

High Level Task Force - Mental Health and Addiction

The High Level Task Force to consider the mental health and addiction challenges of those who come into contact with the criminal justice sector (HLTF) was established by the Minister for Justice in conjunction with the Minister for Health, Stephen Donnelly, the Minister of State for Mental Health and Older People, Mary Butler TD, and the Minister of State for Public Health, Wellbeing and the National Drugs Strategy, Frank Feighan TD. Ms. Kathleen Lynch, former Minister of State for Primary Care, Mental health and Disability was the independent chair. Officials from the Department of Justice provide the secretariat. However, implementation obligations fall to a range of Departments and bodies.

The Task Force's recommendations seek to capture the entirety of an individual's interactions with the criminal justice system.

The recommendations of the HLTF ensure better support for people at the earliest point at which they come into contact with the criminal justice system. Seeking to divert them away from it where possible while supporting them in their rehabilitation from addiction and in the recovery and management of their illness. In addition, to address the question of better support for prisoners in their rehabilitation when justice requires a prison sentence, the recommendations seek to ensure that the progress made in prison is not lost after release. That rather it is the foundation upon which the system works with that person to build a better future.

The HLTF's Final Report and Recommendations identify over 60 recommendations across 3 subgroups (comprised of relevant experts, chaired by high ranking officials from the criminal justice sector, with the health leads represented and contributing to all): Diversion of individuals with mental health difficulties and addiction/dual diagnosis issues away from the criminal justice system; Capacity of the Irish Prison Service and the National Forensic Mental Health Service; and Community issues including throughcare from custody.

The subgroup on **Diversion**, primarily focused on the first instance of offending and on implementing a meaningful diversion policy within An Garda Síochána. This is with a view to improving outcomes for the individual, reducing demands on policing, the courts and on the prison system.

The subgroup on **Capacity of the Irish Prison Service and the National Forensic Mental Health Service** explored all the options available to open additional forensic beds and at the development of suitable step down care options. This group looked at the use of Approved Centres in support of forensic mental health services, a safer prison environment, substance misuse and dual diagnosis, and at possible legislative requirements to support this.

The subgroup on **Community Issues and Through-care From Custody**, looked at ‘A Vision for Change’ and its successor ‘Sharing the Vision’ in order to make recommendations ensuring sufficient safe guards and adequate provision of services are in place to prevent individuals relapsing in to damaging behaviours.

Key actions include:

Progressive and empathic approach by Gardaí to dealing with offenders with mental health and addiction challenges, informed by mental health and addiction awareness training for Gardaí
Efficient and effective means of implementing a prosecution avoidance policy when Garda members come in contact with adults with mental illness and addiction, through the adult caution scheme.

The establishment of a pilot specialist dual diagnosis service to support prisoners with a mental health condition and substance misuse in a prison, to inform roll-out across the entire prison estate.

Access to tiered mental health supports that are recovery oriented for every person with mental health difficulties coming into contact with the forensic system.

Reducing attrition by maintaining engagement and motivation at the point of release, including through the use of community agreed discharge plans for prisoners (identifying multi-agency supports required).

The Implementation Plan supporting the Final Report assigns ownership for each of the recommendations and expected delivery time frames and recognises that some recommendations can be achieved quickly (within the next 18 months), while others will require a longer lead-in time and are accordingly allocated medium term (within the next 3 years) or long term (within the next 5 years).

