



An Roinn Dlí agus Cirt
Department of Justice



An Roinn Sláinte
Department of Health

High Level Taskforce on Mental Health and Addiction – 1st Annual Progress Report (September 2022-2023)

December 2023



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Update from the Co-Chairs of the Steering Group

Siobhán McArdle, Assistant Secretary General, Department of Health

The first annual progress report on the High Level Taskforce on mental health and addiction provides a timely opportunity to highlight the work that is being carried out across Government Departments and their agencies to deliver on the recommendations set out in the 2022 Report. The function of the Steering Committee over the last year has been to ensure on-going work to deliver on the recommendations across a number of key agencies, against the backdrop of on-going policy implementation across both Departments.

It is now widely recognised that the needs of those who interact with the criminal justice system are complex, and are often influenced by mental health and addiction challenges. This complexity means that a collaborative approach is needed to ensure delivery of the recommendations. The last year has seen concerted work and collaboration by stakeholders across both the Health sector and the Justice sector to ensure that the recommendations are actively progressed.

This first report highlights the work that has been done to deliver on the initial short-term recommendations, and reflects the work that has been undertaken to build a monitoring and reporting process that will put the work on a solid footing for the years to come. The Department of Health looks forward to the benefits that the work done to date will have, and I look forward to continuing to work with counterparts in the Department of Justice and across all stakeholder agencies, to steer the delivery of the wider report.

Ben Ryan, Assistant Secretary General, Department of Justice

This first annual progress report on the High Level Taskforce sets out the progress made by all stakeholders over the last year since publication of the Implementation Plan in September 2022. I would like to re-iterate Siobhán's comments above regarding the work and collaboration undertaken by all stakeholders across both sectors, which is reflected in this first annual progress report.

I look forward to expanding on the work carried out to date by both Departments over the coming year and in particular to working closely with Justice and Health sector stakeholders in delivering on the recommendations of the Report.

This is an important opportunity to improve the quality of relevant care and rehabilitation for those most in need of it in our prisons and those who interact with the criminal justice system and also to prevent others from having to interact with it. The coherent and all-of-system approach taken by both the Departments of Health and Justice, and the relevant stakeholders, is key to the effective implementation of the overall report and I look forward to continued cooperation and progress in that regard.

Introduction

In fulfilment of a Programme for Government commitment, the Report and Recommendations of the High Level Taskforce to consider the mental health and addiction challenges of those who come into contact with the criminal justice sector was published in September 2022.

The High Level Taskforce identified the need to take a holistic approach when considering the mental health and addiction challenges of those who come into contact with the criminal justice sector from initial contact right through to release and support in the community. Many of the recommendations detailed in the High Level Taskforce Report build on existing infrastructure, creating better connectivity and linkages between services to better support those in the criminal justice system with mental health and/or addiction issues and to make a meaningful difference to their treatment.

The recommendations were split into 3 subgroups as follows:

Subgroup 1: Diversion: This subgroup looked at the very first contacts and seeking to divert individuals from progressing into the criminal justice system whereby An Garda Síochána implement a diversion policy for use in suitable cases when members come in contact with adults with mental illness who may have committed a minor offence.

Subgroup 2: Irish Prison Service / National Forensic Mental Health Service

Capacity: This subgroup examined the existing and future needs of individuals within the carceral criminal justice system. The objective of Subgroup 2's work was to ensure that there is adequate provision of services to meet the mental health and dual diagnosis needs of those in prisons. The recommendations from this subgroup focus on how improvements can be made to the existing care arrangements.

Subgroup 3: Community issues including throughcare from custody: The focus of Subgroup 3's work was an examination of service provision in the community and the related processes involved in a prisoner's throughcare from custody to community. Subgroup 3's objective is to ensure that there are sufficient safeguards in place and adequate provision of services to prevent individuals from relapsing into damaging behaviours undermining the rehabilitative efforts made by the individual and the State.

The implementation of the 61 recommendations identified by the High Level Taskforce involves numerous stakeholders with extensive collaboration across sectors. A Steering Committee (co-chaired by senior officials from the Department of Justice and the Department of Health) is overseeing progress on implementation and has met regularly since September 2022. That Committee has now prepared this progress report on implementation of the Report one year after its publication. This report notes the progress made to date on advancing the short-term recommendations of the High Level Taskforce covering the period of September 2022 to September 2023.

Executive Summary

In order to ensure improved outcomes for the individuals concerned and for society as a whole the High Level Taskforce is seeking to ensure that the critical mental health needs of people in prison are met, addiction treatments are provided and appropriate primary care supports are available on release. As it is now widely recognised that the needs of many people who interact with the criminal justice system are complex and are often influenced by mental health and addiction challenges, providing the proper care and ensuring rehabilitation, both in terms of health needs but also in order to prevent future reoffending and contact with the criminal justice system, means these issues cannot be addressed in isolation or by the criminal justice system alone.

