



Mental Welfare Commission for Scotland

Report on announced visit to: HMP Perth, 3 Edinburgh Road,
Perth, PH2 8AT

Date of visit: 4 December 2018

Where we visited

HMP Perth is the local prison for Perth and Kinross, Dundee, Angus, and parts of Fife. It holds adult short-term and long-term convicted male prisoners, and those on remand from courts in the geographical area mentioned above. The current design capacity is over 630, but during 2018 the prison population in HMP Perth has been rising from 630, with around 700 prisoners in the prison on occasions.

The Commission last visited HMP Perth on a local visit on 2 November 2016. We made recommendations about care planning documentation, about the availability of psychological therapies, and about advocacy support. We received a response which told us about action being taken in relation to our recommendations.

On the day of this visit we wanted to look generally at the provision of mental health care and treatment in the prison, because it had been over two years since our previous visit. We were aware that Her Majesty's Inspectorate of Prisons for Scotland (HMIPS) had visited HMP Perth in May 2018, and had published a report following this inspection. We therefore knew that HMIPS had raised issues about waiting times for patients to see the mental health team, about care planning documentation, and about the limited availability of psychological interventions.

Who we met with

We met with 21 prisoners during the visit, and looked at the mental health records for a number of these prisoners.

We spoke with the deputy governor, the head of prisoner health care, the head of nursing, members of the mental health team working in the prison, and other members of Scottish Prison Service (SPS) staff.

Commission visitors

Ian Cairns, Social Work Officer

Paula John, Social Work Officer

Moira Healy, Social Work Officer

What people told us and what we found

Mental health services available in the prison

There are five full-time nurses in the mental health team in HMP Perth, and there were no vacancies at the time of our visit. Forensic psychiatry input is provided by forensic psychiatrists from Rohallion Clinic at Murray Royal Hospital. Two psychiatrists provide this input, with five contracted sessions weekly. There is a psychologist post but this is currently vacant, and NHS Tayside is planning to fill this post.

Health care input is provided in the prison seven days a week, and this model applies to mental health staff. There is a focus on mental health nurses having protected time to deliver mental health care to prisoners, and mental health nurses are not routinely involved in reception interviews and in the health assessments undertaken when prisoners come into the prison. The primary care nursing team undertake these assessments, but the assessment does cover whether there are identified mental health concerns. If this is picked up in the reception process a referral is immediately made to the mental health team in the health centre, and this will be dealt with urgently.

The mental health team has an active caseload of around 110 prisoners. We were told that the mental health team saw 160 individual prisoners in October. Mental health team staff also attend all the Talk2Me case conferences held in the prison. Talk2Me is the SPS prevention of suicide in prison strategy, and as part of this strategy multidisciplinary case conferences will be arranged when any prisoner is felt to be at risk of attempting suicide. Mental health nurses will try to attend every case conference and we were told that, in October, 80 Talk2Me case conferences were held in HMP Perth, so this is a significant call on the mental health nursing resource in the prison.

Issues raised by prisoners

We met with 21 prisoners individually during this visit, and this is a significantly higher number than has been seen on any recent prison visit.

Prisoners spoke positively about the care and treatment provided by the mental health nursing team in the health centre, and by visiting psychiatrists. We heard from prisoners who had regular sessions with a mental health nurse, who described contacts as positive and supportive. They told us that they felt the mental health team provided good advice and assistance, and good information about mental health issues. We heard several positive comments about medical input in prison, with a number of prisoners telling us that they felt they were listened to by the consultant psychiatrist they saw and telling us, for example, that changes in prescribed medication made by the psychiatrists had been helpful. We also heard that prisoners who had had support from a clinical psychologist had found this to be helpful as well, particularly in relation to talking about the effect of past traumatic experiences.

Several prisoners said to us that they found SPS staff in the halls were also helpful and sympathetic. We were also told that prisoners knew that the listener scheme was starting up again in the prison, and that they would find this useful. The listener scheme is a scheme within which prisoners can get confidential emotional support from other prisoners, who have received training in peer support and in talking to other prisoners about their problems.

While we heard a range of positive comments from prisoners about involvement with mental health services in the prison, a significant number of prisoners also raised specific concerns. Most of these concerns related to the length of time it had taken before they were able to be seen by the mental health team. It was common for prisoners to tell us that they had to wait four weeks or more to see a mental health nurse, with several prisoners telling us that they had felt at risk of self-harming during this period or that they had actually self-harmed, and had then seen a mental health nurse urgently. Several prisoners mentioned delays in seeing a psychiatrist, and one prisoner told us that they were waiting to see a psychologist, but that they were aware that no one was in post at present. The main concern prisoners had about waiting times though related to the time it can take to see a mental health nurse if a prisoner makes a self-referral to the service, or if a referral is made by a member of SPS staff.

