



Mental Welfare Commission for Scotland

Report on announced visit to: HMP Perth, 3 Edinburgh Road, Perth PH2 8AT

Date of visit: 2 November 2016

Where we visited

HMP Perth is the local prison for Perth & Kinross, Dundee, Angus and Fife. It manages adult male offenders on remand, short-term offenders (serving less than four years), long-term offenders (serving four years or more), life sentence offenders, sexual offenders and extended sentence offenders. The current capacity of the prison is over 630 prisoners.

The Commission last visited HMP Perth on a local visit on 29 May 2014 and made recommendations about the provision of psychological therapies, about the ligature free cells within the establishment, and about arrangements for engaging prisoners with community mental health services on release.

On the day of this visit, we wanted to follow up on the provision of psychological therapies and also to look generally at the provision of mental health care and treatment in the prison because it had been over two years since our previous visit.

Who we met with

We met with eight prisoners during the visit. We interviewed three people individually and we met five other prisoners in a group of three and in a group of two because they wanted to talk to a Commission visitor in a small group. We also looked at the mental health records for these eight prisoners, both paper records and electronic records.

We spoke with the head of nursing, the mental health team leader and the other members of the mental health team working in the prison. We also met the deputy governor, the head of prison healthcare and the forensic psychiatrist at the end of the visit.

Commission visitors

Ian Cairns, Social Work Officer and Visit Co-ordinator

Margaret Christie, Social Work Officer.

Details of Mental Health Team

The prison health centre now has 4.8 whole time equivalent (wte) mental health nursing posts, with one of these posts vacant at the time of the visit. None of the nurses in post at present have learning disability experience. In addition to the mental health nursing posts, there are 4.5 wte substance misuse nurses within the health centre staff. There is a primary care nursing team, with the number of health care support worker posts in the health centre having increased, and primary care team staff also deliver care to individuals with mental health needs, including assisting with medication administration.

In addition, and following a review of staffing within the prison health service, an on-site pharmacy team is in place and the pharmacist will routinely join multi-disciplinary team meetings to participate in mental health case discussions. The mental health team has weekly clinical multi-disciplinary meetings, and these meetings will involve the mental health nurses, pharmacy, psychiatrists, and one of the GPs.

Forensic psychiatry input to the prison is provided by doctors from the Rohallion Secure Care Unit at Murray Royal Hospital. There are five contracted psychiatry sessions each week within the prison, three clinical sessions and two administration sessions. In addition, there is an on-site GP who works in the prison from Monday to Friday.

Issues raised by prisoners

Prisoners spoke positively about the care and treatment provided by the mental health team in the health centre. Nurses were described as supportive and understanding and we heard that responses to requests to see a mental health nurse were prompt and responses were particularly quick if requests were felt to be urgent. Prisoners also spoke positively about the medical input from consultant psychiatrists and we heard from one prisoner about how his psychiatrist had reviewed his past psychiatric history and medication prescribed. This prisoner felt that this thorough review had had a good outcome for him, with the psychiatrist introducing new medication, which he felt was helping manage his symptoms well.

Several prisoners also spoke positively about interactions with all staff in the prison. We heard that a number of prison officers were seen as having sympathetic attitudes and displaying understanding and awareness about mental health problems and about particular psychotic symptoms that a prisoner may be experiencing.

Several prisoners used the art therapy service available in the facility. This service was seen as being helpful, and we heard comments about art therapy assisting individual prisoners to cope and to feel more relaxed. Two specific issues were raised in our meetings with prisoners. While positive comments were made about the support provided by mental health nurses and the visiting psychiatrists, several prisoners told us that they would like to be able to access other forms of mental health support, specifically talking therapies, in addition to the prescription of medication.

We also heard from several prisoners that they felt that the environment in the ligature-free cell was so bare and basic that you could feel worse if you had to stay in this cell even for a short period. We heard about individual experiences of prisoners feeling worse simply sitting in a bare cell thinking, and one prisoner said that his experience in a ligature-free cell in HMP Barlinnie had been better because he had been able to have access to a television which was placed securely in the cell in HMP Barlinnie.

Care, treatment and support

Mental health nurses are not involved in the reception process, as reception assessments are undertaken by primary care nurses. Where mental health issues are identified during the reception process, Act2Care arrangements will be put in place where appropriate, and a mental health nurse will assess the prisoner the next working day. There is no standardised tool used for screening for learning disability when new prisoners come into HMP Perth, but the reception process does involve asking prisoners if they have had previous contact with community services, which include learning disability services. The mental health team will take self-referrals from prisoners and referrals from any member of the prison staff and from outside agencies.

Care planning

We were told on the visit that the care planning documentation used within the health centre is being reviewed and that work is being done to look at how the NHS Tayside paperwork and integrated care pathway (ICP) tools can be adapted for use in the prison. At present, this does mean that there is no standard documentation available for staff to record mental health assessments and outcome focussed plans of care.

