

I Am A Reason

Pre-Budget Submission 2024



Mental
Health
Reform

**BUDGET
2024**



Mental Health Reform
Promoting Improved Mental Health Services

Pre-Budget Submission 2024

September 2023



I Am a Reason



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Abbreviations

AACPI	Association for Agency-Based Counselling and Psychotherapy in Ireland
CAMHS	Child and Adolescent Mental Health Services
CEDIY	Children, Equality, Disability, Integration and Youth
CHO	Community Health Organisation
CMHC	Children’s Mental Health Coalition
EIP	Early Intervention in Psychosis
ELS	Existing Levels of Service
ISPCC	Irish Society for the Prevention of Cruelty to Children
MHC	Mental Health Commission
NCP	National Clinical Programme
NIMC	National Implementation and Monitoring Committee
PBS	Pre-Budget Submission
PQ	Parliamentary Question
RHA	Regional Health Area
SCAN	Suicide Crisis Assessment Nurse
SSNO	Scheme to Support National Organisations
StV	Sharing the Vision
TASC	Think-tank for Action on Social Change
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VCS	Voluntary and Community Sector

Who We Are

Mental Health Reform (MHR) is Ireland’s leading national coalition on mental health. This year, MHR has launched its new [Strategic Plan 2023-2028 ‘Making Mental Health Matter’](#), outlining our vision of an Ireland with accessible, effective and inclusive mental health services and supports. We drive the progressive reform of mental health services and supports, through coordination and policy development, research and innovation, accountability and collective advocacy. Together with our 81 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. MHR would like to thank our members for their continued insight, input and work.¹ Further information on our members can be found at www.mentalhealthreform.ie

¹ <https://www.mentalhealthreform.ie/membership/>

Summary - Top Ten Priorities

MHR calls for an additional **€115 million** to be allocated to mental health in Budget 2024, with a commitment to a long-term funding strategy that brings the mental health allocation to 10% of the overall health budget by 2030.

I. Invest in the Voluntary and Community Mental Health Sector

1. Increased Funding
2. Sustainability of Funding

II. Deliver on the Programme for Government

3. **Time for Ten:** Allocate 10% of the health budget to mental health in Budget 2024
4. **Leadership:** Instate a national leadership role for mental health
5. **Legislative Reform:** Fund the legislative reform of the Mental Health Act, 2001
6. **Advocacy:** Create a fully funded, nationally available independent advocacy service in mental health

III. Strengthen Youth Mental Health Service

7. Increased Investment in Youth Mental Health Services
8. Youth Pathfinder Project

IV. Advance Sharing the Vision

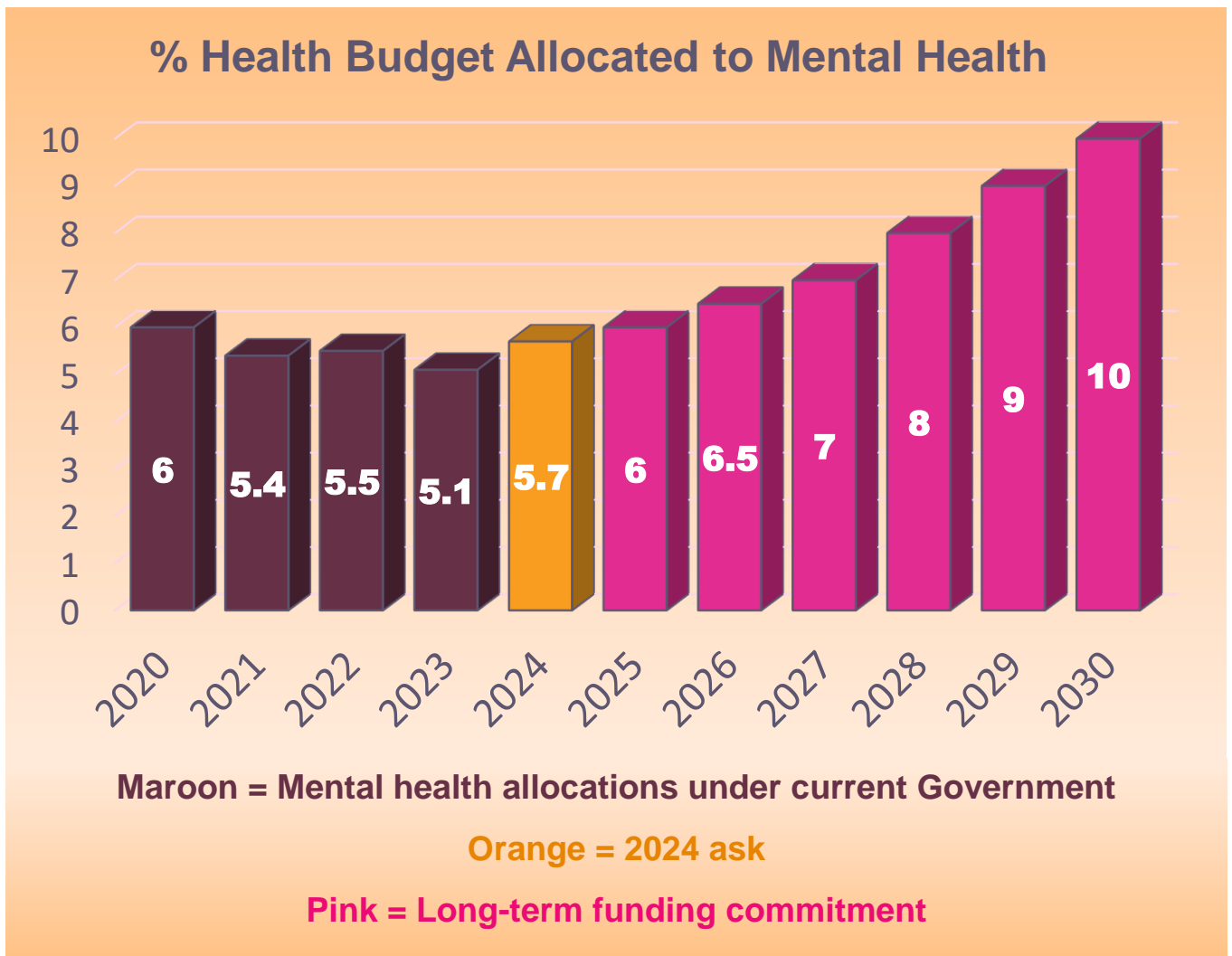
9. Implementation Plan
10. National Clinical Programmes

The Government would need to provide an additional allocation of at least €1 billion to mental health in Budget 2024 to reach their own target of allocating 10% of the health budget to mental health by 2024.

Given the historical underfunding of the mental health sector, the request for an additional €115 million may seem modest. This would raise mental health spending to approximately 5.7% of the health budget. However, we recognise that true progress requires a larger, long-term commitment.

With an approximate €10 billion excess in prospect for the Exchequer this year (€115 million is only 1% of this), this long-term commitment to adequate funding in mental health would be a prudent investment in the future of everyone living in Ireland. The long-lasting legacy of such an investment would be remembered and felt for generations to come.

Commitment to Long-Term Funding



Reference for figures²

Invest an additional €115 Million in our Mental Health Services for Budget 2024

<p>€30 Million Maintenance of existing services</p>		<p>€85 Million Development of services to address unmet need</p>
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² WHO [Mental Health Atlas 2020](#), PQ 44934/21, [Gov Press Release Budget 2022](#), [Gov Press Release Budget 2023](#), Appendix 17 A Vision for Change and [Budget 2023](#) (€1.2m Mental Health Budget/€23.4bn Health Budget)

Mental Health Allocation 2024

MHR calls for an additional **€115 million** to be allocated to mental health in Budget 2024, with a commitment to a long-term funding strategy that brings the mental health allocation to 10% of the overall health budget by 2030.

- €30 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).*
- €85 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*

Summary Table – Breakdown of €85 million

Section	Estimated Cost
Voluntary and Community Mental Health Sector – Including Youth Mental Health	€25 million
Leadership Role in Mental Health	€200,000 ³
Resourcing Legislative Changes	€2 million
Independent Advocacy Service in Mental Health – for Youth Mental Health and Adult Services	€2 million
Youth Mental Health Pathfinder Project	Not costed by the State (~€800,000)
Sharing the Vision Implementation Plan	€15 million
National Clinical Programmes in Mental Health	€40 million
Total	€85 million

Introduction

Each and every one of us deserves access to timely, high-quality mental health supports no matter where we live. We all have a reason to invest in mental health. We all are a reason to invest in mental health.

According to the HSE (2022)³, one in two people in Ireland have experienced mental health difficulties and a global study on *The Mental State of the World in 2022*⁴ reported that Ireland had one of the highest rates of people experiencing distress. This study also showed that there was little to no recovery in mental wellbeing since the lifting of Covid-19 restrictions. An Irish online survey conducted by Amárach Research⁵, with a sample of 1,200 adults from April to May 2023, found that 60% of participants reported experiencing depression and 80% of participants reported experiencing anxiety. This is in addition to [the research from Maynooth University](#) which 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. The Mental Health Commission (MHC) has also reported that *"From 2017 to 2019, Ireland consistently had a higher prevalence of mental health disorders than the European Union (EU) 27 average across all age groups."*⁶ It's evident that mental health needs to be a vital area of focus for the whole Government in Budget 2024.

2024 is a significant year for commitments to mental health. 2024 is the last year of the current implementation plan for Ireland's ten-year national mental health policy, *Sharing the Vision*. It is also the last full year for this Government and their last opportunity to reach their own commitment of 10% of the health budget being allocated to mental health under Sláintecare. In 2024, we will also hopefully be closer to having progressive, human rights compliant, reformed mental health legislation. Finally, it is possibly the last budget that the current Government will deliver, making it an opportune time for this Government to leave a legacy of fulfilling its commitments to mental health.

2024 is also the year when the health service will begin restructuring from Community Health Organisations (CHOs) to Regional Health Areas (RHAs)/HSE Health Regions, providing the perfect opportunity for a strategic leadership role in mental health reporting directly to the CEO of the HSE to be instated. MHR was pleased to hear that the new CEO of the HSE, Bernard Gloster, identified mental health as one of his main strategic priorities in March 2023. He stated that:

*"At the most senior level possible, within the new centre I propose to design in the HSE, I intend having a dedicated focus on mental health and disability, which would be part of a smaller centre reporting directly to me and driving the improvement system."*⁷

Improvement in the area of mental health requires cross-departmental collaboration, as every decision made in cabinet has the potential to impact the wellbeing of the nation. This Pre-

³ HSE (2022) [Campaign](#)

⁴ [The Mental State of the World in 2022; A publication of the Mental Health Million Project](#)

⁵ <https://www.aware.ie/national-survey-2023/>

⁶ [Mental Health Commission CAMHS Report](#) – July 2023, p. 27

⁷ [Joint Committee on Health Debate: Wednesday 22nd March 2023](#)

Budget Submission (PBS) details our top ten priority recommendations for investment in mental health for the Government. MHR has submitted a separate pre-budget submission to the Department of Social Protection on 16th June 2023 and ask that this be considered alongside this submission.⁸

Mental Health Reform (MHR) is, however, concerned about an emerging narrative that there is no need for further funding in mental health due to the health sector's staffing shortages and reported recruitment difficulties.⁹ While we understand that these challenges exist, we would like to present a different perspective that is rooted in accurate information. According to publically available information, **99.4% of the mental health service budget was spent in 2022**, with only 0.6% remaining unspent due to recruitment issues.¹⁰ These figures demonstrate that while there are challenges, the need for funding in mental health remains crucial for effectively supporting individuals in need. Through this document we encourage the HSE and Government Departments, to embrace a more strategic and ambitious mind-set when it comes to addressing mental health needs.

