

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 10th September 2021 2pm- 3.30pm 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 Policy
- Kim McDonnell; Social Worker, Probation Service
- Seamus Hempenstall; Principal Officer, Mental Health Unit, HSE
- Dr Damien Smith; Consultant Forensic Psychiatrist, In-reach team Mountjoy, CMH
- Dr Conor O'Neill; National Forensic Mental Health Service, HSE
- Enda Kelly; National Nurse Manager, Irish Prison Service
- Graham Hopkins; Dept. of Housing, Homelessness Policy, Funding and Delivery Section
- Chief Superintendent Gerry Roche; An Garda Síochána
- **Secretariat** – John Dunphy and Oonagh Ffrench; Dept. of Justice, Penal and Policing Policy

Apologies

- Michael Murchan; Assistant Principal Officer, Dept. of Health, Mental Health Unit
- Tony O'Donovan; Principal Officer, DCEDIY, Child Welfare Advisor, Child Detention Unit

Agenda:

1. Welcome from Chair and approval of minutes of meeting 23/7/21
2. Matters arising
3. Interim Report
4. Next Steps
5. AOB

1. Welcome from The Chair

- 1.1 The Chair opened the meeting and welcomed everyone including the new Sub Group members Chief Superintendent Gerry Roche, Mary O'Regan and Oonagh Ffrench.
- 1.2 Chief Superintendent Roche briefly discussed the work of SG1 which is connected and relevant to SG3s work. He mentioned the extension of the Adult Caution Scheme to include mental health issues and they have received the advices of the ODPP.
- 1.3 The Minutes of previous meeting were approved.

2. Matters arising

- 2.1 No matters arose.

3. Interim Report

- 3.1 The Chair stated that today's meeting was to finalise information to be presented to Ministers. Also to discuss issues on the IDG recommendations, those achieved, and the further work required. In short, to discuss what is it this SG want to record for the Interim Report.
- 3.2 It was acknowledged that there may be some inevitable crossover between the work of the SGs given how closely linked all the groups are. Diversion can happen at a number of stages. Internationally PICLS is so well researched. The SG's recommendation would be an expansion of PICLS.
- 3.3 The Secretariat said that the report was time sensitive and asked everyone to keep timelines in mind. It was said there was a need for proper contribution from all partners.
- 3.4 The Chair stated that SG1 was looking at pre-court, SG2 the period during prison (severe and enduring illness) and much of what is left falls into the area of SG3.
- 3.5 A discussion was held on the desired outcome of the SG's work. It was said there are a lot of reports but that consideration should be given to the ability to deliver is on what is stated. There should be a plan on what can be done in a reasonable period of time plus longer term targets.
- 3.6 JR stated that HSE colleagues in social inclusion and primary care will join the SG.
- 3.7 The Chair stated that the Chair of HLTF has said that it is the members' job to develop the required model, and not to limit it by the existing resource constraints.
- 3.8 There was a discussion around the model of best practice of mental health continuum and that the debate around resources should be held after. In general there was agreement with this and the HLTF is requested to find good solutions.
- 3.9 It was confirmed that the Group should not restrict themselves on the basis of extant resources available.
- 3.10 The HSE asked that it be noted that the resource issue should not only be seen as budgetary. There is a limit in terms of human resources, and training, and that takes a lead in period of time. Short term measures, longer term measures were proposed.
- 3.11 The Chair welcomed the concept of short, medium and long term recommendations. He is also conscious that some approaches like PICLS are a form of diversion, but it is acceptable that they are included in subgroup 3's work.
- 3.12 Dr O'Neill discussed diversion in New South Wales, Australia which is the gold standard approach being taken and has been happening for last 20 years. He has agreed to send material from NSW to Secretariat.
- 3.13 Discussion then started on the proposed draft Interim document of the SG.
 - a. **Item 15:** KO'D discussed the work of Probation Service Mental Health Working Group, Pathways to Care and referrals which are very important
 - b. **Item 16/17:** KO'D stated that there is a nomination from HSE to the Probation Service MH Working Group;
 - c. **Item 18:** Discussion on future approach. JR is working on step model of care. He will provide a condensed view to Secretariat. Works with mental health and addictions as co-morbid. Complicated policy area;

