



Pre-Budget 2023 Submission

PEOPLE WITH MENTAL HEALTH DIFFICULTIES CAN'T AFFORD TO WAIT



Mental Health Reform
Promoting Improved Mental Health Services

#CostOfWaiting



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Pre-Budget Submission 2023

The Cost of Waiting

August 2022

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List of Abbreviations

ADHD	Attention-Deficit / Hyperactivity Disorder
AHB	Approved Housing Bodies
AUD	Alcohol Use Disorder
BNC	Brave New Connections
CHO	Community Healthcare Organisation
CMHT	Community Mental Health Team
EIP	Early Intervention in Psychosis
ELS	Existing Levels of Service
ESRI	Economic and Social Research Institute
HAIL	Housing Association for Integrated Living
HSE	Health Service Executive
ICT	Information Communications and Technology
IPS	Individual Placement and Support
LGBTI+	Lesbian, Gay, Bisexual, Transgender, Intersex, plus
MDT	Multi-disciplinary Team
MHC	Mental Health Commission
MHR	Mental Health Reform
MOC	Model of Care
NCP	National Clinical Programme
NCPED	National Clinical Programme for Eating Disorders
NHS	National Health Service
NHSDP	National Housing Strategy for Disabled People
NIMC	National Implementation Monitoring Committee
NMH	National Maternity Hospital
ODG	Oireachtas Disability Group
PBS	Pre-Budget Submission
PEH	People Experiencing Homelessness



PLS	Pre-Legislative Scrutiny
PQ	Parliamentary Question
SCAN	Suicide Crisis Assessment Nurse
StV	Sharing the Vision
SUD	Substance Use Disorder
TENI	Transgender Equality Network Ireland
TSO	Tenancy Sustainment Officer
UK	United Kingdom
UNCRC	United Nations Convention on the Rights of the Child
VCS	Voluntary and Community Sector
WHO	World Health Organisation
WTE	Whole Time Equivalent
YAP	Youth Advocates Programmes Ireland
YLDs	Years Lived with Disability



Overview of Asks

1. **Mental health allocation:** An additional €100 million to be allocated to mental health in Budget 2023

- €25 million - existing levels of service (ELS)
 - *ELS includes salary increases, agency costs and other increases in cost of delivering existing levels of service (for example increased electricity and running costs due to inflation)*
- €75 million - development of mental health services
 - *It is essential that this development funding is protected and is not used to cover ELS*
 - *This submission outlines the pre-existing commitments to provide funding to vital mental health services in 2023*

Summary Table – Breakdown of €75 million

Section	Estimated Cost
Sharing the Vision Implementation Plan (2023 Milestones)	€38 million
Voluntary and Community Sector - MHR Members	€20 million
Priority Groups – Sharing the Vision	€10 million
Child and Adolescent Mental Health Services	€2 million
Resourcing Legislative Changes	€2 million
Independent Advocacy Service in Mental Health	€1.7 million
Employment: IPS Expansion	€1.3 million
Total	€75 million



2. **Increase mental health spend:** Increase the mental health spend to 10% of the overall health budget by 2024 to bring Ireland closer in line with international standards
3. **Mental health and Covid-19:** Address the prevailing mental health crisis of Covid-19
4. **Governance:** Reinstate the National Lead of Mental Health, reporting directly to the CEO of the Health Service Executive (HSE) and responsible for the strategic oversight of mental health services and supports
5. **Voluntary and Community Sector:** Provide secure, multi-annual funding to the Voluntary and Community Sector (VCS)
6. **Advocacy:** Fund independent advocacy services for mental health
7. **Sharing the Vision:** Fund the 2023 implementation milestones of Sharing the Vision
8. **Child and Adolescent Mental Health Services (CAMHS):** Improve the standard of care in CAMHS and address growing waiting lists
9. **Priority Groups:** Improve mental health services for priority groups including individuals in ethnic minority communities, the traveller community, LGBTI+ people and the prison population



Summary of Recommendations and Estimated Costings

Introductory Section Recommendations:

- Increase the mental health spend to 10% of the overall health budget by 2024 to bring Ireland closer in line with international standards
- Address the ongoing mental health crisis that has been exacerbated due to the pandemic
- Resource legislative changes
- Provide clear, transparent budget announcements
- Ring-fence the funding that has already been provided for staffing this year to ensure it is not reallocated
- Reinstate the National Lead of Mental Health Services, reporting directly to the CEO of the HSE

Estimated additional funding required:

- **€27 million: €25 million ELS + €2 million Legislative Changes**

Voluntary and Community Sector Recommendation:

- Provide secure, coherent, long-term, multi-annual funding to the Voluntary and Community Sector (VCS) mental health services
- MHR calls for an increase of at least €20 million in funding for the VCS in Budget 2023

Estimated additional funding required:

- **€20 million**

Public Sector Recommendations:

- Advocacy: Provide funding for accessible, independent advocacy services for children and adults with mental health difficulties in Budget 2023
- National Clinical Programmes: Fund the implementation of the Sharing the Vision 2023 milestones
- Child and Adolescent Mental Health Services (CAMHS): MHR calls for investment to address the CAMHS waiting lists, ensure parity of service provision nationally and address the recommendations that arose from the Maskey Report
- Employment and Individual Placement and Support (IPS): Create a dedicated Individual Placement and Support (IPS) budget, with funding from Department of Health and Department of Social Protection, to facilitate the expansion of the IPS service nationally

Estimated additional funding required:

- **€43 million: €38 million (StV) + €2 million (CAMHS) + €1.7 million (Independent Advocacy Service) + €1.3 million (IPS)**



Priority Groups Section Recommendations:

- Improve mental health services for priority groups
- Fund training for mental health professionals on the needs of priority groups (as outlined in each section below)
- Ensure funding is available in mental health services for the use of qualified and trained interpreters to support communication where needed
- Implement and resource a Traveller Mental Health Action Plan
- Increase the mental health supports available to the prison population, address the inappropriate waiting lists and publish and resource the implementation plan of the High Level Taskforce

Estimated additional funding required:

- **€10 million**



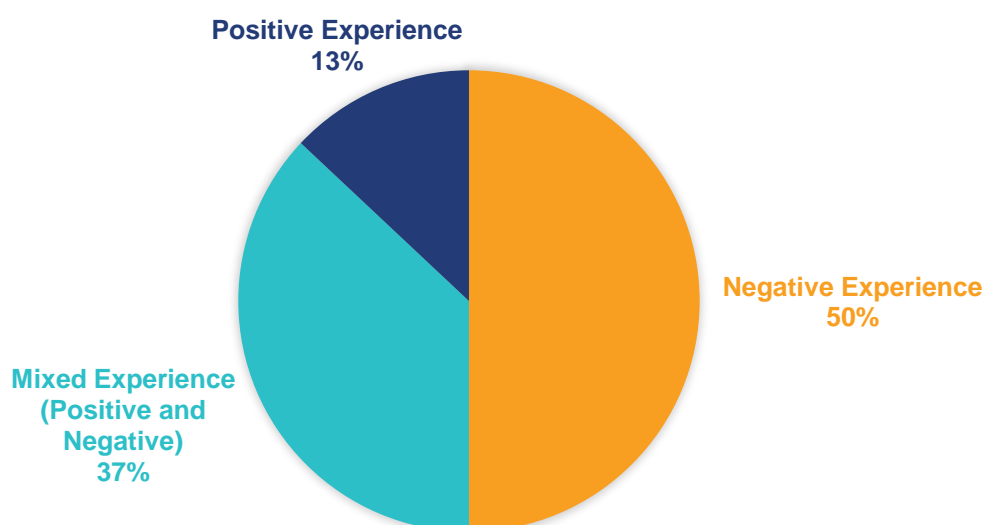
1. Introductory Section

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 over 75 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 (PBS) details our recommendations for investment in mental health for the Departments of Health, Housing, Employment & Social Protection, and Justice. MHR is also sharing this PBS with the Minister for Finance and the Minister for Public Expenditure and Reform. MHR notes the intersectional and cross-departmental impacts on mental health. While the main responsibility may lie with Minister of State for Mental Health and Older People in the Department of Health, mental health difficulties are psychosocial disabilities. Therefore, close collaboration with the Department of Children, Equality, Disability, Integration and Youth is also necessary. We urge all Government Ministers to work together to improve mental health outcomes for people in Ireland.

Throughout this submission are quotes from the public and our member organisations who shared their experiences of mental health services with MHR in online surveys that we conducted in July, 2022. These surveys received over 300 responses collectively. These quotes, along with the statistics and research presented in this submission, indicate that there is an urgent need to invest in our nation's mental health services and that the cost of waiting for such reform is significant. MHR requests that it is noted that every decision made at Cabinet will impact people's mental health and therefore, Budget 2023 should be viewed through the lens of the nation's wellbeing. The following chart gives an overview of the MHR survey respondents who had direct experience with mental health services in Ireland (n = 275):

LIVED EXPERIENCE OF MENTAL HEALTH SERVICES IN IRELAND



A Note on Language

While our mental health policy, *Sharing the Vision (StV)*¹, uses the terminology ‘mental health difficulties’, the United Nations Convention on the Rights of Persons with Disabilities ([UNCRPD](#)) refers to ‘psychosocial disabilities’. MHR advocates for the choice of the individual in how they prefer to identify or describe their mental health, but it is important to acknowledge that people with mental health difficulties have rights under the UNCRPD, which Ireland ratified in 2018. While responsibility for disability now sits with the Department of Children, Equality, Disability, Integration and Youth (CEDIY), it is important to note that mental health is staying under the Department of Health. A coordinated, informed and collaborative approach is therefore needed.

1.1. Introduction

Our Pre-Budget Submission 2023 is written appreciative of both Ireland’s mental health policy *Sharing the Vision*¹ (StV), now 2 years published, and the [HSE Corporate Plan 2021 – 2024](#), which acknowledges the barriers that prevent both children and adults from receiving timely responsive healthcare. While we welcome the commitment in the HSE Corporate Plan to prioritise early intervention and improve access to person-centred mental health care, we remain concerned at the lack of overall ambition for our mental health services. 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. The CEO of MHR sits on the National Implementation Monitoring Committee ([NIMC](#)) which was established in February 2021 in line with Recommendation 99 of StV¹. NIMC allows for a clear focus on the implementation of *Sharing the Vision* and we welcome the opportunity to be involved in driving and overseeing the long-term implementation of our national mental health policy.

As part of the research for this PBS, MHR has consulted with our [members](#), our [Grassroots Forum](#), and has gathered insights from mental health service providers and representative organisations. In July 2022, we surveyed both our members and the general public about their experience of mental health services and support. Some of their responses have been added to this submission, where appropriate, to reflect the lived-experience of service users, their family, friends and supporters, researchers in mental health and those in service provision and advocacy. We have received over 300 responses to these surveys. The majority of respondents have lived experience of accessing mental health services or were a friend/family/carers/supporter of someone who has accessed mental health services (combined total of 89% of the respondents - some respondents were in both categories). Listening to people with lived experience of mental health difficulties, their family, friends, supporters and carers is central to the work of MHR and our members. As a funded member of the [Disability Participation and Consultation Network](#), MHR advocates strongly for inclusion of and accessible consultation with people with lived experience on all matters affecting the lives of disabled people (including those with psychosocial disabilities, i.e. mental health difficulties).

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-

¹ Department of Health (2020) *Sharing the Vision; A Mental Health Policy for Everyone*. Dublin: Government of Ireland



operation and support of colleagues in the Department of Health and the Health Service Executive (HSE).

We would like to acknowledge and thank everyone who has participated in informing this Pre-Budget Submission for Budget 2023 and we encourage the use of the information herein to inform Government deliberations on spending priorities.

