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# Forensic Nursing Newsletter

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Volume 5 Issue 1

March 2001

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## Conference Reports

### The International Forensic Nursing Conference

The theme of this conference was 'Every Nurse is a Forensic Nurse at Some Time' and was held in Adelaide last September in Adelaide. The conference was organised by Linda Saunders, Associate Dean and Senior Lecturer at Flinders University. It was an outstanding event and, encouraged by others, Linda spoke of hosting another in 2002.

The Keynote speakers were Virginia Lynch and Tom Mason. Virginia spoke about the globalisation of forensic nursing and the role of the nurse in violence prevention and investigation. Tom spoke of a range of issues related to forensic psychiatry, drawing on the UK experience and grounded in 'hands on' care. He commented that the SANE nurses work with the victims of interpersonal violence and the insane nurses work with the perpetrators. He concluded by urging nurses to produce their evidence and publish.

Virginia and Tom each ran a full day workshop before the conference. We attended Tom's workshop that covered a range of forensic psychiatric nursing and practice issues related to the care of mentally ill offenders in secure environments. After reading Tom's work for years it was a tremendous experience to listen to Tom expanding on his ideas and to engage in discussion about his ideas. It was also great to share ideas with forensic psychiatric nursing colleagues from overseas and interstate and from a range of settings.

Other international speakers included Katherine Maeve, Arlene Kent-Wilkinson and Anita Huft. These nurses are well published and the conference provided the opportunity to hear them also talk about the issues that (often) do not get published.

And of course there were the Australian and New Zealand presenters and delegates. Listening to the experience of others from a range of settings about the development of practice and ideas was exciting. There can be no doubt that forensic nursing in Australia and New Zealand is developing. The conference was also valuable for catching up with friends and colleagues and finding out 'what's really going on'.

We congratulate Linda and hope that she is willing to organise another forensic nursing conference.

### Another Inspiring Conference

A vision identified by the Mental Health Commission in New Zealand was to provide an opportunity for practitioners to be updated in the latest techniques for assessing and managing risk and to give a voice to consumers, indigenous peoples and community groups, came to fruition with a very successful

and inspiring conference last year. The "**Challenges, Choices and Strategies Mental Health Conference 2000**" held in Wellington, New Zealand, on the 14-17th November provided practitioners with a wide range of learning opportunities. The sharing of expert knowledge from both local and international speakers provided a broad framework of contemporary issues for participants to further enhance and inform their clinical practice in relation to the effective assessment and management of risk.

Key note speakers and topics were:

Professor Mason Durie: The application of tapu and noa to risk and safety and health

Dr Andrew Johns: A risky business! Managing and reducing risk in the mentally disordered offenders

Dr Fiona Mason: Improving psychiatric care for women in secure institutions

Professor Paul Mullen: Assessing risks in stalkers

Dr Marnie Rice: Risk of violence among mentally disordered offenders

Guest speakers and topics included:

Dr Philip Brinded: Clinical aspects of risk management

Mr Warren Broodbanks: Medico-legal issues in the risk management of forensic patients

Judge David Carruthers: Risk management and rehabilitation of young people

Dr David Chaplow: Safety, risk and inquiries in New Zealand. What have we learned?

Judge Patrick Mahony: Compulsory treatment versus patients rights - The role of the judiciary under the New Zealand Mental Health Act

Dr. Ptere McGeorge: Making risk management systems less risky

Dr Sandy Simpson: A formulation of research on mental disorder and violence with implications for clinical practice

MR Patrick Smellie: Fear, risk and news: Values of perception of dangerous

The papers will be available on the internet and can be accessed on: [www.conference.co.nz/mhc2000](http://www.conference.co.nz/mhc2000). Audio tapes are also available see web site for details.

I was very encouraged by the impact of such a positive learning experience on local colleagues both in adult mental health services and forensic mental health services. Colleagues on their return radiated a sense of feeling positive and excited about the knowledge learned. Many were very inspired and encouraged by the speakers. The ripple effect of such a successful conference will continue to flow through the mental health services both nationally and globally. I am confident that the availability and access to the audio tapes and papers on the web site will continue to

inspire and provide knowledge to all those who were able to attend.

