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# SECTION 1: CONTEXT FOR MENTAL HEALTH SERVICE DELIVERY IN 21ST-CENTURY IRELAND

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## 1

### *Introduction: struggle and contestation in the field of mental health*

Shari McDaid and Agnes Higgins

The mental health field is a space of contestation, struggle and resistance. Depending on epistemological and ontological perspectives, people struggle with how to talk about the phenomenon of interest – is it ‘mental illness’ as a biologically based though socially triggered life-long condition, ‘mental and emotional distress’ as a legitimate reaction to traumatic events and stressful situations, ‘spiritual crisis’ as a mystical experience involving an altered state of consciousness, or some yet unlabelled category that is simply an indication of the diverse ways that human beings experience their emotions and environment?

People disagree about how to respond to these phenomena with the following questions often taking centre stage: Is there a place for pharmacology in supporting people through their experience, and if so, how big a place? Are psychological interventions just another form of professional control and colonisation? Should the spiritual be acknowledged, and if so, how? And whose responsibility is it to address the social and economic determinants of mental health that can hinder recovery?

People argue about the level at which the conversation about mental health should take place. Is it a national conversation involving all communities and organisations including statutory, voluntary and business groups, or is it a local conversation between primary, secondary and tertiary service providers? Depending on their own positions within the system, others debate about who should be involved in the conversation and how the conversation should

unfold. Should the clinical encounter primarily include the expert mental health professional directing the discussion with the service user who takes a passive role? Or should the conversation occur as a dialogue between the mental health professional and the person with self-experience? And should relatives be included in the conversation, and if so, how can the issue of service-user confidentiality be addressed?

People contest whose version of 'the mental' is true, with one side asserting the validity of diagnoses and medical conceptualisations, another countering with a critique of diagnostic systems, and others still demanding alternative, service-user-defined understandings. In defending one's position on 'truth' and proffering evidence to support each truth, there are heated debates over knowledge production: What constitutes valid knowledge and evidence? What methodologies should be used to produce evidence, and what is the best way to evaluate the quality of evidence produced?

Within all of these debates, various voices, institutions and personal and political agendas come to the fore as people seek to take power over the field. Psychiatrists, having gained authority over mental health care, now sit in the dominant position in the legal, managerial and clinical structures of service delivery. In a domain where psychiatric nurses have been allied with the power of psychiatry for generations, challenging power relations are emerging, with professionals including psychologists, social workers and occupational therapists who were once almost invisible now demanding an equal role in decision-making. At the same time, service users are beginning to resist professional authority and are seeking their own empowerment, as are family members. Likewise, advocates and lawyers are adjunct protagonists in the power game, confronting psychiatric authority on behalf of service users.

All of these struggles lead to a field of practice that is highly contested, with each monologue of truth representing itself as the authentic discourse that represents a logical march of progress in knowledge development and treatment, when in reality there are no certainties and no universal answers.

While this book is not a replay of these debates, they do form the backdrop for the text, and no doubt have influenced many of the authors. The idea for this book arose out of a recognition that there was a gap in the literature on mental health in Ireland. While major shifts had occurred in policy, law and practice in the past 50 years, no text appeared to explore or critically reflect on the overall implications and consequences of these developments within the Irish context. A number of factors have shaped mental health in Ireland from 1945 onwards, including economics, new technologies of treatment, global health policy, human rights law and the rise of the service user/survivor movement. A key instigator of deinstitutionalisation was the high cost of maintaining people in large-scale, segregated psychiatric hospitals. This economic equation facilitated the transformation to community-based mental health services.

The wave of deinstitutionalisation was also nudged forward by global health policy, particularly the World Health Organisation (see Commission of Inquiry on Mental Illness 1966). Alongside the cost motive and international policy, a general public abhorrence for asylum living was supported by the passing of the European Convention on Human Rights (1950), which eventually led to the Mental Health Act, 2001. More recently, the rise of the service-user/survivor movement in the 1980s elsewhere and from the late 1990s in Ireland has also influenced mental health policy. All of these factors feature in the chapters that follow. Equally, no text had yet grappled with recent landmark changes in law and policy, such as the significant implications of the UN Convention on the Rights of Persons with Disabilities (2006) and the impact of the 2006 Irish mental health policy *A Vision for Change*. This text seeks to chart these 20th- and early 21st-century developments and critically analyse their influence.

