in common in the ways in which they thought about such things as the crimes of those they cared for, or the challenging behaviours of PD people. There were also differences, with prison officers sometimes mentioning things that nurses in the previous study had not, and vice versa.

We also measured staff's general well-being and personality characteristics. The first set of results has found that collectively the prison staff expressed enjoyment, a sense of security, acceptance, purpose and enthusiasm when working with prisoners on the DSPD unit. Generally, these components were felt more strongly with prison staff than with the nurses in the High Security Psychiatric hospitals. The results showed the trend of prison staff whose personality profile indicated they were more open to different experiences was to express more feelings of enjoyment and have a more positive attitude when working with PD prisoners. We also found that those staff members with better feelings of general well-being had a more positive attitude to prisoners with PD.

On our recent visits, taking place between six and nine months after the initial start of our study, we are looking for changes in attitudes towards PD prisoners; carrying out observations of the prison staff when in association with prisoners; measuring staff perception: of management style; and asking staff to rate themselves on behaviour traits that are deemed characteristic of prison officers. The DSPD unit prison staff have participated enthusiastically in this study and with interest.

Our feedback to the staff is keenly anticipated for the next stage and findings so far have been well received. We very much appreciate all the help and kindness that the DSPD unit staff have shown us over the past few months during our time spent at HMP Whitemoor.

Staff Development in Personality Disorder Services

Les Storey, *Senior Lecturer at University of Central Lancashire and Colin Dale, Independent Consultant.*

The issue of Personality Disorder is one that has been the subject of much media interest and scrutiny over the last few years; much of this focused on Ashworth Hospital where a judicial inquiry (The Fallon Report) into the management of the PD service was undertaken. Although people with a Personality Disorder are only a small proportion of the population of prisons and high secure mental health services they do attract a disproportionate level of scrutiny.

The report into the PD service at Ashworth identified that

'About ten per cent of the population have a personality disorder but they do not necessarily become offenders or find themselves in psychiatric care, although they often suffer from illness, alcohol or drug problems, and often visit family doctors. It is also reported that two to three per cent of the general population have an anti-social personality disorder and they are more likely to be found in prison populations and before the courts'

(DoH 1999: The Fallon Report).

High profile cases such as the Michael Stone case also raised media and political interest which has resulted in proposals to develop strategies and services to manage dangerous people with severe personality disorder (Home Office 1999, 2000). One of the main outcomes of the strategy was the provision of 320 new specialist secure places for people with DSPD, 140 places in the NHS in new high secure accommodation and 180 places in refurbished or new provision in the Prison Service.

The strategy is being developed and implemented through a number of projects. The projects are joint initiatives between the Home Office, the Prison Service and the Department of Health. There are nine projects currently working towards a target of development and implementation by 2004:

One of these projects is Human Resources and Training, which attempts to address the needs of staff working with this group. The Human Resource and Training Advisory Group was been established to:

- identify the HR and Training requirements for the DSPD assessment and treatment pilots;

- support and advise pilot sites; and,
- ensure that the DSPD workforce and training programmes are fully integrated with other services.

To achieve this the group set out to develop a training framework for staff in the pilot sites and future services, and produce an integrated HR strategy for the rollout of a nationwide service.

One of the pilot sites, HMP Whitemoor, commissioned the Faculty of Health at the University of Central Lancashire to deliver a training programme in the assessment and treatment approaches to Personality Disorder. In commissioning the work staff at Whitemoor identified a need for all disciplines of staff within the wing to be provided with an opportunity to undertake the training.

The programme that has been delivered at Whitemoor is based on work originating at Ashworth High Secure Hospital because it was felt that there were significant similarities between roles and responsibilities of staff at Whitemoor and at Ashworth, and that the programme had been designed to be based on the competences that staff needed in the workplace to deal with people with a Personality Disorder (Storey and Dale, 1998).

Programme Development

The programme developed for Ashworth Hospital was as a consequence of a reorganisation of services within the Hospital. In December 1993, Ashworth Hospital Authority restructured its internal clinical services and formed four clinical units. Two units focused on the needs of people with mental health problems, one unit was concerned with people who presented with special needs including women patients, the elderly and people with a learning disability, with the fourth unit meeting the needs of people with a personality disorder.

This was the first time that people with a primary diagnosis of personality disorder had been brought together in large numbers and dealt with as a single treatment entity. In its evaluation of Ashworth Hospital services in 1994, the Health Advisory Services commended Ashworth Hospital for its decision to focus on this group.

During the changes the organisation learnt experientially from the difficulties involved with the venture in the development and delivery of care to this particularly challenging group.

An evident issue was the fact that people who had received nurse training within mental health, be they registered mental nurses or registered nurses for the mentally handicapped (nowadays referred to as learning disability) had little or no preparation for working with a group with a primary diagnosis of personality disorder. It was very evident therefore that any training for staff in relation to this group would need to be home grown drawing on the experience of people who had worked with this group and in this environment (Storey, Dale and Martin, 1997). The hospital decided therefore to take an ambitious and systematic decision to address this training shortfall and deficiency.

