



**Mental Welfare Commission for Scotland**

**Report on announced visit to:** HMP Grampian, South Road,  
Peterhead, AB42 2YY

**Date of visit:** 26 July 2018

## **Where we visited**

HMP Grampian is one of the newest prisons in Scotland, and opened in March 2014. It can house around 500 offenders, with around 50 female offenders in the female unit. It is a local prison, and almost all prisoners will be from the north and north east of Scotland areas.

This was the second Mental Welfare Commission visit to this facility since it opened. We first visited the prison on 28 April 2016, and made recommendations about considering having a specific learning disability screening tool to be used during the reception process, about mental health nurse staffing in the health centre, about the mental health training needs of prison officers, and about the relationships between health centre staff and Scottish Prison Service (SPS) staff. We received a response which detailed specific actions being taken to address recommendations.

On the day of this visit we wanted to look at how mental health services are now being provided in the prison, because it was over two years since our previous visit.

## **Who we met with**

No prisoners wanted to meet the Mental Welfare Commission during this visit. We therefore reviewed the health centre notes for six prisoners, all of whom had significant contacts with mental health services in the prison, to see how their care and treatment was being documented.

We met the health centre clinical manager, the clinical psychologist, and also spoke with the governor and deputy governor.

## **Commission visitors**

Ian Cairns, Social Work Officer

Douglas Seath, Nursing Officer

## **What people told us and what we found**

### **Care, treatment, support and participation**

#### **Mental Health Services Available in the Prison**

There are five registered mental health nursing (RMN) posts in the health centre establishment. For some time the health centre has been operating with only one RMN in post, although two other RMNs were to join the health centre team in the week following the Commission's visit.

Because there has been only one RMN in post for some time this has significantly limited the mental health service available in the prison. The mental health nursing resource has had to be carefully managed, with priority given to urgent cases referred to the health centre. We did hear though how the mental health service had been maintained as much as possible, with joint working between the mental health and substance misuse services available in the prison (the substance misuse service has qualified RMNs in post). There have been weekly triage meetings held to look at all mental health referrals to the health centre to make sure that urgent referrals were being dealt with. There has also been input from a nurse consultant working in the State Hospital who has visited the prison once a fortnight, providing supervision for mental health staff but also on occasions seeing prisoners alongside RMNs to provide in situ supervision.

Forensic psychiatry input to the prison is provided by psychiatrists from the forensic unit at Royal Cornhill Hospital. In addition a clinical psychologist works in the prison four days a week, with additional psychology input from the neuropsychology service, and from the learning disability psychology service. We also heard at the visit that a psychological therapist post was being established, and this will enable a therapist to be recruited to develop lower level psychological therapy availability within the prison.

Because of the limited mental health nursing resource in the health centre the mental health nurse has not been involved in the prisoner reception/admission process, with admission health checks being completed by other nurses within the health centre service. This has helped to ensure that mental health nursing input has been targeted at priority cases, but we were told on the visit that part of the admission health check assessment involves asking specific questions to identify if a prisoner has any mental health needs, and that the RMN will see any prisoner where a specific mental health issue is identified. We also heard that the admission screening process does not involve using any specific learning disability screening tool. The Commission has recommended previously that the introduction of such a tool as part of the admission process should be considered, and we would hope that the usefulness of such a screening tool could be looked at.

**Recommendation 1:**

NHS Grampian service managers should consider the introduction of a specific learning disability screening tool as part of the reception process.

When prisoners have appointments at the health centre they are escorted there by prison officers. We heard that recently a number of prisoners have had scheduled appointments at the health centre cancelled because prisoners were not able to turn up for clinics or appointments. We also saw in the health centre records for several prisoners that it was clearly recorded that a number of appointments for mental health assessments and for arranged therapeutic sessions had been cancelled for

this reason. This can mean that planned ongoing work with individual prisoners is not taking place. It can cause specific problems if a visiting psychiatrist is not able to see a prisoner for a planned appointment, because psychiatrists are only in the prison one day a week. We know that the prison governors are aware of this issue and that it is hoped that new staff will be recruited to fill vacant prison officer posts.

**Recommendation 2:**

Prison managers should ensure that everything possible is done to allow prisoners to attend the health centre to keep planned appointments.

**Care planning**

We reviewed the records of a number of prisoners in contact with mental health services. We found that there were clear records of individual contacts and of mental health assessments. HMP Grampian is a local prison with most prisoners coming from the Grampian area, and health centre staff in the prison can access the NHS Grampian electronic record system. That means that they can access details of previous contacts with psychiatric services. When a prisoner is admitted from another health board area staff will request information about previous psychiatric contacts from the home health board.

