

Forensic Mental Health Nursing: Forensic Aspects of Acute Care

Note

Health care practice and knowledge are constantly changing and developing as new research and treatments, changes in procedures, drugs and equipment become available.

The author and publishers have, as far as is possible, taken care to confirm that the information complies with the latest standards of practice and legislation.

Forensic Mental Health Nursing: Forensic Aspects of Acute Care

Edited by the

*National Forensic Nurses' Research and
Development Group*

**Alyson Kettles (Chair), Phil Woods, Richard Byrt,
Mary Addo, Michael Coffey and Mike Doyle**

Chapter reviews by Mary Addo, Richard Byrt, Michael Coffey, Mike Doyle,
Alyson Kettles and Phil Woods



A division of MA Healthcare Ltd

Quay Books Division, MA Healthcare Ltd, St Jude's Church, Dulwich Road, London SE24 0PB

British Library Cataloguing-in-Publication Data
A catalogue record is available for this book

© MA Healthcare Limited 2007

ISBN-10: 1 85642 320 4

ISBN-13: 978 1 85642 320 5

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior permission from the publishers

Printed by Ashford Colour Press Ltd, Gosport, Hampshire

Contents

Contributors	ix
Chapter 1 Introduction <i>Alyson McGregor Kettles, Richard Byrt and Phil Woods</i>	I
Chapter 2 Forensic educational aspects of acute mental health care: policy, characteristics, skills and knowledge <i>Carol Watson and Alyson McGregor Kettles</i>	17
Chapter 3 Towards therapeutic environments: challenges and problems <i>Richard Byrt with Linnette James</i>	29
Chapter 4 Towards therapeutic environments: alternatives and solutions <i>Richard Byrt</i>	51
Chapter 5 Preventing and reducing violence and aggression <i>Richard Byrt and Mike Doyle</i>	71
Chapter 6 Forensic aspects of acute inpatient assessment <i>Mike Doyle and Michael Coffey</i>	101
Chapter 7 Measurement of health and social functioning <i>Phil Woods and Alyson McGregor Kettles</i>	121

Contents

Chapter 8 Low conflict, high therapy nursing in a psychiatric intensive care unit <i>Stuart Guy, Stephen Fyffe and Wendy Ifill</i>	135
Chapter 9 Forensic aspects of crisis intervention team working and acute mental health care <i>Alyson McGregor Kettles and Paula Hall</i>	157
Chapter 10 Forensic aspects of discharge planning from acute care: transition to community <i>Michael Coffey, Julie Morgan and Tina Gronow</i>	175
Chapter 11 The Pharmacaust and its relevance to nursing forensic mental health clients <i>Linda Hart</i>	187
Chapter 12 Forensic aspects of caring for people with personality disorder in acute settings <i>Jean Woodally and Michele McGunnigle</i>	201
Chapter 13 Cultural and diversity issues <i>Richard Byrt, Anne Aiyegbusi, Tim Hardie and Mary Addo</i>	219
Chapter 14 Cultural competence and patients' rights <i>Richard Byrt and Tim Hardie</i>	235
Chapter 15 Observation with engagement in acute areas <i>Alyson McGregor Kettles and Richard Byrt</i>	249
Chapter 16 Issues in multi-professional working <i>Helen Walker</i>	265

Chapter 17 Psychosocial interventions <i>Helen Walker and Mike Doyle</i>	275
Chapter 18 Conclusions: fifteen themes, action and research for the future <i>Richard Byrt, Alyson McGregor Kettles and Phil Woods</i>	289
Index	297

Acknowledgements

Thanks to:

Mave Holmes

Catherine Sanders

Minal Sikotra

Library Staff, School of Nursing and Midwifery, De Montfort University

Contributors

Mary Addo

Mary Addo, MEd, MA Soc Sci (Aberdeen), DMS, PgCertTLT (Aberdeen), RMN, EN (G) (Aberdeen) is a Lecturer/Practice Education Lecturer in Mental Health Nursing for The Robert Gordon University based at Aberdeen, Scotland. She has completed her PhD by research at the Centre for Advanced Studies in Nursing, University of Aberdeen, on the experience of trained nurses working with sex offenders in secure care settings. Mary has published on forensic nursing and related issues in books and journals, and is a member of the National Forensic Nurses' Research and Development Group.

