Preparing nurses to work effectively in the prison environment

Nicola Evans

Abstract

Nurses who go to work in prisons begin their new career without having had any specific preparation for this unique and diverse role. The demands placed upon nurses are unlike any they will have experienced in their previous clinical posts. The work of a nurse in prison contains elements of both mental health nursing and practice nursing. The context in which this nursing occurs means that the nurse is presented with complex clinical and professional dilemmas. Consequently, few nurses start to work within this specialty with all of the core competencies required to be clinically effective and confident in their role. This article describes how this unmet educational need was addressed by the development of a diploma level module.

The range of roles undertaken by nurses working in prisons is unlike any other nursing specialty. The tasks associated with practice nursing, occupational health, outpatients, community or acute psychiatric nursing are routine to the day-to-day working of nurses employed in prisons (Willmott, 1994). The skill mix of nurses working within a prison is unlike that found within NHS provision, with a mixture of registered nurses and prison healthcare officers who do not have a nursing background but may have received in-service training from the prison service and prison custody officers.

However, in the recruitment of nurses to work in prison health care, few candidates possess enough experience in all the related fields and therefore nurses start work within this specialty without all the required competencies. Therefore, nurse educators need to develop postregistration programmes that not only build on nurses’ existing skills and knowledge but also develop the nurses’ understanding of the specific health needs of prisoners and how to effectively offer health care within prison environments. The weaknesses in the existing educational development for healthcare professionals were highlighted in The Future Organization of Prison Health Care (Joint Prison Service and NHS Executive Working Group, 1999) which concluded that there are no clear developmental opportunities in place for nurses working in custodial establishments.

The health needs of prisoners should be accurately assessed in order for care to be more focused and consequently effective in achieving positive health outcomes for people in prison. The Joint Prison Service/NHS Executive Working Group stipulated that the target for the completion of this health needs assessment should be 3 years and that the venture should be a joint initiative between health authorities and respective prison governors (Joint Prison Service and NHS Executive Working Group, 1999). As cited by Sir David Ramsbotham (1996), in his discussion paper Patient or Prisoner, prisoners should be entitled to the same level of health care as that made available to society at large; therefore, the health needs assessment should plan for the same provision of care that these prisoners could expect in the NHS.

Several small studies have already been undertaken and the findings indicated that 9% of the male prison population and over 30% of the female prison population reported sick daily (Smith, 1999). Additionally, the mental health, social functioning, and experience of pain were found to be significantly worse in a sample group of male prisoners than in the general population (Chambers et al, 1997).

Statistically, most prisoners originate from lower socioeconomic groups where there is an associated lower level of health. Farrington (1995) has suggested that there could be a causal relationship between offending behaviour and physical ill health. In a study commissioned by the Department of Health, Singleton et al (1998) found that 40% of female prisoners and 20% of male prisoners had been seen by psychiatric services in the 12 months before entering prison. Therefore, the prison population has a potentially high need for comprehensive healthcare services equipped to deal with both physical and psychiatric conditions.

As Towl (1999) has already identified, through exploration of data associated with self-inflicted deaths, there are differences between the suicide rates of different types of
prison. No suicides have been recorded in open prisons whereas there are higher rates of suicides in local remand prisons. Measuring the frequency of suicidal attempts within a custodial establishment is by no means a valid method of determining level of health need. It does, however, demonstrate that health needs fluctuate between institutions and that they are associated with environmental variables such as the type of prison (i.e. local remand or dispersal), the prison's category and the type of prisoners the prison houses (Chambers et al, 1997).

One perspective taken of a prison environment is that it replicates the patterns of society at large; however, this perspective is disputed by Reed and Lyne (1948) who note that within prisons there are high levels of mental disorder, drug misuse and general poor health, and that 53-55% of prisoners are using illicit substances before their detention in prison or that they start using illicit substances to cope with prison life once detained (Wright, 1997). Additionally, 1.9% of male prisoners and 1.1% of female prisoners suffer from psychosis (Ramsbotham, 1996).

The prevalence of hepatitis C is a particular issue among injecting drug users. Addressing communicable diseases, including the prevention of human immunodeficiency virus and other sexually transmitted diseases, is one central task of health care in prisons. In 1993, Glenochil prison witnessed an acute outbreak of hepatitis B and human immunodeficiency virus (HIV) seroconversion among its population, resulting in suspicions that prisoners had been sharing injecting equipment (McCoomish and McComish, 1997). The distribution of condoms within prisons is still not supported by the Prison Service, thus denying the recognition that sexual activity occurs in penal institutions both in terms of consenting sexual acts, and acts of male rape (Rogers, 1997).

