

# NAVIGATING MENTAL HEALTH IN THE CRIMINAL JUSTICE SYSTEM



## The 10th Irish Criminal Justice Agencies (ICJA) Conference

**FRIDAY 4 OCT 2024  
DUBLIN CASTLE**

## Navigating Mental Health in the Criminal Justice System

10<sup>th</sup> ICJA Conference 2024

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## “Navigating Mental Health in the Criminal Justice System”

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# 1. Introduction

## I. Foreword

The 10th Irish Criminal Justice Agencies (ICJA) Conference “Navigating Mental Health in the Criminal Justice System” featured distinguished speakers from Ireland as listed below.

The conference structure facilitated the presentation of plenary sessions supported by workshops, where delegates from the criminal justice community and beyond shared their views, experiences and expertise.

ACJRD sincerely thanks the expert presenters for their contributions to the event and to all those who contributed during conference discussions.

The conference plenary speakers included:

- Catherine Pierse
- Oonagh McPhillips
- Judge Mary Ellen Ring
- Fíona Ní Chinnéide
- Dr Clare Kambamettu
- Nuala Ward
- Ciairín de Buis
- Prof. Ciaran O’Boyle

The conference workshop presenters included:

- Dr Conor O’Neill
- Tony McGillicuddy
- Denise Dunne
- Maura Howe
- Conor Boksberger
- Melissa Di Pede
- Michael Abbott
- Dr. Oghenovo Oghuvbu
- Danica Kinane
- Dr. Colette Barry

The Chatham House Rule was invoked to facilitate free discussion.

The ACJRD Council hope these papers will be useful to practitioners, policy makers and others with an interest in mental health.

**Note:** Owing to staff shortages during 2024 and 2025, this Conference Report is not complete. It includes only those papers and slide presentations for which permission to share was granted. Although rapporteurs prepared notes for all sessions, these have not been included unless formally approved by the respective speakers. All notes have been retained and the Conference Report may be updated as further approvals are received.

## II. Welcome & Conference Outline

*Catherine Pierse, Director of Public Prosecutions*

My thanks to Mary for her introduction and also a big welcome to her in her role of Chairperson of ACJRD. My Office was very glad to have the opportunity to formally host today's conference. I do want to acknowledge from the outset that all of the heavy lifting in preparing for today was done by ACJRD.

One of the perks of hosting today's conference is that my Office got to pick the theme. We felt that while mental health and its intersection with the criminal justice system has had increasing coverage over the last decade, it is a topic that impacts all of us and merits ongoing attention and reflection. As everyone here will know well many of the people who commit offences will have pre-existing mental health difficulties. From a prosecutor's perspective this can give rise to difficult questions around responsibility and culpability as well as how best to support an offender's recovery and meet the rights of victims and the broader public interest. It is also true that many victims of crime have mental health vulnerabilities and will need additional support as a result to navigate the criminal justice system.

We have an obligation as a criminal justice community to keep trying to better understand these issues and to minimize further trauma and damage to the mental health of those who interact with the system, while also considering public safety and the broader public interest.

### **Range of what is covered by mental health.**

In choosing this topic we were very conscious of its breadth. Because of course "mental health" covers an enormous continuum. It can include serious mental illness, acute psychotic episodes or chronic conditions of anxiety or depression; it can include ADHD, trauma impacts, and indeed addiction. Any discussion about mental health could also cover more everyday mental health challenges such as stress; right up to talking about good mental health and strong resilience.

For me, one reason why it is useful to think about mental health in this broad way is so that when we talk about it we are not talking only about "other people" - about clients and offenders and victims. We are talking also about ourselves. Prosecutors, prison staff, NGO workers, judges and so on. Real human beings with various levels of mental health and resilience at various times. And this will of course impact on how we ourselves can respond to the needs of others with mental health challenges.

The other reason that it can be useful to have a discussion that is broader than formal diagnoses of mental illness is that that most of us who are interacting with people in the criminal justice system are neither psychiatrists nor psychologists. We are sometimes doing our best to identify whether a person may have an additional need or vulnerability in circumstances where we have no formal information about their mental health and the person themselves might also be unaware or unwilling to raise this.

It is incumbent on us to be alert to the possibility of mental illness from the behaviour of the people we deal with or indeed from the nature of the offences committed. I recall a client from some 20 years ago when I was a defence solicitor. He had been accused of breaking into a back garden and smashing up a garden gnome. I thought the charge was a little odd and I really probed around when I was taking instructions to see if this was a case where I should be seeking some kind of psychiatric assessment. The client was fairly uncommunicative and was inclined to just shrug about the allegation. I was thinking, fair enough - he just broke in and smashed a garden gnome. And then just as he was leaving he said to me, but that fella (meaning the gnome), "he was looking at me funny". So I asked him to sit down again and we chatted further. This client continued to insist however that he wanted to plead guilty and he didn't need nor want any assistance. I remember

feeling ill prepared about how to deal with situations like this where the bar is high to take action without having consent or instructions.

**When talking about an individual case – need to seek specificity**

While it is useful I think therefore to cast the net wide when it comes to thinking about mental health in the criminal justice system, I think it is equally important that when we consider an individual case, we commit to being as forensic as possible in assessing what the specific health issues are for the alleged offender and to understanding the relationship between any illness and the offending. Needless to say a person might suffer from a mental illness and commit an offence that is not related to that illness, although the illness could still be relevant to considering the appropriate outcome of the case. The greater the clarity we can get in an individual case about the nature of the psychiatric condition and the overall circumstances the better we can consider questions around responsibility and culpability; public safety and public interest; as well as how best to support the treatment and recovery of the person.

Of course getting this kind of information can be challenging not only because of the shortage of available forensic psychiatrists in the system but also because the persons involved may have low levels of awareness and may not submit to medical assistance. I also do not wish to suggest either that we rely solely on psychiatric experts to decide on questions of culpability in serious cases. For example, in the context of cases involving a possible verdict of not guilty of murder by reason of insanity it is important that a jury, as the deciders of the case, hear evidence about all of the circumstances surrounding the killing and not just psychiatric evidence.

I have been talking here about those who are accused of offending. It is also true that when we are dealing with a specific victim or witness we should try to understand the specifics of any vulnerability that person has. This is so as to understand how best to support them through

what can be an intimidating and retraumatising experience - including by ensuring the provision of special measures to support them in giving evidence if they have to do this.

**Range of behaviour**

The other broad feature of the scope of our conference theme today is the range of behaviour which can bring a person into contact with the criminal justice system.

At the one end there are the extremely serious cases where a person has had an acute episode of mental illness such that difficult questions can arise in relation to responsibility, culpability, public safety and sentencing. There has been in recent years some relevant case law in this regard and we are indebted to Justice Mary Ellen Ring for agreeing to speak today on this very difficult area.

It is important to be clear however that only a tiny fraction of people with mental illness commit crime or pose a risk to public safety. When we consider minor offending sometimes the more pertinent question that arises is whether a prosecution is the right approach in the first place. The Guidelines for Prosecutors that my Office publishes and updates periodically has a good level of detail explaining the kinds of circumstances where a prosecution may not be in the public interest even though there may be sufficient evidence to ground charges. These public interest factors include: whether the offending is not of a serious nature, whether the consequences of a prosecution would be disproportionately harsh or oppressive in the particular circumstances of the offender; and indeed whether a person is suffering from a significant physical or mental incapacity. The rights of victims and the wider public interest, including community safety must also be considered.

