



**IPRT Opening Statement to the
Joint Committee on the Future of Mental Healthcare
23rd May 2018**

About IPRT

Established in 1994, the Irish Penal Reform Trust (IPRT) is Ireland's leading non-governmental organisation campaigning for rights in the penal system and the progressive reform of Irish penal policy. Our vision is one of respect for human rights in the penal system, with prison as a sanction of last resort. We are committed to respecting the rights of everyone in the penal system and to reducing imprisonment. We are working towards progressive reform of the penal system based on evidence-led policies and on a commitment to combating social injustice.

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Context

The level of mental health issues in the Irish penal system is overwhelming in both its *scale* and *complexity*, and the challenges are growing. For many, the experiences which precede incarceration are often marked by multiple vulnerabilities including: adversity, trauma, abuse, violence, addiction, experiences of care, poverty and homelessness. This is particularly so in the case of the female and child estate. **Yet we are warehousing those with the most complex needs in structures that of themselves both cause and exacerbate mental illness.** This central point is of even more concern given that after a period of relative stability, the prison population has increased month-on-month since September 2017 from 3,562 to 3,971 in 2018.¹

Scale and Prevalence

Prevalence studies² internationally show consistently that a high proportion of prisoners suffer from mental health difficulties and Ireland is no different. A study³ in 2005 on the prevalence of mental illness among prisoners in Ireland showed that for all mental illnesses combined, rates ranged from 16% (male committals) to 27% (sentenced men). Rates for women were estimated even higher at 41% for committals and 60% for sentenced women.⁴ A decade ago 3% of the prison population had a severe, enduring and disabling mental illness such as schizophrenia; since 2005 this has risen to 7 to 8% of the prison population.⁵

Prison Monitoring Bodies: Recent Observations on Mental Health

In the most recent Annual Report, the **Office of the Inspector of Prisons** highlighted the growing number of prisoners with mental health issues in prisons:

“There is growing concern at the level of prisoners within the prison system presenting with mental health difficulties. This presents a serious challenge for the Irish Prison Service Management. It is recognised that the prison system must work with all the relevant State Agencies to deliver high quality care to this cohort of vulnerable prisoners. It is the intention of this Office to closely monitor the response of the prison system to this subset of prisoners.”⁶

Previously, in his *Guidance on Physical Healthcare in a Prison Context*, the late Judge Michael Reilly stated:

The mental health of prisoners is a complex matter. Evidence from mental health experts, those working in the prisons, anecdotal evidence and my observations suggest that there are

¹ See Irish Prison Service, *Daily Prisoner Populations*, <https://www.irishprisons.ie/information-centre/statistics-information/2015-daily-prisoner-population/>

² World Health Organisation (2014) *Mental and Health in Prisons*, http://www.euro.who.int/_data/assets/pdf_file/0017/249200/Prisons-and-Health,-11-Mental-health-in-prison.pdf

³ Kennedy, H., Monks S., Curtin K., Wright B., Linehan S, Duffy D, Teljeur C. & A Kelly (2005) *Mental Illness in Irish Prisoners: Psychiatric Morbidity in Sentenced, Remanded and Newly Committed Prisoners*, http://www.drugsandalcohol.ie/6393/1/4338_Kennedy_Mental_illness_in_Irish_prisoners.pdf

⁴ Ibid.

⁵ ‘It’s an ethical challenge, choosing which prisoners we can take’, *The Irish Times*, <https://www.irishtimes.com/life-and-style/health-family/it-s-an-ethical-challenge-choosing-which-prisoners-we-can-take-1.2158924>

⁶ Office of the Inspector of Prisons (2017) *Annual Report for the years 2015 and 2016*, p.21 <http://www.inspectorofprisons.gov.ie/en/IOP/Annual%20Report%20for%20the%20years%202015%20&%202016.pdf/Files/Annual%20Report%20for%20the%20years%202015%20&%202016.pdf>

*many prisoners who suffer from mental illness, many of which are vulnerable and should not be accommodated in our prisons.*⁷

In 2015 the **European Committee for the Prevention of Torture (CPT)** outlined a number of concerns including that *“Irish prisons continued to detain persons with psychiatric disorders too severe to be properly cared for in a prison setting.”*⁸ The CPT recommended that *“the Irish Authorities reflect further on the steps required to enhance the availability of beds in psychiatric care facilities for acute mentally ill prisoners. Further, it recommends that staffing at the High Support Unit to be reviewed in order to include the appropriate expertise.”*⁹ The Committee further particularly queried the level of psychiatric care provided at Castlerea prison and the waiting list for the Central Mental Hospital.

