Working with a prisoner who has a severe mental illness  
(Information for wing managers, workshop and education staff)

A small proportion of people in prison suffer from a severe mental illness. When they are acutely ill, they will be in a hospital or health care unit. When they are better, they may live on ordinary location and spend time during the day in workshops, on the education unit or in a mental health day centre. Although not actively ill, they may still be vulnerable. They may be easy targets for bullies. Staff may regard them as strange and not know quite how best to behave towards them. This leaflet is written to help you understand this sort of illness better so that you are better equipped to do your job of supervising or teaching or maintaining good order on the wing.

1. What are we talking about?
Some terms you may have heard used about mental illness are `psychosis', `schizophrenia', `drug induced psychosis', `nervous breakdown' plus all the non technical terms such as `completely out of it' and `mental'. So, here are some brief definitions:

**Mental health and illness**
There is no clear cut dividing line between health and ill-health. We all have periods of mental distress as we have periods of physical ill-health. Usually these periods are short and we recover without medical intervention. An illness is considered to be severe when the individuals suffering severe and distressing beyond what they feel able to bear and the symptoms they experience make it impossible for them to carry on their normal lives.

**Psychosis**
The word *psychosis* is used to describe a broad range of mental disorders that affect the mind, where there has been some loss of contact with reality. These types of disorders can vary greatly, though certain types of symptoms are characteristic. They include unusual and often extremely distressing experiences such as:

- **Disturbances of thinking**: Thoughts become confused and may seem to speed up or slow down. Sentences are unclear or don't make sense. People may feel as if their thoughts are being put into their head and are not their own thoughts. They may have difficulty concentrating, following a conversation or remembering things. They may then appear to be unresponsive or unco-operative.

- **Delusions**: Delusions are false beliefs that seem real to the person and are not amenable to logical argument. They are often very frightening. For example, a person may believe that their food is being poisoned.

- **Hallucinations**: The person sees, hears, feels, smells or tastes something that is not actually there. For example, they may hear voices which no-one else can hear. Food may taste or smell as if it is bad or poisoned. Voices can range from occasional voices through to an almost constant barrage of derogatory comments from a large number of different voices.

- **Changed feelings**: People may feel strange and cut off from the world. Mood swings are common and people may feel unusually excited or depressed. Their emotions may seem dampened - they feel less than they used to, or show less emotion to those around them.
2. What sorts of psychotic disorders may prisoners have?
There are different types of psychotic illness. The ones you are most likely to see in prisoners you work with are:

*Substance-induced psychosis*

The use of, or withdrawal from, alcohol or drugs may be associated with the appearance of psychotic symptoms. Sometimes, the symptoms remit as the effects of the substances wears off. Sometimes the illness last longer.

Staff working on remand or detox units may see this problem comparatively often. The danger for these staff is that they may become blasé. They may think that all prisoners who are drug users and who have psychotic symptoms will recover quickly when the drug gets out of their system and that they don't need help from mental health staff. This is a common mistake - and health care staff make it too. In fact, it is not possible to tell from the symptoms alone whether someone has a substance induced psychosis or whether they have another psychotic illness instead or as well. It is quite possible for a person to both have a more long term psychotic illness and to misuse substances. This can happen for several reasons. For example, because the symptoms of psychotic illness are very distressing and frightening, some people use street drugs to help them deal with them.

*Brief reactive psychosis*

The psychotic symptoms arise suddenly in response to a major stress in the person's life. The person makes a quick recovery in a few days and does not go on to have a life-long psychotic illness. Some people seem to be more prone to develop this sort of reaction to severe stress than others. These include people who have a severe `personality disorder' and may be in prison because of aggressive or other anti-social behaviour. It is possible for prisoners held in segregation to develop this sort of psychotic illness, especially if they are there for a prolonged time. This is one reason that doctors must regularly assess prisoners who are held in segregation. The fact that this type of psychosis is brief, does not mean that it is any the less frightening and distressing to experience while it does last.