Anne Aiyegbusi

Anne Aiyegbusi, RMN, MSc, PGCE, PGCert Social Science Research Methods, Diploma in Forensic Psychotherapeutic Studies, trained in the use of the Adult Attachment Interview, is Consultant Nurse for Women's Secure Services at West London Mental Health NHS Trust. Anne has a special interest in personality disorder and complex mental health needs and has extensive clinical experience in these areas. She has published articles and presented at conferences for many years, focusing most recently on the emotional impact on nurses of working on the frontline of forensic mental health services with service users who have experienced early psychological trauma. Anne is completing a PhD and the subject is managing the nurse-patient relationship with people who have personality disorders.

Richard Byrt

Richard Byrt, RMN, RNLD, RGN, PhD, BSc (Hons), is Lecturer-Practitioner, Nursing, at Arnold Lodge medium secure unit, Nottinghamshire Healthcare NHS Trust and the School of Nursing and Midwifery, De Montfort University, Leicester. Richard's publications include work on forensic mental health nursing and empowerment and participation in health care.

Michael Coffey

Michael Coffey is Lecturer in Community Mental Health Nursing at Swansea University. He previously worked as a community mental health nurse in both generic and forensic mental health services. His research focuses upon aspects of community mental health nursing and particularly people's experiences of receipt of these services. He has co-edited (with Chris Chaloner) the textbook *Forensic Mental Health Nursing: Current Approaches* and (with Ben Hannigan) *The Handbook of Community Mental Health Nursing*.

Contributors

Mike Doyle

Michael is a Forensic Nurse Consultant in Manchester, England. He is also undertaking a Post-Doctoral Research Fellowship investigating risk assessment in mental health services. A qualified RMN, he also has a BSc (Hons) in Community Health and an MSc in Individual and Family Cognitive Therapy from the University of Manchester, and he completed his PhD in 2003. He has provided extensive training in risk and related subjects since 1996 and has a particular interest in systematic approaches to risk assessment and management.

Stephen Fyffe

Steve Fyffe has over 20 years' experience as a mental health nurse and nurse manager, mainly in secure settings. Steve is currently a Senior Nurse at Arnold Lodge medium secure unit, Leicester.

Tina Gronow

Tina Gronow, RMN, BSc (Hons), is a Forensic Community Mental Health Nurse at the Caswell Clinic medium secure unit, Bro Morgannwg NHS Trust. Tina has an interest in working with women with complex needs.

Stuart Guy

Stuart Guy, RN, MSc, PG Dip Soc L, Dip HE Hs, Nurse Consultant Psychiatric Intensive Care, BABCP Accredited Cognitive Behavioural Psychotherapist, Leicestershire Partnerships NHS Trust. Stuart is currently in his first post as Nurse Consultant in Acute Psychiatry, having held a previous position in forensic psychiatry in London. He has extensive experience of working in forensic mental health settings, spanning high, medium, low and community forensic settings. His clinical expertise is working with complex patient presentations utilising cognitive behavioural therapy as the vehicle for change.

Paula Hall

Paula Hall, RMN, Dip Professional studies, PG Dip Counselling, is a Community Psychiatric Nurse working in the Out of Hours Crisis Intervention Team in NHS Grampian. She has been with the team since its inception in 1997 and has a keen interest in crisis prevention and counselling using the person-centred approach. Paula is very keen to see the use of psychological therapies in mental health services increase and has completed a study (currently being written up) as part of a research fellowship, to ascertain staff qualifications and what facilitates or inhibits their use of these skills in the workplace within mental health services in Grampian.

Tim Hardie

Dr Tim Hardie is a consultant forensic psychiatrist at Arnold Lodge medium secure unit, Leicester. Amongst other interests, he has a commitment to issues concerning culture, equality and diversity, including services for individuals who are deaf.

Linda Hart

Linda Hart is a mother, writer, artist and campaigner. Linda is the author, amongst other works, of the 1996 MIND Book of the Year: *Phone at Nine, Just to Say You're Alive*, based on her experience as a service user.

Wendy Ifill

Wendy Ifill is an author who has written about various aspects of mental health and other topics, based, in part, on her experience as a service user.

Linnette James

Linnette James, RN, BSc (Hons), is a staff nurse who is working in an acute mental health setting. Linnette is also a poet and songwriter during her spare time.

Alyson McGregor Kettles

Dr Alyson M. Kettles, PhD, MSc (London), BSc (Dundee), RMN, RGN, RNT, PGCEA (Surrey), AMIBiol, ILTM, is Research and Development Officer (Mental Health) for NHS Grampian and is based at the Royal Cornhill Hospital in Aberdeen, Scotland. She is also Honorary Lecturer for the Centre for Advanced Studies in Nursing at the University of Aberdeen, where she coordinates and teaches on modules for the postgraduate taught Masters degrees. Her personal portfolio of research has had a forensic focus for the last decade. She is a well-known author of mental health and forensic nursing articles and books. Her specific research interests include the relationship between education and practice, specific assessment and interventions, such as observation, and related management issues such as operational competency development.

