



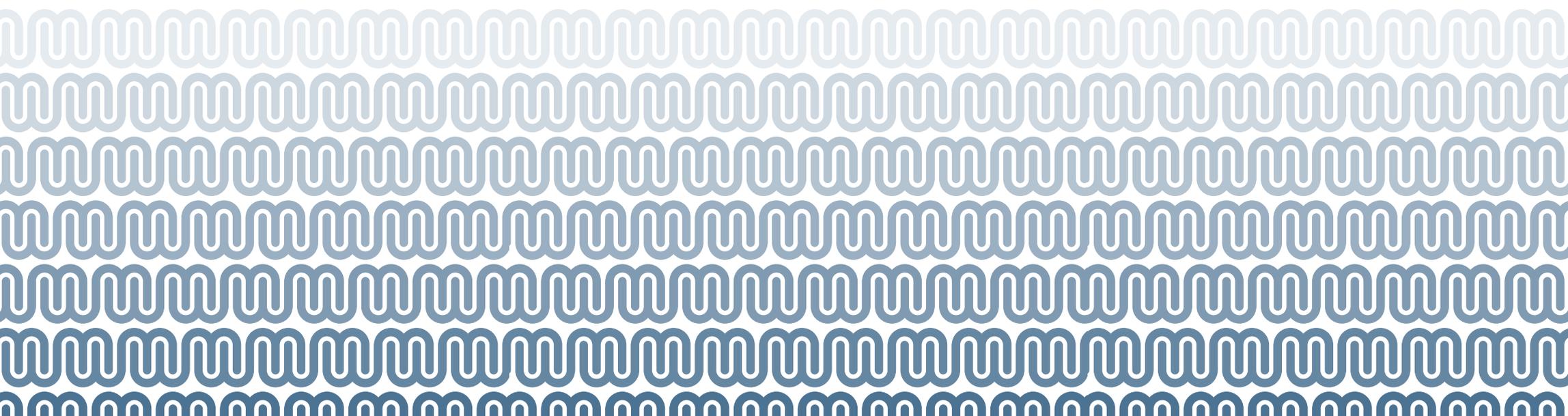
**mental welfare**  
commission for scotland

Closure report

# **Mental health in Scotland's prisons 2021: under-served and under-resourced**

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April 2023



# Our mission and purpose

## Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

## Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

## Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

## Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

## **Closure report:**

### ***Mental health in Scotland's prisons 2021: under-served and under-resourced***

#### **Executive lead:**

Suzanne McGuinness/Claire Lamza

#### **Date of executive leadership team approval of project mandate:**

Project Mandate was agreed in February 2019.

#### **Date of commencement:**

November 2019

#### **Date of publication:**

28 April 2022

#### **Date of closure report:**

30 April 2023

#### **Purpose of a closure report**

The purpose of a closure report is to assess whether the Commission has achieved its objectives (including outcomes, learning, quality and impact) and completed all deliverables on time and as planned.

The report must summarise the findings and recommendations made in themed visit report and identify the organisations and individuals to whom the recommendations were made.

The report should also identify the follow up actions and activities of the Commission in gathering in responses to the recommendations, and once in, identify how these responses were evidenced, assessed for impact and their success measured.

The report should assess theme in terms of impact, resource commitment and outcomes and met organisational standards and expectations.

# 1. Summary of recommendations made in the report

You can find a covering statement on the Commission's website by following [this link](#).

In total, there were 10 recommendations that were to be delivered over a 12 to 24 month timescale. They included seven joint recommendations for SPS and NHS, two specifically for SPS and one for Scottish Government.

The recommendations were:

**Recommendation 1:** SPS and NHS should collaborate to implement a workforce planning tool; this should be undertaken across the prison estate to identify the required multidisciplinary mental health (including learning disability) staff establishment levels according to the needs of the prison population. This must include consideration of the consequences of the Covid-19 pandemic and capacity to deliver increased primary care/counselling and interventions for mild mental health issues.

**Recommendation 2:** SPS and NHS should undertake a training needs analysis and a training implementation plan must be completed to support reception, residential and frontline staff to feel confident and competent in responding to, and having an appropriate knowledge of prisoner mental health issues, addictions, trauma and corresponding behaviours.

