



**IRISH PSYCHIATRIC ASSOCIATION
CUMANN SÍCIATRACH na hÉIREANN**

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The Lie of the Land:

*Psychiatric Service Land Disposal &
Failures and Delays
in Capital Development of
Community Based Mental health
Services*

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& Dermot Walsh*

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“The Lie of the Land”

The Irish Psychiatric Association

Report on

Psychiatric Service Land Disposal & Failures and Delays in Capital Investment and Development of Community- Based Psychiatric Services.

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Summary

The Lie of the Land report is published to coincide with the second anniversary of the launch of our National Mental Health Policy, *A Vision for Change*. We examine the current use, development and disposal of property assets associated with Irish mental hospitals to determine progress in implementing *A Vision for Change* as its implementation is predicated on the realisation of such assets.

Reference is made to the public building programmes of the Victorian age which led to the creation of mental asylums. These were the largest capital undertakings by governments of the day, acting out of a sense of public duty and responsibility.

Widespread asset stripping of our Victorian asylums and lands is highlighted and little evidence of the corresponding provision and development of the modern and high quality psychiatric facilities envisaged in *A Vision for Change*. Case examples of asset losses to mental health services at various sites are set out, as illustrations of the various practices and procedures and the consequences of certain decisions which have been made.

We report that in the 2 years since *A Vision for Change* was published, further annexation of psychiatric assets has occurred, contrary to stated national policy.

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Introduction:

On the 24th January 2006, the report of the Expert Group on Mental Health Policy, *A Vision for Change*, was launched by our present Minister for Health & Children, Mary Harney and the then Minister of State, Tim O'Malley. This became National Mental Health Policy in being adopted by Government and a 7-10 year period for implementation was promised as set out in the document.

Chapter 17 of *A Vision for Change* deals with the investment needed to enable the implementation of the new policy. It acknowledges that there are “still substantial resources, both revenue and capital, tied up in residual institutions and the release of these could form a significant part of the investment required in funding the new model of care”.

It estimated that €796.5m will be required to implement the capital projects envisaged in *A Vision for Change* and that additional monies will be required for site acquisition⁴.

It also recognised that “the existing extensive land bank of the Health Service Executive should provide many suitable integrated sites promoting both cost efficiency and service effectiveness”.

On the second anniversary of that launch, we publish a report *The Lie of the Land* documenting for the first time the national picture in regard to the current use, disposal or loss of assets of the Psychiatric Services before and since *A Vision for Change*.

The report will give examples of losses to Psychiatric Services over a twenty five year period and these will be used to illustrate the realities for service providers of these decisions and by extension implication for patients with psychiatric illness. The accountability for these decisions is not always clear, but what is clear is that in many cases they have been in contravention of accepted policy and likely subject to political interference at a local or higher level.

The two detailed vignettes referring to St Ita's and St Brendan's Hospitals supplied as Appendices to The Lie of the Land illustrate in full and particular detail the many and often concealed characteristics of this

⁴ Estimates based on 2006 predictions

asset-stripping process to show just how insidious and calculated this is in practice. (See Appendices 1& 2, pages 16-23)

For reasons of a lack of transparency, we are unable to give precise sequence of events in many of the examples, and the exact state of many assets is unclear. Accordingly the report is not a forensic analysis of the state of the countries Psychiatric Service assets, but a survey which asks many important questions which cannot be answered by the authors but which can be asked legitimately of Health Service Managers and Politicians.

Historical Perspective:

The creation of the asylum system with their attendant lands was an act of political vision and compassion by contemporary Victorian society, but it also represented an enormous financial investment in the best model of care for the mentally ill at the time. Underwriting the capital and revenue costs of the asylum programme was the largest programme of its kind undertaken by the governments of the day. The result was that by 1900 we had a comprehensive, high quality system of care which equated with the ethical and policy standards of the day. The consequential provision was extensive and the capital infrastructure to provide it and support it was made available through a sense of public duty and responsibility.

Some Contemporary Issues:

(i) Communitisation of Psychiatric Services

Community models were first articulated in the 1960s and adopted in the policy document *Planning for the Future* in 1984 and endorsed in *A Vision for Change* in 2006.

The closure of mental hospitals and of large institutions has been national policy for more than 40 years. This is not based on economic considerations alone but on sound clinical and humane reasons - giving improved quality of life, greater dignity, more liberty and better clinical outcomes for patients than those cared for in institutional settings. Every recent report suggesting the reform and communitisation of Psychiatric Services in Ireland has recommended the conservation of the resources vested in building and land assets for use to develop community-based services following their disposal.

(ii) Negative Trends in Psychiatric Service funding

The trend in revenue and capital development funding for mental health in the recent years has led to the ‘pauperisation’ of psychiatric services. There has also however been a parallel pattern of asset loss during this same period. The revenue cost of the almost exclusively institutional service of the early 1960s was as high as 22% of total health expenditure. Since there is no evidence that community care provision is cheaper than institutional care and there is no evidence that the incidence/prevalence of mental illness has declined, we are now attempting to substitute community care for a quarter of the cost of institutional care in 1960 expressed as a proportion of total health expenditure.

Prior to this the assets of the psychiatric services were primarily tied up with the asylums and their lands, and little, if any, community resources or facilities existed. What is also apparent is that, apart from references in the Reports of the Inspectorate of Mental Hospitals over the years, there has been little awareness of the practice of asset-stripping and its consequences, and *The Lie of the Land* Report serves to highlight this national picture in a coherent and credible way.

