

Mental health in Scotland's prisons 2021: under-served and under-resourced *(Final closure report)*

August 2024



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

Final 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:

20 August 2024

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

For the final closure report all 15 prisons responded:

Highland, Grampian, Tayside (Perth and Castle Huntley) Glasgow (Barlinnie, Low Moss and Greenock), Lothian (Edinburgh and Addiewell), Forth Valley (Glenochil, Polmont and Stirling), Lanarkshire, Ayrshire and Arran, Dumfries and Galloway; 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 in some sections, however there was specific information where the prison had completed different activities in relation to the recommendation.

For the final closure report, we had requested a joint response from NHS and SPS. For 11 of the 15 prisons, the SMART action plans incorporated the work undertaken by both SPS and NHS as a joint response. As an example, we received a self evaluation report that noted:

“NHS are undertaking a health needs assessment in conjunction with Serco, SPS and Public Health colleagues in order to inform and project the health needs of the prison population. This will incorporate analysis of quantitative and qualitative data available in prison and health information management systems”.

The remaining four prisons gave separate self evaluations as an NHS and an SPS response, such as:

“The SPS Mental Health and Drug & Alcohol Strategies will have a dedicated section on workforce that will include training, support and supervision. The frameworks for these strategies have been agreed by the Executive Management Group”

followed by:

“The senior NHS management team attended the NES Scottish Trauma Informed Leaders Training in 2023. This training supports leaders to take a trauma informed approach to improve accessibility and positive outcomes for people affected by trauma.”

There was however interlinked activity, audit and responsibilities. All services provided the response to the recommendations on the Commission’s suggested SMART action plan template.

While the level of detail varied across some sections of the submitted SMART action plans, each of the sections of the responses from all prisons provided greater detail than those that we had received at the midpoint evaluation of the recommendations in 2023. There was completed information in the activity and audit sections, and this provided better information on the actions already taken and what was proposed; the audit detail tied into the activity.

An indication of timescales was provided for each recommendation and any subsections, some noted ongoing, others had a date, and the section on who was responsible at times identified the person in post, sometimes the post itself i.e. senior manager or the service e.g. NHS or SPS. It was also helpful when services embedded documents developed locally that provided evidence of the extent of the actions taken.

We received feedback on Recommendation 8 and 9 from SPS, and Recommendation 10 to Scottish Government, again on the Commission template provided.

Recommendation 8: review Talk To Me strategy

SPS provided the following response for its self evaluation of this recommendation:

“SPS is committed to becoming a trauma informed organisation and a delivery group has been implemented. Workshop design is being supported by the national trauma leads and will provide the base for a subsequent action plan to embed trauma informed approaches.

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.”

The activity in relation to Talk to Me (TTM) was that as of April 2024, SPS had completed the first stage of the review of their suicide prevention strategy, (TTM), and was in the process of gathering the evidence base for the review. This included a literature review, carrying out user voice interviews, staff focus groups, an NHS survey and a workshop for families. The next step was to analyse this information and formulate recommendations. Once completed, recommendations would be presented to the National Suicide Prevention Management Group for consideration and ratification. This group included a number of experts in the field such as third sector, NHS and Public Health Scotland.

SPS will align with the Scottish Government Suicide Prevention Strategy and Action Plan and SPS consult regularly with colleagues in the relevant policy units.

The SPS Mental Health Strategy will provide the framework for TTM suicide prevention, self-harm and wider mental health recovery interventions as well as referral pathways to specialist input. This strategy was in the final draft stages at April 2024 and had been subject to wide consultation with a range of partners.

The audit process for TTM was that once this is reviewed and revised process implemented, SPS will audit, monitoring & have assurance of this. The timescale for this was still to be determined, and the responsibility for this was through SPS Health HQ. The Commission and the Head of Health for SPS have ongoing quarterly virtual meetings, with the next arranged for August 2024. And update on the timescale and delivery of TTM will be discussed at that meeting.

Recommendation 9: review the Family Strategy

Self evaluation provided by SPS noted:

"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."

Activity noted in the SMART action plan indicated that the SPS Family and Parenting strategy, 2024-29 was internally published for establishments on 15 of March 2024. An external communications plan had been developed for the release of the strategy to partners and key stakeholders. To highlight the release of this, SPS were exploring bringing together SPS staff and external partners in a seminar event that would seek to improve and provide an understanding of the impact of imprisonment on families. The seminar would further support the implementation of the new strategy with the staff group who would be the key contributors to its successful implementation at local level.

The audit process would be achieved through the implementation of the SPS Family strategy, where monitoring and audit would be embedded. The timescale for the final report was still to be finalised at the time of the SPS submission for the closure report recommendation. As responsibility for the strategy sits with SPS HQ, updates regarding the strategy will be discussed with the Commission/SPS quarterly meetings.