Suzette Poole

### INVITATION TO ATTEND

From Cindy Peternelj-Taylor

#### CUSTODY AND CARING INTERNATIONAL CONFERENCE "The Nurse's Role in the Criminal Justice System

October 3 - 6, 2001

Saskatoon, Saskatchewan, CANADA

This conference, sponsored by the College of Nursing, University of Saskatchewan in collaboration with the Regional Psychiatric Centre, Correctional Service of Canada, has been held biennially since 1989. The conference should be of interest to nurses who work in the corrections as well as those who specialize in forensic psychiatric nursing. We have had nurses from Australia attend our conference in the past -- the world is truly "shrinking"!

- Report Innovative and Progressive Approaches to Nursing Practice, Education, research and Administration
- Discuss Issues Unique to Correctional and Forensic Psychiatric Nursing
- Explore Changing Contexts for Care Delivery
- Promote Correctional and Forensic Psychiatric Nursing as Specialized Areas of Nursing

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#### Forensic nursing? Issues of specialisation

The theme of the Adelaide conference 'Every nurse is a forensic nurse at some time' was an unusual and provocative theme to select. The nurses who attended thought that their practice was sufficiently 'forensic' to want to listen to and meet colleagues with common clinical concerns. Of great interest to me was the diversity of forensic nursing practice of those who attended.

It is true that every nurse is a forensic nurse at some time, just as it is (probably) true that every nurse is a diabetes educator or a sexual health nurse at some time. Our patients/clients rarely fit into one category at a time. What was it that the nurses at the conference thought that they had in common?

The need to define the specialist components of forensic nursing has become apparent as nursing has advanced and become more complex and needed to specialise. Forensic nursing is more of an umbrella for a wide range of nursing

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activity rather than a single conceptualisation (Whyte, 2000 considering Virginia Lynch's typology).

In its broadest meaning the term 'forensic' means 'pertaining to the court'. In some way nursing practice interfaces with the law. The legal matters can refer to criminal law, civil/common law, family law, coronial cases. Forensic nurses work in a range of settings including prisons, courts, secure hospitals, community clinics, police custody centres, emergency departments, medical examiners offices, legal firms, juvenile justice centres. They work with clients at all stages of the life continuum, they work with victims, offenders and others (eg organ donors, compensation clients), and their clients are the living and the dead. Under this umbrella of 'forensic' the nurses rely on their nursing knowledge and skills including general nursing, psychiatric/mental health nursing, intellectual disabilities nursing.

Peter Taplin from Western Australia presented a paper at the Adelaide conference (which I unfortunately missed because I was presenting in a concurrent session) that addressed three questions: Should forensic mental health nursing be considered a specialism? What are the training needs of forensic mental health nurses? What training is available to forensic nurses in Australia?

Peter stated that forensic mental health nurses would not deny the common ground that they share with other mental health nurses but the question is 'are they sufficiently different to warrant the title of specialist?' He concluded "I fear not".

Peter went on to state that the problem is that we are really asking the wrong question. We should be asking 'what do we want forensic nurses to be?'

According to Peter, mentally disordered offenders are a special needs client group, who often have special funding set aside for them, and have special provisions and services. So what nurses need to determine is what will be their special contribution to the care of this population and what education is needed to support their practice?

At this point forensic psychiatric/mental health nurses need to move on from concerning themselves with claims of whether they are a specialist area of practice. What is needed is for forensic psychiatric/mental health nurses to determine what knowledge and skills are required, and identify their role in the multidisciplinary team, in the treatment of mentally ill offenders.

In Australia and in New Zealand, courses have been developed for forensic psychiatric/mental health nurses in the absence of accepted standards and competencies for practice. Without nationally agreed standards and competencies, I would argue that the current courses are doing little more than providing preparation of nurses to meet the needs of local services. This is a reasonable expectation considering that within Australia and New

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Zealand services and models of care do develop in response to the local context.

Polythress (1993, p. 53) stated that describing treatment for mentally disordered offenders in the various US agencies was no easy task due to the 'different laws, organisational structures, economic support systems, theoretical preferences, administrative policies, and attitudes towards forensic patients in each state'. This is also true in Australia and New Zealand.

Of concern is the rate at which forensic mental health hospital beds are increasing across Australia and New Zealand. This has resulted in a need to employ more nurses to these hospitals. At the same time there has been an increase in the other areas of forensic psychiatric/mental health nursing – in the prisons, courts, community, police custody, juvenile justice. While the expansion and recognition of the nursing potential and contribution is exciting, it can become problematic. Without recognised standards and competencies, and education based on these standards and competencies, forensic psychiatric/mental health nursing may not be able to continue to meet the expectations and sustain the confidence that has been placed on them.

