High Level Taskforce on Mental Health and Addiction challenges of Persons interacting with the Criminal Justice System

Subgroup 2: Irish Prison Service and CMH Capacity

Wednesday 8th September

11:00 – 12:30 via Video Conference

Minute:

Agenda:

1. Minutes/Apologies
2. Matters arising
3. Process map – scope of current NFMHS/IPS service
4. Proposed care pathway and modelling work
5. Legislation consideration
6. AOB

Attendees:

- **Chair** - John Devlin, Clinical Director, Irish Prison Service
- Prof. Harry Kennedy; Executive Clinical Director, Central Mental Hospital
- Ben Ryan, Dept. of Justice, Assistant Secretary, Criminal Justice Policy
- Mary O'Regan, Dept. of Justice, Principal Officer, Penal and Policing Policy
- Patrick Bergin, Head of Service, Forensic Mental Health Service, HSE
- Seamus Hempenstall, Principal Officer, Mental Health Unit, Depart of Health
- **Secretariat** – John Dunphy, Oonagh Ffrench and Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

Apologies:

- Dr Narayanan Subramanian, Consultant General Adult Psychiatrist & HSE National Clinical Lead in Dual Diagnosis, HSE
- Michael Murchan; Assistant Principal Officer, Dept. of Health, Mental Health Unit
- Enda Kelly, National Nurse Manager, Irish Prison Service
- Jim Ryan, Head of Operations for Mental Health Services, HSE

1. Minutes and Apologies

1.1. The minutes of the previous meeting were approved without change

1.2. The Chair welcomed new attendees and there was a tour de table

2. Matters arising

2.1 This group is examining current and future capacity with the CMH and examining recommendations to allow more capacity within the system

2.2 It may be necessary during the course of the meeting to discuss and explore international research

2.3 It was raised there would need to be agreement on the general conclusions of the Group and also for an agreement on possible care pathways

2.4 A paper has been circulated with additional requirements from IPS to facilitate the future care pathways

3. Process Map

3.1 There is consensus within the Group that the current system is at capacity

3.2 The process map gives an explanation as to why this is so

3.3 There is a need to populate the table with figures to quantify scientific rigour

3.4 There is work commencing with Dr Mary Coughlan who has worked previously with the team at Portrane. Dr Coughlan will be helping the CMH provide data that supports this conclusion

3.5 It is proposed to use this data for modelling future bed requirements

3.6 There are discussions around availability of background information, context of the information that is available, representation of different pathways, numbers and challenges of current system

3.7 The process map displays the "as is" situation. More data is required and will be provided by the CMH

3.8 There will also be a need to examine the use of prison safety cells to prevent self-harm, as means of securing service users safety as opposed to method of care

4. Proposed Care Pathway and Modelling Work

4.1 This is a pathway of care developed by Harry Kennedy and is designed to reflect as the system stands today

4.2 The pathway reflects a combination of men and women and CAMS pathways with illustrations between CMH and IPS systems

4.3 There is a demonstrated need for a release valve in terms of both long term and medium security care especially as care for the individual can change over time

4.4 This map will have to show movement of individuals through the system and can be used to model the future flow through of individuals

4.5 It was discussed that the capacity issues will inevitably result in system becoming silted very quickly and a slow stream concept, based on current CMH care, is the best possible option

4.6 It was raised about how many service users would be suitable for slow stream currently. A figure of 40-45 out of 95 was shared with the group

4.7 It was agreed in principle that pathway model is correct with amendments needed at top right of the diagram relating to the need for an extra 60 slowstream secure beds as this type of patient no longer needs high security beds

5. Legislation Consideration

5.1 The Chair introduced the framework to the Group and it is well received

5.2 It is noted that PICLS is represented and this framework has been extended to reflect that

5.3 Currently, all remand prisons have in reach and diversion programmes and the first PICU on the Portrane site will be opened soon

5.4 This system will reflect the needs of people with mental health illnesses who are not suitable for the verdict of guilty by reason of insanity

5.5 There is a requirement for a need for available space for the safe return of prisoners from a hospital to a facility that is drug and violence free. This is sometimes referred to as a psychologically informed prison environment

5.6 The Chair agreed that there is a requirement for the increased use of approved centres. However, approved centres are of limited use for individuals in this class

5.7 The reform of the Mental Health Act is going to make it more difficult to compel the use of medication

5.8 It has agreed by the Group that prison is not a therapeutic centre and that approved centres are a better option. It will allow for forced medication but may not prevent access to drugs

5.9 Upon return to prison, there is a potential to have access to drugs and prisons cannot compel medication

6.0 It was questioned whether this type of data is available to the Group

6.1 It was agreed by the Group that this is a highly complex issue and reality is that for people who are moved between prison and non-prison, once they return to prison environment there is no method to compel them to take medication. This should be factored into our work

6.2 It was questioned if there was an analysis of the capacity of community approved centres and the Dept of Health will revert on this.

6.3 There is a concern with regards to developing a separate care line and provision for prisoners as this could be very complex

6.4 However, it is agreed by the Group that prison is not a controlled environment, drugs, and violence are more common in prison

6.5 Some countries do provide genuinely safe, drug free prisons and a prison model based on this proviso could be used

6.6 It was raised that further scoping out required to determine information on capacity and how feasible that is. There are also other options to consider before the creation of designated drug free and violence free spaces

6.7 There would be a need to bring further legislation and a need to consider the alignment with policy and legislation

6. **AOB**

6.1 There is a need for international research and comparisons to demonstrate the scientific rigour of the Group's work

6.2 The Netherlands has quite an advanced system of secure forensic hospitals and some interesting developments in prisons for the most high risk service users

6.3 Both Poland and Italy have built a new network of hospitals and have closed all previous Mental Health hospitals and services in prisons

6.4 Most countries do not survey their prisons and there is no communications between prisons and hospitals

6.5 In relation to next plenary, the Secretariat gave an overview of the interim report in terms of dates

6.6 The next meeting of the Group is 27th September 2021 at 2pm

6.7 The format of this meeting will be to review the current modelling exercise and relevant papers

Actions:

- Professor Kennedy will share the results of data modelling exercise
- Papers will be circulated on the area of community care and the IDG report of People in Prison environment
- The Chair will begin to draft some text for the interim report
- Professor Kennedy will also engage with facilities abroad to see who is most relevant to present to the Group at the next meeting
- DOH/HSE to revert with material on capacity in the community