

Patients Not Prisoners

Handle With Care

REPORT

on the
Central Mental Hospital Round Table Meeting
30th January 2008

THE CENTRAL MENTAL HOSPITAL CARERS' GROUP



Irish Mental Health Coalition
Campaigning for improved mental health services

Schizophrenia Ireland
Lucia Foundation



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FOREWORD

On 30th January 2008, Schizophrenia Ireland in conjunction with the Central Mental Hospital Carers' Group and supported by the Irish Mental Health Coalition, held a round table seminar at the Mansion House, Dublin to discuss the Government's controversial decision to relocate the present Central Mental Hospital.

The decision would see the Central Mental Hospital moved from Dundrum to Thornton Hall in North County Dublin. The proposal is that the hospital would be located adjacent to the new super prison site there.

In the first half of the seminar two keynote speakers presented expert opinion on the matter of the proposed move. Mr. Jim Power, Chief Economist with Friends First, presented an analysis of the economics of the proposed move and presented a viable alternative. Dr. Paul Mullen, Professor of Forensic Psychiatry at Monash University, Australia and Clinical Director of the Victorian Institute of Forensic Mental Health, made a presentation drawing on lessons learned from his extensive international experience in running secure forensic psychiatric hospitals. Both presentations gave compelling arguments against the proposed move.

In the afternoon the large number of participating organisations stated their respective positions on the proposed move. The seminar then closed with an extensive discussion, the result of which was an agreed joint declaration which will be presented to the Minister for Health and Children, Mary Harney TD and Minister of State at the Department of Health and Children, Jimmy Devins TD, summarising the objections to the Government's decision that were outlined at the seminar.

This report summarises the discussions of the seminar and presents the joint declaration.

INTRODUCTION

This report outlines the groundswell of concerns regarding the proposed relocation of the Central Mental Hospital facility to a site beside the new prison at Thornton Hall in North Dublin. By calling upon internationally recognised experts to discuss this issue, a compelling economic perspective and international best practice approach were put forward to debate the relocation of the Central Mental Hospital, which are discussed in detail and can be found in their entirety in Annex I of this report.

The participating NGOs and other organisations represented at the seminar also had the opportunity to put forth their concerns about the relocation of the CMH to Thornton Hall, which culminated in writing the Joint Declaration, which can be found in Annex II of this report. The conclusion from the proceedings was that the move to Thornton Hall represented the worst-case scenario and that the Government has the opportunity to reverse its decision and use its assets and the willing expertise at its disposal to establish an internationally exemplary model.

Central Mental Hospital

The Central Mental Hospital (CMH) was established in 1850 as a result of recommendations of a parliamentary committee set up in 1843. The hospital was the first secure hospital in Europe providing care and treatment for offenders with mental disorders, and was built on a 34-acre site, four miles from Dublin city centre. At that time, and following much discussion, it was decided not to co-locate the hospital with a prison, in recognition of the distinction between illness and criminality.¹ It is ironic that the Victorians could make such an enlightened decision when, one hundred and fifty years later we are faced with a Government decision of co-location.

The hospital provides treatment in conditions of high, medium and low security. Patients come from either the prisons, the courts (either having been found not guilty by reason of insanity or under sentence) or from local psychiatric hospitals. Intensive psychiatric treatment and rehabilitation are provided in a structured therapeutic environment by five consultant-led multi-disciplinary teams. The hospital is fully accredited for training purposes by the Royal College of Psychiatrists. It functions very much as a hospital which provides asylum for its patients, many of whom, for one reason or another, have lost contact with their local psychiatric services. Today, the Central Mental Hospital accommodates eighty-two patients, although the need is for a facility to provide for a much larger number.

The Expert Group on Mental Health Policy in its report, *A Vision for Change* states that, "The Central Mental Hospital should be replaced or remodelled to allow it to provide care and treatment in a modern, up-to-date humane setting, and the capacity of the Central Mental Hospital should be maximised."² It is agreed that the CMH buildings are not suitable for the provision of modern twenty-first century forensic psychiatric care and investment in modernisation is long overdue. The inadequacies of the physical conditions in Dundrum were highlighted in reports on inspections carried out by the Council of Europe Committee for the Prevention of Cruel and Inhuman Treatment and Torture (Committee for the Prevention of Torture), in 1998, 2002, and 2006.³ With that said, the current Government plans to relocate the CMH at Thornton Hall is not the answer.

