

Northumbria Research Link

Citation: McClelland, Norman, Brandon, Toby, Dyer, Wendy, Cassidy, Kathryn, Ridley, Louis and Biddle, Paul (2023) The introduction and development of a mental health integrated support unit within an English Prison: clinical, care staff and Operational Officer perspectives. *Journal of Forensic Practice*, 25 (1). pp. 1-11. ISSN 2050-8794

Published by: Emerald

URL: <https://doi.org/10.1108/jfp-05-2022-0021> <<https://doi.org/10.1108/jfp-05-2022-0021>>

This version was downloaded from Northumbria Research Link:
<https://nrl.northumbria.ac.uk/id/eprint/50374/>

Northumbria University has developed Northumbria Research Link (NRL) to enable users to access the University's research output. Copyright © and moral rights for items on NRL are retained by the individual author(s) and/or other copyright owners. Single copies of full items can be reproduced, displayed or performed, and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided the authors, title and full bibliographic details are given, as well as a hyperlink and/or URL to the original metadata page. The content must not be changed in any way. Full items must not be sold commercially in any format or medium without formal permission of the copyright holder. The full policy is available online: <http://nrl.northumbria.ac.uk/policies.html>

This document may differ from the final, published version of the research and has been made available online in accordance with publisher policies. To read and/or cite from the published version of the research, please visit the publisher's website (a subscription may be required.)

**The introduction and development of a mental health
integrated support unit within an English Prison:
clinical, care staff and Operational Officer perspectives**

Journal:	<i>Journal of Forensic Practice</i>
Manuscript ID	JFP-05-2022-0021.R2
Manuscript Type:	Research Paper
Keywords:	Prison, Mental Health, Evaluation, Mental Health Workers, Education & Training, Collaborative Working, Operational Officers

SCHOLARONE™
Manuscripts

MANUSCRIPT DETAILS

TITLE: The introduction and development of a mental health integrated support unit within an English Prison:

clinical, care staff and Operational Officer perspectives

ABSTRACT:

There is clear evidence that prison can be detrimental to mental health and that wider society has tended to assume "out of sight, out of mind" for prisoners in mental distress. The lack of access to effective mental health care in prisons along with increasingly lower numbers of prison officers, or Operational Officers (OO) has created a negative culture that requires the development of specialist services. With this comes a need to conduct evaluations, and investigations, into the roles of Operational Officers and mental healthcare staff. This work reports on a commissioned evaluation around the introduction and development of a HMP Mental Health Unit, named the Integrated Support Unit (ISU), in the North of England. Our section of the wider evaluation focuses on the early team building, working practice and development of mental health registered nurses, other care staff and Operational Officers within the ISU.

Three focus groups incorporating two professional groups took place on the Integrated Support Unit (ISU). The first of six Mental Health Workers (MHW) including Registered Mental Health Nurses and support workers; the second of two sets of two ISU dedicated Operational Officers (OO). The areas addressed within each of the groups concerned why staff wanted to work in the ISU, as well as how they would measure its potential success, and the necessary skills competencies and training they thought were required to prepare them to work in the area.

Overall, the participants expressed an interest or enthusiasm for their work having actively chosen to work in the ISU. There was a strong sense of a wish for the unit to succeed; in fact, success was a motivating drive for all. Both Operational Officers and mental health workers emphasised the importance of teamworking, autonomy and freedom as well as information sharing. Analysis also revealed many areas of practice which were challenging.

The findings are optimistic for the development of such special units as evaluated here. The drivers for different professions along with their measures of success in the field are discussed in detail. The relationship, expectations, hopes and needs of both mental health workers and prison officers working in a multidisciplinary unit provide useful information to support both policy and practice in the field. We make recommendations around training regimes and how they can effectively coordinate the different symbiotic professional roles. The integrated Support Unit is a new initiative in offender management within prisons and is reviewed as a model of mental health practice in prison settings

CUST_RESEARCH_LIMITATIONS/IMPLICATIONS__(LIMIT_100_WORDS) :No data available.

• The value in recruiting to the ISU dedicated OOs, with committed interests in mental health.

• A continued emphasis on the ongoing development of team working, focusing on issues of risk, trust, and treatment.