The hospital was eager to contribute to the development of a curriculum that was based on competences. In discussion with colleagues from the Faculty of Health, University of Central Lancashire, it was decided to investigate the possibility of developing a framework of standards for professional practice that was based on the methodology used to develop National Occupational Standards. It was felt that using this methodology would result in the development of a curriculum that would enable the identification of training needs and the recognition of an individual's current abilities.

National Occupational Standards

National Occupational Standards are descriptions or benchmarks against which an individual's performance can be judged. In a study by Eraut and Cole (1993) it was stated that all professions should have public statements about what their qualified members are competent to do and what can be reasonably be expected from them.

It follows therefore that National Occupational Standards can be used by professions:

1. To inform the public and employers about the claims to competence of the profession. This is an essential starting point for any discussions about the role of the profession.
2. To inform the public and employers about the strength of its quality assurance systems so that individual clients can have clear expectations of the service to be provided.
3. To inform those who provide professional education and training about the goals to be achieved by students for entry to the profession.
4. Where appropriate, they may be incorporated into regulations or criteria for the approval of courses and/or practice settings.
5. To provide guidance for students, placement supervisors and teachers about the competences students are expected to achieve.
6. To provide a foundation for the design of valid and reliable assessment systems for qualifications.
7. To establish European equivalencies and/or criteria for granting professional status in the United Kingdom to nurses who have trained and practised abroad.

(Eraut and Cole, 1993)

Standards Development

The standards have been developed through the

process of functional analysis. This means analysing whole occupations in terms of outcomes and the purpose of work activities rather than specific activities, procedures and methods. This approach results in the development of a functional map.

National Occupational Standards define the level of performance required for the successful achievement of work expectations. They specify best practice, and realistic future expectations, in an employment sector and are expressed in the form of elements of competence, performance criteria and range indicators. These are then used as specifications for assessment when standards are aggregated together to form qualifications.

In order to map the care for people with a personality disorder we facilitated a number of focus groups with staff involved in delivering or managing the care of this client group. The groups have involved representatives from nursing, psychology, social work, occupational therapy, social therapy, psychiatry and support staff.

The project to 'Map the Care of People with a Personality Disorder' originated in the Personality Disorder Unit at Ashworth Hospital where they were attempting to identify the core competences needed by nursing staff to work with this group (Melia et al 1995). Subsequently this work has been developed to include other disciplines in health and the Criminal Justice system, in the United Kingdom, USA, Holland and Eire.

Focus groups were initially held at the four High Secure Hospitals in the UK, with colleagues at the Central Mental Hospital in Dublin and in Ministry of Justice clinics in Holland. Additionally, the standards that were derived have been validated in a wider range of prison and health care settings.

From this work it was agreed that the key purpose of Personality Disorder services is:

To provide safe secure and motivating conditions in which, through the use of consistent and coherent approaches, therapeutic interventions and planned interactions, the impact of the individual's personality disorder can be minimised and they are encouraged and supported to effect a positive change in the way that they perceive, interpret and interact within their social environment.

The statement summarises the unique nature of care delivery for this patient group, and reflects the values which underpin care delivery and any inherent balances or conflicts which affect the work, such as differences between the needs of patients and the expectations of society.

The key purpose is then broken down into successive levels of detail which describe more and more precisely what it is that is expected of people. The second stage of analysis identifies ***Key Areas*** which are as follows:

1. Promote and implement principles which underpin effective, quality, practice;
2. Assess, develop, implement, evaluate and improve programmes of care for individuals;
3. Develop, implement, evaluate and improve environments and relationships which promote therapeutic goals and limit risks;
4. Provide and improve resources and services which facilitate organisational functioning; and,
5. Develop the knowledge, competence and practice of self and others.

Following development of the standards two competency based qualifications were developed, they are:

- University Certificate in Assessing Personality Disorder; and,
- Post Graduate Certificate in Assessment and Therapeutic Approaches to Personality Disorder

These qualifications have been undertaken by a number of staff in mental health services across the north west and have also been introduced into HMP Whitemoor where one of the pilot DSPD services was established in the Prison Service.

Delivery of Education and Training

Following discussions with staff at Whitemoor it was agreed that the pilot programme would be delivered at weekends and would be repeated to facilitate access for the participants. The workshops were designed to meet the needs of the multi-disciplinary team who work on the wing, these included:

- Governor grade;
- Principal Officer;
- Acting Senior Officer;
- Prison Officers;
- Nurses;
- Psychologist;
- Psychology Assistant;
- Education Staff; and,
- Staff from Visitor Centre.

In planning the delivery of the programme it was agreed that workshops would be jointly run for those undertaking the University Certificate and those undertaking the Post-Graduate Certificate as it was felt that sharing of experiences would be a major benefit to the group and that participants would develop a greater understanding of one another's roles within the system.

