

EASTERN HEALTH BOARD

Minutes of proceedings of Special Meeting of the Eastern Health Board held in the Boardroom, St Brendan's Hospital on Thursday, 15 January 1981 at 6 pm.

PRESENT

Or. J.D. Behan	Clr. A. Groome
Clr. I. Behan, TD	Clr. T. Hand, PC
Mrs. B. Bonar, MPSI	Dr. K. Harrington
Clr. D. Browne	Clr. P. Hie key, PC
Clr. M. Carroll	Clr. F. Hynes
Clr. E. Doyle	Prof. J. McCormick
Prof. J.S. Doyle	Dr. A. Meade
Ald. A. FitzGerald	Clr. H. Reilly
Clr. M. FreehHI	Dr. B. Sheehan
Clr. Mrs. A.Glenn	Dr. J. Walker
	Clr. Mrs. M. Waugh

APOLOGY FOR ABSENCE

Miss N. Kearney

IN THE CHAIR Clr. D.

Browne, Chairman.

OFFICERS IN ATTENDANCE

Mr. P.B. Segrave	Mr. A. O'Brien
Mr. F. Donohue	Mr. J. Doyle
Mr. T. Keyes	Mr M. O'Connor
Mr. J.J. Nolan	Mr. M. Cummins
Prof. B. O'Donnell	Mr. J. Leech
Prof. I. Browne	Dr. P. Quinn
Mr. J. Clarke	Dr. B. O'Herlihy
Mr. P.J. Swords	Dr. P.K. Murphy
Mr. F. McCullough	Miss E. Larkin
Miss A. Flanagan	Miss S. Keegan
Mr. C. Mansfield	

11/81 HEALTH (FAMILY PLANNING) ACT, 1979

The special meeting was called to consider the operation of the Health (Family Planning) Act, 1979. The following motions had been tabled for the meeting :-

(a) **Clr. Freehill**

"In the setting up of a comprehensive family planning service in compliance with the regulations relating to the Health (Family Planning) Act 1979, as set out by the Minister for Health, to provide the best service in the interest of health of women, the following minimum standards must be agreed by this Board:

1. That the EHB insist that a post graduate course on all methods in the practise and theory of an unbiased comprehensive family planning service be established as a minimum requirement for doctors who wiU provide this service. Also, that a similar course be made available for paramedical personnel who would assist in such a service. Such a course should at least be of the standard already being provided by the Irish Family Planning Association which is recognised by the Department of Health.

2. That a panel of doctors who are witting to provide an objective service with expertise and recognised training in all methods of contraception should be drawn up and made available to the public.

3. That a panel of pharmacists who are witting to fulfil prescriptions be drawn up and made available to die public."

(b) **Clr. Freehill**

'That the Eastern Health Board request the Department of Health to insist that the holders of licences to import contraceptive requisites, only import requisites that are of at least British standard or any other reputable standard of quality control."

(c) **Professor J.S. Doyle**

'That the Eastern Health Board does not support the use of I.U.Ds. as a form of contraception due to their method of action, i.e. by producing abortion."

At the request of the Chairman, Mr. Donohue, Programme Manager, gave a summary of the provisions of the Act. He referred to the discussion at the Community Care Visiting Committee meeting held in Wicklow on 23 September 1980 and the report of this discussion which was noted by the Board at its meeting on 2 October.

The members had already received copies of the Regulations and statements issued by the Minister on the new service. These had indicated that the family planning service would include information, instruction, advice or consultation on family planning, contraception or contraceptives; that it would be provided by the Health Board or by another body or person and that, in general, it was envisaged that the family doctor would provide such services. Other bodies offering a service involving the use of contraceptives would require the consent of the Minister for Health. The Health Board would have no function in the supply of contraceptives.

At the meeting on 2 October 1980, it had been generally agreed that the Health Board should not take steps to set up clinics until the picture became clearer on matters such as costings, financing, staff requirements, entitlements and charges, if any, at well as the role of general practitioners and the extent to which they and voluntary bodies would provide a service appropriate and adequate to meet needs in the area

Subsequently, officers of the board had engaged in discussions with general practitioners and pharmacists with a view to establishing the degree to which they would provide family planning services. It was still not possible to say definitely how many general practitioners and pharmacists would be willing to provide a service under the Act

Mr. Donohue said that the Health Board should endeavour to have a reasonable spread of services throughout its area and should ensure that general practitioners would have access to appropriate training courses. In this connection, he stated that the Health Board could not insist that a doctor should have particular qualifications other than those which would entitle him to have his name entered on the Register of Medical Practitioners.

