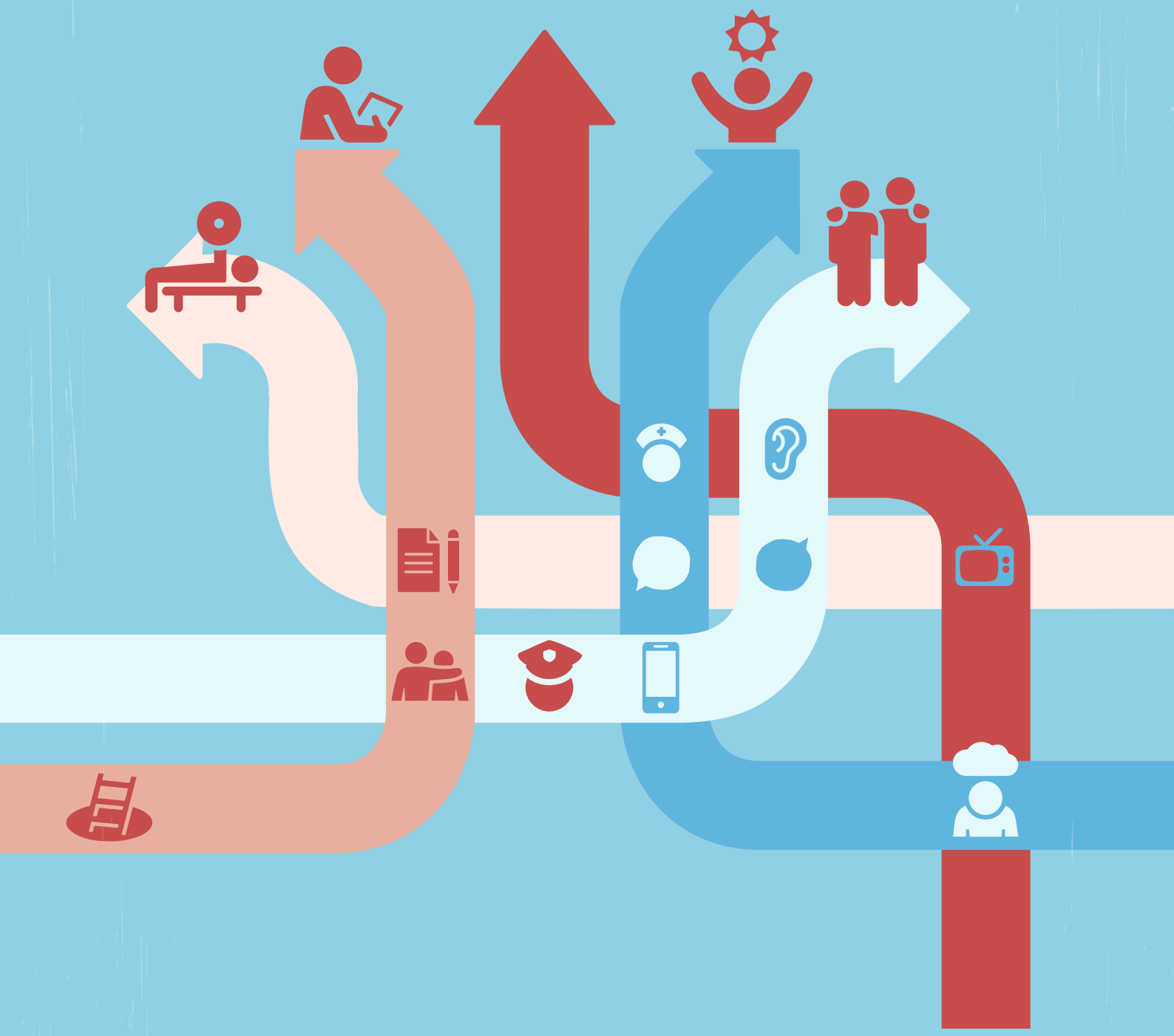
MENTAL HEALTH SERVICES & SUPPORTS IN PRISONS:

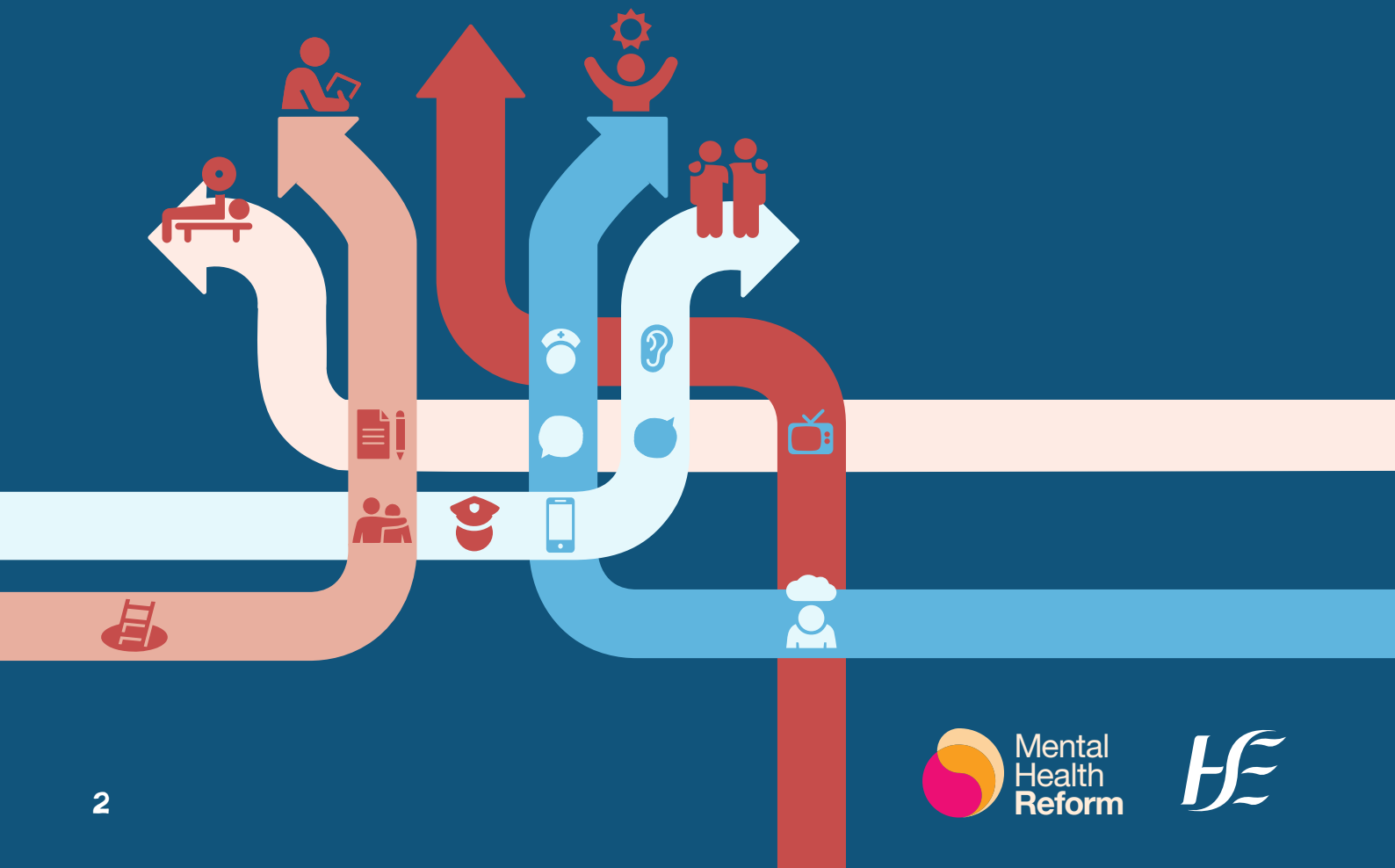
Service Mapping and Reflections from Lived Experiences



