

SUBMISSION IN ADVANCE OF IRELAND'S STATE REPORT TO THE 69TH SESSION

27th January 2020

Dear Sir/Madam,

In advance of Ireland's State Report to the 69th session of the UN Committee against Torture (CAT), the Jesuit Centre for Faith and Justice (JCFJ) wish to make the following submission to assist in the compilation of the List of Issues Prior to Reporting (LOIPR).

We trust the information concerning Irish prisons contained in this submission will guide the CAT review process.

Our areas of concern centre around four places of detention; Dóchas Centre (female), Mountjoy prison (male), Wheatfield prison and the Midlands prison. This submission will also highlight a small number of recent thematic issues within Irish prisons which are of a paramount concern; high committal of women to prison on remand or conviction, indefinite periods of remand, and lack of secure inpatient psychiatric placements.

PRISONS

1. Dóchas Centre

1.1 The Dóchas Centre is currently overcrowded¹ (at 137% of the Inspector of Prisons' recommended bed capacity) due to the increased imprisonment of women on short sentences². The Dóchas Centre is under-staffed to the degree which minimum supervision is not guaranteed. Recently, the prison had only 14 officers on duty which meant that some of the houses within the prison did not have an officer present. The absence of an officer within each house presents a health risk for the women in relation to self-harm or substance abuse occurring unnoticed. Similarly, inter-prisoner bullying is becoming more prevalent with the absence of officers in each house. The issue of overcrowding also exists in Ireland's other female prison in Limerick.

JCFJ recommend adding the issue of severe overcrowding within female prisons to the LOIPR for Ireland.

¹ 'Prisoner Population on Friday 24th January 2020' (Irish Prison Service, 24 January 2020), https://www.irishprisons.ie/wp-content/uploads/documents_pdf/24-January-2020.pdf.

² The daily average number of women in custody has continued to increase year on year since 2015. The number of women committed to prison (excluding fines) has increased from 278 in 2017 to 442 in 2018, an increase of 59%. For more information, see Irish Prison Service, 'Irish Prison Service Strategic Plan 2019-2022' (Dublin: Irish Prison Service, September 2019), https://www.irishprisons.ie/wp-content/uploads/documents_pdf/Irish-Prison-Services-Strategy-2019-2022.pdf.

- 1.2 As a result of the over-crowding, only the most privileged prisoners have single rooms. Prisoners who have severe mental health issues or other personal challenges, who would benefit from a single room, will never be able to avail of the advanced regime which provides a single room.
- 1.3 At present, the healthcare unit and the committals unit are functioning as the same unit, resulting in prisoners not receiving the psychiatric care they require once they have been admitted and initially assessed. Most concerning, at present, is anecdotal evidence of a prisoner who, requiring the use of a wheelchair for mobility, is carried by staff to the Healthcare Centre because of lack of wheelchair access. This is degrading to the prisoner with a disability, who is committed under sentence, and presents a risk of injury to staff who facilitate her access to the Healthcare centre.

JCFJ recommend that Ireland’s LOIPR request an explanation of this ongoing situation in relation to a disabled female prisoner in the Dóchas Centre.

- 1.4 Escorted visits for prisoners to visit sick or dying parents may be approved, but they are often unable to visit the hospitals or hospices due to the lack of staff. This inability to visit is causing tremendous emotional distress amongst prisoners who are denied visits due to staff shortages.
- 1.5 There are no Prison Administrative and Support Officer grade positions within the Dóchas Centre, which is placing a heavy administrative load on the Governor, Assistant Governor and members of the Psychiatric Team.
- 1.6 Complaints from prisoners take up to two years to be resolved and a decision reduced to the prisoners. As a result of the prevalence of short sentences, women have often been released well in advance of the complaint being resolved.

2. Mountjoy Prison (Male)

- 2.1. There is an increasing cohort of people with mental illnesses being imprisoned within Mountjoy prison and many other prisons within the prison estate. The Irish Prison Service admit that the presence of people with mental illness is imposing a lot of pressure on the Prison Service as there are a number of prisoners who are on waiting lists for the Central Mental Hospital and should not be in prison.

JCFJ recommend that Ireland furnish the total number of prisoners across Irish prisons who require secure inpatient psychiatric treatment.

