

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

### **Plenary Group Meeting**

**Thursday, 3<sup>rd</sup> February 2022: 11am-1pm 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
- Siobhan McArdle, Assistant Secretary, Dept. of Health
- 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
- Tony O'Donovan; Principal Officer, Child Welfare Advisor, Children Detention Unit, DCEDIY
- Enda Kelly; Chief Nursing Officer, Irish Prison Service
- Ruairi Ferrie; Dept. of Housing, Homelessness Policy, Funding and Delivery Section
- Secretariat – John Dunphy, Oonagh Ffrench and Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

#### **Apologies:**

- Prof. Harry Kennedy; Executive Clinical Director, Central Mental Hospital
- Dr Narayanan Subramanian; Consultant General Adult Psychiatrist & HSE National Clinical Lead in Dual Diagnosis, HSE
- Rosemarie Tobin; Principal Officer, Dept. of Housing
- Inspector Andrew Lacey; An Garda Síochána
- Assistant Commissioner Paula Hilman; An Garda Síochána
- Dr Eamon Keenan; National Clinical Lead-Addiction Services, HSE

#### **Guest Speakers:**

- Mary Fennessy,; Chairperson NPVCC Group
- Dr Pauline Conroy; Prison Visiting Committee member
- Inspector of Prisons Patricia Gilheaney; Office of the Inspector of Prisons
- Senior Inspector Helen Casey; Office of the Inspector of Prisons
- Michelle Martyn; Office of the Inspector of Prisons

## **Agenda:**

1. Welcome from Chair, Apologies & Minutes
2. Mary Fennessy, Chairperson, NPVCC Group and Dr Pauline Conroy, Member of Prison Visiting Committee
3. Inspector of Prisons, Patricia Gilheaney and Senior Inspector Helen Casey, Office of the Inspector of Prisons
4. 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 and noted that the work is nearing an end
- 1.2. Minutes of 22<sup>nd</sup> November and 16<sup>th</sup> December approved
- 1.3. It was noted that Rosemarie Tobin, Principal Officer from the Dept. of Housing has joined the Plenary in place of Eamonn Waters, Principal Officer

### **2. Mary Fennessy, Chairperson NPVCC Group and Pauline Conroy, Member of Prison Visiting Committee**

- 2.1. Ms. Fennessy advised that the Prison Visiting Committees (PVC) are an independent monitoring committee and visit prisons a few times a month.
- 2.2. The PVCs meet with prisoners on the landings and generally prisoners can approach the PVC members to discuss an issue they have. The biggest concern of PVCs is the mental health of prisoners and in this regard have written to the Minister raising the issue
- 2.3. There are three cohorts within the prison system. People who are in prison who need treatment externally and who are severally ill. People who need treatment within prison and those who should not be in prison at all
- 2.4. There are issues regarding prisoners being handcuffed when taken for a shower, the use of padded cells and the risk of people spending 23 hours in a cell and receiving their letterbox meal. There is also failure to provide adequate access to healthcare
- 2.5. It is acknowledged that the prisons staff are trying their best but are not qualified or clinically trained to manage certain cases
- 2.6. There is a group of prisoners who have addiction issues and mental health issues. They can display PTSD affects and combined with grief and anxiety need access to appropriate treatment
- 2.7. There is a second category of people who come into contact with the CJ system and have committed minor offences. This can be a reflection of a lack of access to community healthcare, or difficulties in engaging with services that are available. There is an acknowledgement by service providers of a lack of coordination and lack of community based services which are badly needed
- 2.8. The PVCs have raised the serious problem of drugs and access to drugs within the prison system. There is a concern that prisoners who have returned from treatment return to landings with easy access to drugs
- 2.9. It was raised that when some people leave prison they have not received any treatment for their mental health and/or addiction. They are then referred to community services but are

unable to access these services due to a variety of reasons. The combination of addiction and mental health problems can prove very challenging for the individual.

2.10. The importance of aligning treatment of addiction and mental health issues was stated and the need to provide adequate funding for community services

### **3. Inspector of Prisons, Patricia Gilheaney and Senior Inspector Helen Casey, Office of the Inspector of Prisons**

3.1. There has been a welcome increase in the budgets of the Office of the Inspector of Prisons

3.2. The OIP have advised there is a need for equal access to treatment for prisoners. There are long waiting lists in terms of access to Psychology Services and to gain admission to the CMH

3.3. It is agreed that prison facilities are not suitable places for treatment. There is a very high level of referrals to access psychology within treatment services

3.4. The OIP has made recommendations on resourcing for Court Diversion and to offer more training and assistance to AGS. A recommendation was made for forensic mental health should be moved to outside the prison service. There is also a concern over the use of solitary confinement and the risk that this poses to those involved, as well as the number of prisoners on release who enter homelessness

3.5. There is also a concern for the number of deaths in custody reports and this has been raised with the Minister. There has been engagement with families of prisoners who have died in custody to explain what has happened to their loved on

3.6. The OIP is concerned about the number of individuals that are not receiving treatment that is required by those who desperately need it

### **4. AOB**

- The Group agreed the importance of reflecting the human element and people's narrative within the report. It was agreed that the taskforce will contact the Red Cross to engage with service users to see if they can submit their narratives to the report
- The Chair advised that any further recommendations or implementations are to be submitted to the Secretariat

