

## **Project Title**

Improving male Psychiatric Housing Unit (PHU) attendance in Singapore Changi Prison

## **Project Lead and Members**

Project lead: Dr Cheow Enquan

Project members: Dr Jerome Goh, Ms Rossheema Haniff, Mr Devaraj Prathipraj, Mr Ivan Lim Tien Joo, Mr Ong Keng Boon, Mr Tri Susila Indrajaya, Mr Tham Pak Heng, Mr Joel Chia, Ms Padma d/o Jairam, Ms Ho Yan Lin

## **Organisation(s) Involved**

Institute of Mental Health

## **Project Period**

Start date: December 2018

Completed date: May 2019

## **Aims**

There are about 10000 inmates in Singapore Changi Prison at any one time, out of which an estimated 10% suffer from a mental disorder. About 200 of these inmates are being treated by a multi-disciplinary team in IMH who work in the PHU (Psychiatric Housing Unit). The aim of the PHU is not just to stabilise their mental state but to carry out psychiatric rehabilitation, similar to inpatient rehabilitation programmes being run in the Institute of Mental Health. This rehabilitation is carried out in phases with classes conducted by our nursing and allied health staff.

Our team in Forensic Psychiatry, IMH, undertook a Clinical Practice Improvement Project (CPIP) from December 2018 to May 2019. The project team was a multi-disciplinary one involved in the day to day running of the PHU, including a representative from the Singapore Prison Service.

## **Background**

See attachment

## Methods

See attachment

## Results

See attachment

## Lessons Learnt

This may be one of the few projects to carry out a CPIP project outside of the traditional hospital setting. It was exciting, yet also challenging as the team needed the support of external partners such as prison staff.

It is very important to take the opinion of service users (i.e. the male PHU inmates) into account as the changes are ultimately about benefitting them. If I had to do the project again, in addition to doing the survey for a broad overview of overall opinion, I would also include an inmate as a member of the CPIP team for a more in-depth understanding.

It is also essential to seek feedback from the staff as they can provide insightful suggestions which will help to shape subsequent interventions.

## Conclusion

See attachment

## Project Category

Care Redesign

## Keywords

Institute of Mental Health, Care Redesign, Fishbone Diagram, Pareto Chart, Plan-Do-Study-Act, Improvement Tool, Occupational Therapy, Psychiatric Housing Unit, Clinical Practice Improvement Project, Singapore Prison Services

## Name and Email of Project Contact Person(s)

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# Improving male PHU (Psychiatric Housing Unit) attendance in Changi Prison

Dr Cheow Enquan, Consultant, Forensic Psychiatry, IMH

## MISSION STATEMENT

To increase the attendance rate for inmates in the male PHU (Psychiatric Housing Unit) from 70% to 85% (stretch goal 100%) within 6 months