EXECUTIVE SUMMARY

HSE

Mental Health Reform



Mental Health Reform

HSE

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FOREWORD

It is with immense privilege that I introduce this pivotal report on mental health within the Irish prison system. In an era where global awareness of mental health continues to expand, it is imperative that we illuminate the unique challenges faced by people in prisons. Despite national and international guidance that individuals with severe mental health difficulties should be diverted from the criminal justice system, we know that this is not the reality for many individuals.

This report represents a significant stride towards comprehending and addressing the mental health needs of this key group. It is the culmination of extensive research, collaboration, and dedication, having embarked on its journey since initial discussions began in 2019.

Within these pages, you will discover a distinctive perspective on mental health within the prison environment. While there are often reports spotlighting specialised care for people in prison, this report ventures into the day-to-day realities for both prison staff and persons detained in closed, adult prisons.

I would like to express thanks to the Health Service Executive (HSE) for their generous support and funding, which made this project possible. Additionally, I extend sincere gratitude to the Irish Prison Service (IPS) for their invaluable support throughout this endeavour. The collaboration and insight of both have been instrumental in shaping our research and ensuring its relevance to the realities faced by both persons in custody and staff within the prison environment. Mental Health Reform (MHR) looks forward to continuing our engagement with both agencies as we move to implement the recommendations outlined in this report.

I would like to extend my appreciation to the individuals who shared their stories and experiences, despite the inherent challenges and vulnerabilities involved. As always, I hope that we at MHR have handled these stories and experiences with care, respect and compassion.

Addressing mental health requires a whole-of-government, multi-stakeholder approach, and nowhere is this more evident than in meeting the mental health needs of people in prison. Ireland's commitment to a tiered approach to mental health, as outlined in our policy "Sharing the Vision," underscores the importance of strategic investment. This report emphasises the crucial role played by Voluntary and Community Sector (VCS) organisations in delivering services within prisons, highlighting their positive impact on the daily lives of people in prison with mental health difficulties.

To achieve a coordinated approach demands comprehensive investment across all services to ensure individuals receive support at the earliest possible juncture. This entails investing in early intervention and prevention services, investing in general mental health services accessible to all, as well as providing specialised services for those in need.

Finally, I urge policymakers, stakeholders, and communities alike to heed the findings presented in this report and take proactive steps towards fostering a more compassionate and inclusive society. Together, we can forge a future where mental health is prioritised, stigma is eradicated, and every individual has the opportunity to thrive.

Warm regards,

***Fiona Coyle*,**
CEO of Mental Health Reform

ACKNOWLEDGEMENTS

MHR would like to extend our sincere gratitude to the members of this project's Steering Group and the members of MHR's Research Advisory Committee (RAC). There have been a number of iterations of both since the inception of this project and everyone's contribution is acknowledged.

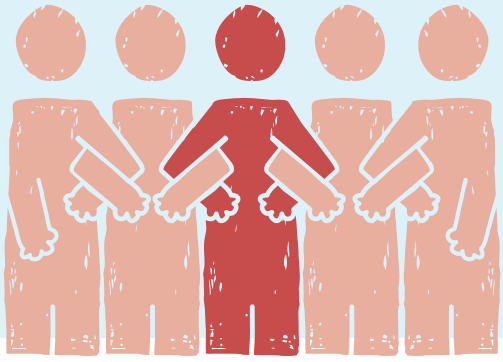
Similarly, MHR extends gratitude to all Mental Health Reform staff, past and present, who have been involved in this project. Special acknowledgment is given to Research Officer, Julia Corey, for her exceptional work in authoring this report. We also extend our thanks to Dr Padraig O'Feich, Sowmya Shrivastava and Sera Jacob for their valuable contributions to specific research sections.

A special thank you to the Director General of the Irish Prison Service, for their cooperation and facilitation in gaining access to the prison facilities and for providing valuable insights into the mental health difficulties faced by people in prisons and the support being provided.

We would also like to extend our sincere gratitude to Dr Emma Regan, Head of Psychology Services in the IPS and the 14 assistant psychologists whose collaboration and assistance were fundamental to accessing the necessary resources and information for this research. Thank you to Megan Bowes, Jennie Clarke, Róisín Cunningham, Anouk Francis, Maggie Lalor, Hannah Lynch, Niamh Murphy, Lorna O'Sullivan, Ellie Shackleton, Nicole Slyver, Ruth Tobin, Eibhlin Toomey, Laura Trihy, and Claire Young.

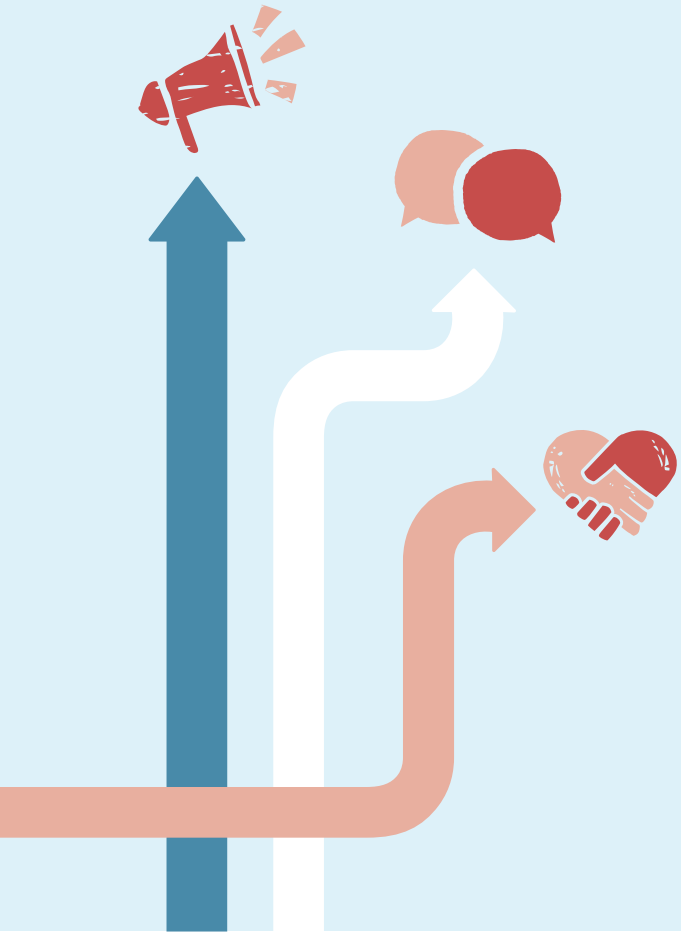
We are grateful to the all of the participants of this study, whose willingness to share their experiences has shed light on the complexities of mental health issues within the prison system. Their contributions have been integral to the development of this research. In particular, we would like to acknowledge the men in custody for talking to us. We really appreciate the solution-focused ideas they put forward.