1
2
3 – The development (by nurses) of a formal/mandatory period of training for new OO–s
4 prior to taking up a role on the ISU.
5

6 – For mental health nurses to embrace team leadership/educator roles in the areas of mental
7 health awareness, team building and conflict resolution.
8

9 – To capture and formulate and develop the specific range of mental health interventions
10 offered within the ISU.
11

12 CUST_SOCIAL_IMPLICATIONS_(LIMIT_100_WORDS) :No data available.
13

14 – The presented research explores and evaluates the introduction of a new mental health
15 wing (ISU) for 11 patients in a northern UK prison.
16

17 – It does this through the consideration of group discussions with both mental health workers
18 and operational officers on this wing.
19

20 – This work is part of a larger study.
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 **The introduction and development of a mental health integrated support unit within an**
4 **English Prison:**
5 **clinical, care staff and Operational Officer perspectives**
6
7

8
9 Norman Anthony McClelland, Northumbria University

10 Toby Brandon, Northumbria University

11 Wendy Dyer, Northumbria University

12 Kathryn Cassidy, Northumbria University

13 Louise Ridley, Northumbria University

14 Paul Biddle, Northumbria University
15
16
17

18 **Abstract**
19

20
21 **Purpose**

22 There is clear evidence that prison can be detrimental to mental health and that wider society has
23 tended to assume 'out of sight, out of mind' for prisoners in mental distress. The lack of access to
24 effective mental health care in prisons along with increasingly lower numbers of prison officers, or
25 Operational Officers (OO) has created a negative culture that requires the development of specialist
26 services. With this comes a need to conduct evaluations, and investigations, into the roles of
27 Operational Officers and mental healthcare staff. This work reports on a commissioned evaluation
28 around the introduction and development of a HMP Mental Health Unit, named the Integrated
29 Support Unit (ISU), in the North of England. Our section of the wider evaluation focuses on the early
30 teambuilding, working practice and development of mental health registered nurses, other care staff
31 and Operational Officers within the ISU.
32
33

34 **Design**

35 Three focus groups incorporating two professional groups took place on the Integrated Support Unit
36 (ISU). The first of six Mental Health Workers (MHW) including Registered Mental Health Nurses and
37 support workers; the second of two sets of two ISU dedicated Operational Officers (OO). The areas
38 addressed within each of the groups concerned why staff wanted to work in the ISU, as well as how
39 they would measure its potential success, and the necessary skills competencies and training they
40 thought were required to prepare them to work in the area.
41
42

43 **Findings**

44 Overall, the participants expressed an interest or enthusiasm for their work having actively chosen to
45 work in the ISU. There was a strong sense of a wish for the unit to succeed; in fact, success was a
46 motivating drive for all. Both Operational Officers and mental health workers emphasised the
47 importance of teamworking, autonomy and freedom as well as information sharing. Analysis also
48 revealed many areas of practice which were challenging.
49
50

51 The findings are optimistic for the development of such special units as evaluated here. The drivers
52 for different professions along with their measures of success in the field are discussed in detail. The
53 relationship, expectations, hopes and needs of both mental health workers and prison officers
54 working in a multidisciplinary unit provide useful information to support both policy and practice in
55 the field. We make recommendations around training regimes and how they can effectively
56 coordinate the different symbiotic professional roles. The integrated Support Unit is a new initiative
57 in offender management within prisons and is reviewed as a model of mental health practice in prison
58 settings
59
60

Originality

- The presented research explores and evaluates the introduction of a new mental health wing (ISU) for 11 patients in a northern UK prison.
- It does this through the consideration of group discussions with both mental health workers and operational officers on this wing.
- This work is part of a larger study.

Introduction

It is generally accepted that the prevalence of mental disorder among prisoners is proportionately higher than in the general population (Brooker and Gojkovic 2009), and that offenders experiencing mental health distress pose challenges to the organisation and delivery of appropriate healthcare within the prison setting, and the wider health economy (Walsh and Freshwater 2009). Brooker and Ullmann (2008) wrote of the challenges and problems of rates of mental illness among prisoners, commenting upon improvement over the previous decade, but it being a phenomenon, which the public were largely unaware of, or they tended to take a position of 'Out of Sight, Out of Mind'. This think tank report asserted that with a prison population of 82,000 in England and Wales, nine out of ten prisoners had one or more mental disorders, with Prison subsequently becoming a catch all-social and mental healthcare service, and a breeding ground for poor mental health. In addition, pharmaceutical therapy is often used in the absence of therapy or counselling to reduce or dissolve mental health problems. In 2009 the Justice Committee commented upon Prisons as 'a system under pressure', noting how the number of prisoners had increased by 30% in the previous decade (1997-2007) from 60,000 to the then figure of 84,000.

Gooman and Dickinson (2015) explore the negative effects of prison culture/ severity of prison regimes on mental health. Crichton and Nathan (2015) suggest that the challenges and complex needs of offenders need to be met by the NHS. Notably, there have been many developments in the last decade enabling operational staff to work in different ways with people who present with behaviours that challenge. Skett et al (2017) relate the evaluation of 5 years of operation of the offender personality disorder pathway, a joint National Health Service (NHS) and National Offender Management Service (NOMS) initiative. The authors recognise the 'myriad' of difficulties experienced by offenders who may have significant issues in social and interpersonal functioning, where a biopsychosocial approach considering both developmental and trauma informed approaches are key to the treatment and management of offenders. Levenson and Willis (2019) similarly illustrate how a growing body of research is influencing the development of trauma informed care (TIC) in prison therapeutic engagement but advise caution in such an approach, requiring buy in from both security and program staff alike. The authors recognise the value in creating what they call 'safe spaces' to explore vulnerability and take forward the change required in TIC. This development in TIC in the criminal justice services has led Thordarson and Rector (2020) to describe the sector as moving 'from trauma blind to trauma informed'. Their paper urges services to work together recognising how trauma is a core component of the assessment of risk and violence, and of how further work in evidence-based treatments such as cognitive behavioural therapy should be part of relationship-based therapy with offenders. The recognition of the need to address unmet mental health need in prisons is not just a UK phenomenon, but rather a pattern increasingly found in western countries (Daniel

