# Pre-Budget 2022 Submission


Mental Health **Reform**
Promoting Improved Mental Health Services

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**August 2021**

# Overview

MHR calls on the Government to;

1. ***Increase and index link spending in mental health over a period of three years, to 10% of the health budget on a phased basis: 7.5 % in 2022, to 8.5% in 2023 and to 10% by 2024***

2. ***Allocate an additional €85 million to mental health in Budget 2022***

- €20M should be allocated to existing levels of service (ELS). ELS includes salary increases, agency costs and other increases in cost of delivery existing levels of service

- €65M should be dedicated to the development of new mental health services that will drive change in the system. It is essential that this development funding is protected and is not swallowed up to cover existing levels of service, as has occurred in previous years. This submission outlines a range of measures such as investment in prevention, increase in staffing, roll out of CAMHS connect, and supporting the community and voluntary sector to respond to increased demand.

# 1. Who we are

Mental Health Reform (MHR) is Ireland's leading national coalition on mental health. Our vision is of an Ireland where everyone can access the support they need in their community, to achieve their best possible mental health. We drive the progressive reform of mental health services and supports, through coordination and policy development, research and innovation, accountability and collective advocacy. Together with our member organisations and thousands of individual supporters, MHR provides a unified voice to the Government, its agencies, the Oireachtas and the general public on mental health issues.

This Pre-Budget Submission details our recommendations for investment in mental health for the Departments of Health, Housing, Employment & Social Protection, and Justice. Throughout the document are quotes from the public who shared their experiences of mental health services with MHR in an online survey that we conducted in June, 2021.

## 1.1 Introduction

Our Budget 2022 submission to the Department of Health is written appreciative of both Ireland's new mental health policy *Sharing the Vision*, now a year published, and the *HSE Corporate Plan 2021 – 2024,* which acknowledges the barriers that prevent both children and adults from receiving timely responsive care.

While we welcome the commitment in the *HSE Corporate Plan 2021-2024* to prioritise early interventions and improve access to person-centred mental health care, we remain concerned at the lack of overall ambition for our mental health services. We very much want to see a clear focus on the implementation of *Sharing the Vision*, as implementation has progressed slowly to date. The lack of adequate infrastructure - in particular the lack of a national mental health Information Communications and Technology (ICT) system - amongst other deficits, act as barriers, not enablers as referred to in the HSE corporate plan, to timely access to quality mental health services.

We have structured the health element of our Pre-Budget Submission to align with the domains in *Sharing the Vision*, as the new national policy has the potential to deliver quality mental health care if properly implemented and resourced.

MHR has consulted with its members and has gathered insights from mental health service providers and representative organisations into the below recommendations. So far in 2021, we have received over 300 submissions from our member organisations on their priority concerns for mental health. We use our research and policy knowledge to ensure that the proposals we offer are relevant, suitable and feasible. Where possible, costs have been obtained with the co-operation and support of colleagues in the Department of Health and the HSE. We surveyed our members and the general public on their experience of mental health services and supports. Some of their responses have been added to this submission where appropriate, to underpin the severe deficits service users encounter in the public mental health system.

Underpinning all of the asks within the four domains is the critical issue of funding.

**MHR believes that spending on mental health must be increased to 10% of the total health budget over the next three years, index linked, as follows: to 7.5 % in 2022, to 8.5% in 2023 and to 10% by 2024.**

## 1.2 Adequate funding for mental health - the critical enabler

> *"The public mental health services are woefully inadequate and are heavily based on medication as primary treatment, simply due to the fact that other, equally important treatments, like psychotherapy and CBT are not available."*
>
> *-MHR Survey Respondent, June 2021*

Funding allocated to mental health has stalled between 5 and 6% of the total health budget in recent years. Opinion is unanimous in both policy and political circles that this level of funding is insufficient to meet need.

MHR is aware that when the policy shift from congregated settings to community delivery of mental health services was implemented, additional funding for those community-based services did not materialise. This resulted in poor access, long waiting times and evidently poor mental health outcomes for service users in the community. This has persisted to the present day, where long waiting times to access vital mental health services is the norm.

Stakeholders including the Joint Oireachtas Sub Committee on Mental Health, HSE clinical leads in mental health, academics, and MHR have identified that addressing current and emerging mental health needs will require adequate investment. The HSE document *A Plan for Healthcare and Population Health*[1], published in February 2021, specifically calls for continued investment in mental health services. We believe that it is no longer viable or acceptable for expenditure on mental health to remain at approximately 6% of the overall health budget. Ireland lags far behind on mental health spending according to international comparisons. States such as Sweden, Netherlands, Germany, France and the UK, allocate between 10 and 13%. *A Vision for Change* recommended allocating 8% of the health budget to mental health by 2016, while Sláintecare proposed "at least 10% of the health budget to mental health". [2] Simply put, the level of investment in mental health is inadequate.

[1] Crowley, P. and Hughes, A. *The impact of Covid-19 pandemic and the societal restrictions on health andwellbeing on service capacity and delivery: A plan for health care and population health recovery* (Dublin:National QI Team, Health Service Executive, 2021). Available at: https://www.hse.ie/eng/about/who/qid/covid-19-qi-learning/qi-resources-to-support-learning-from- covid19/covid-19-pandemic-impact-paper-2021.pdf

The legacy approach to investment in mental health is also evident seen in the *Sláintecare Implementation and Action Plan 2021 to 2023,* where just €23 million was allocated to mental health to progress *Sharing the Vision,* from a total spend of €1.235 billion. This allocation represented just 1.86% of the total funding.

> *"Very challenging. I feel like it's only when a person hits extreme crisis point that proper support is given, there is little support prior to that or even following discharge from hospital. Huge focus on medication and lack of other supports"*
>
> *-MHR Survey Respondent, June 2021*

With specific reference to the Budget 2022 allocation for mental health, MHR understands that COVID-19 has adversely affected the physical and mental wellbeing of many people in Ireland. It is essential that our mental health services and supports are appropriately resourced to respond to current and emerging mental health needs. Mental health services are already over-stretched, with long waiting lists, staff shortages and a lack of available therapeutic support in many areas. The pandemic has further exposed these shortfalls and demonstrated the urgent need for investment across a continuum of mental health services; from primary and community to specialist support. Please see our COVID-19 research document here.