1.2. COVID-19 – Is mental health the forgotten crisis?

“Mental health, particularly in teens and young adults, is a crisis, severely aggravated by Covid. It is vital that we spend money now to prevent appalling, expensive and long-term consequences in the next decades”
Friend/Family/Carer/Supporter of Mental Health Service User

A [study](#) on the mental health impacts of COVID-19 in Ireland states that: “*The psychosocial footprint associated with a major emergency is typically larger than the medical footprint*” (p. 1). The president of the Royal College of Psychiatrists in the UK has said that the pandemic “...is probably the biggest hit to mental health since the second world war”.² The HSE’s [Psychosocial Response to the Covid-19 Pandemic](#) (2020) report outlines the impact a pandemic can have on mental health, as well as its possible effect on rates of self-harm and suicide.

We have seen how the COVID-19 pandemic has led to a significant worsening of population mental health globally.³ In Ireland, since the onset of the pandemic, reports have emerged of increased psychological distress among the Irish population, with healthcare workers (where females are overrepresented) disproportionately impacted by this.⁴ In 2021, the [Healthy Ireland Survey](#) showed that 30% of respondents reported a worsening of their mental health since the onset of restrictions in March 2020. This was also reflected in MHR’s own [research](#) where over half of participants reported that the pandemic had a negative impact on their mental health.⁵ A [report](#) from the Economic and Social Research Institute (ESRI) from June, 2022 also highlights the drastic increase in mental health difficulties among young people as a result of the pandemic. In this study, 55% of women and 40% of men, aged between 20 and 22, were classified as depressed. Internationally, the World Health Organisation (WHO) reports a 25% increase in anxiety and depression worldwide following the pandemic and advocates for a global ‘step up of investment’ in Mental Health.⁶

Before the crisis, many people with mental health difficulties were already struggling to access the basic support needed to stay well. COVID-19 has adversely affected the physical and mental wellbeing of many people in Ireland. Thousands more people have come forward to access mental health services during this difficult period. Furthermore, there has been a disproportionate impact on marginalised groups who face significant challenges in accessing

² <https://www.theguardian.com/society/2020/dec/27/covid-poses-greatest-threat-to-mental-health-since-second-world-war>

³ <https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0cfa0b/>

⁴ <http://imj.ie/wp-content/uploads/2020/12/Impact-of-Covid-19-on-Mental-Health-in-Ireland-Evidence-to-Date.pdf>

⁵ <https://www.mentalhealthreform.ie/wp-content/uploads/2020/06/Responding-to-the-Mental-Health-Impact-of-COVID-19-Report-July-2020.pdf>

⁶ <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>



mental health care.⁷ As we emerge from the pandemic, it is time to make mental health a national priority.

Evidence is emerging of a shadow pandemic, where the burden of trauma will have a profound impact on mental health and primary care services for many years. For example, the [Centre for Mental Health](#) in the United Kingdom (UK) forecasted a two to three-fold increase in demand for mental health support on their National Health Service (NHS) over the next five years as a result of the pandemic.⁸ The [ESRI study](#) concluded that while it is too early to determine how long lasting this impact will be in Ireland “...there appears to be a considerable risk of a longer-term scarring effect for some groups of young adults” (p. xii). This concern around the prevailing mental health crisis following the pandemic is also echoed in Social Justice Ireland’s [Pre-Budget Submission 2023](#). This mental health crisis needs a clear and comprehensive response from the Government, including a step-change in funding levels.

MHR welcomes the €10 million once-off funding for mental health needs arising from the pandemic provided in last year’s budget.⁹ Given that the mental health crisis that has been exacerbated by the pandemic is ongoing, and is likely to persist for years to come, this funding must not remain a once-off.

1.3. Adequate funding for mental health

“Funding of mental health services needs to be significantly increased”
Mental Health Professional

The World Health Organisation (WHO), in their [Mental Health Action Plan 2013-2020](#), recommends that mental health spend is “...commensurate with identified human need....”.¹⁰ A recently published, nationally representative, [Irish study](#) highlighted that over 40% of the population experience mental health difficulties (based on a screening for 12 of the most common conditions), that around one in ten people reported a history of attempted suicide and that Ireland’s prevalence rates of mental health difficulties are relatively high in comparison to international estimates. According to the [WHO](#), mental health conditions are “...the leading cause of years lived with disability (YLDs), accounting for one in every six YLDs globally” (p. xv).

Despite these staggering statistics, funding allocated to mental health has stalled between 5 and 6% of Ireland’s total health budget in recent years.¹¹ Even allowing for historic economic recession, this is a very low national spend on mental health services. It compares unfavourably with other countries and is around half of what the recommended spend is internationally.¹² 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

⁷ <https://www.esri.ie/publications/disrupted-transitions-young-adults-and-the-covid-19-pandemic>

⁸ Centre for Mental Health (2021). Covid-19 and the nation’s mental health; Forecasting needs and risks in the UK

⁹ <https://www.oireachtas.ie/en/debates/question/2021-12-15/174/?highlight%5B0%5D=mental&highlight%5B1%5D=health>

¹⁰ <https://www.who.int/publications/i/item/9789241506021>, p. 12

¹¹ https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/irl.pdf?sfvrsn=137b5a07_6&download=true

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7471570/pdf/S0790966720000646a.pdf>



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, despite the commitment in the [HSE National Service Plan 2021](#) to reduce waiting times in mental health services. For example, at the time of writing, the most recently available [HSE Performance Report](#) (July – Sept 2021) shows that there were over 11,000 people waiting to access psychology services, with around 5,000 of those waiting for over a year. Furthermore, 29% of MHR's survey respondents brought up waiting lists for accessing mental health services in Ireland. Among those who did, 74% felt waiting lists were too long and 53% felt actions were needed to reduce wait times/improve access to timely interventions (some people reported more than one concern with waiting lists, hence percentage total >100%).

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 Recovery](#), published in February 2021, specifically calls for continued investment in mental health services. MHR believes 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 in comparison to international standards. For example, the most recent [WHO Mental Health Atlas](#) publication from 2020, indicates that France spends 14.5%¹³ of their health budget on mental health. The latest data in the UK shows that 14.8% of their local health spend is due to continue being allocated to mental health in 2021/2022.¹⁴ A [Vision for Change](#) recommended allocating 8% of the health budget to mental health by 2016, while [Sláintecare](#) proposed allocating "...at least 10% of the health budget to mental health" (p. 142). Since the publication of Sláintecare in May 2017, MHR have called on the Government to fulfil its commitment to allocating at least 10% of the health budget to mental health. MHR's Pre-Budget Submissions 2018 – 2022¹⁵ all highlight the ongoing lack of fulfilment on this policy commitment. Evidently, Ireland's level of investment in mental health is inadequate.

The upcoming reform of the Mental Health Act 2001 will bring significant changes to mental health services, and sufficient resourcing will be required to enable the transition. Some of the proposed legislative changes in the [Draft Heads of Bill](#), such as the expansion of the authorised officer role, will have a direct impact on resources. In November 2021, the HSE reported that they were conducting a capacity review around the need for additional authorised officers.¹⁶ At the time of writing, this report has not been published, but funding will need to be allocated for the outstanding recruitment needs identified in this report, as well as for training staff on the reformed Mental Health Act and for information to be provided to the public. These funding needs were highlighted by Minister Butler in response to a [parliamentary question](#) (PQ) on the matter. The Mental Health Commission (MHC), in a [statement](#) about their 2021 annual report, outlined that investment in authorised officers is imperative with the percentage of An Garda Síochána initiating the involuntary detention

¹³ https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/fra.pdf?sfvrsn=d415922a_6&download=true

¹⁴ <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/#:~:text=14.8%25%20of%20local%20health%20spend,%25%20back%20in%202015%2F16>

¹⁵ <https://www.mentalhealthreform.ie/policy-research/>

¹⁶ <https://www.hse.ie/eng/about/personal/pq/pq/2021-pq-responses/november-2021/pq-56112-21-markward.pdf>



process increasing year on year (from 32% in 2020 to 35% in 2021). This concern was also raised in our public survey;

“[There are] more authorised officers needed, families should not have to admit a relative involuntarily”

Family Member of Mental Health Service User

With specific reference to the Budget 2023 allocation for mental health, MHR would like to re-emphasise the lasting impact of the pandemic on population mental health and the need to resource the proposed amendments to the Mental Health Act 2001. Mental health services are already over-stretched, with long waiting lists, staff shortages and a lack of available therapeutic support in many areas. As outlined above, 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.

MHR also acknowledges the fiscal landscape we are in, with inflation rates and, consequently, the cost of living on the rise. It is important to recognise that people with disabilities are already at an increased risk of poverty, as outlined in the Cost of Disability in Ireland report¹⁷, with those with mental health difficulties ('to a great extent') reporting the highest level of deprivation. The average additional cost of having a mental health difficulty ('to a great extent') was reported to be €13,251 per year. This is a substantial additional annual financial burden for people to bear and this figure doesn't even take into account the drastic inflation rates we have seen since the publication of this report. Every burden the general population is feeling, due to the rising cost of living and inflation, is felt even more intensely by those with a mental health difficulty. We must also recognise the human cost of economic adversity. For example, an Irish mental health charity has reported an increase in calls to their helplines relating specifically to the mental health impact of the cost of living crisis.¹⁸ The significant impact that debt and poverty can have on mental health is also well documented¹⁹, and is recognised in our [Well-being Framework](#) Dashboard 2022. Now, more than ever, we need adequate investment in mental health.

1.4. Transparency in budget

Mental Health Reform calls for;

- Transparency in how the budget is announced
- Prompt communication to the HSE on funding allocations
- Clear, publicly available information on how the budget is spent every year

MHR calls for accessible, transparent and inclusive messaging in Budget 2023. The Oireachtas Disability Group (ODG) has sent a letter to the Minister for Finance and the Minister for Public Expenditure and Reform on this issue. The ODG comprises six national umbrella bodies representing disabled people's organisations; disability and mental health service providers; and advocacy groups - namely the Disability Federation of Ireland (DFI); Inclusion Ireland; Independent Living Movement Ireland (ILMI); Mental Health Reform (MHR); National Disability Services Association; and the National Federation of Voluntary Service Providers.

MHR also contacted the Parliamentary Budget Office in June, 2022 to say that Budget 2023 needs to be delivered in such a way that facilitates clear understanding for all citizens. We

¹⁷ Indecon (2021). Cost of Disability in Ireland. Dublin: Department of Social Protection

¹⁸ <https://highlandradio.com/2022/08/08/cost-of-living-crisis-contributing-to-mental-health-issues/>

¹⁹ <https://www.drugsandalcohol.ie/16427/1/HCPaper.pdf>



accept that there are usually rolling media highlights but it can be difficult to decipher what is new money, what is being re-announced, what is being moved around and what the budget will mean in real terms - particularly for those accessing disability services and supports. MHR asks that the Budget 2023 announcement is delivered in a clear, transparent, fair and inclusive manner to ensure accessibility and understanding. This concern around clarity in announcements ahead of Budget 2023 has also been raised in the [Private Members' Motion](#) on the Cost of Disability on 6th July, 2022.

We have also heard feedback from our members that there needs to be a publicly available analysis of how the budget is spent every year. MHR notes that there are announcements around [Equality Budgeting](#) and the [Well-being Framework](#) but on Budget Day, a person with a psychosocial disability should be able to understand what services and supports will be available to them from January 2023. Again, there is a lack of transparency in this area.

