
Marrmak – The Benefits of a Specialist Mental Health Service in a Women's Prison

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Prevalence of mental illness among female prisoners

- Brugha et al (2005)
Compared 3,000 remanded and sentenced male and female prisoners in Britain and Wales and more than 10,000 household residents from the community in Great Britain
- The Schedules for Clinical Assessment in Neuropsychiatry (SCAN) was used to identify Axis I psychotic and non psychotic illnesses, substance abuse disorders and organic brain disorders
- Results: The rate of psychotic illness over the past year was 4.5% per 1,000 (.045%) for the community, 52 per 1,000 (5.2%) in prisons and 110 per 1,000 (11%) for female prisoners

Prevalence of mental illness among female prisoners cont...

- Tye & Mullen 2006

Investigated twelve month prevalence rates of mental disorder amongst female prisoners in Victoria, Australia

- Results: High rates of all disorders, 63% = drug related disorder, 52% = anxiety disorders, 45% = depressive disorders

The Better Pathways Strategy

- The complex impact of mental illness, substance abuse and trauma is integral to women's offending. There are higher rates of all three factors for women who come into contact with the Criminal Justice System compared to men.
- Being in prison can exacerbate mental health issues and if left unmanaged can heighten the risk of self-harm and harm to others.
- Failure to address mental health issues can also prevent prisoners from accessing the programs, services and supports that are so important to their successful rehabilitation and reintegration following release from custody

Marrmak

'Marrmak' is an indigenous word meaning 'keep safe'. The Marrmak program refers to an integrated mental health service which includes:

- 20 bed inpatient unit
- Outpatient Service
- Outreach Service
- Day Program

Marrmak Program Objectives

- To provide a specialist health services that reflect community best practice
- Provision of an environment conducive to the delivery of specialist treatment services and programs
- A continuum of care through the establishment of referral processes between internal and external services

Health Care Standard Principles

- Women are treated with compassion and respect
- Health service delivery is informed by evidence-based best practice
- Services are responsive to age, cultural and linguistic diversity, koori and prisoners with a disability
- Confidentiality and privacy of prisoners is maintained
- Women are encouraged to make informed decisions (where ever possible) about their health care
- Qualified health professionals make decisions based on clinical assessment
- Professional independence of health professionals is not compromised by virtue of their employment within a correctional setting

Marrmak Practices

- Focused on empowering women prisoners by modeling appropriate staff behaviours
- Multi-model program delivery incorporating cognitive, affective and behavioural approaches for group based and individual interventions
- Multi-disciplinary approach to care, treatment and rehabilitation
- Focus on women's strengths and skills development
- Use of de-escalation methods in the management of crisis

Marrmak Staff Profile

- Unit Manager
- Consultant Psychiatrist
- Psychiatric Registrar
- Supervisor Prison Officer
- Senior Prison Officers (4)
- Prison Officers (8)
- Registered Psychiatric Nurses (10)
- Senior Psychologist
- Psychologist
- Social Worker
- Occupational Therapist
- Ward Clerk

Marrmak Unit

Inpatient Admission Criteria

- The woman is in the acute phase of a serious mental illness and requires intensive mental health inpatient care
- The woman have been certified as a security patient (MHA) and is awaiting transfer to Thomas Embling Hospital (TEH)
- The woman is in the sub-acute phase of a serious mental illness and requires ongoing mental health inpatient care and treatment to promote full recovery
- The woman has returned to DPFC following admission to TEH and is undergoing further care and treatment prior to transfer to a mainstream unit
- The woman is assessed as high risk for self-harm/suicide related to serious mental illness
- The woman has an age related mental illness requiring specialist mental health inpatient care and treatment

Marrmak Unit

Inpatient Admissions

- All admissions require authorisation by the Marrmak Consultant Psychiatrist
- Expected length of admission is 4-6 weeks

Marrmak Unit

Inpatient Program

- Twenty-four hour intensive psychiatric care and treatment to women at acute and post acute phase of illness
- Management and treatment of women waiting transfer to TEH and step down services for women returning from TEH
- Assessment and observation of women who may be mentally ill and/or at risk of self-harm
- Group and individual programs, both therapeutic and behavioural that are holistic, integrated and address multiple areas of need
- Short-term treatment and stabilisation of mental illness-related symptoms and behaviour in order to facilitate return to accommodation units or release to the community
- Longer term treatment and accommodation for women requiring treatment for mental illness related symptoms who are not eligible for transfer to TEH

Marrmak Unit

Outpatient Program

- Provision of specialist mental health services to women prisoners requiring assessment and ongoing care whilst accommodated in their respective units
- The aim of the program is to prevent exacerbation of symptoms that would require admission or re-admission to the Marrmak inpatient unit
- The services provided include group based and individual interventions

Marrmak Unit Outreach Program

- Provision of specialist mental health services to women requiring assessment and ongoing case management of their mental illness and who are unable to attend at the Marrmak Unit
- Particularly for those women in Observation and Management Cells and those in Protection Units