¹ Pauline Prior, 'Prisoner or Patient? The Official Debate on the Criminal Lunatic in Nineteenth Century Ireland', *History of Psychiatry*, Vol.15, No. 2, 2004, pp. 177–192.

² *A Vision for Change: Report of the Expert Group on Mental Health Policy*, Dublin: Stationery Office, Recommendation 15.1.4, p. 140.

³ Council of Europe, *Report to the Irish Government on the Visit to Ireland Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 31 August to 9 September 1998*, Strasbourg/Dublin: Council of Europe, 17 December 1999, CPT/Inf (99)15[EN], par. 101–104; Council of Europe, *Report to the Government of Ireland on the Visit to Ireland Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 20 to 28 May 2002*, Strasbourg: Council of Europe, 18 September 2003, CPT/Inf (2003) 36[EN], par. 83–85; Council of Europe, *Report to the Government of Ireland on the Visit to Ireland Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 2 to 10 October 2006*, Strasbourg: Council of Europe, 10 October 2007, CPT/Inf (2007) 40 [EN], par. 111–13.

Therapeutic versus Custodial: Examining International Best Practice

Professor Paul Mullen’s⁴ presentation made a compelling argument based on best international practice. Mullen described the necessary elements for a secure and well functioning hospital, and noted that it is essential for such a hospital to recruit and retain staff with the skills and knowledge to deliver the appropriate required care, a context able to retain, restore and establish patients’ social connections and functions, and a therapeutic culture.

Professor Mullen proceeded to describe the therapeutic culture within a hospital setting, such as the CMH versus the custodial culture within a prison. This is a critical point to the CMH relocation plans, as this cultural difference is paramount to therapeutic best practice. This can be summarised as follows:

Custodial (Prison)	Therapeutic (Hospital)
Observed (from office)	Interact (in unit)
Reward conformity and initiative	Reward/engagement
Emphasis on behaviour	Emphasis on psychological adjustment
Oriented to immediate goals of Institutional functioning	Oriented to long term goal of good social functioning
Unified approach and perspective (authoritarian)	Multiple professional approaches and perspectives (negotiated)
Physical structure constrains unwanted behaviour	Therapeutic interventions social and personal expectations constrain unwanted behaviour
Ultimate goal prevention antisocial and self damaging behaviours during incarceration	Ultimate goal effective autonomous functioning
Custodial staff	Therapeutic staff

The culture and ethos of a hospital are fundamentally different, and Professor Mullen noted that despite the “separateness” of the two facilities on the proposed Thornton Hall site, the custodial philosophy would take over the therapeutic philosophy, a negative lesson learned from international experiences.

In its present location in Dundrum, the Central Mental Hospital is accessible on foot, by car, bus and LUAS. Thornton Hall, whilst being relatively close to the M1, will not be readily accessible by foot or by public transport. Even if the current very limited public transport provision to the area were improved, the relocation would still mean that the time and effort involved for families and other visitors in getting to and from the hospital would be much greater than is the case for Dundrum. Furthermore, the socially isolated location proposed would impede the rehabilitation of those who have to use the hospital’s services. Low security patients in Dundrum avail of training, college courses and facilities in the city as part of their rehabilitation and re-engagement with community life, and daily access to local community facilities is an integral and necessary aspect of patient reintegration and rehabilitation. Attendance at these activities would be extremely difficult from Thornton Hall.

⁴ Paul Mullen is Professor of Forensic Psychiatry at Monash University, Australia and Clinical Director, Victorian Institute of Forensic Mental Health.

Professor Mullen spoke about the necessary elements for a hospital to function effectively. These included the ability to retain, restore and establish patients' social connections, which require ease of access to relatives, friends and the community, for graded leave and work programmes. The proposed new complex at Thornton Hall is in a rural location with a dispersed population. Such a location is not suitable for a hospital whose ethos is treatment and rehabilitation in the community. Professor Mullen noted that the proposed Thornton Hall site does not offer the essential ingredients for best therapeutic practice, as was the lesson learned in a similar Australian hospital.

