



Mental Welfare Commission for Scotland

Report on visit to: Cornton Vale Prison, Cornton Road, Stirling
FK9 5NU

Date of visit: 12 October 2017

Where we visited

We visited Cornton Vale Prison on 12 October 2017 which was an announced local visit. The Commission visits prisons in Scotland about once every two to three years to look at the mental health services being provided to prisoners and to hear from prisoners about their experiences of using these services. The reason the Commission visits prisons is due to the high incidence of mental health issues in the prison population.

Cornton Vale Prison is the national facility for female offenders for both remand and convicted prisoners. At the present time the prison is undergoing a major rebuilding programme so the number of women held in custody there has been greatly reduced. A new reduced sized prison, with space for up to 80 women, is planned for the end of 2020 with the remainder being managed in Grampian, Edinburgh, Greenock, Polmont and two community custody units in Glasgow and Dundee. We were informed that current prisoner numbers in Cornton Vale are about 80 – 90 female prisoners, they are accommodated in two house blocks, Ross and Peebles.

Most female prisoners are initially admitted to Cornton Vale for assessment, many are then transferred to other establishments who are holding female prisoners during the current changes (Edinburgh, Greenock and Polmont). Prisoners with mental health difficulties generally remain at Cornton Vale. Grampian is the only other establishment that receive female admissions directly from courts and this is for northern areas of Scotland.

We last visited this prison on 7 September 2015 as part of a joint visit with Her Majesty's Inspectorate of Prisons for Scotland (HMIPS). Some of the main issues identified for the mental health services were regarding mental health nursing being impacted by unplanned events in the prison such as lock downs and availability of prison officer escorts. We also noted that there could be issues in relation to covering for other clinical demands on the nursing service

On this visit we particularly wanted to find out how the current changes were affecting the prisoners still accommodated at Cornton Vale.

Who we met with

We met with ten prisoners; six from Ross House, three from Peebles House and one in the Separation and Reintegration Unit (SRU). We also reviewed the prison health records of the prisoners we interviewed. We also spoke extensively with the Clinical Manager and Mental Health Team Leader during the visit and had a meeting with the Prison Governor, Deputy Governor and NHS Service manager to discuss the mental health services in the prison.

Commission visitors

Paul Noyes – Social Work Officer, visit co-ordinator

Margo Fyfe – Nursing Officer

Yvonne Bennett – Social Work Officer

Details of mental health team

Cornton Vale Prison has a staffing level of seven mental health nurses, which is higher than most other prisons and is a reflection of the high level of mental health needs in the female prison population. The team currently only has four nurses in post but we were informed that three new nurses have recently been recruited so they will soon be up to their full complement of staff. Nurses are now employed to work across the three prisons in the Forth Valley area which gives more flexibility for the service and allows for a continuity of practice across the prisons.

There are still issues of mental health nurses needing to help cover for primary care nurses but we were told that some of the demand in relation to primary care nursing has diminished with the lesser numbers of prisoners in Cornton Vale.

The main demand for the mental health services is in relation to prisoners in Ross House. Previously a nurse had been specifically allocated to Ross House but this was problematic if this nurse was sick or on leave. There is now a team approach with nurses covering Ross House on a rota basis, which has proved to be more successful.

Mental health nurses are also very involved in the reception process for new admissions and the 'talk to me' processes for prisoners at risk of suicide.

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

We heard that the current health centre will need to be relocated during the rebuilding work at Cornton Vale which may present difficulties, and we also heard that discussions are still ongoing regarding their space in the new prison.

Psychiatrist input – Forensic psychiatry input to the prison is provided by two psychiatrists on Tuesdays and Fridays each week (full days) but they can also be contacted outside of these sessions if required. The psychiatrists also sometimes provide training input to NHS and Scottish Prison Service (SPS) staff which is valued.

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

Psychologist input - We were pleased to hear of a new 0.8 psychology post having been developed to provide clinical psychology input over the three Forth Valley prisons (one day each site). The psychologist will see individual patients, work with staff and

eventually supervise nurses providing low intensity interventions. There are currently two nurses trained in low intensity interventions who are not able to deliver these interventions due to lack of supervision.

Issues raised by prisoners

We met with 10 prisoners who were in contact with the mental health team. Most prisoners appeared to very much value the support they received. Prisoners seemed confident that they could talk openly with the mental health nurse about their symptoms, but several said the nurses are busy and there can be a wait to see them.

Our visitors were very aware that several of the prisoners they saw in Ross House were particularly mentally unwell and requiring significant mental health support. This was placing a considerable demand on nursing and medical staff in meeting their needs in the prison setting.

Much of the work of the mental health nurses at the present time is involved in basic support, anxiety management and providing self-help information.

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 much of this criticism was directed at the GP. 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, though some thought there can be delays in getting support. The mental health team triage referrals in terms of priority which, with current low staffing levels, may explain any delays. They reported having tracking systems to be able to monitor when patients are seen following referral.

Care, treatment, support

Mental health nurses are involved in the prisoner reception/admission process so they are able to identify at an early stage if a person needs support from the mental health team.

Prisoners can also make direct referral to the mental health team by filling in a referral form (which is readily available to them) or referrals may come directly from prison officers.

We reviewed the notes of those we interviewed and there was a good record of individual contacts and interventions. Contacts with prisoners were generally well recorded but care planning was lacking in detail. Many of the prisoners we saw had complex care needs and the fact they are being seen by several services (nurses, psychology, additions nurses, psychiatrist and other agencies) required formalised

care-plans.

Recommendation 1:

Health service managers should ensure formalised care plans are developed (particularly for prisoners with complex care needs) to ensure a consistent approach and a clear understanding of prisoners' needs and goals.

There are a number of agencies and projects offering support and counselling within the prison and some prisoners spoke of support from 'Open Secret' and using the prison 'Listener' service. We noted that at present there is limited opportunity for other psychological interventions. The new psychologist post should help improve this situation, particularly if their supervision allows the nurses trained to deliver lower intensity psychological programmes to deliver these interventions.

We spoke to several prison officers and it was evident that many had not received specialist mental health training. This is very important in the Cornton Vale setting, particularly in Ross House and the SRU.

Recommendation 2:

Prison managers should undertake an audit of prison officer training and address any deficiencies in relation to mental health training.

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 that, when required transfers normally take place, but there can be difficulties and delays in getting a hospital bed when required. Another issue is in relation to remand prisoners, there can be difficulties in liaison with the various procurator fiscals (PFs) and getting cases back to court to enable patients to be moved to hospital. It is also not always clear who should be doing this.

Any other issues about mental health care

We heard that the sharing of health records can still be problematic between prison and community health staff, this seems mainly due to different IT systems. Generally however communication between prison and community teams is good. The health team said they are working on keeping continuing contact with community psychiatric nurses (CPNs) where prisoners had been working with them prior to sentence.

Summary of recommendations

1. Health service managers should ensure formalised care plans are developed (particularly for prisoners with complex care needs) to ensure a consistent approach and a clear understanding of prisoners' needs and goals.
2. Prison managers should undertake an audit of prison officer training and address any deficiencies in relation to mental health training.

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.

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