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Investing for the Future:

Education for nurses who work with mental health problems in prison

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This paper looks at the educational needs of nurses who work directly with the mental health needs of prisoners. With the increasing demand on service providers to give safe, sound and supportive services (DOH 1998) it is suggested the education of the nursing staff needs a long term educational strategy rather than financially driven, quick fix solutions.

Introduction

There has been an increasing emphasis on the way forward to meet the Mental Health needs of prisoners and how nurses can engage therapeutically and risk manage the person in their care (HAC 1997, UKCC 1999, DOH 1999, 2000). The service provision has been criticised as consisting of ineffective and inflexible and which do not match identified health needs, resulting in poor health outcomes for prisoners, wasted resources and de-motivated staff (DOH 2001). The *Changing the Outlook* document (DOH 2001) makes it clear that there needs to be a range of services varying in intensity that should be available in prisons which, if appropriately planned and delivered, could respond effectively to the needs of prisoners with mental health presentations. Resourcing the future of health care centres (HCC) in prisons is beyond the scope of the paper but educational needs and skills and expertise needed by the nurse in HCC's is considered.

Nurses who go to work in prisons begin their new career without having had any particular preparation for the role. The context of prison nursing is often clinically and professionally complex as it is controlled by environmental factors associated with regimes, security and prison culture (Evans 1999). This can inhibit the building up of a therapeutic relationship (Poleyk Przbyal and Gournay 1999) and any type of Mental Health promotion or preventative work, which is the main aim of the National Service Framework with its principal target of reducing self harm and suicide (DOH 1999). The competencies recommended (UKCC 1999) to be the ideal of the prison nurse, which require expertise include

- delivering evidence-based care in managing risk, whether to the self or others; and,
- providing advice on the assessment, interventions and discharge of patients.

Critically, the mental health and associated presentations (for example, substance abuse and personality disorders) increasingly demand that the nurse is competent to assess, plan and implement care,

and recommend appropriate services in these areas. The importance of these additional competencies was signalled and reiterated by the growing demand to assess danger (DOH 1997 and 2000b), These additional competencies require an in-depth knowledge of mental health law will be needed (Vose 1999).

Education and improving mental health care in prison

The recruitment and retention of nursing staff continues to be the main difficulty in delivering any of the objectives set as an ideal by the UKCC (1999) or Government (DOH 1999) as Poleyzk Prybala and Gournay (1999) point out. A positive way forward would be to define a clear career pathway for nurses who are committed to prison health care. Secondment opportunities could be made available for Health Care Assistants (HCAs) who have gained appropriate NVQ levels to undertake nurse training. The Advanced Diploma in Nursing (ADNS) involves a one year Common Foundation covering the care skills of Mental Health Nursing, then the final two years specialising in specialist areas of Mental Health Care in the acute, severe and enduring forensic, drug and alcohol services. Academic assignments can be tailored to students' specific learning needs.

A long-term view would be to invest in this so that the Health Care Assistant could gain a thorough grounding in all aspects of mental health nursing before returning to practice, as qualified nurses, to their sponsoring prison. This would provide a long-term career pathway for staff who want both to progress clinically and to use an untapped resource that is readily available - HCAs are relatively easier to recruit than RMS's (Polzcyk–Przbyla and Gournay 1999). This model is already being used by the local health care providers in seconding significant numbers of HCAs to the ADNS Course at Sheffield.

Secondly, there is also an untapped resource for mental health in the registered general nurses working in the Prison Service, who are not trained specifically to work with risk assessment or the florid psychotic presentation. Opportunities available to tapping this resource include the Diploma/BmedSci in Mental Health Nursing at The University Of Sheffield. This course is delivered over a year and can cater for the individual needs of students, such as those from the Prison Service, with hospital placements at acute, severe and enduring mental health settings. Assignments are based around clinical incidents/scenarios, for example the management of the borderline anti-social personality disorder, which has been identified as on of the specialist areas that needs to be developed (UKCC 1999). It is most important that nurses in HCCs can recognise all aspects of Mental Health presentations to enable appropriate interventions to take place.