Speaking specifically on the dangers of co-locating a secure hospital beside a prison, Professor Mullen highlighted that it undermined the therapeutic culture, inhibited the recruiting and retaining of staff, and negatively impacted the patients' social connections and functions. All of these factors signal that the co-location of a secure hospital beside a prison facility does not follow best international therapeutic practice.

The Economics Perspective

Jim Power⁵, Chief Economist with Friends First gave a presentation outlining the issue from an economic framework. He noted that he engaged with this topic from a nonbiased economic position, however, concluded that the proposed move not only failed to utilise the best economic option, but also disregarded some key concerns.

As Power approached this issue, he considered some of the objections, which included, *inter alia*:

- Staffing implications
- Objections to the relocation proposal from informed sources
- Further stigmatisation of under-privileged segments of society
- Relocation to Thornton Hall would undermine rehabilitation and reintegration international best practices
- Dundrum is very convenient and Thornton Hall is not
- CMH is an accepted part of the community in Dundrum, which is not the case in Thornton Hall
- Not consistent with the CMH's mission statement

Power concluded that there is an alternative, and that the views of experts cannot be ignored. He highlighted that there is a strong case based on social, medical, human rights, patient care, and civil society and economics perspectives that the proposed relocation is not a viable option. He stressed that the current Government decision was not based on a cost-benefit analysis and that no alternatives were considered when the decision was made - but that there is an alternative that is not only economically feasible but also acceptable to those who object to the proposed relocation.

Power outlined this option which suggests that the current CMH lands occupy 34 acres valued between €170-400 million, and that if 14 acres to the front and/or rear of the site

⁵ Jim Power joined Friends First in 2000, as Head of Investment Strategy and Chief Economist. Prior to that he was Chief Economist at Bank of Ireland and Treasury Economist at AIB. A graduate of UCD, he currently lectures part time on the MBA course in DCU.

were sold for residential development, the remaining 20 acres would be sufficient to facilitate the provision of a new state-of-the-art hospital. The sale of 14 acres could raise up to €140 million. This would be adequate to construct a new facility, which could be provided at an estimated cost of around €100 million. Such an option would deal with all of the aforementioned problems and objections associated with the proposed move to Thornton Hall. This outcome could be achieved at no cost to the Exchequer. Most importantly, it would be the best outcome for patients, their families, and the medical, nursing and other staff in the existing facility. Furthermore, with this option there would be no question of proceeds of the sale of lands at Dundrum not being reinvested in mental health care services and there could be no hint of 'asset stripping' on the part of the Government.⁶

The CMH comprises not only physical capital, but also social and intellectual capital residing in the human resources of the hospital – that is, its staff. This should be taken into account in any policy decision on relocating the hospital. Over the years, such expertise has been developed in Dundrum by a range of staff members – clinicians, psychiatric nurses, social and care workers, occupational therapists, psychologists – who work in the multidisciplinary teams needed to provide services in this very specialised niche of psychiatric care. It can be anticipated that a large portion of this intellectual capital will be lost in the proposed move to Thornton Hall. This is borne out by the experience of some specialised government services being decentralised.

Power noted that a country's response to its citizens with mental illness is a measure not only of its ethical standards, but also of its own self-interest in ensuring social and economic well being. The ultimate CMH decision must take into consideration the human implications and cannot be based solely on finance and economics, but that in doing so there is a financially viable alternative.

Power's presentation indicated that the proposed relocation is the worst-case scenario and that there is not only a viable alternative, but also one that is deemed acceptable by those who condemn the current planned relocation plans. He encouraged Government to re-examine the CMH relocation plans as a matter of urgency.

The Groundswell is Increasing

It is crucial that the contributions and specialised expertise of professionals such as Jim Power and Professor Mullen are considered. These, however, are not the only voices objecting, but the voices joining the chorus of opposition to the Government's decision to relocate the CMH to the Thornton Hall site.