There are numerous ways of investing in mental health to try and ameliorate the mental health crisis, using the lifecycle approach to providing services. For example, the voluntary and community sector has extensive experience in delivering critical mental health services and stands ready to contribute to addressing the mental health crisis. They have demonstrated their ability to deliver much-needed services even in the face of increased demand, with little to no sustainable funding increase. Therefore, investing in the voluntary and community mental health sector is a key strategy to scale up effective services and allocate sustainable funding to maximize their impact.

MHR's 'Brave New Connections'¹¹ project has published two research reports that showcase the sector's adaptability and innovation in response to the challenges of Covid-19. These reports also highlight the need for sustainable support to ensure the continued delivery of valuable services. The findings from this project reveal that scaling up the sector's services could significantly increase access to publicly-funded mental health services, particularly for those needing treatment for mild to moderate anxiety and depression, while also reducing waiting times.

This submission is informed by MHR's [member organisations](#) and [Grassroots Forum](#), two surveys on Budget 2024; one for the public and one for our members, in addition to research into the current state of affairs in mental health and the knowledge base acquired by MHR through engagement in various mental health fora. 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 June 2023. These surveys received just over 230 responses collectively. These quotes, along with the statistics and research presented in this submission, highlight the urgency of the need to invest in our nation's mental health services. Ireland is in a strong fiscal position coming into Budget 2024 with "A *general government surplus of €10 billion...now in prospect for this year*".¹² To echo what Tánaiste Micheál Martin conveyed at the National Economic Dialogue Forum 2023, we "*need to use economic progress to fund social progress*".¹³

⁸ [DSP MHR PBS 2024](#)

⁹ See for example [Oireachtas Health Committee Meeting 24th May 2023](#)

¹⁰ [PQ Number: 14299/23](#)

¹¹ <https://www.mentalhealthreform.ie/what-we-do/brave-new-connections/>

¹² [Scene setter by Minister McGrath at the National Economic Dialogue \(NED\) 2023: Economic and fiscal context](#)

¹³ [Speech by Tánaiste Micheál Martin at the National Economic Dialogue \(NED\) 2023](#)

Cross-Government Approach to Mental Health

While Minister of State for Mental Health and Older People, Mary Butler TD, and the Minister for Health, Stephen Donnelly TD, in the Department of Health are responsible for mental health, it is important to note that mental health difficulties are psychosocial disabilities under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Close collaboration with the Department of Children, Equality, Disability, Integration and Youth (CEDIY) is therefore essential.

The variety of focus areas in the Taoiseach's recently developed Child Poverty and Well-being Unit is a prime example of the vast array of Government departments that impact on well-being.¹⁴ We urge all Government Ministers to work together to improve mental health outcomes for people in Ireland. We welcome the Taoiseach's focus on children's well-being and look forward to seeing how the unit progresses.

Evidence shows that mental health difficulties are most likely to first appear in those aged up to 25 years¹⁵, so the investment in prevention and early intervention is vital for the physical, mental and economic well-being of Ireland. We note also that children's well-being does not exist in a vacuum and is impacted by their families, friends, communities, access to education and play, etc. So, we ask the Taoiseach to ensure a holistic view of children's well-being be incorporated into the new priority unit. We welcome the commitment in the initial programme plan for the Child Poverty and Well-being Unit that states *"There are other challenges facing children in Ireland and we will work also in these areas, including on child mental health and disability services."*¹⁶

MHR also calls for close collaboration with the Department of Finance and Department of Public Expenditure's [Well-being Framework](#) and welcome the possibility for Ireland to become a world leader in reaping the economic benefits of investing in the population's well-being.

Public Pre-Budget Survey at a Glance

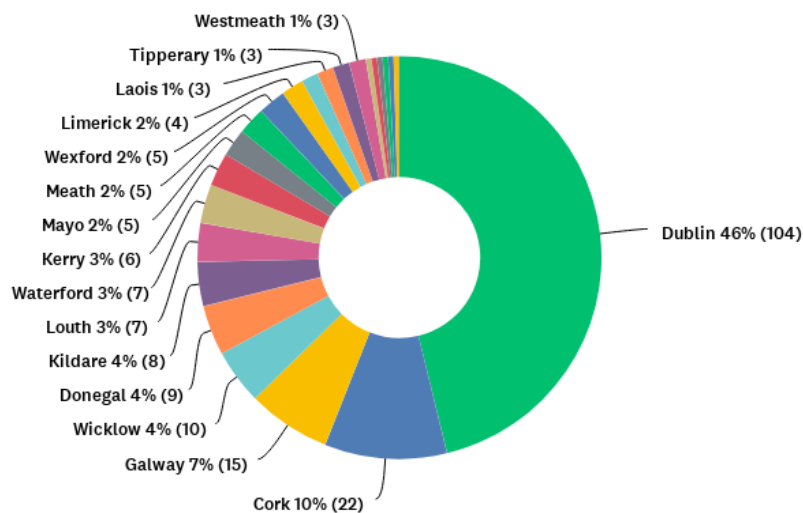
Respondent Overview

A total of 225 respondents across 23 counties completed the PBS Public survey. The majority of respondents came from Dublin (46%, n=104), followed by Cork (10%, n=22) and Galway (7%, n=15).

¹⁴ <https://www.oireachtas.ie/en/debates/question/2023-01-31/22/?highlight%5B0%5D=23>

¹⁵ [Hyland, P. et al. \(2022\). State of Ireland's mental health: findings from a nationally representative survey. *Epidemiology and Psychiatric Sciences* 31, e47, 1–13](#)

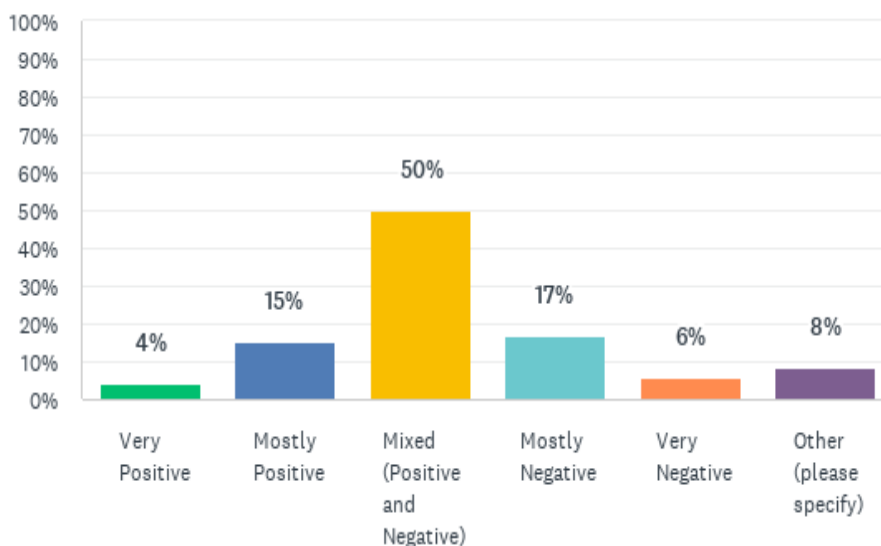
¹⁶ [From Poverty to Potential: A programme for Child Poverty and Well-Being; Initial Programme Plan: July 2023 – December 2025, p. 2](#)



Experiences of Mental Health Services in Ireland

Survey Respondents were asked to describe their experience of mental health services in Ireland, from very positive to very negative. Half (50%, n=112) described their experience as being a mix of both positive and negative experiences, 20% described their experience as mostly or very positive, and 23% respondents described their experience as mostly or very negative. 8% (n=19) of respondents described their experience as 'other'. Several of those who selected this option specified that they had not experienced mental health services, or that they had accessed private mental health services. The under-resourcing of the public sector was also noted.

How has your experience with mental health services in Ireland been, if any?

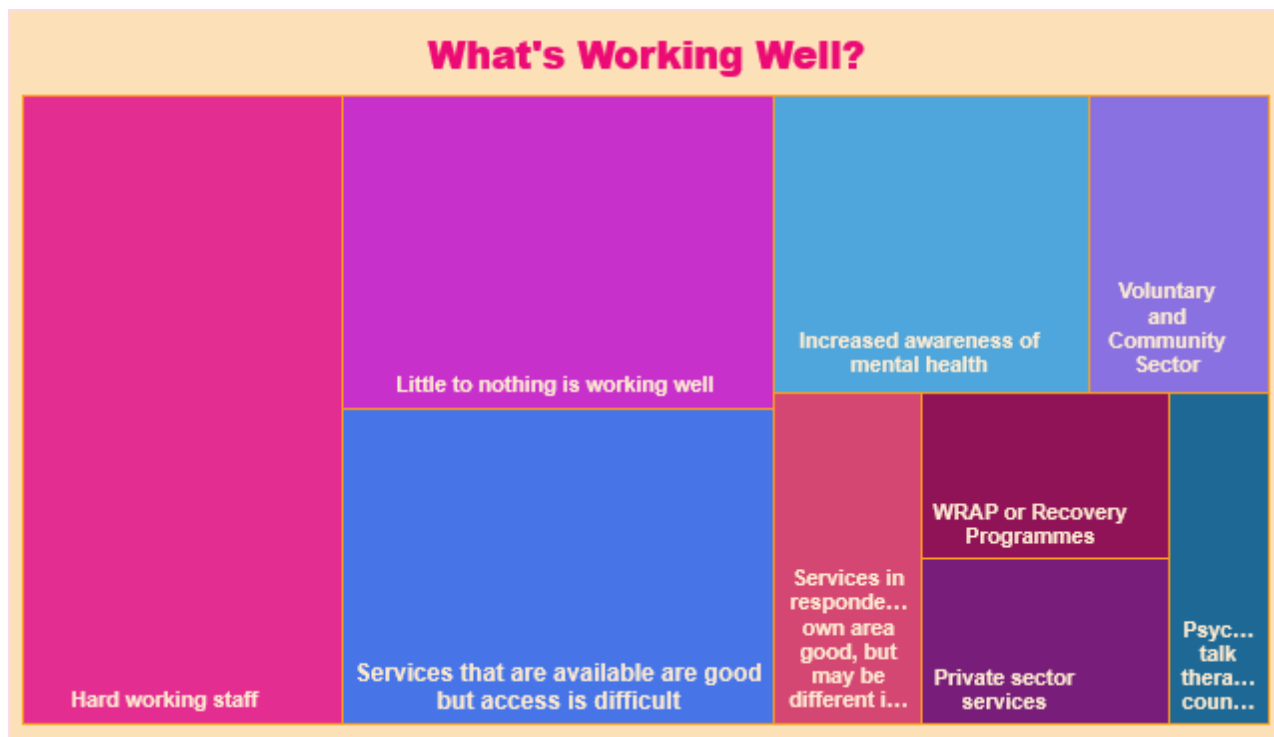


What's working well?

“We have some amazing staff members that really care about the welfare of their clients but they are not being supported and the waiting lists are too long, they become burnt out. The staff and voluntary organisations are amazing”

Public Pre-Budget 2024 Survey Respondent

Survey respondents were given an opportunity to share what they thought was working well in terms of the provision of mental health services in Ireland. 91% (n=205) of respondents took this opportunity to give feedback. The chart below gives an overview of their responses to this question, with the size of each section being proportionate to the number of respondents who mentioned that theme.