The custom of appropriation is well illustrated in the chronicle of events surrounding St Ita’s and St Brendan’s Hospitals in Dublin where false promises trade on good will in one case, and the dismantlement of services that are no longer fit for purpose occurs with calculated disregard for the urgent necessity to develop a comprehensive range of alternatives to those sub-standard facilities in the other (see Appendix 1&2, pages 16-23).

(iii) Community Care - does it exist in your area?

Community care is not alone a change in the philosophy and locus of care, it is also the transfer of capital and other resources to enable services be effectively delivered in actual community settings. The development of such services is essential so that the de-institutionalisation policy does not result in unsupported mental health care in the community. These cannot be simply inserted into existing community services, but require a specific high quality set of community based resources in their own right. Transferring staff from large institutions can only be effective if there are services around which staff can organise their service delivery; these include day hospitals, day centres, community mental health headquarters, hostels, group homes, crisis houses and many other similar facilities.

iv) When is Community Care burdensome?

The population in institutional care in the Psychiatric Services in Ireland has reduced in 50 years from 20,000 to below 3,000 at the present. This has represented an enormous effort by all concerned to locate care in an environment more appropriate than institutional asylum-based care. Transfer of psychiatric care to the community has taken place however with little regard to the availability of adequate community-based facilities. Treating patients in the community with inadequate resources places a huge burden on each individual patient themselves, their carer, families, employer and service provider who try to support that person's recovery and rehabilitation. Specifically, two major components of service are required to deliver a modern user-friendly community-based psychiatric service. These are general hospital-based psychiatric units to provide acute inpatient care when required and community mental health centres and complementary entities such as crises home and residential rehabilitation accommodation.

(v) Acute Care in "new" General Hospital Psychiatric Units

As part of this process, acute (**urgent**), psychiatric in-patient care now takes place in approximately 50% of cases in psychiatric units detached from asylums and attached to general hospitals. While this represents some progress, the majority of existing general hospital units are now outmoded and unsafe and in urgent need of replacement or major refurbishment e.g. South Tipperary⁵. Others have been unsuitable from the outset e.g. West Cork Service⁶, neither built for nor are they fit for purpose, and these now provide inadequate and compromised care to those who need it. The degree of integration of these units is very variable – some are actually sited within the hospital building and others are based as stand alone units in the general hospital grounds. While a number of units enjoy the full range of hospital services, others do not have access to basic hospital services such as phlebotomy, out patient clinics, physiotherapy or portering. In one general

⁵ This service, in 1968, was the one of the first in the country to open an acute unit in the grounds of a General Hospital. It has not, however been modernised or refurbished and from being a pilot site of the 1960s became a "black spot" in the *Report of the Inspector of Mental Hospitals, 2003* when it was among 8 services that were identified as being "unacceptable for the care and treatment of patients because of seriously unsatisfactory conditions".

⁶ This acute admission unit has operated from former student nurse accommodation in Bantry General Hospital since the mid 1990s and various improvements have been recommended by the Inspector of Mental Hospitals over the years to make it suitable as an acute admission unit. There is no decision about the future of this unit or whether more suitable premises are to be made available. It has no land assets.

hospital, psychiatric consults to medical and surgical inpatients are carried out on a same day ward-based basis, reciprocal medical or surgical consultations on inpatients from the psychiatric unit entails patients having to go to the hospital A&E Department, accompanied by a nurse, where they both wait their turn.

(vi) Acute care in older Mental Hospitals:

Approximately half of our inpatient care is provided in the obsolete vestiges of the Victorian asylums and patients continue to be admitted to these outmoded, outdated and grossly unsuitable environments in isolated or asylum based sites, for acute psychiatric treatment. This is not appropriate for acute mental health care and the situation is entirely unacceptable e.g. Wexford⁷.

(vii) The spectrum of consequences:

A consequence of the poor husbandry of our assets is seen in the continuing failure to resource new community-based services adequately not to mention crisis resolution centres, day hospitals and day centres.

An additional outcome of the failure to diligently capitalize on the realised assets of Mental Asylums and to ring-fence and re-invest is that the residual long-stay residents (**non-urgent**) continue to live in dilapidated and often deeply impoverished and stigmatising environments instead of community-based residential facilities. Yet we continue to squander the assets that might have been used to remedy matters. The complete lack of appropriate community-based residential facilities for this group who are the most forgotten and overlooked is deplorable.

⁷ St Senan's Hospital, Enniscorthy was built in the 1860s and sits on a campus of 100 acres (approx) which includes a working farm that is rented to an independent farmer. The hospital continues to have 137 inpatients of which 40 have acute illness and the remainder are either those with a learning disability or are elderly. Vast sums of money are spent annually on maintenance – roofs, windows, replacing the lift. The building has been described as a monstrosity by those that work there and it was stated to be cold, leaky & damp with the dignity of patients compromised and staff morale low. Multidisciplinary teams are staffed in a undeveloped fashion and thus care to those using its service is sub-optimal. The hospital was fined in recent times when sewage leaked into the local river. The female admission ward was identified as a “black spot” in the *Report of the Inspector of Mental Hospitals, 2003* when it was among 8 services that were identified as being “unacceptable for the care and treatment of patients because of seriously unsatisfactory conditions”. There are no known concrete plans about what will happen to the land, meanwhile Dickensian conditions prevail.

Mental Hospital Building and Land Asset Loss or Diversion and its Consequence, 2008:

The following are countrywide examples of loss or diversion of Psychiatric Services assets from the HSE.

