

Mental Welfare Commission for Scotland

Report on announced visit to: HMP Castle Huntly, Longforgan,
Near Dundee, DD2 5HL

Date of visit: 7 November 2019

Where we visited

HMP Castle Huntly is Scotland's only open prison, with an operating capacity of 258 low supervision adult male offenders from any local authority area in Scotland. On the day of our visit there were 192 offenders in the prison. Prisoners progress to HMP Castle Huntly from closed conditions, as part of preparation for release. We last visited this service on 25 February 2010 and made one recommendation about communication between the GP service and health centre staff in the prison.

Staff providing health care input in HMP Castle Huntly are part of the healthcare team in HMP Perth and consultant psychiatry input is also provided by a psychiatrist who does sessions in HMP Perth. We had visited HMP Perth in December 2018, when the main issue had been the size of the mental health workforce in HMP Perth. On the day of this visit we wanted to look generally at the provision of mental health care and treatment because it had been a considerable period of time since our previous visit and also because we knew that there had been plans to increase the mental health workforce across the two prisons.

Who we met with

We met with and/or reviewed the care and treatment of seven prisoners.

We spoke with the head of nursing, the senior charge nurse, and with other members of the prison healthcare team, including the occupation therapy (OT) and substance misuse workers. We also met the prison governor and other members of the management team.

Commission visitors

Ian Cairns, Social Work Officer

Tracey Ferguson, Social Work Officer.

What people told us and what we found

Mental health services available in the prison

The mental health nursing team across Perth and Castle Huntly prisons has five qualified nursing posts and a full-time mental health clinical team leader. One of these posts is currently vacant but recruitment to this post has commenced, it is not anticipated that there will be difficulties filling this post. The Commission would hope that NHS Tayside will start the recruitment process has commenced and post due to be advertised in the very near future.

At the moment there is mental health nurse input in HMP Castle Huntly two days a week, with the clinical team leader currently filling this role. There is proportionally less mental health nursing input in HMP Castle Huntly compared to in HMP Perth, given the number of prisoners in each establishment. This reflects the fact that there is a robust assessment process completed before any prisoner moves to the open estate in HMP Castle Huntly from closed conditions in other prisons. Part of this assessment process will take account of a prisoner's mental health care needs and whether their mental health is stable and well managed. There are 13 prisoners on the mental health caseload in HMP Castle Huntly and, because people have been assessed before transfer to the open estate, the mental health workload is more planned and structured, with fewer emergency requests for input than there will be in prisons with closed conditions.

Forensic psychiatry input is provided in HMP Castle Huntly by a forensic psychiatrist from the Rohallion Clinic at Murray Royal Hospital, who has a monthly clinic. Two new occupational therapy posts have been created, using additional funding available to health boards to take forward Action 15 of the National Mental Health Strategy for 2017-2027 (<https://www.gov.scot/publications/mental-health-strategy-2017-2027/>). Action 15 in this strategy refers to increasing the workforce to give access to dedicated mental health professionals in a variety of areas including in prisons. Workers in these posts will work across HMP Perth and HMP Castle Huntly. The specific role the OT service will take on in the prisons is still very much under discussion, with workers involved in a scoping exercise and doing some test work with individual prisoners, but Commission visitors met the occupational therapist on this visit and heard how the focus of the service will be on enablement and rehabilitation, with a clear focus on mental health and wellbeing. NHS Tayside has also enhanced the pharmacy input across the two prisons, so a pharmacist or technician will be in HMP Castle Huntly three times per week

There is no clinical psychology input within HMP Castle Huntly. There are two psychological therapy posts within the prison health centre establishment but no-one has been able to be recruited to fill either of these posts. However even if these posts were filled there would still be prisoners with complex psychological needs for whom input from a clinical psychologist would be appropriate. When reviewing cases, Commission visitors did see there were several prisoners who had been assessed as needing input from a clinical psychologist but we were told that this service is simply not available to prisoners in HMP Castle Huntly, and that health centre staff cannot make referrals in relation to prisoners to the NHS clinical psychology service.

