Mental Health Reform
Promoting Improved Mental Health Services

Invest in Mental Health
Pre-budget submission 2021

Summary

COVID-19 has adversely affected the physical and mental well-being of many people in Ireland. If we are to come back stronger, it is imperative that our mental health services and supports have the capacity to cope with the additional strain they are now under and will continue to be under into the future. Mental Health Reform is calling on Government, in Budget 2021, to invest;

€80M in mental health services

Where does this money need to be invested?

Government should allocate additional revenue funding of €50M in Budget 2021 for the development of new mental health services. Of the 50M development funding, a minimum of 10M should be allocated to resourcing the short-term recommendations of Ireland's new mental health policy, Sharing the Vision.

A further 30M should be allocated for existing levels of service (ELS) in 2021 to ensure that services continue to operate in line with increased demand and new development funding is protected. These developments must occur in accordance with an overall increase in the mental health budget towards 10% of the total health budget by 2025.

It is imperative that investment is made in mental health services and supports across a broad continuum from mental health promotion and primary care interventions to specialist services. In line with recommendations of Sharing the Vision, the 50M development funding should be used in part to:

- ***Increase mental health staffing levels***

Continue building staffing levels to ensure availability of staff with the relevant skills, so that all individuals have timely access to appropriate mental health care.

- ***Develop out-of-hours crisis services***

Establish 7/7 crisis intervention mental health services for children and young people in every community across the country.

- ***Invest in mental health in primary care***

Increase the capacity of the Counselling in Primary Care service to meet growing demand and extend access to people on low incomes. Invest in primary care psychology services through the recruitment of additional psychologists at staff grade level and above to meet the needs of children and adults.

- ***Support people to navigate the system and vindicate their rights***

Increase the capacity of national advocacy services for both children and adults with mental health difficulties in hospital, prison, residential services and in the community.

What else needs to happen?

Support the C&V sector to continue providing essential services

At a minimum, sustain and continue to invest in community and voluntary organisations that provide mental health services and supports across the country. The C&V sector should be appropriately recognised and supported to build their capacity to improve the mental health outcomes of their client groups.

Ensure people with mental health difficulties can find work

The Individual Placement Support (IPS) approach to supporting people with severe and enduring mental health difficulties in to employment should be implemented and sustained at national level, through ongoing, secure funding and the participation of Employability Centres and National Learning Networks across the country.

Ensure people with mental health difficulties can access and maintain affordable housing

The Departments of Health and Housing should jointly provide a national sustainable funding stream for tenancy sustainment supports, where required, for individuals with severe and enduring mental health difficulties (including those transitioning from HSE supported accommodation and for mental health service users living in other types of accommodation in the community) in order to prevent homelessness and promote recovery.

Additional funding should be allocated for the capital costs of providing social housing for people with severe and enduring mental health difficulties.

Substantially improve mental health services in the prison system

Allocate funding to implement the recommendations of the Porporino (New Connections) report on the development of mental health supports within the prison system.

Beyond Budget 2021

A fully costed implementation plan for 'Sharing the Vision,' the new national mental health policy, should be developed in 2021 and delivered in full throughout the life of the government, to ensure this 10-year plan is resourced and implemented consistently year on year from the beginning to its conclusion.

Introduction

The prevalence of mental health difficulties in Ireland is significant and may be further exacerbated due to the current COVID-19 pandemic. The United Nations (UN) has warned that COVID-19 "risks sparking a major global mental health crisis".[1] In its mental health policy brief on COVID-19 and mental health, it further reported that higher-than-usual levels of symptoms of depression and anxiety have already been recorded in various countries.[2] While protecting physical health and preventing further spread of the virus has been the primary concern during the first months of the crisis, it is also having a fundamental impact on the mental health of whole societies and communities. More specifically, the World Health Organisation (WHO) has identified that "the isolation, fear, uncertainty, and the economic turmoil [of the current pandemic] could cause psychological distress, and we could expect to see an upsurge in the severity of mental illness, including among children, young people and healthcare workers".[3]

Research carried out in April 2020, found that there has been a sharp decline in mental wellbeing in Ireland during the COVID-19 crisis[4]. Other Irish research carried out by Amárach on behalf of the Young Social Innovators has found that over half of young people in Ireland say they are feeling anxious, stressed or depressed due to the coronavirus pandemic.[5] Findings of a survey carried out on the impact of COVID-19 on mental health has revealed that, at a minimum, one-third of people in the Irish population are experiencing serious mental health difficulties during the pandemic.[6] Of note, young adults and women more generally are exhibiting worryingly high levels of depression, anxiety, and post-traumatic stress disorder.

As reported by the UN, even when the pandemic is brought under control, mental health difficulties will continue to severely affect people and communities. The UN's Policy Brief on Mental Health has included clear recommendations on the need for a significant increase in investment in areas such as psychological supports and emergency mental health care and supporting recovery from COVID-19 by building mental health services for the future.[7] This is particularly pertinent given the under-development of mental health services due to decades of neglect and lack of investment in services and supports, as reported by UN Secretary-General Antonio Guterres.

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[1] RTE News. (2020, May 14). UN warns of global mental health crisis due to Covid-19 pandemic. *RTE News,* Retrieved from https://www.rte.ie/news/world/2020/0515/1138301-pandemic-mental-health-crisis/.

[2] United Nations. (2020). Policy Brief: COVID-19 and the Need for Action on Mental Health. UN.

[3] Rourke, A. (2020, May 14). Global report: WHO says Covid-19 'may never go away' and warns of mental health crisis. The Guardian, Retrieved from https://www.theguardian.com/world/2020/may/14/global-report-who-says-covid-19-may-never-go-and-warns-of-mental-health-crisis.

[4] Amárach Research. (2020). *Emotional Wellbeing in a Pandemic: An Amárach Report.* Department of Health. Retrieved from https://amarach.com/assets/files/mental-health-and-wellbeing-during-a-pandemic.pdf.

[5] Amárach Research (2020). *Covid-19 Youth 'Check In' Survey.* Young Social Innovators. Retrieved from https://www.youngsocialinnovators.ie/images/uploads/inner/content/YSI_COVID19_Youth_Check-In_Survey_Report_.pdf.

[6] Mental Health Reform. (2020). Responding to the Mental Health Impact of COVID-19. Mental Health Reform. Retrieved from https://www.mentalhealthreform.ie/wp-content/uploads/2020/06/Responding-to-the-Mental-Health-Impact-of-COVID-19-Report-July-2020.pdf.

[7] United Nations. (2020).

Similarly, the WHO has stressed that issues of mental health service access and continuity of care for individuals is a major concern. In Ireland, the pandemic has exposed the underdevelopment of many aspects of our mental health system, including staffing and IT infrastructure, which is having a serious impact on issues of accessibility and continuity of care. The COVID-19 pandemic has further exposed the fragility of the mental health sector and the deep fault lines that have existed for decades in the state's response to effectively address the mental health needs of Ireland's population.

Despite growing demand for mental health supports, at all levels of the system, services continue to struggle to operate within existing resources. The number of referrals to child and adolescent mental health services (CAMHS) increased by over 40% from approx. 12,800 in 2011 to 18,100 in 2019.[8] Moreover, the numbers of children and young people on waiting lists CAMHS at the end of last year was almost 2,000.[9] The number of people on the waiting list for Psychology in Primary Care in February 2020 amounted to over 10,000 with 33% waiting more than 12 months to be seen.[10] Demand on the community and voluntary sector is substantial with numbers of referrals to a range of services spiking in recent months.

An economic crisis resulting from the COVID-19 pandemic is expected from leading world experts. The negative effects of economic recessions on people's mental health are well-evidenced. There is a strong correlation between income inequality and poor mental health, with high levels of unemployment, low income levels, and reductions in social welfare benefits having detrimental effects on mental health and well-being.[11] The longer-term socio-economic impact of the COVID-19 crisis is likely to exacerbate the financial inequalities that contribute towards the increased prevalence and disproportionate distribution of mental health difficulties, in addition to intensifying the social and economic inequalities faced by people with pre-existing mental health difficulties, in areas such as poverty, unemployment, housing and education.[12]

The Institute for Fiscal Studies (IFS) has stated that the economic downturn resulting from the COVID-19 pandemic "will have significant consequences for people's [mental] health outcomes in the short and longer term."[13] Previous research studies have clearly demonstrated the devastating impact on prevalence of suicide and self-harm rates. A study by the National Suicide Research Foundation found that by 2012, Ireland's male suicide rate was 57% higher than it would have been if the pre-recession trend had continued.[14] Many lives were lost during this challenging and precarious time as mental health was not

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[8] Houses of the Oierachtas. (13th March 2019). Child and Adolescents Mental Health Services. Dáil Éireann Debate.

