

**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 19<sup>th</sup> January 2022**

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

**Minute:**

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**Agenda:**

1. Introduction and Apologies
2. Minutes and Matters arising
3. Step down facilities (quantification and nature of facilities)
4. Legislative issues
5. KPIs
6. IPS facility
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
- Seamus Hempenstall, Principal Officer, Mental Health Unit, Department of Health
- 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
- Deirdre O'Flaherty, Administrative Officer, Mental Health Unit, Department of Health
- **Secretariat** – Oonagh Ffrench and Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

**Apologies**

- John Dunphy, Dept. of Justice, Penal and Policing Policy
- Dr Narayanan Subramanian, Consultant General Adult Psychiatrist & HSE National Clinical Lead in Dual Diagnosis, HSE

**1. Introduction**

- 1.1. The Chair opened the meeting, welcoming everyone and apologised for deferring the meeting from 5<sup>th</sup> January 2022

- 1.2. The Chair advised that the Subgroup Chairs met with Chair Kathleen Lynch in previous week. There will be a meeting with Minister McEntee, Ministers for Health, HLTF Chair and the Subgroup Chairs scheduled soon
- 1.3. The Chair advised there is a lot of overlap with NIMC, Sharing the Vision and workforce planning. However, responsibility for implementation of the recommendations contained in the final report would need to be appropriately assigned.

## **2. Minutes of meeting**

- 2.1. The Minutes of 08.12.2021 were accepted subject to a minor change. The Minutes of 21.12.2021 were accepted with no changes

## **3. Step down facilities (quantification and nature of facilities)**

- 3.1. It was agreed that members are happy with the synopsis and general set of conclusions that were sent around prior to the meeting. The type of facility recommended is an LTMS ie long term medium secure care facility, in the overall context of the agreed NFMHS capital project
- 3.2. It was discussed there are a range of considerations and strategic priorities with regards to this model of care and its implementation. It was agreed that there is further work to be completed in relation to the links between D/Health and D/Justice on this matter
- 3.3. There is also the on-going requirement of legislative changes and the options of transfer to a LTMS from prison and back again.
- 3.4. Also mentioned is that there is a need for legislation regarding alternative places of care including PICUs and the provision of access to medium step down facilities. The legal framework for moving service users from Dundrum to Portrane has already been completed
- 3.5. It was agreed that there is a specific service need with regards to the long-term cohort of patients. There is a possibility of considering private options but this could be problematic with regards to the premises, costs, and the available staffing model
- 3.6. There was a discussion regarding ICRUs and the requirement for a clear strategy on the establishment of these facilities. DOH and HSE have a fundamental strategy for ICRUs per STV, and one in place in Portrane. It was noted by the Group that the ICRU model and then LTMS facilities are not the same and should not be confused with each other
- 3.7. The length of time of a year to conduct the evaluation on the ICRU in Portrane was questioned and whether this was in reality the required timeframe. The potential conversion of an ICRU to a LTMS facility, as a short term solution, was also questioned. However, it was agreed that ICRUs are not designed to be used for long term care
- 3.8. The subject of funding for Mental Health treatment was discussed and reference was made to how different countries have different models of funding and that there is variance across different European countries
- 3.9. It was generally agreed that this will need to be reviewed and will need to be reviewed within the HSE and the taskforce as a whole

#### **4. Legislation**

- 4.1 The Chair advised that there is a legislative change required for a service users to be admitted into treatment facilities over and above existing legislative provision. A document was circulated previously to members on this outlining the entry and exit points. The Chair advised this matter is also under an IDG recommendation
- 4.2 Section 23 of the Criminal Law Insanity Act gives power to the Minister of Justice. The Heads of Bill and Section 21.2 of the Mental Health Act allows the transfer of patients to CMH but increases the number of patients in the CMH
- 4.3 The option of a hybrid Court Order was discussed where the service user receives treatment in hospital and then is transferred back to prison on a fixed sentence. This would significantly reduce the numbers of people admitted to stepdown facilities.
- 4.4 The possibility of Community Treatment Orders would allow people to receive treatment and then return to the community
- 4.5 It was agreed that IPS would draft some material on this and share with D/Health

#### **5. KPIs**

- 5.1 The use of KPIs with regards to access to service and quality of care was raised. The need to look at indicators to measure the impact of recommendations and if they are successful or not
- 5.2 KPIs would be more at a higher level than operational level but should also to be sustainable

#### **6. IPS facility**

- 6.1 This is an initiative of the IPS and the Group were informed by the Chair that there will be a meeting scheduled by the IPS to discuss the establishment of a facility inside of the prison system

#### **7. AOB**

- 7.1 It was stated that there will be a meeting of the CMH and the dual diagnosis team to discuss dual diagnosis in the CJ system in the coming week

#### **Actions**

- IPS to draft material on legislative changes required and share with DoH