2007), and notably in the USA. Ford (2015) writing of Cook County Jail in Chicago reports how a third of those incarcerated experienced mental disorders, suggesting that America's largest mental health hospital is in fact a jail. Lamb and Weinberger (2005) commented upon a 'profound paradigm or model shift' in the care of persons with severe mental illnesses, where psychiatric in-patient care is now provided in prisons. Collaborative working, and the establishment of safe space is clearly a theme in mental healthcare in prison settings (Thordarson and Rector 2020), and this extends to work being undertaken across the globe. Melnikov et al (2017) illustrate this well in their work positively profiling the contribution of mental health nursing staff in teaching prison officers to reduce stigmatisation of offenders experiencing mental illness. In this study Operational Officers in prison in Israel displayed notable positive changes in knowledge skills and attitudes regarding those offenders with mental illness, after a six-day workshop marrying theoretical content, peer supervision and observation in psychiatric settings. Ryan et al (2022) also advocates training for Prison Officers in mental health awareness, knowledge, and therapeutic skills as being associated with a positive view of offenders experiencing mental distress, and officers often advocate for such supplementary training.

The Study

This paper is the first of a series reporting on a commissioned evaluation around the introduction and development of a HMP Mental Health facility, (ISU) in the North of England. The establishment of the ISU is a collaborative between the local mental health NHS Trust and Prison, funded by the Northern Region Offender Health Commissioner, NHS England. The unit is for male prisoners with 'mental health problems' taking up to 11 prisoners from prisons across the region. This paper relates to a series of focus groups undertaken with all staff in 2017 and 2018, some three months after the ISU was established.

Methods

Three focus groups incorporating two professional groups took place on the ISU. The first of six Mental Health Workers (MHW) included Registered Mental Health Nurses and support workers; the second, comprised two sets of two ISU dedicated Operational Officers (OO). At this point this was the entirety of the rotating staff group in the ISU, with occasional Operational Officers providing cover from the main location. The areas addressed within each of the groups concerned why staff wanted to work in the ISU, as well as how they would measure its potential success. In addition, groups addressed the necessary skills competencies and training they thought were/would be required to prepare them to work in the area. There were also questions linked to how the team had come together, any obstacles and challenges they had encountered, and how they viewed its future development.

Participants

As field research was being employed in this study a process of opportunistic, or emergent sampling was felt to be appropriate. Participants included six operational officers, who were asked, and agreed to be interviewed, selected from the group working regularly into the ISU. Participants also included Mental Health Workers (mental health and learning disability nurses, a speech and language therapist and health care support worker). This staffing included the Unit Manager who comes with a forensic learning disability nursing background, three mental health nurse team leads, and one support worker, a total of 11 participants. The ISU team make up on any one span of duty includes 0.5 wte speech and language therapist, and between 2 and 3 Operations Officers, as well as Registered Mental health

1
2
3 Nurse input (one or two staff). The service also uses 0.2 wte of a Consultant Psychiatrist who was not
4 involved in the initial part of the study.
5
6

7 **Setting**

8 The ISU has capacity to take 11 patients, housed in single cells. A 12th cell is kept as a shared cell for
9 cleaners and peer workers. The Mental Health Workers are employed on the ISU Monday to Friday
10 between 8am and 8pm, and on Saturday between 8am and 4pm, but Prison Officers are on the Unit
11 24/7. Security levels (other than prolonged periods of association and group work) are the same in the
12 ISU as in the regular location. However, the relatively small size and population of the ISU affords a
13 significantly higher level of observation than in normal prison location on the wings, and in terms of
14 specific interventions there were plans in place to develop hearing voices groups, and for staff to
15 engage in localised group and individual counselling work with offenders. It was identified that this
16 was an area to develop as the team developed. This resonates with work by McCluskey and De Vries
17 (2021) who undertook a qualitative study of Irish mental health nurse's perspectives on their own
18 work with those who hear voices. This study illustrated that whilst there was a lack of focus around
19 structured interventions it was clear that psychosocial interventions were being considered as
20 important as medication. The therapeutic relationship is considered as critical to such development,
21 as revealed in the results section of this evaluation, by the reduced number of offenders in the ISU.
22
23
24
25
26
27

