

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

Subgroup 1: Diversion

Meeting Wednesday 16th June 2021 3pm - 4.30pm

Attendees:

- Chair – Chief Superintendent Gerard Roche, 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, AGS
- Grace Sheahan, AGS
- 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 Chair
2. Membership
3. Agree Terms of Reference
4. Suggested IDG Recommendations
5. Consultation –agenda item not reached
6. AOB and Date of next meeting

1. Welcome form the Chair

- 1.1. The Chair advised this meeting is to examine the current Inter Departmental Group (IDG) recommendations and decide which fall under the remit of the group. The draft Terms of Reference are to be reviewed as well.

2. Membership:

- 2.1. AGS gave an overview presentation of the work of the current Crisis Intervention Team (CIT) steering group, in place 1 year, to be renamed Community Access Support Team (CAS) pilot programme in Limerick Garda Division, including multi agency approach, international comparison with Canada, Boston, PSNI and Scotland, CAD Control training, establishment of a Support Hub, information sharing in partnership with University Limerick.
- 2.2. There was a round of introductions and an overview of how each members experience be beneficial to the to the Subgroup
- 2.3. It was highlighted there is a significant overlap between Youth Diversion and the Community Safety Policy Team in the D/Justice and the Probation Service

- 2.4. Compiled data of over the last 16 year period on committal prisoners in D2 Cloverhill Prison is available
- 2.5. New South Wales Australia Diversion Model references as long standing good practice
- 2.6. Contact will be established offline between AGS and IPS to discuss the current structure in Limerick
- 2.7. It is noted that the D/Health have written to the Commissioner's Office (AGS) regarding the operation of a Diversion programme

3. IDG Recommendations

- 3.1. A point was raised regarding the legal basis of a referral from AGS to the Mental Health Service/HSE and it is important to have consistency within in the diversion programmes including information sharing, recording of records, training and additional resources
- 3.2. It is agreed that a consensus needs to be reached on who to exactly to refer to the diversion programme and how this policy should be shaped
- 3.3. It was noted that the area of dual diagnosis was not fully operational at the moment and a referral is required from the Criminal Justice System
- 3.4. It was agreed that there is currently no formal diversion programme available within the current Mental Health Service
- 3.5. It was agreed that the first recommendation is the pillar of the Subgroup and all further recommendations will stem from this objective
- 3.6. It was noted recommendation 1 reference low level, minor offences/ misdemeanour but where the person is experiencing mental health issues
- 3.7. It was agreed that the starting point of this policy is when a person interacted with a member of AGS which could be at a police station/CAD call or on patrol
- 3.8. It was raised that the Mental Health Act is currently being reviewed by the D/Health and D/Justice and observations from AGS are outstanding
- 3.9. In response to some of the matters raised, the Chair suggested that the Secretariat circulate the first IDG Report to the Group for their consideration in defining what was meant by the recommendations.
- 3.10. It was agreed that recommendation 1 was the pillar recommendation and fully scoping its meaning is essential to the work on recommendations 2, 3, 4.
- 3.11. A discussion was held on recommendation 6. It was said that this recommendation is understood not to preclude consideration of diversion at levels beyond AGS, but that it was a determination at the time of the recommendation's making (2021) that the diversion practices put in place, would not be put on a formal statutory basis.

4. Draft Terms of Reference

- 4.1 The draft terms of reference discussion paper will be re circulated to the Subgroup for observations

Actions

- Legal basis for referral needs to be considered – AGS
- AGS obs on MHA outstanding - AGS
- Summary written overview of the CIT model circulated to the group? - AGS
- IDG First Report details need to be considered by group in the context of:
 - providing obs to the Draft ToR discussion paper
 - defining scope of mental health conditions
 - point of diversion i.e. place of interaction - Garda Station/Court/emergency call/on patrol
 - will be circulated by the Secretariat with whole Subgroup consideration and obs required