

HMP Grampian Health Needs Assessment

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List of Abbreviations

SPS	Scottish Prison Service
NHS	National Health Service
ADHD	Attention Deficit Hyperactivity Disorder
ACEs	Adverse Childhood Experiences
HMIPS	Her Majesty's Inspectorate of Prisons Scotland
HMP	Her Majesty's Prison
HNA	Health Needs Assessment
BBV	Blood Borne Viruses
OT	Occupational Therapy
BMI	Body Mass Index
CHD	Coronary Heart Disease

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Executive Summary

Background & Context

Scotland's average daily prison population has increased by 27% in the last decade (Scot. Gov. 2020). Prisoners' health is much poorer compared to the general population and this has been attributed to socioeconomic deprivation and lifestyle choices, such as substance misuse and smoking (Graham, 2007; House of Commons, 2018).

HMP Grampian opened in 2014, and is a purpose-built community-facing facility which holds all types of offenders, male and female and has four residential blocks with a maximum capacity of 474. HMP Grampian is staffed by a mix of Scottish Prison Service (SPS) and NHS staff, and has a relatively high turnover of staff. In February 2019 the Her Majesty's Inspectorate of Prisons Scotland (HMIPS) inspection reported an overall poor performance for HMP Grampian and highlighted the following areas for focus: Substance use, mental health and healthcare service delivery.

Aim

NHS Grampian undertook a health and wellbeing needs assessment (HNA) to provide a systematic baseline assessment of the health and wellbeing needs of prisoners in HMP Grampian and to identify gaps in the current service provision to inform future service planning and development.

Methods

The HNA was produced by collating qualitative and quantitative data collected from a number of sources including published literature, reports from previous HNA, HMP Inspectorate reports, clinical data and interviews and focus groups with both staff and prisoners at HMP Grampian.

Summary of Findings

Prisoner Profile

The average monthly number of prisoners in HMP Grampian is circa 450, this comprises approximately 400 men and 50 women. The majority of prisoners are white Scottish with approximately two thirds aged between 25 and 44 years and a quarter over 45 years old. Over 60% of prisoners have a sentence over 1 year in length.

Admissions

Most staff reported that the admissions system worked well, but it could be a difficult time for staff as they were not told when or how many prisoners would be arriving, often leaving them short staffed in other areas of the prison.

A large proportion of prisoners presented with symptoms of substance use, poor health/hygiene and in need of mental health support at admissions. Prisoners were often anxious or in withdrawal from substances, and staff identified that their retention of information during the admissions process was poor.

Approximately 35% of patients registered at HMP Grampian had one or more chronic disease diagnosis and the number of conditions increased with prisoner age. Asthma was identified as the

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most common chronic diagnosis, followed by depression and hypertension. A large proportion of prisoners reported adverse childhood experiences (ACEs).

Living in Prison

Medical Conditions

Overall the majority of prisoners reported multiple medical conditions, with a larger proportion of women reporting six or more. Most were related to mental health and addictions, but other conditions were linked to a reduction in mobility, for example arthritis and chronic back pain.

Health Provision

Prisoners reported that they found accessing health care services harder in the prison than in the community, and felt that their needs were not being met. Women prisoners indicated limited access to support to recover from violence, sexual abuse and male prisoners indicated limited access to support with drug addiction. Both male and female reported a limited awareness of the available support services. Access to and support from dental and smoking cessation services was good. Access to physical activity or to healthy diet advice varied between prisoners.

Mental Health

Overall prisoners reported experiencing high levels of stress and isolation, and poor mental wellbeing was reported as prisoners' greatest concern and their most prevalent unmet need by staff. Prisoners identified that having the opportunity to talk to someone, being listened to, good access to friends/family and better access to mental health support and services would improve their health and wellbeing most.

Behaviour Change

Staff thought that the main barriers to the health and wellbeing of prisoners in HMP Grampian were a lack of resources to support healthy lifestyle behaviour changes. Staff and prisoners also spoke of pathway programmes which supported lifestyle behaviour change that were only available to long term prisoners. Repeat offending short term prisoners or those on remand have no access to behaviour change programmes to support them to change their offending or lifestyle behaviours.

Substance Use

Staff have noticed an increase in psychoactive substance use within the prison in recent years and suggested that there should be greater support provided to prisoners to reduce substance use, including methadone. Staff and prisoners expressed the need for a rehab unit 'drug free' environment which would support methadone reduction, coping strategies and life skills to reduce offending behaviours.

Ageing Population

Staff spoke of the changes in the prison population, including an increase in older prisoners. It was suggested that as the HMP Grampian was new, it may see an increase in 'older' prisoners being transferred there and that additional resources such as occupational therapies and social services would be needed to support their needs. Prisoners expressed concern regarding growing old/aging or dying in prison.

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Pre-Release

Prisoners greatest healthcare need pre-release, which was seen as being unmet, was identified by staff as having the relevant support services organised in the community prior to release and support for prisoners to make their transition back into the community as stress free as possible. Staff felt that the loss of the 'throughcare' support scheme was a backwards step in the progress made in reducing prisoners reoffending.

Resources

Overall both staff and prisoners thought that the main barrier to the health and wellbeing of prisoners in HMP Grampian was inadequate resources, namely a lack of both SPS and NHS staff and the inadequate access to support programmes and services.

Staff Training

Staff received training on a range of topics and brought experience and skills from previous roles but did express a need for additional training opportunities. NHS staff identified a range of health – related areas as of interest for further training with the highest interest in; anxiety and distress, suicide, self-harm and excessive alcohol. SPS staff also identified interest in all training topics, with highest interest in mental health, substance use and learning difficulties.

Recommendations

Admission process

- Review process for notification of intended admissions (time & number) so staff can prepare e.g. facilitate advanced medication preparation, ensure staff to cover
- Ensure that prisoners have the correct medication/any changes are explained
- Plan continuity of care from community into the prison e.g. mental health support, substance misuse services and prescribed medication to be continued

Prison services

- Information at admissions to be given verbally (for prisoners with poor literacy) in addition to written, and to be repeated at regular intervals in first week of arrival.
- Consideration to low literacy levels among some prisoners by exploring alternative methods of raising awareness/communicating information to prisoners
- Prisoner involvement in 'developing' communication methods and resources

Health Review

- Pilot implementation of the '7 day health review' for prisoners - ensure clear monitoring/ clear outline of evaluation process to inform best practice
- Identify prisoner needs and refer to appropriate specialist services e.g. mental health, substance misuse services, occupational therapy
- Identify vulnerable prisoners (ACEs questionnaire)
- Increase support for prisoners who have identified ACEs
- Review practices of restraint/searches with prisoners of known/suspected ACEs/physical/sexual abuse

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- Focus on recovery services (sexual and physical abuse) for women prisoners
- Review practices of restraint and search of all prisoners, not only for those who have disclosed past experiences of sexual/physical abuse

Mental health

- Increase provision of assessment and access to mental health support services for all prisoners, including remand prisoners
- Increase support services for poor mental health developed within prison e.g. anxiety, depression
- Reduce waiting times, confirm requested appointment and inform individuals of waiting times.