## 2. Promotion, Prevention and Early Intervention

> *"I've been very fortunate to have been able to access and fund private care. I'm aware of many whose only access to mental health support is through their GP and a lifelong reliance on medication. I'm aware of my privileged position which meant I could talk through my depression and anxiety without needed medication to suppress those feelings."*
>
> *-MHR Survey Respondent, June 2021*

*Sharing the Vision* reiterates the well-established view that everyone has mental health and mental health needs. Mental health is not just an absence of 'mental illness', but is a separate characteristic focused on positive mental wellbeing while living with a mental health difficulty.

Investment in promotion, prevention and early intervention should not be viewed as a cost, but a good investment. The evidence-based review on a refresh of *A Vision for Change* 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."[3]

### 2.1 Social Prescribing – building on existing assets to improve mental health

MHR welcomes the launch of the HSE Social Prescribing Framework in July 2021. The model, based on co-production and collaboration, has been proven to be very effective in encouraging people to

[2] Committee on the Future of Healthcare. *Sláintecare Report* (Dublin: Houses of the Oireachtas, 2017) 142. Available at: https://assets.gov.ie/22609/e68786c13e1b4d7daca89b495c506bb8.pdf

[3] Cullen, K. and McDaid, D. *Evidence Review to Inform the Parameters for a Refresh of A Vision for Change (AVFC): A Wide-Angle International Review of Evidence and Developments in Mental Health Policy and Practice.* (Dublin, 2017) 96. Available at: https://www.gov.ie/en/publication/4664bf-evidence-review-to-inform-the-parameters-for-a-refresh-of-a-vision-f/

take a first step in their own recovery, and in linking service users to beneficial activities in their own communities. It is positive to see this model being delivered and embedded within the different health strategies; *Healthy Ireland*, *Sláintecare* and *Sharing the Vision*, where it is cited as a short term action. MHR fully supports the holistic approach of social prescribing. The model is based on 'What matters to the person' rather than 'What's the matter with the person', and is an essential element of person-centred care. According to a review of evidence on social prescribing,[4] up to 20% of GP time is taken up addressing social issues that their patients present with. Using social prescribing as an alternative to a medical model of treatment, frees up secondary care capacity and offers people more agency in their journey to good mental health.

MHR believes it is a positive development that social prescribing is a core service in *Healthy Ireland*'s Building Healthy Communities Programme, but believes that there is a need to expand access to this effective intervention.

**MHR Recommendation for the Department of Health:**

- **Expand social prescribing beyond the current 30 locations it is delivered in, on a needs based and phased basis to all areas of disadvantage, both urban and rural using the Pobal HP Deprivation Index. (Indicative cost €60,000 per area)**

## 2.2 Peer support workers - adding value to service users' recovery journeys

*Sharing the Vision* notes that funding for peer-led and peer-run mental health projects in the community is not secure, and recommends that the HSE develop and fund these services. A HSE impact study on peer support workers launched in late 2019, demonstrates how peer support successfully assists people in their recovery, and contributes to the recovery orientation of mental health services. [5] MHR believes that resourcing Community Mental Health Teams to employ peer support workers, is an important element in the consolidation of the recovery orientation of mental health services.

**MHR Recommendation for the Department of Health:**

- **Ensure each of the 111 Adult Community Mental Health Teams has at least one peer support worker. Establish senior peer support worker roles within community health networks**

## 2.3 Supporting the community and voluntary sector to engage with the Well-being Framework for Ireland

MHR is aware and supportive of the commitment to develop a Well-being Framework for Ireland, bringing together a comprehensive set of well-being indicators to offer a more holistic view of how Ireland is progressing. [6] In the consultative process for the *First Report on the Well-Being Framework for Ireland*, mental health was emphasised as an area that impacts well-being and this dimension title was expanded to become Mental and Physical Health.

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[4] Polley, M. J. and Pilkington, K. *A Review of the Evidence Assessing Impact of Social Prescribing on Healthcare Demand and Cost Implications.* (London: University of Westminster, 2017). Available at: https://westminsterresearch.westminster.ac.uk/item/q1455/a-review-of-the-evidence-assessing-impact-of-social-prescribing-on-healthcare-demand-and-cost-implications

[5] Hunt, E., and Byrne, M. *Peer Support Workers in Mental Health Services: A Report on the Impact of Peer Support Workers in Mental Health Services.* (Dublin: HSE, 2019). Available at https://www.hse.ie/eng/services/list/4/mental-health-services/mentalhealthengagement/news/peer-support-workers-in-mental-health-services.pdf

[6] Department of the Taoiseach. *First Report on the Well-Being Framework for Ireland.* (Dublin: Department of the Taoiseach, 2021). Available at: gov.ie - First Report on Well-being Framework for Ireland July 2021 (www.gov.ie)

We welcome the fact that access to mental health services wereincluded in the definition of this key dimension, and that there are specific indicators in the dashboard.

The global pandemic has impacted the mental health of the people of Ireland. There is an expected increase in demand as people with new and emerging mental health difficulties seek support from mental health services. Therefore, MHR identifies a need to provide specific budgetary support for mental health organisations. This will ensure that people are supported to engage with services and are facilitated to communicate their mental health priorities.

**MHR Recommendation for the Department of Health:**

- **Create a dedicated budget for community and voluntary mental health organisations to resource their engagement with and promotion of the Wellbeing Framework for Ireland**

### 2.4 Invest in advocacy services for people with mental health difficulties

> *"Difficult, no easily accessible signposts to navigate mental health services, left feeling that you have to fight to get a service."*
>
> *-MHR Survey Respondent, June 2021*

MHR 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. *Sharing the Vision* reinstates this right to advocacy and recommends that the development of additional advocacy services is required for people with disabilities, including individuals with mental health disabilities.

**MHR Recommendation for the Department of Health:**

- **Increase the capacity of national advocacy services for both children and adults with mental health difficulties in hospital, prison, residences and in the community. Cost €2M**

## 3. Service Access, Coordination and Continuity of Care

> *"Disgraceful within primary care and HSE settings. Waitlists are too long, referral pathways are too rigid"*
>
> *-MHR Survey Respondent, June 2021*

Inadequate access to quality, timely and appropriate mental health services is a widely acknowledged long term deficit in our health system. This is due to a legacy of underinvestment in the mental health sector and an alarming lack of infrastructure.