The CPT had previously stated that in 2011 *“mentally ill prisoners should be kept and cared for in a hospital facility which is adequately equipped and possesses appropriately trained staff. In the view of the CPT that facility could be a civil mental hospital or a specifically equipped psychiatric facility within the prison system. Whichever course is chosen, the accommodation capacity of the psychiatric facility should be adequate and there should not be a prolonged waiting period before a person is transferred to a psychiatric facility.”*¹⁰

Key Issues

IPRT has identified 6 key issues of concern in respect of mental health in the penal system and we deal with each in turn below:

1. Insufficient mental healthcare provision in the community;
2. Severely stretched mental health services within prison;
3. Delays for prisoners awaiting transfer to the Central Mental Hospital;
4. Impact of the Prison environment on mental health;
5. Deaths in custody and
6. Children in detention.

⁷ Inspector of Prisons (2011) *Guidance on Physical Healthcare in a Prison Context*, p.6 available at <http://www.inspectorofprisons.gov.ie/en/JELR/Guidance%20on%20physical%20healthcare%20in%20a%20prison%20context.pdf/Files/Guidance%20on%20physical%20healthcare%20in%20a%20prison%20context.pdf>

⁸ Council of Europe, *Report to the Government of Ireland on the visit to Ireland carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment from 16 September to 24th September 2014*, p.8 CPT Inf (2015) 38 <https://rm.coe.int/1680696c9a>

⁹ Ibid.

¹⁰ CPT Standards 2003, para 43 cited in The Irish Human Rights Commission (2004) *The Treatment of Persons Deprived of their Liberty in Ireland, Observations of the Irish Human Rights Commission on the Third Report of the European Committee for the Prevention of Torture on their Visit to Ireland in 2002*.

1. Insufficient mental health care provision in the community before and after imprisonment

While the focus of this hearing is on the penal system, the focus of the Committee should be on what happens to the individual before prevention, early intervention and supports in the community to reduce in the first instance the numbers who end up in our prison system at all. We note that the Committee has been specifically tasked with examining the *'availability, accessibility and alignment of services.'* Appropriately resourced mental health care provision in the community would reduce the numbers of those with mental health difficulties coming into contact with the criminal justice system in the first place. It is our view that individuals with mental health issues who have committed non-violent offences should be screened and diverted away at relevant points of the criminal justice system (e.g. Garda diversion, court diversion) to community based mental health settings where possible. We believe that imprisonment must be used as a last resort and that a more effective response to mental health provision in the community is essential. Mental health care provision in the community is also especially relevant to continuity of care on release. Prisoners can experience a number of obstacles upon reintegration including mental illness, substance abuse and homelessness.¹¹ While prison-based medical personnel make efforts to create these links where possible, there is simply no adult psychology service available in the community. In 2015, the Parole Board Annual Report¹² stated that three prisoners were refused release due to the lack of community mental health supports available. A recommendation has been made that protocols urgently need to be developed between the Probation Service and community based mental health clinics.¹³ More than a decade ago, the Health Service Executive published the national policy document, *A Vision for Change*¹⁴ which made a number of recommendations related to those in prison including that

*“every person with serious mental health problems coming into contact with the forensic system should be accorded the right of mental health care in the non-forensic services unless there are cogent and legal reasons why this should not be done.”*¹⁵

¹¹ Gulati, G. Keating N., O’Neill A., Delaunois I., Meagher D. & C.P Dunne (2018) The prevalence of major mental illness, substance misuse and homelessness in Irish prisoners: systematic review and meta-analyses, *Irish Journal of Psychological Medicine*, p.1.