Already therefore decisions are made by my Office that it is not in the public interest to prosecute - mostly for a minor offence - where the impact of prosecution on a mentally unwell person would be disproportionately harsh.

However the number of such files received by the Office from An Garda Síochána every year is small, which could suggest that the public interest considerations in deciding on cases of this nature need to be better communicated. It has been recommended that these wider public interest considerations should be made clearer in the Adult Caution Scheme and I agree.

It does need to be said however that one of the shortcomings of any approach that relies on the Adult Caution Scheme is that there is no link currently between this scheme and the availability of services and supports for the offender. I do appreciate that this is not a straightforward issue to address and I know there are challenges across the board with the provision of mental health treatment and services and a need for further resourcing.

I would make one final comment about the Adult Caution Scheme and that is this. Wherever a discretion as to whether to prosecute or caution exists it is important that there be sufficient transparency and record keeping so it is clear why a caution is offered but equally so that it can be explained by a Prosecutor or Prosecuting Garda member why a caution is not offered in a particular case. Systems of supervision and good data collection are key. Good data collection will also support us in understanding why the Adult Caution is not availed of in a particular case where it appears that the nature of the offending lends itself to this.

I have mentioned serious and minor offending above. I think it is important also to acknowledge that some interactions between mentally unwell members of the public and the police do not relate to criminal offending at all. For example there are those situations that Gardaí are sometimes called to deal with where a person is suffering from a mental health crisis such that they pose a risk to themselves or others. It is really very welcome that steps are underway to introduce interdisciplinary CAST teams to support these difficult and potentially traumatising

interactions so that such vulnerable people are kept out of the criminal justice system.

### **HLRG and rest of the system**

I have been focusing here on the parts of the system that I have some visibility over as a Director of Public Prosecutions. I acknowledge that there is extensive work going on across the broader system to research and address the multitude of issues that fall under this huge topic. I think it is fair to say that there has been a lot of work done over the past 20 or more years by researchers, NGOs, governments departments and agencies to challenge and re-shape our collective thinking about how the criminal justice system interacts with people with mental illness. Many of you here will be aware of the work of the High-Level Task Force which was established by the Government in 2019 to consider the mental health and addiction challenges of those who come into contact with the criminal justice sector.

That Group made wide ranging recommendations and reinforced some recommendations from a previous Interdepartmental group. Both the Department of Justice and Health are leading out on the implementation of these actions, many of which also involve input from agencies in this room including my Office. The actions include for example diversion for minor offences and the extension of the adult caution scheme as well as the introduction of crisis intervention teams. There are also a wide range of actions regarding the resourcing of psychiatric services and access to mental health care in a range of settings. It is great therefore that we have Oonagh McPhillips, Secretary General of the Department of Justice to give us a sense of the activity underway in this important area.

We will also hear today from other parts of the system. Fíona Ní Chinnéide, Deputy Director of the Probation Service, will talk to us after the break about Mental health and Probation. Recent research from the probation Service found that at least 40% of adults on a Probation Supervision Order present with symptoms of at least one

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mental health problem. This research and much more is pulled together in an excellent recent report by the Mental Health Commission on Access to Mental Health Service for People in the Criminal Justice System. We will also hear from Dr Clare Kambamettu, Acting Principal Psychologist Manager in the Irish Prison Service who will give us an overview of some of the mental health needs in our prisons and draw our attention to the interplay with childhood trauma and the differing gender needs within the prison population.

Later this morning Nuala Ward, the Director of Investigations in the Ombudsman for Children's office is going to provide us with some reflections on the particular perspective of children and mental health issues in the criminal justice system.

In the afternoon we will have the opportunity to hear from Ciairín de Buis, CEO of the Parole Board. The Parole Board has the very difficult task of assessing a range of factors when considering parole including the rehabilitation of the applicant, and the risks to the public as well as hearing the voice of victims who have a right to provide their views to the process.

Don't worry - I will not bring you all through every speaker in the thematic sessions organised for after lunch as you can read this yourself but you will see there are experts on a wide range of areas including further insights about the challenges facing prisoners with mental health difficulties; the practitioner perspective of working in the criminal justice system, the work ongoing across the governmental and non-governmental agencies to support people with mental health challenges – both offenders and victims; and importantly some perspectives on how best to support our staff to mind ourselves and in this way be in a better place to respond to the needs of the people we interact with.

After all of this weightiness we are going to finish with a treat. We will get a talk from Professor Ciaran O Boyle Director at the Centre for Positive Health Sciences at the Royal College of Surgeons. I have heard Ciaran O Boyle talk a couple of times before and indeed I invited him two years ago to come and talk at the Annual Prosecutor Conference. I know Ciaran has a slot late on a Friday afternoon but I do recommend you wait to be here for it.

### Thank you

All that remains is for me to thank all of you for coming today and for your interest in this important topic. Thank you especially to all of the speakers both in the plenary sessions and in the thematic sessions for giving so generously of their time. I want also to thank sincerely the organising team of ACJRD as well as their new chairperson and to acknowledge all of the representatives from the various agencies who participate in the ACJRD Council. I also want to give a mention to my own team in particular Deirdre Byrne who is our representative on the ACJRD as well as Ronni Buckley, Phil Lyons, Ger Wycherly and Morgane Nerrou from our Policy and Research unit.

Finally I wanted to take the opportunity to pay tribute to the contribution that Maura Butler made to the organisation of this conference. I also want to acknowledge more generally the enormous contribution made by Maura in developing ACJRD over the years. I have known Maura for a long number of years as a tireless champion of criminal law when she worked in the Law Society and a person who consistently championed the perspective of the underdog. Thank you Maura for your relentless commitment and integrity.

### III. Launch of Conference

*Oonagh McPhillips, Secretary General, Department of Justice*

Good morning colleagues. It's good to be here and thanks to the Director for her warm welcome and to the DPP's Office for leading this year's conference. And special thanks, as always to the ACJRD, especially Katie Prendergast and Niamh Conaty, for organising this event.

The Association has done great service in the sector and has provided much food for thought with these annual conferences which have given us all another platform for collaboration and exchange of insights, and this year's theme is no exception.

It was very interesting to hear the Director's thought process on how the theme was chosen.

That intersection of mental health and public safety has been a growing challenge world-wide and increasingly so for all of us. It's one which my own organisation is acutely conscious of and to be honest – we've been struggling with - over the last decade or more.

So having a forum like this to discuss it and hear from such thoughtful contributors, is to be warmly encouraged, welcomed and supported.

While a lot of work has been done in recent years, none of us who have seen the very difficult conditions in which very ill people are being cared for in prison could doubt there remains a huge need for all of us in the public sector to better understand and manage the risks and the needs of people with various types of mental health issues as they interact with public services and the criminal justice system.

There is a duty of care on all of us to work together to see what more can be done - pro-actively - as well as improving outcomes and experiences for vulnerable people and making the country safer.

It is now widely recognised that the needs of many of those who interact with the criminal justice system are complex, and are often influenced by mental health, acquired brain injury, trauma, and/or addiction challenges, or all of the above.

This complexity means that only a collaborative approach between us as relevant stakeholders – as well as trying to put ourselves in the shoes and experience of the person in crisis – can guide that person to the right service and help them to recover.

In the Department we have found creative ways to really listen to the lived experience of people – whether that is offenders, their families and vitally victims but also to our frontline colleagues – which has been both humbling and immensely valuable to developing more effective policy and partnerships.