The focus of this domain of *Sharing the Vision* is to put people before processes, ensuring timely access using an outcomes and multi-disciplinary approach. If implemented across all mental health and Primary Care services, this would reduce barriers to care for service users and ensure that their family, friends, carers and supporters are part of the integrated care pathway. MHR is aware that mental health services are not delivered in isolation, and that other health and social care services within Primary Care are an integral element of a mental health service user's pathway. This pathway must become more integrated, streamlined and effective with the service user at the centre. MHR fully supports the continued transformation of our health services under *Sláintecare* into Regional Integrated Health Areas which, when delivered, will provide a more seamless, transparent and effective pathway for service users.

## 3.1 Strengthen Community Mental Health Teams

> *"No psychosocial interventions offered. Different psychiatrist every 6 months, no care plan goals given or identified. Sharing my trauma over and over again because of turnover of staff. Not felt listened to, never explained what they were doing about my care."*
>
> *-MHR Survey Respondent, June 2021*

*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 Community Mental Health Teams in *A Vision for Change* may have restricted the development of appropriate responses in some teams and for some patient groups. The Community Mental Health Teams 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 competencies in teams such as dieticians, peer support workers, outreach workers, job coaches and others".

Despite this approach, it is evident that there are significant staffing shortfalls across the mental health services and difficulties in recruitment for some disciplines. At the end of 2019, there were just 9,952 Whole-time Equivalent staff in post in the mental health services, which equates to just 78% of the staffing levels set out in *A Vision for Change*. 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 these teams should use local needs analyses to inform the composition of teams. Building on this, MHR 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 uniquely can perform. We also want to see a shift in focus in recruitment of staff from primarily medical professionals, to an increased emphasis on a wide range of allied health and social care professionals. Careful consideration must be given to ensure that a multidisciplinary approach is developed and sustained to include a wide range of relevant health and social care staff to work in these teams, including peer support workers, job coaches, art therapists et al.

## 3.2 Primary Care must increase its investment in mental health

> *"Long wait time. No follow up. No support."*
>
> *-MHR Survey Respondent, June 2021*

The *Disability Capacity Review to 2032* [7] published in July 2021 clearly states that investment in early intervention and therapeutic services (particularly in mental health, psychology services, peer support working, social work, and occupational therapy), play a critical role in achieving better outcomes and reducing problems at a later date. This report states that better access to mental health services and the full range of Primary Care services, therapies and supports can reduce the distress and anxiety for service users and their families, friends, carers, and supporters. This is particularly the case in relation to the difficulties and challenges associated with a dual diagnosis of mental health issues and disability, and especially for children and young people.

In an appearance at the Joint Oireachtas Sub Committee in December 2020, the HSE National Clinical Adviser and Group Lead for Mental Health identified some of the challenges in Primary Care. These included lack of resources, recruitment challenges, waiting lists of two and three years and

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[7] Department of Health. *Disability Capacity Review to 2032 A Review of Disability Social Care Demand and Capacity Requirements up to 2032* (Department of Health, 2021). Available at: https://www.gov.ie/en/publication/d3b2c-disability-capacity-review-to-2032-a-review-of-social-care-demand-and-capacity-requirements-to-2032/

overprescribing. It was noted that poor access to psychology services in particular was resulting in inappropriate referrals into CAMHS. [8]

> *"We need to reduce waiting lists to primary mental health care across the Board. This is imperative. There are far too many people waiting too long for access to primary care."*
>
> *-MHR Survey Respondent, June 2021*

Access to psychology services in Primary Care is at such an untenable level that, in August 2021, €4 million was allocated to tackle the unacceptable delays, particularly for children. While MHR welcomes this crisis injection of funding, we know that early intervention pays dividends across the full range of Primary Care services and reduces the need for more complex and costly treatment. We are also very mindful of the human suffering behind long term deficits in access to these critical Primary Care services. We know that the reality for many families watching their loved ones' mental health deteriorate while they languish on unacceptably long waiting lists, is bleak and unacceptable.[9]

Below we consider some services located within Primary Care which, if adequately resourced, could play a fuller role in diverting engagement with specialist mental health services. This would contribute to better resilience, well-being and improved mental health outcomes in the post pandemic landscape of health and social care.

MHR believes that effective investment involves targeting additional funding at specific initiatives that can be tracked, in terms of their implementation and performance. In line with *Sharing the Vision,* investment is imperative in mental health services and supports across a broad continuum, from mental health promotion and Primary Care interventions, to specialist services.

## 3.3 Expanding psychology services - a necessary building block

> *"Fund psychology training so that it is not an elitist profession and so that there are more psychologists to deal with the waiting lists of people who need help."*
>
> *-MHR Survey Respondent, June 2021*

In March 2021, there were over 10,000 people on a waiting list for a Primary Care psychology appointment. The majority were children and adolescents.

While the crisis injection of €4 million in August 2021 is welcome, the longer term structural issues in the service must also be addressed. We note the report published in January 2021 of the National Psychology Team on the Establishment of a National Psychology Planning Office.[10] MHR strongly suggests that its specific recommendations with regard to prioritising funding for the recruitment and retention of qualified psychologists and assistant psychologists, along with the establishment of the National Psychologist Planning Office, are actioned. We note the recent research demonstrating that

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[8] "Joint Sub-Committee on Mental Health Debate - Thursday, 10 Dec 2020. Access to Primary Care through Community Mental Health Teams and Day Care Centres: Discussion," Oireachtas.ie. Available at: https://www.oireachtas.ie/en/debates/debate/joint_sub_committee_on_mental_health/2020-12-10/3/?highlight%5B0%5D=primary&highlight%5B1%5D=care&highlight%5B2%5D=primary&highlight%5B3%5D=care&highlight%5B4%5D=counselling&highlight%5B5%5D=primary&highlight%5B6%5D=care&highlight%5B7%5D=care&highlight%5B8%5D=primary&highlight%5B9%5D=care

[9] Hillard, M. "Concerns Raised over Impact of Year-Long Child Psychology Waiting Lists." *Irish Times,* August 4, 2021. Available at: https://www.irishtimes.com/news/health/concerns-raised-over-impact-of-year-long-child-psychology-waiting-lists-1.4639123

[10] HSE. *Report of the National Psychology Project Team: Establishment of a National Psychology Placement Office and Workforce Planning.* (Dublin: HSE, 2021). Available at: https://www.hse.ie/eng/staff/jobs/eligibility-criteria/psychology-report-jan-2021.pdf

increased capacity has had a positive effect on radically reducing the waiting times to access services.[11]

**MHR Recommendation for the Department of Health:**

- **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**

## 3.4 Investing in quality improvement in CAMHS- using a total systems approach to Youth Mental Health and Well-Being

> *"Need 24/7 support for Camhs- often distress occurs at night/out of hours with nowhere to turn. Have gone to A&E - no support there."*
>
> *-MHR Survey Respondent, June 2021*

While the Child and Adolescent Mental Health Service (CAMHS) was designed to meet the needs of the 2% of young people and children who need specialist help, inappropriate referrals continue to be made, often from GPs under pressure to refer on due to lack of local access to HSE early intervention psychology services.