Self-help provision

- Raise awareness of activities that are available and promote self-support of mental health e.g. physical activity, yoga, library services, mindfulness, meditation.
- Signpost and promote self-supporting, alternative therapies such as mindfulness, yoga & physical activity, library healthpoint services
- Expand healthpoint staff knowledge/skills to support prisoners to self-help,
- Provide 'confidential' area in library to support discussions about self-help
- Provide information leaflets to support health promotion/self help
- Provide equitable access to education and support services e.g., time tabling.
- Provide equitable access to physical activity opportunities

Third party engagement

- Engage third sector/external agencies to provide alternative therapies to support mental health e.g. mindfulness, meditation, yoga, group therapies, Samaritans, Chaplaincy services
- Explore and engage with third sector partnerships to provide alternative support for health and wellbeing in addition to ther-a-pets.
- Encourage multi-disciplinary/third sector service provision to support health and care needs

Listeners/buddies

- Increase capacity by training more mentors/listeners
- Promote chaplaincy services and increase capacity
- Increase the capacity for the provision of listening services & peer mentoring
- Introduce peer mentor/buddies to be allocated to new inmates in their first week to guide them through daily routines/practices.

Substance use

- Ensure equity of access to substance misuse services to all prisoners, including those on remand
- Promote support in drug rehabilitation/reduction to all, and not only those with a drug related offence

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- Provide substance misuse programmes with increased emphasis of substance use reduction and emphasise the reduction of opiate replacement therapies, including methadone reduction, for all prisoners regardless of sentence.
- Provide behaviour change and coping strategies to support all prisoners to reduce substance use relapse
- Regular review of medications, reduction plans and replacement therapies.

Drug free wing

- Provide drug free wing/hall to support substance use cessation – reduce exposure to methadone/psychoactive substances

Repeat offending

- Behaviour change and coping strategies to be available to all prisoners, including remand, to reduce repeat offending
- Increase access to programmes aiming to change [repeat] offending behaviours, and teach/support coping strategies, with no restriction based on sentence length in order to reduce re-offending
- Raise awareness of education opportunities – life skills, job opportunities, coping strategies, behaviour change, nutrition, personal health care

Supporting liberation

- Reintroduce Throughcare support for prisoners/or similar support system
- Develop person-centred release plans – jointly developed, identifying all needs, multi-agency engagement e.g. substance misuse services, mental health services, pharmacy, GP, housing, social services.
- Provide pre-liberation support to reduce anxieties/fears of returning to community, tailored support
- Provide appropriate training qualifications to facilitate employment on release
- Increase number of employment places and variation for prisoners pre-release

Prisoner support

- Improve prisoner contact to distant families e.g. video linking.
- Review mattresses to improve prisoner sleep.

Occupational and Social Support

- Increase capacity/resources of occupational therapist (OT) services to ensure the identification of prisoners needs to support age related immobility
- Increase specialist service provision e.g. OT and physiotherapy to decrease medication prescribing, ensure the provision of medical/disability equipment
- Increase OT services – future provision of services to be reviewed with increasing older prison population

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- Ensure there is adequate social services support for prisoners who are ageing, Living with pain, and have alcohol related brain damage
- Ensure resources are available to support age related health/care needs e.g. dementia, mobility

Staff

- Increase in staffing to reduce disruption of routines, SPS/NHS
- Ensure all redeployed staff (from other prisons) complete induction so they are knowledgeable of practices/routines at HMPG.
- Ensure staff make prisoners aware of changing routines that will impact on prisoners' access to usual activities.
- Ensure staff have adequate support from managers
- Ensure staff supervision includes the identification of CPD
- Consideration of joint learning and knowledge exchange opportunities between NHS and SPS staff

Staff training

- Ensure equitable training opportunities for all staff NHS & SPS
- Review staff training provision – e.g. aging population care needs, psychoactive substances, dementia & personality disorders - to meet the needs of the prison population
- Raise awareness of adverse childhood experiences & review trauma care approach training (NHS & SPS staff)
- Implement staff training programme in communication and listening skills to support prisoner health and wellbeing.
- Increase personal officer engagement – communication skills
- Increase the awareness of available healthcare services among SPS staff to increase their promotion of services to prisoners
- Provide NHS staff training in how to support prisoners with acute anxiety, distress, suicidal thoughts, excessive use of alcohol and delivering alcohol brief interventions
- Provide SPS staff training in how to support prisoners with learning disabilities, mental health conditions and drug addiction, blood born viruses and how to reduce inequalities

Section 1: Introduction

Background

The latest set of prison population projections suggest that the daily prison population in Scotland will increase from an annual average of 8,300 in 2012-13 to 9,500 by 2020-21 (Scot. Gov. 2020).

The physical health of the prison population is much poorer compared to the general population (Graham, 2007; House of Commons, 2018). This has variably been attributed to lifestyle and behavioural factors such as substance misuse, smoking and poor nutrition which are common in the prison population (Graham, 2007; House of Commons, 2018). For many people detained in prison, their poor health status arises from, and/or has been exacerbated by, early childhood experiences (ACEs) (abuse, neglect and trauma) and many of the women in prison have experienced domestic violence and emotional, physical or sexual abuse during childhood (Graham, 2007; House of Commons, 2018).

Mental health problems, such as anxiety, depression, psychotic and personality disorders, are much higher among the prison population. As are learning disabilities, autism, ADHD and acquired brain injuries and are often undiagnosed prior to entering prison. Levels of educational attainment are low and unemployment is high (Graham, 2007; House of Commons, 2018).

The ageing prison population reflects shifts towards longer custodial sentences and an increase in the use of imprisonment for sex offences, including historic sex offences. As well as an ageing of the general population this is associated with increasing demand for social care, although social care needs are not limited to older prisoners (House of Commons, 2018). Homelessness is common and problems with housing and employment are common among the prison population. Almost a quarter of people in homelessness accommodation are former prisoners or ex-offenders (House of Commons, 2018).

Traditionally health care services in Scottish prisons were provided by the Scottish Prisons Service (SPS). On 1st November 2011 responsibility for the provision of health care to prisoners was transferred from the SPS to the National Health Service (NHS). The aim of the transfer was to ensure that prisoners received the same standard of care and range of services as offered to the general population according to need (Scot. Gov. 2008).

Her Majesty's Inspectorate of Prisons in Scotland (HMIPS) Standard 9 Health and Wellbeing states that the prison takes all reasonable steps to ensure the health and wellbeing of all prisoners throughout their stay in prison. It specifically mentions that those with mental health conditions, those dependent on drugs and/or alcohol should receive treatment equitable to that available in the community. In February 2019 the HMIPS inspection reported an overall poor performance for HMP Grampian and highlighted the following areas for focus: Substance use, mental health and Healthcare service delivery.

The first Scottish Prisons Health Care Needs assessment (HNA) was carried out in 2007 (Graham. L. 2007) and the author identified a number of areas where there was a need to provide prisoner health and wellbeing support including, alcohol and drugs, mental and dental health, and literacy and numeracy. Evidence presented in the most recent literature review would suggest that the health and wellbeing needs of prisoners have not significantly changed in the last 10 years (Flanigan. C. 2019).

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Aim

NHS Grampian undertook a health and wellbeing needs assessment (HNA) to 'provide a systematic baseline assessment of the health and wellbeing needs of prisoners in HMP Grampian to identify gaps in the current service provision to inform future service planning and development.

Objectives:

- To describe the health and well-being of prisoners in HMP Grampian
- To outline the health care services currently provided in HMP Grampian
- To explore key informants views of the health care needs of prisoners in HMP Grampian
- To identify gaps in health and wellbeing services provided in HMP Grampian
- To make recommendations for future service planning and development

Methods

The HNA was produced by collating qualitative and quantitative data collected from a number of sources including;

- Review of the health and wellbeing of prisoners in Scottish prisons
- People who are living in HMP Grampian
- Staff who work in HMP Grampian
- Clinical data sources

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Section 2: HMP Grampian Demographics

HMP Grampian Profile

HMP Grampian is the only prison in the North East of Scotland and is the first purpose built community facing prison to accommodate all offenders from the north of Scotland (Appendix 1: Full HMP Grampian Overview Report). Opening in 2014, it is a modern spacious facility and includes a full range of custodial facilities, including kitchens, laundries, educational spaces, recreational resources, visitor areas, administration sections and security zones.

