



IPRT Preliminary Briefing on Mental Health in Prisons

Prisons should not be used to hold individuals with mental health difficulties. The prison environment places such persons at risk of developing further, or deeper, problems connected to placement in inappropriate conditions. It does not provide them with appropriate therapeutic interventions; it places them at greater risk of self-harm and suicide. It also places other prisoners, as well as prison staff, at risk of behaviours that may be caused by mental illness such as heightened levels of violence.

Prisons are not equipped to deal with mental ill-health and its consequences, and the placement of mentally-ill individuals in Irish prisons should cease.

The right to adequate health care, including mental health treatment

A lack of adequate health care in prisons has been found to contravene Article 3 of the European Convention on Human Rights (ECHR) namely the right to freedom from torture, degrading or inhuman treatment or punishment.¹ The European Prison Rules 2006 state that “Persons who are suffering from mental illness and whose state of mental health is incompatible with detention in a prison should be detained in an establishment specially designed for the purpose”. If, nevertheless, and in exceptional circumstances, such persons are placed in prison, special regulations should apply to them in prison, taking into consideration their status and needs.

Positive developments in mental health provision in prisons

The Prison In-reach and Court Liaison Service (PICLS), based in Cloverhill Prison,² was established in 2006 in response to the high rates of psychiatric illness among remand prisoners, and has recently been assessed as particularly successful in diverting individuals held on remand to non-forensic mental health settings.

Shortcomings in mental health provision for prisoners in Ireland

According to the findings of the CPT on its visits to Ireland, the standard of equivalence of healthcare – that is provision of services in prisons that are equivalent to those in the community - has still not been achieved, and the provision of physical and mental care in prisons is still inadequate.

In 2006, the CPT noted that:

- a. while detainees were medically assessed promptly on reception, poor records were kept especially in relation to any injuries existing or subsequently sustained, and existing records from community care were not transmitted promptly or at all;
- b. many prisoners were being prescribed anti-psychotic drugs without adequate supervision or follow-up assessments;
- c. there was over-reliance on pharmacological treatment, and an under-development of non-pharmacological interventions;
- d. contrary to the standards set out by the World Health Organisation, prisoners who had self-harmed, or attempted self-harm or suicide were not considered to require psychiatric assessment. Moreover, and particularly in St. Patrick’s Institution, prisoners who had attempted self-harm or suicide were rarely provided with any psychological support following the incident.³

1 Keenan v UK (2001).

2 McInerney, C. And O’Neill, C. (2008) “Prison Psychiatric Inreach and Court Liaison Services in Ireland” in *Judicial Studies Institute Journal*, 2

3 *Report to the Irish Government on the visit to Ireland carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading*

In his most recent report on the conditions in Mountjoy Prison, the Inspector of Prisons highlighted the lack of dedicated area in the prison where vulnerable prisoners – including those requiring mental health support – could be accommodated.⁴ **He also notes the fact that after assessment, the risk is not managed by the prison authorities in Mountjoy Prison. This practice places the safety of prisoners and staff in jeopardy.**

Recommendations

1. The provision of health care in prisons, including the provision of mental health services, should be integrated with the services provided by the Health Service Executive (HSE). The responsibility for the provision of healthcare in prisons should also transfer to the HSE.

2. Diversion into non-forensic mental health services

Until such time as full integration with the HSE is achieved, all prisoners requiring mental health treatment should be assessed for diversion into services outside of the prison estate. The extension of psychiatric assessment services provided in Cloverhill Prison to all prisons in Ireland would enable the widest-possible use of the practice of diversion into non-forensic mental health services.

3. Proper Maintenance of Medical Records

Detailed medical records of prisoners who require mental health support should be held in prisons, and should be automatically transferred to a new establishment (another prison or other institution) if the prisoner is transferred for whatever reason.

4. Exchange of information with community care providers and residential care providers

In cases of prisoners who have come in contact with mental health services prior to entering the prison, information regarding their mental health status should be sought immediately upon committal to prison. On release, such information should be immediately provided to mental health services in the community where follow-up is required.

5. Development of non-pharmacological interventions

The Irish Prison Service and mental health service providers in prisons should work together on the development of more non-pharmacological interventions for prisoners who are in need of support.

6. Self-harm/suicide support and assessment

The practice of post-incident support and assessment for prisoners who had attempted self-harm or who attempted to take their own life in prisons should be urgently reviewed, and appropriate support provided to all prisoners in need of such assistance.

Further information

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Treatment or Punishment (CPT) from 2 to 13 October 2006 (available at: <http://www.cpt.coe.int/documents/irl/2007-40-inf-eng.pdf>).

⁴ Office of the Inspector of Prisons (2009) *Report on an Inspection of Mountjoy Prison by the Inspector of Prisons* (available at: <http://www.inspectorofprisons.ie/en/IOP/Mountjoy%20Report%202009.pdf/Files/Mountjoy%20Report%202009.pdf>).