

#### **Case story 4: David** (names, places and identifying features changed)

David has been involved with the Mental Health Services in Ireland since 1987. His first experience was one of a carer and later as a service user with schizophrenia.

*“What I’d say is from the time I got to deal with the psychiatric services in the late 80s, as a caring family member first of all, and also, subsequently as a patient, I found the services were deplorable. From 1986 up to and including the present day, which, although they’re not deplorable - they have improved somewhat - they still leave a lot to be desired.”*

David describes a particular occasion during the last few years when he needed to use the mental health service and had difficulty getting support when he needed it. He describes his experience when he was denied access to urgent support through the mental health services because of a new appointment policy.

*“In 2006 for instance, I was feeling ill and felt that I needed to see the doctor. When I rang to let them know I was coming, they told me that I couldn’t see the doctor, that I needed an appointment. Now I was very ill at the time and I ended up seeing my GP and I was unwell for quite a period. I just had to endure it without any support. My brother had died; committed suicide by having a similar type illness and he also was unable to see the doctor.”*

He says that the service did not check if he was feeling suicidal or if he had adequate support. He describes how his GP was unable to get an appointment for him and this left him without support during a difficult period:

*“I ended up going to my GP and telling her the story. She rang the psychiatric services and even she couldn’t get an appointment. She made an appointment for the following week; I think it was something like that. But meanwhile I had to hang in there feeling ill.”*

David describes this as an example of the inadequacies in the mental health services.

*“This is just a typical example of the inadequacies that are in the health service - and that is early 2006. This [the appointment system] was brought in by a new consultant who just arrived and decided well, this is a new policy; every patient should have an appointment.”*

Following on from this experience David describes how he made a complaint. He had seen a leaflet in the hospital that advertised how someone could make a complaint.

*“As far as I can remember, there was a notice [in the] the psychiatric facility I was attending, which suggested, had you any complaints, to go down this route. When I recovered somewhat, I made a complaint to the HSE, a written complaint in conjunction with Schizophrenia Ireland. I wrote the letter, which someone in Schizophrenia Ireland assisted me with.”*

David received a letter in response to his complaint. He was dissatisfied with the HSE’s response.

*“I must admit that the reply to my mind was quite unsatisfying making an excuse for the reasoning behind not allowing a patient to see the doctor, i.e. that they would have such an influx of patients that they wouldn’t be able to cope, which is well, if it is true it just means how bad the service is, there’s so many people out there who need help and can’t get it.”*

David discusses how the letter from the HSE did not provide information about any further action he could take. He also was not told about other follow-up options such as the potential to appeal to the Ombudsman.

*"It [the letter] did not give me other options. I certainly didn't know I could go any further, I wasn't told that by anybody."*

David also describes how it is difficult for someone who is not feeling mentally/emotionally well to follow up on a complaint. He describes how he decided not to appeal his complaint because of his mental health.

*"Well it's very hard to make a complaint when you're not feeling one hundred percent you know ... I didn't [appeal]. And I would say the main reason – I did think about it – but I'd say the main reason why I didn't pursue it on a more public channel would be that I didn't feel strong enough at the time."*

David discusses the value of having an advocate to support the person who is making a complaint.

*"An advocate certainly would be a good idea in my opinion for somebody who has a complaint, who may feel at the time not strong enough to do it themselves. That's where an advocate, someone who would champion your cause, someone who would have their full wits about them and would know the ins and outs and logistics of procedure."*

David describes his current experience of mental health services as poor. He does not feel heard by his mental health professionals, he does not feel that they treat him as an equal and he does not feel that they listen to his suggestions for his own treatment.

*"I still find it very poor in the sense that I have no sense of equality with the psychiatrist, any of them. It doesn't come across to me that they accept my 25 years of self-experience as having any validation whatsoever ... I feel that they treat me like some sort of school child ... I think they are ignoring what I say. I feel I'm not alone in that, that I'm not being heard or I'm not being listened to. At the moment I'm on 100 mgs of [medication] but I feel like if I go in and tell him this, he'd be trying to bully me into taking what he thinks is a suitable dose, so I feel I'm being bullied into doing what he thinks his training, or the restrictions on him through his training [require]."*

*"They don't care when I'm happy. They just care, they just care that I am not mad ... My goal in life is to be happy; their goal in life is for you not to be mad."*

David says that in his opinion, mental health treatment is guesswork and that he would prefer mental health professionals to admit to this.

*"Nowadays they treat everyone the same, with the same medication and eh...even in the medication, it's guesswork with them. I don't mind that it's guesswork, but I wish to God they'd admit it, you know? The medication I'm on today is medication just by chance that I asked for, to be on one of the newer types of medications, because when I was on the older type medications I was dead."*

David concludes by saying that he is contemplating getting discharged from the mental health services to his GP because he has a better relationship with his GP and more confidence in the GP's care than the mental health service.