

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

Plenary Group Meeting

Thursday, 3rd March 2022: 10.30am-12.30pm

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
- 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
- Prof. Harry Kennedy; Executive Clinical Director, Central Mental Hospital
- Rosemarie Tobin; Principal Officer, Dept. of Housing
- Ruairi Ferrie; Assistant Principal Officer, Dept. of Housing, Homelessness Policy, Funding and Delivery Section
- Eoin Ryan, Probation Service
- Judge Brendan Toale, District Court
- **Secretariat** – John Dunphy, Oonagh Ffrench and Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

Apologies:

- Siobhan McArdle, Assistant Secretary, Dept. of Health
- Dr Narayanan Subramanian; Consultant General Adult Psychiatrist & HSE National Clinical Lead in Dual Diagnosis, HSE
- Mark Wilson; Director, Probation Service
- Assistant Commissioner Paula Hilman; An Garda Síochána
- Inspector Andrew Lacey; An Garda Síochána

Guest Speakers:

- Alison Curtin and Brian McNulty; Bedford Row, Limerick
- Edel Cunningham; Dillon's Cross, Cork
- Ms Justice Iseult O'Malley; Chair, Sentencing Guidelines and Information Committee, Judicial Council

Agenda:

1. Welcome from Chair, Apologies & Minutes
2. Alison Curtin and Brian McNulty, Bedford Row, Limerick - Presentation on the experience of family members of prisoners with mental health/addiction issues
3. Edel Cunningham, Dillon's Cross, Cork -Presentation on the experience of family members of prisoners with mental health/addiction issues
4. Ms Justice Iseult O'Malley, Chair, Sentencing Guidelines and Information Committee, Judicial Council
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 and noted that the HLTF work is nearing an end
- 1.2. The work of the Taskforce will be finished by the end of March and there will be decisions made on any final recommendations. It was stated that next weeks Ministerial meeting is very important which is due to take place on Wednesday, 9th March. The Chair hopes to outline the possible needs of the taskforce at this meeting in order to deliver the services required. There may need to be a restructure of some resources in order to deliver realistic goals and timeframes which are recommended by the HLTF

2. Alison Curtin and Brian McNulty, Bedford Row Family Resource Centre, Limerick - Presentation on the experience of family members of prisoners with mental health/addiction issues

- 2.1. The Chair welcomed the presenters and gave an overview of Bedford Row Family Resource Centre which represents families of prisoners affected by addiction and mental health issues. They currently work very closely with the families of those in custody in Limerick prison
- 2.2. The Centre works on a co-production model with representation from families of those affected by the issues concerned as well as people who have served prison sentences on the Board of the Centre. There is also representation of people who have previously been very unwell due to addiction and mental health issues
- 2.3. Service users of the Centre can suffer with both addiction and anxiety/depression issues and can experience drug induced psychosis. They can eventually end up in prison a lot of times. There is a concern regarding this profile of person who do end up in prison that they are very vulnerable and at high risk. There can be relief, anger and shame in families when a family member is incarcerated
- 2.4. 40% of people suffering from psychotic illness have a dual diagnosis. They have a cycle of being in and out of prison, they do not attend appointments and do not take their prescribed medication. A lot of the people who the Centre encounters are in quite a bit of distress and turmoil before entering prison
- 2.5. There can be strained relationships between families and the service user when they enter prison and communication can be very difficult between both parties. Mothers live in fear as their children are not properly medicated, are not engaging with services and can become increasingly violent
- 2.6. However, there is work ongoing with a group of women in Limerick prison to teach them how to properly engage with their children and try to make them understand why their children's behaviour is as it is around them

- 2.7. The Centre recommends a secure psychiatric unit is built inside Limerick prison. This will ensure prisoners can get appropriate treatment, adequate care and rehabilitate. The Centre is keenly aware that CMH is full and cannot easily take in new prisoners and also that the new facility at Portrane will fill up very quickly once it is opened
- 2.8. They feel that the numbers of Community Orders should be increased as they are very beneficial to those affected by mental health and addiction issues
- 2.9. The HLTF Chair stated that the HLTF Subgroups were acutely aware of the need to divert people away from the Courts in the first instance.
- 2.10. Bedford Row commended the work of the Gardaí in Limerick and re-emphasised the positive work that was being carried out in the community
- 2.11. Plenary members welcomed the presentation that had been given by Bedford Row. It was raised that the IPS team are resourced well but there is concern about the level of need in prisons being so high. The Scottish model has proved very successful as it is a blended model using both Community Orders and Hybrid Orders. A point was made regarding expectations of what level of care the prison service can provide. If someone is unwell, there is a need for provision of care outside the prison and not inside it
- 2.12. Bedford Row works closely with Tusla, public health nurses, uses play therapy and social workers in its dealings with clients. GDPR is a big issue in relation to services trying to connect with families. There are strong links with homeless services such as the Peter McVerry Trust and Anna Liffey Trust
- 2.13. GR stated that he would like to meet with Bedford Row to discuss matters further and thanked them for their ongoing work in Limerick city
- 2.14. The Chair ended the presentation by thanking the presenters for their excellent work in supporting local community members to not feel isolated and alone in their dealings with incarcerated family members