He referred to discussions with the East of Ireland Faculty of the Royal College of General Practitioners and with the Institute of Obstetricians and Gynaecologists of the Royal College of Physicians, and said that they had agreed on the content of a course. He also had discussions with the Irish Family Planning Association who had already organised a number of courses.

Mr. Donohue stated that general practitioners should have places to which they could refer clients for specialist advice and that the Board would have to give information regarding locations where family planning services were available. He said that he was examining proposals with the Directors of Community Care regarding the making available of staff at local level who could deal with any difficulties which might arise, and be familiar with what was happening at general practitioner and specialist level.

He also stated that the Board had been in touch with the maternity hospitals and obstetric clinics, and with the Catholic Marriage Advisory Council, the Irish Family Planning Association and with general practitioners and pharmacists and these consultations were continuing.

In speaking to her motion (a), Clr. Freehili said that her primary concern was for the health of women and that she hoped that those providing information and services would be properly trained. With regard to part 2 of motion (a), Clr. Freehili stated that she was proposing that a panel of doctors who would be willing to provide an objective and unbiased service should be drawn up. She felt that it was important that people would be given proper information regarding methods of contraception. It was equally important that full information should be available to people who had fertility problems and she maintained that Directors of Community Care should have details regarding people who are trained and willing to provide family planning services. With regard to part 3 of her motion, Clr. Freehili stated that, in her view, lists of pharmacists who are willing to fill prescriptions should be available at all Health Board offices.

Speaking to her motion (b), Clr. Freehili said that she was concerned with the quality of certain requisites being imported and she felt that it was important that quality control standards be laid down for such items.

Clr. Freehill's motions (a) and (b) were seconded by Clr. E. Doyle.

Amendments to motion (a) were proposed by Dr. Meade and seconded by Dr. Harrington which had the effect of altering the original motion to read as follows:

- (a) "In the setting up of a Family Planning Service as defined in the Regulations relating to the Health (Family Planning) Act 1979, as set out by the Minister for Health, to provide the best service in the interest of health of women, the following minimum standards must be agreed by this Board:
1. *That the E H B encourage the provision of a post graduate course on methods in the practice and Theory of a Family Planning Service as defined in the Regulations for doctors who wish to avail of it. Also that a similar course be made available for paramedical personnel who would assist in such a service. Such a course should at least be of the standard already being provided by the Irish Family Planning Association which is recognised by the Department of Health.*
 2. *That a panel of doctors who are willing to provide a Family Planning Service in accordance with the Regulations should be drawn up and made available to the public.*
 3. *That a panel of Pharmacists who are willing to fulfil prescriptions be drawn up and made available to the public."*

After discussion to which the following contributed - Cllrs. Freehill, Doyle, Mrs. Glenn, Hand, Ald. Fitzgerald, Dr. Behan, Mrs. Bonar, Prof. McCormick, Dr. Meade and Dr. Walker - the amendments were put and agreed. The motion as amended was then discussed and voted on as follows:

(a) 1. FOR: 14

Dr. Behan, Mrs. Bonar, Cllr. Browne, Cllr. Carroll, Prof. J. Doyle, Cllr. Mrs. Glenn, Cllr. Groome, Cllr. Hand, Dr. Harrington, Cllr. Hickey, Cllr. Hynes, Dr. Meade, Cllr. Reilly, Dr. J. Walker.

AGAINST: 2

Ald. Fitzgerald and Cllr. Mrs. Waugh.

ABSTAINED: 4

Cllr. Doyle, Cllr. Freehill, Prof. McCormick, Dr. Sheehan.

(a) 2. FOR: 13

Dr. Behan, Mrs. Bonar, Cllr. Browne. Cllr. Carroll, Prof. Doyle, Cllr. Mrs. Glenn, Cllr. Groome. Cllr. Hand, Dr. Harrington, Cllr. Hickey, Dr. Meade, Cllr. Reilly, Dr. Walker.

AGAINST: 3

Ald. Fitzgerald, Cllr. Hynes, Cllr. Mrs. Waugh.

ABSTAINED: 4

Cllr. Doyle, Cllr. Freehill, Prof. McCormick, Dr. Sheehan.

(a) 3. FOR: 8

Cllr. Browne, Cllr. Doyle, Ald. Fitzgerald, Cllr. Freehill Cllr. Hynes, Prof. McCormick, Dr. Sheehan. Cllr. Mrs' Waugh.

AGAINST: 11

Mrs. Bonar, Cllr. Carroll, Prof. Doyle, Cllr. Mrs. Glenn, Cllr. Groome, Cllr. Hand, Dr. Harrington. Cllr. Hickey, Dr. Meade, Cllr. Reilly, Dr. Walker.

ABSTAINED: 1

Dr. Behan.

The Chairman declared (a) 1 and 2 carried and (a) 3 defeated.