- **St Canice's Hospital, Kilkenny:** as the old asylum building was vacated in a piecemeal fashion it has gradually been taken over as a HQ for the South Eastern Health Board initially and subsequently the HSE South. In the early days of this transition, the high level re-fit of the top floor administrative section was very unfavourably contrasted with the poor physical environment in the middle and ground floor that continued to be occupied by patients.
- An acute Day Hospital continues to function in the grounds of St Canice's but many patients opt for inpatient care in the unit in St Luke's General Hospital rather than face the Day Hospital in what continues to be for patients, the stigmatising environment of St Canice's.
- **St Dymphna's Hospital, Carlow:** some loss of land has occurred on the campus with the entry of a diversity of health facilities onto the site in a health park-type development. There has not been any known *quid pro quo* in terms of the payment of rents or overheads.
- **Clare Mental Health Service:** the 40 acres upon which Our Lady's Hospital was sited was sold by the Mid-western Health Board to Clare County Council & the Shannon Development Authority in 1998 for €2.6m. Some of that money was "ring fenced" to enable the development of the new psychiatric unit in Ennis General Hospital. In late 2001 or early 2002, 8 acres of the original site was sold on to a private developer for between €6-7m – if correct this represents a x13 fold increase in the value of that land within a 3 year period.
- There is a further site in Killaloe owned by the Clare Mental Health Services which was understood to have been unsuitable for development purposes. Recently, it is understood that this land has now been taken into the central land bank of the HSE.
- **St Stephens Hospital, Glanmire, Co Cork:** There are 180 acres approximately on the St Stephen's Hospital campus. Apparently a large proportion of the land is inaccessible for development purposes as there are gas mains running through the site.

- A Child Psychiatric Inpatient Unit, one of only three in the country had been on the site up to 1987⁸ but was then closed.
- Several tenants moved into this site over the years – these include the development of Children’s Units in the 1980s that are run by the HSE but where children are placed by the Department of Justice & Law Reform - independent of the psychiatric services.
- An ever increasing number of HSE Administrative Offices have also taken over parts of the site.
- Several acres of the St Stephen’s site are used by a Pitch & Putt course that may be leased but there is no clarity as to whether there is any rental income and/or whether this is available to or re-invested in the psychiatric services
- ***Donegal Mental Health Services:*** The St Conal’s Hospital campus has a land bank of 70 acres, approximately 20 acres of which have to be given to the County Council for Social & Affordable Housing – but it is not clear why this is the case - the provision of housing is a matter for the Department of the Environment.
- Most of the functional space of St Conal’s Hospital has been taken over by community care and a medical rehabilitation unit for stroke victims and further community based services continue to operate on the St Conal’s site.
- About 3 years ago, all space around the St Conal’s campus was turned into car parks run by a private company – it is uncertain where the proceeds of this commerce are directed? The old farm has been promised to the County Council as a civic amenity. The terms of this arrangement or whether it is on a fully commercial basis is unclear.
- €12m has been made available to renovate the old buildings in St Conal’s for several diverse purposes including childcare and a burgeoning HSE secretariat, to stop all external private renting by the HSE - West. HSE-West argue that funding is being returned to

⁸ This Child & Adolescent Psychiatric Inpatient Unit was closed suddenly in 1987 when the health cuts of that time resulted in a considerable reduction in hospital beds and services nationally. Ironically, this occurred within 3 years of the publication of *Planning for the Future* (1984), the forerunner of *A Vision for Change*, a policy that recommended expanding Child & Adolescent Psychiatry inpatient units. It is now expected that a new Child & Adolescent Psychiatric Inpatient Unit will be built in Cork. It is planned that this unit will be built in the Mahon peninsula and this will take some time to build and commission. In the meantime, it is doubly ironic that an existing building in St Stephen’s Hospital will be adapted to function as an Child & Adolescent Psychiatric Inpatient Unit in the interim. How this unit will be staffed in a climate where there has been no development money detailed for the psychiatric services in 2008 is hard to imagine.

Donegal Mental Health Services for these assets by funding the new acute psychiatric unit; funding for the new rehabilitation unit; funding for CMHT Headquarters in Letterkenny and HSE PCCC are currently “scoping” the remaining lands.

- **Laois Mental Health Services:** Just before the General Election, 2007, two acres of the 40 acre St Fintan’s Hospital site were announced by the then Minister for Public Works to have been handed over to the OPW for the building of a new Garda Station in Portlaoise. It is unclear if this site acquisition is for full commercial cost and whither the proceeds?
- Approximately 10 acres of the St Fintan’s Hospital site have been used by Portlaoise UDC as playing fields & other public sporting amenities for the past 20 years or so – it is not clear if there is a commercial rental arrangement in place for this deal.
- Other relevant HSE services are likely to be offered some land for their own use. It has already been mooted that an Ambulance Base; a Primary Care Team & a Care Centre for the Elderly be sited there. There has not been any mention made yet of any compensation being made and as in many areas the perception is that the land “belongs to the HSE PCCC”, no compensation may be forthcoming. Also the HSE Estate Management has indicated that they will sell part of the site but have not indicated where those funds will go.
- **Longford/Westmeath Mental Health Service:** A 16.5 acre section of the St Loman’s Hospital, Mullingar 100 acre site has been sold for €3.5m in June 2007 to Westmeath County Council. This money has gone into central HSE funds.
- The St Loman’s Hospital development plan is a HSE PCCC development plan and will encompass Ambulance, Pharmacy & several other community resources being developed on the site.
- Acute inpatient care and long term care continues to be delivered at St Loman’s Hospital – certain wards of which were named as among the 8 “black spots” in the Report of the Inspector of Mental Hospitals in 2003 and deemed as being “unacceptable for the care and treatment of patients because of seriously unsatisfactory conditions”.
- **Mayo Mental Health Services:** The land was given away to Galway & Mayo Institute of Technology (GMIT) several years ago, believed

to have been at no cost.