Michele McGunnigle

Michele McGunnigle, RMN, qualified as a registered psychiatric nurse in 2004. Since qualifying she has worked for NHS Grampian. Previous to this, she worked with people with learning difficulties for five years. This is her first book chapter contribution.

Julie Morgan

Julie Morgan, RMN, BSc (Hons), is a Forensic Community Mental Health Nurse working in South Wales Forensic Psychiatric Service, Caswell Clinic, Bridgend. She has interests in drug and alcohol issues and relapse prevention through early intervention.

Helen Walker

Helen Walker, BEd, RMN, BSc, MSc in CBT, is currently acting senior nurse for practice development at the State Hospital, Carstairs, Scotland. She qualified as a mental health nurse in 1991 and has experience of working in a variety of mental health settings, predominantly community, acute admissions and a high secure forensic unit. Throughout most of her career, she has been actively involved in research and the many posts she has held have been evenly divided between clinical and research activities.

Carol Watson

Carol Watson, RMN, RGN, RNT, MPhil, is the Associate Director of Nursing and Midwifery NHS Education for Scotland. Carol has worked in research, education and practice in high-secure settings. Her main focus has been in facilitating the development of post-registration clinical competencies in mental health, generally, and forensic mental health nursing, particularly.

Contributors

Jean Woodally

Jean Woodally, RMN, is a Senior Staff Nurse for NHS Grampian at the Blair Unit, Royal Cornhill Hospital, Aberdeen. She has over 20 years in psychiatry, 10 of them in the forensic area. Jean has participated in research activities within the BEST-Index.

Phil Woods

Dr Phil Woods, RMN, RPN, PhD, is an Associate Professor at the College of Nursing, University of Saskatchewan. He has an extensive personal portfolio of forensic-related research. He is a well-known author of mental health and forensic nursing articles and books. His specific research interests are risk assessment and management, and violence prediction.

Introduction

Alyson McGregor Kettles, Richard Byrt and Phil Woods

Introduction

Welcome to this book on issues related to individuals who are forensic mental health patients being nursed on acute mental health units. We hope that you will find it enjoyable and practically relevant. This book is one of a series that emerged from a discussion, in a National Forensic Nurses' Research and Development Group meeting, about how the Group could contribute to the development of forensic nursing, and more widely, mental health nursing. As with the first book, a seed was planted and this book was born! This text is aimed at helping nurses working in acute areas to care for and to manage those forensic patients who, for whatever reason, find themselves in an acute inpatient area.

Forensic means 'of the law', and is based on the Latin word *forum*, meaning 'what is out of doors' (Soanes, 2002). The Ancient Romans met outside in fora (the plural of forum) for public meetings, political debates and public legal hearings to try offenders (Parker, 1985). In the United Kingdom, forensic mental health nurses work with the relatively small proportion of individuals whose mental health problems are associated with offending behaviours. Forensic mental health nurses work in a variety of settings. These include: high secure hospitals and medium and low secure units; court diversion schemes (e.g., in magistrates' courts); prisons and young offender institutions and police stations (Kettles *et al.*, 2002; McClelland *et al.*, 2001; Wix and Humphreys, 2005). Some nurses registered in learning disability nursing work in these services (Rowe and Lopes, 2003).

Forensic mental health patients in acute admission wards

However, the majority of mental health nurses work with individuals with histories of offending in (non-forensic) settings (including acute admission wards; services for children and young people and older people; therapeutic communities; and facilities for treatment and recovery), as well as with individuals with problematic substance use (Kettles *et al.*, 2002; Woods, 2004).

There is an increasing need for forensic knowledge in acute mental health care. Acute inpatient psychiatric care services provide safety and security for patients and others. Amongst other reasons, patients are admitted to acute inpatient areas because of the risk to self and others; self-neglect; and serious mental health problems (Bowers, 2005, p. 1).