Marrmak Unit

Day Program

- Provision of contemporary specialist behavioural programs to treat and manage challenging behaviours with respect to suicidality, self-harm and aggression for women with personality disorders
- Group based and individual treatment of personality disorder based on the Spectrum Group Program (replication of services available in the community)

Marrmak Unit

Day Program Overview

- Materials covered will include:
- Techniques for increased awareness of thoughts, feelings and personal values
- Acceptance of difficult thoughts and emotions and tolerating distress
- Making wise (value based) choices during crises
- Based on principles of Acceptance Commitment Therapy (ACT) and Dialectical Behaviour Therapy (DBT) incorporating mindfulness based skills training

Consultancy and Training

- Expert consultancy advise and training to prison services and program staff to assist in the management of women prisoners with mental illness and challenging behaviours at the DPFC and Tarrengower Prison
- Specialist training to Marmak clinical and custodial staff to assist with ongoing management of difficult and challenging behaviours

Custodial Staff

- Custodial and Health staff work closely together to address the specific needs of the women living in the Marmak Unit
- The quality of relationships between prison officers and prisoners are an important determinant of rates of suicide and self-injury in Prison (Pannell & Day, 2003)
- In the Marmak Unit the Custodial staff participate in many of the women's activities throughout the day
 - Leisure Centre for Physical Education
 - Poetry Reading
 - Drama Classes
 - Games (Scrabble, Card games, etc...)

Custodial Staff cont...

The aim with all activities involving prison officers and prisoners are to develop:

- Quality relationships
- Positive atmosphere
- Enhancing prisoners self confidence and trust
- To encourage and support the women
- To support the health staff with information concerning their mental health and other issues

Clinical Perspective Release Planning

- Release planning from a clinical perspective is the formulation of a comprehensive, multi-disciplinary release plan
- A multi-disciplinary approach that includes recommendations from a:
 - Social Worker
 - Occupational Therapist
 - Psychologist
 - Psychiatrist
- Release planning is completed in collaboration with the already existing prison services i.e. Programs Department; CCO's and housing workers.
- Marmak offers 'secondary consultation' regarding Marmak women and their specialist mental health needs

Assessment Social Worker

- Bio-psychosocial Assessment focuses on the following areas:
 - Legal
 - Family and Relationships
 - Personal History
 - Drug and Alcohol
 - Individual Functioning
 - Employment History
 - Finances
 - Job Skills
 - Formal Social Supports
 - Adjustment to Illness
 - Formulation

Assessment

Occupational Therapist

Intervention:

- To determine an individual's ability to functionally live safely and independently
- Generate environmental supports for independence
- Occupation focus

Intervention can be:

- Individual and group based intervention
- Restorative: ability to re-learn the skill (e.g. grade, modify and adapt occupation, ADL retraining)
- Compensatory: inability or unable to re-learn the skill (e.g. aids/equipment, home modifications)

Assessment

Occupational Therapist cont...

Specialist Functional Occupational Performance Assessments:

- MOHOST (Model of Human Occupational Screening Tool)
- AMPS (Assessment of Motor and Process Skills)
- ACIS (Assessment of Communication and Interaction Skills)
- DACSA (Domestic and Community Skills Assessment)
- WEIS (Work Environment Impact Scale)
- Volitional Questionnaire: Gathers information about volition (motivation) and impact of environment on volition

Assessment Psychology

- Cognitive assessment
- Personality assessment
- Diagnosis clarification
- Mental state examination
- Risk assessment to identified treatment needs
- Treatment recommendations

Assessment

Nursing/Psychiatrist

Mental State Examination

- Appearance and Behaviour: including motor agitation
- Speech: rate, volume, quantity of information
- Mood and Affect: Mood (depressed, euphoric), Affect (restricted, flattened, inappropriate)
- Form of Thought: amount of thought and rate of production, continuity of ideas
- Content of Thought: delusions, suicidal thought, other
- Perception: hallucinations, illusions, others
- Cognition: conscious state, memory, orientation, intelligence
- Insight: extent of individuals awareness of problems

Release Planning

- Identification of appropriate accommodation options (short/long-term), and referrals to intake assessment i.e. psychosocial rehabilitation, OOH, private and public rooming houses, transitional properties, family and private rental
- Identification of appropriate centrelink benefits post release i.e. NSA, incapacitated, DSP and facilitation of DSP applications
- Identification of clinical supports required i.e. area mental health, private Psychiatrist/Psychologist/OT/Social Worker, GP and Justice Mental Health Program
- Education to families i.e. information regarding prisoners mental health issues and support following release
- Location of methadone dispensing pharmacies close to home
- Identification of non-clinical supports required

Transfer of Information

How do we get this information to the courts, lawyers, CCO's, ABP and other relevant community agencies which either require or would benefit from it?