On the day, we reviewed the paper and electronic records for eight prisoners. We did see that recovery care plans are being used, and that contacts with mental health staff were being documented, with information recorded about planned interventions. However, we felt that care planning information and particularly information about identified goals, could be more detailed. We also heard that health care staff are finding it frustrating that appropriate care planning documentation is not in place.

Recommendation 1

Managers should ensure that priority is given to introducing suitable care planning documentation for prisoners with mental health care needs.

Recommendation 2

Managers should review whether it may be helpful to introduce a specific learning disability screening tool as part of the reception process.

Access to psychological therapies

As mentioned above, prisoners rated the art therapy service that they can access positively, but they did raise issues about the lack of availability of psychological therapies in the prison.

On our previous visit to HMP Perth in 2014, the Commission had identified that there was an issue about the lack of availability of psychological therapies. We made a specific recommendation that NHS Tayside develop proposals to deliver clinical psychology services to meet the needs of prisoners, and we were told at the end of 2014 that work was being taken forward to address this issue. On this visit we heard that this work has still not been completed, and therefore there is still no dedicated clinical psychology input to the prison. However, we did hear that recent discussions had taken place with psychology services and this will be progressed as part of the prison healthcare transformation plan.

We spoke to health centre staff about the availability of other psychological interventions in the prison. We heard that the open estate was currently piloting the use of a telephone-based cognitive behavioural therapy (CBT) service, and that if this pilot is successful this can then be introduced into HMP Perth, as healthcare staff are ready to proceed with this. This would give prisoners telephone access to a CBT service. We heard that one nurse in the health centre has completed training in dialectical behaviour therapy (DBT) but that she is currently not able to use this training because she does not have access to appropriate clinical support.

We also heard that mental health nurses in the health centre would be keen to access training to enable them to deliver other psychological interventions but that there are issues about releasing staff to undertake training. We were also told that staff have completed training to allow them to deliver other interventions in the past but have found it difficult to put specific training into practice because of pressure of other work. As an example of this, we were told that two members of staff had completed training on wellness recovery action planning (WRAP) but have not been able to work with individual prisoners to develop recovery plans, again because of pressure of work. Staff are finding this frustrating because training opportunities do become available and discussions have taken place with the State Hospital about delivering training for staff.

Recommendation 3

Managers should ensure that the work to look at how clinical psychology services can be available to meet the needs of prisoners in HMP Perth is concluded as soon as possible.

Recommendation 4

Managers should review the availability of other psychological interventions within HMP Perth. This should include looking at how existing staff skills can be used effectively and at identifying and meeting appropriate training gaps.

Transfer of prisoners to NHS in-patient psychiatric care

We discussed the issue of the transfer of prisoners who require NHS psychiatric care with the head of nursing and mental health team staff and were told that this is generally not an issue. When any prisoner from Tayside requires care and treatment in a medium or low secure facility then the Rohallion Secure Care Clinic at Murray Royal Hospital is used, and health centre staff said there have been no difficulties transferring prisoners to Rohallion. We were told in the past there have been issues about the availability of beds in the medium secure facility in Edinburgh, but at the time of our visit no-one was waiting to be transferred to NHS inpatient care.

Any other issues about mental health care

We asked about the delivery of mental health first aid training to operational staff within the prison and were pleased to hear that a first aid training course had started on the day of our visit, with up to a dozen staff released to attend this course.

In discussions with health centre staff, we were told about a quality improvement group which had been set up within the mental health team in the health centre. This group looks at how national directives and policies can be implemented, but also looks at developing links with community mental health services in Tayside. Part of the remit of this group is to look at developing pathways to learning disability and old age psychiatry services because of the increasing number of prisoners who may have a learning disability, or who would be using old age psychiatry services in the community. From discussions we had with health centre staff on the day, the Commission feels that this group will have an important role in developing mental health services within HMP Perth.

Advocacy support has been available within HMP Perth, provided by the local independent advocacy service. The Commission had been told before the visit that the service level agreement that had been in place and was funding advocacy input had ended at the end of September. This was confirmed by the head of nursing on the day. We were told that there had been some issues about the advocacy input but that there would be discussions to look at how advocacy input can be restarted.

Recommendation 5

Managers should ensure through local discussions that advocacy support is available to prisoners with mental health problems in HMP Perth.

Summary of recommendations

1. Managers should ensure that priority is given to introducing suitable care planning documentation for prisoners with mental health care needs.
2. Managers should review whether it may be helpful to introduce a specific learning disability screening tool as part of the reception process.

3. Managers should ensure that the work to look at how clinical psychology can be available to meet the needs of prisoners in HMP Perth is concluded as soon as possible.
4. Managers should review the availability of other psychological interventions within HMP Perth. This should include looking at how existing staff skills can be used effectively and at identifying and meeting appropriate training gaps.
5. Managers should ensure through local discussions that advocacy support is available to prisoners with mental health problems in HMP Perth.

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.

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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