High Level Taskforce on Mental Health and Addiction Challenges of persons interacting with the Criminal Justice System

Subgroup 3: Community issues including through Care from Detention

Meeting Friday 18th February 2022 10am- 1pm

Attendees:

- Chair: Mark Wilson; Director, Probation Service
- Judge Brendan Toale
- Jim Ryan; Head of Operations for Mental Health Services, HSE
- Tom O'Brien; Head of Service Primary Care, Community Healthcare Organisation, HSE
- Mary O'Regan; Principal Officer, Dept. of Justice, Penal and Policing Policy
- Kim McDonnell; Social Worker, Probation Service
- Brendan O'Connell; Senior Psychologist, Psychology Service, Irish Prison Service
- Deirdre O'Flaherty; Administrative Officer, Mental Health Unit, Dept. of Health
- Joseph Doyle; Social Inclusion, HSE
- Seamus Hempenstall; Principal Officer, Mental Health Unit, HSE
- Enda Kelly; National Nurse Manager, Irish Prison Service
- Dr Conor O'Neill; National Forensic Mental Health Service, HSE
- Chief Superintendent Gerry Roche; An Garda Síochána
- **Secretariat** – John Dunphy, Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

Apologies

- Michael Murchan; Assistant Principal Officer, Dept. of Health, Mental Health Unit
- Siobhan McArdle , Assistant Secretary, Dept. of Health
- Dr Damien Smith; Consultant Forensic Psychiatrist, In-reach team Mountjoy, CMH
- Ruairi Ferrie; Assistant Principal Officer, Dept. of Housing, Homelessness Policy, Funding and Delivery Section
- Oonagh Ffrench; Dept. of Justice, Penal and Policing Policy

Agenda:

10.00 – 10.15 Context and task for the morning/opening comments
10.15 – 11.00 Consideration of the above 4 questions (small group discussion)
11.00 – 11.30 Coffee break and informal discussion on the work
11.30 - 12.15 Large group discussion and refinement of outputs from morning
12.15 – 12.45 Final comments/observations
12.45 – 1.00 Agree next steps

1. Welcome from The Chair and Opening Comments

1.1 The Chair opened the meeting and welcomed everyone to the meeting. The Chair advised that the Group are now refining their thinking and are to focus fully on the Recommendations

1.2 There will be a meeting with Minister for Health, Minister for Justice, Ministers of State Feighan and Butler on 9th March. It is envisaged that the work will be finished by the end of Q1

1.3 There was an update provided from the Chair of Subgroup 1. The Chair advised that Diversion is greater than the initial first point of contact and that the process needs to be more defined

1.4 Subgroup 1 will recommend the expansion of the Adult Caution Scheme so that people can diverted from Courts. Subgroup 1 will also include a recommendation on the CAST initiative which is being developed in Limerick in partnership with the HSE

1.5 There is ongoing engagement with the Mental Health Commission regarding the arrest of people with mental health challenges. There are concerns with Section 12 as there is no alternative to detention in a Garda station between the hours of 5pm -7am. There is no place of safety for people in need during these times and this is proving to be an operational challenge to Gardaí

1.6 There was an update provided regarding the work of Subgroup 2. A lot of data modelling has been conducted and examination of resources that will be needed for the opening of Portrane. It was noted that by 2023, there will a further bottleneck in the system, even with the establishment of a new facility

1.7 In the UK, movement of those in need is created in the system as people are treated in specialised hospital suites or local health centres that are integrated in the hospital system. This allows people to access services early and receive treatment

1.8 There is a concern that there is also no compulsory treatment in prison. The North East Inner City (NEIC) is a project that can help break the cycle of recidivism as it gives people hands-on assistance

2. Consideration of the above 4 questions (small group discussion)

2.1 It was agreed by the Group to review the TOR and to stay in a large group and discuss further. Discussion took place on an implementation plan for the Recommendations and perhaps a MOU was necessary for both Dept. of Health and Dept. of Justice. It was discussed that the Group should focus less on policy and more on implementation

2.2 In reviewing the Recommendations, it was agreed that a number are being worked on with the integrated service management plan and medical card scheme already in operation

2.3 Regarding Recommendation two, there is a lot of work either completed or in train on a day to day basis

2.4 There is a challenge in the timelines and how policy can be best implemented and to ensure there is equality of access to healthcare across the prisons. This falls under in-reach programmes in the prison and in-reach services for the community. How best this could be structured was discussed