MHR notes that the HSE has an annual estimates process and its own budgetary and reporting processes. MHR calls for the effective planning of budget needs and spends and reiterates the call for fit-for-purpose IT systems. Data is essential to supporting the planning and implementation needs of services. A National Lead of Mental Health in the HSE, reporting directly to the CEO, would also strengthen the strategic oversight in planning. MHR acknowledges the breadth of work undertaken by the HSE Operations Office in Mental Health and the need for responsiveness to the annual reports of the Mental Health Commission (MHC), etc. Therefore, strategic planning of budgets and workforce and service improvements needs to be led by a dedicated person in the HSE to support the work of Operations and other teams who are vital to the delivery of mental health services and supports.

1.5. Staffing and recruitment

“There are not enough therapists, counsellors, psychologists or psychiatrists in the public system. Waiting periods are too long, there is too much reliability on the charity and private sector”
Mental Health Service User

While many of MHR's asks relate to funding for new positions within services and clinical programmes, there is also a concern among mental health service providers that in some circumstances, even where funding is available, they are unable to get the staff to fill the posts. The latest available data from the quarterly NIMC Sharing the Vision Status Implementation Report²⁰ shows that there are at least 235 staff posts, at various stages of recruitment, unfilled in mental health services at the moment. Lack of availability of skilled staff, significant demand on HSE recruitment systems and mental health staff seeking employment outside of Ireland were all cited by NIMC as challenges faced in recruitment.²¹ From our discussions with HSE staff, our members, and the general public, the following areas need to be given consideration in order to address the staffing issues;

- Funding already provided for recruitment this year should be ring-fenced and not reallocated elsewhere
- Prioritise workforce planning
- Initiatives to ensure retention of staff that are in place

²⁰ <https://www.gov.ie/en/publication/8f821-national-implementation-and-monitoring-committee-steering-committee/#sharing-the-vision-reports> - Sharing the Vision Status Implementation Report Quarter 1 2022

²¹ *ibid*



- For example: Provide maternity cover for HSE staff working in the national clinical programmes so that these services are not left understaffed when a staff member is on leave
- Recruitment planning
 - Recruiting more students into the various professional mental health trainings
 - Funding for trainee clinical mental health programmes should be considered - For example: funding all psychology doctorates (not just clinical psychology), as well as funding psychotherapy training programmes

National Lead of Mental Health

*“[We need].better leadership, planning and oversight”
Mental Health Professional*

In January 2022, MHR wrote an [open letter](#) to the CEO of the HSE calling for the reinstatement of the National Lead for Mental Health. This role is necessary for strategic overview, leadership and accountability in the improvement of access to mental health services across the country. There is an opportunity now to establish a more effective model of service delivery with a National Lead for Mental Health reporting directly to the CEO of the HSE to ensure that mental health does not remain on the periphery of health services. Funding needs to be allocated in Budget 2023 to enable this role to be filled imminently.

Introductory Section Recommendations:

- **Increase the mental health spend to 10% of the overall health budget by 2024 to bring Ireland closer in line with international standards**
- **Address the ongoing mental health crisis that has been exacerbated due to the pandemic**
- **Resource legislative changes**
- **Provide clear, transparent budget announcements**
- **Ring-fence the funding that has already been provided for staffing this year to ensure it is not reallocated**
- **Reinstate the National Lead of Mental Health services, reporting directly to the CEO of the HSE**
- **Estimated ELS cost is €25 million and MHR calls for €2 million to be invested in resourcing legislative change in Budget 2023**

2. Voluntary and Community Sector (VCS) - Mental Health

*“Community-level, person-centred approaches to mental health can be hugely beneficial and require investment on a level with medical model approaches”
Hugh Morley, Head of Business, Cork Counselling Services*

The value of the work conducted by charities in Ireland is an estimated €24 billion per year.²² Enhanced and more effective leveraging of the contribution of the voluntary and community

²² Government of Ireland (2019). Sustainable, Inclusive and Empowered Communities; A five-year strategy to support the community and voluntary sector in Ireland 2019-2024.



mental health sector is an important cross-cutting theme for Sharing the Vision¹, [Connecting for Life](#), [Healthy Ireland](#), and [Sláintecare](#). Internationally, the WHO, in their [Mental Health Action Plan](#), also calls for governments to support the establishment and implementation of community mental health services by the VCS.

Multi-annual Funding

“Not knowing how much HSE or statutory funding is coming next year creates huge uncertainty and instability for organisations that are often providing critical mental health services. The absence of multi-annual funding also significantly limits our ability to plan for the development of services over a longer period of time. The fact that the HSE are already underfunding many such services compounds the difficulties faced by service providers in the charity sector, creating a substantial sustainability risk that we deal with year after year”
Staff Member, Mental Health Charity

MHR welcomes the once-off €1 million grant fund issued in January 2022 to enable voluntary groups to respond to the mental health needs in their local areas.²³ However, for new initiatives to be sustainable, funding needs to be long-term and reliable. Consistency of services is crucial in supporting people’s mental health needs. In a [report](#) by the Charities Regulator on the experience of registered charities during the pandemic, income and securing funding was the greatest challenge faced by the sector (both pre and post pandemic). Over half of respondents (54%) reported that their funding had decreased as a result of the pandemic. Precarious annual funding, that leaves uncertainty around income streams, places additional strains on the VCS.²⁴ Coherent, long-term, multi-annual funding, as is promised in the [Government’s five year strategy](#), is what is required to enable the VCS to continue providing their vital services. MHR understands that the HSE often view the funding that is supplied as multi-annual but this needs to be explicitly stated in Service Level Agreements between the HSE and the VCS to enable planning.

Funding Needs of the VCS

Since our last pre-budget submission², MHR has published two research reports as part of the ‘Brave New Connections’ (BNC) project. This is a major study on how VCS mental health organisations have adapted and responded to the challenges of the COVID-19 pandemic and the support they now need to sustain their useful innovations. The results from this project show how the VCS could contribute to rapidly increasing the numbers of people getting access to publicly-funded, high-volume mental health services (e.g., treatment for mild to moderate anxiety and depression) and substantially reduce waiting times for this. Please see MHR’s BNC [Report 1](#) and [Report 2](#).

MHR has also heard from some of our members that given the increased demand on the counselling services provided through their helplines they have had to re-evaluate their work plan and prioritise these services. As recently as August 2022, mental health charities have reported that there has been an unprecedented increase in calls to their helplines both during the pandemic and post lockdown measures.²⁵ This means that many other urgently needed services, that could provide greater security and sustainability for our member organisations, have had to be side-lined to deal with the more imminent need of helpline

²³ <https://www.gov.ie/en/press-release/8dda6-minister-for-mental-health-announces-launch-of-1-million-mental-health-fund-to-be-distributed-in-partnership-with-mental-health-ireland/>

²⁴ https://www.wheel.ie/sites/default/files/media/file-uploads/2020-09/15288_The%20Wheel_Budget%20Submission_FINAL_web_v2.pdf

²⁵ <https://www.irishexaminer.com/news/arid-40934975.html>



support. These organisations need increased funding to facilitate this shift in focus so they can continue to respond to the needs of the citizens who require their support. MHR also notes that increasing inflation and cost of living impacts on the costs of running such vital services. It is a testament to MHR's members that they adapt their services so quickly to meet the needs of the public.

Following emergence from the COVID-19 pandemic, provision of a sufficiently scaled funding and capacity-building support package for the re-setting of the VCS mental healthcare system is an urgent priority. If not done in a timely manner, it is probable that some organisations, who provide valuable services, will not survive and many others will have to re-set in sub-optimal ways because of financial constraints. Funding and other capacity-building support is essential both for re-establishing traditional services and for properly embedding online/digital approaches where these add value. As recommended in Sharing the Vision, it is essential to establish secure and sustainable funding models for the VCS to fulfil its envisaged central role in delivery on mental health policy.²⁶ We must not lose sight of how vital the VCS is in “...*alleviating the social scars of COVID-19*”.²⁷

Voluntary and Community Sector Recommendation:

- **Provide secure, coherent, long-term, multi-annual funding to the Voluntary and Community Sector (VCS) mental health services**
- **MHR calls for an increase of at least €20 million in funding for the VCS in Budget 2023**

3. Public Sector

3.1. Independent Advocacy Service in Mental Health

*“All [people], not just those who are involuntarily [admitted], should have access to a trusted specialist advocate from the outset”
Friend/Family/Carer/Supporter of Mental Health Service User*

MHR has long been a proponent of the need for funded, accessible, independent advocacy services for children and adults with mental health difficulties. MHR participated in the Pre-Legislative Scrutiny (PLS) process on the Assisted-Decision Making (Capacity) Act (2015) and highlighted the advocacy needs for people with mental health difficulties. Please see our report to the Committee [here](#). MHR also sits on the Sharing the Vision Working Group on Advocacy.

As we outlined in the PLS process, and as is stated in Sharing the Vision¹, there are significant gaps in advocacy support for people with mental health difficulties, including those in inpatient settings. Recommendations 54, 65 and 92 in the implementation roadmap of Sharing the Vision¹ all highlight the importance of advocacy for persons with mental health difficulties. Furthermore, action No. 60 in the [National Disability Inclusion Strategy 2017-2021](#) states that;

²⁶ Mental Health Reform (2022). [Brave New Connections, Report 2. Resetting the Non-Profit Voluntary and Community Mental Health Sector After the Pandemic; A Strategic Perspective](#)

²⁷ [The Wheel Pre-Budget Submission \(2021\)](#), p. 6



“We will examine the need to establish statutory, national advocacy services for children and adults with mental health difficulties in hospitals, day centres, training centres, clinics, and throughout the community, building on existing services” (p. 30)

We are now in 2022 and this action has not been completed by the Department of Health. Funding needs to be allocated to this service in Budget 2023.

Existing Advocacy Services

The [National Advocacy Service \(NAS\)](#), established under the Citizens Information Board, and under the aegis of the Department of Social Protection, provides a non-statutory advocacy service to people with disabilities, including individuals with mental health difficulties. Around one quarter of the people accessing the support of NAS in 2021 had a mental health difficulty.²⁸ However, NAS focuses primarily on individuals who reside in HSE supported accommodation. As a result, in addition to being significantly under-resourced, advocacy support provided through the Citizen Information Centres is limited in its remit. In their annual report, NAS reported that they had not received funding for any new permanent staff since 2011 despite demand for their services having increased by 50% in the last five years.²⁹ There were 158 people on the waiting list for their services by the end of 2021.³⁰ [Peer Advocacy in Mental Health](#) offers a peer advocacy service to individuals across the country, prioritising services to individuals in acute inpatient units. The [Youth Advocate Programmes Ireland](#) (YAP) provides Independent Advocacy Services to the adolescent inpatient unit and Community teams in CHO 2 West and to Linn Dara inpatient unit, Cherry Orchard, as well as to inpatients in the Ginesa suite in Saint John of God Hospital.³¹ MHR welcomes the fact that this service has now also recently been expanded to Kerry CAMHS.³²

It is important that we adequately fund the existing advocacy services available in Ireland and facilitate expansion of their remit to allow access for those in the community, as well as in inpatient services.

Community Advocacy

While the advocacy needs of people living in the community are not fully known due to a lack of research in this area, small scale research 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. A small-scale study³³ carried out by MHR investigated the views of mental health service users on independent advocacy support available in the community. The report identified that there is a very low level of awareness of existing advocacy services for people with mental health difficulties with very few individuals having accessed such services. Moreover, the majority of participants felt they were not able to self-advocate. When asked about making a complaint about a range of different services, including housing, employment, education, mental health, the majority of participants felt that they would not be confident in doing so.