This issue was discussed with managers on the day of the visit, and it was acknowledged that at present the average waiting time to see a mental health nurse will be four weeks, unless the referral is an urgent one. We could see how a number of factors were contributing to this situation, including the increase in overall prisoner numbers in the prison, and the increase in the number of prisoners who had been provided with care and support as part of the Talk2Me strategy. We also heard about actions being taken to improve this situation.

There are plans to create two new nursing posts, and new occupational therapy posts, using additional funding available to health boards to take forward Action 15 of the national mental health strategy for 2017 to 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. Arrangements are also being put in place to monitor waiting times, and to provide managers with up-to-date information about this issue.

Recommendation 1:

NHS Tayside should ensure that plans to increase the mental health workforce in HMP Perth are progressed.

Several prisoners we met told us about their past experience of trauma or abuse, and this included prisoners who were ex-service men. Several prisoners also told us about how they had been able to access helpful support from Open Secret, a project which provided confidential counselling services to survivors of trauma or abuse. They said that funding for this project had now stopped, so that they were not able to access this support now. This was discussed at the end of the visit with managers, and we were advised that funding for this service is likely to be picked up again. We would want to be kept informed about whether funding for this service is restarted, to allow prisoners to access this service when necessary.

Care, treatment and support

As mentioned above, most of the 21 prisoners we met were positive about the care and treatment provided when they were in contact with the mental health team in prison. Access to psychological interventions though is limited, as the psychology post is currently vacant. There is limited access to other psychological interventions, and we were told, for example, that prisoners could access the telephone-based cognitive behaviour therapy input which is available through NHS 24. There has been very limited take up of this support by prisoners however.

Two nurses within the service are due to attend a low-intensity psychological interventions training course, delivered nationally by the School of Forensic Mental Health. This training is intended to enable staff to deliver a range of low-intensity interventions, and when staff have completed this training, and appropriate supervision arrangements are in place, this will increase the range of psychological supports available within the prison. With the new posts which NHS Tayside hope to establish using Action 15 money, this should also provide the capacity to enable more staff to complete appropriate training to deliver other psychological interventions. We would certainly welcome this as a development in the future.

Care planning

At the time of our last visit in 2016, we were told that care planning documentation used within the health centre was being reviewed. The recent HMIPS inspection report did highlight, as a weakness, the fact that the mental health team did not have standardised and validated assessment tools or risk assessment tools in place. The HMIPS report also acknowledged that improvement actions were being taken, and on our visit we saw that standardised documents were now being introduced. We saw evidence in electronic records, for specific individual prisoners, of the new threshold assessment grid (TAG) which is being completed. This is informing risk assessments, and the preparation of person-centred and detailed care plans, when mental health nurses have ongoing involvement with individual prisoners. We heard that training is being provided to staff using this new TAG documentation, and we were pleased to see that this new approach to care planning is clearly in the process of being introduced.

We also saw, in the electronic files we reviewed, good records of multidisciplinary team (MDT) meetings, with clear information about decisions taken at MDT meetings.

The HMIPS report also identified that there were issues about dispensing medication in the prison, because of the length of time it was taking to complete medication rounds. The Commission understands that there can be considerable difficulties

dispensing medication in prisons, because prisoners may have complex healthcare needs, and we were told that at the time of our visit around 230 prisoners, for example, were having medication prescribed as opiate replacement therapy. This undoubtedly will place a considerable amount of pressure on health centre staff, but it could also have an effect for an individual prisoner if it is important that they take a particular medication prescribed for mental health symptoms at a specific time. We heard that action has been taken to address this, and we feel that it is important that the focus on this issue is maintained.

Transfer of prisoners to NHS inpatient psychiatric care

At the time of our visit no one was waiting to be transferred immediately to NHS inpatient care, and any prisoner from HMP Perth who requires treatment in medium or low security would be transferred to the Rohallion Secure Care Clinic at the Murray Royal Hospital. We have been told in the past that there have been no difficulties transferring prisoners to Rohallion, and this continues to be the case.

Summary of recommendations

1. NHS Tayside should ensure that plans to increase the mental health workforce in HMP Perth are progressed.

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 Healthcare Improvement Scotland, and to HM Inspectorate of Prisons Scotland.

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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