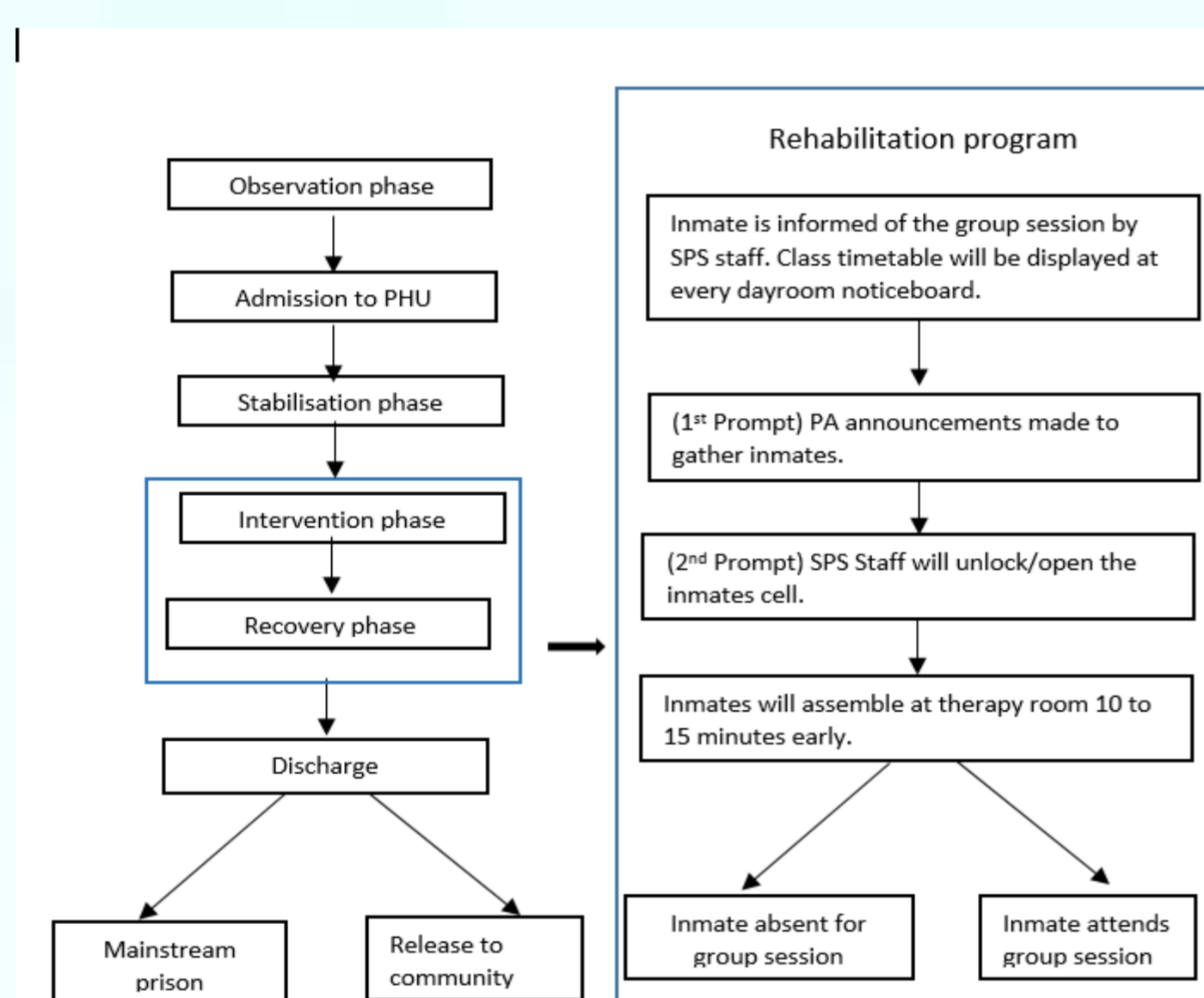
## TEAM MEMBERS

	Name	Designation	Department	Role in this project
1.	Dr Cheow Enquan	Consultant	Forensic	Leader
2.	Mr Devaraj Prathipraj	Senior Occupational Therapist	PHU	Deputy Leader
3.	Mr Ivan Lim Tien Joo	Advanced Practice Nurse	Nursing	Member
4.	Mr Ong Keng Boon	Advanced Practice Nurse	Nursing	Member
5.	Mr Tri Susila Indrajaya	Nurse Clinician	PHU	Member
6.	Mr Tham Pak Heng	Nurse Educator	PHU	Member
7.	Mr Joel Chia	Occupational Therapist	PHU	Member
8.	Ms Padma d/o Jairam	Psychologist	PHU	Member
9.	Ms Ho Yan Lin	Administrator	Forensic admin	Member
10.	Ms Rosshema Haniff	Officer commanding (OC)	Changi Prison A3 PHU	Member
11.	Dr Jerome Goh	Chief, Senior Consultant	Forensic	Sponsor

