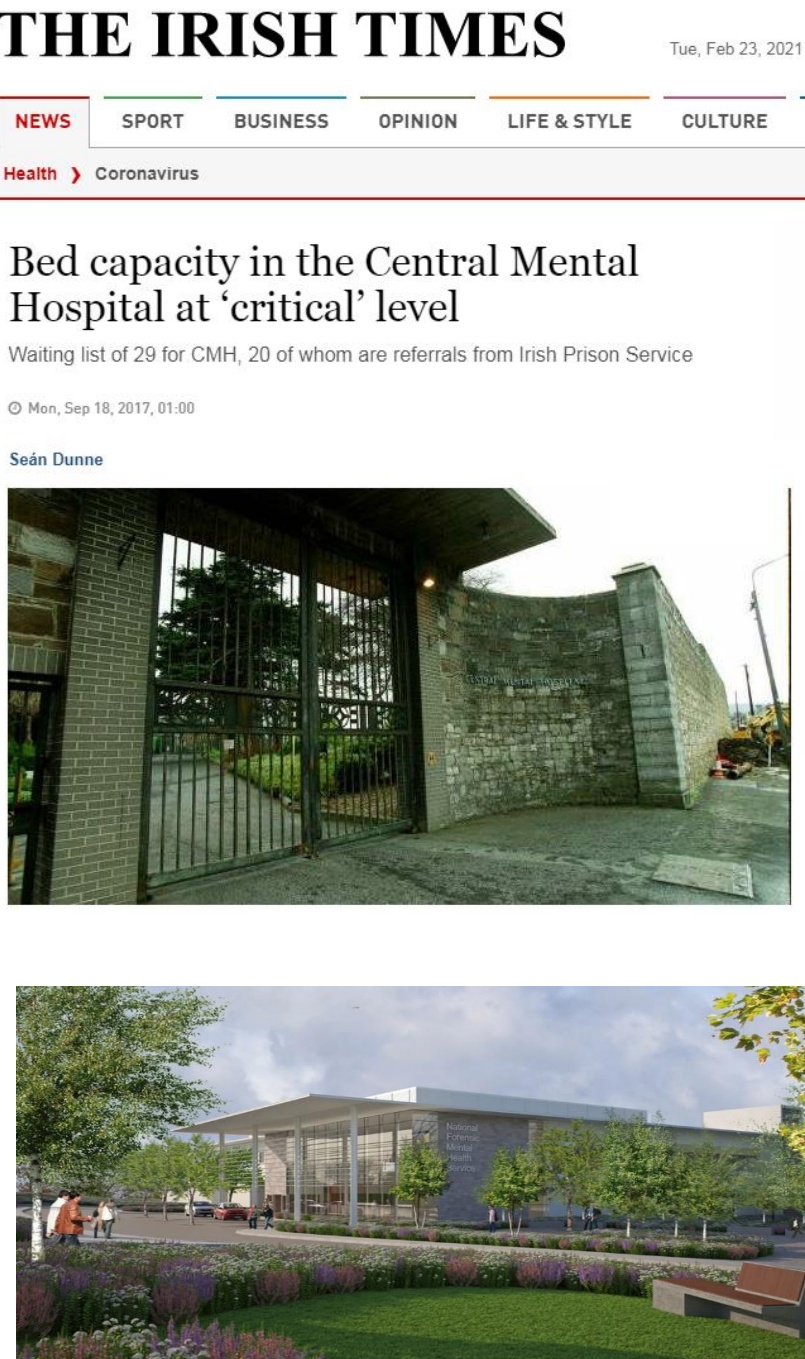


Men in prison referred for psychiatric admission: An analysis of waiting times and housing status.

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Background:

- Ireland has one forensic hospital, the Central Mental Hospital (CMH) and among the lowest numbers of forensic mental health beds per capita in the western world.
- Reduced general psychiatry beds nationally, more NGRI findings and increasing prison numbers have led to patients remaining on waiting lists for extended periods in recent years.
- This accumulation of men in prison has been commented on by the Committee for Prevention of Torture in their 2020 report¹.
- Court diversion services² as recommended in government Policy A *Vision for Change*³ may help mitigate this, pending the opening of the new Central Mental Hospital in Portrane in 2021.



AIMS & HYPOTHESIS:

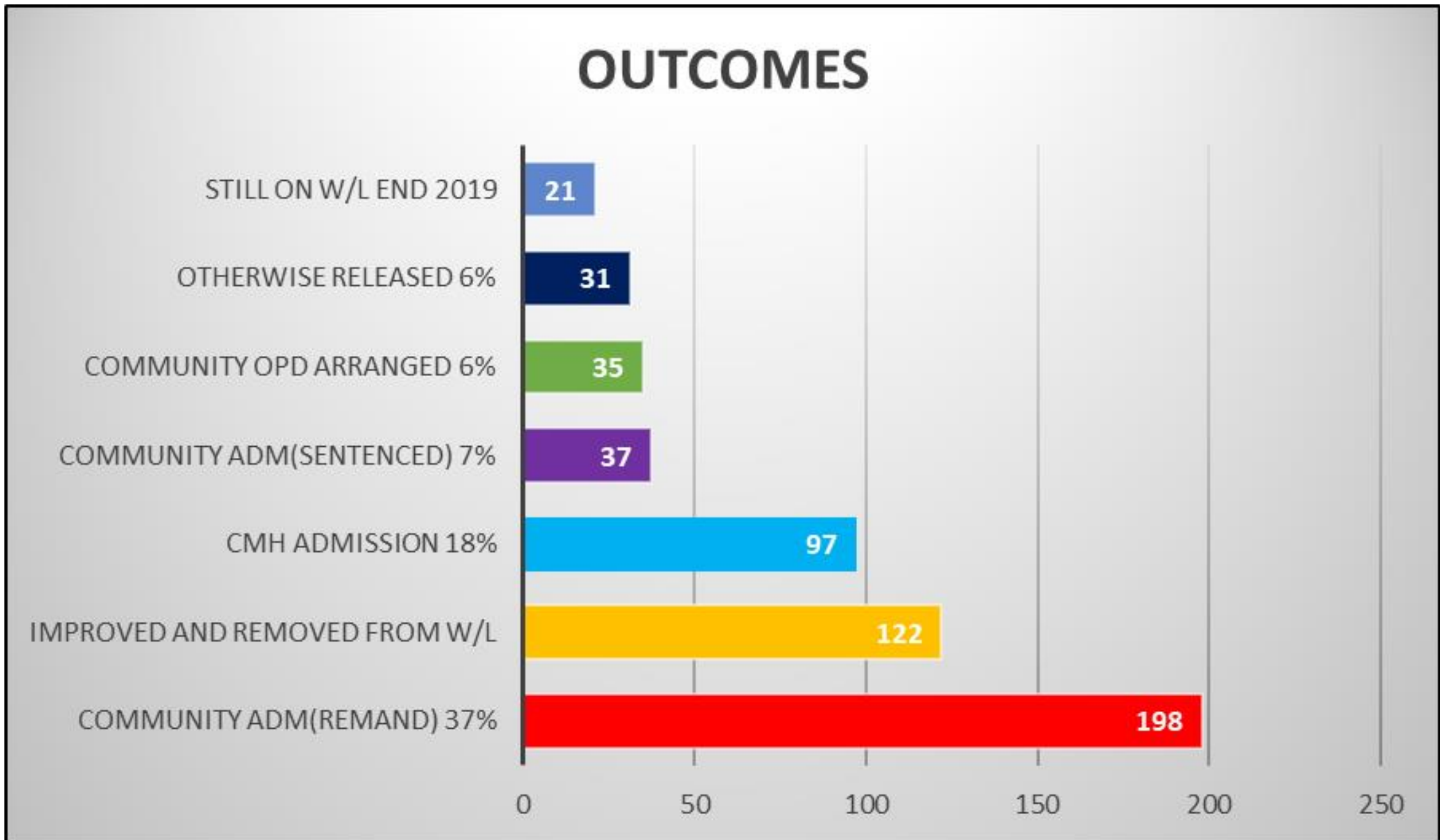
- This study aimed to determine clinical outcomes for men in prison placed on the waiting list for the Central Mental Hospital from 2015-2019, whether admitted to the CMH, diverted to community psychiatric hospital or other outcome in the context of a prolonged “bed crisis”.

METHOD:

- All men placed on the CMH waiting list from prisons in Ireland during the years 2015-2019 were described in terms of factors including current housing status and presence of active psychotic symptoms.
- Homelessness was defined as those not having regular accommodation, rough sleeping or residence in homeless accommodation at the time of committal.
- We recorded final clinical outcome for each case, including admission to forensic and general beds, improvement in prison and other outcomes.
- We also measured time in days to outcomes.
- Ethical approval was granted by the NFMHS Ethics Committee.

RESULTS – CLINICAL OUTCOMES

- 412 men were placed on the CMH waiting list on 541 occasions over the 5 years 2015-2019. 61% were admitted to a psychiatric hospital.
- 90/541 (18%), were admitted to the CMH.
- 198 (37%) remand prisoners were diverted to Approved Centres
- 37 (7%) were admitted to approved centres at end of sentence.
- 122 (23%) improved following voluntary treatment in prison.
- 35 (7%) were referred to outpatient care.
- 31 (6%) were otherwise released while on the waiting list.
- 21 (4%) remained on waiting lists at end of 2019.