²⁸ <https://advocacy.ie/app/uploads/2022/06/NAS-and-PAS-Annual-Report-2021-Final-web.pdf>

²⁹ <https://advocacy.ie/app/uploads/2022/06/NAS-and-PAS-Annual-Report-2021-Final-web.pdf>

³⁰ *ibid*

³¹ <https://yapireland.ie/what-we-do-yap-ireland/our-services-yap-ireland/independent-mental-health-advocacy/>

³² <https://yapireland.ie/launch-of-kerry-independent-advocacy-service/>

³³ Mental Health Reform (2017) [Advocacy Needs of Mental Health Service Users Living in the Community: A Pilot Study 2017, Dublin: MHR.](#)



In 2016, the United Nations Committee on the Rights of the Child published its concluding observations on Ireland's compliance with the United Nations Convention on the Rights of the Child (UNCRC).³⁴ Among its recommendations were for the Government to consider the establishment of a mental health advocacy and information service that is specifically for children with mental health difficulties. While the recent investment into expanding YAP's Independent Advocacy Services are a welcome step, we still have not funded a national advocacy service for children. MHR would like to highlight that Ireland is due to be reviewed under the UNCRC again in January 2023³⁵, and the State Report³⁶ on the UNCRC from February 2022 outlines Ireland's commitment to developing an advocacy service for CAMHS, making this an even more pressing issue. As you will see outlined below, the [Maskey Report](#) into South Kerry CAMHS has also highlighted the importance of an independent advocacy service for children.

Recommendation:

- **Advocacy: Provide funding for accessible, independent advocacy services for children and adults with mental health difficulties in Budget 2023**
- **Approximate Cost (Nov 2021): €1.64 million, according to Minister of State for Mental Health and Older Peoples³⁷**

3.2. National Clinical Programmes - Sharing the Vision 2023 Milestones

The Sharing the Vision Implementation Plan 2022–2024³⁸ is a very welcome publication to ensure accountability in the execution of our mental health policy. However, this plan needs sufficient resourcing in order to ensure implementation. While we will be focusing on the milestones for 2023 for this submission, we have also included figures for early intervention in psychosis (EIP) in our 'Additional Considerations' section below.

The StV implementation plan outlines several clinical programmes in its milestones for 2023. These include Women's Mental Health, Eating Disorders, Dual Diagnosis, Self-Harm/Suicide and Homelessness. These areas will all require adequate resourcing in order to meet the milestones outlined in the implementation plan for 2023.

³⁴

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fIRL%2fCO%2f3-4&Lang=en

³⁵ <https://www.gov.ie/en/publication/a1481d-united-nations-convention-on-the-rights-of-the-child/>

³⁶

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fIRL%2f5-6&Lang=en

³⁷ [https://www.oireachtas.ie/en/debates/question/2021-11-](https://www.oireachtas.ie/en/debates/question/2021-11-16/560/?highlight%5B0%5D=national&highlight%5B1%5D=advocacy&highlight%5B2%5D=service&highlight%5B3%5D=national&highlight%5B4%5D=advocacy&highlight%5B5%5D=service)

[16/560/?highlight%5B0%5D=national&highlight%5B1%5D=advocacy&highlight%5B2%5D=service&highlight%5B3%5D=national&highlight%5B4%5D=advocacy&highlight%5B5%5D=service](https://www.oireachtas.ie/en/debates/question/2021-11-16/560/?highlight%5B0%5D=national&highlight%5B1%5D=advocacy&highlight%5B2%5D=service&highlight%5B3%5D=national&highlight%5B4%5D=advocacy&highlight%5B5%5D=service)

³⁸ Department of Health (2022). Sharing the Vision; Implementation Plan 2022-2024



Women's Mental Health

StV Implementation Plan 2022-2024;

"Women's mental health will be highlighted, addressed, and resourced through the HSE Service Plan." (p. 15) - Domain 1 - Recommendation 3 - Milestones 2023

"Set up a Mother and Baby Unit at St Vincent's University Hospital Campus" (p. 83) - Domain 2 - Recommendation 53c - Milestones 2023

As an introductory note, while we are using the title of 'Women's Mental Health' from Sharing the Vision, MHR would like to see mental health support provided to all people affected by these issues, regardless of gender identification.

Mental Health Reform welcomes the announcement on 15th July, 2022 of an additional €1.9 million investment in women's mental health services in 2022 through the Women's Health Fund and that improving Women's Mental Health has been identified as a key priority by the Minister for Health.³⁹ The [Women's Health Action Plan 2022 - 2023](#) outlines a number of key investments into women's health required for 2023. This plan outlines that there will be support provided to people during and after pregnancy, that perinatal mental health services will be expanded and that a parent and baby mental health inpatient unit will be progressed (p. 32). MHR would like to highlight that one of our members, the [National Women's Council of Ireland](#), has also made a pre-budget submission⁴⁰ outlining some of these issues.

The National Specialist Perinatal Mental Health Programme is there to help address some of the action items that arose from the HSE's [National Maternity Strategy](#) (2016 - 2026). Given the extensive need for an increase in mental health support identified in this report, as well as the results of the [National Maternity Experience Survey](#) (2020), where many participants reported feeling under supported with their mental health during pregnancy and post birth, there is an urgent need for funding for this area in Budget 2023.

Perinatal Mental Health

In a review of Ireland's perinatal health, a significant number of women in Ireland were found to be affected by perinatal mental health problems.⁴¹ These were defined as including "...depression, anxiety, obsessive-compulsive disorders, post-traumatic stress disorder and postpartum psychosis".⁴² Service provision was found to be conclusively insufficient in this area, with an over-medicalisation of people's experience and an absence of the lived experience voice in the approach to care, with minority group voices particularly absent in the narrative.⁴¹

Parent and Baby Mental Health Inpatient Unit

The Specialist Perinatal Mental Health [Model of Care](#), launched by the HSE in 2017, outlines the importance of developing an inpatient mental health unit for parents and their babies.

³⁹ <https://www.oireachtas.ie/en/debates/question/2022-02-15/911/?highlight%5B0%5D=mental&highlight%5B1%5D=health&highlight%5B2%5D=eating&highlight%5B3%5D=disorder&highlight%5B4%5D=mental&highlight%5B5%5D=health>

⁴⁰ https://www.nwci.ie/images/uploads/NWC_PBS_2023_Shaping_our_Future.pdf

⁴¹ Huschke, S., Murphy-Tighe, S. and Barry, M. "Perinatal mental health in Ireland: A scoping review". *Midwifery* 89 (2020): 1 - 21.

⁴² Jomeen, J. "Psychological context of childbirth." *Mayes' Midwifery, 15th ed.; Macdonald, S., Johnson, G., Eds* (2017): 186-199, p. 186.



However, now in 2022, five years later, parents and babies are still separated, with the only option being an adult psychiatry admission, where the (potentially newborn) baby is not allowed to stay with the parent. Ireland is far behind international standards in this regard, with over 20 units of this type already in place across the UK.⁴³ Furthermore, the profound adverse effects of separating parent and infant on subsequent attachment and mental health is well documented.⁴⁴

Funding Figures - Additional Costs for 2023

National Specialist Perinatal Mental Health Programme - €15.5 Million

Total funding required: €15,552,146

Breakdown of costs for 2023:

- Ensure appropriate team base and clinical space - facilities to see people with perinatal mental health needs need to be installed in all three HSE hub sites, University Maternity Hospital Limerick, Cork University Maternity Hospital and University Hospital Galway - **€930,000**
- Additional 11.0 staff (including 2 Perinatal Psychiatrists for National Maternity Hospital and Rotunda Hospital) to support the current demand on Perinatal Mental Health Services and to provide additional support to Perinatal Mental Health spoke sites - **€1,022,146** (broken down below)
- Establish a Mother/Parent and Baby Unit at St. Vincent's University Hospital campus - **€12 million** capital build costs (estimate) and **€1.5 million** staffing costs based on latest pay scales
- Continue to resource the development of specialist multidisciplinary hub and spoke teams, including ongoing specialist training and Perinatal Mental Health discipline specific supervision – **€100,000**

Breakdown of staffing needs (€1,022,146):

The additional 11.0 staffing cost of €1.02 million proposes the provision of:

- Two additional Perinatal Mental Health Consultant Perinatal Psychiatry posts, 1.0 Whole Time Equivalent (WTE) Consultant Perinatal Psychiatrist for the National Maternity Hospital and 1.0 WTE Consultant Perinatal Psychiatrist for the Rotunda Hospital.

Rationale: This is to meet the continual growing demand for services for women with moderate to severe mental health difficulties and to provide support to their respective spoke sites as part of a planned hub and spoke structure development.

- Four additional Grade V administrator posts for the National Maternity Hospital, Rotunda, University Maternity Hospital Limerick and Cork University Maternity Hospital. The additional Grade V administrative posts play a key role in running an efficient service and are required now as the multi-disciplinary teams are growing to over 10.0 WTEs in most sites.

Rationale: They are essential to support the Multi-disciplinary Team (MDT) staff and overall running of the Specialist Perinatal Mental Health Service and to allow

⁴³ <https://maternalmentalhealthalliance.org/campaign/maps/>

⁴⁴ <https://www.sciencedirect.com/science/article/abs/pii/S0149763417302749>



MDT staff to have increased patient contact and to be the first point of contact for women accessing the service.

- One Grade VIII Programme Manager to manage the running and further development of the Programme nationally.

Rationale: This funding would bring this clinical programme in line with all other clinical programmes and ensure the successful rollout of the National Programme develops in an equitable way across the country. This role would help with supporting staff recruitment, training and supervision as well as providing additional support to both staff and patients and links to community support.

Eating Disorders

***“[There is] Not enough support or inpatient beds for people with eating disorders”
Mental Health Service User***

StV Implementation Plan 2022-2024;

***“Have thirteen eating disorder teams in place by Q4”
“Continue development of self-care app for eating disorders” (p. 81) - Domain 2 -
Recommendation 53a - Milestones 2023***

Eating disorders have the highest mortality rate of all mental health difficulties.⁴⁵ While any individual can develop an eating disorder, women are disproportionately affected.⁴⁰ MHR would like to highlight the work of our member organisation, Bodywhys, whose discussion about eating disorders with the Sub-Committee on Mental Health from May 2022 can be found [here](#). Bodywhys reported that the number of people accessing their service has doubled as a result of the pandemic. The HSE have also reported that since the onset of the COVID-19 pandemic there has been a significant rise in presentations of eating disorders across health care settings in Ireland⁴⁶ and that there is a similar pattern being reported internationally. They noted a 66% increase in eating disorder related hospital admissions in 2020, when compared to 2019.⁴⁷ Young people are also presenting more medically unwell with more severe clinical presentations than prior to the pandemic.⁴⁸ According to the HSE, referral rates to existing community eating disorder teams have significantly surpassed predicted demand and capacity estimates made prior to the pandemic. Given this increase in demand, a review of the [Model of Care for Eating Disorders](#) is planned for 2022/23. The outcomes of this review will influence the Eating Disorders teams' requirements from 2024 onwards.

⁴⁵

https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_sub_committee_on_mental_health/submissions/2022/2022-05-17_opening-statement-jacinta-hastings-ceo-bodywhys_en.pdf

⁴⁶ https://data.oireachtas.ie/ie/oireachtas/debateRecord/joint_sub_committee_on_mental_health/2022-06-28/debate/mul@/main.pdf

⁴⁷ <http://www.imj.ie/wp-content/uploads/2021/01/Eating-Disorders-During-the-COVID-19-Pandemic.pdf>

⁴⁸ Fegert JM, Vitiello B, Plener PL, et al. “Challenges and burden of the coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality”. *Child and Adolescent Psychiatry and Mental Health*, 2020;14:1–11.



