



**Irish Mental Health Coalition**  
Campaigning for improved mental health services

**Presentation to Joint Committee on Health and Children**

**Tuesday 29<sup>th</sup> July 2008**

**by**

**John Saunders, Chair, Irish Mental Health Coalition**

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## **1. Introduction**

- 1.1 The Irish Mental Health Coalition welcomes and supports Government policy, as outlined in *A Vision for Change*, that the Central Mental Hospital (CMH) be replaced or remodelled to allow it to provide care and treatment in a modern, up-to-date, humane setting.
- 1.2 The replacement or remodelling of the CMH is one part of required reforms of forensic mental health services and services for those with difficult to manage behaviours nationally. Such reform includes the development of forensic mental health teams and Intensive Care Rehabilitation Units in each of the four HSE regions..
- 1.3 While recognising the urgent need for a new Central Mental Hospital, the IMHC opposes the proposed relocation to the Thornton Hall site. The IMHC position is informed by the experience of services users, carers and members, as well as international experience and human rights obligations.
- 1.4 The submission which follows outlined the core basis of our concerns namely:
- Relocation adjacent to the prison at Thornton Hall will serve to reinforce and extend the experience of stigma
  - Relocation is inconsistent with principles outlined in *A Vision for Change* and international best practice
  - Alternative economically viable option(s) exist.

## **2. Relocation adjacent to the prison at Thornton Hall will serve to reinforce and extend the experience of stigma**

- 2.1 Research consistently shows that attitudes towards mental illness cause unfair treatment, social exclusion and isolation of those who are experiencing mental health difficulties<sup>1</sup>. The location of the Central Mental Hospital adjacent to the largest prison in the country would further expose persons being treated at the Central Mental Hospital to the stigma attached to prison. This will undermine the therapeutic environment central to the delivery of mental health services and effective recovery.
- 2.2 This position undermines positive Government action which has directly and indirectly addressed public attitudes to mental illness and the consequent stigma arising<sup>2</sup>. In the context of the criminal justice system, the Criminal Law (Insanity Act) 2006 abolished the verdict of ‘guilty but insane’ and introduced the verdict of ‘not guilty by reason of insanity’. This represented a profound progressive

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<sup>1</sup> Research conducted by the National Disability Authority on public attitudes to disability reveals the most negative attitudes relate to people with mental health difficulties.

<sup>2</sup> In response to negative public attitudes to mental health, the National Disability Authority has launched a public awareness campaign on mental health. The development of public awareness programmes is also a critical part of the government policy on suicide prevention.

statement recognising the distinction in law and public policy of illness and criminality. These developments are fundamentally undermined by the proposed movement of the CMH to a site adjacent to the largest prison in the state.

Government commentary on this issue has emphasised the fact that the project will not be co-located but will be a distinct project adjacent to the site with separate entrance, address and management. The stigma of perceived criminality will not be eliminated for those attending the Central Mental Hospital by the artificial creation of a separate address.

2.3 Critically the experience of stigma, whether of prisoner or mental ill health affects not just the person themselves but the wider family and social network. Consider the experience of a child visiting a parent in the Central Mental Hospital at Thornton Hall. That child will be oblivious to the distinct address or the management structures separating hospital and prison. The child will see, hear and absorb the environment – the distance from facilities, the discussions of others on the bus journey, the social isolation, the sign posts for the prison, the adjacent prison complex, the presence of Gardai and prison officers in the vicinity. How is a family to explain to a child, already struggling to make sense of a parents illness or prior actions as a result of illness, that mum or dad did not do anything wrong, is in hospital and not being punished – that the project is not co-located but is just adjacent to a prison.

**3. Relocation is inconsistent with principles outlined in *A Vision for Change* and international best practice**

3.1 *A Vision for Change* clearly states that **‘Forensic Mental Health Units need to be clearly identified as being intervention and rehabilitation facilities that operate in particular conditions of security rather than facilities offering mainly containment’**.

The most basic way in which this principle is evidenced is by the geographic placement of the service in a distinct location clearly and unambiguously separate from any penal institution. International experience demonstrates that where facilities are adjacent then the inevitable process of a dominant culture of the penal institution impacts on the service.<sup>3</sup>

3.2 *A Vision for Change* emphasises the centrality of rehabilitation in forensic mental health services. This requires that the CMH operates in a context which is able to retain, restore and establish patient’s social connections and functions. **Access to local community facilities is an integral and necessary aspect of patient reintegration and rehabilitation. It would be extremely difficult to facilitate this component of the rehabilitative programme in the rural location at Thornton Hall.**

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<sup>3</sup> International experience on this issue was presented by Professor Paul Mullen, Professor of Forensic Psychiatry at Monash Univeristy, Australia and Clinical Director, Victorian Institute of Forensic Mental Health at A Roundtable held in January 2008.

3.3 A fundamental principle of national mental health policy outlined in *A Vision for Change* is that of partnership in care – the inclusion of service users and carers in all aspects of service design and delivery. The Irish Mental Health Coalition is not aware of any engagement with stakeholders in advance of the announcement by the Minister for Justice of the decision to relocate the CMH to Thornton Hall.

#### **4. Alternative appropriate and economically viable option(s) exist**

4.1 In an economic analysis presented in January 2008, Jim Power<sup>4</sup> presented an economically viable basis for the redevelopment of the CMH on its present site in Dundrum, based on a partial sale of the present site to fund the development of a new CMH. While the IMHC recognises that this is just one option, it provides a viable alternative to the proposed relocation to Thornton Hall.

The IMHC is not aware of any cost-benefit analysis undertaken by Government in relation to the proposed relocation of the CMH to Thornton Hall, but understands that the HSE is conducting a cost-benefit analysis of the project. The early publication of this analysis is necessary to assist current deliberations on the project.

#### **5. Conclusion**

5.1 Relocating the CMH to a site at Thornton Hall will inevitably and irretrievably undermine the rights of patients using that service to access quality mental health services in the least restrictive environment possible.

The IMHC urges the Government to review its decision to relocate the CMH to Thornton Hall and to conduct that review in consultation with all stakeholders and within the context of the need to development a comprehensive national forensic mental health service.

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<sup>4</sup> Jim Power, Chief Economist with Friends First was address the Central Mental Hospital Round Table Meeting held on 30<sup>th</sup> January 2008.

## **ABOUT THE IRISH MENTAL HEALTH COALITION**

The Irish Mental Health Coalition advocates for peoples rights to the highest attainable standard of mental health and mental healthcare. The IMHC comprises a core group of five organisations:

- Amnesty International
- Bodywhys – The Eating Disorder Association of Ireland
- GROW
- Irish Advocacy Network
- Schizophrenia Ireland

The Carers Group at the Central Mental Hospital is affiliated to and supported by Schizophrenia Ireland.

The Irish Mental Health Coalition is supported in its work by the following endorsing organisations:

Aware  
Barnardos  
Community Foundation of Ireland  
Console  
Cork Mental Health Foundation  
Disability Federation of Ireland  
Focus Ireland  
Forum on mental Health and Deafness  
Gheel Autism Services  
HAIL (Housing Association for Integrated Living)  
Inclusion Ireland  
Institute of Community Health Nursing  
Irish Association for Counselling and Psychotherapy  
Irish Council for Civil Liberties  
Irish Psychiatric Association  
Irish Refugee Council  
Mandate Trade Union  
National Learning Network  
Simon Communities of Ireland  
SIPTU  
Spun Out  
S.T.E.E.R Ireland  
The Alzheimers Society of Ireland

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