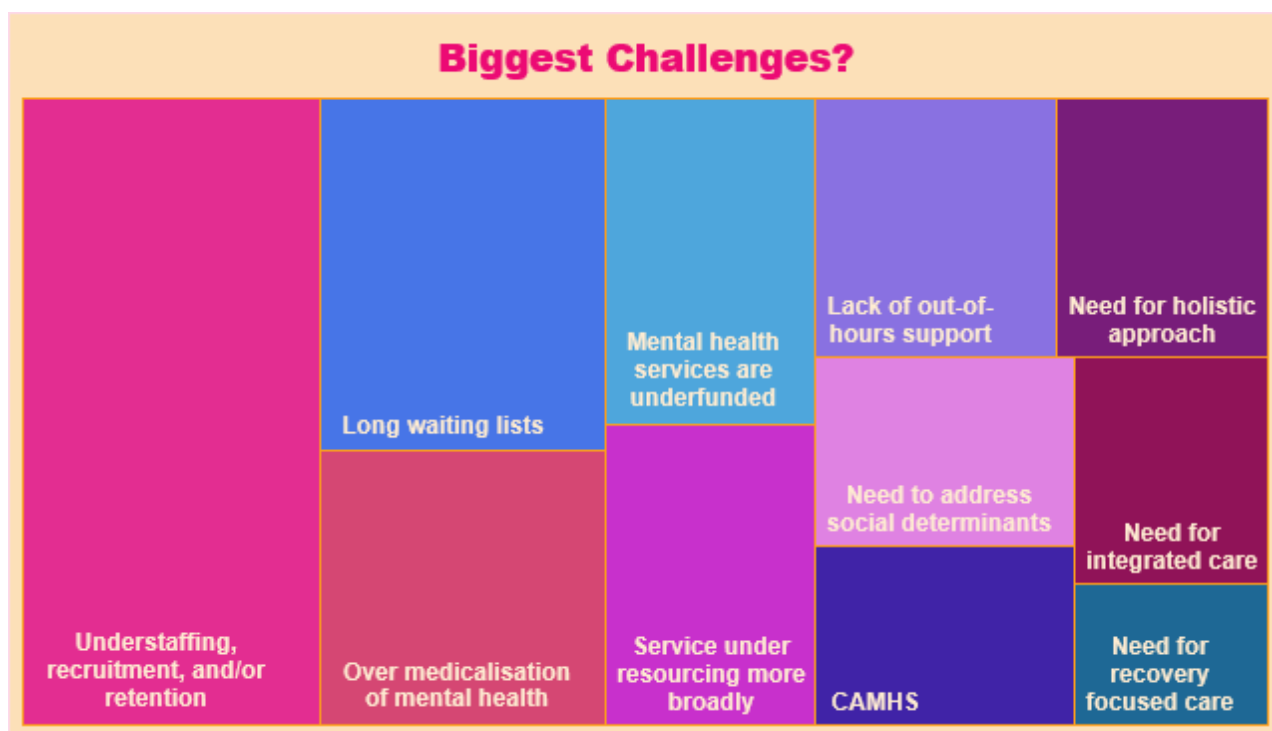
Of those who responded to this question:

- **24%** (n=49) specifically mentioned the **efforts of staff working across the mental health sector**, acknowledging their hard work, empathy, and care they received.
- **16%** (n=33) **felt that little to nothing was working well**
- **11%** (n=23) mentioned **increased awareness and de-stigmatization of mental health difficulties**
- **11%** (n=33) felt that **the available services were good, once they were accessed. However, many highlighted that gaining access was a significant challenge.**
- **6%** (n=13) **highlighted the importance of services and work being done by the voluntary and charity sector**
- **6%** (n=12) specifically **mentioned services in their own area were good**, but it was acknowledged that **other postcodes may have different experiences.**
- **5%** (n=10) highlighted **WRAP or Recovery Programmes.**
- **5%** (n=10) felt that **services in the private sector worked well**
- **4%** (n=8) mentioned **psychotherapy/talk therapy/counselling** was beneficial

Biggest Challenges

Participants were given an opportunity to share what they felt were the biggest challenges in terms of mental health services in Ireland. 94% (n=212) took this opportunity and shared their opinion. The chart below gives an overview of their responses to this question, with the size of each section being proportionate to the number of respondents who mentioned that theme.

As you'll see from the chart below, understaffing and under-resourcing of mental health services emerged as a very strong theme.



Of those who responded to this question:

- **32%** (n=68) specifically mentioned **understaffing, recruitment, and/or retention** was one of the biggest challenges.
- **12%** (n=23) referenced **service under resourcing more broadly**, for example the limited number of beds, the need for more service availability, etc. (#138)
- **12%** (n=25) specifically **felt mental health services are underfunded**.
- Additional themes emerged, including **long waiting lists**, the **need for emergency/out-of-hours services**, **over medicalisation**, the **need for integrated care & a holistic approach**, the **need to address social determinants of mental health**, and **CAMHS**.
- **17%** (n=37) participants felt **long waiting lists** are one of the biggest challenges.
- **11%** (n=23) specifically brought up the **lack of emergency or out-of-hours** mental health supports as a challenge.
- **14%** (n=29) of participants brought up **over medicalisation** of mental health as a challenge
- The need for **integrated care (8%, n=16)**, a **holistic approach to mental health (9%, n=20)**, and **recovery focused care (5%, n=10)** were also brought up.
- **8%** (n=18) highlighted the need to **address social determinants** of health and mental health, such as **housing, cost of living, and environmental factors**.
- **8%** (n=17) specifically highlighted **CAMHS** Services as a challenge

Regional Health Areas and the Postcode Lottery

Waiting lists mean that services are non-existent. Mental health services need to be available when needed. Service delayed is service denied."

Public Pre-Budget 2024 Survey Respondent

The move to Regional Health Areas (RHAs)/HSE Health Regions¹⁷ promises to ensure that everyone has access to the same quality of care no matter where they live.¹⁸ The need for consistency of service provision is particularly pronounced in the area of mental health, given that there is a clear postcode lottery of service provision. Across all the Community Health Organisations (CHOs) there is huge variability in staffing levels, types of specialist services available and length of waiting lists.

MHR agrees that a move to population-based service provision will be a positive development. It is regrettable that the Central Statistics Office's Census data on mental health and disabilities is not yet available at the time of writing but we would urge the Government to pay attention to the publication of this data on 28th September 2023.¹⁹ We do know that Ireland's population has increased by 8% since the 2016 Census, meaning that there is a larger population base that all health services need to serve.²⁰ The move to RHAs and population-based resource provision²¹ will be hugely important for the priority groups in *Sharing the Vision* (as outlined below). How can the Government and the new CEO of the HSE ensure that RHAs place mental health programmes such as early intervention in psychosis on the same parity of esteem as cancer screening programmes? Recovery is different for everyone and the outcomes may not be as accurately measurable for provision of mental health services, but what is the cost of not providing these services?

The inconsistency of care in the Child and Adolescent Mental Health Services (CAMHS) in particular has been highlighted repeatedly in the last number of years. Most recently, the [Mental Health Commission's \(MHC\) report on CAMHS](#), published in July 2023, showed wide variations in the services delivered depending on the region. The inspector states that "*It is difficult to see this as anything except a postcode lottery for children and their families in the treatment that they receive.*"²²

In order for the potential of RHAs to be realised and for the Sláintecare recommendation to come to fruition, there is a need for strategic oversight and accountability across the new structure. Mental health must be placed on a parity of esteem with physical health and the opportunity exists right now to finally improve outcomes for people accessing services.

Investment not a Cost

In addition to the international, human-rights based imperative to invest in mental health, the economic argument for investment in mental health is 'incontrovertible', according to a study undertaken by the [Think-tank for Action on Social Change \(TASC\)](#).²³ This study, launched in February 2023, highlighted that while Ireland significantly reduced the number of psychiatric hospital beds (70% reduction over the past twenty years), issues with delivery structures, workforce planning, increased demand and significant underfunding have resulted in long waiting lists and a lack of access to services in the community. The European Commission has also stated recently that "*Better mental health is both a social and an economic imperative*"

¹⁷ [Organisational Reform HSE Health Regions; Implementation Plan July 2023](#)

¹⁸ [HSE.ie](#)

¹⁹ <https://www.cso.ie/en/census/census2022/census2022publicationschedule/>

²⁰ <https://www.cso.ie/en/census/>

²¹ ['Towards Population Based Funding for Health: Model Proposal'](#)

²² [Mental Health Commission's \(MHC\) report on CAMHS](#), (p. 56)

²³ [TASC \(2023\): Is an EU-wide approach to the mental health crisis necessary?](#)

and that “**The cost of non-action on mental health is already significant and unfortunately, it is forecasted to rise even more, in line with global stressors**” [original emphasis] (p.1).²⁴

While Ireland does not have any comprehensive economic analysis on the return on investment into all mental health initiatives, there is a strong evidence base for the cost-effectiveness of certain mental health interventions, both nationally and internationally. For example, for every €1 invested in the early intervention in psychosis (EIP) National Clinical Programme, it saves the Irish economy €18 and is referred to as an ‘invest to save’ programme.²⁵

Research into the cost effectiveness of the National Clinical Programme in Suicide/Self-harm is ongoing until August 2023 and will hopefully help to establish a framework for evaluating other services in mental health.²⁶ In the UK, the economic cost of poor mental health and the cost benefit of investment has been explored more thoroughly.^{27,28} For example, it is reported that, conservatively, poor mental health costs the UK approximately £118 billion a year. While there are still knowledge gaps on the cost effectiveness of some wider social programmes, there is evidence that a broad range of preventative and early intervention mental health programmes significantly reduce costs to the economy.²⁷ MHR members provide many of these vital services such as information & sign-posting, psycho-education, self-help & positive mental health, peer support, helpline/crisis support, therapy/counselling, recovery/social inclusion support programmes, capacity building and advocacy.²⁹

The argument for investing in mental health support has never been stronger, particularly in light of the risk of the long-term mental health effects of the pandemic.³⁰ As stated in MHR’s [Pre-Budget Submission 2023](#), we cannot let mental health be the forgotten crisis of the pandemic. Funding allocations to mental health are an investment, not a cost.

I. Voluntary and Community Mental Health Sector

“The current funding model, through ad hoc annual funding, is piecemeal in approach, inadequate and unsustainable. The shortage of multi-annual funding stifles ambition, impacts our ability to recruit and retain staff and hampers the development of sustainable solutions that are needed now”

Mental Health Reform Member – Pre-Budget 2024 Survey Respondent

²⁴ [Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions; On a Comprehensive Approach to Mental Health](#)

²⁵ PQ Number: 26679/22, 25th May 2022. [HSE Response](#).

²⁶ Griffin, E. (2021). [Evaluation of the impact and implementation of a national clinical programme for the management of self-harm in hospital emergency departments: study protocol for a natural experiment](#)

²⁷ [Mental Health Foundation \(2022\). The economic case for investing in the prevention of mental health conditions in the UK \(Summary\)](#)

²⁸ [Public Health England \(2017\). Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Ill-Health](#)

²⁹ [Brave New Connections \(2022\). Report 2: Resetting the Non-Profit Voluntary and Community Mental Health Sector After the Pandemic.](#)

³⁰ McDaid D (2021). Viewpoint: Investing in strategies to support mental health recovery from the COVID-19 pandemic. *European Psychiatry*, 64(1): e32.

“Charities seem to carry huge amounts of work to a fantastic standard with less resources e.g. AWARE, AsIAm, Pieta House, The Samaritans etc. The reliance on the non-profit sector is becoming a corner stone of HSE Community MH services and a lifeline for patients. Leaflets of charity organisations details are given out in case you need support before your next MH appointment which may be months away.”

