

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 11 June, 2021

MINUTE

Attendees:

Chair: Mark Wilson; Director, Probation Service

Membership:

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

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, Penal and Policing Policy, Dept. of Justice

Secretariat – John Dunphy & Yvonne Phillips, Dept. of Justice, Penal and Policing Policy

Apologies - Michael Murchan; Assistant Principal Officer, Dept. of Health, Mental Health Unit

1. The chair opened the meeting and group agreed minute of last meeting and agenda items.

2. **Revised Terms of Reference**

Secretariat outlined the response the Subgroup received from the Chair in relation to the final ToR, inclusion of operational experts from Primary Care and Social Inclusion, consultation and expected timeframe for delivery of draft implementation plan. Comments were noted and agreed to take a fair focused approach. It was agreed the heavy lifting had been already done by the IDG in making the recommendations with the Implementation Plan requiring updates on developments and a realistic delivery.

Consultation as part of the HLTF ToR is required with subgroup consultation not descriptive. It is important to have engagement with the relevant stakeholders as defined by the subgroup and important to engage and hear voices of staff and service users. As this will be a common theme across each sub group, recommended that it be brought back to the plenary meeting of the HLTF for further direction. Expert membership will be brought in and utilised as required.

3. **Group Membership**

The HLTF Chair response noting the lack of primary care and social inclusion on the current membership was shared. Dual diagnosis also absent. The core membership was agreed and the Secretariat can be notified if further operational representatives will be included.

4. **Group Work Plan**

Timeframe defined as update to the HLTF Chair by mid Sept and draft implementation plan recommendations by November.

IDG Recs (as relevant to work of Sub Group 3)

Rec 15 - complete

Rec 16 & 17 – Probation Service and HSE to work on

Rec 18 - need for consideration, possible process map, consultation – SG collective

Rec 26 – IPS – working across the estate

Rec 27 – link to Rec 28

Rec 28 – update, benefits, evidence of great outcomes achieved with social worker on scheme – need to make consistent across the country. Lack of capacity in hospitals means working within prisons. Statistics available in Annual Report. Need to link with Obserstown also. Local teams need to give feedback to identify the gaps.

Rec 29 – Housing First Model will be published in July with roll out of pilot project to go national in Q3/4, cross govt commitments with inclusion of prisoners. Research being scoped on the movement of people between IPS/PS and homeless services – consideration being given to Dublin and Limerick. Recognised need to mainstream housing of 1 bedroom properties.

Bulk of Sub Committee 3's work will be in drawing up an MOU. Need to define what needs to be in place to deliver on an MOU. Easy to write but can it deliver. Plenty of good practice to build on. MOU needs to have realistic opportunity to deliver. Needs to be responsive to varying levels of risk/need. HSE/TUSLA MOU a possible example - to be shared. Scope out what is currently in place and working well.

Group to scope scale of problem and identify research already completed. Analysis of details available e.g. committals per year, waiting lists. Level of services needed will also need to be considered. IPRT may have this work already done. Probation Service have mental health/subsistence abuse research completed. HSE have some data from Mental Health Assessment and will do a trawl of what data available. Dr Conor O'Neill is understood to have a bank of information.

Consultation of staff and service users required with a narrow focus. Detail on young service user consultation in courts available from Dept of Children. Use of NGOs with interest in Youth in the CJ System. HSE have a Service User Engagement structure in place. Will need to consider existing processes re staff/service user consultation and what other groups should be included (e.g. NGOs).

Action points

- **HSE/TUSLA MOU an example to be shared. - HSE**
- **HSE have some data from Mental Health Assessment and will do a trawl of what data available. -HSE**
- **Send what available data/research relevant from your area to the Secretariat – All**
- **PS/IPS to gather relevant data re scale of problem**
- **3 weekly meetings to be issued from Secretariat – 2, 23 July, 10th, 24th Sept.**