There was also a need for an up-to-date text that gathered together some of the critical voices within Ireland, to air the developing perspective of people with self-experience alongside that of mental health professionals and academic analysts. While we hope the text is more a dialogue giving space to alternative viewpoints than a monologue, we have purposively privileged certain voices and perspectives in recognition of the previous omission of the self-experience voice from Irish literature. And we have also sought to acknowledge the perspective of family members while recognising that this is a relatively undocumented voice. Where contemporary discussion has failed to address the inaccessibility of mental health services for some minority groups for whom the complexity of their situation is challenging to service configuration, we have sought to name and describe their positions with a view to recognising it in future policy.

Many of the chapters situate themselves within current debates about knowledge production and the ownership of knowledge. The service-user/survivor movement has posed a profound challenge to mental health expertise by positing that a knowledgeable perspective is that of the person with self-experience. This perspective is most challenging when considering how to implement the recovery ethos, but it also raises questions about the way services incorporate the perspective of relatives and the basis upon which services are judged to be both of good quality and value for money. The question of knowledge production also reflects wider trends evident in the disability sphere and more generally in the social sciences. It accords with the mid-20th-century call of disabled people to have ‘nothing about us without us’ and is congruent with a democratising trend reflected in feminism and other social movements. Mental health has not escaped these wider democratising influences, and the chapters that follow on recovery (Chapter 5), empowerment (Chapter 6) and peer support (Chapter 7) show how people in Ireland are re-shaping these themes towards Irish perspectives.

As editors, we have both personal and professional perspectives on mental health. Shari brings experience of living with a mental health issue for many years, while Agnes, like so many others, has family members who have experienced severe emotional distress and mental health challenges. Agnes also has practitioner and academic experience, while Shari has been a policy advisor and campaigner for reform. There is no doubt that our personal backgrounds have influenced our choice of topics and authors, yet we did seek contributors with expertise across a range of mental-health-related disciplines and subject areas. This volume is not exhaustive, and we are aware that there are other topics that could have been included. Our collaborating authors have produced chapters that, while unique in terms of content, contribution to knowledge and writing style, offer a synergy in their intention. The overall aim of the book was to draw together published and grey literature in the field of mental health in Ireland, identify current practice and arrangements, and critically analyse trends in mental health policy, law and service delivery. Our intention was to give each author the space and scope to convey their views in a manner that would allow the reader to gain an insight into the current state of mental health service delivery, while simultaneously resisting polarising positions.

Being mindful that the book will be used by lecturers, researchers and students from a number of disciplines, each chapter ends with a set of reflective questions to prompt further discussion and debate. In addition, each chapter contains potential research questions that should be of interest to researchers, service users, practitioners and funders.

### **CONTEXT FOR MENTAL HEALTH SERVICE DELIVERY IN 21ST-CENTURY IRELAND**

The text begins with the two key developments that arose in the mid-20th century: deinstitutionalisation and medicalisation.

Deinstitutionalisation began in the 1950s and featured as the major theme in mental health service reform during the second half of the 20th century. In 1958 Ireland had the highest proportion of people in psychiatric hospitals of anywhere in the world. In Chapter 2, Damien Brennan explains the particular Irish roots of institutionalisation arising from British administrative decisions about the resolution of a host of 19th-century Irish social problems. He describes how the legal, physical and managerial structures of the asylum system came into being and alludes to a system of categorisation of ‘insanity’ that was the precursor to our current widely used diagnostic framework. Having charted the rise of institutionalisation, Brennan then outlines the process of deinstitutionalisation in the latter half of the 20th century while also discussing particular factors that allowed institutionalisation to persist in Ireland. Importantly, Brennan highlights how the managerial structures of the institution transferred into the community,

with psychiatrists and psychiatric nurses maintaining supervisory power over those who ended up residing in community-based mental health service accommodation. He refers to these residences as the ‘multi-locational total institution’.