The [HSE Model of Care for Eating Disorders](#) highlights that;

"Based on epidemiological projections, an estimated 188,895 people in Ireland will experience an eating disorder at some point in their lives. It is estimated that approximately 1,757 new cases occur in Ireland each year in the 10-49 age group"
(p. 22)

Funding Figures - Additional Costs for 2023

National Clinical Programme for Eating Disorders (NCPED) - Approximately €5 million

- Once-off funding of €7,000 was received by the NCPED to upgrade the self-care app. They are currently in the process, along with Bodywhys, of establishing focus groups of young people to get feedback and plan the upgrade

Total Cost for Budget 2023: €4.844 million

Breakdown of costs for 2023:

1. To appoint a full time programme manager (Grade VIII) to support the full implementation of the NCPED. The current allocation of 0.3 WTE is unsustainable and inadequate to support this programme. It is also not comparable with other programmes of similar size. **Estimated Cost: €80,000** (midpoint scale)
2. To add an additional 2 full teams for eating disorders. **Total Cost: €2.6 million**
3. To build on the existing eating disorder teams to bring them in line with Model of Care staffing levels and current demand for services. **Full Year Cost: €2.1 million**
4. To commence evaluation/review of Model of Care and bring into line with current demand
5. To introduce Qualtrics data service user/family feedback system to move paper based assessments to online platforms - reducing administrative burden and allowing for collection of data in real time. **Total Cost: €64,000** over 3 years

Impact:

- There will be eating disorder teams in place in 3 Community Healthcare Organisations (CHOs), spanning child and adult services
- 8 out of the 9 CHOs will have access to an eating disorder service
- Access to early intervention and evidence based treatments leading to improved clinical outcomes
- Reduction in waiting times to assessments and treatment for eating disorders
- Dedicated time for programme engagement and access to real time data by the team

Risks if not progressed:

- Further delay in the roll out of the NCPED
- Impact on early access to eating disorder services, increasing mortality and morbidity rates from eating disorders
- Increase in time to assessment and treatment beyond the Key Performance Indicators which will impact negatively on clinical outcomes
- Increasing public and political pressure on service gaps in relation to eating disorder services
- Increasing costs in treatment in private health care within Ireland and treatment abroad, particularly for adults with eating disorders



Attention-Deficit / Hyperactivity Disorder (ADHD)

*[Challenges faced in mental health] “Achieving acknowledgement that ADHD as a condition needs greater support”
Ken Kilbride, CEO, ADHD Ireland*

StV Implementation Plan 2022-2024;

“Establish new Adult ADHD teams in the remaining sites as described in the national model of care”

*“Develop ADHD in Adults app for people with ADHD and their families” (p. 82) -
Domain 2 - Recommendation 53b - Milestones 2023*

Living with the experience of having ADHD can impact on someone's mental health to the extent that they may develop co-occurring mental health difficulties.⁴⁹ It is well recognised that there is a high rate of this co-occurrence between ADHD and mental health difficulties^{50,51}. ADHD was identified in the [Fifth Annual Child and Adolescent Mental Health Service \(CAMHS\) Report](#) as the most frequent primary presentation to CAMHS in Ireland. Furthermore, according to [ADHD Ireland](#), up to 60% of those diagnosed with ADHD in childhood will continue to need support into adulthood.

Funding Figures - Additional Costs for 2023

National Clinical Programme for ADHD in Adults – Approximately €5 million

Breakdown of costs for 2023:

The cost of a full adult ADHD team, all at 1.0 WTE, is **€508,690** (based on current pay scales). For full implementation of the ADHD in Adults NCP Model of Care 12 teams should be in place, covering all CHOs as well as an additional team for the Dublin Prison service.

Total funding required in 2023 includes:

- An additional 7 teams to have full national coverage including the Dublin Prison Service Team - **€3.56 million**
- Two Higher Specialist Training posts and four Basic Specialist Training psychiatry trainee posts to support newly established Adult ADHD teams - **€500,000**
- One National Programme Manager Grade VIII to ensure timely implementation of services nationally - **€76,570**
- Continue to resource the development of specialist training for new Adult ADHD teams and General Adult Psychiatrists – **€100,000**

⁴⁹ <https://adhdireland.ie/for-professionals/mental-health-in-someone-with-adhd/>

⁵⁰ Martin, J. and Nesdole, R. (2019) Attention Deficit Hyperactivity Disorder Presentations to The Child and Adolescent Mental Health Urgent Consult Clinic. *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 28:2: 66-71.

⁵¹ Becker, Luebke and Langberg (2012). Co-occurring Mental Health Problems and Peer Functioning Among Youth with Attention-Deficit/Hyperactivity Disorder: A Review and Recommendations for Future Research. *Clinical Child and Family Psychology Review* 15:279–302.



Dual Diagnosis

*“[There are] Difficulties for people with an alcohol problem as well as a mental health problem accessing appropriate, trauma informed care”
Dr Sheila Gilheany, CEO, Alcohol Action Ireland*

StV Implementation Plan 2022-2024;

“A tiered model of dual diagnosis service provision will be developed and available” (p. 16) - Domain 2 - Recommendation 21 - National Dual Diagnosis Teams by 2024

The term ‘dual diagnosis’ refers to a number of different cohorts of people, one of which is those who experience both a mental health difficulty and a substance misuse problem.¹ It is difficult to obtain accurate data on the prevalence of these difficulties in Ireland, as these are often a ‘hidden population’. A [study](#) by the Department of Health in the UK, estimates that around 75% of people accessing drug services and 85% of those accessing alcohol services also experience mental health difficulties. Furthermore, 44% of mental health service users report drug and/or alcohol use.⁵²

Policy and Legislative Commitments

The commitment to provide specialised services for those with a ‘dual diagnosis’ of mental health difficulties and substance misuse began in the [Vision for Change \(2006\)](#) mental health policy. However, the original position of determining a ‘primary’ presentation of either mental health difficulties or addiction has now been removed in Sharing the Vision.¹

Sharing the Vision continues to highlight the need to improve health outcomes for this cohort of people (Outcome 2(d)) and emphasises that people with dual diagnosis should not be prevented from accessing mental health services. In addition to being a priority group in Sharing the Vision¹, improving the health outcomes for people experiencing addiction is outlined as a key priority in the [HSE National Service Plan 2021](#). The [Health \(Amendment\) \(Dual Diagnosis: No Wrong Door\) Bill 2021](#) also mandates that health services are inclusive of people who experience dual diagnosis.

The HSE Model of Care (MOC) for Dual Diagnosis is due to be published in the coming months and will outline in more detail the health care needs of this population and what the ‘*tiered model of service provision*’, outlined in the StV implementation plan²⁵, will look like. It is vital that there is funding allocated in 2023 to support the implementation of this MOC (see figures below).

Irish Research on Dual Recovery - Substance Use and Mental Health

In May 2022, MHR published [research](#) on the barriers to dual recovery for individuals with a dual diagnosis. Dual diagnosis, in the context of this study, refers to individuals who seek support from services for a mental health difficulty as well a substance or alcohol use disorder. Conducted by independent researchers, on behalf of MHR, the

⁵² <https://pubmed.ncbi.nlm.nih.gov/14519608/>



study draws on interviews with stakeholders working in the fields of mental health, addiction and homelessness in Ireland.⁵³

The overarching recommendations that arose from this research were as follows;

1. Implement a fit-for-purpose Model of Care urgently
2. Develop and run an awareness raising campaign on Dual Diagnosis and Dual Recovery
3. Provide ring-fenced funding to support dual diagnosis treatments in existing services
4. Improve access to housing and social inclusion

For a more detailed breakdown of action items under each of these headings, please see our [full report](#).

Behavioural Addiction

A significant issue that needs to be addressed in the area of dual diagnosis is the lack of funding for supporting people who experience behavioural addiction and mental health difficulties. Behavioural addiction refers to addictions that are “...*analogous to substance addiction, but with a behavioral focus other than ingestion of a psychoactive substance*”.⁵⁴ These can include things like gambling, gaming and internet addiction. While behavioural addiction is included in the upcoming HSE MOC for Dual Diagnosis (awaiting publication), there is currently no source of funding to support the mental health needs of this cohort of people.

Accurate data on the number of people impacted by gambling addiction and mental health difficulties in Ireland is not currently available. However, it is believed to be “...*a major public health concern*”⁵⁵ that requires urgent attention. One of our member organisations, [Helplink](#), who provide counselling support to people impacted by gambling addiction, highlight that mental health difficulties are a significant risk factor in the development of such addictions. The Gambling Regulation Bill 2021 is soon to be enacted in Ireland, with the [General Scheme](#) published in October 2021 and the [Pre-Legislative Scrutiny](#) on the Bill published in May 2022. Head 113 of the General Scheme relates to the establishment of a ‘Social Impact Fund’, which all licence holding gambling services will be required to contribute towards. The purpose of this fund is “...*to assist in counter-acting the ill effects for society, as well as for persons and their families, of problem gambling*” (p. 193, Head 114). It is imperative that some of these funds are directed towards healthcare and supporting those who experience a mental health difficulty in combination with behavioural addiction. The needs of this population must be considered when it comes to funding for dual diagnosis.

Funding Figures - Additional Costs for 2023

*Estimated Cost: Approximately **€6.5 million***

- Establishment of 6 Dual Diagnosis teams in 2023 - Estimated Cost: **€4 million**
- Provision of behavioural addiction supports nationally - Estimated Cost: **€2.5 million**

⁵³ <https://www.mentalhealthreform.ie/dual-recovery/#:~:text=Mental%20Health%20Reform%20has%20published,substance%20or%20alcohol%20use%20disorder.>

⁵⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3164585/pdf/nihms319204.pdf>, p. 2

⁵⁵ <https://www.irishpsychiatry.ie/wp-content/uploads/2020/10/Gambling-Disorder.pdf>, p. 13



Self-harm and Suicide

“Shorter waiting lists [are needed]. Most people don't seek help because they think they'll need it in a few months; they seek help because they need it right now. The length of waiting lists (both to attend a service in the first place, and to receive specific interventions once you're in the service) are literally killing people; people are dying by suicide while they wait to be seen”
Mental Health Service User

StV Implementation Plan 2022-2024;

“An enhanced community response to self-harm and suicidality will be provided, with the expansion of the suicide crisis assessment nurse service (SCAN) in the community” (p. 16)

“Secure funding to recruit eleven additional clinical nurse specialists as per National Clinical Programme requirements” (p.51) - Domain 2 - Recommendations 22 + 23 - Milestones 2023

A recent global analysis by the UN shows that Ireland has the fourth highest teenage suicide rate in the developed world.⁵⁶ The [HSE Corporate Plan 2021-2024](#), [Connecting for Life 2015-2024](#) and *Sharing the Vision*¹ all outline suicide prevention as a core objective. The HSE's revised model of care (MOC) on self-harm and suicide was published in January 2022. This MOC highlights that people who present with self-harm or suicidal ideation are at increased risk of dying by suicide, that those who present to health services with these experiences should be given a thorough and timely biopsychosocial assessment and intervention and that there should be support in the community including “... *Crisis Assessment Teams and the use of SCANs (Suicide Crisis Assessment Nurses) to work with GPs.*” (p. xiv). There should be SCANs, or equivalent mental health practitioners who can address suicide crisis needs, available to every general practice.⁵⁷

*Sharing the Vision*¹ acknowledges that emergency departments can be a challenging environment for people with mental health difficulties. It proposes out-of-hours ‘crisis’/community/wellbeing cafés as a potential alternative environment that people can go to when they are feeling suicidal and are not in need of physical health support. It is stated in the policy that;

“Attendees would be able to access talk therapies, coping strategies and one-to-one peer support, provided by paid core staff assisted by a team of appropriately trained volunteers, working on a rota basis” (p. 45)

The numerous pilot cafés around Ireland⁵⁸ are a welcome development. However, community support for suicide prevention needs to be available nationally and should not be dependent on the person's geographical location.