- 2.2. There is scant support for prisoners who then wish to address their addiction within prison as a large cohort of people are in prison as a result of their drug addiction. A drug treatment unit within the Medical Unit in Mountjoy can cater for only nine people at a time.³ Mountjoy prison also has a drug counsellor available to prisoners but it can take many weeks to get an appointment as this

³ ‘Drug Treatment Services’, Irish Prison Service, accessed 20 September 2019, <https://www.irishprisons.ie/prisoner-services/drug-treatment-services/>.

is the sole counsellor for the prison. In the 1977 Misuse of Drugs Act, there is a provision for a custodial drug treatment centre but no substantive drug treatment centre (apart from the small unit in the Medical Unit in Mountjoy) has ever been provided capable of addressing the scale of the need within Irish prisons.

- 2.3. There is a high proportion of prisoners in Mountjoy on 21- or 22-hour lock-up, with very little out of cell time. 232 prisoners are on restricted regimes with 29 prisoners spending 22 hours in cell per day and 187 prisoners spending 21 hours in cell per day.⁴
- 2.4. The lack of appropriate staffing is leading to the closure of education and training opportunities, limiting the ability of prisoners to access classes.⁵ Other rehabilitative services within prison are reducing as there are insufficient psychologists, and even where there are psychologists in post, the lack of prison officers to escort prisoners impacted on the utilisation of these rehabilitative services.

3. Wheatfield Prison

- 3.1. There is a high proportion of young prisoners (18 to 25 years old) on protection.⁶ This is often at their own request due to fear of being in the general prison population. Sources suggest that half of the prisoners on a protected regime are doing so by request.
- 3.2. Prisoners who have psychiatric needs are on 23-hour lock-up as they would be unable to safely mix in the general population. This usage of 23-hour lock-up is resulting in Wheatfield prison functioning as a de-facto psychiatric hospital, however the extreme isolation and lack of appropriate healthcare is causing untold suffering to the prisoners.⁷
- 3.3. As a result of the over-use of protection or 23-hour lock-up, coupled with levels of under-staffing, training and education opportunities are not occurring even though the facilities and teachers are present.⁸

⁴ A total of 584 prisoners are on restricted regimes across the Irish prison estate. For more information, see Irish Prison Service, 'Census of Restricted Regime Prisoners July 2019' (Dublin: Irish Prison Service, July 2019), https://www.irishprisons.ie/wp-content/uploads/documents_pdf/July-2019-Restriction.pdf.

⁵ Office of the Inspector of Prisons, 'Annual Report 2018', 13 December 2019, <http://www.justice.ie/en/JELR/inspector-of-prisons-annual-report-2018.pdf/Files/inspector-of-prisons-annual-report-2018.pdf>.

⁶ Jesuit Centre for Faith and Justice, 'Developing Inside: Transforming Prison for Young Adults' (Dublin: Jesuit Centre for Faith and Justice, May 2016).

⁷ Conor Gallagher, 'Prison Is "Wholly Inappropriate" for Mentally Ill People, Say Chaplains', The Irish Times, accessed 20 September 2019, <https://www.irishtimes.com/news/ireland/irish-news/prison-is-wholly-inappropriate-for-mentally-ill-people-say-chaplains-1.3956552>.

⁸ Office of the Inspector of Prisons, 'Annual Report 2018'.

4. Midlands Prison

- 4.1. In a prison of over 800 prisoners, there is only space for about 80 visits per week, which means that many prisoners do not get the mandatory one visit per week.
- 4.2. The Midlands prison has a Violence Reduction Unit (VRU) where prisoners with a record of violence are housed. 'Barrier handling' is being used in the VRU, and also increasingly in other prisons as it becomes more common practice, where a number of prison officers in full riot gear will escort prisoners out of their cells. Sources report that prisoners within the VRU have virtually no access to family visits.

THEMATIC ISSUES

5. High committal of women to prison on remand or conviction

- 5.1. In October 2019, a female prisoner died following a suicide attempt while committed on remand in the Dóchas Centre.⁹ After having no representation in court, the woman was remanded for failure to pay a €100 bail. The high committal of women on remand or for short sentences under conviction, coupled with the inadequate mental health support and under-staffing, will always present these tragic cases where people will cause great harm to themselves or commit suicide when they should not be in prison in the first place.

