Improving mental health in prisons

A pilot primary health care mental health programme in prisons has the potential to help decrease reoffending rates.

By co-editor Anne Manchester

When Jacqueline Bell-Walsh was appointed the first in-reach mental health clinician to pilot a new programme at Spring Hill Corrections Facility in the Waikato town of Te Kauwhata, it was an opportunity to use the very best of her skills.

Bell-Walsh began her nursing training at Carrington Hospital in the late 1970s and, for 10 years, worked in the acute admission and alcohol and drug addiction areas. Later, she moved to the Probation Service and worked for 18 years as a probation officer, while also maintaining her nursing registration. This was until changes in legislation meant nurses had to demonstrate maintained competencies.

“In 2010, I did a return-to-nursing course at the Waikato Institute of Technology and began working at the inpatient mental health unit at Waikato District Health Board [DHB]. During the three years I spent there, I became an associate clinical nurse manager of the admission unit. I was then seconded to the Corrections Department as a clinical nurse specialist [CNS] to pilot the new primary health care [PHC] mental health in-reach role in the Waikato region. This job seemed to be tailor-made for me, as it brought together my mental health nursing and Corrections experience. Being able to combine these skills is giving me a huge amount of job satisfaction.”

Over the course of her career, Bell-Walsh says she has tried to get away from the prison environment but she recognises she has a real heart for offenders. “I have a non-judgemental attitude towards prisoners and always find something positive to say about everybody. I am able to separate the person from his/her behaviour, which was something instilled in me during my years at the Carrington Hospital nursing school.

“Behaviour does not define a person. If you call someone a criminal, that may be the only way you look at them, so it’s best never to label people.”

Bell-Walsh spent the first months supporting the development of the programme at Spring Hill and, once implemented, offered to run it at Waikeria Prison. This made sense, as it is common to transfer prisoners between the two facilities. She is now based three days a week at Spring Hill and two days a week at Waikeria Prison. The in-reach pilot was originally for a year, but was recently extended for another 12 months. The programme is also being piloted by a CNS at Christchurch Men’s Prison and by an occupational health therapist at Auckland Region Women’s Corrections Facility. The aim is to develop a PHC mental health programme that meets the needs of prisoners with mild to moderate mental health issues, ie those who do not qualify for help through forensic services.

“We know about 20 per cent of the general population has mental health issues, but at least a third of prisoners do,” said Bell-Walsh. “All male prisoners aged over 18 undergo mental health screening by a registered nurse within the first seven days after their arrival in prison. Prisoners are referred to DHB-run forensic services if they screen as positive for moderate to severe mental health issues, but this only accounts for eight per cent of prisoners. That leaves about 25 per cent suffering a variety of mental health issues, primarily depression and anxiety.”

In addition, Bell-Walsh says, research indicates 60 per cent of prisoners may have a personality disorder and 89 per cent have substance abuse issues.

All prisons have a nurse-led health centre focused on meeting the full range of prisoners’ health needs. Clinic nurses have been trained to identify and support patients with mental health presentations, but some lack confidence in this area. “A key aspect of my role is to further develop nurses’ clinical knowledge and confidence in managing mental disorders. I am able to reinforce best practice and support care planning by working alongside clinic and custodial staff, and this has been rewarding.”

Triaging patients

During the programme’s first year, Bell-Walsh received 255 individual referrals and conducted 374 patient consultations. She has only needed to see about 20 patients more than three times. Her primary role is to triage the patients, with the majority then referred onto other services, eg a counselling package for depression and anxiety, or perhaps a one-off intervention to deal with sleep hygiene. Other interventions have included referrals for substance abuse or literacy help and to a departmental psychologist to address self harm, adjustment disorders and trauma/grief issues.

The majority of referrals are made by nurses or a case manager, with a smaller proportion self-referred.

“It is hardly surprising symptoms of anxiety and depression are so common among the prison population,” Bell-Walsh said. “While not minimising the effect their behaviour would have had on victims, they, too, have trauma to deal with. They might have been served with a non-association order, have just been sentenced or have had to move prisons. Some might have been diagnosed with a serious physical illness. Many will be feeling scared and vulnerable, and may need grief and adjustment counselling or, if identified, sexual abuse counselling through the Accident Compensation Corporation.

“Prisons have a high proportion of people with mental illness so it is important we are able to identify this to ensure they get the right support. Some prisoners may see mental illness as poor behaviour or a weakness, and so they won’t or don’t know how to seek help. They may not have been able to talk about these things when first assessed, so if I can...
help identify these deep, underlying issues. I can then refer them to the forensics team for a full assessment and interventions – medications and/or therapy – they may need.