Lastly, this research would not have been possible without the commitment and financial support of the HSE.



WHO WE ARE

Mental Health Reform (MHR) is Ireland's leading national coalition on mental health. Our vision is of an Ireland with accessible, effective and inclusive mental health services and supports. We drive the progressive reform of mental health services and supports, through coordination and policy development, research and innovation, accountability and collective advocacy. Together with our 85 member organisations and thousands of individual supporters, MHR provides a unified voice to the Government, its agencies, the Oireachtas and the general public on mental health issues. MHR would like to thank our members for their continued insight, input and work.[1] Further information on our members can be found on the MHR website.



A NOTE ON LANGUAGE

While our national mental health policy, *Sharing the Vision: A Mental Health Policy for Everyone*, uses the terminology 'mental health difficulties', the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which Ireland ratified in 2018, uses the term 'psychosocial disabilities' when referring to people with mental health difficulties or people who self-identify with this term. The UNCRPD clearly states that the protections and rights set out extend to those with psychosocial disabilities. Mental Health Reform (MHR) advocates for the choice of the individual in how they prefer to describe their experience and acknowledge that *"it is an individual choice to self-identify with certain expressions or concepts, but human rights still apply to everyone, everywhere."* [2]

This is not about a medical diagnosis; it is about the interaction between someone with a mental health difficulty and their social environment. Psychosocial disability refers to the functional impact or barriers that those living with enduring mental health difficulties experience every day. People in prison with enduring mental health difficulties/ psychosocial disabilities also have rights under Ireland's Equal Status Acts.

This report strives to use person-first language throughout. In cases where the term 'prisoners' is used it relates to direct quotes from people or is the official terminology used by service providers. Other quotes contain language that may not otherwise be published in a research piece; however, to keep the authenticity of the lived experience, direct quotes have not been changed.

EXECUTIVE SUMMARY

1. INTRODUCTION

It is increasingly acknowledged globally and in Ireland that many individuals in prison experience mental health difficulties and have a range of needs that are often complex. Despite an increased focus on this issue in recent years, in Ireland there remains an inadequate understanding of the services and supports available.

In 2019, Mental Health Reform (MHR) and the Health Service Executive (HSE) initiated a crucial study to map mental health services and supports in prison settings. Despite ethical approval and initial momentum, the study faced a pause in 2020 due to the global pandemic, resuming in 2022.

Since the project's inception, the landscape has evolved significantly. There has been a new mental health policy published and a High-Level Task Force (HLTF) established. The HLTF examined the mental health and addiction challenges faced by individuals who come into contact with the criminal justice sector, and has made 61 recommendations.[3] Adapting to these developments, this research set out to contribute valuable insight, drawing from the lived experiences of individuals within Irish prisons, to support key stakeholders in bringing transformative change in addressing the mental health needs of the prison population.

Focusing on adult closed prisons in Ireland, the study not only identifies mental health services and pathways to access support but also integrates the nuanced perspectives from those who have lived experiences. *Sharing the Vision: A Mental Health Policy for Everyone*, Ireland's national mental health policy, commits that all persons with mental health difficulties encountering the forensic system should have access to tiered mental health supports. While much of the previous focus on mental health supports in prisons has been on specialised services, this study reflects the broad range of services and supports available across tiers, in line with *Sharing the Vision*.

> .. this research set out to contribute valuable insight, drawing from the lived experiences of individuals within Irish prisons ..

2. NARRATIVE: MENTAL HEALTH & THE PRISON POPULATION

As of February 2024, more than 4,500 persons are detained in the Irish Prison Service (IPS).[4] Both mental health difficulties and drug and alcohol dependency are very common among the Irish prison population.[5,6] A 2019 systematic review of the literature estimated 50.9% of persons in custody in Ireland have a substance use disorder, 28.3% an alcohol use disorder, 4.3% have been diagnosed with an affective disorder and 3.6% with a psychotic disorder; most of which are significantly higher than rates found in the general population.[7]

Rates of **dual diagnosis** are also high among prison populations,[8,9] and women[10] and persons with adverse childhood experiences (e.g. abuse, neglect, household substance misuse, domestic abuse, etc.) are at increased risk.[11] The Health Needs Assessment for the IPS reported that "the prevalence of prisoners with a dual diagnosis was notable."[12] Despite the high prevalence and high risk among the population,[13] this has been recognised as an under-resourced area in Irish prisons.[14]

> .. the prevalence of prisoners with a dual diagnosis* was notable ..

The **prison environment** itself can also contribute to or exacerbate mental health difficulties. In Ireland, it is estimated that of detained persons who have ever used heroin, 43.0% initiated use while in prison. A study by Nurse et al[15] found that feelings of isolation and boredom, drug misuse, reduced contact with family, and negative relationships with peers or prison staff all contributed to poor mental health while in custody.[16]

Overcrowding in prison environments has also been found to negatively impact mental health.[17,18] With overcrowding often comes reduced privacy, sanitation, and out-of-cell activities, as well as increased violence, all of which contribute to and exacerbate mental health difficulties among prison populations.[19] Overcrowding may also contribute to increased waiting times to access services and supports.[20] Mental Health Reform's member organisation, the Irish Penal Reform Trust (IPRT), highlight overcrowding as a significant issue in their recent Progress in the Penal System (PIPS) – A Framework for Penal Reform 2022 report.[21] As of February 2024, 11 out of the 12 closed-prisons in the IPS were at full capacity or over-capacity.[22]

Similar to the broader mental health system, **voluntary organisations** are involved in the delivery of mental health related services and supports in prisons and fill important gaps in the provision of these services. Indeed, the IPS Healthcare Standards relating to mental health specifically state that "appropriate use will be made of voluntary agencies such as the Samaritans or a counselling service."[23]

** Dual diagnosis refers to individuals who are co-presenting with mental health difficulties as well as substance and/or alcohol use disorders. They may also be experiencing homelessness or housing insecurity as a result.*

2.1 Research Aims

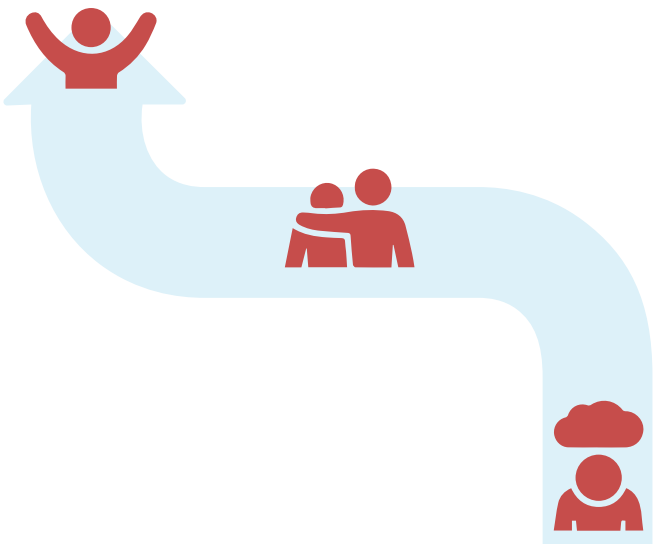
This project sought to identify what mental health services and supports are provided across adult closed-prisons in Ireland and the pathways, or steps, detained persons must take to access these services, including:

- What services and supports are available?
- How do detained persons become aware of what services and supports are available?
- How do detained persons become aware of the steps needed to access such services and supports?
- What are the steps detained persons must take to access each service and support?
- What are the potential barriers to accessing each service and support?

