



ABBAY THEATRE

AMHARCLANN NA MAINISTREACH

As a response to Sebastian Barry's *Tales of Ballycumber*, Professor James Lucey, Medical Director of St. Patrick's University Hospital and Clinical Professor of Psychiatry at Trinity College Dublin, presented the following talk as the first in a series on **Mental Health Matters**

The talk took place on Tuesday 27 October 2009 in the Abbey bar.

For E.

Ladies & Gentlemen,

It is a great privilege to be here with you tonight. I want to thank the Abbey Theatre, the Playwright Sebastian Barry, Ms. Lisa Farrelly and all of you for inviting me to talk with you this evening. It is an opportunity; it is like life; I am grateful to you for giving it to me.

I hope that I am up to it.

My subject is mental health. Straight away we must ask the question; what right have I to speak to you on such a mysterious topic? It might be that I am here because I am a doctor, perhaps it is because I am a psychiatrist, or perhaps because I am the Medical Director of the first and oldest Mental Health Service in Ireland; St Patricks University Hospital. It is true that I have that privilege to work, with others, towards the fulfilment of the vision of the patriot Jonathon Swift, who gave to Ireland a mental health service "to prove with one satiric touch no nation needed it so much".

But over the past 2 1/2 centuries in this country we have grown rightly sceptical of professions and experts and people in exalted positions.

So when speaking of the life of the mind we feel entitled to seek the most legitimate source of counsel that we can find.

Therefore I hope that I am here because, like many others in the mental health professions, I have spent years listening to men and women in distress. I am in a position to share with you what I have learned from them. In contrast to the Jesuitical wisdom about youth predicting the outcome of the man, there seems to me

to be little that I learned in the first half of my life that has not been changed by the experience of the second half as honoured witness to my patient's mental distress.

The experience of this witness has predictably had its own effect on me. In the face of mental illness I cannot be content with the role of bystander. The position I adopt is not passive. In this regard it might be worthwhile looking at the position of the doctor in contrast to that of the artist. Both are witnesses of a sort. I am struck by this contrast when I read the playwright Sebastian Barry who writes "it is all a mystery to me really but diligent research in the annals of National Libraries has not been my practice. I am content, I am forced, to try and guess the shape of things in the ordinary dark. I am interested not so much in the storm as the queer fresh breeze that hits suddenly through the grasses in the ambiguous time before it. And though I call these plays family plays of a sort, and though many of the people of the plays carry the names of people that once lived and from whom I am accidentally descended, nevertheless they exist here in an afterlife, in another life, in a gallery of pictures painted freely, darkly".

This artistic witness contrasts starkly with the witness of the clinician. The clinical witness inevitably leads to some personal intervention, and with this intervention hopes to achieve some learning and through learning ultimately recovery. Many are sceptical of this position. For decades now we have struggled with the critique of the anti-psychiatry movement which questions the validity of psychiatric intervention.

Socrates tells us that the unexamined life is not worth living. I have learned through 20 years studying obsessive compulsive disorders that the repeatedly re-examined life becomes too hard to bear. Without clinical intervention this suffering continues.

For Socrates, "the meaning of life, the purpose of it is to achieve personal and spiritual growth". By contrast modern philosophers such as Albert Camus assert "there is only one truly serious philosophical problem left and that is whether to take one's own life or not". In the absurd life that Camus describes in which there is no objective meaning, can life truly be worth living at all? Should human beings respond to life's absurdity by taking a leap of faith and turning to a loving God; or must we actually face the absurdity of our existence and respond by ending our lives, since our lives are meaningless. For Camus, there is another way; his is the way of scornful acceptance".

Camus points us to the Greek legend of Sisyphus who was punished by the gods for defying death and condemned to an endless meaningless task. As Camus sees it

Sisyphus triumphs in this situation through perseverance and scorn, achieving contented acceptance despite life's absurdity. Camus imagines Sisyphus is contented.