The third positive way forward could be investing in the specialist Diploma/BmedSci course in Forensic Mental Health Practice, also available at The University Of Sheffield. This course covers specialist aspects of mental health care in the forensic and secure settings and includes dual diagnosis, anger management, therapeutic engagement of the personality disordered and evidence based therapies (for example, Cognitive Behavioural Therapy). The complex issue of combining custody with therapy is of particular significance to those engaged in the care of prisoners. Historically assumptions have been made (for example, Burrows 1993; Burrows 1991) that therapy and custody are mutually exclusive: these assumptions can now be effectively challenged.

The physical security and prolonged admission periods typical of secure environments afford the opportunity to use the skills detailed above in developing highly therapeutic, effective and satisfying alliances between mentally disordered offenders and their nurses (Kettles et al 2002).

A long term strategy

Rather than a short-term fix a positive way forward would be to invest in the future by using the courses provided by local universities and colleges. Turning around the low staff morale and poor recruitment and retention would take time but the Prison Service is not alone in facing these issues. There is a widespread and chronic shortage of appropriately trained staff to meet to standards identified in the National Service Framework for Mental Health. However, recent literature (Kettles et al 2002; Chaloner 2000) highlighted the development of Forensic Mental Nursing as a specialism and highlights the growing evidence base for the care of patients in secure settings.

Resourcing the educational opportunities outlined above could be a start in harnessing and maintaining individual nurses' motivation to become part of this branch of nursing. As well as improving esteem and morale, it would provide the skilled workforce that people who are in prison need.

Conclusion

This paper has outlined the difficulties faced by those providing health care services in prisons, particularly in respect of the challenges presented by managing the mental health and associated disorders in the prison population. There is a clear need for change to update and provide a more skilled workforce. Utilising the opportunities for prison nurses as outlined in this paper could be one step forward but what is urgently needed is a clear policy of investment in the future.

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Prisoner to Listener

Niel Swann *was a Listener at Highpoint South prison. He was discharged in May this year.*

I first became aware of Prison Listeners when I came to Highpoint in May 2001. There was the odd Listener in my remand prison, but I was not really sure what their job was, what they were there to do; I was never really told anything about them. That all changed once I arrived at HMP Highpoint. On induction, I heard a session by a lifer who said he was a Listener, there 24 hours a day for people like me, anyone who needed to talk. There to listen and offer a way of hope, instead of feeling alone and lost in times of despair.

I listened to him, and knowing I had worries of my own, still wanted to maybe sign up to helping others instead of thinking of myself. But I knew I had some way to go before I could even sit down with another, and hear their heartache on top of my own.

I could write at length about the pain and hurt I was feeling then, on top of the sentence I was given. The crime was my own doing, but the hurt had been growing for years, like a tumour. I had become a little bitter and twisted; and had the 'poor me' syndrome. But with the right care, and often helping attitude of prison staff, I slowly became a person again, the person I used to be, and was happy to be again.

This did not happen overnight. It was seven months before I became a Listener. The training lasted six weeks. I became friendly with other trained Listeners, and members of the Samaritans, who are not a bad bunch of people. For the first time in my life, I felt a part of something.

I will always remember that Christmas of 2001. I had my first call-out. I was worried I'd get it all wrong. I was in front of a 23 year old who had cut his arms, and who talked like he did not want to be a part of life any more. And I thought I had worries. When you start to hear what others are going through, your own life seems 'normal'. After what seemed like a lifetime, I left the guy's cell. He shook my hand and said 'Thanks' with tears in his eyes, and told me I was a lifesaver. 'I know', I said.

However, it was never all plain sailing. I came to a point where I wanted to give up, and felt myself sinking back into the hole I had taken so long to climb out of. I still at times needed that helping hand myself. I found it in the last place I would have looked. Many of the officers at Highpoint have given me their time and much good advice, and to my surprise, I will miss the people they really are. And they are many.

I have been a Listener six months now, and have listened to many. Where some cried, I left them laughing. Where some were alone, I left them knowing they had a friend in a Listener. As I near the end of my sentence, I look back over the last year, and know Highpoint has taught me a lot, about myself and what I can achieve if I try. In the darkest of hours there are people who care and are willing to give all their time and a helping hand to a fallen brother when he's down.

I was not the first Listener and know I will never be the last. But what I know now has helped me in my life to become more outgoing, and to believe that I can make a difference. Although being a Listener will not suit everyone, I would not change who I have become for anything in the world.

Thanks to the Samaritans and to Highpoint.