[9] HSE. (2019). Performance Profile July – September 2019: Quarterly Report. Retrieved from https://www.hse.ie/eng/services/publications/performancereports/july-to-september-quarterly-report.pdf.

[10] Information provided by HSE.

[11] Rowlingson, K. (2011) Does income inequality cause health and social problems?. Joseph Rowntree Foundation.

[12] The Mental Health Foundation. (2020). The COVID-19 Pandemic, Financial Inequality and Mental Health: A briefing from the "Coronavirus: Mental Health in the Pandemic" Study. MHF. Retrieved from https://www.mentalhealth.org.uk/sites/default/files/MHF-covid-19-inequality-mental-health-briefing.pdf.

[13] The Institute for Fiscal Studies. (2020). Recessions and health: The long-term health consequences of responses to coronavirus. IFS. Retrieved from https://www.ifs.org.uk/uploads/BN281-Recessions-and-health-The-long-term-health-consequences-of-responses-to-COVID-19-FINAL.pdf.

[14] Quinlan, R. (2015, June, 21). Male suicide rate jumped by 57pc during recession. *Independent.ie.* Retrieved from https://www.independent.ie/irish-news/news/male-suicide-rate-jumped-by-57pc-during-recession-31317563.html.

appropriately prioritised. We must learn from our painful past and ensure that Budget 2021 is one that protects the mental health of children, young people and adults living in Ireland.

More generally, the lack of availability of direct mental health services has far reaching consequences across all domains of society. The cost of mental health difficulties is enormous, with figures suggesting this may amount to as much as 4% or more of GDP in some countries. This would equate to approximately €12.4B every year based on Irish figures. National and international research clearly shows the economic returns on investing in mental health supports, including early interventions. Funding allocated to mental health, should therefore be seen as an investment, rather than a cost. It is imperative that investment in mental health supports occurs at all levels of the system (primary to specialist services) and sectors (including the community and voluntary sector) and across Government departments, such as health, education, employment, social protection, housing and criminal justice.

This investment is critical to implementing Ireland's new mental health policy, Sharing the Vision and effectively improving the mental health outcomes of Ireland's population. It is also imperative that mental health is a central part of the government response to the COVID-19 pandemic and that our services have the capacity to cope with the additional strain they are now under and will continue to be under into the future. The unprecedented impact the pandemic is having on mental health requires a proportionate and unprecedented response from our government, including the allocation of dedicated funding, in order deliver essential services and to protect people's lives.

Below Mental Health Reform sets out its recommendations for investment in mental health in Budget 2021 for the Departments of Health, Housing, Employment and Social Protection and Justice.

Department of Health

Recommendation 1: Allocate additional revenue funding of €50M in 2021, for the development of new mental health services. Of the 50M development funding, a minimum of 10M should be allocated to resourcing the short-term recommendations of Ireland's new mental health policy, Sharing the Vision.

A further 30M should be allocated for ELS in 2021 to ensure that services continue to operate in line with increased demand and new development funding is protected. These developments must occur in accordance with an overall increase in the mental health budget towards 10% of the total health budget by 2025.

In Budget 2021, government should allocate additional revenue funding of €50M for the development of new mental health services. Of the 50M development funding, 10M should be allocated to resourcing the short-term recommendations of Ireland's new mental health policy, Sharing the Vision. This includes a range of measures such as providing specialist mental health in-reach to primary care teams; development of crisis out of hours supports; expansion of peer-led mental health services and the use of social prescribing, in addition to

the training and upskilling of mental health professionals.[15] This 10M should be revised during the annual estimates process as additional funding may be required to implement the short-term recommendations of the new policy. Specific funding must also be ring-fenced for the medium and long-term costings of the revised national mental health policy, once these costs have been established. Such costings must be incorporated into annual mental health budgets in the following years to come.

Between 2012 and 2020 €315M in Programme for Government funding was allocated to the development of new mental health services. While a substantial proportion has gone to building up community teams in line with national mental health policy, these resources have not kept pace with increasing demand. In 2019 there were still fewer staff in the mental health services than there were before the recession, in 2008, despite an increase in Ireland's population of almost 10% between this ten-year period.

Despite a shift from defining the specific composition and staffing levels of community mental health teams in the new mental health policy, Sharing the Vision,[16] shortfalls in mental health staffing levels are clearly evident. In the HSE's National Service Plan 2020, just 9,952 mental health staff were reported – over 20% below recommended staffing levels, as set out in A Vision for Change. The increase in staff numbers from 2019 to 2020 indicates some progress being made but there remains some distance until adequate staffing levels are achieved. The HSE's Workforce Planning document, published in October 2018 identified that an additional €177M was required simply to achieve the staffing requirements as set out in AVFC. Of note, this figure does not include investment in primary care or the community and voluntary sector.

It is imperative that the proposed 50M is used exclusively for the development of new mental health services. In the past such funding has often been used to maintain existing levels of service. ELS costs increase each year due to a variety of factors, such as costs affiliated with out of area placements for services that are not available in Ireland and agency staff to cover vacant posts. In last year's budget, two thirds (or 26M) of the increase of €39M was allocated to pay increases and addressing existing levels of service, and not towards new developments that were sorely needed. Before 2016, the HSE Mental Health Division did not receive any additional budget for existing level of service pressures and therefore such costs were drawn from the base mental health budget, including the full recurring development funding. This has resulted in new developments being stalled, while funding is swallowed up by ELS cost pressures. Additional funding should be allocated for ELS in 2021 to ensure that services continue to operate in line with increased demand and new development funding is protected.

Funding in mental health for new developments and existing level of service costs must be accompanied by an increase in public expenditure on mental healthcare towards 10% of the total health budget to fulfil Slaintecare, and comply with other national and international

[15] Department of Health. (2020). Sharing the Vision: A Mental Health Policy for Everyone. DoH. Available at file:///C:/Users/kmitc/Downloads/76770_b142b216-f2ca-48e6-a551-79c208f1a247%20(31).pdf.
[16] Department of Health. (2020).

standards. In recent years, mental health as a proportion of the total health budget has amounted to approx. 6% each year. In a report, the Work Research Centre identified that:

"a comparative positioning of Ireland internationally suggests that the percentage resource allocation today is…lower than in some of the countries with better developed and better performing mental healthcare systems". "The data available indicates levels of allocation of 10-13% in countries such as Sweden, Netherlands, Germany, France and the UK".[17]

These figures reveal that a step change in investment in mental healthcare in Ireland is needed. If not, the costs will be felt everywhere else in our health and social system, from higher costs for physical healthcare to higher disability and illness benefit payments to higher supported housing costs and lost productivity for employers. This is increasingly important in the context of COVID-19 due a potential increase in the prevalence of mental health difficulties and associated costs.

As previously noted the costs of mental health difficulties are enormous - although substantial costs accrue to mental healthcare systems, the main economic costs are located in the labour market and social protection systems, not just for those experiencing poor mental health but also for other family members. A report published by the London School of Economics (LSE) and Political Science identified that total expenditure on healthcare for 'mental illness' amounts to some £14B a year in the UK. [18] In addition, 'untreated mental illness' amounts to over £10B in physical healthcare costs each year and the total non-NHS cost of adult mental illness to the Exchequer may be around £28B.[19]

The allocation of additional funding to mental health is not cost, it is good investment. The evidence based review on refresh of AVFC clearly identifies that

"… studies have shown the substantial returns on investment that a broad range of prevention and treatment mental healthcare interventions can yield. This may include better outcomes for the mental health care sector and for the physical healthcare sector, cost-savings arising from prevention, and substantial cost-savings and other contributions across other areas of the public sector, economy and society."[20]

KPMG Australia has identified a number of evidence based mental health interventions for the purposes of investment, including supporting people in work, minimising avoidable emergency department presentations and hospitalisations, in addition to mental health promotion, prevention and early intervention. KPMG estimated that on the basis of 10 identified interventions between $8B (double) and $12B (triple) would be generated from an investment of under $4B.[21] Such findings have been reflected in work carried out by the

[17] Work Research Centre. (2017). A wide-angle international review of evidence and developments in mental health policy and practice. Evidence review to inform the parameters for a refresh of A Vision for Change (AVFC).

[18] The Centre for Economic Performance Mental Health Policy Group (2012) How Mental Illness Loses Out in the NHS. The London School of Economics and Political Science: London.