Victor Frankle was faced with the absurdity and utter brutality of what he saw in the concentration camps of the Second World War. "For Frankle life never loses its meaning. Meaning never ceases even in suffering and in death. More particularly Frankle recognises that in the face of severe suffering the inner hold we have on life depends on a faith we have in the future". Once that is lost, each of us is doomed.

Witness has taught me that mental health can be lost and more importantly that it can be restored. Sadly, when mental health is lost, life itself can also be lost, through suicide. Suicide is the culmination of a traumatic triad of psychological loss, intoxication and despair. Where melancholy and intoxication and even spite combine life is in peril. Suicide is a daily occurrence in our society. Since 1990 there has been a four fold increase in the number of recognised deaths by suicide in Ireland. For some time suicide has become the commonest cause of death in our young people. Suicide is always a tragedy. It is a catastrophe which is tragic because so often it seems that it could have been avoided.

We need to recognise the insidious threat to mental given by the illusory position which promotes suicide, as having some objective validity even entitlement.

This position is well expressed by the poet Al Alvarez, friend and confidante of the poet Sylvia Plath. In his book *The Savage God; A Study of Suicide*, Alvarez writes "there are others for whom the mere idea of suicide is enough. They can continue to function efficiently and even happily provided they know they have their own specially chosen means of escape always ready; A hidden cache of sleeping pills, a gun at the back of a drawer. Like the wife in Robert Lowell's poem who sleeps every night with her car keys and ten dollars strapped to her thigh".

This idea of suicidal ideation being a productive mentality is utterly false. The truth is that suicidal ideas are probably universal at times of great stress. They do not represent elements of the solution; rather they are an indication of the scale of the trauma. Sensationalizing suicidal ideas, valuing them, even celebrating them in society leads inevitably to more suicide and more tragedy.

I am not recommending a silence on the subject of suicide, an *omerta* of sorts; Far from it. What I am asking is that we should question what we are saying when we speak of suicide. The overwhelming evidence is that suicide is most frequently a behavioural feature of mental illness. That is the truth.

Never the less witness has also taught me this; mental health truly exists. In a lifetime, one in five of us will develop a depressive disorder. The conclusion from this must be that despite life's absurdity four out of five of us remain sanguine and free from melancholy. This speaks to the remarkable resilience of the human spirit and within that lays a hidden truth; put simply, the show will go on.

Witness has taught me that mental health is a triumph of small things despite the absurdity of life. There is no desire to blame those who cannot triumph in this way but there is a danger that we will glorify suicide as an option. This is a danger not only because it is so painful but also because it is so false. We need to learn that psychosis exists. Psychosis is a condition in which there is a complete detachment from rational thinking or balanced judgement. Men and women in this mind state can be destructive of themselves or indeed of others. In this context our collective response is usually one of bewilderment. This is followed swiftly by blame. Ultimately we must accept that some people journey into a darkness so terrible that madness is the outcome. William Styron put this so memorably in his monograph, 'The darkness visible; my journey into madness.'

So I have learned that a functional mental health service must be defended. I am here to defend the idea of a mental health service which is open and honest, accessible and measurable. We need a mental health service which responds to peoples needs and one which respects people's rights.

Nowhere is this more important than in reference to the mental health of our young people. This month The Health Service Executive (HSE) launched its first annual report on its child and adolescent mental health services (CAMHS). The HSE acknowledges that nearly 30% of children and adolescents with mental health problems in this country are waiting for more than one year for a CAMHS assessment. At present 3,117 young people are waiting to be seen (or more particularly waiting to be heard). One in ten of our young people suffer from a mental health disorder. The incidence of mental health problems in our young people is increasing. The HSE Director, Prof. Brendan Drum is reported as saying that that the situation is not ideal "but there are simply not enough resources to fund all the health services".

Is our failure to cherish the mental health of our young simply about a lack of resources? I do not believe so. Of course we need more resources. Others have shown that our failure to properly resource the mental health service has had direct effects on the care of our people. Our system should be required to take the nearly one

billion euro allocated to mental health and make sure that every euro delivered its value.

