From: [redacted] <[redacted]>
Sent: Friday 9 April 2021 16:58
To: Mental Health Act Review <mentalhealthactreview@health.gov.ie>
Subject:

Thank you for the opportunity to provide feedback.

It seems that ERG recommendations (2015) may be merged with HIQA legislation, Ass Decision Making legislation and UK MH Act (Intermediate patients) with the Irish 2001 Act.

This is a complex and difficult task that might require a Mental Health Ombudsman and a Citizens Assembly to resolve the ethical and legal dilemmas and concerns that may arise.

Many clinical scenarios may need consideration involving delay in treatment and non-treatment of mental illness akin to neglect may arise that may prove legally complicated and costly to resolve.

Public consultation was sought this month by the UK Government about their commitment to funding the recommendations by Wesseley et at for widescale to reform their Mental Health Services in Health and Criminal Justice settings.

Deprivation of Liberty legislation and Community Treatment Orders and rising numbers of BAME population in UK subject to CTOs was mentioned in their preamble.

Feedback:

A

The ERG recommendations lack this level of activity data which is of concern in this Evidence Based era.

Ireland is an evolving multicultural society. The Garda shooting of mentally ill Nigerian man in Blanchardstown this year who had been previously detained under the Act was of concern.

Irelands mental health services are already underfunded and over stretched without adding legal complexity.

Who speaks for psychotic patients at risk of homelessness and incarceration who have a right to treatment that will protect them from the indignity of untreated psychosis, homelessness and incarceration?

B

A lot of professional, ethical and other concerns arise from the proposed wide scale legislative changes mid pandemic.

In this data driven era, where is the evidence base on which recommendations for statutory recovery plans, discharge plans etc. are being made?

Where are the statistics for admissions, homelessness, incarceration, outpatient appointments, discharges, depot prescribing and for the need to change the MH Act?

Ireland has the 3rd lowest beds per capita in Europe after Romania and Croatia and are significantly underfunded compared to the rest of Europe.

Most Irish public MH service patient records are paper based despite GP being computerised since the nineties and significant funding of obstetric hospitals, voluntary agencies and St. James hospital to develop electronic patient records.
Surely electronic patient records should be prioritised to ensure MH services operate on a safe foundation?

C

Legal complexities lead to increased risk due to delayed decision making as seen in Halapanaver and Portlaoise Obstetric Life Support case and expensive legal challenges.

With the clinical and decision making responsibility of the RCP should come rights to autonomy enshrined in the employment contract.

If the RCPs decision making has to be checked by non RCP clinicians the decisions they make come open to criticism in a courts of law as it suggests that their hitherto independent decision making capacity is flawed.

C

Lawyer/client privilege is protected whereas medical confidentiality is breached by the RCP being asked to discuss Care/Recovery plans and Discharge plans with the patients relatives.

Best Interests is removed which is included in both the Consultant Contract and the Ethics Guide of the Medical Council and the GMC

It is not clear in whose interests doctors will be asked to act? In the patients interests or in society's interests?

D

Ireland lacks the legislative framework (CTOs) to maintain unwell and dangerous patients on depot antipsychotic medication which might prove less restrictive and more community based than multiple involuntary revolving door type admissions.

Legislate at pace, repent at leisure!