[19] The Centre for Economic Performance Mental Health Policy Group (2012).

[20] The Centre for Economic Performance Mental Health Policy Group (2012).

[21] KPMG Australia (2018). Investing to Save: The Economic Benefits for Australia of Investment in Mental Health Reform, Australia: Mental Health Australia.

London School of Economics and the World Health Organisation. The WHO reports that every US$1 invested in scaling up treatment for depression and anxiety leads to a return of US$4 in better health and ability to work.[22]

There is a general consensus that while there is a requirement for "upfront investment from Government and industry, the positive returns provide a compelling case for investment [in mental health]". KPMG Australia have argued the "significant and powerful return on investment figures for mental health that have comparatively high impact when compared to other areas of health investment such as heart disease.

"Without this investment, Governments will be left to face a broad range of mental health costs – ranging from avoidable emergency department presentations, hospital beds, homelessness support, drug and alcohol treatments, [income supports] to the absenteeism and presentism and workforce participation rates affecting the broader economy."[23]

Going forward, it is imperative that mental health is afforded financial parity of esteem within the wider health budget to reflect its significance in contributing to the burden of disease in Ireland. This is particularly pertinent in the context of the COVID-19 pandemic and will require a substantial increase in mental health funding. Mental health must be a central part of the government response to the current crisis, so that services have the capacity to respond to current and emerging need.

Mental Health Reform believes that effective investment can be made by targeting additional funding at specific initiatives that can be tracked in terms of their implementation and performance. For the purposes of Budget 2021, Mental Health Reform recommends investment in the following areas, in line with recommendations of the new mental health policy, Sharing the Vision. It is imperative that investment is made in mental health services and supports across a broad continuum from mental health promotion and primary care interventions to specialist services.

Recommendation 1.1: Continue building staffing levels in line with the HSE's Workforce Planning document, 2018, to ensure availability of staff with the relevant skills, so that all individuals have timely access to appropriate mental health care.

Sharing the Vision moves away from defining the composition of community mental health teams, with absolute numbers of specific disciplines, to emphasising the importance of skill mix and appropriately meeting the needs of people using the services. The policy proposes that the "prescribed composition of CMHTs in AVFC may have restricted the development of appropriate responses in some teams and for some patient groups. The CMHT should continue to include, but not necessarily be limited to, the core skills of psychiatry, nursing, social work, clinical psychology and occupational therapy. There should be additional

[22] World Health Organisation (WHO). "Investing in treatment for anxiety and depression leads to fourfold return", media release, 13th April 2016 available at http://www.who.int/mediacentre/news/releases/2016/depressionanxietytreatment/en/.
[23] KPMG Australia (2018).

competencies in teams such as dieticians, peer support workers, outreach workers, job coaches and others".[24]

Despite this approach in the new policy, it is evident that there are significant staffing shortfalls across the mental health services and difficulties in the recruitment of some disciplines. At the end of 2019, there were just 9,952 WTE staff in post in the mental health services, which equates to just 78% of the staffing levels set out in AVFC. The situation is more severe in child and adolescent mental health services with just over half of the recommended staff in post.

Sharing the Vision states that "the composition and skill mix of each CMHT should take into consideration the needs and social circumstances of its sector population, with flexibility as to how these needs are to be met."[25] Building on this, Mental Health Reform considers that it is possible to increase investment through recruitment by broadening the scope of roles within mental health services, reserving scarce clinicians for roles they can uniquely perform. Furthermore, MHR has consistently recommended that there be a shift of focus in recruitment of staff from primarily medical professionals to an increased emphasis on a range of allied health and social care professionals. Careful consideration must be given throughout the implementation process of the new mental health policy to ensure that a multi-disciplinary approach is sustained in practice, and continues to grow, with representation from various disciplines. This includes the full range of allied health and social care professionals, in addition to those set out in the new policy, such as peer support workers, job coaches, art therapists etc. In its Workforce Planning document, the HSE identified peer support workers as one of the top three disciplines that will be required in mental health service delivery going forward.[26]

In its 2017 Operational Plan, the Mental Health Division stated that "there is a significant requirement to reduce agency and overtime expenditure…" through targeted work force planning. A greater focus on the recruitment of allied health professionals has the potential to address, in some part, the increasing cost pressures associated with agency staff and overtime.

No doubt, the impact of staffing shortfalls is significant, including the continued absence or lack of specialist services for particular groups of individuals, e.g. people with a dual diagnosis of addiction and mental health difficulties, long waiting times to access supports, in addition to a reduction in quality of care. It is imperative that there is a continued focus to recruit and sustain these positions in mental health services across the country. Finally, there is also substantial scope to develop mental health services elsewhere in the system, including in primary care and across the community and voluntary sector.

[24] Department of Health. (2020). p. 44.
[25] Department of Health (2020). p. 44.
[26] HSE. (2018). Workforce Planning – Mental Health: Assessing Supply and Demand. Retrieved from https://www.hse.ie/eng/staff/resources/our-workforce/resources/workforce-planning-report-mhs.pdf.

Recommendation 1.2: Establish 7/7 crisis intervention mental health services for children and young people in every community across the country.

The commitment in 2018 to the national roll out of a seven day a week service across all general adult mental health teams through the allocation of €4.5M / 48 WTE staff was welcome. Despite such progress, there is a requirement to continue to develop out of hours services to ensure a 24/7 response to people experiencing a mental health crisis, and as a first next step, to expand seven day a week services across all child and adolescent mental health teams.

Sharing the Vision specifically recommends that "a comprehensive specialist mental health out-of-hours response should be provided for children and adolescents in all geographical areas. This should be developed in addition to current ED services".[27] This approach is consistent with other national policy and guidance, including the suicide prevention framework Connecting for Life, the Mental Health Commission's Quality Framework, in addition to HSE Mental Health Operational Plans.

The urgent requirement for crisis services can be demonstrated by the prevalence of children and young people presenting to emergency departments with mental health difficulties and the continued admission of children to adult inpatient units, due to a lack of out of hours services. In 2019, there were 358 children and adolescents admitted to acute units and of these, 308 (86%) were admitted to child and adolescent inpatient centres and 50 (14%) to adult approved centres.[28]

In the absence of community-based supports, EDs are often the only option for children and young people in crisis, even for those already known to the mental health services. There is broad based consensus across the mental health community that accessing supports through hospital EDs is inappropriate and distressing to an individual and in particular for a child or young person experiencing a mental health crisis. A quote from the CAMHS Independent Survey of Parents' Views, July 2017, captures this sentiment

"children should NEVER EVER have to go through A&E for non-medical referral to CAMHS out of hours!".

Furthermore, access to specialist CAMHS consultants out of hours varies considerably across the country. In his 2018 annual report, the Ombudsman for Children, reported that 'out of hours' services range from no such cover in one CHO to full cover in others. Overall, 70 consultants provide out-of-hours cover nationally while 25 do not, with an additional 13 posts vacant around the country. The report further states that "at times there is no CAMHS consultant available to assess children in the area when they [go to] hospital with suicidal behaviour. Some children had to be admitted and stay in hospital for several days until a CAMHS consultant was available".[29]

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[27] Department of Health. (2020). p.60.

[28] HSE. (2020). HSE Mental Health Service Delivering Specialist Mental Health Services 2019. Available at https://www.hse.ie/eng/services/publications/mentalhealth/delivering-specialist-mental-health-report.pdf.

[29] Ombudsman for Children Office. (2018) Annual Report 2017. Dublin: OCO.

The Ombudsman for Children expressed concern about the lack of out-of-hours services for children, and recommended that Government prioritise the development of its inpatient mental health services and out-of-hours facilities across all CHO's.[30] The Seanad Consultative Committee on Child and Adolescent Mental Health Services has also recommended that "as a priority out-of-hours CAMHS be provided across all CHO areas on a 24/7 basis for acute presentations. In the absence of this service, children are required to rely on local Accident and Emergency Departments which do not have child-appropriate staff, let alone psychiatric staff to deal with the presentations".[31]

At an international level, the UN Committee on the Rights of the Child raised concerns in its concluding observations on Ireland in 2016 about "children being admitted to adult psychiatric wards due to inadequate availability of mental health facilities for children, long waiting lists for access to mental health support and insufficient out-of-hours services for children and adolescents with mental health needs….".[32]

A costed implementation plan for providing 7/7 CAMHS is yet to be completed. This is in contrast to the HSE's commitment to develop a seven day per week service for CAMHS to ensure appropriate support for children and young people, as set out in the HSE National Service Plan 2019.