3. Edel Cunningham, Dillon's Cross Family Resource Centre, Cork - Presentation on the experience of family members of prisoners with mental health/addiction issues

- 3.1. The Chair welcomed Edel to the Plenary who then presented an overview of Dillon's Cross Family Resource Centre which has been in operation since 1995 and which supports the local community in Cork and the work of the Cork ETB
- 3.2. As a pilot project the Centre are giving practical courses for women in childcare, culinary, arts and crafts and counselling services are provided
- 3.3. Funding for the Centre is received from IPS, Health Service, Sisters of Mercy and staff are pay rolled from the ETB together with Council grants
- 3.4. 3 factors are prevalent in ACES students: they are socially disadvantaged, suffer from family breakdown and have had a negative experience in education
- 3.5. There is a huge focus on improving the family situation : there is an emphasis on educational achievements and celebrating success is a huge thing for the students which involves changing the narrative for the women going through the system
- 3.6. There are support services and classes in the Centre also available for men
- 3.7. The Chair ended the presentation by thanking Ms Cunningham for her ongoing work in the community

4. Ms Justice Iseult O'Malley, Chair, Sentencing Guidelines and Committee, Judicial Council

- 4.1. The Chair welcomed both Ms Justice O'Malley and Kevin O'Malley, Secretary to the Judicial Council and gave an overview of the work of the HLTF Taskforce to date

- 4.2. Judge O'Malley advised that there has been a group established to set out new Sentencing Guidelines and in future all Judges will have to give the reasoning on why they are departing from these Guidelines. However there is no obligation on Judges to follow these Guidelines
- 4.3. There is a concern regarding the different lengths of sentencing in District Courts and Criminal Courts due to a lack of data available. It is the Court material that has the least data recorded when it comes to sentencing. The Committee are putting together a methodology to collect this data
- 4.4. Judges have raised issues with regards to people with mental health and addiction appearing before the Courts. Judges would like to divert this category of people away from incarceration where the behaviour is just about being on the wrong side of the law however there are no other options available for this type of diversion. There is a perception that the Probation Service is overloaded with cases and there may come a time when Judges will stop giving suspended sentences where fines are not paid and the only option will be imprisonment
- 4.5. Judges do want available options but it will take time to draft the binding Guidelines and to examine costs due to the varied history of sentencing in Courts
- 4.6. The Chair advised that HLTF SG1 is dealing with the Adult Caution Scheme among low level offences. There is engagement with ODPP and the possibility of diversion away from Court. The pilot CAST model is designed for people who commit criminal offences but not for people who need assistance under Mental Health Acts. The AGS engagement is from very early on but it is important to divert away from the Courts, Probation Service and Garda stations
- 4.7. D/Justice have developed a Penal Policy which outlines imprisonment as a last resort and an increase in alternatives to prison sanctions. It is still to be cleared by the Minister for Justice but the Dept. would really like to engage with the Judiciary. It may be best to engage with the Judicial Education team who can provide further assistance
- 4.8. The issue of health diversion for possession of drugs for personal use was discussed. Currently, AGS are unable to make a referral to the health services. There is a need for specific legislation to manage this and to process the referral.
- 4.9. A lot of illicit substances are not included in this Diversion Scheme. It was raised that ideally this should happen before the Courts so there is no criminal record and people get diverted into the health services. It is not conditional on them taking part and the Judiciary will not have a role as those affected will not be before the Courts. AGS may not be able to refer to Health services but at the moment it is very limited as people ultimately end up in the Courts. There is a much wider need for this across the State and a need for a greater range of measures for Judiciary which need legislative changes to be affected.
- 4.10. Sentencing Guidelines are needed as there is a deficit there but they only apply where there are sentencing needs. Judges will consider addiction and dual diagnoses. It is not mandatory and they are not under any obligation to follow them. It will need to be properly resourced as currently there is a lack of information presented to Judges
- 4.11. Restorative Justice (RJ) has no conviction involved so therefore is a form of diversion. There is a need for an information campaign from D/Justice around RJ. RJ is not an alternative to criminal sanction but it is a process for recidivism and to help victims of crime. It is not a civil sanction and can be expanded widely. The Dept. are trying to set RJ up on a nationwide basis as it works well in certain areas
- 4.12. There is a concern where people do not avail or engage in a diversion scheme due to fear or illness and the issue comes back before Court. The PICLS model is very important and Dr Conor O'Neill's material will be shared with Judge O'Malley together with any other relevant material he provides to Secretariat

AOB:

- The Chair raised the matter of a paper on Dual Diagnosis which was submitted recently and which in her opinion requires more detail. There is ongoing work being carried out on developing a model of care. The draft is quite general and there could be stronger messaging included.
- MM stated the HSE drug team may be able to contribute more text to the model. HSE will update the text
- There is a concern for the status for the model of care to be created in the IPS. A funding stream for Cork and Limerick has been identified which is a HNA recommendation and the IPS would like to be part of the pilot. Taskforce will need to set up a group and identify the appropriate revenue stream