

A Brief History Of The Mental Health Services In Ireland

[N.B. Sections in square brackets were not read out at the meeting to save time]

Pre-18th Century

Care of the mentally ill was traditionally regarded as the responsibility of the family. By the 17th and 18th centuries the mentally ill and mentally handicapped often ended up in prison as criminals, vagrants or debtors, or simply because there was no where else to put them. Conditions were atrocious. Another alternative was the Houses of Industry, created to separate vagrants and the mentally ill from other prisoners, but these were little better.

St. Patrick's Hospital

St. Patrick's Hospital was opened in 1757 largely funded by the bequest of Dean Swift (d.1745). Although intended for impoverished patients financial constraints forced it to take in fee-paying patients. By 1800 one third were fee-paying, but it was discovered in 1842 that this contravened the hospital's charter. The charter was ammended in 1888, after which it became primarily a fee-paying hospital.

Its care regime was not very enlightened. Although better than the jails and workhouses, the regime was still harsh.

The County and City of Cork Lunatic Asylum

The County and City of Cork Lunatic Asylum, opened in 1792, developed out of the house of industry, but was organised along very progressive lines. The County and City of Cork Lunatic Asylum which grew out of the House of Industry was opened in 1792 with 24 patients and by 1822 it had over 300. Dr. Hallaran was a keen reformer who believed in talking to patients one to one.

Private Hospitals

By 1807 there was only one other private asylum in Ireland: that founded in 1799 at Citadella, near Cork.

A second small private hospital was opened by the Quakers at Bloomfield, Dublin in 1810. Strong advocates of moral reform. Susposedly fee-paying, but not enforced. Opened to all faiths in 1821.

By 1862 21 private asylums cared for over 500 patients. However, standards varied enormously, due to lax inspectors.

[Early private asylums included Portobello, Downpatrick, Carlow. There were 3 in the Finglas area by the 1820s. Compulsory registration was introduced in 1842. By 1844 there were 14 licensed premises. Early private asylums included Hampstead and Highfield Houses in Glasnevin founded by the Eustace family (who were also associated with Bloomfield). Notable additions included: St. Vincent's (Fairview) in 1857, Stewart's (1869), St. John of God (1882) and St. Patrick's, Waterford (1882).]

[Idiots and imbeciles were normally kept in the workhouses, but new ideas emerged in mid-century. Dr. Henry Hutchinson Stewart, the last governor of the Dublin House of Industry, opened a private insane asylum at Lucan Spa House for 101 patients in 1857. He handed this (plus £4,000) over to a committee lead by Lord Charlemont to be used as an institution for idiot children in 1869. The

asylum for adults was non-sectarian, but the idiot institution, being a school, was run on Protestant lines, and met with a lot of opposition from Cardinal Cullen. The asylum and institution moved to Palmerstown in 1879. This was the only idiot institution for half a century, until St. Vincent's Home was opened in 1926 by the Sisters of Charity of St. Vincent de Paul at Cabra. In 1890s idiots tended to be moved from workhouses into the asylums.]

The Richmond

Despite the growth in private institutions, the major expansion was in the public sphere.

Dublin house of industry received a grant in 1810 for the establishment of a separate lunatic asylum (the Richmond, St. Brendan's, Grangegorman), opened in 1815. It became the major centre of care for the whole country: 754 of the 1,179 admissions between 1811 and 1815 came from outside the city and county of Dublin.

The Richmond Asylum tended to cater only for the curable insane along moral (i.e. caring) lines. However, the 'incurables' were housed in houses of industry.

District Lunatic Asylums

By 1830 a number of district lunatic asylums had been opened at Armagh, Limerick, Belfast and Derry. Sites selected at Maryborough, Carlow, and Ballinasloe. Waterford and Clonmel added. District asylums built in the first round (pre-1835) were relatively small: Waterford (100 beds), Ballinasloe (150 beds). By 1837 there were 1600 lunatics in asylums and a further 1500 in jails, houses of industry and private asylums. Numbers increased rapidly in 1840s.

The Richmond was added to the district system in 1835 and Cork asylum in 1845.

District lunatic asylums were built from 1840s for curable cases (incurables tended to be dumped in 130 union workhouses opened between 1840-45). Between 1845 and 1853 the asylums at Carlow, Maryborough, Limerick, Clonmel, Waterford, Belfast, Armagh, Derry and Richmond were extended; and new ones were built at Cork (1852, replacement), Killarney (1852), Kilkenny (1852), Omagh (1853), Mullingar (1855), Sligo (1855), Downpatrick (1865), Caslebar (1866), Letterkenny (1866), Ennis (1868), Enniscorthy (1869), and Monaghan (1869).