> .. feelings of isolation and boredom, drug misuse, reduced contact with family, and negative relationships with peers or prison staff all contributed to poor mental health while in custody ..

3. METHODOLOGY

This study used a mixed-methods approach. A ten-part **survey** was distributed to staff across adult closed-prisons in the IPS, covering general prison information and various mental health programmes, services, or supports in the prison. Descriptive analysis was used for survey data. Qualitative **focus group discussions (FGDs)** or **one-to-one in-depth interviews** with key stakeholders explored their experiences providing or accessing mental health services or supports in adult closed-prisons. A total of 21 prison staff, five voluntary and community sector staff, and 12 detained men took part in FGDs or one-to-one interviews. Audio recordings of interviews and FGDs were anonymised, transcribed, and analysed using thematic analysis, informed by Braun & Clarke.[24] **Desk-based research** was used to contextualise and supplement data from surveys and qualitative interviews and FGDs. Where desk-based research was used, appropriate sources are referenced. For more detailed information on methodology used, please refer to the full report.



4. SETTING THE SCENE

This section presents contextual factors highlighted by participants regarding the current prison landscape, including prison officers, the committal process, Integrated Sentence Management (ISM), Probation Services, and the impact of COVID-19 on prisons.

4.1 Prison Officers

Class officers are prison officers who are in charge of a prison landing (e.g. a prison unit). Class officers typically can provide information about various services and supports within the prison, and can initiate referrals to services (e.g. GP, school, psychology, etc.).

4.2 Committal Process

Individuals entering custody typically spend their first night in a committal unit. The following day, a series of **committal interviews** take place, including with medical staff, the prison governor, chief officer, ISM, and, in some cases, a peer-listener from the Samaritans Listener Service. Some prisons may also provide a **small booklet**, listing available services.

4.3 Integrated Sentence Management and Probation Services

Integrated Sentence Management (ISM) was described as a service providing support to individuals with sentences of a year or longer. ISM Officers hold periodic check-ins to help manage their sentence, engage with services, and plan for release. **Probation Services** were described as offering tailored support, based on individual needs. Those on short sentences typically link in with the service toward the end of their sentence, or upon release. Persons with life sentences engage with probation throughout their time in prison.

4.4 Protection Landings

Protection landings are units with a restricted regime, that includes being locked in cells for up to 23 hours per day, with meals handed in to persons. Those on protection have very limited access to the school, employment, and mental health services and supports in the prison.

4.5 Impact of COVID-19

COVID-19 mitigation measures implemented at the onset of the pandemic included frequent lockdowns, isolation of positive cases and close contacts, and restricted in-person visitations – the majority of which were lifted by early 2023. Several prisons introduced **in-cell phones** for contacting family, friends, and services such as the Samaritans Listeners. **VideoLink** services also became widely used for visitations and mental health service provision.

4.6 Policy Context

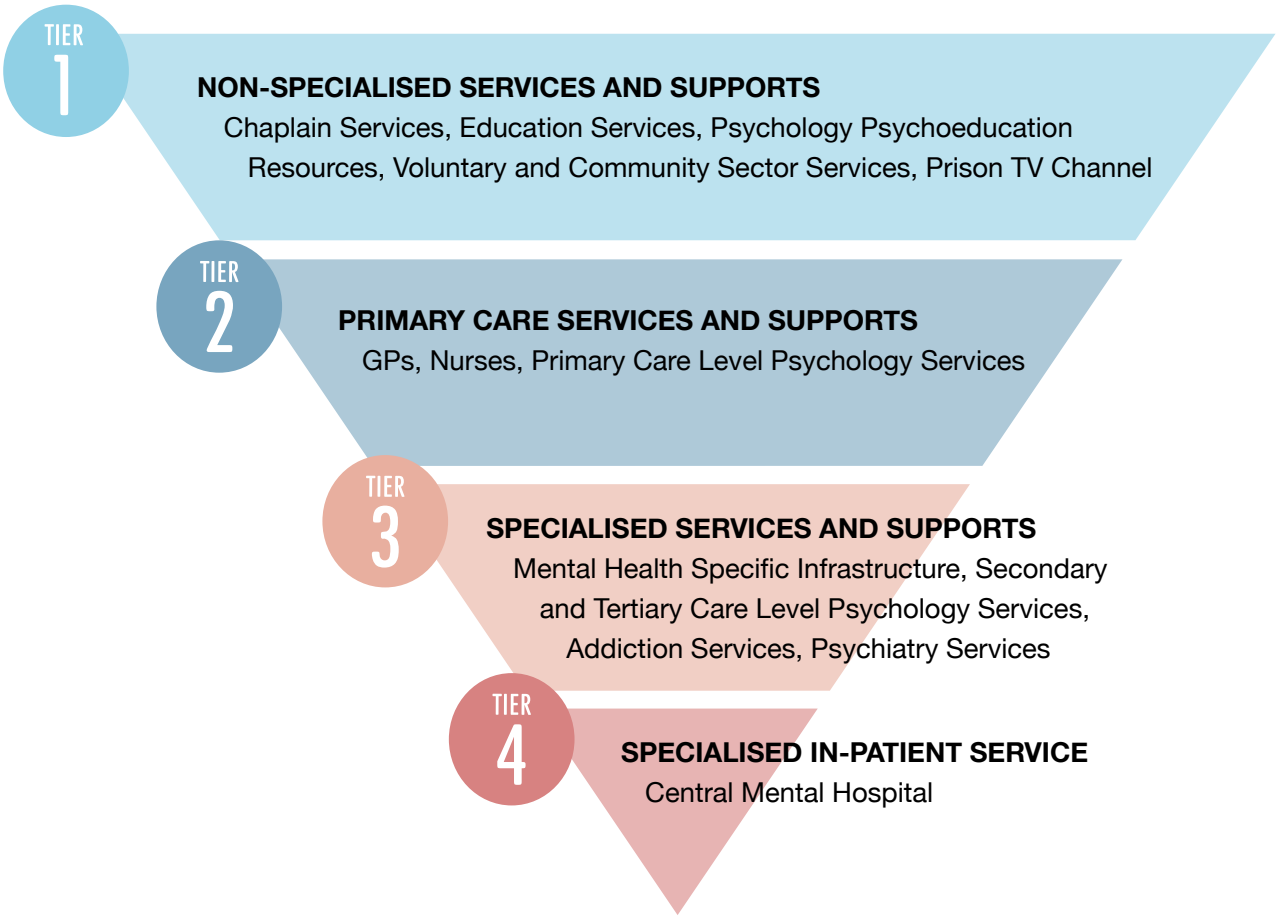
Ireland's mental health policy, *Sharing the Vision: A Mental Health Policy for Everyone* outlines a tiered approach to mental health services nationwide. Recommendation 54 of Sharing the Vision states that all persons with mental health difficulties encountering the forensic system should have access to tiered mental support. Therefore, findings of this research are presented using a similar tiered approach framework.

