# Report of the Inspector of Mental Health Services 2009

# Mental Health Services in the Prison Service

| | |
|---|---|
| **SERVICE** | Forensic Psychiatric Service |
| **PRISON INSPECTED** | Cloverhill Remand Prison |
| **NUMBER OF PRISON INMATES** | 431 |
| **UNIT INSPECTED** | D2 |
| **NUMBER OF PLACES** | 30 |
| **DATE OF INSPECTION** | 1 April 2009 |

## Description of service

Cloverhill Remand Prison was situated in Clondalkin, Dublin and was the central remand prison for prisoners remanded from the majority of courts nationwide. It was a busy prison with a high turnover of prisoners: in 2008 there were 3,685 committals to Cloverhill and on the day of inspection there were 486 prisoners in the prison.

The literature on the mental health of remand prisoners reveals a high level of psychiatric illness, with cross-sectional rates of psychotic illness of 7.6% in new male remand prisoners. Many of these prisoners were charged with minor offences. Despite this, the service reported that in many instances these prisoners were remanded for a considerable period of time, as the judiciary has previously described difficulty in identifying mental illness and treatment options in court settings.

In response to the high rates of psychiatric illness among remand prisoners, the forensic mental health service established a Prison In-reach and Court Liaison Service (PICLS) to deliver a more comprehensive mental health service to such prisoners. This service commenced in Cloverhill Prison in 2006.

Although the mental health service was administered in prison and court settings, the PICLS staff was employed by the HSE.

## Staffing

The mental health team comprises one full-time consultant psychiatrist, two psychiatric registrars and three forensic psychiatric nurses. A consultant in addiction attends the prison regularly. The service has no dedicated social worker or psychologist. The Inspectorate was informed that the Prison Psychological Service had withdrawn from Cloverhill Prison. Addiction counselors facilitated groups for prisoners with addiction problems.

The psychiatric in-reach team attends the prison daily and sees referrals from a wide range of sources, including the medical team, prison officers, the Governor and chaplain. The team also sees self-referrals.

## Assessment of prisoners

All prisoners were assessed on committal to the prison by the nursing staff of the Irish Prison Service (IPS). The nursing service used a screening questionnaire to detect vulnerable prisoners. Prisoners deemed to be suffering psychiatric illness were then referred to the in-reach team and were assessed by the team as soon as practicable. The median time from referral to assessment by the PICLS team was now two days, with 80% of prisoners assessed within seven days in 2008. When prisoners were judged to be vulnerable by virtue of their mental health, they were placed in the D2 unit. In 2008, the incidence of active psychosis detected in remand prisoners to Cloverhill was 3.1%.

Since 2006, when the PICLS was established, the number of patient contacts has steadily increased from 1,125 in 2006 to 1,704 in 2008.

## Inspection

The Inspectorate team visited D2, the unit designated for vulnerable prisoners, including those with a psychiatric illness. Accommodation was in single cells but these were sometimes required to accommodate two prisoners. It also contained two seclusion cells both of which were occupied on the day of inspection. One of the prisoners who was secluded had complained of hearing voices instructing him to harm himself and as a result, the prison doctor had requested that he be placed in seclusion. The unit had some recreational facilities in the form of a television room, a room for reading and a "quiet room"; there was also a pool table. Prisoners were allowed outdoor recreation twice daily. Prisoners collected their meals on trays, which they took to their cells. They were confined to their cells for an hour during meal time.

## Team meetings

The psychiatric team met weekly to discuss each prisoner in its care. Prisoners had individual care plans, and issues such as waiting lists, inter-agency cooperation, recent transfers and discharges were also discussed. Case notes were computerised and minutes of the team meetings were kept. Individual prisoners were regularly seen at the meetings, particularly where issues such as diversion were discussed. Prisoners were required to agree to referral to their local psychiatric services, and to commit to adhering to recommendations made there.

In addition, an inter-agency meeting was held weekly attended by the probation service, Governor, chaplains and the in-reach team. Monthly inter-agency meetings were held to discuss prisoners with less serious mental health problems.

## Role of the Psychiatric In-reach and Court Liaison Service (PICLS)

One of the key functions of the in-reach team was to prepare a report on each prisoner under their care for their next remand court hearing. Each member of the team was involved in the preparation of the reports, under the supervision of the consultant. These reports were of vital importance to the courts in making their decision regarding the placement of the prisoners. One of the key initiatives of the in-reach team had been to make provision for the diversion of appropriate remand prisoners to their community mental health team (CMHT) in instances where the offence was judged to be of a minor category. This diversion of prisoners to their local CMHT resulted in the non-custodial placement of 91 prisoners in 2008. Arrangements for this depended on good working relationships with local services and continued bail conditions included attendance at out-patient clinics or admission as indicated. The practice of diverting prisoners on remand for minor offences was primarily of benefit to the prisoners but also reduced the number of vulnerable prisoners remanded to at times over-crowded prisons. It also reduced the demand for admissions to the Central Mental Hospital.

## Diversion of prisoners

As indicated above, diversion of prisoners refers to the placement of prisoners charged with a minor offence with a serious mental health problem to the appropriate mental health centre. In the case of Cloverhill prison in 2008, some 91 prisoners were diverted in this way to CMHTs, and 19 to the Central Mental Hospital. In four cases, patients were initially referred to the the Central Mental Hospital and subsequently to CMHTs. Although the PICLS team had three community psychiatric nurses, there was no follow-up by the team once a prisoner was transferred to a community team. Access to community psychiatric services was not uniform around the country: some CMHTs were not accepting referrals from local prisons.

## Forensic Psychiatry Services in other prison settings

Cloverhill Remand Prison was was the only prison that operated the PICLS system. In other prisons, for example Mountjoy, the Midlands and Limerick, a forensic psychiatrist visited weekly. There was no visiting forensic psychiatrist in Cork prison, although a psychiatrist with a sub-specialty in forensic psychiatry was appointed in Cork. Differences also arose in the case of methadone prescribing. In some prison settings, methadone was not prescribed, even though a newly committed prisoner might already be receiving methadone prior to their committal. It was reported to the Inspectorate that the decision to prescribe methadone in a particular centre was taken by the Governor of the prison.

## Conclusion

The introduction of the PICLS system in Cloverhill Remand Prison in 2006 had resulted in an increase in the detection, early treatment, and more appropriate disposition of prisoners with serious mental illness.

It provided full-time psychiatric care five days a week, with a team composed of psychiatrists and psychiatric nurses. Of particular importance had been the rate of diversion of prisoners charged with minor offences to community mental health teams.

The Inspectorate was impressed with the improvements in psychiatric care to prisoners since the introduction of the PICLS.

## Recommendations

1. The psychiatric team should have an appropriate skill mix to meet the needs of prisoners with serious mental illness. A social worker, psychologist and occupational therapist should be appointed.

2. The prison system should operate a uniform policy in relation to the prescribing of medication such as methadone.

3. Seclusion should not be used solely on the basis of a past psychiatric history.

4. The Prison Service, in conjunction with the HSE, should implement a uniform policy for the delivery of psychiatric care to prisoners.