Lisa Jamieson is an Occupational Therapist (OT) with NHS Grampian and based in HMP Grampian. She speaks to us about her experience working within the prison service and the relevance of her role to fulfilling public health objectives.

In the prison I'm interested in the everyday activities that prisoners do and I'm interested in how these support or hinder health and well being as well as community integration and the process by which the individuals move away from crime. In terms of my role, sometimes I see patients in an interview room and it might be a discussion around the occupations that they're involved in, and exploring whether these are good or bad, helpful or not helpful, and making goals around how we change that. It may be occupation based sessions, so actually you might see me doing something like art or gardening or out in the yard with someone doing an activity and often that is with the view to support interests or to develop skills, motivation or to improve communication or skills, ultimately breaking down some of the barriers which are creating problems with engaging in everyday activities.

**So, I'm in terms of public health, what is your role?**

Sometimes I find that I don't fit into the traditional medical or a psychological model, a public health approach is a bit more fitting for the work I do.

So we're looking at what occupations people can be doing in the prison to keep them well, to prevent de-conditioning, to prevent some of the natural health and wellbeing problems that arise as a result of imprisonment. People have come from the community and often have occupations, whether they are pro social or not, that support a sense of belonging, a sense of community and a sense of purpose and meaning. And then they're taken out of that, plunked into prison, and there's very little occupation to occupy their time and give them that. So I think sometimes we're working **preventatively**.

I think often I'm working with the **wider determinants of health**, so I'm not just working with that persons schizophrenia or their depression or their stroke, or their learning disability sometimes what I'm doing is working with the environmental conditions which are leading to poor health. It might be the way in which prison officers speak or the decisions that are made about their care and you're looking at intervening and helping the person to regain a degree of autonomy, control, choice, ability to make a difference in their circumstances.

**Case study**

There was a chap who, when I had undertaken OT assessments it was evident that there was significant problems in terms of his sensory processing, which meant it was difficult engaging in everyday activities and getting to appointments. There were also problems in terms of motivation that he was really motivated for the activities that were anti-social because he knew he was good at them. But things that were pro-social he just thought I can't do that, I'm not good at that, I've had no experience of that, I have no idea, I just don't fit with that, that's not me. The patient missed so many appointments in the community that he was not allowed back in the GP practice. He wasn't able to access local groups which would support him to stay well; he wasn't able to access the right kind of accommodation in terms of mental health support, with support workers available. Through identifying his performance difficulties and beginning to understand these and overcome these in prison, we began to see changes, he began to meaningfully engage, we were then able to challenge some of the decisions that were made about his access to these services in the community as we had began to see positive change in the community and because he engaged so well in prison, we're able to say, well, we're seeing positive change in the prison here, can we look at giving him a chance? With our input the patient was able to access mental health support worker on a daily basis, proper accommodation and access to the GP surgery which meant he could then access all this support that we had put in place.

The outcome here was supporting the patient to engage effectively in life and breaking down some of the barriers to accessing support for his mental health needs.

**OK, speaking about barriers, how do you help your patients break the barriers of access to employment?**

Prison is actually quite good at providing people with opportunities. So for example, there was a **Construction Skills Certification Scheme** (CSCS). So any person that was interested in getting access to the CSCS cards so they could then leave the prison with a CSCS to access work at the building site as it is difficult to get access to that in the Community funding routes. So the prison was offering prisoners training for this card. They could go out with that almost ready for work on building site. The prison was also good at offering help writing a CV, there are links to services for support with job searches, and interview skills. But what the prison was failing to do was understand the range and variety of barriers preventing that person from engaging in work. So it's not just about accessing the CSCS card, or the prisoner’s need their CVs prep, interview prep, and job search support. When you unpack it from an occupational therapy point of view using our models, there are issues in terms of motor and processing skills as a result for example of long term substance use or brain injuries, the individual’s ability to move themselves and objects, or their ability to plan, organize and execute tasks doesn't always work well.