- Forensicare court liaison staff
- Liaising with community corrections
- Meetings with Werribee Community Corrections at DPFC
- Liaising with and writing letters to lawyers for court – explaining release plans from a mental health perspective

Difficulties & Challenges

- Restrictive Intensive Transfer Order (RITO) – Court requests Vs. the application of same with area mental health services
- Housing – limited availability
- Time Frames – Time available to arrange housing and supports following parole
- Centrelink – processing DSP claim
- Prisoner compliance – Cannot mandate prisoners to engage/accept mental health support services

Case Study

Jane

- Jane is a 20 year old female
- Diagnosis: Borderline Personality Disorder
- History: Removed from parents at 4years of age
- Placed in multi-group homes and foster placements between 4 and 12 years of age. At age 12 department of human services disengaged and provided her with a transitional property in a lead tenant model environment - which broke down
- Jane reports being exposed to physical, verbal and sexual abuse in the majority of homes resulting in running away from placements and engaged in offending behaviour and polysubstance abuse from a young age
- Poor educational and vocational history
- Poor relationship history with limited positive role modeling

Case Study

Jane cont...

- Previously released on parole with minimal supports and returned to custody within 3 days
- Due to her complex presentation, Jane had limited resources available to her through mainstream services
- Jane was referred to Marmak and was assessed and allocated to the Outpatient program. MDT Assessment: Psychology, Social Worker, OT and Psychiatric Registrar
- Jane would only consider independent living options due to history of abuse from shared living environments
- MDT used client-centered approach and worked with Jane's goal
- MDT supported independent living with maximum supports

Case Plan

Jane

Major Needs Identified	Outcomes
<p>Independent Housing</p>	<p>Transitional property via Salvation Army SANDS program</p> <p>Also on waiting list for new Parkville apartments</p> <p>Support worker via St. Kilda crisis centre for private rental options</p>
<p>Structured daily routine</p>	<p>Weekly timetable developed during case conferences with all supports including opportunity for daily programs at St. Mary's House of Welcome</p>
<p>Psychological Needs</p> <p>Support with motivation & ADL engagement</p>	<p>Spectrum (personality disorder specialists)</p> <p>Private OT via Better Access Medicare scheme</p>

Case Plan

Jane cont...

Major Needs Identified	Outcomes
<p data-bbox="369 523 806 630">Support with making appointments</p> <p data-bbox="369 933 817 1040">Public transport and geographical training</p> <p data-bbox="369 1061 1052 1109">Support with managing finances</p> <p data-bbox="369 1340 1008 1388">Support to continue education</p>	<p data-bbox="1120 523 1836 630">Referred to Justice Mental Health program – case worker</p> <p data-bbox="1120 651 1601 699">SANDS – case worker</p> <p data-bbox="1120 719 1568 767">ACSO – case worker</p> <p data-bbox="1120 788 1904 895">St. Mary’s House of Welcome – case worker</p> <p data-bbox="1120 916 1579 963">SANDS – caseworker</p> <p data-bbox="1120 984 1344 1032">Private OT</p> <p data-bbox="1120 1053 1366 1101">All services</p> <p data-bbox="1120 1121 1680 1169">Rent set up as direct debit</p> <p data-bbox="1120 1190 1736 1238">Utility bills have expense cap</p> <p data-bbox="1120 1259 1344 1307">Private OT</p> <p data-bbox="1120 1327 1736 1436">DPFC Education coordinator investigated options</p>

Case Plan

Jane cont...

Major Needs Identified	Outcomes
<p data-bbox="371 523 981 571">GP, Methadone & Pharmacy</p> <p data-bbox="371 667 1088 769">Initial financial funding support for clothing, furniture & food</p> <p data-bbox="371 1002 918 1104">Disability support pension application</p> <p data-bbox="371 1129 981 1177">Area Mental Health follow up</p>	<p data-bbox="1137 523 1944 625">Justice Mental Health program – case worker to monitor compliance</p> <p data-bbox="1137 651 1814 753">VMIAC (Victorian Mental Illness Awareness Council)</p> <p data-bbox="1137 778 1303 826">SANDS</p> <p data-bbox="1137 852 1545 900">St. Vincent de Paul</p> <p data-bbox="1137 922 1276 970">ACSO</p> <p data-bbox="1137 995 1357 1043">Centrelink</p> <p data-bbox="1137 1133 1944 1235">Justice Mental Health program – case worker</p> <p data-bbox="1137 1257 1957 1305">Community area mental health referral</p>

Case Plan

Jane cont...

Major Needs Identified	Outcomes
<p data-bbox="369 523 907 630">Support with establishing meaningful relationships</p> <p data-bbox="369 790 907 837">Educational opportunities</p> <p data-bbox="369 861 694 909">Drug & Alcohol</p> <p data-bbox="369 997 739 1109">Parole conditions requirements</p>	<p data-bbox="1052 523 1724 646">St. Mary's House of Welcome – Case worker & programs</p> <p data-bbox="1052 662 1288 710">Private OT</p> <p data-bbox="1052 726 1590 782">Spectrum – Day program</p> <p data-bbox="1052 798 1288 845">Private OT</p> <p data-bbox="1052 869 1948 973">Department of Drug and Alcohol studies – St. Vincent's</p> <p data-bbox="1052 997 1512 1045">ACSO – case worker</p> <p data-bbox="1052 1061 1534 1109">SANDS – case worker</p>

Questions???

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Thank you