



CPT/Inf (2007) 40

**Report to the Government of Ireland
on the visit to Ireland
carried out by the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)**

from 2 to 13 October 2006

The Government of Ireland has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2007) 41.

Strasbourg, 10 October 2007

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Copy of the letter transmitting the CPT's report

Strasbourg, 30 March 2007

Dear Mr Martin,

In pursuance of Article 10, paragraph 1, of the European Convention for the prevention of torture and inhuman or degrading treatment or punishment, I enclose herewith the report to the Government of Ireland drawn up by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) following its visit to Ireland from 2 to 13 October 2006. The report was adopted by the CPT at its 62nd meeting, held from 5 to 9 March 2007.

The various recommendations, comments and requests for information formulated by the CPT are listed in Appendix I. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Irish authorities to provide **within six months** a response giving a full account of action taken to implement them. The CPT trusts that it will also be possible for the Irish authorities to provide, in the above-mentioned response, reactions to the comments formulated in this report which are summarised in Appendix I as well as replies to the requests for information made.

It would be most helpful if the Irish authorities could provide a copy of the response in a computer-readable form.

I am at your entire disposal if you have any questions concerning either the CPT's report or the future procedure.

Yours sincerely,

Mauro PALMA
President of the European Committee for the
prevention of torture and inhuman
or degrading treatment or punishment

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I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the prevention of torture and inhuman or degrading treatment or punishment (hereinafter referred to as "the Convention"), a delegation of the CPT carried out a visit to Ireland from 2 to 13 October 2006. The visit was organised within the framework of the CPT's programme of periodic visits for 2006; it was the Committee's fourth periodic visit to Ireland.

2. The visit was carried out by the following members of the CPT:

- Mario FELICE, Head of delegation (Maltese)
- Aleš BUTALA (Slovenian)
- Lätif HÜSEYNOV (Azerbaijani)
- Ann-Marie ORLER (Swedish).

They were supported by the following members of the CPT's Secretariat:

- Hugh CHETWYND
- Marco LEIDEKKER

and assisted by

- Eric DURAND, Medical Doctor and former Head of the Medical Services at Fleury-Mérogis Prison (France)
- Alan MITCHELL, Medical Doctor and former Head of Health Care, Scottish Prison Service (United Kingdom)
- Tatjana SIMMINS, psychiatrist and former Senior Registrar at the Medical Services of Champ-Dollon Prison, Geneva (Switzerland)

B. Establishments visited

3. The delegation visited the following places of detention:

Establishments under the Ministry of Justice, Equality and Law Reform

An Garda Síochána:

- Detention facilities at Athlone Garda station
- Detention facilities at Castlerea Garda station
- Detention facilities at Mill Street Garda station, Galway
- Detention facilities at Henry Street Garda station, Limerick
- Detention facilities at Kevin Street Garda station, Dublin
- Detention facilities at Mountjoy Garda station, Dublin
- Detention facilities at Mullingar Garda station
- Detention facilities at Roxborough Road Garda station, Limerick
- Detention facilities at Sligo Garda station
- Detention facilities at Store Street Garda station, Dublin

Prison Service:

- Cloverhill Prison
- Limerick Prison
- Mountjoy Prison
- St. Patrick's Institution for Young Offenders

Targeted visits were also paid to Castlerea, Cork and Wheatfield Prisons to examine persons held in the segregation areas and those subject to measures of protection.

Establishments under the Ministry of Health and Children

- Central Mental Hospital, Dundrum

C. Consultations held by the delegation

4. In the course of the visit, the delegation held consultations with Michael McDOWELL, Tanaiste and Minister of Justice, Equality and Law Reform, Mary HARNEY, Minister of Health, Brian LENIHAN, Minister of State with responsibility for children, Tim O'MALLEY, Minister of State at the Department of Health and Children, Fachtna MURPHY, Deputy Garda Commissioner and Brian PURCELL, Director General of Prisons, as well as with other senior government officials. It also met the newly appointed Garda Ombudsman Commission and Mental Health Commission, members of the Police Complaints Board, Justice Dermot KINLEN (Inspector of Prisons and Places of Detention), and representatives of the Irish Human Rights Commission.

Discussions were held with representatives of non-governmental organisations active in areas of concern to the CPT and with members of the Irish College of Psychiatrists.

A list of the national authorities and non-governmental organisations met by the delegation is set out in Appendix II to this report.

D. Cooperation between the CPT and the Irish authorities

5. The degree of cooperation received during the visit from the Irish authorities was very good, both at the central and local levels. The delegation noted that information about a possible visit by the Committee, and its mandate and powers, had been provided to places used for holding persons deprived of their liberty; consequently, it had rapid access to the establishments it wished to visit, to the documentation it wanted to consult and to individuals with whom it wished to talk. In particular, the delegation would like to thank the CPT liaison officers, and especially Mary BURKE, for the assistance provided both before and during the visit.

However, the delegation observed that incoming correspondence between the CPT and prisoners continued to be censored (i.e. opened) by prison authorities. The Committee has raised this issue in the past and it had been assured by the Irish authorities that correspondence between the CPT and prisoners would not be censored (see CPT/Inf (2003)37, p. 34). **The CPT trusts that appropriate instructions will be given to prison establishments to ensure that the inviolability of such correspondence is assured.**

E. Immediate observations under Article 8, paragraph 5, of the Convention

6. At the meeting which took place at the end of the visit on 13 October 2006, the CPT's delegation made five immediate observations under Article 8, paragraph 5, of the Convention as regards: the use of 'leather muffs' (in reality more like strait jackets) in Castlerea Prison and in St. Patrick's Institution for Young Offenders; the availability of outdoor exercise for all prisoners on protection (23-hour lock-up); the unsuitability of the holding cells of less than 4m² on the B1 landing in St. Patrick's Institution; the practice in Castlerea Prison of stripping prisoners placed in close and special observation cells¹ and providing them with paper underwear (nappies); and the conditions of cells on wing C2 of Mountjoy Prison. The Irish authorities were requested to provide by 30 November confirmation that:

- the 'leather muffs' have been removed from Castlerea Prison and St. Patrick's Institution;
- all prisoners on protection are offered a minimum of one hour of outdoor exercise per day;
- the holding cells of less than 4m² on the B1 landing in St. Patrick's Institution have been taken out of service;
- the practice of placing persons in special observation and strip cells in paper underwear has been ended;
- the cells on wing C2 of Mountjoy Prison are no longer in use pending their refurbishment.

7. By letter of 29 November 2006 the Irish authorities informed the CPT of measures taken in response to the immediate observations and of other issues raised by the delegation at the end of the visit. This response has been taken into account in the relevant sections of the present report.

¹ In previous visits by the CPT to Ireland, close observation and special observation cells were referred to as strip and padded cells, respectively.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Law enforcement agencies

1. Preliminary remarks

8. The CPT's delegation visited Garda Síochána (police) establishments in Athlone, Castlerea, Galway (Mill Street), Mullingar and Sligo. It also visited the Kevin Street, Mountjoy and Store Street Police Stations in Dublin, and the Henry Street and Roxborough Road Police Stations in Limerick.

9. The legislative framework governing detention by the police remains essentially unchanged since previous CPT visits (see CPT/Inf (1999) 15, paragraph 9). It might be recalled that, under the 1984 Criminal Justice Act, persons may be detained for up to an absolute maximum of twenty hours. The 1996 Criminal Justice (Drug Trafficking) Act extended the time of detention to a maximum of seven days in the case of persons suspected of drug-trafficking offences; in such cases, detained persons must be physically brought before a judge within 48 hours and thereafter, if remanded in custody, within a further 72 hours. Persons may also be held under the Offences Against the State Act 1939 for up to 48 hours.

Further, under established case law, persons under arrest and charged with offences not covered by the acts mentioned above may, in certain situations, be held overnight in a police station.

10. The most significant development since the CPT's previous visit in 2002 is the adoption of the Garda Síochána Act 2005. This legislation introduces various changes to existing police practice and management; for example, it establishes a Garda Síochána Inspectorate tasked with ensuring that the resources available to the Garda are used in the most effective and efficient manner.

The Act also introduces an independent Garda Síochána Ombudsman Commission to deal with all police complaints, in line with previous CPT recommendations (see CPT/ Inf (2002) 36, paragraph 18); it should replace the Garda Síochána Complaints Board in the first half of 2007. The primary task of the Ombudsman Commission will be to investigate complaints made by the public concerning the conduct of Garda members. The Ombudsman Commission is headed by three Commissioners, appointed by the President of Ireland, and is endowed with a sizeable support staff which should include around twenty investigators.

For the most serious complaints, the Ombudsman Commission has been granted a broad range of powers, including those of arrest, detention and search of premises. However, as regards complaints of a less serious nature, the Ombudsman Commission may decide that the complaint should be dealt with by the Garda itself (see Article 92 (a) of the Act). In that case, the Ombudsman Commission has the authority to supervise the investigation. If there is no such supervision of the Garda investigation, a dissatisfied complainant has the right to appeal to the Ombudsman Commission.

In short, the much criticised practice of appointing Gardai to investigate complaints² concerning members of the police service, as was the procedure under the Garda Síochána (complaints) Act 1986, will not be entirely abandoned but its use will be restricted and an independent supervision will be put in place.

The CPT welcomes the establishment of the Garda Síochána Ombudsman Commission and looks forward to following its work.

11. The delegation was told on various occasions that the Ombudsman Commission may, upon its own initiative and without prior complaint, inspect police premises unannounced. This is a positive development and **the CPT trusts that the Ombudsman Commission will make full use of its power.**

12. It is too early for the CPT to comment in detail on this newly established complaints mechanism. However, its delegation was informed that it remains possible for complaints to be dealt with by the Garda itself; for example, if a complaint is lodged directly with a member of the Garda, with no indication that it should be handed over to the Ombudsman Commission and as long as it does not concern a matter of death or serious bodily harm to a person. **The CPT would like to receive clarification from the Irish authorities on this issue.**

13. A number of judicial inquiries have been set up in recent years to investigate certain Garda operations or incidents. Foremost among these tribunals is the one headed by Mr Justice Morris. The Morris Tribunal is investigating Garda conduct, including alleged ill-treatment, in the Donegal region at the end of the 1990s. It has already published several modules which are particularly critical of Garda operations, not only in respect of the Donegal region but throughout the country. **The CPT would like to be informed about the measures taken to address the concerns raised by the Morris Tribunal in relation to ill-treatment issues.**

14. The CPT's delegation was also informed about two additional measures under preparation to bolster professionalism and accountability of the Garda; namely, new disciplinary regulations and a Garda 'whistleblowers' charter. The latter will, apparently, provide for an internal Garda reporting mechanism of ill-treatment, corruption and other malpractice. **The CPT would like to receive copies of the adopted versions of both the new disciplinary regulations and the Garda 'whistleblowers' charter.**

² See CPT/ Inf (95) 14, paragraph 55.

2. Ill-treatment

15. A majority of the persons met by the CPT's delegation, which carried out the 2006 visit, made no complaints about the manner in which they were treated while in the custody of the Gardai. However, as had been the case during previous visits, a considerable number of persons did allege verbal and/ or physical ill-treatment by Gardai. The alleged ill-treatment consisted mostly of kicks, punches and blows with batons to various parts of the body. The allegations concerned the time of arrest or during transport to a Garda station and, in certain cases, the period of custody in such stations.

16. In a number of cases, the delegation's medical doctors found that the persons concerned displayed injuries and scars which were consistent with their allegations of ill-treatment; the following four cases can be given as examples:

At Castlereagh Prison, the delegation met a prisoner who claimed that two months earlier, while detained at a Garda station, a police officer had tried to break one of his fingers and that the finger had remained swollen and painful for approximately two weeks thereafter. Upon examination by one of the delegation's doctors, it was found that there was a deformity of the left third metacarpo-phalangeal joint, possibly due to a mal-union of a recent fracture.

At St. Patrick's Institution for Young Offenders, a prisoner alleged that he was struck with a baton on his wrists and hands by a police officer while handcuffed. The incident apparently took place after he had been brought under control following an arrest in September 2006. Upon arrival at St. Patrick's Institution at the beginning of October, the institution's doctor sent him to hospital, where he received medical treatment. The young man's left wrist was still bandaged when interviewed by the delegation. Upon examination by a medical member of the CPT's delegation, he displayed visible traces of the handcuffs on both wrists, and a red haematoma (4 cm x 4 cm) was visible on the right wrist, further, it was noted that the left hand and wrist, although bandaged, were swollen, and there was a healed laceration to the index finger. Subsequent consultation of his medical files at St. Patrick's Institution and the hospital concerned confirmed the findings of the CPT's medical doctor.

At Mountjoy Prison, a prisoner alleged that he was subjected to blows by torches and to kicks and punches to the head and body by several Gardai during and after his arrest on 11 March 2006. After being admitted to Mountjoy Prison, the person concerned immediately asked for a medical certificate and was twice examined, first by a nurse and later by a General Practitioner. It was noted in the medical file that he had swelling on the right side of his face, including his ear and around his eye, swelling on the left side of his face, abrasions on his left arm and oedema of the right side of his lower jaw-bone.

At Cloverhill Prison, an inmate alleged that he was subjected to kicks, and to blows from batons to the head and body during and after his arrest at the end of September 2006. Upon examination, the man displayed, inter alia, bruising around his right eye-lid and vague traces of bruising around his left eye-lid; bruising of both the right and the left temples and swelling under the right knee. The inmate's prison medical file confirmed the findings of the delegation's medical doctor.

17. The CPT's delegation also heard various allegations concerning the abusive application of handcuffs by Gardai following an arrest. For example, in Cork the delegation met with a person who was arrested by the Garda in mid-April 2006. He alleged that he was verbally abused by the officers on the street, handcuffed behind his back and thrown into the back of a police vehicle. He immediately complained about the tightness of his handcuffs, but rather than being loosened, they were apparently tightened further. He also alleged that one of the two arresting policemen punched him in the face. At the Garda station, the arresting officers left and he had to plead with other Gardai to remove the handcuffs; subsequently, he was discharged.