*Schizophrenia*

Schizophrenia is a psychotic illness in which the symptoms have been continuing for a period of at least 6 months. The symptoms and the length of the illness vary. Many people with schizophrenia are stable for long periods between episodes of psychosis. Others experience long-term problems requiring continuing care. A quarter of this latter group deteriorate more severely and rapidly and need very high levels of care and support. Usually, it is the prisoner who is stable for periods (often with the help of medication) but has episodes of psychosis from time to time who lives on ordinary location. Those who need very high levels of care are transferred to outside hospital. Prisoners may also be transferred to outside hospital for assessment and treatment. Once stable, they may be sent back to prison.

*First episode psychosis*

First-episode psychosis simply refers to the first time someone experiences psychotic symptoms. People experiencing a first-episode psychosis may not understand why they are having such disturbing and unfamiliar experiences and may feel confused and distressed. The most common age for a first episode is in the late teens and early
twenties. Staff in Young Offender Institutes need to be particularly aware of this possibility. It is important to get help early. It is also important to be aware (and to inform the prisoner concerned) that an episode of psychosis does not necessarily mean a life-time of illness. 20-25% of people recover completely from their episode of psychosis and never have another one.

_Bipolar disorder (manic depression) and Psychotic depression_

Psychotic symptoms appear as part of a more general disturbance of mood. When psychotic symptoms are present they tend to fit in with the person's mood. For example, someone who is depressed may hear voices telling them they should kill themselves. Someone who is unusually excited (manic) may believe that they have special powers and can perform amazing feats.

3. What are the treatments?

There are three main types of treatment:

- **Medication:** Along with other forms of treatment, medication plays a fundamental role in recovery from a psychotic episode and in the prevention of future episodes.

- **Counselling and psychological therapy:** Having someone to talk to is an important part of treatment. A person with acute psychotic symptoms may need to know that there is someone who can understand something about their experience and provide reassurance that they will recover. As recovery progresses, different forms of psychological therapy can:
  - help the individual and those caring for the him or her (on ordinary location) learn how to keep stress levels low in order to prevent further episodes
  - help the individual and those caring for the him or her (on ordinary location) recognise early warning signs that a further psychotic episode is developing

- **Practical assistance:** Treatment often also involves assistance with employment, education, finances and accommodation.

_Medication_

Most prisoners with psychotic illnesses who live mainly on ordinary location will be taking medication, known as "neuroleptics", "anti-psychotics" or (misleadingly) "major tranquillisers". These can suppress the most unpleasant symptoms of the illness but they don't work for everyone and they have a range of side-effects that can be extremely unpleasant. The medication may be given in tablet form or as an injection. Longer-acting `depot' injections are often used because patients may be unreliable in taking tablets. If a prisoner you work with is on a depot injection, you may notice that his or her behaviour changes just before or just after the injection.

Some of the behaviours you may notice in prisoners you work with may be side effects of the medication rather than symptoms of the illness. Side effects include lethargy, a very dry mouth that causes coughing, and feeling unbearably restless, so that the person paces up and down or rocks backwards and forwards in an attempt to relieve tension. Side effects are often a reason why people stop taking their medication. There is a range of strategies psychiatrists can use to reduce unpleasant side effects.
4. Why aren't they in hospital?
Someone who is acutely and severely mentally ill should be in hospital and it is true that there are currently people in our prisons who are waiting for transfer to a hospital and are having to wait because of a shortage of beds. However, there are also people in prisons who have a mental illness who, if they were outside, would not be in a hospital. These include individuals whose illness is episodic (like someone with asthma who is ill some of the time and well in between times). Mental health services for this group of people in the community consist of a range of services, such as day centres, sheltered accommodation and sheltered employment. Only when they are acutely ill do they need to go to a hospital. The NHS is working with prison health care to develop similar services for prisoners whose illness is of this form.