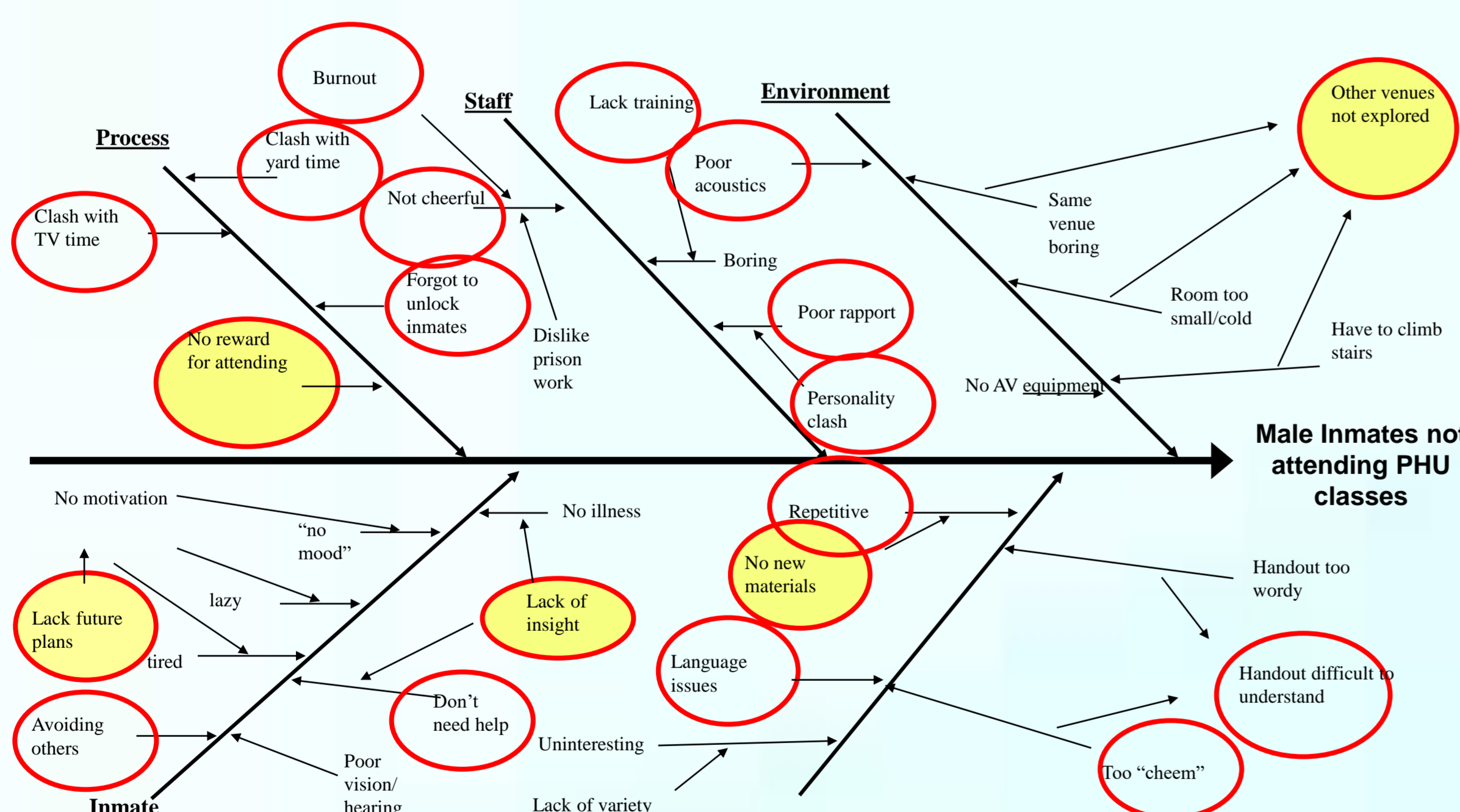
## EVIDENCE OF A PROBLEM WORTH SOLVING

- PHU Programme augments SPS (Singapore Prison Services) rehabilitation programmes
- Prison officers found that many inmates improved drastically after going through PHU programme
- 10-15% of inmates are actually absent without any valid reason
- Data over past 3 months show that only about 70% of inmates attend PHU classes