Clear, accessible routes to 'out of hours' and 'crisis' CAMHS is described in Irish and international guidance as essential to facilitating access to CAMHS. However, the documented views of children, young people and family members indicate that the lack of 'out of hours' crisis CAMHS services is among one of the key factors affecting both equity and accessibility of mental health services for children and young people in Ireland. As previously recommended by the Children's Mental Health Coalition, it is imperative that all CAMHS provide a specialist out of hours and crisis service that is well publicised, fully staffed and resourced to provide a rapid response to children and families in need. No doubt, there are models of good practice at both national and international level, that could be considered in the national roll out of 7 day a week responses across CAMHS.

A small number of mental health teams across Ireland have already begun offering a more appropriate, responsive way in to urgent support, including the provision of 7-day-week day hospitals alongside home treatment and assertive outreach teams and 24/7 telephone support from specialist mental health staff. The out of hours service provided by Galway child and adolescent mental health services is often looked to as a model of good practice.

In the UK, the Government has taken significant steps to improve access to crisis mental health supports for both adults and children. This is largely reflected in the publication of the

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[30] Ombudsman for Children Office. (2018). "Take My Hand" Young People's Experiences of Mental Health Services, Dublin: OCO

[31] See Seanad Public Consultation Committee Report on Children's Mental Health Services October 2017.

[32] United Nations. (2016). Committee on the Rights of the Child Concluding observations on the combined third and fourth periodic reports of Ireland. Retrieved from http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsvOufvUWRUJlLHiLHKqpXZxUGOtzQF0l%2B37QzAKosbh7yc40d4J3IynFaWf0Egu6J99RK6Y%2FTHjpged5r1H3f3KQliFieFkoeAPALAwKpbZz.

Crisis Care Concordat, which commits to ensuring that every local area develop its services so that people experiencing a mental health crisis can avail of supports 24 hours a day, seven days a week. The Care Quality Commission has endorsed the Concordat and has made specific recommendations to improve crisis supports across the UK in line with the principles of the agreement. In its review of crisis services, the Commission has identified that there are some local areas in the UK which are effectively meeting the needs of people in mental health crisis.

Future in Mind, a report in the UK on improving mental health services for young people identifies that the litmus test of any local mental health system is how it responds in a crisis. It specifically recommends that the support and intervention as outlined in the Crisis Care Concordat is implemented, including the provision of an out-of-hours mental health services. The report also refers to the provision of home treatment teams and appropriate and timely psychiatric liaison from specialist mental health services. Good practice guidelines on the provision of 'crisis' CAMHS have also been developed by the Quality Network for Community CAMHS Standards (2011, UK) and are referred to here as sample good practice.

Recommendation 1.3: Increase the capacity of the Counselling in Primary Care service to meet growing demand and extend access to people on low incomes.

The Counselling in Primary Care (CIPC) service, although a positive initiative, is limited in that it only accepts referrals from people in receipt of medical cards, has a limitation of eight counselling sessions and is currently only available to individuals over the age of 18 years.

As highlighted in the national evaluation of the service "the critical role of CIPC in providing nationwide access to counselling is highlighted by the rapid growth in referrals since its launch, as awareness of the service has grown, demand has increased with more than 19,000 referrals in 2017, an increase of almost 5% on the previous year".[33]

The waiting lists for access to a first appointment also demonstrate increasing pressures on the service. Of the 3,094 clients waiting for counselling nationally at the end of June 2018, 19% (593) of clients were waiting between 0–1 month, 48% (1,496) of clients between one and three months, 24% (745) between three and six months and 8% (260) of clients were waiting over 6 months.[34] There has been an increase of 9% in the numbers of people waiting between three and six months on the previous year and a 3% increase on those waiting six months or more. Furthermore, data from 2018 demonstrates that referral rates and waiting lists for CIPC vary across the country and are significantly higher in some CHOs than in others.

Sharing the Vision recognises that "while initiatives such as Counselling in Primary Care have been introduced, there is still insufficient access to these types of supports in primary care. This, in turn, has contributed to an over-reliance on specialist secondary care systems, resulting in waiting lists for such care in various mental health services".[35] Specifically, the policy recommends that "access to a range of counselling supports and talk therapies in the

[33] HSE. (2018). Counselling in Primary Care Service: National Evaluation Study Report of Phase 1. p. 6. Available at https://www.hse.ie/eng/services/list/4/mental-health-services/counsellingpc/cipc-national-evaluation/cipc-national-evaluation-report-phase-1.pdf.

[34] Information provided by CIPC.

[35] Department of Health. (2020). P. 40.

community/primary care should be available on the basis of identified need so that all individuals, across the lifespan, with a mild-to-moderate mental health difficulty can receive prompt access to accessible care through their GP or Primary Care Centre. Counselling supports and talk therapies must be delivered by appropriately qualified and accredited professionals".[36]

Such proposals to expand talking therapies at primary care level are also reflected in Sláintecare, which includes a specific commitment to extending counselling in primary care beyond medical card holders through a funding allocation of €6.6M over three years. The rationale for this recommendation is that "if people get the right intervention at the right time, they may not need to access other more acute/crisis mental health services. Extending counselling in primary care is a way of addressing mental health needs at a lower level of complexity, providing universal access to 6-8 counselling sessions for those whom their GP determines is in need of the service."[37]

The Joint Committee for the Future of Mental Health Care also expressed concern over a lack of accessible counselling services and the insufficient funding allocated by the State in this area compared to psychotropic medication. In line with this, the Committee recommended that the Government increase investment in counselling and talk therapies.

It is imperative that adequate resourcing is provided to ensure that these commitments translate into practice and are carefully aligned with the presenting need of each particular CHO. The existing limitations of the Counselling in Primary Care service (CIPC), in addition to the increasing demand on the service, demonstrate the pressing need to adequately resource the service so that it can respond in a timely manner to individuals in need of such supports. The CIPC service has the potential to reduce the number of individuals referred on to specialist mental health services, as well as to increase the number of individuals returning to work who may be absent due to mental or emotional distress. The evaluation of CIPC, phase 1, highlights a number of positive outcomes for participants, including: [38]

- a reduction in symptoms for 97% of clients
- 77% of clients were deemed to have recovered at the end of counselling i.e. they showed a significant reduction in their CORE scores and were no longer in the clinical range for psychological distress
- 57% of participants reported an improvement in their general health
- participants reported a 78% increase in the number of "mentally healthy days" between the beginning and end of counselling

[36] Department of Health. (2020). P. 98.
[37] Houses of the Oireachtas. (2017). Committee on the Future of Healthcare Sláintecare Report. P. 63. Available at https://assets.gov.ie/22609/e68786c13e1b4d7daca89b495c506bb8.pdf.
[38] HSE. (2018).

Recommendation 1.4: Invest in primary care psychology services through the recruitment of additional psychologists at staff grade level and above to meet the needs of both children and adults.

Mental Health Reform has previously welcomed the sanctioning of the recruitment of 114 assistant psychologists for primary care teams across Ireland. The addition of these posts is a positive step towards providing earlier access to mental health supports for children and adolescents. It is imperative, however, that such efforts by government to increase capacity in mental health in primary care continue for both children and adults. Moreover, it is necessary that the further recruitment of posts is focussed at the level of staff grade or higher. This will ensure that individuals accessing services are receiving mental health support from fully qualified professionals.

The 2001 primary care strategy sought to promote a team-based, multidisciplinary approach to care that included "psychological expertise". It was acknowledged that providing mental health support through primary care, including the provision of psychological supports, would make mental health support accessible to more people. This sentiment has also been reflected in national mental health policy.

Sharing the Vision acknowledges the fundamental role of the primary care sector in meeting the bulk of mental health need. It recognises that to date, this role for primary care "has not been sufficiently resourced, resulting in shortfalls in creating the necessary integration between primary care and specialist mental health services".[39] In line with Sláintecare, the new mental health policy "envisages an increasing role for the primary care sector which, if appropriately resourced and with appropriate governance, can provide a comprehensive range of interventions".[40]

The current system of primary care psychology requires significant investment to address the increasingly high demand on existing services. In January 2020, there were 10,642 individuals on a waiting list for a primary care psychology appointment, of which 33% (or 3,572) were waiting more than a year to be seen.[41]

Sources operating in primary care psychology in Ireland recommend 1 primary care psychologist per 10,000 population. This ratio would require 477 fully qualified psychologists in primary care, aligning one psychologist per large primary care team, or roughly one psychologist to every six GPs. This allocation of resources within primary care has the potential to significantly reduce demand on specialist mental health services, including acute inpatient care.

