

# **Changing Our Mindset**

**Labour's Approach to Mental Health**

**January 2005**

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## INTRODUCTION

*“People with mental health problems have to cope with stigma, exclusion, taboo, and refusal by their society to recognize the real cost of mental disorders and mental health. This is reflected in an inappropriate allocation of financial and human resources.” – World Health Organisation*

Emotional and mental distress can be as debilitating and, at times, as life threatening as physical distress. Yet psychiatric illness does not receive the attention, investment and resources that go towards treating physical illness. It is time to change that mindset.

Despite the passing into law of the long overdue Mental Health Act, Mental Health is truly the Cinderella of Ireland’s health services. Receiving a smaller and smaller share of a cake that is not big enough to begin with, under-funded, unequally distributed, understaffed, lacking in essential specialist services, in short as neglected and ignored as many of its clients.

Report after report has highlighted this neglect, has pointed out how the most deprived areas of the country get the smallest mental health allocations, and has shown how the mentally ill in Ireland are still stigmatised and forgotten. They have also pointed out that, despite the proliferation of previous reports and despite many commitments:

- We still do not have properly resourced community care for our mentally ill,
- We still do not have properly constituted clinical teams to deal with these most vulnerable of people,
- We still do not have enough beds for certain specialities\* – notably child and adolescent services; forensic services and services for eating disorders – while at the same our system remains far too bed-based with valuable resources tied up in bed provision, rather than community based services such as day hospitals, day centres, hostels, half-way houses, drop-in centres and properly staffed community mental health teams.
- We still do not have enough psychiatrists, psychologists, social workers, therapists, nurses and back-up staff.
- We do not intervene early enough to make a real difference for those who develop serious mental illness.

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\* We Have no Bed, a study carried out in the Eastern Health Board Region by the Health Research Board in 1999, indicated that the number of acute beds was probably adequate but that 45% of those beds were occupied by people who no longer had a need for acute care. One-third were homeless and for others the type of programme they required to enable them to move on from hospital was unavailable.

In short, we do not have a near adequate mental health service in place to deal with the one in four of us who will experience significant mental health difficulties in our lifetime.

The World Health Organisation sets out general principles for mental health legislation to protect the rights of the mentally ill. These include:

- Respect for individuals and their social, cultural, ethnic, religious and philosophical values.
- Individuals' needs taken fully into account.
- Care and treatment provided in the least restrictive environment.
- Provision of care and treatment aimed at promoting each individual's self- determination and personal responsibility.

What follows is the Labour Party's first steps towards establishing these principles in practice in Ireland.

The International Covenant on Economic, Social and Cultural Rights, Article 12, which has been ratified by Ireland, states that:

*'All persons have the right to the best available mental health care'*

In the Tiger Economy Ireland of 2005 we are a long way from honouring our commitment under this convention. It's time we started.

*Liz McManus TD  
Deputy Leader of the Labour Party  
And Spokesperson on Health*

## **SUMMARY**

The Mental Health Services in Ireland need a radical overhaul. The mentally ill are among the most vulnerable and the most neglected members of our society – but it must be remembered that many of us are included in that group. It is estimated that one quarter of the population will suffer from some form of mental illness in the course of their lives.

This document outlines the Labour Party's priorities in this important area of public policy. It outlines the first steps on a long road to recovery of an Ireland which values and protects its vulnerable people rather than forgetting about them and consigning them to the margins of society.

Our approach is based on upholding the rights and the dignity of everyone who comes in contact with our health services and of working with them to recovery.

The main points raised in the document can be summarised as follows:

### **Strategy**

An integrated approach to the provision of mental health services must be adopted. Decisions on the allocation of resources should be taken centrally but services should be decentralised and provided by locally led multi-disciplinary teams.

### **Stigma**

Many of the problems associated with mental illness arise from the stigma that is also associated with it. Measures must be introduced to combat stigma and discrimination

### **Funding**

Mental Health Services are seriously under-funded. The proportion of our health budget that is spent on mental illness has been falling steadily and the amount spent is grossly inadequate. In addition there are huge and unjustifiable disparities in the amount spent in different parts of the country with the poorest regions receiving the least money.

The Labour Party supports the establishment of a baseline figure of 10% of our health service to be dedicated to Mental Health Service with additional funding above that baseline as required. These resources must be distributed in a more equitable manner, without reduction in service provision in any region.

### **Staffing**

A long-term manpower strategy is needed to address the ongoing and growing problem of staff shortages.

A wide range of services must be put in place and multi-disciplinary teams established. Specialist services must be established and made available to everyone, regardless of means or of geographical location.