Two days after the arrest, a serious condition developed, most likely thrombophlebitis in both of his arms, and he was hospitalised for three days. Apparently, the medical staff of the hospital told him that the condition was caused by prolonged wearing of extremely tight handcuffs.

Moreover, a medical member of the CPT's delegation noted that the wrists were markedly scarred some six months after the incident.

18. In the light of the information at its disposal, **the CPT recommends that senior police officers remind their subordinates that the ill-treatment of detained persons is not acceptable and will be the subject of severe sanctions.**

19. As stated in the report on the 2002 visit (CPT/Inf (2003) 36), the CPT welcomes the introduction of mandatory audio-video recording in the interrogation rooms of Garda stations. The CPT has noted that the 1997 Electronic Recording of Interview Regulations, and in particular Article 3, limits such recording to persons who have been detained under the 1939 Offences Against the State Act, the 1984 Criminal Justice Act and the 1996 Criminal Justice (Drug Trafficking) Act. The findings during the 2006 visit suggest that audio-video recording in the interrogation rooms of Garda stations may have been a significant contributing factor to reducing the amount of ill-treatment alleged by persons detained under the above-mentioned legislation.

By contrast, the CPT's delegation found that persons arrested and interviewed by the police, who did not fall within the above legislation and hence whose interviews were not usually audio-video recorded, ran a greater risk of ill-treatment by Garda officers. This was particularly the case when the suspects were foreign and/or drug addicts. **The CPT recommends that audio-video recording be used for all interviews, irrespective of the nature of the offence.**

20. The Irish authorities have made commendable efforts to stamp out ill-treatment by members of the Garda. The introduction of the new legislation, as described above (see paragraph 10), is illustrative of this effort, as is the pilot project at Store Street Garda Station in Dublin whereby most parts of the station are being monitored with CCTV cameras. **The CPT encourages the Irish authorities to pursue their stated intention to equip all police stations with such cameras.**

Nevertheless, the CPT wishes to re-emphasise the important role of the judicial and prosecutorial authorities in the prevention of ill-treatment. Several persons interviewed by the delegation stated that their attempts to complain to the judge before whom they were brought had either met with no response or been held against them. Others indicated that they had been discouraged from complaining, even by their own lawyers, on the grounds that it would not be in their best interests.

It is axiomatic that prosecutors and judges should take appropriate action when there are indications that ill-treatment by the police may have occurred. In this regard, **the CPT once again recommends that, whenever criminal suspects brought before a prosecutor or judge allege ill-treatment by law enforcement officials, the prosecutor/judge record the allegations in writing, order immediately a forensic medical examination and take the necessary steps to ensure that the allegations are properly investigated. Such an approach should be followed whether or not the person concerned bears visible external injuries. Further, even in the absence of an express allegation of ill-treatment, the prosecutor/judge should request a forensic medical examination whenever there are other grounds to believe that a person brought before him could have been the victim of ill-treatment.**

3. Conditions of detention

21. Material conditions at police facilities were in general satisfactory for the periods of detention involved which, save rare exceptions, did not exceed 48 hours. The cells were of adequate size, equipped with toilet facilities and could be properly heated.

However, there were some deficiencies. For instance, at Galway Mill Street Garda Station the call systems in three of the six cells had been removed or covered with a metal plate. The delegation also found that the ventilation system in this station blew cold air directly into the cells, and the delegation met a number of persons who complained that this had kept them awake when they had been detained overnight. **The CPT recommends that steps be taken to remedy these shortcomings.**

22. Persons held in detention for more than 24 hours should, as far as possible, be offered the opportunity of outdoor exercise every day and access to shower facilities.

In the light of the delegation's findings, **the CPT recommends that the necessary measures are taken to ensure that these requirements are met. Further, it would like to receive statistics concerning the number of persons held in police custody for longer than 48 hours in 2005 and 2006.**

4. Safeguards against ill-treatment of detained persons

23. Generally speaking, the three fundamental safeguards advocated by the CPT, namely the right of detained persons to inform a close relative or another third party of their choice of their situation, to have access to a lawyer and to have access to a doctor, continue to operate in a satisfactory manner, subject to the remarks made below and in paragraph 24.

Nevertheless, some complaints were heard of detained persons being unable to contact their families or of not being notified of their rights at all. Further, the delegation noted that in some Garda stations up to 40% of the detainees apparently refused to sign a form attesting that they had been informed of their rights. **The CPT recommends that the Irish authorities ensure that the right of detained persons to inform a third party of their choice of their situation is fully effective in practice, and that all detained persons are fully informed of their rights as from the outset of their detention.**

24. The CPT's delegation noted that the right of access to a lawyer was guaranteed from the very outset of custody and that detained persons had the right to talk to their lawyer in private. However, a lawyer was not permitted to be present during any interrogation conducted by the police. The CPT considers that a detained person should also, in principle, be entitled to have a lawyer present during any such interrogation. Naturally, this should not prevent the police from questioning a detained person on urgent matters, even in the absence of a lawyer (who may not be immediately available), nor, if exceptionally the circumstances so require, replacing of a lawyer who impedes the proper conduct of an interrogation. **The CPT would like to receive the comments of the Irish authorities on this matter.**

B. Prison establishments

1. Preliminary remarks

25. In 2006, the CPT's delegation carried out follow-up visits to Cloverhill, Limerick and Mountjoy Prisons, as well as to St. Patrick's Institution for Young Offenders. It also undertook targeted visits to Castlerea, Cork and Wheatfield Prisons to examine persons held in the segregation areas and those subject to measures of protection³.

26. **Mountjoy Prison** in Dublin remains the largest prison in Ireland. As described in the report on the 1998 visit⁴, the main prison building dates from 1850 and is built to a radial design, with four main wings (A to D). In addition, the medical unit has six wards of ten cells each. There is also a separate accommodation area in the basement of B wing, used for new arrivals and persons seeking protection from other prisoners. At the time of the visit, most of A wing remained closed for refurbishment; consequently, operational capacity was reduced from 547 to 454. The two holding cells in the basement had also been taken out of use following the killing of a prisoner on 1 August 2006 in one of these cells (see paragraph 40 below). On 7 October 2006, the prison was holding 465 male prisoners⁵.

St. Patrick's Institution is part of the Mountjoy Complex and is located in the former women's prison in buildings dating back to 1850. It accommodates young persons between the ages of 16 and 21, and it is the only prison establishment in Ireland for children of 16 years, of whom there were thirteen at the time of the visit. On 6 October 2006, the prison held 182 inmates, of whom 22 were on remand, for an operational capacity of 217.

Limerick Prison is the oldest prison in Ireland and like Mountjoy is built to a radial design with four main wings (A to D). The establishment has a new separate female unit. It is noteworthy that the newly built C and D wings contain in-cell sanitation. At the time of the visit, a new central gymnasium, school and medical unit were under construction between A and B wings, and the kitchen was in the process of being renovated. On 4 October 2006, the prison was accommodating 273 male inmates and 15 female inmates for an operational capacity of 271 and 20, respectively.

Cloverhill Prison has been described in the 2002 visit report⁶ and on 10 October 2006 it was holding 408 inmates, of whom about 100 were non-nationals, including a number of immigration detainees. **Wheatfield Prison**, located next door to Cloverhill, is a modern prison built in 1989 with an operational capacity of 378 and an occupancy rate, on 11 October 2006, of 367 prisoners.

³ Cork Prison was previously visited by the CPT in 1993 and 2002, Limerick Prison was visited in 1998; Mountjoy Prison was visited in 1993, 1998 and 2002; Cloverhill Prison was visited in 2002; and St. Patrick's Institution was visited in 1993.

⁴ See CPT/Inf (99) 15, paragraph 34.

⁵ Although the Dochas Centre for women is part of the Mountjoy Prison Complex it is to all intents and purposes a separate prison with its own Governor and management team; the Dochas Centre was visited by the CPT in 2002 (see CPT/Inf (2003) 36, paragraphs 30, 41 and 46.

⁶ See CPT/Inf (2003) 36, paragraph 28.

Cork Prison has been described in the 2002 visit report⁷ and at the time of the visit it was holding 251 male prisoners for an operational capacity of 257.

Castlerea Prison, opened in 1998, serves the Connaught region and has an operational capacity of 206. On 9 October 2006 the prison was accommodating 221 inmates, of whom 39 were on remand.

27. The CPT was dismayed to learn that there had been no progress in updating the legislation governing the operation of the prison system. Notably, the 1947 Rules for the Government of Prisons remain in force. In 1994 the Irish authorities published a set of draft Prison Rules designed to replace them. Since then the CPT has been told repeatedly that the new Rules would be entering into force shortly⁸.

The CPT's delegation raised this issue with Minister McDOWELL and senior officials at the Ministry of Justice, Equality and Law Reform and was informed that the delay was attributed to the necessity for primary legislation in relation to prisoners' rights, but that a Prisons Bill would be published and introduced to the Dáil (Parliament) before the end of 2006⁹. The CPT recalls that the continued delay in the adoption of new Prison Rules deprives governors of a modern framework for managing prisons and prevents the application of clearly defined safeguards for prisoners.

The CPT calls upon the Irish authorities to ensure that new prison rules are adopted as a matter of priority.

28. The authorities informed the CPT that a new Youth Justice Service had been established within the Ministry of Justice, Equality and Law Reform with responsibility for children and juveniles placed in custody and for youth policy. The process of transferring responsibility for the management of children's detention schools from the Ministry of Education and Science to the new Service is under preparation, and represents part of the Irish Government's aim to achieve greater coherence in policies for detained young persons generally.

As regards St. Patrick's Institution for Young Offenders, which accommodates males between the ages of 16 and 21 years, the Committee understands that the Youth Justice Service will take over responsibility for the care of 16 and 17-year old boys in due course. Moreover, the longer-term intention is to place such children in detention schools and not in prison.

The CPT recommends in the meantime that appropriate measures be taken to ensure adequate separation between children and young adults in St. Patrick's Institution, in accordance with the principles laid down in the United Nations Convention on the Rights of the Child and the European Prison Rules.

⁷ See CPT/Inf (2003) 36, paragraph 29.

⁸ See 1998 visit report and response (CPT/Inf (99) 15, paragraph 31 and CPT/Inf (1999) 16, page 39) and the 2002 visit report and response (CPT/Inf (2003) 36, paragraph 26 and CPT/Inf (2003) 37, page 17).

⁹ A Prisons Bill was published on 14 November 2006, and is currently being considered by the Dáil.

29. In the four years since the CPT's previous visit to Ireland, no new prisons have been brought into service while two small prisons, Fort Mitchell and The Curragh, have been closed. The number of persons in detention has remained stable over the period and prisons are being forced to operate at or close to their operational capacity¹⁰, which is in certain instances already far above their design capacity. For the so-called 'committal' prisons the situation is exacerbated by the surges in the numbers sent to these establishments by the courts at certain times of the year (notably, July and December). The de facto overcrowding, combined with the conditions in certain of the old and dilapidated prisons, raises concerns as to the safe and humane treatment of prisoners kept in such establishments.

The Irish authorities recognise the necessity to modernise and expand the prison estate. The CPT's delegation was informed about plans to develop a large prison complex at Thornton Hall on the outskirts of Dublin. This complex will include a male and female prison, a juvenile correctional institution, a training unit and a forensic mental health unit. The intended capacity of the complex is some 1,200 persons. The best-case scenario only foresees the completion of the construction phase of this project by the end of 2010¹¹, with a gradual transfer of inmates to this new establishment taking place over several years.

In the meantime, the CPT strongly encourages the Irish authorities to invest the necessary resources into the existing prison estate to ensure that all prisoners are kept in appropriate conditions of detention.

2. Ill-treatment

30. The CPT's delegation observed that the majority of prison officers were attempting to deal in a humane manner with the prisoners in their charge and this was borne out in the interviews with inmates.

However, in all the prisons visited, the delegation received a number of allegations of verbal abuse and of physical ill-treatment of inmates by certain members of the prison staff. The alleged ill-treatment consisted mostly of punches and kicks to the body; such treatment seemed to be most prevalent during removal to the segregation unit.

31. By way of example, the delegation met an inmate from Mountjoy Prison who claimed that after a recent altercation with a prison officer, a number of other officers immediately immobilised him on the ground face down. Subsequently, while in this position he alleged that he was repeatedly kicked in the thighs. An examination by a medical member of the delegation revealed that he displayed yellow/blue bruises on the external sides of both the right and left thighs. The injuries were consistent with the allegations.

¹⁰ At the time of the visit the Irish Prison Service had an official operational capacity of 3,387 and an occupancy of 3,163 persons. The design capacity was probably closer to 3,000; for example, Cork has a design capacity of 150 but an operational capacity of 257.

¹¹ Further developments in the pipeline include a new 138-person unit in Portlaoise Prison (2008), a new remand block in Wheatfield Prison (2009), and possibly a new prison complex to replace Cork Prison.

32. At Castlerea Prison, a prisoner alleged that he was assaulted by several officers after he was apparently seen to have swallowed a piece of cannabis resin. During his removal to the close observation cell in the segregation unit (still referred to as "strip" cells in most prisons), he alleges that he was knocked to the ground by a prison officer and kned between the shoulders, and that he sustained an injury to his forehead during the assault. Further, one of the officers allegedly stamped on his left foot. Upon examination by one of the delegation's doctors, he displayed a 3 cm circular swelling on the forehead and there was a reddish-purplish bruise (4 cm x 3 cm) on the dorsum of the left foot, together with a linear abrasion (0.5 cm x 3 cm) on the right ankle. The injuries were consistent with the allegations.

In addition, the delegation heard similar allegations concerning inmates being ill-treated in such a way when placed in the special and close observation cells.

