

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

Plenary Group Meeting

Monday, 22nd November 2021 : 11am-12pm via videoconference

Attendees:

- Kathleen Lynch; Chair - former Minister of State for Primary Care, Mental Health and Disability
- Ben Ryan; Assistant Secretary, Dept. of Justice, Head of Criminal Justice Policy
- Mary O'Regan; Principal Officer, Dept. of Justice, Penal and Policing Policy
- Seamus Hempenstall; Principal Officer, Dept. of Health, Mental Health Division
- Michael Murchan; Assistant Principal Officer, Dept. of Health, Mental Health Unit
- Deirdre O'Flaherty; Administrative Officer, Dept of Health, Mental Health Unit
- 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
- John Devlin; Clinical Director, Irish Prison Service
- Chief Superintendent Gerard Roche; An Garda Síochána
- Inspector Andrew Lacey; An Garda Síochána
- Deirdre O'Flaherty; Administrative Officer, Dept. of Health, Mental Health Division
- Dr Subramanian Narayanan; Consultant General Adult Psychiatrist & HSE National Clinical Lead in Dual Diagnosis, HSE
- Graham Hopkins; Dept. of Housing, Homelessness Policy, Funding and Delivery Section
- Tony O'Donovan; Principal Officer, Child Welfare Advisor, Children Detention Unit, DCEDIY
- Dr Damien Smith; Consultant Forensic Psychiatrist, In-reach team, Mountjoy, CMH
- Dr Conor O'Neill; National Forensic Mental Health Service, HSE
- Dr Eamon Keenan; National Clinical Lead-Addiction Services, HSE
- Prof. Harry Kennedy; Executive Clinical Director, Central Mental Hospital
- Secretariat – John Dunphy, Oonagh Ffrench and Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

Apologies:

- Enda Kelly; Chief Nursing Officer, Irish Prison Service
- Eamon Waters, Dept. of Housing, Homelessness Policy, Funding and Delivery Section

Agenda:

1. Welcome from Chair
2. Minutes – 6 October 2021
3. HLTF Interim Report
4. Presentation by Damien Smith/Conor O'Neill

5. AOB

1. Welcome from the Chair

- 1.1. The Chair opened the meeting and welcomed everyone, thanking them for all their hard work to date
- 1.2. The Chair advised that the Interim report had been sent to both Ministers for Health and Justice
- 1.3. It was noted that there is still a large volume of work and a lot of different areas to be considered, all to be completed within short timelines

2. Minutes

- 2.1. The Minutes dated 6th October 2021 were approved

3. HLTF Interim Report

Subgroup 1:

- 3.1. SG1 Chair advised that the Group's focus was on the expansion on the Adult Caution Scheme and that there is no primary legislation required for this expansion
- 3.2. There have been ongoing consultations with the ODPP. There would be an estimated 3,000 offences that would fall under the expansion of the Adult Caution Scheme
- 3.3. It was raised that currently there is no need for legislation, however, this may need to be included in the recommendations of the SG for final report
- 3.4. It is hoped that the HLTF final report in January will include the recommendation of a roll out of the CIT/CAST model in Limerick to wider counties around Ireland. There is a pre-pilot scheme already being put in place with 102 acute instances identified
- 3.5. There would be a need for an in-depth report to quantify the impact of the rollout of the pilot. This data would give a narrative regarding who and where people with mental health challenges are presenting

Subgroup 2:

- 3.7. SG2 Chair advised that their focus was to examine the capacity needs throughout the NFMHS with regard to long term and short term care. SG2 are in agreement that the current system is at capacity with limited movement of service users
- 3.8. SG are reviewing a potential model of care with regard to slow stream beds for service users to be discharged from CMH but would require admission to a stepdown facility for longer term care. This was discussed with reference to Sharing the Vision and the planned development of ICRUs.
- 3.9. The SG are examining their future work in a multi-pronged approach. The SG are analysing data created by the data modelling exercise in preparation for the SG next meeting
- 3.10. There have been some areas which continue to be examined with regards to legislation and the transfer of service users between prisons and mental health facilities.
- 3.11. The next phase of work begins with the possibility of creating sterile units within the IPS and the Group will now look at how this can be developed. The IPS will seek a representative from the CMH and it will be done in consultation with Plenary
- 3.12. There are also a number of recommendations from the Health Needs Assessment that will need to be considered and possibly included in the SG's final report

- 3.13. It is also hoped that either Canadian or Dutch representatives from the field of forensic psychiatry will present at the next SG meeting

Subgroup 3:

- 3.14. SG3 Chair advised that the remit of this SG is very broad and complex as they are examining through care from custody into the community
- 3.15. The SG have drafted a template that will allow them to define and align their proposals
- 3.16. Diversion from Court was discussed with regard to what is needed to be presented to the judiciary from the Probation Service. This will be necessary in order to enable the process of diversion from the Courts to the community. Judge Brendan Toale has now been added as a member of SG3
- 3.17. The Chair advised that they are examining the cohort of individuals who are exiting the criminal justice system and individuals who do not receive a conviction but require treatment in the community
- 3.18. The Group are committed to strengthen best practices but are aware how challenging it is with regards to community care and the organisational structure that is needed on this. There is also a considerable costing element to these services
- 3.19. The Chair advised that the whole area of legislation would need to be examined and changes will be needed. It was noted that any recommendations made by the group should align with the review of the Mental Health Act. It is important that the potential legislative changes are flagged to both to the D/Justice and D/Health
- 3.20. There is also the potential of Community Treatment Orders with individuals having rights and responsibilities and given autonomy over the choices they decide with regards their mental health. However, Sharing the Vision does not provide for CTOs.
- 3.21. The Chair advised that the Group are working on all of the Mental Health Commission recommendations published in their current report

4. Presentation by Dr Conor O'Neill

- 4.1. Presentation by Dr Conor O'Neill on the Court diversion/liaison paper published online in the Irish Journal of Psychological Medicine
- 4.2. It was discussed that the Bail Act and Section 4 of the Criminal Law Insanity Act highlight the shortage of ICRU beds. It is hoped under Sharing the Vision that this number will be increased significantly
- 4.3. It was also raised that the level of NGRI cases by European standards, if reached, would mean our capacity would be exhausted relatively quickly. The system will not be able to sustain admission rates. It is important that the models of care are orientated around individuals moving through the system
- 4.4. The Group agreed that this was a very complex area in need of reform for individuals with multiple needs
- 4.5. It was also raised that there are areas of concern with regards to the intersection of AGS, DPP and D/Justice interaction within the area of dual diagnosis and a lot of work is still ongoing in this area
- 4.6. It was noted that Housing First would play a central role in through care. There is an implementation plan at advanced stage of drafting. The potential targets to be higher than signalled in Housing for All plan at the start of 2021

5. AOB - nil

Actions:

- Secretariat to circulate slides from today's presentation to all Plenary members.

APPROVED