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 29th September 2021

14:00 – 15:30 via Video Conference

Minute:

Agenda:

1. Welcome from Chair
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
- Michael Murchan, Assistant Principal Officer, Dept. of Health, Mental Health Unit
- Ben Ryan, Assistant Secretary, Criminal Justice Policy, Dept of Justice
- Mary O'Regan, Dept. of Justice, Principal Officer, Penal and Policing Policy
- Patrick Bergin, Head of Service, Forensic Mental Health Service, HSE
- Enda Kelly, National Nurse Manager, Irish Prison Service
- Seamus Hempenstall, Principal Officer, Mental Health Unit, Department of Health
- Dr Narayanan Subramanian, Consultant General Adult Psychiatrist & HSE National Clinical Lead in Dual Diagnosis, HSE
- **Secretariat** – John Dunphy and Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

Apologies:

- Prof. Harry Kennedy, Executive Clinical Director, Central Mental Hospital

1. Welcome from the Chair

1.1 The meeting opened with apologies from the Chair for deferring the meeting and the late circulation of relevant documentation
1.2 It was hoped that the Subgroup would be further ahead in their analysis and there would have been further sign off from the group on the draft report
1.3 There are a number of points that have been previously agreed on and these have been included in the report

1.4 The Plenary meeting is scheduled for next week and the Chairs of the HLTF Subgroups will meet with the Chair on 4th October
1.5 The Minutes of the meeting dated 8th September were approved

2. Matters arising

2.1 It was suggested by the Chair to use the report as a means of conducting the meeting as opposed to following an Agenda
2.2 It was agreed that the draft interim report requires further modelling analysis with regards to the step down model of care
2.3 It was agreed by the Group and noted in the record that Jim Ryan is not part of this Subgroup and he was not aware that he had to attend
2.4 The Chair advised that any minor points can be emailed to him directly and the major points of the report can be discussed within the meeting

Interim Report:

3. Introduction

3.1 With regards to the introduction of the report, the focus is on the engagement of people currently in prison with NFMHS. It outlines the general challenges of people accessing services that are required
3.2 The introduction reflects the types of services that are available and the current waiting lists associated with these services. There is an inclusion of the NGRI challenges as well
3.3 New Portrane facility is discussed and whether its capacity is sufficient enough to support current demand within the system
3.4 It was raised that there could be an inclusion of the slow secure stream methodology in the introduction when discussing the current challenges with the current system

4. Membership:

4.1 The Chair will update the text on membership accordingly and may reorder the sections on the report
4.2 It is referenced in the text that there is a need for robust modelling for the future needs of the system. Hospitalisation activity and trends data will be able to give clear understanding of current and future capacity 4.3 The IPS has engaged with Dr Mary Coughlan to conduct this work and who has a lot of experience in this area
4.4 There is ongoing examination of CMH utilization over the last number of years and in linking admissions discharge with waiting lists
4.5 The results of this modelling exercise will give analysis of the overall movement through the system. It will also show whether there are places for people to go to after discharge from core HSE environment
4.6 It is noted that this exercise has been a challenge due to the need for anonymised data and it is hoped that this modelling exercise will be completed by Monday, 4th October
4.7 It was raised that the data used for the modelling exercise was not gathered for this purpose and would it be sufficient enough to identify key patterns and risks. Also, would all of this be possible in the short term?
4.8 The Chair accepted that this will take time but the data modelling will identify the main challenges in the system, reveal what is needed for future care and also give a preliminary sense of what is needed to achieve this

5. Scope of Current Services:

5.1 The Chair has used information from the power point slide that was produced by CMH and is grateful to the CMH for providing the framework on this

5.2 It is referenced in the report that the current system is full at all times and the effect of this is that it has reduced admissions to minimal levels and there is a need for long term secure care

5.3 In relation to the Portrane Patient Pathway, there is a need for HSE input with regards to the various units and their functions and size. There may also be a requirement to return individuals back to prison once they have been assessed and treated in a medical facility

5.4 The quantification of these requirements is dependent on the analysis. The levels of need will be determined by the modelling exercise

6. Modelling of Future Needs

6.1 It is hoped that this section will be completed by Monday, 4th October

6.2 It was raised with regards to 5.2/5.3 that this may need more emphasis with reference to Sharing the Vision and to the ICRUs

6.3 It was discussed that ICRUs are not the same as slow stream beds and questioned whether it would be possible for a paragraph to be submitted on this area for inclusion in the report

7. Approved Centres

7.1 It was raised that not all individuals who present with mental illnesses in prison require the CMH and major mental illness does not necessarily need the same level of security

7.2 Seventy percent of individuals with major mental illness ('MMI') are on sentences of less than 12 months and are unlikely to access to CMH

7.3 MMI does not result in the same level of care as other physical illnesses. The PICLS program is an excellent programme but not nearly sufficient for the scale of the problem and needs to be expanded nationwide

7.4 There are a high number of individuals in prison who could go to community or local hospital receive treatment and return to prison after (if this was legally possible)

7.5 However, there is clear direction from AG that is it not possible to enforce medication in prison and legally cannot force treatment in prison

7.6 There are ways to address issues but this requires thinking differently and not just relying on CMH. It was also raised that because someone is in prison does not always mean they are inherently dangerous

7.7 The Chair commented that there are no barriers to accessing healthcare for physical treatments but there are challenges with in-patient care for mental health conditions. This does raise the question how can this obstacle be tackled

7.8 There was a discussion with regards to the use of approved centres and would this be enough for future demand and to support the current model

7.9 It was raised also that there is a real need to have PICUs and a step down model of care

7.10 The Chair asked is there any other alternative treatment methods available other than PICUs and is there a model of care pathway for people to access approved centres?

7.11 It was raised that individuals who are not suitable for prison, not suitable for approved centres and that there is lack of appropriate units and services for these cohorts

7.12 It was raised there are many individuals in this category and unfortunately individuals are not only sent to prison but do also get sent back to approved centres

7.13 There are also incidences where Judges acknowledge that the sentence is being imposed because it is the only option and there is nowhere available to send an individual other than prison

7.14 It was also raised compliance with the Mental Health Commission (MHC) regarding conditions and approvals for approved centres, seclusion rooms and bed ratios, is becoming an increasing challenge
7.15 It is noted that this is putting pressures on existing system to properly comply with standards and it will mean that a significant number of approved centres may not be regarded as fit for purpose
7.16 One third of approved centres will need to be upgraded to meet the MHC compliance standards and significant investment is required
7.17 It was raised that the Inspector of MHC is reviewing forensic treatment and this could be discussed with MHC as part of consultation process for this Group

8. Legislation:

8.1 It was raised by the Chair that there have been previous discussions regarding potential legislation changes relating to approved centres but are there any further legislative requirements to take into consideration
8.2 It was raised that the structure of not guilty by reason of insanity needs to be reviewed but that this is not a medium or short term issue however and it will take time
8.3 It was discussed that any legislative discussions would be in the context of the Mental Health Act and also parts of the 2015 Act have not been implemented/commenced and this will make certain issues more complicated

Actions:

- Michael Murchan is to provide a paragraph to be included in the report regarding the Bed Capacity Review
- Members to email Chair directly with any changes/issues to interim report
- Chair to provide updated paper to members including analysis/modelling piece by 04 October
- Chair to circulate final draft of interim report to members for approval
- Next meeting is 13 October 2021 at 14:00 hrs