

# International prisoner health care: how nurses can do more

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## Abstract

This short article provides a summary account of the authors' recent visit to an international prisoner healthcare conference in Estonia, where there were a number of medical model presentations. The authors have explored the nursing contribution to prisoners' health care and have offered some examples of where this good practice is evident in England. The article highlights the value of nursing initiatives and how this should be given greater emphasis within international prisoner health care in the future.

**Key words:** International health care ■ Prison health services ■ Public health

Prisoner health within the UK is increasingly becoming a nurse-led service. Nurses working in custodial settings (including prisons, immigration centres and police authorities) are providing comprehensive nursing services to some of the most disadvantaged groups of people within society, with respect to accessing healthcare services.

In June 2006 the authors seized the opportunity to represent our respective organizations, and UK nurses in general, at the first International Prisoner Health Care Conference in Tallinn, Estonia.

Approximately 110 delegates from over 30 countries attended. These included: Australia, the Democratic Republic of Congo, several countries in North and South America, together with fellow European countries. Delegates met to address the key healthcare problems experienced by prisoners and to examine best practice in implementing health services from around the world.

What soon became apparent was that elsewhere in the world a medical model of

care still exists in many prison healthcare settings. Most of the presentations were from a medical perspective, and much of the excellent work being undertaken to promote the concept of prison health as public health was led by medical staff.

The first speaker was Dr Llars Moller, project manager, Health in Prisons Project, World Health Organization. He set the scene by asking the question 'Why promote health in prisons?', and identified three key answers:

- Prisons act as breeding grounds for communicable diseases
- Prisons can introduce prisoners to unhealthy practices
- Prisons can seriously worsen mental health.

In the UK nurses and other allied health professionals are leading projects in all of these areas.

## Communicable diseases

In HMP Brixton there was, until recently, a full-time communicable diseases coordinator employed by the prison, who worked with a counselling psychologist. They provided pre- and post-test counselling for hepatitis C and HIV. Approximately 50% of prisoners at HMP Brixton are hepatitis C positive. The communicable diseases coordinator also led work around tuberculosis. She was the first healthcare professional in the London region to get the mobile X-ray unit to visit the prison

regularly, despite having difficulties in physically getting the unit into the prison due to the size of the unit and the lack of space in the road leading to the prison. The unit has now visited all of the London prisons and there have been a total of 37 tuberculosis referrals as a result of the screening programme for the period April 2005 to March 2006, with 12 confirmed cases (two cases were later confirmed as isoniazid resistant – this significantly increases the treatment period and costs per patient).

Disease control and prevention is a vital component of public health. In the interest of public health, there has to be an awareness of the importance of preventing disease and promoting health in prisons. Nurses and other allied health professionals working in prisons are well placed to undertake this work.

## Unhealthy practices

The healthcare department at HMP Lancaster Castle have seven prisoners on its health promotion team. They have been taught specifically about hepatitis C by one of the nurses and have had formal first aid training and training in the use of 'body spill kits'. The group provides a weekly session to new arrivals with information about hepatitis C, including a video that they have made at the prison. They also provide peer support and encourage other prisoners to be aware of blood-borne viruses. For example, if a prisoner has a blood spill in his cell for any reason, whether as a result of a fight, a DIY tattooing or piercing, he can speak to one of the prisoner health promotion team and they will clear it up safely, while also advising the individual about blood-borne viruses. However, they will not report the incident to disciplinary staff unless the individual is in immediate danger, thereby maintaining confidentiality and confidence. Prisoners with other health concerns can also speak to the team about any health-related matters, and they provide a link to healthcare staff.

This example of patient involvement and empowerment demonstrates how nurses can harness peer support, and was cited as good practice in the Chief Inspector of Prison's

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### Mental health

In Avon and Wiltshire NHS Partnership Trust, mental health in-reach has been renamed the Prison Mental Health Service. This service delivers psychiatry, nurses working in in-patient units within the prison, wing mental health practitioners, primary mental health care and occupational therapy. There is also joint responsibility to the new Court Assessment and Referral Service (CARS) (traditionally court diversion) for Bristol Magistrate court. This provides early mental health screening that enables early identification of mental health service needs prior to entering prison or preventing the seriously mentally ill coming to prison by diverting them to a hospital facility. A significant development in this work is the liaison between prison mental health staff and the CARS service for prisoners who are sent to court and do not return to the prison. The CARS service can provide community follow-up which was not in place before. These service developments are in line with the Offender Mental Health Care Pathway (DH, 2005). The development of services to meet the needs of mentally ill prisoners requires engagement with PCT commissioners to develop a critical mass of staff that can work within the criminal justice system providing mental health services to users of the criminal justice system.

After the conference the authors had the opportunity to look around Tallinn prison. They met the senior nurse who had an

Figure 2. Prisoners' walking yard in the Tallinn prison.



accident and emergency background and was very positive about the contribution that was made to prisoners' healthcare. There was evidence of some excellent practice, including many initiatives led by the nursing team.

The authors' experiences in Estonia reminded both of them of many UK prison visits. They commented that, while there is much still to be improved in the prison healthcare environment, this was no barrier to innovation, enthusiasm and high-quality care.

The conference challenged the authors in many ways. Issues such as the need to develop programmes to meet the healthcare needs of specific groups, such as women and juveniles,

to reduce overcrowding, together with the fact that any project must be sustainable, while maintaining human rights and dignity, gave them food for thought.

All those present acknowledged that to effect change in the delivery of health care to prisoners, pressure was needed around the world at both political and grass-roots level. Evidence-based practice had to be shared. Within the UK nurses are already at the forefront of such initiatives. The conference gave an opportunity to network with other healthcare professionals from many other countries, and it is hoped that next year there will be more nurses present from around the globe. BJN

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Department of Health and National Institute of Mental Health in England (2005) *Offender Mental Healthcare Pathway*. DH, London



Figure 1. Model of the Tallinn prison in Estonia.

### KEY POINTS

- Nurses can improve the public health of vulnerable groups who are in prison.
- Nurses can demonstrate their leadership skills by illustrating health initiatives for prisoners around the world.
- There are differences between health care in prisons in the UK and in Estonia and conferences are key to sharing evidence-based practices.

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