

Background

The healthcare needs of vulnerable, sometimes seriously ill, people who interact with the criminal justice system are complex and require whole of systems consideration and urgent action. It is widely acknowledged that these people are too ill to be in prison, as they require urgent medication and treatment. There is a vital need to put in place properly resourced, appropriately located systems of care for these most vulnerable people in society.

Relevant Programme for Government Commitments

The PfG commits to the establishment of a Task Force to consider the mental health and addiction issues of persons in prison and primary care support on release. It also acknowledges the recent Mental Health Policy “Sharing the Vision” and commits to establishing the National Implementation and Monitoring Committee to oversee this work.

Establishment and work of Task Force

The Task Force was established to progress the Government’s commitment to ensure the critical mental health needs and addiction treatments for people while imprisoned and primary care support on release, in order to ensure the safety of the public and better outcomes for the people themselves.

The Department of Justice consulted with the Department of Health on the establishment of the Task Force and the appointment of an independent chair. Ms. Kathleen Lynch, former Minister of State for Primary Care, Mental Health and Disability agreed to undertake the role of chair.

Recognising the current burdens faced by colleagues in the Department of Health, Department of Justice officials agreed to provide the secretariat to the HLTF. However, implementation obligations will fall to a range of Departments and bodies.

Terms of Reference

- I. To assess how best to take forward the recommendations from the first and second reports of the Inter Departmental Group to examine issues relating to people with mental health issues coming into contact with the criminal justice system
- II. To consult with stakeholders and consider relevant reports, proposals, recommendations and strategic actions including, but not limited to, the recommendations of the Council of Europe Commission on the Prevention of Torture reports and the ongoing work of the Steering Group on the Health Needs Assessment under way in the Irish Prison Service, with a view to identifying any additional actions relating to people with mental health challenges or a dual

diagnosis of mental health and drug or alcohol addiction challenges who come into contact with the criminal justice system that may be necessary.

- III. To prepare a High Level Implementation Plan by end of 2021 outlining lead responsibilities and timelines for any actions identified in (i) and (ii) with operational subgroups being set up as necessary.
- IV. Report on implementation periodically to relevant Ministers and Ministers of State.

Membership of the Task Force

As the subject matter for the work of the Task Force has substantial implications for a wide cross-section of health agencies and the Justice sector, in addition to senior officials from both Departments, the membership incorporates senior officials from relevant stakeholders, including representatives from the HSE, Central Mental Hospital, the Irish Prison Service, the Probation Service and An Garda Síochána. (See Membership list in **Appendix 1**).

IDG Recommendations

The Interdepartmental Group to examine issues relating to people with mental illness who come in contact with the criminal justice system included representatives of the Department of Justice and Equality, the Department of Health, the Health Service Executive, the National Forensic Mental Health Service, An Garda Síochána, the Office of the Director of Public Prosecutions, the Probation Service and the Irish Prison Service.

Under the ToR for the HLTF, the group is required to assess how best to take forward the recommendations from the first and second reports of the Inter Departmental Group. The Group's first report from 2012 focused on how diversion at all stages of the criminal process could be facilitated up to the conclusion of a criminal trial. The second report from 2018 focused on matters relating to mental health services for prisoners, persons subject to community sanctions and post-release health services. It also considered matters relating to patients detained under the Criminal Law (Insanity) Act 2006

The outstanding recommendations from both IDG reports have been reviewed, and assigned to appropriate HLTF subgroup. For instance, recommendations in respect of a diversion programme have been allocated to SG 1: Diversion. The subgroups are required to provide draft high level implementation plans, including assigning responsibility and timelines to the HLTF. In turn the HLTF will finalise the high level implementation plan and is working to have the plan ready by year end.

Operational Subgroups:

The HLTF has chosen to utilise an operational subgroup approach to enable progress on all areas to occur simultaneously. Three subgroups have been established and the recommendations arising from the reports of the two Interdepartmental Groups have been appropriately assigned.

The three subgroups are:

- HLTF SG1: Diversion. Chaired by Chief Superintendent Gerry Roche, Limerick Garda Division AGS.
- HLTF SG2: IPS/CMH Capacity. Chaired by John Devlin, Clinical Director, Irish Prison Service.
- HLTF SG3: Community issues and through-care from custody. Chaired by Mark Wilson, Director, Probation Service.

