

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, 24th November 2021

14:30 – 15:30 via Video Conference

Minute:

Agenda:

- Introduction and Apologies
- Minutes and Matters arising
- Modelling of current and future CMH capacity
- Nature of Step Down requirements
- Development of IPS Facility to support transfers of patients with Mental Health Conditions
- Consultation
- AOB

Attendees:

- **Chair** - John Devlin, Clinical Director, Irish Prison Service
- Prof. Harry Kennedy, Executive Clinical Director, Central Mental Hospital
- Mary O'Regan, Principal Officer, Penal and Policing Policy, Dept. of Justice
- Seamus Hempenstall, Principal Officer, Mental Health Unit, Dept. of Health
- Dr Narayanan Subramanian, Consultant General Adult Psychiatrist & HSE National Clinical Lead in Dual Diagnosis, HSE
- Michael Murchan, Assistant Principal Officer, Mental Health Unit, Dept. of Health
- Deirdre O'Flaherty, Administrative Officer, Mental Health Unit, Dept. of Health
- **Secretariat** – John Dunphy and Oonagh Ffrench, Dept. of Justice, Penal and Policing Policy

Apologies:

- Ben Ryan, Assistant Secretary, Criminal Justice Policy, Dept. of Justice
- Enda Kelly, National Nurse Manager, Irish Prison Service
- Patrick Bergin, Head of Service, Forensic Mental Health Service, HSE

1. Introduction from Chair and Minutes of last meeting

- 1.1 The Chair opened the meeting, welcomed everyone and acknowledging apologies from the above who could not make the meeting
- 1.2 The Minutes from the previous meeting were discussed with suggested amendments from the group at points 2.3 and 2.9.
- 1.3 Chair asked Secretariat to follow-up with Dr Subramanian on proposed text for inclusion in the report of Subgroup 2 on the issue of dual diagnosis and also with Pat Bergin regarding the Primary Care nominee to the Subgroup.

2. Modelling of current and future CMH capacity

- 2.1 Professor Kennedy gave a presentation to the Subgroup on the modelling work which has been carried out by Dr Mary Coughlan on current and future CMH bed capacity
- 2.2 The Chair acknowledged that this was a complex piece of work and that the group were only seeing this for the first time. It sets out the beds currently occupied and may not include all patients who were in patients at the start of the study period in 2010 so there may be an underestimate of overall requirement
- 2.3 It was acknowledged that the work still needs to be updated. It will be circulated to members and following that an in-depth discussion will take place
- 2.4 He suggested that if any of the members had any follow-up questions that they could email himself or the Secretariat
- 2.5 A discussion took place around the total number of male and female beds available in CMH and that the projections in the presentation were based on current practices. The work may also require more detailed consideration of the male bed projections
- 2.6 It was stated that there is a waiting list for CMH which is not the case for any approved centre in Ireland at the moment but there are acknowledged delayed discharge issues for some approved centres. The waiting time for CMH admission approximates 80 days.

3. Nature of stepdown requirements

- 3.1 The issue of stepdown facilities was discussed and the process of identifying a stepdown facility and how to address it was discussed
- 3.2 It was stated that there is a need for more secure beds not just beds in the system. If changes in current practices are made in Ireland then it will potentially have a cost saving overall
- 3.3 The current provision of ICRUs and PICUs in the State was discussed with reference to *Sharing the Vision* and the need for more of both locally to allow for new admittances to CMH every year. There was discussion also around how the development of ICRUs, as delivered or planned under *Sharing the Vision*, related to some of the potential capacity issues raised in the presentation
- 3.4 The current practice of how CMH patient exits to other facilities was outlined
- 3.5 The Chair said that a subset of subgroup members should convene to explore the requirements for stepdown care more fully, to agree what is required and how to meet this need in the future. The Chair asked members to consider, and volunteer for this expert

group.

4. Development of IPS Facility to support transfers of patients with mental health conditions

4.1 The Chair stated that the IPS was in the process of setting up a working group to support transfers of patients into a suitable IPS facility with mental health conditions.

5. Consultation

5.1 The Chair stated that it hoped that a virtual meeting will take place in the future with either The Netherlands and/or Canada.

6. AOB

Dr Subramanian stated that a meeting had taken place to discuss dual diagnosis but unfortunately there was no representative from IPS. The Chair apologised for same as it was dealing with a serious health matter in the Prisons at the time. It is intended to follow up on this.

7. Actions arising

- Secretariat to follow-up with Pat Bergin regarding the Primary Care nomination from HSE to the Subgroup
- Members to submit nominations for group to examine stepdown requirements to Secretariat and Chair
- Members to forward any observations or questions in respect of the analysis and modelling piece to Chair
- Minutes of last meeting to be amended as per suggested amendments and re-circulated to group