Brookbanks (1996, Introduction) expressed concern that 'knowledge in this field has tended to grow on the back of experience and day to day clinical realities have tended to shape what is acceptable practice'. What remains to be seen for forensic psychiatric/mental health nurses is whether they will make a coherent sense of that experience and who will determine what is acceptable practice.

In Australia and New Zealand the main focus of forensic psychiatric/mental health nursing is the care and treatment of mentally ill offenders. Despite the local differences there is much in common across forensic psychiatric/mental health nursing practice.

Some excerpts from the literature give a glimpse of the international situation demonstrating that Australia and New Zealand do not stand alone in struggling to define and develop forensic psychiatric/mental health nursing practice.

Benson (1992) in the UK interviewed 5 CNSs from regional secure units to identify the six elements of skill and knowledge most pertinent to their area:

assessment and management of dangerous behaviours\*  
criminology\*  
law and professional accountability  
therapeutic use of security  
social policy  
ethics

However the \* identifies areas in which they had little or no formal preparation, or competence

In Canada, Peternelj-Taylor (2000) consulted with 10 forensic nurse experts across Canada and found that unlike other nursing specialities, there is little understanding of what forensic nursing represents. It was not clear whether

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forensic nursing was a speciality or simply psychiatric nursing in a special environment. There are no national standards for forensic nurses. There is a shortage of nurses in Canada and many forensic nursing positions are filled by auxiliary nurses.

Hufft (2000) presents a similar picture of the US:

- there is no single clear definition of forensic psychiatric nursing
- there are relatively few nurses working in correctional or forensic facilities with certification in psychiatric nursing

However the US has established forensic nursing as a speciality, and has created the International Association of Forensic Nurses, the most developed roles tend to be aligned closer with the victim rather than the offender.

Examples from the theoretical content of the course at City University and St Bartholomew SON&M, London (Chaloner, 2000)

- forensic mental health theory: the history and aims of forensic mental health care
- assessing and managing risk and danger
- models of interdisciplinary and inter-agency care
- managing patients in the community
- dual diagnosis in forensic settings
- issues of power and control: the 'unpopular' patient
- dealing with and supporting victims
- providing expert advice to non-forensic colleagues
- ethics and forensic mental health practice
- ideological factors in the design of forensic mental health care settings
- concepts of professional and therapeutic relationships
- the future of forensic mental health nursing
- rehabilitation needs of forensic patients

Chaloner (2000) proposed that some of the defining characteristics of forensic mental health nursing are:

- nursing contact with MDOs
- working as part of a dedicated forensic mental health service
- development of and participation in nurse-specific activities intended to contribute to the care and management of MDOs
- the ability to differentiate between the social and therapeutic aspects of the forensic mental health role and to practice effectively with regard to both
- an understanding and acknowledgement of the contribution which personal values and attitudes make to forensic mental health care

Robinson & Kettles (2000) used surveys and focus groups with nurses from Scotland and England and found:

- forensic nurses believed they were different from mainstream colleagues because of the patient population and environment 'mental health nurses and more so'
- different in as much as acute care or elderly care nurses are different
- saw themselves at the interface of mental health nursing and criminology

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- asked to become more specialist without additional training and education
- relationships with patients more sophisticated - safety/security/therapy
- in-depth knowledge of offenders required (offence, history, potential)
- aware of negative perceptions of others
- need to be more stable, stronger in order to cope
- key characteristics included honesty, maturity, nerve, awareness, common sense
- able to handle and take on responsibility, decision making especially split second decision making in risky situations
- believed that other professionals relied on nurses for knowledge, security, safety, assessment and focus
- training required: dealing with sexually inappropriate behaviour, women's issues, rehabilitation models, inter-agency working, personality disorder and offending behaviour, prison sub-culture, contact with prison services, legal issues, dangerousness, dealing with manipulation

Elsewhere I (Martin, 2001) have argued that in order to advance their case for specialist recognition, hospital based forensic psychiatric/mental health nurses have to consolidate their role in containment and care, value the nurse-patient relationship as the foundation of practice and expand their practice to include dealing with offence issues. Suzette (Poole, 2000) has examined the inherent alliance that mental health nursing has with the legal system and concludes that the nurse has a pivotal and guiding role in contributing to the legal decisions related to the liberty of the patients in their care.