So sometimes our assessments are showing that the individual doesn't have the skills for this type of employment but here's where your skills fit really well. We also recognize that motivation can be a significant factor. They've got their CSCS card and then they've got their appointment to go see that guy in the building sites, but they're thinking, holy moly, I cannot do this, this is too overwhelming, I'm going to go back and use substances. So their motivations is influenced by their confidence in their abilities, their belief in their effectiveness, their interest in the task and how valuable they think it is. We also recognize that someone’s ability to manage habits and routines can significantly dictate how successfully they'll be able to access occupations like work. Substance use, mental illness, and head injury are factors that impact on one’s ability to manage habits and routines. Understanding these factors that support or hinder someone's engagement in everyday activities and getting to the nitty gritty of what might be barriers in terms of accessing employment.

**So do you work with other organizations?**

Yes. In addition to the prison officers, we work with criminal justice, social work colleagues, forensic psychologists, the whole health team - clinical psychologist, speech and language therapists, nursing team, doctors - and the community staff and third sector. I think as an OT we are quite naturally skilled at looking at the individual, looking at all the people that are involved in their care and making those links so you can come up with that kind of collaborative plan.

**OK, so here we've talked about Health Protection and Wider determinant of health, is there anything linked to health that you want to add?**

So you know how, prisoners experience pain because of new nerve damage or experience unhelpful thoughts over the years or there is mental health problems, occupation is a tool that could be used to support people to better manage this, just like medicine or psychological therapies. You know, it's something that can either complement or perhaps be used instead. I've been developing a workshop called ‘Occupation matters’. This helps explain to people what occupation is, why it is relevant in terms of health and wellbeing, and how it can be used as a tool in order to positively influence health and wellbeing.

**What are the outcome measures?**

Yeah. So I think improved participation in meaningful occupations. Outcomes can be long or short term for example it could be to enhance communication or motivation or it could be improved motor process skills. But ultimately your end goal is improved engagement and meaningful occupations because we know that that has a positive impact on health and wellbeing. If people can be engaged in meaningful activities that are important to them, that can be a protective factor as well in terms of managing and coping with adverse conditions in the future.

**Is there a process of follow-up once people are out of prison?**

From an occupational therapy point, that is a significant issue that I have been trying to work on. There are OTs in the community, the issues is that they are positioned in secondary care teams. So for example, in the mental health team or in learning disability teams, so secondary or tertiary, there's not a significant volume of occupational therapists in primary care. And because prisoners experience so vast amounts of comorbidities, I often can't get them access to the services that OT's are in because of the access criteria.

In the past, when prisoners are released, we used to have a fantastic service called ‘through care service’ which was delivered by Scottish prison service. The team were proactive in getting patients to appointments, they work with people for a number of weeks when they first got out, and it really helped manage some of that chaos that people feel when they're out there. ‘Through care’ were fantastic, and that service was withdrawn a number of years ago due to funding

**What are the barriers for OTs in engaging with public health?**

I think it has to do with knowledge. In my case it is different because I do work from a public health perspective. I also think the way that occupational therapists are positioned, and the way services are commissioned becomes a barrier for OTs engaging in public health. If we're able to work more upstream, we would be able to have more of an impact on public health,

More can also be done with how OTs are taught at the university and the language tailored for easy understanding I think it needs to be a module within occupational therapy training which is revisited regularly throughout the program and woven into all the different workshops. This had been a module in Robert Gordon University (RGU) Aberdeen for a while I am not sure if it is still delivered. We need to make sure that people are grasping and understanding the value of working from that perspective.

**So if you are to change one thing to make the OT curriculum more public health focused, what will it be?**

I would completely redesign they way we work at NHS Grampian, in terms of where OTs are positioned, the services they work in and look at how we could be positioned differently to have an impact.

**How do you identify people who need help?**

So that's really interesting because there was a pilot study which was initiated just before the Covid-19 pandemic. There were a number of different partners coming together and effectively trying to develop a better pathway for identifying and addressing social care needs. And I think people thought, well, we're going to have a whole host of prisoners here who have needs that we didn't know about, and what was shown was 75% of the referrals were already known to the OT service because we're in there in the prison's and well established and the prison officers know that if someone has problems with everyday activities they refer them to us.