The total number of beds expanded from 2,802 in 1851, to 4,623 in 1861, to 7,831 in 1871.

Early asylums had a radiating gaol-like design; those from 1850s tended to be 3-storey, gothic and ornamented, often on their own grounds in a striking location (to avoid similarities with workhouses). They were located on the edge of towns, to avail of urban services, but to have sufficient land for farming. However, dormitories were large (sometime 50 plus beds) and unsuited to close personal attention. Asylums were often welcomed by communities because they provided employment, not only during construction but also afterwards in terms of contracts for stores, fuel, etc. Counties without an asylum had to share costs, and often felt disadvantaged.

In 1894 new asylums were planned for Holywell (Antrim), Belfast, Derry and Portrane (as a second asylum for the Richmond district); detached hospital blocks were being constructed at Armagh (150 beds) and Ballinasloe (200 beds); and substantial new blocks were being planned or built at Clonmel, Carlow, Maryborough, and Waterford. Cork, which had just received a 400 bed expansion, was recommended for further expansion. However, the new inspectors were unwilling to consider any strategy other than asylums (e.g. transfer of incurables to workhouses, boarding out).

[Central government advanced the capital for the construction and maintenance of the district asylums, but it had to be paid back by the counties. The capital costs of the 22 asylums between 1825 and 1872 was £1,140,000 - almost the same as that spent on building 130 workhouses between 1839 and 1847 to accommodate 93,000 people (£1,145,000). However, the workhouses were in decline by 1870, whereas expenditure on asylums remained high until the end of the century. (The Catholic Church built 5,800 churches, schools, convents and other institutions between 1800 and 1868 for £5,700,000).]

Dundrum

[Dundrum Central Criminal Lunatic Asylum was provided for in 1845. Dundrum was opened in 1850 on a 21 acre site. It was the first criminal lunatic asylum - Broadmoor was founded in 1863.]

Prevalence Rates

By 1901 there were 17,000 inmates in asylums (planned to house 5,000), and an estimated total of 25,000 in asylums or at large. Fifty years previously the number of known insane was 10,000 - i.e. there had been a 2.5 x increase in a smaller population. Rate was 56 per 100,000 (41 in England and Wales).

The reasons for this increase are open to speculation, but the Famine and emigration probably played a major role. However, the relative ease at which one could get rid of burdensome relatives may also have played a role.

Comparative Rates

By 1900 53.3% of the white population in Massachusetts asylums were Irish-born (but only 29.5% of the population). In New York the corresponding figures were 40.3% and 22.4%. In the US as a whole in 1903 the figures were 29% and 16%.

In NSW in 1894 Irish represented one quarter of all insane, but only one fifteenth of the population. The rate amongst NSW emigrants was four times higher than for those remaining in Ireland.

Insane emigrants were returned to Ireland from the US from 1887 onwards: by March 1903 there were 1,450 returned emigrants in Irish asylums (over 7% of the total).

Factors

[Admission rates increased from 14.5 per 100,000 in 1851 to 63.4 per 100,000 by 1901. Dominated by single people, who also were less likely to be released than married people. Table suggests a tendency towards higher ages as the century progressed (30-39 remains the modal group, but the 20-29 age group is displaced from second place by the 40-49 age group). Geographical distribution in 1901 was fairly homogeneous, but this was transitional between a pattern of eastern predominance to western predominance.]

[There was a marked increase in 1855 of military officers corresponding with the Crimean war. Factors hypothesized at the time were usually classed as moral (poverty, grief, love affairs, domestic quarrels, mental anxiety and religious fervour) or physical (heredity, intemperance, sun-stroke, venereal disease and masturbation). Tea, alcohol and religious fervour were popularly believed factors. Emigrants may have been particularly at risk.]

[Admission to the district asylums was less income-restrictive than the poor houses (which had a property threshold of less than one quarter acre of land).

After the Famine mental asylums were regarded as less odious than poor houses, so they were used to 'dump' burdensome relatives, provided there was some manifestation of madness. The main classifications were: mania, monomania, dementia, melancholia, imbecility and epilepsy, and idiocy.]