Public Pre-Budget 2024 Survey Respondent

1. Increased Funding

“Almost 60% of survey respondents will not have sufficient funding to provide their existing services in 2023”

The Wheel's Policy Survey Report 2023

The voluntary and community mental health sector plays a significant role in supporting the State in the provision of services for people with mental health difficulties. For example, some of MHR's member organisations are named by the HSE as organisations that assist with the waiting list issues in CAMHS through their provision of early intervention and prevention.³¹ There are also over 20 NGO partners who have a role in the implementation of *Connecting for Life*, Ireland's suicide prevention strategy.³²

The [Dialogue Forum with Voluntary Organisations](#), setup in 2020, was a very welcome development to improve the relationship between voluntary and community and State services. The 'Partnership Principles'³³ highlight the mutual interdependence between the State and voluntary sectors in Ireland and that the voluntary and community sector needs to be treated as an equal partner. Making better use of the mental health services offered by the voluntary and community sector is also a central aim of *Sharing the Vision*.³⁴

Despite the vital role of the sector, the funding provided is often insufficient to meet the increased demand experienced since the pandemic, the higher costs experienced in the last number of years due to inflation and the difficulties around staff recruitment and retention. The [Wheel's Policy Survey Report 2023](#) states that "Almost 60% of survey respondents will not have sufficient funding to provide their existing services in 2023" (p.1). The challenges faced by this sector, particularly in relation to unsustainable funding and the recruitment and retention of staff, cannot be over-emphasised.

The Minister of State for Mental Health and Older People has stated that one important factor for consideration when it comes to funding allocations within the voluntary and community mental health sector is 'evidence of need'.³⁵ MHR would like to highlight just how extensive the need is for increased, sustainable funding for the voluntary and community mental health sector, and provide supporting evidence and case studies to illustrate this point.

³¹ [PQ 17711/23](#)

³² [National Office for Suicide Prevention Annual Report 2022](#)

³³ [Partnership Principles; Building A New Relationship between Voluntary Organisations and the State in the Health and Social Care Sectors](#)

³⁴ Department of Health (2020) *Sharing the Vision; A Mental Health Policy for Everyone*.

³⁵ [PQ 28311/23](#)

Brave New Connections Survey Data

The [Brave New Connections](#) (BNC) project (2021 – 2022) was a collaborative initiative led by MHR. The project supported capacity-building for non-profit Voluntary and Community Sector (VCS) mental health organisations, focusing on areas where they adapted and responded to the challenges of the Covid-19 pandemic.

MHR's Innovation Team are currently working on phase 2 of our 'Brave New Connections' (BNC) project. 'BNC 2.0' will support the Voluntary and Community Sector in the reset after the pandemic. As part of this work, a survey has been circulated with the non-profit mental health sector which aims to take stock of the extent and nature of change in service provision within the sector, identify examples of innovation and good practice, and document challenges organisations may be facing in this context.

Analysis of the data is ongoing but some preliminary results indicate the need for increased funding of the voluntary and community mental health sector to ensure services are maintained and developed, and that gaps in digital inclusion are addressed. Over 50 organisations responded to the survey.

66.7% of respondents have seen an increase in the overall volume of people supported by their services since implementing digital approaches following the Covid-19 pandemic. Over 80% said that digital divide barriers were an issue for them.

When asked about what supports would assist in developing digital supports and mental health innovation **61% of respondents cited funding as an enabling factor**. While organisations adapted very quickly throughout the pandemic, sustainable funding and other capacity-building supports are now required to ensure that organisations have the necessary digital infrastructure and staff skills to continue providing these services.

Case Studies – Increased Demand

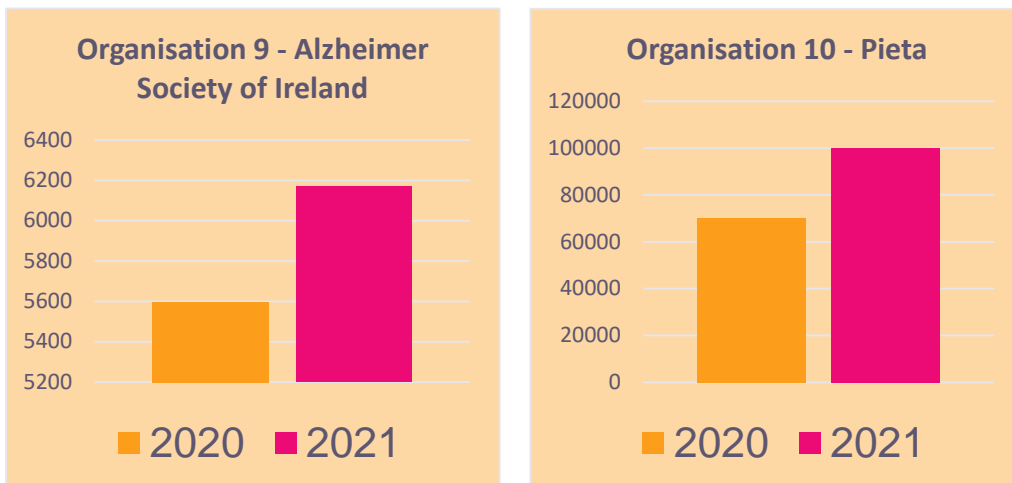
Below is a snapshot of the increased demand faced by ten of MHR's member organisations. As many of the annual reports for 2022 of our members are not available at the time of writing the following data compares statistics from 2020 and 2021 of their annual reports under the categories of 'Individual therapeutic appointments delivered' and 'No. of helpline contacts'.

The organisations represented in the graphs below, in order of appearance (and alphabetical order within each category), are: Association for Agency-Based Counselling and Psychotherapy in Ireland (AACPI), Cork Counselling Services, Fighting Blindness, Helplink Mental Health, Irish Society for the Prevention of Cruelty to Children (ISPCC), Jigsaw, MyMind, Shine, the Alzheimer Society of Ireland and Pieta. Mental Health Reform has 81 member organisations, many more of whom are also experiencing increased demand. These graphs are just to give a sample representation of this increase across the sector.

Individual therapeutic appointments delivered (2020 vs 2021)



No. of helpline contacts (2020 vs 2021)



Reference for chart data³⁶

As stated above, these charts are only a sample of the increased demand being experienced across the sector. The annual reports of many of [MHR's member organisations](#) show an increased demand for their multitude of services. These figures also only represent the increased demand on these members' existing services and do not even include the additional services many of our members have developed during this time to meet emerging needs. MHR's members are not only reporting an increased demand, but also a change in the type of demand such as increased complexity and also increases in child and adolescent access in particular for some organisations.

2. Sustainable Funding

Recommendation 14 of *Sharing the Vision* states that "*Where Voluntary and Community Sector organisations are providing services aligned to the outcomes in this policy, operational governance and **funding models should be secure and sustainable***" [emphasis added].³⁷

In addition to the increased demand outlined above, the voluntary and community mental health sector are often dealing with all these challenges without multi-annual funding. This poses enormous challenges in terms of service provision, staff recruitment and retention and ensuring the sustainability of what can often be life-saving services.

Speaking at the launch on the 'Partnership Principles for the Health and Social Care Sectors' in April 2023, the Minister for Health, Minister Donnelly, recognised that the community and voluntary sector is an "*essential partner in health delivery, given that 25% of the State's health and social care is delivered by the Voluntary Sector*". Bernard Gloster, CEO of the HSE reinforced this at the launch when he stated that the, "*Health Service can't achieve what it wants without a vibrant and functioning Voluntary Sector*", while recognising that "*principles of*

³⁶ Annual Reports 2020 and 2021 of Organisation [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#) – all hyperlinked

³⁷ Government of Ireland (2020) *Sharing the Vision: A Mental Health Policy for Everyone*

subsidiarity are critical...but issues of sustainability a major challenge for voluntary sector agencies” [emphasis added].³⁸

MHR notes the importance of transparency and good governance in the charity sector. We were delighted to win the [Good Governance Award](#) in 2022. In order to be compliant with all necessary (and vital) procedures, reporting requirements and legal requirements and to continue delivering their services, NGOs need to be able to fund the core running costs such as staff costs, rent and rates, accessibility costs, translation costs, etc.

A report published by the Wheel and TASC in June 2023, entitled [The Future of Public Service Delivery by the Community & Voluntary Sector](#) that examines staffing levels, service demand and funding among hundreds of voluntary and community sector organisations states that “*Some organisations surveyed in the research reported up to 33% turnover rates*” (p. 4). Continuity of care and continuity of the staff providing that care is of particular importance in mental health service provision. Furthermore, the stress placed on organisations from having a turnover rate of that magnitude cannot be understated.

MHR echoes the [Budget asks](#) of the Wheel in their campaign on ‘[A Budget for Civil Society](#)’, particularly ask no. 2 that calls for multi-annual (three to five year) funding for the sector. Schemes such as Pobal’s [Scheme to Support National Organisations](#) (SSNO) 2022–2025, which aims “*to provide multiannual funding towards the core costs of national, community and voluntary organisations in Ireland*”, and previous schemes by TUSLA that funded 28 counselling agencies on a 3 year multi-annual basis, have demonstrated that a multi-annual approach is possible and significantly more effective.³⁹

[The Wheel](#) have been calling for a 15% salary increase for the voluntary and community sector given the discrepancy between pay rates to collapse the two-tier system of pay between the State and voluntary and community sector services.⁴⁰ With the allocation to community mental health organisations sitting at approximately €80 million per year⁴¹, a 15% increase would amount to an approximately €12 million additional allocation per year to address the two-tier pay discrepancy alone. The voluntary and community mental health sector would also need to be allocated development funding to meet the increased demand for their services in the last number of years. MHR is calling for an additional €25 million to be allocated to the voluntary and community mental health sector in Budget 2024.

Voluntary and Community Mental Health Sector Recommendations:

- **Increase funding** to the voluntary and community mental health sector (including youth mental health services) by €25 million in line with increased demand and inflation (€12 million to address pay disparity and €13 million development funding)
- Provide **multi-annual sustainable funding** to the voluntary and community mental health sector

³⁸ <https://www.disability-federation.ie/news/press-releases/2023/04/26/community-and-voluntary-sector-welcomes-new-partne/>

³⁹ https://www.tusla.ie/uploads/content/Family_Support_Agency_Annual_Report_2013.pdf

⁴⁰ <https://www.wheel.ie/news/2023/06/wheel-tasc-report-calls-immediate-state-funding-charities-prevent-looming-collapse>

⁴¹ PQ Number [33707/23](#)

II. Programme for Government: Our Shared Future

“...we should aim to become an international leader in supporting and caring for people with mental health needs.”

