

**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

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# Contents

**Contributors** ix

**Chapter 1**  
**Introduction** 1  
Alyson McGregor Kettles, Richard Byrt and Phil Woods

**Chapter 2**  
**Forensic educational aspects of acute mental health care: policy, characteristics, skills and knowledge** 17  
Carol Watson and Alyson McGregor Kettles

**Chapter 3**  
**Towards therapeutic environments: challenges and problems** 29  
Richard Byrt with Linnette James

**Chapter 4**  
**Towards therapeutic environments: alternatives and solutions** 51  
Richard Byrt

**Chapter 5**  
**Preventing and reducing violence and aggression** 71  
Richard Byrt and Mike Doyle

**Chapter 6**  
**Forensic aspects of acute inpatient assessment** 101  
Mike Doyle and Michael Coffey

**Chapter 7**  
**Measurement of health and social functioning** 121  
Phil Woods and Alyson McGregor Kettles
Contents

Chapter 8
Low conflict, high therapy nursing in a psychiatric intensive care unit 135
Stuart Guy, Stephen Fyffe and Wendy Ifill

Chapter 9
Forensic aspects of crisis intervention team working and acute mental health care 157
Alyson McGregor Kettles and Paula Hall

Chapter 10
Forensic aspects of discharge planning from acute care: transition to community 175
Michael Coffey, Julie Morgan and Tina Gronow

Chapter 11
The Pharmacaut and its relevance to nursing forensic mental health clients 187
Linda Hart

Chapter 12
Forensic aspects of caring for people with personality disorder in acute settings 201
Jean Woodally and Michele McGunnigle

Chapter 13
Cultural and diversity issues 219
Richard Byrt, Anne Aiyegbusi, Tim Hardie and Mary Addo

Chapter 14
Cultural competence and patients’ rights 235
Richard Byrt and Tim Hardie

Chapter 15
Observation with engagement in acute areas 249
Alyson McGregor Kettles and Richard Byrt

Chapter 16
Issues in multi-professional working 265
Helen Walker
Chapter 17
Psychosocial interventions 275
Helen Walker and Mike Doyle

Chapter 18
Conclusions: fifteen themes, action and research for the future 289
Richard Byrt, Alyson McGregor Kettles and Phil Woods

Index 297
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CHAPTER 1

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; McMurran, 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 Gardener, 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-
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.

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

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**‘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.