### **Primary Care/Early Intervention**

In most illnesses early intervention greatly improves the chances of recovery; this is especially true of mental illness. Since most people suffering from mental illness will present to their GP it is essential that General Practitioners and other primary care service providers are properly trained and adequately resourced.

Labour promotes the development of primary care teams including Social Workers and on the Primary Care Network Psychologists and Occupational therapists. People should be treated in a primary care context where possible and only referred into a specialist tertiary service where this is necessary. People should not have to enter into the mental health services to get access to a social worker or psychologist. GP's require access to a range of health professionals at primary care level and access to consultation and referral to specialist mental health teams where necessary.

### **Psychiatric Institutions**

In order to shift resources from hospital to community we must first set up adequate services. These reduce admissions over time and resources tied up in beds can be redeployed. However it requires some extra funding initially because the community services must be up and running before beds can be taken down.

### **Poverty and Inequality**

Poverty can create, and be the result of, mental illness. It is essential that those who suffer from, or are susceptible to, mental illness are provided with adequate income support.

Labour supports Schizophrenia Ireland in their call for the establishment of a "partial incapacity" category, reflecting the reality of many service users lives, which would allow some retention of benefits e.g. medical cards, despite the person being in employment. It would function as a safety net and a support for people unable to get back to full capacity in terms of employment or whose employment was low paid, intermittent or uncertain.

### **Children and Adolescents**

Specialist services for our young people range from the wholly inadequate to the non-existent. Early intervention is especially important for this group. Resources must be put in place to protect our children. In particular: community based services must be established for early intervention and treatment; age-appropriate in-patient facilities for children and adolescents must be provided; the practice of routinely placing children in adult facilities

must be ended; we must cease to place non-offending children in facilities for offenders

### **Prisons**

We must cease to use our prisons as a dumping ground for our mentally ill. We must begin to try and help those in our prisons who are mentally ill. Labour supports the recommendations on the mental health of prisoners contained in the NESF report *Reintegration of Prisoners*.

### **Mental Health Courts**

Mental Health Courts should be established as part of a strategy to remove those suffering from mental illness from the justice system and bring them into the health system. Formal partnerships between the Prison Service and the Statutory Health Boards should be established. A Court Diversion System should also be established.

### **Suicide**

This growing and tragic problem requires a comprehensive, targeted and properly resourced strategy which should include:

- Addressing the epidemic of the abuse of alcohol.
- The targeting of those at high risk.
- Addressing shortcomings in our education system when it comes to dealing with issues of mental health.
- Provision of support services to those suffering from depression
- The training of primary care health professionals, especially GPs to enable the early detection of depression and suicidal tendencies.

### **Homelessness**

Homeless people are far more likely than the general population to be mentally ill. Mentally ill people are far more likely than the general population to be homeless. We need to provide for the particular needs of this doubly vulnerable group.

### **Employment**

Access to secure, safe and fairly paid employment is vital to the recovery prospects of many sufferers from mental illness. We must encourage the provision of such employment in a flexible non-judgemental environment. Job coaches who would assist and support people in employment should become part of the mental health multidisciplinary team.

### **Eating Disorders**

Specialist services for dealing with this growing problem are woefully inadequate. Services must be provided and public awareness must be raised.

### **Recovery**

The Labour Party supports the concept of "recovery orientated mental health services". Recovery involves not a cure but a way of living a satisfying,

hopeful and contributing life even with the limitations caused by the illness. It is experienced as regaining a sense of self, of taking control and responsibility, often combining optimism for the future with acceptance of the past.

### **Advocacy**

We must establish a legal right to advocacy. As a first step an Advocacy Commission should be established.

## LABOUR'S STRATEGY FOR MENTAL HEALTH

### AN INTEGRATED APPROACH

*"The organization and delivery of mental health services must be modelled on a partnership approach at every stage, with emphasis on communication, information, education and support. Recovery must be at the foundation of all services" - Schizophrenia Ireland, Submission to Expert Group, 2003.*

A people centred mental health system is defined as one which

- Identifies and responds to the needs of individuals.
- Is planned and delivered in a co-ordinated way.
- Helps individuals to participate in decision making to improve their health.

It is clear that the mental health services in Ireland are crying out for a strategy that puts someone in charge. Decisions on the allocation of resources and funding must be taken centrally and be based on the needs of people suffering from mental illness not on the basis of historical accident or local political considerations.