Programme for Government (p. 48)

Budget 2024 is possibly the last Budget cycle for this Government to take action on realising its aim of delivering progressive, well-resourced mental health services. The following are some of the promises made by the Government to be delivered by 2024:

3. **Time for Ten:** 10% of the health budget being allocated to mental health – as promised in Sláintecare⁴² by 2024
4. **Leadership:** National leadership role for mental health
5. **Legislative Reform:** Funding legislative reform – Draft Heads of Bill to reform Mental Health Act, 2001 due to be introduced in 2023
6. **Advocacy:** Fully funded, nationally available, independent advocacy service in mental health for all ages

3. Time for Ten (10%)

“We will examine, in advance of Budget 2022, appropriate funding measures to support the implementation of Sláintecare”

Programme for Government (p. 24)

“Inadequate funding and a consistent failure to not fund new developments properly. 5% of the health budget is not enough... and this needs to be addressed”

Public Pre-Budget 2024 Survey Respondent

As stated in the Introduction, 2024 is possibly the last budget that the current Government will deliver, making it an opportune time for this Government to leave a legacy of fulfilling its commitments to mental health. We also know that Ireland’s fiscal position is currently strong⁴³, and that mental health is an area that could pose a fiscal risk in the long-term if not adequately resourced in Budget 2024, especially when we consider the mental health impacts of the pandemic and climate change.²⁴

The increased demand for mental health services over the last number of years (particularly since the onset of the Covid-19 pandemic) has been well documented. In CHO 9, the demand for Primary Care Psychology services has grown 40% since 2019 because of increasing need⁴⁴, the number of young people (under 18) in receipt of clinical psychology services in

⁴² [Sláintecare Report \(2017\)](#)

⁴³ [OECD. Economic Survey of Ireland](#)

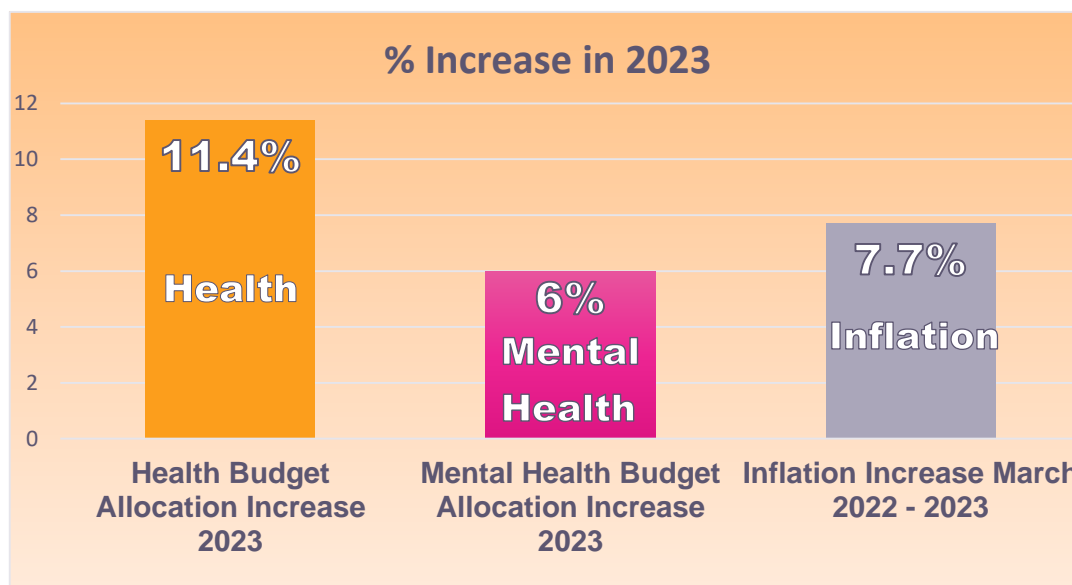
⁴⁴ [PQ 10027/23](#)

Ireland increased by 154%, from 488 in 2019 to 1,238 in 2020⁴⁵ and the national waiting list for CAMHS has almost doubled since 2019, with 4,490 on the waiting list as of March 2023.⁴⁶

This increased demand was also predictable, with Irish mental health clinicians warning in 2020 that “*The psychosocial footprint associated with a major emergency is typically larger than the medical footprint*”.⁴⁷ And yet the funding for mental health services has remained at less than 6% of the overall health budget (5.1% in 2023).⁴⁸ It is important to note that the health budget spend was already running €313 million ahead of profile by July 2023 due to increased demand on services.⁴⁹ The increased demand on mental health services is clear. We need to prevent the continuation of under-resourcing in mental health services in 2024.

MHR acknowledges and welcomes that last year’s additional mental health allocation (€72.8M) was the largest ever single-year commitment to mental health in the history of the State and commend the Minister of State for Mental Health and Older People on the work that went into securing this allocation. However, this must be taken in context. Firstly, inflation rates and the cost of living mean that costs are higher. Secondly, as discussed at the beginning, the psychosocial impact of the pandemic is significant and increased demand on services that were already under-funded means that funding allocations need to increase dramatically to match the demand. Finally, the health budget increased by 11.4% in 2023 (total of €21bn allocated in 2022⁵⁰ and €23.4bn in 2023⁵¹) while the mental health budget only increased by 6% (€1.149bn in 2022 and €1.2198bn in 2023). Inflation also rose by 7.7% between March 2022 and March 2023.⁵² Thus, the increase in the mental health allocation did not even match inflation, not to mind the increased demand, as illustrated in the graph below.

The 2023 mental health funding allocation in context



⁴⁵ Government of Ireland (2023). [The Mental Health of Children and Young People in Ireland](#)

⁴⁶ 92% increase between [Dec 2019](#) and March 2023 (PQ 23533/23)

⁴⁷ [Mental health impacts of COVID-19 in Ireland and the need for a secondary care mental health service response](#), p. 1

⁴⁸ Budget 2023 Mental Health allocation was €1.2Bn (additional €72.8M), Health allocation was €23.4Bn = 5.1%

⁴⁹ [Department of Finance \(2023\) Fiscal Monitors 2023](#)

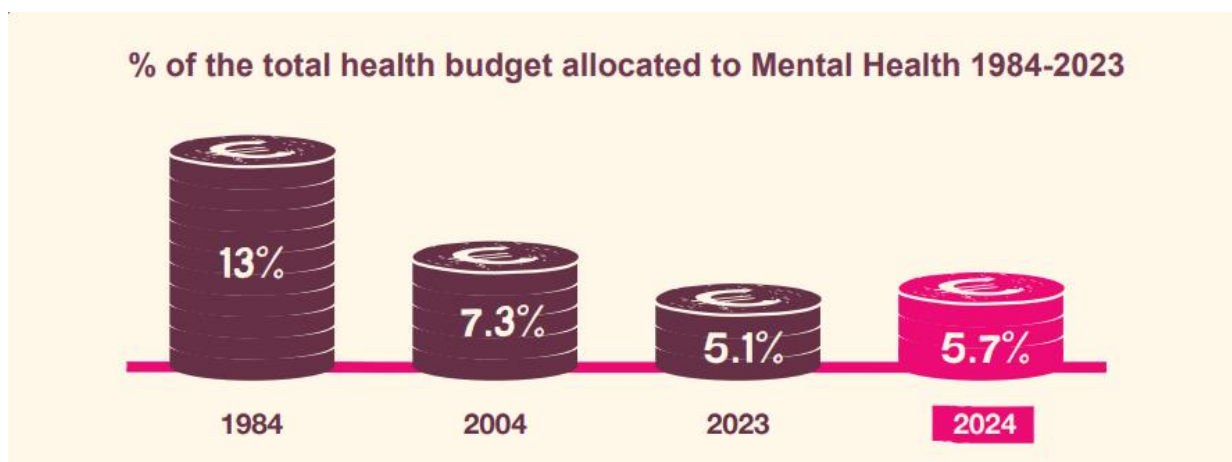
⁵⁰ [Gov Press Release Budget 2022](#)

⁵¹ [Gov Press Release](#)

⁵² Central Statistics Office. [Consumer Price Index March 2023](#)

Furthermore, the percentage of the health budget allocated to mental health has continued to fall over the decades. It has remained stagnant at between 5 and 6% since the publication of the [Programme for Government: Our Shared Future](#) in 2020 (6% in 2020⁵³, 5.4% in 2021⁵⁴, 5.5% in 2022, 5.1% in 2023) which promised to raise the funding allocation to 10% in line with Sláintecare. Ireland's mental health allocation percentage is less than half of international standards. For example, the UK has spent between 13% - 14% of its health budget on mental health between 2016 and 2022.⁵⁵ On top of this, the UK also has a long-term funding commitment plan to increase its funding allocations to mental health, with a commitment to spending at least £2.3bn more a year on mental health care.⁵⁶ Ireland's commitment to mental health funding is to increase it to 10% of the health budget by 2024.⁵⁷ Despite this commitment, the percentage funding levels have continued to fall, as evidenced in the graph below.

Funding allocated to mental health as a percentage of overall health budget 1984 – 2023



Reference for figures⁵⁸

As mentioned in the Introduction, it is inappropriate to use the narrative that additional funding is not required in mental health. This is untrue and creates a dangerous narrative that services won't be available when needed. MHR recognises that there are small proportions of other Departmental budgets that may provide some small scale mental health interventions. For example, the Department of Housing has recently launched the [implementation plan](#) for the National Housing Strategy for Disabled People which will require the support of nationally available Housing Coordinators in Mental Health (see Action 2.1.1). The implementation plan commits to having nine Housing Coordinators (one per CHO) in place by Q3 of 2023.⁵⁹ This need to prioritise housing was mentioned in our Public Pre-Budget Survey 2024: *“Lack of appropriate independent and semi-independent housing options is a huge challenge for people trying to recover. There needs to be a huge amount of funding put into this and recovery programmes.”* MHR has also previously called for increasing the numbers of Tenancy Sustainment Officers across the country (see our [PBS 2023](#)). However, the Government's

⁵³ WHO [Mental Health Atlas 2020](#)

⁵⁴ <https://www.oireachtas.ie/en/debates/question/2021-09-21/614/>

⁵⁵ NHS Mental Health Dashboard Q4 2021/2022, available [here](#)

⁵⁶ <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/>

⁵⁷ [Sláintecare Report \(2017\)](#) and [Programme for Government: Our Shared Future](#)

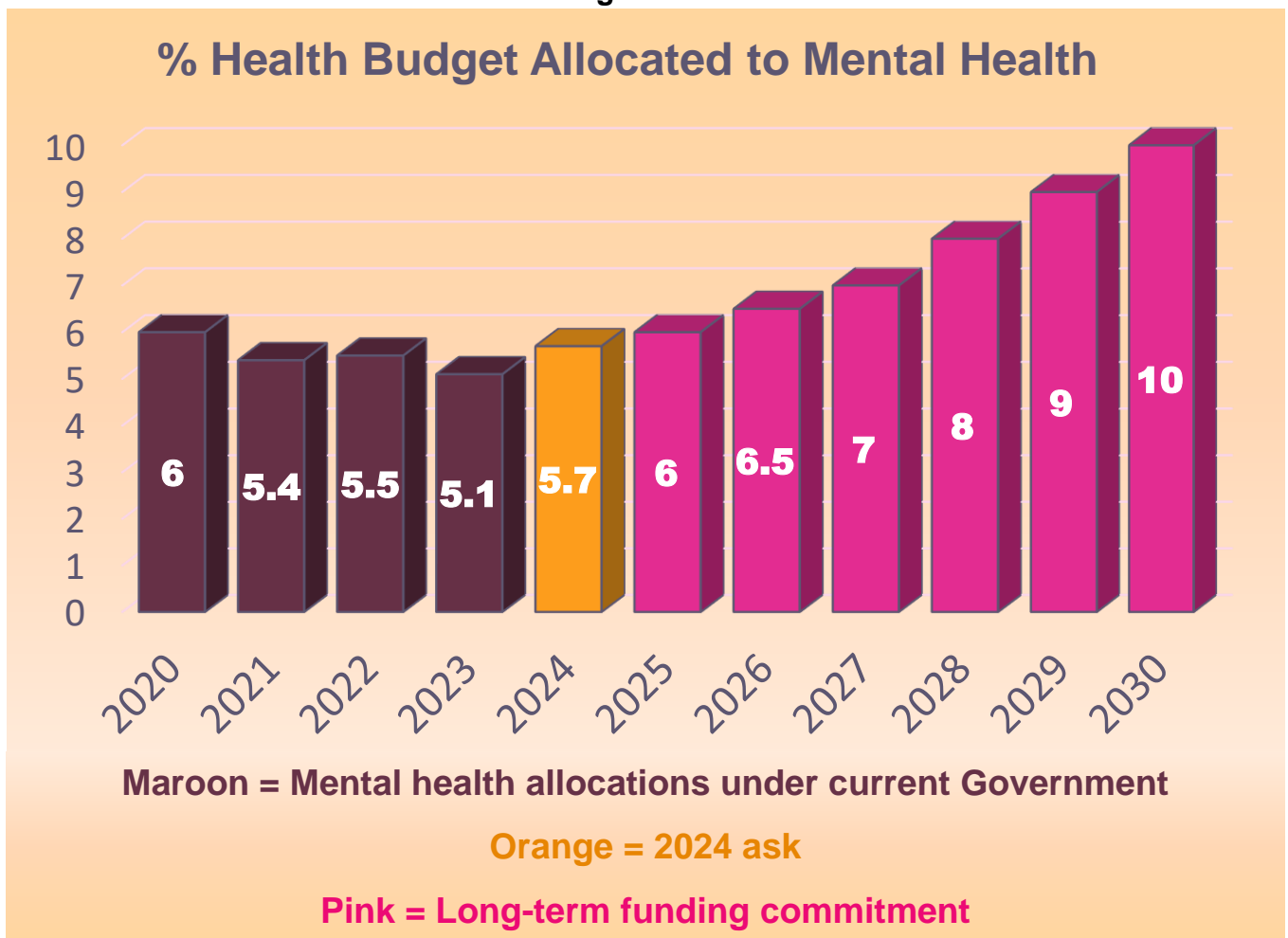
⁵⁸ [Appendix 17 A Vision for Change and Budget 2023 \(€1.2m Mental Health Budget/€23.4bn Health Budget\)](#)

⁵⁹ <https://www.gov.ie/pdf/?file=https://assets.gov.ie/261428/a4456f62-b90c-4bec-8147-61a8ad9c886f.pdf#page=null>

own targets state that, at the very least, 10% of the overall health budget should be allocated to mental health.