Consultation

The Task Force will consult with relevant stakeholders, as required, such as the Mental Health Commission, Inspector of Prisons, Prison Visiting Committees, Irish Penal Reform Trust and academia.

The Task Force has determined that a focused consultation is the best means of ensuring meaningful input. The approach is to develop policies to a sufficient degree that these can then be tested with key stakeholders. Consultation in the form of presentations have been provided by the Irish Penal Reform Trust, as well as the addition of internal and external experts to the Task Force's subgroups.

The HLTF Chair has met the renewed All Party Oireachtas Group on Penal Reform, co-chaired by Deputy (formerly Senator) Ivana Bacik and Deputy Jennifer Carroll McNeil supported by the Irish Penal Reform Trust, on 26 May 2021. The Irish Penal Reform Trust also made a presentation to the HLTF in plenary format in July 2021. The HLTF also met with Crowe Consulting who are undertaking the Health Needs Assessment with the Irish Prison Service. The Department of Health are arranging a meeting with the Mental Health Commission. The Secretariat is pursuing a meeting with the Inspector of Prisons.

Further consultation is planned by the Chair to occur once the Task Force's interim report has been completed and submitted to the Ministers of Justice and Health. A seminar type consultation is anticipated, this consultation is at preliminary planning stage. It is anticipated that this will involve inviting key stakeholders to participate in the seminar, providing some material and questions for discussions. All members and subgroups of the HLTF have been requested to identify relevant stakeholders.

Work to Date and Reporting:

The HLTF has met five times in plenary format. The HLTF has considered the outstanding IDG recommendations and allocated responsibility for these to each subgroup as relevant.

Each subgroup has met four to five times, and has agreed their terms of reference with the HLTF chair.

The subgroups have been preparing as-is process maps, detailing the existing services, and input for the interim report. Input from the subgroups was due to the secretariat on 08 September. This timeline proved overly ambitious. In particular, the SG Chairs experienced difficulty in receiving information and input from the Department of Health and HSE. These matters were discussed

between HLTF Chair Kathleen Lynch and Minister for State Hildegard Naughton in September, and were subject of correspondence from the Chair and the Minister for Health.

Information and input were received from the HSE and Dept. Health over the course of October and are being compiled into an overall interim report from the Chair to the Ministers of Health and Justice at present. The interim report is anticipated to be submitted to the Ministers in early November.

In accordance with the ToR, the HLTF is aiming to provide a high level implementation plan for the recommendations by year end. The high level implementation plan is required to identify and assign responsibilities for the actions required to implement, and to provide timelines for action. Subgroups have been made aware of this requirement.

- **Appendix 1 : HLTF Membership**

Membership of High Level Task Force on mental health and addiction challenges of persons interacting with the criminal justice sector

Name	Organisation
Kathleen Lynch	Chair - former Minister of State for Primary Care, Mental Health and Disability
Ben Ryan	Dept. of Justice, Assistant Secretary, Criminal Justice Policy
Deborah White	Dept. of Justice, Principal Officer, Penal and Policing Policy (up to 4/9/2021)
Mary O'Regan	Dept. of Justice, Principal Officer, Penal and Policing Policy (from 6/9/2021)
Colm Desmond	Assistant Secretary, Dept. of Health (retired July 2021)
Seamus Hempenstall	Principal Officer, Mental Health Unit
Michael Murchan	Assistant Principal Officer
Prof. Harry Kennedy	Executive Clinical Director, Central Mental Hospital
Dr. Eamon Keenan	National Clinical Lead-Addiction Services, HSE
Jim Ryan	Head of Operations for Mental Health Services, HSE
Mr. Pat Bergin	Head of Service, Forensic Mental Health Service, HSE
Mark Wilson	Director, Probation Service
Paula Hilman	Assistant Garda Commissioner
John Devlin	Clinical Director, Irish Prison Service

Enda Kelly	National Nurse Manager, Irish Prison Service
Eamonn Waters	Dept. of Housing Homelessness Policy, Funding and Delivery Section
Graham Hopkins	
Tony O'Donovan	Dept. of Children, Equality, Disability, Integration and Youth, Principal Officer, Child Welfare Advisor, Children Detention Unit