



An Roinn Dlí agus Cirt  
Department of Justice



Seirbhís Phríosúin  
na hÉireann  
Irish Prison Service

# **IPS Recommendation Action Plan**

## **16 August 2023**

### **Thematic Inspection: An Evaluation of the Provision of Psychiatric Care within the Irish Prison System**

February – March 2023

The Recommendation Action Plan table below is a summary of actions proposed by the Irish Prison Service to address recommendations made by the Inspectorate in relation to the Thematic Inspection: An Evaluation of the Provision of Psychiatric Care within the Irish Prison System. The Action Plan table also suggests timelines and action owners for completing the necessary actions.





Mr Mark Kelly,  
Chief Inspector of Prisons,  
Pembroke Hall Offices,  
38-39 Fitzwilliam Square West,  
Dublin 2,  
D02 NX53

Dear Chief Inspector, Mark,

I refer to your correspondence dated 13<sup>th</sup> July 2023 enclosing a copy of the draft *Thematic Inspection: An Evaluation of the Provision of Psychiatric Care within the Irish Prison System*. Prison and your request for observations from the Irish Prison Service and a completed action plan with regard to the recommendations.

Comments on the factual accuracy of the report were provided to you on 4<sup>th</sup> August as requested.

I am now pleased to attach our contribution to the action plan in respect of recommendations that are the responsibility of the Irish Prison Service. Please note that 16 of the recommendations have been accepted.

In respect of recommendations MHT 5, 6, 7, 11, 14, 16, 17, 23, 24 and 25, the Irish Prison Service agrees in principle with the recommendations set out by the Office of the Inspector of Prisons, but is not in a position to accept or implement the recommendation due to its ownership resting with another body.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Caron McCaffrey'.

**Caron McCaffrey**  
**Director General**  
**Irish Prison Service**

16<sup>th</sup> August 2023



# IPS ACTION PLAN

ID	Recommendation	IPS Response	Action Required	Action Owner	Timeline
MHT1	It is recommended that the vacancies for IPS nursing staff in Cloverhill Prison be urgently filled (by recruitment or initially, partially, by redeployment). Recruitment may be enhanced by targeted recruitment events.	<b>Accepted:</b> The IPS has implemented a rolling nurse recruitment campaign. This has resulted in a significant number of nurse posts being filled and it is hoped that each post in Cloverhill will be filled by end of Q3 2023.	In progress	IPS HR	Q3 2023
MHT2	It is recommended that the benefits of employing Healthcare Assistants in prisons other than Cloverhill Prison is formally assessed, particularly in the special units, with a view to employing such staff in support of IPS nurses in relevant facilities.	<b>Accepted:</b> The IPS are engaging with DPENDR in relation to the recruitment of HCA equivalent roles across the estate. Once approved, these staff will be deployed as required in support of IPS nurses.	In progress	IPS HR	Q2 2024
MHT3	It is recommended that efforts to fill the vacancies for psychology staff across the prison service are redoubled as a high priority, including reconsidering the terms and conditions of such staffs' employment, including enhancing incentives, to try and stem the loss of such staff overseas, and enhance the recruitment and retention of psychologists from home and abroad.	<b>Accepted:</b> The Irish Prison Service Psychology Service have engaged in wide-ranging strategic initiatives to recruit and retain Psychologists. This includes recruitment of Assistant Psychologists, lecturing to all Irish Psychologist training programmes (inc. prison visit and opportunity to meet with people in custody), attendance at career fairs, engaging in career talks and early graduate forums, provision of specialist training placements, ongoing locum advertisement, advertising permanent posts in Ireland, UK and Australia, engaging in high quality research and publications, providing each Psychologist with a personal CPD budget, high quality training and supervision, designated reading days, payment of Psychological Society of Ireland registration, payment of Dept. of Health Validation (for those who qualified abroad), funding of four trainee psychologists with UCC from chronically vacant posts and a business case submitted to Estimates 2024 for ongoing psychologist training sponsorship.	In progress	IPS C&R / Psychology Services	Ongoing

