



Caring for Forensic Psychiatric Patients in the Correctional Services & Reintegration

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JANUARY 28, 2026

FORENSIC

PSYCHIATRIC

PATIENTS



Securing, Rehabilitating &
Transforming LIVES For A Safer
JAMAICA





What/Where is the Ideal
place to offer care for
PATIENTS?

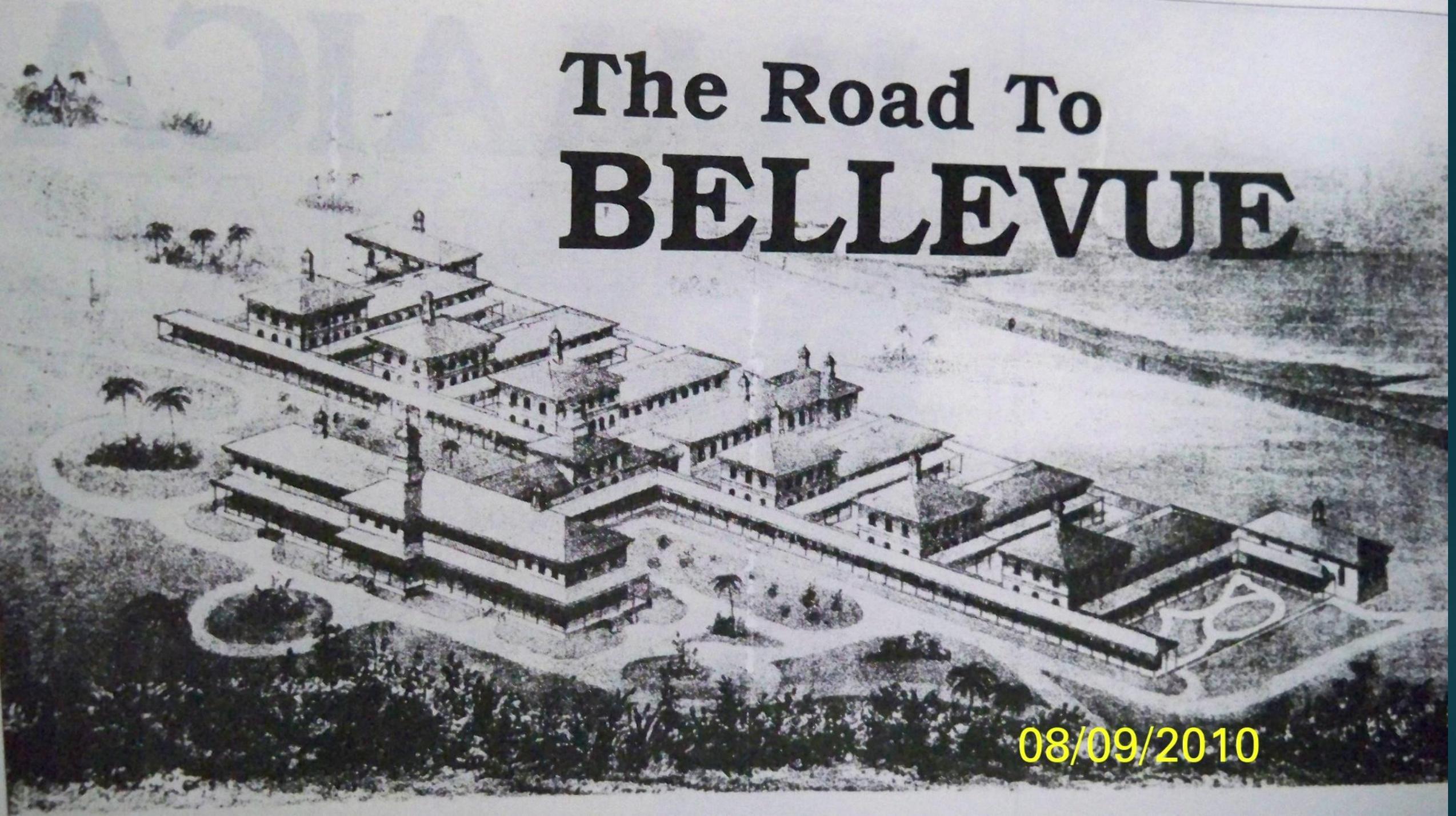
Correctional Services and its (10) facilities

