Dietetics in Forensic Secure Services

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According to a recent review,[1] approximately 6,000 people with a mental health diagnosis are detained in high, medium or low secure forensic units across the United Kingdom. Forensic secure services provide therapeutic interventions for people with a mental health diagnosis who have had contact with the police or prison service. They may have been mentally unwell at the time of committing an offence or have become mentally unwell whilst in prison. Service users are detained under the Mental Health Act 1983,[2] they are not free to leave the units at their leisure due to risks to either themselves or others. Please see **Figure 1** for a brief guide to Mental Health Act Sections. Dietetic provision in this area is limited, in the most recent workforce scoping survey[3] there were only 187.3 whole time equivalent (WTE) dietitians working in this area across the UK, with 22.3 WTE assistants.

Figure 1: Guide to Commonly Seen Mental Health Act (1983)[2] Sections

All service users are assessed by a team of mental health professionals, including two doctors to ensure that detention under the Mental Health Act (1983) is appropriate.

- **Section 3 – Admission for Treatment:** Service users can be kept in hospital for up to 6 months for treatment of their mental health. This section can be renewed if required.
- **Section 17 – Leave:** Service users detained under the Mental Health Act are given permission to leave the ward area; this takes different forms, for example, to allow access to a shared garden area, the hospital grounds or local shops. Leave is decided by the responsible clinician within the MDT, conditions may be attached to this, for example, having two staff present on the leave.
- **Section 37 – Hospital Order:** A decision has been made by court that instead of going to prison the service user should be in hospital for treatment of a mental health disorder.
- **Section 38 – Interim Hospital Order:** A court has convicted the service user but not yet made a decision regarding the sentence. Assessment will be completed in hospital to decide if a section 37 would be appropriate. The length of this section is set by the court and cannot be longer than 12 weeks.
- **Section 47 – Transfer of sentenced prisoner to hospital:** The service user has been transferred from prison to hospital on the advice of two doctors to have treatment for a serious mental health problem.
- **Section 48 – Removal to hospital of unsentenced prisoners:** This section is also known as a 'transfer direction'. Whilst awaiting sentence the service user is transferred to hospital for treatment of a serious mental health problem.
- **Section 47/49 – Transfer from prison to hospital with restrictions:** The service user has been transferred from prison to hospital on the advice of two doctors to have treatment for a serious mental health problem. In addition, restrictions are in place from the Ministry of Justice making them responsible for granting leave and discharge from hospital.
- **Section 48/49 – Removal to hospital of other prisoners with restrictions:** Whilst awaiting sentence the service user is transferred to hospital for treatment of a serious mental health problem. In addition, restrictions are in place from the Ministry of Justice making them responsible for granting leave and discharge from hospital. Service users are kept in hospital until their case has been decided by the court; on sentencing, if applicable, they may then be detained under section 37 or 37/41 or return to prison.
- **Section 37/41 – Hospital order with restriction:** A decision has been made by court that instead of going to prison the service user should be in hospital for treatment of a mental health disorder. In addition, the court has decided that the service user poses a risk to public safety (section 41). Leave can only be granted by the Ministry of Justice and the service user cannot be discharged from hospital without permission from the Secretary of State for Justice.

Security

One of the biggest differences between working in general dietetic practice in acute/community settings to forensic secure services is the importance of security. It is essential for both staff and service users to feel safe whilst on the unit to enable an effective therapeutic relationship to develop.[4] There are three types of security which need to be considered within this setting: physical, procedural and relational. Probably the most obvious element of security is **physical security**, which includes double air lock doors on entering the unit; personal alarms and keys on chains, which must be attached to belts prior to entering the unit; and the fence around the secure perimeter. One of the biggest surprises for me was some of the items included on the contraband list, which in the medium secure unit includes mobile phones. This can have an impact on dietetic practice as the use of mobile phone applications and technology to support dietary changes continues to grow in popularity and be implemented in practice.

Procedural security includes the Trust policies and security checks put in place for the safety of staff and service users.