EDUCATIONAL NEED

Nurses working in prisons self-report the difficulty that they experience in keeping up to date with clinical practice in their respective specialties. It is acknowledged that all professional groups working in prisons feel isolated, have low status compared with their NHS colleagues, and have little specific training (Ramsbotham, 1996). Access to study leave is variable and depends upon the support of the governor, and the availability of colleagues to cover rosters; the range of health-driven educational courses or study days is rarely clearly focused for nursing within prisons.

Many prisons employ a small number of nurses — up to a total of 10 qualified nurses in local remand prisons. Should one person wish to embark on a course of any extended duration, that nurse would need to be either committed to devoting one of his/her leave days per week or, if given study leave, would have to rely heavily on colleagues to make up the shortfall.

This does not negate the high motivation levels of individual prison nurses. Nurses in prisons are highly self-motivated and competent in many fields other than those covered in their basic training (Willmott, 1994). From the author's own experience nurses entering this specialty without previous experience of prison health care feel ill prepared and naive when they are exposed to the range of health needs found in prison. They have described how they struggle with the complexities of working within controlled environments and feel isolated from their colleagues working in traditional hospital or community services.

Courses need to be developed that bridge some of these skills and knowledge gaps between the requirements of a competent prison nurse and the existing competency levels of nurses entering prisons. Towl and Crighton (1998) state that the importance of staff attitudes in suicide prevention should be reflected in training programmes developed for nurses in prisons. Dolan (1998) suggests that the subjects listed in Table 1 are poorly understood by healthcare professionals working in prisons.

The School of Nursing and Midwifery, University of Glamorgan, in conjunction with the South Wales Forensic Psychiatric Service, has started to address the unmet local need of prison nurses for access to focused educational opportunities. The first cohort of nurses for the

<table>
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<tr>
<th>Table 1. Educational deficits of prison healthcare staff</th>
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<tr>
<td>Knowledge of illicit substances, their use, abuse, and detoxification</td>
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<td>Programmes</td>
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<td>Response to medical emergencies</td>
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<td>Exploration of professional issues and accountability</td>
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Source: Dolan (1998)
recently developed diploma level module ‘Principles in prison health’ were all supported by their respective work establishments to attend the module which aimed to develop the thinking and decision making of prison nurses faced with a range of health needs.

The initial stage in developing this module was to convene a curriculum planning team comprising nursing representatives from three local prisons, and lecturers from both mental health and general adult nursing backgrounds; contributions were also made by a nurse adviser from the Prison Service Headquarters. The team’s task was first to explore the potential breadth of content that this module could cover, and then go through a process of prioritizing the predominant topic areas reflective of local prisoner health needs in order that nurses’ educational needs were met. The conclusion of this series of curriculum planning meetings was to develop a module focusing on health promotion, substance misuse, mental and physical health assessment, deliberate self-harm and legal and professional dilemmas.

The module described is open to all disciplines and the achievement of clinical learning outcomes could be achievable for any healthcare professional working within a prison or similar environment. Within the module, subjects such as the assessment of suicide interventions, responding to medical emergencies and investigation of death in custody are taught. As part of the assessment process students are required to present, in seminar format, how they have related one of the theoretical ideas from the module to clinical practice and to invite feedback from their peers. Students on the first module evaluated this aspect of the course to be a valuable learning experience, not only in exploring clinical decision making, but also in assisting them in improving their explanations of rationale for clinical interventions.

On successful completion of the module the student will be accredited with 30 credit accumulation transfer (CAT) points at diploma level. Prison nurses who are working towards the WNB framework for the Diploma in Professional Practice may choose to complete this module alongside other modules; alternatively, nurses and other professionals may wish to do this as a stand-alone module. The module has been specifically designed in order to meet the educational needs of any person working within a prison healthcare environment, and draws on professional perspectives from both general and mental health nurses.

Lindsay Bates, Prison Service Chief Nurse, expressed her commitment at the RCN Prison Nurse Conference in May to the development of educational programmes for prison nurses with the ultimate goal that there will be a framework enabling nurses working in prison health care to achieve specialist practitioner status.

CONCLUSION

Education providers need to respond to the identified need and demand for focused training initiatives for nurses, and other disciplines, e.g. occupational therapists and drug counsellors, working in prisons. Inherent within the prison system are inconsistencies in the availability and approach of the health care offered. Debate between custody and prison healthcare staff sometimes ensues as to whether the identified needs of certain groups of prisoners are of a health or social nature, and thus which professional group should respond to these needs. However, such debate is academic as ultimately unmet social needs may lead to health crises for prisoners. The way forward is for education providers to form meaningful links with prisons, to tailor-make training programmes, support practice developments, and assist in the research and audit of clinical approaches within the health care provided.
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