



Mental Welfare Commission for Scotland

Report on visit to: HMP Greenock, Old Inverkip Road,
Greenock PA16 9AJ

Date of visit: 16 January 2017

Where we visited

Greenock Prison contains a very diverse group of prisoners. There are both male and female prisoners, some on remand and others on short and long term sentences. The prison has a national 'top end' facility for long term male prisoners near to liberation and also two small new community integration units (eight male places and six female) to promote rehabilitation for prisoners needing to develop skills for release. This mix makes for a complex group of prisoners to manage. On the day of our visit there were 200 male prisoners and 54 women. We were informed that the general operating level was around 250 prisoners.

We last visited this prison on 9 July 2014. During this visit we made reference to the fact that the small size of the mental health team made it difficult to provide cover for leave or absences. We also commented that there was a need to improve social work input to Act 2 Care meetings.

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 last Her Majesty's Inspectorate of Prisons for Scotland (HMIP) report (May 2014) was complimentary regarding healthcare services in Greenock Prison. This included mental health services. It also praised the good community links and input from local organisations.

Who we met with

We met with eight prisoners from across the various units of the prison. We also spoke with the governor, deputy governor, health care manager and mental health and additions team leader responsible for mental health care in the prison. We reviewed the prison health records of the prisoners we interviewed and those of two other prisoners who had initially asked to speak with us then declined on the day.

In addition, we met with the psychiatrist who provides psychiatric input to the prison and a counsellor working with Open Secret (counselling agency) who operate in the prison. We were also pleased to be able to speak with one of the psychologists recently recruited as part of a new initiative to improve psychological interventions in the prison.

Commission visitors

Paul Noyes – Social Work Officer, visit co-ordinator

Jamie Aarons – Social Work Officer

Dr Unoma Okudo- Specialist Registrar

Details of mental health team

Greenock Prison has one nurse with a remit specifically dedicated to the mental health care of prisoners. This makes the service particularly vulnerable if this individual is on leave or off sick.

In addition to the mental health nurse, the wider health team consists of a mental health and addictions team leader, two addictions nurses, a general nurse and the health centre manager.

When the mental health nurse is absent, cover is generally provided by the lead nurse. We commented on the need to review the level of mental health nursing provision in our last report and we note this remains unchanged and potentially results in a lack of mental health support for prisoners at times.

There are no nurses with specific learning disability training and we were informed that if there were specific issues in this area, they would be referred to the GP and support sought from local specialist services.

Recommendation 1

Health service managers should ensure adequate mental health provision at all times.

We observed good working links between health centre staff and other prison staff. We also met with the governor and other prison managers who were very committed to mental health issues and supporting the service.

Psychiatrist input – Forensic psychiatry input to the prison is provided by a forensic psychiatrist from Greater Glasgow and Clyde Health Board. There is a regular input on Mondays of each week but he can also be contacted outside of these sessions if required, for advice or for emergency situations. We spoke with the psychiatrist and it was evident that there are good working relationships between all the services involved. There were no difficulties reported in relation to waiting times and no difficulty with interviewing prisoners needing to be seen. The psychiatrist was complimentary about the health centre staff and about the appropriateness of referrals. Health centre staff commended the support offered from the psychiatrist.

GP input was also described as being good with daily GP sessions and no significant waits reported.

Issues raised by prisoners

We met with eight prisoners, both male and female, who were in contact with the mental health team. Most were very positive about their mental health care and we had comments such as ‘the team has been fantastic’. Prisoners appeared to value the support they received. Prisoners seemed confident that they could talk openly with the mental health nurse about their symptoms; they said they were less likely to speak to prison officers as they were worried this could impact on their progress through prison.

Some prisoners who have had regular one to one contact with the mental health nurse said they had experienced a gap in service provision during the time of recent extended absence. We also had several comments from prisoners that there was a need for more mental health staff. There was also a recurring theme in relation to issues about medication. Some prisoners we spoke to did not feel they were getting the medication they needed and they said staff thought they were 'just trying to get drugs'. Many individuals have had issues of drug misuse as well as mental health difficulties and this is always a particularly difficult balance to address in the prison setting.