- d. **Item 26:** EK said medical cards are available to all prisoners, but uptake not as high as had been anticipated, suspect concern that it could affect family members who already have medical cards. EK will get statistics re: medical cards and prison discharges per year by mental illness rather than health and to send to Secretariat;
- e. **Item 27:** The Chair enquired about meaning and purpose of Item 27. EK stated that he suspected it is about supporting GP access. It was stated that it has long been an issue, often most needy individuals have particular difficulty accessing a GP. The Safetynet service at Summerhill is great for homeless people who do not have a GP. Ease of access is key to its success. JR to provide information on Safetynet. Discussion regarding difficulties encountered. It was acknowledged that perceptions of individuals can create difficulties for them in getting and keeping GPs;
- f. **Item 28:** DS stated that PReP has been rolled out to prisons in Cork, Castlerea, Dochas. He is happy to present on PReP. PReP introduced to co-ordinate housing, social inclusion, medical support. Housing officer has been funded in Cloverhill by D/Health in recent years, funding being made to extend this to other prisons.

The Chair stated the need to reference efforts to enhance resettlement, common understanding the case management system between Justice and Health services, and not to share information but to support the best interests of the clients;

- g. **Item 29:** GH informed the group that the expansion of the criminal justice strand of Housing First is committed to under Housing for All. Margaret Griffin of Probation Services has been added to the Housing First National Implementation Group. GH spoke to the McVerry T, the pilot is continuing apace, 64 applications to date, 45 from custody and 19 from community. 40 accepted, 11 tenancies with remaining 9 as active. Upscaled quite quickly, still just a Dublin pilot. Structure in place MG is to consult with the IPS, to represent justice perspective to national housing group.

It was stated that there are complex people leaving prison and that resettlement plans can be frustrated by lack of engagement from local authorities.

The Chair stated that the new Policing Bill will extend requirement to co-operate with PS and IPS not just with AGS. Also DOJ new offender management structures will put in place new structures for cross departmental co-operation and should lend itself well to how complex cases are managed. He emphasised the need to listen to Local Authority perspective, to understand the difficulties they may have. PReP is also relevant.

GR stated Crisis Intervention Teams and community hubs are being piloted and the new Bill will have these in it.

The Chair stated that imprisonment can disrupt relationships with drug treatment and continuity of intervention. In 2019 there were 12,500 reports provided to the Courts but

there are plenty of options for diversion within the Court. There is a need to consider how to best provide information to the Courts.

Dr O'Neill said that two issues arose, providing information to Courts to enable a decision and second aspect is maintenance, ensuring those released do not fall back. Housing support is very important, Ireland does not have Community Treatment Orders. It was stated that the recommendations at reporting stage by a Probation Office are very often accepted by a Judge. If there is a breach of conditions, the Probation Services will notify and the person has to go before the Judge. <Discussion ends on draft Interim report>.

3.14 A question arose about whether all SGs have taken the approach of graded timelines. Enda Kelly stated it is consistent with their approach.

3.15 Secretariat confirmed that if the approach for the submission is changed from a table into a narrative it does align with the other Subgroups.

4. AOB

Nil

Actions:

- Dr Conor O'Neill to send material from NSW and community treatment orders;
- Jim Ryan will provide a condensed view of step model of care and nominations for primary care and social inclusion;
- Enda Kelly will provide statistics re: medical cards and prison discharges per year by mental illness rather than health;
- Jim Ryan to provide information on Safetynet;
- Kim McDonnell to provide Court report and script on what is in a Probation report;
- Secretariat to arrange meetings on three week interval basis until year end.

Next meeting Friday, 1st October 2021 at 10am.