

## 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

Friday 1<sup>st</sup> October 2021 10am- 11am via video conference

#### Attendees:

- Chair; Mark Wilson; Director, Probation Service
- Jim Ryan; Head of Operations for Mental Health Services, HSE
- Mary O'Regan; Principal Officer, Dept. of Justice, Penal and Policing Policy
- Seamus Hempenstall; Principal Officer, Mental Health Unit, Dept. of Health
- Michael Murchan; Assistant Principal Officer, Mental Health Unit, Dept. of Health,
- Dr Conor O'Neill; National Forensic Mental Health Service, HSE
- Enda Kelly; National Nurse Manager, Irish Prison Service
- Joe O'Donnell; Dept. of Housing, Homelessness Policy, Funding and Delivery Section
- Joseph Ruane; Primary Care, HSE
- Joseph Doyle; Social Inclusion, HSE
- Graham Hopkins; Dept. of Housing, Homelessness Policy, Funding and Delivery Section
- Chief Superintendent Gerry Roche; An Garda Síochána
- **Secretariat** – John Dunphy and Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

#### Apologies

- Tony O'Donovan; Principal Officer, DCEDIY, Child Welfare Advisor, Child Detention Unit
- Kim McDonnell; Social Worker, Probation Service
- Dr Damien Smith; Consultant Forensic Psychiatrist, In-reach team, Mountjoy, CMH
- Deirdre O'Flaherty; Administrative Officer, Mental Health Unit, Dept. of Health

#### Agenda:

1. Welcome from Chair
2. Matters arising
3. Interim Report
4. Next Steps
5. AOB

#### **1. Welcome from Chair**

- 1.1.** The Chair opened the meeting with a tour d'table, welcoming new attendees: Joe Doyle from Social Inclusion, HSE, Joseph Ruane, Primary Care, HSE and Joe O'Donnell, Dept. of Housing
- 1.2.** Apologies were received from the above mentioned. The Chair will connect with Tony O'Donovan regarding additional information on Oberstown. Additional obs were received from Kim O'Sullivan within the Probation Service and incorporated into the draft report.
- 1.3.** Minutes of the meeting dated 10<sup>th</sup> September will be amended at Point 2 from best interests of staff to clients

## **2. Matters Arising: -**

### **Finalisation of the Interim Report**

- 2.1. The Chair advised that the full interim report is due to be approved and submitted in the next two weeks. The Group would then commence work on drafting final report
- 2.2. It was discussed that the text referencing Sláintecare would need to be reviewed. It was also agreed that the text referencing the challenges within the current framework could be further expanded by the HSE
- 2.3. It was discussed that text referencing Sharing the Vision 2020 and Vision for Change 2006 would need to correlate with the current Mental Health policy within the D/Health and HSE. The HSE advised that they hope to get this text updated and submitted in the next 10 days
- 2.4. The Chair acknowledged that while this Group are identifying new models of working, it is important to balance this with proven models of care currently in operation
- 2.5. The Chair emphasised again that the overall aim of this Group is to minimise the amount of people who have mental health and addiction issues coming into the prison system
- 2.6. The Chair advised that the text discussing the terms of reference will be included in the final draft
- 2.7. The Chair advised that if AGS have any additional material on The Commission of Future Policing (CoFPI) Report with regards to the scoping exercise conducted by the Group, they are welcome to submit text on this topic
- 2.8. The Chair discussed the importance of Chapter 3 as it identifies the synergies and alignments but also begins to address challenges facing the long standing models of care. The Chair acknowledged that the Group are still waiting for HSE input with regards to Chapter 3
- 2.9. The Chair discussed the text referencing Court diversion and noted that while in prison, service users must continue their treatment for their mental health conditions
- 2.10. The Department of Housing have advised that they are satisfied with the current text.
- 2.11. The HSE advised that SafetyNet is a specialist programme of Primary Care and together with D/Housing, they can draft the appropriate text to be included in the report
- 2.12. The Chair advised there is a Reconnect Programme presentation being organised by DOH scheduled on 11<sup>th</sup> October and if of relevance to the Group, material can be made available
- 2.13. AGS advised that they are satisfied with the text referencing Crisis Intervention Teams (CIT) in Chapter 6 and no further input is required from HSE West
- 2.14. The Chair asked the Group to review the text referencing next steps and if there was additional material required to please submit it to the Secretariat
- 2.15. It was raised that the text referencing Community Treatment Orders is correct but the area of resourcing within the HSE would need to be considered
- 2.16. It was raised that with regards to resourcing challenges that this is not to detract from the methodology of best practice within the Group
- 2.17. It was discussed that the Group would consider the resourcing elements but to be mindful that the methodology of best practice would create a robust framework in tackling this issue
- 2.18. The Chair advised that he will circulate a one page memo on the consultation process for the Group prior to the next scheduled meeting

## **3. Step Model of Care**

- 3.1. It was discussed by the Group the complex nature of the step model of care especially with regards to the area of dual diagnoses and mental health challenges

- 3.2. It was discussed that a step model in Dublin had been developed in the area of homeless. Part of this step down model is the creation a specialist team who also interact with general services at a community level
- 3.3. The Chair discussed that this is a form of case management and task now is how we align patients to get access to this service
- 3.4. The HSE advised that their model is a three tiered model and there is ongoing development of tiered access pathway. The HSE also advised that the ongoing roll out of community health care networks is continuing. It is envisaged by the Group that this may provide an ideal opportunity for the Probation and the Prison Service to structurally link into this community programme
- 3.5. It was raised that the transfer of healthcare from prisons to the community can prove problematic at times
- 3.6. The Chair discussed there is a gap analysis on this area and there is need to further examine what are the challenges that are being faced in those services
- 3.7. The Chair discussed the Mental Health research report and that is had more data/recommendations which are of relevance to the Group, i.e. to better understand the nature of the problem
- 3.8. It was noted by the Group that updates to current Mental Health Act may have ongoing impacts on scope of problems within this Group

## **5. Next steps**

5.1 The Chair advised that the remaining sessions will be prepared in conjunction with the Secretariat to draft up a formal work plan in preparation for the final report

## **6. AOB**

### **Actions**

- Chair will submit a one page memo on a proposed workplan & consultation process
- HSE will draft material and submit text to the Secretariat regarding the step model of care in the community
- HSE will also draft text regarding challenges in the current model of care system and submit to the Secretariat to be included in Chapter 3