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FAO. All senators, Seanad Eireann; *by email only*.

13th April 2026

Re: Mental Health Bill 2024 – Remaining Concerns - Seanad Report Stage

Dear Senator,

The College of psychiatrists of Ireland would like to acknowledge the enormous work and extensive efforts of Minister Butler and her team in drafting complex legislation that attempts to balance personal autonomy with the person's right to access timely treatment.

Severe, acute mental illness can significantly infringe on a person's right to dignity, autonomy and bodily integrity by temporarily distorting judgement and insight. It can also lead to behaviours that cause embarrassment as well as a loss of ability to make informed decisions, thereby preventing access to care. This loss of judgement and insight is temporary but only if treated. The treatment becomes involuntary only if the unwell person refuses this potentially lifesaving care, refusal of which places themselves and others at risk. There must be strong legal protections in place to oversee this treatment.

The Mental Health Bill 2024 is highly specialised legislation (as is the current Mental Health Act) intended to provide these robust legal protections and to protect the rights of this vulnerable cohort; but this or any legal framework should never prevent or delay necessary treatment. Neither should it stigmatise either the vulnerable cohort of people being treated under this legislation, nor the healthcare professionals delivering this care.

The following outlines our main concerns arising out of the 2024 Bill, as it stands, following committee stage discussion and decisions in the Seanad:

Court oversight of treatment

Strong legal protections (currently) are automatically activated when a person is admitted involuntarily to an acute psychiatric unit as follows:

1. All persons involuntarily admitted are automatically assessed by an independent consultant psychiatrist who does not work in the service where the person is admitted. This is a free, expert second opinion.

2. All persons involuntarily admitted are automatically appointed a free legal representative - a trained, working solicitor. The legal representative forensically scrutinises the involuntary admission procedure and paperwork and strongly advocates for the person at the tribunal (renamed Review Board in the 2024 Bill).
3. The tribunal is mandated to happen no later than 21 days after involuntary admission. It is a legal proceeding where a 'panel', comprised of the chair (a solicitor or barrister), an independent consultant psychiatrist and a lay person, hears evidence from the treating consultant psychiatrist, the legal representative and the person themselves. The tribunal also reads a report submitted by the separate independent consultant psychiatrist.

Separate court oversight as outlined in the 2024 Bill is unnecessary, redundant and costly. The resources of the courts are already limited and under strain.

Involuntary patients will often express a fear that they have done something wrong. When they are made aware of the tribunal, they associate this process with a punitive or criminal issue despite extensive reassurance. Court oversight will reinforce this idea causing unnecessary distress for the unwell person.

Pharmacological Restraint

Section 57: Amendment 153 in Seanad

We are deeply concerned about the addition of a definition for 'pharmacological restraint' to the 2024 Bill, particularly as this practice **does not exist**. Psychiatrists and mental health professionals do not engage in administration of medication with the intention of "*controlling a person's behaviour*" as it is worded; or indeed with the intention to "*restrict, prevent or limit the person's freedom of movement or access to his or her own body".*

Prescribed, emergency, relaxing medication, e.g. Valium, might be offered to the person voluntarily, but only when other techniques, such as a quiet environment, reassurance, and support, have failed. The person has the right to refuse medication in this scenario.

Unfortunately, there are rare situations where the person's distress is extreme because of their acute and severe symptoms. In these instances, a person may not be able to respond to reassurance and support and will temporarily pose a serious risk to themselves or others. Only in these situations are medications given 'against a person's will' - legally and medically they are unable to understand or consent due to the severity of their symptoms. This treatment is given to alleviate their distress and maintain their safety and the safety of others, **and only as a last resort.**

There are some restrictive practices carried out (seclusion or restraint) on any acute psychiatric unit but pharmacological restraint is not one, as it does not exist. Any restrictive practices engaged in are subject to strict codes of practice laid down by our regulator, the Mental Health Commission, and are meticulously scrutinised as part of regular inspections.

It is deeply offensive to any practicing mental healthcare worker to feel that wording exists that suggests we administer medication under the terms of this definition. It is unclear what evidence/data exists that gave rise to and supports this inclusion.

We respectfully request that it be removed as soon as practicable from the Mental Health Bill 2024.

Section 51, paragraph 1, subsection (a)
This allows for an application for treatment to the High Court for someone who has the capacity to refuse treatment.

This is a violation of civil liberties and runs directly counter to the spirit of this 2024 Bill, and indeed the Assisted Decision Making Capacity Act. No court should have the power to compel a person with capacity to accept treatment that they have refused.

It should be removed.

Amendment 53 in the Seanad – removes staff of an approved centre from the list of those excluded from making an application for an involuntary admission.
In section 14, 11 (b) an Authorised Officer cannot be a staff member of the registered acute mental health centre to where they may be admitted.

In Section 15, 2 (c) a nurse in the approved centre is disqualified from making a direct application for recommendation for involuntary admission.

This is directly contradicted by section 15, 6 (d) whereby a mental health professional is a relevant person who can make a direct application.

Clarification is sought on this matter as it would appear that these two sections of the 2024 Bill are incompatible. Furthermore, staffing pressure is an ongoing and serious issue for all acute psychiatric units nationally. It is absolutely not sustainable to remove a staff nurse from the floor on a night shift, for up to four hours, to go to the nearest Garda station and assess someone for the purposes of making an application for an involuntary admission. Additionally, significant resources would be required to train staff in this process; it is materially different from providing care post admission.

The final, and probably most important thought on this matter, is the impact on the therapeutic rapport. It is reasonable to suspect that a person suffering from acute paranoia would find it intolerable having the person who completed an application that resulted in them being admitted against their will providing care to them over a 12-to-13-hour shift. This puts the involuntarily admitted person's recovery at risk and potentially puts the staff member at risk of violence depending on how acutely disturbed the involuntarily admitted person might be.

Thank you for taking the time to consider our concerns. We are, at all times, deeply committed to the welfare and rights of the vulnerable patients we care for and consider it our duty to advocate on their behalf.

We remain available to you and any other member of the Dáil or Seanad to discuss the 2024 Bill and its implications for the delivery of this vital care.

Yours sincerely,





Dr Lorcan Martin

President

Dr Joanne Fegan

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