However, the *delivery* of care must be decentralised. The Hanly Report reverses everything that psychiatry has been trying to do. It centralises, whereas the psychiatric profession have been trying to decentralise into community based care – essential for the full recovery of mentally ill people. Some specialist services will be best provided on a regional basis e.g. specialist eating disorder services, forensic services but locally based services are vital for modern mental health care.

We need to provide real and imaginative leadership in the provision of mental health services. Funding must be increased and distributed on the basis of need. A multi-disciplinary, community-based approach must be adopted and supported. New management structures must be developed to replace those based on an institution based system.

Much planning of the mental health services has been based on arbitrary decisions as opposed to systematic judgments. The thrust of evidence based health care aims to shift resources to where they matter most. We appreciate the spectrum of mental health difficulties that arise in the community which range from serious mental *illness* to personality and emotional *disorders*.

Serious mental illnesses (psychoses e.g. schizophrenia and manic depressive illness principally) affect about 35,000 to 40,000 of the population, and approximately 1,350 young (15- 35 age range) Irish people annually develop new episodes of psychosis. 10-15% of those recently diagnosed with psychotic illnesses commit suicide, usually within the first 5 years after the

onset. Young people who develop psychosis frequently lose out in educational and vocational opportunities. The economic loss to the country in terms of lost tax revenue and the burden of caring on families as well as the social welfare disability payments liability is considerable - the Dept of Social & Family Affairs have estimated that mental illness as their largest payment category with an annual cost of 640m euro, responsible for 40% of their financial outlay.

Up to now, the majority of people with psychotic conditions present for treatment quite late after the commencement of symptoms and regrettably this delay between symptom onset and the initiation of treatment adversely affects their outcome. Investing in Early Intervention Programmes for those with psychosis ultimately leads to better clinical outcomes; savings in both human and financial terms and any mental health strategy needs to highlight the importance of this type of intervention in preventing long-term disability.

Emotional and personality *disorders* often have their origins in childhood trauma and lead to maladaptive coping styles causing subjective distress and significant functional impairment. It is estimated that 1% of the population will exhibit such difficulties which is often manifest by impulsive self-harming behaviour, of whom about 10% will ultimately end their life by suicide. This usually occurs after a considerable period of persistent presentations to A&E Departments and frequent use of the ambulance and Intensive Care facilities of General Hospitals following impulsive episodes of self-harm.

The treatment of these disorders entails the individual acquiring the appropriate skills to manage their emotional turbulence. This type of input, properly delivered is labour intensive and requires highly competent staff often with a background in psychology. With the decrease in social cohesion in society, it can be expected that the numbers presenting will expand in the future and this will need to be planned for.

## 1. STIGMA

*"The mentally ill are now the most systematically stigmatised group in our society. They...are the true lepers of today."* – Prof. Anthony Clare

According to the World Health Organisation Mental Health Report, stigma can be defined as a mark of shame, disgrace or disapproval which results in an individual being shunned or rejected by others. The stigma associated with all forms of mental illness is strong but generally increases the more an individual's behaviour differs from that of the 'norm'.

Stigma may lead to:

- rejection by friends, family, neighbours and employers
- exclusion from family life, social networks, community and employment

- inability to deal with the mental illness, restriction of powers of recovery
- aggravated feelings of rejection, loneliness and depression
- lack of support
- detrimental affects on the family and caretakers of the mentally ill person and leading to isolation and humiliation

We can tackle and reduce stigma by:

- openly talking about mental illness in the community
- providing accurate information on the causes, prevalence, course and effects of mental illness
- countering the negative stereotypes and misconceptions surrounding mental illness
- providing support and treatment services that enable persons suffering from a mental illness to participate fully in all aspects of community life
- legislating to reduce discrimination in the workplace, in access to health and social community services.

## 2. AN UNDERFUNDED SERVICE

*"It is clear that mental health services are seriously under-funded, both in terms of percentage of total health spending and in terms of the costs of mental health related disability."* – **Mental Health Commission Annual Report 2003**

Mental health services have long been the Cinderella of the Irish health system. What is more disturbing, however, is that the proportion of the total health budget spent on mental health has been falling steadily for decades. In 1988 we spent 13% of our health budget on mental health. By the time the present government took office in 1997 this amount had dropped to approximately 11%. In the seven years of the Fianna Fáil/PD coalition this figure has dropped alarmingly to a low of 6.8%.

Given that one in four people will suffer from mental illness at some time in their lives, given that between 25 and 30% of all health disability is related to mental health problems, given that 40% of the entire budget of the Department of Social and family Affairs is reported to go on mental health related disability, given that psychiatric conditions account for 19% of total disability it is clear that this level of funding is woefully inadequate.