One of the points that Brennan makes is how the institutional arrangement and increasing use of a system of categorisation of insanity facilitated the rise of medical control over the response to mental distress. In Chapter 3, Liam Mac Gabhann describes how the medical profession organised itself to have authority over people’s disturbing mental experiences and worked to maintain that authority so that the legacy of that campaign continues to have a strong influence on practice to this day. Citing Bracken and Thomas, he summarises the consequences of this medicalisation in terms of the internalisation of mental distress (excluding social and cultural factors), the development of a technical framework for intervention that excludes non-medical supports, and the mandating of psychiatry with a unique role in overseeing coercion and forced treatment. Mac Gabhann also identifies the important role that psychiatry has been assigned in contemporary society in monitoring fitness/unfitness to work, thereby performing a necessary function for the state in the administration of welfare. Mac Gabhann goes on to discuss how in Ireland, these developments influenced the practice of nursing, showing how nurses benefited from medicalisation by being allied with psychiatrists, while struggling to establish their own distinctive position. Mac Gabhann also draws attention to the prevailing attitude in Ireland of deference to authority which underpinned reticence on the part of family members and service users to question the medical profession.

Shari McDaid (Chapter 4) shows how the persistence of these two trends led to reinstitutionalisation in the community and the widespread social exclusion of mental health service users. While mental health policy in the 20th century expressed optimism about the potential for community living, hidden within its recommendations were the structures that would underpin segregation of people with long-term mental health difficulties into living what she calls ‘shadow lives’ in the community. McDaid draws on Irish research to foreground the perspective of mental health service users that challenges the prevailing positive discourse around deinstitutionalisation. She also argues that Ireland’s mental health policy on social inclusion remains largely unfulfilled.

## **EMERGING DEVELOPMENTS IN RESPONSE TO MENTAL DISTRESS**

The second section of the book charts a path through a range of key issues facing the mental health services today. In some cases these represent new opportunities to reshape Ireland’s response to mental/emotional distress: the promotion of a new ‘recovery’ ethos for mental health service delivery, the rise of the voice of people with self-experience of mental health services and the

growth of peer support represent three such opportunities. Other chapters outline significant challenges that have yet to be addressed, such as the lack of involvement of relatives and other supporters in the process of mental health treatment, the struggle of ethnic minorities to have their needs and values recognised in an Irish society that has not yet come to terms with its cultural diversity; the inaccessibility of mental health services to people with alcohol problems; and the failure of Irish law to protect the human rights of those who come in contact with the criminal justice system.

Agnes Higgins and Paddy McGowan (Chapter 5) discuss the development of the recovery ethos as a paradigm shift in the conceptualisation of both the cause and treatment of mental distress. Combining Higgins' professional background with McGowan's self-experience, they describe the roots of the recovery ethos in two contrasting perspectives: a liberatory challenge by ex-service-users and survivors, and research evidence that provided a clinical challenge to prognostic pessimism. They emphasise that ultimately the definition of the meaning of recovery lies in the hands of the individuals who will shape their own 'journey of discovery' through mental/emotional distress. Their view of recovery poses an enormous challenge for the structure of mental health service delivery and for those practitioners who must develop new ways of working and relating to people as they embrace different explanatory models of mental distress within a post-modern discourse.

Liz Brosnan (Chapter 6), coming from an insider peer position, provides an in-depth analysis of the service-user/survivor challenge to the medical model through a critical history of this movement in Ireland. Drawing on the concepts of empowerment and new social movements, and her own and other Irish research, she traces the rise of the service-user/survivor voice here. She differentiates between advocacy from the inside through the development of an Irish peer advocacy service, consumer panels and a national service user advisory committee (the National Service User Executive), and what she terms 'advocacy from the outside' through collective peer advocacy groups. She concludes by drawing the reader's attention to the continuing tensions within the movement surrounding ideology, insider versus outsider positioning, representativeness and funding.

Higgins and McGowan identify peer support as a key component of a recovery-oriented mental health service. In Chapter 7, Mike Watts takes up this theme and explores the potential contribution that peer support and mutual help can make to a transformed mental health practice, and argues that the experiential knowledge which underpins peer support is equally as valuable as expert knowledge. Watts posits that equality and reciprocity are defining features of peer support. Drawing on his own research and international evidence he identifies the healing benefits of peer support in people's recovery journeys. He also describes emerging peer support networks in Ireland and reviews Irish



policy on peer support, critiquing professional attitudes towards it and the lack of implementation of this approach in the Irish context.