**Recommendation 3:** SPS and NHS must review screening processes at each prison establishment to address gaps to ensure better identification of prisoners with specific mental health needs, such as learning disability, autism and personality disorder.

**Recommendation 4:** SPS and NHS should consider the introduction of follow up assessments 7–14 days post admission and/or once the person is settled in prison to undertake a more detailed, informed consideration of mental health needs where indicated.

**Recommendation 5:** SPS and NHS should audit and review the operation of multidisciplinary meetings and care planning processes. SPS and NHS must be satisfied that individual needs and outcomes are being identified, addressed and reviewed for all prisoners experiencing poor mental health and who are in need of support during their stay in prison including in segregation units.

**Recommendation 6:** SPS and NHS must urgently audit their use of segregation for prisoners who are so mentally unwell that there is no alternative to safely managing their care in custody. The audit should consider qualitative and quantitative data including length of stay, opportunity for association, engagement in purposeful activity and feedback from prisoners.

**Recommendation 7:** SPS and NHS should consider that where the CPA care planning model has not been adopted, there should be an alternative similarly effective, cohesive whole system pathway approach to the liberation planning of sentenced and remand prisoners. This must ensure individuals have opportunity of access to crucial community mental health and social supports to maximise their mental health and wellbeing upon release and reduce their risk of returning to prison, as far as possible.

**Recommendation 8:** SPS is reviewing the Talk To Me strategy. This must take account of all available feedback, particularly in relation to learning from its operation in practice over the past five years.

**Recommendation 9:** SPS should review the Family Strategy. It is recommended that an audit is undertaken to determine whether the intended outcomes of the SPS Family Strategy have been achieved in practice. As part of the review, consideration should be given to specific actions in relation to mental health and learning disability when reviewing the priority action to “support the wellbeing of those in our care and their families.”

**Recommendation 10:** The Scottish Government must monitor the delivery of the above recommendations and work with SPS and NHS to resource and deliver on better outcomes for people with mental health related conditions in prisons across Scotland

## 2. Summary of responses

Nine responses were received from the following SPS/NHS areas:

Highland, Glasgow, Lanarkshire, Ayrshire and Arran (A&A), Dumfries and Galloway (D&G), Lothian, Forth Valley, Tayside and Grampian; the other areas of Borders, Fife and the islands do not have prisons. Where there was more than one prison i.e. Lothian, Glasgow and Forth Valley, there was a collective response.

We found that in some of the responses we received there appeared to be a different understanding of terms and definitions used to provide an update of activity in relation to the recommendations. For example with recommendation 1, there is a national workforce tool available that is used in the NHS, and with recommendation 5 where the term segregation units has been used, segregation takes place in separation and reintegration units.

We received feedback on recommendations 8 and 9 from SPS, and Recommendation 10 to Scottish Government has been initiated.

The following collated responses for each recommendation outlines activity to date:

### Recommendation 1

***A workforce planning tool was to be implemented across the prison estate, that included multidisciplinary mental health (including learning disability), considered Covid-19 consequences and had capacity for primary care/counselling and mild mental health issues.***

Feedback on how this action was to be implemented varied, with some NHS/SPS responses indicating that a workforce tool had been used (Forth Valley), with others planning to use an accepted tool (Glasgow) and some undertaking what they referred to as a workforce review (A&A and Lanarkshire). One service noted that there was no tool and that a national focus was needed for this, although they were linking with the NHS workforce planner (Lothian). For other NHS/SPS responses, they indicated that their focus was on the health needs assessment and then a workforce planning/review would follow (Tayside and Highland). For two services, they indicated that meetings with the NHS senior nursing/health teams were scheduled to look at staffing (D&G and Grampian).

Only four of the responses made comment about multidisciplinary planning or staff (D&G, Grampian, Glasgow and Lanarkshire), although a further response talked about third sector partners (A&A). Three responses indicated that consideration to learning disability (LD) services had a focus (Forth Valley, Glasgow and Highland).

Only one response factored in Covid-19 (Highland) and while three NHS/SPS responses noted the developing work in psychological therapies (D&G, Glasgow and Highland), with a further two noting work with mild mental health issues (Lanarkshire and Tayside).

