INTRODUCTION

• Since 2006, there have been over 6,000 people taken onto mental health caseloads in Cloverhill Remand Prison and over 1,500 diversions to forensic and community mental health services, reflecting the level of severe and enduring mental illness in remand prison populations.

• Despite this level of morbidity, there have not been formal inspections by the Inspector of Mental Health Services or Mental Health Commission. There have been no formal inspection reports published by the Office of the Inspector of Prisons in recent years.

• There have been periodic assessments by the Council of Europe’s Committee for Prevention of Torture (CPT), who in 2020 noted “considerable progress” in provision of healthcare in prisons, but raised concerns including need for access to activities, accumulation of people with severe mental illness (particularly homeless people) awaiting transfer to hospitals in community settings and understaffing at the main High Support Unit in Cloverhill.

• In 2015, there was no regular external review process for Irish prison mental health services, and no benchmarking process to assess quality.

• Cloverhill Prison was the first Irish prison to participate in the Quality Network for Prison Mental Health Services (QNPMHS) since the first cycle in 2015-16, with annual reviews since 2016.

AIMS

• To audit compliance with QNPMHS quality standards over the years 2016-2019.

• To briefly describe areas of non-compliance and steps taken to address this.

METHOD

• The Royal College of Psychiatrists Centre for Quality Improvement has implemented a Quality Network for Prison Mental Health Services (QNPMHS) since 2015.

• There are annual reviews by teams of trained prison healthcare workers, quality assessment against a list of standards, and benchmarking with other prisons participating in the network.

• The number of participating services increased from 18 in 2016 to 48 services in 2019 in the UK and Ireland.

• Standards are grouped into 9 domains, rated as Fully met, Partly met or Unmet.

• The peer-review process includes feedback from service users, prison staff, and the mental health team. This involves questionnaires prior to the review and face to face meetings with the reviewers for structured interview on the day of the review.

• Annual QNPMHS reports of PICLS Cloverhill were summarised for the years 2016-2019, as were aggregated reports for all participating services.

• The 2020 review did not take place in light of the Covid crisis. The report of the most recent review in February 2021 is awaited at the time of preparation of this poster.

RESULTS

• Compliance with standards increased from 74% to 85% over the first four cycles. This compared with average compliance with standards of 67% for the 48 services participating in the most recent (2018-2019) cycle.

• Since 2015, improvements were noted in services provided to people with mental health needs in Cloverhill, including feedback from prison staff, prisoners, and health professionals.

• Areas for improvement were identified, including need for increased staffing, including administrative support, improved care plans with patient involvement, improved information provision with patient involvement, and delivery of mental health awareness training for IPS staff.

• Important areas requiring change over these four cycles included overcrowding, patient information provision and care plans, office space and information technology, interview rooms, and chronic under-staffing.

• Improvements over the 4-year cycle included:
  • Expansion of the D2 High Support Unit to ease overcrowding
  • Improvements in the physical environment
  • Improved interview rooms and office space
  • Provision of health care assistants to the unit daily

• Areas requiring improvement identified in 2019 review:
  • Need for increased staffing, including administrative support
  • Improved care plans with patient involvement
  • Improved information provision with patient involvement
  • Delivery of mental health awareness training for IPS staff

DISCUSSION/CONCLUSIONS

• The peer-review approach was found to be supportive, enhancing transparency, and very helpful in terms of identifying areas of unmet need and communicating such needs with the HSE and IPS.

• The areas identified above as requiring improvement were addressed in advance of the most recent review in February 2021, including revision of patient information leaflets and care plans with patient input in keeping with QNPMHS standards.

• PICLS team members also had the opportunity to review other services using the framework of the QNPMHS standards which provided an invaluable learning experience, and opportunity to mirror and build on best practice elsewhere.

• Preliminary feedback from the 2021 review may help build a case for adequate and sustained staffing for the court liaison component of the service, including administrative support, occupational therapy and social work input for the team.

REFERENCES