⁵⁶ UNICEF Office of Research (2017). ‘Building the Future: Children and the Sustainable Development Goals in Rich Countries’. https://www.unicef-irc.org/publications/pdf/RC14_eng.pdf

⁵⁷ <https://www.hse.ie/eng/about/who/cspd/ncps/self-harm-suicide-related-ideation/moc/mhnpc-self-harm-model-of-care.pdf>

⁵⁸ [Galway](#), [Kilkenny](#), [Haven Hub](#)



National Clinical Programme for Self Harm and Suicide Related Ideation - €1.15 million

Breakdown of costs for 2023:

1. To appoint a database manager (Grade VII) to manage the data from the emergency department and SCANs. This post is currently 0.4 and on secondment to National Office for Suicide Prevention from the National Suicide Research Foundation. The contract is currently reviewed annually. Estimated Cost: **€60,000** (midpoint scale)
2. To appoint a full time programme manager (Grade VIII) to support the full implementation of this National Clinical Programme. Estimated Cost: **€80,000** (midpoint scale)
3. To add an additional 10 Clinical Nurse Specialists to the SCAN team. This will bring the total number of posts working in SCAN to 28 - almost 50% of the total required as per Model of Care. Estimate Cost: **€800,000**
4. To appoint 0.2 WTE consultant psychiatrist posts in 5 CHOs to support the full implementation of SCAN. Number WTEs: $0.2 \times 5 = 1.0$. Estimate Cost: **€210,000**

Impact:

- There will be adequate resources in place to ensure high quality services are implemented in line with the agreed Model of Care and [Connecting for Life](#)
- Data will be of high quality and can be published/presented in peer reviewed journals, conferences and used to plan services - MHR advocates for the inclusion of the voices of people with lived experience of mental health difficulties and their family, friends, supporters and carers in this data collection
- SCAN services will increase reach and offer real alternatives to emergency department care
- There will be clinical governance from dedicated consultants in 5 CHOs who have invested in developing a multi-factorial response to suicide prevention and intervention

Risks if not progressed:

- No progress on Sharing the Vision Recommendation number 23
- Further delay in the roll-out of the National Clinical Programme and [Connecting for Life](#)
- Increased costs in treatment in emergency departments
- Increased public and political pressure on the disparity of service provision between CHOs

Homelessness

“A challenge HAIL encounters is the ongoing underfunding of tenancy sustainment support services for people with mental health difficulties. Government funding has not increased in over 7 years for tenancy support services and the funding currently does not match the full staff and management costs”

Martina Smith, CEO of Housing Association for Integrated Living (HAIL)



StV Implementation Plan 2022-2024;

“Implement the plan developed for a stepped model of mental health support for the homeless population” (p. 89) - Domain 2 - Recommendation 59 - Milestones 2023

The Government’s Homelessness Report from June 2022⁵⁹, shows that there has been a 27% increase (1,574 people) in adults experiencing homelessness in Ireland when compared with the same time last year, June 2021 (7,421 in 2022 vs 5,847 in 2021).⁶⁰

Sharing the Vision¹ (p. 54) outlines that it aims to;

- Provide low-level interventions and appropriate referrals to specialist services for people experiencing homelessness (PEH)
- Ensure that homelessness does not create a barrier to accessing mental health services
- Provide a dedicated mental health service, operating on an outreach model, for the rough sleeping population in large urban areas

The [HSE National Service Plan 2021](#) also stresses the importance of improving health outcomes for marginalised communities, including those who are experiencing homelessness. PEH experience higher rates of mental health difficulties compared to the general population, including a much higher prevalence of dual diagnoses (58-65% vs 1%, respectively).⁶¹ A [study](#) by MHR, in collaboration with Dublin Simon Community, highlighted the barriers faced by PEH in accessing adequate mental health care. This research documents the lived-experience mental health stories from PEH themselves. A study by [the Partnership for Health Equity](#) showed that mental health difficulties were very common among PEH in Ireland, with over half the participants reporting a diagnosis of depression.⁶³ It was also noted that *“Alarming, more than one third of the study population had self-harmed; three fifths have had suicidal thoughts and more than one third had attempted suicide”* (p. 10). Furthermore, almost half of the people surveyed had mental health and addiction difficulties.⁴¹

These statistics raise serious concerns when, at the time of writing, the only existing outreach team for mental health and homelessness in Ireland, [Assertive Community Care Evaluation Service](#), does not accept referrals for anyone who experiences substance misuse. This team also only accepts referrals for people with certain categories of mental health difficulties. In addition, this service is only available to those who fit the definition of homeless outlined in [Section 2 of the Housing Act, 1988](#). Thus, there is a considerable proportion of PEH who are not receiving support for their mental health.

While the pandemic exacerbated mental health difficulties for many PEH due to increased feelings of isolation, barriers and disruptions to support services, and increased financial challenges, it also provided a unique opportunity for the provision and expansion of homeless services. The HSE and the Dublin Region Homeless Executive

⁵⁹ <https://www.gov.ie/en/publication/5344b-homeless-report-june-2022/>

⁶⁰ <https://www.gov.ie/en/publication/7227a-homeless-report-june-2021/>

⁶¹ Fazel, S., Geddes, J. R., and Kushel, M., “The Health of Homeless People in High-Income Countries: Descriptive Epidemiology, Health Consequences, and Clinical and Policy Recommendations,” *Lancet* (London, England) 384, no. 9953: 1529–40

⁶² Torchalla, I. *et al.*, “Substance Use and Predictors of Substance Dependence in Homeless Women,” *Drug and Alcohol Dependence* 118, no. 2–3: 173–79

⁶³ <https://www.drugsandalcohol.ie/24541/1/Homelessness.pdf>



de-congregated a number of shelters and provided isolation and shielding accommodation for PEH deemed especially vulnerable to COVID-19. Several wrap-around health services were linked into these accommodations and facilitated uptake among residents. 24% of PEH [surveyed](#) who were staying in isolation or cocooning accommodation during the pandemic reported newly accessing health services since the outbreak, the majority of which reported accessing addiction or mental health supports.

Housing support services have demonstrated success in supporting recovery from substance use disorders and mental health difficulties among PEH.⁶⁴ In addition to supporting the implementation of a stepped model of mental health support for PEH, as outlined in the Sharing the Vision Implementation Plan³¹, MHR calls for additional funding to be allocated toward sustainable housing for PEH, as well as wrap-around services (e.g. addiction services, counselling, psychotherapy, etc) within accommodation services.

The [National Housing Strategy for Disabled People 2022-2027](#) (NHSDP) advises the extension of the Tenancy Sustainment Officer (TSO) role nationally through the Approved Housing Bodies (AHB) in order to support people with mental health difficulties to sustain their tenancies. In line with the NHSDP, MHR also calls for additional Tenancy Sustainment Officers and community/peer support workers to support people in their homes and to avoid repeated experiences of homelessness.

Funding Figures - Additional Costs for 2023

Estimated Cost: €5 million

MHR calls for;

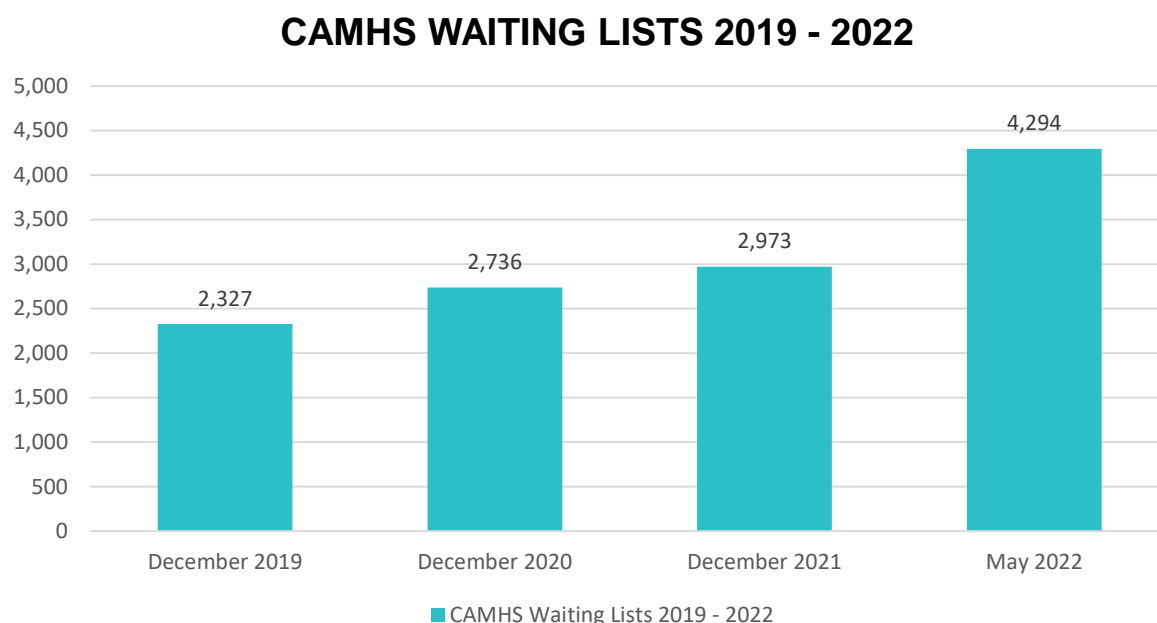
- Funding for the ‘*stepped model of mental health support for the homeless population*’ as outlined in StV, particularly for PEH who fall outside the gap of current service provision
- Increased funding for Tenancy Sustainment Officers, in line with the NHSDP. The TSO salary will be between €33,000 – €35,000 per annum and the funding available to the AHB will be €60,000 per annum per TSO⁶⁵
- An increased supply of one-bedroom apartments, ensuring that a percentage of these are set aside in all developments for those with mental health difficulties who wish to live independently in the community
- Funding for mental health in-reach services within homeless accommodation, including in Private Emergency Accommodation
- Provision of mental health nurses for youth homelessness programmes and children in homeless accommodation

⁶⁴ Baxter, A. J. *et al.*, “Effects of Housing First Approaches on Health and Well-Being of Adults Who Are Homeless or at Risk of Homelessness: Systematic Review and Meta-Analysis of Randomised Controlled Trials,” *Journal of Epidemiology and Community Health* 73, no. 5: 379–87

⁶⁵ <https://icsh.ie/expressions-of-interest-mental-health-tenancy-sustainment-officers-under-the-national-housing-strategy-for-disabled-people-2022-2027/>



3.3. Child and Adolescent Mental Health Services (CAMHS)



Recent international [research](#) indicates that 63% of people with mental health difficulties report that the onset occurred before the age of 25. This points to the vital importance of high quality youth mental health services and early intervention.

The Government has made numerous commitments to improve CAMHS in Ireland. The [HSE Corporate Plan 2021-2024](#) outlines that children should be able to access care when and where they need it. It states that: “No child will wait longer than 12 weeks to access mental health services” (p. 10). The [HSE Model of Care for Suicide](#) (p. xvii) outlines that there should be full staffing of the CAMHS teams and that these teams should develop crisis support for children. The Sharing the Vision Implementation Plan³⁸ also promises review and improvement of service provision in CAMHS, in line with the recommendations of the [Maskey Report \(2022\)](#).