## **Recommendation 2**

***A training needs analysis and a training implementation plan were to be completed covering mental health issues, addictions, trauma and corresponding behaviours.***

From the nine responses, two services indicated that there was a completed training needs analysis, but they did not specify whether this was for SPS and NHS staff (Forth Valley and Glasgow). Two responses indicated that the National Prison Care Network had completed a training needs analysis, and this was being considered by these services (A&A and Lanarkshire). We had five responses indicate that activity around a training needs analysis had been initiated, but had not been completed (D&G, Grampian, Highland, Lothian and Tayside). Six services indicated that training plans were to be developed (A&A, Grampian, Highland, Lanarkshire, Lothian and Tayside).

Three services highlighted the constraints of staff shortages and the impact of Covid-19 (Grampian, Highland and Lothian).

Where the responses indicated training for both NHS and SPS staff, they did not specify the range of those in SPS who were engaged in the training offered. Four services indicated that there was training available for both NHS and SPS staff (D&G, Forth Valley, Glasgow and Lanarkshire) and provided further detail. D&G, Forth Valley and Glasgow noted that both NHS and SPS staff received trauma informed training; in Lanarkshire, trauma informed training was delivered to SPS staff by psychology. Two services detailed a more extensive list of interventions and therapies available for NHS including psychologically and trauma informed care, safety and stabilisation and a specific e-learning tool called 'The Box' (Forth Valley). Training that was noted to have been offered to SPS staff included mental health first aid, awareness of autism, STORM, managing challenging behaviour, trauma and training in communication (Forth Valley, Glasgow and Lanarkshire)

Three services indicated that NHS had no authority to set out what SPS should have their staff trained in either as mandatory or supplementary training, and that this should be agreed at a national level (Glasgow, D&G and Highland).

## **Recommendation 3**

***Review screening processes at each prison***

All nine responses provided information about the screening process, although two did not provide specific processes that were in place for mental health (Glasgow and Lanarkshire); however, these services described review processes, or screening or pathways for patients with LD,

attention deficit and hyperactivity disorder (ADHD), autism and personality disorder (PD). Lothian and Tayside responses noted that assessment and referral for mental health, LD, autism and PD were all either available or being developed.

Screening varied from prison to prison, with some indicating that mental health nurses were involved (A&A and Lothian), or that registered general nurses completed the assessment tool (D&G), while other responses noted that the admission assessment included a mental health component (Forth Valley, Grampian and Highland). Two highlighted that resourcing mental health screening was problematic due to staffing issues. One prison indicated that they were “comfortable” with their current process (D&G), while the remaining eight all indicated that there were areas where they were either considering or undertaking further development.

## **Recommendation 4**

### ***Consider the introduction of follow up assessments***

There were two prisons that noted that they continue to meet the proposed 7–14 day post admission follow up assessment (D&G and Forth Valley); two other prisons used to have follow up within this timescale, but this ceased with Covid-19, and is currently being re-initiated (A&A and Grampian). One further prison were in the process of establishing a five day assessment for new admissions, with a 24-hour urgent referral being developed through a test-of-change approach (Tayside).

Some responses indicated that this recommendation could not be progressed for different reasons – Glasgow noted that this would be “difficult to operate from a practical perspective” and that investment was needed, while Lanarkshire noted that their prisoner were all transfers from other prisons, although they were given an induction pack within four weeks with relevant information.

The remaining services (Highland and Lothian) did not give specific details about this recommendation, although Highland was supportive of it and proposed that there was national collaboration of NHS providers to develop a post-admission assessment tool that could be added to Vision (the NHS/SPS electronic record), while Lothian is looking to focus on care planning and risk assessment where the escalation process for prisoner needs has been activated.

## **Recommendation 5**

### ***Audit and review the operation of multidisciplinary meetings (MDT) and care planning processes***

Responses in relation to audit of the MDT were not definitively mentioned, although three services indicated that they were planning to do this (A&A, Grampian and Lothian). Audits of care plans were noted (Tayside), as were reviews of MDT (Forth Valley), with one service using a specific audit tool for this (Highland).