Prisoners had a good understanding of how to access services and no difficulties were reported in accessing support.

One prisoner who had recently experienced being managed in the prison 'safe cells' described them as cold in both temperature and appearance and the anti-ligature clothing uncomfortable. This prisoner however also described this environment as peaceful and safe and said it had been beneficial.

In relation to advocacy, most prisoners we spoke to had a lack of awareness of this service despite there being a poster about it in the interview area.

Care, treatment, support

We were informed that if it is identified on admission that a prisoner is receiving mental health medication or is known to have a mental illness they would be referred to the mental health team. There is no specific screening for learning disability or any nurses in the team with an expertise in this area. We were informed that local community services would be approached for support if required.

Prisoners can make a direct referral to the mental health team by filling in a referral form (which is readily available to them) or referrals may come from prison officers. Referrals are monitored and waiting times recorded. No significant waiting times to see a nurse or the psychiatrist were reported.

We reviewed the notes of those we interviewed and there was a good record of individual contacts and interventions. What was lacking was evidence of a coordinated care plan. Several prisoners with complex care needs were being seen by several services – nurses, psychology, addictions nurses, psychiatrist and other agencies. For such individuals a formalised care plan is required to ensure a consistent approach and a clear understanding of the prisoner's needs and goals.

Recommendation 2

Health service managers should develop a system of care planning for prisoners with complex needs.

There are a number of agencies offering support and counselling within the prison and the mental health nurse delivers one to one support to some prisoners. At present there is limited opportunity for other psychological interventions. To address this two new psychology posts have been created.

These new posts are to work between Barlinnie, Low Moss and Greenock prisons, one post focusing on delivering psychological therapies to prisoners with more complex needs and one to train and develop lower intensity psychological programmes to be delivered by two new nursing posts as yet to be appointed (also working between the three prisons). We were happy to hear of this new development which will be a welcome addition to services.

Prison officers receive a range of opportunities to improve their knowledge and understanding of mental health issues and recent training relating to personality disorder has been well received.

Advocacy services are provided by Circles advocacy. This is a relatively new initiative and as yet not many prisoners we spoke to were aware of the service. We did however see posters about the service on the wall in the link centre.

Recommendation 3

Heath service managers should ensure better promotion of advocacy services.

There is a fortnightly health care meeting chaired by the deputy governor which involves the wider multidisciplinary team; this helps maintain a high profile for mental health issues in the prison.

A revised system of managing prisoners at risk of suicide has recently been introduced; this is called 'Talk to me' and has replaced Act 2 Care. This new programme is still in its very early days but seems to be allowing nursing staff to intervene at an earlier stage. We are not aware of any current difficulties regarding social work input to the process that were identified in our last report.

The suitability of the environment for interviews was brought to our attention. Many interviews are carried out in the Links Centre where there are a number of 'interviewing booths'. These are well used and a much needed facility but they are an old style and have fairly thin partition walls between them. The confidentiality offered by this facility is somewhat compromised and is an issue that needs to be addressed by managers.

Recommendation 4

Managers should address the inadequacies in current interviewing facilities.

Transfer of prisoners to NHS inpatient psychiatric care

We asked about any difficulties relating to transfer of patients from prison if requiring NHS inpatient psychiatric care. We were informed this is generally not a difficulty but it is a situation that seems to occur very rarely at Greenock prison.

Any other issues about mental health care

The complexity of the range of prisoners in Greenock prison makes this a difficult mix of prisoners to manage. The presence of women in the prison has also increased demands on the service.

The new step-down units are working well and provide a very useful facility for some prisoners needing to develop skills for release.

The prison has developed a 'personal officer' system so each prisoner has a specific officer to promote their welfare. This system was reported to work very well and is highlighted as an issue of good practice.

We also heard of good use being made of mentoring services to support prisoners on release.

Summary of recommendations

1. Heath service managers should ensure adequate mental health provision at all times.
2. Heath service managers should develop a system of care planning for prisoners with complex needs.
3. Heath service managers should ensure better promotion of advocacy services
4. Managers to address the inadequacies in current interviewing facilities.

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.

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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