- **Sligo/Leitrim Mental Health Services:** St Columba's Hospital was sold some years ago for €1m and a hotel developed. The acute psychiatric unit moved to a 1940s style building in the grounds in the interim pending moving to a new unit in Sligo General Hospital. Eleven years on, this move into the general hospital has not yet happened. A site development plan is to be published in June 2008 in relation to Sligo General Hospital. At that stage, it is hoped that the new acute psychiatric unit will be on this plan – however as the Sligo site plan will also have to make space for a private co-located hospital, this could augur ill for the psychiatric services.
- Other buildings associated with the hospital have been sold to Sligo IT for what is understood to be the standard commercial rate. Not all of this money has found its way back into the psychiatric services.
- **Cavan/Monaghan Mental Health Services:** There has been piecemeal disposal of the St Davnet's Hospital site over many years and a dilution of its function. For example about 40 acres were sold to the GAA and to the local authority within the past 14 years ago and an unknown proportion of the funds realised were re-invested locally.
- Community care offices have been developed on the St Davnet's site, as was a theatre; a VEC educational facility and Out Patient Clinics for Monaghan General Hospital among other things. There is no sense that an income is generated as a result of this sharing of the land or buildings.
- **Wicklow Mental Health Services:** Wicklow County Council was given 2 acres of land for social housing purposes at no recompense – should this not be the responsibility of the Department of the Environment? Lands were given to Sunbeam Learning Disability Services for a new school building and part of another building were also given over to Sunbeam Learning Disability Services for another school at no recompense – should this not be a Department of Education & Science responsibility?
- **Tipperary South Mental Health Service:** The HSE PCCC refurbished de-commissioned wards for administrative use. The day to day

overheads (maintenance and running costs) of these offices continues to be borne by the psychiatric services.

- In 2006 it emerged that planning permission was to be sought to site a Children's Assessment Unit and an Acquired Brain Injury Unit on the old mental hospital campus notwithstanding the need for the psychiatric service for their own developments.
- ***Limerick Mental Health Services:*** As parts of St Joseph's Hospital's 100 acre campus have been vacated HSE administrative staff and various primary care agencies have moved in. It is not believed that any rent has accrued to the psychiatric services as a result of these moves nor is it clear who pays for the utilities for these services that have moved in.
- ***Louth/Meath Mental Health Services:*** Various primary care services are planned to be developed on the site of St Bridget's Hospital, Ardee.
- ***Kerry Mental Health Services:*** There is part of the St Finan's site across the road currently leased to a Rugby Club. A local Judo Club also have access to the site. These Sports Clubs have now formed the *St Finan's Action Group* to retain their access to this site.

Discussion:

It is difficult to determine accountability for this systematic shedding of assets. Land and asset site development plans have been carried out, the results of which are concealed, and are not made available to mental health service providers or users. Lands have been sold or given away at significant under-valuations or at no cost to the receiver. There is a practice of obfuscation and non transparency around these decisions and no known accountability chain. These losses have been accomplished by a number of mechanisms. In principle, the decisions to redeploy or sell assets are taken at levels above mental health service management and often without consultation. A common practice of exclusion and marginalisation of key clinicians from development plans in regard to their sites was evident for the majority of those we spoke to. There has been usually no process of consultation with mental health service users.

The trend apparent to the authors suggests that Psychiatric Services represent an easy target by planners and managers to appropriate assets to meet shortfalls in current and capital expenditures of general health services. The trend suggests a lack of interest or concern in making these decisions and political and managerial expediency at the expense of persons who suffer from psychiatric problems. The political system is clearly complicit in this process, either directly or more often by silence and indifference. The trend suggests a negative prioritisation of Psychiatric Services and this level of discrimination appears to lie at the heart of the process we report. This not only effects the therapeutic environment in which persons receive care, but also whether or not they receive treatment at all. There is much evidence to suggest the persons will not attend Psychiatric Services in stigmatized, outdated and substandard facilities. Effectively this means many patients get no treatment at all, but because of secondary stigmas the full extent and impact of this problem remains hidden.

It is the duty of the Irish Psychiatric Association to highlight these matters to the public and to interested groups. We believe the contents are important to the Mental Health Commission; to the *Vision for Change* Implementation and Monitoring Groups; to the many patient and carer organizations; to the many professional bodies who work within Mental Health Services; the National Disability Authority and many other advocacy interests in the community.

The major political parties have presided over this process extending over the life of several governments and Ministers. It also extends throughout the various administrative systems that have existed throughout the period. The only consistent feature is the capacity of a process of asset depletion. This confirms a deep rooted political, administrative and community apathy to those who suffer from psychiatric illness and a failure of the political system to take leadership and ownership further to reverse this discrimination.