5. What should staff do? - General management advice
The key thing that residential managers and other staff need to know in order to plan the general management of prisoners who have a psychotic illness is that certain sorts of environment tend to trigger psychotic episodes. No-one knows for sure what causes psychotic illnesses but it is most likely that they are caused by a combination of biological and environmental factors. Schizophrenia is not inherited but a vulnerability to experience psychotic symptoms is. The symptoms often emerge in response to stress (for example, breakdown of a relationship, being held in solitary confinement, bullying) or drug abuse in vulnerable individuals. This helps to explain why psychosis is usually an episodic problem, with episodes triggered by stress and patients often quite well between episodes.

Research studies show that once a person has schizophrenia, the environment in which he or she lives can help the person to stay well or can make them worse. In an environment which is calm and where people provide plenty of support and encouragement, people with schizophrenia will suffer fewer psychotic episodes than if they are surrounded by people who push, frighten or criticize them.

It follows from this that there are some factors about prison life that are likely to make someone with this sort of mental illness worse and some that may help them stay well. The positive factors are that there is a routine, with guaranteed accommodation, regular food and staff whose job it is to maintain order. The negative factors that may be present in some prison units include loud shouting, name-calling, fighting and bullying.

It is helpful to:
- place the person on a residential unit that is calm and well ordered
- choose cell mates carefully
- encourage all staff to talk to the individual quietly and calmly
- arrange activities for the individual to do during the day but not to pressure them to do more than they are ready to do. It might be appropriate for the individual to attend a mental health day centre in the prison. Some prisons (eg HMP Belmarsh, Durham and Cardiff) have developed these. Other options include a mixture of a job or time on education. It is important that prisoners who have long-term severe mental illness have a care plan that considers how they spend their days on ordinary location.
6. **What should staff do? Advice following a recent psychotic episode**

People with a psychotic illness are likely to feel confused, distressed, afraid and lacking in self confidence, both during the acute phase and for a long time afterwards. The illness has probably caused them to lose control of their thoughts and to feel overwhelmed by the world around them. As they recover, it is common for individuals to:

- sleep for long hours every night (or during the day) for 6-12 months after the psychotic episode
- feel the need to be quiet and alone more often than other people
- be inactive and feel that they cannot or do not want to do much.

If the prisoner has just returned to the wing after an acute episode, it is important for the recovering individual to have a quiet place to go. As long as the withdrawal is not excessive (eg the individual stays in his cell all the time for many days) this is not a matter for concern, though it is important to keep health care staff informed in case the withdrawal is a sign of depression. Gradually encourage the individual to come out for association or to do a little work around the wing. You may find that the person just wants to sit in company and watch or listen to people without actually joining in. You may also find that the individual likes to listen to loud music a lot of the time. This may be a way of drowning out any residual distressing voices or thoughts. Earphones or a walkman may be helpful. Keep in good contact with health care staff so that you can raise any particular questions with them.

Most importantly, it is helpful to relate to the prisoner as a human being who has interests and strengths separate from his or her illness. The slowing down phase that typically comes after an acute psychotic episode does not mean that the individual has no life or other interests, as others do.

7. **What should staff do? Responding to strange or difficult behaviours**

Someone who is acutely ill will be on the health care unit or in outside hospital. However, you may sometimes have to deal with difficult behaviours like the following.

*Talking with someone who is hearing voices*

If you are not sure someone is hearing voices right now, ask them if they are:

- Act calmly
- Don't challenge the fact that the person can hear voices. They are real to the patient. However, you can say in a gentle and matter-of-fact way, something like 'It's your brain playing a trick on you just now.'
- Acknowledge the difficulty and distress that voices cause
- Talk clearly and slowly if necessary and be prepared to repeat questions
- Be prepared to take longer even for a simple matter
- Distract the person if you can by - offering something to look at (eg a newspaper article, poster, TV) changing the subject to something neutral

*Talking with someone who mentions their delusional beliefs*
• Show some understanding of the person's feelings eg 'It must be really scary to think that someone else is controlling your thoughts'
• Don't argue about the strange ideas but don't pretend to agree with them either. Focus instead on how the delusions make them feel and then change the subject to something neutral or pleasant in real life (eg what's for dinner).