The response from Glasgow highlighted that there was no segregation, but separation and reintegration units; Glasgow also identified problems with transfers to hospital and indicated that this was an area of underlying conflict for them. D&G's response stated that they would support the use of audit when required, and Lothian's response was that they were working towards this recommendation.

Overall, six services provided further information about the role of MDT, their function, who attended and how this linked with reviewing the care of prisoners (A&A, Forth Valley, Grampian, Highland, Lanarkshire and Tayside).

## **Recommendation 6**

### ***Urgently audit their use of segregation***

All of the nine services indicated that at the time of submitting their response, none were auditing segregation. Seven of the prisons noted that they were planning to develop an audit process (A&A, Forth Valley, Grampian, Highland, Lanarkshire, Lothian and Tayside). In addition to the audit process, Highland noted that they would develop an standard operating procedure.

Glasgow highlighted that health & safety and prison rules made joint arrangements for activity difficult for those patients who had been managed by SPS in separation and reintegration conditions for long periods of time. Glasgow noted that accountability and decision making in these cases was an area for development. D&G noted that they rarely used segregation and stated that no further action was needed.

Some of the responses explained the process they used when a patient's mental health was of significant concern, prior to the consideration of segregation. Three prisons described the use of Rule 41 (A&A, Forth Valley and Lanarkshire), while others noted the use Talk to Me (TTM) (Highland) or case conference to review the patient's mental state (D&G).

## **Recommendation 7**

### ***Effective, cohesive whole system pathway approach to the liberation planning of sentenced and remand prisoners***

Two of the prisons noted that they currently use the care programme approach (CPA) (Forth Valley and Lanarkshire), although Forth Valley highlighted that there was poor engagement from community services with CPA process, however, they had plans to improve this through a discharge and liberation pathway. Grampian also responded to this recommendation indicating that they were developing a liberation pathway too, and they used multi agency public protection arrangements (MAPPA) instead of CPA.

Two services indicated that they would be developing the use of CPA (A&A and Highland) and a further prison noted that CPA was well established for forensic patients, but there was a need to re-establish the planned development of a care pathway for those who would access general adult psychiatry (Tayside).

D&G's response to this recommendation noted that they currently have a process in place where there is a referral for anyone being released to community service providers; SPS hold a meeting with partner agencies where individuals are discussed, and there are very good links with community service providers. D&G stated that no further action was required. Glasgow had a different reply in that while they accepted this recommendation, they noted that significant planning was required as each prison liberated individuals to multiple HSCP locations. They stated that a national discussion with Chief Officers was required. The response from Lothian focused on TTM and no further information was given about CPA or an alternative.

## **Recommendation 8**

### ***Review Talk To Me strategy***

The response from the Office of the Chief Executive for SPS stated the following:

"Talk to Me is the SPS suicide prevention strategy and is an agreed process between SPS and NHS prison healthcare. This policy is due for review and is identified as an action for 2022-23 as a priority. A self-harm policy was also piloted in the second half of 2021. Both these policies and the Management of an Offender at Risk due to any Substance (MORS) will all be reviewed with an intention to ensure that there is a clear process for supporting an individual for whom there are concerns." Timescales for delivery on these has yet to be advised.

## **Recommendation 9**

### ***Review the Family Strategy***

The response from the Office of the Chief Executive for SPS stated the following:

“The SPS Family Strategy is due for review and preparation and groundwork is underway. This involves consultation with partners and will have ensure that the service user voice is heard. In partnership with Families Outside, SPS initiated an electronic referral process to raise concerns namely for Talk to Me. This is currently being evaluated with early indications demonstrating positive outcomes. The learning from this will support a review of how any wider concerns that families have can be raised, it will also extend beyond Families Outside. The aim is to increase engagement and provide reassurance that the concerns are being listened to and responded to.” Again, the timescale for this work is still be agreed.

## **Recommendation 10**

### ***Scottish Government must monitor the delivery of the above recommendations***

After an initial meeting on 31 March 2023 between the SG and Commission leads, there was an agreement to establish a regular quarterly meeting, with the next one scheduled for June 2023 with the key stakeholders in attendance.