When prisoners are seeing the clinical psychologist, we saw that the health centre records had details about the content of any session with the psychologist and details of any outcomes and plans. Records of the contacts with other mental health professionals, with the RMN and the psychiatrist, often did not have that level of detail, making it difficult to identify planned interventions and care goals agreed with the prisoner and the progress being made towards specific care goals. Letters from visiting psychiatrists are however also available on the electronic records system. These provide details of plans for the patients' care. We discussed the issue of care planning documentation on the visit and we heard that a process is now being put in place to record care planning information, with advanced care plans being used when a prisoner has complex needs and there is significant multidisciplinary input. Guidance for this new approach to care planning is in place and training is being provided to staff to familiarise them with this new process. We saw this new care planning documentation on the visit and we were pleased to note that this new approach to care planning is underpinned by the principles in the Mental Health (Care and Treatment) (Scotland) Act 2003, particularly the principles of involvement and participation. The Commission recognises that the approach to care planning for the provision of mental health services in a prison will be quite different to the approach to care planning in hospitals, where nurses are in contact with patients on a 24-hour basis. We do feel that there should be a system in place though which records prisoners' mental health needs and planned interventions and outcomes relating to individual needs. We were pleased to see that this new care planning process is being introduced in the very near future.

## **Treatment**

We saw good input from the visiting forensic psychiatry service and, while there has been a clear shortage of mental health nursing input, we saw that urgent cases were being prioritised clearly with the arrangements mentioned above for triaging and for joint working with the substance misuse team. We also saw information in records which showed that regular multidisciplinary reviews were being held when individual prisoners had identified complex needs.

There is good clinical psychology input in the prison and the new psychological therapist post which is being established will extend the range of therapies which can be offered to prisoners. With new RMNs coming into post, and with the continuing input from the nurse consultant from the State Hospital, it will be possible to look at expanding training opportunities so that a range of therapeutic options can be delivered within the prison.

The health centre has purchased a number of self-help guides specifically designed for people in prison by an NHS trust in England. We saw copies of these guides, which cover a range of conditions and provide tools for prisoners to use themselves to work through their feelings and emotions. Other self-help materials are available online but restrictions on access to the internet mean that prisoners are not able to access these self-help materials. We understand that this is a national issue across the prison service, and we would hope that the SPS can consider how prisoners can get access to the internet to allow them to use the various self-help resources which are there and have been approved for use by the NHS.

### **Mental health training for prison officers**

On our last visit to the prison two years ago it was not clear how many of the current prison officers at that time had completed mental health first aid training. We also heard that there were some issues about health centre staff at times not feeling supported by prison staff.

On this visit we heard that there had been positive changes in the relationships between prison staff and health centre staff, with health centre staff feeling much more supported by the prison staff, and also feeling that joint working with prison staff had improved significantly.

We asked about mental health training for prison officers and heard about specific initiatives within the prison. For example, the clinical psychologist is providing training and guidance for staff working in the female unit where staff are working with prisoners who often have very complex mental health needs. Some prison staff from HMP Grampian have recently participated in dementia awareness training provided for staff across the SPS because of the increasing number of older prisoners within the SPS estate. Work is also going on within HMP Grampian to provide suicide prevention training for prison staff and this will hopefully be provided by an external

agency. We also heard that mental health training resources for prison officers are being developed nationally and that NHS Education for Scotland, the education and training body for NHS Scotland, is involved in this process.

### **Transfer of prisoners to NHS inpatient psychiatric care**

We discussed the issue of the transfer of prisoners who require inpatient NHS psychiatric care on this visit. When a prisoner can be moved to a low secure bed then the forensic unit at Royal Cornhill Hospital is used and we heard that there are no significant issues with transfer to this unit. We also heard that transfers will take place to the State Hospital, when a prisoner is assessed as requiring inpatient treatment in a high secure facility. We heard that there can be issues about the transfer of female prisoners to inpatient psychiatric care, because of the limited availability of beds for female patients in secure psychiatric units in Scotland. In certain circumstances this could mean that a female prisoner could have to be referred to a specialist psychiatric hospital in England, but no member of the mental health team can recall an instance in which this was required.

### **Any other comments**

It was clear on this visit that there has been a significant shortage of mental health nursing input in HMP Grampian, although this will be partly addressed with two mental health nurses joining the mental health team. Although the planned level of RMN staffing in the mental health team has never been achieved, we saw clear evidence in this visit that work has been ongoing to develop the mental health service available to prisoners. We saw how the new care planning process will be implemented. We heard about the specific plans to develop the availability of a range of treatment options in the prison, and about the actions which have already been taken to improve these services. We feel that the new staff coming into post will provide the opportunity for health service managers in the prison to implement plans which they have clearly been developing. From the discussions we had on the day of our visit we felt confident that there will be a strong emphasis on learning and development within the mental health team in the health centre and that progress which has already been made and will be sustained with the new posts being filled.

### **Summary of recommendations**

1. NHS Grampian service managers should consider the introduction of a specific learning disability screening tool as part of the reception process.
2. Prison managers should ensure that everything possible is done to allow prisoners to attend the health centre to keep planned appointments.

### **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 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.

**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](mailto:enquiries@mwscot.org.uk)

website: [www.mwscot.org.uk](http://www.mwscot.org.uk)