Whilst **relational security** covers the relationships and knowledge we have of our service users, it is also about understanding the environment, how different service users interact, how visitors may affect this and the boundaries between staff and service users; even the team dynamic needs to be considered.[4] When assessing new admissions to the unit, careful consideration by the multi-disciplinary team (MDT) is given to how the new service user may relate to others on the unit and where they would be best placed to maintain the safety of all, whilst meeting their therapeutic needs.

Relationships between staff and service users should have purpose, be therapeutic and professional, with clear boundaries set in place in order to be safe. It is important to be aware of the risks of working with service users; this involves knowing their history. At times this can be challenging, especially when a service user has a conviction which triggers an emotional response. It is important that all service users are offered an equitable dietetic service, regardless of their backgrounds, and for those involved in their care not to make judgements. Therefore, the use of supervision, both formal and informal with ward colleagues is vital, especially at times when ethical conflicts arise. The document 'See Think Act' is an excellent resource for practical guidance in this area.[4]

Mortality gap

It is well documented that people with severe mental illness die on average 15-20 years younger than the general population – generally known as the 'mortality gap'.[1, 5, 6, 7, 8] This is due in part to the increased risks of weight gain and metabolic syndrome associated with anti-psychotics, as well as lifestyle factors, such as poor eating habits, smoking and low physical activity levels.[5, 8] In addition, not all service users within secure units may have the relevant leave to access physical activity.[5]

Over recent years there has been national drivers to improve the physical health of people with severe mental illness, through The Five Year Forward View for Mental Health.[7] This is supported by the Commissioning for Quality and Innovation indicator 'Improving physical healthcare to reduce premature mortality in people with severe mental illness',[9] and offers a financial incentive for NHS Trusts who achieve this indicator. The Royal College of Psychiatrists' Working Group for Improving the Physical Health of People with Severe Mental Illness (SMI)[6] has produced practice guidance to improve the physical heath of service users with SMI, including those in forensic secure units, which further support this national driver. All service users should be offered a regular physical health review on admission, then every six months, or more frequently if required.[10]

Obesity

It is well known that antipsychotics have a significant impact on service users' weight, with rapid weight gain commonly documented at initiation.[8] People with a severe mental illness diagnosis are at high risk of developing chronic physical health conditions, such as cardiovascular disease and diabetes.[5, 8] People with schizophrenia have a significantly higher mortality rate, up to three times higher than the general population, due to poor physical health, often cardiovascular disease.[1] This is due to a combination of antipsychotic medications and lifestyle factors, such as poor diet, smoking and low physical activity levels.[1, 8] Antipsychotics are often reported to increase hunger and cravings for sugary food and drinks, as well as reduce satiety.[8] People with SMI are known to consume diets higher in calories and salt and lower in fruit and vegetables than the general population.[8] However, there is currently no specific guidance on the management of obesity within secure services.[1] A recent NHS England mixed method review suggested that, although a lack of evidence is available in managing obesity in this area, a multi-pronged approach, incorporating education for both staff and service users, environmental and service provision changes, would likely be beneficial in reducing obesity.[1] In addition, the review by Johnson *et al.*[1] recommended that service users be involved in policy making and decision making and that staff should be supported in making positive change to the unit's culture in order to promote healthy eating habits and physical activity.

A recent consultation of 150 people living in secure services, through the Recovery and Outcomes Groups lead by Rethink Mental Illness,[11] identified the many challenges faced by those in secure services with regards to being a healthy weight. These challenges include little opportunity to use the gym which, in turn, was reported to be demoralising; practical issues, such as staff availability to facilitate physical activity sessions; and mealtimes on the wards. They also identified that access to healthy food was difficult, and those with Section 17 leave would often use this to go to the local shop to access snacks. A further challenge identified by the Rethink and Recovery and Outcomes consultation was poor motivation of the service users who frequently reported boredom on the units, with eating high calorie foods as a coping strategy.[11]

Alongside the challenges identified by The Rethink and Recovery and Outcomes consultation, participants also identified some ways to help those in secure services improve their physical health and move towards a healthy weight. These include staff acting as positive role models, all staff being trained in physical health, more access to dietitians and greater access to gyms and other physical activities (not just Monday–Friday 9-5).[11] In addition, a recent systematic review and meta-analysis of nutrition interventions in people with SMI[8] concluded that interventions delivered by a dietitian, or those aimed at preventing weight gain on commencing antipsychotics, had the greatest impact.