Structure of the Six Weekend Workshops

The workshops were designed to be interactive events building on the reflective experience of the

participants. A mixture of directed reading and set assignments were set between the workshops which formed part of the workshop activity which followed. This was designed to give the theoretical perspectives under consideration a 'grounded' experiential base to operate from and allow the participants an opportunity to experience the direct application and consideration of items under study. In short this methodology attempted to bridge any potential dichotomy of theory and practice. The completed activities had the additional benefit of giving candidates evidence to demonstrate against competencies which they could include in their portfolios.

Six two-day workshops were delivered with the themes:

Theme One: Theories of Personality Disorder

1. Historical perspectives on how personality disordered has been viewed over the years
2. Personality and its constructs
3. Theories on what is believed to contribute to disorders of personality
4. Diagnostic Systems (ICD 10 and DSM IV)
5. Mental health legislation and personality disorder
6. Policy development and personality disorder (including DSPD)

Theme Two: Risk Assessment and Management

1. An overall risk management strategy for a service, the component parts
2. The theory of risk assessment in mental disorder
3. Approaches to risk assessment (an examination of specific tools)
4. The research evidence on the success of predicting dangerousness

Theme Three: Maintaining a Safe Environment

1. The nature of relationships and inter-relationships in human services
2. Professional Boundaries their development and maintenance
3. The nature of group dynamics in human services
4. Recognising manipulative behaviour (with particular reference to splitting)

Theme Four: Therapeutic relationships

1. The basis for therapeutic relationships
2. The development and maintenance of therapeutic relationships
3. The therapeutic options for personality disorder
4. Treatment and subsequent offending, the evidence

Theme Five: Assessment

1. Interpretations on the meaning of behaviour
2. Group dynamics
3. Utilising assessment tools
4. Assessing the needs of people with a personality disorder

Theme Six: Reflections on Personal and Professional Effectiveness

1. Teamworking
2. Effectiveness in services with people with a personality disorder

Evaluation of the Educational Programme

Five people successfully completed the post-graduate certificate and six people successfully completed the certificate programmes. The course was well received by those attending and completing and the governor reports some observed improvements in performance in the individuals completing the course.

The portfolio approach was positively received once it was understood and provided a grounding in the roles of the participants and the theory of the course. The joint delivery of the certificate and post-graduate certificate was good for team building but presented as a challenge to the facilitators in dealing with a wide range of knowledge and abilities within the group.

The commitment to attend six weekend workshops proved to be too much for many people who started the course and although a large number of people agreed to undertake the course, many dropped out without ever attending a session. This demonstrates the difficulties in achieving the right balance between the operational needs of the service and attendance at ongoing training events.

There seems a difference to the facilitators between the culture and attitude towards training activity within the prison service when compared with working with professional health staff. It appears that the culture within the prison service is one of course attendance and organisation within normal working hours with time and costs met by the employer. For some time NHS employees have become more accustomed to both funding much of their own training (or at least contributing to it) and attending in their own time. This may be a challenge for future services and costing if the prison service is to move closer to a NHS model of service as described in the DSPD service.

Plans are underway to continue to make the training available to staff at Whitemoor, but in a reduced number (10-12 places annually) allowing for more selectivity to improve retention. Whitemoor is also keen to retain the two levels of training giving them greater scope for meeting training needs.

References

Ashworth Hospital (1997) Written submission to the Judicial Inquiry. Ashworth Authority Hospital Authority.

Conroy, M. (1996) The Future Health Care Workforce. HSMU. Manchester University.

Department of Health (1999) Report of the Inquiry into the Personality Disorder Unit. Ashworth Hospital. HMSO. London.

Eraut, M. and Cole, G. (1993) Assessing competence in the

professions. *Research and Development Series, Report No. 14.* Department of Employment. Sheffield.

Home Office (1999) Managing Dangerous People with Severe Personality Disorder. Proposals for policy development. Home Office; London.

Mansfield, B. and Mitchell, L. (1996) Towards a Competent Workforce. Gower. Aldershot.

Melia, P. (1997) In: Written submission to the Judicial Inquiry. Ashworth Hospital Authority.

NCVQ (1995) NCVQ — The global pathfinder for vocational reform. NCVQ: London.

Stephenson, J. (1993) Capability and competences: are they the same and does it matter. HEC: Leeds.

Storey, L.O'Kell, S. and Day, M. (1995) Utilising National Occupational Standards as a complement to Nursing Curricula. NHS Executive Leeds.

Storey, L., Dale, C. and Martin, E. (1997) Social Therapy: A developing model of care for people with personality disorders. *NT Research*, vol 2, no 3, pp210-218.

Storey, L. and Dale, C. (1998) Meeting the needs of patients with personality disorders. *Mental Health Practice* Vol 1 no 5 pp20-26.

Wright, P. (1993) NVQs, GNVQs, and NETT's: implications for universities and their staff. Universities' Staff Development Unit. USDU Briefing, September 1993.

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,