Diverting people early to proper medical care is clearly the most constructive and effective way forward in terms of the health needs of individuals and - most importantly from a public safety perspective - in order to head off offending and risks to public safety.

#### **High Level Task Force**

So, from a Department of Justice perspective - as Catherine referenced - the most important and welcome development in recent years has been the High Level Taskforce on Mental Health and Addiction.

It was something we were very pleased to see as a commitment in the 2020 PfG and its report was published – importantly jointly - by Ministers McEntee and Donnelly just over two years ago.

It was brilliantly chaired by former Minister Kathleen Lynch, and the report set out 61

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recommendations focused on three strands of work:

- Diversion,
- Care in Prison, and
- Throughcare from prison custody.

The recommendations are far-reaching and implementing them effectively is requiring close collaboration between justice and health and our frontline colleagues in An Garda Síochána, the Probation Service and the Irish Prison Service. While in the health area many of the recommendations fall to the HSE, including the National Forensic Mental Health Service (NFMHS). I'm glad to say that we have had really great support from Bernard Gloster, Pat Bergin and their colleagues.

So, thanks to the good work of the agencies concerned, the first progress report, published earlier this year noted a number of key developments including:

- Opening of the new CMH facility in Portrane in November 2022;
- Mental Health 'First Aid' training for Gardaí under a partnership with Mental Health First Aid Ireland;
- Recruiting GPs in the Irish Prison Service to meet the Health Needs Assessment recommendations.
- The development of the Community Access Support Team project in Limerick.

I am really pleased that the CAST pilot project – really a joint-agency type of intervention to create alternatives to Garda-only responses - is due to start in Limerick next week. It is a partnership between An Garda Síochána and the Mental Health Service which was recommended by the Taskforce as well as by the Commission on the Future of Policing in Ireland.

The project will involve greater integration across services with an emphasis on collaboration to provide the right intervention

between the HSE, AGS and voluntary and statutory agencies operating in Limerick.

A co-response will be provided by the gardaí and Mental Health Services, to respond to relevant 999 calls that have been triaged. The on-scene crisis response will involve trained Gardaí working with their existing operational unit and supported by an assigned Clinical Nurse Specialist and by other members of the CAST Team. The aim is this co-response should result in better outcomes for the people in crisis, and the potential to divert people away from Garda custody. Over the last number of months, 80 Gardaí have completed specialist training in Limerick.

A similar approach has had positive results in the UK and Northern Ireland.

In Dallas where a similar approach was introduced in 2018 only 2% of responses resulted in arrests and mental health related emergency admissions dropped by 20%. I want to acknowledge the commitment, planning and preparatory work by the Gardaí in Limerick city and our colleagues in the HSE and Department of Health, again with great support from Bernard Gloster, and Ben Ryan and Mary O'Regan in my own Dept and I wish the team every success.

In the area of diversion generally, the Taskforce also recommended that the Adult Caution Scheme should be able to consider the use of adult cautions (on direction from the ODPP) even where previous convictions and cautions already exist, once evidence of mental illness, addiction or similar is identified and I understand this issue is currently being considered. I completely agree with the Director's point about the importance of record keeping and transparency and, even more importantly, the need for structured links to services and supports.

### **Addiction and Dual diagnosis**

The Taskforce also examined the issue of addiction. As many of you will know, it's

estimated that up to 70% of the prison population have current or historical addiction challenges, with up to 25% having a dual diagnosis of both mental illnesses and problematic drug and/or alcohol use.

Personality disorders may also intersect with psychiatric illness and/or substance misuse. The range of severe mental illnesses includes schizophrenia, delusional disorders, bipolar disorder and severe depressive disorder.

The IPS appointed a new Addictions and Mental Health Lead last May and they are working closely with the HSE to develop a Dual Diagnosis service in Cork Prison, with other work ongoing to map services requirements across all prisons.

The IPS also partners with Merchants Quay Ireland (MQI) who provide a prison-based addiction counselling service in various prisons, and MQI also provide a Drug Treatment and Rehabilitation Programme (TARP) in Mountjoy prison.

These developments, and many others, are set out in the first progress report of the IPS Health Needs Assessment, which was recently finalised in conjunction with colleagues from the Prison Service, HSE and Department of Health.

### **The Probation Service**

The Probation Service also has a crucial role to play in this area as they aim to create safer, more inclusive communities where offending and its causes are addressed. Probation funds diversion and therapeutic services through community-based organisations with funding of over €18 million last year, and tailored interventions for overrepresented groups including Travellers who, as you will know, have particularly acute mental health needs.

But I'm conscious you'll hear from Fíona Ni Chinnéide later on so I won't steal any of her lines – other than to say we have amazing colleagues in Probation – we always need more of them - but they're doing really inspirational

work, managing a lot of risk and building effective alternatives to imprisonment with very positive outcomes. They published a Mental Health Action Plan earlier this year so I'm sure Fíona will say more about that later on.

Probation are also working closely with the Prison Service and the HSE to develop a specific Mental Health Needs Analysis for the prison population which will provide more current data on the prevalence of mental health issues amongst the prison population and help to baseline all our work in this area.

The wide range of referrals to prison psychology services include a combination of issues such as anxiety, personality difficulties, acquired brain injury, post-traumatic stress disorder, addiction and also self-harm and suicidal behaviour. Psychologists therefore need to work as a crucial part of multi-disciplinary teams across the prison estate.

The IPS college is now providing high-quality, trauma-informed mental health training to all new Prison Officers, including in relation to different gender needs and I know you are to hear from the head of the IPS Psychology Service later this morning.

The need to enhance mental health care within the criminal justice system of course includes the need to provide effective care, including psychiatric care, to those in prison custody. Access to effective care is also linked to the national mental health policy 'Sharing the Vision', which includes a Justice Workstream which oversees implementation of this policy in terms of those in prison.

As I've mentioned the National Forensic Mental Health Service (NFMHS), which includes the Central Mental Hospital, Portrane, provides in-reach psychiatric services to the IPS so I'm glad to see Dr Conor O'Neill who leads this amazing team in Cloverhill speaking in session one this afternoon.

At this point I want to take a moment to pay tribute to Conor and all the professionals who

work in our prisons, both within the IPS and on an in-reach basis from the HSE. They do extraordinary work in very difficult circumstances.

Conor is much more qualified than I am to comment but just to say there are about 350 people in custody under the care of psychiatric services at any one time, and prisoners who are critically ill and need specialist medical treatment may need to be transferred to a clinical setting to receive appropriate treatment. This can only be done when a bed is available which unfortunately is not always the case, but the Prison Service liaises with the CMH, and the in-reach service, to try to deliver an appropriate psychiatric service. And - despite everyone's commitment and best efforts - this isn't always possible.

The Council of Europe's Committee for the Prevention of Torture does regular in-depth reports in this area which make for very difficult reading and - believe me - we do read them and heed them. We know we must do better - in order to keep people safe and uphold basic standards of human rights - and this is an ongoing challenge that absorbs all of us. Under the leadership of Caron McCaffrey and Michael Donnellan before her, we have made some good progress relying on the skill and commitment of our health professionals and the very caring staff in our prisons, but we are all acutely aware of the massive needs in this area.

