Correspondence

The real cost of waiting in a prison for a hospital psychiatric bed

Forrester *et al*'s study on the delays in hospital transfer from prison focuses on an important clinical issue, given it is common knowledge that there is a shortage of secure beds in the country.[1]

The recently published, government commissioned Bradley report[2] recommended that the Department of Health should develop a new minimum target for the National Health Service (NHS) of 14 days to transfer a prisoner with acute, severe mental illness to an appropriate healthcare setting. There are plans to include the minimum waiting time in the local mental health contracts for prisons. The study highlights an important issue of prisoners remaining in inappropriate environments while waiting for a transfer. In prison settings, without the protection of the Mental Health Act, it is difficult to justify using the Mental Capacity Act 2005 to treat a mentally ill individual repeatedly.

The study calculates, based on unit costs,[3] the 'saving' to the NHS of £6.759 million. Although this ballpark figure is a good starting point, the true costs to the NHS as a result of delayed transfers may well be higher based on the following factors.

The longer the patient remains in prison the longer their psychosis remains untreated. Marshall *et al*[4] concluded in their systematic review that a longer period of untreated psychosis was associated with more severe overall symptoms, depression/anxiety, negative and positive symptoms, and worse overall function. Furthermore, people with longer duration of untreated psychosis were less likely to experience remission at 6, 12 or 24 months. We suggest that 'delayed transfer patients' could have longer in-patient stays and require higher levels and more frequent episodes of observation, due to the higher degree of their mental disorder, thereby potentially increasing the costs to the NHS.

The other potentially significant effect of delayed transfers is escalation of self-injurious behaviour and risk to others, in the context of deteriorating mental health. Arguably, the escalation of risk behaviours may result in some prisoners eventually requiring placement in higher levels of security than if they had been transferred earlier in their illness. The evidence for this is reflected by higher prevalence of constant watch, higher incidence of the use of safer cells, care and separation units and transfers to general hospital for treatment. They are also seen more frequently in clinics by visiting psychiatrists and mental health in-reach teams. This increases the demand on meagre resources and arguably increases the overall cost of patient care.

The apparent initial 'savings' made from prisoners waiting to be transferred are negated by clinical and financial costs to the NHS in the long term. Finally, from the perspective of equivalence, prisoners should have the same timely access to appropriate mental health services as mentally disordered individuals in the community.

1 Forrester A, Henderson C, Wilson S, Cumming I, Spyrou M, Parrott J. A suitable waiting room? Hospital transfer outcomes and delays from two London prisons. *Psychiatr Bull* 2009; **33**: 409–12.

2 Lord Bradley. *Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System*. Department of Health, 2009.

3 Department of Health. *National Schedule of Reference Costs 2006–07 for NHS Trusts*. Department of Health, 2008 (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082571).

4 Marshall M, Lewis S, Lockwood A, Drake R, Jones P, Croudace T. Association between duration of untreated psychosis and outcome in cohorts of first-episode patients : a systematic review. *Arch Gen Psychiatry* 2005; **62**: 975–83.

Pratish B. Thakkar is ST6 in Forensic Psychiatry, Tees, Esk and Wear Valley NHS Trust, and **Ranjit Kini** and **Phillip Brown** are Consultant Forensic Psychiatrists. Email: pratish.thakkar@tewv.nhs.uk

doi: 10.1192/pb.34.2.71

First things first

Recruiting psychiatrists is indeed a Sisyphean task.[1] To counter this, the Royal College of Psychiatrists aims to engage more closely with college students. However, there seem to be more fundamental problems which need addressing.

The College wants to ensure that medical students are aware of the advantages of a career in psychiatry. Before we can do that, however, we have to first make careers in psychiatry more attractive. Although the intellectual stimulation and the challenges that psychiatry brings, the working environment, the increasing confusion about the role of psychiatrists, the current state and future of psychiatry, New Ways of Working and the continuous dismissal of psychiatry as a scientific field by the spin doctors and political gurus are areas of concern.

Compared with other fields, such as general practice, providing better and more flexible working environments in psychiatry does not seem to be part of the government's plan for the future of the National Health Service.[2] Most of the agendas that are damaging the reputation of psychiatry and allowing people to question its scientific credentials are politically driven, but senior psychiatrists are also to blame for colluding with politicians and not doing enough to preserve the integrity of the field.[3]

Training opportunities for junior trainees are being compromised by replacing out-of-hour on-call rotas with other mental health professionals, purely to cut costs. Many trainees are struggling to get decent supervision, while some senior psychiatrists are too busy training nurse prescribers. There is nothing wrong with training other professionals but we need to get our priorities right. While the College and schools of psychiatry encourage higher trainees to get involved in medical education and recruit medical students, and there are many highly enthusiastic trainees willing to do this, the reality is that New Ways of Working and the new training schemes provide very little opportunity and time for the trainees to undertake any such activities.

https://doi.org/10.1192/pb.34.2.71 Published online by Cambridge University Press