⁶ A report by the Irish Psychiatric Association (IPA), published on 24 January 2008, highlighted several instances where lands adjacent to psychiatric hospitals were either given away or sold at below-cost prices to other public authorities, so that the potential to 'ring fence' money realised from their sale for the development of mental health services had been lost (Irish Psychiatric Association, *The Lie of the Land*, Dublin, 2008). This occurred despite the recommendation of the Expert Group on Mental Health Policy (in its report, *A Vision for Change*) that the funds generated from its proposed closure, over a period of ten years, of the State's psychiatric hospitals should be used to improve mental health services generally.

The **Mental Health Commission** has also objected to the location of the Central Mental Hospital at Thornton Hall prison site. So too have organisations like Schizophrenia Ireland, Amnesty International, the families and carers of current Central Mental Hospital residents, and other NGOs and related organisations⁷ (please see Annex II for further details).

In the 2006 Report of the **Inspector of Mental Health Services**, the Inspector noted, "Building a new forensic in-patient unit to replace the existing Central Mental Hospital in Dundrum has not commenced. The location proposed remains the site beside the proposed new prison at Thornton hall. As stated in previous reports, this is not a suitable location and the Inspectorate continues to recommend finding a more appropriate alternative site."⁸

In January 2006, the Irish Government committed itself to the national policy framework for mental health, ***A Vision for Change***. The first principle of this policy is that "The individual is at the centre of the mental health system. The human rights of individuals with mental health problems must be respected at all times..." Therefore, it seems the Government itself is contravening its own policy with this decision since it would fly in the face of the core values and principles enshrined in *A Vision for Change*.

A Vision for Change further states that, "Forensic mental health units need to be clearly identified as being intervention and rehabilitation facilities that operate in particular conditions of security rather than facilities offering mainly containment." Locating the hospital on the same site and adjacent to the country's largest prison is surely in direct contradiction of this stated principle.

A Vision for Change also states that forensic mental health services should have a strong community focus. Uprooting the hospital from a community where it is now naturally embedded and relocating it to a small dispersed rural community will deny that community focus to the country's only specialised forensic psychiatric hospital; it represents a further discrepancy between the Government's stated policy and the likely outcomes of its decision to relocate the hospital.

The Government-appointed **Human Rights Commission** has also said that it is "gravely concerned" at this "highly inappropriate" proposal. Why then is the Irish Government ruthlessly pursuing this plan? In the absence of transparent talks on this issue, it has to be assumed that administrative convenience is considered more important than the rights and lives of the Central Mental Hospital residents and their families and that best therapeutic practice is not at the cornerstone of the Government's CMH policy.

⁷ Amnesty International (Irish Section), Bodywhys – The Eating Disorders Association of Ireland, Central Mental Hospital Carers' Group, Interim National Service Users Executive, Irish Association of Social Workers, Irish Penal Reform Trust, Labour Party, Psychiatric Nurses Association, Dr. Charlie Smith (former Director of the Central Mental Hospital), Schizophrenia Ireland, Hail Housing, Disability Federation of Ireland, Irish Advocacy Network, Mental Health Ireland, Aware, Teen-Line Ireland, Irish Association for Counselling and Psychotherapy, Gheel Autism Services, Inclusion Ireland. Donncha O'Connell, Dean of Law at NUI Galway, and Patrick Brassil.

⁸ 2006 Report of the Inspector of Mental Health Services, 2006 Annual Report, p. 85.

The Government has argued that the CMH should be located beside a prison as many of the patients come from the prisons or through the court system. This thinking is, at best, based on administrative convenience. It fails to acknowledge the fact that it is because of their mental illness that such patients come into the criminal justice system.

During the seminar, **Carers** reiterated this point and relayed their frustrations with the lack of appropriate services for people with mental illness. Carers stated that, unfortunately and sadly, the 'normal' pattern is that families cannot get appropriate services for their relative and the illness escalates to the extent that serious and sometimes fatal incidents occur and the patient falls into the penal system. The CMH is their last and best chance for therapeutic intervention.

Conclusion

The Government's decision to move the Central Mental Hospital to a site adjacent to the new prison site at Thornton Hall should be reconsidered. Not alone has this proposal been roundly rejected – by the families and carers of current CMH residents, voluntary organisations, other related bodies, the Mental Health Commission, the CMH management, the Inspector of Mental Health Services and the Human Rights Commission – but two internationally recognised experts (Professor Paul Mullen and Jim Power) have also publicly condemned this proposal and set forth compelling arguments for the Government's reconsideration of its decision.