¹² The Parole Board, *Annual Report 2015*, p.4

http://www.justice.ie/en/JELR/Parole_Board_Annual_Report_2015.pdf/Files/Parole_Board_Annual_Report_2015.pdf

¹³ Cotter, L. (2015) Are the needs of Adult Offenders with Mental Health Difficulties being met in Prisons and on Probation? *Irish Probation Journal*, Volume 12

[http://www.probation.ie/EN/PB/0/068C17157F5F892C8025802E00485264/\\$File/IPJ2015pages57to78.pdf](http://www.probation.ie/EN/PB/0/068C17157F5F892C8025802E00485264/$File/IPJ2015pages57to78.pdf)

¹⁴ Health Service Executive (2006) *A Vision for Change: Report of the Expert Group on Mental Health Policy*, Government of Ireland, p.136, <https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf>

¹⁵ Health Service Executive (2006) *A Vision for Change: Report of the Expert Group on Mental Health Policy*, Government of Ireland, p.142 <https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf>

Recommendations:

- A recent domestic study recommends improved screening for affective disorders, the development of diversion services and consideration of integrated treatment where plans address both psychiatric and psychosocial need.¹⁶
- The **Care Not Custody**¹⁷ initiative in the UK is an example of a plan to provide for the employment of mental health nurses in courts and police stations to support diversion of those with mental illness.
- The National Health Policy 'A Vision for Change'¹⁸ recommended that four multidisciplinary, community based forensic mental health teams should be provided nationally on the basis of one per HSE region.
- Consideration could be given to closer working relationships between the psychology service and the Probation Service so that community based supports including psychology supports could be made available to prisoners with mental health issues upon release
- An advocacy service should be available to support individuals with mental health issues coming into contact with the criminal justice system.

¹⁶ Gulati, G. Keating N., O'Neill A., Delaunois I., Meagher D. & C.P Dunne (2018) The prevalence of major mental illness, substance misuse and homelessness in Irish prisoners: systematic review and meta-analyses, *Irish Journal of Psychological Medicine*, p.8.

¹⁷ See *Mental health nurses to be posted in police stations*, Available at:

<https://www.theguardian.com/society/2014/jan/04/mental-health-nurses-police-stations-pilot-scheme>,

Cited in Mental Health Reform, *Submission on Review of a Vision for Change*, p. 119

<https://www.mentalhealthreform.ie/wp-content/uploads/2017/09/Submission-on-review-of-A-Vision-for-Change.pdf>

¹⁸ Health Service Executive (2006) *A Vision for Change, Report of the Expert Group on Mental Health Policy*, <https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf>

2. Severely stretched mental health services within prison

We note that the Committee has been specifically tasked with examining the ‘*significant challenges in the recruitment and retention of skilled personnel*’. The current ratio of Senior Psychologists to prisoners is currently in the region of 1:260.¹⁹ It should be in the region of 1:150-160.²⁰

In the 2016 *Review of Assaults on Operational Prison Staff by Prisoners* conducted by the State Claims Agency, 55% of staff agreed that ‘*additional mental health services*’ for prisoners would improve conditions and help manage physical assaults on staff.²¹ A *Vision for Change* recommended that “*Where mental health services are delivered in the context of prison, they should be person-centred, recovery-oriented and based on evolved and integrated plans.*”²² It is simply not possible to deliver this level of service to all who need it in a situation where prisons do not have sufficient numbers of psychologists to meet the huge demand.

High Support Units provide expert support to prisoners who are in an acutely disturbed phase of mental illness as a short term intervention within the prison.²³ In 2012 the High Support Unit in Mountjoy Prison was awarded Public Service Excellence Award.²⁴ However, in 2015 the European Committee for the Prevention of Torture visited high support units in Castlereagh, Midlands and Mountjoy Prisons and found they

*“were not properly resourced and did not address the needs of mentally ill prisoners; there was a complete lack of structured activities and no occupational or recreational therapy, only pharmacotherapy. Moreover, the prison officers in the units were not properly trained to work with prisoners suffering from serious mental disorders.”*²⁵

Following the death of a prisoner by suicide, an inquest jury also recommended that all prisons should have high support units and staff training on mental health.²⁶ There are currently only two High Support Units operational through the prison estate: Mountjoy Medical Unit which currently caters for nine people and the D2 wing in Cloverhill Prison which has been expanded to cater for 27-28 people.²⁷

¹⁹ Information provided by the Irish Prison Service at a meeting with IPRT on the 30th of April 2018.

