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Psychiatry in Ireland: A Lot Done, More to Do

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Four decades ago, in April 1979, Time magazine printed a dramatic cover story titled "Psychiatry's depression", diagnosing psychiatry with "a bad case of mid-life blues" [1]. The magazine pointed to a lack of knowledge about the biology of mental illness, recruitment problems into the profession, uncertainties about treatments, and the inadequacy of community care. Precisely forty years later, in April 2019, the Economist magazine, in a very similar tone, referred to "today's crisis in the psychiatric profession" [2] and, the following month, the New Yorker cited many of the same problems again in an article about "psychiatry's fraught history" [3].

The international news media have, of course, many valid reasons for concern. The fundamental difficulty stems from the fact that, despite vast amounts of neuro-scientific research, knowledge of the human brain remains limited and, as a result, the pathophysiology of most mental illnesses remains unknown. This not only hinders the search for treatments, but also means that diagnosis in psychiatry is based entirely on symptoms. Diagnosis is still necessary – no one can deny the suffering of depression or schizophrenia, for example – but today's diagnostic systems remain deeply imperfect, need careful interpretation and continual revision, and will hopefully be someday replaced by biologically-defined diagnoses that point more clearly to treatments.

In the meantime, the World Health Organisation (WHO) reports that, despite depression being the world's leading cause of ill health and disability, most people affected by mental illness - 75% in many low-income countries - do not get the treatment they need. In addition, people with mental illness are at increased risk of poor physical health, unemployment, homelessness and imprisonment in many countries, including Ireland. As a result, men with schizophrenia die 15 years earlier, and women 12 years earlier, than the rest of the population[4].

The irony is that, despite the biology of mental illness remaining obscure and so many people not receiving care, there are now psychiatric treatments that work very well. Anti-depressant medication is definitively better than placebo[5] and psychiatric medications in general are no less efficacious than their counterparts in general medicine: in fact, treatment with an antidepressant is more effective in reducing relapse of depression (relative risk reduction: 58%) than aspirin is in reducing serious cardiovascular events (19%)[6]. In addition, there are growing evidence bases for psychological therapies (such as cognitive-behaviour therapy) and anti-psychotic medications, which not only alleviate symptoms of psychosis but appear to reduce the risk of early death in schizophrenia[4].

Moreover, despite the mental health treatment gap reported by the WHO, suicide at global level has fallen by some 38% since 1994. In Ireland, the number of people dying by suicide fell from 552 in 2009 to 425 in 2015; provisional figures for 2017 suggest a further fall, to 392, despite likely population growth[7]. While that suicide rate is still too high, and even one suicide is one too many, the steadily falling rate suggests that positive change is possible.

This trend is underpinned by Ireland's "National Clinical Programme for the Assessment and Management of Patients Presenting to the Emergency Department following Self-Harm"[8]. This clinical programme was introduced to the first emergency department in 2014 with the aim of ensuring that that all patients who present to emergency departments following self-harm or with suicidal ideation would receive a prompt biopsychosocial assessment; their next of kin

would receive support and advice on suicide prevention; the patient would be linked with the next appropriate care; and both the patient and their general practitioner would receive a written plan of care.

Funding for 35 clinical nurse specialists (CNSs) was made available and in 2015 the programme was delivered in 16 services around Ireland. In 2016, a further five services began implementing it and in 2017, 24 of the 26 adult emergency departments had a CNS delivering the programme. Further expansion is planned in order to consolidate and, hopefully, accelerate the fall in suicide rates in Ireland.

In terms of general mental health services, there were 16,743 admissions to Irish psychiatric units and hospitals in 2017 (a decrease since the previous year) and there were 2,324 patients in Irish psychiatric units and hospitals on 31 December 2017 – a huge decrease from the (approximately) 20,000 psychiatry inpatients in 1960[9]. The rate of involuntary psychiatric admission in Ireland is especially low, at less than half of the rate in England[10].

There is also legislative change in progress. The Mental Health Act 2001 is being revised to place greater emphasis on human rights and preparations are underway to implement the Assisted Decision-Making (Capacity) Act 2015 following Ireland's ratification of the United Nations' Convention on the Rights of Persons with Disabilities in March 2018.

The national mental health policy, "A Vision for Change" (2006), is also being revised and will hopefully help address continued problems with inpatient conditions (reported annually by the Inspector of Mental Health Services), alleviate recruitment problems in psychiatry (which reflect broader challenges across medicine more generally), strengthen both inpatient and community resources for the mentally ill (providing the careful balance needed), and co-ordinate with other sectors to address the consequences of Ireland's low rate of involuntary psychiatric admission (the homeless mentally ill and the mentally ill in prisons).

Overall, clear progress has been made in Irish mental health services in recent decades, but there is still much to do. Recruitment and retention of staff is, perhaps, the most urgent challenge, in order to deliver the level of service to which people with mental illness and their families are entitled.

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