As more forensic units are commissioned, and more patients who have been discharged from forensic areas are being cared for in the community, there is an increasing likelihood that these individuals may re-enter services through the acute inpatient areas. There is also the transition for some forensic patients, either up or down through differing security levels, as they enter forensic services or are rehabilitated from high, medium and low security services (Collins, 2000; Collins and Davies, 2005). Some patients are brought in to a place of safety by the police and this place of safety is the local acute mental health ward. Other patients are diverted from custody or admission is arranged by social workers and their colleagues. Not only this, but substantial demands are being made on acute inpatient services caused by the more challenging symptoms of those who are admitted. Howard (2004, p. 1) points out that community staff are supporting less severely ill patients. Consequently, individuals with high levels of risk to self and/or others are admitted. Furthermore, there is an increase in the number of admissions complicated by problematic substance use (Higgins *et al.*, 1999; Watson, 2001), which is a known compounding and co-morbidity factor in criminal behaviour (Hawkins *et al.*, 1992; Champney-Smith, 2002; McMurrin, 2002).

The links between ensuring safety, respect for the individual and relief of distress

Nursing and other staff aim to prevent and reduce disturbed behaviour and manage an environment where patients can comfortably stay. The aims of nursing acute mental health patients (including those whose mental health problems are associated with offending behaviours) include the following (Dale *et al.*, 2001; Kettles *et al.*, 2002; National Forensic Nurses' Research and Development Group, 2006; Wix and Humphreys, 2005):

- Holistic assessment and care, based on respect for the individual and his or her unique needs, including those related to culture, spirituality and diversity.
- Relieving individuals' distress, particularly through therapeutic nurse-patient relationships and communication.
- The assessment of risk of harm to self and others and of self-neglect, with observation with engagement and specific nursing/multidisciplinary interventions to reduce this risk.

...In a forensic mental health setting... the maintenance of a safe and secure environment is the essential basis for all other psychotherapeutic work, rather than being in opposition to it (Dale and Gardner, 2001, p. 256).

Whilst there can be tensions and ethical dilemmas concerning the balance between enabling individuals' autonomy and ensuring the safety of the individual patient and other people (Byrt, 1993; Clarke, 1996; Mason and Mercer, 1998), it is suggested that these three aspects of assess-

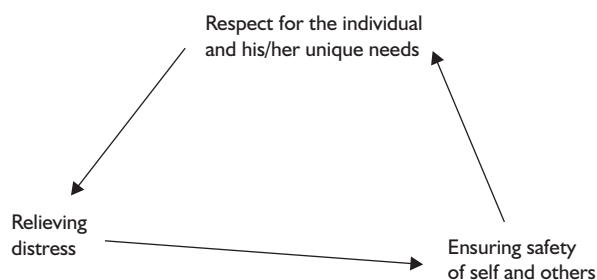


Figure 1.1 The links between ensuring safety, respect for the individual and relieving distress.

ment and care are interlinked in the care of forensic and other mental health patients and clients (Dale *et al.*, 2001; Kettles *et al.*, 2002; McClelland *et al.*, 2001, National Forensic Nurses' Research and Development Group, 2006). Often, as examples in this book indicate, interventions that respect the individual and relieve distress also have implications for reducing risk to others and improving public safety (Kettles *et al.* 2002, 2006). This is illustrated in the following example, based on the nursing practice experience of one of the authors, but with details changed to ensure anonymity.

'Ms Pam Purple': reduced distress and reduced risk

'Ms Pam Purple' was very distressed by voices commanding her to attack other people (auditory command hallucinations). After she had assaulted a neighbour, Pam was admitted to an acute mental health unit, where a thorough risk assessment and other assessments were carried out. These informed a multidisciplinary care plan, which was devised with Pam's participation, and took into account her individual needs, including those related to her vegetarian diet, and needs for space to be with women only and to pray daily.

In addition, the care plan contained strategies to reduce both Pam's distress related to the voices and the risk to others, based on psychosocial interventions. Interventions included: opportunities to talk to a nurse and ventilate feelings; relaxation techniques; antipsychotic medication (when required), as well as Olanzapine, 10 mg daily; and the use of activities that were diversionary and channelled aggression. Pam enjoyed these activities, which included drawing and aerobic exercises.

The effects of these interventions were carefully assessed, in relation to both Pam's well-being and the risk of harm to others. Eventually, Pam was able to monitor her own levels of distress in response to the voices and the likely effectiveness of particular interventions at any one time. For example, she would say to a member of her nursing team: 'I don't think it would be helpful to talk at the moment, but could you go through some relaxation techniques with me?'. Over time, both the frequency of Pam's voices and her associated distress diminished. Risk assessment revealed that the likelihood of Pam's assaulting others also diminished, mainly because she rarely had voices commanding her to do so. When these hallucinations did occur, she had a range of strategies to deal with them, instead of harming others.