²⁰ Porporino F. (2015) “*New Connections*” *Embedding Psychology Services and Practice in the Irish Prison Service*, p.25 commissioned by the Irish Prison Service
http://www.irishprisons.ie/images/pdf/porporino_report.pdf

²¹ State Claims Agency, (2016) *Review of Assaults on Operational Prison Staff by Prisoners*, p.52
<http://stateclaims.ie/wp-content/uploads/2016/11/Review-of-Assaults-on-Operational-Prison-Staff-by-Prisoners-November-2016.pdf>

²² Health Service Executive (2006) *A Vision for Change, Report of the Expert Group on Mental Health Policy*, p.81 <https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf>

²³ Irish Prison Service, *Mountjoy High Support Unit Wins Taoiseach’s Public Service Excellence Award*, <https://www.irishprisons.ie/information-centre/press-releases-and-speeches/press-releases-and-speeches-2012/mountjoy-high-support-unit-wins-taoiseachs-public-service-excellence-award/>

²⁴ Ibid.

²⁵ Council of Europe, *Report to the Government of Ireland on the visit to Ireland carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment from 16 September to 24th September 2014*, CPT Inf (2015) 38, p.8 <https://rm.coe.int/1680696c9a>

²⁶ Roche, B. (2016) High Support Units should be in all prisons, jury says, *The Irish Times*, 24th September 2016
<https://www.irishtimes.com/news/ireland/irish-news/high-support-units-should-be-in-all-prisons-jury-says-1.2804556>

²⁷ Information provided by the Irish Prison Service to the Irish Penal Reform Trust, 30th April 2018.

In 2017 the United Nations Committee against Torture²⁸ made a straightforward recommendation to the Irish State on mental health provision in Ireland:

Hire additional medical personnel and psychologists and enable the referral of prisoners requiring specialized medical care to outside medical facilities without delay.

Recommendations:

- Provide resources to ensure all prisons have high support units or equivalent
- Approximately 26 psychologists would be required to reach a ratio of 1:150.
- Hire additional medical personnel and psychologists and enable the referral of prisoners requiring specialized medical care to outside medical facilities without delay as recommended by UNCAT.
- We echo the recommendation of the State Claims Agency for “*extension of any and all arrangements to take prisoners with serious mental health issues out of the system.*”²⁹
- Mental health training and supports should be made available to all prison staff.
- The mental health needs of certain groups including women, young people and older prisoners are unique and the needs of these cohorts should be addressed in both mental health and criminal justice policy.³⁰

²⁸ United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment, *Concluding Observations on the second periodic report of Ireland.*

<http://www.ohchr.org/EN/Countries/ENACARegion/Pages/IEIndex.aspx>

²⁹ State Claims Agency (2016) *Review of Assaults on Operational Prison Staff by Prisoners*, p.52

<http://stateclaims.ie/wp-content/uploads/2016/11/Review-of-Assaults-on-Operational-Prison-Staff-by-Prisoners-November-2016.pdf>

³⁰ Studies have highlighted that older prisoners may have significantly higher rates of affective disorder, see Fazel S., Hope T., O’Donnell I & R. Jacoby (2001) Hidden psychiatric morbidity in elderly prisoners, *The British Journal of Psychiatry* 179, 535-539. See also Fazel.,S. Hayes A., Bartellas K. Clerici M. & R. Trestman (2016) The mental health of prisoners: a review of prevalence, adverse outcomes and interventions, *Lancet Psychiatry* 3(9): 871-881.

3. Prisoners with Severe Mental Illness awaiting transfer to Central Mental Hospital (CMH)

Psychiatric bed availability in Ireland is currently among the lowest³¹ per capita secure psychiatric bed availability in Europe at 2 per 100,000.³² As of the 2nd of March 2017, on average 20 prisoners with a 'severe mental illness' were awaiting a place at the CMH³³ and this had grown to 26 on the 29th of April 2018.³⁴ There is no published data of how long each individual prisoner waits to be transferred to the Central Mental Hospital. However, it appears that many prisoners lower on the waiting list for a transfer are unlikely to be ever transferred due to the lack of spaces available.³⁵

Twelve years ago, *A Vision for Change* recommended that the Central Mental Hospital "be replaced or remodelled to allow it to provide care and treatment in a modern, up to date humane setting, and the capacity of the Central Mental Hospital should be maximised."³⁶ A new mental health facility in Portrane is to replace the Central Mental Hospital in 2020. However information provided suggests that the number of spaces ring-fenced is unlikely to eliminate or even to reduce substantially waiting lists from the prison population. With the opening of the new facility, the current level of 2 per 100,000 is likely to increase to 3.5³⁷ per 100,000 which is still well below European average. England and Wales have 7.5 per 100,000 and Germany has 10 per 100,000.³⁸ The alarming growth in the prison population over the last year referenced above makes this even more concerning.