MHR is calling on the Government to commit to a long-term funding strategy in mental health given the urgent need to address the increased demand and chronic underfunding of services. The NHS's Long-term Plan and in particular their ring-fenced funding commitment to mental health can serve as an example in this regard.⁶⁰ The graph below sets out a proposed incremental increase to the mental health allocation year on year so that the Government's own commitment to 10% can finally be realised. The proposed increases are incredibly modest, especially given the fact that the Government's own commitment is to deliver on the 10% allocation by 2024.

Long-term funding commitments to mental health as a percentage of overall health budget 2020 – 2030



Reference for figures⁶¹

It's time for the Government to commit to long-term mental health funding, it's time to address the psychosocial impact of the pandemic, it's time for funding levels to match

⁶⁰ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>

⁶¹ WHO [Mental Health Atlas 2020, PQ 44934/21](#), [Gov Press Release Budget 2022](#), [Gov Press Release Budget 2023](#), Appendix 17 A Vision for Change and [Budget 2023](#) (€1.2m Mental Health Budget/€23.4bn Health Budget)

the increased demand, and it is time for 10% of the health budget to be allocated to mental health.

4. Leadership

As stated in the Introduction, the CEO of the HSE has promised to create a leadership position in mental health.⁷ The Programme for Government also lists a “*National Director for Mental Health in the HSE*” (p. 49) as part of its implementation plan in mental health. Despite this commitment, there has been no National Director for Mental Health since 2016.⁶² The Mental Health Commission, in their review of CAMHS published July 2023, recommended that a national leadership role for Mental Health in the HSE should be reinstated “*as a matter of urgency*”.⁶³

This role is necessary for strategic overview, leadership and accountability in the improvement of access to mental health services across the country, especially given the postcode lottery experienced in mental health (as discussed above). 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 2024 to enable this role to be filled imminently.

The two new roles in the HSE, Youth Mental Health Assistant Director and the National Clinical Lead for Youth Mental Health (2.5 days/week) are very welcome. These posts are essential to ensuring leadership in the improvement of mental health services for children and young people. MHR welcomes the announcement of the appointment of Dr Amanda Burke as the first ever National Clinical Lead for Youth Mental Health in July 2023.⁶⁴ We would urge the Government to prioritise the commencement of the Youth Mental Health Assistant Director without delay and to ensure there is a dedicated team funded to support this office.

In addition to these roles, there needs to be a national leadership role for mental health. Unless mental health is prioritised in the HSE and central to all decision-making then the necessary changes may not happen. There is no health without mental health.

The estimated cost of appointing a national leadership role in mental health (as of March 2022) is € 204,894.⁶⁵

5. Legislative Reform

The Draft Heads of Bill to reform the Mental Health Act, 2001 were down for priority drafting in [Government Spring Legislation Programme 2023](#). The reform of the Mental Health Act, 2001 is a key step in the transition towards person-centred, recovery-focused, human rights compliant services, as set out in our national mental health policy, *Sharing the Vision*. We now have an opportunity to be world leaders in the delivery of mental health legislation that adequately protects people’s human rights, and respects their will and preferences. For more

⁶² <https://www.oireachtas.ie/en/debates/debate/dail/2023-01-31/16/>

⁶³ Mental Health Commission. Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services; [Recommendations](#), p. 1

⁶⁴ <https://www.gov.ie/ga/preasraitis/00429-minister-butler-welcomes-appointment-of-dr-amanda-burke-as-first-ever-clinical-lead-for-youth-mental-health/>

⁶⁵ <https://www.hse.ie/eng/about/personalpq/pq/2022-pq-responses/february-2022/pq-8174-22-mark-ward.pdf>

on the importance of reform, please see MHR's 'Reasons for Reform' two-pager, found [here](#) and our video on the reform of the Mental Health Act, 2001 [here](#).

The biggest challenge will not just be the passage of the legislation (although that is significant) but in the translation of high level strategic change into operational work programmes that make real difference. There are many proposed changes in the legislation that will require significant financial backing to ensure that progressive reform can be realised. For example, 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 process increasing year on year (32% in 2020, 35% in 2021, 36% in 2022). In the [Mental Health Commission's Annual Report 2022](#), the CEO of the MHC stated that *"It was very disappointing to see again in 2022 that the majority of applications to involuntary detain from the community was by An Garda Síochána as opposed to a health care authorised officer"* (p. 5).

In November 2021, the Minister of State for Mental Health and Older People also highlighted the resource needs of this legislation:

*"Some of the legislative changes proposed in the General Scheme, such as the expansion of the Authorised Officer role, will have a direct impact on resources. Resources will also be required for the hiring of new Authorised Officers, training for new and existing staff, and information to be provided to members of the public about the new provisions in the updated Act prior to its commencement."*⁶⁶

Budget 2024 needs to resource the implementation of the reformed legislation to be able to achieve the Programme for Government commitments to *"Reform the Mental Health Act 2001"* (p. 78) and *"Increase the number of Authorised Officers to support families, in line with the Expert Group on the Review of the Mental Health Act 2001"* (p. 49).

6. Independent Advocacy Service

MHR has repeatedly highlighted 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) (Amendment) Bill (2021) and highlighted the advocacy needs for people with mental health difficulties.⁶⁷ MHR also sits on the *Sharing the Vision* Working Group on Advocacy (Recommendation 65).

It's crucial that people have access to someone who can support them to understand their rights, navigate the mental health system, and help them advocate for their needs. People receiving mental health care on a voluntary basis currently do not have basic rights to information and advocacy. This can leave them feeling unsupported and without a voice in their own care.

Recommendation 92 of our national mental health policy, *Sharing the Vision*, states that *"a range of advocacy supports including both peer and representative advocacy should be available as a right for all individuals involved with the mental health services"*. Article 12 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) outlines that state parties need to take appropriate measures to support people in exercising their legal capacity. Advocacy can function as one such support.

⁶⁶ <https://www.oireachtas.ie/en/debates/question/2021-11-16/648/>

⁶⁷ Please see our report to the Committee [here](#)

Peer Advocacy in Mental Health⁶⁸ offers a peer advocacy service to individuals across the country, prioritising services to individuals in acute inpatient units. The National Advocacy Service have also reported that those with mental health difficulties are the second highest cohort of people accessing their services.⁶⁹ However, advocacy is not nationally available, nor do people who are under 'voluntary status' in an inpatient setting have a statutory right to advocacy under our current legislation.

Age-appropriate mental health services are also required so MHR is calling for the establishment of a youth mental health advocacy service. The National Youth Mental Health Task Force Report (2017)⁸⁶ also advised that “*An independent National Youth Mental Health Advocacy and Information Service should be established.*” (p.8)

The [Maskey Report](#) into South Kerry CAMHS has highlighted the importance of an independent advocacy service for children. 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).⁷⁰ 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. In the [concluding observations](#) from Ireland’s next review under the UNCRC in January 2023, the committee had to once again urge the State “*To allocate sufficient resources for the expansion of the mental health advocacy and information service for children*”. The State Report⁷¹ on the UNCRC from February 2022 outlines Ireland’s commitment to developing such a service.

Youth Advocate Programme Ireland provide independent advocacy in the adolescent inpatient unit and Community teams in CHO2 West, to the Linn Dara inpatient unit, and in the Ginesa Suite in Saint John of God Hospital.⁷² However, this service is not yet nationally available.

MHR sits on the working group for Recommendation 65 of *Sharing the Vision*, which is in the process of conducting a gap analysis of advocacy in mental health. An independent consultant is currently undertaking the gap analysis. While this analysis is not yet published, the evidence is pointing to the need for Ireland to legislate for an automatic right to independent mental health advocacy for all persons accessing mental healthcare in line with international best practice. MHR would urge the Government to pay close attention to this piece of work once it is published later in the year and to allocate funding to establish a national independent advocacy service in Budget 2024. Figures from November 2021 state that the approximate cost of establishing a national advocacy service for mental health is €1.64 million.⁷³

MHR would also re-iterate the need for early intervention and prevention when people express the need or desire to begin talking about their mental health. It will be far more prudent to provide community based early intervention advocacy to ensure that people can access the support they need, when and where they need it, rather than waiting only until people might be in an inpatient setting.

⁶⁸ <https://www.peeradvocacyinmentalhealth.com/>

⁶⁹ <https://advocacy.ie/app/uploads/2023/07/NAS-Annual-Report-2022.pdf>

⁷⁰

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

⁷¹ [State Report to UNCRC](#)

⁷² <https://yapireland.ie/what-we-do-yap-ireland/our-services-yap-ireland/independent-mental-health-advocacy/>

⁷³ Nov 2021 – [PQ response](#)

Estimated cost: €2 million*⁷⁴

Programme for Government Recommendations:

- **Time for Ten:** Allocate 10% of the health budget to mental health by 2030
- **Leadership:** Instate a national leadership role for mental health
- **Legislative Reform:** Fund the legislative reform of the Mental Health Act, 2001
- **Advocacy:** Create a fully funded, nationally available independent advocacy service in mental health for all ages

III. Youth Mental Health

“Lack of staffing across most disciplines, especially for young people where difficulties are emerging (including lack of school based services and CAMHS)”

Public Pre-Budget 2024 Survey Respondent

7. Increased Investment in Youth Mental Health Services

According to the Central Statistics Office 2022, there are 1,201,618 young people under the age of 18 living in Ireland (23.6% of the total population). Ireland also had the highest estimated proportion of children in the European Union (23.9%) in 2021. The EU-27 average was 18.2%.⁷⁵ Thus, the wellbeing of young people needs to be a central focus for the Irish State.

Youth mental health is a critical issue that demands a comprehensive cross-departmental approach. It's crucial to understand that the needs of young people facing mental health difficulties are diverse and the most important and appropriate time for young people to receive support is in the early stages of difficulties arising.

Reportedly, only 2% of young people experiencing mental health difficulties will require the specialised support provided by the Child and Adolescent Mental Health Services (CAMHS).⁷⁶ While recognising the importance of improving and expanding CAMHS, we must not lose sight of the broader landscape of youth mental health. It is equally essential to scale up early intervention and prevention services, many of which are offered by voluntary and community organisations. Mental Health Reform highlighted this in a [letter to the Irish Times](#) in August 2023.