Key progress on High Level Taskforce recommendations over the last year includes:

	Opening of the new National Forensic Mental Health Service facility in Portrane in November 2022.
	Joint progress on the Community Access Support Team project in Limerick.
	Mental Health First Aid training will be rolled out to members of An Garda Síochána, with the Gardaí launching an initial 2-year partnership with Mental Health First Aid Ireland in July 2023.
	The Dual Diagnosis Model of Care was launched by the Health Service Executive on 23 May 2023 - three initial sites are currently being established in CHOs 3, 4 and 9.
	The Crisis Resolution Services Model of Care was launched in May 2023.
	The Health Needs Assessment Report, prepared by Crowe Ireland consultants, was published by the Ministers for Justice and Health in May 2023.
	Service details from non-governmental organisations funded by Health Service Executive Mental Health have been shared with the Health Service Executive National Office for Suicide Prevention for inclusion in a directory for General Practitioners.
	The Mental Health Bill (to update the Mental Health Act 2001) and the Health Information Bill both have priority drafting for the Dáil's Autumn 2023 session.
	The High Level Taskforce recommendation that prisons should not be designated under the Criminal Law (Insanity) Act 2006 for the purpose of treating prisoners with a mental health condition has been completed and agreed.
	Significant progress made in recruiting General Practitioners in the Irish Prison Service to meet the Health Needs Assessment recommendations.
	The ADHD National Clinical Programme was launched in January 2021 with 5 Adult ADHD teams now operational and a further 2 teams in advanced development.
	A joint Steering Committee has been established between the Department of Justice and the Department of Health to monitor implementation of the High Level Taskforce report recommendations.
	A consultation process with the Irish Prison Service regarding the expansion of the offences under the Adult Caution Scheme is under way.
	The Health Service Executive's overall Mental Health capital budget increased from €15m in 2022 to €27m in 2023.
	The Probation Service has received funding to support increased capacity for delivering restorative justice interventions nationwide in 2024.

	Proposed changes to the procedure document for the Adult Caution Scheme will form part of the review of the Scheme, which it is intended will be submitted to the Office of the Director of Public Prosecutions by the end of 2023.
	The Probation Service has conducted a review of community service operations, and an evaluation of Integrated Community Service is planned to commence in the first quarter of 2024.
	The Irish Prison Service, the Health Service Executive and Probation Service have completed a request for tender process and are working to progress a large-scale research project addressing the broad area of mental health and the prison population.

As part of the work of the Steering Group and the wider stakeholders, the following core values reflected in the High Level Taskforce Report have been kept to the fore in the context of implementing all recommendations over the last year:

1. Respect for the individual: each individual is deserving of respect and dignity. This applies equally to all including to individuals with mental health difficulties and addiction issues interacting with the criminal justice system as well as the staff working to provide care and treatment in difficult circumstances.

2. Collaboration at the core: individuals with mental health difficulties and addiction issues coming in contact with the criminal justice system have multifaceted needs that no one arm of the State can properly address alone. Collaboration between relevant stakeholders is inherently necessary for an effective response to these complex needs. Collaboration cannot be an afterthought but must be the default modus operandi built into systems and processes.

3. Professionalism in policy and practice: responding to those with complex needs is challenging, to ensure this is done effectively professionalism must be encouraged and developed at all times and in all situations. This means not only ensuring that policy is evidenced based to the greatest extent possible, but that these policies are professionally put into practice with the commensurate resourcing, staffing and training required.

In addition, the Steering Committee and implementing agencies have been cognisant of the following guiding principles of the High Level Taskforce Report:

- Commitment to equality and human rights.
- Health led approach.
- Prison as a sanction of last resort.

By keeping a focus on the guiding principles, it is intended to make a meaningful difference to the lives of those with mental health and addiction difficulties who encounter the criminal justice system.

Most of the High Level Taskforce recommendations relating to the health sector are being progressed in line with Sláintecare, *Sharing the Vision 2020-2030*, *Connecting for Life*, *Reducing Harm*, *Supporting Recovery* (national drug and alcohol policy) and the annual Health Service Executive Service Plans.

Sharing the Vision is Ireland's national mental health policy to enhance the provision of mental health services and supports. The long-term implementation of this policy is being overseen by the National Implementation and Monitoring Committee. This committee works with partners to evaluate performance/progress and gather information on examples of good practice as informed by national and international research. In accordance with the *Sharing the Vision* governance structures, the Health Service Executive Implementation Group established in May 2021, oversees and monitors the timely delivery of the Health Service Executive led policy recommendations. To this end, the Health Service Executive Implementation Group established ten thematic workstreams, each tasked with progressing a cluster of Health Service Executive led policy recommendations and supporting the development of detailed delivery plans for individual recommendations against which reporting can be refined. The key workstream for the Health Service Executive Implementation Group is the Justice Workstream.

Sharing the Vision has specific recommendations from the service user and family member perspective. These are being incorporated as appropriate to High Level Taskforce implementation. The *Sharing the Vision* National Implementation Monitoring Committee is progressing work in relation to, among other things, opportunities for partnership/co-production approaches with those with lived experience, a person-centred approach that focuses on enabling recovery through an emphasis on personal decision making, and the provision of accessible comprehensive and community-based mental health services.

1. Subgroup 1 Diversion

In this subgroup, the High Level Taskforce looked at ways to divert appropriate individuals from progressing into the criminal justice system. This subgroup comprised of 24 recommendations overall, with 5 of these recommendations to be achieved in the 'short term' (within 18 months of publication) and 7 to be achieved in the 'short-medium term'.

Key Progress/Highlights

- Joint progress on the Community Access Support Team project in Limerick.
- Mental Health First Aid training will be rolled out to members of An Garda Síochána who have, with An Garda Síochána launching an initial 2-year partnership with Mental Health First Aid Ireland in July 2023.
- The Dual Diagnosis Model of Care was launched by the Health Service Executive on 23 May 2023 - three initial sites are currently being established in CHOs 3, 4 and 9.
- Service details from non-governmental organisations funded by Health Service Executive Mental Health have been shared with the Health Service Executive National Office for Suicide Prevention for inclusion in a directory for General Practitioners.
- The Mental Health Bill (to update the Mental Health Act 2001) and the Health Information Bill both have priority drafting for the Dáil's Autumn 2023 session.
- A consultation process with the Irish Prison Service regarding the expansion of the offences under the Adult Caution Scheme is under way.
- The Probation Service has received funding to support increased capacity for delivering restorative justice interventions nationwide in 2024.
- Proposed changes to the procedure document for the Adult Caution Scheme will form part of the review of the Scheme, which it is intended will be submitted to the Office of the Director of Public Prosecutions by the end of 2023.

