



Barriers to talking therapies

Generic factors for socially excluded men:

- Poor help seeking
- Fear of 'mental illness' label
- Co-morbid PD and substance misuse

Specific barriers for people in contact with CJS

- Discontinuities in CJS
- Poorly developed services in prisons
- Lack of evidence base



Key findings from our research:

- Deep distrust of authority including health services
- Drug and Alcohol services are mainstay of care
- Manipulation of CJS/Prison to access care
- Willingness and need to "just talk"



Opportunities

Captive audience!


- Prisons
- Probation

Motivated towards social inclusion:

- Family relationships
- Employment and training
- Housing

General Practice Outreach: Set Up

- Based within 8-8 service
- Homeless and Probation
- Paper based care



General Practice Outreach in Probation

- Pre-booked by GPs and probation staff
- Rudimentary data sharing – inclusion goals
- Regular corridor discussions
- Electronic records linking all outreach to main general practice
- Ongoing care and referral on to mental health services


GP probation outreach: Initial seven month audit

24 sessions
53 individuals, 85 contacts

3 presented with physical health problems only
30 with depression
22 anxiety
30 personality difficulties
6 PTSD
2 Psychosis
3 other mental health
28 with co-morbid drug and/or alcohol problems

Developing Outreach: Next Steps

- Remain primary care focused
- Integrated commissioning
- Integrate drug and mental health workers
- Locate an IAPT outreach within probation
- Develop further links externally
- Proactive case management



A primary care model for offender mental health

- Registered and non-registered patients
- Social inclusion goals and outcomes drive care
- Multi- disciplinary health team (include IAPT)
- Pathways from substance misuse to IAPT
- IAPT workers who can deal with PD traits
- Information sharing beyond health
- Reduce Stigma:
 - Not offender exclusive