

CR219

Prison mental health in Northern Ireland

COLLEGE REPORT

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Contents

Introduction	4
Key issues identified and recommendations	6
Consolidated recommendations for action	15
References	16

Introduction

Purpose of document

Prison mental health care presents the single most significant challenge to the delivery of forensic mental health care in Northern Ireland.

It is crucial that the Royal College of Psychiatrists in Northern Ireland clearly sets out the issues that need to be addressed and potential solutions to support progress. This report, which has been prepared by the Forensic Faculty of the Royal College of Psychiatrists in Northern Ireland, seeks to do this.

Background

The South Eastern Health and Social Care Trust, one of the five statutory health and social care providers in the region, is commissioned to provide prison mental health care. It does this under the direction of the Northern Ireland Assembly's Department of Health.

Prison mental health services in Northern Ireland have evolved differently to those in other jurisdictions within the United Kingdom, partly due to the 'Troubles', which dominated criminal justice matters prior to the Good Friday Agreement. Responsibility for prison mental health care only moved from the Northern Ireland Office to the South Eastern Health and Social Care Trust between 2008 and 2012.

It is difficult to ensure matters other than security are the operational priority within Northern Ireland prisons. In understanding why this is, it is important to note that the threat to the security services remains severe due to terrorism related to Northern Ireland, meaning that an attack is highly likely. This threat includes prison staff, reflected in the fact that the last two members of the security forces to be murdered by terrorists were prison officers.

The treatment of people with mental health problems in prisons in Northern Ireland has been subject to much controversy in recent years, particularly with regards to suicide amongst prisoners.

This report, through its recommendations, aims to help address the needs of adult prisoners in Northern Ireland.

In preparing this report, we have drawn heavily on the contents of College Report *CR141 Prison Psychiatry: Adult Prisons in England and Wales* dated February 2007.

This report identifies a number of areas of concern as regards current mental health provision within the prison estate in Northern Ireland. These are:

- the model of care
- the lack of a residential healthcare facility and consequent use of segregation for mentally ill prisoners
- the safety of prisoners transferred to hospital
- the lack of understanding of the prevalence of mental ill health
- suicide
- screening of prisoners for mental health problems
- therapeutic provision
- regional issues.

Detailed discussion of these issues can be found in the main body of the report.

This report also makes a number of recommendations as regards courses of action to improve the quality and safety of mental health care for prisoners in Northern Ireland in line with national and regional guidelines. These recommendations are provided in a consolidated form at Annex A and are separated between those that:

- need to be implemented immediately
- require attention in the medium term
- should be delivered in the longer term.

We are clear that the failure to implement these recommendations will result in failure to meet the mental health needs of the prison population. The consequences of this, among other negative outcomes, are:

- the unacceptable use of segregation for offenders with mental illness
- increased suicide and self-harm amongst prisoners
- further offending on return to the community.

The interests of both prisoners and public safety require that these recommendations be given immediate consideration by the commissioners of prison mental health care.

Key issues identified and recommendations

Model of care

Current situation

The Northern Ireland Prison Service is an agency of the Department of Justice for Northern Ireland. It operates three custodial establishments:

HMP Maghaberry: This is a high secure prison and receives all male adult prisoners on committal. This includes remand prisoners, fine defaulters, sentenced prisoners and lifers. HMP Maghaberry has a Certified Normal Accommodation of 860 places. This establishment is unique in holding around 70 prisoners from Loyalist or Republican backgrounds in separated conditions.

HMP Magilligan: This is a medium secure prison holding around 500 male sentenced prisoners with 6 years or less to serve.

Hydebank Wood College: This provides low secure accommodation for up to 200 young offenders as well as 60 female prisoners.

Psychiatry staffing provision is as follows:

Hydebank Wood College: 0.5 consultant general adult psychiatrists and 0.3 general adult psychiatry specialty doctors.

Maghaberry Prison: 1.4 consultant forensic psychiatrists, 0.4 specialty doctors in forensic psychiatry and 0.2 specialty doctors in general adult psychiatry. In addition, there is presently 1.0 locum consultant forensic psychiatrist and 0.4 locum specialty doctors.

Magilligan Prison: Psychiatric services are provided to Magilligan Prison via staff from Maghaberry Prison's specialty doctor forensic psychiatry service.

Addiction Service (across all 3 sites): 0.5 consultant general adult psychiatrists.