Relatives of people with mental and emotional distress also struggle to be part of the conversation. While the position of users of services has dramatically changed in the past 20 years, the role of their primary supporters at home has not, and there has been little research on this topic in Ireland. Generally the subject is examined in terms of the 'burden' on relatives of an individual's mental distress. As we (McDaid and Higgins) describe in Chapter 8, relatives come from a historical position of having been seen as the 'cause' of 'mental illness' and consequently have struggled to be acknowledged as valued participants in the discussion about their family member's treatment. Though they are named in Ireland's mental health policy, their role has yet to be clearly articulated in a way that translates into widespread, inclusive practice. Similarly, the issues of children of people with mental health difficulties are largely unaddressed. Since relatives often provide emotional, financial and practical support and are frequently relied upon to initiate emergency, involuntary mental health treatment under the law, they find themselves in the paradoxical position of being both necessary to and excluded from the mental health system.

Three other groups struggle to be included in mental health policy and practice: ethnic minorities, people with co-occurring problematic substance/alcohol misuse, and people involved in the criminal justice system. In Chapter 9, Rebecca Murphy and Gerry Leavey shine a light on the position of ethnic minorities, including asylum seekers and members of the Traveller community, in relation to the mental health system. They point out that the changing demographic profile of Irish society and its increasing ethnic diversity has not been met with a corresponding development of health and social care policies and practices. Two of the challenges they identify are the different explanatory models of mental distress across cultural groups and the lack of cultural competence among mental health practitioners. They conclude that more information is needed on the lives of ethnic minorities in Ireland in order to fully understand the interplay between their socioeconomic positions in Irish society and their experiences of mental/emotional distress as these relate to access to services and differences in care.

Shane Butler (Chapter 10) highlights the ambivalent treatment of alcohol misuse in Irish mental health policy. Similar to McDaid, Butler navigates a critical history of Irish mental health policy on drinking problems and highlights how it has 'flip-flopped' over their conceptualisation and the approach to their practical management. One of the distinctions he draws is the difference between how public- and private-sector psychiatry have responded to alcohol abuse, arising from different funding arrangements. Since people with mental health difficulties often have addiction difficulties as well, Butler questions the wisdom of separating addiction and mental health services as recommended in *A Vision for Change*.

A group that is doubly marginalised as a result of crossing between the boundaries of two different government departments (Health and Justice) are those who have a mental health difficulty and come in contact with the criminal justice system. In Chapter 11, Darius Whelan and Michael Brennan help to unpack this interface through an introduction to the provisions in the Criminal Law (Insanity) Act 2006. By describing current mental health service provision within the criminal justice system, they assist the reader in understanding the interaction between these two spheres. Whelan and Brennan discuss the relevance of human rights law for people involved in both systems by reviewing a number of key legal cases. They conclude by pointing out that there is an urgent need for improvement in joined-up thinking and service provision to protect individuals' human rights.

### EMERGING ISSUES AND IMPLICATIONS FOR THE FUTURE

The third section of the book takes a look at issues that have been present in the background but are now taking on new significance in contemporary debates about economics, practice, policy and law. These are controversial topics without clear pathways or resolutions at the current moment. Nevertheless, they are issues that all people involved in mental health services – from practitioners to users to family members – will confront as they navigate their way through to recovery.

Given the importance of economics as a driver for mental health practice, Brendan Kennelly (Chapter 12) introduces key concepts in relation to the economics of mental health and describes different types of economic evaluation. He explores the two-way relationship between mental health difficulties and the economy, firstly in terms of the costs of service provision and other direct costs to families and service users, and secondly in terms of indirect costs to the economy through the lost contribution of people with a mental health difficulty to society. Kennelly refers to a range of challenges that make conducting economic research about mental health difficult, not least the challenges in converting into economic figures the high personal cost of mental distress to the individual and their family. In the context of Ireland, he decries the lack of population evidence and mental health service financial information that could inform policymaking.