28 **Data collection/ analysis**

29 All the (written/digitally) recorded focus groups were transcribed and two researchers conducted a
30 thematic analysis of the written text. To achieve this, they firstly became closely familiar with the data
31 by re- reading the transcripts. Initially the transcriptions were coded, and these codes formed themes
32 and subthemes that are presented here. Researchers used thematic analysis (Braun and Clarke, 2006)
33 to generate these themes regarding the workers views on the ISU. The focus group transcripts went
34 through a series of stages: data familiarisation, initial coding, searching for themes and reviewing
35 these themes. The process generated the following themes:
36
37

- 38 • Teamwork and collaboration
 - 39 • Autonomy/ Freedom and interactive time/ Connection
 - 40 • Information sharing and developing awareness and skills
 - 41 • Staffing issues
 - 42 • Other issues and needs
- 43
44
45
46
47

48 **Ethical consideration**

49 All participants provided written informed consent. Overall ethical approval was granted by HM
50 Prisons and Probation Service (27/11/2017, Research project 2017 – 260).
51

52 **Results and Discussion**

53 Overall, the participants expressed an interest or enthusiasm for their work having actively chosen to
54 work in the ISU. There was a strong sense of a wish for the unit to succeed; in fact, success was a
55 motivating drive for all. For the OOs success could be seen in the change and reduction in transitional
56 support and discharge, personality change and improvement and/or offenders coping outside of the
57 unit. Success for the MHW was measured in terms of better patient outcomes. The thematic choices
58 examined in the following section reflected the process of the formation of the team, and staff
59
60

1
2
3 themselves had identified that these themes were of specific interest to them. The findings are
4 discussed in more detail in the following five subsections; teamwork and collaboration, autonomy and
5 freedom, information sharing, skills development, staffing and other issues and needs
6
7

8 *Teamwork and Collaboration*

9 This was one of the dominant and more positive themes across the three focus groups. From OOs, we
10 heard references and inferences to peer support, a sense of working within a team and a community
11 with an alternative culture to the predominant prison one. These were clearly not seen as being
12 planned for, instead they were evolving, given the 'personalities' and merging of roles between clinical
13 and security staff. MHW also made references and inferences regarding the benefits of teamwork.
14 There was a marked sense of being and building a multidisciplinary team in which the contributions
15 from the different agencies involved was essential, welcomed and valued. This was seen to be
16 dependent upon positive communication between the groups making up the team and included both
17 inpatient and outpatient staff sharing information and co-operating with each other. It was also
18 viewed as a system that enables reciprocal learning pathways and experiential learning regarding roles
19 and needs. Moreover, the team's streamlined diversification of roles was viewed essential to the
20 ultimate success of the unit. All existing primary and secondary groups were considered necessary to
21 the emerging triage system. This, it was felt, enabled fluidity and continuity of service under one
22 directorate.
23
24
25
26
27
28

29 Within the ISU studied, the team building that was taking place was considered reliant on the like-
30 mindedness of all. For example, OOs had been interviewed and selected because of their expressed
31 interest in working in the unit. This common goal of sharing was also seen as leading to the merging
32 of roles between security and therapeutic care staff. For MHW, as OOs, this merger was viewed as
33 positively contributing to change. Thus, while an unplanned feature of the unit, through informal
34 conversations/dialogue, the commonality of purpose shared by the team was enabling it to work well.
35 The researchers found that both an informal and formal multi-professional team working approach
36 was in evidence, with OOs and MHW alike reporting that they were 'learning from each other'.
37
38
39

40 OOs reinforced many of these views. One felt included in the discussions of mental health workers
41 and took his participation as an expression of respect for his knowledge of individual prisoners. He
42 reiterated the point of view that all groups involved were learning from each other and expressed the
43 opinion that, '*This is the best group of staff in in the prison in my opinion giving the best service*'. He
44 was also of the opinion that being one group not two gave the team '*an exceptional decision-making*
45 '*capacity*'. He also recommended that there should be a social event that the whole team could attend.
46
47
48

49 As indicated above, the theme of teamwork/collaboration encompassed a sub-theme of merging roles.
50 MHW saw this in the terms of: (1) movement from detention to therapy; (2) contributing to change;
51 and (3) a two-way learning process. OOs saw it in terms of: (1) shift in work focus from
52 detention/governance to care provision and understanding; and (2) a movement on a spectrum with
53 their role becoming less authoritarian while the therapeutic/clinical staff become more so. OOs saw it
54 in terms of: (1) the blurring of roles for offenders as they choose who to talk to; and (2) a shift in their
55 own perception as they question the nature/causes of behaviours. However, OOs were also clear
56 regarding their roles, one stating that he believed his role to be, '*to deal with hassle keep things safe*
57 '*clean well locked up and everybody safe*'; and insisted that engagement between his fellow OOs in the
58
59
60