Recommendations:

- Sufficient spaces in the Central Mental Hospital/Portrane ringfenced for the prisoner population.
- Prisoners with 'severe mental illness' should be promptly transferred to appropriate mental health settings in line with clinical need.
- As recommended by Mental Health Reform³⁹, low secure units for individuals with severe mental health difficulties who have been charged with a serious criminal offence should be introduced. Care options must be extended beyond admission to the Central Mental Hospital.

³¹ Kennedy H. (2016) Prisons now a dumping ground for mentally ill young men, *The Irish Times*, <https://www.irishtimes.com/opinion/opinion-prisons-now-a-dumping-ground-for-mentally-ill-young-men-1.2651034>

³² More people before courts due to shortage of psychiatric beds, *The Irish Times*, <https://www.irishtimes.com/news/crime-and-law/more-people-before-courts-due-to-shortage-of-psychiatric-beds-1.2865922>

³³ Department of Justice and Equality, *Parliamentary Questions*, No.31, 2nd March 2017, <http://www.justice.ie/en/JELR/Pages/PQ-02-03-2017-31>

³⁴ RTE, *Mentally Ill Patients being kept in prisons due to bed shortages* <https://www.rte.ie/news/2018/0429/959038-central-mental-hospital-patients/>

³⁵ Information provided by the Irish Prison Service.

³⁶ Health Service Executive (2006) *A Vision for Change: Report of the Expert Group on Mental Health Policy*, Government of Ireland, p.142 <https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf>

³⁷ Information provided by the Irish Prison Service.

³⁸ Keena, C. (2016) More people before courts due to shortage of psychiatric beds, *The Irish Times*, <https://www.irishtimes.com/news/crime-and-law/more-people-before-courts-due-to-shortage-of-psychiatric-beds-1.2865922>

³⁹ Mental Health Reform (2017) *Submission on a Review of a Vision for Change*, p.122 <https://www.mentalhealthreform.ie/wp-content/uploads/2017/09/Submission-on-review-of-A-Vision-for-Change.pdf>

4. Prison itself negatively impacts mental health

The 2009 Bradley Report documented the growing consensus that prison is not an appropriate environment⁴⁰ for those with severe mental illness and that in addition custody can exacerbate mental ill health, heighten vulnerability and increase the risk of self-harm and suicide.⁴¹ The World Health Organisation and the Red Cross identified some typical factors that impact on mental health in prison negatively⁴² including overcrowding, violence, enforced solitude, lack of privacy, lack of meaningful activity, isolation from social networks, insecurity about future prospects e.g. employment, relationships and inadequate health services including mental health services in prison. The *Report of the Commission of Investigation into the Death of Gary Douch*⁴³ was published in 2015 and contains 35 recommendations specifically in the area of *Mental Health Care & Treatment in Irish Prisons*. It is unclear to what extent (if any) have those responsible for implementation taken action on these recommendations.

Solitary Confinement/Restricted Regimes

Latest figures from the Irish Prison Service *Census*⁴⁴ from April 2018 show that 12 individual prisoners were on solitary confinement. In total 514 prisoners were on a 'restricted regime' with the majority (325) of these prisoners held on 21 hour lock up.⁴⁵ The duration of time prisoners spend in these conditions is generally not published. However, information previously secured by *TheDetail* under FOI showed that of 51 prisoners held in solitary confinement in January 2016, nine had spent more than a year in isolation.⁴⁶

This practice is detrimental to any prisoner's mental health. The CPT has recommended that the maximum period an individual spends in solitary confinement is 15 days and beyond this point, the psychological damage may become irreversible.⁴⁷ Between one-third and up to 90% of prisoners placed in solitary confinement suffer adverse effects including insomnia,

⁴⁰ Between 1963 and 2003, the number of psychiatric inpatients in Ireland decreased by 81.5% as the average number of prisoners increased by 494.8%. ⁴⁰

⁴¹ The Bradley Report (2009) *Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System* <https://www.rcpsych.ac.uk/pdf/Bradley%20Report11.pdf>