Psychiatrists are employed by the South Eastern Health and Social Care Trust for the sole purpose of working in the prisons. This is not consistent with the recommendations of the Royal College of Psychiatrists, which make clear that the wider forensic psychiatric

community should also have the opportunity to contribute to care within prison settings.

There is provision for nursing staff, support staff, and occupational therapy. However, neither social work staff nor clinical psychology services are available.

The structure of the prison service in Northern Ireland means that there is a unique opportunity for mental health services to provide care that is more integrated with the community. There is no prison dispersal system in Northern Ireland and only three prison establishments. This facilitates the use of the Department of Health guidance for continuity of care and the Inter Trust Transfer Protocol.

Given the potential for close links with the Community Forensic Mental Health Teams established by four of the five Health and Social Care Trusts, it would be appropriate for prison mental health services to be organised along geographical lines according to the trust of origin of the prisoner. Using the levels of forensic mental health care defined in the Bamford Report would also be helpful. This would allow more integrated working to facilitate the safe return of prisoners with mental illness to the community.

College Report *CR141 Prison Psychiatry: Adult Prisons in England and Wales* endorses the Department of Health's policy on mental health services in prisons. In essence, it states that services should be provided as in the community and be in line with national policy frameworks. However, in Northern Ireland this has been taken as meaning that prison mental health services should replicate exactly the service provision available elsewhere in the South Eastern Health and Social Care Trust. This does not take into account the prevalence of mental illness in the prison population or the nature of the living environment in custody. Attempts to use a "home treatment" model do not factor in the different demographic seen in prisons, or the present, and often toxic, environment.

The principle of equivalence of prison mental health care compared to the community is sound in that prisoners should be able to access a level of service equivalent to that found in the community but the delivery of that service will be different. As an example of this, CR141 contains provisional guidance for consultant norms and appointments that are based on the needs of a prison population and not the wider community.

Prison mental health services have different demands to manage compared to services in the wider community. This includes screening of new committals, high levels of self-harm and substance misuse, daily interagency working and greater risk to staff. The individual healthcare worker and the service are exposed to a higher level of public scrutiny which undoubtedly has an impact on service delivery.

Vulnerability

The current model of care being used within the prison estate in Northern Ireland does not meet the needs of prisoners and is not consistent with national and regional guidance. This results in service delivery not being consistent in all settings with consequential failings. These are particularly marked at vulnerable points such as committal to prison, transfer to hospital and release.

Recommendations for action

It is recommended that:

- the South Eastern Health and Social Care Trust implement an evidence-based model of care for the delivery of mental health care within the prisons in Northern Ireland in line with national guidelines (Department of Health, 2012; Royal College of Psychiatrists 2007)
- prison mental health services provided by the South Eastern Health and Social Care Trust comply with the promoting quality care guidelines (Department of Health, Social Services and Public Safety, 2012)
- prison mental health services in Northern Ireland join the Prison Quality Network and participate in a peer review process (Royal College of Psychiatrists, 2016)
- prison psychiatry job descriptions and job plans conform to national guidelines (Royal College of Psychiatrists, 2007), and that the Regional Advisor in Forensic Psychiatry be consulted in regards to these.

Residential healthcare

Current situation

Up until 2013, there was a healthcare wing within HMP Maghaberry. This was a high support landing which was used to manage acutely mentally unwell prisoners. The healthcare wing was understood to have 24-hour general and mental health staff. The landing had 14 places for prisoners, which included three observational beds and three physical health beds. Since that time, the mental health service is understood to have been structured along the lines of a community mental health model.

In the out-of-hours period, mental health staff are not available.

Since the closure of the healthcare wing, 40% of prisoners who transferred to the regional secure unit were accommodated in the care and supervision unit. This is evidence that mentally unwell prisoners are being managed in conditions of solitary confinement as a consequence of a lack of a dedicated residential healthcare facility. This practice has been criticised by the European Committee for the Prevention of Torture. The Irish Prison Service found that introducing a residential healthcare unit reduced the number of mentally disordered prisoners in segregation (Giblin et al, 2012).

Admission data from the regional secure unit shows that the number of transferred prisoners increased four-fold after the closure of healthcare. This increase has been sustained.

HMP Maghaberry operates a facility known as the Donard Centre which provides some support to mentally disordered prisoners. Whilst this is innovative and a valuable resource, it is not a replacement for a residential healthcare unit.