> *" Teenagers and adults should not be forced to A&E in crisis"*
>
> *-MHR Survey Respondent, June 2021*

MHR is aware of the ongoing and unacceptably high waiting lists CAMHS. At the end of March 2021 there were 2,730 children waiting to be seen, with 282 waiting over a year, a steady rise from 2000 at the end of 2019.[12] As previously cited, senior Department of Health policy staff and clinical leads in the HSE discussed the challenges within CAMHS at the Joint Oireachtas Sub Committee on Mental Health in December 2020. They were unanimous in their view that young people's mental health needs are currently not being met in Primary Care psychology services. [13] The *Mental Health Workforce Plan Report* (2018) reported a shortfall of 118 psychologists in CAMHS under the *Vision for Change* recommendations. In 2021, there are still no 24/7 crisis intervention mental health services for children and young people available. We note the development of the Galway CAMHS Connect hub as an important model, and urge its roll out nationally.

MHR is also aware of the important recommendations made in the Youth Mental Health Task Force Framework with its focus on early intervention, which were reiterated in *Sharing the Vision*.

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[11] Wormald, A. and Fortune, D. "The Evaluation of the Assistant Psychologist Role in Primary Care Psychology Services" in *17th Annual Psychology Health & Medicine Conference* (Cork: University of Cork, 2020). Abstract available at: https://www.researchgate.net/publication/342803003_The_evaluation_of_the_Assistant_Psychologist_role_in_primary_care_psychology_services

[12] "Dáil Éireann debate -Wednesday, 21 Apr 2021. Mental Health Surge Capacity: Motion [Private Members]," Oireachtas.ie. Available at: https://www.oireachtas.ie/en/debates/debate/dail/2021-04-21/2/?highlight%5B0%5D=mental&highlight%5B1%5D=health&highlight%5B2%5D=mental&highlight%5B3%5D=health&highlight%5B4%5D=mental&highlight%5B5%5D=health&highlight%5B6%5D=mental&highlight%5B7%5D=health&highlight%5B8%5D=21st&highlight%5B9%5D=mental&highlight%5B10%5D=mental&highlight%5B11%5D=health&highlight%5B12%5D=mental&highlight%5B13%5D=health

[13] "Joint Sub-Committee on Mental Health debate - Thursday, 10 Dec 2020. Access to Primary Care through Community Mental Health Teams and Day Care Centres: Discussion," Oireachtas.ie. Available at: https://www.oireachtas.ie/en/debates/debate/joint_sub_committee_on_mental_health/2020-12-10/3/?highlight%5B0%5D=primary&highlight%5B1%5D=care&highlight%5B2%5D=primary&highlight%5B3%5D=care&highlight%5B4%5D=counselling&highlight%5B5%5D=primary&highlight%5B6%5D=care&highlight%5B7%5D=care&highlight%5B8%5D=primary&highlight%5B9%5D=care

Resources are needed to ensure that these recommendations are implemented with a view to improving youth mental health outcomes.

**MHR Recommendation for the Department of Health**:

- **Resource Youth Mental Health and Well Being Early Intervention work in each CHO area by:**
  - **I. Funding a CAMHS Continuous Improvement Project, various strands will include GP awareness and education, integrated pathways, service mapping etc.**
  - **II. Developing a quality improvement framework of change for CAMHS teams to ensure that good practice is embedded at team level**
  - **III. Funding the development of an Outcomes Framework for Youth Mental Health and ensure that the recommendations of the National Youth Mental Health Task Force are delivered and implemented**
- **Fund the expansion of the CAMHS Connect hub model to all CHO regions. Cost €6.5M**

## 3.5 Counselling in Primary Care- a high value programme reducing referrals to specialist services

> *"My former doctor said he'd put me on a waiting list for talking therapy for depression. I kept asking him about it for over a year, but apparently he'd heard nothing. I paid for private therapy in the end. I was fortunate I could afford to do that."*
>
> *"Still on waiting list for therapy 1.5 years later."*
>
> *-MHR Survey Respondents, June 2021*

Counselling in Primary Care (CIPC) is available to adults over 18 who are medical card holders and who are experiencing mild to moderate psychological and emotional difficulties such as depression, anxiety, panic reactions, relationship problems, loss issues and stress. The national programme evaluation reported positive results with better mental health outcomes for service users. The findings showed a high reduction in distress levels, with 46% of participants achieving reliable and significant clinical change, while 64% experienced significant clinical change plus reliable improvement. [14]

> *"I'm struggling with deep depression and all I'm offered by my GP is meds as there's no point in hoping for any state support. At present, I'm paying a fortune (that I can ill afford) for weekly counselling that keeps me wanting to stay alive. I would have committed suicide a long time ago otherwise."*
>
> *-MHR Survey Respondent, June 2021*

Recommendation 16 in *Sharing the Vision* states that a range of counselling supports and talk therapies in Primary Care should be available on a needs basis. One of the many benefits of the CIPC programme is that it diverts some service users from unnecessary engagement with secondary care services, which they may be reluctant to embark upon. If adequately resourced, the programme has the potential to reduce expenditure on psychotropic medication (which is currently 10% of the Primary Care Reimbursement Services budget), as it would offer an alternative to GPs who currently struggle to secure talking therapies for their patients.

[14] Brand, C. "A National Evaluation of the Counselling in Primary Care Service (CIPC)." (PhD thesis: Trinity College Dublin School of Psychology, 2020). Available at: http://www.tara.tcd.ie/bitstream/handle/2262/92602/Charles_Brand_PhD_A_National_Evaluation_of_theCounselling_in_Primary_Care_service_CIPC.pdf?sequence=3&isAllowed=

MHR sees the CIPC programme as an efficient and good value programme which can deliver positive outcomes for service users. Expanding this model of care is also an effective way to screen for more complex needs while shielding secondary care from overuse. Previous unit costing of €568 per service user, based on 2013 figures, including fixed and overhead costs demonstrated cost efficiencies as the infrastructure is already in place.

