

EASTERN HEALTH BOARD

Minutes of Proceedings of Meeting of Committee of the Whole House, Eastern Health Board, held in the Boardroom, 1 James's Street, Dublin on Thursday, 6th May. 1971 at 3 p.m.

Present

Dr. F. de Burgh Whyte	Miss K. Kinsella
Deputy P. J. Burke	Cllr. A. Mahon
Cllr. M. Carroll	Dr. A. Meade
Deputy M. A. Clinton	Dr. James McCormick
Mr. J. Corcoran, M.B.	Deputy Dr. J. O'Connell
Dr. J. Cullen	Dr. J. St. L. O'Dea
Cllr. M. Cunningham	Dr. B. O'Donnell
Deputy H. P. Dockrell	Mr. Dermot O'Flynn
Cllr. James Dowling	Dr. B. O'Herlihy
Deputy J. Dowling	Mr. Thos. RJordan
Commissioner J. Garvin	Cllr. John Sweeney
Cllr. P. Hickey	Cllr. John Temple
Miss Eileen Horgan	Deputy G. Timmins
Dr. P. C. Jennings	

Apologies for Absence

Deputy P. Belton	Mr. K. O'Reilly-Hyland
Senator Dr. R. Belton	Deputy Richie Ryan
Mr. D. Gallivan	Deputy Eugene Timmons
Mr. D. J. Kennelly	

Dr. J. McCormick, Chairman, presided.

Officers in Attendance

Mr. E. O Caoimh, <i>Chief Executive Officer</i>	Mr. J. Clarke
Mr. J. J. Nolan, <i>Deputy Chief Executive Officer</i>	Mr. F. J. Donohoe
Professor I. W. Browne, <i>Chief Psychiatrist</i>	Mr. F. J. McCullough
Mr. R. N. Lamb	Mr. P. J. Swords
Mr. F. J. Elliott	Mr. A. O'Brien
	Mr. J. A. Duggan
	Miss A. Farrington
	Mr. P. Sheehan
	Miss K. Dolan

was established. Under various statutes dating from 1821 to 1960, any person, who while in custody, has been certified to be insane in any of the circumstances described above may be admitted either to the district mental hospital or the Central Mental Hospital on the Order of the Minister for Justice. Such persons may also be transferred by the Minister for Justice from the Central Mental Hospital to a district mental hospital and vice versa.

Discharge Procedures

Persons "on remand" or awaiting the "Government's pleasure" having been found insane by a jury on arraignment or guilty but insane by a jury, stay in the Central Mental Hospital or district mental hospital until they are certified as having recovered, when they may be returned to custody or discharged by the Minister for Justice.

Persons awaiting trial stay in the mental hospital only until the next sitting of the appropriate Court, when they are usually arraigned, found unfit to plead and dealt with as in the previous paragraph.

Persons undergoing sentence remain in the mental hospital if they continue to be of unsound mind until their sentences expire, when they are dealt with as ordinary patients. If they recover before their sentences expire they are returned to prison. Patients in the Central Mental Hospital who have been sentenced are usually transferred to the appropriate district mental hospital by the Minister for Justice if they are still of unsound mind on completion of sentence. There is a slight variation in the case of army personnel imprisoned or undergoing detention by virtue of the Defence Act, 1954.

The cost of custody patients in district mental hospitals is borne by the Department of Justice.

Transfer of Patients from District Mental Hospital

Under Section 207 of the Mental Treatment Act, 1945, a patient detained in a district mental hospital may be charged with an indictable offence before a Justice of the District Court sitting in that hospital. If, on the basis of the evidence given, the Justice is of opinion that there is prima facie evidence that the person committed the offence and would, if placed on trial, be unfit to plead, the Justice may by Order certify that the person is suitable for transfer to the Central Mental Hospital.

The patient is examined by the Inspector of Mental Hospitals who reports to the Minister for Health. After consideration of the report of the Inspector the Minister for Health may, if he so thinks fit, by order, direct the transfer of the patient to the Central Mental Hospital. He may also order that the patient be returned to the district mental hospital.

If the person sent to Dundrum under this Section is certified to be no longer of unsound mind, he must be discharged.

Generally, this procedure is availed of only in the case of homicidal and very violent patients.

As already mentioned in this report the Health Act, 1970, makes no provision for any changes in these unwieldy procedures for admission and discharge, which would give greater flexibility in the transfer of patients between Dundrum and other institutions of the psychiatric service.

It is to be hoped that these matters will be dealt with in the near future under a new mental treatment act which would provide for the implementation of the recommendations of the Commission of Inquiry on Mental Illness in regard to custody patients, homicidal and violent patients, psychopaths and for the provision of a psychiatric and assessment service to the Courts.

