

Mental Health Services 2010
Inspection of Mental Health Services
in Prisons

SERVICE	Forensic Psychiatric Service
PRISON INSPECTED	Mountjoy
TOTAL PRISON POPULATION:	
MALE:	629
FEMALE:	135 + 1 baby
POPULATION OF REMAND PRISONERS	None
LOCATION	Dublin
TOTAL NUMBER OF MENTAL HEALTH PLACES	N/A
DATE OF INSPECTION	6 April 2010

Details

Description of Service:

Within the complex at Mountjoy, there were four prisons: Mountjoy, The Training Unit, Dochas (the women's prison) and St. Patrick's Institution for Young Offenders. The main focus of the inspection was on the male section of Mountjoy prison and the Inspectorate did not visit the Training Centre or St. Patrick's Institution.

The mental health services were provided by medical and nursing staff. There was no multidisciplinary team although there was access to the prison psychology service. However, this did not provide a clinical psychology service. Psychiatric medical staff was funded by the Health Service Executive. There were three Chief Nursing posts in the healthcare service for the complex and one healthcare manager, who had psychiatric training. All nursing staff, with the exception of the CMHFN (Community Mental Health Forensic Nurse) and the general practitioners were funded by the Irish Prison Service (IPS). In St. Patrick's Institution, a mental health service was provided by a retired consultant psychiatrist and one senior registrar.

Pharmacists were employed to organise and dispense methadone to prisoners.

Medical staff from the Central Mental Hospital provided clinics on a sessional basis and there were five clinics per week.

The mental health service had access to two interview rooms in the healthcare facility in Mountjoy prison and two rooms in the Dochas Prison.

Addiction treatment services were provided separately from the mental health service in the prison.

Premises

CHECKPOINT	RESPONSE
Number of patients seen annually	Approx 26 new patients per month
Is the Mental Health section part of the main prison?	Yes
Is the mental health section shared with general medical facilities?	Yes
How many consulting rooms are there for service users?	Two
How many prisoners are currently attending?	100-120

Referral procedure:

Referrals come from a variety of sources: nursing staff, doctors within the general medical service of the prison, chaplains, prison officers and self-referrals.

Staffing levels

POST	NUMBER WHOLE-TIME EQUIVALENT WEEK	SESSIONS PER WEEK
Consultant psychiatrist	1	1
Nursing staff	9	Full-time
Community Psychiatric Nurse	1	5
Non Consultant Hospital Doctor (NCHD)	1	4
Occupational therapist	0	0
Psychologist	0	0
Social worker	0	0
Activities therapist	0	0

Range of services provided:

Referrals can be made by any of the above methods. Urgent referrals were seen at the nurse-led clinics or by the Community Psychiatric Nurse (CPN) and triaged for attendance at clinics; any indication of suicide risk was acted upon by the mental health team. New committals to the prison were seen within one hour of admission to the prison and reviewed by a prison general practitioner within 24hrs. The service held weekly team meetings where individual patients of the mental health service were discussed.

There were no facilities for psychotherapy by psychologists. The Samaritans operated a 'Listening Service' for prisoners.

There were some groups for prisoners but this was mainly in the context of addiction problems.

Connections with Community Services?

In 2009, the mental health service in the prison commenced the use of Section 9 of the Mental Health Act (2001) to arrange care for prisoners with major mental health needs and minor crime. Section 9 of the Mental Health Act (2001) allowed for the transfer of prisoners to the appropriate local approved centre for admission under a system of temporary release from prison. There were eight such referrals in 2009.

Following the release of prisoners with mental health needs, the Community Mental Health Nurse (CMHN) of the prison service liaised with the local psychiatric service and arranged follow-up of the ex-prisoner with the service. Links had been established in this way with local psychiatric services.

Hospitalisation Rate / Admission Waiting Lists?

The average waiting time for admission to the Central Mental Hospital was 17 days but was less for female prisoners. The Central Mental Hospital had eight dedicated female beds. In the absence of a High Support Unit, mentally unwell prisoners could be detained in safety observation cells, for prolonged periods. These observation cells were distributed throughout the prison and a high proportion of prisoners were accommodated in these cells while awaiting transfer to the Central Mental Hospital. In 2009, there were 128 episodes of detention in observation cells for health reasons.

Diagnoses (all attendees in past month)

The service did not compile records of diagnoses of prisoners seen by the mental health service in the prison.

Operational policies:

There was a comprehensive procedure for the assessment of new prisoners, which included a risk assessment for possible suicide and self-harm. On-going risk assessment for prisoners was facilitated through observations from prison officers, healthcare and other staff.

Prisoners identified as vulnerable could be segregated by the use of safety observation cells.

Quality initiatives in 2009

- A new information technology system had been introduced to enable the use of contemporaneous note-keeping by all members of the team.
- The service had begun the development of the High Support unit.
- Mental health clinics, which were nurse-led, had recently been established.
- The service was in the process of setting up a Clozapine clinic.

Planning:

The service had planned the development of a high support unit within the prison. This unit was developed for the assessment and treatment of prisoners with mental health problems and was due to open in mid 2010.

The service had also proposed to develop a nurse link with prisoners who had a dual diagnosis of addiction and mental illness.

Conclusions

The mental health service provided at Mountjoy prisons was at a stage of transition. Recent changes had seen the introduction of nurse-led mental health clinics, and the process of establishing a high support unit for vulnerable prisoners was well under-way.

The current provision of service was limited to sessional input from Non Consultant Hospital Doctors (NCHD) and a consultant psychiatrist. The service did not have a multidisciplinary clinical team and did not have access to clinical psychologists, occupational therapists or social workers. As a consequence, full treatment planning was not possible.

It was of concern to the Inspectorate that at times, the only resource available to the prison mental health service to safeguard vulnerable prisoners was to place prisoners in safety observation cells, sometimes for a period of weeks. In addition, the decision to place prisoners in the safety observation cells for the purpose of alleviating mental illness was taken by nursing staff without the necessity for medical review after four hours (as is the case for residents of approved centres, Rules Governing the Use of Seclusion, Section 69(2), Mental Health Act (2001)). The procedure for reviewing prisoners in the safety observation cells, included review after five days.

Recommendations and areas for development

1. The high support unit for vulnerable prisoners should be commissioned as soon as possible.
2. The Unit should be adequately staffed.
3. The mental health service should be resourced to provide for a full clinical multidisciplinary team.
4. A Child and Adolescent team should provide services for St. Patrick's Institution for Young Offenders.
5. A comprehensive audit of the number of prisoners awaiting transfer to the Central Mental Hospital and the duration of the waiting period should take place with regard to establishing optimal capacity at the Central Mental Hospital.
6. Staff in the mental health service should develop a system for recording the diagnoses of prisoners attending their service.
7. Prisoners should only be placed in the safety observation cells as a last resort, and appropriate human rights safeguards should be established.

Addendum:

Subsequent to the inspection and this report, the Inspectorate received correspondence from the Healthcare Division of the Irish Prison Service stating that a psychology/psychotherapy service did exist in Mount Joy Prison under the auspice of the prison health services.

It should be noted that this service operated independently of the Mental Health Service and was not part of the Mental Health Service Multi-Disciplinary Team.