**MHR Recommendation for the Department of Health:**

- **Expand the CIPC to all CHO areas including all Community Health Care Networks and the 18 *Sláintecare* Building Healthy Communities sites**
- **Extend eligibility for the programme to both full medical card and GP Visit medical card holders referred by their GP**

## 3.6 Investing in Mental Health National Clinical Programmes - key service development for specific needs

> "*For specific issues like complex mental illness/ severe and enduring mental illness, psychosis, or the like of eating disorders there is still a long way to go in providing full and supportive service.*"
>
> *-MHR Survey Respondent, June 2021*

MHR is aware that the mental health National Clinical Programmes need ring fenced, multi-annual protected funding to continue their development. These programmes provide specific tailored interventions with models of care which ensure high quality, accessible and best practice treatment based on population need. Funding must continue to be delivered to allow the programmes to deliver on their planned expansion and implementation, and to ensure that recovery is at the centre of the care provided.

**MHR Recommendation:**

- **Allocate €7.8 million to the National Clinical Programmes to include:**
    1. **€3 million to the Early Intervention in Psychosis (to complete staffing of the current five teams in line with the model of care per population size and psychosis prevalence rate)**
    2. **€4 million to continue the roll out of the promised teams and guarantee sufficient funding to complete the delivery of the 16 Eating Disorder Teams**
    3. **€800,000 to sustain the response to self-harm in Emergency Departments and expand the response in Primary Care to self-harm and suicide**

## 3.7 Shared inter agency collaborative protocols and referral system

The lack of explicit shared inter-agency protocols and referral arrangements, can lead to suboptimal outcomes and experiences for people who find themselves being referred back to the disability service, from which they were initially referred. Feedback from some of our member organisations, particularly those working with people with physical and intellectual disabilities, describes the frustration and anger of people who cannot access the mental health services they need, due to a previous diagnosis from the disability service they are in. When this collaboration is absent, the lack of an agreed approach can result in service users being referred back into disability services, when their need is access to specific mental health services and supports.

Recommendation 35 in *Sharing the Vision* references the need for enhanced referral pathways from a range of health and social care services. Beneficial outcomes result if collaborative common

protocols are embedded and used, including improved seamless access, a wider shared knowledge base, extended practice network and the potential for the development of evaluation instruments.

**MHR Recommendation for the Department of Health:**

- **The Department of Health should fund research to examine best practices and provide recommendations, to achieve inter and intra agency collaboration across all mental and physical health services and eliminate poor referral practices. Funding is required to support the implementation and embedding of collaborative common protocols in all relevant organisations and agencies**

## 3.8 Supporting the provision of low-intensity psychological interventions by the voluntary/community sector

Although CIPC is the main publicly-funded route to 'low intensity' talking therapy services at Primary Care level, there is also a parallel provision system operated by organisations in the community and voluntary sector. These organisations provide both counselling/psychotherapy services and a range of other low-intensity supports (e.g. structured psychoeducation programmes), similar to those offered in the Improving Access to Psychological Therapies (IAPT) programme in England. MHR research indicates that the combined volumes of people reached and sessions provided by these community and voluntary sector services, considerably exceed the volumes being delivered by CIPC. However, many of the organisations must operate with limited, precarious or no public funding, relying on fund-raising to generate income and seeking donations. MHR believes that this sector must be appropriately resourced through public funds. Defined public-funding must be allocated to the sector to ensure sustainability and to allow it to fully leverage its potential, as a key part of the ecosystem delivering public and/or publicly-funded low intensity psychological interventions.

**MHR Recommendation for the Department of Health:**

- **Develop an appropriate funding model and resource allocation framework to support and fully leverage the role and contribution of the community and voluntary sector, in the provision of low intensity psychological therapies and interventions. Indicative cost to fund approximately 12,000 people a year with voluntary sector low-intensity psychological interventions €5M**
- **Invest in the community and voluntary sector in Budget 2022 to strengthen communities' response to local mental health needs and improve the mental health outcomes of children, young people and adults in Ireland. Cost €10M**

## 3.9 Prisoners with mental health difficulties not receiving the care they need

Some people with mental health difficulties come to the attention of the criminal justice system when their support needs are not adequately met in the community. It is also widely understood that there is a high prevalence of mental health difficulties in the prison population.

The lack of beds in the Central Mental Hospital available to divert those with severe mental health difficulties away from the prison system, is a significant challenge. While we note that the new Central Mental Hospital in Portrane will improve the situation, the number of beds provided will not meet need.

The most recent report from our member organisation Irish Penal Reform Trust, Progress in the Penal System 2020, found that from July 2019 to July 2020 the lowest number of prisoners on the waiting list to transfer to the Central Mental Hospital was 20 and the highest number was 33.[15] Due to insufficient capacity, people are forced to remain within the general prison setting, which is a completely inappropriate environment for someone in severe distress due to mental health difficulties. The most recent Irish Chaplains Prisons Reports list serious deficits which require immediate investment across all prison settings.[16]

MHR identifies people with mental health difficulties who come into contact with the criminal justice system and prisoners with mental health difficulties, as a very vulnerable group whose needs are not being currently met due to poor capacity and structural barriers between service providers.

**MHR Recommendations:**

- **Increase the capacity of National Forensic Mental Health Services**
- **Promote practices of diversion among members of the Gardaí at point of arrest with appropriate training and protocols**
- **Resource crisis intervention pilots particularly in the Dublin area to focus on diversion**
- **Expand the mental health prison in-reach and court liaison service to remands nationally to enable the widest possible use of appropriate diversion to community and non-forensic mental health services**
- **Resource the timely transfer of individuals to the Central Mental Health Hospital**
- **Allocate funding to implement the recommendations of the Porporino (New Connections) report on the development of mental health supports within the prison system[17] Cost €5.5M**

# 4. Accountability and Continuous Improvement

This section articulates the need for mental health to be a cross-cutting priority for Government and public policy. There are now a plethora of national level policies which state the intent to innovate, integrate and improve mental health and health outcomes, all of which nest under the *Sláintecare* blueprint for transformation of our health system. MHR and our members are adamant that no further strategies are needed, but that the implementation gap needs to be urgently addressed. An important element of *Sharing the Vision* is the enhanced focus on the role of the community and voluntary sector, as key partners in the design and delivery of mental health services and supports

## 4.1 Multi-annual funding - needed for a sustainable community and voluntary sector

The community and voluntary sector continues to meet emerging needs and has shown great innovation in its speedy and agile response to the challenges posed by the global pandemic. MHR member organisations have quickly and effectively reconfigured services and sought to meet mental health needs within Government restrictions, by using innovation and flexibility to create new ways of working.

