

**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 8<sup>th</sup> December 2021**

**14:00 – 15:30 via Video Conference**

**Minute:**

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**Agenda:**

1. Introduction and Apologies
2. Minutes and Matters arising
3. Modelling of current and future CMH capacity
4. Nature of Step Down requirements
5. Development of IPS Facility to support transfers of patients with Mental Health Conditions
6. Consultation
7. AOB

**Attendees:**

- **Chair** - John Devlin, Clinical Director, Irish Prison Service
- Prof. Harry Kennedy, Executive Clinical Director, Central Mental Hospital
- 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
- Michael Murchan, Assistant Principal Officer, Dept. of Health, Mental Health Unit
- Ben Ryan, Assistant Secretary, Criminal Justice Policy, Dept of Justice
- 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
- Deirdre O'Flaherty, Administrative Officer, Mental Health Unit, Department of Health
- **Secretariat** – John Dunphy, Oonagh Ffrench and Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

**1. Introduction and Apologies**

- 1.1. The Chair opened the meeting, welcoming everyone and apologies for the late circulation of documents. Current COVID-19 pressures are having a knock on effect with regards to workloads
- 1.2. The Chair advised that the task was now to review capacity modelling, examine future requirements and what supports are required in order to achieve that. There is also a requirement to support service users in movement from the IPS to the CMH

- 1.3. The new Portrane model will offer 110 male beds and 20 female beds. There is no capacity issue with regard to female capacity. However, there is an identified capacity issue with regard to male beds
- 1.4. The Group will begin to examine different models in different countries and it is envisaged that there will be a meeting scheduled with colleagues from the Dutch Long term Forensic Psychiatric Care (LFPC) service.

## **2. Minutes and Matters Arising**

- 2.1. There had been previous edits made to the Minutes dated 20th October at the last SG2 meeting - these were now approved
- 2.2. The Minutes dated 24<sup>th</sup> November were also approved
- 2.3. It was flagged by Patrick Bergin with regard to the primacy care nominee to SG2, he was not made aware of this request. The Chair noted this for the record. The Group were advised that a primary care nominee was not available but the Chair is comfortable to continue with the current membership

## **3. Modelling of current and future capacity**

- 3.1. Presentation given by Professor Kennedy on the data modelling of current and future capacity at the CMH
- 3.2. The data presented the three main routes into the CMH : transfers from prison, guilty by reason of insanity and civil transfers. These reflected the different timescales for the lengths of stay on average per route in. It is noted in the data that the admission and treatment of an NGRI patient will be equivalent to four prison admissions per year. Overall, it was noted that male bed capacity will be exceeded in 2023
- 3.3. It was discussed that the data represents the lived reality of the service users who continue to suffer mental distress while on waiting lists
- 3.4. It was asked if there are variables with regard to patients in different wards. It was advised that the modelling was built upon the different groups of stays and that the modelling does not reflect flawless movement through the system. However, the reality of the system is that it does not operate in that manner

## **4. Nature of Step down Requirements**

- 4.1. The Chair presented an overview of the paper circulated to members discussing the length of stays in forensic centres with regard to clinical rights versus human rights of patients, especially in high secure facilities
- 4.2. The Chair stated that the CMH care path is the least restrictive method in conjunction with the use of the Dundrum Toolkit which has gained international recognition. This will allow the movement of service users through the care path efficiently and safely
- 4.3. It was raised that the beds need to be available for those who need it the most, especially with regards to service users in the prisons. This can enable a better responsiveness to treatment and can reduce waiting lists

## **5. Development of IPS Facility to support transfers of patients with Mental Health conditions**

- 5.1. The Chair discussed the assumption that service users will return to prison after treatment. It is envisaged that there will be a sterile unit established within the prison system that is free from violence and intoxicants for service users to return to
- 5.2. It was agreed that this will not be a designated centre and will sit under the remit of the Irish Prison Service
- 5.3. The Prison Service will seek nominations from both the CMH and HSE to join this working group in order to establish this unit within the prison

## **6. Consultation**

- 6.1. It was agreed by the Group that they next meet possibly on 22<sup>nd</sup> December with the Dutch Long term Forensic Psychiatric Care (LFPC) service to discuss the range of approaches to dual diagnosis in their prison system

## **7. AOB**

- 7.1. It was stated that there is potential overlap with Subgroup 3 with regard to legislative reform
- 7.2. There is currently a review being carried out by Judge Iseult O'Malley to discuss options to be made available to the judiciary with regard to Review of Sentencing
- 7.3 The Group agreed to meet every two weeks after Christmas with the first meeting scheduled for 5<sup>th</sup> January 2022