The voting on motion (b) was as follows:

FOR: 10 (including Chairman's casting vote)

Cllr. Browne, Cllr. Doyle, Ald. Fitzgerald. Cllr. Freehill, Cllr. Hynes, Prof. McCormick. Cllr. Reilly, Dr. Sheehan. Cllr. Mrs. Waugh.

AGAINST: 9

Mrs. Bonar, Cllr. Carroil, Prof. Doyle, Cllr. Mrs. Glenn, Cllr. Groome, Cllr. Hand. Dr. Harrington, Cllr Hickey, Dr. Walker.

ABSTAINED: 1

Dr. Behan.

The Chairman declared the motion (b) carried.

Professor Doyle's motion (c) was seconded by Dr. Walker and, following discussion to which Prof. Doyle, Prof. McCormick, Cllrs. Hand, Freehili, Glenn, Doyle, Mrs. Bonar and Dr. Behan contributed, was voted on as follows:

FOR: 11

Dr. Behan, Mrs. Bonar, Cllr. Carroll, Prof. Doyle, Cllr. Glenn, Cllr. Groome, Cllr. Hand, Dr. Harrington, Cllr. Hickey, Dr. Sheehan, Dr. Walker.

AGAINST: 4

Ald. Fitzgerald, Cllr. Freehili, Prof. McCormick, Cllr. Mrs. Waugh.

ABSTAINED: 4 Cllr. Browne, Cllr. E. Doyle, Cllr.

Hynes, Cllr. Reilly.

The Chairman declared the motion carried.

12/81 HEALTH (MENTAL SERVICES) BILL 1980

The following Report No. 2/1981 from Chief Psychiatrist having been circulated was considered:

"in the words of the official explanatory memorandum, the Bill proposes to *repeal all existing legislation in regard to the treatment of mental illness and replace it with provisions which have just regard to modern developments in psychiatry*. The Bill is concerned almost entirely with the registration and supervision of centres for the treatment of the mentally ill, the regulation of admission and discharge procedures and the safeguarding of patients against unnecessary detention. While there is no denying the need for adequate safeguards against the possibility of the abuse

of power over the liberty of the individual citizen which is inherent in any code of legislation for the mentally ill, the provisions of the Bill so emphasise this aspect as to suggest that there is widespread abuse of the existing powers of detention.

It would be regrettable if the Bill, however well intended, should create that impression, particularly in a situation where, despite a vastly increased admission rate, the population of mental hospitals has been cut roughly by half as a result of an enlightened administration of existing legislation, indeed, in the area administered by this Board, one of the most frequent criticisms of all our practices in recent years has been the readiness to discharge detained patients at the earliest possible moment into a community where the supportive services for their after-care are relatively undeveloped.

Having regard to the emphasis which the Bill places on safeguards against unnecessary detention, it is desirable that this aspect of our mental health service should be seen in perspective. In the year ended 31 October 1980 there were 3,669 admissions in the three public mental hospitals serving Dublin city and county.

Of this number 3,097 were voluntary admissions and the remaining 572 were detained as 'temporary patients' under existing law. A sample survey of 91 of those temporary patients, admitted consecutively, show that 84 were discharged within three months of admission.

Of that number 44 were discharged within 28 days (the initial period of detention proposed under the Bill) and the remaining 40 within three months (the extended period now proposed). The average length of stay of the 91 patients in the survey was 43 days.

It will be seen that the provisions of the Bill in regard to detention would apply only to a fraction of the patients being admitted. In the majority of those

cases, there is rarely need for powers of detention after the first two or three days. Short of detaining patients against their will, the psychiatric services of the Eastern Health Board is frequently criticised for its readiness to discharge patients and for its endeavours to avoid admission to hospital except as a last resort.

The provisions of the Mental Treatment Acts which are now being repealed are concerned with procedures for the admission of patients on a voluntary basis, for their detention as temporary patients for an initial period of up to six months, renewable if necessary for further six-monthly periods up to a cumulative period of two years. A third class of patients, described as 'persons of unsound mind' may be admitted and detained without limitation to the period of detention; however, no patients have been admitted to our hospitals under this classification for a number of years although there is a considerable but dwindling number of mainly elderly patients in this category who should properly be placed in homes for the aged if places were available for them. Within the present three classes of patients mentioned, there is a further distinction between detained private and 'chargeable' or public patients. Under present law, without going into detailed technicalities, an application to have a person detained as a private patient in a mental institution must be supported by recommendations (in a prescribed form) from two doctors. A similar application to have a person detained as a public patient requires, except in particular circumstances, the recommendation of only one doctor. The present Bill proposes that this distinction should disappear and that the detention of any person will require the recommendation of two doctors.

