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Where Mental Health Legislation Really Matters

Written by Dr Rachel Cullivan. Rachel is a Guest Contributor to the [Centre for Cross Border Studies' Research Platform](#)

As a psychiatrist working in the border region for over 17 years I am (thankfully) relatively infrequently confronted by the hard facts of the differing Mental Health Legislations and Mental Health Services that can have a very real impact on the lives of patients experiencing mental illness. Borderland citizens have always “managed” the practicalities as best they can – at times finding the positives – for example a price difference in the cost of medication on one side or other – or a means of reducing stigma by attending a psychiatrist in a different jurisdiction. But there are some very serious negatives and these are not so easily addressed. If you are from the North of Ireland and require admission under the Irish Mental Health Act because you have become ill while visiting or because you are sheltering or hiding here based on a persecutory delusional belief, there is no legal mechanism by which you can return under the protection of Mental Health Legislation to be treated in your local hospital by a familiar team close to your family and community supports.

It is exactly the same should an individual from the Republic of Ireland find themselves admitted to a Northern Irish Mental Health Facility. Whilst too ill to be treated in a voluntary capacity they may nonetheless request to be transferred to their local Psychiatric Hospital or Ward for ongoing care. But each Mental Health Act “expires” upon crossing the Border so no patient can be legally transferred from one hospital to the other. The Irish Solution has been to either keep the individual under the Mental Health Act until well enough to be discharged (at variance with they and their families’ wishes) or to drive them to the Border and then “hand them over” to a treating team from the other jurisdiction possibly involving the Gardai/PSNI/Social Worker at the meeting point. A sorry state of affairs and not one that a physically ill patient would be expected to endure.

It does not happen often – but when it does I ask myself why we can’t be better at this? Why do we still add to the trauma of severe mental illness by ignoring the realities and refusing to address them. I have expressed my concerns to the Irish Mental Health Commission in light of several unfortunate experiences with these situations but nothing has changed. If there is any dialogue ongoing I am not aware of it. I do know that within the United Kingdom there is specific provision for transfer of patients under the Mental Health Act (1983) between the different jurisdictions but that can be complicated and varies depending on the Regions involved.

It would be good to start a realistic conversation about how we could ensure that – on the thankfully infrequent occasions that require it – we might be able to humanely transport a mentally ill individual directly between treatment facilities without allowing the crossing of a border to become an additional trauma at a difficult time.

If anyone would like to comment or further explore the issues above, please email m.mcclatchey@gub.ac.uk

Disclaimer

The views expressed in this paper are those of the authors and not necessarily those of the Centre for Cross Border Studies.

About the Author

Dr. Rachael Cullivan is a medical graduate of Trinity College Dublin and currently works as a Consultant Adult Psychiatrist in an in-patient setting in Cavan General Hospital but has had extensive experience working as a Community Adult Psychiatrist with a well-developed Community Mental Health Team in Co. Monaghan. She has had considerable involvement in training including her own early years as a trainee representing the Irish Division on the Collegiate Training Committee of the Royal College of Psychiatrists, as former elected member of the Council of the Irish College of Psychiatrists, when Vice Chair of the Psychiatric Training Committee and currently as the Irish College Representative to the Psychiatry Section of the European Union of Medical Specialists. There she has chaired working groups concerning the current European position on Continuous Professional Development for psychiatrists and the use of coercive methods of treatment. .