



Mental Welfare Commission for Scotland

Report on announced visit to: Low Moss Prison, Crosshill Road, Bishopbriggs, Glasgow, G64 2PZ

Date of visit: 14 August 2018

Where we visited

Low Moss Prison is a relatively new prison, having opened in 2012. The prison has capacity for 790 prisoners and there were 789 prisoners there on the day of our visit. We heard that the prison generally runs at around full capacity.

The prison manages male offenders, some on remand and others on short and long term sentences. Prisoners are mainly from the North Strathclyde Community Justice Authority area.

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. The Commission visitors were cognisant of Her Majesty's Inspectorate of Prison for Scotland (HMIPS) reports from their recent inspections (June 17 and follow up visit Jan 2018), regarding staffing levels that were significantly impacting on the ability of mental health nurses to provide mental health care to prisoners.

Who we met with

We met individually with four prisoners who had asked to see us and spoke with another five prisoners in the 'Talking Heads' mental health support group.

We also spoke with the deputy governor, health care manager, senior mental health nurse, the prison health advisor, the mental health nursing team, and other members of SPS staff.

In addition we met with the psychiatrist who provides psychiatric input to Low Moss Prison.

Commission visitors

Paul Noyes, Social Work Officer

Margo Fyfe, Nursing Officer

Details of mental health team

We were informed that considerable efforts have been made to improve mental health services at Low Moss Prison. The 2017 HMIPS inspection report was critical of the mental health support being provided to prisoners.

The prison now had a new health care manager and there had been a focus on allowing the mental health nurses to have protected time to deliver mental health care to prisoners. There was now the equivalent of three full-time nurses in the mental health team, which we were informed would be at full complement, with a new nurse about to join the team the following week.

Forensic psychiatry input to the prison was provided by forensic psychiatrists from Rowanbank Clinic, NHS Greater Glasgow & Clyde, on Tuesdays and Fridays each week. They could also be contacted if required outside of these sessions, for advice or for emergency situations.

We spoke with one of the psychiatrists and it was evident that there were good working relationships between all the services involved. It would seem that prisoners requiring to see a psychiatrist were seen quickly and transferred to hospital for treatment if required.

Prisoners have access to daily GP sessions at the prison and there were also addictions nurses and general nurses on site.

Issues raised by prisoners

We met with four prisoners individually and five others in the 'Talking Heads' mental health group. Most prisoners we spoke to were very positive about their mental health, they seemed confident that they could talk openly with the mental health nurses. There were however comments that the mental health nurses were very busy and some prisoners felt there could be a long wait before being seen. We also heard that prisoners felt that mental health screening on reception did not cover enough, so they feel issues were missed and appropriate referrals are not always made. It is important that these comments were reflected on by the service in relation to the reception process. We also heard that not enough staff understand mental health issues, which is an important issue in relation to prison officer training.

We were pleased to be able to speak with some prisoners who attend the 'Talking Heads' group, which is facilitated by one of the prison officers. The group was for prisoners with mental health difficulties. Prisoners told us how much they valued the group and felt supported by each other and the group facilitator. We heard how the group provided a supportive forum for these prisoners to talk about their mental health issues. Introducing the prisoners to each other in the group also gave them confidence to continue to support each other outside of the group setting.

Group members were keen for this group to be offered more frequently. We discussed this with managers at the end of the visit and urged them to consider expanding the group because of the benefit derived by the prisoners.

Care, treatment, support

On admission prisoners underwent a 'health care admission assessment' in which questions regarding mental health problems and issues of suicide risk and self-harm are addressed. This was a relatively rudimentary assessment and all nurses are involved in reception assessments, so the nurse assessing the prisoner may not be a mental health nurse. If mental health issues were identified then a referral was likely to be made to the mental health team. There was no specific screening for learning disability, but we were informed that local community services would be approached for support if required.

Referrals to the mental health team were made by filling in a referral form. They can come from anyone in the prison, not just prisoners. The forms were posted in boxes in the halls which only the mental health nurses could open. Triage of referrals happened each morning. The same form was used for referral to any health professional, e.g. nurses (both mental health and general), GP, or dentist. For the mental health team emergency referrals would be seen that day, urgent referrals would be seen within five days and routine referrals would be seen within 28 days.

We reviewed the notes of those prisoners we interviewed. The mental health team used the VISON electronic records system and would shortly also be able to access the EMIS records system used by NHS Greater Glasgow and Clyde (GG&C) which should be helpful to the nurses in obtaining more detail on a prisoner's mental health history. Nursing notes were in a helpful SBAR (Situation, Background, Action and Recommendation) format but information was fairly limited and care plans basic. We would expect to see care plans for prisoners with more complex care needs. A formalised care plan is required 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 services such as nursing, psychology, additions nursing, psychiatry and other agencies. The service was currently exploring new care plan documentation consistent with that used by the local health board.

Recommendation 1:

Health service managers should improve the system of care planning for prisoners with complex needs.

There has been a considerable effort to increase psychological interventions in the prisons in GG&C and they have developed a small prison psychology team working between Barlinnie, Low Moss, and Greenock prisons to provide clinical interventions for prisoners requiring psychological assessment and support. Psychology supervises low intensity psychological interventions carried out by mental health nurses and also has an individual case load. They were currently adapting SPIRT (Structured

Psychosocial Interventions in Teams) training to use in the prison environment. We spoke to several prisoners who spoke of the benefits of having psychology support. Unfortunately the current psychology input to the prison had recently been affected by long-term sickness absence, but some cover was being arranged from another clinical psychologist.

It was evident during our visit that there were good working links between health centre staff and other prison staff. The mental health nurses were regular visitors to the prison halls and they had day-to-day contact with the prison officers, allowing concerns about prisoners' mental health to be addressed at an early stage.

There were apparently no issues with interview facilities in relation to providing mental health support to prisoners. There were interviewing rooms in the halls, as well as in the health centre, so prisoners were not always required to come to the health centre to be seen. We heard, in fact, that generally prisoners chose to be seen in the halls rather than attend the health centre.

From speaking with the deputy governor 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 that prison officers received a range of opportunities to improve their knowledge and understanding of mental health issues, though this did not appear to be a specific requirement of training.

There is also monthly multidisciplinary team. This helps maintain a high profile for mental health issues in the prison.

Transfer of prisoners to NHS in-patient psychiatric care

We asked about any difficulties relating to transfer of patients from prison if requiring NHS in-patient psychiatric care. We were informed this was generally not a difficulty, but there were currently significant pressures on forensic hospital beds.

There was now a requirement to obtain agreement for a transfer to hospital for treatment from a mental health officer. It would seem that the practicalities of this new arrangement were still being addressed.

Any other issues about mental health care

Prisoners we spoke to seemed unaware of mental health advocacy services. Advocacy is a relatively new initiative in prisons and the availability of advocacy to prisoners with mental health needs requires better promotion.

Recommendation 2:

Health service managers should ensure better promotion of advocacy services at Low Moss Prison.

Summary of recommendations

1. Health service managers should improve the system of care planning for prisoners with complex needs.
2. Health service managers should ensure better promotion of advocacy services at Low Moss Prison.

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.

Contact details:

**The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE**

telephone: 0131 313 8777

e-mail: enquiries@mwscot.org.uk

website: www.mwscot.org.uk

