

# Breaking down barriers: Diabetes care in prisons



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Much has been written about the mental-health issues of persons in prisons, but a healthcare area which has been explored and examined very superficially in this environment relates to those inmates who have diabetes.

Diabetes is recognised as one of the most common chronic conditions in our society (Diabetes UK, 2009), and, therefore, this has to be identified as a health issue in all environments – including prisons. We have a diverse population within the prison setting, and, therefore, we will inevitably have a comparable population of inmates with diabetes as is seen in society as a whole. Yet, when examining the care of this group, we can clearly identify a very variable service throughout prisons within the UK, which may potentially lead to diabetes care and management issues for those prisoners with the condition.

## Discrepancies in care

So, why has this situation been allowed to exist in the 21st century? We have had key care and management standards written and implemented in diabetes at the start of the century (Department of Health [DH], 2001; 2003) and in the 5-year review paper released in 2008 on delivering the National Service Framework for diabetes (DH, 2008). These documents demonstrate that individuals with diabetes, in whatever environment, should have access to knowledge to be empowered to manage their diabetes to achieve a good quality of living. So why is the diabetes care of inmates with this chronic condition so different from what is being said that all people should have?

What can now be done in prisons for this group of individuals to ensure that their diabetes care and management needs are met, as well as helping them gain new skills and knowledge to become more empowered in managing their diabetes? Such empowerment may have a positive effect in the long-term.

The main aim of treatment for all people with diabetes, regardless of type, should be to achieve blood glucose, blood pressure and lipid levels as near to normal as possible. This will help to protect them against long-term complications, such as blindness, heart disease and kidney disease. To enable people with diabetes to keep well and healthy it is important that they get good care and regular healthcare checks. This should be without discrimination, and, therefore, irrespective of where they reside – at home, in a prison setting, nursing home or residential home. Diabetes UK (2005) advocate that equal access to diabetes care should be available to everyone with diabetes.

Self-management is clearly the key to good control of diabetes, and yet there are issues with regard to achieving this goal within a prison setting. Each inmate needs to be considered as an individual, and appropriate self-management maintained depending on the category of the inmate and prison. Support and education to meet the needs to enable individual empowerment of the inmate with diabetes is essential. If this is provided then perhaps the overall diabetes management and control of inmates can be improved while they are in prison, so that when they are released back into the community they are more empowered to manage their condition and have a better quality of life with diabetes, which may have a positive effect on their future.

## Breaking down barriers

Barriers need to be broken down in prisons with regard to diabetes care and management, just as they have had to be broken down in all areas in which diabetes care and management appears to have been missing, as identified in the report from NHS Diabetes in 2009.

To achieve this, a team approach must be initiated between the person with diabetes, prison healthcare staff and visiting healthcare

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staff. If all parties work together they can all learn and grow from the process, enabling the inmate to become more empowered and able to self-manage his or her diabetes with confidence and knowledge, hopefully resulting in a return to a more healthy and positive lifestyle on release into the community.

### Future work

It has been identified within a number of recent reports (Diabetes UK, 2005; Royal College of Nursing, 2009) that diabetes is a key and common issue in prisons, but with teamwork and further research, the care and management of prisoners with diabetes will improve, benefitting all in this environment. The RCN Diabetes Nursing Forum has recently carried out an audit of this area of practice, and will be publishing a report later this year. ■

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***“Diabetes is a key and common issue in prisons, but with teamwork and further research, the care and management of prisoners with diabetes will improve.”***