

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

Subgroup 1: Diversion

Meeting Wednesday 7th July 2021 3pm - 4.30pm

Attendees:

- Chair – Gerard Roche, Chief Superintendent, An Garda Síochána
- Dr Conor O’Neill, National Forensic Mental Health Service, HSE
- Enda Kelly, National Nurse Manager, Irish Prison Service
- Michael Murchan, Assistant Principal Officer, Mental Health Unit, Dept. of Health
- Dr Eamon Keenan, National Clinical Lead-Addiction Services, HSE
- Colm Desmond, Assistant Secretary, Dept. of Health, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division
- Eoin Ryan, Regional Manager (acting) with responsibility for prisons regions, Probation Service
- Andrew Lacey, Inspector, An Garda Síochána
- Brendan Sheehy, Assistant Principal Officer, Community Safety Policy, Dept. of Justice
- Secretariat – John Dunphy, Yvonne Phillips and Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

Agenda:

1. Welcome from the Chair
2. Approval of Minutes 16th June 2021
3. Action points
4. ToR
5. Work Plan
6. Consultation
7. AOB

1. Welcome from the Chair

- 1.1 The Chair opened the meeting and welcomed everyone.

2. Approval of Minutes 16th June 2021

- 2.1 Minutes approved with no changes.

3. Action Points

- 3.1 It was agreed by the Subgroup that actions had been completed.
- 3.2 It was agreed that at the next meeting Dr. Conor O’Neill would present on two review papers on the area of diversion from criminal justice to healthcare services, both by Dr Luke Birmingham.

4. ToR

- 4.1 It was agreed by the Group to have a final discussion on scoping of TOR.
- 4.2 There was a lengthy discussion on the observations received from HSE and D/Health.

- 4.3 It was agreed to make changes to the wording with the removal of the word children and to give more clarification on the wording of addiction services.
- 4.4 The word of synergies was discussed with regards to what this could actually mean to service providers as the dual diagnosis programme has yet to be established.
- 4.5 It was agreed that the word synergies would be removed and replaced with “outline considerations”.
- 4.6 It was agreed to keep the wording as flexible in order to capture people coming into the diversion sphere.
- 4.7 There was a presentation from Inspector Andrew Lacey on the current CIT scheme and how it could be expanded.
- 4.8 There was a discussion regarding the Toronto inclusionary language of mental health.
- 4.9 It was agreed that documentation provided by AGS and the Toronto definition within was a good base to move forward the work plan, but would be subject to any evolving consideration to dovetail with health sector aspects generally.
5. It was discussed that the ToR wording needs to be sufficiently broad to make a tangible difference and mental health issues and homelessness would not disappear if an individual was not diverted.
 - 5.1 It was raised that in fact given the impact of imprisonment etc. this could escalate and that overall purpose of the HLTF and this subgroup in particular was to support rehabilitation and desistance by helping people avoid being trapped in or breaking the cycle of criminality.
 - 5.2 It was agreed that one of the research experts Prof Gulati and Dr Cusack from UL should present at an upcoming Subgroup meeting.
 - 5.3 It was agreed that that the group needs to work to establish the gold standard and this while being informed by resourcing matters should not be determined by these matters.

5. Work Plan

- 5.1 It was agreed that the CIT/CAST diversion model is the base upon which the group will build, with a tentative view to setting out a high level plan for implementation nationally.
- 5.2 The Chair let the group know that they had this week presented their CIT/CAST model/proposal to Commissioner Harris and senior Garda management and it was very well received.
- 5.3 Chair also highlighted the work of the HLTF and SG and said that the Garda SMT were of the view that the CIT/CAST tied in very well.
- 5.4 It was agreed that Inspector Lacey would continue working on the draft work plan and any drafts would be submitted to the Secretariat. DOH asked if any feedback either from HSE CHO3 local area to could be indicated in due course.

6. AOB:

- 6.1 Consultation will be dealt with at plenary stage, any representatives should nominate key stakeholders for engagement to the Secretariat.
- 6.2 It was agreed that the Subgroup will meet once again in July and then twice in September.

7. Action points:

- 7.1 For the next meeting, a presentation from Dr Conor O’Neill psychiatrist Cloverhill will be included in the agenda. - CMH
- 7.2 It was agreed that one of the research experts Prof Gulati and Dr Cusack from UL should present at an upcoming Subgroup meeting. - AGS

7.3 It was agreed that Inspector Lacey would continue working on the draft work plan and any other drafts should be submitted to the Secretariat. - All

7.4 Any SG representatives should nominate key stakeholders for engagement at consultation to the Secretariat. – All

7.5 Set next meeting dates - Secretariat

The meeting was then was brought to a close.

/ENDS