The prison holds all types of offenders, those awaiting trial and convicted, ranging from those serving several weeks' imprisonment, to those who are sentenced to life in prison. The current maximum design capacity is 474 and consists of four residential housing blocks; Ellon Hall houses male offenders, Banff Hall houses female offenders and includes mother and baby cells, Dyce Hall is the segregation and reintegration unit, one for men and one for women, the fourth block Cruden Hall was to house male young offenders but remains empty.

HMP Grampian is staffed by a mix of SPS and NHS staff (health care team) and has a relatively high turnover of staff.

Prisoners when being admitted to HMP Grampian receive a health assessment by one of the NHS health care team nurses which includes five sections; communication, mobility and support needs, existing health and social care arrangements, social lifestyle (including alcohol and drugs), mental health assessment and screening history and will be referred at this point to any specialist services needed. Prisoners at HMP Grampian are provided with an information leaflet at admissions that list the health care services available and how they can access them through completing a nurse referral form.

There are a number of health services available including; mental health, substance use, dental, BBV, sexual health, respiratory, OT, and visiting specialists such as; clinical psychologist, Neuropsychologist, Learning Disability psychologist etc. HMP Grampian has the only permanent prison based Occupational Therapist delivering occupational therapy to support health, wellbeing and desistence. (Appendix 1: Admissions).

Prisoner Self-care Health Support

NHS Grampian Healthpoint is situated within the HMP Grampian Library where staff work proactively to support prisoners to self-care and offer health information on a number of health topics. From January 2019 – February 2020 the highest number of health topic requests were from women on weight management, and male prisoners requested information on mental health and smoking cessation. Checking prisoner's weight, providing health information verbally or with leaflets were the most common methods due to the lack of privacy within the library for emotional or in-depth discussion.

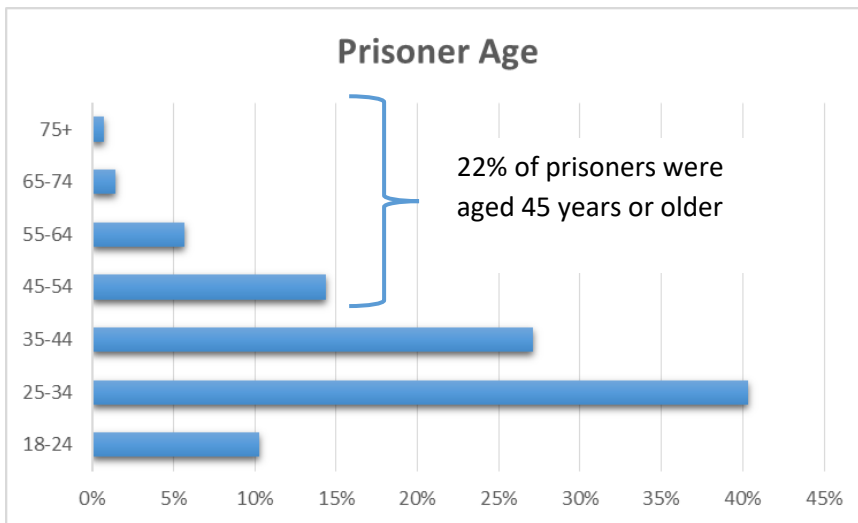
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Prisoner Profile

The average monthly number of prisoners in HMP Grampian is circa 450, this will be made up of approximately 400 men and 50 women. The population is not however “static” for example, prisoners are liberated and different individuals return or are transferred therefore the total number of prisoners in each category will never match the average population, as they accumulate over the month (Appendix 1).

Prisoner demographics for January 2020 shows that almost half of the prisoners (40%) are aged between 25-34 years, 27% are aged between 35-44 years and (22%) are aged over 45 years old.

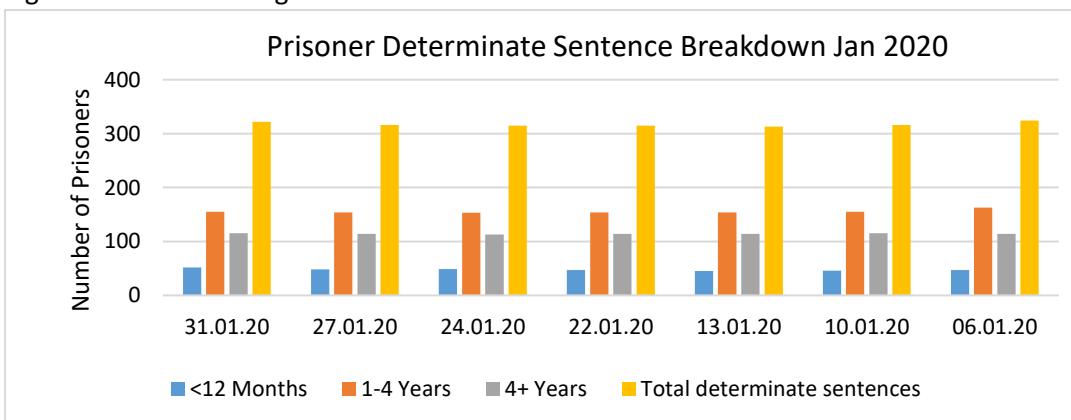
Figure 1: HMP Grampian Prisoner Age Groups



Taking into consideration that people in prison have a health status comparable with that of people who are 10 years older in community, the literature recommends defining older as 50 years. The majority of prisoners (72%) reported their ethnicity as white Scottish.

There were an average of 48 prisoners living in HMP Grampian with a sentence of less than 12 months, 155 with a sentence of 1-4 years, 114 with a sentence of over 4 years, this information was not available by sex (Figure 2).

Figure 2: Sentence Length

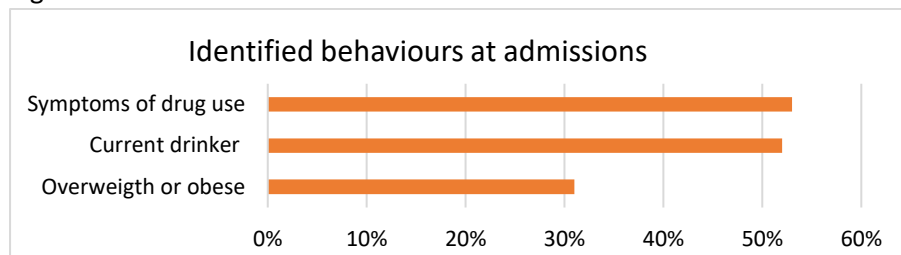


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Prisoner Health

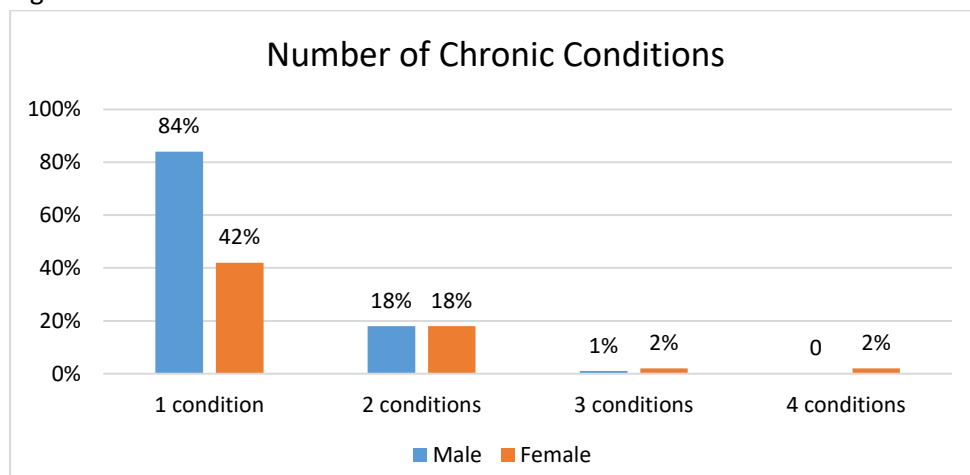
Of the January admissions to HMP Grampian over 50% of prisoners presented with symptoms of substance use, identified themselves as current drinkers and over 30% were either overweight or obese (Figure 3) (Appendix 1). These lifestyle behaviours, substance misuse, smoking and poor nutrition are common in the prison population.

