

Mental Welfare Commission for Scotland

Report on visit to: HMP Kilmarnock, Mauchline Road,
Kilmarnock, Ayrshire KA1 5AA

Date of visit: 5 November 2019

Where we visited

HMP Kilmarnock is a 500-cell prison facility operated by Serco group PLC (Serco) on behalf of the Scottish Prison Service (SPS). HMP Kilmarnock is a local receiving establishment, primarily taking prisoners from the sheriff courts of Ayr and Kilmarnock. The prison houses both remand and convicted male offenders for sentences up to four years.

We last visited this prison on 20 March 2018 and made recommendations regarding the provision of psychology and issues with regard to care planning.

On the day of this visit we wanted to follow up on the previous recommendations and also look at the current mental health services being offered to prisoners. We also wanted to speak to prisoners receiving mental health support and hear about their views on their mental health care whilst in HMP Kilmarnock.

From discussions with the prison director and other prison managers, there was a clear commitment to addressing mental health issues within the prison and to supporting the mental health care team. We heard about the increase in prisoner numbers (an increase of 20% from 500 to 598). The mental health team reported some of the challenges associated with this increase in the prison population and specifically the additional pressures on health services.

Who we met with

We met with 10 prisoners and reviewed their mental health records.

We spoke with NHS leads for prison (who have strategic oversight for the provision), the clinical team leaders, and charge nurse.

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

Commission visitors

Mary Leroy, Nursing Officer

Yvonne Bennett, Social Work Officer

Paul Noyes, Social Work Officer

Details of mental health team

We were told of considerable efforts that have been made to improve mental health services in Kilmarnock Prison. Within the prison we heard that there is a health team which consists of a clinical team leader in mental health, a charge nurse who has day-to-day operational responsibility, and nine full time mental health nurses, including two nurses who specialise in supporting prisoners with addiction. The mental health team had one staff vacancy and we were told that they had recently recruited a nurse in learning disability to this position. We were informed that the service has recently recruited a speech and language therapist and also a part time occupational therapist.

Care, treatment, support

Mental health nurses are involved in the prisoner reception process; therefore they are able to identify at an early stage if a new prisoner needs support from the mental health team. On reception, prisoners have a physical and mental health assessment. The “mental health care admission assessment” asks questions regarding previous contact with mental health services, and levels of risk and self-harm are identified. This initial assessment is relatively rudimentary. If mental health issues were identified then a referral is made to the mental health services. Referrals are then triaged within a 72-hour period and then prioritised.

We noted when reviewing prisoners notes that there were a number of situations where prisoner appointments had been cancelled and rescheduled. Prisoners also said to us they were waiting for appointments where records indicated they had been discharged from the mental health service.

Recommendation 1:

Managers should review and address reasons for failed appointments and discharges from the mental health service.

Forensic psychiatric input to the prison is provided by a psychiatrist from Woodland View. She visits the prison for two half days sessions per week. In addition to seeing prisoners and attending multidisciplinary team meetings, she also provides mental health team training.

Access to psychology

From our previous visit we recommended that the managers should review the provision of psychology and psychological therapies to the prison population.

The service informed us that they had been successful in their proposal for funding to Scottish Government, for a clinical psychologist. They have now appointed a principle clinical psychologist, who will work in the assessment and treatment of prisoners with complex care needs, and assist with staff training and supervision

We look forward to hearing about the development of this role on our next visit.

Care Planning

We reviewed the notes of the prisoners we interviewed. We did see some examples of care plans that were person centred with evidence of participation of the individual with clear outcomes and goals, this was not consistent for all. Many of the prisoners presented with

complex care needs and we would expect to see a formalised care plan to ensure a consistent approach and a clear understanding of the prisoner's needs and goals. This is particularly important where prisoners are being seen by several professionals, such as nursing, psychology and psychiatry.

Recommendation 2:

Health service managers should review and address the system of care planning for all prisoners with complex needs.

The staff team raised concerns about the dispensing of medication, commenting that it was challenging due to the increase in prisoner numbers and takes a significant period of time out of their day and impacts on other activities they would want to provide for the prisoners.

Some prisoners raised with us some specific concerns about the dispensing of the opioid maintenance therapy, we raised this on the day with the staff team.

Environment

On our last visit to the prison we made a recommendation about accommodation within the health care centre. We were pleased to see that the alterations to the building had taken place and this has increased the therapeutic space for both individual interviews and group work.

Issues raised by prisoners

Prisoners had varying involvement with mental health services during their stay. Most of the prisoners we met with spoke highly of the contact they had with individual nurses within the mental health team. However some prisoners' comments were not positive about mental health services. Although most prisoners had a good understanding of how to access the mental health team, some said they had experienced a delay in accessing support

The issue of self-referral was raised by a prisoner as he had found it overly complicated. We commented in our last report about this process, particularly for a prisoner who lacked literacy skills, or had no insight into what may be causing them distress. Prisoners commented that they may not want to discuss their concerns with prison officers but may wish to directly speak with a mental health nurse. This process for self-referrals needs to be reviewed.

We were also told by prisoners who were experiencing anxiety that they were often given written self-help information, or asked to keep a diary regarding their thoughts. Most prisoners felt this approach was not helpful and spoke about needing support to work through the literature provided.

We heard positive comments regarding the therapeutic work provided through the addictions services, specifically the value of the group work model, also on the recent development of pre-liberation workshops. Those workshops link in with different localities and also advocacy workers support this process.

Recommendation 3:

Managers should review and address the current referral to mental health services.

Transfer of prisoners to NHS in-patient psychiatric care.

At the time of our visit we were made aware of a specific situation where considerable difficulties were being experienced by the prison mental health services in transferring patients to inpatient psychiatric care. This is due to pressure on NHS beds in forensic services. The Commission has asked to be kept aware of any difficulties in obtaining appropriate NHS mental health care for prisoners requiring treatment in hospital and we will follow up on an individual prisoner basis.

Summary of recommendations

1. Managers should review and address reasons for failed appointments and discharges from the mental health services.
2. Health service managers should review and address the system of care planning for all prisoners with complex needs.
3. Managers should review and address the current referral to mental health services.

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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