Mental illness is recognized as the greatest single cause of ill-health and disability and a major public health problem. A nation's response to mental illness is a measure of its ethical standards as well as its own self interest in promoting economic and social well-being. The Victorians in line with the policy insights of their time and their morality, measured up, we, unfortunately, do not. The unwillingness to implement or even to subvert our current policy is deeply stigmatizing which will not be mitigated by any

media initiatives to promote positive images of Mental Health. Instead it merely serves to emphasise the contrast between image and reality, a contradiction and an insult to those affected by these decisions

Our hope is that *The Lie of the Land* Report will serve to raise political and community awareness about this problem. Moreover we re-emphasise this loss and diversion of assets away from Psychiatric Services occurs in the context of several other disadvantages of note, and highlighted by the Irish Psychiatric Association in the past. These include a dwindling relative expenditure on mental health; a diversion away from mental health of funds allocated to it; a continuing inequity in allocation of those funds with marked regional disadvantage in certain areas - all of which contribute to and compound the disadvantage.

We also note the report of the *Vision for Change* Monitoring Group⁹ in regard to the delay in its implementation. The Monitoring Group “acknowledged the commitment of the HSE to implement recommendations but found little evidence of a systematic approach to implementation during the first year. There was no implementation plan with objectives, actions, milestones or deadlines, or assigned responsibilities devised, and the absence of such a plan is impeding progress”.

We note the impact of the recruitment embargo on the implementation for *A Vision for Change*, and we note that the ongoing constraints and cutbacks that the HSE must work under deepen and extend this difficulty. In addition, recent Government policy now requires that the sale of any HSE assets will result in the transfer of any monies directly to the Department of Finance. This is at odds with the prior clearly stated policy of Government and the many public utterances of former Minister O’Malley that all such asset realisation would from the introduction of *A Vision for Change* policy be conserved for the exclusive use of mental health services. We sense that the combined effects of these developments on health services is very limiting to their development, but we fear that in the case of Psychiatric Services, the combined present and historical realities leave the Services on the verge of collapse in regard to certain critical patient groups and in considerable jeopardy for the future regarding their modernisation.

⁹ Independent Monitoring Group: “A Vision for Change”- the Report of the Expert Group on Mental Health Policy. First Report on implementation 1st February 2006 to 31st January 2007 (May 2007)

On the second anniversary of the publication of A Vision for Change there is no evidence that there is any further progress, from the standpoint of the authors of this report - we consider the situation to be in fact much worse.

If the policy of asset-stripping is to continue, what are the implications for Psychiatric Services? An immediate impact is on the stagnation and non-development of Psychiatric Services, both in terms of capital project development but also in terms of policy and good practice development. The goodwill and professional imagination needed to implement this policy is in danger of being irreversibly dissipated because of the lack of progress.

It is not possible to roll out a culture of practice and policy development in the teeth of relentless non-investment in services and depletion of existing assets. Once these assets are gone, it is unlikely that given current political trends that this investment made by society in the past will ever be repeated.

In addition there is significant danger of collapse of the existing services due to these forces all working together to both overburden the existing services and overwhelm the capacity of service providers to respond appropriately.

The most obvious impact is on the credibility of the National Mental Health Policy *A Vision for Change* in its entirety. This policy was welcomed by all sectors and stakeholder groups but it also contains their many labours, considered advices and entitlements. Public support of existing Psychiatric Services and their legitimate hopes and aspirations for appropriate levels of treatment in the community settings are consequently significantly damaged.

Service providers now operate in a semi-permanent limbo without adequate resources to deal with the levels of support required and having lost much of the asset base in the interim. We believe this is a matter of considerable public concern and accordingly are bringing it to the attention of the public in this way. Unless this practice of asset dissipation is discontinued, not only will *A Vision for Change* and its plans be delayed, but the situation will continue to deteriorate. Additionally, *A Vision for Change* is so heavily predicated on the realisation of conservation of these important assets, the situation will be such as to not only delay the implementation of *A Vision for Change* but prevent it from likely completion, ever.

Conclusion:

We conclude by asking these questions-

Whether it is the policy of the government or the policy of the HSE to implement A Vision for Change as set down in the document or according to the practices outlined in this report?

We hold that the policy document *A Vision for Change* is coherent only in whole and not in part, and that any attempt to dismantle its detailed implementation plan, most particularly in the financial area, ensures that this policy is doomed.

We ask whether this is acceptable to Psychiatric Service users or to the wider public?

We seek clarification from the government and from the HSE as to what their intentions are in regard to this crucial aspect of asset management?

Without this clarification we assume that the practices and decisions that have been taken to the detriment of mental health services in the past will continue, if not accelerate. In that case the changes will be in exactly the opposite direction as those envisioned in *A Vision for Change*. We hold that our service users and wider community deserve and must have better.

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Appendix 1:

HSE Dublin North Leinster:

St Ita's Hospital, Portrane, Co Dublin/Beaumont Hospital, Dublin 9.

(i) St Ita's Hospital

The St Ita's Hospital site at Portrane has a 200 acre¹⁰ campus of which some is deemed unsuitable for development as it is marshy. This is a shared site between an adult psychiatric service (St Ita's Hospital) and a learning disability service (St Joseph's Service). In the last Century there were 2000 inpatients in St Ita's Hospital. Those numbers have plummeted from the 1970s onwards. This hospital was identified as a "black spot" in the *Report of the Inspector of Mental Hospitals, 2003* when it was among 8 services that were identified as being "unacceptable for the care and treatment of patients because of seriously unsatisfactory conditions". Adverse comments by the Inspectorate and others about the conditions in St Ita's Hospital have been repeatedly made over many years.

Over time, various plans have been mooted for this site, for example that of developing some of the site for social housing purposes¹¹. Proposals have also been floated to build hotels & apartments there. A considerable amount of money has also been spent in commissioning reports on the site but these have come to nought. The learning disability services have however erected a new facility on the campus.

