

Mental Welfare Commission for Scotland

Report on visit to: HMYOI Polmont

Date of visit: 10 October 2016

Where we visited

HM YOI Polmont is Scotland's national holding facility for male young offenders aged between 16 and 21 years old. On the day of our visit there were 448 young men housed in the facility. There were also 83 adult women prisoners in Blair Hall who had recently been temporarily relocated to Polmont. We last visited this prison on 16 December 2014 on an announced focused visit

On the day of this visit, we wanted to follow up on the previous visit, particularly the effectiveness of the multidisciplinary mental health team (MDMHT), and also look at the issue of transferring young men to mental health wards and the developments of the mental health provision.

Who we met with

We met with 4 prisoners and reviewed their records.

We spoke with the unit manager, NHS service manager, health centre manager, clinical manager and staff nurses.

In addition, we met with the deputy governor, prison officers and Barnardo's service manager.

Commission visitors

David Barclay, Nursing Officer

Margo Fyfe, Nursing Officer

Details of mental health team

The team consists of five mental health nurses working day shifts only over seven days. An additional nurse has been recruited and there is a plan to advertise for a further nurse to bring the team up to seven whole time equivalent (WTE) staff. None of the staff were registered as learning disabilities nurses, but we were informed that the next nurse recruited will have an emphasis on this area. We were also informed of the two day learning difficulties training to be offered to all nursing staff in Polmont, as well as trauma, loss and bereavement training, also to be delivered to all staff. There is weekly input from a visiting psychiatrist and there are clinical psychology sessions for the prison nursing staff for supervision and consultancy.

Issues raised by prisoners

We met with 4 young men and reviewed their records. The feedback from these young men was very positive. They spoke of the helpfulness and accessibility of the mental health nursing team; often they were able to be seen within a day of their referral. The activities offered in the prison were well used and appreciated by the individuals we spoke with.

Care, treatment and support

Mental health nurses are now involved in all reception interviews as well as dealing with all the referrals. They mainly support young men with mild to moderate mental health issues such as anxiety, depression, sleep disturbance and adjustment to the custodial setting.

Referrals to the team come from the prison officers and there are over 300 referrals to the team each month. Most individuals are able to be seen within 24 hours of referral which is an excellent response time. Nurses said it was often difficult to prioritise and that they were looking at a triage approach or possibly consultancy for the prison officers on the halls, and more use of self-help materials. They hoped that the training on trauma, bereavement and loss would enable staff to manage more of the milder mental health difficulties to enable the nurses to manage more complex referrals.

The weekly MDMHT meeting is focused on complex cases, such as the Rule 41 cases (Rule 41 - when a prisoner is accommodated in specified conditions on mental health grounds) and any behavioural issues in the hall. There is input from psychiatry, clinical and forensic psychology and nursing to this meeting and it is valued by all involved.

The care plans that we found were not particularly detailed, but were adequate for the type of mental health care and treatment being delivered.

Transfer of prisoners to NHS in-patient psychiatric care

We wanted to follow up on a previous visit where we found that young people who needed to be transferred for treatment to a mental health hospital often had difficulties in securing a bed in an NHS facility. A recent case had come to our attention of a young man who was detained in Polmont as a Place of Safety and there was a significant delay in obtaining an appropriate placement in a secure learning disabilities resource. There are still some issues around getting NHS mental health beds when required, particularly for 16 and 17 year olds who cannot be cared for in local child and adolescent mental health services (CAMHS) and have to be treated in adult services. However, we were informed that this issue continues to be discussed with a view to finding the most appropriate resolution. We are keen to hear how this progresses at future visits.

Any other issues about mental health care

We were keen to hear about the input of NHS clinical psychology to Polmont. The psychologists are in the process of undertaking a service needs assessment. We will be interested to hear the outcome of this and whether it recommends additional psychology resource is required.

Good practice

We met with the Barnardo's service manager who told us of their youth work service and the positive feedback they have had from young men who have been involved in their peer mentoring, parenting matters, youth bank and volunteering with children with complex needs. Also, many of the young people have been able to complete Duke of Edinburgh awards through the service. Barnardo's also provide the trauma, bereavement and loss training and have delivered this to 137 Scottish Prison Service (SPS) staff and 65 non-SPS staff.

It was good to meet with the inclusion officer who worked with young people who are experiencing bullying on the halls and are reluctant to get involved in activities or work parties as a result. The pleasant atmosphere of the room used for this was particularly beneficial as well as the attitude and approachability of the officer involved in this project.

The staff told us about the employment of four prison officers as through-care support officers, who do more community work with young men recently paroled or liberated. They work to assist individuals to re-integrate into their community, helping with housing issues and support with access to other services.

The activities service in Polmont continues to thrive with a variety of areas for work and training and to achieve qualifications from Fife College, the education provider. The media centre and prison radio station were well used and the dedicated state of the art theatre and concert area is the only one of its kind, in a custodial setting, in the world. The young men use this to develop their confidence in the creative arts, performing in drama, comedy and musical projects.

Recommendations

We made no recommendations at this visit

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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