

The Psychiatric Nurses Association



**Statement to the Mental Health Coalition re the co location
of Central Mental Hospital Dundrum to Thornton Hall**

The Psychiatric Nurses Association as a representative professional body has a central role to play in the determination of a quality, client centred, mental health service. Equally the organisation is absolute and deliberate in the pursuance of the necessary education, support and autonomy to ensure that nurses can transform and extend their roles into the many developing areas in the interest of patient/ client treatment and care.

This statement by the Psychiatric Nurses Association on the relocation of the Central Mental Hospital Dundrum (CMHD) is grounded in critical insights with respect to the past and present of what is currently the only the sole specialist forensic mental health service in Ireland.

The ethos of the mental health services must be based on the belief that service users and their carers must be given a leading voice in the development and running of services used by themselves, however on March 10th 2004 Mr. Tim O'Malley, Minister of State with special responsibility for mental health stated the then Minister for Justice, Equality and Law Reform believed the hospital "*should be adjacent to a prison*". In January 2005 much to the surprise of all interested parties the government announced they were intending to build a new hospital to replace the Central Mental Hospital Dundrum with a hospital based at Thornton Hall on the same site as the replacement prison for Mountjoy. On the 16th May Mr. Tim O'Malley T.D. confirmed the government had approved the building of the new hospital at Thornton Hall.

It seems patients their carers and families and the staff of the CMHD have now been placed in a reactionary position having to respond to imposed change, consequently it seems developments in the national forensic mental health services are occurring in a non consultative ad hoc fashion. This is disappointing given the long and chequered history of CMHD and its position and relationship with the local community and the many alliances it has made with both supportive interested parties and the community at large.

A brief insight into its development casts us back to 1843 when a parliamentary committee was set up under Lord Sugden, Lord Chancellor of Ireland, to look at the treatment of "*criminal lunatics*" as a result of this in 1845 Sir Thomas Freemantle introduced the bill that was to establish a central criminal asylum in Ireland. In 1850 The Central Criminal Lunatic Asylum was opened signalling a new era in the treatment of the mentally ill in Ireland. In 1961 the hospital was renamed The Central Mental Hospital. When the hospital opened it was even then considered "old-fashioned" adopting the "corridor and cell" model of the 18th century rather than "the Nightingale" model of the 19th century.

The Central Mental Hospital as it is now known was looked at in 1966 by "The Commission on Mental Illness" and it recommended the hospital should be transferred to the administration of the Dept. of Health and that government should bring about necessary changes to facilitate the introduction of psychiatric nurses in the hospital. The Health Act 1970 allowed the transfer of the hospital from the Justice Dept. to the Dept. of Health; however it was not until 1992 that psychiatric nurses were introduced. At last the hospital was heading in the right direction and over the following years we saw a gradual shifting in philosophy in the hospital from custodial to therapeutic care. We

have seen huge changes in the Central Mental Hospital as the number of psychiatrists, nurses and other therapeutic staff increased unfortunately the actual structural facility remained the same.

Not only that but over the last 10 – 15 years considerable advances have been made beyond the large asylum and custodial model of care. New treatment modalities and therapeutic interventions and a more discerning public have influenced the need for new directions in all aspects in mental health- no less is expected in a strategic forensic mental health service.

The synergy involved in an appropriate alliance between the institutional base and forensic community mental health services based on the concept of recovery as proposed in government policy “Vision for Change” has major potential, not only to radically increase the efficacy of services, but also to go a long way towards reducing the stigma associated with mental illness.

Given the sometimes lack of natural constituency for the mentally ill, the state has a role in challenging discriminatory practices. Therefore the state should not indulge in discriminatory practices. This conflictual proposal to re locate CMHD beside a prison is considered by this union a backward discriminatory step which adversely affects morale for all parties concerned.

The current Minister for Health, Mary Harney on visiting the hospital described the conditions as similar to the prison on Robben Island, South Africa, where Nelson Mandela was incarcerated. This now seems ironic with the same minister committed to placing the hospital on the same site as a prison complex

Prior to the election Green Party Dublin West candidate, Roderic O’Gorman repeated his party’s opposition to FF/PD government’s plan to build the new hospital next to a prison complex.

“The Green Party opposes this plan for three main reasons. We see it as bad penal policy – it is wrong to force the families of those imprisoned to make the long journey out to an isolated location like Thornton. We see it as bad mental health policy – locating the Central Mental Hospital beside a prison increases the stigmatisation of mental health. Finally, we see it as a huge and unfair imposition on a small rural community like the one in the Rolestown, Killsallaghan area. For these reasons, the Green Party has stated very clearly in our Election Manifesto that we oppose the building of Thornton Hall and we oppose the relocation of the Central Mental Hospital to the site.”

Where is the Green Party now that they are in government? Sadly they have gone very quiet on the subject. So much for their manifesto and their commitments!

In 2001 the government published *Quality and Fairness, A health system for you*, in it the Health Minister stated in the foreword *“What distinguishes this strategy is the unique level of public consultation on which it is based. Individuals, professional groups, disciplines, voluntary organisations and state agencies all contributed significantly to the thinking manifest in the Strategy,*

and will continue to contribute to the management of the changes they sought.”

The Taoiseach in his foreword stated *“For all parts of the system, from government down, implementation will require an effective partnership with people willing to work together and, where necessary, change the way business is currently done.”*

It would seem for all their eloquent words on consultation and partnership the government will not change the way they do business.

The strategy defined four principles which would apply in their dealings with the public; **Equity, People-Centredness, Quality** and **Accountability**.

The Vision: *A health system that supports and empowers you, your family and community to achieve your full potential*

*A health system that is there when you need it,
That is fair, and that you can trust*

*A health system that encourages you to have your say,
Listens to you, and ensures that your views are taken
into account.*

This “vision” it would appear does not include the patients or their families from the Central Mental Hospital.

Within the current mental health services there are extensive resources whose value in no way has been optimised. With regard to capital resource, the value of land and buildings in the CMHD is potentially enormous. The failure to estimate and realise the value of this resource and to apply it to fund the new structures required in a forensic community mental health service is reflective of the rigidities in central health service management.

The capital requirement to achieve a first class national community forensic service can largely be met by realising the financial worth of the extensive institutional base and prioritising the resulting monies for the new forensic community mental health service and to transpose the substantial staff and capital resources available in the declining institutional model to support community developments. Conflicting viewpoints and a dysfunctional management system within the health services underlie the failure to provide high quality, accountable, efficient and easily accessible services

The Health Service Executive (HSE) has the responsibility for the implementation of the recommendations laid down for a national community forensic mental health service laid down in *Vision for Change* and must show urgency and vigour in doing so.

To conclude with a quote from Dr John Owens Chair of the Mental Health Commission:

“Mental health has never been a topic of abiding interest within the Irish health services. The pattern is very much one of long periods of disinterest and

neglect, followed by short intervals in which major attention is focused on the service, often in response to negative incidents of one sort or another. These long periods of neglect are difficult to understand from a public health point of view". Owens J (2007) in McAuliffe & McKenzie (2007).¹

Unfortunately this retrograde decision to co locate CMHD beside a prison in Thornton Hall is a tangible example of this and must be rejected and reconsidered in the interest of all service users their families and staff in the interest of our public health.

¹ McAuliffe E & McKenzie K (2007) *The Politics of Healthcare Achieving Real Reform* The Liffey Press Dublin