There was once a site plan of St Ita's Hospital in place but it is now several years old and it has never been acted on. That plan did not consider that psychiatric services would be developed on the Portrane site in the future but rather that acute adult psychiatric services would be developed at Beaumont Hospital as had been discussed for more than 2 decades (*see later Dáil transcripts & Government and other Press Releases*).

From the late 1980s until 2005, senior clinicians at St Ita's Hospital and Beaumont Hospital met on a regular basis to plan acute psychiatric services on the Beaumont Hospital location to which the St Ita's service would move.

¹⁰ Accounts of the size vary from 150 – 300 acres, depending on the report.

¹¹ *Release of further State lands for the Sustaining Progress Affordable Housing Initiative*: Press release from An Taoiseach, 28 December 2003.

About 8 - 12 such meetings occurred annually¹² and these comprised very senior clinical staff from both St Ita's and Beaumont Hospitals¹³. A lot of time was put into engaging all of the staff particularly in St Ita's Hospital, with these plans.

These plans were put out to tender as final approval was given in relation to funding in 2005 and the planning group disbanded in October of that year with an intention of reconvening when the tendering process was complete.

(ii) **Beaumont Hospital** was opened in 1987 after many years of an impasse about opening this facility that incorporated St Laurence's (The Richmond) and Jervis St Hospitals. An acute psychiatric unit was planned to be part of the original Beaumont Hospital development & it was intended that patients from the Dublin North-East catchment area stretching from Killester to Balbriggan (population currently 210,000 and rising) would, if a hospital admission was necessary, be admitted to Beaumont Hospital instead of having to travel such a long journey to St Ita's Hospital with its poor direct public transport access. The original premises planned to be the acute psychiatry unit was used for Old Age Medicine in the 1980s and latterly the hospital's IT Department was also headquartered in this building.

In December 2006 Beaumont Consultants were called to a meeting – each department being met separately to canvass support for a co-located private hospital on the acute hospital site at Beaumont, in keeping with government policy. This was agreed to and it was planned to be developed on the site of the acute psychiatric unit that had been sent to tender in 2005.

The subsequent and recent realisation that the earmarked site in Beaumont Hospital was to be used for a private co-located hospital has resulted in a lot of cynicism and consequent low morale for all of those who invested so much time in this ultimately fruitless exercise. The cost of this exercise in

¹² In 1998 new developmental plans were drawn up in Beaumont Hospital and meetings then held on a monthly basis from 2001-2005. Such was the detail of these plans that not alone were the obvious matters such as the number of beds required agreed but also micro-details such as where electric wall sockets might be sited.

¹³ These meetings comprised 12 people at a minimum but often almost twice that number - including the Clinical Director of St Ita's and the Professor of Psychiatry at Beaumont/RCSI; their respective Directors of Nursing; relevant administrators from both hospitals, representatives of the Department of Health & Children and Architects & technical staff who drew up plans of varying levels of detail with each passing year.

terms of the external personnel who were engaged is unknown but felt not to be inconsiderable.

As the new site that was earmarked for development into the acute psychiatric unit in 2005 is now about to be developed as a private co-located hospital, people and their relatives are consigned to have St Ita's Hospital for acute inpatient treatment, for the foreseeable future.

It is unclear if the private co-located site has been signed off on yet but it is the belief of those working in Beaumont Hospital that the building of the co-located private hospital will begin in February 2008 and the modern acute psychiatric unit that has been promised for more than 20 years to replace the extremely poor one at St Ita's will continue to be just that – an fulfilled promise.

Government Stance –rhetoric ✓ action:

The development of an acute psychiatric unit at Beaumont Hospital has been the subject of Dáil debate and other exploitation for political ends for more than two decades – some of which include these:

1. *[Extract from Dáil Debate 19, March 1986 between opposition TD Deputy Dr Rory O'Hanlon & the then Minister for Health, Barry Desmond TD]*

"...Has the Minister consulted with the board of Beaumont or the consultants in Jervis Street and St. Laurence's Hospitals on the staffing of the psychiatric unit — that is, if he intends to do such a ludicrous thing at this stage as to open a psychiatric unit in what is a major general and teaching hospital? ..." (Deputy Dr Rory O'Hanlon TD)

"Regarding the opening of the psychiatric unit, I do not accept at all the argument put forward by Deputy O'Hanlon that nothing should happen until the whole lot goes in en bloc and then you open the psychiatric beds in the hospital. I think there are about 33 psychiatric beds within the framework of the hospital. In view of the large scale of the facilities at Beaumont I intend to commission the hospital on a phased basis and in this context I have decided to proceed with the opening of the new psychiatric unit in Beaumont immediately. ...The new psychiatric unit will provide an in-patient service for the Dublin north-east catchment area and will form part of a comprehensive community oriented psychiatric service as outlined in the policy report "Planning for the Future". The health board is prepared to co-operate in the early opening of the psychiatric unit. This proposal has now been advised to the chairman of the Beaumont Hospital Board and I await the board's formal response. I envisage that staffing and related issues associated with the commissioning of this facility will be subject to consultation between the health

board and the hospital board and between both boards and the staff interests concerned. I have asked that those discussions take place as a matter of urgency, and the full co-operation of my Department is assured”.