Rec 1.1: The High Level Taskforce (HLTF) report recommended that the Adult Caution Scheme (ACS) should consider the use of adult cautions on direction from the Office of the Director of Public Prosecutions (ODPP), where previous convictions and cautions already exist once evidence of mental illness, addiction and related issues are identified. An Garda Síochána (AGS) advise that proposed changes to the procedure document for the ACS will form part of the review of the Scheme, which it is intended will be submitted to the ODPP by the end of 2023. This is linked to aligning the Scheme with the Prosecutor Guidelines (**Rec 1.2**), including a greater focus on the public interest principle.

Rec 1.3: The medium-term recommendation to consider expanding the offences under the Adult Caution Scheme is ongoing within AGS, and a consultation process with the Irish Prison Service (IPS) is under way.

Rec 1.5: The report recommended that AGS should be in a position to provide information on community-based support services following an adult caution or non-prosecution. This proposal is on track with the development of a mobile app, which will be available on all

mobility devices of Gardaí. Each Garda Division will be able to populate the app with details of their own local community services.

Rec 1.8: In light of the recommendation related to Gardaí's role in this area, it is planned that Mental Health First Aid training will be rolled out to members. In this respect, in July 2023 AGS launched an initial 2-year partnership with Mental Health First Aid Ireland.

Rec 1.9: A major recommendation arising from the report was to support a cross agency pilot project in Limerick known as Community Access Support Team (CAST). Further to initial scoping work the pilot project CAST will be trialled in the Limerick Garda Division. This is a pilot partnership between AGS and the Mental Health Services within the Health Service Executive (HSE). The pilot will endeavour to establish an appropriate co-response approach to calls relating to mental health and situational trauma. This approach moves towards the shared goal of providing a compassionate and effective response to people in distress and will enhance diversionary practices for relevant individuals. Good progress has been made over the last twelve months. A three-tier model is proposed - a call handling service, a multiagency response team and community Support Hub that is a collaboration of the key agencies in the Limerick region that will facilitate a supportive, sustainable response to the individual in crisis. A pre pilot has been identified as integral in order to understand clearly the cohort of individuals who will benefit from the CAST model and their needs. This is proposed for a 9 month period and will comprise of the call out element and partnership response. It is anticipated that a pre pilot will commence in Q1 2024, with a full pilot to be progressed later in 2024, with HSE Mental Health professionals and members of AGS co-located and working collaboratively. This is dependent on appointment of key posts in AGS and the HSE. Research and Evaluation will form an important element of the pre pilot and further developments. A comprehensive Training and Development Programme is being developed by the steering committee in Limerick for the partner agencies. A Multi Agency Support hub element will focus on adults in crisis for the pilot. The Operating Model has been agreed, the funding stream is being finalised and recruitment has commenced.

Rec 1.12: The HLTF report recommended the expansion of the Health Information Bill to include information sharing with additional state agencies. The Bill received priority drafting for the Dáil's Autumn 2023 session.

Rec 1.14: In relation to the Probation Service, it was recommended that the criminal justice system make full use of the potential of the Probation Act, and that use of the Probation Act regarding an individual should not be listed as a conviction or used as a barrier to diversion. The Probation of Offenders Act 1907 currently allows for disposal of cases without proceeding to conviction, and this provision is retained in the draft Criminal Justice (Community Sanctions) Bill.

Rec 1.15: The Probation Service is also currently examining options to support increased and progressive use of the Probation of Offenders Act 1907. An initial briefing has been completed, with a more detailed examination of an enhanced order option under way.

Rec 1.19: In terms of restorative justice generally, the Probation Service has received funding to support increased capacity both within the Probation Service and community-based organisations for delivering restorative justice interventions nationwide in 2024.

Rec 1.20: The HLTF report recommended that details of all voluntary services recognised by the HSE through Service Level Arrangements (SLA) are available to officers on mobility devices to enable diversionary practices and signposting. Service details from non-governmental organisations (NGO) funded by HSE Mental Health have been shared with the HSE National Office for Suicide Prevention (NOSP) for inclusion in a directory for General Practitioners (GPs). Access to information on HSE-funded community and voluntary services is also being incorporated as part of the delivery of Ireland's national mental policy, Sharing the Vision. NOSP, HSE Mental Health Operations and NGO representatives are developing a service information pack targeting GPs and practice nurses etc. which will include details of HSE funded organisations that provide mental health supports and services. Review and improvement of yourmentalhealth.ie is taking place, with a particular focus on the sections dealing with mental health services and supports to make information easier to access and navigate with clearer pathways to the right support for anyone who is seeking help.

Rec 1.21: The HLTF report recommended the rollout of dual diagnosis services nationally to assist diversionary practices. An integral part of the Dual Diagnosis Programme has been the development of a Model of Care (MOC) which describes a clear clinical pathway for all those suspected of having a dual diagnosis covering integration across primary care, substance misuse, community mental health and acute services. The MOC was endorsed by the College of Psychiatrists of Ireland in March 2023 and was launched on 23 May by Ministers Butler and Naughton. Three initial sites are currently being established, adult teams in CHO 3 and 4, and adolescent in CHO 9. The HSE has identified premises for a National Dual Diagnosis Unit and are working with CHO 9 and the Department of Health to progress. The development of dual diagnosis training is under way. The HSE has established an evaluation framework using patient and public involvement methods. Work is now ongoing with the Health Research Board to enhance the system to include Dual Diagnosis. The HSE is currently developing an implementation plan and is also working with community partners to build capacity and to roll out the Seeking Safety Programme.