33. In its reports to the Irish authorities, the CPT has consistently highlighted the importance of the Ministry of Justice, Prison Service and prison governors delivering the clear message that ill-treatment of inmates is not acceptable and will be dealt with severely¹². In the light of the information gathered during the 2006 visit, the **CPT reiterates its recommendation that the Irish authorities continue to deliver at regular intervals the message that all forms of ill-treatment, including verbal abuse, are not acceptable and will be the subject of severe sanctions. More specifically, prison officers must be made fully aware that the force used to control violent and/or recalcitrant prisoners should be no more than is strictly necessary and that once a prisoner has been brought under controls there can be no justification for additional use of force.**

34. In many instances, prisoners, against whom force had been used, were not examined by a doctor and in those cases where they were seen by a member of the health-care staff, a full examination did not take place and the injuries were not properly recorded. A prisoner against whom any means of force have been used should have the right to be immediately examined and, if necessary, treated by a medical doctor. This examination should be conducted out of the hearing and preferably out of the sight of non-medical staff, and the results of the examination (including any relevant statements by the prisoner and the doctor's conclusions) should be formally recorded and made available to the prisoner.

Moreover, there appeared to be no central register logging instances when prison officers had resorted to force or had to apply control and restraint techniques on a prisoner. Such a record would assist management and external inspectors in monitoring the use of force within the prison.

The CPT recommends that the Irish authorities take the necessary steps in the light of the above remarks.

¹² See CPT/Inf (1995) 14, paragraph 72 ; CPT/Inf (2003) 35, paragraph 34.

35. The diligent examination of complaints of ill-treatment and, where evidence of wrongdoing emerges, the imposition of appropriate disciplinary and/or criminal penalties will have a considerable deterrent effect. As in 2002, the delegation formed the impression that senior management was determined to take appropriate action when allegations of ill-treatment of inmates by staff came to their attention. Complaints were investigated at internal level and, in respect of complaints concerning allegations of assault by staff on prisoners, the usual practice was to refer them directly to the Garda Síochána for investigation.

That said, the CPT's delegation has serious concerns as to the effectiveness of the investigations carried out by the Garda Síochána into allegations of ill-treatment by staff. In the course of the visit, the delegation had the possibility to examine a number of such complaints and it would appear that the necessary requirements of thoroughness and timeliness were not being met. Further, there appeared to be no automatic recourse to a medical examination each time a prisoner alleged that he had been assaulted by a member of staff.

36. For instance, at Castlerea Prison the delegation examined three cases from 2006. In one case, detectives from Castlerea Garda Station only went to interview the prisoner after the particular case was raised by the CPT's delegation. This was some three months after the complaint was made and even then the detectives did not possess a copy of the original complaint, which laid out the facts and named the alleged perpetrator. In another case, the investigating Garda did not interview all the prison officers present when the alleged assault took place and used the statement of a prison officer who was not present, and who thus did not witness any incident, to support the findings that no assault had taken place.

37. Many prisoners did not have confidence in the complaints system and did not wish to file a complaint, even when it involved ill-treatment. The CPT agrees with the Irish authorities that staff are entitled to protection from manifestly unfounded accusations and should be afforded the requisite safeguards associated with due process. However, it is also essential that complaint procedures offer appropriate guarantees of impartiality, and persons who may have been ill-treated should not be discouraged from pursuing a complaint.

The CPT is of the view that an independent complaints system should to be established to deal with all prisoner complaints. Such a system would reinforce prisoners' confidence in the complaints mechanism and also assist prison management to deal appropriately with that minority of prison officers who overstep the mark. The Minister of Justice's statement to the delegation in the course of the visit, that consideration would be given to the proposal for an independent body to deal with complaints by prisoners, is to be welcomed. **The CPT would like to receive the comments of the Irish authorities on this matter.**

38. The Committee is also very concerned when it discovers a culture which is conducive to inter-prisoner intimidation and violence. In the view of the CPT's delegation, at least three of the prison establishments visited can be considered as unsafe, both for prisoners and for prison staff (notably, Limerick and Mountjoy Prisons and even St. Patrick's Institution). The extent of the inter-prisoner violence in these prisons is worrying, and the increasing numbers of persons seeking the protection of the prison management is a symptom of this development (see paragraphs 62 to 66). Stabbings and assaults with various objects are frequent and many prisoners met by the delegation bore the marks of such incidents.

The reasons behind the increase in inter-prisoner violence are varied but there are a number of interlinking issues that stand out, notably the availability of drugs and the lack of purposeful activities. The increased use of and demand for drugs within prisons is fuelling a younger, more aggressive prison population, who have little to do besides plotting how to get their next fix. Further aggravating factors include the existence of feuding gangs carrying on their vendettas within the prison environment; the lack of an individualised risk and needs assessment for all prisoners; the lack of space and poor material conditions in prisons.

39. In St. Patrick's Institution it would appear that prison staff, fearing aggression from inmates, had given up attempting to prevent the frequent frenzy in the exercise yard when prisoners scrambled to pick up the drugs thrown over the perimeter wall. The CPT's delegation noted the widespread availability of drugs within the establishment and the consequences it engendered in terms of bullying and inter-prisoner violence, and it met numerous prisoners who were the victims of such violence. For example, it met one young inmate who had been assaulted and kicked in the head, with a brief loss of consciousness, and another who had had his jaw broken when attacked by two prisoners wielding a sock filled with several large batteries.

The delegation also noted that in several of the establishments visited, notably St. Patrick's Institution, some prisoners regularly did not avail themselves of the opportunity for outdoor exercise due to their fear of being bullied and/or assaulted by other inmates.

40. The killing of a prisoner at the hands of a cell-mate in Mountjoy Prison on 1 August 2006 represents a tragic illustration of the unsafe nature of certain prisons in Ireland. The holding cell in the basement of B Block, in which the incident occurred, was accommodating up to seventeen persons during the day and seven inmates at night in a space of some 19m². A similar situation of gross overcrowding prevailed in the second, adjoining holding cell. The Prison Officers Association had drawn attention on more than one occasion to the unacceptable conditions in the cell¹³.

Further, it was evident that there was no individualised risk assessment of prisoners prior to them being placed in these holding cells.

41. The above-mentioned incident on 1 August 2006 has certainly raised questions about the classification and placement policy at Mountjoy Prison and other establishments in Ireland. The inquiry, established promptly by the Minister of Justice, to look into this incident, represents an opportunity to examine such issues as the demand for psychiatric care in prison, and needs risk assessment of all prisoners prior to placement and the availability of cell space for vulnerable prisoners and for prisoners assessed as a danger to themselves or to others. **The CPT looks forward to receiving the results of the inquiry.**

¹³ See letters of 17 February 2006 and 22 December 2003 from the Prison Officers Association at Mountjoy Prison to the Governor and the Prison Service Headquarters highlighting the overcrowding and poor conditions in the two holding cells in the basement of B Block and the dangers they presented for the safety of inmates.

42. The CPT has stressed in the past that the duty of care, which is owed by the prison authorities to prisoners in their charge, includes the responsibility to protect them from other prisoners who might wish to cause them harm. In particular, prison authorities must act in a proactive manner to prevent violence by inmates against other inmates.

Addressing the phenomenon of inter-prisoner violence requires that prison staff must be alert to signs of trouble and both resolved and properly trained to intervene. The existence of positive relations between staff and prisoners, based on the notions of dynamic security and care, is a decisive factor in this context; this will depend in large measure on staff possessing appropriate interpersonal communication skills. It is also obvious that an effective strategy to tackle inter-prisoner intimidation/violence should seek to ensure that prison staff are placed in a position to exercise their authority in an appropriate manner. In addition, the prison system as a whole may need to develop the capacity to ensure that potentially incompatible categories of prisoners are not accommodated together.

Further, prison staff are unlikely to be able to protect prisoners if they fear for their own safety or if they lack effective management support. Tackling effectively the problems posed by inter-prisoner violence requires the implementation of an individualised risk and needs assessment, the availability of sufficient members of staff and ensuring that staff of all grades receive the requisite initial and ongoing training throughout their careers, including in the management of inter-prisoner violence. Moreover, it is imperative that concerted action is taken to stem the flow of drugs into prisons and to provide prisoners with purposeful activities.

The CPT recommends that the Irish authorities take concerted action to tackle the growing phenomenon of inter-prisoner violence, in the light *inter alia* of the above remarks.

43. The CPT's delegation was also informed about a violent incident that took place in the exercise yard in St. Patrick's Institution on 26 December 2005. A group of prisoners, apparently under the influence of synthetic drugs that they had recently collected from the yard, attacked and injured three prison officers. Three of the inmates involved were identified and placed in solitary confinement for five days, and two of them alleged they were placed in 4m² holding cells for two-and-a-half days before being moved to close observation cells for a further two-and-a-half days. One of these inmates claimed that leather muffs were used to restrain him while he was being held in the holding cell¹⁴. While two of the three prisoners were sent to the Midlands segregation unit with a loss of all privileges for 56 days, the third prisoner was placed on a special regime whereby he was confined to his cell for 23 hours and had to take his one hour of outdoor exercise alone and while handcuffed. According to the Irish authorities, this special regime was terminated after seven days once the Governor of St. Patrick's Institution was apprised of its existence.

At the final talks with the Irish authorities on 13 October 2006, the CPT's delegation recommended that the authorities undertake a thorough and independent investigation into this serious incident and its aftermath. Such an investigation should examine the direct and indirect causes of the incident and the measures taken, both as regards policy and discipline in relation to the perpetrators.

The CPT would like to be informed about the outcome of the investigation.

¹⁴ At the end of the visit, the CPT's delegation made an immediate observation to the Irish authorities in relation to these two matters (see paragraph 6 above).

3. Staffing issues

44. The climate in a prison is largely dependent on the quality and resources of its personnel. Ensuring a positive climate requires a professional team of staff, who must be present in adequate numbers at any given time in detention areas and in facilities used by prisoners for activities. Prison officers should be able to deal with prisoners in a decent and humane manner while paying attention to matters of security and good order. The development of constructive and positive relations between prison staff and prisoners will not only reduce the risk of ill-treatment but also enhance control and security. In turn, it will render the work of prison staff far more rewarding.

45. The Irish authorities informed the CPT's delegation that due to a protracted dispute between the prison service and prison staff during 2004 and 2005, many services and activities in prisons had been suspended or terminated. An agreement was reached with the Prison Officers Association in August 2005 resulting in a comprehensive Proposal for Organisational Change, which included introducing more efficient rosters, eliminating overtime payment in favour of an annualised hours system, centralising prisoner escorts and other changes.

The issue of numbers of staff is complex. The overall staffing ratio for the Irish prison system can be considered as favourable with a little more than one staff member for one prisoner. However, the delegation noted in the various prisons visited that services were disrupted due to a lack of staff, for example the number of prison officers in the medical unit in Mountjoy Prison appeared to be regularly below the official complement, and that in St. Patrick's activities were frequently cancelled because no prison officer was available to assist the educator responsible for the activity.

The CPT welcomes the comments of the Irish authorities on this matter.

46. The CPT has stressed the importance of developing inter-personal communication skills. Such skills permit prison officers to defuse situations which could otherwise become violent, and help to reduce tensions and improve the quality of life in the prison concerned, to the benefit of all. The findings from the 2006 visit illustrate the necessity for the Irish authorities to take this issue seriously as, in general, there was too little positive interaction between staff and inmates. Certainly, in each prison visited, the CPT noted that there were prison officers who were well-respected by inmates for their fairness and attempts to assist them. However, there were also many complaints about the unpredictable behaviour of prison officers and even that some prison officers incited violence among the inmates; for example, prisoners in the basement of B wing in Mountjoy Prison complained that in the evenings and at weekends certain prison officers appeared to be under the influence of alcohol, and that some of them would deliberately foster rumours concerning a planned attack by one inmate on another, from different cells.

The CPT has noted with concern that the provision of ongoing training to prison officers has been largely non-existent over the past ten years, which the authorities attributed to a lack of funds resulting from staff overtime costs. Under the new annualised hours system, a percentage of time is supposed to be allocated towards ongoing training. At the time of the visit, no training on interpersonal communication had yet been offered to prison officers, many of whom told the delegation that such training was essential. There were also complaints from prison officers that the prison training school was too academic, with too few of the instructors having recent operational experience, and that there were no specific management courses (for example, for chief officer posts or governor grades).

The CPT recommends that the Irish authorities invest the necessary resources into developing and providing training courses for prison officers to assist them in meeting the evolving challenges within the prison system.

4. Conditions of detention

a. material conditions

47. In all the prisons visited, the delegation noted that each cell was now furnished with a television set and, with one exception, a small kettle¹⁵. Prison officers and inmates expressed their satisfaction with this arrangement. For the staff, it appeared that many of the prisoners were calmer now that they could watch television and, given the penchant for drinking tea in Irish prisons, the ability for inmates in each cell to boil their own water avoided the dangerous process of transporting and distributing hot water from a large urn several times a day. Kettles were considered prized items and prisoners apparently took great care not to damage them.

Efforts to provide prisoners with responsibility for managing their lives should be encouraged, taking due account of security considerations.

While access to television is certainly beneficial, **the CPT trusts that the Irish Prison Service will continue to encourage and stimulate prisoners to take up work, educational, sport and recreational activities.** Having prisoners spend all their days watching television would not be beneficial for their state of mind nor serve to facilitate their reintegration into society.

48. The physical fabric of **Mountjoy Prison** has been described in the CPT's report on its first visit to Ireland in 1993¹⁶. While there have been a number of improvements over the years - such as the renovation of B Block basement (including the welcome installation of in-cell sanitation) - the overall conditions of detention remain poor.

¹⁵ In Mountjoy Prison, all the cells contained a television but the management and staff were still debating the merits of providing kettles.

¹⁶ See CPT/Inf (99) 14, paragraphs 77 to 90.

