die from any cause in the first 2 weeks (Rich *et al*, 2011). In New York, a charitable organisation helps 1000 offenders with mental illness released from Riker's Island every year. The Affordable Care Act, through a Medicaid mandate, will help released prisoners throughout the country get services (Rich *et al*, 2011), although many states, mainly the poorest and those with high imprisonment rates, are resisting participation under the Act, aided by attack advertisements paid for by very wealthy outsiders.

Conclusion

The historical strands, interacting with the tension between federal laws and regulations, states' rights and the Constitution, and enormously variable and highly polarised views, have resulted in great variation in incarceration rates and prisoner mental health across the USA. Overall, there are signs of improvement, with decreasing numbers in prison, but there are still far too many people with mental illness in jail and prison. Litigation and concern for the most vulnerable have helped ensure better treatment in jails and prisons but the high suicide rate shows that it remains inadequate. In this time of economic difficulty, funds for community services are being cut back, which will only increase the incarceration of people who are mentally ill. Psychiatrists and other mental health professionals must give high priority to campaigning to persuade the public and the politicians that it is right and moral to provide appropriate treatment and services for everyone who is mentally ill, irrespective of where they find themselves. Any resulting reduction in imprisonment, hospitalisation and costs is a bonus.

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THEMATIC PAPERS

Managing the mental health of prisoners: dilemmas and solutions

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As psychiatrists, we are well aware that all around the world people with serious mental health problems are in prison, where their condition is often unrecognised and untreated. In the UK there have been moves in recent years to provide more mental health support to the prison population. Louis Appleby and colleagues review the success of this initiative, introduced just over a decade ago; he was until recently the national clinical director for offender health. Their analysis points up some significant dilemmas, not least of which is the difficulty prison staff have in differentiating serious mental illness from pervasive but more minor mental disturbance. There clearly needs to be better identification of those most at risk, particularly of suicidal behaviour.

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In Brazil, which incarcerates an exceptionally high proportion of its population, there are serious problems due to overcrowding and little support for prisoners with mental disorders, as discussed by Sergio Baxter Andreoli and fellow authors. Their recent research has shown that the prevalence of mental disorder is very high among prisoners, up to ten times greater than that in the general population. Most prison psychiatric hospitals lack mental health teams to run them. The authors question the logic by which individuals with a serious mental illness, whose offence was linked to their disorder, may end up in conventional prisons in Brazil, where they receive no adequate treatment. On their release, their chances of rehabilitation are seriously compromised as a consequence of the failure of the law to take appropriate account of their condition.

Finally, we have a fascinating study from Somaliland, where a novel in-reach service has been developed. The authors, Jibril Handuleh and Ronan McIvor, invite us to consider the project as providing a model for the development of in-reach services in other low-income countries. Their study was built on long-standing foundations, in terms of a collaborative venture between King's College London, the Tropical Health and Education Trust, and Somaliland partners. Training was provided to prison guards and police officers in Borama Prison, working jointly with a local university. Benefits included a direct ban on khat use by prisoners, as well as an indirect influence on the awareness of mental illness among local judicial and governmental authorities. Given the country has no resident psychiatrists and no mental health legislation, this is a remarkable result.

MANAGING THE MENTAL HEALTH OF PRISONERS

THEMATIC PAPER

The management of mental health problems among prisoners in England and Wales

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This paper reviews the major organisational changes made to the delivery of mental healthcare in prisons in England and Wales since the turn of the century. These changes have included the introduction of 'in-reach' services for prisoners with serious mental illness, replicating the work of community mental health teams. In addition, healthcare budgets and commissioning responsibilities have been transferred to the National Health Service. Measures to reduce the rate of suicide in prisons are also considered.

The overrepresentation of people with mental illness is a feature of prison systems and a challenge to governments, prison administrators and healthcare providers across the globe. Data from large-scale epidemiological studies of psychiatric morbidity are reported fully elsewhere (e.g. Singleton *et al*, 1998; Fazel & Danesh, 2002) and, while somewhat dated, such surveys show that all types of mental illness, personality disorder and substance misuse, commonly coexisting, are significantly more common in prison populations than in the wider community.

Since the turn of the century there have been major organisational changes to the delivery of healthcare in prisons in England and Wales. In 1999, the National Health Service (NHS) entered into a clinical improvement partnership with Her Majesty's Prison Service (HMPS), designed to achieve equivalence in the range and quality of prison-based services to those provided to the wider community (HMPS & NHS Executive, 1999). As part of this, changes to mental healthcare delivery, notably the introduction of 'in-reach' services for prisoners with serious mental illness (SMI), replicating the work of community mental health teams (CMHTs), were introduced (Department of Health, 2001) and healthcare budgets and commissioning responsibilities were transferred to the NHS.

Current issues in prison mental healthcare in England and Wales

In 2002, Martin Narey, then Director General of HMPS, described in-reach team staff as 'the

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