2. Subgroup 2: Irish Prison Service/National Forensic Mental Health Service capacity

In this subgroup, the High Level Taskforce sought to ensure that there is adequate provision of services to meet the mental health and dual diagnosis needs of those in prisons, and in particular the issue of increasing the capacity of forensic mental health services across the prison estate and for those who require admission to the Central Mental Hospital as a priority. This subgroup comprised of 16 recommendations overall, with 11 of these recommendations due to be achieved in the ‘short-term’ (within 18 months of publication). A key achievement of this subgroup during the first year of reporting was the relocation of the Health Service Executive National Forensic Mental Health Service, which includes the Central Mental Hospital, from Dundrum to Portrane in November 2022, and the associated delivery of additional inpatient capacity.

Key Progress

- Opening of the new National Forensic Mental Health Service facility in Portrane in November 2022.
- The Health Needs Assessment Report, prepared by Crowe Ireland consultants, was published by the Ministers for Justice and Health in May 2023.
- The High Level Taskforce recommendation that prisons should not be designated under the Criminal Law (Insanity) Act 2006 for the purpose of treating prisoners with a mental health condition has been completed and agreed.
- The Health Service Executive’s overall Mental Health capital budget increased from €15m in 2022 to €27m in 2023.
- The Irish Prison Service, the Health Service Executive and the Probation Service have completed a request for tender process and are working to progress a large-scale research project addressing the broad area of mental health and the prison population.

Rec 2.1: The HLTF outlined that the recommendations of the Health Needs Assessment (HNA) report pertaining to mental health requirements in prisons should be aligned with the recommendations of the Task Force itself. The HNA Report, prepared by Crowe Ireland consultants, was published by the Ministers for Justice and Health in May 2023. The IPS advise that the HNA recommendations are aligned with those of the HLTF for implementation purposes. HNA updates will be provided by the IPS to the Department of Justice and can be reported on in regular HLTF progress updates.

Rec 2.2: In conjunction with Sharing the Vision (StV) Ireland’s national mental health policy from the Department of Health, the Taskforce has also recommended that research be carried out on mental health and addiction within prisons. This is to update information on the prevalence and impact of mental health conditions and addiction across the prison estate. The IPS, HSE and Probation Service have completed a request for tender process and are working to progress a large-scale research project addressing the broad area of mental health and the prison population. The tender process is expected to be completed by the end of 2023 with the research to commence in early 2024.

Rec 2.4: The CMH Model of Care has been agreed. The HSE National Forensic Mental Health Service (NFMHS) relocated from Dundrum to Portrane on 4 November 2022. The 170 bed complex includes a new 130-bed Central Mental Hospital (CMH), a 30-bed Intensive Care Rehabilitation Unit (ICRU) and 10-bed forensic Child and Adolescent Mental Health Service's unit. These two units are the first of their kind nationally. These units will open on a phased basis over 2024 or beyond, depending on prevailing resource availability overall. Overall bed capacity in the CMH has gone from around 95 patients in Dundrum to 110 now open at Portrane. There are 10 additional beds for women and 10 for Mental Health Intellectual Disability (MHID) at Portrane, which is currently at capacity. There are acknowledged challenges around increasing current bed provision, including the HSE having to take account of Mental Health Commission (MHC) requirements around Night-Time Confinement and resource implications to open the remaining beds along with the healthcare recruitment and retention challenges that are ongoing. Additional new development funding will be required under the annual Estimates process to open the rest of the NFMHS complex.

Rec 2.5: A Taskforce recommendation that has been completed and agreed is that prisons should not be designated under the Criminal Law (Insanity) Act 2006 for the purpose of treating prisoners with a mental health condition. This means that the appropriate location for prisoners needing specialist medical treatment for their mental health condition is the CMH. In order to achieve a safer prison environment, the report recommended to plan for a suitable unit within the prison estate to provide care and accommodation for prisoners on their transfer back from the CMH or an approved centre. The IPS has established a steering group to progress this issue and NFMHS are members of the group. A governance subgroup and operations subgroup have also been established by the IPS and NFMHS participate in these forums. Discussions are ongoing about the suitability of the proposed environment and outcomes in this regard will inform the consideration of the staffing issues.

Rec 2.6: The HLTF report recommended a facility to meet Long Term Medium Secure (LTMS) male bed capacity requirements in CMH Portrane. A specific HSE LTMS type facility is not prioritised under *Sharing the Vision* which currently focuses on the progression of additional ICRUs and PICUs (Psychiatric Intensive Care Units) nationally. The HSE is at present developing a ten-year mental health capital plan under a national steering committee which will be best placed to determine priorities with regard to the type of facilities required for development, e.g. LTMS, ICRUs etc. Any such decisions will be aligned with the Model of Care for the NFMHS, with clinical guidance and input from the HSE Justice Workstream under *Sharing the Vision*.

Rec 2.7: The HLTF recommendation on access to mental health care aligns with national mental health policy recommendations, which are being progressed as part of the dedicated Justice Workstream of *Sharing the Vision*. The Justice Workstream have met on a monthly basis to progress a detailed delivery plan to ensure every person with mental health difficulties coming into contact with the forensics system should have access to comprehensive stepped (or tiered) mental health support that is recovery-oriented and based on integrated co-produced recovery care plans supported by advocacy services as required. This model of mental health support has been developed and is being used to guide service delivery in the NFMHS. The HLTF recommendation reflects a broader scope

and includes a wider population outside the prison service highlighting that, while aligned and characterised by considerable overlap, the recommendations of the HLTF also go beyond those being addressed by the *Sharing the Vision* Justice Workstream.