[The rapid increase of the insane in second half of the 19th century may in part reflect the relative ease with which one could get rid of burdensome relatives. Legislation in 1867 allowed justices to commit dangerous lunatics or idiots to an asylum subject to a certificate signed by a dispensary doctor. This procedure was abused (until the Mental Treatment Act 1945) to get rid of awkward friends or family. By 1875 50% of all admissions were 'dangerous lunatics' and by 1887 it was 66%. The comparable figure for Scotland, where there was a more complex admission procedure, was 0.4%.]

[The Dangerous Lunatics Act (1838) permitted criminal lunatics to be committed to jail by two magistrates, with or without medical advice. They could subsequently be moved to an asylum on the authority of the Lord Lieutenant. Non-criminals could be admitted to a public asylum on application by a friend or relative, supported by a magistrate or a clergyman; the recommendation of the manager and physician of the asylum was forwarded to the board. After 1843 the physician could admit in an emergency. This subsequently became the main mode of admittance until the 1870s. Admission to private asylums after an Act in 1842 required certification from two doctors.]

[A new Dangerous Lunatics Act (1867) retained two magistrates, but confinement was to an asylum. The magistrates now required a certificate from the medical officer of the local dispensary district. The percentage of lunatics in asylums classed as dangerous increased markedly, until in the later part of the century it became the 'normal' mode of admission. There was no mandatory review of the condition and status of persons admitted under the Dangerous Lunatics Act.]

[The Lunatic Asylums Act 1875 authorised the admission of private patients to district asylums, but most were admitted either as paupers or dangerous lunatics. By 1894 only 411 out of 12,771 patients contributed to the cost of their care.]

[Poor health was common amongst those admitted. Some in fact may have been admitted because of symptoms caused by physical diseases (e.g. syphilis, TB). The death rate of inmates was quite high, although it may not have been much higher than the outside population from similar backgrounds.]

Post Independence

[Irish Hospitals Sweepstakes raised money from 1931 for both public and private hospitals. Mostly went towards general hospitals and sanatoria (for TB), but mental hospitals were opened in Ardee (1933) and Castlerea (1940). Pressure was taken off the mental hospitals by the opening of homes for the mentally handicapped by religious orders: the Daughters of Charity opened St. Joseph's, Clonsilla; Hospital of the Holy Angel, Glenmaroon; St. Vincent's, Lisnagry, Co. Limerick; and St. Theresa's, Blackrock. St. John of God's opened St. Augustine's, Blackrock; St. Mary's, Drumcar, Co. Louth; and St. Raphael's, Celbridge. The Brothers of Charity opened Our Lady of Good Counsel, Lota, Co. Cork; and St. Joseph's, Kilcornan, Co. Galway. Others opened were: Cregg House, Co. Sligo (Sisters of La Sagesse) and St. Mary's, Delvin, Co. Meath (Sisters of Jesus and Mary). Most of these were in the 1950s.]

[The Mental Treatment Act 1945 was a major watershed. This increased need for medical certification, and made it mandatory to discharge cured patients. Lots of other safeguards were added. This was followed by a growth in out-patient facilities. By 1961 more than 50% were being treated as out-patients. Additional facilities became available with the closure of sanatoria at Ballyowen, Co. Dublin; Heatherside, Co. Cork; Newcastle, Co. Wicklow; and Crooksling, Co. Dublin between 1959 and 1966. Newcastle became the district mental hospital for

Wicklow.]

[The establishment of 8 health boards in 1970 saw a lot of changes: community psychiatric nurses; psychiatric units in general hospitals; increased outpatient services; shorter hospital stays (and reduction of hospital populations). Residential accommodation and day facilities have increased for handicapped since 1960s.]

[Move towards out-patient clinics was well underway by 1960. About half of all patients were being treated as out-patients.]

De-Institutionalisation

By the beginning of the 20th century, Ireland was well-endowed with mental hospitals, and there was little need for further building. Ardee, as Lisa may explain, was a notable exception. In fact with population in continuous decline since the Famine until the 1960s, Ireland was probably over-subscribed with asylum places.

In 1961 Ireland had 7.3 psychiatric beds per 1,000 population - probably the highest in the world. By 1981 Ireland's male hospital admission rate was 3x Englands, and female admissions were 2x. However, big variations within Ireland: in 1982 hospital admissions varied from 702 per 100,000 up to 1,147.

It was in this context that we see the beginnings of a shift away from institutions and towards community and day-care facilities.