TACKLING HEALTH INEQUALITIES

OFFENDER HEALTH

- WHERE WE ARE NOW
- HEALTH INEQUALITIES
- BME FACTORS
- OFFENDER HEALTH STRATEGY

OFFENDER HEALTH

- BACKGROUND

- Historically was Prison Health; partnership between the then Home Office and the DH
- In April 2007 became Offender Health as focus shift to entire offender pathway

OFFENDER HEALTH

- Offenders are socially excluded group
- 13x more likely to have been in care
- 13x more likely to be unemployed
- 20x more likely than general population to have been excluded from school
- 80% have the writing skills. 65% the numeracy skills and 50% the reading skills at or below the level of an 11 year old

OFFENDER HEALTH

- 2.5x more likely to have a family member with a criminal conviction
- 6x more likely to have been a young father
- 90% of all prisoners have a diagnosable mental health problem
- 7% are reported to have a serious and enduring mental illness
- @ 60% of prisoners have a personality disorder (figures vary)

OFFENDER HEALTH

- 80% of prisoners smoke
- @0.3 of male and 1.2% female prisoners are HIV positive
- 24% of prisoners have injected drugs and of these
- 20% are Hep b + and 30% are Hep c +
- @ 2% of remand prisoners attempt suicide in any given week (population of 81k +).

HEALTH INEQUALITIES

- Figures from CLG
- BME communities tend to suffer poorer health than the general population but this is not uniform across all aspects of health
- Govt focus to address the health needs of BME communities has been in the context of the national drive to increase health overall and to tackle inequalities
- Culturally appropriate services are integral and vital.

HEALTH INEQUALITIES

- Infant Death rates – higher for children with mothers born in Pakistan and the Caribbean
- HIV – rates higher among Black African
- Diabetes – 5x more likely in Pakistani women, 3x more likely in Bangladeshi and Caribbean women
- Diabetes – 4x as likely in Bangladeshi men, 3x as likely in Indian and Pakistani men
- Travelling communities – life expectancy for women is 12 yrs less; for men 10 yrs less
- South Asian people are 50% more likely to die from prematurely from CHD

HEALTH INEQUALITIES

- Well documented about the over representation of BME people both within the CJS and the mental health system.
- Well documented about the social exclusion of BME groups.
- How do we address this within the NHS and the CJS
- Stereotypical perceptions

Cultural Context

- Mental ill health narratives may differ across cultures
- Sinking heart, evil eye
- Culture Bound syndromes
- Culture is dynamic and ever changing – Eastern bloc – soviet experience of psychiatry
- Mental ill health is stigmatised

Context

- Mental health/mental illness
- Mental ill health is diagnosed from observation and personal narratives
- Think about the NHS response to the increase in self harm among young women of South East Asian descent
- Short story

Responsive services

- Important never to “aculturalise” an issue
- (vitamins in margarine etc)
- Needs analysis – bottom up not top down
- NHS engaging the community, Voluntary Sector organisations
- Same for Offender Health

OFFENDER HEALTH STRATEGY

- Consultation all through 2007 – 2008
- Delayed while awaiting Lord Bradley's review of diversion
- Published in November 2009
- Earliest intervention at the earliest opportunity within the criminal justice system

OFFENDER HEALTH

- Entire Criminal Justice Pathway
- From neighbourhood policing
- Emphasis on diversion where appropriate

OFFENDER HEALTH

- Challenges for service commissioners
- New routes of referral from the CJS
- Earliest intervention at the earliest opportunity
- Implementing Offender Health in the communities