The “rolling programme” of refurbishment scheduled to begin in 1999 never materialised. The renovation of A Block, which has been on-hold for several years, will now be completed without the introduction of in-cell sanitation. This means that in-cell sanitation has still not been installed in any of the main accommodation blocks, and this despite the fact that they continue to accommodate two prisoners in cells of 9.5m², originally designed for single occupancy; this is totally unacceptable (cf. paragraph 56).

49. More generally, overcrowding continues to exert pressure upon the limited and dilapidated conditions in the prison. Specific reference should be made to the basement of B Block where, despite the recent renovation, the conditions in the cells were poor, with broken window panes, stained and peeling walls, dirty floors and broken light bulbs in the sanitary annexes. There were also complaints about mice and cockroaches.

Further, the delegation found that the cells located on the second floor of C Block (C2) were particularly dilapidated and in need of urgent renovation; broken or missing window panes, plaster peeling off the walls. Many of these cells were being used for prisoners on protection. As already indicated (cf. paragraph 6), conditions in these cells were the subject of an immediate observation.

50. The CPT recommends that the Irish authorities pursue vigorously their efforts to bring the standard of living conditions in Mountjoy Prison up to a decent level.

Further to the immediate observation made by the delegation in relation to the renovation of the cells on wing C2, the Irish authorities responded, by letter of 29 November 2006, that the Director General of the Irish Prison Service “has advised that no prisoners on 23-hour lock-up are held on C2 Wing. All cells on the wing in question are being renovated. Renovation work has commenced and will be carried out in two stages, each stage lasting approximately six weeks.” **The CPT would like to receive information on the nature of the renovation carried out.**

51. The situation in **Limerick Prison** is one of contrasts between the recently renovated accommodation blocks (C and D) and the old blocks (A and B), where ‘slopping out’ continues.

The four-storey C Block was completed in 2004 and, at the time of the visit, held 106 prisoners in a mixture of single and double occupancy cells. All the cells have integral sanitation and provide adequate natural light and ventilation. The ground floor of the block contains a well-equipped gym and is used as a recreational area in the evenings; the exercise yard has a covered part for inclement weather. Further, each floor of the Block contains an area at the end of the landing where activities can be organised. The three-storey D Block provided similarly adequate conditions¹⁷.

By contrast, A and B Blocks were generally dilapidated and run down; many of the cells had broken windows, stained walls and peeling paint. Not all the call bells worked and attracting the attention of the prison officers was not easy, as certain members of the delegation discovered. Moreover, the conditions were cramped with two prisoners being accommodated in cells of 8m². The pervasive smell from the use of the chamber pots in each other’s presence compounded these deficiencies. **The CPT recommends that the Irish authorities take concrete steps to provide inmates in A and B Blocks with conditions comparable to those in C and D Blocks.**

¹⁷ See CPT/Inf (99) 15, paragraph 50 for a description.

52. **St. Patrick's Institution** offered, in general, adequate living conditions although the buildings were old and in need of a rolling programme of refurbishment. All the cells had integral sanitation and B Wing had been entirely renovated since the 1993 visit. However, the delegation requested that the holding cells of less than 4m² on the ground floor of B Wing be taken out of commission, which the Irish authorities confirmed by letter of 29 November 2006 had been done. Moreover, the High Support Unit in the basement, where inmates on protection were accommodated, was in need of refurbishment (including mending the broken windows, which resulted in the cells being very cold). **The CPT recommends that appropriate steps be taken to rectify the deficiencies highlighted above.**

53. There have been few changes as regards the conditions of detention at **Cork Prison** as compared to 2002. The delegation focused its visit on C Wing, which held sex offenders and inmates segregated from the main prison population for their own protection, and on D Unit, which accommodated prisoners (either from Cork or elsewhere in the Irish prison system), who were subject to disciplinary loss of privileges (see paragraph 93). The cells in C Wing were dilapidated and did not possess in-cell sanitation; the delegation came across three prisoners on 23 hour lock-up (i.e. on protection) sharing a cell of some 9.8m², with one of the prisoners sleeping on a mattress on the floor; at the time of the visit, food had been served without the chamber pots having been emptied and the air in the cell was rank and humid.

The CPT recommends that efforts be made to improve the state of repair of cells in C Wing at Cork Prison and that, as far as possible, only one prisoner be placed in a cell of 9m² and certainly no more than two.

54. The conditions in **Cloverhill Prison** were described in the report on the 2002 visit (see CPT/Inf (2003) 36, paragraph 42) and there have been few changes since then. The practice of holding three persons in cells of 11m² continues although it appeared that in most cases this is at the specific request of the persons concerned, as it usually involved immigration detainees from the same countries.

55. It is evident from the findings set out above that one of the impediments to creating better conditions lies with overcrowding. This is a problem which bedevils many prison systems and there are no easy solutions. However, the scale of the problem was already clear to the Irish authorities in the mid-1990s and the CPT called for concerted measures to be taken to reduce the population pressure on prisons.

Unfortunately, while the building of new establishments for remand and women prisoners (Cloverhill and the Dochas Centre) and the construction of new accommodation units (Limerick) were welcome additions to the prison estate, the prisons with the poorest material conditions have continued to operate at, or even over, capacity (Cork, Limerick and Mountjoy). The CPT has long advocated the necessity for a multi-dimensional approach towards tackling the phenomenon of overcrowding. Building new prisons is unlikely in itself to offer a lasting solution. Instead, in addition to reviewing the current law and practice in relation to custody pending trial and sentencing, there is a necessity to develop the possibilities for alternative, non-custodial, sanctions.

The CPT, therefore, recommends that the Irish authorities pursue vigorously multi-faceted policies designed to put an end to overcrowding in prisons, having regard, *inter alia*, to the principles set out in Recommendation No. R (99) 22 and other pertinent Recommendations of the Council of Europe's Committee of Ministers¹⁸. The Committee would like to receive detailed information on the measures being taken by the Irish authorities in this respect.

56. In its report on the 1993 visit, the CPT considered the act of discharging human waste, and more particularly of defecating, in a chamber pot in the presence of one or more other persons, in a confined space used as a living area, to be degrading. It is degrading not only for the person using the chamber pot but also for the persons with whom he shares a cell.

The other consequences of the absence of integral sanitation - the hours spent in the presence of chamber pots containing one's own excreta and that of others and the subsequent "slopping out" procedure - are scarcely less objectionable. The whole process is extremely humiliating for prisoners. Moreover, "slopping out" is also debasing for the prison officers who have to supervise it.

The CPT had recommended in the past that either a toilet facility should be located in cellular accommodation (preferably in a sanitary annex) or means should exist to enable prisoners who need to use a toilet facility to be released from their cells without undue delay at all times (including at night). Neither measure has occurred in respect of the main accommodation blocks in Cork and Mountjoy Prisons or in the A and B wings of Limerick Prison. Further, despite previous CPT recommendations, the Irish authorities have not ensured that in-cell sanitation has been installed in all newly renovated accommodation units.

The CPT calls upon the Irish authorities to eradicate "slopping out" from the prison system. Until such time as this is achieved, concerted action should be taken to minimise its degrading effects.

b. regime

57. The general regime within the Irish Prison system provides for a reasonable out-of-cell time of some seven-and-a-half hours per day. However, in many of the prisons visited, the nature of the regime is limited; opportunities for meaningful work or access to educational and sports activities remain insufficient. For those prisoners on protection there are, to all intents and purposes, no organised activities available.

¹⁸ See Recommendation No. R (2000) 22 of 29 November 2000 on improving the implementation of the European rules on community sanctions and measures, and Recommendation No. R (2003) 22 of 24 September 2003 concerning conditional release.

58. The range of activities offered to inmates in **Mountjoy Prison** remains limited. Only 111 inmates (less than 25%) were involved in one of the workshops (fabric, metal, computer, carpentry) or worked in catering or on maintenance activities; further, in most cases the work activity only amounted to a few hours a day. Fifty inmates attended the two well-equipped gyms attached to A and D Blocks, respectively. Otherwise, inmates spent their time in the exercise yards (which had no shelter from inclement weather) and, between 5.30 and 7.20 p.m., in the recreational areas, where there was a communal television and some games (table football, billiards, etc.).

At the time of the visit, the average daily attendance at the main school and the medical unit school was 60 and 28, respectively. There were plans to increase the range of subjects and time allocated for educational activities.

In **Limerick Prison** there were virtually no organised activities, other than for inmates involved in maintenance work and catering. While each accommodation block had an exercise yard, only C and D Blocks had their own gyms (inmates held in the segregation block, on protection, could have access to the D Block gym between 12.30 and 1.30 p.m.). Further, only C Block had an exercise yard with shelter for inclement weather and a large recreational space available to it. The new general building, which should be completed by mid-2007, will include a central gymnasium and an expanded school area.

The women's unit contained a small gym and exercise yard, and a cookery course had recently been instituted in which six prisoners took part.

The CPT recommends that greater efforts be made to provide inmates in Mountjoy and Limerick Prisons with purposeful activities.

59. At the time of the CPT's visit in October 2006, the workshops and educational activities for inmates at **St. Patrick's Institution** appeared to be starting after nearly two years of intermittent or no activity due to staffing issues. However, the number of prisoners having access to such activities remains insufficient; 66 workshop places (woodwork, industrial skills and a forthcoming metalwork class) and educational classes for 40 inmates, but with only 20 to 25 sentenced juveniles attending regularly. Prisoners had access to a well-stocked library, including three computers. There were also three fitness rooms with a capacity of 20, 12 and 3 inmates, respectively.

Some 30 inmates worked as cleaners and another 21 worked in the kitchen, laundry rooms and garden; however, these activities offered little in the way of vocational value.

Given the age-structure of the inmate population of St. Patrick's Institution and the particularly difficult backgrounds of most of the juvenile males, it is imperative that every effort is made to encourage inmates to attend educational classes and to participate in workshops where they can learn skills to assist them upon their release. Extra efforts should be made to ensure that literacy classes are made available to all inmates in need.

To sum up, the limited work and recreational activities on offer and the lack of interest shown in the educational classes provided are symptomatic of an inadequate activities regime at St Patrick's Institution. Much more needs to be done to ensure that inmates are offered, and are encouraged to participate in, a programme of activities specifically designed to meet the requirements of the young male population. Young offenders should be kept fully occupied during their period in custody, otherwise the deficiencies noted above are likely to have particularly deleterious effects on them, with corresponding implications for them on leaving prison.

The CPT recommends that the Irish authorities take the appropriate measures to improve the regime of activities (including sport, educational and vocational training and rehabilitative classes) and other rehabilitative services offered to young offenders at St. Patrick's Institution.

60. The situation as regards activities in **Cloverhill Prison** has not improved since the CPT's visit in 2002 (see CPT/Inf (2003) 35, paragraph 49). The regime remains very underdeveloped. At the time of the visit, besides inmates tasked with cleaning duties, only some 23 inmates were involved in an activity (kitchen, reception, laundry, welfare parade) with another 30 or so using the gym every day.

The recent development of education and training facilities at the Prison is to be welcomed, although they were not operating at the time of the visit. **The CPT would like to receive information about the courses being offered, including the numbers of inmates participating in them.** More generally, **the CPT recommends that efforts to develop programmes of purposeful activities of a varied nature (work, preferably with a vocational value; education; sport; recreation/association) be intensified.**

61. The only prison visited that had a developed regime was **Wheatfield Prison**, where the vast majority of the prisoner population was involved in meaningful work, training and educational courses. **Such an approach is positive and should be replicated, as far as possible, in other prison establishments in Ireland.**

c. prisoners on protection

62. The CPT recognises that it may, at times, be necessary to remove prisoners from the general prison population and place them in separate accommodation for their own protection. As a rule, such separation should be for as short a period as possible and all appropriate measures taken to facilitate the reintegration of the inmate into the general prison population, either in the same establishment or in another one.

In the course of the 2006 periodic visit, the CPT's delegation examined the issue of prisoners on protection in all of the prisons visited. While statistics were not available, the impression gained from prison management and staff was that the numbers of inmates on protection had increased dramatically in recent times. For example, the basement of B Block at Mountjoy Prison was now a dedicated unit for prisoners on protection; however, even these cells - accommodating 41 prisoners at the time of the visit - were insufficient and a further sixteen inmates were kept on protection in cells on the first floor of C Block (C2). In other prisons a similar situation prevailed.

63. There was no standard approach towards prisoners placed on protection, other than the recognised duty of care owed by the authorities to prevent harm coming to the prisoners under their ward. In Mountjoy, Limerick, Cork and Cloverhill Prisons and in St. Patrick's Institution, inmates on protection were concentrated, as far as possible, in a given unit or area of the prison, while in Wheatfield Prison the policy was to avoid taking inmates on protection off the accommodation units to which they had been assigned.

The common denominator was that in nearly all cases prisoners on protection were being kept locked in their cells for 23 hours a day, with only the possibility of one hour of outdoor exercise. In some cases, outdoor exercise was curtailed, for example, prisoners on C2 in Mountjoy Prison, on B1 in Limerick Prison and C3 in Cork Prison were rarely offered the opportunity for any outdoor exercise, and the little time they were allowed out of their cells was primarily devoted to "slopping out". The delegation made an immediate observation at the end of the visit in respect of this issue. By letter of 29 November 2006, the Irish authorities responded that an instruction had been issued to all Governors by the Director General of the Irish Prison Service "to ensure that prisoners on protection are offered a minimum of one hour of outdoor exercise on a daily basis". **The CPT would like to receive confirmation that all prisons are abiding by this instruction.**

64. The CPT also considers it essential for additional measures to be taken in order to provide prisoners placed on protection with appropriate conditions and treatment; access to activities, educational courses and sport should be feasible. Moreover, there needs to be a more proactive approach by the prison health-care service towards prisoners on protection, particularly as regards psychological and psychiatric care, especially as many of them might spend a year or more virtually in solitary confinement. There should also be an individual assessment of their needs at regular intervals and, where appropriate, transfer to another prison should be considered.