5. MAPPING MENTAL HEALTH SERVICES AND SUPPORTS

Study participants were asked about the mental health services, supports, and resources that are available to persons in prison. This section provides an overview of mental health services, supports, and resources that were identified. This overview is presented by service or support, rather than by prison. The availability of some services, supports, and resources may differ from prison to prison.

Drawing inspiration from Sharing the Vision's "Stepped Care Approach," each service or support identified was categorised into one of four tiers, based on the level of mental health support provided. Tier 1 includes services or supports that are low-level and non-specialised, Tier 2 includes primary care mental health services and supports, Tier 3 includes specialised mental health services and supports, and Tier 4 includes specialised in-patient mental health services and supports, as illustrated in **Figure 1.**

Figure 1. Tiered model of mental health services and supports in the IPS



5.1 Tier 1: Non-specialised Services and Supports

Tier 1 services and supports in prison are available to the whole population and are generally best suited to support persons experiencing 'mild' mental health difficulties. Services identified include: Chaplain Services, Education Services, Psychology Psychoeducation Resources, Voluntary and Community Sector Services, and the Prison TV Channel.

Chaplain Services

Prison chaplains, trained in pastoral care, were described as providing informal emotional support for detained persons on a day-to-day basis.

Education Services

Prison schools offer general academic courses and life skills workshops. In some prisons, mental health adjacent courses, such as yoga, mindfulness, sleep management, and mood management were reported as available. Additional courses may also be available via the prison TV channel, local universities, and online through Open University.

Spotlight: Red Cross Programme

The Red Cross programme, accessed via the prison schools, offers Red Cross volunteer training to detained persons. Volunteers raise awareness of prison activities and supports, and lead health promotion events such as suicide prevention or overdose prevention.

Spotlight: Mental Health Week

Interview and FGD participants spoke highly of Mental Health Week, hosted by prison schools annually and open to the whole prison population. The programme includes a week full of workshops, speakers, and events that focus on mental health and well-being.

Psychology Psychoeducation Resources

Psychology-led once-off psychoeducation workshops, sometimes co-offered with education or addiction services, are open to the whole prison population. These workshops cover various topics, for example grief, trauma, or self-esteem. Additional psychoeducation resources may be available through the TV channel, library, and leaflet distribution.

Prison TV Channel

The **prison TV channel** provides information about available services and how to access them**. In-cell televisions** may also share education and mental health resources.

Additional Non-specialised Resources

Additional non-specialised resources that may indirectly support mental health were identified, including informal peer-to-peer support, the prison gym, and the phone service.

Voluntary and Community Sector Services

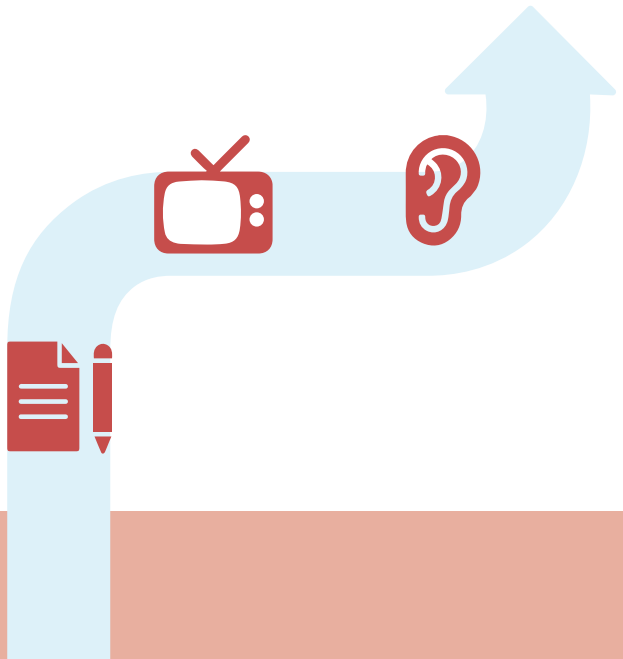
A number of voluntary and community sector services that provide support to persons in custody, recently released, or affected by imprisonment were identified, as presented in *Table 1* on page 13.

Table 1. Further information about each service can be found in the full report.

Voluntary and Community Sector Services Identified		
* Anna Liffey Drug Project	* Grow Mental Health	* Peter McVerry Trust
* Alcoholics Anonymous Ireland	* Irish Association for Social Inclusion Opportunities	* Rape Crisis Centre
* Bedford Row	* Merchant's Quay Ireland	* Society of St. Vincent DePaul
* Care After Prison	* Narcotics Anonymous Ireland	* St. Nicholas Trust
* Churchfield Community Trust	* National Traveller Women's Forum	* Smyly Trust
* Cork Alliance Centre	* New Directions	* SAOL Project
* Exchange House	* One in Four	
* Fusion CPL	* PACE	
* Guild of St. Phillip	* Pathways Centre	

Spotlight: Samaritans Listener Service

Samaritans Listeners offer confidential, active listening services 24/7. Listeners provide a non-judgemental ear and can signpost to further support. They are trained not to intervene or stop self-harm. Both face-to-face listening services provided by trained peers and over-the-phone listening services provided by trained volunteers in the community were described.



> .. Services include: Chaplain Services, Education Services, the Prison TV Channel ..

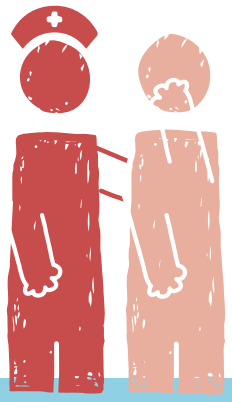
5.2 Tier 2: Primary Care Services and Supports

Tier 2 service and supports should be provided for persons needing additional supports beyond Tier 1. This Tier, **Primary Care Services and Supports**, supports persons experiencing 'mild to moderate' mental health difficulties. Identified services include: Primary Care Health Services and Primary Care Psychology Services.

Primary Care Health Services

GP and primary care nursing services are provided via the prison health clinic. **Prison GP Services** provide primary healthcare services, including clinical care for persons experiencing mild to moderate mental health difficulties, prescription medications, and referrals to further mental health supports, where appropriate. GP services are generally available on a daily basis, typically by appointment.