Rec 2.8: The HLTF recommendation on the development of PICUs aligns with recommendations outlined in the national mental health policy, *Sharing the Vision*. Established in August 2021, the *Sharing the Vision* Acute Bed Capacity Specialist Group was set up to examine acute inpatient (Approved Centre) bed provision, including Psychiatric Intensive Care Units (PICUs) and to make recommendations on capacity reflective of emerging models of care, existing bed resources and future demographic changes. The Specialist Group presented a report to the National Implementation monitoring Committee in Quarter 1, 2023. The recommendations of the Acute Bed Capacity Report will be encompassed as part of an overall ten-year capital plan. To that end, work was undertaken in Quarter 2, 2023, to assess current and future planned capital investment to ensure regulatory compliance. In Quarter 3, a steering group (as referenced above) tasked with the development of the ten-year plan was convened. This group will address the existing and future capital requirements within mental health, guided by the report of the Acute Bed Capacity Specialist Group.

Rec 2.9: Regarding the HLTF recommendation on the development of ICRUs, phase one of the HSE NFMHS capital project comprised the new complex at Portrane i.e. the new CMH, ICRU and f-CAMHS unit. Phase two of this project envisages the development of a small number of regional ICRUs.

National mental health policy recommends that sufficient PICUs should be developed with appropriate referral and discharge protocols to serve the regions of the country with limited access to this type of service. The *Sharing the Vision* Mental Health Services Workstream Group has been established, and Terms of Reference agreed, and a dedicated Project Management resource has been secured. The project manager will principally work on the *Sharing the Vision* Mental Health Services Workstream for a period of six months, from December 2023 to May 2024.

National mental health policy also recommends that the development of further ICRUs should be prioritised following successful evaluation of operation of the new ICRU on the Portrane Campus. This will be progressed through the dedicated Justice Workstream under *Sharing the Vision*.

HSE Mental Health capital funding increased to €27m in 2023 from €15m in 2022. Any additional capital in 2024 will be prioritised to advance mental health projects already contractually committed in 2023. A priority for the HSE over 2023 and 2024 is continuing improvement works in several approved centres to meet MHC compliance requirements.

3. Subgroup 3: Community issues including throughcare from custody

Key objectives in this subgroup is to ensure there are sufficient safeguards in place and adequate provision of services to prevent individuals from relapsing into damaging behaviours which may undermine the rehabilitative efforts made by both the individual and the State. This subgroup comprised of 21 recommendations overall, with 10 of these recommendations to be achieved in the 'short term' (within 18 months of publication) while 10 were to be achieved in the 'short-medium term'.

Key Progress

- The Crisis Resolution Services Model of Care was launched in May 2023.
- Significant progress made in recruiting General Practitioners in the Irish Prison Service to meet the Health Needs Assessment recommendations.
- The ADHD National Clinical Programme was launched in January 2021 with 5 Adult ADHD teams now operational and a further 2 teams in advanced development.
- A joint Steering Committee has been established between the Department of Justice and the Department of Health to monitor implementation of the High Level Taskforce report recommendations.
- The Probation Service has conducted a review of community service operations, and an evaluation of Integrated Community Service is planned to commence in the first quarter of 2024.

Rec 3.2: The Taskforce referred to the need for clear pathways to primary care and mental health services and for these pathways to be formalised and reviewed between the HSE and criminal justice agencies. In this regard the Probation Service Mental Health Working Group is tasked with making progress in this area including the development of Memoranda of Understanding (MoUs) and referral pathways between the relevant agencies.

Crisis Resolution Services

The launch of the Crisis Resolution Services Model of Care (MOC) in May 2023 represents a significant step forward in the provision of targeted mental health supports for people experiencing a crisis. Crisis Resolution Teams are community-based multidisciplinary teams that provide rapid assessment and intensive support to individuals who are in a mental health crisis, working rapidly and cooperatively to help people in a mental health crisis. The MOC fulfils a long-standing goal, aligning with a number of recommendations in *Sharing the Vision* and will support in practice HLTF overall in terms of Diversion or post release mental health supports, particularly for Out of Hours or at weekends. It will seek to offer an alternative response to inpatient admissions. This pilot scheme will see the incorporation of Crisis Resolution Teams and Solace Cafes in five different pilot learning sites to offer an alternative response to inpatient admission in a time of crisis. This MOC also aligns with Connecting for Life, the national strategy to reduce suicide.

ADHD

The Government and the HSE recognised the growing need for adults with ADHD to have timely access to specialist assessment and treatment. This resulted in the development and launch of a National Clinical Programme in January 2021. Significant progress has been made in the roll out of these teams, with 5 Adult ADHD teams operational and a further 2 teams in advanced development. The adult ADHD teams that are currently operational are in: Sligo/Leitrim/Donegal (CHO1); South Dublin/ Wicklow (CHO6); Limerick/Clare/North Tipperary (CHO3); Cork (CHO4); and, Kerry/West Cork (CHO4). Many people with ADHD reported that it can be overwhelming and stressful to try to find accurate information on the internet to help them. A new ADHD app launched in November 2022 contains self-care, self-help and signposting information regarding adult ADHD. The content of the app was developed based on research conducted by University College Dublin School of Psychology, with ADHD Ireland's support. Importantly, the research asked adults with ADHD to prioritise and suggest topics for the app to ensure it would best meet their needs, an approach which aligns with Sharing the Vision and HLTF objectives.