### **Youth Justice and victims of crime**

My Department's direct operational responsibilities also include managing the national network of youth diversion projects and providing supports for victims of crime. The latter role includes funding court-accompaniment services, and supporting front-line services, now done through Cuan, the new agency which Minister McEntee established earlier this year to combat DSGBV.

Very sadly, we all too often hear victims of sexual crimes say that the court process was a worse - a more damaging and traumatic - experience than the original assault. Under the Minister's leadership the Department has worked with all the relevant agencies to address that, and the Supporting a Victims Journey action plan is implementing a range of measures aimed at better supporting people through the system.

We've also been looking recently at the pace of that journey which is a critical factor in supporting victims' mental health, helping people gain as much closure on a lifechanging event and move on with their lives as quickly as possible.

Government is keen to support a speedier end-to-end process in the criminal justice system and I think we would all welcome the opportunity to look in a deeper way at that.

Finally, the fundamental challenge for us across the whole of government is to build appropriate and effective responses.

Subject to the interests of public safety and of course of any victim, I think it is generally accepted that the primary response to persons presenting with mental health issues should not be simply a criminal justice or Garda-led-response, but must include professional mental health services.

As the Director observed, this is complex and needs to be tailored and in the youth justice area, when we divert young people from prosecution into the statutory Garda Diversion Programme, it can be difficult to identify whether the needs are mental health related, or a learning disability, a developmental or family support issue. This is a challenge that needs greater attention - and greater coordination at local level - to identify and deliver the most appropriate response and I hope the new Community Safety Partnership structure currently being rolled out can help with that over the coming years.

We all also recognise that the context here of extreme pressure on child and adolescent - and indeed all - mental health services, and recruiting, resourcing and retaining skilled trained professionals are vital elements of delivering the most appropriate response to every individual.

But in this, as in all things, we must be honest with each other. All of our services are doing their best, but all are very far from perfect. There are acute needs, and there is no doubt that the state of overcrowding in our prisons is adding greatly to this already very difficult context.

But one of the reasons I really believe in collaborative working is that it gives us the space - and builds the mutual trust - to be very honest with each other about the needs and how we can work together and help each other to fill the gaps. That starts with listening and so I'm delighted to see the range of speakers and lived experiences in the room today.

### **Conclusion**

Can I thank all of you for your attention and attendance here today. I hope your discussions and conversations are fruitful in terms of developing our approaches to mental health and addiction and building a safer country for everyone.

Thank You.

## 2. Morning plenaries

### IV. Impact of Mental Health on Offending and Sentencing

*Judge Mary Ellen Ring, The High Court of Ireland*

**Chairperson:** *Mary Griffin*

Judge Mary Ellen Ring's presentation is not available for this Conference Report.

*Mary Ellen Ring was called to the Bar of Ireland in 1985 where she practiced until 2012, having become a Senior Counsel in 2002. In 2012 she was appointed to the Circuit Court and in 2015 to the High Court. Mary Ellen Ring was appointed the Chair of the Garda Síochána Ombudsman Commission in 2015 and she returned to the High Court in 2022. Her experience in practice and on the bench has been with the criminal law cases.*

## V. Mental Health and Probation: Navigating Risk and Responsivity

*Fiona Ní Chinnéide, Deputy Director, The Probation Service*

### Introduction

Good morning everyone, and thanks to Mary [Griffin] for her kind introduction.

The Probation Service is delighted to have the opportunity to contribute on this important topic.

The MHC in its report on ‘Access to mental health services for people in the criminal justice system’ – published three years ago in November – identified at the time that we / as a country / are (and I quote) “still failing people who are mentally ill at all parts of the process, including diversion, courts, prison and probation.”

In the three years since then, we have seen positive change, in terms of the HLTF recommendations, which – coupled with Sharing the Vision and Connecting for Life – provide a blueprint against which progress is being made.

The launch of CAST on Monday – a key HLTF recommendation – is a particularly inspiring example of evidence-led, public health led, cross-departmental and inter-agency collaborative working.

However, I am not going to speak to this in the next 15 mins or so!

Instead, we decided to approach the conference theme from a different angle – focusing in on how probation practice itself interrelates with navigating mental health in the criminal justice system – it threw up a few questions for us / and I hope a few points of interest to consider among us today.



### Probation Practice: promoting positive change

The principal aim of the Probation Service is to support community safety by reducing re-offending, promoting positive change and behaviour, and enabling social reintegration.

We achieve this in our day-to-day work with clients through high quality assessment and effective supervision.

Central to this aim is a firm belief in people's capacity to change.

So: What does Probation Practice mean?

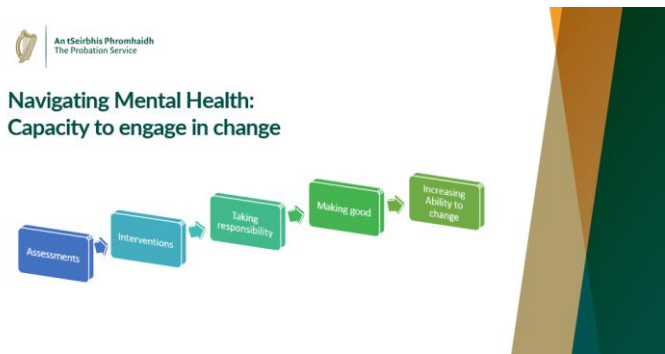
The principal aim of the Probation Service is to support community safety by reducing re-offending, promoting positive change and behaviour, and enabling social reintegration. We achieve this in our day-to-day work with clients / through high quality assessment and effective supervision.

**Central to this aim is a firm belief in people's capacity to change.** We believe that our clients must accept responsibility for their behaviour and, where possible, make good on the harm they have caused.

All aspects of our work are focused on motivating clients to change, helping them increase their ability to change, and facilitating them with improved opportunities for change.

This is not about cheerleading!

We do this through the development of positive, purposeful and focused professional relationships / within clear role boundaries / using skills and interventions that are demonstrated to be effective.



– clearly a person’s mental health will impact on how and to what extent they can engage with all of these aspects during their Probation supervision.

This in turn presents challenges for Probation / in how we approach and balance issues of risks, needs and responsibility.

**Probation Practice:  
Personalisation and Co-Production**

Personalisation and co-production mean that Probation can be responsive to an individual’s mental health – and in a trauma-aware way – in how community sanctions are managed.

How we turn this challenge into an opportunity – one of my favourite mantras – is through two core tenets in Probation practice: *personalisation* and *co-production*.

In Probation terms, when we talk about **personalisation** we mean not taking a ‘one size fits all’ approach, recognising the unique person / with unique circumstances, when creating plans to support them to change behaviour.

When we talk about **co-production**, this means the Probation Officer and client creating a plan / in collaboration and in partnership / to address offending and identify routes out of offending.

**Personalisation** and **co-production** / means that Probation can be responsive to an individual’s mental health in how we carry out community sanctions; and this in turn presents an opportunity for clients and Probation.

\*

Before I move on, it’s important to state that the vast majority of people with mental health problems do not commit crime. Of those who do – again recalling the 2021 MHC report – the majority of crimes committed are minor and non-violent.

Probation clients present with a range of mental health issues up to and including severe and enduring mental illness. We recognise the impact of very serious crimes committed by a small number of people who may present with severe mental illness.

However, for this presentation, I am focusing on the broader cohort, which – from a probation perspective – is primarily about responsibility.

**Probation Practice:  
Risks – Needs – Responsibility**

The primary theoretical underpinning of probation practice in Ireland is “R-N-R”.