Primary care nursing services can provide general health assessments, triage for clinical care, and referrals to the GP or additional mental health supports, where appropriate. Primary care nurses also provide risk assessments and supports following self-harm incidents, and pre-transfer care to in-patient psychiatric services. Nurses are available on prison landings daily, including weekends, to distribute medication to detained persons.



> .. Primary care nurses provide risk assessments and supports following self-harm incidents ..

Primary Care Psychology Services

Primary care level psychology services offer support for individuals experiencing mild to moderate difficulties such as anxiety, depression, obsessive-compulsive disorder, and panic disorder. These are typically short-term interventions. Examples participants gave included interventions for sleep disturbance, mood, and anxiety.

5.3 Tier 3: Specialised Services and Supports

Tier 3 services and supports provide specialised support for persons experiencing moderate to severe mental health difficulties. This tier also includes addiction services in the IPS. Services identified include: Mental Health Specific Infrastructure, Secondary and Tertiary Care Psychology Services, Drug and Alcohol Addiction Services & Dual Diagnosis, and In-reach Psychiatry Services.

Mental Health Specific Infrastructure

Mental health specific infrastructure identified included mental health specific landings, high support units, and safety observation cells.

Secondary and Tertiary Care Psychology Services

Secondary and tertiary level psychology services offer support for more pronounced or enduring mental health difficulties, such as personality difficulties, trauma, and psychosis recovery. These interventions may include group-work or longer-term individual work.

Drug and Alcohol Addiction Services & Dual Diagnosis

Upon committal, persons are screened for substance use and offered **detox or drug maintenance** (e.g. methadone) as needed. Additionally, **addiction counselling** services via **Merchant's Quay** can help individuals struggling with addiction develop positive coping strategies. Some prisons may also have **Narcotics Anonymous (NA)** and **Alcoholics Anonymous (AA)** support groups, and **addiction-focused workshops run through local universities**. The **Medical Unit in Mountjoy Prison** offers community living and an eight-week intensive support programme for individuals to become drug-free.

In-reach Psychiatry Services

Psychiatry services, provided by the **National Forensic Mental Health Services (NFMHS)** or HSE, offer specialised treatment for more severe mental health difficulties, such as psychosis or suicidal thoughts. The NFMHS also operates two dedicated areas for persons experiencing mental health difficulties and at risk of harm to themselves or others, located in Cloverhill and Mountjoy prisons.[25] Additionally, the NFMHS **Prison In-reach and Court Liaison Service (PICLS)**, a multidisciplinary psychiatric service, helps courts identify defendants experiencing significant mental health difficulties and facilitates access to appropriate mental health care.[26] The service provides in-reach clinics in Cloverhill, Mountjoy, Wheatfield, Midlands, Portlaoise, Arbour Hill, and Castlerea prisons.[27]

5.4 Tier 4: In-Patient Mental Health Services and Supports

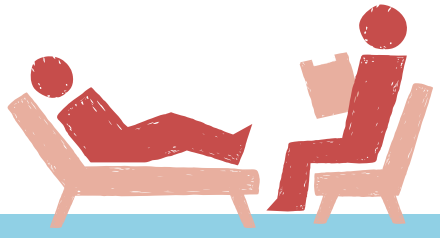
Tier 4 services should be provided to persons experiencing severe mental health difficulties and in need of specialised in-patient mental health care. The Central Mental Hospital was identified as the key provider of Tier 4 care.

The Central Mental Hospital

The Central Mental Hospital (CMH), now located at the NFMHS in Portrane, is the only approved centre that can provide **in-patient mental health care** for detained persons experiencing significant mental health difficulties. Care is provided under the Mental Health Act, 2001 and Criminal Law (Insanity) Act 2006.

6. PERSPECTIVES OF PERSONS WITH LIVED EXPERIENCE

Study participants shared their reflections of the available services and supports in closed-prisons, and the ways in which persons may become aware of each service or support and how it is accessed. Challenges to accessing each service or support, along with potential solutions identified by participants, are also highlighted in this section. For a detailed exploration of pathways, experiences, challenges, and opportunities, please refer to the main report.



> .. Psychiatry services offer specialised treatment for more severe mental health difficulties ..

Pathways to Accessing Services and Supports			
Service or support	**How persons become aware of service or support**	**How persons become aware of steps needed to access service or support**	**Steps one can take to access service or support**
Chaplains	On committal; Noticeboards; TV Channel; Word of mouth; Prison staff		• Meet on committal • Ask class officer • Referral via prison staff, family, friend, or supporter • Via phone service • Approach on landings
	Visible on landings		
Education services	On committal; Word of mouth; Red Cross volunteers; Prison officers; Prison staff; Chaplains; Addiction services; Governor; ISM; Noticeboards; TV channel		• Ask prison officer, governor, or peer to put name on list • Self-refer via application or speaking with teacher • Referral via Prison Information Management System
Samaritans Listener Services	Noticeboards; TV channel; Leaflets; Prison staff		• Approach peer listener • Ask staff member to get Listener
	T-shirts worn by peer listeners; Stickers outside of Listeners' doors		
Primary care services	On committal; Governor; ISM; Leaflets; Information books		• Present to daily nurse triage • Self-refer to surgery, GP • Ask officer, chaplain, or other staff • Ask peer to call nurse • Call bell at night • Referral from multi-disciplinary team meeting
	Daily nurses triage		
Psychology services	On committal; Information books; Leaflets; Noticeboards; TV channel; School newsletter; Annual review meetings; Probation services; Voluntary staff; GPs; Nurses; Prison officers; Operational staff; Chaplains; Psychiatry; Governors; Addiction services; Word of mouth; Red Cross volunteers; Mental Health Week; Lifers Forum		• Open access to whole-population workshops • Referral for clinical services may be made by anyone: prison officers, GPs, nurses, chaplains, addiction services, teachers, Governor, peers, family, solicitor, resettlement coordinator, or self-referral. • Automatic referral for priority groups
Addiction services	ISM; Court mandated reports; Prison officers; Word of mouth		• Offered detox on committal • Referral via GP, nurses, ISM, class officer • Ring addiction services via phone
	Screened on committal		
Psychiatry services	Nurses; Chaplains; Class officers; Prison staff		• Referral via GP

"To be honest with you, it was the prisoners overall that helped me with my mental health, by being able to talk to one another, by being there for one another, by looking out for me when I first came in, and introducing me to other people" **– Man in custody**

"The teachers were the best of the services that I ever used in jail. The teachers taught me more about myself in terms of manners and respect, and I suppose I see the work they put in because they… really care about their students and they really care about our progression in education…" **– Man in custody**

"You'll do anything to pass the time. People say, 'Go to the gym.' That would be great if the gym was on every day." **– Man in custody**