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MHT4	It is recommended that the vacant post of rape crisis counsellor at the Dóchas Centre be filled as soon as possible.	<b>Accepted:</b> The Governor of the Dóchas centre has confirmed that this post will be filled by early October at the latest.	In progress	IPS C&R	October 2023
MHT5	It is recommended that the consultant psychiatrist input to Mountjoy Men's Prison, Limerick Prison, Portlaoise Prison and the Dóchas Centre is substantially increased and that the vacant 0.5 WTE consultant psychiatrist post at Cloverhill Prison is filled. Liaison with the HSE regarding this should occur without delay.	The IPS agrees with but cannot accept or implement this recommendation due to its ownership resting with another body.		Department of Health	
MHT6	It is recommended that the specialist forensic mental health nurse input to Limerick Prison is increased to at least one whole time equivalent post, preferably more, and the level of such input provided to Portlaoise Prison, Mountjoy Men's Prison and the Dóchas Centre is increased by at least 50%. Liaison with the HSE regarding this should occur without delay.	The IPS agrees with but cannot accept or implement this recommendation due to its ownership resting with another body.		Department of Health	
MHT7	It is recommended that social worker input is provided at Limerick and Midlands Prisons and at the Dóchas Centre it is increased to at least one whole time equivalent.	The IPS agrees with but cannot accept or implement this recommendation due to its ownership resting with another body.		Department of Health	

ID	Recommendation	IPS Response	Action Required	Action Owner	Timeline
MHT8	It is recommended that further formal training regarding the recognition, assessment, and treatment of prisoners with mental disorder, including regarding communication and risk issues, is offered to prison officers.	<p><b>Accepted:</b></p> <p>The oversight group for MHAT has reviewed the content of this programme over the past 12 months.</p> <p>Focus will be initiated on developing a half day refresher course and hosting these refresher courses at regular frequency.</p>	In progress	IPS HR / Irish Prison Service College	Q4 2024
MHT9	It is recommended that the provision of individual and/or group psychological support sessions (e.g., monthly) are offered to prison officers, with particular emphasis on those staff working in areas where the level of mental disorder is more acute, such as the special units where such prisoners are accommodated.	<p><b>Accepted:</b></p> <p>This recommendation will be further considered, subject to the availability of relevant resources.</p> <p>The IPS currently provides a comprehensive staff support framework through the Employee Assistance Programme (EAP). This programme is supported by three full time staff and a network of Service Support Officers across the prison estate, all of whom are trained to provide support and assistance to staff.</p> <p>In addition all staff have access to the INSPIRE programme through which they can access free counselling services and additional supports are available through the text PRISON service for 24/7 easily accessible support.</p>	For review	IPS HR and IPS Psychology Service	Q4 2023
MHT10	It is recommended that occupational therapists be employed by the Irish Prison Service, tasked with offering occupational therapy to mentally disordered prisoners. This will, of course, require them to be appropriately trained and there to be areas where they can safely work (including with sufficient prison officer presence to address safety issues).	<p><b>Accepted:</b></p> <p>The IPS has an approved vacancy for an Occupational Therapist Manager to develop a prison-based Occupational Therapy (OT) Service. A competition was held in 2022 but was unsuccessful in filling the post. The post is scheduled for advertisement again in Q3 2023.</p> <p>The IPS Psychology Service have consulted extensively with the NFMHS Occupational Therapist Manager and the national OT Manager forum to improve the OT Manager job description to maximise applications to the upcoming competition.</p> <p>Under the supervision and management of the Head of Psychology, it is envisaged the OT Manager will develop an initial strategic plan, prioritising people in custody with major mental illness.</p>	In progress	IPS HR	Q3 2023

