

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- 3 Shaw J, Senior J, Hayes A, Davies L, Appleby L, Rogers A, et al. Evaluation of the care of at risk prisoners project. University of Manchester, 2006.
- 4 Hassan L, Senior J, Edge D, Shaw J. Continuity of supply of psychiatric medicines for newly received prisoners. *The Psychiatrist* 2011;35:244-5.

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