- ▶ Tower Street Correctional Centre
- ▶ St. Catherine District Adult Correctional Centre
- ▶ South Camp Adult Correctional Centre (Female)
- ▶ Horizon Adult Remand Centre
- ▶ Tamarind Farm Adult Correctional Centre and Infirmary
- ▶ Richmond Farm Adult Correctional Centre
- ▶ New Broughton Sunset Adult Correctional Centre
- ▶ Rio Cobre Juvenile Correctional Centre(male)
- ▶ South Camp Juvenile Remand and Correctional Centre (female)
- ▶ Metcalf Street Secure Juvenile Remand Centre(male)
- ▶ 7 Adult, 3 Juvenile / 8 male, 2 female

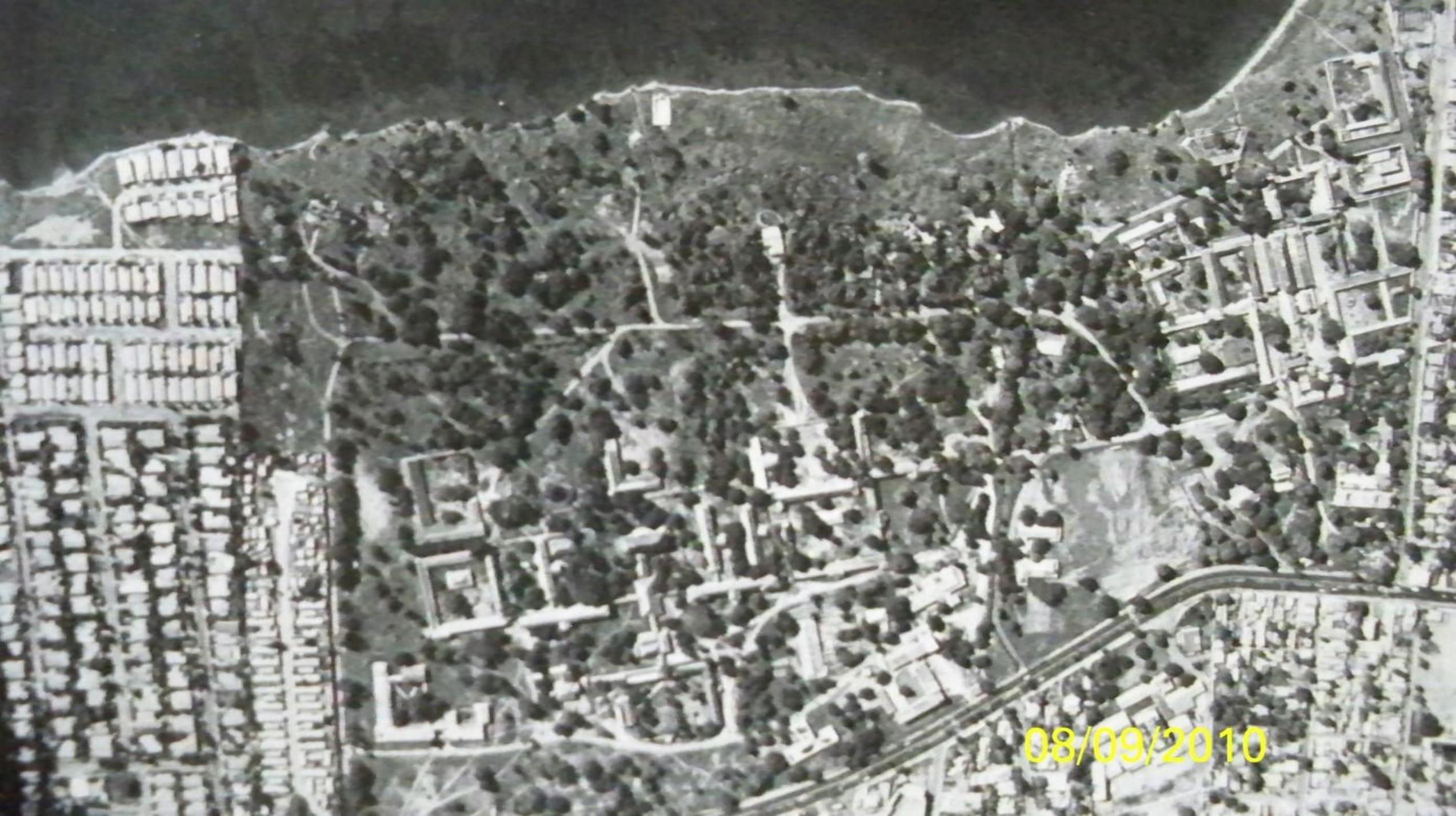
History of Care provided for the Mentally Ill – The PAST