1
2
3 unit was an essential part of maintaining his sense of role. In doing so, he introduced a tension into
4 the discussion by adding that he *'does not want nurses looking over his shoulder – he does not look*
5 *over theirs.'* He also asserted that he wants to continue wearing his uniform and carrying his baton
6 because these enable role clarity accompanied with the ability to move around the prison generally
7 with his status being recognisable. Interestingly these ideas were reflected in MHW's transcript in
8 which concern as to how the different skill sets would impact upon the confidence of the OOs was
9 expressed. MHW recognised that OOs must have feet in both camps and felt that the different
10 approaches could undermine their work confidence. Moreover, perhaps in some way these concerns
11 have already begun to manifest themselves because OOs identified a lack of predictability in prisoner
12 behaviour/challenging behaviours as instilling in them a sense of being at risk, to which they must
13 respond with constant vigilance.
14
15
16
17

18 *Autonomy and Freedom*

19
20 Autonomy and freedom were themes across the three focus groups. For MHW, being part of a new
21 venture in which the opportunity to self-direct and innovate and to bring about positive change were
22 the highly motivating features that had drawn them to the work. However, the MHW cohort did not
23 associate autonomy and freedom with increased time to interact with prisoners, as did the other
24 group. For OOs, freedom had two connotations: (1) Increased freedom of movement/space for
25 offenders; and (2) Increased personal and professional freedom to be familiar/interact with prisoners.
26
27
28

29 Regarding the second aspect of freedom, for the OO cohort this theme had a strong association with
30 increased connection with prisoners that was not present in the interview with MHW. In addition, for
31 both groups increased familiarity was linked to smaller numbers and the time to interact; increased
32 closeness also inferred a better service. OOs described an ethos in which interaction was facilitated
33 by small numbers and led to a more sociable, safer, securer, calmer atmosphere within the ISU. OOs
34 felt that that they were able to bond with prisoners through increasing familiarity. They had time and
35 space to talk. One reflected on his previous service when things *'worked better'* because prisoners
36 were accommodated in small groups and he could become familiar with aspects of their personal life,
37 such as religion, reinforcing the importance and value of small numbers of patients, and working
38 effectively.
39
40
41
42

43 Within this theme was an issue relating to autonomy and although it was only pertinent to the OOs,
44 it had significant implications for the unit. The issue was the autonomy of the OOs to self-roster. OOs
45 were discontent with how shifts were both allocated and managed because they felt it could leave the
46 unit without staff familiar with the offenders/needs/practices. It is tantamount to *'outsider'*
47 scheduling versus *'insider'* awareness of the needs and risks/dangers. In addition, it combines with
48 another aspect of staffing – short staffing – reducing consistency and subsequently increasing risks.
49 For example, the absence of staff familiar with the needs of offenders may lead to *'bottling up of*
50 *emotions'* which increases the risk of crisis. One OO argued for self-rostering to *'ensure the right cover*
51 *with the right staff'* and to enable consistency. He also described the recent history of the service that
52 had seen smaller units giving way to larger prison populations with officers constantly being shifted
53 from one large group to another large group. He asserted that the current system of large groups and
54 the constant movement between them affects the mental health of officers.
55
56
57
58
59
60

1
2
3 Interestingly MHW raised the issue of self-rostering by the OOs too. MHW felt strongly that the ISU
4 needs 'right-minded' staff, meaning familiar and having knowledge of the offenders within the ISU.
5 They viewed the lack of Operations Officer staff consistency/regularity to be detrimental to the team
6 activity taking place in the ISU. In terms of staffing, they specifically see it wasting and damaging the
7 near group work being done. They recognise that the inconsistency is sometimes staff rotation related.
8 This issue is also discussed under the heading of Staffing Issues. The relationship between the ISU and
9 the wider prison would be an interesting and important one to explore further as the unit embeds
10 itself within prison culture.
11
12
13

14 15 16 *Information Sharing and Skills Development* 17

18 The theme of information sharing and the opportunity to develop awareness and skills ran through all
19 three focus groups. MHW felt that the one team mentality enables the communication and
20 dissemination of information. They also felt that the one team approach provides important training
21 opportunities to develop service provision and the different therapeutic interventions that are/will be
22 needed. Additionally, they see an experiential learning taking place within the team regarding roles
23 and needs. Regarding the OOs who they saw as being 'hand-picked' for the unit, they considered that
24 the on-the-job, experiential training they provide them with was increasing their knowledge around
25 mental health, medication, treatment, and management of patients. Furthermore, this was an opinion
26 shared and developed by PO's. They spoke of increased information and awareness of mental health
27 needs and one prison officer mentioned in-house training from the mental health staff but asserted
28 that this input has helped their own mental health. Here then is an informal 'community of practice'
29 almost, unfortunately not supplemented (at this stage at least) by a formal approach to training and/or
30 education.
31
32
33
34
35