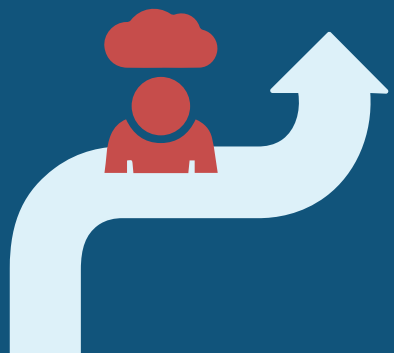
"I think the Red Cross programme in particular is well supported because staff can see the benefits, not just to prisoners, but to themselves as well. I mean, the Red Cross programme has made prisons a safer place for everybody." **– Prison Officer**

"I think the school is brilliant, they try to empower prisoners to find themselves, be the best version of themselves." **– Prison Officer**

"It's all short-staffed every week. It's either there's no school or there's gym or there's no gym or there's school or there's half of the schools open or half the school closed. It's always something. Every week it's always something." **– Man in custody**

"Where before I came to prison… there was no way that I would talk to anyone about my mental health. I'd always bottle it up and try to be strong and put on a face or put on whatever, maybe like a mask. Now, since I came to prison and got access to the [Mental Health Week] workshop with the psychologist and the school, I feel like I can really talk about my mental health." **– Man in custody**

"[Committal to prison] can be quite sudden, really abrupt for some people, and just not knowing basics, like what can I bring in with me? What's it going to be like when I'm in there? Will I have contact with my family?" **– Voluntary service staff member**



"[Addiction services] are compassionate as well. Because you're there for an hour with one person and you're starting to build a relationship. I find that works." **– Man in custody**

"I'd say, there's a running joke at the jail that you have to be doing a life sentence to get a psychology appointment." **– GP**

"Another thing I think works well is the psychiatric input. It's slow and it's not always available because of the shortage, but the ones that are being seen receive very good care and you see them improve..." **– Nurse**

"I would also encourage people to come in and speak to Travelling people about the mental health and the Romanian population, and the Polish and the Lithuanians, have something for them as well." **– Man in custody**

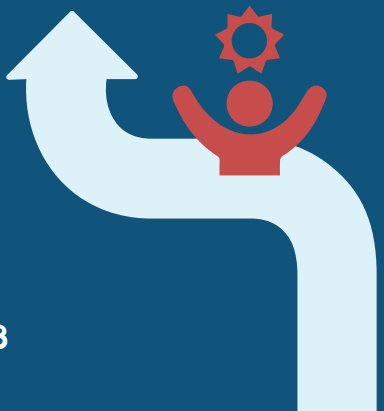
"[Chaplains] talk to you like a human being." **– Man in custody**

"I'm here for a full year, and I've seen psychology once. It's understaffed, as far as I'm concerned. Obviously, you need a prison officer or two out there waiting. That's understaffed as well. People have sick days. There doesn't seem to be a proper staff and a system put in-place..." **– Man in custody**

"But the stigma of mental health is just like you wouldn't be telling people that you're going to addiction counselling or anything, which I don't think there's a problem with. Because you're actually doing a good thing, but people would like to keep that hush." **– Man in custody**

"[The Samaritans] works quite well. The beauty of that, I suppose, is there's capacity built in the prison community. It tends to sustain itself with limited input from any of the official services really other than when the training comes around." **– Psychologist**

"They should have basically NA meetings, AA meetings, they should have these inside because they're in other prisons around the country. They're not inside here." **– Man in custody**



Key Challenges and Opportunities Identified by Study Participants		
Service/ Process	**Key Challenges**	**Key Opportunities**
Committal process	Persons, families, friends, supporters underprepared, unsure what to expect	Provide pre-sentencing information where possible
	Too little information provided	Resume information pack distribution
	Too much information overwhelming	Review information in weeks following committal
Education services	Limited access for those on protection	Increase access for those on protection
	School closures due to security and operational staff shortages	
Samaritans Listener Services	Language barriers	Purposeful recruitment of peer-listeners with multiple languages
Primary care services	Long GP wait lists for non-emergency care	Increased GP coverage for permanent staff leave
	Understaffing of overnight nursing as safety concern	Increased overnight nursing coverage
Psychology services	Long waiting lists	Increase whole population workshops to increase visibility, referrals, and support
	Understaffing of psychologists and operational staff to facilitate	
	Lack of awareness	Increase group therapy sessions to reach more persons and reduce stigma
	Stigma	
Addiction services	Long waiting lists	Increase operational staff and addiction counsellors
	Understaffing of addiction counsellors and operational staff to facilitate	
	Lack of awareness	Increase workshops and support groups for addiction
	Stigma	
		Dual Diagnosis model of care
Psychiatry services	Long waiting lists for CMH	Collaborative approach between IPS and NFMHS for persons in need of care in approved centre
	Lack of facilities and security to care for violent and disruptive persons in CMH – leaving person in IPS	

7. CONCLUSION

This research sought to better understand the mental health services and supports available to adults detained in closed-prisons, including the pathways to accessing these resources and potential barriers. Findings highlight a number of mental health services and supports available that can be categorised into four tiers, ranging from low-level to specialised in-patient care. A number of pathways to learning about, and accessing these services and supports were identified. Often, persons learned about resources via informational material (e.g. leaflets, posters, TV channel), staff interactions, or peer interactions. While the steps needed to access each specific service or support varied, they were often reported as being accessed via both formal and informal referrals by staff or peers.

Qualitative interviews and FGDs revealed that, once accessed, the overwhelming majority of services and supports are viewed positively by both staff and men in custody. Tier 1 emerged as particularly impactful, with educational services and other resources such as the prison gym frequently cited as beneficial to mental health.

Some barriers to accessing services and supports were identified. The most common challenges related to short-staffing, long waiting lists, limited awareness, stigma, and language barriers. However, potential solutions were also identified by study participants. Across stakeholder groups, there was a strong desire to continue and broaden Tier 1 supports, such as psychoeducation workshops. The demand for increased addiction services was also evident, along with the perceived value of workshops and addiction support groups led by persons with lived experience of addiction or incarceration.

Finally, this research underscores the importance of diverting persons with mental health difficulties away from prison and into mental health services, where appropriate and feasible – findings of which align with the HLTF Report.[28] Where diversion is not possible, it is crucial to mitigate the negative impact of incarceration on mental health and ensure access to tiered mental health services and supports within the prison.

> .. once accessed, the overwhelming majority of services and supports are viewed positively by both staff and men in custody ..

8. RECOMMENDATIONS

Policy and Legal Recommendations	
Align the Irish Prison Healthcare Standards with UNCRPD	Ensure compliance with human rights standards for persons with disabilities, including mental health difficulties, within the criminal justice system by aligning the IPS Healthcare Standards with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).
Ensure that legal rights, including those afforded under the Assisted Decision-Making (Capacity) Act 2015 are extended to people in prison	It is essential to extend legal rights to individuals in prison, including those provided under the Assisted Decision-Making (Capacity) Act 2015.
Ensure all prisons are implementing learnings from the COVID-19 lockdowns	Improving indoor air quality in prisons to meet the updated Health and Safety Authority Indoor Air Quality Code of Practice will reduce illness among both detained persons and staff. The UN recognises access to sanitation, including showering facilities, as a fundamental human right. Infectious disease isolation measures must respect human rights, be based on scientific evidence, non-arbitrary, non-discriminatory, of limited duration, and respectful of human dignity.

