Patient Education and Counselling Issues for Incarcerated Populations

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Objective

- This presentation will describe the health care needs of incarcerated populations.
- Specifically as related to general and mental health, STIs and other infectious diseases and other acute and chronic medical illnesses prevalent in this population.
- Explain how PEC efforts can be integrated to improve overall community public health and reduce related disparities in African American communities.
- Address the gaps in care and transition related to incarcerated populations from a patient education and counseling perspective

Background

- Federal, state juvenile and local correctional facilities house significant numbers of individuals.
- Of the approximately 1.8 million inmates in the United States, 30-40% are infected with HCV.
- The Rate is 10 times higher among inmates than among non-inmates and is 33% higher in women than in men (Nerenberg et al, 2002).
- Chronic hepatitis B virus (HBV) infection and tuberculosis are substantially more common in the incarcerated population than in the general public.
- The presence of any of these conditions should prompt HIV testing (Nicodemus and Paris, 2002).

Provide Education and Counseling

- Patient education and counseling in the correctional facility is critical
- Should be counseled about the importance of adhering to the treatment plan (CDC, 2003).
- Education should be delivered in the inmate's first preferred language and should be culturally sensitive with respect to ethnicity, sex, and age (Goldberg, at al, 2004; Bartlett, 2000)
- The inmate should be actively involved in all education sessions.
- Encourage communication regarding previous transition experiences.
- Inmates should be counseled on their risk factors, encouraged to visit the public health department, and provided with information about access to care after release.
- Voluntary testing, education/counseling services, protective devices availability and confidentiality are important areas

Why PEC is important?

- Assist in developing a comprehensive individual risk assessment,
- Makes it easy for accurate referrals to more intensive services.
- A primary entry points into prevention and other services.
- It is client-centered counseling that can be effective in increasing health protective practices (Kamb, 1998).

Practitioner Needs (Nicodemus & Paris, 2001)

- Information about an inmate's diagnosis of HBV, TB, STD, and/or HIV.
- Denial, fear of illness and concern about confidentiality are major deterrents for inmates.
- Concern about the cost of treatment may also contribute to delays in diagnosis.
- Current guidelines for treating the disease Communication regarding participating in risky activities while incarcerated.
- Diagnosis and appropriate medical intervention may reduce the risk of communicable disease transmission to other inmates and correctional staff.

Rationale

- Corrections and the community are closely connected
- Approximately half of individuals booked at police stations are released within 24-48 hours
- Almost all inmates eventually return to their communities
- Correctional treatment and testing policies vary widely

Design Considerations

- Patient-related factors
- Medication-related factors
- Multicultural Awareness
- Discharge Planning
- Evaluation

Patient-Related Factors

- The provision for alcohol and substance abuse treatment (Bartlett et al, 2004; DeGroot & Cu Uvin, 2005)
- Utilize mental health consultation to identify inmates with psychiatric needs.
- Encourage participation in peer support groups.
- Use teaching tools that are appropriate in terms of language and reading level.

Medication-Related Factors

- Aggressively monitor and treat side effects.
- Avoid complex regimens and regimens
- Be aware of food requirements.
- Avoid drug-drug interactions.
- Monitor co-morbidity concerns
- General health promotion
- Focus on treatment for traditional male health outcomes
  - Diabetes, CVDs, HBP, Prostate Cancer

Multicultural awareness

- Be aware of how own cultural background and experiences and attitudes, values, and biases influence PEC for inmate populations.
- Be able to recognize limits of own cultural competencies and abilities.

Discharge Planning

- Correctional facilities should plan for the discharge of inmates who have confirmed or suspected Infectious diseases
- Such planning is crucial for effective ID control efforts within the community to which released inmates return.
- Facilities should ensure that their discharge plan is comprehensive and effective
- Linkages to other services and follow-up

The Process

- 1) Collaborating with public health and other community health-care professionals.
- 2) Ensuring continuity of case-management.
- 3) Evaluating discharge-planning procedures and modifying procedures as needed to improve outcomes.

Provide Case Management

- Correctional facilities should assign personnel (preferably health-care professionals) to serve as case managers.
- Entails coordinating follow-up and communicating treatment histories with public health department and other health-care counterparts within the community (Klopf , 1998)
- Should employ strategies (e.g., mental-illness triage and referral, substance-abuse assessment and treatment, and prerelease appointments for medical care) to help former inmates meet basic survival needs on release.

Plan for Substance Abuse and Mental Health Treatment and for Other Social Services

- Substance abuse and other co-morbid mental health conditions should be considered when developing a comprehensive discharge plan.
- Addiction affects health care, medication adherence, housing opportunities, social relationships, and employment and might be the greatest barrier to continuity of care (Rich, 2001).
- Mental illness can be a barrier when community service providers have not been trained to interact with mentally ill patients.
- Collaboration between corrections and health department personnel (Sumartojo, 1993).
- Corrections or health services administrators need to assign staff to notify the public health department of inmates

Additional Mental Health Issues

- Medication
  - Psychiatrist may order the drug.
  - The patient is entitled to an administrative hearing before professional staff not currently involved in the treatment.
  - The patient may attend the hearing and have the assistance of a lay advisor with psychiatric knowledge.
  - Continuation of the medication is subject to periodic review.

Conclusion

- Correctional health care programs need to have policies, procedures, and multidisciplinary education/training regarding general PEC.
- Treatment options must follow the principle of the least intrusive, least drastic, and least hazardous intervention that are effective.
- Must maximize inmates ability to make informed decisions and participate cooperatively in treatment.

Recommendations

- More primary research
- Extensive program intervention development and evaluation
- Establish strategic partnerships
- Health and Criminal Justice policy reformulation
- Community urgency of this as public health issue
- Formulate linkages between correctional health care and academic public health and medicine (Kendig, 2004).
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