There is an urgent need for the Central Mental Hospital to be replaced with a modern facility and for the number of places provided to be expanded, however, the current proposal is not the answer. Co-locating the hospital with prison facilities is not in the best interests of the patients, and will further isolate the patients and impede their rehabilitation. All of these factors are contrary to the Government's stated policy on mental health and is against the spirit of international human rights law. Furthermore, it is not the only cost neutral option.

We call on the Government to revisit the decision. There is a viable alternative that would answer all the objections raised and at the same time provide a state-of-the-art forensic mental health care facility to serve Ireland's expanding needs in this area. We propose that the Government sells 14 of the 34 acres whereby raising approximately €140 million, which is sufficient to build a new CMH facility on the remaining 20 acres. This option would be at no cost to the Exchequer and would offer a viable and acceptable alternative.

The proposed relocation of the CMH to Thornton Hall is the worst-case scenario and the alternatives must be examined. Ireland has the opportunity to gain insight from international best and worst practice – it is up to the Government to ensure that Ireland sets a high international standard for the Central Mental Hospital. Placing patients with mental health problems beside a prison is not the way forward.

We urge the Government to ensure that the Thornton Hall proposal is abandoned in favour of one that respects human rights and best international therapeutic practice. In doing so, we are confident that the Government will find an alternative that is also cost neutral.

ANNEX I - PRESENTATIONS

Is there an Alternative to Moving Dundrum CMH to Thornton Hall? by Jim Power

IS THERE AN ALTERNATIVE TO MOVING DUNDRUM CMH TO THORNTON HALL?

Jim Power
Chief Economist
Friends First
January 30th 2008

The Proposal

- ❑ Commitment from last Government to re-develop
- ❑ Re-location rather than re-development
- ❑ Sell grounds in Dundrum – use proceeds to develop facilities on prison grounds – balance of funds to be invested in community mental health facilities
- ❑ A financial transaction!

The Objections

- ❑ Many objections to proposal from various informed sources
- ❑ Further stigmatisation of under-privileged segment of society
- ❑ Would undermine rehabilitation & reintegration
- ❑ Dundrum very convenient – Thornton Hall is not
- ❑ Accepted part of community in Dundrum – not the case in Thornton
- ❑ Is it consistent with Mission Statement? No
- ❑ Staffing implications

Is there an Alternative?

- ❑ Views of experts cannot be ignored
- ❑ Strong case on social, medical, human rights, patient care & civilised society grounds
- ❑ No expert group has recommended re-location
- ❑ No cost-benefit analysis
- ❑ No alternatives considered-they do exist

The Alternatives

- ❑ 34 acres Value €170 mln - €400 million?
- ❑ Sell 14 acres – 20 acres adequate for facility
- ❑ €140 million raised – sufficient to build new facility
- ❑ No cost to the Exchequer – a real ‘win-win’!
- ❑ Location on an existing hospital campus another option
- ❑ The proposed move is worst case scenario

Conclusion

- ❑ Economic times are getting tighter, with tighter public finances
- ❑ There is more to life than economics & finance
- ❑ Decision with such human implications cannot be based on finance, but there is a financially viable option
- ❑ What has the economic transformation been about?
- ❑ Time to look after this segment of society!

SECURE SERVICES FOR MENTALLY ABNORMAL OFFENDERS

PAUL E MULLEN



OBJECTIVES OF A SECURE HOSPITAL

- Initially care and containment of patients who are a risk to themselves and others
- Returning the patients to a level of function and health which will enable them to live independently in the community without reoffending

A SECURE HOSPITAL SHOULD DELIVER:

- Effective management of illness, substance abuse, and criminogenic factors (personality & social)
- **Very low re-offence rates**
- Rehabilitation, a structured graded return to the community, and shorter periods of incarceration

WHAT IS ESSENTIAL FOR A SECURE HOSPITAL TO FUNCTION EFFECTIVELY

- Recruiting and retaining staff with the skills and knowledge to deliver the complex and demanding level of care required
- A therapeutic culture
- A context able to retain, restore, and establish patients social connections and functions

