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Behind Bars: Therapeutic aspects of clinical work in prison settings

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Summary by Frank Kelley

Andrew Shepherd is a clinical lecturer in forensic psychiatry at the University of Manchester and visiting psychiatrist within Her Majesty's Prisons (HMP).

Imagine being a psychiatrist who offers psychiatry and therapy in HMP Ashworth. This is a secure hospital which has poor ratings and is housed in an old Victorian Workhouse. You can be seduced into not being afraid and seeing the people there as victims not perpetrators. It is very relevant to know what a prisoner's *index offence* is but this blindness to fear means it is often very hard to find out what this is.

Prisons are rigidly divided into *men's estates* and *women's estates* which makes working with transgender people very difficult. There is also a strict catergorisation of prisons and prisoners. *Category A* is for prisoners who, if they escape, would be dangerous to the public and/or *an embarrassment to the State.* Most prisoners are in *Category B. Categories C & D* are for prisoners in partly open and open prisons.

Despite the prison like organisation the *Secure Hospitals* are not prisons. They vary in how secure they are. HMP Ashworth, Broadmoor and Rampton have secure boundary walls and many internal locked doors. There are no informal admissions to these high secure hospitals.

The day to day confinement and restrictions can seem very oppressive to an outsider. Andrew gave a detailed account of how complicated it is for him to enter, move around, and exit Ashworth through a series of locked doors and security checks. The whole image of an erstwhile Victorian Workhouse and the connotations of an Institution feel oppressive. However the isolation, routine and control of secure hospitals can be reassuring to traumatised and chaotic people. A secure hospital can be very containing to people who have a split off dangerous part of their personality and who can be explosively aggressive.

A more helpful definition of *Institutions* is a collection of social practices oriented to a single purpose. HMP lists four functions of prisons:

- Restriction
- Retribution
- Rehabilitation
- Restoration

To these functions Andrew would add Redemption. These functions are part of the prison service view of its functions. A wider view from outsiders is that prison should provide a kind of punitive gaze.

Some of Andrew's therapeutic work will be familiar to all of us. However there are significant differences because he is a psychiatrist working in secure hospitals. If the risk requires it he will ask for a third party, usually a nurse, to be present in sessions. As you may imagine this skews his relationship with his patient. Most violent offenders, particularly where fatal deaths are involved, can be in a very dissociated state of mind during their offences and therapeutic work is both difficult and risky. Such work is impossible with dangerous psychopaths who are cold and use violence instrumentally. Often they are good at lulling staff into a false sense of security. Thankfully there are not many and they and do not seek treatment. For more read anything by Gwen Adshead who has worked therapeutically with people who have killed.

Andrew runs two clinics. One is a routine psychiatry clinic the other is for fifty minute therapy sessions. You have to careful with this therapeutic work. An invitation to free associate can be overwhelming. Rather than creating a space for expression free association can lead to a vomiting of emotion. These may seem like two clinics with two different approaches. However in his presentation Andrew showed how he uses therapeutic thinking to guide his psychiatric practice. Improving emotional control is an important feature of both his therapy and his prescription of medication. He particularly mentioned Quetiapine. This drug is usually a treatment for severe mental illness. However it is very useful in giving patient's emotional control.

There are career criminals who are relatively emotionally stable and do not see a need to attend these clinics. The prisoners who attend often lack emotional control. They can be traumatised, disorganised and addicted. A common process is of all the criminal proceedings and imprisonment producing a grief based on the loss of innocence. They are faced with their offence and have to come to terms with their guilt.

It is easy to think of psychiatric diagnoses as a form of labelling. However his patients often find a diagnosis helpful in giving an understanding of their troubles. This is a complex process as his patients usually have multiple diagnoses. This part of his psychiatric practice is more consequential than in mainstream psychiatry as his diagnoses will have consequences for the legal status of his patients. This is particularly so when he is an expert witness who provides reports for the courts.

Thank you to Dr. Andrew Shepherd for an engaging and absorbing presentation which gave a clear insight into his work in prisons. He prompted a lot of thought and discussion about how we might practice therapy if we worked in Andrew's different world. We were impressed by the way his psychiatric practice was informed by his therapeutic ideas.