Three core concepts:

1. The risk principle identifies **who** should be targeted for intervention
2. The need principle identifies **what** should be targeted during intervention
3. The responsibility principle identifies **how** the intervention should be delivered

So, Risks-Needs-Responsivity is the primary theoretical underpinning of probation practice in Ireland.

The RNR literature refers to three core concepts:

- the risk principle identifies **who** should be targeted for intervention
- the need principle identifies **what** should be targeted during intervention
- and the responsibility principle identifies **how** the intervention should be delivered

In working with clients, the Probation Officer needs to attend to each of these three areas – and, in particular, their inter-connectedness – in assessing and supervising those referred to us.



### Probation Practice: Risks – Needs – Responsivity

Eight identified risk factors:

"Big 4": history of antisocial behaviour / antisocial personality pattern / pro criminal attitudes / antisocial associates

"Moderate 4": family/marital relationships / substance misuse / school and work / leisure/recreation



When assessing risk of reoffending, Probation focuses on 8 main identified risk factors.

What are known as the "Big 4" are:

1. a history of antisocial behaviour
2. antisocial personality pattern
3. pro criminal attitudes, and
4. antisocial associates

The Moderate 4 risk factors are:

5. family/marital relationships
6. substance misuse
7. school or work, and
8. leisure/recreation

You will notice that mental health is not included as a risk factor.

Mental health – whether positive or negative – impacts on a person's capacity to engage with / and benefit from / supervision and interventions – and that makes it a responsivity issue.

### MENTAL HEALTH IS A RESPONSIVITY ISSUE



Recognising mental health as a responsivity issue helps Probation Officers – the majority of whom are social work trained – to identify how clients' needs can be met.

To give an example, our own research has identified that high numbers of our clients have declined access to mental health support services / so there is a clear need for advocacy and support to help them engage effectively with those mental health services.

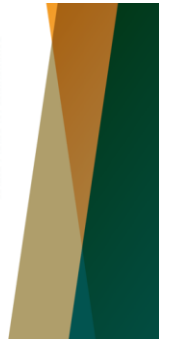
To this end, Probation Officers are skilled professionals who can make an initial assessment, develop trust, mobilise resources, advocate, motivate, and act as change agents helping clients with mental health issues to navigate the health system – and their own lives.



### Navigating Mental Health:

Where does mental health sit within the 'care and control' norm of criminal justice agencies?

How should we respond to non-compliance in cases where a client is suffering from mental health difficulties that interfere with their ability to comply?



This leads to the first question, relevant to all of us here today:

### Where does mental health sit within the 'care and control' norm of criminal justice agencies?

Care and control are not opposites. Lead Probation theorist Rob Canton has captured this nicely by pointing out that:

- the opposite of care is *carelessness*, and
- the opposite of control is *uncontrolled*.

*Care and control V carelessness and uncontrolled.*

Within the criminal justice sector, Probation Officers are perhaps the most strongly associated with care – that is, enabling, supporting and motivating clients to change their behaviour and in doing so, displaying a level of interest in their well-being.

This professional relationship is not, however, unconditional.

The Probation Officer / client relationship has clear role boundaries and expectations – expectations handed down by the Court.

In working with clients to bring about change, the Probation Officer at all times has to attend to the implementation of the Court order.

This raises a number of issues / and indeed challenges / when we consider mental health:

**How should we respond to non-compliance / in cases where a client is suffering from mental health difficulties that interfere with their ability to comply?**

It is complicated.

What we know is that most people subject to supervision fully intend to comply / and commit to their supervision, but their intentions are overwhelmed by their circumstances and – of relevance to our discussion today – mental ill health.

Noting that mental health can impede a person's capacity to comply at a given time, Probation Officers are trained to understand that **what appears as non-compliance may not reflect a client's resistance or indifference** – but may be symptomatic of their current mental health need.

Now, Probation Officers are not mental health practitioners. This is a really important distinction.

What the literature highlights is the critical role that Probation Officers can play in supporting clients to engage with / or maintain their engagement / with mental health treatment.

Along with knowledge and skills, Probation Officers can use the Court order as a lever to encourage engagement – recalling that it is not an unconditional relationship.

*(Is there another question for us in there? Perhaps.)*

But in short, while a Probation Officer has a duty to ensure that an Order made by the Court is carried out; a Probation Officer is also trained in

the motivational interviewing, goal setting, problem solving and coping strategies that support compliance, while the personalisation and co-production principles allow us to develop case management plans with clients that are responsive to their mental health needs.

In the Probation Service we don't describe this as trauma-informed, because the relationship is never unconditional; however, it does allow us to be trauma aware.

\*

Before moving on, I'd like to note this extends to supporting continuity of care for people on release from prison.

Indeed, UK studies have found significant differences in successful engagement in community-based treatment post release – just 35% of people successfully engaging compared with 80% where there was in-reach prior to release and follow up in the community.

Probation staff can and do play a key role in supporting continuity of care – and improved quality of engagement with treatment – following release to the community.

Sometimes it's as simple as following up with non-attenders, who have the best of intentions leaving the prison gates before the chaos of outside life intervenes.



**Probation and Mental Health:**

- 40% of adults on a Probation Supervision Order present with mental health symptoms compared to 18.5% of the general population
- Women present with higher rates of mental health symptoms, and of contact with services
- Approx. 50% of all people supervised by the Probation Service in the community who present with mental health problems also present with one or more of the following issues as well:
  - alcohol and drug misuse
  - difficult family relationships
  - accommodation instability

So, that's what Probation does – what about the people we work with and access to services they need?

Today, we are working with around 10,000 men, women and children in the community and another 2,000 men and women in prison.

Within this population, we know from our research that there is a high prevalence of mental health issues – all statistics here are from the 2021 Christina Power report, Moving Forward Together, previously presented to ACJRD and available online.

The research told us that at least 40% of adults on a Probation Supervision Order present with symptoms indicative of at least one mental health problem, compared to 18.5% of the general population.

Women on probation present with higher rates of active symptoms and higher rates of contact with services for mental health problems.

And approximately 50% of this cohort also present with one or more issues of alcohol and drug misuse, difficult family relationships, and accommodation instability.



### Probation and Mental Health:

- ❖ 43% experience Active Symptoms of Mental Health Problems (57% women; 40% men):
  - 10% experience symptoms indicative of serious and / or severe and enduring mental health problems
- ❖ 30% are engaged with a service for Mental Health Assessment and/or Intervention currently (49% women; 28% men):
  - 1.4% are engaged with Primary or Secondary Care Psychology Services.
- ❖ 56% have had some sort of Mental Health Assessment and / or intervention in the past (70% women; 52% men)
  - 11% of persons have had inpatient psychiatric care in the past



Again these findings are all set out in the research covered previously – but just to remind ourselves of some key findings, including that:

43% were experiencing Active Symptoms of Mental Health Problems (57% women; 40% men):

30% were engaged with a service for Mental Health Assessment and/or Intervention (49% women; 28% men)

41% had a known Mental Health Diagnosis provided by a qualified clinician (52% women; 38% men):

1 in 10 persons supervised by the Probation Service in the community are identified as experiencing active Suicide ideation (16% women; 8% men).

In every case, you'll see the prevalence among women is higher – and so we look forward to Clare's presentation.

Notably, international and national research finds similar prevalence of mental health difficulties among probation populations and prison populations.