Vulnerability

The lack of any residential healthcare facility within the prison estate is remarkable and is clearly failing to meet the needs of vulnerable prisoners. There is evidence that those with mental illness are finding themselves placed in solitary confinement which has been demonstrated as being detrimental to their mental health problems. The lack of a dedicated residential healthcare facility prevents the use of nursing staff observations, therapeutic interventions and the encouraging of compliance with a mental health care plan.

The dramatic increase in the number of prisoners requiring transfer to hospital indicates that the closure of the residential healthcare facility has resulted in a deterioration in the mental health of prisoners to the extent that they meet the criteria for transfer to hospital.

Recommendations for action

It is recommended that the South Eastern Health and Social Care Trust establish a residential healthcare facility within the prison estate with regards to the established best practice for such a facility (Haney, 2013; Royal College of Psychiatrists, 2017).

Transfer to hospital: Current situation 1

Secure hospital care provision in Northern Ireland is very limited, with 0.2 beds per 100 000 population. This compares very unfavourably with the 0.8 per 100 000 seen in the rest of the United Kingdom. This is significant as prisoners requiring transfer to a mental health hospital will need a placement in a secure hospital environment.

Vulnerability

The paucity of secure bed provision will result in delay in the transfer of prisoners to hospital.

Recommendation for action

It is recommended that the low secure agenda be revisited by the Department of Health with a view to meeting the needs of mentally disordered prisoners.

Transfer to hospital: Current situation 2

Historically there has been a greater use of Psychiatric Intensive Care facilities for transferred prisoners. This currently applies to half of the prisoners transferred to hospital.

Vulnerability

The routine use of Psychiatric Intensive Care facilities to manage prisoners is inappropriate and unsafe. There will always be cases where intensive care is suitable and this remains a potential option. However, intensive care is not a substitute for security and is not designed with a view to managing prisoners. Whilst there will occasionally be prisoners who can be managed outside of secure care, most are imprisoned as a result of concerns for public safety. In addition to this, the needs of transferred prisoners are complex and not likely to be met outside of a forensic service. The National Association of Psychiatric Intensive Care and Low Secure Units states that intensive care should be used for “short periods of rapid assessment, intensive treatment and stabilisation” lasting no longer than “6–8 weeks”. This is not consistent with the management of a transferred prisoner.

There is no robust and transparent decision-making process evident in determining the security needs of transferred prisoners.

Recommendation for action

It is recommended that all prisoners requiring transfer from prison to hospital be considered at a regional bed management forum. Nationally recognised instruments such as the DUNDRUM Toolkit

(Kennedy et al, 2013) should be used to reinforce clinical decision-making. This will optimise the use of a scarce clinical resource as well as ensuring that public safety is not compromised (National Association of Psychiatric Intensive Care and Low Secure Units, 2016).

Transfer to hospital: Current situation 3

There has been an increased prevalence of prisoners being transferred to hospital contrary to the recommendations of the treating clinician.

Vulnerability

The transfer of prisoners by the courts to hospital against the recommendation of the treating clinician is a waste of a clinical resource. It also raises concerns as regards the protection of prisoners from inappropriate medical interventions.

Recommendation for action

It is recommended that the transfer of prisoners to hospital against the recommendation of the treating clinician cease.

Prevalence of mental ill health

Current situation

The prevalence of mental ill health and intellectual disability within the prison population in Northern Ireland is poorly understood. Northern Ireland is reported to have a 25% higher overall prevalence of mental health problems than England. At the same time, prison population rates are two thirds that of England with a much higher proportion of prisoners with life sentences. There are also higher risk groups within the prison such as the care and supervision unit and the separated unit.

Vulnerability

In the absence of an understanding of the mental health needs of prisoners, it is unlikely that services will be appropriately structured and resourced. Extrapolation from other jurisdictions is not reliable or accurate.

Recommendation for course of action

It is recommended that the Department of Health commission research into the prevalence of mental illness within the Northern Ireland prison population in order to determine mental health need (Department of Health, Social Services and Public Safety, 2014; Council of Europe, 2014).

Suicide

Current situation

There is an assumption that suicide amongst prisoners is a mental health phenomenon. Whilst there is a small, but very significant, group for whom mental illness is directly related to suicide, most prisoners who end their life do so in the context of social circumstances. Most prevalent in this regard are cases where a lengthy period of custody is imposed. Those accused of sexual offences are a particularly high-risk group. The use of a psychiatrically-led model for the prevention of suicide in these cases is not always appropriate and may contribute towards an adverse consequence. We would note that three quarters of those who die by suicide are not known to mental health services (National Institute for Clinical Excellence, 2018).