Figure 3: Identified behaviours at admissions



Data obtained directly from Clinical Audit within Vision, which lists active patients registered at HMP Grampian with a chronic disease diagnosis, recorded 138 prisoners with one or more chronic condition (Appendix 1). That equates to approximately 35% of the prison population (estimated at 450). The number of conditions increased with prisoner's age and more male prisoner's had one chronic condition compared to women, but women prisoners were more likely to have multiple chronic conditions (Figure 4).

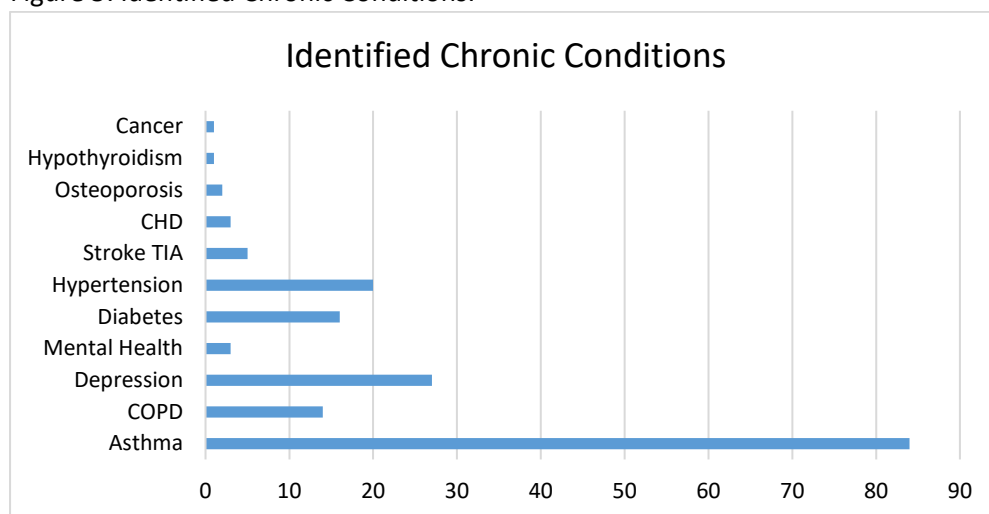
Figure 4: Number of chronic conditions



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Asthma was identified as the most common chronic condition, followed by depression and hypertension (Figure 5).

Figure 5: Identified Chronic Conditions.



Section 3: HMP Grampian Health & Wellbeing Needs

Prisoner Identified Health & Wellbeing Needs

To identify the health and wellbeing needs of prisoners in HMP Grampian it was important to explore the views of both the staff and those who are living in the prison. A survey sample of 101 prisoners (Appendix 2: HMP Grampian Prisoner Survey Report) and four focus groups (Appendix 3: Prisoner Focus Group Report) were carried out with male and female prisoners of varying sentences, to capture any variations in identified health and wellbeing needs. In addition, thirty three HMP Grampian staff completed a survey (Appendix 4: HMP Grampian Staff Survey) and two focus groups and three interviews were carried out with a mix of SPS and NHS staff (Appendix 5: Staff Focus Groups/Interviews). The following is a summary of the findings by topic.

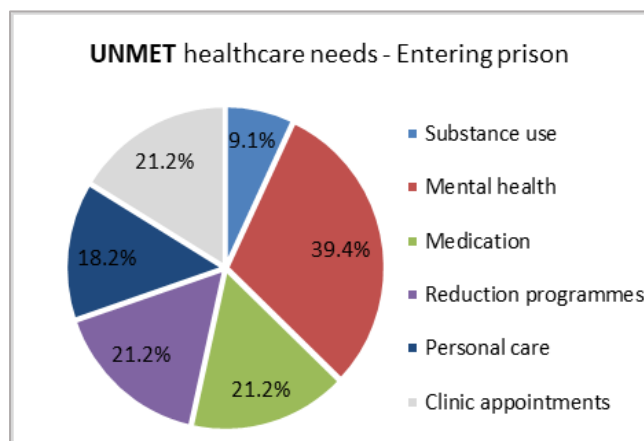
Admissions

The general opinion was that the admissions system worked well however it could be a difficult time for staff as they did not know when admissions were arriving or how many, often leaving them short staffed in other areas of the prison and delaying daily routines.

Staff identified that many prisoners had a number of unmet health and wellbeing needs when they were entering the prison.

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Figure 6: Unmet healthcare needs



The greatest needs were;

- Mental health
- Medication
- Substance use reduction programmes
- Personal care – poor health/hygiene

Prisoner were anxious and often under the influence or in withdrawal of substances on arrival. Staff would refer individuals to appropriate services.

Continuity of prescribed medications was not always possible and alternative prescriptions would be given in some instances which often upset prisoners.

Staff understood that obtaining detailed personal health information from the prisoners could be difficult. Communication of health and wellbeing needs of prisoners was identified as a gradual process, and women prisoners were more likely to share health concerns compared to men. Staff are to pilot a '7 day' health review, to ensure the accuracy of collected data.

Staff and prisoners identified that the retention of information during the admissions process was difficult. Although prisoners were each given an information booklet of the health and wellbeing services available and leaflets to support health topics, staff and prisoners reported that this method was not ideal due to low literacy levels. Prisoners and staff spoke of buddies, prisoners trained to support new arrivals to the prison.

Adverse Childhood Experiences (ACEs)

A high number of prisoners reported to have experienced adverse childhood experiences (Figure 7). Male prisoners reported that they had experienced;

