

‘It’s hard to see a loved one in prison, but there’s nowhere else for him to go’

Greg is a kind, sensitive man. He has an intellectual disability and pronounced mental health difficulties, and when the services he depended on were removed, everything fell apart, his sister Catriona O’Toole tells Social Affairs Correspondent **Noel Baker**

“**T**HERE have been a few shocks,” Catriona O’Toole says. And then some.

Catriona is an associate professor in Maynooth University’s department of education, and is the older sister to Greg — a man who was placed in prison on remand, primarily due to a lack of alternatives; someone often in distress, a man who has repeatedly rubbed his head so furiously he has created a bald patch, and who during one court appearance was so disorientated by what was going on that he walked over to his family and simply handed them his shoes, asking that they take them home.

Greg, says Catriona, is a sensitive and kind man with various passions, among long-time difficulties — namely, an intellectual disability and pronounced mental health problems. Then last year, some of his mental health supports were withdrawn.

According to Catriona, the HSE decided that his intellectual disability was the overriding concern, exacting those in disability services in his native Co Wicklow be offered differently — that Greg’s mental health concerns were paramount. He “fell between the two stools”, she says.

“Ultimately, he is a kind, sensitive man who has a lot to give. It is very hard to see to love one, a family member with restraints or cuffs on. It is really tough.”

She remembers seeing Greg in a cell, silent, confused. She recalls an appearance in court where his clothes were torn, where he was upset. When he handed them his shoes.

“I’m not sure if I have fully processed it”, Catriona says. She traces everything back to the removal of the services that Greg had come to depend on for stability and support, the little checks and balances that kept everything ticking along. When they were taken away, her brother lost something tangible but which he could not articulate, and all the attempts to have the matter addressed seemed to go nowhere.

“You get to a point where you think ‘I am not making any headway here, I have written all the letters, I can write, nothing is changing, nothing is happening,’” says Catriona.

“I know from talking to people that there is this wider issue. Greg’s is not an isolated case. It’s not him on his own, though it feels like that for families, you feel that isolation. That is the way the mental health system feels. Everybody must be out there thinking they are in a unique situation — the reality, I know, is far from that.”

Game of pass the parcel

Greg is now 42, and according to his father, Peter, until last year he had his own car and was pursuing his passion for motorbikes. He is and has always been his own person, the fifth of seven children who grew up in Co Wicklow near Bray.

According to Catriona, Greg had difficulties from a young age and underwent some assessments as a child but he proceeded through mainstream school and did an Applied Leaving Certificate. On finishing second level he worked, consistently — on building sites for contractors, in a factory, at a meat plant. He travelled, including to Australia, where Catriona says he parachuted out of a plane. He was trackside at Grand Prix races.

“He has a great sense of fun and adventure,” says Catriona. Greg was not assessed as having an intellectual disability until last year, and he was hit by the grief of his mother’s death when he was 20. It was the first real trauma. He was known for erratic behaviour and ultimately a court appearance for an incident in which there was a physical altercation caused to the family car and home. It also led to an admission to a psychiatric hospital and subsequent support services.

“Over the years he would have received various diagnoses,” Catriona says. “Learning difficulties, but also mental health — schizophrenia and Greg was treated for a particular while. It highlights the subjective element of mental health

diagnoses, that our systems need to move beyond diagnosis.”

Two assessments of his cognitive function, at different stages over the past 10 years, seemed to steer him towards disability services, yet the family believe his mental health needs were ever-present. Unfortunately, some 18 months ago, things changed again.

According to both Peter and Catriona, there was a move by the HSE for Greg to be dealt with by disability services, with the result that mental health supports he had become familiar with, such as regular visits by a social worker, psychologist, and community nurse, stopped. Peter says those mental health professionals would have checked that Greg was taking his medication, and Catriona says the interactions also benefitted her brother. When they stopped, he spiralled.

“Medication has a place but they can’t be in lieu of providing social support, a network of support and tackling the root causes of distress,” she says.

Catriona says Greg did not seem to fit the profile for an integrated service, in which both his disability and mental health needs would be addressed, but she believes that is exactly what he needed.

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things and that’s just a threatening environment for Dad to be in.

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who were involved in multiple incidents across those 1,035 incidents. The findings are intriguing and instructive. For example, where arrests were made, 77% of respondents stated that if there had been an alternative to arrest, they would have used it. In addition, 64% of respondents felt that a co-response model would give rise to better outcomes, 78% of respondents felt current legislation relating to mental health was inadequate, and 31% of respondents stated they would be interested in applying for the pilot co-response team.

“Police officers should not be the de facto responder to mental health crises. However, the multi-agency approach will frequently see intervention at the police custody stage,” adding: “There was a consensus that having mental health professionals on the co-response team would give rise to better interventions and care.”

Mental health Pulse incidents in the Limerick Division in 2019 and 2020 were analysed, with 1,035 incidents identified. The report outlines the growing use of Section 12 detentions as “a last resort for An Garda Síochána”. Nationally, the number of Section 12 arrests has risen each year from 4,002 in 2017 to 6,315 in 2021, and while the Limerick figure

in the same period have fluctuated, it still increased from 174 to 252 arrests between 2019 and 2020, before dropping back somewhat last year to 204.

For more granular detail, Supt Lacey looked at one month of Section 12 arrests in Limerick. A total of 22 incidents were identified and in 13 of them, “attending gardai were aware that there was a mental health concern in respect of the call prior to arrival.”

In 16 of the incidents, attending gardai made a decision to arrest under the Mental Health Act in less than 10 minutes, and although in others it was over 90 minutes before a garda station assessment was completed.

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