Of note, this estimate is simply intended to indicate at national level the order of magnitude of the change required. As set out in the workforce planning document for psychologists in Scotland "needs-based approaches to developing the workforce to meet local requirements

[39] Department of Health. (2020). P. 16.
[40] Department of Health. (2020) P. 40.
[41] Information provided by HSE.

should be encouraged".[42] It is imperative that the HSE develops and publishes a workforce planning document which sets out the required number of primary care psychologists. Furthermore "reliable and up to date workforce intelligence is essential to the planning process" with a census of primary care psychologists being updated annually and forecast for increased demand being conducted biennially.[43]

Recommendation 1.5: Increase the capacity of national advocacy services for both children and adults with mental health difficulties in hospital, prison, residences and in the community.

Mental Health Reform has consistently highlighted that there are significant gaps in existing advocacy supports for people with mental health difficulties. There is currently no statutory right to advocacy, as recommended in A Vision for Change and envisaged in the Citizen's Information Act, 2007. Ireland's new mental health policy reinstates this right to advocacy and that the development of additional advocacy services is required. It acknowledges that there are gaps in access to advocacy supports and that some needs are unmet. [44]

No doubt, existing advocacy services are significantly under-resourced. The National Advocacy Service (NAS) established under the Citizen's Information Board, under the aegis of the Department of Social Protection, provides a non- statutory advocacy service to people with disabilities, including individuals with mental health disabilities. However, it focuses primarily on individuals who reside in HSE supported accommodation and those with complex needs. Advocacy supports provided through the Citizen Information Centres are limited in their remit and the Irish Advocacy Network (IAN) offers a peer advocacy service to individuals across the country, prioritising services to individuals in acute inpatient units.

In particular, there appears to be inadequate provision of advocacy services for people with mental health difficulties living in the community. A Vision for Change recommended that "all users of the mental health services – whether in hospitals, day centres, training centres, clinics, or elsewhere should have the right to use the services of a mental health advocate."[45] This commitment has been reflected in more recent policy, including the National Disability Inclusion Strategy 2017-2021 and in the report of the National Taskforce on Youth Mental Health.

However, this right to advocacy has yet to be realised. While the advocacy needs of people living in the community is not fully known due to a lack of research in this area, small scale research[46] indicates that there is significant unmet need, including a lack of awareness among people with mental health difficulties living in the community of existing advocacy and/or other supports. In addition, there is ongoing reports to MHR of difficulties by people living in the community in making complaints about the mental health services, and reports by the

[42]NHS Scotland. (2013). Clinical Psychology: Workforce Planning Document. Available at https://www.isdscotland.org/Health-Topics/Workforce/Psychology/.

[43] NHS Scotland. (2013).

[44] Department of Health. (2020).

[45] Department of Health. (2006). A Vision for Change: Report of the Expert Group on Mental Health Policy. P. 25.

[46] Mental Health Reform. (2017). Advocacy Needs of Mental Health Service Users Living in the Community: A Pilot Study 2017, Dublin: MHR.

Mental Health Inspectorate about a lack of support for people in supported accommodation to participate fully in community life.

Mental Health Reform is also concerned that the move to community based mental health services and the dispersal of people with long-term mental health difficulties from psychiatric institutions into the community (HSE-supported accommodation, homeless hostels, voluntary housing association supported accommodation, family homes and independent accommodation in the community) may have left some individuals without adequate support to access services and entitlements. A 2010 survey by Mac Gabhann et al. of 300 people with experience of a mental health difficulty in Ireland reported experiences of unfair treatment in every domain of social life, including by friends, neighbours, family, health services staff, the police, and in housing, education, work, public transport and welfare.

The Mental Health Commission's Quality Framework includes an obligation on mental health services to provide access to advocacy supports for both adults and children. The Children's Mental Health Coalition has also recommended the establishment of a dedicated advocacy service to ensure that the advocacy needs of children with mental health difficulties are met. Furthermore, in a study with young people engaged in mental health services it was identified that a "a national advocacy service for young people with mental health difficulties in Ireland should be established as a matter of urgency as it will help young people to express their views about their treatment and help them advocate for better quality services".[47] More recently, the National Taskforce on Youth Mental Health recommended that an independent National Youth Mental Health Advocacy and Information Service should be established.

The introduction of a pilot advocacy service in CAMHS, Galway is a welcome initiative, however, it is imperative that that such supports are rolled out on a national basis as a matter of priority to ensure that all children accessing child and adolescent mental health services have their voices heard. The rights of children to participate in decisions that affect them is underpinned in both national and international legislation, including the Ombudsman for Children's Act, the national children's framework Better Outcomes, Brighter Futures, the National Strategy on Young People's Participation in Decision-Making and the National Youth Strategy. It is guaranteed in human rights legislation under the United Nations Convention on the Rights of the Child (UNCRC) and General Comment 12 and in other European and international policy and law.

In February 2016, the United Nations Committee on the Rights of the Child published its concluding observations on Ireland's compliance with the UNCRC. Among its recommendations were for Government to consider the establishment of a mental health advocacy and information service that is specifically for children [with mental health difficulties] and accordingly accessible and child-friendly. The Expert Group on the review of the Mental Health Act, 2001, has also recommended that advocacy services to children and to the families of children in the mental health services should be made available.

[47] Buckley, S. et al. (2012) Mental health services: the way forward. The perspectives of young people and parents. St Patrick's University Hospital, Dublin.

Recommendation 2: At a minimum, sustain and continue to invest in community and voluntary organisations that provide mental health services and supports across the country. The C&V sector should be appropriately recognised and supported to build their capacity to improve the mental health outcomes of their client groups. This includes enhanced investment in new and existing talking therapies in 2021.

An important component of the new mental health policy is the enhanced focus on the role of the voluntary community sector (VCS) as key partners in the design and delivery of mental health services and supports. Sharing the Vision sets out that where VCS groups are "providing services aligned to the outcomes in this policy, operational governance and funding models should be secure and sustainable".[48] The integration and collaborative working of services is also core to the new policy, with community and voluntary groups being a key stakeholder in this process.

Government and its agencies, including the HSE must sufficiently recognise and support the valuable, essential and complementary role of the community and voluntary sector in supporting the mental health needs of the population. This role has never been more evident than in the sector's rapid response to the COVID-19 crisis - to reshape their services and quickly and effectively shift to new ways of working. Such changes have occurred in the context of losses or threats to fundraising and earned income across many organisations, lack of assurances on funding, challenging working environments and significant increased demand on services.

Since the crisis began, there has been an increase of 44% in contacts to SpunOut, the online youth information organisation, with numbers of young people getting in touch due to anxiety and stress increasing by 100%. In addition, there has been a tenfold growth in people seeking online counselling through MyMind, a provider of online and face-to-face mental health services. Of these, 35% are seeking support for anxiety and stress and up to 20% making appointments to seek assistance with depression.[49] The Samaritans have reported an increase in the frequency of conversations about callers' existing mental health difficulties being exacerbated and the lack of access to mental health supports since the pandemic began.[50] Overall, there is an increased need for mental health supports, with higher levels of distress and support needs among callers, and a decrease in accessibility.

In research published by Mental Health Reform, as part of a collaboration with the COVID-19 Psychological Research Consortium (C19PRC), a group of mental health researchers from universities in the United Kingdom and Ireland, almost 80% of respondents agreed or strongly agreed that charity and voluntary organisations require additional resources to deal with the impact of the COVID-19 pandemic on mental health.[51]

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[48] Department of Health. (2020). P. 59.

[49] Retrieved from https://www.gov.ie/en/press-release/729f22-minister-for-health-announces-additional-investment-in-online-mental/.

[50] Harma, L. & C. Moore. (2020, July). Covid 19 – What are callers and volunteers telling us? Presented at Mental Health Reform webinar.

[51] Mental Health Reform. (2020). Responding to the Mental Health Impact of COVID-19. Mental Health Reform. Retrieved from https://www.mentalhealthreform.ie/wp-content/uploads/2020/06/Responding-to-the-Mental-Health-Impact-of-COVID-19-Report-July-2020.pdf.

In addition to volume of services and supports provided by the VCS sector, and the increased demand experienced due to COVID-19, community and voluntary groups have consistently demonstrated the value and positive impact of the services they deliver. In a study of the Life Skills Group programme, facilitated by Aware, it was found that there were statistically significant reductions in terms of scores of depression and anxiety seen in participants on completion of the programme and these differences were maintained at 12-month follow-up. The programme had an uptake of 2,174 individuals across the country in 2014.[52] Other successful examples from the C&V sector include the positive outcomes of Jigsaw's early intervention services and Suicide or Survive's suicide prevention programmes.

