

Staff and patient perspectives on the purpose of psychotropic prescribing in prisons: care or control?

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ABSTRACT

Objective: The objective was to explore perspectives on reasons for psychotropic medication use in prisons. **Method:** We recruited a purposive sample of healthcare staff and patients prescribed psychotropic medicines from four East of England prisons. Participants took part in qualitative, semistructured interviews, which were recorded, transcribed and analyzed thematically.

Results: While patients and healthcare staff viewed psychotropic medicines primarily as a treatment for reducing symptoms of mental illness, they were also used as a coping strategy and to reduce insomnia. Appropriate psychotropic prescribing was also thought to contribute towards the rehabilitation agenda and helped to maintain order in prisons. Staff voiced concerns regarding possible overreliance on psychotropic medicines. However, patients perceived insufficient access to alternative, nonpharmacological forms of treatment and support in prison.

Conclusion: Psychotropic medicines are used for multiple purposes in prisons and are generally considered a useful resource. Nonetheless, further work may be needed to find the right balance between psychotropic medicines and alternative, nonpharmacological therapies.

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1. Introduction

Offenders are a marginalized and socially excluded group with poorer health than the wider community [1–3]. While offenders can be difficult to engage outside of custody, they make extensive use of healthcare services in prison [4,5]. Thus, imprisonment can be considered a public health opportunity to engage a ‘hard to reach’ group in healthcare services, thereby reducing health inequalities.

Rates of mental illness in particular are much higher in prison than in the community [6–8]; in Western countries, one in seven prisoners has a psychotic disorder or major depression [6,9]. Psychotropic medicines such as antidepressants and antipsychotics are central to modern mental healthcare. In prison, however, psychotropic medicines have been a longstanding source of controversy. Historically, ethical questions were raised regarding the extent to which such drugs were prescribed to treat or to control ‘difficult’ prisoners [10]. More recently, debates have focused on issues such as equity of access to medicines, appropriateness of prescribing and the safety and security risks associated with such medicines [11–15].

In England, prisoners are entitled to an equivalent standard of healthcare as that received by the wider community, including access to medicines [16,17]. Qualitative studies, however, have

noted dissatisfaction among prisoners who have reported inadequate access to medicines [18–20]. Furthermore, a recent study found that 47% of psychotropic medicines reported on reception into prison were discontinued in prison, often without justification recorded in the notes [14]. One issue may be that certain psychotropic medicines are vulnerable to misuse, diversion or trading [10]. Risk of overdose may also be of concern, especially given the increased suicide rates in prisons [21,22]. Recent guidance from the UK professional membership body for family doctors has reiterated that doctors in prisons need to balance security and safety risks against individual health needs [11]. Thus, doctors can find themselves facing conflicting pressures from patients and the establishment.

Her Majesty’s Inspectorate of Prisons recently suggested an overreliance on psychotropic medicines in prisons and recommended further investigation [15]. To gain insight into key stakeholder views, we undertook a qualitative study to explore healthcare staff and patient perspectives on the purpose of psychotropic medication use in prisons.

2. Methods

A qualitative interview study was carried out in four East of England prisons. Sites included two adult male ‘local’ prisons (which accepted convicted and unconvicted prisoners directly from court), one adult male ‘training’ prison (for sentenced prisoners) and a

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women's prison. Research approvals were granted by a research ethics committee, the National Offender Management Service and the NHS Trusts or management organizations responsible for healthcare at each site.

2.1. Participants

A purposive sample of healthcare staff and patients was invited to participate. Initially, primary care doctors, Community Psychiatric Nurses (CPNs) and pharmacists at each prison were approached; subsequently, staff suggestions were followed up regarding other potential interviewees, including a psychiatrist and a substance misuse specialist. CPNs reviewed patient clinical records to identify potential participants who had experience of being prescribed psychotropic medication [antidepressants, antipsychotics (including mood stabilizers), hypnotics and/or anxiolytics], had no risk markers (indicating they could not be interviewed alone) and were known to prison mental healthcare services. CPNs then met with prospective participants to explain the purpose of the research, issue written participant information sheets and invite participation. Subsequently, a researcher obtained written, informed consent and conducted interviews. Data collection continued until saturation was achieved, that is, interview data yielded no further new information. The final sample consisted of 17 patients and 16 members of healthcare staff (Table 1).

