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## A fragile state of mind

Prisoners usually enter the custody suite in a highly stressed state. An alarmingly high number of new arrivals can't cope with their substance misuse and mental health issues and take their own lives. Leeds Prison's Nina Davis and Anne Cowan race to get to them first.

**Dual diagnosis is astonishingly common among the prison population. A survey by the Office for National Statistics points out that one in five prisoners has had psychiatric treatment and many more reach their tipping point with the stress and anxiety of being incarcerated.**

Anne Cowan is a drug and alcohol worker at Leeds Prison and Nina Davis works alongside her in the mental health team. They see people arrive at the safe custody unit with 'varying levels of vulnerability', and say this is the point at which they need to be proactive.

The risks of not doing so speak for themselves, they warn: 11 per cent of suicides happen within 24 hours of entering prison; 32 per cent happen within

a week. Of those taking their own life, 62 per cent had a history of drug misuse.

Cowan and Davis have a mission of identifying signs of distress, so that prisoners can be given access to care and services in good time. They foster a supportive, structured, caring and safe regime within the prison and pay particular attention to alleviating stress and anxiety within the high-risk first week in prison.

To spot the danger signals in time, they are aware of needing to keep access routes to mental health services as open as possible, encouraging anyone in the prison to refer a prisoner in need. When meeting with individual clients, they are always on the lookout for those with priority need, and will then sign them onto the dual diagnosis programme

without delay. Beyond this stage, they will be referred to mental health inreach teams, or whatever further support they need.

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With detoxing clients often displaying paranoia and hallucinations, it's not always clear if the symptoms are related to drugs or other mental disorder. But whatever the complexities of their difficult condition, the team feels confident that their prisoners with mental health are at least 'lucky to be in a place where everybody wants to help them'.

## Beyond just sport

Steroid use is rocketing in the community, but little is being done to respond to its popularity in prison. Michael Bird argues that prison teams need to work in partnership to tackle its menace head on.

**Aggressive prison culture does nothing to diminish peer pressure to act tough. For steroid users the macho environment can add to the reasons why they should not stop taking their drug of choice, says Michael Bird.**

Although supply of steroids – which are a class C drug unless taken on prescription – can carry a 14-year prison sentence, steroid users don't consider themselves as drug addicts so are unlikely to access services, explains Bird, who has been a CARAT

worker and outreach counsellor before training professionals including prison staff.

Finding steroid users to offer them treatment is difficult in the first place, he says, as routine drug tests are not carried out for steroids. Risks associated with the drug include aggression, depression and other mental health problems, high blood pressure and liver damage.

With one or two workers for a population of two or three hundred, where and how do you find time

to address the issue, particularly when there's no solid client group in prison?

Assessing the scale of the problem in each prison would be a start, he says, in partnership with CARAT workers. Then awareness of steroid use needs to be raised with drug workers, so they can equip their clients to make informed choices about steroid use.

From not being recognised as a problem, steroid use could then be flagged up as a part of prison drug culture to be tackled seriously.