Operational Recommendations	
Formulate a comprehensive framework for tiered mental health support in Irish Prisons	This study has outlined the different types of supports available at an overarching level, and will be complemented by a research project exploring the mental health status and needs of the prison population due to be undertaken in 2024. There is a need to develop a clear framework specific to the prison context. This study has shown that Tier 1 supports are highly impactful but are often not directly considered when looking at mental health support and services.
Increase resource allocation across all tiers	To effectively deliver a wide array of essential supports and services, increased resourcing and funding is imperative.
Enhance the role of the Voluntary and Community Sector	Improve awareness and engagement with the Voluntary and Community Sector (VCS) by providing accessible brochures detailing available VCS offerings in each prison. Periodic visits from VCS services, akin to the success of Mental Health Week, could enhance awareness and accessibility. Ensure the provision and expansion of VCS services through sustainable, sufficient, and multi-annual funding.

Implement the Dual Diagnosis model of care in prisons	In line with the recommendations of the HLTF, a National Clinical Programme for Dual Diagnosis should be resourced and piloted within the prison setting with a view of scaling up across the prisons.
Distribute tailored information booklets in each prison	Standardised information booklets for each prison should be distributed within 48 hours of committal. Tailor the content to the specific offerings, services, and opportunities available in each prison, ensuring individuals have adequate time to review and seek clarification.
Provide information in multiple languages	Enhance accessibility by translating essential information into multiple languages, ensuring that individuals in prison can readily comprehend the provided materials.
Provide pre-sentencing guidance on what to expect in prisons	There are opportunities within the criminal justice process to provide pre-sentencing guidance on what to expect in prisons. This information should be provided in an accessible way and translated into relevant languages. The impact of imprisonment and the shock of being in prison are reported to be detrimental to mental health. Preparedness will reduce anxiety levels about what to expect.
Implement a second mental health screening	A second mental health screening should be conducted in the days following reception, when someone may be better placed to engage in discussion and the immediate stressor of being imprisoned is not as acute. This should be done by a trained mental health professional.
Peer support model	Explore and implement a peer support model within Irish prisons to enhance mental health and well-being, leveraging the unique benefits of shared experiences and mutual understanding among the prison population with lived experience of mental health difficulties.
Purposefully recruit multi-lingual peer-Listeners	Training Samaritans peer-Listeners who speak additional languages will improve access to the service for non-English speaking persons.
Increase awareness and reduce stigma	Increasing frequency of Mental Health Week and similar lived experience workshops and events may increase mental health awareness and reduce stigma among the population.
Develop Population-Centric Modelling for Tailored Prison Health Services in Ireland	Establish a modelling framework for the prison population as Ireland shifts towards population-based health budgeting. This modelling initiative should inform service provision, considering the distinct demographic and social characteristics of each prison population. Recognising that individuals often originate from communities facing multiple deprivations, have experienced adverse life events, and present with diverse and complex needs, the model should aim to tailor services accordingly.

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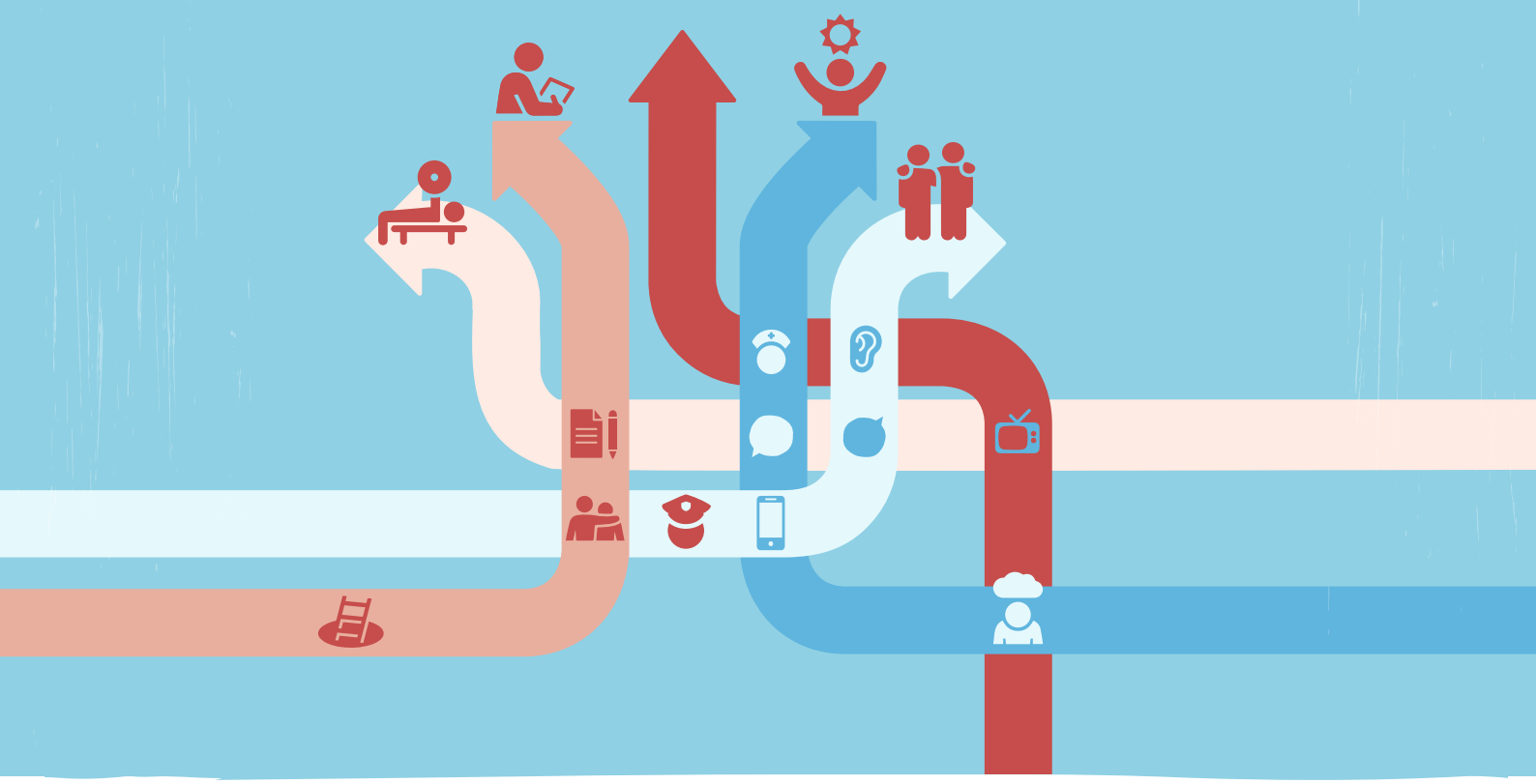
MENTAL HEALTH SERVICES & SUPPORTS IN PRISONS:

Service Mapping and Reflections from Lived Experiences



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