



Mental Welfare Commission for Scotland

Report on visit to: HMP Glenochil, King of Muir Road, Tullibody,
Clackmannanshire, FK10 3AD

Date of visit: 5 August 2019

Where we visited

HMP Glenochil manages adult male offenders who are short-term offenders, long-term offenders, life sentence offenders and extended sentence offenders (orders of lifelong restrictions).

The prison's design capacity is for 670 prisoners. There were 725 prisoners there on the day of our visit. Out of this population we were told that 76 prisoners have an order of life long restriction in place, the prison is also one of the major sites in Scotland for managing sex offenders. The prison is a community prison for the local area but it also accommodates many other prisoners from various parts of Scotland.

We heard from the prison governor that one of the biggest challenges facing the prison and health staff was the ageing population of males in the prison with increased physical and mental health needs and how to manage this demand within the prison setting. We were told that there is currently 13 prisoners who are on the palliative care register. We were told on the day of our visit how staff were responding to this need and that a specific workshop was being held on 27 August with Scottish Prison Service (SPS) staff and healthcare staff to discuss ways to address this future demand.

We have not visited this prison recently and on this visit we wanted to find out about the current mental health services being offered to prisoners. We also wanted to speak to prisoners receiving mental health support in prison and to hear their views on their mental health care in the prison.

Who we met with

We met individually with 12 prisoners.

We also spoke with the governor, clinical nurse manager, clinical psychologist, a member of the mental health nursing team, and other members of the SPS staff.

Commission visitors

Tracey Ferguson, Social Work Officer

Paul Noyes, Social Work Officer

Mary Leroy, Nursing Officer

Details of mental health team

The prison mental health service is led by a clinical nurse manager who provides direct supervision and line management to the mental health nursing team. The nursing team consists of one full-time addiction team leader, one full-time learning disability nurse, and two full time mental health nurses. Unfortunately, on the day of our visit there was only one nurse available for all prisoners due to sickness and staff vacancies.

A healthcare forum is in place whereby prisoners meet with staff and raise issues and make suggestions about good practice. We were informed by psychology that they provide one day per week to each of the three prisons within Forth Valley area. We were informed that psychology is currently unable to offer group work due to other work pressures. Prisoners who required psychological input received this on an individual basis. Psychiatry input is offered on 3.5 days per fortnight. However, we were advised on our visit that the clinician has recently left and another clinician is already recruited to the post. Due to the current shortage of nurses within the mental health team we were told by the clinical nurse manager that work is being carried out to address staffing issues and agency staff were being considered to ensure referrals and patient care were being addressed.

Issues raised by prisoners

We met with 12 prisoners individually. Most prisoners we spoke to were not positive about the mental health service available to them. They felt that they were getting no mental health service as there was sometimes only one nurse available and that they were very busy. Some prisoners felt that there could be a long wait before being seen and were often unsure about the outcome of the referral. Some prisoners that we spoke with felt that they could approach their prison officer if they required

We were pleased to be able to speak with a prisoner who attends a group with nursing staff and prisoners. This group enables prisoners to raise any issues with staff. We were told that this group has advocated for changes to occur particularly in the prisoner wing that has an ageing growing population with physical and mental health needs. We were told that positive changes have happened to address the physical environment of prisoners where a need was identified via assessment.

Care, treatment, support

The prisoners have access to the Reach service that is provided via primary care. This service is accessed via a referral system. Prisoners have access to occupational therapy via this service and this service support prisoners who require aids and adaptations.

To access the health team, prisoners can complete a self-referral form and referrals are also accepted from other staff within the prison. Within the health centre nursing staff operate a triage system and screen all referral and prioritise. If a prisoner requires access to mental health services we were told that a further form requires to be completed. Psychology will only take referrals directly from the mental health team.

We were told that the mental health and addictions worker have weekly team meetings and that the Multi-disciplinary meetings take place monthly and led by SPS.

On our visit we accessed prisoners care plans. . It was also difficult to find the care plans, and those that were in place were variable and some had not been reviewed in quite a considerable time. On reviewing the prisoners' files we saw evidence that prisoners' physical healthcare needs were being addressed.

We were told that the service has good links with Forth Valley Advocacy Service. Unfortunately when we spoke with prisoners about advocacy service, the prisoners did not seem to know about this service.

Transfer of prisoners to NHS in-patient psychiatric care

At the time of our visit we were told that there were no delays in relation to prisoners who required to be transferred to NHS inpatient care.

Summary of recommendations

1. NHS Forth Valley should ensure that plans to increase the mental health workforce in HMP Glenochil are progressed.
2. Health service managers should ensure better promotion of advocacy services at HMP Glenochil.
3. Health service managers should improve the system of care planning for prisoners with complex needs.

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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