

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

Subgroup 3: Community issues including through care from detention

Meeting 02 July 2021

**MINUTE**

---

**Attendees:**

- Chair: Mark Wilson; Director, Probation Service
- Colm Desmond; Assistant Secretary, Dept. of Health, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division
- Jim Ryan; Head of Operations for Mental Health Services, HSE
- Michael Murchan; Assistant Principal Officer, Dept. of Health, Mental Health Unit
- Enda Kelly; National Nurse Manager, Irish Prison Service
- Graham Hopkins; Dept. of Housing, Homelessness Policy, Funding and Delivery Section
- Tony O'Donovan; Principal Officer, DCEDIY, Child Welfare Advisor, Children Detention Unit
- Deborah White, Principal Officer, Dept. of Justice, Penal and Policy
- Kim McDonnell, Social Worker, Probation Service
- Dr Damien Smith, Consultant Forensic Psychiatrist, In-reach team Mountjoy, CMH

**Secretariat** – John Dunphy and Yvonne Phillips and Kerrie Keegan Dept. of Justice, Penal and Policing Policy

**Agenda:**

1. Welcome from Chair and
2. Approval of Previous minutes
3. Discussion: Plenary Meeting
  - Terms of Reference
  - Membership
4. Scoping the Problem
  - Input by Probation Service
  - Input by Irish Prison Service
4. Agreement on work plan
5. AOB

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

1.1 The Chair opened the meeting and welcomed everyone.

## **2. Approval of Previous Minutes**

2.1 Previous minutes dated 11 June 2021 were approved

2.2 There was a discussion regarding the HSE/ Tulsa MOU document and this has been not been shared with the group due to the current IT difficulties

2.3 It was agreed that the HSE data for the Mental Health Assessment will be shared with the group

2.4 There was a call from the Chair for members of the Subgroup to share any relevant data/ research reports to be shared with the Secretariat

## **3. Discussion: Plenary Meeting**

3.1 It was agreed in the Plenary meeting that the input to the Interim Progress Report from each subgroup will be due on 08 September

3.2 The rough draft of the Interim Report will be due on 02 September to the Secretariat who will then 'flesh out' the report

3.3 The ToR are still being refined and with a focus on mental health and addiction as these items relate to Criminal Justice only

3.4 D/Health will review ToR and provide further obs to the secretariat

3.5 It was agreed that other operational experts will be invited on an ad hoc basis as needed

3.6 Kim McDonnell presented on Mental Health within the Probation Service (slides circulated)

3.7 D/Housing advised that a document will be published in the next two weeks which will outline clear links between homeless and mental health issues.

3.8 D/Housing are working with voluntary organisations /NGOs on finding better accommodation on service user's release

3.9 There is currently a service evaluation on pre-release planning and that this service is to be joined by a housing worker from Hale Housing across the Mountjoy and Dochás

## **4. Scoping the Problem**

4.1 There are currently 250 inmates with major mental issues across general population of 3,800-3,900.

4.2 There are currently 7% on Axis 1 diagnosis. 40% of the inmate population are suffering from mild to moderate mental health issues, some research would be indicate this could be as high as 70%

4.3 There are currently 15-30 service users waiting for entry into the CH,

4.4 14% (550) of the inmate population are on a methadone/opiate replacement program. This would be in line with global averages

4.5 40% of referrals come from in Cloverhill which would indicate a high level of concentration

- 4.6 There is a circle that individuals receiving some treatment, emerging, relapsing and returning to Cloverhill
  - 4.7 With regards to females in particular, 14% of inmates with dual diagnoses rate jumps to 40/45% of inmates. This cohort requires a specific response and the challenges are amplified with the introduction in children. This creates difficulty in sustaining engagement
  - 4.8 For instances of self-harm, females have a rate of four times higher than males, and increasing, up to 8.2 times.
  - 4.9 There are contributory factors such as mental health issues 58/62%, consistently born out in research. Only one in 3 of those who self-harm have suicidal intention. Only 1/8 require hospitalisations
  5. There is no statutory MAPPA style engagement and this is a problem for 7% serious mental health issues. There is a lack of resources within the community to manage this 7% cohort
  - 5.1 There are many complications with people who are in remand and how to engage with problem individuals and doesn't align always with the legislation
  - 5.2 There is comprehensive data available on divergence from mental health from IPS – agreed to share with the Secretariat
  - 5.3 Regarding Oberstown there are only 125 inmates a year, only 16 serving sentences and 11 on remand.
  - 5.4 Oberstown unable to fully tackle the mental health and addiction issues of those who are being held on remand. Most difference can be made to those with longer term sentences.
  - 5.5 Youth who are leaving the facility are put in contact with services as they move out.
  - 5.6 The area of Housing is consistently raised and especially for those over 18 who are moving out of the facility but not going home to family/ relatives/friends
- 5. Agreement on a Work Plan**
- 5.1** It was agreed that a clear process map is required to outline points on a service user journey and to illustrate moments for accessing service
  - 5.2** It was agreed that the Secretariat do not have the capacity to resource this project and there needs to be a wider discussion throughout the Subgroups
  - 5.3** Work will need to begin for the planning for the consultation process. Secretariat will start the engagement process with Transparency
  - 5.4** Subgroups can consider their own need for consultation. Ms. Kathleen Lynch, Chair of HLTF, asked at most recent meeting for subgroups to provide list of stakeholders they feel require consultation ASAP
  - 5.5** The Secretariat will issue a reminder for this action when sending minutes

The meeting was brought to a close

Action points:

- HSE/Tusla MOU to be shared – HSE
- Data trawl - HSE
- Any relevant research or data to be shared with Secretariat – All
- Evaluation/research/papers data from Mountjoy and Cloverhill to be shared – CMH
- Process mapping scope exercise – Secretariat/All