### 3. Summary of follow up activity and actions

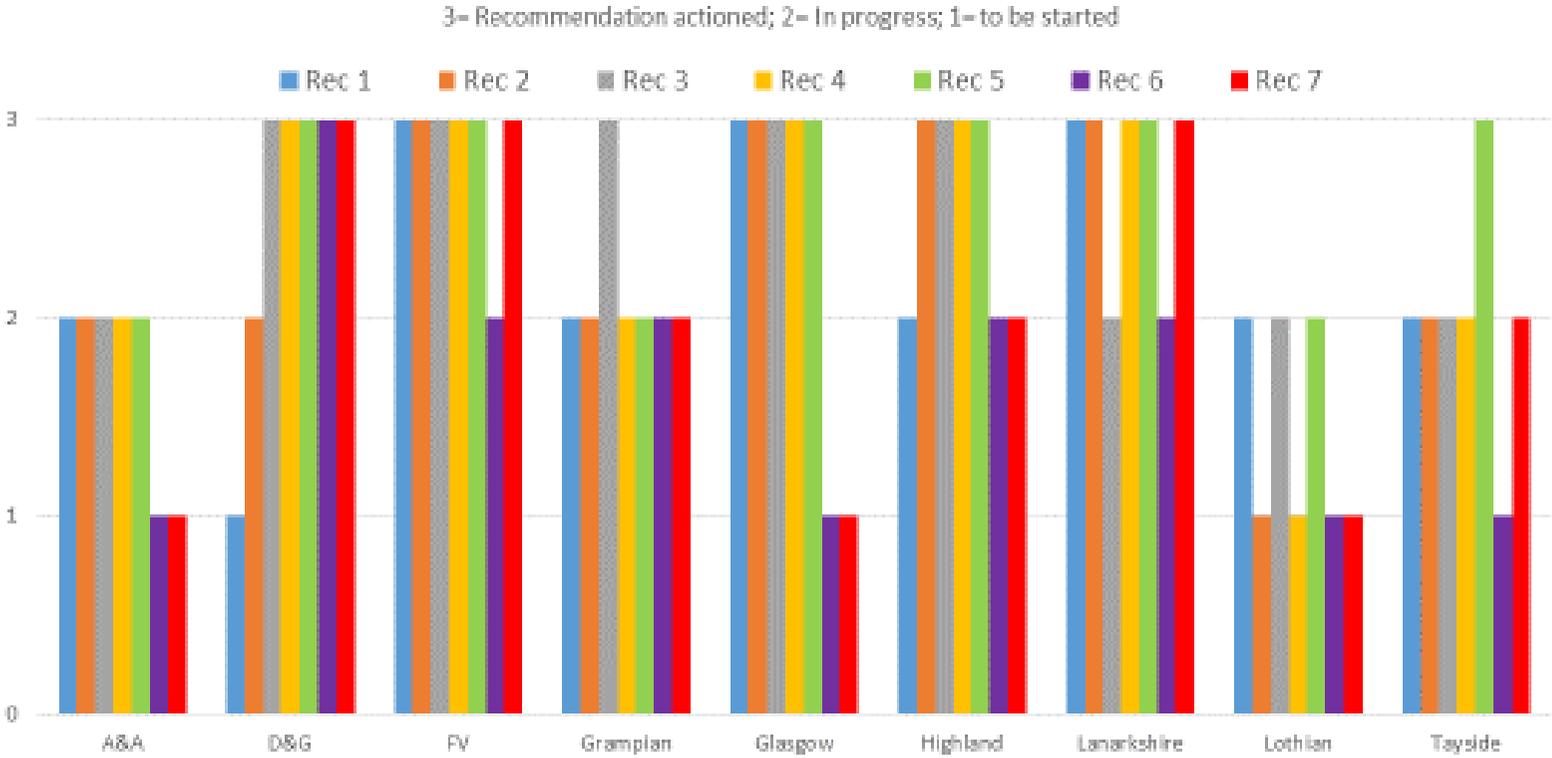
At this point in the review of recommendations, there has been more of a focus on what is being put in place to meet the findings and requirements of the report; on the understanding from the responses that this work requires time and resources to scope and develop. Much of the activity described by NHS and SPS is still to be concluded.

From a total of 63 responses, there was variation in the level of detail of the activities that were described in relation to the specific recommendation. Some answers indicated that there was no need for the service to complete the recommendation, some answers set out what was intended – and a few of these were comprehensive, some answers were unrelated to the recommendation and some gave no detail at all.