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[15] Irish Penal Reform Trust. *Progress in the Penal System (PIPS) Assessing Progress during a Pandemic*. (Dublin: IPRT, 2020). Available at: https://pips.iprt.ie/site/assets/files/Progress-in-the-Penal-System-2020.pdf

[16] https://www.irishprisons.ie/information-centre/publications/chaplains-reports/

[17] Porporino, J.F. *"New Connections" Embedding Psychology Services and Practice in the Irish Prison Service*. (Dublin: Irish Prison Service, 2015). Available at: https://www.irishprisons.ie/wp-content/uploads/documents_pdf/New-Connections-Report-2015.pdf

Providing much needed mental health services on a yearly funding basis is not a sustainable business model for organisations that provide critical mental health services as scarce resources are diverted from service provision to the need to ensure organisational survival. Due to their specific remit, some of our members cannot and do not fundraise, yet they too are constrained from further innovative development due to the current yearly funding model.

The added complication of having to manage differing regional service level agreements creates further transaction costs, diverting resources from the core business of providing crucial mental health services. MHR believes that the Government should demonstrate its acknowledgement and support for the value adding, essential and complementary role that the sector has contributed in providing key mental health services during the pandemic. We believe it is now time for the sector to receive the sustained funding it needs to focus on consolidated growth, continued contribution without the need to focus on short term survival.

**MHR Recommendations:**

- **Delivery of multi-annual funding demonstrates acknowledgement and support for the valuable, essential and complementary role of the community and voluntary sector in meeting the mental health needs of the population. This move to a more stable funding model would allow the sector to optimise their resources, allow time to innovate, and foster more sustainable and responsive services**

## 4.2 National mental health ICT system - an essential tool to upgrade capacity

MHR is very concerned at the continued absence of an appropriate, electronic mental health information system. In Recommendation 86, *Sharing the Vision* states that a National Mental Health Information System should be implemented within three years of the policy's launch. The lack of a cohesive national information system poses serious risk management challenges and leaves inefficiencies unaddressed. Some parts of the system are still paper based.

Currently there is no way of linking mental health expenditure to performance and outcomes, and patient pathways through different services and settings cannot be tracked.

**MHR Recommendation:**

- **Develop and implement a nationally integrated (across all settings) mental health information system which links expenditure to outcomes, captures all patient and service user KPIs, and allows for tracking of outcomes across all settings**

# 5 Social Inclusion Domain

## 5.1 Supported Housing

Our housing asks for Budget 2022 are written mindful of the delay in the publication of the new Housing for All mental health strategy. We are aware of the fact that the Approved Housing Bodies (AHBs) sector exceeded its *Rebuilding Ireland* 2021 delivery targets and provided 3,312 units, over 42%, of long term social housing in 2020. We are also mindful of Article 19 of the United Nations Convention of the Rights of Persons with Disabilities (UNCRPD) which confirms the right of people with disabilities to live independently and be included in their communities.

We welcome the fact that the Oireachtas Disability Group supports the establishment of a joint inter-departmental unit between Housing and Health. It supports a strategic and collective approach to funding, to deliver better outcomes for people with mental health difficulties in need of housing. This would eliminate the situation where service users are offered supported housing, but cannot access the necessary support to maintain independent living, or the situation where a health and social care package is agreed and implemented, but housing is not available. The *Capacity Review of Disability Services* has demonstrated the level of need projected to 2032.

MHR is aware that there are currently 5,057 disabled people on the housing list, many for 5-10 years. In 2020, while the overall housing list decreased by 9.9%, the decrease for people with disabilities was half that, at 4.9%. In the case of people with mental health disabilities, access to support packages are an essential element of successful independent living. MHR awaits the new Housing Strategy for People with Disabilities and is very actively engaged in the ongoing consultation process.

**MHR Recommendations for the Department of Health and the Department of Housing:**

- **Funding for development of a national mechanism to coordinate HSE, Local Authority, the Housing Agency, and Departments of Housing and Health to deliver oversight of processes, data collection and to agree budget allocation across these bodies**
- **Ensure funding is allocated to the Department of Housing to deliver the Housing Strategy for people with disabilities**
- **Provide a minimum of €100 million funding for the Capital Assistance Scheme**
- **Ensure that a proportion of social housing is allocated to people with a mental health disability**
- **Deliver a national sustainable funding stream for tenancy sustainment supports 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**
- **Ensure that the current 10 Tenancy Sustainment Officer posts, currently funded by the Departments of Housing and Health are maintained within this national funding stream. Cost €1M**

## 5.2 Employment a critical enabler for people with mental health difficulties

Mental Health Reform member organisations continue to highlight the high rate of adults with a disability who live on inadequate incomes. The 2019 EU SILC figures show that 37.5% of people with disabilities are at risk of poverty in Ireland compared to 4.6% for those in work, [18] this is the highest rate in Europe. The deprivation rate, which means going without a range of goods and services considered normal by others, was 43.3% for those not in work due to permanent illness or disability.[19]

### 5.2.1 Unemployment and mental health

We offer this submission to the Department of Employment Affairs and Social Protection (DEASP) as the coalition of mental health organisations in Ireland. We know that the critical enabler out of poverty is safe, secure employment at a living wage. 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.[20] CSO statistics from 2016 show that just 35.5% of

[18] "Survey on Income and Living Conditions (SILC) 2019," CSO.ie. Available at: https://www.cso.ie/en/releasesandpublications/ep/p-silc/surveyonincomeandlivingconditionssilc2019/povertyanddeprivation/

[19] CSO.ie, "Survey on Income and Living Conditions (SILC) 2019"

[20] CSO.ie, "Survey on Income and Living Conditions (SILC) 2019"

people with emotional or psychological difficulties were participating in the labour market, with the unemployment rate of this cohort at 33%.[21] Currently the rate of employment for people with disabilities in Ireland is 32.3%, almost 20% below the European average.

We are keenly aware that the economic, psychosocial and opportunity costs for people with mental health difficulties who wish to, but cannot access employment are very high. The impact is felt not just by those who cannot access work, but also by their families, friends, carers and supporters who witness the marginalisation and exclusion of their loved ones, from the independence and participation that employment brings.

Unfortunately, the system of employment supports for people with mental health disabilities in Ireland has remained peripheral and not part of the mainstream suite of active labour market programmes offered by the DEASP.

### 5.2.2 Commitments to improve employment for people with mental health difficulties

Ireland has a number of national policies and strategies which commit to improving employment outcomes for people with (mental health) disabilities, including *Sharing the Vision*, the Comprehensive Employment Strategy (CES) for People with Disabilities and the National Disability Inclusion Strategy (NDIS) 2017 - 2021. These are underpinned by international commitments under the UNCRPD, the Word Health Organisation Report on Disability, and the EU Disability Strategy.

With specific regard to the UNCRPD, Ireland ratified the convention very late, in March 2018. This means that the rights of people with (mental health) disabilities to work, on an equal basis with others, is now fully enshrined in our law. Article 27 of the Convention states that parties "shall safeguard and promote the realisation of the right to work". [22] The UNCRPD enumerates a broad range of rights for people living with disabilities, including those living with mental health difficulties. Despite this, major challenges remain for people using mental health services and those living with mental health difficulties. These particularly include the lack of specific supports, measures and programmes to facilitate entry to and retention in paid work.

The implementation gap (whereby strategies and policies articulate aspirational outcomes without the necessary infrastructure and investment to deliver) is very apparent in the lack of tailored supports for people experiencing mental health difficulties, who want to work in Ireland.

Policies and strategies committing support to people with disabilities' entry into work at both a national and international level, are meaningless without investment and specific measures to facilitate those commitments.

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[21] "Census of Population 2016 – Profile 9 Health, Disability and Carers," CSO.ie. Available at: https://www.cso.ie/en/releasesandpublications/ep/p-cp9hdc/p8hdc/p9tod/

[22] 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 11 August 2021]

### 5.2.3 Disability Allowance

We note that the Disability Allowance payment has not increased since March 2019, when the inflation rate was 0.94%, it now stands at 1.5%.[23] Ireland is the second most expensive country in the EU for goods and services. This means that the payment has lost value in real terms, making it more difficult for people with (mental health) disabilities to make ends meet.

A survey of Disability Allowance carried out by the Department of Employment and Social Protection (DEASP) in 2015, found that 50% of participants identified mental health difficulties as the primary reason for being on Disability Allowance.[24] The survey also demonstrated a significant level of interest in taking up employment (both part-time and full-time work), with 35% of those not working expressing an interest in working part-time, and a further 8% interested in full-time employment, given the right supports. Participants in the survey identified the enabling factors needed to help them access and secure work. Supports identified in this survey included;

- Supportive work environments
- Access to transport
- Mental health supports
- Adaptation of job tasks
- Flexible hours and work arrangements
- Retention of secondary benefits, other social welfare payments and in particular the medical card

**MHR Recommendation:**

- **Given the rise in inflation, and in particular the fact that core social welfare payment rates have not increased for two years, Disability Allowance must be increased in Budget 2022**

### 5.2.4 Cost of Disability Payment

Over 7,000 people with disabilities engaged with the DEASP survey on the cost of disability. While yet unpublished, the outcome from this research will provide substantial evidence on the additional costs people with disabilities and their families face. It is vital that the principle of a cost of disability payment is delivered in Budget 2022. MHR is mindful of the additional costs of living with a disability. This cost has been previously estimated at €207 weekly.

**MHR Recommendation:**

- **MHR requests that the Cost of Disability Payment is introduced in 2022. Similar to other organisations in the sector, we believe the Cost of Disability payment should be set at €20 weekly**

### 4.2.5 Carer's Allowance

While we welcome the €20 increase in the Carers' Allowance Earnings Disregard in June 2021, we understand that this is but a modest step towards addressing inadequate incomes, in

[23] "Inflation Ireland 2021," Inflation.eu. Available at: https://www.inflation.eu/en/inflation-rates/ireland/historic-inflation/cpi-inflation-ireland-2021.aspx

[24] Judge, C., Rossi, E., Hardiman, S. and Oman, C. *Department of Social Protection Report on Disability Allowance Survey 2015*, (Dublin: Department of Social Protection, 2016).

households where a person cannot work due to mental health difficulties. The Earning Disregard for the Carers Allowance had remained unchanged for a period of twelve years. To qualify for the full payment a person needed to earn less than €37,500. That cut off point has not kept pace with the increase in average earnings and does not facilitate those households where a person in work wants to care for their loved one, but is concerned about the steep drop in income. Given the new Total Contributions Approach to calculating eligibility to the State pension, it is vital that people who decide to leave work to take up caring responsibilities are not economically penalised for their decision.

**MHR Recommendation:**

- **The means tested Carers Allowance Earning Disregard must reflect average earnings and the rate should be increased. Ensure that those in receipt of Carers Allowance are not penalised with regard to eligibility for credits towards their pensions**

### 5.2.6 IPS - an evidence based programme securing positive outcomes

The Individual Placement and Support (IPS) is a programme and approach targeted specifically at ensuring that people with mental health difficulties are supported to secure a job. There is strong evidence that IPS is the most effective method of supporting individuals with severe and enduring mental health difficulties to achieve sustainable, competitive employment.[25]

IPS has also been shown to be less costly than traditional vocational approaches. Both internationally and here in Ireland the principles of this evidenced-based supported employment approach, have been strongly endorsed and its benefits recognised.

MHR is proud to have managed the Integrating Employment and Mental Health Support (IEMHS) project, which piloted the IPS approach in an Irish context. The project was developed with Genio and DEASP funding and delivered in partnership between the HSE Mental Health Division, DEASP and Employability companies.

The Social Reform Fund provided an opportunity to roll out the IPS model in all nine Community Healthcare Organisations (CHOs) and in the national forensic mental health service. HSE figures from January 2021 show that 1,031 people with mental health difficulties have been referred to the IPS, with 439 secured jobs and 81 active jobs over a year's duration. The IPS won the 2020 HSE Excellence Award, in the Championing Mental Health Across our Health Services category.[26] This is clear evidence that the IPS is effective in supporting people with mental health difficulties in the workplace. We acknowledge Government's commitment to the project to date, but given the employment facing objective of the IPS it is imperative that the programme becomes embedded into both the strategic intent and the services and supports offered by the DEASP.