The CPT recommends that the Irish authorities give due consideration to the situation of prisoners placed on protection, in the light of the above remarks.

65. The CPT's delegation met a prisoner in the segregation unit of Wheatfield Prison who had been placed on protection by the authorities against his will, and who at the time of the visit had been virtually in solitary confinement in a close-observation cell for nearly ten months. His clothes and personal items were kept in cardboard boxes on the floor. The lack of association and enforced isolation appeared to be taking a toll on the individual. In the course of the visit, the delegation emphasised that he should receive regular counselling, and efforts should be made to provide him with some sort of out-of-cell activity.

The CPT would like to be informed about developments as regards the conditions of detention and treatment of this prisoner.

66. More generally, there should be a process of regular independent reviews of placement on protection, with the possibility for prisoners to appeal against any decisions to place them on protection against their will. **The CPT would like to be informed about the reviews and safeguards in place.**

5. Health-care services

67. The CPT has observed that the provision of health-care in Irish prisons has improved progressively since the first visit in 1993. However, further action is required to meet the objective of equivalence of care. This means that a prison health-care service should be able to provide medical treatment and nursing care, as well as physiotherapy, rehabilitation or any other necessary special facility, in conditions comparable to those enjoyed by patients in the outside community. Provisions in terms of medical, nursing and paramedical staff, as well as premises, installations and equipment, should be geared accordingly.

a. staff and facilities

68. In the past, the CPT found that staffing levels in the health-care services of the prisons visited were inadequate, in terms both of doctors and qualified nurses. On each occasion, the Irish authorities have recognised the necessity to strengthen such services and have informed the CPT of the measures taken to remedy these shortcomings¹⁹. However, it is clear from the findings of the 2006 visit that progress has still to be made. Further, the CPT's delegation noted that the management of medical services in prisons appeared weak and that there was too little synergy between the different medical specialisations. The lack of any epidemiological information hampered the ability to evaluate the real needs as regards medical and nursing staff.

In order to better identify the health-care needs within the prison system, **the compiling of an annual report on the state of the medical services in the Irish Prison Service would be beneficial.**

Further, the provision of pharmaceutical services within Irish prisons is too variable. **The CPT recommends that a comprehensive clinical pharmacy service be introduced across all Irish prisons.**

69. At **Mountjoy Prison**, there were two general practitioners who attended the prison for two hours every morning; one had responsibility for the medical unit (60 beds) and the other for the main prison. As regards the main prison, the equivalent of a quarter-time doctor is grossly insufficient for an inmate population of more than 400. The doctors were assisted by nine trained nurses and seventeen medical orderlies. This can be considered adequate in terms of numbers, but some of these staff apparently did not possess the requisite medical qualifications. An adult psychiatrist visited three times a week accompanied by a psychiatric nurse, and another psychiatrist specialising in addictions attended the medical unit. Further consultations on addiction for the main prison population were provided by a visiting psychiatrist half a day per week. The dentist was present few days a week, as he also attended the Dochas Centre for women and St. Patrick's Institution on one afternoon a week each. At weekends, one of the four doctors working in the three prisons of the Mountjoy Complex was always on call.

¹⁹ See CPT/Inf (2003) 35, paragraphs 55 to 57 and CPT/Inf (2003) 36, pages 27 to 29.

The health-care team at **St. Patrick's Institution** comprised one doctor, present for one-and-a-half hours every morning, supported by three nurses and three medical orderlies; a full-time psychologist was also present. Given the size of the inmate population, the attendance time of the doctor should be increased. A specialist in adult psychiatry visited three times a week and a psychiatrist specialising in addictions attended the prison once a week. However, young persons with mental health problems should be treated by psychiatrists and psychologists specialising in child and adolescent mental health.

The CPT reiterates its recommendation that Mountjoy Prison benefit from at least the equivalent of a full-time doctor and that nurses with a psychiatric specialisation should be recruited at Mountjoy Prison and St. Patrick's Institution. Further, St. Patrick's Institution should benefit from the equivalent of one half-time general practitioner and one half-time specialist in child and adolescent psychiatry.

70. At **Cloverhill Prison**, there was a part-time doctor and a full-time doctor and dentist, and 21 nursing staff. Psychiatric consultations took place on four half days a week, and a psychologist visited the prison once a week for half a day; a drug addictions specialist visited half a day a week. Given the profile of the prison population, **the CPT recommends that a psychologist be recruited on a full-time basis and a specialist in addictions attend the prison at least three half-days a week.**

71. In **Limerick Prison**, there was one doctor, who was present one-and-a-half hours or less during weekdays. This is clearly inadequate for a prison population of close to 300. The doctor was assisted by four nurses (one of whom had psychiatric training) and five medical orderlies. A dentist and a psychologist visited for half a day a week, and a psychiatrist was present for two to three half-days per week. While the medical rooms and facilities were inadequate, the opening of the new medical centre in 2007 should resolve this issue. As regards access to medical services, inmates should be able to have access to the medical services on the basis of need as opposed to the current practice whereby each wing was allocated a certain day of the week to see the doctor.

Health-care staffing at **Castlerea and Cork Prisons** was also insufficient.

In Castlerea and Limerick prisons, the delegation observed the rapidity with which doctors' consultations took place and an inadequate recording of findings in the medical files. It also received numerous complaints from inmates concerning both access to, and the quality of the consultations by, the doctor. Taking into account the size of the inmate populations at Limerick, Cork and Castlerea Prisons, the CPT, **recommends that the number of hours for which a doctor is actually present at these establishments be substantially increased. At Limerick Prison this entails the services of at least one full-time doctor. Further, as regards Limerick Prison, arrangements for access to the medical service should be changed, in the light of the above remarks.**

The CPT also reiterates its recommendation that at least one full-time qualified nurse be recruited at Cork Prison.

72. The delegation was informed that nursing staff came under the authority of a senior prison officer. The CPT considers that it is important for the nursing and other health-care staff to be seen to be independent of the custodial staff in order to build a relationship of trust with the prisoners. This is all the more important in the context where a significant number of nursing staff are former prison officers. **The CPT recommends that steps be taken to ensure that health-care staff are no longer placed under the authority of a senior prison officer.**

73. The CPT's delegation noted an improvement in the quality of the medical records as compared to the 2002 visit, although but that they still left something to be desired. For example, there was no mention of the second of the two incidents referred to in paragraph 39 above in the medical file or of the injury sustained by the individual; nor was there any mention of a later suicide attempt by this same inmate. The delegation also noted that there were several instances of attempted suicides which were not properly recorded.

The recently introduced electronic prisoner health-care recording system (PMRS) should certainly facilitate the compilation of statistics and trends. However, it was not being used in some of the prisons visited, such as Mountjoy. Further, the delegation was unable to ascertain whether the necessary data protection safeguards were in place. **The CPT recommends that greater efforts be made to accurately register all relevant medical information. The CPT would also like to receive information on the data protection safeguards in place as regards the system of electronic prisoner health-care records and the timelines for its application throughout the prison system.**

b. medical examination on admission and confidentiality

74. As was the case in 2002, the CPT noted that prisoners were being medically examined promptly upon arrival in all the establishments visited. However, the delegation was concerned that injuries upon arrival as well as those sustained in prison were not always correctly recorded, or even recorded at all. The delegation observed several such cases; for example, at Castlerea Prison the delegation met a prisoner with two older scars on the left side of his chest, one measuring approximately 20 cm across and the other 5 cm. He also had a recently dislocated, swollen finger. None of these was noted in the medical record.

The CPT has highlighted in the past the significant contribution that prison health-care services can make to the prevention of ill-treatment of detained persons, through the systematic recording of injuries and, when appropriate, the provision of general information to the relevant authorities.²⁰ The detailed health-care standards for the Irish Prison Service of June 2004 emphasise the importance of the initial screening process but do not explicitly lay down the criteria for recording medical findings.

²⁰ See CPT/Inf (2003) 35, paragraphs 64 and 65.

75. The CPT considers that the record drawn up following a medical examination of a newly admitted prisoner should contain:

- i) an account of statements made by the person concerned which are relevant to the medical examination (including his description of his state of health and any allegations of ill-treatment),
- ii) an account of objective medical findings based on a thorough examination, and
- iii) the doctor's conclusions in the light of i) and ii).

The CPT recommends that steps be taken to ensure that the practice in Ireland is brought into line with the above considerations. Further, the result of the medical examination referred to above should be made available to the prisoner concerned.

76. The 2004 health-care standards referred to above recognise the importance of a thorough medical screening upon entry to the prison system for, among other things, transmissible diseases, risk of self-harm and suicide, and injuries²¹. These standards need to be rigorously applied, all the more so given that the population of the Irish prison system is increasingly characterised by a high prevalence of drug users. The existing practice of screening should be further enhanced by a physical examination and voluntary blood testing for HIV and Hepatitis B and C, as appropriate. These blood tests should be accompanied by appropriate pre- and post-test counselling. It is also essential that there is a continuity of care for persons entering the prison system, inter alia through the timely transmission of information from community health services to the establishments concerned. **The CPT recommends that the health-care standards relating to screening upon admission be systematically applied in all prisons.**

77. The principle of medical confidentiality is well acknowledged in the Irish Prison Service health-care standards. Nevertheless, the findings of the delegation indicated that in all the prisons visited most medical examinations were carried out in the presence of custodial staff as a matter of policy. The CPT recognises that special security measures may be required during medical examinations in a particular case, when medical staff perceive a threat. However, there can be no justification for prison officers being *systematically* present during such examinations; their presence is detrimental for the establishment of trust and of a proper doctor-patient relationship and usually unnecessary from a security standpoint.

Likewise, as regards external consultations, for example, at Dublin Mater Hospital for inmates coming from Mountjoy Prison, the principle of medical confidentiality should be respected, taking due account of security considerations.

The CPT reiterates its recommendation that all medical examinations of prisoners be conducted out of the hearing and - unless the doctor concerned requests otherwise in a particular case - out of the sight of prison officers.

²¹ See Irish Prison Service - Health Care Standards, June 2004, pages 8 to 11 (notably, criterion 1.3 Doctor's examination).

c. drug-related issues

78. The CPT's delegation observed that drug misuse was a major challenge in all the prisons visited. The management and health-care staff in most prisons visited acknowledged both the rising numbers of prisoners with a substance abuse problem and the widespread availability of drugs within prisons. Further, drugs were a significant element in making a number of prisons unsafe for inmates and staff.

The CPT recognises that providing support to persons who have drug-related problems is far from straightforward, particularly in a prison setting. The assistance offered to such persons should be varied; detoxification programmes with substitution programmes for opiate-dependent patients should be combined with genuine medico-psycho-socio-educational programmes. The setting up of a drug-free wing in prisons for certain categories of prisoners, *inter alia* those having completed treatment programmes prior to or during imprisonment, might also be considered.

79. The Prison Service drugs policy and strategy paper, "Keeping drugs out of prison" of May 2006 provides a clear statement as to the approach being adopted by the Irish authorities in respect of drugs in prisons. The CPT has noted that it is part of a national drugs strategy aimed at four main areas: eliminating the supply of drugs into prisons; dealing with drug abuse through identifying and engaging drug misusers, providing them with treatment options and ensuring there is appropriate throughcare; developing standards, monitoring and research on drug issues; and the provision of staff training and development.

Such a strategy is to be welcomed. However, at the time of the visit, the various elements of the strategy were not yet in place; for example, there were no security checks on staff or visitors entering the prison, nor was there effective counselling for new arrivals with addiction problems. **The CPT recommends that all necessary steps be taken to ensure the implementation of the various elements of the drug strategy programme throughout the prison system.**

80. As regards the methadone substitution programme in operation in several prisons (Mountjoy, Limerick, Cloverhill), the CPT has taken note of the Irish Prison Service's "Methadone Treatment Programme Guidelines", with its emphasis on individual assessment and the necessity for counselling where appropriate. The detoxification programmes being run in the medical unit of Mountjoy Prison are also commendable. However, the CPT's delegation was struck by the lack of adequate counselling for prisoners on methadone substitution in the main prison, as well as for inmates on such substitution programmes in Limerick and Cloverhill Prisons and St. Patrick's Institution.

The CPT recommends that greater psycho-social counselling be offered to prisoners on methadone substitution programmes. Further, such programmes should be available in all prisons in Ireland.

81. More generally, **the CPT encourages the Irish authorities to adopt preventive programmes to reduce the transmission of blood-borne viruses** (provision of bleach, information on how to sterilise needles, exchange of needles, access to condoms). In undertaking such programmes, attention should be paid to the fact that apparently a significant proportion of the prison population cannot read.

d. psychiatric care and suicide prevention

82. The CPT's delegation noted that there was an increased provision of psychiatric services within most of the prisons visited as compared with previous visits. Nevertheless, there continued to be lengthy delays in securing places for mentally ill prisoners at the Central Mental Hospital (CMH), which means that the out-reach facilities may not be sufficient to alleviate the need for psychiatric care in prisons. Moreover, among those prisoners placed on the waiting list there appeared to be no prioritisation as to the urgency for their placement in the CMH.

The CPT's delegation also found that a number of prisoners in Mountjoy and Wheatfield Prisons as well as in St. Patrick's Institution, were being prescribed anti-psychotic drugs without any regular follow-up or clear indication of their necessity. It appeared that their prescription was linked to combating anxiety.

Further, the delegation noted there was an over-reliance on pharmacotherapy and an under-development of non-pharmacological interventions.

The CPT would appreciate the comments of the Irish authorities on these issues.

83. The CPT's delegation had an opportunity to interview a number of prisoners who had committed acts of self-harm and/or attempted suicide in the recent past while in prison; most of these prisoners were drug and/or alcohol abusers. It appeared from their medical records that these prisoners were not considered to require psychiatric assessment. However, the international classification of mental and behavioural disorders clearly recognises that behavioural disorder in the context of drug abuse should be considered as a mental disorder (cf. ICD-10 classification, World Health Organisation 1993).