Generally, there is strong awareness of the high prevalence of mental health issues among people in prison and the need to resource mental health services in prisons – and rightly so.

However, I'd argue there is lower awareness of the need to resource services for probation clients in the community.

\*

Human rights-informed research identifies that the significant health inequalities experienced by prison and probation populations actually support the argument for *increased* access to health care for people in the criminal justice system.

Yet, the literature also observes that – unlike people in prison – Probation clients generally have to access community mental health services (and substance misuse treatments) in the same way as the general population: they don't get increased access despite the demonstrated higher levels of need.



### Probation and Mental Health:

- ❖ 41% are identified as having a known Mental Health Diagnosis provided by a qualified clinician (52% women; 38% men):
  - 16% Anxiety disorder and 15% Mood disorder;
  - 8% Schizophrenia/Primary Psychotic Disorder (1% general population worldwide).
  - 4% Personality disorder and related traits, comparatively low when compared to other Probation Service jurisdictions (e.g. 47%).
- ❖ 1 in 10 persons supervised by the Probation Service in the community are identified as experiencing active Suicide ideation/plans (10%) (16% women; 8% men).
- ❖ 1.5% of men (6 men) are considered to be in severe distress and in imminent danger of causing harm to self and/or harm to others



For example, we know from research that people in the criminal justice system with mental illness are more likely to access A&E than the general population – CAST is a response to this research – however, the same

cohort use significantly less mental health services than non-offending mental health patients.

Indeed, service retreat can mean that Probation clients can experience additional barriers to mental health treatment in the community – and in particular those with histories of violence, including – although this is rare – previous assaults on frontline staff.

*[Last Dec, we have seen a situation where a client with such a history could only access appropriate mental health services in the community by becoming homeless.]*

**This raises a third, troubling question:**

**Are some Probation clients with mental health difficulties in effect disadvantaged by being sanctioned in the community instead of prison?**

Structuring community health care to be both accessible and appropriate to Probation clients should be a key consideration for health services.



### Navigating Mental Health:

Where does mental health sit within the 'care and control' norm of criminal justice agencies?

How should we respond to non-compliance in cases where a client is suffering from mental health difficulties that interfere with their ability to comply?

Are some Probation clients with mental health difficulties in effect disadvantaged by being sanctioned in the community?



Which is a neat segue to my closing points.

We've looked at the prevalence of mental health among probation clients, identified mental health as a responsivity issue, and set out how probation practice is pivoted towards enabling and empowering change, what else should we be doing?

Well:

- The Probation Service is actively working alongside other justice and health colleagues within the High Level Task Force and Sharing the Vision frameworks.
- We have developed a Mental Health Action Plan for the Probation Service, which embeds those actions.
- We are working with colleagues in the NFMHS and the Irish Prison Service on research, data sharing and MoUs to guide us on how we work together on through-care.
- We are engaging with colleagues in the HSE to bring forward social inclusion actions in the HLTF / and improve referral pathways and outcomes for our shared clients.

In other words, we are working in partnership in order to better help our clients to navigate their way through their Court order, through their mental health and other issues, and in their own lives.

To perhaps labour the metaphor: we're the co-pilots, we've got the map, we've navigated this far, there is still a good stretch of the journey to go.

Thank you.

*“Probation Officers are not in the driving seat of the change process but are caring co-pilots that support and motivate clients towards accessing resources and developing and enhancing their new non-criminal identities.”*

## VI. Meeting Different Gender Needs

*Dr Clare Kambamettu, Acting Principal Psychologist Manager of Psychology, Service, Irish Prison Service*

**Chairperson:** *Mary Griffin*

Dr Kambamettu's presentation is not available for this Conference Report.

*Dr. Clare Kambamettu is the Acting Principal Psychologist Manager in the Irish Prison Service. Clare obtained her B.A. in Psychology and History and H. Dip. in Psychology from NUI Galway. She then completed her M.Sc. in Mental Health (specialising in CBT) at King's College London. She remained in the UK working for several years within the NHS before returning to NUIG to complete her Doctorate in Clinical Psychology. In the last 17 years Clare has worked across the gamut of mental health services. She has specialist clinical experience in Child and Adolescent, Adult and Forensic Mental Health service provision and draws on this broad range of practice to inform her understanding of mental health and mental wellbeing.*

## VII. Children and Mental Health Issues in the Criminal Justice System

*Nuala Ward, Director of Investigations, Ombudsman for Children's Office*

*Chairperson: Mary Griffin*

Nuala Ward's presentation is not available for this Conference Report.

*Nuala Ward is the Director of Investigations in the Ombudsman for Children's Office.*

*She has over twenty years' experience working in the area of children's rights.*

*She holds an LLM in Human Rights Law, an honours degree in psychology and is a qualified social worker.*

### 3. Afternoon plenaries

#### VIII. Mental Health & The Parole Board

*Ciairín de Buis, CEO, The Parole Board*

*Chairperson: Mary Griffin*

Ciairín de Buis' presentation is not available for this Conference Report.

*Ciairín was appointed Chief Executive of the Parole Board in January 2022, the first since the establishment of the Parole Board on a statutory basis. She has led the work of the Parole Board in establishing itself as an independent parole board that protects the community, is fair to parole applicants and listens to victims.*

*Prior her appointment, Ciairín had worked in the NGO and not-for-profit sector for over 25 years. She has led in areas such as gender equality, children's rights and services for people with disabilities.*

*She previously led organisations such as Women for Election and Start Strong. She has also worked on a consultancy basis with organisations including Dublin Rape Crisis Centre and Impact Trade Union (now Fórsa).*

*She has been awarded the Praeses Elit award for her work towards achieving gender equality, and was previously the vice-chair of the Children's Rights Alliance.*

*She was previously a board member of Sonas (Freedom from Domestic Violence). She had also served 2 terms as a member of the interim Parole Board in the past. Ciairín has been a member of the National Children's Advisory Council and the Expert Advisory Group on Early Years.*

*A Kerrywoman, Ciairín has a law degree, a Masters in Criminology, as well as a Masters in Political Science.*

## IX. Health & Well-being: Focus on Practitioners

*Prof. Ciaran O'Boyle, Director, Centre for Positive Health Sciences, RCSI*

*Chairperson: Mary Griffin*

Prof. O'Boyle's presentation is not available for this Conference Report.

*Dr. Ciarán O'Boyle is an Emeritus Professor of Psychology at the RCSI University of Medicine and Health Sciences with over 40 years' experience as an educator, researcher and trainer.*

*He established the RCSI Centre for Positive Health Sciences in 2019 and was its Director until June 2024.*

*He established the first Department of Psychology in an Irish Medical School in 1987 and he established the RCSI's Institute of Leadership in 2005, which he directed for 15 years. He established RCSI Dubai in 2007 and led it until 2019.*

*A psychologist and pharmacologist, he also has postgraduate qualifications in theology and organisational leadership.*

*He has over 35 years' experience in corporate consultancy for a range of national and international public and private sector organisations in the military, aviation, financial services, education, government and healthcare sectors.*

*Ciaran lectures extensively in Ireland and internationally. He has published over 100 scientific papers and books including the new Routledge International Handbook of Positive Health.*

## 4. Thematic sessions

### Session 1: The Impact of Mental Health within the Criminal Justice System

*Chairperson: Deirdre Byrne*

*Rapporteurs: James Watson*

#### XI. Diversion from Ireland's Main Remand Prison Over 18 Years: Navigating Healthcare, Housing & Criminal Justice Systems

*Dr Conor O'Neill, Consultant Forensic Psychiatrist, National Forensic Mental Health Service Prison Inreach & Court Liaison Service, Cloverhill Prison, and Associate Clinical Professor in Forensic Psychiatry, Trinity College*

Permission was granted to share slides which are [here](#).