6. Indefinite periods of remand

- 6.1. In December, a homeless, brain-damaged man was revealed to have been on indefinite remand for over a year within the high dependency unit in Mountjoy prison.¹⁰ He was deemed unsuitable to stand trial. Yet, due to the cancellation of a care-plan by the HSE for "resource" issues, he was to remain imprisoned as he was deemed a "risk" if discharged to homeless services. Despite a history of mental disorder and reports underlining his need for residential care, it has been deemed that he does not meet the Mental Health Act criteria for admission to psychiatric units. At present, admissions to the CMH are "systematically triaged according to the level of therapeutic security required and the urgency of clinical need" suggesting the presence of those with even greater psychiatric need within Irish prisons.

JCFJ recommend that the LOIPR for Ireland include a request for further information on the total number of people, if any, who are being held on indefinite remand as they have been deemed unsuitable to stand trial.

⁹ 'Investigations into Death of Mother Who Tried to Take Her Life in Jail', accessed 27 January 2020, <https://www.irishtimes.com/news/social-affairs/investigations-into-death-of-mother-who-tried-to-take-her-life-in-jail-1.4058152>.

¹⁰ 'HSE "at Last" Finds Place for Brain-Damaged Homeless Man in Mountjoy', accessed 27 January 2020, <https://www.irishtimes.com/news/crime-and-law/courts/high-court/hse-at-last-finds-place-for-brain-damaged-homeless-man-in-mountjoy-1.4113553>.

7. Acute lack of inpatient psychiatric placements

- 7.1. The above case (6.1) of a brain-damaged homeless man being incarcerated is “far from rare”, according to Professor Harry Kennedy, Director of the Central Mental Hospital. He states there is a current caseload of around 250 people within Irish prisons with severe mental illnesses or disorders. When the 3% of new committals each year with acute needs are also factored in, the number is around 300 people a year who require a secure psychiatric placement.¹¹
- 7.2. However, the acute mental health services do not have close to the capacity needed to provide secure therapeutic places solely for those in prison. The CMH is currently operating at 100% of its capacity, just under 100 places. Comparatively, Ireland has only two secure forensic beds for mentally ill people per 100,000 people.
- 7.3. A recent Irish Penal Reform Trust report¹² highlighted that the average waiting time for a transfer from prison to the CMH was 120 days. Some have had to wait over 500 days. This poses serious risks to the safety and well-being of the prisoner, prison staff, and other prisoners because they are not receiving the therapeutic care they need. In April 2019, there were 29 prisoners who had satisfied the admission criteria but were still awaiting transfer to the CMH to receive appropriate care. A further 600 prisoners are on a waiting list for intervention from psychology services.
- 7.4. Next year, a new forensic mental health facility will open in Portrane to replace the CMH, but will only have 130 secure adult spaces.¹³ The presence of people with severe mental disorders in Irish prisons will not end with the opening of a new facility.¹⁴ In reality, the addition of 30 more places will not make a dent in the psychiatric suffering endured by people within prisons. Unlike other countries, the shift to community and the reduction of general psychiatric beds in Ireland over the past decades, has not been supplemented by an increase in secure forensic beds.

JCFJ recommend that Ireland should clarify their intentions for how the additional 30 places in the new forensic mental health facility will address the needs of prisoners with severe mental illnesses or disorders awaiting transfer to the Central Mental Hospital.

Please feel free to contact the Jesuit Centre for Faith and Justice for any clarification or further information on issues raised above.

Kindest regards,

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¹¹ ‘Case of Brain-Damaged Man in Prison “Far from Rare”’, accessed 27 January 2020, <https://www.rte.ie/news/ireland/2019/1206/1097399-homeless-man-prison/>.

¹² Irish Penal Reform Trust, ‘Progress in the Penal System: A Framework for Penal Reform’, 2019, <https://pips.iprt.ie/site/assets/files/Progress-in-the-Penal-System-2019.pdf>.

¹³ ‘New €140m Mental Health Facility “is in Budget and Is on Time” - Independent.Ie’, accessed 27 January 2020, <https://www.independent.ie/irish-news/health/new-140m-mental-health-facility-is-in-budget-and-is-on-time-37821944.html>.

¹⁴ Office of the Inspector of Prisons, ‘Annual Report 2018’.