Peer-led local community projects such as Gateway have also proved successful. A survey conducted with their clients showed that over half of participants reported some or a significant reduction in the symptoms of their mental health difficulties (53.8%). Furthermore, just over two-fifths reported some or a significant reduction in hospital admissions (43.9%) and attendance at mental health services (43.9%). Moreover, participants reported positive impacts on their recovery, management of mental health, and self-empowerment.[53]

In the context of mental health care, community supports can often provide value for money by reducing relapse and preventing individuals from requiring costly specialist mental health services and hospitalisation. For example, with regard to peer support, a study by the Centre for Mental Health showed that "the financial benefits of employing peer support workers do indeed exceed the costs, in some cases by a substantial margin."[54] An evaluation of the FRIENDS PROJECT in Ireland has "highlighted the benefits of peer support as a method of service provision for the family members of those with mental health difficulties. Not only does peer support empower family members with crucial life experience, it also represents value for money".[55]

The valuable role community and voluntary organisations to play in supporting the mental health of individuals and communities is extensive. They provide wide-ranging support for individuals experiencing mental health difficulties, including capacity-building and training programmes, information and sign-posting, resource centres, peer support groups, talking therapies, and crisis supports such as helplines and 'out of hours' services. C&V organisations also engage in the prevention of mental health difficulties including awareness raising, mental health promotion and stigma reduction programmes in communities around the country.

Adequate resourcing of the sector should be ensured to support new and existing mental health initiatives. Financial instability and uncertainty is commonly cited as a risk among C&V organisations. As stated by Gateway, "significant project resources are directed towards continuously identifying funding sources and fundraising, which diverts personnel from

[52] Aware. (2015). 2014 Annual Report and Accounts, Dublin: Aware

[53] Murphy, R., Lindenau, A., Corrigan, C., Downes, C., and Higgins, A. (2016). Development and impact of peer-led mental health support in the community: A review of Áras Folláin and Gateway. Dublin: Mental Health Ireland.

[54] Trachtenburg, M., Parsonage, M., Shepherd, G. & Boardman, J. (2013) Peer Support in Mental Healthcare: Is it good value for money? Centre for Mental Health, UK.

[55] Brennan, A. (2016) FRIENDS PROJECT EVALUATION, Dublin: FRIENDS project.

consolidating and further developing the projects and financial uncertainty hinders the capacity to plan for the future."[56] Sharing the Vision acknowledges the absence of reliable and secure funding streams for peer-led and peer-run mental health projects in the community. The policy specifically recommends that "the HSE should continue to develop, fund and periodically evaluate existing and new peer-led/peer-run services provided to people with mental health difficulties across the country".[57]

During the last economic crisis many of MHR's member organisations received substantial cuts to their public funding. In the context of mental health NGOs, many of whom are relatively small, these cuts hit disproportionately badly as there was little scope for efficiencies. Considering the essential role of the community and voluntary sector, one which will likely increase due to COVID-19, the much needed supports and services they provide, and the proven benefits of these services, the government should prioritise the funding of C&V organisations working in the area of mental health. This has the potential to promote mental health in communities, foster recovery and social inclusion of people with mental health difficulties and in effect improve the mental health outcomes of people living in Ireland. As part of Budget 2021, the government, at a minimum, should ensure that funding for mental health NGOs that have demonstrated promising innovations and/or provide valuable, community supports is protected from cuts that would reduce their services.

Departments of Health and Employment & Social Protection

Recommendation 3: The Individual Placement Support (IPS) approach to supporting people with severe and enduring mental health difficulties in to employment should be implemented and sustained at national level, through ongoing, secure funding and the participation of Employability Centres and National Learning Networks across the country.

The COVID-19 pandemic has stressed the importance of sustaining the IPS approach in all communities across Ireland. Some challenges in delivering the IPS approach have occurred throughout the current crisis, including the provision of face-to-face communications, building relationships with new clients, the redeployment of employment specialists to other areas of the mental health sector and a significant decrease in individuals in full-time employment, through IPS, from 145 in December 2019 to 86 in March 2020.[58] Despite such challenges, it is well recognised that the IPS approach has continued to deliver invaluable supports to individuals in promoting their employment outcomes and in effect their recovery during this precarious time.

In addition to the positive outcomes generated by IPS to date and the demand for such supports as evidenced by the over 200 individuals on waiting lists (as of December 2019)[59] it is likely that the need for this essential service will increase due to the challenges associated with COVID-19.

[56] Murphy, R., Lindenau, A., Corrigan, C., Downes, C., and Higgins, A. (2016).
[57] Department of Health. (2020). P. 69.
[58] Information provided by HSE.
[59] Information provided by HSE.

As stated by an IPS employment specialist

"Going forward it's likely our clients will experience increased levels of anxiety and face increasing competition to secure employment due to the high levels of unemployment. People with severe mental health difficulties will need someone to help guide them through [this process]. Therefore, I believe it's more important than ever that we provide our service and that it is adequately funded".

Since the national roll out of the IPS approach there has been over 1,000 referrals made to employment specialists through community mental health teams and over 200 people have successfully been supported into work across the 9 Community Healthcare Organisation areas and national forensic mental health service.[60]

The importance of employment for people with mental health difficulties has been acknowledged in Irish policy for quite some time. *A Vision for Change* stated that "access to employment…..for individuals with mental health problems should be on the same basis as every other citizen".[61] The Expert Group on AVFC recognised that in order to achieve a recovery-orientated mental health system, whereby individuals can live a full life in their community, "supportive communities [are necessary] where actions are taken to address basic needs such as employment".[62] This is further endorsed in a detailed report on mental health and social inclusion, in which the National Economic and Social Forum (NESF) in Ireland concluded that work is the best route to recovery and employment is the best protection against social exclusion.[63]

Ireland's new mental health policy, Sharing the Vision echoes this sentiment of equality in employment and specifically recommends that "a sustainable funding stream should be developed to ensure agencies can work effectively together to get the best outcomes for the individual using the Individualised Placement Support model, which is an evidence-based, effective method of supporting people with complex mental health difficulties to achieve sustainable, competitive employment where they choose to do so".[64]

A number of additional national policies and strategies include commitments to improving the employment outcomes of people with (mental health) disabilities. The Comprehensive Employment Strategy (CES) for People with Disabilities is aimed at improving employment participation and outcomes for people with disabilities. Specifically, the Strategy includes an action to "promote and support the role of work in the recovery model…for those with mental health difficulties and to "use the Individual Placement Support Model as part of this [recovery] process".[65]

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[60] Information provided by HSE.

[61] Department of Health (2006) A Vision for Change, p. 35.

[62] Department of Health (2006), p.41.

[63] National Economic and Social Forum (2007) Mental Health and Social Inclusion, Dublin: National Economic and Social Forum.

[64] Department of Health. (2020). P. 69.

[65] Government of Ireland (2015) Comprehensive Employment Strategy for People with Disabilities 2015-2024, Dublin: Government of Ireland, p. 57.

The National Disability Inclusion Strategy (NDIS) 2017 – 2021, further emphasises the need to address unemployment among people with (mental health) disabilities. The strategy includes commitments to ensure that people with (mental health) disabilities are financially better off in work, in line with the recommendations of the Make Work Pay for People with Disabilities report (2017). The NDIS also includes measures to ensure that employers can easily access information about employing a person with a disability and commits to fully implement the Comprehensive Employment Strategy for Persons with Disabilities.

At an international level, the right of people with (mental health) disabilities to work, on an equal basis with others, is fully enshrined in the UN Convention of the Rights of Persons with Disabilities (UNCRPD). The Convention was ratified by Ireland in March 2018. As specified in Article 27 of the Convention, state parties "shall safeguard and promote the realisation of the right to work".[66] In addition to the UNCRPD, the World Health Organisation's World Report on Disability, the EU Disability Strategy and the OECD all emphasise the importance of raising employment rates for people with disabilities. In particular, the OECD has identified the high costs of mental health difficulties, not only to the individual, but also to the employer and the economy. The Healthy Ireland Framework reports that the economic cost of mental health difficulties in Ireland is €11 billion per year, much of which is related to loss of productivity in the labour market. The OECD recognises that, in order to address such costs, mental health difficulties must become a priority for the employment sector and every branch of social policy, including unemployment and disability.[67] The OECD recommends an integrated approach whereby sectors, services and professionals operating outside of specialist mental health services have a key role to play in improving the employment outcomes of people with mental health difficulties.