- ▶ Decades ago – abusive, inhumane, torture mainly CUSTODIAL
- ▶ History of Caring Psychiatric Patients in Jamaica
- ▶ Pre-Independence Days
- ▶ Post-Independence Days – BVH, Dept. of Psychiatry UHWI Michael Beaubrun, Kenneth Royes, Dr. Cook, Frank Knight, Frank Ottey, Prof. Freddie Hicklings,, Janet LaGrenade, Anthony Allen, Aggrey Irons, John Royer
- ▶ DCS – 1996 Dr. George Leveridge, Psychiatrist, 2 Psychologist, 2 Nurses, 2 medical officers, George Davis Centre and Fairweather Medical Hospital Complex of TSACC Hospital Section and Special designated section of St. Cath. ACC

The Road To **BELLEVUE**



08/09/2010



08/09/2010



West Ave

East Ave

Windward Rd



© 2009 Europa Technologies
Image © 2010 DigitalGlobe

© 2009 Google

© 2009 Google

Imagery Dates: Sep 10, 2002 - Feb 1, 2006

17°58'12.98" N 76°46'14.21" W elev 17 m

Eye alt 583 m



KAP Wholesale

St. Michael's Primary School

SME Web Design

Keshna's Chill Spot

Cookout HQ

Big Box Liquidators

Shields Trucking & Parts

General Penitentiary

Williams Garage

GP Sports Club

Image © 2025 Airbus

Rae Town Jogging Grounds

Google Earth

First Anti-psychotic Medication in 1950

- ▶ Decentralization and Community Psychiatry and Re-integration
- ▶ Custodial model to **Community Care Model**
- ▶ Mental Hospital Based to **Community Based**
- ▶ Mental Hospital Act, **Mental Health Act**
- ▶ Cabinet approved Decentralization and expansion of Community Mental Health Services across four **Regional Health Authorities 2006**
- ▶ Impeccable services vs. criminalization of mentally ill

Caring for Forensic Psychiatric Patients

- ▶ BVH Forensic Psychiatric Ward - main service provider for GG pleasure
- ▶ Destruction by Fire in 1975 and subsequent Policy decision
- ▶ George Davis Centre TSACC, DCS in 1975-2025) 50 years
- ▶ Criminal Justice Administration Act (Amendment) 2005
- ▶ GG's pleasure, Court's Pleasure
- ▶ DCS became the **ONLY INPATIENT CARE** Centre for almost all FPP
- ▶ The Department of Correctional Services tries its **“best”** to provide the caring in the facilities within infrastructures made available to us

The Present - Care Model

–Bio-Psycho-Socio-cultural

- ..approximately 300-400
 - ▶ Commissioner/Deputy Commissioner (Custodial & Rehab and aftercare services)
 - ▶ Medical Director (Specialized & Medical Services) 2008
 - ▶ 7 Consultant Psychiatrists (5 full time, two sessional)
 - ▶ 3 Psychologists (Counselling), One Dentist, One Dental Hygienist
 - ▶ One Mental Health Officer, One Dietitian

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- ▶ Two DCS RN (General, Psychiatric)
 - ▶ Three Civilian Psychiatric Aide
 - ▶ One OB/GYN Consultant,
 - ▶ Two Sessional Pharmacists, Two Pharm Tech
 - ▶ 14 Medical Officers (9 full time, 5 sessional)
 - ▶ 21 EMTs, 17 DCS Psych Aide, 1 HIV Coordinator/
Phlebotomist
 - ▶ Five Ambulances, total 60 posts since 2020

- ▶ Patients with prior history or without prior history of illness
- ▶ GG, CP, Fit/sentenced, UFP or FTP with a court date
- ▶ Psychosis, Mood Disorders, Depression, Anxiety, Substance Use, Adjustment Disorders, Personality Disorders, Dual Diagnosis, Intellectual Disability, Conduct Disorder, PTSD
- ▶ Prison not Ideally therapeutic milieu
- ▶ Life inside the Prison setting is not home.
- ▶ Never the less, DCS tries its Best
- ▶ Patients are placed GDC, Hospital wings, No 1 Block, TF Infirmary, SCFACC, All Child and Adolescent Care Facilities

Process of Care.. DCS

- ▶ Initial Intake Screening and placement to designated section
- ▶ Assessment by Medical Officer/Psychiatrist
- ▶ **Holistic General Health Care Model** (within DCS/General Hospital referral)
- ▶ Investigative procedures (blood studies, Imaging studies, scopies, pap smears, Mammogram, HIV screening)
- ▶ Scheduled reviews, medications (oral, Injections), specialist clinics referrals
- ▶ Provision of **FTP/UFTP reports, comprehensive forensic reports**
- ▶ **Parole assessment, Appeal process, Petition, Risk assessment, Fit to plea Hearing and expert testimony**
- ▶ Medical docketing, Statistical and digital transformation had begun