36 The theme of information sharing, and awareness development also encompassed the sub-theme of
37 changing perspectives for OO's. They spoke of changes in perspective that implied a move to
38 behaviours being seen as 'illnesses rather than 'trouble making'. OOs equally described an altered
39 perspective in which discipline levels were lower. Another sub-theme related to information sharing
40 and developing awareness, was the idea of an emerging/evolving service within another or even
41 drawing from others. OOs reflected in quite specific terms regarding their own developing
42 understanding of needs both in relation to themselves and in relation to the prisoners. MHW reflected
43 more abstractly in terms of the service they could/would provide. In addition, MHW recognised that
44 the evolving nature of the service has both advantages and disadvantages. The advantages included
45 learning from each other in a way that would improve and extend current knowledge and the ability
46 to be self-determining. Disadvantages included a lack of direction, insight into what has/will fail, and
47 what will/has succeeded. Information sharing and the development of awareness and skills needs in
48 induction and training were identified in terms of expressed needs; this was a highly prominent area
49 for all groups. OOs had specific requests to further their understanding. One would have liked more
50 mental health awareness training to distinguish between mental health related issues and 'behaviours'.
51 In addition, they asked for training around medication and wanting to understand more about its
52 impact. OOs expressed dissatisfaction with the promised but only partially provided induction training
53 before commencing work on the unit. This had led to confusion relating to: (1) how and what to do;
54 (2) learning on the job/'deep end' learning; and (3) and evolution of general learning and individual
55
56
57
58
59
60

1
2
3 insights over time. Although experiential and near group learning had/were taking place there
4 were/are training inadequacies. Overall, OOs wanted more training, including some team building.
5
6

7 MHW also felt that the pre-unit generic training was inadequate and limited. They also reinforced the
8 OOs request for more training, stating it was necessary. They acknowledged a need for joint training
9 within the team but also recognised the difficulties of getting all the staff together for such e.g.,
10 scheduling, shortage of training days for operational staff. However, they held the opinion that the
11 impossibility of this ideal would have to be worked around somehow. They expressed an interest in
12 courses for crisis management including dynamic risk management, containment provision and
13 scaffolding. They also wanted courses in team building and conflict resolution. Around the issue of
14 role there was some confusion and ambivalence, which MHW saw as potentially a de-skilling issue,
15 the need to understand what the specific roles and responsibilities of all was suggested because MHW
16 recognised that they were now working within a '*prison regime*' rather than a hospital.
17
18
19

20 21 *Staffing*

22 Several staffing issues and needs were identified in the ISU study. Those common to both groups were
23 self-rostering by OOs as discussed above, under staffing and staff inconsistency because of the regular
24 use of staff unfamiliar with the ISU practices, procedures, and patients. MHW also raised the issue of
25 staffing being under-funded.
26
27
28

29 *Other Issues and Needs*

30 These are dealt with separately because they were not echoed across all the groups having relevance
31 to one or both groups. OOs discussed the need for a proper exercise yard and safe custody cells,
32 proper space because the current cells are very old. The need for a proper exercise yard was to enable
33 greater physical activities for stress relief and the improvement of mental health generally, while OOs
34 also believed that a gym would be useful. However, they acknowledged that financial constraints
35 prevent these needed innovations. OOs suggested combining the hospital wing with the segregation
36 unit to increase consistency of staff provision. They saw them both as dealing with high degrees of
37 illness and felt that having a GP and medical services based in the ISU would enable offenders to stay
38 on the unit thereby avoiding bullying. Some also felt that rooms should be personalised and that a TV
39 and video link to the court were needed.
40
41
42
43

44 There were wider relationship issues between the ISU and Prison. For OOs, these seemed to be related
45 to the emergence of insider versus outsider attitudes and a lack of awareness from other prison staff
46 regarding the role of OOs in the unit. MHW were experiencing blockages in the discharge route, and
47 they believed these are happening because the ISU is not fully engaged with other areas of the prison.
48 Both these issues indicated a need to improve the links - communication and understanding between
49 the prison and the ISU.
50
51
52

53 In addition, MHW identified administrative and procedural issues. These issues were in the form of a
54 need to review the referral process, schedule time for reflection and dialogue and identify means to
55 record and log the informal conversations taking place between team members, as it was felt that
56 emerging good practice is going unrecognised and being lost.
57
58
59
60

1
2
3 In terms of the evaluation itself, MHW reported the following as key to the progression of further
4 work:

- 5
6 i. Evaluation of the time patients spend on the unit before they can return to the main prison
7 population.
8 ii. Evaluation of patient presentation.
9
10 iii. Individual, confidential evaluation/feedback of unit issues/needs as well as group feedback.
11
12 iv. Ongoing unit evaluation to monitor changing staff dynamics and how staff feel regarding
13 progress, their training needs being met or not and their job satisfaction.
14
15 v. Evaluation of changing roles/role mergers – staff dynamic will massively affect patient
16 perceptions of the unit – evaluation important to successful outcomes.