Despite these commitments there have been serious concerns raised about the quality of care in CAMHS across Ireland. The figures below reveal a waiting list of 4,294 children for CAMHS ([PQ Number: 35340/22](#)), and that is only the children and families that have been waiting more than 12 weeks. Despite the high level of need, there are only four public inpatient CAMHS units available nationally⁶⁶, with one of those units only providing care to adolescents.⁶⁷ Thus, there is no parity of access to inpatient facilities nationally. In addition to inappropriate waiting lists, there have been concerns raised about the standard of care received once a child actually gets into the service. Reports of over-medicalisation of care, lack of appropriate therapeutic support, and lack of standardisation of care across the country within CAMHS were also raised by MHR’s [Grassroots Forum](#), who have lived experience of engaging with these services. Furthermore, these concerns were echoed in

⁶⁶ <https://www.mhcirl.ie/sites/default/files/2022-07/MHC%202021%20Annual%20Report%20last.pdf>

⁶⁷ <https://www.dublincypscdirectory.ie/health-wellbeing/st-vincent-s-hospital-st-joseph-s-adolescent-inpatient-unit>



many of the responses to our public survey, and were raised at the HSE and MHR's in-person events across the country throughout 2022.⁶⁸

The [Maskey Report](#) from January 2022, which investigated CAMHS Area A, found that 240 children were exposed to an unnecessary risk of harm as a result of their treatment in the service. The report stated that *"The medicalisation of ordinary emotional responses in children and their suppression by medication, risks delaying or damaging the development of skills in the self-regulation of emotions which normally happens as children mature"* (p. 4).

MHR calls for investment into addressing the CAMHS waiting lists, ensuring parity of service provision nationally and addressing the recommendations that arose from the Maskey Report.

Waiting List Figures

Response to [PQ Number: 35340/22](#)

The table below provides data on the number of persons waiting for CAMHS by CHO area and waiting time as at end of May 2022. Please be advised that this data is subject to ongoing review and validation. Please note data is not captured by age range.

May-22	Total	<= 12 weeks No.	> 12 <= 26 weeks No.	>26 <=39 weeks No.	>39 <=52 Weeks No.	>52 Weeks No.
National Total	4,294	1,693	1,022	687	384	508
CHO 1	440	215	126	39	30	30
CHO 2	266	118	82	61	5	0
CHO 3	398	122	65	56	39	116
CHO 4	826	189	177	166	108	186
CHO 5	352	100	111	64	56	21
CHO 6	581	355	138	63	23	2
CHO 7	358	193	90	35	13	27

3.4. Employment and IPS

Employment can have a significant impact on an individual's mental wellbeing as outlined in Sharing the Vision;

"Meaningful employment fosters hope, participation and a sense of a better and brighter future. In addition, employment can reduce and/or stabilise symptoms, increase self-worth and provide greater disposable income." (p. 68)

[The Irish Health Survey \(2019\)](#) reported that 21% of participants who were unemployed experienced some form of depression, compared to 9% of those in employment. This shows the possible impact that unemployment can have on an individual's mental wellbeing. People with a mental health difficulty are nine times more likely to be out of the labour force than

⁶⁸ https://www.eventbrite.ie/e/about-the-mental-health-act-2001-next-steps-in-person-maynooth-event-tickets-374214935947?aff=ebdssbdestsearch&keep_tld=1



those of working age without a disability, the highest rate for any disability group in Ireland.⁶⁹ Participants with experience of mental health difficulties stated in the Cost of Disability report¹³ that there were insufficient employment supports and that they would likely be able to work if these were improved.

Individual Placement and Support (IPS)

Sharing the Vision¹ Recommendation 71:

“Develop a sustainable funding stream to support the IPS model” (p. 106)

Individual Placement and Support (IPS), also known as ‘evidence-based supported employment’, is a model that facilitates people with mental health difficulties to move into mainstream competitive employment. Under the IPS model, anyone is viewed as capable of undertaking competitive paid work in the community, if the right kind of job and work environment can be found and the right support is provided. MHR were involved in the Integrating Employment and Mental Health Support project, which piloted the IPS in four sites across Ireland between 2015 and 2017.⁷⁰

There is strong evidence that this internationally recognised approach to supported employment is the most effective method of supporting individuals with severe and enduring mental health difficulties to achieve sustainable, competitive employment.⁷¹ IPS has also been shown to be less costly and more economically beneficial 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.

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 June 2021 - June 2022 show that 654 people with mental health difficulties were referred to the IPS, with 322 securing jobs over a year’s duration. The IPS won the [HSE Excellence Award](#) in 2020 in the Championing Mental Health Across our Health Services category. This unequivocally demonstrates that IPS is effective in achieving its outcomes and getting people with mental health difficulties into the workplace.

In our Pre-Budget Submission to the Department of Social Protection, MHR has called for funding responsibility for the IPS programme to be co-located between Department of Health and Department of Social Protection. MHR acknowledges the Government’s commitment to the project to date, however we believe that given that the objectives of the IPS programme relate to employment, it is imperative that the programme is embedded into both the strategic intent and the services and supports offered by the Department of Social Protection as a joint mental health services and Intreo programme. By adopting an innovative and collaborative approach, we believe the Department of Social Protection can lead on the ownership and responsibility that will facilitate the embedding of IPS as an important component within its departmental strategy in collaboration with the HSE.

⁶⁹ 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

⁷⁰ <https://www.mentalhealthreform.ie/wp-content/uploads/2018/02/Steps-into-Work.pdf>

⁷¹ Bond G.R, Drake RE, Becker DR. (2020) “ An update on Individual Placement and Support”, *World Psychiatry*, 19(3): 390-391. doi: 10.1002/wps.20784. PMID: 32931093; PMCID: PMC7491619.



Funding Figures - Additional Costs for 2023

Estimated Total Cost: €1.3 million

Breakdown of costs for 2023:

- Increase of at least 20 IPS Staff - €1.2 million (20 WTE Staff x €60K per Staff)
- Funding for appointment of a national coordinator for the IPS programme

IPS became a mainstream HSE programme in 2021 in partnership with local employment partners and there are now 40 IPS staff working across the system (PQ Number: [25967/22](#)). The cost for each Individual Placement Support Service is €60,000 per annum. Employment Specialists have a caseload of a maximum of 20 people at any one time. As of June 2022 there were 176 people on the waiting list for this service (please see Figure 1 for breakdown by Community Health Organisation (CHO) Area). This HSE response has not yet been uploaded to the HSE website but will be able to be found [here](#).

CHO Area	No. of service users in IPS programme currently	No. of people on IPS waiting list
1	72	13
2	20	20
3	38	16
4	59	12
5	58	47
6	108	15
7	40	19
8	17	7
9	56	25
National Forensic Mental Health Service	10	2
Total	478	176



Figure 1 - Number of people receiving IPS support across the CHO areas

It is important to bear in mind that this waiting list is only reflective of the mental health teams who actually offer the IPS programme. This does not reflect the number of people who are waiting for this service to become available in their own local mental health teams. Given the success of this programme to date, the high number of people on the waiting list to access this service and the fact that it is not yet nationally available in all adult mental health teams, MHR also calls for the expansion of this programme. There is a need for more IPS staff, at least a 50% increase in funded posts (20 WTE staff posts), as well as the appointment of a national coordinator for the IPS programme.

Public Sector Recommendations:

- **Advocacy: Provide funding for an accessible, independent advocacy service for children and adults with mental health difficulties in Budget 2023**
- **National Clinical Programmes: Fund the implementation of the Sharing the Vision 2023 milestones**
- **Child and Adolescent Mental Health Services (CAMHS): MHR calls for investment to address the CAMHS waiting lists, ensure parity of service provision nationally and address the recommendations that arose from the Maskey Report**
- **Employment and IPS: Create a dedicated Individual Placement and Support (IPS) budget, with funding from Department of Health and Department of Social Protection, to facilitate the expansion of the IPS service nationally**

Estimated Additional Funding required:

- **€43 million: €38 million (StV) + €2 million (CAMHS) + €1.7 million (Independent Advocacy Service) + €1.3 million (IPS)**

4. Priority Groups - Sharing the Vision

“[Mental health services should] Strive more to create cultural competency, inclusivity and cultural awareness among mental health professionals”
Mental Health Professional

Sharing the Vision¹ outlines a number of priority groups, some of which we have discussed in previous sections. Three priority groups we would like to highlight in this section are the LGBTI+ community, ethnic minorities and those in our prison services. MHR supports the provision of recovery focused, trauma informed, human rights based training across all mental health services, and for the needs of priority groups to be incorporated into all training provision.

4.1. LGBTI+

Unfortunately, LGBTI+ people are at a higher risk of experiencing mental health issues than heterosexual cisgender people.⁷² Furthermore, the World Health Organisation's [Comprehensive Mental Health Action Plan 2013-2030](#) outlines the importance of developing

⁷² <https://www.mentalhealthreform.ie/news/new-figures-show-43-of-lgbti-people-are-dissatisfied-with-mental-health-services/>



and implementing comprehensive strategies to prevent suicide, paying particular attention to groups that are at increased risk, including the LGBTI+ community (p. 13). It is therefore crucial that individuals in the LGBTI+ community have access to inclusive and appropriate mental health supports that respect their rights and needs.⁵⁰

In June 2022, MHR launched our [My LGBTI+ Voice Matters](#) report, in partnership with [LGBT Ireland](#). This report showed that nearly half (43%) of LGBTI+ people have had a poor experience of HSE mental health services. Negative experiences shared by participants were characterised by a lack of LGBTI+ competence and sensitivity among mental health professionals. The [National LGBTI+ Inclusion Strategy 2019-2021](#) committed to “Provide LGBTI+ awareness training to staff working in mental health services nationally” (p. 22) by the end of 2020. Despite this commitment, having to explain one’s gender or sexual identity to mental health service providers, to teach service providers about LGBTI+ issues and terminology, and to self-censor when engaging with services were unfortunately reported as common experiences among the participants of [MHR’s report](#). Stigma relating to, and pathologising of, LGBTI+ identification was also outlined as a challenge faced by LGBTI+ mental health service users.

Participants in the transgender community raised concerns about the diagnostic model of transition care. Currently, members of the transgender community are required to access the mental health services to receive a referral or a diagnosis of gender dysphoria to access gender affirmation services. The diagnostic approach to transition care was described as problematic by participants and perceived by some to be an infringement on their personal autonomy.⁵⁰ This concern was also echoed in our public survey responses;

“Trans people should not need a psychiatric diagnosis to access gender affirming healthcare”
Mental Health Service User

The [Speaking from the Margins Report](#), conducted by the Transgender Equality Network Ireland (TENI), was the largest study on transgender mental health in Ireland. In this report transgender people identified a number of factors that were impacting on their mental health including “...not having their gender recognised, being frustrated with treatment delays, lacking access to treatment, being rejected by family, being bullied, feeling different but not knowing why, trying to suppress their identity, feeling guilty about their identity or having their identity misunderstood by health professionals” (p. 31).

Given the high percentage of mental health service users who identify as LGBTI+ (approximately one in every five⁵⁰), further investment into providing mental health care that is reflective of the needs of the LGBTI+ community is vital.

Recommended actions outlined in the MHR’s [My LGBTI+ Voice Matters](#) report include;

1. Supporting LGBTI+ competent service provision - including professional training and reviewing policies and procedures
2. Providing LGBTI+ sensitive treatment and care - holistic care, providing talk therapy, LGBTI+ friendly resources, consistent care
3. Conduct further research and evaluation of mental health services, ensuring continuous consultation with LGBTI+ mental health service users



4.2. Ethnic Minorities

There is a higher incidence of mental health difficulties among people from ethnic minority communities in Ireland than in the general population.⁷³ Our national mental health policy, *Sharing the Vision*¹, recommends the delivery of diverse and culturally competent mental health supports throughout all services. The emergency settlement of Ukrainian refugees in Ireland reinforces the need for cultural competency in our mental health services.

In 2021, in partnership with the [Mental Health Commission](#), MHR published [updated guidelines](#) for mental health services and staff, on working with people from ethnic minority communities (the original guidelines were published in 2016). MHR gathered feedback from both service users and providers. The guidelines are intended to inform mental health services and staff on how best to provide care to individuals from ethnic minorities. In 2021, MHR also produced the [Cultural Competency Toolkit](#), which is a practical document for staff working in mental health services.