Vulnerability

Suicide risk assessment has been shown to be ineffective in correctly identifying those at risk of dying by suicide, with false positive rates in the region of 95% and false negative rates in the region of 50% (Nielsen et al, 2017). The inaccuracies in suicide risk assessment at the population level may be amplified in individualised risk assessment.

Systematic review and meta analyses of strategic and clinical interventions to prevent suicide found that only the World Health Organization's (WHO) Brief Intervention and Contact (BIC) method showed promise as a strategy and that no other intervention showed a statistically significant effect (Riblet et al, 2017).

Recommendation for course of action

It is recommended that reviews of individual prison suicides should not be framed in terms of predictability and preventability (Nielsen et al, 2017; Riblet et al, 2017). The contribution of mental health workers to 'Supporting Prisoner at Risk' reviews should continue.

Screening

Current situation

Screening of prisoners for mental health problems is not carried out in accordance with National Institute of Clinical Excellence guidelines which have now been endorsed by the Department of Health in Northern Ireland.

Vulnerability

The lack of adequate screening often results in prisoners with mental illness not being identified in a timely fashion. This has consequences for their mental health and increases vulnerability.

Recommendation for action

It is recommended that screening of prisoners for mental health problems be introduced by the South Eastern Health and Social Care Trust in accordance with National Institute of Clinical Excellence guidelines (National Institute for Clinical Excellence, 2017).

Therapeutic provision

Current situation

Some limited provision has been made for cognitive behavioural therapy and psychotherapy for psychological trauma. There is no provision of specific therapeutic interventions for personality disorder.

Vulnerability

In the absence of evidence-based therapeutic opportunities, it is unlikely that there will be meaningful change in the presentation of offenders with mental disorders. This is particularly marked given the prevalence of personality disorder in the prison population.

Recommendation for action

It is recommended that therapeutic opportunities be provided by the South Eastern Health and Social Care Trust in accordance with the National Institute of Clinical Excellence guidelines (2017) within prison mental health services.

Regional issues

Current situation

There is a disconnect between prison mental health care and the wider forensic mental health community. Prisoners cannot be treated in isolation and there is a need to incorporate all aspects of care into an operational policy. Most notably, the provision of police custody healthcare, together with the capacity of the regional secure unit, have significant implications for prisoners with mental illness. The failure to comply with CR141 exacerbates this.

Vulnerability

The failure to adopt a regional approach to forensic mental health care is exacerbating the difficulty in providing care to prisoners.

Recommendation for action

There is a requirement to establish a steering group to influence the delivery of prison mental health care. This should include forensic psychiatry in the form of the Regional Advisor in Forensic Psychiatry for the Royal College of Psychiatrists in Northern Ireland, as well as other relevant expertise.

The most effective solution would be the development of a Regional Forensic Mental Health Service. In the absence of this, it is recommended that a managed clinical network be established and resourced by the Department of Health.

Consolidated recommendations for action

Immediate

- An evidence-based model of care be applied by the South Eastern Health and Social Care Trust to the delivery of mental health care within the prisons in Northern Ireland in line with national guidance.
- A residential healthcare facility providing 24-hour mental health care be established by the South Eastern Health and Social Care Trust within the prison estate.

Medium term

- A steering group be established by the Department of Health with respect to prison mental health care with input from the Forensic Faculty of the Royal College of Psychiatrists in Northern Ireland as the subject matter experts.
- Prison mental health services in Northern Ireland join the Prison Quality Network and participate in a peer review process.
- Prison mental health services comply with the promoting quality care guidelines. Prison psychiatry job plans conform to national guidelines.
- All prisoners requiring transfer from prison to hospital be considered at a regional bed management forum.
- Screening of prisoners for mental health problems be introduced by the South Eastern Health and Social Care Trust in accordance with National Institute of Clinical Excellence guidelines.

Longer term

- The low secure agenda be revisited by the Department of Health with a view to meeting the needs of mentally disordered prisoners.
- The transfer of prisoners to hospital against the recommendation of the treating clinician cease.
- Research be commissioned by the Department of Health into the prevalence of mental disorder within the Northern Ireland prison population in order to determine mental health need.
- Reviews of individual prison suicides should not be framed in terms of predictability and preventability.
- Therapeutic opportunities be provided by the South Eastern Health and Social Care Trust in accordance with National Institute of Clinical Excellence guidelines within prison mental health services.
- A managed clinical network be established and resourced by the Department of Health. Prison healthcare providers must engage with regional fora at senior management level.

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