SUBMISSION TO THE NATIONAL PRISON HEALTH WORKING GROUP

Preface.

This submission was prepared on behalf of the Irish College of Psychiatrists by the Faculty of Adult Psychiatry and Faculty of Forensic Psychiatry. Some input was also included from the Faculty of Psychiatry of Learning Disability.

The College welcomes the establishment of the National Prison Health Working Group and see this as an acknowledgement of the Government's recognition of inadequate services for mental health needs of prisoners. The College wishes to be of assistance in any way that we can facilitate improved quality of care and services to mentally disordered offenders and prison medical services in general.

The overall direction of the report produced by the National Prison Health Working Group is a positive one, with recommendations regarding Court Diversion of mentally disordered offenders from custody, improved services to the prison population and post release planning and aftercare planning.

However, it is with regret that we note clinicians who are based at the National Forensic Psychiatry Service at the Central Mental Hospital and provide an in reach psychiatric service to the prisons nationally are not included in the Working Group. The clinicians include both consultants and community psychiatric nurses. We believe that had these clinicians been included that this would have facilitated a broader discussion as we are dealing with the clinical problems on a day-to-day basis and have considerable expertise in the area.

Introduction:

There is no uniformed approach to meeting the mental health needs of prisoners in Ireland at present. The type of service available is strongly dependent on the location of the prison.

We would disagree with the suggestion that the mental health needs of prisoners are poorly addressed throughout the country. There is a weekly, and in some cases daily, in reach service to the main prisons in the Dublin area. For example Cloverhill has a visiting prison psychiatry service which consists of visiting consultants psychiatrists who visit the prison on Monday, Wednesday and Thursday afternoons. In addition they are also junior medical staff and community psychiatric nurses who attend this prison. Patients, who are acutely ill, have access to psychiatric care within the prison.

However, it is acknowledged that there is a lengthy waiting list at the Central Mental Hospital which means that there is an unacceptable delay in patients accessing inpatient psychiatric care. We would agreed with the observation that patients who are awaiting transfer to the Central Mental Hospital are often accommodated inappropriately sometimes in "strip cells". It was an issue that

was raised by the Committee for Prevention of Torture. As we understand it there are a number of "test" observation cells being designed. However the practice of leaving prisoners in strip cells remains widespread throughout the prison system and cannot be condoned. The current government has given an undertaking to abolish this practice.

We would strongly refute the observation that due to the "demand on these sessions" i.e. referring to sessions by visiting psychiatrist, that there tends to be an over reliance on medication. On the contrary one is not empowered either legally or clinically to compel patients to take medication whilst in prison. It is for this reason that the clinical staff are anxious to expedite transfer to the hospital.

The addition of qualified Community Psychiatric Nursing staff is a positive development and is to be encouraged. At present all the CPNs are provided by the CMH and there remain some prisons e.g. Cork which do not allow access to the CPNs from the CMH. In prisons where they do visit, CPNs are able to participate within MDT case conferences and rounds. This already takes place in Cloverhill, Mountjoy, Dóchas and Wheatfield prisons.

In relation to nurses employed by the prisons, there is no consistent policy regarding the deployment of nurses who are general trained and nurses who are trained in psychiatry. There is no consistent policy regarding the number of nurses deployed in relation to demand. We are particularly worried that certain prisons e.g. Mountjoy and Cork are staffed by Medical Orderlies who dispense medication and methadone.

In the last paragraph on the introduction there is a recommendation that provision of mental health services in prison should be 'overseen and monitored by the Mental Health Act Commission as per the provisions of the Mental Health Act 2001'. The college would be supportive of the Mental Health Commission having a role in overseeing psychiatry within the prison service. This would provide an essential safeguard.

Consultation Process:

As stated in our preface, we believe that as important stakeholders in the provision of mental health care to the prison service, we would have had a valuable contribution to make to the consultation process.

Indeed, when this became clear, the Chair of the Forensic Psychiatry Faculty made personal telephone contact with Mr. McLoughlin regarding this point.

Outcome of the Consultation Process:

The College is supportive of the outcome reached, including enhancement of primary care in prison, local general psychiatric community team involvement and the development of the regional and national forensic services. The College is also supportive of the need to develop services for the sixteen to eighteen year old group.

Developing Mental Health Services to meet the needs of Prisoners:

In this section of the report, the Working Party look at the incidents and prevalence of mental illness in the prison population. The figures quoted are almost exclusively from UK studies.

We would refer the Committee to recent extensive epidemiological research undertaken by Dr. Harry Kennedy and his team at the Central Mental Hospital. This is the most extensive prison research study undertaken in any country and has also been undertaken recently and therefore is

an up to date and valuable source of information in determining future service development in the Irish Prison Service.

Prison Population:

The Working Group have referred to research undertaken in 1996. Again we would refer them to the more up to date research epidemiological findings referred to above.

Notwithstanding this, many of the findings overlap and the recognition that there is increased morbidity in the young male population of substance misuse and other associated disorders is important to take into account in developing future services.

