Noisy nursing in the nick
Nursing student Jess Ryan experiences the day-to-day din inside a busy police station, and is won over by the placement

In the second year of my course we had a visit from Jess Davidson, the senior charge nurse from custody healthcare at St Leonard’s police station in Edinburgh. The nurse-led service sounded interesting and innovative, so I applied for a placement and was accepted.

It was only later that Jess told me that I was to be the first student in Scotland to complete a full-time placement in custody healthcare... no pressure then.

I had no idea what to expect, other than what I have seen in episodes of The Bill. It was dark and dingy, with a strong aroma and lots of people buzzing about in uniforms, the acoustics bringing a real sense of urgency that something was about to happen.

First few days
Although I read as much as I could about custody nursing nothing could have prepared me for those first few days. Late on the first day the noise started – detainees at the charge bar unhappy with their arrest and making sure everyone knew about it.

Over my first few shifts I realised that noise was a normal part of the day, and wondered how the nurses create a therapeutic environment with such a racket going on.

The nurses I worked with were all friendly, they involved me in everything throughout the shift and they all spoke very highly of each other; it was evident that they enjoyed their jobs and still had a passion for nursing.

It was interesting to see how the police and NHS staff work alongside each other; two agencies with quite different agendas working under the one roof. The police are there to uphold the law and have limited time to gather evidence, and the NHS is there to care for the physical and mental health of the detainees.

I learned a lot about substance misuse in my first few weeks. I was encouraged to ask questions during assessments and work towards taking the lead later in the placement. This pushed me to try to gather all the information I could to make that short consultation worthwhile. I realised that for many patients this was their only contact with health services.

The nurse’s role in custody was broader than I expected, encompassing drug, alcohol, physical and mental health assessments, brief interventions, directing people to other services, harm reduction and referral to inpatient services. Nurses also forensically examine detainees’ fitness for interview, detention, court appearances or release.

As the placement went on it was evident to me that this was where I wanted to be. Jess is an inspiring person and has qualities that a great leader needs, and this is reflected in the respect the team has for her, each other and their jobs.

In nursing, compassion fatigue can be a hazard, particularly when working with complex clients. Jess’s leadership style appears to work well as I had never experienced or witnessed such job satisfaction.

Working with patients in custody is challenging, and what I found most difficult was encountering people who did not want our help. They wouldn’t or couldn’t accept help because of their chaotic lives, characterised by poverty, desolation, crime, drugs and poor education. The myriad of social, physical and mental healthcare issues experienced by detainees makes it difficult for them to engage with the NHS.

The fundamental thing I took from this placement is that I was respected. The team treated me like a person, a colleague, an equal, not just ‘the student’. It was very refreshing.