Rec 3.4: In terms of the Probation Service, their Mental Health Action Plan 2024-2026 is currently being finalised, which includes examining the means to embed mental health expertise, such as mental health nursing within the Service.

Rec 3.5: Relevant staff training was also cited in the HLTF report and the IPS has developed and implemented mental health training for newly recruited prison officers. The Probation Service delivers staff training in mental health, trauma and self-harm awareness.

Rec 3.7: Regarding the HLTF report's recommendation on tracking the outcomes of the implementation of the Taskforce's recommendations, a joint Steering Committee has been established between the Department of Justice and the Department of Health to monitor implementation of the HLTF report recommendations. This is jointly chaired at Assistant Secretary level. Representatives of relevant agencies such as IPS, Probation Service, An Garda Síochána or the HSE can be invited to attend, as required.

Rec 3.8: In terms of assessing alternative sanctions available under law, the Probation Service has conducted a review of community service operations, and an evaluation of Integrated Community Service is planned to commence in the first quarter of 2024. The Probation Service is also examining options on the progressive use of the Probation of Offenders Act 1907, in anticipation of the passage of the Criminal Justice (Community Sanctions) Bill 2014.

Rec 3.15: For the IPS, the HLTF recommended that the IPS Psychology Service should be resourced at least to the level recommended in a 2015 Review. The IPS has reported considerable progress in expanding its Psychology Service resources, to the extent that four closed prisons and two open centres have achieved the target ratios of one psychologist to 150 persons in custody. Two other closed prisons are close to this ratio and for the remaining three locations a business case is being put together for additional

posts going forward. In relation to data enhancement in the area of self harm and suicide prevention, a co-funded Research Assistant has been recruited to commence in early 2024.

Rec 3.16: The Taskforce also made reference to health care services within the prison system, which is aligned to recommendations from the HNA report. The IPS report significant progress in recruiting GPs and that further resources will be required to meet the HNA recommendations.

In order to improve the transition from custody to community, proper discharge planning is recommended which is linked to *Sharing the Vision* policy recommendations. This recommendation will be progressed by the dedicated Mental Health Services Workstream and it relates to the Mental Health Capital Planning Group referenced above.

The High Level Taskforce Steering Committee

As per recommendation **3.7**, a joint Steering Committee has been established between the Department of Justice and the Department of Health to monitor implementation of the High Level Taskforce report recommendations. This is jointly chaired at Assistant Secretary level. Representatives of relevant agencies such as the Irish Prison Service, Probation Service, An Garda Síochána or the HSE can be invited to attend, as required.

Good progress was made overall over the course of first year, to develop mapping, reporting, and other measures to monitor the implementation of the HLTF report for 2023 and beyond. As we look forward to 2024 further steering committee meetings are already planned, as are meetings with the wider agency representatives involved in the delivery and attainment of the HLTF report recommendations.

As this first progress report focused on the short-term recommendations, future work will look at the short-medium term recommendations, before in turn moving onto the medium-term, the medium-long term, and in time the long-term recommendations of the original HLTF report. The mental health and addiction challenges of those who come into contact with the criminal justice sector remains a priority for both the Department of Justice and the Department of Health and the steering group remains committed to driving progress.

Dates of HLTF Steering Committee Meetings:

- 6 December 2022
- 29 March 2023
- 31 May 2023
- 29 June 2023 (joined by invited Agency representatives)
- 25 September 2023

HLTF Steering Committee Members:

- Mr Ben Ryan, Assistant Secretary, Department of Justice
- Ms Siobhán McArdle, Assistant Secretary, Department of Health
- Ms Mary O'Regan, Principal Officer, Department of Justice
- Dr Siobhán Hargis, Principal Officer, Department of Health
- Dr Philip Dodd, Consultant Psychiatrist/Clinical Professor Mental Health Policy & Clinical Specialist
- Mr Alan King, Assistant Principal, Department of Justice
- Mr Michael Murchan, Assistant Principal, Department of Health
- Ms Oonagh Ffrench, Higher Executive Officer, Department of Justice
- Ms Claire Beauchamp, Administrative Officer, Department of Health

Appendix 1 - HLTF Recommendations by subgroup

Subgroup 1 Recommendations

Subgroup number	No.	Recommendation	Timeframe for achieving
1	1.1	Amendment to Adult Caution Scheme	Short Term
1	1.2	Aligning the operation of the Adult Caution Scheme with the prosecutor guidelines	Short Term
1	1.3	Consideration for expanding the offences under the Adult Caution Scheme	Medium - Long term
1	1.4	Use of the Public interest principle from the Prosecutor Guidelines	Short Term
1	1.5	Diversionary Elements An Garda Síochána –Knowledge and Awareness of services in the community	Short Term
1	1.6	Progressive and Empathic approach by An Garda Síochána	Short-Medium Term
1	1.7	Guidance Definition to be integrated into the relevant policies of An Garda Síochána and agencies with the Criminal Justice family	Short-Medium Term
1	1.8	Mental Health and Addiction Awareness Training in An Garda Síochána	Short-Medium Term
1	1.9	Cross-agency collaboration – CAST Pilot Limerick	Short-Medium Term
1	1.10	Development of a pilot DBI programme in conjunction with the Limerick CAST project and one other AGS Division/HSE Health area is to provide a framework for improved inter-agency co-ordination, collaboration and co-operation across a wide range of care settings, interventions and community supports	Short-Medium Term
1	1.11	Develop legislation around Diversion and Mental Health legislation	Long Term
1	1.12	Expand the Health Information Bill to include information sharing with additional state agencies	Medium-Long Term
1	1.13	Expansion of the Spent Convictions Act	Medium-Long Term
1	1.14	The Probation Act should not be recorded as a conviction or used as a barrier to diversion	Medium Term
1	1.15	Progressive use of The Probation Act –a catalyst to accessing services	Short-Medium Term
1	1.16	Ensure that problems relating to Data Sharing and Legal issues can be resolved with reference to all relevant proposals and initiatives.	Medium-Long Term
1	1.17	Ensure Linkage and Collaboration between Diversion Programmes Nationally	Medium Term

