

## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** HMP Dumfries, Terregles Street,  
Dumfries DG2 9AX

**Date of visit:** 17 June 2019

## **Where we visited**

HMP Dumfries serves the local courts of Dumfries and Galloway. It holds up to 50 men who are either remanded in custody or convicted with short-term sentences.

The prison also provides a national facility for holding up to 145 individuals serving long-term sentences who require to be separated from mainstream offenders because of the nature of their offence, termed as offence related protection offenders. The agreed capacity of the establishment has been increased from 176 to 195 to accommodate recent population increases across the SPS estate.

We last visited this prison in May 2015. This was a joint inspection with Her Majesty's Inspector of Prisons (HMIP). We made a recommendation around providing mental health specific training for frontline prison officers as we heard from them that they had not completed mental health training but encountered prisoners with mental health difficulties on a daily basis.

On the day of this visit we wanted to follow up on the previous recommendation and also look at mental health services being provided to prisoners and their experience of using these services. Prison health services transferred from the Scottish Prison Service (SPS) to local health boards in 2011 and we wanted to hear about how this has progressed.

## **Who we met with**

We met with eight prisoners during our visit.

We spoke with the mental health charge nurse and the NHS lead for the prison who has strategic oversight of provision.

In addition we met with the governor of the prison and had an opportunity to discuss our findings and developments within the prison.

## **Commission visitors**

Yvonne Bennett, Social Work Officer

Paul Noyes, Social Work Officer

Mary Leroy, Nursing Officer

## **What people told us and what we found**

### **Details of mental health team**

Within the prison we heard that there is a health team which consists of a health centre manager, a registered mental health nurse who has day-to-day operational responsibility for health care delivery, one registered mental health nurse, four registered general nurses, one addictions nurse, and one addictions support worker.

Psychiatry cover is provided on a fortnightly basis by local psychiatrists, one of whom specialises in intellectual disability.

We heard and saw good links between the mental health nurse and her immediate colleagues within the health care team, particularly with the addictions service and with the wider staff team across the establishment. This was seen as a real strength of the service as it fosters good working relationships and enhanced communication where concerns can be highlighted and responded to timeously.

We heard that when the mental health nurse was off on leave, her role was covered by her colleagues, either in addiction or general nursing, which we felt was a significant gap in provision at these time.

In discussion with the NHS lead for prisons, we heard that a funding bid had been made to augment this mental health provision and we will wish to hear about how this develops.

GP services are provided by a local practice and this was reported to be working well, with weekday sessions every morning and access to on call response, if necessary.

### **Issues raised by prisoners**

During our visit, we met eight prisoners who had varying involvement with mental health services during their stay. All spoke highly of their experience and felt that they were listened to, and received a professional and quick response from the service. They advised that they had good working relationships with the mental health nurse and were satisfied that their mental health needs were properly assessed and managed by the service.

All reported that they knew how to access the service and would have no hesitation in seeking this support if they felt it was necessary. They were aware, however, that there is only one mental health nurse on site and but that they did not feel that this had compromised their care.

We heard from prisoners that there was an issue with access to gym facilities in the evenings and at the weekend. In discussion with the Governor of the prison, we were advised that this is as a result of a staffing issue within the prison due to high prisoner numbers and high staff sickness levels which are being managed. The use of exercise is a valued health and wellbeing tool, and there remains a commitment to ensuring access to gym facilities where it is safe to do so.

### **Care, treatment, support**

We heard that all admissions to prison are screened by health professionals, albeit this might not be a mental health nurse and, where there is evidence of the need for addictions or mental

health input, this is recorded on a referral form and triggers a mental health team initial assessment. We also heard that the service was piloting the use of an intellectual disability screening tool on admission.

The screening tool had been piloted in a number of other prisons throughout the estate and was going to be rolled out across all the other remaining sites. This will be carried out by a member of education staff and referrals will be sent to healthcare, as required.

We heard that every attempt is made to complete this assessment within 48 hours of referral but to date there is no formal audit process of how the service performs against this target. We felt that this would be an important target to monitor and we heard that the service is looking at collating this information more formally to ensure this is met.

## **Recommendation 1**

Managers should audit referral processes to ensure appropriate response timescales.

We were pleased to hear that there are good links locally with criminal justice services who will alert the service in advance of admission if mental health concerns have been raised during court processes.

Outwith admission processes, prisoners can be referred at any time to the health services and this is done by prison officers throughout the establishment. We heard that every long-term prisoner has a link officer who would in the main be responsible for making this referral.

Vulnerable prisoners are accommodated in a small area of the prison where there are safe cells and additional support. We heard that for these prisoners there were detailed care plans in place to ensure everyone involved in the prisoner's care was fully aware of their needs and how best they should be supported.

We heard that mental health training for frontline prison officers had previously been in place but that this had stopped. We were disappointed to hear of this and would like to see this reinstated.

We heard that access to psychological services within the community was an issue with waiting lists of 18 months for access to these services, however this has not been an issue within HMP Dumfries as referrals have been seen in a timely manner. Whilst initial assessments could be conducted, any identified need for therapeutic intervention could not be actioned.

Previously, we heard that a counselling service had been funded by the SPS but that nationally this funding had been discontinued. This, coupled with the limited psychological service, is a significant gap in services for this population, many of whom had experienced adverse childhood experiences which continue to impact on their mental health and well-being.

During our discussion with the Governor, however, we were pleased to hear of a number of initiatives currently underway looking at providing trauma informed training and delivering resilience work, targeted at short-term prisoners to address recidivism.

Additionally, we heard that Multi-Disciplinary Mental Health Team (MDMHT) arrangements which had previously coordinated complex care delivery has also been discontinued.

## **Recommendation 2**

Managers should reinstate mental health training for frontline prison officers.

## **Recommendation 3**

Managers should ensure access to psychological services for prisoners who have been assessed as requiring this input.

## **Transfer of prisoners to NHS inpatient psychiatric care**

During the visit, we heard of one recent delay in transferring a prisoner to NHS inpatient care, though this appeared to have been well managed by prison staff

## **Any other issues about mental health care**

We heard that the transfer of responsibility for health care to the local health board has improved transitions both into prison and on liberation for prisoners who have ongoing mental health needs. Access to information systems locally has enhanced communication, allowed prison mental health services to contribute to dynamic risks assessments, and ensured discharge arrangements were shared and confirmed prior to liberation from prison.

However, HMP Dumfries accommodates prisoners from outside the local area and access to and sharing of information with other areas is less straightforward and can prove to be more problematic.

## **Summary of recommendations**

### **Recommendation 1**

Managers should audit referral processes to ensure appropriate response timescales.

### **Recommendation 2**

Managers should reinstate mental health training for frontline prison officers.

### **Recommendation 3**

Managers should ensure access to psychological services for prisoners who have been assessed as requiring this input.

## **Good practice**

Within HMP Dumfries, we saw information about how relatives, carers, and friends can access the mental health team directly to discuss concerns, and we felt that this was an important initiative which would help inform a care plan for a prisoner who was struggling with their mental health.

## **Service response to recommendations**

The Commission requires a response to these recommendations within three months of the date of this report.

A copy of this report will be sent for information to Healthcare Improvement Scotland and HM Inspectorate of Prisons Scotland.

MIKE DIAMOND  
Executive Director (Social Work)

## **About the Mental Welfare Commission and our local visits**

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

The Commission visits people in a variety of settings.

The MWC is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards

When we visit:

- We find out whether individual care, treatment and support is in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice and guidance to people we meet with.

Where we visit a group of people in a hospital, care home or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors.

Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports and Her Majesty's Inspectorate of Prisons Inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

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