Early intervention and prevention services play a vital role in supporting young people at the first signs of difficulties. The importance of early-intervention and prevention and the consequences of a lack of these services is made very clear in the [Mental Health](#)

⁷⁴ *assuming that inflationary pressures, demographic changes and accessibility costs are taken into account. Under the UNCRC and the UNCRPD children and disabled people must be consulted in the process of establishing services, policies, supports. To enable real and inclusive participation resources must be made available to complement any new services.

⁷⁵ [Mental Health Commission CAMHS Report](#), p. 65 – CSO and Eurostat Database - (europa.eu)

⁷⁶ <https://www.oireachtas.ie/en/debates/debate/dail/2023-01-26/29/>

[Commission's recent report on CAMHS](#). The report states that while there has been some investment into 'upstream' mental health support through voluntary and community organisations, the investment is insufficient. By investing in these services, we can ensure that young people receive the support they need before their challenges escalate. Such services provide a continuum of care and support that is crucial for addressing mental health concerns effectively. Investment in keeping people well, rather than waiting until they are in need of tertiary services is key.

MHR were delighted to attend the National Economic Dialogue Forum 2023 and express our gratitude to the Government for continuing to host such an event. MHR were particularly pleased to hear the Taoiseach promise that "*Child poverty and well-being will be a major theme of Budget 2024. I'll make sure of that.*"⁷⁷ Given that emergency department mental health presentations for children and young people were increasing in recent years, even when overall emergency department presentations for young people were decreasing (2019-2021)⁷⁸, it is vital that funding community based youth mental health services is a central focus in the Taoiseach's commitment to child well-being for Budget 2024.

There have been serious concerns raised about the availability and standards of youth mental health care in Ireland by significant bodies both nationally and internationally. In our [Pre-Budget Submission 2023](#) on the 'Cost of Waiting', MHR highlighted the serious implications of young people being left waiting for mental health services, with 4,294 on the CAMHS waiting list in May 2022. Yet, the waiting list has only continued to increase, with 4,490 children and adolescents on the waiting list in March 2023.⁷⁹ **In fact, the CAMHS waiting lists have almost doubled since 2019.**⁸⁰

In addition to the concerns raised in the [Maskey Report](#), the [Mental Health Commission's independent review reports into CAMHS](#) published in January and July 2023 are a damning indictment of the deepening crisis in our mental health services. The July report stated that "*Access to evidence-based therapeutic interventions by CAMHS, in accordance with needs of children and young people is deficient in many areas*".⁸¹ In February 2023, the Committee on the United Nations Convention on the Rights of the Child (UNCRC) published its concluding observations.⁸² The Committee expressed serious concerns about the inadequate and insufficient mental health services for young people in Ireland. The Committee also explicitly stated that they urge the State "**To ensure the availability of therapeutic mental health services and programmes for children**". (p. 10)

The [Children's Rights Alliance](#), which MHR is a member of, published their [Report Card 2023](#) at the end of February 2023, where an independent panel of experts analysed the Government's performance on their commitment to children. The Government received the lowest grade possible in mental health once again in 2023 for the continued failure to uphold Ireland's duties under international conventions.

In May 2023, young people themselves also raised their concerns and called for further investment in youth mental health in the report '[A Piece of my Mind](#)', carried out by the

⁷⁷ [Opening address by Taoiseach Leo Varadkar at the National Economic Dialogue \(NED\) 2023](#)

⁷⁸ [Statistical Spotlight #10: The Mental Health of Children and Young People in Ireland](#)

⁷⁹ PQ Number: 23533/23

⁸⁰ 92% increase between [Dec 2019](#) and March 2023 (PQ 23533/23)

⁸¹ [Mental Health Commission Independent Review of CAMHS](#), p. 9

⁸²

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FCO%2FIRL%2FCO%2F5-6&Lang=en

Ombudsman for Children, with 2,166 children (aged 12-17) participating. An alarming 78% of participants reported that their mental health was ‘not good’. One participant said:

“Access to mental health services is not good enough. If you struggle with your mental health the system is against you”⁸³

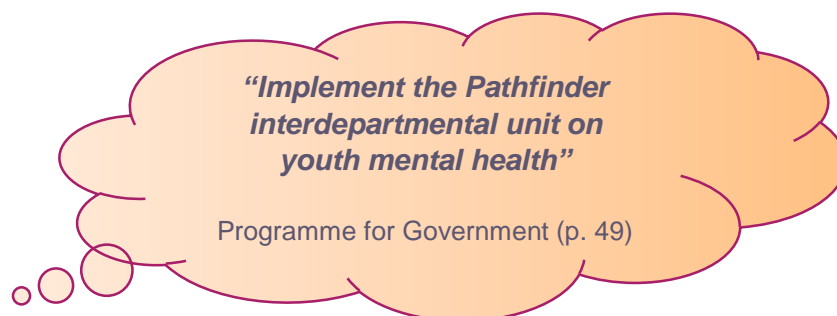
The Children’s Mental Health Coalition (CMHC) exists as an Advisory Committee to Mental Health Reform (MHR) and meets a few times per year to discuss children’s mental health services in Ireland. In light of the serious crisis in youth mental health, the CMHC met in May 2023 to discuss their top priorities for improving youth mental healthcare, in order to act as a support to the Government with addressing this crisis. Below is a summary of the key themes and priorities highlighted during that discussion:

- Implement and Operationalise the Youth Mental Health Pathfinder Project
- Access to independent age-appropriate advocacy services
- Clear, understandable communication

Other areas highlighted at the CMHC meeting included recruitment and retention; trauma-informed care; the regulation of professionals (including art therapists); gender affirming care pathway; appropriate settings in A&E to assess young people who are self-harming (currently no privacy); use of social media; funding for youth work; and implementation of policies already in place.

At this point, there is no doubt that the crisis in youth mental health requires an urgent national coordinated response. The voluntary and community mental health sector is ideally situated to assist in the expansion of youth mental health services being offered in the community if adequate, sustainable funding is allocated to the sector, as outlined above. **MHR is calling for an additional investment of €25 million in the Voluntary and Community Mental Health Sector in Budget 2024.**

8. Youth Mental Health Pathfinder



The Youth Mental Health Pathfinder is an inter-departmental initiative that the Government has promised to deliver in the Programme for Government.⁸⁴ It is a project that is an internal process designed to enable effective collaboration across departments on an issue that spans more than one department, i.e. youth mental health. The Government picked this topic to be one of the three-high-profile pathfinder projects at the heart of its [Civil Service Renewal Plan \(2014\)](#). One of the asks of the Youth Mental Health Pathfinder project was to try and effectively embed a new model of cross-government working using Section 12 of the Public Service Management Act 1997.⁸⁵ The National Youth Mental Health Task Force Report (2017) also

⁸³ [A Piece of my Mind](#), p. 14

⁸⁴ [Programme for Government: Our Shared Future](#)

⁸⁵ <https://health.gov.ie/wp-content/uploads/2017/12/YMHTF-Final-Report.pdf>

advised advancing the Youth Mental Health Pathfinder project.⁸⁶ It is now 2023 and the Pathfinder project has still not been implemented, or indeed even costed, despite this possibly being the last Budget cycle where the Government can resource this initiative.⁸⁷

The Department of Children, Equality, Disability, Integration and Youth's (CEDIY) development of a new framework for children and young people is of utmost importance in ensuring that the needs and rights of children and young people across Ireland are met and that they are provided with the necessary support and resources to thrive. We understand that mental health has been chosen as one of the framework's key spotlight issues, and MHR welcome this important and timely inclusion. This new strategy provides a unique opportunity to integrate cross-departmental plans, policies, and priorities for children and young people across Ireland. We believe that in the area of mental health, this could be most strategically achieved by committing to implementing and operationalizing the Youth Mental Health Pathfinder Project as a key spotlight issue.

Young people face significant barriers in accessing mental health supports due to the complex pathways to care. There is a need to properly triage referrals to the most appropriate and immediate services, which can be challenging. The Pathfinder project is crucial to opening up a more collective approach to youth mental health, facilitating the working together of several key departments, including the Department of Health, The Department of Children, Equality, Disability, Integration and Youth, the Department of Education, and the Department of an Taoiseach. This innovative initiative will make navigating treatment and support mechanisms and programmes an easier process for parents/guardians and young people alike.

MHR believes that CEDIY's framework, combined with the potential of the Youth Mental Health Pathfinder project, has the power to revolutionize mental health support for young people and improve outcomes across the country.

Youth Mental Health Recommendations:

- **Increased Investment in Youth Mental Health Services:** Increase investment in early intervention and prevention services in youth mental health – part of the ask for a €25M allocation to the VCS includes those organisations working with children and young people
- **Youth Pathfinder Project:** Implement and Operationalise the Youth Mental Health Pathfinder Project - ~€800,000

IV. Sharing the Vision

9. Implementation Plan

2024 is the final year of the current implementation plan for *Sharing the Vision* (StV). It is a time to celebrate the achievements so far that have been made in the implementation of this policy. It is also time to allocate sufficient funding so that the remaining milestones can be achieved within their promised delivery time. In their [concluding observations](#) on Ireland's review under the UNCRC in 2023, the Committee urged Ireland to "*significantly increasing the resources allocated for the implementation and monitoring of the mental health policy*". The National Implementation and Monitoring Committee (NIMC) have also noted the importance

⁸⁶ [National Youth Mental Health Task Force Report \(2017\)](#)

⁸⁷ See PQ [9152/23](#) - "*it is difficult to provide an estimate of initial set up costs at this time.*"

of continued investment in StV in Budget 2024 to enable the necessary changes to be realised.⁸⁸

MHR would like to re-emphasise the importance of keeping a focus on the priority groups of this policy, which have been identified as such for a reason. Please see [MHR's PBS 2023](#) for a detailed breakdown of support needs for three of those priority groups; 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.

We would like to share the following quote from one of our member organisations, in response to the Survey MHR sent out on Budget 2024, which captures the need to address the causes and impact of marginalisation:

“We are very much dealing with the outcomes of inadequate accommodation, accepted racism, poor educational attainment, lack of employment opportunities among others. To support Traveller mental health in a meaningful way mental health budgets need to reflect the complex layers that support improving the social determinants of health, embed community development values and address the policies further marginalising the marginalised”

Mental Health Reform Member – Pre-Budget 2024 Survey Respondent

10. National Clinical Programmes

The National Clinical Programmes (NCPs) in mental health provide vital specialist services across a range of areas including Dual Diagnosis, Self-Harm/Suicide, Early Intervention in Psychosis, Eating Disorders, ADHD and Perinatal Mental Health.

NCPs provide career progression opportunities for mental health professionals, enhancing the attractiveness of these careers and likely ensuring greater retention as many allied health professionals in the area had minimum career progression opportunities prior to these programmes. These programmes need to be scaled up to match population needs.

In our 2023 [Pre-Budget Submission: ‘Cost of Waiting’](#), we outlined the additional funding needs of each of the NCPs in mental health and the commitments to the development of these programmes for 2023 under the *Sharing the Vision* Implementation Plan 2022-2024. Promises for the development of these programmes in 2023 under *Sharing the Vision* are outlined below.