Despite commitments across national and international policy and law to ensure people with (mental health) disabilities are supported to both seek and sustain employment, the reality on the ground is that such supports are relatively underdeveloped in Ireland. Historically, the system of employment supports for people with mental health disabilities throughout the country has manifestly failed to facilitate access to work. People with a mental health disability are nine times more likely to be out of the labour force than those of working age without a disability, the highest rate for any disability group in Ireland.[68] The Department of Employment Affairs and Social Protection's (DEASP) 2015 survey of Disability Allowance (DA) recipients found that 50% of participants reported mental health difficulties as the primary reason for being on Disability Allowance.[69] However, it further identified significant levels of interest among individuals on DA in taking up employment (including both part-time and full-time work). Among those who were not currently working, 35% expressed an interest in

[66] UN General Assembly, Convention on the Rights of Persons with Disabilities: resolution/adopted by the General Assembly, 24 January 2007, A/RES/61/106, available at http://www.refworld.org/docid/45f973632.html [accessed 17 March 2016].
[67] OECD (2015) Fit Mind, Fit Job: From Evidence to Practice in Mental Health and Work, Mental Health and Work, Paris: OECD Publishing.
[68] Watson, D., Kingston, G. and McGinnity, F. (2012) Disability in the Irish Labour Market: Evidence from the QNHS Equality Module, Dublin: Equality Authority/Economic and Social Research Institute, p. 19.
[69] Judge, C., Rossi, E., Hardiman, S. and Oman, C. (2016) Department of Social Protection Report on Disability Allowance Survey 2015, Dublin: Department of Social Protection.

working part-time, while a further 8% expressed an interest in full-time employment, given the right supports.[70]

The DEASP's Disability Allowance Survey also identified that people with (mental health) disabilities experience numerous barriers to employment and that a range of supports are required to help achieve employment ambitions and goals, including in areas such as supportive work environments, access to transport, mental health supports, adaptation of job tasks, flexible hours and flexible work arrangements and most importantly retention of the medical card and other social welfare payments.[71]

There is strong evidence that the internationally recognised approach to supported employment (Individual Placement and Support or IPS) is the most effective method of supporting individuals with severe and enduring mental health difficulties to achieve sustainable, competitive employment.[72] IPS has also been shown to be both cost effective and less costly than traditional vocational approaches.[73] Internationally, the principles of the evidenced based supported employment approach have been strongly endorsed, in countries such as England and the US. Furthermore, the benefits of IPS have long been recognised in the Irish context. As far back as 2006, the Expert Group on AVFC reported that "a cost-effectiveness study of different employment models in England found that…individual placement and support (IPS) or 'place and train' projects were significantly more effective than other [traditional vocational] approaches in enabling people with mental health problems to find and keep open employment".[74]

MHR acknowledges the Government's commitment to the Integrating Employment and Mental Health Support (IEMHS) project, which piloted the IPS approach in the Irish context. The project was managed by MHR and developed with Genio and DEASP funding and delivered in partnership between the HSE Mental Health Division, DEASP and Employability companies. The Department's ongoing participation in the national roll out of the 'Individual Placement Support' approach is also very welcome. The operation of the Social Reform Fund has provided an opportunity to roll out the IPS model in all nine Community Healthcare Organisations (CHOs) and in the national forensic mental health service until June 2020.

It is imperative, however, that the IPS approach is implemented and sustained at national level, through ongoing, secure funding and the active participation of Employability Centres and National Learning Networks across the country. This will require clear funding

[70] Judge, C., Rossi, E., Hardiman, S. and Oman, C. (2016).

[71] Judge, C., Rossi, E., Hardiman, S. and Oman, C. (2016).

[72] Sixteen randomised controlled trials have demonstrated that IPS achieves far superior outcomes across varying social, political, economic and welfare contexts. Studies have shown that 61% of people with serious mental health conditions can gain open competitive employment using Individual Placement and Support as compared with 23% for vocational rehabilitation. Randomised controlled trials in the United States have also shown that IPS participants have much better employment outcomes than people supported by more traditional approaches of providing vocational training and job preparation before undertaking the search for competitive employment.

[73] Researchers conclude that "compared to standard vocational rehabilitation services, IPS is, therefore, probably costsaving and almost certainly more cost-effective as a way to help people with severe mental health difficulties into competitive employment."In a report for the UK Department of Work and Pensions, the authors calculated that for every pound invested in the supported employment approach there was an expected saving of £1.51.The OECD has also identified that IPS produced better outcomes than alternative vocational services at a lower cost overall to the health and social care systems.

[74] Department of Health (2006), p. 38.

commitments from the Department of Employment Affairs and Social Protection, in collaboration with the Department of Health and the HSE.

Departments of Health and Housing

Recommendation 4: The Departments of Health and Housing should jointly provide a national sustainable funding stream for tenancy sustainment supports, where required, for individuals with severe and enduring mental health difficulties (including those transitioning from HSE supported accommodation and for mental health service users living in other types of accommodation in the community) in order to prevent homelessness and promote recovery.

This funding should support the continuation of the 10 tenancy sustainment officer posts, currently funded by the Departments of Housing and Health.

Article 19 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) states that people with disabilities shall be given the "equal right to live in the community, with choices equal to others" and state parties "shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community including by ensuring that:[75]

- persons with disabilities have the opportunity to choose their place of residence, and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement
- persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community
- community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs

At a national level, Sharing the Vision recommends that "sustainable resourcing based on identified need for tenancy-related/independent living supports for [individuals] with complex mental health difficulties must be considered for service users moving from HSE supported accommodation to independent living and for individuals in hospital or homeless services identified as having a housing need".[76] "A joint protocol agreed by the DoH and the Department of Housing, Planning and Local Government (DHPLG) in consultation with key stakeholders is [also] required to assist [this shift to independent, community-based living]".[77]

In addition, the Oireachtas Committee on Housing and Homelessness has previously recommended the provision of "funding for visiting tenancy sustainment and support services to help prevent homelessness by working with those with mental health difficulties in their

[75] UN General Assembly, Convention on the Rights of Persons with Disabilities. (2007).
[76] Department of Health. (2020). P. 67.
[77] Department of Health. (2020). P. 67.

own homes".[78] Similar commitments have been made in Rebuilding Ireland, the Government's action plan on housing and homelessness.

As part of implementation of the National Housing Strategy for People with Disabilities approximately 450 people residing in HSE medium and low support accommodation are being supported to transition to independent living through joint funding between the Department of Housing and the Department of Health. While this is a positive step, albeit delays in the transitioning process, a national, sustainable funding stream is required to support other individuals living in the community who could benefit from such a tenancy sustainment programme. Currently, there are over 1,500 individuals residing in HSE supported accommodation, many of whom, could live in the community, given the right supports.

A 2016 study conducted in the Tallaght mental health services found that 98% of long-stay/delayed discharge patients had a housing-related need. In order to prevent inappropriate and costly long-term stays in acute mental health units, it is vital that people who are in inpatient care and who have a housing related need can access timely housing supports.

No doubt, tenancy sustainment support needs extend beyond people in residential settings and in hospital, and include people with mental health difficulties who are homeless or at risk of homelessness and those living in the community in family homes and/or in unsuitable accommodation. In its social housing assessment 2019, the Housing Agency reported that 1,603 individuals identified 'mental health disability' as the main need for social housing support. This is an increase of 5% on the previous year.[79]

There are a number of non-governmental organisations that have been providing independent living supports for people with severe and enduring mental health difficulties for some time. These organisations include Focus Ireland, Cork Mental Health Housing Association, HAIL Housing Association, among others, and have demonstrated significant positive outcomes. A recent evaluation of Hail's Regional Visiting Support Service (RVSS), a homeless prevention service for people with mental health difficulties, highlights the effectiveness of tenancy sustainment supports. The study showed at 12 month follow up (on average) 80% of former clients of the service could be confirmed as remaining housed. 4% were deceased or had moved to a nursing home and 16% could not be traced. These findings indicate that a large majority of those clients whose tenancies are successfully maintained at case closure, perhaps even all, are remaining in a tenancy at follow up.