2.2. Interviews

Participants were interviewed individually between August 2010 and May 2011. All interviewees took part voluntarily and confidentially. Interviews were conducted in private rooms in prisons or workplaces, with no one else present. We developed, piloted and used separate topic guides for staff and patients (available on request), identifying key areas to cover, sample questions and prompts. Topic guides were used flexibly to provide a common framework for interviews; this ensured key areas were addressed, while allowing interviewees scope to introduce novel topics. Interviews were digitally audio recorded, unless participants declined to be recorded (on two occasions, written notes were taken instead).

2.3. Analysis

Thematic analysis was used to explore how the concept of prescribing in prison was understood from the varying perspectives of healthcare staff and patients. We selected this approach because it is flexible, simple and likely to yield findings that are accessible to practitioners, patients and policy makers [23]. The analysis followed the approach described by Braun and Clarke [23]. Firstly, interviews were transcribed verbatim. NVivo version 8 [24], a qualitative data

analysis computer program, was then used to systematically code transcripts and organize codes into coherent themes and subthemes. Themes were further developed, refined, finalized and named in an iterative process until the team was satisfied with the final selection. Quotations were selected to illustrate themes. The final analysis was reviewed among the team for accuracy, consistency and coherence and depicted visually.

3. Results

Analysis of patient and staff perspectives yielded two main themes on two distinct levels (Fig. 1): an inner level representing primary uses of prescribing (mental health) and an outer level representing secondary uses of prescribing (prison regime).

3.1. Mental health

Patients and staff alike viewed improved mental health as the primary purpose behind psychotropic prescribing in prison. Three subthemes were contained within this theme: reducing symptoms, coping and better sleep.

3.1.1. Reducing symptoms

Patients reported that they suffered from a range of symptoms of mental illness, including hallucinations, delusions, paranoia, depression, insomnia, panic attacks and anxiety. None of the patients interviewed viewed psychotropic medication as a 'cure.' Rather, the dominant view was that psychotropic medication helped to reduce the severity and/or frequency of symptoms:

"They [antipsychotics] don't get rid of my voices altogether, they're still there. It's like having a radio on continuously, blaring in your ears and it turns the radio down to [whispered] an ever so quiet whispering." (Patient 15)

Taking psychotropic medicines for this purpose was consistent with the official view offered by healthcare staff, who stated that psychotropic medication could be used to 'reduce', 'alleviate' or 'stop' symptoms:

"The purpose of medication was to alleviate the symptoms and make it better for them." (Psychiatrist 1)

"What I'm saying is if somebody is psychotic, if you gave them an antipsychotic medication, obviously we are hoping here that the voices, or the hallucination will diminish or will stop." (CPN 2)

Table 1
Interviewee characteristics

Patients	N	Staff	N
Gender		Role	
Male	13	General practitioner	3
Female	4	Psychiatrist	1
		Primary mental healthcare	2
Age		Secondary mental healthcare	5
Range	19–52	Pharmacy	3
		Healthcare manager	1
		Substance misuse	1
Current medication type			
Hypnotic or anxiolytic	4		
Antipsychotic (inc. mood stabilizers)	10		
Antidepressant	13		
Total	17		16

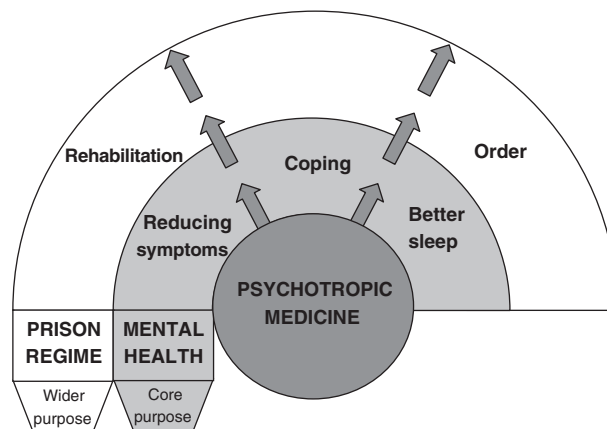


Fig. 1. Staff and patient perspectives on the uses of prescribed psychotropic medication in prisons.

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