Suzette and I agree that there is a need for evidence based practice, an ethical foundation to practice, and increased knowledge of legal issues leading to role clarity in legal processes and therapeutic intervention with the patient.

So? Returning to Peter's question 'what do we want forensic nurses to be?' In the past decade forensic psychiatric/mental health nurses have come a long way in starting to answer this question. Contributions by Niskala (1986) and Dhondea (1994) illustrate early attempts by nurses to describe practice that was inadequately conceptualised. Later contributions reveal considerable development in forensic psychiatric/mental health nursing. I am confident that within this decade that the question will be answered.

\*Benson R. (1992) The clinical nurse specialist in forensic settings. In: *Aspects of Forensic Psychiatric Nursing* (eds Morrison, P. & Burnard, P.), pp 45-60. Avebury, Aldershot.

\*Brookbanks W. (1996) *Psychiatry and the law*. Brookers, Wellington.

\*Chaloner C. (2000) Characteristics, skills, knowledge and inquiry. In: *Forensic Mental Health Nursing. Current Approaches* (eds Chaloner, C. & Coffey, M.), pp 1-20. Blackwell Science, Oxford.

\*Dhondea R. (1994) An ethnographic study of nurses in a forensic setting: education and training implications. *Australian and New Zealand Journal of Mental Health Nursing*, 4, 77-82.

\*Hufft A.G. (2000) The role of the forensic nurse in the USA. In: *Forensic Nursing and Multidisciplinary care of the Mentally Disordered Offender* (eds Robinson, D. & Kettles, A.), pp 213-226. Jessica Kingsley Publishers, London.

\*Martin T. (2001). Something special: forensic psychiatric nursing. *Journal of Psychiatric and Mental Health Nursing*, 8, 25-32.

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\*Niskala H. (1986) Competencies and skills required by nurses working in forensic areas. *Western Journal of Nursing Research*, 8, 400-413.

\*Peternejl-Taylor C. (2000) The role of the forensic nurse in Canada: an evolving specialty. In: *Forensic Nursing and Multidisciplinary care of the Mentally Disordered Offender* (eds Robinson, D. & Kettles, A.), pp 192-212. Jessica Kingsley Publishers, London.

\*Polythress N.G. (1993) Forensic treatment in the United States: a survey of selected forensic hospitals. *International Journal of Law and Psychiatry*, 16, 53-55.

\*Poole, S. (2000). Forensic mental health nursing: alliance with law and nursing, traversing the crevice. (Unpublished paper).

\*Robinson D. & Kettles A. (2000) Overview and contemporary issues in the role of the forensic nurse in the UK. In: *Forensic Nursing and Multidisciplinary care of the Mentally Disordered Offender* (eds Robinson, D. & Kettles, A.), pp 26-38. Jessica Kingsley Publishers, London.

\*Taplin P. (2000) Mentally disordered offenders: special needs - special nursing skills. *International Forensic Nursing Conference*, Adelaide 25-27 September

Whyte L.A. (2000) Educational aspects of forensic nursing. In: *Forensic Nursing and Multidisciplinary care of the Mentally Disordered Offender* (eds Robinson, D. & Kettles, A.), pp 13-25. Jessica Kingsley Publishers, London.

Trish Martin

### Forensic mental health nursing in New Zealand. Is it time to come together and explore the way forward as a group?

I have had some preliminary discussions with nurses in clinical education roles and nurse specialist roles within forensic mental health services in New Zealand and at this stage we are exploring the possibility of meeting at some time this year. Upon further reflection about the development of leadership with this group of nurses I am very open to expanding this idea to gather together all the forensic mental health nurses in leadership positions in New Zealand to meet and discuss the way forward. I would appreciate feedback and your views about this from nurses in these roles in New Zealand and I am also interested in what the nursing leaders in forensic settings do in Australia. I am aware that there are some regional forums such as the FIRST seminars that have to their credit opened up a national day for nurses. I wonder if it is time to consider a regular forum for nursing leaders to meet to share their collective wisdom and support each other in this challenging field of forensic mental health nursing. Look forward to hearing from you.

Suzette

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