Other countries have legislated that a minimum proportion of the total spend on health must be allocated to mental health. In the U.K. this figure is 12.5% - nearly twice the figure being spent in Ireland at the moment.

**Labour supports** the establishment of a baseline figure of 10% of our health service budget to be dedicated to Mental Health Service with additional funding above that baseline as required.

### **3. AN UNFAIR SERVICE**

*"...for many key services within mental health, clinical resources tend to be concentrated in the least deprived, rather than the most deprived, areas."* – **'The Stark Facts', O'Keane, Jeffers, Moloney and Barry (Irish Psychiatric Association)**

In addition to the fact that mental health services in this country suffer from a serious lack of funds, this problem is further exacerbated by the way in which these funds are distributed. Funding allocations for different regions in the country are based on historical factors (such as the location of mental hospitals) and not on the needs of the regions today. This has led to some regions spending five times as much per capita on mental health services as some other regions.

Using the 2003 Inspector of Mental Hospitals Report, a 19-fold disparity in *per capita* spend is found. What is most worrying about these imbalances is that the worst off areas have the lowest spend. In other words funding is directed towards the areas that need it least. The most deprived areas have significantly fewer acute beds, larger sector sizes and a greater temporary-to-permanent Consultant Psychiatrist staffing ratio.

#### **Labour's View**

There is an urgent need to adjust budgets to reflect an equitable level of expenditure per capita across all regions, with a positive loading in favour of regions, which are considered to be socio-economically deprived. A more equitable distribution of resources must be achieved without reduction in service provision in any region.

The practice of employing senior clinical staff on a long-term temporary basis should be seriously reconsidered. This practice tends to be found in the least well developed services, and possibly reflects such staff being unable to advocate for better services or to influence how this might come about.

### **4. STAFFING**

#### **1) Shortages**

*"The continuing shortae - in some cases, complete absence of - psychologists, social workers and occupational therapists in our services is an intolerable restriction on the nature of service delivered and makes multi-disciplinary*

*working impossible.*" - Annual Report of the Inspector of Mental Hospitals December 2002

There is clearly an urgent need to increase the number and availability of psychologists, social workers, psychotherapists, counsellors, community mental health nurses and occupational therapists in order to provide an adequate mental health service. Such professionals are an essential part of the multi-disciplinary team and are necessary to provide a holistic and effective approach towards treatment and recovery.

This will not be easy, however, and will require a long-term solution as at present we are not producing enough professionals in the mental health area. For example it requires 50 clinical psychologists to come on stream each year in order to keep services at the present level and there are only just over 20 places available for people to train in this discipline.

This is a problem which is likely to get worse before it gets better. Of the 5,000 psychiatric nurses working in mental healthcare half are over 45, a situation which has further implications for staffing in the future.

A long-term manpower strategy for the mental health services must be put in place to address this problem.

## **2) Wide Range of Services/ Clinical Teams:**

*"Planning for the Future, was published in 1984, and has not yet been implemented in terms of the development of multi-disciplinary teams." – Irish College of Psychiatrists*

The core members of the community mental health team are psychiatrists, clinical psychologists, social workers, community mental health nurses and occupational therapists. Other team members may include family therapists, addiction counsellors, nurse counsellors etc. In addition they need secretarial and administrative support. At the moment, most teams in the country do not even have one of each discipline. Many "community mental health teams" at present may only have psychiatry and mental health nursing and hence are not able to offer a full range of treatments and interventions.

The needs of those who are referred to the Mental Health Services are disparate, occasionally multiple and vary at different stages of their illness. In order to ensure that people are provided with full and comprehensive care, a wide range of services needs to be available in each catchment area:

- An efficient out patient clinic with access to routine investigations
- Assertive Outreach
- An acute day hospital

- An acute inpatient facility which operates at 85% occupancy – thus ensuring the availability of beds for emergency purposes
- Home based treatment
- Crisis/respice intervention
- Rehabilitation and training services
- Vocational service
- Residential support service
- Day centres
- Drop In centres

### 3) Specialist Services:

"The Stark Facts" survey published by the Irish Psychiatric Association in March 2003 drew attention to the paucity of specialist services available. They pointed out that 94% of regions had no access to neuropsychiatry; 88% to services for eating disorders; 88% to services for adolescents and 59% to Forensic Psychiatry. They also stated that the main determinant of access to a specialist service appeared to be geographical proximity to places where these services were provided.