ID	Recommendation	IPS Response	Action Required	Action Owner	Timeline
MHT11	It is recommended that administrative support staff are employed alongside clinical staff to support them, improving resource efficiency by freeing up the clinical care time of more expensive and higher trained staff.	The IPS agrees with but cannot accept or implement this recommendation due to its ownership resting with another body.		Department of Health	
MHT12	It is recommended that the benefits of employing housing support staff in all prisons is reassessed, and the resource made available (or increased) for their employment as required.	<b>Accepted:</b> See response to MHT2.		IPS HR	
MHT13	It is recommended that the dilapidation noted in certain cells in the prisons visited be rectified.	<b>Accepted:</b> IPS Trades Staff and facilities management service provider are available to complete any identified maintenance issues that arise within the prison estate. Estates /Building Services Division will complete a review of the areas identified in the Report with a view to identifying any maintenance or remedial action that may be required. Any works required will be completed subject to operational and capacity issues.	In progress	IPS Estates / Building Services Division	Ongoing
MHT14	It is recommended that assertive action is taken to ensure that every prisoner has their own bed and that prison occupancies do not exceed official capacities. As this requires a system-wide approach, potentially including a greater use of community sentences, diversion from custody, accelerated release and greater transfer to psychiatric hospitals, as well as provision of more prison places, there will need to be liaison between the Department of Justice, courts and the HSE.	The IPS agrees with but cannot accept or implement this recommendation due to its ownership resting with another body.		Department of Health	



ID	Recommendation	IPS Response	Action Required	Action Owner	Timeline
MHT15	It is recommended that a safety review of HSE-seconded clinical staff occurs in Limerick Prison to ensure that risks to them there are minimised. It is suggested that this would need to include involvement from the HSE, as well as the IPS.	<p><b>Accepted:</b></p> <p>The IPS will engage with local HSE mental health services in Limerick and the NFMHS regarding the safety of in reach mental health staff.</p>	In progress	IPS C&R / Healthcare	Q3 2023
MHT16	It is recommended that Prisoner A, who has been accepted for treatment at the CMH, be transferred there without any further delay. Liaison with the HSE regarding this should occur as a matter of urgency.	The IPS agrees with but cannot accept or implement this recommendation due to its ownership resting with another body.		Department of Health	
MHT17	It is recommended that Prisoner B, who has been accepted for treatment at the CMH, be transferred there without delay. Liaison with the HSE regarding this should occur as a matter of urgency.	The IPS agrees with but cannot accept or implement this recommendation due to its ownership resting with another body.		Department of Health	

ID	Recommendation	IPS Response	Action Required	Action Owner	Timeline
MHT18	<p>It is recommended that the proposals for expanding the number of places in special medical and other units for mentally disordered challenging prisoners' places be progressed. This could include the creation of a larger-capacity, dedicated, drug-free unit for prisoners with mental disorder, especially those awaiting transfer to psychiatric hospital, and for those who have returned to custody from psychiatric hospital and require reintegration into more mainstream prison accommodation. Apart from agreement on its location, number of places (ensuring its clinical manageability) and the construction/refurbishment of such a facility, its staffing complement would need to be sufficient, including enough staff of all relevant clinical disciplines, as well as of appropriately trained prison officers. Further, its safe and therapeutic regime and milieu would need to be planned, with senior clinical involvement in its development and in the associated clinical protocols.</p>	<p><b>Accepted:</b></p> <p>The IPS has established a Working Group with the NFMHS to examine how best to strengthen facilities for prisoners transferred back from the CMH and to consider clinical services for those awaiting admission to the CMH. This Group is reviewing operational and clinical procedures within a central prison location.</p>	In progress	IPS C&R (with support from NFMHS)	Report will be prepared by working group by Q4 2024

ID	Recommendation	IPS Response	Action Required	Action Owner	Timeline
MHT19	<p>It is recommended that greater efforts be made to offer prisoners with mental health difficulties meaningful and creative activities, so as to offer diversion and a sense of achievement, and to assist them in their psychosocial rehabilitation. This will require the appointment of appropriate occupational therapists and technical instructors, as well as sufficient prison staff across the prison service.</p>	<p><b>Accepted:</b> See responses to MHT10 and MHT18. The IPS consistently advertise and recruit for vacant posts across the Estate to ensure sufficient staff levels are maintained.</p>	In progress	IPS C&R and HR	Ongoing
MHT20	<p>It is recommended that greater expertise in the field of intellectual disability is made available to prisoners via the increased presence of staff with relevant training and skills, the development of relevant assessment protocols and the provision of targeted remedial interventions that are more sophisticated than just routine education.</p>	<p><b>Accepted:</b> IPS C&amp;R Prisoner Services team will engage with the ETBs to ensure all existing supports are utilised. The IPS is currently working with Solas Building Bridges project to bring forward increased use of educational technology in the prison schools. Many of these new educational software and the use of touch screen technology are supportive of users with intellectual disabilities.  In addition, the IPS Healthcare team with the NFMHS and Probation Service is currently commissioning research to establish the level of mental health conditions and intellectual disability across the prison estate. Informed by this analysis, the IPS will develop additional screening protocols and further targeted interventions to address these needs.  Finally, the IPS Psychology Service currently undertake full Intellectual Disability assessments as required.</p>	In progress	IPS C&R	Q2 2024