WHAT IS ESSENTIAL FOR A SECURE HOSPITAL TO
FUNCTION EFFECTIVELY

- Recruiting and retaining staff with the skills and knowledge able to deliver the complex and demanding level of care requires:-
- **An attractive work environment :-
Prestige (professional, academic,
public)
Ease of access
Professional values and
independence**

WHAT IS ESSENTIAL FOR A SECURE
HOSPITAL TO FUNCTION EFFECTIVELY

- A therapeutic culture

SECURITY

CUSTODIAL

Observe (from office)

Reward conformity
and initiative

Emphasise behaviour

Oriented to immediate goals
of institutional functioning

THERAPEUTIC

Interact (in unit)

Reward engagement

Emphasise psychological adjustment

Oriented to long term
goal of good social
functioning



SECURITY

CUSTODIAL

Unified approach and
perspective (authoritarian)

Physical structure
constrains unwanted
behaviour

Ultimate goal prevention
antisocial and self damaging
behaviours during incarceration

CUSTODIAL STAFF

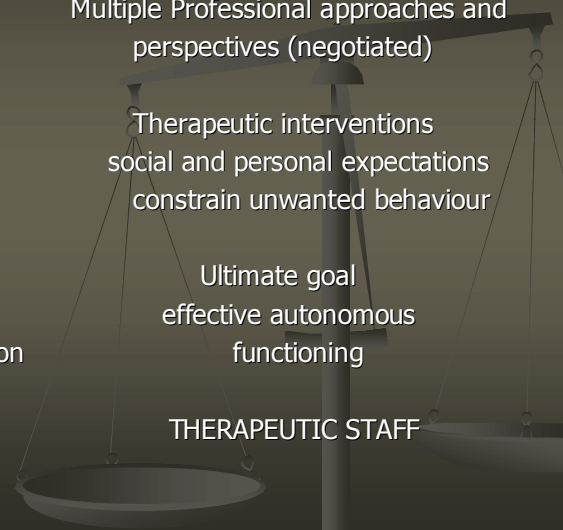
THERAPEUTIC

Multiple Professional approaches and
perspectives (negotiated)

Therapeutic interventions
social and personal expectations
constrain unwanted behaviour

Ultimate goal
effective autonomous
functioning

THERAPEUTIC STAFF



WHAT IS ESSENTIAL FOR A SECURE HOSPITAL TO FUNCTION EFFECTIVELY

- A context able to retain, restore, and establish patients social connections and functions requires :-
 - **Ease of access to relatives, friends, and eventually the community.**
 - **Graded leave programs to shops community agencies and eventually work.**
 - **Ability to have unescorted leave programs prior to discharge (TEH experience).**

WHAT IS ENDANGERED BY CO-LOCATING A SECURE HOSPITAL WITH A PRISON ?

- Recruiting and retaining staff with the skills and knowledge to deliver the complex and demanding level of care required
- A therapeutic culture
- A context able to retain, restore, and establish patients social connections and functions

ANNEX II – JOINT DECLARATION

JOINT DECLARATION ON THE PROPOSED MOVE OF THE CENTRAL MENTAL HOSPITAL

Signatories to the Declaration

Amnesty International (Irish Section), Bodywhys – The Eating Disorders Association of Ireland, Central Mental Hospital Carers' Group, Interim National Service Users Executive, Irish Association of Social Workers, Irish Penal Reform Trust, Labour Party, Psychiatric Nurses Association, Dr. Charlie Smith (former Director of the Central Mental Hospital), Schizophrenia Ireland, Hail Housing, Disability Federation of Ireland, Irish Advocacy Network, Mental Health Ireland, Aware, Teen-Line Ireland, Irish Association for Counselling and Psychotherapy, Gheel Autism Services, Inclusion Ireland, and Donncha O'Connell, Dean of Law at NUI Galway.

The Issue

The Government has made a decision to establish and develop a new Central Mental Hospital service comprising of 120 beds at a facility in north Dublin called Thornton Hall. This is a site that will be used primarily for the construction of a major new prison to replace the existing Mountjoy prison.

We, the signatories, are committed to ensuring that international best practice is at the cornerstone of any redevelopment plans for the Central Mental Hospital.