1	1.18	The Department of Health and the Department of Justice should agree on appropriate mechanisms to coordinate the work.	Medium-Long Term
1	1.19	Development of Pilot Pre-Charge Offender Reparation Referral – RJS (Restorative Justice Service)	Short-Medium Term
1	1.20	Details of all voluntary services recognised by the HSE through Service Level Arrangements (SLA) made available to AGS via mobility devices to enable diversionary practices and signposting	Short Term
1	1.21	Rollout of Dual Diagnosis Services nationally to assist Diversionary Practices	Medium-Long Term
1	1.22	Establishment of Criminal Justice Secure email domain between the partner agencies to facilitate diversion and safe sharing of information.	Medium-Long Term
1	1.23	Provision for a Standardised Assessment Form	Short-Medium-Long Term
1	1.24	Provide High Spec Technological upgrades to enable implementation of recommendations.	Short-Medium-Long Term

Subgroup 2 Recommendations

Subgroup number	No.	Recommendation	Timeframe for achieving
2	2.1	The implementation of the Health Needs Assessment (HNA) recommendations pertaining to the mental health requirements in all prisons should be aligned with the recommendations of the Task Force so that prisoners should have timely access to the full range of specialist forensic mental health services where clinically required.	Medium Term
2	2.2	Further research on mental health and addiction be conducted to update information on the prevalence and impact of mental health difficulties and addiction across the prison estate	Medium Term
2	2.3	A single system of governance for forensic mental health services across the prison estate. This should be explored further by the HSE and IPS by means of a formal agreement on the provision of a National Forensic Mental Health Service under the aegis of the CMH in all closed prisons and with the collaboration of community mental health services.	Short Term
2	2.4	The Group have agreed with the new CMH Portrane Model of Care as the appropriate clinical pathway to manage patients following admission to the CMH	Short Term
2	2.5	The Group did not consider that prisons should be designated under the Criminal Law (Insanity) Act 2006 for the purpose of treating prisoners with a mental health difficulty.	Short Term
2	2.6	It is recommended to develop a facility that provides a model of care that delivers a supportive environment that “normalises” care and recovery for vulnerable individuals who	Short Term

		require LTMS. The modelling analysis indicates that these LTMS bed requirements will peak in the early phase of the Portrane development at 42 beds and reduce in subsequent years. Planning for this facility should commence at the earliest opportunity in order to meet the male bed capacity requirements for the new CMH in Portrane.	
2	2.7	Every person with mental health difficulties coming into contact with the forensic system should have access to comprehensive stepped (or tiered) mental health support that is recovery-orientated and on integrated co-produced recovery care plans supported by advocacy services as required.	Medium Term
2	2.8	Subject to the work of the NIMC Expert Group which is considering Inpatient bed provision, the development of PICUs is considered as a priority as envisaged by the Sharing the Vision policy. In this regard, sufficient Psychiatric Intensive Care Units (PICUs) should be developed with appropriate referral and discharge protocols to serve the regions of the country with limited access to this type of service	Short Term
2	2.9	The development of further Intensive Care Rehabilitation Units should be prioritised following successful evaluation of operation of the new ICRU on the Portrane Campus. Work should commence on planning of further ICRUs and a Design Team should be established at the earliest opportunity.	Short Term
2	2.10	Sources of funding for what would be a resource intensive development for the development of PICUs and on planning further ICRUs would need to be identified and considered.	Short Term
2	2.11	A small number of Approved Centres should be considered for designation on a regional basis so that care could be provided for patients who have committed a minor offence, require a low level of security and suffer from a severe and enduring mental health condition. The use of these centres should be subject to clear clinical risk assessment and security admission criteria as per the Dundrum Toolkit.	Short Term
2	2.12	The IPS should establish a Working Group with Terms of Reference to include: To identify a suitable facility/unit in accordance with the recommendations of the Mental Health Task Force that would provide care and accommodation for prisoners on their transfer back from CMH/FICRU or an Approved Centre in order that they can maintain stability and advance on a pathway to recovery before they return to general population. To develop appropriate governance arrangements (including clinical admission/discharge criteria) for this facility. To identify clinical and operational resource requirements. This work should commence at an early opportunity with a reporting timeframe of circa 9 months or earlier.	Short Term
2	2.13	A Pilot Dual Diagnosis programme in a prison should be established at the earliest opportunity. This would provide the basis further learning with the potential for a broader rollout across the prison estate.	Short Term
2	2.14	The provision of a specialist dual diagnosis service supporting prisoners with a mental health condition and substance misuse should be established across the IPS estate.	Medium Term

2	2.15	The IPS should appoint a Mental Health and Addiction Lead to support this work.	Short Term
2	2.16	In addition to the above Recommendations consideration should be given to the following legislative amendments: I) Unfitness to Stand II) Not Guilty by Reason of Insanity III) Diminished responsibility IV) Provision of Hybrid orders V) Provision of community treatment orders should be considered - This would enable alternative therapeutic settings to be available for offenders. VI) Provision of a Statutory Instrument to ensure therapeutic safety in CMH Portrane and other designated centres.	Long Term