Bell-Walsh recognises medication is not necessarily the answer to all mental health problems. She is also aware everyone’s needs are very different – there is no one shoe that fits everyone.

“I work closely with the GPs who come to the prison and will discuss with them prisoners’ psychiatric medication regimes. This enables me to monitor these medications and discuss any side effects with patients. I have more time to do this than the visiting GPs.”

Up-skilling and supporting clinic and prison staff are important aspects to the in-reach programme. Spring Hill and Waikeria prisons each employ 25 nurses who provide seven-day cover, from 6am to 9pm. Bell-Walsh runs formal sessions every quarter for the staff, and information sessions for prisoners taking part in drug treatment programmes. However, she often finds the informal contact she has with nurses and other staff more valuable teaching opportunities.

“Talking about issues with nurses during their lunch hour or handover can be very helpful. This is often when people really tell you what is going on. If there is an incident in the prison, the nurses are the first responders, with my role to work with the prisoners through what can often be mentally and emotionally difficult times. Together, we are able to complement each other in our specific roles.”

With the programme still in its pilot phase, Bell-Walsh must be quite business-minded and collect statistics on all aspects of her work. She is passionate about her role and would like to see the programme extended to all prisons. “I know there’s a need for it and I am getting results. Prisoners are entitled to the same health care as people in the wider community, and they need much more than bandages and headache pills. I believe this programme has a real potential to contribute to decreasing reoffending rates among prisoners.”

Support outside the prison
Bell-Walsh could have become a “lone wolf” in her new role, but she makes sure her connections outside the prison world remain strong. The three in-reach staff meet every month via an audio-visual connection to discuss and share their experiences. She maintains her clinical practice supervision through Waikato DHB, attends CNS mental health meetings once a fortnight and fortnightly community mental health team meetings. She also gains strength through her involvement with the College of Mental Health Nurses.

“Working on this programme means every day is interesting and you never know what or who you might encounter. With around 1600 prisoners across Spring Hill and Waikeria, and with the programme now established, we could really do with more staff to run it.”

For the first time in her life, Bell-Walsh has enrolled at university, overcoming her initial fears to undertake postgraduate studies at Auckland University. She is using some of her in-reach experience in her assignments. “I want to use the evidence-based data I am gathering to show the importance of this programme and its potential to grow nationally.”

In her mid-50s, she is thrilled to be able to discuss her progress and assignments with her university student son – “We are able to inspire each other.” She is also hoping to complete the expert-level portfolio on the DHB’s professional development and recognition programme. Clearly, Bell-Walsh is a woman who thrives on being busy.

Enhancing nurses’ clinical expertise

The driving force behind the in-reach mental health pilot programme is Corrections Department regional health manager south, nurse Deborah Alleyne. Alleyne and the department had been aware for some time that Corrections facilities were inadequately addressing the needs of prisoners with low to moderate mental health issues. Forensic services were working well with those with moderate to severe mental health issues, but prisoners with mild to moderate symptoms – by far the greater number – were falling through the cracks. In 2011, she began talking to people in the department about how staff could be up-skilled and better resourced to deliver the mental health care needed. In 2012, some packages of care were offered to individual prisoners and, a year later, she was able to get the pilot underway.

“I felt we needed to bring expertise into the prisons, people who could work alongside our health professionals and support our custodial staff as well. We needed people who had currency of mental health practice and we wanted them to remain engaged in the clinical world outside prison.

“Custodial staff have the primary point of contact with prisoners – they can see when people are not well. Over the last 14 months the programme has been running, their skills have improved, along with nurses’ decision-making and mental health assessment skills.”

In another push to up-skill nurses working in the prison environment, the Otago Corrections Facility is working with the College of Mental Health Nurses to pilot a primary care credentialing programme in mental health and addiction. This is being supported by Health Workforce New Zealand, which is expecting the primary sector to take a greater role in identifying mental health and addiction issues and in providing early interventions.

“Prisoners with mental health needs need to be well-supported if they are to make a successful transition back into the community,” said Alleyne. “We also want to improve the quality of life for people in prison and to help them participate in programmes that will reduce the likelihood of their reoffending. This is a way of making the wider community safer too.”

In-reach clinicians go into all areas of the prison – they do not need to be based in the health clinic, hence the decision to trial the programme with an occupational health therapist, as well as two nurses. “We wanted to assess whether a multi-disciplinary approach could work,” Alleyne said.

The final evaluation on the pilot programme will be presented at the end of the year. Alleyne hopes funding for the programme will continue, with the long-term aim of extending it beyond the three pilot sites. “First of all, we have to demonstrate the programme offers real benefits,” she said.