#### XII. Mental Health Considerations While Prosecuting Criminal Offences

*Tony McGillicuddy, SC*

Permission was granted to share slides which are [here](#).

#### XIII. A Victim's Perspective on Mental Health in the Criminal Justice System

*Denise Dunne, Director of Services, ADAPT Domestic Abuse Services*

##### Introduction

##### Survivor Experience and Public Perception

Domestic abuse survivors often face a unique challenge when seeking legal protection, with limited public empathy for their situation. A recurring issue encountered by Gardaí is victim-blaming, such as the question of why a survivor might return to their abuser. This reflects a broader lack of understanding about the complexities of domestic violence (DV), coercive control, and the trauma involved.

Victims often face scepticism and blame, even from professionals, which highlights the need for trauma-informed services.

ADAPT, a service provider celebrating 50 years, works within a trauma-informed framework, offering refuge accommodation and additional supports, including work with women in Limerick Prison. Their approach helps survivors navigate the complexities of their situation, offering not only housing but also emotional and practical assistance.

### **The Trauma Response**

For DV survivors, home is not a place of safety. It is where danger to themselves and their children exists, causing a constant state of fear. This environment evokes a continuous trauma response—fight, flight, or freeze—which can disorganise victims, leading them to leave out crucial information when engaging with professionals. Survivors may struggle with recounting their experiences or even understanding what steps to take due to the trauma they have endured. ADAPT's work highlights that trauma often goes unrecognised, and many survivors return to services repeatedly, risking re-traumatization

### **The Criminal Justice System and Domestic Abuse Victims**

Domestic abuse victims face challenges when entering the criminal justice system. Unlike victims of other crimes, who see matters dealt with swiftly, DV survivors must engage in a more complex and adversarial process. The burden often falls on them to make statements to Gardaí, apply for protection orders, and ensure their children's safety, all while managing ongoing threats from abusers or their communities.

ADAPT provides a Drop-In Information and Support Service three days a week at Merchant's Quay courthouse to help victims navigate the court process. They also provide court accompaniment for family law hearings and criminal court hearings e.g. breach of an order or coercive control case. This support is vital, as the courtroom experience is overwhelming and

retraumatizing, with victims having to confront their abusers and retell their stories under intense emotional stress. Securing protective orders can be difficult and, even when granted, the process of serving these orders increases the risk of intimidation and violence from the abuser or the community.

### **Challenges in Seeking Legal Protection**

Obtaining protection often starts with first contact with Gardaí, and the success of this first interaction can determine the victim's entire journey through the criminal justice system. Any dismissive remarks or negative experiences may cause a survivor to abandon their pursuit of legal protection. Additionally, misinformation about eligibility for barring orders and fears of deportation can hinder the process, particularly for migrant women.

Applying for protective orders is itself a daunting task, compounded by the risk that the abuser will breach the order. Breaches are common and can occur two to three times, further traumatising survivors. If the abuser receives a lenient sentence, such as a fine, it reinforces their belief that there are no real consequences for their actions. The time between reporting a breach and the court hearing, which typically involves multiple appearances, increases the victim's stress, particularly if the abuser is released on bail in the meantime.

### **'Retraumatism'**

Even after securing protection, survivors often face continuous legal challenges, including custody and maintenance battles initiated by the abuser. This can have a severe impact on survivors' mental health, as abusers use the legal system to maintain control over their victims. Survivors are forced back into court, reliving their trauma, while facing their abuser again and again.

### **"The Importance of Respect"**

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ADAPT works closely with Gardaí and the Courts Service to make the court process less intimidating for survivors. A respectful, trauma-informed approach is essential to help survivors feel safe enough to continue pursuing legal protection. This collaboration underscores the need for an interagency response that prioritises the safety and mental well-being of DV survivors as they navigate the justice system.

## Session 2: Supports for People with Mental Health Challenges Who Commit Offences

*Chairperson: James O'Mahoney*

*Rapporteur: Alice Coady*

### XIV. Courts Service – Support for People with Mental Health who Commit Offences

*Maura Howe, Head of Communications, The Courts Service*

With over 1200 staff, the Courts Service also has a number of staff working in support, looking to transform their services. The recently published Modernisation programme aims to transform the services they provide through three main goals.

The first goal overall is to improve user experience. Along with this the programme aims to make the services more efficient by digitising elements of the service. The third and final goal is to improve the overall quality of the services provided. Under this modernisation programme a number of initiatives have been established.

The Courts Service recognises that they deal with a wide range of customers, from all walks of life, which often include people who have just experienced serious and traumatic life events. In this way, the quality of the services that are provided must reflect the fact that they are being provided for vulnerable people at vulnerable times in their life. With this in mind, the redesigning of services has adopted a user-centric approach. This has involved user testing and stakeholder engagement at all times in order to build trust around the new services.

The modernisation of the services has had many positive impacts on users' experiences. A hugely positive impact has been felt by users through the digitisation of services such as the introduction of tech-enabled courtrooms. This initiative was accelerated by the Covid-19 pandemic and has helped create a less intimidating and in turn a less traumatising experience for users. Another positive effect that the pandemic had on the efficiency of the Court Services is that it introduced the idea of staggered lists. This helped to reduce crowded places in the Courts and reduced wait times, which has had the positive impact of reducing triggers for users and therefore reducing stress and anxiety of users.

Another digitised initiative which has reduced the anxiety and stress of users is the introduction of the digital jury, which allows members of the public to reply to jury summons online -performing their civic duty remotely. A new online booking system, for the public and practitioners looking to attend court offices, has also reduced crowded spaces and waiting times.

The Courts Service also aims to improve the way in which information about the services can be accessed, to make this a more positive experience for users. One of the key priorities in this area is to provide plain language information as it was found that the terminology used in court can often be traumatic for users, and by taking away the intimidating jargon it reduces the amount of stress and anxiety experienced by users when engaging with the services.

The Courts Service has also introduced trauma informed practice to support those with mental health challenges who are

engaging with the service. This involves teaching those people who work with the public to understand trauma, to be able to identify triggers and behaviour and to separate the behaviour from the person. The main aim in applying trauma informed practices is to avoid retraumatisation, and this is why many staff members in the Courts Service now have this trauma informed training.

The Courts Service has also become a JAM card friendly organisation to support those with mental health challenges who engage with their services. The use of these cards allows those with hidden disabilities or communication barriers to ask for patience, and 70% of staff have now taken the JAM card training.

360 degree virtual tours and goggles have also been made available to users before coming to court to alleviate some of the stress and anxiety which comes along with the experience of visiting court.

The Courts Service is continuing to work closely with all users, NGO's and justice partners to make the service more user friendly and to support those with mental health challenges who engage with the service.

## **XV. Mental Health - Supports for Young People**

*Conor Boksberger, Regional Clinical Manager, Jigsaw*

Permission was granted to share slides which are [here](#).