Moreover, the delegation noted, particularly in St. Patrick's Institution, that prisoners who had committed acts of self-harm and/or attempted suicide were usually not provided with any psychological support following an incident. Understanding the triggering event that may have caused a prisoner to commit such an act is essential in order to carry out a proper psychiatric assessment, yet the medical records provided no relevant information. **The CPT wishes to stress that acts of self-harm and suicide attempts frequently reflect problems and conditions of a psychological or psychiatric nature. The prisoners concerned should be assessed by properly qualified health-care staff with a view to determining the cause of their actions.**

84. Within the prison population, young people have specific needs. They are particularly susceptible to drug abuse and affective disorders, including the behavioural disorder of self-harm and attempts to commit suicide. An increasing number of attempted suicides by hanging were noted in the course of the 2006 visit, a phenomenon warranting serious attention. However, the CPT was unable to obtain a clear picture as to the role of the suicide awareness committees in the prisons visited or of the measures taken to support suicidal inmates. **The CPT reiterates its recommendation that a consistent and care-user oriented suicide prevention policy be developed.**

85. Prisoners identified as being at risk or having attempted acts of self-harm or suicide could be placed in special observation cells²². In all of the prisons visited these cells have now been renovated, now lined with a resistant spongy material, and equipped with a mattress on a raised plinth, in-cell sanitation and a mounted television in a protective casing; the natural light was adequate, and the ventilation sufficient. The top half of the cell door is transparent to enable staff to have better vision into the cell. All the cells had call bells.

The improvements to the cells are welcome. However, **the CPT is concerned that the new design does not eliminate all potential ligature points.**

All the prisoners whom the delegation met in special observation cells said they were cold, and one was visibly shivering. If prisoners are going to have all their clothes removed and be only provided with a blanket, **the prison authorities should take additional measures to ensure that the special observation cells are appropriately heated.**

6. Other issues

a. immigration detainees

86. A number of foreigners who had been detained for immigration offences were being held in jail, primarily at Cloverhill Prison but also at Cork and Limerick Prisons. The detention period could extend to several weeks for persons who had not complied with a deportation order and up to a week for those refused leave to land.

The CPT reiterates that, in its opinion, a prison is by definition not a suitable place in which to detain someone who is neither suspected nor convicted of a criminal offence. In those cases where it is deemed necessary to deprive persons of their liberty for an extended period under aliens legislation, they should be accommodated in centres specifically designed for that purpose, offering material conditions and a regime appropriate to their legal situation and staffed by suitably qualified personnel.

²² These are the former padded cells which the CPT had criticised in 2002.

The CPT's delegation was able to observe for itself the difficulties that a prison, such as Limerick, faced when having to accommodate foreigners in a carceral environment. For example, it met a man from Liberia who had been brought from Shannon airport to Limerick prison on a Friday night and by Tuesday morning he had already attempted to commit suicide twice and was being kept naked in a special observation cell, with only a blanket to cover him.

Prison managers and officers, in the various establishments visited by the delegation, all agreed that they were not appropriately equipped or trained to look after immigration detainees.

The Committee calls upon the Irish authorities to review urgently the current arrangements for accommodating persons detained for immigration offences.

b. discipline

87. The imposition of disciplinary penalties was still governed by the 1947 Prison Rules at the time of the delegation's visit. This means that the various procedural safeguards required in the context of disciplinary proceedings, first outlined in the report on the 1993 visit by the CPT and subsequently reiterated in the reports on the 1998 and 2002 visits, have yet to be instituted (see paragraph 27 above).

88. The new chapter on discipline in the recently published 2006 Prisons Bill, taken together with the 2005 published draft of the Prison Rules, incorporates the essential safeguards raised by the CPT in its previous visit reports. Notably, prisoners will be informed in writing of the charges against them and be given sufficient time to prepare their defence; they will also be allowed to cross-examine evidence given against them, to call witnesses on their behalf, and to make a plea in mitigation to the Governor before the imposition of any penalty. Further, Clause 15 of the 2006 Prisons Bill provides for an appeal against a sanction or finding to an Appeal Tribunal, with the possibility of access to legal advice or representation and to apply for legal aid. Such provisions are to be welcomed.

The CPT calls upon the Irish authorities to ensure that the proposed new disciplinary system is adopted and implemented as soon as possible.

89. The delegation examined the conditions in the segregation unit (now referred to as the special care unit) of each prison visited. These units contained one or two close-observation cells (still referred to as strip cells), where prisoners subject to the sanction of close confinement were held. Such a disciplinary measure could not exceed three days. However, the cells were also being used to place prisoners on protection, in which case they were often confined to these cells for extended periods (see paragraph 62 et seq. above).

The close observation cells have been recently renovated with a resistant, washable material called "Velston" and a fixed table and stool have been installed, as well as a mattress on a solid platform. The cells also have integral sanitation.

90. The standard procedure was for prisoners transported to a close-observation cell for disciplinary reasons to be stripped-searched and deprived of their clothing. In Castlerea Prison, the practice was for such prisoners to be provided with a paper nappy only.

The delegation made an immediate observation regarding this matter, and by letter of 29 November 2006, the Irish authorities confirmed that the practice of providing prisoners placed in close-observation cells (and special observation cells) with only paper underwear has ceased.

91. The practice of prisoners being strip-searched upon their placement for disciplinary reasons in a close-observation cell is unexceptionable. However, the delegation observed at Castlerea Prison that such prisoners would subsequently be left with only their paper underwear and a blanket. In the opinion of the CPT, to deprive of clothing a prisoner placed in a close observation cell who is not assessed as being at risk of committing acts of self-harm and/or suicide is degrading. **The CPT recommends that such prisoners be provided with suitable clothing throughout their stay in the close-observation cell.**

92. As noted in the past, rule 69 (1) (d) of the 1947 Rules provides that a Governor may suspend any of a prisoner's privileges for a period of up to two months. The delegation observed that this latter provision continued to be exploited to hold inmates in conditions almost amounting to solitary confinement for up to 56 days. Such a sanction was accompanied, in all the cases examined, by a forfeiture of remission of up to a maximum of 14 days.

The prisoners concerned were being held in the segregation blocks of Cork and Midlands Prisons. The delegation visited D Unit in Cork Prison.

93. The material conditions in D Unit were described most recently in the report on the 2002 visit (see CPT/Inf (2003) 36, paragraph 72) and do not call for any particular comment.

The regime, on the other hand, still leaves a great deal to be desired. The CPT's delegation observed that prisoners were deprived of all privileges (family visits, letters, work, smoking, recreation, radio, television and newspapers) throughout their time in D Unit. Outdoor exercise took place in a small inner yard; the amount of time prisoners could associate together in the yard varied depending on the numbers in the unit and the mix of prisoners. At the time of the visit, the unit held four prisoners and they were being offered two sessions of outdoor exercise of at least one hour duration, with two prisoners usually associating together at any one time. A small stock of library books was available for those prisoners who could read. However, it was not possible to obtain books from the school for educational purposes.

The Committee is particularly concerned that prisoners in D Unit continued to be denied virtually all contact with the outside world (the exception being limited communication with their solicitors). However, the delegation noted that exceptionally the Governor exercised his discretion to permit a family visit.

94. As the CPT has emphasised in the past, although the implementation of a regime under which prisoners are segregated from others for prolonged periods may, in exceptional cases, be justified for reasons of order and security, the application of such a measure as a punishment is unacceptable.

Further, it is generally acknowledged that all forms of solitary confinement without appropriate mental and physical stimulation are likely, in the long term, to have damaging effects, resulting in deterioration of mental faculties and social abilities. The delegation found that the regime applied in Unit D at Cork Prison still did not provide such stimulation.

The CPT was also concerned to note that Clause 13 of the 2006 Prisons Bill would appear to leave scope for a disciplinary regime similar to that currently applied in the D Unit in Cork Prison, namely the possibility of the denial of all privileges for a period not exceeding 60 days.

The CPT calls upon the Irish authorities to review the operation of D Unit, in the light of the above remarks. In particular, efforts should be made to provide inmates in D Unit with psychological support and appropriate activities, and to develop possibilities for them to associate with other prisoners. More generally, appropriate steps should be taken to ensure that application of the provisions of Clause 13 (d) of the Prisons Bill does not lead to situations of the kind which currently prevail in Unit D of Cork Prison.

95. Specific reference should be made to the possibility under Clause of 13 (d) (ii) of the Prisons Bill to prohibit visits between a prisoner and his relatives for a period up to 60 days. The CPT considers that visits between a prisoner and his relatives should under no circumstances be withdrawn for a prolonged period. This is also the spirit of Rule 60.4 of the European Prison Rules according to which “Punishment shall not include a total prohibition on family contact”.

In the light of the necessity to maintain contacts with the outside world, **the Committee recommends that Clause 13 (d) (ii) be revised accordingly.**

c. contact with the outside world

96. A prisoner could have up to ten persons on a list of permitted visitors and visits could take place, in general, Monday to Fridays, with each prisoner permitted one half-hour visit per week, plus one discretionary additional fifteen-minute visit. Visits do not have to be pre-booked. The delegation noted that visits were not permitted at weekends when the family and friends of prisoners were most likely to be available. **The CPT encourages the Irish authorities to look into the possibility of extending visiting arrangements.**

The visiting arrangements in Mountjoy and Limerick Prisons have not improved since the 1993 visit (see CPT/Inf (95) 15, paragraphs 159 to 160). The CPT’s delegation observed that when the visiting rooms were full, they afforded no privacy whatsoever to prisoners or their visitors and, because of poor acoustics and ventilation, were both noisy and stuffy.

The CPT recommends that steps be taken to improve the visiting facilities in these establishments.

97. More generally, the CPT is aware of the ongoing discussion in the Irish Prison Service concerning the option of introducing screened visits for all inmates, as a preventive measure for stopping contraband, especially drugs, from entering prisons.

The CPT wishes to emphasise that the maintenance of prisoners' relationships with their family and friends can be of critical significance for all concerned, particularly in the context of prisoners' social rehabilitation. The Committee considers that increasing the security measures prior to and following a visit is a preferable alternative to systematically stopping all contact visits. **The CPT would appreciate the comments of the Irish authorities on this matter.**

98. Further, the CPT was concerned to note that correspondence between prisoners and lawyers may be inspected and read by prison staff. The case law of the European Court of Human Rights in relation to this matter would suggest that, save in exceptional situations, such an interference is contrary to Article 8 of the European Convention on Human Rights. **The CPT would appreciate the comments of the Irish authorities on this matter.**

d. inspection procedures

99. The CPT welcomes the provisions in the 2006 Prisons Bill, which will provide the Inspector of Prisons with a statutory framework. The Bill reiterates the independence of the Inspector and also provides for that the Inspector's reports to be laid before Parliament and published. However, in order for the Inspector to carry out his/her tasks professionally and comprehensively, the CPT recalls that it is essential that the necessary resources be allocated for this important function. **The CPT would like to be informed about the resources allocated to the Inspector further to the adoption of the Bill.**

100. As regards children in prison, mainly at St. Patrick's Institution but also in other prisons, the CPT considers that it would be appropriate for the Children's Ombudsman to be permitted access to these institutions to meet with the children concerned and to raise any particular issues relating to their conditions of detention and treatment. In the course of the visit, the Irish authorities had indicated that they foresaw no difficulties with such an arrangement. **The CPT would like to receive confirmation that the Children's Ombudsman may visit prisons where children are being accommodated.**

e. transport of prisoners

101. A number of prisoners whom the delegation met complained about the lack of any rest-stop during transfer journeys between prisons, which meant they could not meet the needs of nature. In some instances, such as from Mountjoy Prison to Cork Prison, the journey could be as long as eight hours. There were also complaints about the lack of ventilation in the transport vehicles on warm days. Further, the CPT is concerned to learn that prisoners were routinely handcuffed during the journeys even though they were locked inside an individual secure cubicle. **The CPT recommends that the Irish authorities review the system of transportation of prisoners in the light of the above remarks.**

C. Psychiatric establishments

1. Preliminary remarks

102. The CPT visit took place in the context of a major overhaul of the legal framework for both civil and forensic psychiatry. The main elements of the Mental Health Act 2001 came into force on 1 November 2006 and the Criminal Justice (Insanity) Act 2006 entered into force in June 2006.

103. The Mental Health Act 2001 replaces and expands upon various pieces of mental health legislation, adopted in the course of the past 60 years as well as codifying relevant jurisprudence.

The Act contains a number of provisions which the CPT has been advocating for some time. In particular, the provisions on the automatic and regular review of non-voluntary placements by Mental Health Tribunals, the rules on seclusion and bodily restraint, and the provisions on consent to treatment (Part 4 of the Act) represent important steps forward. The provisions on consent to treatment also apply to patients placed under the provisions of the Criminal Law (Insanity) Act 2006 (see Article 3 (3)).

The CPT also welcomes the establishment of the Mental Health Board, which has been endowed with a wide mandate, including standard-setting. The Mental Health Board's rules governing the use of electro-convulsive therapy, seclusion and mechanical means of bodily restraint, as well as its non-enforceable codes of practice on the use of physical restraint and on the admission of children, have been noted by the CPT and require no comment from the Committee. The Mental Health Board also appoints the inspector of mental health services, who inspects on a mandatory basis all the facilities under the Mental Health Act at least once a year.

To sum up, the new legislation generally meets the CPT's concerns.