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[25] 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.

[26] "Health Service Excellence Award Winners 2020, " HSE.ie. Available at: https://www.hse.ie/eng/about/our-health-service/excellence-awards/health-service-excellence-award-winners-2020.html

We believe a significant shift in culture must take hold within the DEASP with regard to ownership and funding of the IPS. Funding must be secured to ramp up the Department's delivery of the IPS and responsibility must be assigned to ensure it becomes an integral component, available to anyone with a mental health difficulty who wishes to take up or return to employment.

To progress the delivery of IPS across the Intreo office infrastructure we propose that appropriate Intreo staff such as Case Officers should be trained and upskilled to take on specific IPS Employment Specialist services. This would hugely increase access to the IPS for Intreo service users with a mental health difficulty.

Currently IPS Employment Specialist training is outsourced and delivered by experts from the UK. There are however, specialists in Ireland who could deliver this training. There is also the potential for the DEASP to partner with and share the costs of training its staff with the HSE Recovery and Engagement Office. To this end MHR proposes that the DEASP creates a dedicated post to lead on the delivery of training of relevant Intreo staff, so that IPS becomes more accessible.

**MHR Recommendations:**

- **The DEASP commits to a dedicated ring fenced IPS budget to train and upskill appropriate Intreo staff to deliver the IPS through its Intreo office infrastructure. The DEASP should explore the optimal way to source the relevant training, either in partnership with other agencies such as the HSE, or by way of a pilot. A national IPS coordinator role should be created to drive the delivery of training and the provision of IPS through the Intreo office network. Cost €120 million including post and training**
- **The IPS approach to supporting people with severe and enduring mental health difficulties into employment should be also continued to be implemented and sustained at national level, through ongoing, secure funding and the participation of Employability Centres and National Learning Networks across the country, this will require clear funding commitments from the Department of Employment Affairs and Social Protection, in collaboration with the Department of Health and the HSE**

## 6. Digital Mental Health

Prepared before the COVID-19 pandemic, *Sharing the Vision* identifies an important role for digital mental health in two core domains:

- Domain 1: Promotion, Prevention and Early Intervention: Evidence-based digital and social media channels should be used to the maximum to promote mental health and to provide appropriate signposting to services and supports.
- Domain 2: Service Access, Coordination and Continuity of Care: The potential for digital health solutions to enhance service delivery and empower service users should be developed.

The outbreak of the global pandemic, the subsequent COVID-19 lockdowns and social distancing measures have transformed the delivery of certain mental health services and supports. Many services moved to remote provision by phone or video connection, including services provided on a 1:1 basis (e.g. counselling and psychotherapy) as well as group support services. The speed of change has been remarkable and is visible across the entire mental healthcare ecosystem of the HSE/public sector, voluntary sector and private sector. The focus so far has mostly been to keep services operational and ensure continuity of care for existing client bases. There is now a need for a stock take and measures to consolidate these innovations as we move in to the 'new normal' after the pandemic.

As part of the European eMEN project, MHR has recently prepared an analysis of some of the important themes for attention in this context. These include:

- Telemental health and other forms of remote engagement
- Digital divide and related access and equality issues
- Blended digital mental health support models
- Guidance and quality assurance for apps and other digital self-help tools
- Signposting and navigation support in the digital mental health ecosystem
- Digital empowering/supporting people with more severe and enduring mental health issues
- Leveraging the potential for positive (digital) 'disruption'

MHR have also conducted a major study into how voluntary sector mental health organisations have adopted and responded to the challenges of the COVID-19 pandemic, and the supports they now need to sustain useful innovations. Digital mental health approaches to provision of services and supports have a central place in this.

**MHR Recommendation:**

- **Ensure resources are allocated immediately to support capacity-building and ensure sustainability of digital mental health approaches for voluntary sector organisations. Indicative cost €5 million would assist approximately 50 organisations to set up in a sustainable manner (average of €100,000 per organisation, scaled according to size and volumes of activity)**

## 7. COVID-19 - an opportunity to resource, rebuild and reform mental health services

COVID -19 has laid bare the inadequacy of our mental health services and their peripheral position within the health system as a whole. The pandemic has exposed the current deficits in our mental health system. These include poor access, inadequate staffing levels across all mental health service settings, and ICT deficits which hamper real time information, planning and effective integration across the various settings.

These shortcomings have serious implications for continuity of care and mental health outcomes, particularly for people with enduring mental health difficulties. COVID-19 has accelerated the need to reconfigure our mental health services, placing service users at the centre of design and delivery. Public awareness of the need for better services has never been higher. This must be met with political action to deliver improved, integrated and person-centred mental health services.

The pandemic has offered a non-negotiable opportunity to address the identified deficits and challenges. MHR does not see reverting to the previous status quo as a viable option. Now more than ever we need a fit for purpose, responsive, adequate mental health system where people can access the care that they need when they need it. Ireland urgently requires a mental health service that can meet the challenges of the pandemic and its aftermath.

**MHR Recommendations:**

- **Government must resource voluntary service providers who are struggling with the impact of reduced fundraising income due to the pandemic**
- **Government must fund research on the impact of COVID-19 on people with mental health difficulties**

## 8. Conclusion

MHR believes there will be a shadow pandemic where the burden of trauma will have a profound impact on mental health and Primary Care services for many years. This needs a clear and comprehensive response and a step change in funding levels.

This Pre Budget Submission proposes recommendations on how best to leverage scarce resources to improve mental health services and supports, thereby securing improved outcomes for service users. It is clear that mental health services must become more agile, flexible and accessible and that funding for mental health must be exponentially increased to enable this.

The Healthy Ireland Framework has estimated that mental health difficulties cost the Irish economy €11 billion a year, including lost productivity. This is a sound economic argument as not resourcing timely mental health interventions, results in poorer health outcomes, which require costly long term care.

As we emerge from the global pandemic Ireland has an opportunity to address current shortcomings in our mental health services. The future of mental health service in Ireland will be shaped by political action that must be taken now. We hope that our recommendations, crafted from the insights, knowledge and experience of our members, will be listened to and acted upon. They offer a clear roadmap for this Government to resource, rebuild and reform our mental health services.

It is our hope that Budget 2022 will be the first budget where mental health will receive the level of funding it so evidently requires.

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