ID	Recommendation	IPS Response	Action Required	Action Owner	Timeline
<b>MHT21</b>	It is recommended that the responsibility for administering depot psychotropic medications and physical investigations related to medication (e.g., blood tests, ECGs) for in-reach mental health team caseload patients is formally agreed and communicated to all relevant parties by the clinical management structures. Further, annual blood monitoring of all prisoners receiving psychotropic medication should be ensured.	<b>Accepted:</b> The IPS is engaging with NFMHS to develop protocols and to quantify the volume of diagnostic work under the group established for MHT18.	In progress	IPS C&R (with support from NFMHS)	Q2 2024
<b>MHT22</b>	It is recommended that the lack of mutual access to clinical records and documentation between psychology and other clinical disciplines is overcome. Even if certain information is deemed highly confidential and remains restricted, broader mutual access to certain core information should be facilitated, particularly when it relates to key risks to self and others.	<b>Accepted:</b> The IPS Psychology Case Tracking System/Prisoner Health Management System Working Group has reported to the IPS Directors' Leadership Team and improvements to providing increased reciprocal access are in progress with IPS ICT Department.	In progress	IPS C&R	Q3 2024
<b>MHT23</b>	It is recommended that urgent consideration be given to the systemic changes that are required to facilitate the swift transfer of minor offenders who have mental disorders to local psychiatric hospitals. As this is likely to require the development and opening of long-discussed, appropriately secure, intensive care facilities/designated beds in civil psychiatric hospitals, this calls for a multi-agency approach.	The IPS agrees with but cannot accept or implement this recommendation due to its ownership resting with another body.		Department of Health	

ID	Recommendation	IPS Response	Action Required	Action Owner	Timeline
<b>MHT24</b>	It is recommended that action be taken to remove the current impediments to homeless prisoners with mental disorders obtaining psychiatric treatment in civil psychiatric hospitals. Liaison with the HSE regarding this should occur as a matter of urgency.	The IPS agrees with but cannot accept or implement this recommendation due to its ownership resting with another body.		Department of Health	
<b>MHT25</b>	<p>Urgent action is required to create a rapid pathway to allow mentally disordered prisoners requiring a designated psychiatric hospital bed to be swiftly transferred to the CMH.</p> <p>This is likely to require additional staffing (of nurses and other disciplines) and opening of the currently unused beds at the CMH, greater freeing of CMH beds via opportunities for those patients in CMH to be rehabilitated along pathways where treatment can be provided in other hospitals or the community (and, possibly, the use of the independent sector provision) and wider designation. High-level interagency liaison, including with the HSE will be required. Specific protocols which define expected periods of assessment and treatment (including sometimes shorter admissions for compulsory treatment with medication) should be considered, as should waiting list criteria and targets.</p>	The IPS agrees with but cannot accept or implement this recommendation due to its ownership resting with another body.		Department of Health	

ID	Recommendation	IPS Response	Action Required	Action Owner	Timeline
<b>MHT26</b>	It is recommended that the size of waiting lists for admission to civil psychiatric hospitals and the CMH and the time taken for referral, assessment and admission be transparently monitored in a format jointly agreed by the IPS and HSE.	<p><b>Accepted:</b></p> <p>The implementation of this recommendation by the IPS will need to be subject to an agreement between IPS and CMH/HSE, taking into consideration relevant data sharing restrictions.</p>	For review	IPS C&R / Department of Health	TBC