104. The Criminal Justice (Insanity) Act 2006 deals with various categories of placements in a psychiatric centre for persons charged under criminal law. The objective of such a placement could be for the purposes of observation, in order to determine a suspect's "fitness to be tried" (Article 4 (6)) or whether a suspect could be considered as "insane" (Article 5 (3)). Further, the Act provides for the placement of a suspect who has been declared "unfit to be tried" (Article 4 (3)) or is considered to be "not guilty by reason of insanity" (Article 5 (2)). The Act also regulates the transfer of prison inmates to a psychiatric centre. Currently, the only psychiatric centre where persons can be placed under the provisions of the Criminal Justice (Insanity) Act is the Central Mental Hospital in Dundrum, Dublin.

With respect to the various types of observation referred to above, the law sets down strict time limits. Further, the Act introduces regular (with maximum intervals of six months) and automatic reviews of placement by the Mental Health (Criminal Law) Review Board. The Review Board is also responsible for deciding on the termination of the placement of those patients who have been declared "not guilty by reason of insanity". The members of the Review Board are appointed by the Minister of Justice, Equality and Law Reform.

105. The CPT very much welcomes both the time limits, with respect to observation periods, and the system of regular reviews of placements. However, the Mental Health (Criminal Law) Review Board was not yet operating at the time of the visit. **The CPT trusts that this will occur in the nearer future.**

The CPT's delegation was also informed about a court case initiated by a patient at the Central Mental Hospital. Apparently, this patient claimed compensation as his placement in the Central Mental Hospital could not be reviewed due to the non-existence of the Mental Health (Criminal Law) Review Board. **The CPT would like to be informed about the outcome of these proceedings.**

106. A comparative reading of both Acts indicates that patients placed under the Criminal Law (Insanity) Act 2006 potentially benefit from considerably fewer safeguards than those placed under the Mental Health Act 2001. For instance, the 2006 Act lacks provisions on the use of physical restraint, seclusion and inspection. Similarly, the mandate of the Mental Health (Criminal Law) Review Board is rather limited when compared with that of the Mental Health Board.

However, it is the CPT's understanding that a designated psychiatric centre, where involuntary patients under the 2006 Act are placed, should always be an "approved" psychiatric centre as defined by the Mental Health Act 2001. Such is the case, at present, in respect of the Central Mental Hospital. **The CPT would like to receive confirmation that the above interpretation is indeed correct.**

2. The Central Mental Hospital

a. introduction

107. The CPT's delegation undertook a follow-up visit to the Central Mental Hospital (CMH) in the South Dublin neighbourhood of Dundrum (the previous visits took place in 1998 and 2002). While the hospital's infrastructure has remained essentially the same, there have been significant changes with respect to issues of treatment, staffing and, to a certain extent, patients' living conditions. However, both hospital staff and health ministry officials recognise that a considerable amount of work still remains to be done. **The CPT encourages the Irish authorities to continue with their efforts to improve patient care in the Central Mental Hospital.**

108. At the time of the visit, the hospital was accommodating 80 patients for a capacity of 82 beds (two beds on the single female ward were vacant), which is two beds less than during the CPT's 2002 visit. Works were being carried out to increase the capacity of the hospital, with seven additional beds.

With one exception, all patients accommodated in the CMH at the time of the visit had been placed there involuntarily under either the Mental Treatment Act 1945 or the Criminal Justice (Insanity) Act 2006. One patient had been transferred to the hospital with his consent from a prison.

109. Upon admission, male patients are placed in Unit B. After a period of observation these patients progress to Unit 2, and subsequently to Units 3 and 7. The hostel, an independent building on the hospital grounds, is reserved for the most trusted patients.

In October 2005, a six-bed special unit (Unit 4) was set up for male patients who have proven to be 'therapy resistant' (i.e. not making any progress). This ward has been allocated a higher staff/ patient ratio and more input from a psychologist than other wards in the CMH.

Female patients are accommodated in Unit A, which has a capacity of seven beds. The small number of female patients in the Central Mental Hospital means that any progress observed cannot be rewarded by placement in a less secure unit as is the case for male patients. However, the various patients in the unit were on different regimes according to their needs.

110. The delegation did not receive any allegations of ill-treatment of patients by the staff of the CMH. On the contrary, a considerable number of patients spoke favourably about the staff, and the CPT's delegation noticed a fairly relaxed interaction between patients and staff.

b. patients' living conditions

111. Successive CPT visiting delegations have noted gradual but steady improvements in patients' living conditions in the CMH; since the 2002 visit, three of the most dilapidated wards of the main building have closed down (Units 1, 5 and 6) and Unit B has been fully renovated. Further, the padded cell in Unit 4, previously criticised by the CPT, has been refurbished and is now in a good state of repair.

That said, most of the patients' rooms still had a carceral feel to them, frequently had poor ventilation and lighting, and were in a mediocre state of repair. The bathrooms were also in a particularly dilapidated condition.

The CPT's delegation was informed about plans to build new facilities for the Central Mental Hospital on the Thornton Hall site, outside Dublin (cf. paragraph 29 above), with transfer to this site projected for 2012. **The CPT would welcome the construction of a new hospital. In the meantime, the Irish authorities should continue to make efforts to provide decent living conditions to patients in the current premises of the Central Mental Hospital.**

112. In this context, the CPT's delegation was also informed that consideration was being given to reopening the closed units, in particular Unit 1, in order to increase the number of beds available for forensic patients in Ireland. Given the dilapidated state of these units, **they should not be reopened before having been renovated.**

113. Although patients' rooms in the main building were not equipped with integral sanitation and remained locked throughout the night, the CMH has managed to bring the practice of “slopping out” to an end by allocating more staff to the evening and night shifts. If the needs of nature so demand, patients may be accompanied to a toilet facility. This is a positive development. However, slopping out is still a necessity for patients placed in the segregation rooms of Unit A. The planned renovation in 2007 of these segregation rooms will result in the installation of toilet facilities, and end “slopping out” completely in the CMH. **The CPT recommends that the Irish authorities carry out the renovation of the segregation cells of Unit A as soon as possible.**

c. staff resources and treatment

114. Since the CPT’s previous visit in 2002, the number of psychiatric nurses has increased significantly, with 56 new posts. Currently, the hospital employs 120 qualified psychiatric nurses and 45 care officers. It is the hospital's policy to replace care officers, who have not all received specific psychiatric training, with qualified nursing staff. In this respect, the number of care officers has been significantly reduced since 2002 when their number stood at 71. The CPT welcomes the increase of specialised psychiatric nursing staff (see CPT/ Inf (99) 15 paragraph 98). Further, the hospital has set up a psychology department consisting of five clinical psychologists.

The number of consultant psychiatrists - five - has remained the same since 2002.

115. The CPT’s delegation noted encouraging developments in the treatment of patients; for instance, the setting up of five Multi-Disciplinary Teams (MDTs), each composed of a psychiatrist, a psychiatric nurse, a junior medical doctor, an administrative clerk and an occupational therapist. With the exception of Unit 4, which has its own MDT, each MDT treats patients from several units.

However, at present the psychologist does not have a place in the MDT and his/her role is limited to performing psychological assessments, for example, in relation to risk and personality disorder. The CPT would encourage the ongoing reflections to involve psychologists more directly in the individual therapy sessions provided to patients. Individual psychotherapy or group therapy, in particular for those patients who are unresponsive to individual therapy, is an important complement to pharmacotherapy. Such a development would also necessitate infrastructural adaptations; for instance, Unit 4 does not possess either an interview room or a place for group therapy. **The CPT would appreciate the comments of the Irish authorities on this matter.**

116. The management of CMH informed the CPT’s delegation that it already applied the Mental Health Act provisions on consent to treatment (as contained in Part 4 of the Act) to all patients in the hospital.

However, the delegation found no trace of a written declaration, by either doctor or patient, that the patient had given his free and informed consent to treatment, in any of the patient files consulted. **The CPT recommends that the Irish authorities ensure that a patient’s consent is properly recorded.**

d. seclusion

117. According to the hospital management, instances of seclusion have been reduced significantly over the past few years, attributed primarily to the adoption of a two pronged approach. Firstly, the hospital has chosen to accommodate on one single ward (Unit 4) those patients who accounted for 80 to 90 percent of the cases of seclusion, where they receive more intensive treatment; secondly, the hospital has developed a strategy to handle agitated patients, which focuses on verbally defusing a potentially explosive situation and the use of manual restraint rather than seclusion. Further, the delegation was told that the increase in staffing levels played an important role in reducing the use of seclusion.

However, the hospital management still considers the use of seclusion in the hospital as too high. The CPT delegation's observations also indicated that incidences of seclusion could be further reduced. Moreover, the delegation noted that, at times, seclusion is used for periods of up to one week consecutively.

The CPT recommends that the Irish authorities continue to take the necessary measures to reduce resort to seclusion as well as, in those cases where it is still used, the length of consecutive time spent in seclusion.

118. All incidents of seclusion appeared to be appropriately recorded. However, the CPT's delegation noted that seclusion at night was not recorded. Consequently, a seclusion continuing over several days would appear to have been interrupted at night when in reality this was not the case. The hospital management explained that the Mental Health Commission exempts seclusion at night from being recorded as the door of the patient's room would be locked anyway.

The CPT presumes that the hospital management is referring to Part 1 (1) of the "Rules governing the use of seclusion and mechanical means of bodily restraint" by the Mental Health Commission, which came into force on 1 November 2006. Under rule 1.2 it is stated: "A patient locked up in his or her bedroom at night in the National Forensic Service (Central Mental Hospital) as part of his or her individual risk assessment and management plan for the purpose of enhanced security, does not constitute seclusion under these rules."

The CPT does not agree with the hospital management's interpretation of rule 1.2. In its view, a night bridging two daytime periods of seclusion should also be registered as seclusion. This is particularly the case when the seclusion has not formally ended or the patient remains in a special segregation room.

The CPT would like to receive the comments of the Irish authorities on this matter.

e. transfer of patients

119. The hospital faces serious difficulties in transferring patients to facilities outside the hospital. Consequently, the population remains rather stagnant, with several patients who could benefit from a less secure environment. In particular, this would apply to patients on ‘sleeping out leave’ (i.e. patients who spend the night outside the hospital premises). The delegation was told that, as a result, certain prisoners placed in CMH under the provisions of Article 15 of the Criminal Justice (Insanity) Act 2006 may be sent back to a penitentiary institution prematurely in order to make room for an emergency. Equally, the threshold for a placement in the CMH is higher for prisoners than it used to be. At the time of the visit, there were at least 15 inmates in need of treatment at CMH who remained on a waiting list. Moreover, observations by the delegation in several penitentiary establishments, as well as recent research²³, would suggest that the length of the waiting list was by no means representative of the real needs for in-patient psychiatric care among inmates.

120. Apparently, initiatives taken by the CMH to create community-based off-site capacity in the Dublin area have encountered considerable difficulties with, inter alia, local authorities and local care institutions. In the view of the CPT, it would be most unfortunate if such attempts were aborted. Experience has proven that such off-site capacity could facilitate access to regular psychiatric care.

In the latest policy paper on psychiatry, “A Vision for Change”, by the expert group on mental health policy and published by the Ministry of Health, the establishment of four secure Intensive Care Rehabilitation Units (“ICRUs”) in regular psychiatric hospitals is recommended. The Ministry of Health has confirmed that these units will indeed be created and that they will be accessible for both prisoners and CMH patients. The CPT's delegation was informed that such units may be established in hospitals in Cork, Dublin, Galway and Sligo. **The CPT would like to be informed in detail about the plans to establish the four ICRUs. Further, the CPT encourages the Irish authorities to make strenuous efforts to improve access to regular psychiatric facilities for forensic patients.**

²³ “Mental illness in Irish Prisoners, psychiatric morbidity in sentenced, remanded and newly committed prisoners”, HG Kennedy e.a., National Forensic Mental Health Service 2006.

APPENDIX I

LIST OF THE CPT'S RECOMMENDATIONS, COMMENTS AND REQUESTS FOR INFORMATION

Cooperation between the CPT and the Irish authorities

comments

- the CPT trusts that appropriate instructions will be given to prison establishments to ensure that the inviolability of correspondence between the CPT and prisoners is assured (paragraph 5).

Law enforcement agencies

Preliminary remarks

comments

- the CPT trusts that the Ombudsman Commission will make full use of its power to inspect police premises unannounced (paragraph 11).

requests for information

- clarification of whether it remains possible for complaints concerning members of the police service to be dealt with by the Garda itself (paragraph 12);
- the measures taken to address the concerns raised by the Morris Tribunal in relation to ill-treatment issues (paragraph 13);
- copies of the adopted versions of both the new disciplinary regulations and the Garda 'whistleblowers' charter (paragraph 14).

Ill-treatment

recommendations

- senior police officers to remind their subordinates that the ill-treatment of detained persons is not acceptable and will be the subject of severe sanctions (paragraph 18);
- audio-video recording to be used for all interviews, irrespective of the nature of the offence (paragraph 19);

- whenever criminal suspects brought before a prosecutor or judge allege ill-treatment by law enforcement officials, the prosecutor/judge to record the allegations in writing, order immediately a forensic medical examination and take the necessary steps to ensure that the allegations are properly investigated. Such an approach should be followed whether or not the person concerned bears visible external injuries. Further, even in the absence of an express allegation of ill-treatment, the prosecutor/judge should request a forensic medical examination whenever there are other grounds to believe that a person brought before him could have been the victim of ill-treatment (paragraph 20).

comments

- the Irish authorities are encouraged to pursue their stated intention to equip all police stations with CCTV cameras (paragraph 20).

Conditions of detention

recommendations

- steps to be taken to remedy the shortcomings observed as regards conditions of detention at Galway Mill Street Garda Station (paragraph 21);
- steps to be taken to ensure that persons held in detention for more than 24 hours are, as far as possible, offered the opportunity of outdoor exercise every day and access to shower facilities (paragraph 22).

requests for information

- statistics concerning the number of persons held in police custody for longer than 48 hours in 2005 and 2006 (paragraph 22).