In Chapter 13, Mary Keys discusses the relationship of the law to people deemed to have a 'mental disorder' and considers Ireland's human rights obligations under the UN Convention on the Rights of Persons with Disabilities and the European Convention on Human Rights. The core purpose of the UN Convention is to ensure the full and equal enjoyment of all human rights by all people with disabilities in all aspects of life. Keys discusses the critical area of

legal capacity from the perspective of both Conventions in order to identify the areas for law reform. She examines elements of Irish law for their compliance with human rights standards and notes the recommendations for change from service users, families and the NGO sector. Consent to admission and treatment, as a fundamental element of the right to autonomy and self-determination, is addressed with particular attention given to the safeguards for people who have impaired capacity and are admitted as 'voluntary patients'. Non-consensual interventions such as seclusion and restraint are examined, taking into account commentary from national and international monitoring bodies. Keys concludes with a focus on the future, considering the recently-published Department of Health Interim Report on the Review of the Mental Health Act 2001 and the potential for legal tools like advance directives to enable self-determination.

Like every other branch of medicine and indeed, the social services in general, psychiatry has permitted itself to be absorbed in recent decades by the growing imperative to order its work in relation to perceived risk. In Chapter 14, Michael Nash, Jo Murphy-Lawless and Marina Bowe explore from whence this imperative has arisen and the stark issues that lie behind it. They review the source of the pressure to generate formal risk assessment schemes and ask what distinguishes top-down risk schedules from the risks borne by individuals subjected to and made vulnerable by the vagaries of neoliberal health systems. They go on to consider some recognised risk assessment tools and critique the current HSE risk management policy toolkit in the context of an institutional environment that is risk averse. Pointing to the future, they ask whether the notion of 'positive risk' as it relates to the recovery ethos can help with the ongoing challenges for mental health services in relation to risk management.

One of the biggest areas of contestation, worldwide, is the use of pharmacological interventions to address mental and emotional distress. The level of disquiet and critique of the use of pharmaceuticals is shown in the number of texts that have been published in recent years such as Peter Breggin's *Toxic Psychiatry* (1993), Joanna Moncrieff's *The Myth of the Chemical Cure* (2008/2009), Robert Whitaker's *Anatomy of an Epidemic* (2010), Irving Kirsch's *The Emperor's New Drugs: Exploding the antidepressant myth* (2009), and Richard Bentall's *Doctoring the Mind: Why psychiatric treatment fails* (2009). However, unlike these authors who critique the evidence base that supports the use of pharmaceuticals, in Chapter 15 David Healy analyses the industrial structure that underpins their marketing, describing it as 'a perfect market' of the 'perfect product' to the 'perfect consumer'. In so doing, he highlights how the development of the randomised controlled trial (RCT) impacted the wider discursive framework so that the RCT became the gold standard by which all other evidence is judged. He concludes by suggesting some ways that the market for drugs could be rebalanced.

In the final chapter (Chapter 16), we (Higgins, McDaid and McGowan) reflect on the current state of affairs of mental health in Ireland in the context of all of

the preceding chapters. While no one can accurately predict future trends and service configuration, they discuss some of the factors that are likely to influence policy, practice and law, including changing demographics, health technologies, economics and funding arrangements, restructuring the health service system, international law and policy, and discourse on health and wellbeing in general.

In conclusion, we hope that this text will help people interested in the field of mental health to navigate its terrain and discover their own route through the territory. We do not offer answers; rather, we have tried to gather together the issues and perspectives that are shaping and will shape how mental health is and will be enacted in policy, practice and law in Ireland. We aim to generate further discussion, to provoke further debate and to facilitate the reader's reflection on their own role and contribution to Ireland's mental health system.

## REFERENCES

---

Bentall R (2009/2010) *Doctoring the Mind: Why psychiatric treatment fails*. London: Penguin Books

Breggin P (1993) *Toxic Psychiatry*. London: Fontana

Commission of Inquiry on Mental Illness (1966) *Commission of Inquiry on Mental Illness 1966 Report*. Dublin: Stationery Office

Council of Europe (1950) *European Convention on Human Rights*

Government of Ireland (2001) *Mental Health Act*. Dublin: Stationery Office

Kirsch I (2009) *The Emperor's New Drugs: Exploding the antidepressant myth*. London: The Bodley Head

Moncrieff J (2008/2009) *The Myth of the Chemical Cure: A critique of psychiatric drug treatment*. Basingstoke, Hants.: Palgrave/MacMillan

United Nations (2006) *Convention on the Rights of Persons with Disabilities and Optional Protocol*

Whitaker R (2010) *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*. New York: Crown Publishers Random House