There were some good examples of tailored approaches – the development and use of specific measures, joint working groups with NHS and SPS staff, interventions that were helpful in improving the mental health of prisoners, training and learning for SPS staff. These examples should be shared with the group supported by SG, to enable wider dissemination and a consolidated approach taking place nationally, with the intention of a consistent and joined up working across SPS and NHS mental health service provision.

The following chart gives an overview of recommendations 1 to 7, where NHS/SPS services were scored from 1 to 3:

# Prison activity in relation to recommendations



## 4. Summary of the impact of themed report and wider learning

[The report](#) was published on Thursday 28 April, 2022 and gained excellent, wide and long-ranging coverage (articles continued to appear up to two weeks after publication) from the media and specialist publications. It generated strong engagement on twitter, with many comments and shares from target audiences and from individuals. Some key organisations also contacted the Executive Lead for the report, directly after the publication with supportive comments.

Feedback from the analysis report was completed by Mary Mowat, Communication Manager in May 2022.

### Media

Media and social media can play a key role in raising awareness of our reports, and can help build support for the improvements we are seeking. This report generated coverage on BBC Radio Scotland, commercial radio and BBC Scotland TV news, and was carried in detail by all of Scotland's national print media, in local media and in online editions. Overall the media coverage was strong on picking up our message that staff had real concerns for prisoners' mental health, and that we made calls 10 years ago for change, and we do so again because it hasn't happened.

### Specialist publications and magazines

The report attracted positive coverage from wider outlets and featured in *Inside Time*, the UK national newspaper for prisoners and detainees, in a piece headed "Watchdog condemns mental health treatment in Scottish jails."

The report was the focus of an extensive opinion column in *The Spectator*, "Progressives are right about our rotten prisons; Prison reform means action, not just words". The *British Medical Journal* ran a news-in-brief item "Urgent action is needed in Scotland's jails."

### Twitter

The original tweet received 192 engagements (meaning it was liked, retweeted, clicked on, or otherwise interacted with). 66 users clicked on the link to the news story, 24 users liked the tweet, and 31 retweeted it directly to their own followers. A second tweet received 42 engagements.

People and organisations engaging on social media included family support organisations and individuals, senior mental health professionals, academics and other health and care professionals.

## 5. Conclusion – was themed visit worth doing?

Without this themed visit being completed and the report/findings being gathered and produced, it would not have been possible to highlight the lack of progress that has taken place over a 10 year period. The Commission's earlier themed report, published in 2011 had set out eight key messages with associated recommendations. At that time, responsibility for the care and treatment of prisoners with mental ill health was transferring from the Scottish Prison Service to the NHS.

Findings from this report have indicated that while structures and processes are different, little had changed in relation to the outcome for prisoners' mental health.

What is different is that the recommendations from this report have been written specifically to establish collaborative ownership and leadership in the prison settings, between NHS and SPS staff, but also at Government level to ensure urgent improvements, consistency and national leadership

At the 12 month point of a 12 to 24 month time frame, and from the responses collated, there remains considerable variation across the prison estate in meeting the recommendations; there is further work to do with SPS in terms of recommendations 8 and 9; for recommendation 10, while engagement with SG has been initiated, the process in which the Scottish Government will monitor the delivery of recommendations 1 to 9 is still to be established.

## **6. Outstanding actions and recommendations, and any future activity or options to satisfy these**

The recommendations in this report have a delivery timetable of up to 24 months, due in part to there being two separate systems attempting to deliver on one main strategic objective of improving mental health care for prisoners.

The recent change in the SG lead for prisons has also had an impact on establishing a quarterly meeting with the key stakeholders in NHS, SPS, Families Outside, His Majesty's Inspectorate of Prisons for Scotland (HMIPS) and the Commission. With the Scottish Government identified link in place, it is anticipated that an initial meeting will be set up including the main representatives of these organisations, for the responses to date to be shared, progress to be reported and an action plan developed to build from the findings of the closure report from April 2023.

Thereafter, where there are activities that have been identified across most prisons for example, the audit of segregation, the work from the SG led group could support a unified approach to these actions.

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