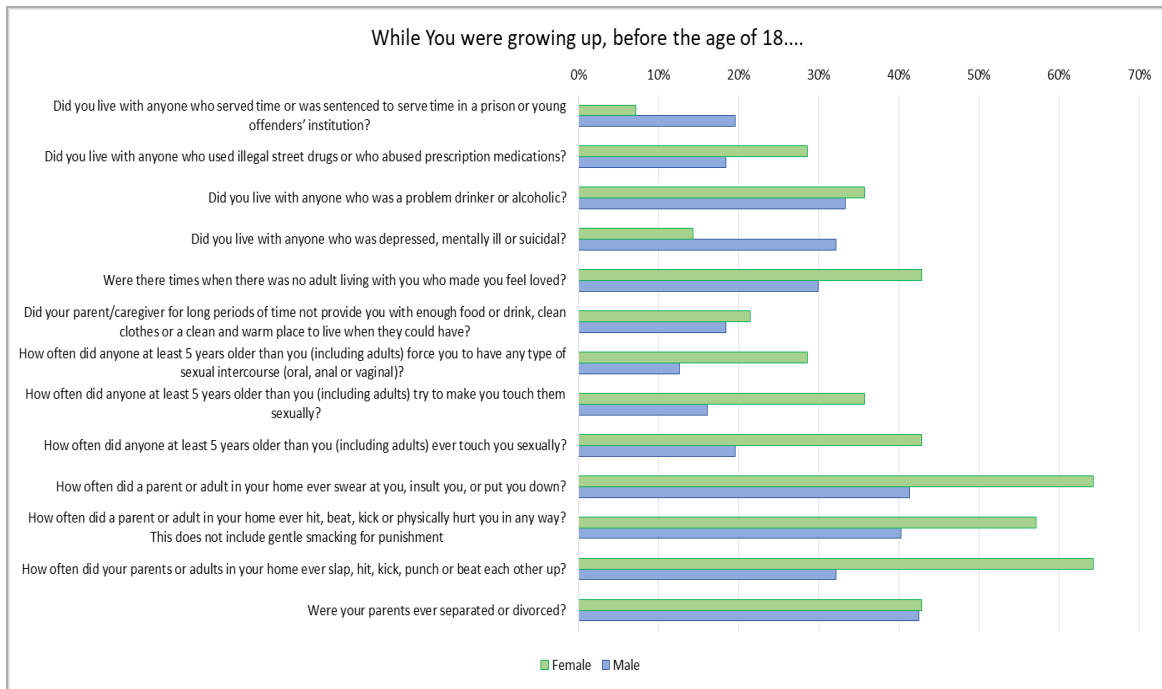
- living with someone who had served time or had been sentenced to serve time in prison
- living with someone who was depressed, mentally ill

Women prisoners reported a high rate of experiencing;

- Mental abuse
- Emotional abuse
- Physical abuse
- Sexual abuse

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Figure 7: Reported Adverse childhood experiences

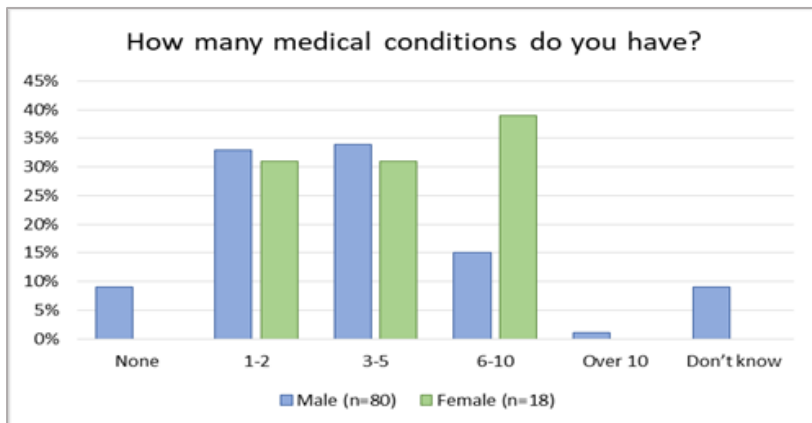


Living in Prison

Medical Conditions

A large proportion of prisoners reported that they had one or multiple medical conditions.

Figure 8: Number of self-reported medical conditions



35% of women reporting six or more.

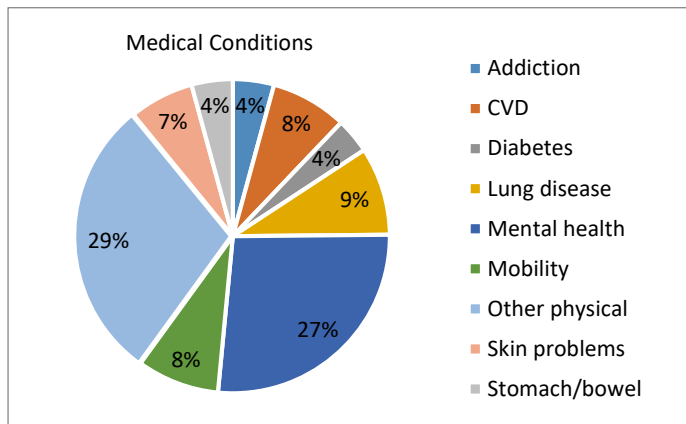
Less than 10% of prisoners reported to have no medical conditions

Approximately 60% of both men and women reported between one and five medical conditions.

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Overall the most reported health conditions were related to poor mental health.

Figure 9: Self-reported medical conditions



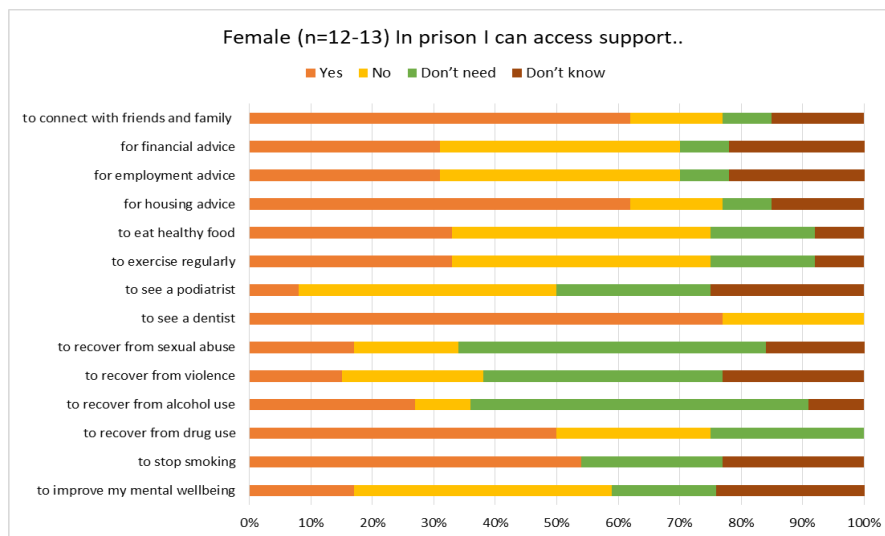
Other physical conditions were linked to reduced mobility:

- Arthritis
- Obesity,
- Peripheral nerve damage/neuropathy,
- Knee replacements
- Chronic back pain.

Accessing Health Care Support

Prisoners reported that they found accessing health care services whilst in HMP Grampian harder than on the outside and not all prisoners thought that their needs were being met. Overall there appeared to be limited access to, or awareness of, some support services within the prison.

Figure 10: Female reported access to support

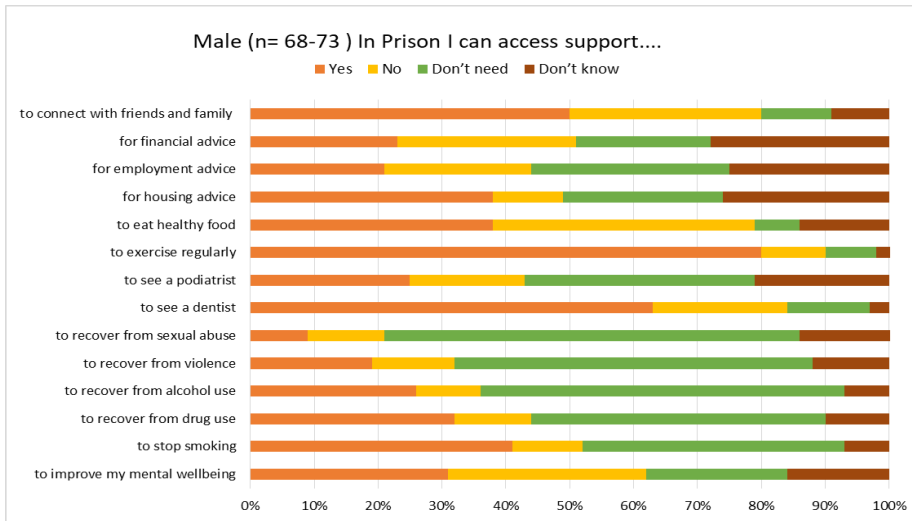


Female prisoners indicated that they had limited access to, or were not aware of, support to recover from:

- Mental health
- Violence
- Podiatrist
- Exercise
- Healthy food
- Employment advice
- Financial advice

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Figure 11: Male reported access to support



Male prisoners indicated that they had limited access to, or were not aware of, support to recover from:

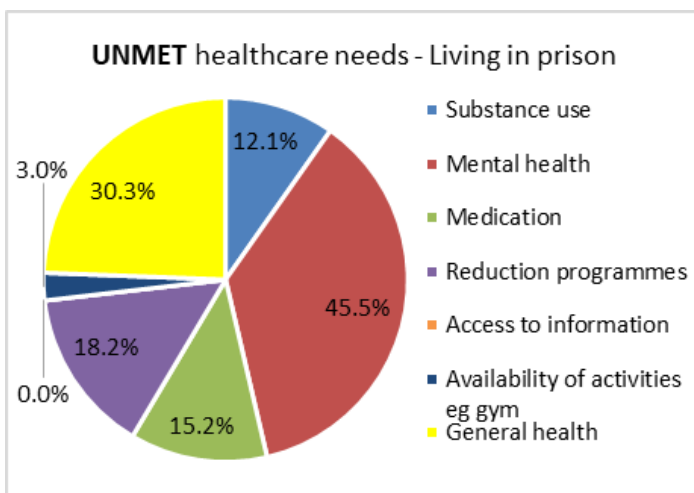
- Mental health
- Healthy food
- Employment advice
- Connect with family
- Financial advice

Access to and support from both dental and smoking cessation services was seen as good. There were however differences with regards to accessing activities associated with wellbeing for example physical activity. Male prisoners reported exercising regularly whereas women reported not having good access or support to exercise regularly.

Health and Wellbeing Needs

Staff reported that they thought the healthcare needs and the unmet needs of those living in HMP Grampian stayed relatively the same as identified at admissions.

Figure 12: Prisoners Unmet healthcare needs



Poor mental health due to lack of support services.

General health included poor personal care, nutrition, and unhealthy weight due to lack of resources to support behaviour change to healthy practices.

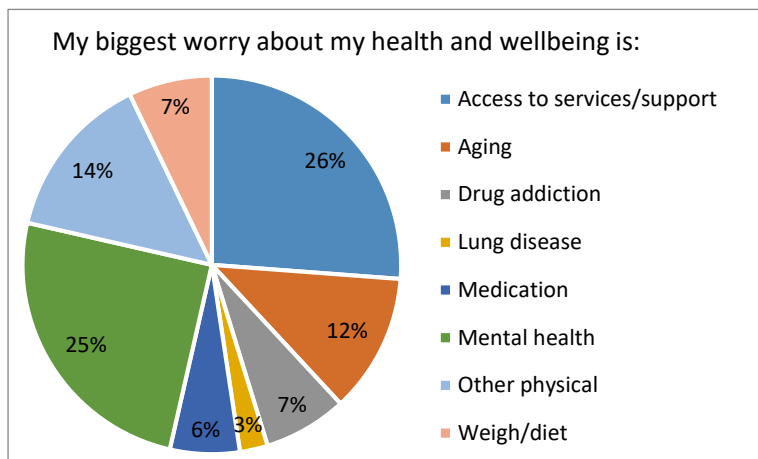
Lack of reduction in substance misuse/methadone due to lack of services and support.

Ongoing issues with prescribed medications.

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Prisoners were asked what their biggest worry was about their health and wellbeing whilst they were in prison and what they thought would most improve their health and wellbeing. The results matched closely to the topics identified by staff.

Figure 13: Prisoner’s biggest worry about their health



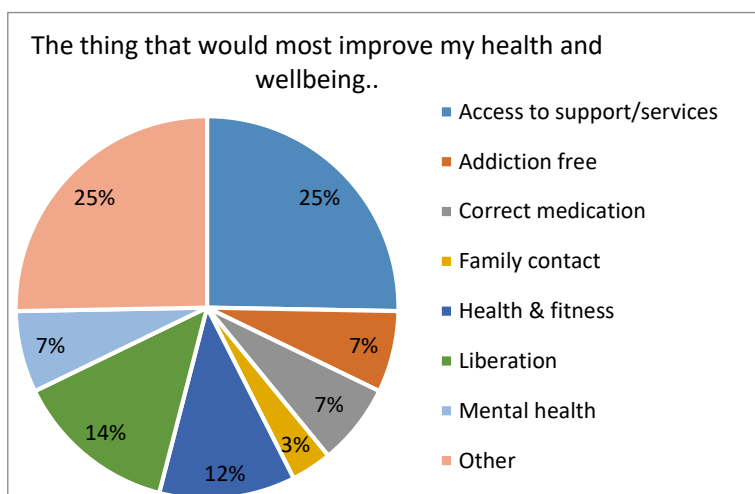
Overall access to services and support and mental health were prisoner’s greatest concerns.

Prisoners were concerned about drug addiction.

How their diet or weight would affect their health.

Prisoners expressed concern regarding growing old/aging or dying in prison.

Figure 14: What would improve prisoner health



Greater access to support and services was identified as what would most improve:

Mental health and to be substance use/addiction free.

Other responses included; being listened too, not being judged, having someone to talk to, being able to forget past, getting some respect.

Health & fitness; losing weight, healthier food, and more exercise, better sleep.

Mental Health

Overall the mental wellbeing of prisoners was reported as the greatest concern by both prisoners and staff. Concerns raised by both staff and prisoners included non-eligibility, for example remand prisoners have limited access, or availability, due to limited resources, of mental health support services within the prison. Responses to questions measuring mental wellbeing indicated that prisoners could be experiencing high levels of stress and isolation whilst living in HMP Grampian.

Prisoners identified that having the opportunity to talk to someone, or being listened too without being judged would improve their health and wellbeing. All prisoners reported having good access to

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friends/family as a positive influence on mental health. Overall prisoners thought that getting better access to mental health support/services would improve their health and wellbeing most.

Figure 15: Measure of mental wellbeing - Male

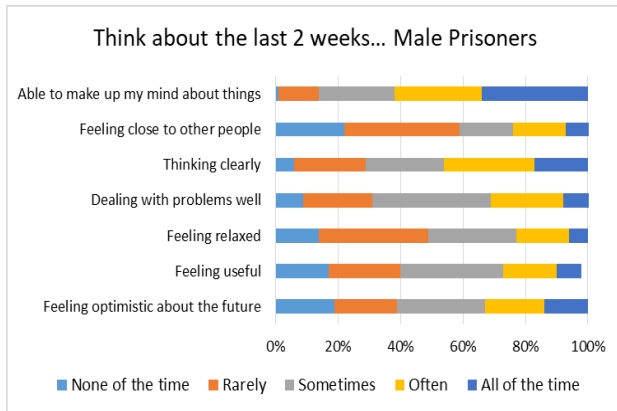
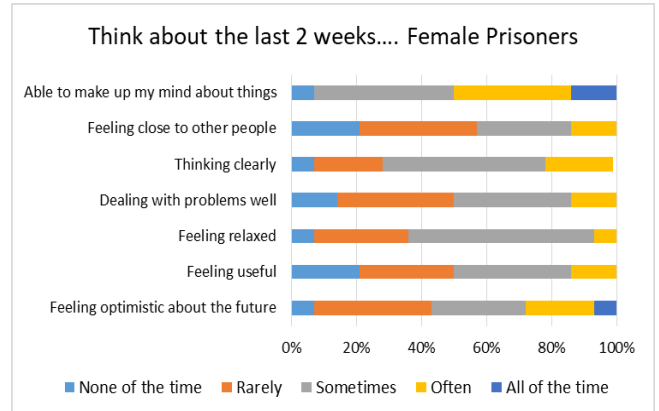