There is a need to put in place a strategy to provide access to specialist services to all parts of the country. These services should include:

- Psychiatry of Intellectual Disability
- Psychiatry of Old Age
- Forensic Psychiatry
- Substance Misuse
- Psychotherapy
- Neuropsychiatry
- Services for Eating Disorders
- Adolescent Psychiatry
- Forensic Psychiatry

## 5. PRIMARY CARE, EARLY DIAGNOSIS AND EARLY INTERVENTION

*"It is significant that GP referral rates are low by international standards. Few mental health services have developed close links with primary (GP) care and this has significant implications for the ascertainment of mental illness, the quality of treatment available to those attending in primary care and the long-term follow-up of individuals with long-term illness"* - **Mental Health Commission Annual Report 2003**

Only a tiny minority of those with mental health difficulties are eventually seen by the mental health service or reach psychiatric hospital beds. Much

illness presents and is managed at community, and GP level. In fact between one quarter and one third of patients who present to a GP are experiencing some form of mental illness. Many of these illnesses and disorders can be simply and effectively treated. The present state of development of primary care services usually allows solely a pharmaceutical response, whereas the input from a psychotherapist might provide a more appropriate resolution.

For this reason primary care providers need essential core skills to deal with people in distress, to effectively diagnose and treat mental illnesses and disorders and, where necessary, to refer to the appropriate specialist services.

There is a strong case for screening for mental illness at primary care level as a preventative measure.

In addition, training must be provided to staff working in hospital A&E departments allowing them also to provide accurate diagnosis of mental illness and the knowledge and skills necessary for appropriate management of patients presenting who show signs of mental illness and to allow appropriate and rapid referral.

**Labour promotes** the development of primary care teams including Social Workers and on the Primary Care Network Psychologists and Occupational therapists. People should be treated in a primary care context where possible and only referred into a specialist tertiary service where this is necessary. People should not have to enter into the mental health services to get access to a social worker or psychologist. GPs require access to a range of health professionals at primary care level and access to consultation and referral to specialist mental health teams where necessary.

## **6. MOVE FROM PSYCHIATRIC INSTITUTIONS**

While there has been some movement of patients from the older psychiatric institutions to acute units in general hospitals this has been far too slow. Lack of suitable care in the community has meant that 45% of beds in the East region, for example, are blocked. The new psychiatric unit at St. Vincent's Hospital in Dublin is not staffed for psychiatric purposes, remains closed for the purpose for which it was built with public funds more than twelve months after its completion and has been taken over for general hospital use from time to time.

Of the 3,000 beds promised in the Health Strategy not one is designated for psychiatric patients.

The movement of mental health service users out of out-moded and unsuitable large-scale psychiatric institutions to purpose built, properly staffed units in our general hospitals and to ordinary community based residential services must be speeded up.

### **Labour's view**

In order to shift resources from hospital to community we must first set up adequate services. These reduce admissions over time and resources tied up in beds can be redeployed. However it requires some extra funding initially because the community services must be up and running before beds can be taken down.

## **7. POVERTY AND INEQUALITY**

*"People experiencing poverty report higher levels of mental illness and stress. The relationship between basic deprivation and psychological well-being is particularly strong."* – **Combat Poverty Agency**

Poverty and mental ill health form a vicious circle: poverty can create the conditions for poor mental health and be a potential consequence of it. Widening disparities in society or economic changes in individuals' life courses seem to be of particular importance here. Whether defined by income, socio-economic status, living conditions or educational level, poverty is an important determinant of mental disability and is associated with lower life expectancy and increased prevalence of alcohol and drug abuse, depression, suicide, antisocial behaviour and violence.

It is therefore very important that people with mental health difficulties are afforded every opportunity and support to allow them to attain a reasonable standard of living. This will allow them to participate in the wider community. For those people who are unable to obtain employment it is of vital importance that sufficient income supports are in place to enable them to live independently and with dignity.

**Labour supports** Schizophrenia Ireland in their call for the establishment of a "partial incapacity" category, reflecting the reality of many service users lives, which would allow some retention of benefits e.g. medical cards, despite the person being in employment. It would function as a safety net and a support for people unable to get back to full capacity in terms of employment or whose employment was low paid, intermittent or uncertain.

## **8. CHILDREN AND ADOLESCENTS**

*"The lack of attention to the mental health of children and adolescents may lead to mental disorders with lifelong consequences, undermines compliance with health regimens, and reduces the capacity of societies to be safe and productive."* – **World Health Organisation**

The provision of mental health services for our young people, children and adolescents, is woefully inadequate. Where there are services available they

are under-funded, under-staffed and under-resourced. As a result children and adolescents are being treated by inappropriate adult services and in adult facilities. Children with behavioural problems and mental health problems are still being detained in prisons and other places of detention.