We are determined to work together to prevent the move of the Central Mental Hospital to the proposed prison site in Thornton Hall.

We declare as follows:

We are opposed to the move of the Central Mental Hospital adjacent to the prison site on the following grounds.

1. It Will Impede Rehabilitation. The rural location and lack of community of Thornton Hall will act against the reintegration and rehabilitation of patients into society and the workforce. Recovering patients will not have the easy access to education, training and social facilities that are so readily available from the Dundrum site.

2. Increased Stigmatisation of the Mentally Ill. The physical location of the proposed new Central Mental Hospital on the site of the new prison will inevitably and irretrievably associate those with severe and enduring mental illness with criminality. Those using the hospital are patients, not prisoners.

3. Social Isolation. The proposed move to a site in Thornton Hall will serve to isolate the Central Mental Hospital from a community environment. The Dundrum setting has enabled the patients to integrate slowly and safely into the community by providing a friendly and welcoming environment in which to shop and avail of local facilities on a daily basis. Dundrum village has grown up around the hospital. It is part of the community. The proposed new site is in a rural setting with a dispersed population and is not well serviced by public transport.

4. It is Against Government Policy. This decision contradicts the principles and recommendations of *A Vision for Change*, the Government's agreed policy on future mental health services. Specifically it contradicts the following principles:

- *Priority should be given to the care of individuals with severe and enduring mental illness, in the least restrictive environment possible.*
- *Forensic mental health units need to be clearly identified as being intervention and rehabilitation facilities that operate in particular conditions of security rather than facilities offering mainly containment.*
- *Forensic mental health services should have a strong community focus.*

5. It is Against Best International Practice. This decision is incompatible with international best therapeutic practice in forensic psychiatric mental health.

6. It is Against International Human Rights Obligations. The decision contravenes the principles and spirit of both the International Convention on Economic, Social and Cultural Rights of the United Nations and the United Nations Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care.

7. There Was No Consultation with Users and their Families. This decision was made without consultation with the key stakeholders - the patients and their families and carers.

8. Lack of Cost Benefit Analysis. A full cost-benefit analysis, including an evaluation of the loss of social and intellectual capital associated with the move should be undertaken.

Request for a Review of the Decision

We ask the Irish Government to review its decision to relocate the Central Mental Hospital and to consider other options that may be available to it.

We request that such a review should be conducted in consultation with the stakeholders and within the context of the need to develop a comprehensive national forensic mental health service.

To that end we ask Government to specifically consider the following:

- **Redevelopment of the existing site at Dundrum – specifically selling off 14 acres of the current site, reinvesting the capital raised from that sale to redeveloping the remaining 20 acres, providing a modern Central Mental Hospital facility. This option is revenue neutral for the Government;**
- **Development of a new Central Mental Hospital at a new green field location, ensuring that any plans for the Central Mental Hospital considers the community setting, particularly that it be located within an established, urban setting with excellent public transportation links; and**
- **Conduct a full cost-benefit analysis on all options.**

30th January 2008

Signed on the occasion of:

The Central Mental Hospital Round Table Meeting, Mansion House, Dublin 2

Organisations and individuals who have publicly commented on the Central Mental Hospital relocation decision include, *inter alia*:

Amnesty International (Irish Section)
Aware
Bodywhys – The Eating Disorders Association of Ireland
Central Mental Hospital Carers' Group
Disability Federation of Ireland
Donncha O'Connell, Dean of Law at NUI Galway
Fine Gael
Gheel Autism Services
Green Party (election manifesto 2007)
Hail Housing
Human Rights Commission
Inclusion Ireland
Irish Association for Counselling and Psychotherapy
Inspector of Mental Health Services
Interim National Service Users Executive
Irish Advocacy Network
Irish Association of Social Workers
Irish Penal Reform Trust
Dr. Harry Kennedy (Clinical Director of the Central Mental Hospital)
Labour Party
Mental Health Commission
Mental Health Ireland
Senator David Norris
Psychiatric Nurses Association
President Mary Robinson
Schizophrenia Ireland
Sinn Féin
Dr. Charlie Smith (former Director of the Central Mental Hospital)
Teen-Line Ireland

~ The Central Mental Hospital Carers' Group ~

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Campaigning for improved mental health services

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