

Meeting of the High Level Task Force on mental health and addiction challenges of persons interacting with the criminal justice system

28 April, 2021 by videoconference

Minute

Attendance:

Kathleen Lynch: Chair - former Minister of State for Primary Care, Mental Health and Disability
James Browne, TD; Minister of State at the Department of Justice
Mary Butler, TD; Minister of State at the Department of Health
Frank Feighan, TD; Minister of State at the Department of Health
Ben Ryan; Assistant Secretary, Dept. of Justice, Head of Criminal Justice Policy
Deborah White; Principal Officer, Dept. of Justice, Penal and Policing Policy
Colm Desmond; Assistant Secretary, Dept. of Health, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division
Seamus Hempenstall; Principal Officer, Dept. of Health, Mental Health Unit
Michael Murchan; Assistant Principal Officer, Dept. of Health, Mental Health Unit
Prof. Harry Kennedy; Executive Clinical Director, Central Mental Hospital
Dr Eamon Keenan; National Clinical Lead-Addiction Services, HSE
Jim Ryan; Head of Operations for Mental Health Services, HSE
Pat Bergin; Head of Service, Forensic Mental Health Service, HSE
Mark Wilson; Director, Probation Service
Paula Hilman; Assistant Commissioner, an Garda Síochána
John Devlin; Clinical Director, Irish Prison Service
Enda Kelly; Chief Nursing Officer, Irish Prison Service
Graham Hopkins; Dept. of Housing, Homelessness Policy, Funding and Delivery Section
Tony O'Donovan; Principal Officer, DCEDIY., Child Welfare Advisor, Children Detention Unit Secretariat – John Dunphy & Yvonne Phillips, Dept. of Justice, Penal and Policing Policy

Minute:

1. The Chair commenced the meeting, welcomed and thanked members for their participation. The Chair provided a brief overview of the HLTF and its purpose. The Chair highlighted the Terms of Reference and noted, in particular, the demanding timelines involved. The Chair set out the vision of the HLTF's work, with an emphasis on the three strands, which must be considered together. The first strand is concerned with diversion. The second strand is concerned with treatment while in the criminal justice system including measures for safe and sustainable rehabilitation into the community. The third strand is concerned with after care and support in the community upon release. The Chair acknowledge the breadth of experience of members and emphasised cooperative engagement and innovation is required to take this cross cutting work forward.

2. The Chair noted the recommendations arising from the first and second reports of the Interdepartmental Group to examine issues relating to people with mental illness who come in contact with the criminal justice system. The Group's first report from 2012 focused on how diversion at all stages of the criminal process could be facilitated up to the conclusion of a criminal trial. The second report in 2018 focused on matters relating to mental health services for prisoners, persons subject to community sanctions and post-release health services. It also considered matters relating to patients detained under the Criminal Law (Insanity) Act 2006.
3. The Chair noted that given the passage of time it is possible that some actions may have been addressed already and others may be in train at present. The Chair said it was important to establish the current status of the recommendations, and identify responsible parties. The Chair introduced the recommendations status update table and requested members complete the document and return to the Secretariat by 12 May 2021, to facilitate holding the next meeting of the group during the week commencing 17 May 2021.
4. The Chair also outlined the proposal to establish subgroups that would lead on addressing specific recommendations as required.
5. Ministers Browne, Butler and Feighan welcomed the formation of the group and acknowledged the demanding timelines. The Programme for Government includes improving all areas of healthcare, in a more integrated and holistic way. The importance of providing appropriate care and support at all stages was underlined. It was acknowledged, in particular, that mental health and drug addiction are inextricably connected especially in context of the criminal justice system. Finding alternatives to imprisonment including a focus on harm reduction is Government policy. The importance of delivering realistic short, medium and long terms goals was also highlighted.
6. Ben Ryan agreed with the importance and coherence of the three strand approach and the development of an ambitious but achievable implementation plan to take this forward. He noted that some of the IDG recommendations may be completed. When the Taskforce has a detailed overview of the IDG recommendations it can begin to identify topics for further engagement. Building on existing interagency collaboration, including in the area of housing, will be key to good outcomes and community safety. The envisaged establishment of subgroups will be of assistance in meeting the demanding deadlines.
7. Colm Desmond noted that there will not be a need to reopen all issues and the focus should be on what needs to be addressed within mental health and drugs resources. There is a need to focus on the post release issues in particular. He acknowledged challenging timelines but expressed confidence that the challenge can be met.
8. Professor Kennedy provided a brief overview of the work of the Central Mental Hospital. He highlighted the model of care in forensic mental health with the focus on goals, pathways, delivering interventions that work. He emphasised the importance of key performance indicators and evaluation of outcomes. He also emphasised human rights and hoped that the group could address the issue of stigma. He noted the importance of international expertise and cooperation, and noted that Covid-19 while posing challenges, had also illuminated possibilities for greater efficiency. It is important that demonstrable results be available to justify investments made. He hopes that as the move to Portrane progresses we can develop

interagency working that is central to what we do. The Taskforce presents an opportunity to consider how all parties work together, perhaps mirroring models of care from forensic services, for the wider group. Finding a more permanent model for continued engagement would address issue of sustainability and assist in long term planning. The Chair welcomed this contribution and requested that it be submitted in writing. The Chair agreed regarding sustainable implementation, to assist in addressing this the Chair said it is hoped to develop function/responsibility map, tracking responsibilities from Ministerial level down and the interconnections between different agencies.

9. Jim Ryan noted that the HSE have been able to do good work over the years with the Probation Service and the Irish Prison Service particularly on patients of concern.
10. Dr Keenan, highlighted the interconnection between substance misuse and mental health, and in particular as these two interact in the criminal justice sphere. DEK welcomed focus on dual diagnosis. He noted that the Dept. of Health's 'Sharing the Vision' has taken a more holistic approach and that a dedicated unit has been established on dual diagnosis.
11. Mark Wilson noted that approx. one third of the Probation Service's clients face mental health and addiction challenges. The Probation Service works at both ends of the spectrum and he noted the growing number of clients with post release supervision orders. Many clients come from prison and the probation service is attuned to the personal and systemic issues. He also noted the 2nd IDG report focus on the probation/community element. The Probation Service conducted research in October 2020 on the prevalence of mental health concerns, about 40% of those supervised have issues. The research can be shared with the Taskforce.
12. Paula Hilman described her experience working in Northern Ireland on similar reforms in that jurisdiction. She is currently Assistant Commissioner and responsibility includes community engagement, youth diversion, offender management programmes and is an IASIO board member. She also leads on the Commission on the Future of Policing in Ireland action in A Policing Service for the Future to develop crisis intervention teams. She highlighted the importance of collaborative working with all partners and avoiding duplication.
13. John Devlin noted that the IPS provide full medical care to their population. He also welcomed the three strand approach and call for interagency collaboration. He noted the ongoing work on the Health Needs Assessment in prisons. The assessment is at an advanced stage and it is expected that the consultants (Crowe) will deliver their report to the steering group, which comprises representatives of Dept. of Health, Dept. of Justice and IPS in June. The outcome of the assessment will feed into the work of the Taskforce and help set a roadmap.
14. Enda Kelly noted that the lack of proper treatment in prison can cause massive distress. EK noted that this is a significant issue from a human rights perspective. He welcomed the acknowledgement of the interconnectedness of mental health and addiction challenges.
15. Graham Hopkins said that the overlap between homelessness, addiction and mental health cannot be underestimated. He highlighted the Dept. of Housing's Housing First program and views it as critical in keeping the most challenging cases away from the criminal justice sector and providing wrap around supports. The programme delivers a mainstream response and supports chronic rough sleepers in conjunction with HSE and local authorities. It includes separate strands including the Dept. of Justice strand.

16. Tony O'Donovan said that mental health and addiction are particularly relevant to young people and especially those who come to notice of the criminal justice system.
17. The Chair posed a question to the group on how to use subgroups to interact with different departments. Jim Ryan noted the work of the National Implementation Monitoring Group, and the need to avoid duplication.
18. Mark Wilson said there was no need to reinvent wheel, and said some local initiatives will show examples of how to progress. The Chair agreed and said it was important to take advantage of existing solutions and models where appropriate.
19. Michael Murchan recalled the work completed in respect of the Committee for the Prevention of Torture report in 2020, and that some issues may have been examined/addressed in that context
20. Deborah White noted that communications for the group will be conducted through the Secretariat. The Secretariat will provide support to Chair and members and will be happy to keep members informed of any relevant briefings, PQs.

Actions:

- 1.1 Provide recommendation status update table to all members by 28 April (Secretariat)
- 1.2 Complete recommendation status update table and return to Secretariat by 12 May (members)
- 1.3 Organise next meeting date for week if 17 May (Secretariat)
- 1.4 Write draft minute and submit to members for observations and approval (Secretariat)