Children with identified mental health difficulties require adequate mental health services including inpatient provision. However the majority of children with behavioural difficulties/emotional distress are not experiencing mental illness as such and it is important that we provide a range of other services to deal with children who are not thriving and are showing distress and behavioural disturbance. Our community social work services and community psychology services based in community care are woefully understaffed and under resourced.

These services need to be strengthened to deal with the majority of children showing emotional or behavioural disturbance and GPs, schools and residential centres should have ready access to these services. The specialist mental health team for children and adolescents should be properly resourced to deal with children/adolescents requiring a specialist service and to provide programmes of early intervention for major mental illness. The research evidence is strong that early intervention in first episode psychosis significantly improves the prognosis.

**In Labour's view** this situation must be addressed as a priority by:

- establishing community based services for early intervention and treatment.
- Providing age-appropriate in-patient facilities for children and adolescents and ending the practice of routinely placing children in adult facilities.
- Ceasing to place non-offending children in facilities for offenders.

## **9. PRISONS**

*"Due to the paucity of appropriate services, Irish prisons tend to serve as a dumping ground for those who are inadequately cared for in the community."*  
– **Dr Valerie Bresnihan, Irish Penal Reform Trust**

Because of the failure to establish community based services for our mentally ill people who require specialised medical attention are left on their own for many years. Some commit suicide, others live on the streets, many commit crimes and end up in our prison system.

The Irish Penal Reform Trust estimates that almost 40% of the prison population may be suffering from some level of psychiatric or psychological

illness or disturbances. This means that our prisons are acting as unofficial mental hospitals – but without the necessary resources or personnel.

There are long-standing concerns about the suitability of normal prison accommodation for prisoners with mental health difficulties, with recommendations for the provision of wards and special units for non-violent and violent psychiatric prisoners respectively (*Advisory Group on Prison Deaths, 1991: p.78*).

Currently there is little provision for the treatment of mental illness in the prison system. A mental health assessment needs to be carried out as part of the intake medical assessment and the appropriate service to deal with any difficulties identified. We do not favour any part of a prison being designated as a psychiatric facility. In general prisoners requiring inpatient treatment should be cared for by mainstream mental health services or the specialist forensic services.

Within the prison system there is a social work service - the probation and welfare service and a psychology service. These services, if they were properly resourced, would be equipped to deal with a wide range of the difficulties and psychological disturbance which people in prison experience. A specialist mental health service is needed to provide an in-reach service into the prisons. In some areas this would be best provided by a specialist forensic mental health team which would also provide a community forensic mental health service in that region, in other areas the local community mental health service may have an input, different arrangements may reflect different population sizes.

The National Economic and Social Forum (NESF) has recommended *inter alia* that:

- Criminal offenders with severe mental health problems should be diverted from the prison system
- Prisoners health needs should be considered as part of their Sentence Plan
- Health partnerships between the relevant Departments, the Prison Service and the Health Boards and others should be further developed in the delivery of services in prisons and on release
- Offenders with severe mental health problems should be diverted before or at sentencing from the prison system to appropriate alternatives
- A strategic plan for the treatment of prisoners with mental health problems and substance abuse and/or alcohol problems should be designed and implemented, in the context of Sentence Planning
- The use of solitary confinement as 'treatment' for those already in prison should be ended

**Labour supports** these recommendations.

## 10. MENTAL HEALTH COURTS

*"Given the truly bleak picture now painted, there can be no excuse not to ... [adopt] a forward thinking approach to the use of mental health courts." – Fergal Bowers, Irishhealth.com*

The case for establishing special mental health courts is increasingly strong. Specialized courts provide a forum in which the adversarial process can be relaxed and problem solving and treatment processes emphasized.

Judges and court staff become more sensitive to issues and more adept at developing individual and systemic responses to address these issues when a court's caseload presents a large proportion of cases in which similar therapeutic issues are likely to arise.

A specialized court is in a better position to mobilize and coordinate treatment and social service providers, providing the court with access to skilled resources.

The Irish Penal Reform Trust called for the introduction of Mental Health Courts and well planned co-ordinated diversionary schemes, which would provide medical service to the courts. The Review Group on the Structure and Organisation of Prison Health Care Services, which reported earlier this year, recommended that mental health legislation should be drafted in a way that would facilitate the diversion of mentally disordered individuals from the criminal justice system, including the courts and the prisons, to an alternative treatment, supervision and care service. This Group also recommended that formal partnerships between the Prison Service and the Statutory Health Boards.

**Labour supports** this view. While we recognise that the investment requirement is high, it is important that a start be made on the development of such an approach.

**Labour also supports** the establishment of a Court Diversion system, which should consist of a service into which referrals can be made for a pre-hearing assessment. The Diversion service should then co-ordinate the gathering of history's and reports from services the person is involved with. This should be funded by the Department of Justice since the saving are to the Justice System.

## 11. SUICIDE

*"While the factors leading to suicidal behaviour have increased, the services available in many parts of Ireland are woefully inadequate and outdated. The*

*rapid modernisation of Ireland has far outstripped the development of psychological support services.* – **The Ireland Funds**

Every year, more than 500 people die by suicide in Ireland. This is four times the number who did so in the 1970s. This extraordinary increase in suicide has been previously seen in other societies, which have undergone drastic social changes.

Half of these deaths are under the age of 30. When it comes to suicide attempts the figures are equally alarming. In 2002 8,500 people attended hospital emergency departments in the Republic with overdoses and other self-inflicted injuries suffered when attempting suicide. Some of these children were as young as five. A further 200 children aged 10 to 14 were also treated for attempted suicide

Ireland has the worst suicide rate among young men of any developed country. Suicide is strongly associated with alcohol and other substance misuse.

Only some 20% of young males in Ireland who commit suicide have been shown to have been in contact with a health professional in the year prior to their death. Para-suicide is the strongest identified risk factor for future completed suicide

When a person presents at a hospital's A&E Department following a suicide attempt they may be seen by a liaison mental health nurse or psychiatrist but too often there are no services to refer this person on to. There are too few social workers, clinical psychologists and addiction counsellors. Community mental health teams are often only available between 9am and 5pm. The development of the Primary Care Teams and the Primary Care Network would provide more accessible health professionals at primary care level so that the GP has support in managing at-risk clients.

As things stand, nearly 50% of the country's medical card holders do not have access to general counselling services. Three of the health Service Executive areas (covering twelve counties) do not have any counsellors to deal with routine cases of anxiety and depression.

**Labour recognises the need for** a comprehensive, targeted and properly resourced strategy which should include:

- Addressing the epidemic abuse of alcohol (in both social and medical areas)
- The targeting of those at high risk such as patients who present after parasuicide.
- Addressing shortcomings in our education system when it comes to dealing with issues of mental health.
- Provision of support services to those suffering from depression

The training of primary care health professionals, especially GPs and A&E services to enable the early detection of depression and suicidal tendencies.

## 12. HOMELESSNESS

*"While 42 per cent of homeless people are believed to have a history of mental health problems which are a consequence of their social deprivation and homelessness, 33 per cent are believed to suffer from severe mental and/or behavioural disorders which contribute significantly to their homeless state," - Dr Joe Fernandez, Director of the Programme for the Homeless at St Brendan's Hospital*

*"[we] are extremely concerned at the increase ... witnessed in the numbers of people who are homeless who are presenting with mental ill health. The lack of access to assessment and treatment services by people who are homeless further exacerbates the problem - leaving individuals very vulnerable, and homeless services struggling to ensure they meet service users' needs." - Simon Community*

In the Ireland of today, thousands of homeless people are mentally ill and are not receiving adequate mental health treatment. In its report *'Mental Illness: The Neglected Quarter – Homelessness'* Amnesty International documented a clear link between homelessness, prisons and psychiatric hospitals. Many people remain in psychiatric institutions simply because they have nowhere else to go. Many end up in prison due to minor offences directly related to their homelessness and mental health or addiction problems. On discharge from prison or from hospital there is little or no follow-up support.

We need to provide for the particular needs of the homeless mentally ill. The provision of community-based supported accommodation for this group is of particular importance for this group, given its propensity to disappear outside the system after discharge from hospital.

Those who are not homeless are often resident in sub-standard accommodation in the private sector, where their tenure is often uncertain. There is an urgent need for the provision of sufficient social and affordable housing to cater for this group.

**Labour's view** is that the announcement in last month's budget of 100 new places per annum in community-based mental health facilities is very much to be welcomed, but it must only be the beginning of a comprehensive investment in accommodation for the mentally ill.

## 13. EMPLOYMENT

*"Decent work is the first step out of poverty and social exclusion."* - **G. Hultin, International Labour Organization.**

Many sufferers from mental illness experience great difficulty in obtaining and in keeping paid employment. At the same time, access to employment and a reasonable income, is a cornerstone in the recovery process for many people with mental health problems.