These recommendations were summarised as follows in the Report of the Commission :—

Persons in Custody

"Criminal Lunatic" is a legal term applying to certain mentally ill persons who are in custody. Some have never been tried and may not have committed any crime, others may have committed offences of a minor nature. The Commission regards the term "criminal lunatic" as most unsuitable and completely inconsistent with contemporary psychiatric concepts. It refers to the class of patients concerned as "custody patients". At present some custody patients are detained in the Central Mental Hospital at Dundrum; others are detained in district mental hospitals.

The Commission recommends that:

- (69) The Central Mental Hospital should be retained as a special hospital for those custody patients who cannot be suitably catered for in the ordinary range of psychiatric hospitals.

- (70) The main factors which should be taken into account in deciding whether a particular patient should be sent to, or should be retained in, the Central Mental Hospital should be whether:—
- (a) it is possible, without detriment to his psychiatric treatment or the psychiatric treatment of other patients, to provide in the appropriate district mental hospital the degree of confinement regarded as expedient for non-medical reasons;
 - (b) his presence in the appropriate district mental hospital would unduly stigmatise the hospital;
 - (c) there are facilities in the Central Mental Hospital for his psychiatric care which would not be available at the appropriate district mental hospital.
- (71) Improved psychiatric services should be provided for prisoners who are not custody patients, but who need psychiatric advice or treatment. Prisons and detention centres should make arrangements with the appropriate local health authorities to provide the necessary psychiatric services.

Homicidal and Very Violent Patients

Some patients in district mental hospitals are homicidal or very violent. The number of these is small, but their presence can create serious difficulties and have adverse effects on the hospital and on other patients. At present they can be transferred to the Central Mental Hospital only by a legal procedure and after they have committed an indictable offence.

The Commission recommends that:—

- (72) A system should be established for transferring to the Central Mental Hospital, on medical certificate, those homicidal and very violent patients whose behaviour is such that they cannot be catered for in the ordinary range of psychiatric hospitals.

Psychopaths

The psychopathic personality is characterised by a failure to develop a sense of responsibility and the power of self-restraint. Treatment consists of social training, discipline and education by methods which require special experience and skills.

The Commission recommends that:—

- (73) A special unit, of about 50 beds and providing varying degrees of security, should be established in the Central Mental Hospital, Dundrum, to cater for the residential needs of psychopaths from the country as a whole. This unit should cater primarily for aggressive types but it should eventually become a research unit for all categories of psychopathic patient.
- (74) As experience in dealing with the problem grows, consideration should be given to the possibility of establishing further regional units specialising in the treatment of non-aggressive psychopaths.

Persons Appearing Before the Courts

Crime in adults may be a symptom of emotional disturbance or other psychiatric disorder.

The Commission recommends that:—

- (75) The Courts should be in a position to obtain a full psychiatric report in any case where there is any evidence to suggest that mental illness may have a bearing on the crime with which a person is charged.
- (76) In appropriate cases, consideration should be given to the imposition of a suspensory sentence, on condition that the defendant enters into recognisances to avail of such psychiatric treatment as may be stipulated by the Court.

Implications of Transfer of Administration

It is vital that the Board should have a full realisation of the magnitude of the tasks imposed upon it in undertaking the administration of this important national service. There is a general awareness, as a result of widespread publicity given to recent incidents at the hospital, that the service as it exists at present leaves much to be desired. Many of the difficulties arising at Dundrum are due to the inadequacy of the physical nature of the buildings—dating from the mid-19th century—which are altogether unsuitable for any modern psychiatric therapeutic practice.

The existing hospital building is almost entirely composed of corridors with single cells opening off them and with a negligible amount of space available for group or work activities. It is all too clear that modern concept of observation

and behavioural therapy in this setting is virtually impossible. The design of the building is such that it would, in my opinion, be a gross misuse of public money to undertake the extremely costly job of attempting to adapt it to any modern psychiatric usage. Indeed, I am quite convinced that even the most lavish expenditure on work of this nature would at best result in a still unsuitable and inadequate facility.

It must be realised that as long as the provision of forensic psychiatric services for custody patients is based at the present unsuitable building there will, inevitably, be difficulties giving rise to further public criticism. This criticism will, no doubt, result in the Board being held up to unjustified public odium for failing to provide a proper modern service. I must stress that if and when this situation arises the public should not look to us to provide facile solutions to the problems which we are now inheriting.

