Deficiencies in Mental Health Act

Contribution to Review of Mental Health Act 2001

([redacted])

I became aware last week of the public consultation in relation to the Mental Health Act 2001, and I appreciate that consideration will be given to this necessarily brief contribution, post-deadline.

My family and I have been involved with the mental health services for over 20 years due to illness of my eldest son, who suffers severely with schizophrenia.

There is much we could say about this experience and the difficulties we have encountered, but my deadline of Sunday 25 April 2021 only leaves time to highlight the main points of concern.

Involuntary Commitment

My son was committed involuntarily five times between 2004 and 2007; and six times between February 2019 and April 2021. He is currently in hospital.

Despite he being seriously unwell, it has always been far too difficult to have my son committed involuntarily to hospital. Every one of my son's involuntary committals (aside from one in the UK) has required the involvement of the Garda, because of the difficulty of engaging the cooperation of GPs; and each committal required the time-consuming and stressful preparation of detailed files to provide evidence of my son's symptoms and behaviour, so that the Garda and doctors would understand the urgency of the need to commit him. Sometimes committals also required complex logistical and security arrangements.

Many GPs have been reluctant to become involved in signing committal forms. My son's own GP refused three times to sign committal papers; but when the Garda subsequently brought him in (engaging Garda doctors) my son's committal was affirmed and re-affirmed by mental health tribunals. On one occasion, the Authorised Officer route was also ineffective, notwithstanding that my son's treating psychiatrist acknowledges that my son is sicker than any other patient in her clinic.

It is too difficult for families to locate a GP willing to assist in signing-in a person whom they do not already know. **This needs to be addressed in the Act**.

Delays in admitting to hospital a deeply psychotic person – suffering from paranoid schizophrenia – prolongs their own suffering, as well as prolonging distress and danger for others. Desperate families do not know where to turn for help.

My son's case is additionally complicated by his facility to turn on a performance to appear well during a brief assessment by a doctor. This is challenging for GPs who do not know my son; and it would also be challenging for any family that lacks the skills to put together a file demonstrating symptoms and behaviour, as they appear outside the consulting rooms.

Community Treatment Orders

Nowadays the internet and social media can influence the decisions of schizophrenics. My son has been influenced by campaigners against anti-psychotic medication. He has followed their strategy of appearing to be compliant, and refrains from argument while in hospital, to hasten his release. Once discharged, he has routinely discontinued medication with disastrous results for his life, the lives of family members, and people whom he has harassed and threatened. This has caused repeated difficulties for the Garda and the health service. Moreover, when he comes off medication his overall wellbeing deteriorates, he may never recover his prior level of wellness, and he loses employment opportunities. None of this should be allowed to happen.

What is missing in Ireland is the facility of a Community Treatment Order (CTO) such as exists in several other jurisdictions. A CTO would oblige my son to comply with medication, and would allow the HSE to administer

medication expeditiously – either in the community or in hospital – in the event of non-compliance. Such an order could have avoided at least five involuntary committals in the past two years, and their many negative consequences including delay, stress and disruption in providing treatment – as well as Garda time.

In the absence of a CTO, a criminal charge for harassment is now under consideration for my son, to obtain a Court order that could persuade or oblige him to comply with medication. An amended Health Act that provided for CTOs would render it unnecessary to take such a route, with the undesirable consequences of a Court appearance and a criminal record.

Cutting Families out of Care

A major difficulty in caring for my son over the past twenty years, has been his power to shut his family off from communicating with his mental health team.

My son, despite a stellar academic background, has not been able to build a career because of the impact his illness has had on him. But he does have a family that supports him emotionally and materially, including the provision of housing. We are also the people most affected by his illness. We know when he is showing symptoms, we witness his behaviour and observe his demeanour; we receive communications from many quarters from those affected by his illness; we tend to detect when chaotic behaviour indicates non-compliance with medication. We are an important source of truth, when doctors can be misled by a patient skilled at turning on a good performance for them.

My son knows that if we can communicate with his mental health team, he may be under pressure to take medication. For that reason, he often instructs his doctors not to communicate with us. This is very much linked to my son's paranoia, his fear that his family is conspiring with his imagined tormentors, and his belief that medication is part of a plot against him.

My son's right to block his family's communications is detrimental to his own mental health and wellbeing, and that of his family and community. Doctors are generally afraid to act contrary to his instructions; although some do show a little discretion – and that is a delicate matter for them.

The law needs to allow mental health professionals far more discretion in communicating with the families, next-of-kin and carers, of mentally ill patients. The law as it stands on this matter, has created considerable difficulties for family and medical professionals in our efforts to care for my son.

The law, in aiming to protect the rights of mentally ill patients, can unintentionally facilitate them in impeding unwittingly their own treatment and recovery.

[redacted]

[redacted]
25 April 2021

[redacted]

[redacted]

From: [redacted] <[redacted]>
Sent: Monday 26 April 2021 10:52
To: Mental Health Act Review <mentalhealthactreview@health.gov.ie>
Subject: Fwd: Reform: views of a parent (more).

Dear Ms Doyle,

To add to the document that I sent you last night, I would like to offer the following thoughts. My neice [redacted] sent these relevant thoughts to me via WhatsApp this morning. [redacted] is a psychotherapist working with the [redacted]

"There is an argument here [redacted] about best interests, the best interests of the patient but also the best interests of the community and individuals the patient is involved with i.e. those who may feel fearful as a result of the patient's behaviour and family members.

"It seems to me there is something here about how the human rights of all concerned can be covered by the law, the patient in terms of their best interests/mental capacity or lack thereof, the family/carer's rights to be acknowledged, heard, respected and involved as key interested people but also the family's rights to be able to live free of undue stress, worry and responsibility resulting from lack of duty of care by the state and being shut out of decision making processes.

"There is a huge personal toll placed on family members left to care but with no say. There needs to be some kind of pathway/key linking person between patient/clinicians and family similar perhaps to a care co-ordinator in this country. There are still conditions in place here in terms of patient autonomy etc but the community treatment order does seem to ensure greater engagement from services and possibly patient compliance in terms of meds - as well of course powers to re-hospitalised where necessary."

I think the spirit permeating [redacted]'s words should inform a reformed Mental Health Act in Ireland.

My daughter-in-law [redacted], who also lives and works in [redacted], knows the situation with her Irish schizophrenic brother-in-law very well. She wishes that my submission could have included references to other perceived deficiencies in our mental health service here, namely:

- Poor and ineffective monitoring of patients
- Insufficient support - **<u>in addition</u> to medication** - to those suffering from mental illness to help them rebuild their lives, including psychotherapy/counselling and practical therapies.

Thank you again, for agreeing to hear from my family.

Kind regards,

[redacted]

[redacted]

[redacted]