### Labour recommends that:

- Flexible work arrangements such as job share, flexi-time and part-time are needed to allow people to attend medical and other support appointments. Flexibility in terms of sick leave is also necessary.
- A supportive non-judgemental environment must be provided
- Job coaches who would assist and support people in employment should become part of the mental health multidisciplinary team.

## 14. EATING DISORDERS

*"Eating disorders are complex problems in which both the physical and psychological health of a person are intricately linked. Overcoming an eating disorder therefore requires both medical and psychological help."* - **Bodywhys Online - The Irish Site for Eating Disorders**

### Labour's approach

Eating disorders are complex and life-threatening conditions from which people can and do get better with appropriate treatment. Effective treatment may include any of the following:

- Attention to medical and nutritional needs by means of:
  - assessment and monitoring of state of health
  - restoration of healthy weight and eating patterns
  - correction of any physical problems
- Psychological counselling or psychotherapy
  - tackling the underlying emotional problems
  - challenging the beliefs and attitudes sustaining the behaviour
- Provision of adequate information about the disorder and its consequences (physical, psychological and social)
- Access to support

88% of regions in Ireland have no access to eating disorder specialists. The provision of such specialists as part of multi-disciplinary teams is a matter of great urgency.

## 15. RECOVERY

*"The matter of consumer participation in planning and delivery of services is one which each health board and service should address"* - **Inspector of Mental Hospitals 2002**

The recovery model of service which is about re-orienting services towards a more democratic, partnership model of service where the mental health service user is involved in developing, with the aid of professionals and others, his/her own treatment and recovery plan.

The international experience sees the progress of the mental health system in the US from de-institutionalisation, to the establishment of community based treatment and rehabilitation services and then towards a further stage of development which is the development of recovery based services.

The Irish mental health services are, by and large, still struggling with the last stages of the de-institutionalisation process and the establishment of comprehensive community support services. Many services have had little opportunity to look above the parapet to see what future may be ahead. To date the participation of service users in the planning and organization of services is rare and the evidence from such surveys as the Pathways Report, the Mental Health in Primary Care Report and the recent Report from the Expert Group suggest that very many users experience our mental health services as personally disempowering and over-reliant on the use of drugs.

**The Labour Party supports** the concept of "recovery orientated mental health services". Recovery involves not a cure but a way of living a satisfying, hopeful and contributing life even with the limitations caused by the illness. It is experienced as regaining a sense of self, of taking control and responsibility, often combining optimism for the future with acceptance of the past.

Recovery orientated services:

- Discuss treatment preferences with users and record advance directives
- Offer help in a atmosphere of hope and optimism
- Foster collaborative working relationships between users and professionals
- Service user preferences are central
- Users have the right to be fully informed and share in decision making
- Users write their own accounts of their illness
- Assessment of individual strengths and potential
- Comprehensive care coordination
- Users given clear and intelligible information.

- User-centred
- Personal responsibility promoted.

## 16. ADVOCACY

*"People who have mental health problems have been victimised. The victimisation has to stop and here."* – **Paddy McGowan, Irish Advocacy Network**

The more we understand about the social aspects of mental illness and the importance of self-esteem in its treatment the more important the role of advocacy becomes. Advocacy is about the most vulnerable people in our society finding their own voice and getting that voice heard. The empowerment provided by effective advocacy is not only important in securing rights and services for those with mental illness, it itself is an important tool in recovery.

Advocacy in Ireland must be established as a legally binding right. An Advocacy Commission should be considered with the express brief of protection of the rights of all mentally disabled individuals both within and without the hospital system.

The recent report "What We Heard" compiled by the Irish Advocacy Network was based on interviews with patients in acute admission or long-stay facilities. Among its findings were the following:

- 88% did not receive information rights as established under the Mental Treatment Act 1945 when admitted.
- 39% felt the service did not meet their needs.
- 51% of patients surveyed did not know how to make a complaint.
- Only 24% were given information about their medication
- 32% received electro-convulsive therapy (ECT) but nearly half of these did not give informed consent.

Another report, "Speaking Your Mind" was produced by the Government's Expert Group on Mental Health Policy. Among the recommendations in this report **Labour considers** the following to be particularly important:

1. The establishment of counselling and psychotherapy in state-funded centres.
2. A single mental health management structure.
3. Adequate training for GPs in identifying mental health problems
4. A full range of treatments, such as counselling and support groups, where GPs could refer patients
5. Research into alternative treatments to medication.

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