The defects in the facilities at Dundrum have become more apparent over the past few years as a result of a subtle change which has taken place in the type of patient requiring admission to the Institution. An increasing number of what might be described loosely as psychopathic personalities have had to be admitted there. These are young people, mostly males, showing markedly- aggressive and anti-social behaviour, and for this reason they present an extremely difficult problem in management. Their numbers in the Central Mental Hospital over the past three or four years have been steadily increasing and they now represent about 30% of the total male population in the hospital. It is this group who have been almost entirely responsible for all the recent disturbances and difficulties in the Central Mental Hospital. They are continuously making plans to escape, are aggressive to the staff and extremely disturbing to the other patients. As each year goes by the proportion of patients of this type is likely to increase and it is becoming all too clear that in the present antiquated building they present an insoluble problem. No therapeutic regime is possible nor can any reasonable degree of security and protection to the public be provided.

This change is largely an urban phenomenon. Evidence from all over the world clearly indicates that the contemporary urban situation is generating an increasing number of problems of this type. Given this situation it may be expected that if the development of Dublin follows the uncontrolled and inhuman pattern of urban growth elsewhere we will inevitably have to deal with the ever increasing number of sociopathic personalities.

While it is necessary to bring these unpleasant predictions to the notice of the Board, I feel that such a deterioration is in no sense inevitable. A careful analysis of the present population of the hospital, which has been carried out by the Department of Health, suggests that the present condition of a considerable number of long-stay patients might warrant their transfer from Dundrum back to their appropriate local mental hospital or elsewhere. As this can be achieved over the coming year and when more selective procedures are applied to future admissions, it is to be hoped that the present male population of about 100 patients will be halved. It does not seem likely that many of the present 30 female patients would be fit for transfer or discharge.

This will afford the opportunity of phasing out the use of the present building over the next few years and replacing it by new buildings in which intensive modern psychiatric treatment techniques can be applied in conditions of greater observation and security. These new buildings should include a special unit of 50 beds for psychopathic personalities, recommended by the Commission, a further unit of about 30 beds for the remaining population, including homicidal and violent patients, and the special drug addiction unit of about 25 beds, which has already been agreed to in principle.

In accepting responsibility for the administration of this national service, I feel that the Board should seek a positive commitment from the State to make funds available for the provision of these new buildings as a matter of urgency within the next two years. Present conditions in Dundrum afford an unique opportunity to bring about this fundamental change. I must stress that if this opportunity is not grasped now, it is unlikely to present itself again.

Additional special units can be erected to meet further needs as they arise in the future. The Dundrum site, which has many advantages as regards location and security, could be developed as a national centre for forensic and special psychiatric work where all the relevant techniques for treatment and research could be concentrated. This centre could be linked to the more liberal elements of a developing forensic service, such as day care and adolescent centres and hostels, and could provide advisory and assessment services to the Courts. It could also be the core of an expanding net-work of assessment and advisory therapeutic services in prisons, industrial schools and in the community generally for the deviant and delinquent."

Opening the discussion, the Chairman said that the Working

Party's impression from the visit was that of a prison, with little evidence to show that it was a hospital. He suggested that the meeting should consider (1) making strong representations to the Department of Health as to the type of buildings needed before taking over the hospitals and (2) postponing the transfer until 1st September, 1971.

A detailed discussion followed and was contributed to by Councillor Hickey, Dr. O'Connell, Mr. O'Flynn, Dr. Meade, Deputy Burke, Councillor Temple, Councillor Clinton, Dr. O'Dea, Dr. Cullen, Commissioner Garvin, Dr. Jennings and Miss Kinsella.

After a lengthy discussion, it was proposed by Councillor Clinton, seconded by Mr. O'Flynn and unanimously resolved (on the affirmative vote of all 27 members present) :—

"That the Eastern Health Board adopts Professor Ivor Browne's report and, arising out of it, that we now approach the Departments of Health and Justice and put the complete picture before them, indicating that it would not be possible to run this undertaking as it should be run and developed unless the responsible Departments guarantee to provide within a specific period the necessary suitable buildings to ensure the recruitment of appropriate staff; and that the Minister for Health be asked to defer transferring the responsibility for some months until the necessary staff have been appointed."

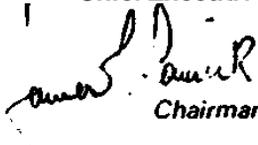
MONTHLY MEETING—ORDER OF BUSINESS

The Chairman informed the meeting that, because some members were obliged to leave on other business before the Ordinary Monthly Meeting (due to commence immediately) would have concluded, he proposed to take item No. 10—Notices of Motion—after item No. 1.

The meeting concluded at 4.20 p.m.

CORRECT :

E. O CAOIMH
Chief Executive Officer.


Chairman.