But if it were simply a limitation of resource which leads us to neglect our young people, we should be very angry with those in a position of leadership who failed to deliver a service during the richest period of our economic history. We would not have a system which allowed our divisions to deny services to those on the margin of our society. We would look to combine our efforts through state and voluntary services, through professional and non-professional agencies to deliver measurable services which were accessible and effective and humane.

If resources are not the only problem, what is stopping us from making more progress? There are truths that we must tell. What prevents us is that we stigmatise the experience of mental illness and we dispute the vision of mental health.

The poet Larkin tells us that “man hands on misery to man” but we can equally hand on recovery to the next generation; if it is our vision to do so. Instead, we are too often divided and this division is between profession and practice and it mirrors the divisions of our society. The much desired multidisciplinary approach needs to be reinforced by a multi-agency belief in mental health itself.

The road to recovery is a journey of discovery and of learning. We now know that learning is a cumulative phenomenon involving generations of experiences each of which has a bearing on the individual. We also know that our understanding of the brain is in the brink of great discovery. For example Prof. Eric Kandel, Nobel Laureate in his work *Psychoanalysis and the new Biology of Mind* writes that “in so far as psychotherapy or counselling is effective, providing long term change in behaviour, it is presumably effective through learning. By producing changes in gene expression learning alters the strength of synaptic connections and makes structural changes which alter the anatomical pattern of interconnections between nerve cells of the brain”.

Thus mental breakdown can be resolved by learning and this learning is a biological, psychological and social phenomenon. On the other hand learning stops with suicide, at least for the individual. The job of learning then falls to those who are bereaved; those who have to carry on and to face the absurdity of life with hope and courage dented by a further loss.

So what is it to be mentally well? Freud said it was to be able to live, to work and to love. That is to say that each of us needs to be able to sustain ourselves, to be

productive and to relate to one another. When faced with the absurdity of life, its pain and trauma, its loss and its brevity, it can be hard to sustain these health ideals.

What can I tell you about how to maintain your own mental health? There is no secret about good mental health. Start by considering your good fortune. Stay at work if you can. Be connected to others. Join things, through family, friends, clubs, and neighbourhoods. Take part in sport, music and recreation. The more connected you are the more mentally healthy you will be.

Take as little offence at others as you can and do your best to *believe* in something. Sleep, eat and exercise in moderation and every day. Stay sober and laugh as often as possible. If you can, take care of someone else. Oh; and most of all; *be kind*.

So how can I draw these thoughts together?

What I am saying is that in order to combat ignorance and stigma regarding mental health, witness of many kinds is worthwhile. Intervention is also necessary in order to combat suffering and neglect of mental illness.

We are honoured as witnesses because mental distress teaches us about the integrity of healthy existence and the importance of authentic connection with each other.

Suicide is a tragedy and the antithesis of this learning.

Mental health is a victory in which human beings triumph daily through small things against the vast scale of life's absurdity. There is great hope. Human beings are resilient and most triumph in this way most of the time.

A proper mental health service is justified and necessary, especially for the young. Our failure to provide one is complex, historical and personal. It is not a simple matter of money.

We need to fight the stigma of mental distress and we need to embrace a broad vision of mental health which has biological, psychological and social meanings.

Witness of recovery from mental illness teaches that the journey out of darkness into light is a real one. We can only fight the stigma of mental illness and the poverty of our resources once we have restored our belief in life itself. Once we believe that life is an opportunity and we decide to take that journey together we can become collectively mentally well.

As the poet Louis MacNeice said in his last work *Thalassa*

“Run out the boat, my broken comrades;
Let the old seaweed crack, the surge
Burgeon oblivious of the last
Embarkation of feckless men,
Let every adverse force converge -
Here we must needs embark again.

Run up the sail, my heart sick comrades;
Let each horizon tilt and lurch –
You know the worst: Your wills are fickle,
Your values blurred, your hearts impure
And your past life a ruined church –
But let your poison be your cure.

Put out to sea ignoble comrades.
Whose records shall be noble yet;
Butting through scarps of moving marble
The narwhal dares us to be free;
By a high star our course is set.
Our end is Life. Put out to sea”.

End of talk.

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