**Relating to someone who is recovering following an acute episode**
• Remember that the individual's memory, concentration and tolerance levels may all be reduced. Be prepared to talk slowly and to repeat yourself.
• Don't assume that they have deliberately disobeyed an order if they are a bit slow to do what you tell them. Check if they have heard and understood first.
• Gently encourage activities that are not too demanding (in Education, Workshops, association). Help them to build up to more complex task gradually.

**Talking with someone who is angry or aggressive**
People with schizophrenia are usually shy and withdrawn. However, they may also become aggressive, especially when they are experiencing fear or paranoia (feeling that they are being persecuted and that other people are out to get them) or voices (voices do sometimes command a person to injure others, though this is rare). Many prison officers are highly skilled at "talking down" agitated prisoners. The following tips may be helpful:

• Give the person space. Don't crowd them.
• Inform the person about what you are doing and intend to do. Never leave someone who is mentally ill to guess your intentions or the intentions of others. Their imagination will run riot.
• Tell the person that you don't mean them any harm
• Talk calmly and evenly
• Talk to the person in a quiet environment if you can.
• Continually reassure them.
• Keep your hands in view
• Keep your movements to a minimum
• Ask them why they are upset.
• Do not:
  • shout at them
  • whisper to colleagues
  • use your radio unless essential or louder than necessary

Always try "talking down" before resorting to other forms of restraint.

**8. What should staff do? Looking out for depression and suicidal thoughts**
People who have psychotic illnesses are at significantly higher risk of depression and suicide. They tend to have low self esteem, to feel hopeless about their lives, to misuse drugs and alcohol, to lose previous jobs and relationships and be unable to attain their personal goals. In addition, some may hear voices telling themselves to kill themselves.
If the individual expresses depressed or suicidal thoughts to you:

- listen to their feelings but also point out that help is available
- express appreciation of the individual's feelings and the fact that he or she confided in you
- let the doctor and mental health nurse know and open a 2052SH form (in Scotland an Act to Care form)
- distract the person by involving him or her in pleasant, low key activities
- help them to be with someone by whom they feel accepted
- let the person know that you accept and care about them
- consider whether any stressors can be removed that might be depressing the person (eg bullying)

9 Liaison with health care staff
It is much easier for residential, workshop and education staff to manage prisoners who have a severe mental illness if they are given advice about how to do so by health care staff. This kind of sharing of information is clearly in the prisoner's interest. But this can be tricky as doctors and nurses have a duty to keep information about their patients confidential. When health care staff respect this ethical principle they are not being awkward. Patients may not confide in their doctor if they think that they may tell others what is said. And doctors and nurses can get into trouble with their professional bodies if they don't respect patient confidentiality.

General advice (such as whether the prisoner-patient should be in a shared cell or not, what sort of activities are appropriate during the day, how to reduce stress for the individual, whether withdrawal is something to worry about or not and what sorts of behaviours should result in an urgent call to health care) can usually be given without sharing individual patient information held on the IMR. Giving this kind of advice would not usually break confidentiality to an individual patient.

Giving more detailed information (for example, the diagnosis, the specific risks the individual poses and details of the medication) may be needed for effective multi-disciplinary care planning, for sentence planning or pre-release planning. This does involve passing on confidential information. In many cases this is possible by obtaining the permission of the prisoner-patient for information to be passed on to specific people for a specific purpose. A template patient confidentiality agreement is provided on the disk.

Only in situations where there is a risk of death or severe harm to the patient or another can health care staff pass on individual patient information without patient permission.