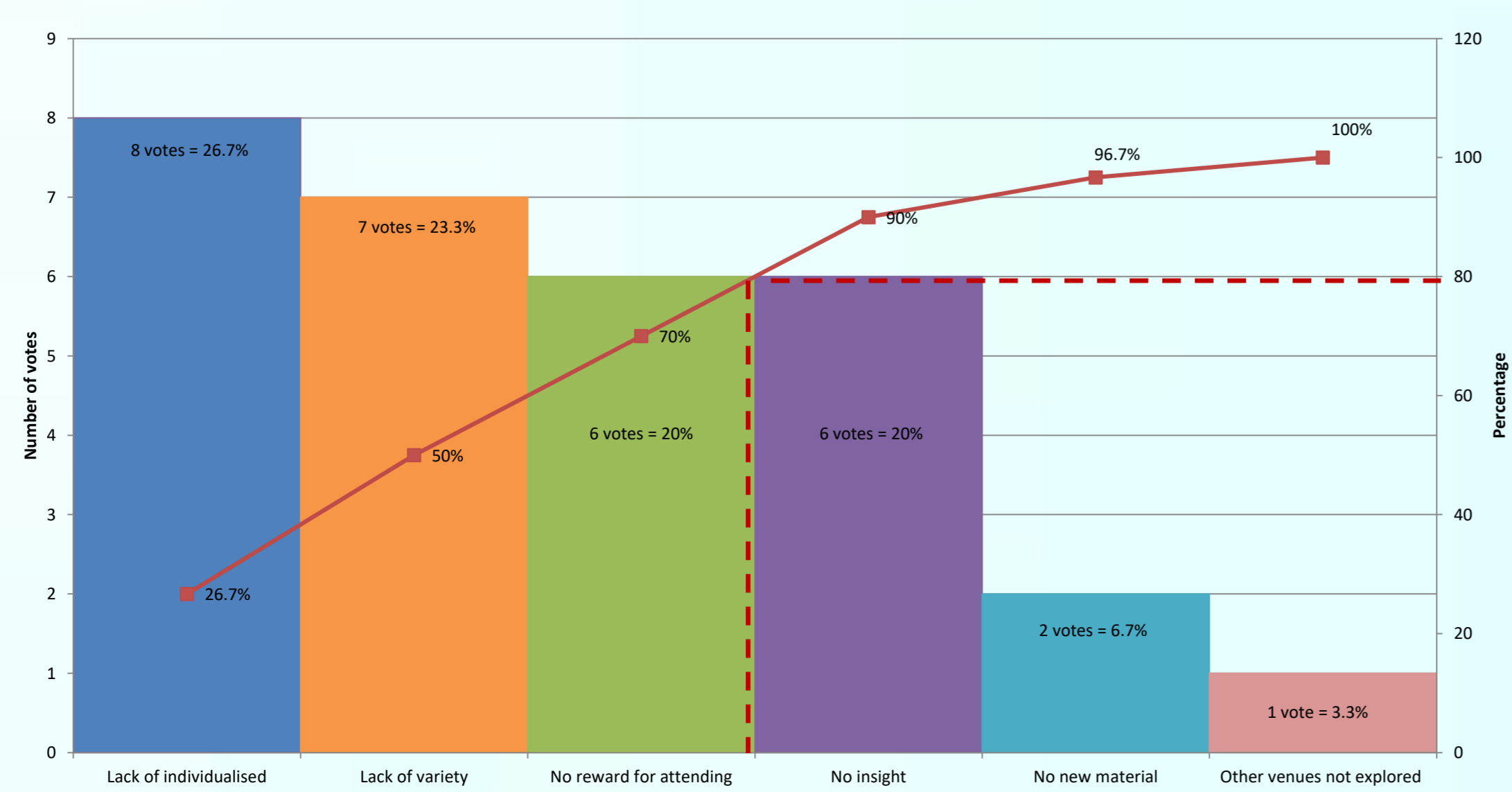
## FLOWCHART



## CAUSE AND EFFECT DIAGRAM



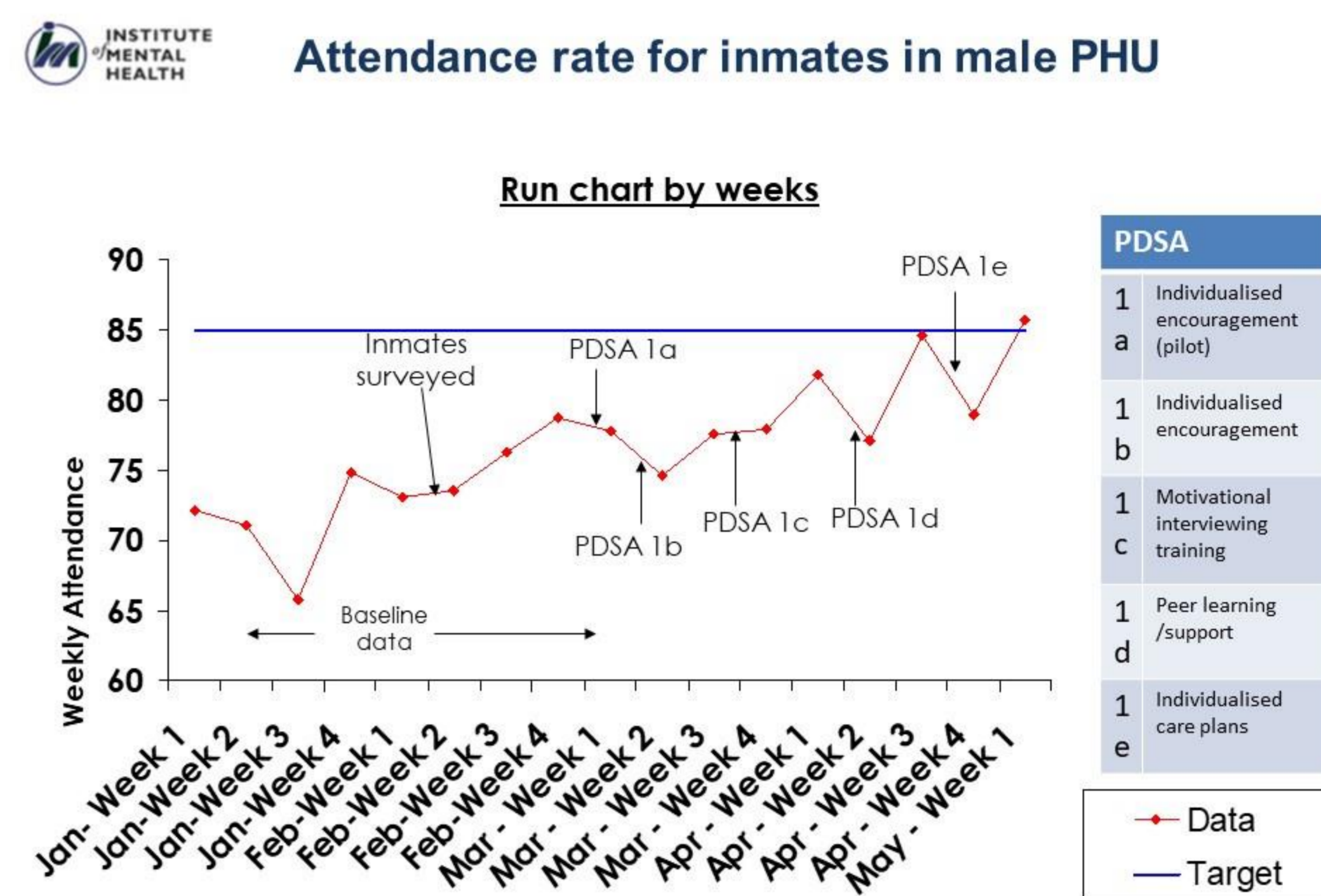
## PARETO CHART



## INTERVENTION

CAUSE / PROBLEM (refer to Pareto Chart)	INTERVENTION	DATE OF IMPLEMENTATION
Lack of Individualised Approach	Individualised counselling for inmates who are absent without valid reasons	
Lack of variety	New activities to be introduced	
No reward for attending	Graduation ceremony	