2. *[Extract from a written response by the Minister for Health, Michael Noonan TD to a PQ by Deputy Ray Burke TD, 24 October 1996] ...With the development of a localised community-based catchment area services, admissions to large psychiatric hospitals such as St. Ita's Hospital will be curtailed and in the longer term discontinued. Since 1984, the psychiatric in-patient population in St. Ita's Hospital has reduced from 475 to 266. The long-term objective is to provide all acute psychiatry for the catchment area in Beaumont Hospital. The board's development plan for St. Ita's Hospital will effect the phasing-out of all hospital wards in the main building over the next four to five years...*

2. *[Extract from a Press Release from the Department of Health & Children as Mr Brian Cowen, TD, Minister for Health and Children (Monday, 18 May 1998) laid the Annual Report of the Inspector of Mental Hospitals for 1996 before both Houses of the Oireachtas and forwarded a copy to the President of the High Court.*

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“Substantial refurbishment and upgrading of accommodation was undertaken in St Ita's Hospital and the Minister has recently provided capital funding of £550,000 to enable major improvements to be carried out to the admission and assessment facilities and £250,000 for the establishment of a special maintenance programme for the mental handicap services at St Ita's. Discussions are under way for the provision of a modern acute psychiatric unit in Beaumont Hospital to replace acute in-patient facilities which are at present provided at St Ita's. Community-based services were further developed with the acquisition of several community residences, a new day hospital opened in Swords and similar facilities were commissioned for Balbriggan and Coolock.”

3. *[Transcribed extracts from exchanges at Private Members Business, Dáil Éireann 10 June 2003] “On behalf of the Northern Area Health Board, I today read the report of the Inspector of Mental Hospitals which shows the grim picture that is the reality on Dublin's north side. The Mater Hospital's unit - just 15 beds - is said by the report to be too small to be capable of delivering anything like the service in line with national policy, and it is probably the biggest hospital in the country. Beaumont Hospital, also one of the biggest in the country, has no unit. The report expresses alarm at the lack of clinical psychologists, social workers, occupational therapists and physiotherapists linked to any of the services available in the northern area. This means that the opportunity for rehabilitative services is severely curtailed. It deplores the lack of community services which it describes as severely limited and in bad need of refurbishment where they are in place...I hope we will get a decent response from the Government. [Deputy Richard Bruton TD]...*

“...The Inspector, in his report, stated that the admissions unit in St. Ita's Hospital is unsuitable for modern acute psychiatric care even though it has been upgraded considerably in recent years. This highlights the delay in constructing the promised acute

unit in Beaumont Hospital - more promises, promises, promises. The report referred to serious deficiencies in the provision of appropriate clinical care for patients, the total absence of social workers, psychologists and occupational therapists and stated that physiotherapy was particularly disappointing. The inspector continued that it was inconceivable that a service for almost 300 people with intellectual disabilities in Portrane would not have a psychologist for clinical assessment purposes and no social worker. Today there is no GP either. [Deputy Seán Ryan TD]

4. *[Address by the Minister for Health and Children, Micheál Martin to the Select Committee on Health and Children, Estimate for 2004 on 29 April 2004.] ...Total capital expenditure for the years 2000 - 2003 was approximately €1.7 billion while total capital funding for this year for the health sector is €509.5m. NDP funding in 2004 will allow for the planning and construction of several major projects in the acute and non-acute sectors. These include, for example....*

Non-Acute Sector: ...Beaumont Hospital - Acute Psychiatric Unit...

5. *[Press Release by Deputy Seán Haughey TD, Dublin North Central, December 2005]*

New 60-Bed Acute Psychiatric Unit for Beaumont Hospital

"Deputy Seán Haughey T.D. can confirm that the proposed new Acute Psychiatric Unit at Beaumont Hospital will contain 60 beds. There will be two 27-bed wards for adult psychiatric patients and one 6-bed ward for old age patients.

"This is an essential and therefore welcome development," said Deputy Haughey. "The proposals are extensive and geared towards a patient-friendly environment, at the same time catering for every need of the staff. The scheme envisages a modern building design, and includes facilities indicative of the direction Beaumont Hospital is heading in the twenty-first century.

"Additional plans include secure units and high observation units as well as shared recreation rooms, a dining room, visitor's room and treatment rooms. The intention is to build the unit around a courtyard, thereby providing natural light to the patients' day room and corridor areas. There will also be a private garden for general outdoor recreation.

"It is estimated that the project works will take approximately sixteen months to complete and staff will transfer from St. Ita's hospital in Portrane, though additional staff will be recruited on top of this.

"This is going to be a first rate facility and I commend the management of Beaumont Hospital for their foresight and professionalism in connection to the project," added Deputy Haughey."

Appendix 2: HSE Dublin North Leinster: **St Brendan’s Hospital, Dublin 7.**

St Brendan’s Hospital had a land bank of 73 acres. This was understood to have been agreed to be sold to the Dublin Institute of Technology in 1998 although no monies were ever handed over¹⁴ nor has the precise sum agreed for this sale ever been disclosed. This is worrying as the value of such a large land bank in such proximity to Dublin City Centre is clearly very high.

It is understood by those currently working in St Brendan’s Hospital that approximately 12 acres of the site will continue to be available to the psychiatric services¹⁵ – the reality may, in fact, be different.