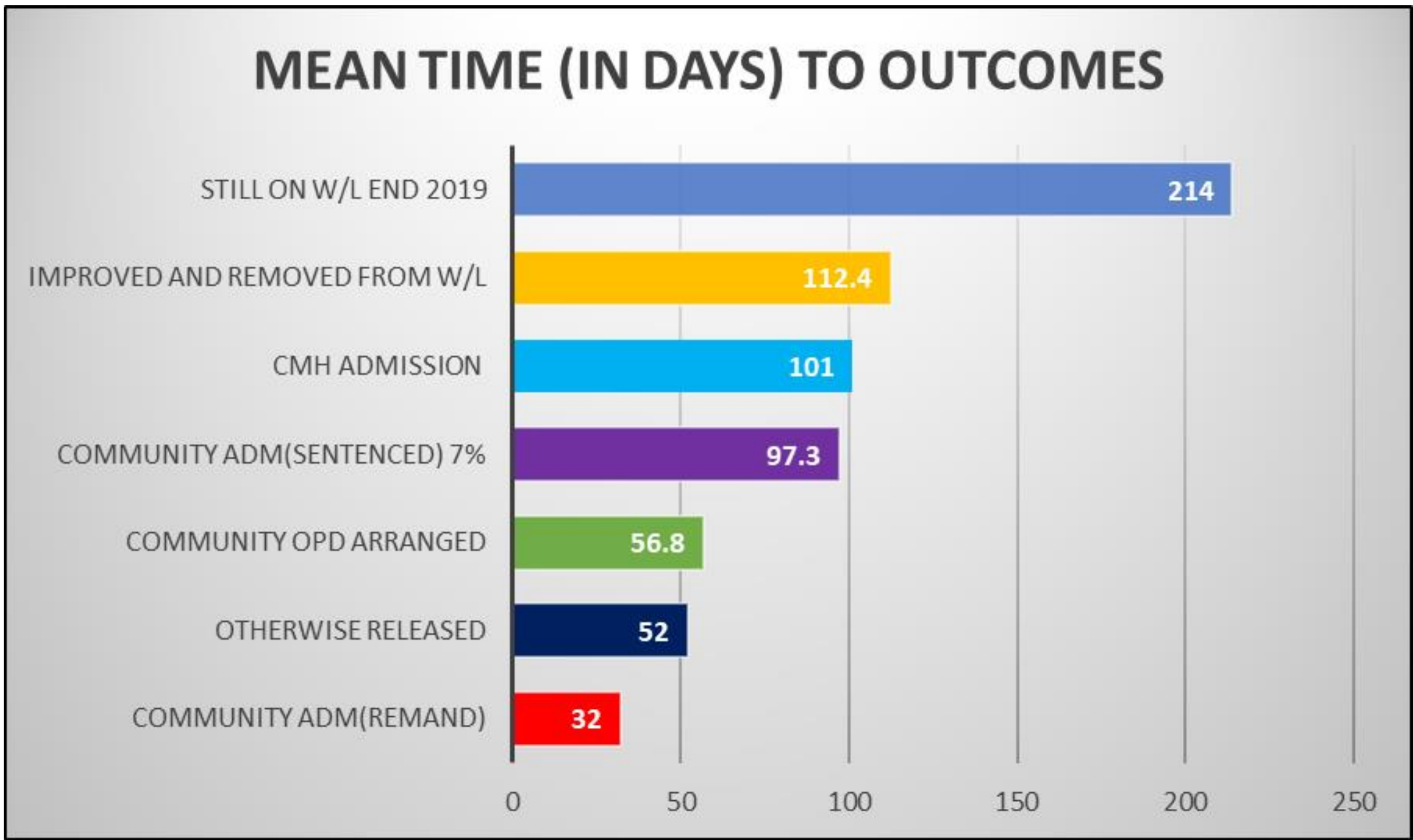


RESULTS – HOUSING STATUS

- In 49% (264/541) of cases, individuals were homeless at the time of being placed on the waiting list.
- 96% (255/264) of those homeless were psychotic compared with 89% (246/277) of non-homeless.

RESULTS – TIMES TO CLINICAL OUTCOME

- Mean time on waiting list for all 541 episodes was 77 days (Median 31).
- Mean time to forensic CMH admission was 101 days (Median 59)
- Mean time to community admission was 32 days (Median 16.5).
- For diversions, Homeless males on remand spent a mean of 37 days awaiting diversion, while housed males waited a mean of 25 days.



RESULTS –PICLS SERVICE AT CLOVERHILL

- The Prison Inreach and Court Liaison Service (PICLS)² at Cloverhill arranged/assessed for males on the CMH prison waiting list from 2015-2019:
 - (47% (46/97) of all CMH admissions.
 - 79% (186/235) of all community admissions (remand and sentenced)
 - 90% (179/198) of all diversions to community approved centres of remands from the waiting list



DISCUSSION/CONCLUSIONS:

- Over 60% of men placed on the CMH waiting list received psychiatric admission.
- The opening of the new CMH at Portrane in 2021 and associated ICRU beds will help address the needs of people in prison requiring admission. Not all remands need this level of security.
- Diversion via the courts of Remands to Approved Centres was the single largest contributor to admissions over the five years studied.
- Sharing the Vision*⁴ states that the effectiveness of diversion services “depends on ongoing resourcing and access to facilities and services in the community to which individuals can be diverted”.
- There is a need for admission facilities for homeless people remanded after minor offences, particularly in areas of greatest need.

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