The Health and Sport Committee has launched an Inquiry into Healthcare in Prisons and ‘Called for Views’ (03.02.17) from any interested organisations or individuals.

The Mental Welfare Commission for Scotland visit Scottish Prisons regularly as part of our visiting programme. The fact that prisoners have a much higher rate of mental disorder than the general population has been well documented and this is the reason for our visits to prisons; we look at mental health services being provided to prisoners and ask prisoners about their experience of using these services.

The Commission’s responses to the Health and Sport Committee are limited to our views on prisoner mental health care (only) in prisons.

The call for views seeks input on the following four questions:

- **What do you consider are the current pressures on health and social care provision in prisons?**

**MWC Response:**

In relation to mental health provision the Commission would support the RCN findings that there is a considerable variation across prisons and health boards in relation to mental health care available to prisoners. During our prison visits we have found:

- Prisons across Scotland appear to have variable levels of staffing dedicated directly to mental health provision.

- In some areas mental health nurses’ time is also spent in dispensing medication which takes time from mental health provision.

- In some prisons mental health nurses’ are involved in reception interviews to screen for mental health difficulties. If mental health needs, particularly for remand prisoners or people starting sentences, are not identified at reception this can have a significant impact on a prisoner’s mental health. Information is rarely passed on to prisons from the community teams proactively.

- There is very variable expertise in relation to Learning Disability and patchy use of screening tools. There are particular difficulties in the prison system in distinguishing between learning difficulties and learning disabilities. Often due to their chaotic lifestyles, many prisoners have missed out on school and education and have profound learning needs. The needs of these individuals are often very different to those prisoners with learning disabilities who regularly tend to commit minor offences and be in prison for very short periods of time but require specialist intervention. These factors combine to make the process of screening and identifying prisoners with a learning disability a difficult process.
- The referral process is very different across different prisons with mental health drop-ins operating on the halls in some prisons and paper referral systems operating in others.

- Some prisons have very good interviewing facilities and health centres; others have facilities that are very poor.

- The level of skill and training for prison officers in mental health issues in different prisons is variable.

- Advocacy services are variable across different prisons in terms of both provision and awareness of services.

- Relationships between health centre staff and prison officers are vital in being able to arrange interviews and access visiting services. We have found these relationships again to be variable in different units.

- A big and ongoing issue is access to input from psychology and also access to lower level psychological interventions, therapies and support for trauma.

- The lack of the use of care plans in patient notes for prisoners with complex care needs is a recurring recommendation from our visits. Prisoners can be seen by a range of services such as nurses, psychology, additions nurses, psychiatrist and other agencies. For such individuals a formalised care plan is required to ensure a consistent approach and a clear understanding of the prisoner’s needs and goals.

- The Mental Welfare Commission’s report Mental Health of Women Detained by the Criminal Courts - In Prison and Hospital Settings (2014) highlights specific issues faced by women prisoners. Most of these women had experienced physical and sexual abuse, had current substance abuse problems and most acknowledged they had previously had mental health difficulties. This report also highlighted the need to develop focused and effective therapeutic interventions for women in prison with borderline personality disorder and post-traumatic stress disorder.

- The lack of high security mental health provision for women in Scotland has also caused difficulties from time to time; Scottish Government are keeping this situation under review.

- How well do you consider that these pressures have been responded to?

  **MWC Response:**

  - Some health boards are beginning to address the access to psychology issue and Greater Glasgow and Clyde have recruited new psychology posts between Barlinnie, Low Moss and Greenock prisons which is a good development.

  - Progress towards any form of service mapping or identification of gaps in services seems to have been very limited. Service development is likely to be
very much constrained by resources available and probably reflects a long-term underfunding of these services.

- We have noted on some recent visits that the transfer of responsibility of prison health services to health boards has enabled better access to health information from the community due to shared computer systems.

- We have heard from nurses working in the prison setting that they now have better access to training provided by health boards and they also have more identity with the NHS.

- The Commission continues to promote the expectation that prisoners should have access to a full range of full multi-disciplinary services to promote their mental health. Our experience is that there is little coordinated input to mental health care of prisoners beyond the input of mental health nurses and psychiatrists, despite cases being discussed in a multi-disciplinary forum.

- The Mental Welfare Commission Report ‘Mental Health of Prisoners’ (2011) set out key messages for prisoner mental healthcare. Despite having been adopted by the National Prisoner Healthcare Network it is now 6 years since this Commission report and in terms of prisoner’s experience of care, not much has really changed. Progressing the recommendations of the report appears to be very slow and an audit of the current provision against these recommendations is needed.

- To what extent do you believe that health inequalities are/ could be addressed in the prison healthcare system?

  **MWC Response:**
  - We would expect prisoners to have good access to mental health care when in prison particularly as it is well known that the level of need in this population is higher than that in the community. There are potential opportunities to engage with prisoners during their time in prison to address issues that may be contributing to their offending that should not be missed through lack of resources. It is however very important that services are available in the community to reduce the chances of individuals with mental health difficulties coming to prison as this is not a therapeutic environment for care and treatment.

- What are the current barriers to using the prison healthcare system/ improve the health outcomes of the prison population?

  **Response:** No specific comments to make.

- Can you identify potential improvements to current services?

  **MWC Response:**
  - There needs to be a clear strategic plan in relation to what Health Boards should be providing in prisons.
  - A major barrier to improving services is the lack of additional resources.
What do you think the main pressures will be in the next 15 years?

MWC Response:
- It is likely that demands on services will continue and increase as will pressure on the resources available.