

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 9th February 2022

14:00 – 15:30 via Video Conference

Minute:

Agenda:

1. Introduction and Apologies
2. Minutes and Matters arising
3. Consideration of Report – progress to date and further issues for consideration (as part of IDG reports)
4. Dual Diagnosis/Addiction
5. Legislative issues
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
- 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
- Deirdre O'Flaherty, Administrative Officer, Mental Health Unit, Department of Health
- **Secretariat** –Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

Apologies

- John Dunphy, Dept. of Justice, Penal and Policing Policy
- Oonagh Ffrench, Dept. of Justice, Penal and Policing Policy
- Ben Ryan, Assistant Secretary, Criminal Justice Policy, Dept. of Justice
- Dr Narayanan Subramanian, Consultant General Adult Psychiatrist & HSE National Clinical Lead in Dual Diagnosis, HSE
- Michael Murchan, Assistant Principal Officer, Dept. of Health, Mental Health Unit

1. Introduction and Apologies

- 1.1. The Chair opened the meeting, welcoming everyone and thanked everyone for their work to date. The work of the Group is now coming to a conclusion and it is important to review the work to be undertaken and to make sure that the groups remit under the IDG recommendations is completed
- 1.2. Minutes of 19th Jan approved. Meeting scheduled for 9th March for both Ministers of Health and Justice at which HLTf Chair and Sub chairs will be in attendance
- 1.3. Apologies as stated above

2. Consideration of Report

- 2.1. There is a need for inclusion of more text on a stepdown facility into the report
- 2.2. The first IPS meeting is scheduled on 23rd February and there will be more text added with regards to the planning for a prison based step down facility within the Irish prison service for those returning from in-patient mental health care. This facility will not be a clinical setting but will be structured so as to assist in continued recovery and rehabilitation.
- 2.3. Additional text required for ICRU and LTMS beds and how ICRUs are not a suitable environment for long term care
- 2.4. It is important to reference the TOR and to review the IDG recommendations in relation to this Subgroup. Most of these have been discussed and some are beyond the scope of Subgroup
- 2.5. Dual diagnosis was discussed at Plenary and the area of CHO 3 in Limerick. The HSE hopes to include two additional teams by the end of the year
- 2.6. A meeting with HSE took place at which limited resourcing was raised. It was envisaged that this will be included as a recommendation in Final Report

3. Dual Diagnosis

- 3.1. The Subgroup discussed the importance of the difference between substance abuse and severe mental health illness in the area of dual diagnosis. The Subgroup are happy with the wording and the level of understanding but this could be raised at next Plenary
- 3.2. There will be an inclusion of Dr Narayanan Subramanian's pilot programme in the text

4. Legislation

- 4.1. The Group noted that not everyone needs the security of the CMH but needs access to the clinically appropriate of service. There is a need to move away from high secure facilities as are in place currently with availability and access to low and medium levels of therapeutic service.
- 4.2. It was discussed whether there is need for new legislation for people with low level offences who experience mental health challenges. The group agreed there is a need to respond to

the level of security needed and the level of clinical treatment required. Service users need access to appropriate clinical treatment

- 4.3. There is a need to enable legislation that allows prisoners transfers to approved centres when in need of mental health treatment and supports. The Criminal Law (Insanity) Act 2006 allows for the Minister of Health in consultation with the Minister for Justice to designate an approved centre as an “designated” centre. Proposed changes to s.15 of the Criminal Law and Insanity Act 2006 were discussed.
- 4.4. It was raised that approved centres may have capacity challenges and are not able to cater for service users that potentially have greater security needs.
- 4.5. There is a concern also for people who are on remand and the inability to transfer them to an approved centre as the capacity and legal framework is not available
- 4.6. Agreed that these matters needed to be considered further. Bilateral between DoH and IPS members of SG3 to be arranged
- 4.7. The legislative area of Unfit to stand trial and the process of detaining people with no fair trial was discussed. There seems to be challenges with Section 4 (8) of the Criminal Law (Insanity) Act 2006 that it is not working correctly
- 4.8. Section 5 (NGRI) was discussed and there should be recommendations to make changes to legislation. The criteria is deemed as not being clearly defined and gives the possibility of the sense of diminished responsibility
- 4.9. The possibility of a recommendation of a hybrid order which is in place in England and Wales was discussed which could be used to transfer prisoners to mental health facilities. The Subgroup agreed that this would need to be raised and discussed in more detail at Plenary. Further consideration of the proposed changes by DOJ and DOH needed.

5. AOB

- The Chair requested further input from the Subgroup regarding the recommendations to be included in Final Report
- Next meeting will take place on 2nd March 2022