



The College of Psychiatry of Ireland  
*Coláiste Síciatrachta na hÉireann*

Press Statement, *A Gloomy View*  
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The College of Psychiatry of Ireland today launched an investigative report, *A Gloomy View* that examines the progress of employment of key personnel required to advance the recommendations of *A Vision for Change* and promised when the Mental Health Act 2001 was enacted in 2006.

The key objective of this reappraisal was to assess the position re advancement in the allocation of new human resources recommended for Community Mental Health Teams in adult mental health services nationally since 2006.

*We report that more than half (53%) of the services surveyed (spanning all HSE services nationwide) had consistently low levels of recruitment of the required or recommended multidisciplinary team members with only approximately one-sixth (16%) of services receiving what they had been promised. We highlight that as many as one-third (32%) of mental health services were neither promised nor provided with any enhancement of their clinical teams during a time of modernisation, change, promised and available investment.*

Consultant Psychiatrist and one of the lead authors of the paper Dr Siobhán Barry said *“if the present rate of progress continues it will take 40 years to implement A Vision for Change”*. Joint author, Consultant Psychiatrist, Dr Patrice Murphy points out that *“Developments such as they were, were piecemeal with no sense of any concerted and co-ordinated effort”*.

This report calls on both the Minister of State with responsibility for Disability & Mental Health, Mr John Moloney TD, the Minister for Health & Children, Mary Harney TD and the Minister for Finance, Mr Brian Lenihan TD, to demonstrate their commitment to the objectives of *A Vision for Change* and reverse the trend of declining standards, of cuts & redirection of mental health funding and resources and the failure to deliver badly needed and over due reforms in mental health services. The report states unless these reforms are enacted '*those who suffer from mental ill health and their carers will have been seriously misled and denied basic services and basic reforms*'.

### Some key points of 'A Gloomy View'

- A third of services nationally received neither a commitment to nor any new resources in the aftermath of the launch of *A Vision for Change*.
- The small numbers of new posts that have been created are likely to be negated by the public service jobs embargo that led to lost positions - estimated to be as high as 7.5% in one service.
- Had the 18 new multidisciplinary teams promised in December 2005 been realised, a rolling programme of ongoing developments might then have begun and the aspiration of a responsive, pro-active, relevant mental health service espoused in *A Vision for Change*, to become a reality.

Ends

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## Case Examples - The real life stories behind *A Gloomy View*

1. Marian, 37, cannot avail of psychotherapy for a Post Traumatic Stress Disorder, following her witnessing a fatal road traffic accident, because a **Psychologist** has not been appointed to her local mental health service. Meanwhile she is housebound, cannot work, and is overcome with vivid memories of the event. She is unable to move forward, is smoking excessively & her relationship with her young children has become increasingly more distant. Her husband is at his wits end and doesn't know what to do.

2. Joe (27) is recovering from Schizophrenia and has been symptom-free for several years. He is unemployed because he lacks the skill and confidence even for a basic job. There has been no **Occupational Therapy** in his local mental health service since 1995 and he is stuck at home with elderly parents who want him to achieve greater independence and less reliance on them in their declining years. If he had an Occupational Training service he would be assisted in recovering with confidence and taking control of his life.

3. Barbara is a 48 yr old separated woman with 3 adult children. Due to her bizarre and unreasonable behaviour (untreated psychosis) she was estranged from her children who had left the family home and she refused contact from her family doctor and other community supports.

Her family were concerned about the risk of self neglect and the risk of harm to herself through self neglect and others as she had a history of assaultive behaviour when unwell. The daughters initiated contact with the psychiatric team via the team **Social Worker** who provided them with information regarding the requirements of the mental health legislation. Eventually she was admitted to hospital involuntarily.

Following admission, Barbara was found to have had no electricity, gas or means of cooking for over a year; her furniture and white goods were thrown out in back garden, her plumbing had been disconnected because of delusional ideas about piping and she was occasionally cooking over an open fire.

Barbara was initially hostile to the treating team but did allow the team Social Worker visit her house to assess her needs. She agreed for the Social Worker to refer her to Money Advice & Budgeting Service (MABS) & attended MABS accompanied by the Social Worker. The Social Worker liaised with statutory and voluntary agencies on Barbara's behalf and advocated for funding from charitable organisations and the Community Welfare Officer prior to Barbara's hospital discharge. Her utilities were reconnected and new furniture and clothing were acquired.