Recommendation 1:

NHS managers should review the availability of psychology services within HMP Castle Huntly, looking specifically at how referrals can be made into the clinical psychology service, and how clinical psychology support can be provided when this is identified as urgent and appropriate.

Care, treatment and support

We met very few prisoners on this visit but did review seven patient files in the electronic records system. A number of prisoners had indicated that they would want to meet with a Commission visitor but they were out of the prison on the day of our visit. We heard that on many days up to two thirds of the prisoners in HMP Castle Huntly will be out of the prison, either on planned home leave or participating in placements in the community. The prisoners we did meet told us that their contact with the mental health service in the prison was positive and that they felt that the response time if they asked to see someone was good. One prisoner who wasn't able to see us on the day had also left a slip to tell us that they had no issues about their care and support and that they were very satisfied with their mental health care and treatment.

On the visit to HMP Perth in December last year we saw that a new comprehensive assessment format was being introduced, the Threshold Assessment Grid (TAG). This new documentation will be used to assess prisoners with complex needs and risks and we saw completed TAG documentation in place in HMP Castle Huntly. Other prisoners were on the mental health team's active caseload but whose needs were felt not to require the completion of a TAG form do have care plans in place. The routine care plan has a clear format, identifying needs and agreed goals and interventions. The care plans using this format which we saw in files were reasonable and person centred, with information about interventions which related to assessed needs and with evidence of the care plans being reviewed. In the electronic records we also saw evidence of medication reviews and of physical health care needs being followed up appropriately.

A significant number of prisoners had input from substance misuse workers in the prison and we saw recovery plans completed by substance misuse workers in files. It was also clear reading through records in individual files that there is good joint working between mental health and substance misuse workers and this integrated approach was also evident in the discussion we had with members of the multidisciplinary team in the health centre on the day of the visit.

Transfer of prisoners to NHS in-patient psychiatric care

Any prisoner from HMP Castle Huntly who required treatment in medium or low security would be transferred to the Rohallion Secure Care Clinic in Murray Royal Hospital. We were told on this visit that there had been no difficulties transferring prisoners to Rohallion and that there are good links with the Rohallion service, with the visiting forensic psychiatrist working within this service (no prisoners have required transfer to a mental health facility in recent years).

Any other comments

NHS Tayside has set up a practice development school, as part of their programme for developing and improving services across the health board area. We heard about one of the work-streams (which is part of this programme) that has been focussing on joint work with health centre and Scottish Prison Service (SPS) staff looking to build collaborative Person Centredness working practices and develop a positive culture in relation to joint working between health centre and SPS staff. This project will run until mid-2020.

We also heard on this visit how the parole board is making increasing requests for reports from mental health nursing staff and psychiatrists in relation to individual prisoners whose cases will be heard at parole board tribunals. The preparation of reports relating to a prisoner's mental health needs can be a time intensive process and the issue of who should provide these reports and how the preparation of these reports is funded is now recognised as a national issue and we were told that this is being taken up by the local forensic psychiatry service.

Summary of recommendations

1. NHS managers should review the availability of psychology services within HMP Castle Huntly, looking specifically at how referrals can be made into the clinical psychology service, and how clinical psychology support can be provided when this is identified as urgent and appropriate.

Good practice

There is limited occupational therapy provision in prisons across Scotland and Commission visitors were pleased to hear about the establishment of two posts to work within HMP Perth and HMP Castle Huntly. We were also pleased to hear that this developing service will have a focus on mental health and wellbeing, in particular looking at the transition issues prisoners may face, coming into the open estate from closed conditions and then moving on at the end of their sentence.

We also heard on this visit that the mental health team covering the two prisons has registered with the Royal College of Psychiatry Quality Network for Mental Health Services in Prisons. This is a quality assurance network which will give the mental health team the opportunity to benchmark their practice and also to be involved in peer reviews of other services. This will provide the mental team with a range of opportunities to look at how practice can be improved and the Commission was pleased to hear about this development.

Service response to recommendations

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

A copy of this report will be sent for information to HM Inspectorate of Prisons.

ALISON THOMSON
Executive Director (Nursing)

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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