Continuity of care in crucial component

- ▶ DCS, MOHW, Director of Mental Health & Substance Abuse, Regional Psychiatrists .. Team meetings to streamline efficient referral process to ensure care in the lock up and community & sharing information (MOU with BVH)
- ▶ Mental Health Act, Data Protection Act, Access to Information Act, Correctional Act and MOHW and DCS SOPs guided by Data Protection Officer and Legal Officer of DCS
- ▶ To prevent “Criminalization of mentally ill and Trans-institutionalization process”
- ▶ A referral and oral medication to each leaving the Institution
- ▶ The mechanism of notification between DCS and MOHW Mental Health and Substance Abuse Unit and Regional Mental Health Teams

Cross-Training and Capacity Building with Courts, MOJ

- ▶ To improve Knowledge Gap, Communication and Understanding challenges
- ▶ Legal Aid Council approached, Capacity building begun in July 2025 and NMLS, MOJ, UNDP, Government of Canada sponsorship
- ▶ Re-introduction of Lectures , Presentations, Workshops and seminars are being planned.
- ▶ Two presentations so far done for 2025 since July 2025.
- ▶ Targeting generational professional colleagues in practice to exchange understanding and knowledge to assist each other
- ▶ Psychiatrist's and Lawyer's understanding of technical language based on training and better collaboration
- ▶ DCS Psychiatrists attending Courts' Stakeholders Meeting

Forensic Psychiatric Patients & Rehabilitation

The FUTURE VISION

- ▶ Bio-Psycho-Socio-Cultural and Spiritual Frame Work
- ▶ Academic, Vocational and Occupational Therapy
- ▶ Plans to deal with perception, knowledge and resources challenges
- ▶ Hope to provide similar programme and activities like psychiatric wards and hospital
- ▶ Farming, cultivation, chicken and layers production, painting, drawing, performance and creative Art, music, games, computer classes, other skill building
- ▶ Group therapies, Bible and Spiritual classes, exercises etc. with incentives and stipends for behavioral modification & creation of Therapeutic Green Places
- ▶ CAPACITY RESTORATION – Legal Rehabilitation Programme by observing international best practices
- ▶ SEX OFFENDERS TREATMENT & REHABILITATION PROGRAMME & SUBSTANCE USE & ABUSE PROGRAMME Planning

“Actus Non Facit Neum Misi Mens Sit Rea”

Sir Edward Coke 1552-1634 Barrister, Former UK Solicitor General of England & Wales

- ▶ “An Act does not make a person guilty unless their mind is also guilty”
- ▶ Criminal Justice system is to punish wrongdoer using Punitive Model
- ▶ New innovative Model “**Therapeutic Jurisprudence**” Prof B Winnick & D Wexler
- ▶ With this changing concept .. Task of DCS is even wider.
- ▶ **Actus Reus and Mens rea** ..Prison sentence is not just enough. Rehabilitation for “Mens Rea” should be our future task to reduce reoffending and Recidivism.
- ▶ Psychological Rehabilitation is essential component of Rehabilitation to all individual sentenced, should be mandatory.
- ▶ With this, our scope of work should be definitely wider not only the Care of Forensic Psychiatric Patients but also for ALL inside

Forensic Psychiatric Hospital

- ▶ **DCS leadership** is currently engaged with all stakeholders of our organization to develop a new organizational structure and Job descriptions. Review, assessment and proposed structures has been identified.
- ▶ Specialized and Medical Services will be expanded to serve in accordance with best practices
- ▶ Ideal is FORENSIC PSYCHIATRIC HOSPITAL until a policy decision is made and a budget is identified
- ▶ The MOST Realistic and Achievable Goal is to join with us, to advocate expansion of proposed new organizational Structure, Psychiatric Services, Improvement of Infrastructure to offer “Best Therapeutic Healing Environment” not just to recover their degree of illness but to restore their mental capacity and competency
- ▶ So their length of stay shortened, speedy trial with fair justice and quicker re-integration to enjoy a quality of life as a productive citizen thus reducing relapse and recidivism

Therapeutic Rehabilitative Care aiming at
Capacity Restoration, facilitating Continuity
of Care and Re-integration, preventing
Relapse and Recidivism

THANK YOU

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