

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

Subgroup 1: Diversion

Meeting Thursday 22nd July 2021 11am- 1pm via video conference

Attendees:

- Chair – Gerard Roche, Chief Superintendent, An Garda Síochána
- Dr Conor O’Neill, National Forensic Mental Health Service, HSE
- Michael Murchan, Assistant Principal Officer, Mental Health Unit, Dept. of Health
- Seamus Hempenstall, Principal Officer, Mental Health Unit, Dept. of Health
- Eoin Ryan, Regional Manager (acting) with responsibility for prisons regions, Probation Service
- Jim Ryan; Head of Operations for Mental Health Services, HSE
- Dr Conor O’Neill, National Forensic Mental Health Service, HSE
- Andrew Lacey, Inspector, An Garda Síochána
- Sarah Rossiter, Community Safety Policy, Dept. of Justice
- Secretariat – John Dunphy, Yvonne Phillips and Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

Apologies

- Dr Eamon Keenan, National Clinical Lead-Addiction Services, HSE
- Brendan Sheehy, Assistant Principal Officer, Community Safety Policy, Dept. of Justice
- Enda Kelly, National Nurse Manager, Irish Prison Service

Agenda:

1. Welcome from The Chair
2. Matters Arising – meeting of the Chairs
3. Process Mapping
4. Presentation by Dr Conor O’Neill
5. IDG Recommendations
6. Consultations
7. AOB

1. Welcome from The Chair

- 1.1 The Chair welcomed the group and apologies were sent from Enda Kelly, Dr Eamon Keenan and Brendan Sheehy. The minutes were approved dated 7th July 2021.

2. Matters Arising – meeting of the Chairs

- 2.1 The Chairs of all the different Subgroups met on 14th July with the HLTF Chair, Kathleen Lynch.
- 2.2 An update of the work completed by each Subgroup so far was shared within the Chair.
- 2.3 HLTF Cahir requested a draft/rough version of SG1 Process Map to be submitted to the upcoming plenary meeting.

3. Process Mapping

- 3.1 An overview of the process map was shared setting out where the process starts and ends.
- 3.2 D/Justice advised that the process map was of value and the best use of resources would be through the CIT/ CAS model currently in operation in Limerick.
- 3.3 This scheme could be scaled up and has the scope to be nationwide.
- 3.4 D/Health raised the area of detention under Section 12 of Mental Health Act 2001 and stated that HSE had sought some detail from MHC on the figures cited.
- 3.5 It was agreed by the Group that resources are needed at every level for Diversion and that clear pathways are needed for service users not going into inpatient treatment centres.
- 3.6 There is an eventual requirement to expand the CIT/ CAS programme nationally.
- 3.7 It was agreed by the majority of the Group that the Toronto definition is the most adequate definition to use in ToR as this reflects the cohort that requires support but will await the presentation in Sept by Prof Gulati, HSE/UL.
- 3.8 It was noted that 72% of mental health incidents occur after 5pm.
- 4.0 The Chair requested that any obs and community/primary care services on the process maps be shared with the Secretariat ASAP.

4. Dr Conor O'Neill presented to the Group on Diversion of Psychiatric Patients from Criminal Justice System

- 4.1 Presentation to the group on the Prison Inreach and Court Liaison Service (PICLS). It was agreed by the group that PICLS was a very interesting model, with great potential for further rollout throughout further. At present PICLS operates for those on remand in Cloverhill prison.

5. IDG Recommendations

- 5.1 It was agreed by the Group that there is more progress to be done on the IDG Recommendations.
- 5.2 The roll out of the CAS/ CIT scheme will advance the recommendations.
- 5.3 There currently is a review of the Mental Health Act 2001 which will bring about some changes and the Government has approved draft heads of a Bill to amend.
- 5.4 Section 12 of the Act is being retained, but in an altered form. Members of AGS will no longer be able to make an application for involuntary detention, but can still take a person into Garda custody if they believe the person needs to be involuntarily detained. At that point, the member of AGS will contact an Authorised Officer who will assess the person and make a call on whether or not they should be involuntarily detained. The definition of Authorised Officer is not being changed but Sections 9 and 12 are being amended to remove the ability for AGS members to make an application for involuntary detention.
- 5.5 There is a need for this to be resourced efficiently as it will be a 24/7 service.
- 5.6 This is also a discussion for Subgroup 3 as there is a lot of overlap.

6. Consultations

- 6.1 It has been raised by HLTF Chair Kathleen Lynch that the relevant stakeholders to be included in the consultation process are the IPRT, Mental Health Commission and Inspector of Mental Health Service amongst others.

- 6.2 There was a discussion that there will be a presentation to Mental Health Commission on CIT/CAS programme
- 6.3 AGS confirmed that it has made contact with the DPP regarding the adult caution scheme.
- 6.4 It is also hoped that Professor Gulati and Alan Cusack from University of Limerick will attend the consultation seminar.
- 6.5 It was also suggested that Dr. Conor O'Neill will present at the plenary meeting

7. AOB

Nil

Actions:

- AGS to continue work on as-is process map.
- Secretariat to work with HLTF chair and subgroup 1 and 3 chairs regarding possible move of Dr O'Neill.
- Secretariat to discuss Dr O'Neill making a presentation on PICLS to the HLTF Plenary with HLTF chair.
- Subgroup material for interim report to be prepared for 08 September.