Mental Welfare Commission for Scotland

Report on announced visit to:

HMP Inverness, Duffy Drive, Inverness, IV2 3HH

Date of visit: 23 January 2024

Where we visited

HMP Inverness serves the courts in the Highlands, Islands and Moray. The prison manages remand and convicted prisoners and has a design capacity of 90, though currently has occupancy of 118.

We last visited this service in August 2021 and made recommendations about the level of mental health nursing input, access to clinical psychology and psychological therapies, and about care planning and the recovery focussed approach to providing care and treatment. We received a response which indicated that appropriate action was being taken in relation to recommendations.

On the day of this visit we wanted to look generally at how mental health care and treatment was being provided because it had been three years since our previous visit.

Who we met with

We met with and reviewed the care and treatment of five prisoners.

We spoke with the associate director for mental health nursing, the senior mental health nurse, a drug and alcohol recovery service nurse, and prison service managers. We also met with the member of staff leading on cognitive behavioural approaches.

Commission visitors

Douglas Seath, nursing officer

Justin McNicholl, social work officer

What people told us and what we found

Care, treatment, support and participation

We received very positive comments about the mental health nurses from the prisoners we spoke with, who found them to be very helpful and approachable. They all clearly felt that they could speak openly to the nurses and that they have been able to engage positively with the nursing staff. Some of the prisoners we saw had quite significant mental illness, managed by depot medication, which they had consented to take.

Compared to our last visit, for the size of Inverness prison, it now has a better complement of mental health nurses and also a mental health staff member working under the supervision of clinical psychology, using psychological approaches with those who have addiction issues. There has also been an increase in service manager time (from 0.6 - 1WTE) and recruitment of a member of staff with a mental health background. This post should lead continued development of mental health provision and pathways within the prison. A general practitioner visits daily from Monday to Saturday. We also found custodial staff particularly helpful when we wished to interview prisoners, compared to our experience in other prisons. We greatly appreciated the time and assistance that the staff gave us during our visit.

We found that the ease of access to registered mental health nurses (RMNs) was appreciated by the prisoners and improved the quality of assessment and understanding of mental health problems. We were told that one benefit of being a small prison was the ease of communication, and the sharing of information and concerns, between prison and health centre staff.

In all the cases we reviewed, we found that referral time to accessing the RMNs was very short. The health centre notes were clear and well written and the recent attempt to introduce care plans is a helpful development, but plans were quite generic and replicated for all prisoners seen on the day. We were particularly pleased to see very good records of contacts and interventions that were consistent with the mental health care plans.

We acknowledged that for several patients, contact with the service was brief and in line with a primary care model and consequently, records of these interventions were equally brief. However, for the more complex cases, where there was ongoing contact and those individuals were, in fact, on a practitioner's caseload, then we would expect to see formulated care plans which are person-centred and describe the care, treatment and intervention the patient receives.

The electronic system, VISION, is not always an easy system in which to integrate care plans and other documentation, but all records were available to us. It was also not clear whether the individual had been involved in the formulation of the care plans and, whether or not copies were available. Furthermore, we could find no evidence of a standardised risk assessment tool, a recommendation made by the previous HMP Inspectorate of Prisons.

Recommendation 1:
Where patients are receiving ongoing mental health care, managers should ensure there are formulated care plans which are person-centred and describe the care, treatment, and intervention the patient should receive with regular records of reviews.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:
https://www.mwcscot.org.uk/node/1203

During the visit, we saw a number of patients who we felt would benefit from the involvement of clinical psychology; we heard that there were no dedicated psychological therapies input to the prisoners who do not have addiction issues.

Recommendation 2:
Managers should provide psychological therapies for all those with mental health issues where a need is identified, irrespective of the individual having an addiction problem.

We had good access to psychiatry, and we were told by prisoners that they had a positive relationship with the psychiatrist, who was approachable and had helped them. A psychiatrist attends for up to four appointments (amounting to one session) per week and links with prisoners' home mental health care teams, where they had contact with psychiatric services prior to being admitted to prison. Individuals also had visits from their forensic community psychiatric nurse (CPN), where this had been in place prior to detention in prison. This also allowed for care plans to be prepared prior to release from prison when the time came.

Many prisoners told us that they worried extensively about their mental health, and that they were reluctant to share these worries with other prisoners or prison officers. They felt very alone with their concerns so really valued the support for their mental health.

From previous visits to Inverness Prison, we had highlighted the importance of mental health awareness training for all staff. We were pleased to hear that there is a mental health training programme in place for prison staff.

Rights and restrictions

None of the prisoners we saw knew about advocacy services although we were told that this can be accessed on a needs-led basis. One or two of the prisoners that we met with might have benefitted from this service and we asked that the service should pursue this option.

The Commission has developed *Rights in Mind.* This pathway is designed to help staff in mental health services ensure that Patients have their human rights respected at key points in their treatment. This can be found at:
https://www.mwcscot.org.uk/law-and-rights/rights-mind

Recommendation 3:
Managers should liaise with local independent advocacy services to determine if there is scope for prisoners with mental health problems to access them.

The physical environment

One area of particular difficulty is use of the two safer cells for prisoners experiencing mental health problems. We were told that they are used as little as possible and for as short a period of time as possible, a few days at most and for most individuals not at all. There was also provision for 'Talk to Me' cells when prisoners were experiencing acute mental distress. None of the prisoners we saw mentioned any adverse experiences with these cells. We found the cells to be a bleak environment, and they looked very depressing. However, the Scottish Prison Service has already started making improvements to the cells, by purchasing chalkboard paint and non-toxic chalks so that those located in the cell can have some form of creative outlet. They are also exploring repainting the walls in a softer colour.

It was noted that the low use of these is admirable considering the common transfer of prisoners with behavioural issues from the prisons in the central belt of Scotland.

We were informed, moreover, that a new modern prison is already being built in another part of Inverness and should be ready in late 2026.

Summary of recommendations

Recommendation 1:
Where patients are receiving ongoing mental health care, managers should ensure there are formulated care plans which are person centred and describe the care, treatment, and intervention the patient should receive with regular records of reviews.

Recommendation 2:
Managers should provide psychological therapies for all those with mental health issues where a need is identified, irrespective of the individual having an addiction problem.

Recommendation 3:
Managers should liaise with local independent advocacy services to determine if there is scope for prisoners with mental health problems to access them.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication date of this report. We would also like further information about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved. This has been added to the action plan.

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

Claire Lamza
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 Commission 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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