Figure 16: Measure of mental wellbeing - Female

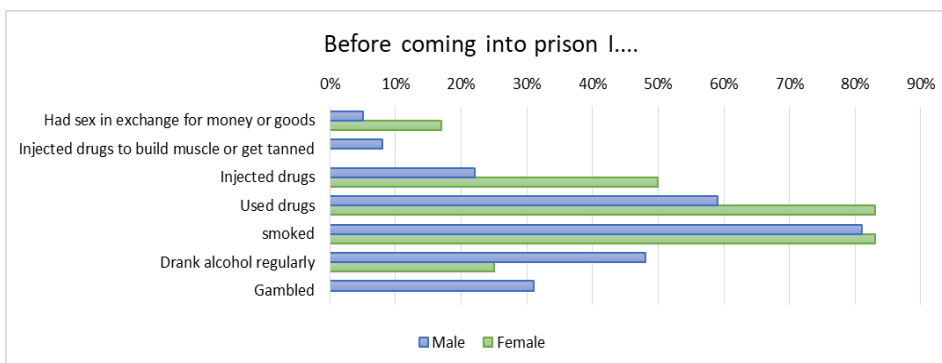


Staff all agreed that their role within the prison included prisoners’ health and wellbeing and described trying to make the prison as supportive and as nurturing an environment as possible however due to demand there were long waiting lists to access services such as the Chaplain listening service. Staff did not feel that there was adequate resources to support prisoners’ mental health.

Behaviour Change

Overall staff thought that the main barriers to the health and wellbeing of people who live in HMP Grampian were a lack of resources to support unhealthy lifestyle behaviour changes. Before coming into prison, a large proportion of prisoners were either using or injecting drugs, smoking, drinking alcohol regularly or high risk sexual behaviour.

Figure 17: Lifestyle behaviours



Staff and prisoners spoke of pathway programmes to support behaviour change that were only available to long term prisoners. Repeat offending short term prisoners or those on remand have no access to behaviour change programmes to support them to change their offending behaviours. Staff and prisoners did not feel that there was adequate resources to support or promotion for prisoners’ to reduce their substance or methadone use. Therefore prisoners were unable to develop coping strategies when released to prevent future substance use or reoffending behaviours.

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Substance Use

Staff spoke of the changes in the population including an increase in psychoactive substance use within the prison. Staff suggested that prisoners should be trying to reduce their methadone intake whilst in prison, and that the prison should support prisoners to become completely drug free. Staff thought that if prisoners knew there was a rehab unit, it may be the push that they needed, and that some prisoners had expressed a wish for a ‘drug free’ environment within the prison.

Staff suggested that there could be a separate rehab wing or mini community integration unit in the prison for prisoners which would support methadone reduction, coping strategies and life skills to reduce offending behaviours.

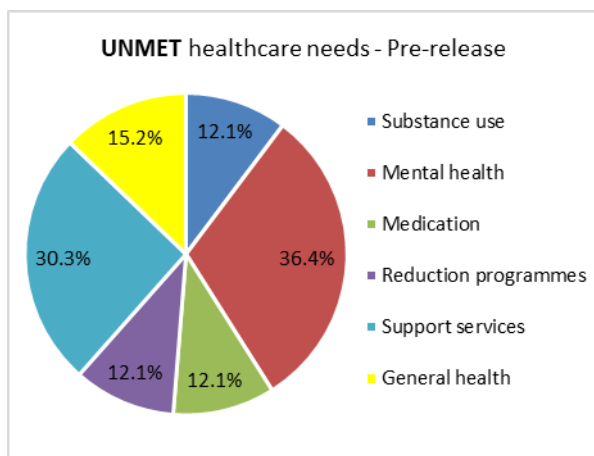
Ageing Population

Staff spoke of the changes in the population including an increase in older prisoners resulting in additional support needs from social work and occupational health. It was suggested that as the prison was new, it may see an increase in ‘older’ prisoners being transferred there and that additional resources such as occupational therapies and social services to support their needs.

Pre-Release

Prisoners greatest healthcare need, which was seen as being unmet, pre-release was identified by staff as having the relevant support services organised in the community prior to release, supporting the prisoner to make the transition back into the community as stress free as possible.

Figure 18: Unmet healthcare needs – Pre-release



Staff felt that the loss of the ‘throughcare’ support scheme was a backwards step in the progress made in reducing prisoners reoffending.

A support plan should include;

- Accommodation
- Local information and services
- Multi-agency support
- Continuation of substance use services
- Health treatment/management plan

Male and female prisoners indicated the need for support from these services on release as they reported that they had an increased intention to access support with drug or alcohol recovery, and mental health services when they were released from prison.

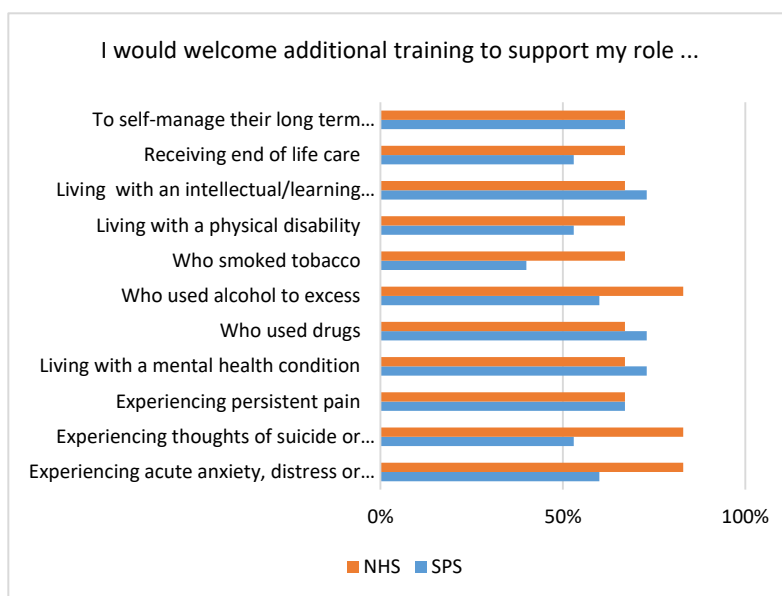
Staff reported that ensuring prisoner employment, through the attainment of qualifications on release, was seen as beneficial to health and wellbeing and should include methadone reduction.

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Staff Training

Staff received training on a range of topics and brought experience and skills from previous roles but did express a need for additional training opportunities. NHS staff identified all areas as of interest for further training with the highest interest in; anxiety and distress, suicide, self-harm and excessive alcohol. SPS staff also identified interest in all training topics, with highest interest in mental health, substance use and learning difficulties.

Figure 19: Additional training to support staff role



Staff indicated interest in a range of topics they would be interested to learn more about NHS staff showed most interest in;

- alcohol brief interventions
- alcohol and drugs recovery
- impact of trauma on health
- blood born viruses
- inequalities

In addition, staff indicated that they would welcome joint learning and knowledge exchange opportunities between NHS and SPS.

Resources

Overall both staff and prisoners thought that the main barriers to the health and wellbeing of people who live in HMP Grampian were inadequate resources, namely a lack of both SPS and NHS staff and inadequate provision of and access to support services.