⁴² World Health Organisation (2014) *Mental and Health in Prisons*, p.89
http://www.euro.who.int/_data/assets/pdf_file/0017/249200/Prisons-and-Health,-11-Mental-health-in-prison.pdf

⁴³ *Report of the Commission of Investigation into the Death of Gary Douch*,
<http://www.justice.ie/en/JELR/DouchGary%20-%20Volume%201%20-%20Executive%20Summary%20&%20Recommendations%20%28PDF%20-%20507KB%29.pdf/Files/DouchGary%20-%20Volume%201%20-%20Executive%20Summary%20&%20Recommendations%20%28PDF%20-%20507KB%29.pdf>

⁴⁴ Irish Prison Service, *Census of Restricted Regimes Prisoners April 2018*, available at
https://www.irishprisons.ie/wp-content/uploads/documents_pdf/April-2018-Restriction.pdf

⁴⁵ Irish Prison Service, *Census of Restricted Regimes Prisoners April 2018*, available at
https://www.irishprisons.ie/wp-content/uploads/documents_pdf/April-2018-Restriction.pdf

⁴⁶ Dozens of Irish Prisoners held in solitary confinement, *The Irish Times*,
<http://www.irishtimes.com/news/crime-and-law/dozens-of-irish-prisoners-held-in-solitary-confinement-1.2840394>

⁴⁷ Special Rapporteur on Torture Tells Third Committee Use of Prolonged Solitary Confinement on Rise calls for ban in Global Practice <http://www.un.org/press/en/2011/gashc4014.doc.htm>

hallucinations and psychosis.⁴⁸ In addition to this, solicitors have recently raised with us concerns that access to legal visits for prisoners on “protection” in Mountjoy Prison have been restricted to mornings and weekends, times at which solicitors are typically in court or not on duty. This has potentially significant impact on access to justice for what is a particularly vulnerable cohort of prisoners.

Recommendations:

- Prison to be a last resort reserved for the most serious offences in legislation
- Every prisoner should have access to single cell accommodation.
- Implement the 35 recommendations of the *Report of the Commission of Investigation into the Death of Gary Douch*.
- Access to services should be available to all prisoners who have dual diagnosis (mental health and addiction issues)
- As recommended by WHO⁴⁹, the voices of prisoners with mental health issues should inform service delivery. Service user involvement and peer mentoring should be available.
- Solitary confinement should be absolutely prohibited for mentally ill prisoners.⁵⁰
- Access to full and varied regimes for all prisoners across the prison estate is vital to promote positive mental health.
- Access to justice for those on solitary confinement and restricted regimes must be prioritized

⁴⁸ *Istanbul Statement on Use and Effects of Solitary Confinement*, p.2
http://solitaryconfinement.org/uploads/Istanbul_expert_statement_on_sc.pdf

⁴⁹ World Health Organisation (2014) *Mental and Health in Prisons*, p.87
http://www.euro.who.int/_data/assets/pdf_file/0017/249200/Prisons-and-Health,-11-Mental-health-in-prison.pdf

⁵⁰ *Istanbul Statement on Use and Effects of Solitary Confinement*, p.5
http://solitaryconfinement.org/uploads/Istanbul_expert_statement_on_sc.pdf

5. Deaths in Custody

In the most recently published Annual Report of the Office of the Inspector of Prisons, the Acting Inspector highlighted the growing issue of mental health in the prison system and the need for the Irish Prison Service to work with other bodies to deliver high quality care to these prisoners⁵¹ The Acting Inspector of Prisons also highlighted her intention to closely monitor the situation.⁵²

Suicides are over-represented among the prison population.⁵³ One study found that internationally, rates of suicide in prison were three times higher than the general population.⁵⁴ During the period 2012-2015 there were 22 suspected suicides in Irish prisons.⁵⁵ In a small-scale analysis⁵⁶ of prison deaths conducted in 2011, in 5 of the cases, prisoners had depression and 3 were noted to have anxiety. While 5 were prescribed medication, it appeared that 4 out of the 5 prisoners had not received any counselling or psychology service.⁵⁷

Recommendation:

- IPRT believes that there should be an increased focus on therapeutic interventions in supporting the mental health needs of prisoners.