Commonly seen mental health conditions

One of the most commonly seen mental health condition within the forensic secure setting is schizophrenia, which is a serious, chronic mental health condition.

People with a diagnosis of schizophrenia may experience a range of symptoms. These can include visual or auditory hallucinations, delusional thoughts, disorganised thinking and or confused thoughts where they are unable to differentiate between reality and their own thoughts;[12, 13] this can lead to difficulty concentrating. People with schizophrenia may become paranoid due to delusion thoughts and may feel like thoughts are being put into their head.[13] A common misconception is that people with schizophrenia have multiple or split personalities, this is untrue.[12, 13] Another myth is that people with a diagnosis of schizophrenia are dangerous due to voices telling them to do things, this is also untrue. People who experience hearing voices are more likely to harm themselves than others.[13] Behaviour that causes a risk to others is often the result of drug or alcohol misuse.[12, 13]

Another commonly seen mental health condition within this setting is schizoaffective disorder, this is disorder which affects both emotions and thoughts,[14, 15] where the person experiences psychotic symptoms seen in schizophrenia, such as auditory hallucinations and/or delusional thoughts, alongside mood symptoms seen in bipolar disorder, such as depression or mania or both.[14, 15] Mania symptoms may include feelings of being elated, being extremely talkative often at speed, and an increase in risk taking behaviours.[14, 15] Depression symptoms may include lethargy, feeling of walking through mud, no interest in self or others and suicidal thoughts.[14, 15]

In addition to the increased risk of obesity and metabolic conditions as described above, a diagnosis of schizophrenia or schizoaffective disorder may also contribute to a significant reduction in oral intake. If the person is acutely mentally unwell, and experiencing delusional paranoid thoughts about the food or water supply, then working with them to find an acceptable form of food and fluids is a key part of the dietitian's role in this setting. It is likely to involve working closely with the ward and catering teams to ensure that food and drinks in sealed packets are easily accessible. An individualised approach, tailored to the patient's needs, is essential.

A case example

Although the majority of the caseload involves supporting service users with weight management, there are also admissions to the unit of service users who have been or are currently on hunger strike. For example, recently a service user was admitted for assessment after reporting delusional thoughts about food being poisoned and hearing voices. The gentleman in question was on hunger strike whilst in prison for approximately three weeks prior to admission. Unfortunately, the exact duration of hunger strike was unknown, as was the extent of his weight loss. He consented to being weighed on admission; however, declined all blood tests and physical observations over the first month of his admission, including any further weighing. This posed many challenges to the ward team and myself, as a dietitian, due to the risk of refeeding syndrome. In this case, a meal plan was agreed with the service user. Although, due to his mental health presentation, he challenged this with the nursing team frequently throughout the day. At that time, a key part of the dietetic role, whilst ensuring safe refeeding, was also to support the nursing team.

Summary

Antipsychotics are well known to cause rapid weight gain; people with a diagnosis of SMI are likely to die 15-20 years younger than the general population due to poor physical health. Working in forensic secure services poses different challenges every day, although is it very rewarding.

Example of a Health Promotion Initiative to Reduce Sedentary Behaviour

We have recently introduced an initiative to reduce sedentary behaviour *'A Mile a Day; My Way'*. This was inspired by the schools Daily Mile initiative. Our Allied Health Professionals Team has mapped out routes for service users to walk a mile each day; these routes are suitable for various levels of leave – for example, around the garden within the secure perimeter or around the ward garden for those who cannot access this area. Whilst it is still too early to see any sustained improvements in physical health, benefits have been seen in other areas already, with service users who were previously very sedentary now taking part in this initiative, increasing their daily physical activity alongside improving their morning routines. Success is celebrated with service users being presented with certificates for participation and achieving certain milestones, for example, 5 miles. This comment, received from a service user, sums up the initiative and its benefits perfectly: *"Doing a mile a day has made me enjoy exercising again, it's got me out of my room and I feel so much fitter. I can get a buzz from doing my laps. I started doing a mile a day, now I do 3 miles and now I feel I can start doing gym work again."*

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