Section 4: Conclusions & Recommendations

Strengths & Limitations

Before presenting conclusions and recommendations it is important to acknowledge the limitations of the data presented. The HNA was carried out over a short time period to provide a baseline assessment of the health needs of the prison population in HMP Grampian. As such a pragmatic approach was adopted, the health needs of the prison population are described using self-reported data from small sample sizes from both staff and prisoners. There was limited quantitative health and wellbeing data available for admissions and limited medical conditions data available from Vision, the latter being a 'snap shot' in time (January 2020) of the health of prisoners. Therefore the completeness and accuracy of the data collected are not known. The difficulties we experienced in

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obtaining robust local data to inform this HNA are not unique and have been widely described in HNAs in the prison population. Moving forward consideration must be given to systematic routine collection of data on the health and wellbeing needs of the prison population.

Attempts were made to map services (there are a large number of service providers (SPS, NHS, local authority, commissioned services and third sector organisations) which operate in HMP Grampian however a directory of all the services was not available. Service mapping therefore relied upon information collected through interviews with prison staff therefore there may then be gaps in mapping.

The needs assessment sought the views and opinions of key informants which included a range of people who work in the prison and from prisoners themselves. Interviews and focus groups were carried out with a range of people who work in the prison to obtain breadth of perspectives. However due to short time scales it was only possible to interview some key informants. Participants in prisoner focus groups were selected by custodial staff based largely on convenience. This group are unlikely to be representative of the prison population in general. Although the number of focus groups and interviews with prisoners was small, analyses indicated that data saturation had occurred with common themes consistently emerging.

Recommendations

Admission process

- Review process for notification of intended admissions (time & number) so staff can prepare e.g. facilitate advanced medication preparation, ensure staff to cover
- Ensure that prisoners have the correct medication/any changes are explained
- Plan continuity of care from community into the prison e.g. mental health support, substance misuse services and prescribed medication to be continued

Prison services

- Information at admissions to be given verbally (for prisoners with poor literacy) in addition to written, and to be repeated at regular intervals in first week of arrival.
- Consideration to low literacy levels among some prisoners by exploring alternative methods of raising awareness/communicating information to prisoners
- Prisoner involvement in 'developing' communication methods and resources

Health Review

- Pilot implementation of the '7 day health review' for prisoners - ensure clear monitoring/ clear outline of evaluation process to inform best practice
- Identify prisoner needs and refer to appropriate specialist services e.g. mental health, substance misuse services, occupational therapy
- Identify vulnerable prisoners (ACEs questionnaire)
- Increase support for prisoners who have identified ACEs
- Review practices of restraint/searches with prisoners of known/suspected ACEs/physical/sexual abuse

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- Focus on recovery services (sexual and physical abuse) for women prisoners
- Review practices of restraint and search of all prisoners, not only for those who have disclosed past experiences of sexual/physical abuse

Mental health

- Increase provision of assessment and access to mental health support services for all prisoners, including remand prisoners
- Increase support services for poor mental health developed within prison e.g. anxiety, depression
- Reduce waiting times, confirm requested appointment and inform individuals of waiting times

Self-help provision

- Raise awareness of activities that are available and promote self-support of mental health e.g. physical activity, yoga, library services, mindfulness, meditation.
- Signpost and promote self-supporting, alternative therapies such as mindfulness, yoga & physical activity, library healthpoint services
- Expand healthpoint staff knowledge/skills to support prisoners to self-help,
- Provide 'confidential' area in library to support discussions about self-help
- Provide information leaflets to support health promotion/self help
- Provide equitable access to education and support services e.g., time tabling.
- Provide equitable access to physical activity opportunities

Third party engagement

- Engage third sector/external agencies to provide alternative therapies to support mental health e.g. mindfulness, meditation, yoga, group therapies, Samaritans, Chaplaincy services
- Explore and engage with third sector partnerships to provide alternative support for health and wellbeing in addition to thera-pets.
- Encourage multi-disciplinary/third sector service provision to support health and care needs

Listeners/buddies

- Increase capacity by training more mentors/listeners
- Promote chaplaincy services and increase capacity
- Increase the capacity for the provision of listening services & peer mentoring
- Introduce peer mentor/buddies to be allocated to new inmates in their first week to guide them through daily routines/practices.

Substance use

- Ensure equity of access to substance misuse services to all prisoners, including those on remand
- Promote support in drug rehabilitation/reduction to all, and not only those with a drug related offence

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- Provide substance misuse programmes with increased emphasis of substance use reduction and emphasise the reduction of opiate replacement therapies, including methadone reduction, for all prisoners regardless of sentence.
- Provide behaviour change and coping strategies to support all prisoners to reduce substance use relapse
- Regular review of medications, reduction plans and replacement therapies.

Drug free wing

- Provide drug free wing/hall to support substance use cessation – reduce exposure to methadone/psychoactive substances

Repeat offending

- Behaviour change and coping strategies to be available to all prisoners, including remand, to reduce repeat offending
- Increase access to programmes aiming to change [repeat] offending behaviours, and teach/support coping strategies, with no restriction based on sentence length in order to reduce re-offending
- Raise awareness of education opportunities – life skills, job opportunities, coping strategies, behaviour change, nutrition, personal health care

Supporting liberation

- Reintroduce Throughcare support for prisoners/or similar support system
- Develop person-centred release plans – jointly developed, identifying all needs, multi-agency engagement e.g. substance misuse services, mental health services, pharmacy, GP, housing, social services.
- Provide pre-liberation support to reduce anxieties/fears of returning to community, tailored support
- Provide appropriate training qualifications to facilitate employment on release
- Increase number of employment places and variation for prisoners pre-release

Prisoner support

- Improve prisoner contact to distant families e.g. video linking.
- Review mattresses to improve prisoner sleep.

Occupational and Social Support

- Increase capacity/resources of occupational therapist (OT) services to ensure the identification of prisoners needs to support age related immobility
- Increase specialist service provision e.g. OT and physiotherapy to decrease medication prescribing, ensure the provision of medical/disability equipment
- Increase OT services – future provision of services to be reviewed with increasing older prison population

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- Ensure there is adequate social services support for prisoners who are ageing, Living with pain, and have alcohol related brain damage
- Ensure resources are available to support age related health/care needs e.g. dementia, mobility

Staff

- Increase in staffing to reduce disruption of routines, SPS/NHS
- Ensure all redeployed staff (from other prisons) complete induction so they are knowledgeable of practices/routines at HMPG.
- Ensure staff make prisoners aware of changing routines that will impact on prisoners' access to usual activities.
- Ensure staff have adequate support from managers
- Ensure staff supervision includes the identification of CPD
- Consideration of joint learning and knowledge exchange opportunities between NHS and SPS staff

Staff training

- Ensure equitable training opportunities for all staff NHS & SPS
- Review staff training provision – e.g. aging population care needs, psychoactive substances, dementia & personality disorders - to meet the needs of the prison population
- Raise awareness of adverse childhood experiences & review trauma care approach training (NHS & SPS staff)
- Implement staff training programme in communication and listening skills to support prisoner health and wellbeing.
- Increase personal officer engagement – communication skills
- Increase the awareness of available healthcare services among SPS staff to increase their promotion of services to prisoners
- Provide NHS staff training in how to support prisoners with acute anxiety, distress, suicidal thoughts, excessive use of alcohol and delivering alcohol brief interventions
- Provide SPS staff training in how to support prisoners with learning disabilities, mental health conditions and drug addiction, blood born viruses and how to reduce inequalities