17
18 MHW also suggested areas for future evaluation/investigation. In the main these were: (1) As time
19 goes by there would be a need to ascertain whether the staff are still working towards their original
20 goals and have whether they had identified new areas/interests that would benefit them personally
21 and the service generally; and (2) To learn from past successes/failures in other establishments. The
22 latter demonstrated an interest in both the positive and negative experiences of other similar
23 institutions. It was clothed in a request for advice and guidance from the evaluation team. This was
24 seen as a request for a two-way system between the evaluators and the evaluated. In other words,
25 there was a request for a collaboration that may lead to more participatory research if followed
26 through.
27
28

29
30 In terms of new emerging areas of interest, OOs expressed the wish to see where prisoners who leave
31 the unit 'end up'. This post discharge work will be picked up in other areas of this research evaluation.
32
33

34 **Limitations**

35 The work discussed here only represents a part of a much wider study in addition it has a relatively
36 small sample size. A follow up as well as reproducing the study across similar developments as and
37 when they occur would enhance the generalisability of findings. We recognised the focus group work
38 in this study as preliminary research, being conducted only months after the team on the ISU was
39 forming, and how replicating the work one year into the future (as is the plan of research) may yield
40 different results. We consider that the work has taken on both a rigorous and trustworthy approach
41 to the collection and analysis of data. This means we have endeavoured to be as transparent in our
42 own positionality within the research but recognise that our professional and personal experience
43 may affect the interpretation of findings in several ways.
44
45
46
47

48 **Conclusion**

49 Public sector services can and do collaborate effectively on developmental initiatives to care for and
50 treat offenders who are experiencing mental distress. The introduction to this paper illustrated the
51 development of the offender personality disorder pathway (Skett et al 2017), as well as TIC in prison
52 settings (Thordarson and Rector 2020). The ISU establishment detailed in this work has the potential
53 to become another significant and impactful initiative along this path of development. Kakuma et al
54 (2011) write of the global challenges associated with human resources for mental health care, and the
55 need to 'scale up' the training of non – specialist health workers by specialist mental health workers.
56 This study has clearly identified the benefits and challenges of combining the practice of specialist
57 mental health staff and operational officers in what might be termed a 'safe space'.
58
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

The RCN (2010) commenting upon offender health care developments recognise that mental health reforms are reliant upon workforce roles. The report recognises that future nurses will work across previous agency boundaries, ensuring that prison and probation staff have the skills needed to recognise and assess mental disorder and suicide risk, reaffirming the role that mental health staff have in training these groups of staff in the criminal justice services. It is notable that this is one of the key areas of development in the progress of the ISU in this study. The study so far has recognised that a period of training in advance of the establishment of the ISU did not emerge, but there were positive indications from OO's that they benefited from increased knowledge and understanding of mental health conditions and associated medication. Change, in the first instance at least, is perhaps key. OOs and MHW all recognised the changed culture and environment in respect of themes of sharing information and communication. All staff spoke of embracing change and learning from each other, welcoming increased time to interact with offenders, and being afforded the time and space to question the nature and cause of certain behaviours.

The ISU model of approach in this study is a collaborative, between a prison and an NHS health provider, and the initiative needs to acknowledge that operational officers, nurses, doctors, allied health professionals and support staff work together in the same space.

The researchers in this study recognise that there is more work to do, and it was our intention to run a second evaluation at the 12-month marker (End December 2019), and to engage in additional follow up work including workshops comprising all members of the two groups, revisiting the themes outlined in this study, and explore any developments and issues that may have emerged. This work was delayed due to Covid 19 restrictions in prison settings, and the research team is now re-engaging with the Prison setting to resume the research.

Continued collaboration between NHS mental health services and Prison healthcare services appears to be a key ingredients to effective offender mental healthcare. The initial findings of this evaluation in terms of establishment and delivery of the ISU are positive, and the next phase of the study will explore further the integration of the staff group and collaborative working practice.

There are implications for practice and key points from this phase of the evaluation:

- The value in recruiting to the ISU dedicated OOs, with committed interests in mental health.
- A continued emphasis on the ongoing development of team working, focusing on issues of risk, trust, and treatment.
- The development (by nurses) of a formal/mandatory period of training for new OO's prior to taking up a role on the ISU.
- For mental health nurses to embrace team leadership/educator roles in the areas of mental health awareness, team building and conflict resolution.
- To capture and formulate and develop the specific range of mental health interventions offered within the ISU.

