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| Submission HLT 01742-21   Export Print Email Share   * **Take ownership**   High Level Taskforce (HLTF) on Mental health, Primary Care and Addiction Challenges of Persons interacting with the Criminal Justice System Interim Report  Action required  Minister to see for information. The report is also being sent to Minister for Justice in accordance with the HLTF Terms of Reference. I will be sharing with MOS Butler and MOS Feighan  Executive summary  This is the interim report of the Task Force. A final report is expected in January 2022. This interim report is being submitted to M/Justice as well. Key points of the interim report are set out below. This submission reflects D/Justice submission to M/Justice for the purposes of consistency.  Mental Health Unit continues to work intensively through the task force with HSE, D/Justice and other stakeholders and partners to further the work of the Taskforce. A key driver is ensuring that recommendations arising from a final report are in line with *Sharing the Vision*, our national mental health policy.  Key points from the interim report:   * possibility of creating a statutory footing for a new diversion scheme away from the criminal justice system. * potential extension of the existing Adult Cautioning Scheme. * increase bed capacity in HSE National Forensic Mental Health Services. This includes opening of the new forensic mental health facility in Portrane will help to alleviate the current capacity issues faced by the Central Mental Hospital and development of regional Intensive Care Rehabilitation Units, in line with *Sharing the Vision’s*recommendations. * Separate to mental health, the issues of primary care, addiction, social inclusion, and homelessness are significant issues for the Taskforce. * In the context of post-release, it will be necessary to improve linkages to local approved centres and community mental health teams and to other relevant healthcare services     Detailed information  The High-Level Taskforce was established in April 2021, in conjunction with the Department of Justice. Officials from the Department of Justice provide the secretariat to the HLTF. However, implementation obligations fall to a range of Departments and bodies, including the HSE who are responsible for the National Forensic Mental Health Service (NFMHS). The HLTF Plenary Group has held five meetings to date, with several others by Sub-Groups. It established three expert subgroups to enable work to progress on several strands at once including diversion, prison and central mental hospital capacity and community throughcare. The three subgroups are:   * HLTF SG1: Diversion. Chaired by Chief Superintendent Gerry Roche, Limerick Garda Division AGS. * HLTF SG2: IPS/CMH Capacity. Chaired by Dr. John Devlin, Clinical Director, Irish Prison Service. * HLTF SG3: Community issues and through-care from custody. Chaired by Mark Wilson, Director, Probation Service.   The Programme for Government 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. The Terms of Reference of the HLTF require the group to submit an interim report to the Minister of Health and Minister of Justice. The interim report sets out the work of the HLTF and each of the subgroups. The report notes in particular the work direction of the subgroups and sets out the next steps towards the group's final high level implementation plan.  It should be noted that, irrespective of any potential operational improvements relating to the specialist Mental Health care programme, issues around Addiction, Primary Care and Homelessness are significant factors relating to the work of the HLTF. The opening in the near future of the new NFMHS facility at Portrane, to replace the Central Mental Hospital at Dundrum, will make a significant improvement on the forensic mental health front.  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 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.  Recognising the current burdens faced by 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.  The 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. The *Programme for Government: Our Shared Future*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.  **The interim report**  The HLTF Terms of Reference are set out in Chapter 1 of this interim report and were drafted with a focus on achieving the Group’s objectives as determined by its mandate from Government. **Chapter 1**provides an overview of the work of the HLTF since its first meeting in April 2021 including the establishment of three subgroups to carry out the work of the HLTF.  These subgroups have worked to progress simultaneously on several fronts. The HLTF identified the need for a more holistic engagement with this issue from the very initial contact with the criminal justice system, right through to release and support in the community.  The remainder of this interim report provides an update on the work undertaken by each of the three subgroups, including the details of their terms of reference, membership, work to date and their work going forward. **Chapter 2**describes the work of Subgroup 1: Diversion. This group is looking at the very first contacts and seeking to divert as many individuals as possible from progressing into the criminal justice system. **Chapter 3**describes the work of Subgroup 2: IPS/NFMHS Capacity. This subgroup is examining the existing and future needs of individuals within the carceral criminal justice system. **Chapter 4**describes the work of Subgroup 3: Community issues, including throughcare from custody.  Key issues arising from the work of the Taskforce include:   * The possibility of creating a statutory footing for the diversion scheme so as to divert as many individuals as possible from progressing into the criminal justice system. * The potential extension of the existing Adult Cautioning Scheme is also being considered as a means of diverting vulnerable individuals away from the criminal justice system. * There is a need to increase bed capacity in National Forensic Mental Health Services. The opening of the new forensic mental health facility in Portrane will help to alleviate the current capacity issues faced by the Central Mental Hospital. Additionally, the planning and development of regional Intensive Care Rehabilitation Units, in line with *Sharing the Vision’s*recommendations, will further increase bed capacity for forensic mental health services. * In addition to improvements in mental health services and supports, the issues of primary care, addiction, social inclusion, and homelessness will likely require service improvements in order to appropriately support individuals who come into contact with the criminal justice system. * 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.   **Next Steps**  The HLTF and its subgroups will continue to consider in detail the information available, to assess the future need. This will enable the HLTF to propose a high-level implementation plan for any required actions. The HLTF will engage comprehensively on its proposed high level implementation plan with stakeholders as required in accordance with its Terms of Reference. The high-level implementation plan is due in accordance with the terms of reference by year end |