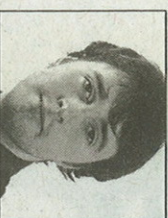


# Mental health on the edge



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We need to develop a mental health, rather than a mental illness, service, the Pfizer/Irish Times forum is told

**P**EOPLE WITH mental health problems should receive electroconvulsive therapy (ECT) only when every other available form of treatment has been ruled out, Prof Ivor Browne told a forum on mental health last week.

Prof Browne, professor emeritus of psychiatry at University College Dublin, said he had used the treatment on patients some 40 years ago but that he had not since found anyone who could not be treated in an alternative manner.

"I've seen a change in people treated with ECT but it's a very temporary change," he said. "It doesn't change any of the reasons why they were depressed in the first place."

"You have got to mobilise the person from the inside. I sometimes prescribe medication which can give a kind of lift on a temporary basis, but you still have to follow the principle that the person must take over."

Speaking at the Pfizer Irish Times Health Forum, on the topic *Mental Health - Is Ireland on the Edge*, in the Trinity College Dublin Science Gallery on Tuesday, Prof Browne said he had dealt with every kind of disturbance in the 40 years since he had moved away from ECT and had always managed to find a way around it.

"A colleague of mine has made the point that while all the rest of medicine tries to prevent seizures, people in psychiatry try to give them."

Dr Tony Bates, founding director of Headstrong - the national centre for youth mental health - said there was an uneasiness in the field of psychiatry about ECT, but that he had on occasion seen it to be of great value to patients.

"I witnessed it to be of great value for a particular person I worked with," he said. "She was a 72-year-old woman who was grieving the loss of her husband. It was such a beautiful awakening she experienced."

However, he conceded the treatment was not for everyone, doing permanent damage to some 30 per cent of recipients, and that people who had not reached the point of needing ECT often received it.

John Redican, of the National Service Users Executive, argued that there were wild variations in the use of ECT between different regions of the State, with patients in the west considerably more likely to undergo the treatment than those in the south.

Dr Bates agreed there was a considerable inconsistency in its usage between the two regions, with people in the west significantly more likely to receive the treatment.

On the topic of suicide, Geoff Day, director of the National Office for Suicide Prevention, told the forum that it was preventable in the vast majority of cases.

"The signs are often there," he said. "Very simple engagements can move people who feel suicidal away from the edge."



Top: Fintan O'Toole, left, assistant editor, *The Irish Times*, with key speakers Mr Geoff Day, Mr John Redican, Dr Tony Bates and Prof Ivor Browne.  
Above from left: Prof Ivor Browne, Mr John Redican and Dr Tony Bates and Mr Geoff Day. Photographs: Matt Kavanagh

Mr Day said people were more likely to commit suicide when they felt disconnected from others and that the breakdown of community structure during the country's boom years had heightened this problem.

He said that, in recent years, young people were feeling suicidal more frequently because they felt they could not achieve all that was expected of them.

Dr Bates noted that young people attending regional centres run by Headstrong regularly said they felt excluded and isolated and more often than not wanted somebody to simply look them in the eye and tell them life was worth living.

Regarding mental health in Ireland, Prof Browne said hospitals here spent far too much time diagnosing mental illness and little time promoting positive mental health.

"I don't think we have a mental health service here," he said. "I think we have a mental illness service."

He said the training of psychiatrists was one of the causes of this problem as they have little experience of psychotherapy and that the over-prescription of antidepressant drugs was deepening the problem by pushing people who had problems into positions where they were considered to have an illness.

Mr Day said there was undoubtedly a link between prescription medication and instances of suicide.

Mr Redican said mental health was in the margins in terms of health spending and that he felt the area was grossly neglected by politicians.

He said the area should account for 8.2 per cent of health spending but received only 5.4 per cent this year.

"Mental health is central to wellbeing," he said. "If you don't have good mental health, you'll be impoverished."

Dr Browne said spending on mental health services was at 11 per cent as far back as 1994.

Mr Day said a lack of investment in the area had taken Irish mental health services closer to the edge. He said the Government's *Vision for Change* programme for the mental health sector was a good strategy, but that having the required funds invested was a major issue in the current climate.

Dr Browne said countless reports similar to *Vision for Change* had been penned over the years but were never fully implemented.

Mr Redican argued that a "Dublin 4 standard" existed in mental health treatment here with the wealthy having better facilities and access than their less well-off counterparts.

"Why can't we move towards a more equitable society and actually focus resources on poorer people who seem to require them the most?" he said.

"These people suffer from the high-

est rates of mental illness but yet they have less access to services."

Speaking from the audience, Stephen McMahon of the Irish Patients Association said there needed to be a consent process for the prescription of medication similar to that before people underwent operations.

"We have seen patients who have not been advised of the risks of their medication," he said. "They have not been properly advised to have regular blood checks because their medication can have serious side effects."

Mr Redican agreed that minimum standards needed to be set in terms of patients consenting to taking and un-

derstanding the risks associated with prescription drugs.

Prof Browne said it seemed psychiatry was working very hard to become like the rest of medicine, with mental illness being considered the same as any other illness.

"The point I would like to make is that illness is not just something that happens to you, it is something you produce in yourself," he said.

"Our best hope in living as long as we can is to strengthen your immunity... and what we need is not for psychiatry to become part of medicine but for medicine to move back towards understanding that principle."