It is important that allocated funding for tenancy sustainment supports is provided for in Budget 2021, so that the government's policy of deinstitutionalisation is not hindered by a gap in housing support in the community. Fundamentally, it is necessary for promoting the recovery of people with mental health difficulties, in ensuring their social inclusion within the community and upholding their human rights (including choice, respect and dignity) on a par

[78] Oireachtas Committee on Housing and Homelessness (2016) Report of the Committee on Housing and Homelessness, Dublin: Houses of the Oireachtas.

[79] Housing Agency. (2019). Summary of Social Housing Assessments 2019 Key Findings. Available at https://www.housingagency.ie/sites/default/files/SHA-Summary-2019-DEC-2019-WEB.pdf.

with individuals without mental health difficulties. This will be particularly pertinent in the context of the COVID-19 pandemic as existing socio-economic inequalities experienced by people with mental health difficulties will likely be exacerbated. Clear protocols must also be established between the two Departments and their relevant agencies on supporting the effective transition of individuals to community living, in addition to tenancy sustainment.

Department of Housing

Recommendation 5: Dedicated funding should be allocated for the capital costs of providing social housing for people with severe and enduring mental health difficulties.

More specifically, Mental Health Reform recommends that Government invest €12M in Budget 2021 to contribute towards funding 100 (one bed) housing units for people with service and enduring mental health difficulties with a housing need.

AVFC makes specific recommendations in terms of social housing for individuals suffering from mental health difficulties, namely

"The provision of social housing is the responsibility of the Local Authorities. Mental health services should work in liaison with Local Authorities to ensure housing is provided for people with mental health problems who require it."[80]

The new mental health policy, Sharing the Vision reflects this sentiment on the provision of housing and states that "local authorities should liaise with statutory mental health services to include the housing needs of people with complex mental health difficulties as part of their local housing plans".[81]

More specifically, the Strategic Plan for Housing Persons with Disabilities recommends that local authorities ensure that a proportion of social housing is allocated to people with mental health difficulties in each local area. Given that the vast bulk of mental health care is delivered in the community, there will be a small but regular flow of individuals with a mental health disability who will require social housing support. HSE guidance on addressing the housing needs of people with mental health difficulties states that:

"They [mental health services and local authorities] need to engage in estimating and planning for the provision of an adequate stock of suitable living accommodation for mental health service users who have special needs in relation to their living environment and the development of mechanisms to ensure equity of access for people with a mental illness to the housing allocations process".[82]

The planning mechanisms used by local authorities to estimate current and future housing need among individuals with severe mental health difficulties must be utilised to identify and

[80] Department of Health. (2006). P. 40.
[81] Department of Health. (2020). P. 69.
[82] HSE. (2012). Addressing the Housing Needs of People using Mental Health Services: A Guidance Paper. P. 15. Available at https://www.hse.ie/eng/services/publications/mentalhealth/housingdocument.pdf.

allocate social housing stock. As mentioned above, there are currently over 1,500 individuals residing in HSE supported accommodation, many of whom, could live in the community, given the right supports. There are many other individuals, including those in long-stay inpatient mental health units, or living in the community in family homes and/or in unsuitable accommodation that have an unmet housing need.

HAIL, the approved housing body, has estimated that at any given time there are approximately 100 individuals in need of housing, or 100 1 bed units required. The majority of these units are required in the Dublin City Council catchment areas. The average price of a 1bed unit is €187,000 resulting in a total cost of €18.7M to purchase 100 units.

There are different funding streams to cover the costs of these housing units. One option is for 50% of the costs to be funded by Government under the Capital Assistance Scheme (CAS) and 50% to be covered under the Capital Advance Leasing Facility (CALF) and Private Finance Scheme. This would require an investment of €12M by Government in 2020 and an allocation of €6.7M by the Approved Housing Bodies through Private Finance.

It is also important that individuals are provided with appropriate housing in order to support their recovery. Feedback from Mental Health Reform's Homeless Sector Advisory Group highlights that people with mental health difficulties are often placed in inappropriate accommodation, which can exacerbate existing mental health difficulties. Mental Health Reform's Grassroots Forum has recommended that people with mental health difficulties be housed in communities with infrastructure that supports improved living standards, including good transport links and community supports for the individuals' recovery. Members of the Forum expressed concern that placing people with mental health difficulties in areas where there is little community service provision may have an adverse effect on the person's mental health and recovery. As set out in Sharing the Vision, the housing design guidelines published by the HSE and the Housing Agency in 2016 to promote independent living and mental health recovery should be considered in all housing-related actions.[83]

Mental Health Reform recommends that the Department of Housing, in its plans to build social housing, should include a proportion of social housing to be allocated to people with a mental health disability who are identified by the mental health services and/or through local authority housing need assessments. Effective collaboration from HSE mental health services is fundamental to this process.

[83] 5 Áine O'Reilly, Emer Whelan, and Isoilde Dillon. (2016). Design for Mental Health – Housing Design Guidelines. Dublin. Housing Agency and HSE. Available at: http://www.housingagency.ie/sites/default/files/publications/36.%20Design%20for%20Mental%20Health%20HousingDesign-Guidance-MAY-2017.pdf.

Department of Justice

Recommendation 6: Allocate funding to implement the recommendations of the Porporino (New Connections) report on the development of mental health supports within the prison system.

In 2015 an independent evaluation of the psychological services within the Irish Prison Service (IPS) was published.[84] At that time is was identified that the level of resourcing for psychology across the prison system was well below accepted international standards as well as international practice. In addition to the lack of resources assigned to psychology within the IPS, the review identified a number of additional areas where mental health supports required further development.

In response to the New Connections report, the IPS developed a Psychology Service Strategy for 2016-2018 with the aim of developing psychological services for the prison population. Actions have been progressed by the IPS in order to implement recommendations of the report and to enhance psychological supports in prisons across the country.

Mental Health Reform promotes the full implementation of the recommendations of the New Connections report in order to adequately meet the psychological needs of the prisoner population. In addition, it is of paramount importance that a range of talking therapies are developed and made available across the prison system. While there is limited data and research available in this area, it is reasonable to ascertain that the need for mental health services and supports across prisons in Ireland may increase due to the COVID-19 pandemic. In light of the crisis, people in prison have experienced many challenges, including, extended lengths of time for individuals on remand due to suspension or delays with court sittings, suspension of prison visits and lack of human contact and reduced access to occupational, recreational and even mental health supports.[85]

The lack of psychological and other talking therapy supports can be seen in the over-reliance on medication to treat mental health difficulties among the prisoner population to date. In the latest reports of the European Committee for the Prevention of Torture and Degrading Treatment (CPT), serious concerns were highlighted over the prescription of medication in Irish prisons and the lack of adequate supervision or follow-up assessments. The CPT found that there was an over-reliance on pharmacological treatment and an underdevelopment of non-pharmacological interventions. The CPT highlighted that, contrary to World Health Organisation (WHO) standards, prisoners who had self-harmed or attempted suicide were not considered to require psychiatric assessment with rarely any psychological support provided.

The Irish Penal Reform Trust has strongly advocated that where prescribed medication is required, this should not be used in isolation, but should be administered in accordance with other therapeutic interventions such as one-to-one sessions with a psychiatrist or psychotherapist. IPRT recommends that the Irish Prison Service and mental health experts

[84] Porporino, J.F. (2015) "New Connections" Embedding Psychology Services and Practice in the Irish Prison Service, Dublin: Irish Prison Service.

[85] Thomas, H., Shepherd, A., Hard, J., & J. Shaw. (2020). Effects of the COVID-19 pandemic on the mental health of prisoners. *The Lancet Psychiatry, (*7), 568-570.

work together towards the development of non-pharmacological interventions throughout the entire prison system.

The principle of equivalence of healthcare maintains that healthcare in the prison context should be equal to that in the community setting. As highlighted in previous empirical research, there is a need for better access to health services, including occupational therapy, psychology and other talking therapies in the prison environment.

The IPS Psychology Service has been working to implement "a more strategic, proactive model for service delivery along clear pathways of care that include a range of supports, including individual, short-term, group-based interventions and various motivational and self-help oriented approaches".[86] In order to support such efforts, it is imperative that the Porporino report, highlighted above is fully costed to ensure its implementation in full. This must be complimented with the allocation of the necessary resources.

About Us

Mental Health Reform is Ireland's leading national coalition on mental health. With over 70 member organisations, we drive progressive reform of mental health services and supports in Ireland. See www.mentalhealthreform.ie for more details.

Mental Health Reform is available to discuss the above recommendations. Please contact Kate Mitchell, Senior Policy and Research Officer at 01 874 9468 or via email at kmitchell@mentalhealthreform.ie for further information.

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[86] Porporino, J.F. (2015).

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