## **XVI. Transforming Lives through Active Citizenship & Peer Support**

*Melissa Di Pede, Prison Coordinator & Michael Abbott, Community Coordinator, Community Based Health in First Aid (CBHFA), The Irish Red Cross*

The Community Based Health and First Aid programme in the Irish Prison Service acts as a support by actively involving individuals and can allow them to become peer educators. The Irish Prison Service, the ETBI and the Irish Red Cross established this programme in 2009, and it is now in place across all 14 prisons in Ireland. It has an immensely rewarding impact on its participants as it helps change their perception of themselves resulting in higher levels of self-esteem.

One of the first modules that the participants partake in is called Red Cross Knowledge. In this module they learn what it means to be a Red Cross volunteer, impressing upon them the responsibility of the role, which also helps to shift their perception of themselves. The module is driven by the 7 fundamental principles of the Red Cross such as humanity, impartiality and neutrality. The participants work in classrooms to understand the meaning of these principles and to come up with their own definitions of them. They enter into 'social agreements' with each other, they respect and listen to each other and they work to identify with the role of being a volunteer. This gives them a sense of purpose and they feel as though they're doing something positive.

One of the other modules of the programme is called Community Assessment. In this

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module, those partaking in the programme identify the main health issues in their own prison community. They then identify the target subjects, work with key informants within the prison, and work with experts to learn more about the issues. With this information in mind they then create projects to educate the rest of the prison community.

This programme has had a substantial impact on the mental health of its participants. With over 1000 graduates from the programme, there have been tremendous benefits felt in giving its graduates identity and purpose. It has had a tremendous impact on the potential that they feel they have and gives them opportunities after graduation such as helping new recruits, becoming peer facilitators and running workshops. There are even opportunities for participants post-release when they leave prison and return to their communities.

The programme was expanded in 2015 after they found that volunteers wanted opportunities once they were released. The extension of this programme has helped to support people with their transition back into their communities and has helped them to continue to give back and to continue on their journeys of change. Those engaged in the programme facilitate workshops in their communities, which allows them to re-engage with their communities and offers them potential professional opportunities. Since these workshops are peer led, it means it has a bigger impact on the volunteers and makes their goals more real and achievable for them.

Another grounding principle of this extension of the programme is that they value lived experiences. The programme is also

strengths-focused which allows them to connect with the content through their own experiences. The resource-based element of the programme also allows them to utilise the untapped human resource. The extension programme allows these volunteers to become agents of change and to further exemplify the grounding principles of the Red Cross, having a profoundly positive impact on both the volunteers and wider society.

## Session 3: Challenges for Practitioners

*Chairperson: Sophia Carey*

*Rapporteur: Kevin Trautt*

### XVII. Supported Guardians, Safer Communities

*Dr. Oghenovo Oghuvbu, Garda Chief Medical Officer*

Dr. Oghenovo Oghuvbu presented a comprehensive overview of the initiatives undertaken by An Garda Síochána aimed at enhancing the health and wellbeing of its personnel under the theme "Supported Guardians, Safer Communities." He elaborated on the organisation's evolution in supporting the health of its personnel in the context of the Depot Infirmary (originally built in 1845), highlighting its current commitment to promoting health and wellbeing, welfare and safety within the workplace.

Central to Dr Oghuvbu's presentation was the exploration of the responsibilities of the Chief Medical Officer's Office, which encompasses occupational health service delivery, strategic development, and stakeholder engagement. He discussed the significant strides made in response to the 2018 Commission on the Future of Policing report, which called for a more holistic approach to the health and well-being of Garda personnel. In 2021, the Gardaí introduced a health and well-being strategy that focuses on mental health, physical health, and workplace environment, positioning these elements as fundamental to fostering a supportive workplace.

Among the key initiatives discussed was the launch of the "KOPS" app, which offers 24/7 signposting and access to health and wellbeing resources for Garda personnel. This tool aims to enhance accessibility to

crucial support services, ensuring that personnel can seek help whenever needed. Furthermore, Dr Oghuvbu highlighted the development of a menopause guidance document designed to support female members, reflecting a progressive approach to workplace inclusivity and health awareness.

Additionally, he discussed the Garda Mental Health First Aid Program, which is focused on reducing stigma and promoting mental health awareness across the organisation. This initiative is crucial in creating a culture of openness, allowing personnel to address mental health challenges without fear of judgment. Dr Oghuvbu also detailed the Psychological Support Program, which assists personnel who have default exposure by role to severe psychological hazards, thereby underscoring the organisation's dedication to comprehensive support for its members.

In conclusion, Dr. Oghuvbu emphasised that these initiatives not only contribute to the wellbeing of Garda personnel but also foster a positive work environment where members can thrive despite health challenges. The integration of supported guardianship principles within the organisational framework serve to enhance community safety, demonstrating An Garda Síochána's commitment to protecting both its personnel and the communities it serves.

### XVIII. Mental Health in The Courts

*Danica Kinane, Solicitor, M. E. Hanahoe Solicitors*

Danica Kinane delivered a critical presentation on the intersection of mental health and the criminal justice system, drawing on her extensive experience with clients who have mental health issues throughout the legal process. The discussion emphasised the urgent need for systemic reforms to better support defendants facing mental health challenges.

Kinane began by identifying critical stages within the court system where mental health issues significantly impact legal outcomes. She highlighted that during Garda detentions, the absence of trained psychiatrists often complicates assessments of a detainee's capacity to participate in interviews. She recounted a specific case from 2021, a client's mental fitness was evaluated by a general practitioner rather than a psychiatrist with specialised training, raising concerns about the adequacy of mental health assessments at this critical juncture.

Another big challenge addressed was reliance on forensic consultants for preparing essential reports. Delays in obtaining these reports, particularly for defence cases can result in significant trial postponements. Kinane noted that defence practitioners frequently encounter difficulties in locating psychiatrists who are available or willing to provide assessments, while prosecution cases often face fewer hurdles in this regard.

Kinane also discussed the implications of bail considerations, particularly regarding a defendant's capacity to understand and adhere to bail conditions. She highlighted instances where clients were remanded in custody solely to access mental health treatment due to insufficient community resources, illustrating a troubling gap in support services.

Another critical aspect of the presentation focused on court-ordered reports, which often disadvantage defence teams by preventing them from selecting their experts. This raises serious concerns regarding equality in legal

representation and the capacity of defence lawyers to provide fully informed advice to their clients. Kinane also shed light on the limited capacity of the Central Mental Hospital, which can lead to substantial delays in treatment for defendants requiring inpatient care.

In conclusion, the discussion asserted that while the current system presents numerous obstacles, there is potential for improvement through increased investment and resources dedicated to mental health care within the justice system. Her presentation shed light on the importance of addressing these longstanding issues to ensure fair and just outcomes for individuals with mental health conditions who are involved in criminal cases.

## XIX. Deaths In & After Custody - Supporting Practitioners

*Dr. Colette Barry, Assistant Professor in Criminology, UCD Sutherland School of Law*

[Dr Barry's presentation is not available for this Conference Report.](#)

Dr Colette Barry is Assistant Professor in Criminology at the UCD Sutherland School of Law and Director of the UCD Institute of Criminology and Criminal Justice. Her research interests include prison work, deaths in punishment and emotional labour in criminal justice practice. Colette is currently engaged in a number of research projects looking at the working lives and cultures of penal practitioners in both Ireland and England and Wales. Prior to joining the Sutherland School of Law, Colette previously held lecturer roles at Ulster University, Sheffield Hallam University and Technological University Dublin.