People with mild and borderline intellectual disability may offend and have contact with the criminal justice system. In Ireland the figures for this group are unknown. The needs of people with moderate and severe intellectual disabilities whose behaviour is considered dangerous and in need of a forensic mental health service are different from the former group. The figures for this latter group are unknown. There is an urgent need to gather data regarding people with intellectual disability who require access to forensic mental health services.

Model of Mental Health Service to meet the needs of the Prisoner Population:

The figure used to develop the proposed model of mental health services to the prison service appears to be directly replicated from the UK model of the late 1990s, which is now being revised and is considered obsolete, as it was unworkable. It appears aspirational in that community mental health teams are generally underdeveloped in Ireland and similarly Psychiatric Intensive Care Units (PICUs). Furthermore, this model is deficient in demonstrating integration between the various services that are in existence in this country.

- **Diversion:**

The Faculty of Forensic Psychiatry at the College would welcome any initiative that would speed up the development of a Court Diversion scheme. We are in agreement that prison is an extra stressor for people with mental illness. The delay in the development of a Court Diversion system, in our experience is more related to a lack of resources than unwillingness to develop such a system. It is not true to say that such a system would require legislative change as is stated in the report. However legislative change may expedite and progress the development of a Court diversion scheme.

The Faculty of Adult Psychiatry refer to the inadequate resources that already exist for dealing with the general population and the need for extra resources to be available in psychiatry in order to meet any proposed Court Diversion scheme. There is concern amongst the Adult Faculty that there has been no consultation with Adult Psychiatrists regarding Court Diversion scheme. There was also concern that local psychiatric units are not suitable and would have no custodial role when dealing with the prison population.

- **Primary Health Care in Prison.**

It is the experience of clinicians who work within the prison that at present there is a blurring of the boundaries between the primary health care service and the mental health care service. There remains a high level of inappropriate referrals for night sedation and other minor problems of a psychiatric nature from primary care to secondary care.

There appears to be limited training opportunities for clinicians who work within the primary health care system within the prison. This is an area that requires additional resources.

- **Community Mental Health Team.**

The Working Party referred to the aims of the Community Mental Health Team but do not refer to the absence of their development within existing services.

The Working Party made a recommendation that the Community Mental Health Team supporting the prison would be part of the Community Mental Health Team of the sector in which the prison exists. This recommendation or suggestion appears to have taken place in the absence of any consultation with members of the General Adult Psychiatry Services. It is not clear how this would be financed or developed.

- **Acute Admission to Hospital.**

The Faculty of Adult Psychiatry have concerns with the concept of a "Temporary Release" and that the mental health treatment needs of prisoners would be better met by hospital treatment orders that maintain the security of prisoners alongside their treatment. Local psychiatric units are not suited to and have no custodial role in dealing with the prison population.

Acute admission could only occur when there is a nationwide comprehensive network of secure provision that allows prisoners to move freely between appropriate levels of security based on clinical need, risk assessment and sentence/criminal justice issues.

- **Specialist Services of Forensic Psychiatry**

The College supports the suggestion that there should be comprehensive and well developed forensic mental health services. At present the Central Mental Hospital has entered a service level agreement with the Department of Health and Children and this is leading to a phased development of the Forensic Service to bring about increased capacity both inpatient and outpatient services.

The Working Party suggests that there needs to be a "clear agreed definition of forensic psychiatry". We would take the view that those who come within the Mental Health Act 2001 definition of Mental Disorder and require specialist therapeutic security are classified as 'forensic patients'

- **Criminal Insanity Bill.**

The College has made submissions regarding the Criminal Law Insanity Bill

- **Rehabilitation.**

It is not clear from the Working Group Report who is identified as the proposed lead in providing specialist services in rehabilitation psychiatry.

Individuals with an identified mental health need are entitled to the same mental health care as those in the community. Pre-discharge, Multi-disciplinary, Multi-agency, meetings would facilitate after care planning. The forensic services would be willing to play a lead role in developing this initiative.

- **Release and Transfer to the Local Sector Team.**

Mental illness may be involved in mitigation in the disposal of offenders but psychiatric services are not an alternative to the criminal justice system, their role is treatment of mental illness within the system.
Release and transfer depend on structures and protocols developed between local services, forensic and general adult psychiatry and also other statutory bodies e.g. probation, Gardai, social services.

Closer liaison with the Probation Service would be helpful in supervising aftercare. There is a useful role for the Probation Service in monitoring non-compliance using recall as a sanction.

(Explanatory note: If a court imposes a non-custodial sentence with a direction that the psychiatry services be involved, it is the decision of the psychiatry service to accept or reject. If a supervision order is entered into, it is the Probation Service who liases with the Criminal Justice System)

Summary:

The Faculty of Forensic Psychiatry and Faculty of Adult Psychiatry welcome the establishment of the National Prison Health Working Group. However, the recommendations reached would appear to be somewhat aspirational in that the views formed have been based on inadequate information and lack of consultation. Furthermore, there is no estimate of the cost that would be involved to resource the development of this service and how this might be met.

Irish College of Psychiatrists
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