2.5 It was raised that the forensic definition is something that may need to be reviewed as this can have impacts on accessing services within the community. It was agreed that there is a commitment to provide the service but there can be a disproportionate response by people, which undermines engagement and this can negatively affect the service user

2.6 The aim of the ECC programme is to enhance community care and to assess people and their needs and to provide social inclusion. This would be a re-adjustment of service, not a brand new service

2.7 Forensic healthcare is not a static situation with people in and out of remand, a lot of serious cases and people refused bail. This is a very transient group of people passing through the prison service. With regards to resourcing issues in Dundrum, this exerts pressure on Cloverhill. People with major mental illnesses and minor offences can be very challenging

2.8 There was a brief discussion on how persons with an intellectual disability are managed within the prison system but there are very few cases in the system

2.9 It was agreed that Sharing the Vision is the policy that underpins the action but it is important to build the architecture up to best facilitate the level of need while maintaining a patient-centric service

3. <u>Recommendations</u>

3.1 With regard to Recommendation 7, there needs to be engagement on the clinical side as this can prove difficult and very challenging to manage

3.2 For Recommendation 8, it is agreed that there needs more work in both forensic settings and community care settings. The service in Portrane will form part of the community care and can be accessed through both the community and forensic care service

3.3 Recommendations 9 to 11 will be weaved into the report and include work from all three Subgroups. This will include the creation of ICRUs and Portrane and the creation of a joint case management system

3.4 There will be the establishment of community health networks for each 50,000 population. There will be 96 national multi-disciplinary teams with different levels of stratification, deprivation and age profiles. These will also include people who have high level heath requirements

3.5 There will be a central referral process and an integration process created to include chronic disease management and access granted to community intervention teams. This model will also feed into the prisons with the creation of referral pathways for people leaving the prison system. There will be a social inclusion healthcare team with one person who will be the contact for service users

4. <u>Community Care Paper</u>

4.1 It was agreed that more information is needed on repeat offending with regard to prevention and models of intervention. Currently, the data is very limited as age, gender, and ethnicity is not measured. GDPR is a large barrier but it is hoped that the Policing Bill will cover the data sharing aspect

4.2 It was agreed that there needs to be a memorandum between Dept. of Justice and the health services in order to tackle drugs, addiction and homelessness. These services need to connect correctly with integrated outreach services to try and divert people away from the criminal justice system. There is a need for joint training programmes for healthcare, custody and community

4.3 Primary care in prisons will need to increased resourcing. Under the Health Needs Assessment, there is advocacy that it remains inside the Department of Justice. The WHO advises healthcare should be in prisons under Dept. of Health but research shows Dept. of Justice is the better option

4.4 The Recommendations so far will include access to relevant data, research, training and the EEC programme. There will need to be the broadening of access to housing, employability and a single POC for referral to access these services to be in place nationwide. This would be very welcomed in Cloverhill, CCJ, Cork and Limerick as there is such a need

4.5 If a housing support worker is available, it is more likely to achieve a favourable outcome. Half of the current caseload are currently homeless and when people leave, the follow-up and level of compliance is very low and access to treatment is low

4.6 It was agreed that early intervention is the most important recommendation. Currently, AGS are managing the flow of people needing assistance with mental health issues. It is important that there is a clinical handover as all that is available is section 12. It is important to divert people from the Courts and enable a referral mechanism to other services

4.7 There is also a need to include a Recommendation on vetting services and this will need further consideration for review

4.8 It was noted that it is not possible to excuse criminality on the basis of mental health but there needs to be a health focus first. Court diversion is not a get out of jail card despite public perception. There is a challenge with regard to the framing of this Recommendation and the Group needs to be very clear on this

4.9 Recommendations to date now include data, research, case management workload, community care, PICLS model, Limerick Pilot Scheme and a bail supervision similar to the scheme set up under the youth justice model. This is not on a statutory footing and works well in the District Court. People can be assessed and it is a pathway to accessing services. It is also empowering for families where there is a need to access services

4.10 There is a need for a court liaison service which will benefit people on remand, the cohort of people between Courts and the prison service

4.11 Minority groups e.g. women, migrant workers, travelling community should be covered adequately and that the Group are satisfied that Recommendations include these sections

4.12 The Chair advised that he will engage with Department of Housing and then NEIC to discuss housing

AOB:

- The Chair advised that he will collate all the information collected today, share with the Group and then reconvene at a later date