Recommendation 10: Scottish Government must monitor the delivery of the above recommendations

Scottish Government response provided the following for its self evaluation section:

- There are two key updates in relation to recommendation 10 both of which have developed since July 2023 when there was a meeting with the Commission/SG/National Prison Care Network (NPrCN) regarding how these recommendations could be monitored in a pragmatic way.
 1. *Through the Senior Leadership Group (SLG) on Prison Healthcare, we have developed a Target Operating Model (TOM) for healthcare delivery. This provides a framework for a nationally consistent service model for healthcare delivery in prisons, alongside tangible change ideas to deliver this. We are working collaboratively with partners in NHS and SPS to implement this.*
 2. *To further drive improvements in custody healthcare, a network of Executive-level leads from all territorial Health Boards has been established. As well as providing a further mechanism for raising awareness and promoting widespread implementation of the NHS Deaths in Custody recommendations, this network will provide strong links between boards and the SPS to support ongoing and systematic improvement of custody healthcare*
 3. *In addition to the above, as segregation was one of the key issues we agreed should be a focus at the meeting in July, we would like to say that we are working on an updated response to HMIPS segregation action plan they shared with us in November. We are meeting with the National Executive Leads on 19 August for a meeting focused on discussing work relating to segregation.*

Activity was noted with SG continuing its engagement with SPS/NHS and National Exec Leads, calling on SLG when required. SG also continues to engage ministers on issues via a Cross Portfolio Ministerial Group, chaired by Cabinet Secretary for Justice and Sport. The timescale for delivery of this, with SG having the responsibility for that, was set as:

- Implementation of the TOM is ongoing, with roadshows to every Health Board taking place in 2024. SG are also working on the implementation of a TOM for Police Custody alongside the Police Care Network.

3. Summary of follow up activity and actions

The analysis of self-reported SMART action plans indicates that for most recommendations for the Prisons, SPS and SG, these had been achieved, although some responses noted that there were still actions to be completed, such as the SPS Mental Health Strategy and the audit of the use of segregation. A positive change that has been established since the report is the regular programme of meetings with SPS and the Commission, in addition to the local visit programme to HMP services across Scotland – there have been eight Commission visits to prisons completed in the 2023 to 2024 period; these activities will provide ongoing scrutiny and assurance of the progress of any recommendations that have still to be completed.

Overall, the level of detail in the action plans gave a clearer understanding of the work that had been built upon since the midpoint closure responses. Details of the activities and audits that are planned to take place will ensure that the recommendations from the themed visit will continue to be taken forward. The breakdown of the recommendations by prison will be useful for Commission practitioners, who can use these when starting their pre-visit discussions. A few of the responses indicated that there was no further action needed with the recommendation, and while some of these evidenced why the recommendation was completed, it would be good practice to review these responses periodically, either through a visit, or other scrutiny activities such as casework or review of HIS findings/reports related to their visits.

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 that was either being planned for, or delivered by NHS staff for SPS staff. It would be useful to share the examples provided by the different prisons, as this could enable wider dissemination and a more cohesive approach nationally, with the intention of a consistent, joined up working in the delivery of mental health care by NHS and SPS across the prison estate.

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

[The report](#) was published on Thursday 28 April, 2022 and gained extensive and long-ranging coverage from the media and specialist publications. It generated strong engagement on Twitter/X, 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.

Since the above review of the feedback on the report, there has been a broader interest in the provision of mental health care in prisons, specifically in relation to the use of segregation. More recently, [the report was again highlighted](#) in relation to concerns around prisoner mental health care.

5. Conclusion – was themed visit worth doing?

The earlier Commission 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 the Commission's themed visit report on prisons in 2022 had indicated that while structures and processes were different, little had changed in relation to the outcome for prisoners' mental health. The completion of the themed visit report in 2022, and the setting of a realistic two-year period to implement the changes set out in the recommendations has supported the momentum in meeting those recommendations being maintained.

There is a difference in the qualitative detail, and additional documentation provided from the responses that we received back from the services at the 24-month period; for example, the follow up request for NHS and SPS to complete their action plans jointly, which the majority have done, provides more of a sense of joined-up working. The framing of the responses which have included a self evaluation, a record of activity, the timescales involved and who has responsibility for the recommendation gives greater clarity of what stage each prison is currently at.

We were pleased to note that work has significantly progressed in relation to recommendations 8, 9 and 10, with better established relationships, and there are more regular opportunities for the Commission, SPS HQ and SG to meet and review the progress around these specific recommendations.

At the end of the 24-month time frame, and from the responses collated, there remains variation across the prison estate in meeting the recommendations which indicates that this workstream still requires the Commission to retain a more active focus.

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

Recommendations 5 and 6, which highlight the needs for those individuals who experience poor mental health and are moved to a separation and re-integration unit (SRU), or as noted in the report as segregation, will require the Commission to continue to retain oversight.

There remains a challenge in having individuals, whose mental health deteriorates while in prison, transferred in a timely way to a mental health service that can meet their needs. Further work around the referral, assessment and transfer processes for prisoners who require mental health care and treatment is in progress and involves the Mental Welfare Commission and the National Preventive Mechanism (NPM) who are reviewing actions and activity where there are delays.

There is also pending work by SG to look at the development of a Forensic Mental Health Board for Scotland which may create an opportunity to develop a pathway for prisoners with mental health needs.

If you have any comments or feedback on this publication, please contact us:

Mental Welfare Commission for Scotland
Thistle House,
91 Haymarket Terrace,
Edinburgh,
EH12 5HE
Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk

Mental Welfare Commission 2024

