**Draft eSub for High Level Taskforce (HLTF) on Mental health, Primary Care and Addiction Challenges of Persons interacting with the Criminal Justice System**

**Draft Final Report**

**Executive Summary**

The High-Level Taskforce on mental health, primary care and addiction challenges of persons interacting with the criminal justice system (HLTF) is a Programme for Government commitment. It was established in April 2021, independently chaired by Kathleen Lynch (former Minister of State with special responsibility for mental health) with a secretariat provided by D/Justice. Members of the HLTF cover D/Health, D/Justice, D/HLGH, HSE, Irish Prison Service (IPS), Probation Service and An Garda Siochana (AGS).

The HLTF report has been finalised and sets out a range of recommendations on diverting vulnerable people away from prison, NFMHS/IPS capacity, and post release community- based supports.

D/Justice intends to bring the report to Government for agreement before the summer recess.

**Highlights of recommendations**

The recommendations are allocated to members for leading on implementation, along with indicative timeframes – 12-18 months (short term), 18-36 months (medium term) and 60 months (long term).

Some highlights include:

* possibility of creating a statutory footing for a diversion scheme to divert as many individuals as possible from progressing into the criminal justice system.
* potential extension of the existing Adult Cautioning Scheme as a means of diverting vulnerable individuals away from the criminal justice system.
* need to increase bed capacity in National Forensic Mental Health Services, the pending move to Portrane notwithstanding, but in particular the need to prioritise the development of regional Intensive Care Rehabilitation Units and PICUs, in line with *Sharing the Vision* recommendations.
* In the context of post-release, it will be necessary to improve linkages to local approved centres and community mental health teams. However, the importance of improving addiction, primary care, and social inclusion supports, as well as the issue of homelessness, will need to be addressed to ensure prisoners are appropriately supported post-release.

**Other main points**

HLTP Plenary Group established three expert subgroups:

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

Two reports of the Interdepartmental Group to examine issues relating to people with mental illness who come in contact with the Criminal Justice System (dating from 2012 and 2018) contain recommendations on addressing the issues around this complex challenge. Recommendations relating to Mental Health will be implemented in line with *Sharing the Vision* (STV)and the recently published STV Implementation Plan 2022 - 2024.

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.

The HLTF Report advocates for a more holistic engagement from initial contact with the criminal justice system, right through to release and support in the community.

Main recommendations for Health sector include:

**SG1 - Diversion**

* Mental Health training for AGS.
* A new Community Access Support Team (CAST) pilot project in Limerick between AGS and HSE.
* Develop Diversion legislation (Justice lead)
  + This is aligned with STV recommendations 55 & 87, concerning diversion of individuals with mental health difficulties from the Justice system.
* Consider service improvements in context of Health Information Bill and Data Sharing
* Better “sign-posting” between agencies to accessing appropriate services.
* Develop Dual Diagnosis Model of Care
  + This is aligned with STV recommendation 57 re. development of a Dual Diagnosis Model of Care.
  + Through the implementation of STV, this recommendation has been progressed, with the Dual Diagnosis Model of Care has been signed off by the National Working Group for the clinical programme and pilot sites identified.
* Improve use of digital technologies.
  + This is aligned with STV recommendations 2 & 31, concerning enhancing digital mental health service provision, positive mental health promotion and signposting.
  + Through the implementation of STV, these recommendations are being progressed, with the establishment of a NIMC Specialist Group in Digital Mental Health and recruitment of a Digital Mental Health Coordinator.

**SG2 – NFMHS/IPS Capacity**

* Take into account STV recommendations on NFMHS capacity, and also the Health Needs Assessment Report.
  + The commitments to developing ICRUs/PICUs under STV is detailed below.
  + On NFMHS capacity more generally, this is also set out in recommendation 54, concerning access to services for those in contact with the forensic system.
* Improve research and services for Mental Health and Dual Diagnosis in prisons.
* Single governance nationally for HSE NFMHS.
* Prioritise delivery of ICRUs/PICUs under STV
  + The commitments to develop ICRUs/PICUs under STV are under recommendations 46, 47 & 56, concerning examining inpatient bed provision capacity (including PICUs) and the development of PICUs and ICRUs.
  + The question of capacity (including PICU development) is being progressed through the Specialist Group on Acute Bed Capacity, which has undertaken a national bed census of mental health in-patient beds and is drafting an interim report which will include recommendations on future requirements for inpatient beds.
  + Regarding recommendation 56, slippage in opening Portrane has also impacted timelines for review of ICRUs.
* Prisons not to be designated under Criminal Law Insanity Act 2006 for forensic care.
* Consider a small number of approved mental health centres to be designated under CLIA 2006. This would have operational implications for HSE that require further detailed consideration.
* IPS to appoint a Mental Health Lead.

**SG3 – Post Release Supports**

* New MOU between IPS and HSE.
* Develop HSE Model of Care for Homeless people.
* Develop Social Inclusion Care Managers in each CHO per *Slaintecare* and ECC policies.
* Develop Assertive Outreach Teams for Mental Health/dual Diagnosis/Homeless
  + This is aligned with STV recommendation 59, concerning the expansion of assertive outreach teams for those experiencing homelessness.
  + Under STV implementation and homelessness, a Steering Group has been convened to progress and provide oversight.
* Expand NFMHS Pre-Release Planning Service (PREP) to all prisons.
* Promote access to services and service user engagement
  + This is aligned with STV recommendations 54 and 78 concerning access to services for those in contact with the forensic system and service user engagement.

**Next Steps**

Implementation arrangements will need to be considered. For D/Health actions, it is suggested that a specialist sub-group of the National Implementation and Monitoring Committee (NIMC) for *Sharing the Vision* be established to monitor implementation of HLTF actions relevant to mental health. Moreover, under the HSE implementation of STV, it is envisaged that there will be a Justice Workstream, the work of which could potentially align with the HLTF recommendations.

https://health.cloud.gov.ie/apps/eDocs/S/H353/Files/H353-004-2022/Final Reports/Draft eSub for High Level Taskforce - May 2022 V2.docx