Subgroup 3 Recommendations

Subgroup number	No.	Recommendation	Timeframe for achieving
3	3.1	Screening and Assessment: need for a national service to screen and/or assess for mental health difficulties amongst those appearing before the Court	Short Term
3	3.2	Care Pathways: clear pathways for access to primary, community and mental health services, between the HSE and criminal justice agencies, are required.	Short Term
3	3.3	Problem Solving Court Framework: should be developed, achieving the aims of a Problem Solving Court (such as the Drugs Court) to enable positive treatment and behavioural outcomes for persons appearing before the Court.	Medium Term
3	3.4	The Probation Service: should be resourced to recruit staff (psychology or nursing) to enable increased competence at a regional and national level in the assessment of mental health within pre-sanction reports prepared for the Criminal Courts and to support effective offender management.	Short Term
3	3.5	Training: A training needs analysis and related training programme should be actioned for staff across the criminal justice sector to ensure a relevant degree of understanding of mental health, mental illness and the services available to meet the needs of such persons appearing before the Courts.	Short Term
3	3.6	Research: commissioned to: establish the extent of persons with mental health difficulties and addiction issues (dual diagnosis) appearing before the courts and to establish the broader needs of this cohort (e.g. accommodation, employability etc.).	Short-Medium Term
3	3.7	Track the outcomes of the implementation of the Task Force's recommendations –with a specific reference on social inclusion/marginalised groups.	Short-Medium Term
3	3.8	It is recommended that the Department of Justice, working with relevant stakeholders conduct research to assess the impact of the alternative sanctions available under law, any barriers to their utilisation and any opportunities to improve their uptake	Short-Medium Term

		and effectiveness. It is further recommended that, where appropriate, the results of this research be utilised to inform a programme of judicial education to ensure that the judiciary are fully supported in the application of such alternatives to imprisonment	
3	3.9	Memorandum of Understanding: required to deliver a partnership approach that creates easy access to case management services that include counselling, key working, outreach, addiction, mental health assessment, homeless placement and housing advice so that mental health difficulties can be treated within social inclusion/primary care and prison settings.	Short-Medium Term
3	3.10	Integrated Multi-agency Model of Case Management: should be further expanded to align with case management models in place in both the Probation Service and Irish Prison Service.	Short Term
3	3.11	Social Inclusion Case/Key workers: should be allocated to each Community Health Network to ensure coordination and access to pathways. Such case managers should work with the Probation Service, homeless services and others, as required, to support offenders in the community and those before, during and after custody.	Short-Medium Term
3	3.12	Assertive Outreach Teams: should be expanded to make specialist mental health care and housing supports available to people experiencing homelessness, mental health difficulties and severe distress and to divert clients away from entering the criminal justice system.	Short Term
3	3.13	The potential to establish direct referrals pathways between the Probation Service and CMHSs should be explored, inclusive of screening tools, agreed referral criteria, enhanced bi-lateral liaison and outcome analysis.	Short Term
3	3.14	Prison Inreach Services (PICLS): should be expanded to enable its services to be fully provided in all committal prisons.	Short Term
3	3.15	IPS Psychology Service: should be resourced to at least the levels recommended in the “New Connections” review of the Service (Porporino, 2015).	Short Term
3	3.16	Prison Health Care: should be resourced to fully replicate the range of services available in the community.	Short-Medium Term
3	3.17	PReP: should be expanded to have national coverage across the prisons estate.	Short Term
3	3.18	Case Management: HSE Social Inclusion Case Managers should begin engagement with prisoners at the earliest point prior to release to ensure continuity of care as the prisoner’s release date may be brought forward for a number of reasons resulting in an earlier than anticipated release date.	Short-Medium term
3	3.19	Reducing Attrition: Maintaining engagement and motivation at the point of release. Attrition would be reduced if all prisoners had a community agreed discharge plan in place with an identified case manager prior to release.	Short-Medium term
3	3.20	Research and Data Analytics: As part of its data holdings, the CSO has access to and use of other administrative datasets such as those of the Department of Employment and Social	Short-Medium term

		Protection, Revenue, Education and other agencies and departments. Other information which would be useful in predicting the risk of recidivism include; age at first offence, prior arrests, family status, health status (including mental health and addiction), accommodation status, ethnicity and education level.	
3	3.21	Research on the intersection between homelessness and criminality. Conduct research into the scale of overlap between the homeless and criminal justice sectors to develop a more informed response to the throughcare needs of those existing custody, inclusive of the needs of minority groups, young persons and women.	Short-Medium term

Original HLTF Report can be accessed here: [High Level Task Force to consider the mental health and addiction challenges of those who come into contact with the criminal justice sector - 0de04b4d-817a-41cf-9779-771ab57703ac.pdf \(www.gov.ie\)](https://www.gov.ie/publications-and-statistics/publication/0de04b4d-817a-41cf-9779-771ab57703ac)

Appendix 2 - Glossary of Terms

ACS: Adult Caution Scheme

AGS: An Garda Síochána

CAST: Community Access Support Team

CMH: Central Mental Hospital

FCAMHS: Forensic Child and Adolescent Mental Health Service

GP: General Practitioner

HLTF: High Level Taskforce

HNA: Health Needs Assessment

HSE: Health Service Executive

ICRU: Intensive Care and Rehabilitative Unit

IPS: Irish Prison Service

LTMS: Long Term Medium Secure

MHC: Mental Health Commission

MHID: Mental Health Intellectual Disability

MOC: Model of Care

MOU: Memorandum of Understanding

NFMHS: National Forensic Mental Health Service

NGO: Non-Governmental Organisation

NOSP: National Office for Suicide Prevention

ODPP: Office of the Director of Public Prosecutions

PICUs: Psychiatric Intensive Care Units

SLA: Service Level Arrangements

StV: Sharing the Vision

