



**Mental Welfare Commission for Scotland**

**Report on visit to:** HMP Edinburgh, 33 Stenhouse Road,  
Edinburgh, EH11 3LN

**Date of visit:** 27 September 2016

## **Where we visited**

HMP Edinburgh is a large (primarily) locality prison receiving prisoners mostly from courts in Edinburgh the Lothians and Borders. The prison accommodates mainly male but also female offenders; it has prisoners on remand, short-term sentences (serving less than four years), long term sentences (serving four years or more), life sentence prisoners and prisoners on extended sentences (order for life long restrictions).

We last visited this prison on 30 April 2014 and reported on the mental health support offered to prisoners. At the time of our last visit there had been a number of recent, significant changes in the mental health and addictions team in the prison following the recommendations of an HMIP report. On this visit we wanted to see the impact of these changes on mental health care in the prison.

## **Who we met with**

We interviewed five prisoners (male and female), including one in the Separation and Reintegration Unit and spoke with several prison officers working in these halls. We also met with a group of six prisoners working in the hobbies workshop (prisoners are referred there by the mental health team). In addition, we met with the health care manager and mental health and addictions team leader responsible for mental health care in the prison. There was also a very informative group discussion with the wider mental health team including the psychiatrist, social work and psychology.

## **Commission visitors**

Paul Noyes – Social Work Officer, visit co-ordinator

Moira Healy – Social Work Officer

David Barclay – Nursing Officer

## **Details of mental health team**

HMP Edinburgh has five mental health nurses and a team leader with a remit dedicated primarily to mental health care of prisoners. The service operates on a seven day basis and works closely with the nurses in the addictions team. We were pleased to see that the team is now well established and many of the changes introduced at the time of our last visit have become part of established practice. We observed very good working links with psychology, social work and prison staff during the visit. The fact that these services are co-located in the health centre hub promotes a good environment for working together.

We noted the good links with the community learning disability team for specific input for prisoners with a learning disability, and also input as required from the forensic assessment service in relation to forensic risk assessments which is good practice.

## **Psychiatrist input**

Forensic psychiatry input to the prison is provided by two forensic psychiatrists from the Orchard Clinic in Edinburgh. There are two half-day sessions on a Wednesday and a Friday. The process is now more structured than it had been in the past and there is currently no waiting list for psychiatrist appointments. Informal support and advice to the team outside of the fixed sessions is also generally available if required.

## **GP input**

This was also described as being good, with daily GP sessions. The mental health team reported good links with the GP: mental health referrals have recently reduced as two of the mental health nurses are 'nurse prescribers' meaning many of the more routine referrals have been able to be managed by the mental health nurses. This has also enabled take up of self-help initiatives and therapeutic interventions.

HMP Edinburgh has a 'hobbies workshop' which provides a more sheltered working environment for some prisoners; these prisoners are referred by the mental health team. We spoke to some of the prisoners who attend; they seemed to enjoy this environment and the opportunities it offers. This workshop seemed to have very little in the way of funding for materials, and prisoners we spoke to felt that if there was more funding, activities could be extended. This workshop seems to 'do what it does' well but there might be possibilities to develop this into a more recovery focused facility in relation to prisoner mental health needs.

## **Issues raised by prisoners**

We interviewed five prisoners who were in contact with the mental health team and spoke with several others in the hobbies workshop. All were very positive about their mental health care and the approachability and support they received from the mental health nurses. We heard from several prisoners that the mental health nurses were 'very good', 'very supportive' and were generally complimentary about their care. Some prisoners also commented that the prison officers are good and you can generally speak to them.

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

## **Care, treatment, support**

At the time of our last visit, the service had introduced regular timetabled drop-in clinics on the halls in place of the previous paper referral system. This system is now well established and is reported to be working well. The service are monitoring their use and the evidence shows they are well used. There are two drop in clinics each week in the female hall and also in the two short term male halls; there is one each week in the remand hall and long term unit. This is based on demand and the services ability to provide these clinics. There continues to be the opportunity to support prisoners outside of these clinics for ongoing support and crisis situations. On analysing the work of the team, about 70% of situations are managed in 'one off' (primary care type) interventions, with about 30% of interventions requiring ongoing casework. This is resulting in a more focused approach to the care and treatment of prisoners with mental health issues.

We heard that members of the team are not routinely involved in the reception interview process but can be called upon if required.

The environment for interviewing and interventions with prisoners appears to be good, with rooms available for interviews in the halls and good accommodation in the modern health centre.

There are good working links with the psychologist in the prison. There had been two psychologists appointed to the mental health service, but there have been difficulties in retaining staffing to these posts. The service is looking at the best way to progress psychological interventions and are considering the employment of nurse therapists. The team currently delivers a range of interventions including the use of self-help materials, normalisation therapy, and a range of other psychological interventions.

We also heard about a new 10 hour speech and language therapy post shared with HMP Addiewell which should be a helpful addition to services.

Advocacy services are provided by Advocard advocacy service Edinburgh. There appear to be good links with the service and the use of advocacy is developing in the prison.

There is a weekly team clinical meeting where cases are discussed and allocated, and a fortnightly health care meeting chaired by the deputy governor involving the wider multidisciplinary team. This helps maintain the high profile of mental health issues in the prison.

We reviewed the mental health records for the patients we interviewed which were well maintained and demonstrated good input from the service.

We are aware we only reviewed a small number of case records and saw little in the way of care plans, which is an area of potential improvement.

There are a number of opportunities available for prison officers to receive training in mental health issues and this is encouraged. We heard of recent training relating to personality disorder which was reported to be very good and well received.

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

We asked about situations where prisoners may require NHS inpatient psychiatric care and we were informed there had been 14 such situations since February 2016. We were told that these had all been relatively quick, with no particular difficulties. It was good to see that the situation was well monitored with figures available.

### **Any other issues about mental health care**

We discussed a number of more general issues about the service:

- It was reported that the presence of women in the prison has increased demands on the service. A higher proportion of referrals and casework come from the female hall.
- We were encouraged to hear from social work that a number of adult protection meetings have been instigated prior to release for prisoners where concerns had been identified.
- We heard of work being undertaken with prisoners with adult attention deficit hyperactivity disorder (ADHD) which was an interesting initiative.
- We were also made aware of issues arising from an aging prison population. Some prisoners required care provided by Social Carers now operating in the prison.
- We heard from staff that some of the difficulties associated with new psychoactive substances identified in our last report have become less of an issue since legislation has changed and they are less readily available.

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.

**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)**