## RESULTS

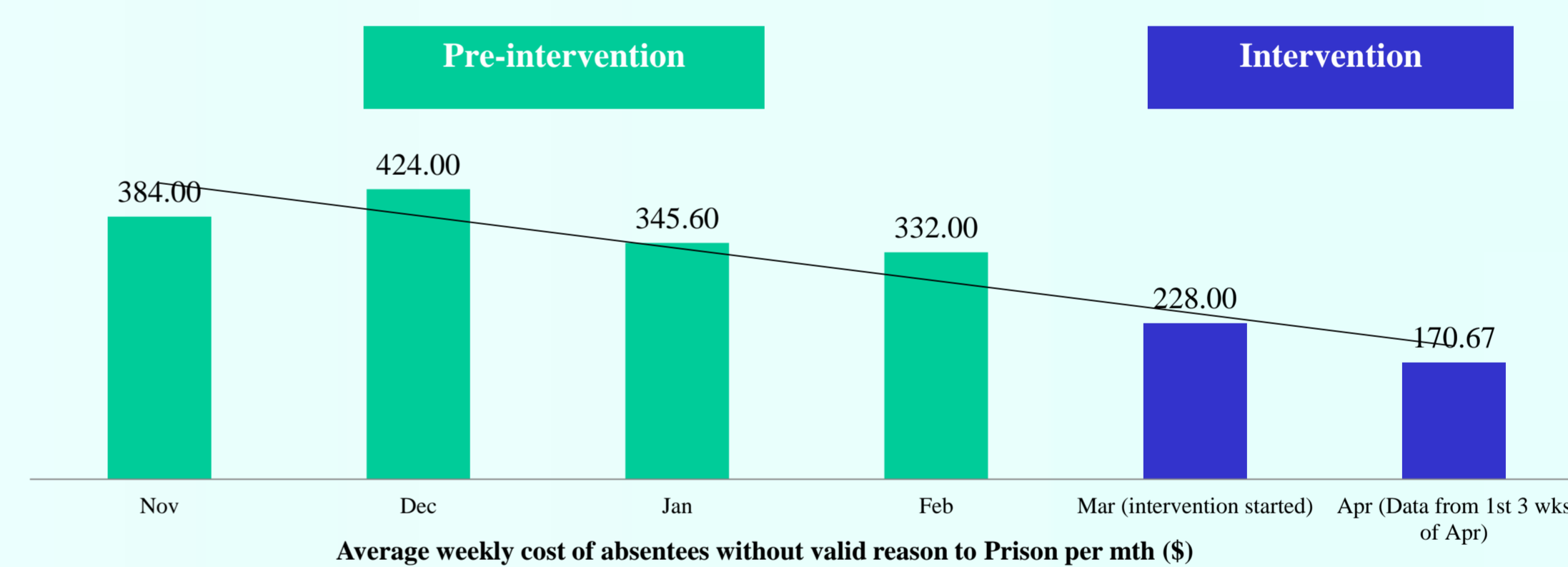


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## COST SAVINGS

Projected average yearly cost savings to Prisons: \$7989.78



## BENEFITS

Inmates	Prisons	IMH staff
<ul style="list-style-type: none"> <li>• Able to spend their time in prison meaningfully by engaging in a rehab programme</li> <li>• Able to learn about managing their own mental illness</li> <li>• Able to take charge of their own recovery by being empowered to set their own goals and objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Inmates engaged with PHU programme less likely to be disruptive or exhibiting uncooperative behaviour</li> <li>• Inmates who have completed PHU programme can be transferred to other institutions for work programmes or programmes addressing criminogenic needs</li> </ul>	<ul style="list-style-type: none"> <li>• Greater job satisfaction as they are empowered with new skills and new tools to better engage the inmates</li> <li>• Staff realise that they can make a difference through their own suggestions; do not have to wait for management to change things on the ground</li> </ul>

## STRATEGIES FOR SUSTAINING THE GAINS

- We will continue with the current individualised care plans for male PHU and consider introducing it to the female PHU as well
- A lot more can be done as we have only addressed the 1<sup>st</sup> root cause within the time constraints of this CPIP
- There were many other suggestions given by inmates themselves during the survey we did that could be explored
- We could look into new types of activities and a more interactive style during classes

## LESSONS LEARNT

- It is exciting to carry out CPIP outside of the traditional hospital setting – this may be one of the few CPIP to do so
- It is also challenging to do so as we need the support of additional parties (ie. Prison staff) apart from our own hospital management
- It is important to take the opinions of service users into consideration as the CPIP is ultimately about benefitting them
- Our team strongly felt it was important to bring about lasting change by empowering the inmates rather than using tangible rewards