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

Tuesday 21st December 2021

14:00 – 15:30 via Video Conference

Minute:

Agenda:

1. Introduction and Apologies
2. Minutes and Matters arising
3. Presentation from Peter Braun, Dutch authorities
4. Modelling of current and future CMH capacity
5. Nature of Step Down requirements
6. 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
- 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

Apologies

- Seamus Hempenstall Principal Officer, Dept of Health, Mental Health Unit
- Ben Ryan Assistant Secretary, Criminal Justice Policy, Dept. of Justice

1. Introduction

1.1. The Chair opened the meeting, welcoming everyone and introducing Peter Braun

1.2. Current COVID-19 pressures are having a knock on effect with regards to workloads but the work of the Group continues

1.3. The Chair advised that the Agenda would focus on Peter Braun's presentation and any questions or discussions that arose

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2. Minutes and Matters Arising

2.1. The previous meetings Minutes were not available and will be circulated at the next meeting

3. Presentation from Peter Braun

3.1. This model of care is targeted towards long stay patients in psychiatric care and who are resistant to treatments and has been in operation in The Netherlands since 1990's

3.2. The Group is keen to see the care and support services available and how models of care can impact service users

3.3. The Dutch model is very focused on perspective, autonomy and simulating normal behaviour. People in the centre shake hands, greet each other and there is a focus on the use of normal language

3.4. People are encouraged to take responsibility and have the freedom of choice. If a person decides that they do not wish to participate or engage with other people, they are allowed to do so

3.5. The centre is managed and operated through 'environmental management' more like a village than an actual prison and the inhabitants are always considered with everyone playing a role. There are behavioural rules with clear rights and responsibilities. Treatment is conducted by influencing the environment. Once you influence the environment, you influence the patient

3.6. There are patient involvement groups and excursions are a regular occurrence. Family can stay overnight. There is also a focus on the purpose of activities that are meaningful and engaging

3.7. No shouting is allowed and people only shout in crises and people must respect each other

3.8. Once you give a structured perspective, you can revive hope. Every patient has goals and hopes, even if the goals are small ones. If you normalise routines and a sense of shared responsibilities, you can give people a sense of purpose

3.9. 50% of patients are transferred to sheltered housing facilities with a lower security level with the aim to re-integrate people back into society. This is believed to be the treatment that gets the best outcomes for patients

3.10. The Group thanked Peter for his presentation and agreed it was very useful to see this perspective. Peter advised that is was not a medical model of care but was a psycho-social model of care

4. Modelling of current and future CMH capacity

4.1. There was an update given on the modelling and the step-down requirements required for CMH capacity

4.2. Fergal Black will be chairing an IPS working group to review the potential establishment of a drug free and violence free area within the prison

4.3. The modelling gave an overview of the predicted timelines and expected bed capacity step down requirements for the NFMHS facilities at Portrane.

4.4. There is work continuing on the establishment of ICRUs with regards to staffing, costs, size and modelling of care. It is suggested that Portrane will open on a phased basis. Appropriate levels of funding are still being considered

4.5. It was noted that workforce planning for the NFMHS Portrane has been completed. However, there would still be WPF for any recommendations of the taskforce beyond this (eg. In term of regional ICRUS, approved centres, HSE community services etc.).

4.6. The Model of Care for Portrane is agreed. Separately, options around new models of care are also under consideration, including a consultant led or a psychological led model of care, as appropriate. This may also have to operate under current or changed criminal justice legislation and there must be appropriate staff skills to manage the model of care.

5. <u>Nature of Step down requirements</u>

5.1 There is no update on the proposed step-down facility in IPS however a group is being established within IPS to look into these requirements

6. <u>AOB</u>

It is agreed that the next meeting will be moved from the 5th January 2022 to 19th January 2022

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