Word Length: 4968 words

References:

- Brooker, C., and Gojkovic, D. (2009). The second national survey of mental health in-reach services in prisons, *The Journal of Forensic Psychiatry and Psychology*, 20: S1, S11 – S28.
- Brooker, C. and Ullmann, B. (2008). *Out of Sight, Out of Mind. The state of mental healthcare in prison.* Policy Exchange, Clutha House, London.
- Crichton, J. and Nathan, R. (2015). The NHS must manage the unmet mental health needs in prison, *The Health Service Journal*, 18th August 2015. <https://www.hsj.co.uk/topics/leadership/the-nhs-must-manage-the-unmet-mental-health-needs-in-prison/5087856.article>
- Daniel, E.A. (2007). Care of the mentally ill in prisons: Challenges and Solutions. *The Journal of the American Academy of Psychiatry and the Law*. 35(4) 406-10, <http://jaapl.org/content/35/4/406>
- Ford, M. (2015). America's largest mental hospital is a jail, The Atlantic. <https://www.theatlantic.com/politics/archive/2015/06/americas-largest-mental-hospital-is-a-jail/395012/>
- Goomany, A. and Dickinson, T. (2015). The influence of prison climate on the mental health of adult prisoners: a literature review *Journal of Psychiatric and Mental Health Nursing* 22(6) 413-422
- Howard League for Penal Reform (2009) *Turnkeys or professionals? A vision for the 21st century prison officer.* Ardleigh Road, London.
- House of Commons Justice Committee (2009). *Role of the Prison Officer*, The Stationery Office, London.
- Kakuma, R., Minas, H., Ginneken, N., Dal Poz M.R., Desiraju, K., Morris, J.E., Saxena, S. and Scheffler, R.M. (2011). Human resources for mental health care: current situation and strategies for action. *The Lancet* 378: 1654 – 63.
- Lamb, R.H. and Weinberger, L.E. (2005). The shift of Psychiatric Inpatient Care from Hospital to Jails and Prisons. *The Journal of the American Academy of Psychiatry and the Law* 33: 529-34, 2005.

1
2
3 Levenson, J.S. and Willis, G.M. (2019). Implementing Trauma-Informed Care in Correctional Treatment
4 and Supervision. *Journal of Aggression, Maltreatment & Trauma*. Volume 28, 2019 – Issue 4: Special
5 Issue Part 1: Trauma- Informed Care: A project of the National Partnership to End Interpersonal
6 Violence across the Lifespan (NPEIV) 481 -501.
7
8

9
10 McCluskey, A. and De Vries, J. (2021). Help I can't help: A qualitative study of psychiatric nurse's
11 perspectives on their care for people who hear voices. *Journal of Psychiatric and Mental Health*
12 *Nursing*. Volume 28, Issue 2 Pages 138 -148, <https://doi.org/10.1111/jpm.12642>
13
14

15
16 Melnikov, S., Elyan – Antar, T., Schor, R., Kigli–Shemesh, R. and Kagan, I. (2017). Nurses Teaching Prison
17 Officers: A workshop to Reduce the Stigmatization of Prison inmates with Mental Illness. *Perspectives*
18 *in Psychiatric Care* 53 (2017) 251 – 258.
19
20

21
22 Royal College of Nursing (2010). *Prison Mental Health: vision and reality*. RCN and NACRO and Centre
23 for Mental Health, Royal College of Nursing 20 Cavendish Sq. London.
24
25

26
27 Ryan, C., Brennan, F., McNeill, S. and O'Keeffe, R. (2022). Prison Officer Training and Education: A
28 Scoping Review of the Published Literature. *Journal of Criminal Justice Education*. 33:1, 110 – 138, DOI:
29 [10.1080/10511253.2021.1958881](https://doi.org/10.1080/10511253.2021.1958881)
30
31

32
33 Skett, S., Goode, I. and Barton, S. (2017). A joint NHS and NOMS offender personality disorder pathway
34 strategy: A perspective from 5 years of operation. *Criminal Behaviour and Mental Health* 27: 214-221
35 (2017). Online in Wiley Online Library (wileyonlinelibrary.com) DOI: 10.1002/cbm.2026
36
37

38
39 Stinchcomb, J.B., McCampbell, S.W. and Leip, L. (2009). *The Future is now: Recruiting, Retaining and*
40 *Developing the 21st Century Jail Workforce*. The Centre for Innovative Public Policies, Inc. 1880
41 Crestview Way, Naples Florida 34119. Web: www.cipp.org
42
43

44
45 Thordarson, H. and Rector, T. (2020). *From trauma-blind to trauma-informed: re- thinking*
46 *criminalization and the role of trauma in persons with serious mental illness*. *CNS Spectrums* (2020)
47 25, 577-583 Published online by Cambridge University Press doi:10.1017/S1092852920001169.
48
49

50
51 Walsh, E. and Freshwater, D. (2009). Developing the Mental Health Awareness of Prison Staff in
52 England and Wales. *Journal of Correctional Health Care* 15(4), 302-309.
53
54
55
56
57
58
59
60