Safeguards against ill-treatment of detained persons

recommendations

- the Irish authorities to ensure that the right of detained persons to inform a third party of their choice of their situation is fully effective in practice, and that all detained persons are fully informed of their rights as from the outset of their detention (paragraph 23);

requests for information

- comments of the Irish authorities on the possibility for a lawyer to be present during an interrogation conducted by the police (paragraph 24).

Prison establishments

Preliminary remarks

recommendations

- the Irish authorities to ensure that new prison rules are adopted as a matter of priority (paragraph 27);
- appropriate measures to be taken to ensure adequate separation between children and young adults in St. Patrick's Institution, in accordance with the principles laid down in the United Nations Convention on the Rights of the Child and the European Prison Rules (paragraph 28).

comments

- the Irish authorities are strongly encouraged to invest the necessary resources into the existing prison estate to ensure that all prisoners are kept in appropriate conditions of detention (paragraph 29).

Ill-treatment

recommendations

- the Irish authorities to continue to deliver at regular intervals the message that all forms of ill-treatment, including verbal abuse, are not acceptable and will be the subject of severe sanctions. More specifically, prison officers must be made fully aware that the force used to control violent and/or recalcitrant prisoners should be no more than is strictly necessary and that, once a prisoner has been brought under control, there can be no justification for additional use of force (paragraph 33);
- a prisoner against whom any means of force have been used should have the right to be immediately examined and, if necessary, treated by a medical doctor. The examination should be conducted out of the hearing and preferably out of the sight of non-medical staff, and the results of the examination should be formally recorded and made available to the prisoner (paragraph 34);
- a central register should be kept logging instances when prison officers resort to force or apply control and restraint techniques on a prisoner (paragraph 34);
- concerted action to be taken to tackle the growing phenomenon of inter-prisoner violence, in the light *inter alia* of the remarks made in paragraph 42 (paragraph 42).

requests for information

- comments of the Irish authorities on the proposal for an independent body to deal with complaints by prisoners (paragraph 37);
- the results of the inquiry into the death of a prisoner at Mountjoy Prison on 1 August 2006 (paragraph 41);
- the outcome of the independent investigation into the incident which took place in the exercise yard of St. Patrick's Institution on 26 December 2005 and its aftermath (paragraph 43).

Staffing issues

recommendations

- the Irish authorities to invest the necessary resources into developing and providing training courses for prison officers to assist them in meeting the evolving challenges within the prison system (paragraph 46).

requests for information

- comments of the Irish authorities on the staffing issues raised in paragraph 45 (paragraph 45).

Conditions of detention

recommendations

- the Irish authorities to pursue vigorously their efforts to bring the standard of living conditions in Mountjoy Prison up to a decent level (paragraph 50);
- concrete steps to be taken to provide inmates in A and B Blocks of Limerick Prison with conditions which are comparable to those in C and D Blocks (paragraph 51);
- appropriate steps to be taken to rectify the deficiencies highlighted in paragraph 52 in respect of St. Patrick's Institution (paragraph 52);

- efforts to be made to improve the state of repair of the cells in C Wing at Cork Prison and, as far as possible, only one prisoner to be placed in a cell of 9m² and certainly no more than two (paragraph 53);
- the Irish authorities to pursue vigorously multi-faceted policies designed to put an end to overcrowding in prisons, having regard *inter alia* to the principles set out in Recommendation No. R (99) 22 and other pertinent Recommendations of the Council of Europe's Committee of Ministers. The Committee would like to receive detailed information on the measures being taken by the Irish authorities in this respect (paragraph 55);
- the Irish authorities to eradicate 'slopping out' from the prison system. Until such time as this is achieved, concerted action should be taken to minimise its degrading effects (paragraph 56);
- greater efforts to be made to provide inmates in Mountjoy and Limerick Prisons with purposeful activities (paragraph 58);
- appropriate measures to be taken to improve the regime of activities (including sport, educational and vocational training and rehabilitative classes) and other rehabilitative services offered to young offenders at St. Patrick's Institution (paragraph 59);
- efforts to develop programmes of purposeful activities of a varied nature (work, preferably with a vocational value; education; sport; recreation/association) to be intensified (paragraph 60);
- due consideration to be given to the situation of prisoners placed on protection, in the light of the remarks made in paragraph 64 (paragraph 64).

comments

- the CPT trusts that the Irish Prison Service will continue to encourage and stimulate prisoners to take up work, educational, sport and recreational activities (paragraph 47);
- the approach followed at Wheatfield Prison as regards regime activities is positive and should be replicated, as far as possible, in other prison establishments (paragraph 61).

requests for information

- the nature of the renovation work carried out on the cells of wing C2 of Mountjoy Prison (paragraph 50);
- the education and training courses being offered in Cloverhill Prison, including the numbers of inmates participating in them (paragraph 60);
- confirmation that all prisons are abiding by the instruction “to ensure that prisoners on protection are offered a minimum of one hour of outdoor exercise on a daily basis” (paragraph 63);
- developments as regards the conditions of detention and treatment of the prisoner in the segregation unit of Wheatfield Prison referred to in paragraph 65 (paragraph 65);
- the reviews and safeguards in place in relation for placement on protection (paragraph 66).

Health care services

staff and facilities

recommendations

- a comprehensive clinical pharmacy service to be introduced across all Irish prisons (paragraph 68);
- Mountjoy Prison to benefit from at least the equivalent of a full-time doctor and nurses with a psychiatric specialisation to be recruited at Mountjoy Prison and St. Patrick’s Institution (paragraph 69);
- St. Patrick’s Institution to benefit from the equivalent of one half-time general practitioner and one half-time specialist in child and adolescent psychiatry (paragraph 69);
- a psychologist to be recruited to Cloverhill Prison on a full-time basis and a specialist in addictions to attend the prison at least three half-days a week (paragraph 70);
- at Limerick, Cork and Castlerea Prisons, the number of hours for which a doctor is actually present to be substantially increased. At Limerick Prison this entails the services of at least one full-time doctor (paragraph 71);

- arrangements for access to the medical service to be changed at Limerick Prison, in the light of the remarks in paragraph 71 (paragraph 71);
- at least one full-time qualified nurse to be recruited at Cork Prison (paragraph 71);
- steps to be taken to ensure that health-care staff are no longer placed under the authority of a senior prison officer (paragraph 72);
- greater efforts to be made to accurately register all relevant medical information (paragraph 73).

comments

- an annual report on the state of the medical services in the Irish Prison Service would be beneficial (paragraph 68).

requests for information

- the data protection safeguards in place as regards the system of electronic prisoner health care records and the timelines for its application throughout the prison system (paragraph 73).

medical examination on admission and confidentiality

recommendations

- steps to be taken to ensure that the practice in Ireland is brought into line with the considerations set out in paragraph 75 concerning the contents of the record drawn up following a medical examination of a newly admitted prisoner. The result of the medical examination referred to above should be made available to the prisoner concerned (paragraph 75);
- health care standards relating to screening upon admission to be systematically applied in all prisons (paragraph 76);
- all medical examinations of prisoners to be conducted out of the hearing and - unless the doctor concerned requests otherwise in a particular case - out of the sight of prison officers (paragraph 77).

drug related issues

recommendations

- all necessary steps to be taken to ensure the implementation of the various elements of the drug strategy programme “Keeping drugs out of prison” throughout the prison system (paragraph 79);
- greater psycho-social counselling to be offered to prisoners on methadone substitution programmes. Such programmes should be available in all prisons in Ireland (paragraph 80).

comments

- the Irish authorities are encouraged to adopt preventive programmes to reduce the transmission of blood borne viruses (paragraph 81).

psychiatric care and suicide prevention

recommendations

- a consistent and care-user oriented suicide prevention policy to be developed (paragraph 84).

comments

- acts of self-harm and suicide attempts frequently reflect problems and conditions of a psychological or psychiatric nature. The prisoners concerned should be assessed by properly qualified health care staff with a view to determining the cause of their actions (paragraph 83);
- the new design of the special observation cells does not eliminate all potential ligature points (paragraph 85);
- additional measures should be taken to ensure the special observation cells are appropriately heated (paragraph 85).

requests for information

- comments of the Irish authorities on the issues raised in paragraph 82 concerning psychiatric care in prison (paragraph 82).

Other issues

immigration detainees

recommendations

- current arrangements for accommodating persons detained for immigration offences to be reviewed urgently (paragraph 86).

discipline

recommendations

- the proposed new disciplinary system to be adopted and implemented as soon as possible (paragraph 88);
- prisoners placed for disciplinary reasons in a close observation cell to be provided with suitable clothing throughout their stay in such a cell (paragraph 91);
- the operation of D Unit in Cork Prison to be reviewed, in the light of the remarks made in paragraphs 93 and 94. In particular, efforts should be made to provide inmates in D Unit with psychological support and appropriate activities, and to develop possibilities for them to associate with other prisoners. More generally, appropriate steps should be taken to ensure that application of the provisions of Clause 13 (d) of the Prisons Bill does not lead to situations of the kind which currently prevail in Unit D of Cork Prison (paragraph 94);
- Clause 13 (d) (ii) of the Prisons Bill to be revised, in the light of the remarks in paragraph 95 (paragraph 95).

contact with the outside world

recommendations

- steps to be taken to improve the visiting facilities in Mountjoy and Limerick Prisons (paragraph 96).

comments

- the Irish authorities are encouraged to look into the possibility of extending visiting arrangements (paragraph 96).

requests for information

- comments on the possibility of increasing the security measures prior to and following a visit instead of systematically stopping all contact visits (paragraph 97);
- comments on the remarks made in paragraph 98 concerning the confidentiality of prisoners' correspondence with their lawyers (paragraph 98).

inspection procedures

requests for information

- the resources allocated to the Inspector of Prisons further to the adoption of the Prisons Bill (paragraph 99);
- confirmation that the Children's Ombudsman may visit prisons where children are being accommodated (paragraph 100).

transport of prisoners

requests for information

- the system of transportation of prisoners to be reviewed, in the light of the remarks made in paragraph 101 (paragraph 101).

Psychiatric establishments

Preliminary remarks

comments

- the CPT trusts that the Mental Health (Criminal Law) Review Board will begin to operate in the near future (paragraph 105).

requests for information

- the outcome of the proceedings in the case initiated by a patient at the Central Mental Hospital referred to in paragraph 105 (paragraph 105);
- confirmation that a designated psychiatric centre, where involuntary patients under the 2006 Act are placed, should always be an "approved" psychiatric centre as defined by the Mental Health Act 2001 (paragraph 106).

The Central Mental Hospital

recommendations

- the renovation of the segregation cells of Unit A to be carried out as soon as possible (paragraph 113);
- a patient's consent to treatment to be properly recorded (paragraph 116);
- the Irish authorities to continue to take the necessary measures to reduce resort to seclusion as well as, in those cases where it is still used, the length of consecutive time spent in seclusion (paragraph 117).

comments

- the CPT encourages the Irish authorities to continue with their efforts to improve patient care in the Central Mental Hospital (paragraph 107);
- the CPT would welcome the construction of a new hospital. In the meantime, the Irish authorities should continue to make efforts to provide decent living conditions to patients in the current premises of the Central Mental Hospital (paragraph 111);
- the closed units should not be opened before they have been renovated (paragraph 112);
- the CPT encourages the Irish authorities to make strenuous efforts to improve access to regular psychiatric facilities for forensic patients (paragraph 120).

requests for information

- comments of the Irish authorities on the possibility of involving psychologists more directly in the individual therapy sessions provided to patients (paragraph 115);
- comments of the Irish authorities on the question of registering as seclusion a night bridging two daytime periods of seclusion (paragraph 118);
- the plans to establish four secure Intensive Care Rehabilitation Units (ICRUs) (paragraph 120).

APPENDIX II

**LIST OF THE NATIONAL AUTHORITIES,
NON-GOVERNMENTAL ORGANISATIONS AND OTHER ORGANISATIONS
WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS**

A. National authorities

Department of Justice, Equality and Law Reform

Michael McDOWELL T.D.	Tánaiste and Minister for Justice, Equality and Law Reform
Sean AYLWARD	Secretary General
James MARTIN	Assistant Secretary, Prisons and Probation Policy
Michael FLAHIVE	Assistant Secretary, Garda
Michelle SHANNON	Director of Youth Justice Service
Brian PURCELL	Director General, Irish Prison Service
Derek BRENNAN	Director of Regimes, Irish Prison Service
Enda DOOLEY	Director of Medical Services, Irish Prison Service
Fachtna MURPHY	Deputy Commissioner, An Garda Síochána
Nacie RICE	Assistant Commissioner, An Garda Síochána
Gerry BLAKE	Chief Superintendent, An Garda Síochána
Frank BOUGHTON	Principal Officer, Criminal Law Division
Hugh BOYLE	Principal Officer, Criminal Law Division
Michael KIRRANE	Principal Officer, Garda Planning
Pat MURRAY	Principal Officer, Garda Planning
Gerry MALONE	Principal Officer, Irish Naturalisation and Immigration Service
Mary BURKE	Principal Officer, Prisons and Probation Policy Division and CPT Liaison Officer
Dermot KINLEN	Inspector of Prisons and Places of Detention

Department of Health and Children

Mary HARNEY T.D.
Brian LENIHAN T.D.
Tim O'MALLEY T.D.

Minister for Health and Children
Minister of State with responsibility for children
Minister of State with special responsibility for
Mental Health

Sylda LANGFORD

Director General

Fergal LYNCH
Dermot RYAN

Assistant Secretary, Continuing Care Policy
Principal Officer, Mental Health

Paul HOWARD

CPT Liaison Officer

Other authorities

Irish Council for Human Rights
Mental Health Commission
Police Ombudsman Commission
Police Complaints Board
Prison Inspectorate
Health Service Executive

B. Non-governmental organisations

Children's Alliance
Irish Council of Civil Liberties
Irish Prison Reform Trust

C. Other organisations

Irish College of Psychiatry