⁵¹ Office of the Inspector of Prisons (2017) *Annual Report for the years 2015 and 2016*, p.21
<http://www.inspectorofprisons.gov.ie/en/IOP/Annual%20Report%20for%20the%20years%202015%20&%202016.pdf/Files/Annual%20Report%20for%20the%20years%202015%20&%202016.pdf>

⁵² Ibid.

⁵³ Gulati, G. Keating N., O'Neill A., Delaunoy I., Meagher D. & C.P Dunne (2018) The prevalence of major mental illness, substance misuse and homelessness in Irish prisoners: systematic review and meta-analyses, *Irish Journal of Psychological Medicine*, p.1.

⁵⁴ Fazel S., Grann M, Kling B, Hawkton (2011) Prison suicide in 12 countries: an ecological study of 861 suicides during 2003-2007, *Social Psychiatry and Psychiatric Epidemiology*, 46, 191-195 cited in Gulati, G. Keating N., O'Neill A., Delaunoy I., Meagher D. & C.P Dunne (2018) The prevalence of major mental illness, substance misuse and homelessness in Irish prisoners: systematic review and meta-analyses, *Irish Journal of Psychological Medicine*, p.1.

⁵⁵ Smyth, C. (2016) Spike in prison inmate deaths last year with 22 fatalities, *The Irish Times*.
<https://www.irishtimes.com/news/crime-and-law/spike-in-prison-inmate-deaths-last-year-with-22-fatalities-1.2910359>

⁵⁶ Barry, C. (2011) *Deaths in Irish Prisons: An Examination of the Causes of Death and the Compliance of Investigations with the European Convention on Human Rights*, p.35
<https://arrow.dit.ie/cgi/viewcontent.cgi?article=1026&context=aaschssldis>

⁵⁷ Barry, C. (2011) *Deaths in Irish Prisons: An Examination of the Causes of Death and the Compliance of Investigations with the European Convention on Human Rights*, p.35
<https://arrow.dit.ie/cgi/viewcontent.cgi?article=1026&context=aaschssldis>

6. Children in Detention

Prevention and early intervention is vital to support the mental health needs of children and young people. Researchers and clinicians agree that early mental health assessment is required in order to prevent escalation of need.⁵⁸

One Irish study from 2007 indicated that 83% of young people in detention schools have at least one psychiatric disorder.⁵⁹ A more recent survey carried out by Oberstown showed that almost one-third of children in detention (32%) were on prescribed medication for mental health issues and 55% were described as having a 'mental health need.' The current *Programme for Partnership Government* commits to increasing therapeutic supports for children in Oberstown:

*"We will also support the increased use of therapeutic intervention services for children in detention within Oberstown, including psychology, speech and language therapy and where appropriate referrals to addiction services to children."*⁶⁰

Recommendation:

- More investment and use of prevention and early intervention supports and services to prevent the entry of children to the criminal justice system
- Provide the necessary resources to address the current waiting list⁶¹ for children and young people to access CAMHS services urgently
- Increased use of therapeutic intervention services for children in detention within Oberstown, including psychology
- All children and young people should have access to an Advocate and the provision of child friendly mental health services.

⁵⁸ Tarren-Sweeney, M. (2008). The mental health of children in out-of-home care." Current Opinion in Psychiatry, 21, 345-349 cited in Mc Elvaney R. Tatlow Golden M, Webb R. Lawlor E., & B.Merriman (2013) *Someone to Care: The Mental Health Needs of Children and Young People with Experience of the Care and Youth Justice Systems*, p.137

http://www.drugs.ie/resourcesfiles/ResearchDocs/Ireland/2013/SOMEONE_TO_CARE_2013.pdf

⁵⁹ Hayes, J. & G. Reilly (2007) *Emotional Intelligence, mental health and juvenile delinquency*, Cork: Juvenile Health Matters https://www.drugsandalcohol.ie/6264/1/Emotional_intelligence.pdf

⁶⁰ Merrion Street, *A Programme for a Partnership Government*, p.81

https://www.merrionstreet.ie/MerrionStreet/en/ImageLibrary/Programme_for_Partnership_Government.pdf

⁶¹ 2,691 children on list for mental health appointments, 368 waiting for over 12 months, *The Irish Examiner*, <https://www.irishexaminer.com/breakingnews/ireland/2691-children-on-list-for-mental-health-appointment-386-waiting-over-12-months-842751.html>