While this may present difficulties, particularly in rural areas, it has been welcomed as a desirable safeguard against the possibility of unnecessary detention in the case of the few patients requiring compulsory admission. However, the introduction of a second doctor at this stage is viewed by many of those involved in the day-to-day care of the mentally ill as an unnecessary and cumbersome procedure having regard to the other safeguards which the Bill proposes.

While the proposed second medical opinion is entirely commendable in the ordinary course of events, experience has shown that critical and dangerous situations will arise requiring immediate intervention which cannot wait upon the availability of a second doctor. Indeed, one of the greatest weaknesses of the present law is the absence of any obligation on a doctor to respond to a request for a recommendation. While the proposals of the present Bill remedy this, the introduction of the requirement of a second opinion would present a serious, and in many cases, an insuperable impediment in critical or dangerous situations.

To counterbalance the need for swift and effective action, in the case of a person believed to be dangerous to himself or others, with the need for adequate guards against improper detention it is suggested that, where two doctors are not immediately available, the recommendation of one doctor should be sufficient to enable the removal and reception of the patient, subject to the general requirements of the Bill in regard to reception procedures, and his detention for 48 hours, within which period he should be examined by an independent second doctor.

In this connection, it is my view that in each community care area there should be a roster of doctors from the Community Care Programme and "authorised officers", as defined in the Bill, who would be immediately available to act in the relatively rare but potentially dangerous situations requiring instant intervention.

In summary, the main provisions of the Bill affecting a person after a recommendation for reception has been made are:

the person may be brought to the appropriate psychiatric centre within a specified time;

an escort may be provided by the centre or by the Garda Síochána;

the person having been examined may be received and detained for not more than 48 hours for the purposes of examination and assessment by a Consultant;

a reception order, if made, provides for detention for not more than 28 days, which may be extended for three months and thereafter the extension is reviewed annually.

The Bill provides for the establishment of one or more review boards for each health board area, the review board to comprise three persons appointed by the Minister - barrister or solicitor, a consultant psychiatrist and a lay person. The review board will have power to consider, on request, the propriety of the detention of a patient and direct his discharge either unconditionally or subject to conditions concerning after-care and supervision. An appeal may be made to the Minister for Health against any decision of the review board. There is provision for the obligatory review of a person who has been detained for two years and whose case has not been reviewed in that time.

The Bill proposes the establishment of special psychiatric centres, one of which will be the Central Mental Hospital, Oundrum, where persons whose mental condition warrants it may be transferred from a district psychiatric centre, subject to compliance with a review board procedure, and further subject to review by the High Court on appeal. This is a welcome proposal which goes much of the way towards meeting the recommendations of the Eastern Health Board that the present procedures involving criminal charges and formal court proceedings against patients should be discontinued. The opportunity might be taken now to amend the legislation relating to other patients in Dundrum by substituting the term 'custody patient' for that of 'criminal lunatic' as recommended in the 1966 Report of the Commission of Enquiry on Mental Illness.

This report is not intended to be an exhaustive account of the proposals of the Bill which, as already indicated, are mainly concerned with procedures regulating the reception and detention of persons in what will be known as district psychiatric centres which may either be hospitals or units of hospitals. To this extent the Bill is largely negative. The explicit duty of what was once known as a mental hospital authority 'to provide

treatment, maintenance, advice and services' for the mentally ill under the provisions of Section 19 of the Mental Treatment Act of 1945, have been subsumed by the general enabling provisions of the Health Acts.

While it may be argued that minimal standards of care cannot be laid down by law, it is suggested that the Bill should include a similar general duty to that laid down in the Act of 1945, making it mandatory on health boards to provide a range of in-patient, out-patient, after-care, educational and training services as part of a comprehensive psychiatric programme, as directed by the Minister from time to time.

Apart from the various matters, including retention of the post of Inspector of Mental Hospitals raised in the Consultants' submission, there are certain other provisions of the 1945 Act relating to offences, notably sections 253 to 255, and questions relating to the delegation of statutory functions which merit consideration. The powers of escorts provided from a district psychiatric centre should be defined clearly as this is a matter which has given rise to concern by members of the nursing staff and will continue to do so unless their position is clarified."

Dr. Behan addressed the members on the provisions of certain sections of the Bill. It was agreed to send the report no. 2/1981 to the Department of Health for consideration by the Minister. The members noted Dr. Behan's comments and agreed that he should submit them in writing for transmission to the Minister for Health as soon as possible, having regard to the fact that the Bill is at present before the Dail. It was also agreed that Or. Behan's memorandum would be put on the agenda for the February meeting of the Board.

The meeting ended at 8.35 pm.

CORRECT

P.B.Segrave
Chief Executive Officer.