The following recommendations from this [research](#) will require funding:

- The need to provide training for mental health staff in anti-discrimination and cultural competency
- Use of qualified and trained interpreters to support communication
- Providing supportive, accessible written material in a variety of languages, formats, and media
- Involving individuals from ethnic minority groups, their family/friends/cares/supporters, and community members in the planning, improvement and review of programmes and services on an ongoing basis
- Developing policies on the recruitment of staff from ethnic minority communities by implementing strategies to recruit, retain and promote a diverse leadership and staff at all levels of the service, which reflects the demographic characteristics of the populations in the service area

Traveller Community

“For Travellers, I think a national mental health intervention needs to happen. We need culturally appropriate services”
Mental Health Service User

“[We need] The implementation of a National Traveller Mental Health Strategy as promised in the programme for Government with ring fenced budget and time frames”
Thomas McCann, Director, Traveller Counselling Service

The Traveller community are an indigenous ethnic minority in Ireland who unfortunately experience poorer health outcomes when compared with the general population. For example, in the [All Ireland Traveller Health Study](#), on average 61.05% of travellers in the Republic of Ireland reported that their mental health was not good for one or more days in the last 30 days, compared with an average of 22.6% among the general population. In a [national survey](#) of the community in 2017, 90% of Travellers reported that mental health difficulties are common among the community. While Travellers represent less than 1% of

⁷³ <https://www.mentalhealthreform.ie/wp-content/uploads/2021/10/MHR-CCT-A4-3.pdf>



the Irish population, 10% of the national young adult male suicide statistics are from members of the traveller community.⁷⁴

[Pavee Point \(2013\)](#), one of MHR's member organisations, reports that Travellers frequently face discrimination when attending mental health services and experience additional barriers to accessing these services such as embarrassment around literacy and a lack of culturally appropriate engagement. This is echoed by [research](#) from the Economic, Social and Research Institute where Travellers were found to be 22 times more likely to experience discrimination in their daily lives. There is a wide range of research that highlights the negative impact of discrimination like this on mental health.⁵² All research around Travellers and mental health highlight that suicide is a serious issue in the community and yet it is under-researched and under-resourced.⁵² As recently as May 2022, the National Traveller Mental Health Network organised another [protest](#) to highlight the urgency around implementing a Traveller Mental Health Action Plan to address the mental health needs of this population. The community has been lobbying for these changes for over 25 years. Pavee Point also met with Minister Butler in June, 2022⁷⁵. In a welcome announcement, Minister Butler stated that the Traveller Mental Health Action Plan will be published by September 2022 and that it would be resourced.⁷⁶ Budget 2023 needs to include a funding allocation for the resourcing of this action plan, as well as supporting the expansion of the Traveller Primary Healthcare Projects⁷⁷ to combat the stark inequalities that the Traveller community face in accessing services.

4.3. Prison Population

Worldwide, there is a very high prevalence of mental health difficulties among prison populations, often far higher than among the general population. Within the Irish context, Gulati *et al.* (2019)⁷⁸ estimate that 3.6% of Irish prisoners live with a psychotic disorder, 4.3% with an affective disorder, 28.4% with alcohol use disorder (AUD), and 50.9% live with a substance use disorder (SUD). This study estimates that mental health difficulties are four times more prevalent among the prison population than the general population.

According to the MHC⁷⁹, Ireland is far behind comparable countries when it comes to providing mental health care for those who come in contact with the criminal justice system. The numerous gaps in our mental health services, that have been outlined in this submission, have led to some people with mental health difficulties ending up in prison. The main deficiencies highlighted by the MHC in this regard are the lack of 24/7 mental health support, with the only out-of-hours service being through the Accident and Emergency department, the lack of any formal pre-arrest diversion, and inadequate community mental health services. Within the Irish Prison Service people who are experiencing mental health difficulties are locked in isolation units and other prison areas while they await transfer to the Central Mental Hospital. This is a fundamental breach of human rights which Ireland has

⁷⁴ McKey, S., Quirke, B., Fitzpatrick, P., Kelleher, C., & Malone, K. (2022). "A rapid review of Irish Traveller mental health and suicide: A psychosocial and anthropological perspective", *Irish Journal of Psychological Medicine*, 39(2), 223-233. doi:10.1017/ipm.2020.108

⁷⁵ <https://www.paveepoint.ie/mary-butler-td-visits-pavee-point-to-discuss-traveller-mental-health/>

⁷⁶ *ibid*

⁷⁷ <https://www.paveepoint.ie/project/primary-health-care-for-travellers-project/>

⁷⁸ Gulati *et al.*, (2019) "The Prevalence of Major Mental Illness, Substance Misuse and Homelessness in Irish Prisoners: Systematic Review and Meta-Analyses," *Irish Journal of Psychological Medicine* 36, no. 1: 35–45

⁷⁹ [https://www.mhcirl.ie/sites/default/files/2021-](https://www.mhcirl.ie/sites/default/files/2021-11/Access%20to%20mental%20health%20services%20for%20people%20in%20the%20criminal%20justice%20system%20FINAL.pdf)

[11/Access%20to%20mental%20health%20services%20for%20people%20in%20the%20criminal%20justice%20system%20FINAL.pdf](https://www.mhcirl.ie/sites/default/files/2021-11/Access%20to%20mental%20health%20services%20for%20people%20in%20the%20criminal%20justice%20system%20FINAL.pdf)



been criticised for by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.

Principle 9 of [The United Nations Basic Principles for the Treatment of Prisoners \(1990\)](#) states that “*prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.*” As of November 2021, the national ratio of psychologists to people in prison in Ireland was 1 to 257, falling far below the international minimum ratio of 1 to 150 set forth by the International Association for Correctional and Forensic Psychology.⁸⁰ According to the Irish Prison Service Psychological Services [report](#) 2020, the average wait time from referral to intervention was 267 days, with some people waiting more than a year to access any psychological support. In 2019, the average waiting time for transfer to the Central Mental hospital was 121 days.⁸⁰ In addition, despite the high prevalence of persons living with AUD and SUDs in the prison system, as of March 2021, there were only 20 addiction counsellors working across the prison system⁸¹, and 531 prisoners (13.9% of the prison population) were waiting to access addiction services.⁸²

Delayed access to mental health can have a number of negative consequences and the prison environment itself can exacerbate existing mental health difficulties. Indeed, [interviews](#) with prison staff confirm that prisoners living with mental health difficulties are often bullied and victimised, and that the presence of drug use within the prisons may contribute to the development or worsening of AUDs and SUDs.⁸³ It is therefore crucial that persons coming into contact with the criminal justice system have access to quality mental health and addiction support services within a timely manner.

The [High Level Taskforce](#), established to consider the mental health and addiction challenges of persons interacting with the criminal justice system, is a welcome development. However, despite the promise of a High Level Implementation Plan by the end of 2021, at the time of writing, this has still not been published. MHR calls for the implementation plan to be published and resourced.

Priority Groups Section Recommendations:

- **Improve mental health services for priority groups**
- **Fund training for mental health professionals on the needs of priority groups (as outlined in each section)**
- **Ensure funding is available in mental health services for the use of qualified and trained interpreters to support communication where needed**
- **Implement and resource a Traveller Mental Health Action Plan**
- **Increase the mental health supports available to the prison population, address the inappropriate waiting lists and publish and resource the implementation plan of the [High Level Taskforce](#)**

Estimated Additional Funding required:

- **€10 million**

⁸⁰ https://www.iprt.ie/site/assets/files/7052/progress_in_the_penal_system_2021_-_final.pdf

⁸¹ <https://www.justice.ie/en/JELR/Pages/PQ-11-03-2021-182>

⁸² <https://www.justice.ie/en/JELR/Pages/PQ-11-03-2021-181>

⁸³ http://www.irishprisons.ie/images/pdf/cara_ograda.pdf



5. Additional Observations

There are many areas that need improvement and development in mental health. MHR has surveyed the public, our members and has linked with other key stakeholders in the development of this PBS. It is not possible to put forward a fully costed, comprehensive budget submission that would address all of the urgent needs in mental health. MHR strives to be pragmatic in all that we do and therefore, following consultation, identified the areas of focus that are outlined above. However, it is important to note that there were a number of additional observations made during our consultation processes. Those included, but are not limited to;

- **Peer Supporters** - The importance of the support given by those who are 'experts by experience' and who practice as Peer Support Workers in mental health services.⁸⁴ MHR has worked collaboratively with [HSE Mental Health Engagement and Recovery](#) team in 2022 to deliver four in-person events across Ireland (Cork, Kilkenny, Dublin and Sligo) to the public on their experiences of the Mental Health Act 2001.⁴⁶ Peer Supporters have been mentioned repeatedly in the focus groups at these events as a vital component of the mental health services. There is a need for at least 25 new posts in peer support - across all CHOs. Estimated Cost: **€1.5 million**
- **Talk Therapy** - The need for public funding of talk therapy was a frequently mentioned priority in our public survey. 26% of survey respondents brought up counselling, psychotherapy, or other talk-based therapies. Among those who did:
 - 57% felt that better access to these services was needed
 - 27% felt finances were a barrier to accessing these services and/or that these services should be free
 - 19% felt waiting lists to access these services were too long
 - Survey Quotes:

***"Every Irish person should have access to free talking therapy"**
Mental Health Service User*

***"Properly fund 'Talking therapies' and give real meaning to the biopsychosocial model that the policy documents constantly refer to"**
Mental Health Professional*

- This was also identified as a priority area in the recent public survey conducted by one of MHR's member organisations, [Shine](#). This is outlined in their PBS 2023.
- **Early Intervention in Psychosis (EIP)** - a need for an increase in the number of EIP teams - Estimated Cost: **€5 million**.

Figures relating to National Clinical Programme for EIP

- EIP improves outcomes for people with psychosis and their families- reduces relapses, reduces hospital admissions, higher retention in employment and education, people get back to having a meaningful life. Gives people sustained support via the dedicated keyworker and access to a choice and range of evidence based interventions that are not available in routine care –

⁸⁴ <https://www.dcu.ie/courses/undergraduate/school-nursing-psychotherapy-and-community-health/certificate-peer-support>



- Psychological interventions, family interventions, physical health monitoring and support, Employment specialist support via IPS
- EIP NCP needs a substantial increase in investment in 2023. Right now <18% of the adult population have access to an EIP service. 0% of those under 18 have access to an EIP service. EIP needs >20 new teams if they are to achieve national roll out by 2030 - in line with Sharing the Vision
- EIP received €1 million in 2022, €1 million (including the Tax Relief at Source) in 2021, 0 in 2020
- NCP in EIP are asking for €5 million this year- €3 million for new teams and €2 million to expand and support the existing teams
- Stigma against people with psychosis is very high and they and their families are afraid to speak out about their negative experiences of services
- **Autism** – Another concern mentioned by survey respondents was that autistic children and adults could not get appropriate mental health care and there was a call for more training about autism and neurodivergence to be delivered to mental health staff.

“...no psychiatrist is willing to see me, even privately, because of my autism”

Mental Health Service User

6. Conclusion

Mental Health Reform welcomes the opportunity to make this submission to the Government ahead of Budget 2023. We call for urgent action on the prevailing mental health pandemic and for appropriate funding to be allocated to the pre-existing commitments outlined in our national mental health policy. This is a vital step towards addressing the deficits in Ireland's mental health care. MHR acknowledges the difficult budgeting decisions that must be made. We are urging the Government to invest at least an additional €100M in mental health in Budget 2023.

For more information on any of the above content please contact Suzanna Weedle, Policy and Advocacy Coordinator at sweedle@mentalhealthreform.ie or at 0860245409.

Further information on MHR is available at www.mentalhealthreform.ie.

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OUR 81 MEMBER ORGANISATIONS:

