

High Level Taskforce on Mental Health and Addiction Challenges of persons interacting with the Criminal Justice System

Plenary Group Meeting

Thursday 29th July 2021 9am-11.30am via videoconference

Attendees:

- Kathleen Lynch: Chair - former Minister of State for Primary Care, Mental Health and Disability
- Deborah White; Principal Officer, Dept. of Justice, Penal and Policing Policy
- Mary O'Regan; Principal Officer, Dept. of Justice, (incoming)
- Michael Murchan; Assistant Principal Officer, Dept. of Health, Mental Health Unit
- Seamus Hempenstall; Principal Officer, Dept. of Health
- Prof. Harry Kennedy; Executive Clinical Director, Central Mental Hospital
- Jim Ryan; Head of Operations for Mental Health Services, HSE
- Pat Bergin; Head of Service, Forensic Mental Health Service, HSE
- Paula Hilman; Assistant Commissioner, an Garda Síochána
- Andrew Lacey, Inspector, an Garda Síochána
- Mark Wilson; Director, Probation Service
- John Devlin; Clinical Director, 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 and Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

Apologies:

- Ben Ryan; Assistant Secretary, Dept. Justice
- Enda Kelly; National Nurse Manager, IPS

Agenda:

1. Welcome from Chair
2. Minutes – 25th June Meeting
3. IPRT presentation followed by Q&A
4. Crowe Ireland presentation: IPS Health Needs Assessment followed by Q&A
5. Subgroups: Draft outline of Process Maps
6. AOB and Date of next meeting

1. Welcome from the Chair

- 1.1 The chair welcomed the group and thanked everyone for their commitment and for maintaining the process.

- 1.2 There was a brief discussion regarding the inclusion of Primary Care and Social Inclusion, and HSE input into the as –is process map. It was agreed that the Secretariat would contact Jim Ryan to discuss in more detail.

2. Minutes – 19th May

- 2.1 The minutes of 25th June were approved.

3. IPRT presentation followed by Q&A

- 3.1 It was raised following the presentation the importance of strategic initiatives, such as ACES, NEIC and Greentown. These programmes have a role in the problem solving piece.
- 3.2 It was also raised regarding the challenges of the creation of policy vs. service delivery and to examine these programmes objectively.
- 3.3 It was raised that it is important not to duplicate what is already in place.
- 3.4 For the Prison Service, it is important to remember that it is a primary care facility and there are only certain things within their control.
- 3.5 It was discussed that their needs to be a review of needs and to look at a community based service with clinical attention treatment.
- 3.6 It was said that there is a gap with regards to addressing needs for people are the lower end of the spectrum and the dual diagnosis are aimed at addressing these issues.

4. Crowe Ireland presentation: IPS Health Needs Assessment followed by Q&A

- 4.1 There was a discussion regarding the diversion programme and the required medical assessments for people, widening the base for diversion
- 4.2 There was also a discussion on the Mental Health Act Section 1.3 and the changes that are required
- 4.3 Bed capacity issues and the ongoing review of same were raised.

5. Subgroups: Draft outline of Process Maps

- 5.1 The chairs of each subgroup, and AL filling in for SG1 chair Super Gerry Roche, presented the latest drafts of their 'as is' process maps.
- 5.2 It was noted that the process maps are at an early stage of development. It was noted that the process maps should be developed so as to be able to be linked together, reflecting the totality of the interactions of individuals with mental health and addiction issues with the criminal justice system.
- 5.3 A discussion was held regarding the health/treatment elements of the process maps, it was agreed that this was the largest gap remaining on all process maps. It was agreed that it was important that the 'as is' process maps accurately capture the health/treatment elements, so the HLTF can understand fully and answer the question 'diverted to where?'. Detail was needed in respect of the meaning of community support/treatment and what the full range of support that is provided at all stages of the criminal justice system from a health perspective.

6. AOB:

- 6.1 The Secretariat requested HSE input to the process maps be returned by 08 August
- 6.2 The chair noted that Dr Conor O’Neill would be moving from SG1 to SG3.
- 6.3 It was noted that the consultation would proceed on a twin track with presentations and meetings with the key stakeholders identified in the Memo to Government, and a wider stakeholder consultation to occur likely in October. The Chair requested that members/subgroups identify any stakeholders who they feel should be invited to the consultation.

Actions:

- HSE to provide input to ‘as is’ process map by 08 August.
- Secretariat to communicate with JR HSE re primary care and social inclusion.
- Members/subgroups to inform Secretariat of other relevant stakeholders for consultation.

APPROVED