The development of this site is understood to have been made possible by the moving of the Grangegorman Development Agency Bill 2004 through the Houses of the Oireachtas; the commencement of the Grangegorman Development Agency Act 2005¹⁶ and finally the establishment of the Agency in 2006 (see www.grangegormandevopmentagency.ie). Notwithstanding the fact that the land at St Brendan’s Hospital has been sequestered with the passing of the Grangegorman Development Agency

¹⁴ Written response dated 15/06/’06 to a PQ posed by Deputy Caoimhghín Ó Caoláin TD by David Gaskin, Lead Local Health Manager on Parliamentary Affairs, Dublin North East: “The lands at St Brendan’s Hospital have not been sold. The disposal of lands is subject to the Grangegorman Development Act 2005. The Act allows for the establishment of the Grangegorman Development Agency...”

¹⁵ An examination of the provisions of the Grangegorman Development Agency Act, 2005 indicate that 10% (i.e. 7 acres) may be used for *health* purposes. Psychiatric Services do not specifically feature among those listed (See footnote 18).

¹⁶ “In 1999 the Government decided that the Department of Education and Science should buy 65 acres of the 73-acre site at Grangegorman from the Eastern Regional Health Authority to be used as a new campus for the Dublin Institute of Technology. In May 2001 the Taoiseach Bertie Ahern established an inter-departmental working group, which appointed consultants to develop recommendations. One of the main recommendations in their report in November 2001 was that a development company should be established to project-manage the development. This Act provides for the establishment of an agency to plan and oversee the development of a major site at Grangegorman in Dublin's north-west inner city, within walking distance of the city centre. Originally the location of St. Brendan's Mental Hospital, around 10 percent of the 73-acre site is to be retained for the development of local health services, and 65 acres is to be used for a new campus for the Dublin Institute of Technology (DIT). The site could also be put to other uses, including the building of an *Educate Together* national school.” (Minister Mary Hanafin reading from the Second Stage of the Grangegorman Development Agency Bill, 3, November 2004)

Act in 2005, it was also one of the sites considered in March 2006 for the development of a new national paediatric hospital¹⁷.

The HSE National Estate Manager and a former Local Health Manager who has since departed this job sit on the Grangegorman Development Agency forum. The Medical Director of St Brendan's Hospital, the current Local Health Manager and a long term service user of St Brendan's Hospital sit on a consultative subgroup. This latter arrangement was hard fought in that the original plan was that an administrator from community care would sit on the consultative subgroup to represent the interests of the psychiatric services and no functioning clinician had been considered.

There is a multi-purpose site plan in place but site development is currently halted by the fact that neither the funding nor planning permission has yet been secured. It is anticipated that if these do not pose a problem the site will commence development in 2009. It is understood that the site development will begin with the psychiatric unit development and completion after which the entire old site will be cleared.

There are currently 80-90 patients on the St Brendan's Hospital site including a 12-bedded male and female low secure unit. There are also a small number of people in a slow stream rehabilitation programme and long term hospital patients. The Finglas/Cabra Acute Psychiatric Unit remains on site but is earmarked to move to Connolly Hospital Unit in the spring of 2008. This latter service was scheduled to have moved to Connolly Hospital quite some time ago. This move was delayed by the knock-on effect of buildings mismanagement in Connolly Hospital that resulted in another service occupying their earmarked unit for several months - to the present time - with the consequential condemnation of people from the Cabra and Finglas sectors to the shameful conditions that persist in the now almost derelict St Brendan's Hospital.

Although the clinicians at St Brendan's hope that 130 beds for psychiatric service use will be developed on the site, there is no actually legislative basis to ensure this. The terms of the Grangegorman Development Agency Act 2006 indicate that only 10% of the site is reserved for the HSE. The drafting

¹⁷ Radio interview with Dr Conor Teljeur who co-authored a HSE sponsored report on *Distance and Travel Time Calculations for a proposed National Paediatric Hospital in Dublin: A report to the HSE* (March 2006) in which he stated that the Grangegorman site was reported to be the most accessible of the 7 sites under consideration (RTÉ radio *Morning Ireland*, 15th, January 2007).

language of this piece of legislation is, however, somewhat incoherent which may serve to obscure its true meaning – but there is no explicit statement to indicate that modern psychiatric services will be developed on the site¹⁸ – nor funded to be developed elsewhere. We can find no record of any Ministerial Commencement Order for this Act.

There has been a considerable cynicism attached to the Grangegorman project among clinical staff, given the amount of work that was undertaken on the Millennium Units that began in the late 1990s with a promise of slow stream rehabilitation units on the St Brendan’s Site and also the provision of one of the 3 Psychiatric Intensive Care Units earmarked for the Dublin area. After exhaustive regular meetings that continued for several years to plan such vital units, nothing became of these.

¹⁸ “Approximately 10% of the Grangegorman site is intended for development of health care facilities for the Eastern Regional Health Authority. It is intended to refocus and reorient St. Brendan’s Hospital campus. This will include a move from institutional to more appropriate community settings and a move from regional to local focus in health care provision, including a move from acute care to rehabilitation. This will include the provision of a more appropriate environment for those availing of the facilities. In addition, the creation of a joint education and health campus will provide opportunities to create synergies in developing appropriate model of care and development in specialist areas such as optometry, clinical-hospital measurement, dietetics and nutrition, social care, early childhood studies and health services management. It is also anticipated that the on-site co-operation between education and health care providers will lead to the development of tailored courses. The Eastern Regional Health Authority and the Northern Area Health Board are responsible for the planning of health facilities in this locality. Currently it is anticipated that the health development on the site will include residential and day care for intellectually impaired and young physically impaired people, residential and day care for the elderly and dementia sufferers” (Minister Mary Hanafin reading from the Second Stage of the Grangegorman Development Agency Bill, 3, November 2004) .

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