National Clinical Programme (in order of appearance in StV)	2023 Commitment - StV Implementation Plan 2022 – 2024
Dual Diagnosis	<p><i>“A tiered model of dual diagnosis service provision will be developed and available”</i> (p. 16) - Domain 2 - Recommendation 21</p> <p><u>2023 Progress?</u></p> <p><u>Sharing the Vision Status Implementation Report Q1 2023:</u> <i>“Recruitment process underway in CHO 4. All support services in place. CHO 3 recruitment process commenced, CHO</i></p>

⁸⁸ [NIMC Sharing the Vision Implementation Status Report: Quarter 1: 2023](#)

	<p>addressing related accommodation issues. For CHO 9, a partial team will be advertised shortly, in partnership with HSE Social Inclusion” (p. 33)</p> <p>Note: There was no additional funding allocated in 2023. The Model of Care was published in May 2023.</p> <p>Under the Women’s Health Taskforce, funding has been received for a 15 month pilot in the area of Dual Diagnosis, entitled the ‘Seeking Safety Programme’. This community based, peer-led, evidenced based intervention, is a present-focused counseling model to help people attain safety from trauma and/or substance abuse. It started in October 2022 and is currently only funded until December 2023. There are 320 women currently accessing the programme, and seven NGOs involved in its implementation. An evaluation report will be available from September 2023 but preliminary evaluation findings show that the programme is having a sustained impact for many participants across a number of domains. This programme needs to be supported with multi-annual funding in order for it to be sustained beyond this year.</p>
<p>Self-Harm/Suicide</p>	<p>“Secure funding to recruit eleven additional clinical nurse specialists as per National Clinical Programme requirements” (p.51) - Domain 2 - Recommendations 22 + 23 - Milestones 2023</p> <p style="text-align: center;">2023 Progress?</p> <p>Sharing the Vision Status Implementation Report Q1 2023: “Three of the six funded 2022 Suicide Crisis Assessment Nurse (SCAN) posts have successfully been recruited and are in post. Two are in the interview process and one is in the process of being reallocated to another service due to recruitment challenges. One service has developed the SCAN service from local CHO funding. A national SCAN steering group has been commissioned and is due to meet end of March. Draft TOR and national operational guidance documents have been developed.”</p> <p>Note: There were no additional SCAN nurses funded in 2023</p>
<p>Early Intervention in Psychosis</p>	<p>“Establish and fund three further EIP teams” (p. 80) - Domain 2 - Recommendation 52 - Milestones 2023</p> <p style="text-align: center;">2023 Progress?</p> <p>“Currently ~19% of people presenting with a first episode of psychosis have access to an EIP Service. However, 0% of children under 18 years old have access to an EIP Team. There are 5 EIP services in place across the HSE. All are at various stages of development and resourcing when compared with HSE EIP Model of Care. The 5 EIP teams are RISE, South Lee & EIST North Lee CHO4 (2 teams), Sligo/ Leitrim/ South</p>

	<p>Donegal CHO 1, DETECT- Dublin, North Wicklow CHO 6, Meath CHO 8.”⁸⁹</p> <p>“Funding from the Women’s Health Taskforce (2022) is supporting the development of the first CAMHS based psychosis service...will be in CHO6 but will be co-located with the existing DETECT EIP service for over 18s.”⁹¹</p> <p>Costs – July 2023⁹⁰</p> <p>“A fully staffed EIP Specialist Team...will cost in the region of €1.6 million.”</p> <p>“We now require a minimum of 3 additional teams each year to achieve national EIP roll out”.</p> <p>“A rolling ring-fenced budget to support mandatory training is required at an estimated cost of 20k/ year”</p> <p>“Capital Costs: Each team will also require funding for a team premise from which to work.”</p> <p>Note: There were no additional EIP teams funded in 2023⁹¹</p>
<p>Eating Disorders</p>	<p>“Have thirteen eating disorder teams in place by Q4” - Milestones 2023</p> <p>“Continue development of self-care app for eating disorders” (p. 81) - Domain 2 - Recommendation 53a - Milestones 2023</p> <p style="text-align: center;">2023 Progress?</p> <p style="text-align: center;"><u>Sharing the Vision Status Implementation Report Q1 2023:</u> “Major Delivery Issue due to recruitment and funding difficulties.”</p> <p>Note: There were no additional eating disorder teams funded in 2023⁹²</p>
<p>ADHD</p>	<p>“Establish new Adult ADHD teams in the remaining sites as described in the national model of care”</p> <p>“Develop ADHD in Adults app for people with ADHD and their families” (p. 82) - Domain 2 - Recommendation 53b - Milestones 2023</p> <p style="text-align: center;">2023 Progress?</p>

⁸⁹ [PQ Number: 22184/23](#)

⁹⁰ [PQ Number: 25432/23](#)

⁹¹ [PQ Number: 22183/23](#)

⁹² [PQ Number: 21766/23](#)

	<p><u>Sharing the Vision Status Implementation Report Q1 2023: “Minor Delivery Issue”</u></p> <p><i>“The campaign for the supplementary Clinical Nurse Specialist will be advertised in early 2023. Interviews recently took place for the Senior Occupational Therapy posts, successful candidates have been offered the posts. The hard to fill CHO 8 Midlands/CHO 7 Kildare West Wicklow Consultant post is now going to be recruited internationally via the HSE Procurement Assisted Sourcing System process in Quarter 2, 2023.</i></p> <p><i>Funding to continue the rollout of Understanding and Managing Adult ADHD Programme for 2023 has been allocated. Two Workshops have taken place to date.</i></p> <p><i>The Adult ADHD App has been downloaded approximately 8,000 times.”</i></p> <p>Note: There were no additional ADHD teams funded in 2023⁹³</p>
<p>Perinatal Mental Health</p>	<p><i>“Set up a Mother and Baby Unit at St Vincent's University Hospital Campus” (p. 83) - Domain 2 - Recommendation 53c - Milestones 2023</i></p> <p style="text-align: center;">2023 Progress?</p> <p><u>Sharing the Vision Status Implementation Report Q1 2023:</u> <i>“New Clinical Lead for Perinatal Mental Health commenced in December 2022.</i></p> <p><i>Several meetings with mental health senior management team in CHO 6 have taken place recently in order to progress the development plans for the mother and baby unit and a business case has been developed.</i></p> <p><i>Meetings are underway with Specialist Perinatal Mental Health Advisory Group before launch of pilot to use the new data collection form developed in conjunction with the National Perinatal Epidemiological Centre with two perinatal mental health Hub sites and 3 Spoke sites. Work is underway to develop HSE Land Module to develop a one-hour online tool for frontline staff working with women and families in the perinatal period. Work is also underway to establish a group to develop online tools for staff and the public through specific video development.”</i></p> <p>Note: There was no funding allocated to the development of the Mother and Baby Unit in 2023</p>

⁹³ Sub-Committee on Mental Health: Services and Supports for People with Attention Deficit Hyperactivity Disorder: Discussion – “At the moment, there are four clinics for adults with ADHD. Once they are fully rolled out, there should be another 12 or 13 across all the CHOs. They do not have funding for them this year.”

Unfortunately, while all of the NCPs receive valuable funding year on year for their existing levels of service, none of the NCPs received additional development funding for 2023⁹⁴ to be able to work towards achieving the 2023 milestones and develop the NCPs (as seen above). As stated earlier, this is the last year of the current implementation plan for *Sharing the Vision*. On top of the 2023 milestones for 2023 for the NCPs that have not been met, there are also additional milestones for 2024 that need to be achieved.

National Clinical Programme (in order of appearance in StV)	2024 Commitment - StV Implementation Plan 2022 – 2024
Dual Diagnosis	Recommendation 21 - Overarching outputs by end of 2024 <i>“Network of Dual Diagnosis Teams in place nationally, with enhanced working and training between mental health and addiction services staff.” (p. 48)</i>
Self-Harm/Suicide	<ul style="list-style-type: none"> • As of January 2022, only 20% of the population had access to a Suicide Crisis Assessment Nurse (SCAN) service.⁹⁵ • The total number of SCAN nurses required as per the Model of Care is <i>“one SCAN professional for every 75,000 population”</i> (p. 78). The Model of Care also states that there should be SCANS, or equivalent mental health practitioners who can address suicide crisis needs, available to every general practice.⁹⁶ • Recommendation 23 - Overarching outputs by end of 2024 <ul style="list-style-type: none"> ○ <i>“Develop clear and consistent approaches towards those that have self-harmed and presented at emergency departments and other locations, including primary care and CMHTs”</i> – (p. 51)
Early Intervention in Psychosis	Recommendation 52 - Overarching outputs by end of 2024 <i>“Put in place the strategy, action plan and funding commitment to roll out twenty-four EIP sites to achieve the required national coverage of EIP service.”</i>

⁹⁴ PQ Number: 26017/23

⁹⁵ <https://www.hse.ie/eng/about/who/cspd/ncps/self-harm-suicide-related-ideation/moc/mhncp-self-harm-model-of-care.pdf>

⁹⁶ <https://www.hse.ie/eng/about/who/cspd/ncps/self-harm-suicide-related-ideation/moc/mhncp-self-harm-model-of-care.pdf>

	<i>Make EIP services available in every CHO/ RHA area in line with Early Intervention Psychosis model of care” – p. 80</i>
Eating Disorders	<p>Recommendation 53a – Overarching outputs by end of 2024</p> <p><i>“Rollout of eating disorder services in line with model of care and make it available nationally” – p. 81</i></p>
ADHD	<p>As stated in MHR's PBS 2023, 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.</p> <p>This was promised to be achieved by the end of 2023 as per the milestone above.</p> <p>Recommendation 53b - Overarching outputs by end of 2024</p> <ul style="list-style-type: none"> • <i>“Create better understanding of ADHD in adults through evaluation and research”</i> • <i>“Put robust methods of data collection on ADHD in place”</i> • <i>“Workforce to undertake specialist ADHD training” – p. 81</i>
Perinatal Mental Health	<p>Recommendation 53c - Overarching outputs by end of 2024</p> <ul style="list-style-type: none"> • <i>“Deliver specialist perinatal mental health services by employing a skilled workforce</i> • <i>Create greater awareness by partners in Primary Care and Mental Health Services for the need of Perinatal Mental Health Services and allow access to referral pathways</i> • <i>Develop additional online supports for women seeking information on mental health in pregnancy</i> • <i>Ensure better understanding of requirement for perinatal services through research and evaluation</i> • <i>Put new Mother and Baby Unit in place” – p. 83</i>

The approximate total cost to fund the required developments in the national clinical programmes for Budget 2023 was around €40 million. Please see [MHR's PBS 2023](#) for a

comprehensive breakdown of costs (which includes capital building costs for the Mother/Parent and Baby Unit at St. Vincent's University Hospital). This was not allocated to the NCPs in 2023, and so this funding need is still outstanding, on top of the additional *Sharing the Vision* milestones for 2024 that need to be achieved. **Evidently, there is an urgent need to allocate additional funding to each of the NCPs in mental health in Budget 2024.**

Sharing the Vision Recommendations:

- **Implementation Plan:** Allocate sufficient funding so that the remaining milestones of the StV Implementation Plan 2022 – 2024 can be achieved within their promised delivery time
- **National Clinical Programmes:** Allocate additional funding to each of the NCPs in mental health in Budget 2024 – Approximately €40 million total

Transparency of Budget

In recent years, our members have raised questions on the transparency of budget announcements, expenditure and non-expenditure. The MHR [Grassroots Forum](#) have also highlighted the lack of transparency about how the mental health budget is spent. The announcements on Budget Day give an overview of the amounts being allocated to mental health, but the sector must wait until the HSE's [National Service Plan](#) to find out what their budget for the year will be.

In our Pre-Budget Submission last year, MHR called for accessible, transparent and inclusive messaging in Budget 2023. The Oireachtas Disability Group (ODG)⁹⁷ also sent a letter in 2022 to the Minister for Finance and the Minister for Public Expenditure and Reform on this issue last year. 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 with the publication of the HSE National Service Plan happening at the earliest possible juncture.

However, the announcement of mental health allocations in Budget 2023 unfortunately remained opaque and the [HSE National Service Plan 2023](#) was not published until the end of Quarter 1, which meant that for 3 months of 2023, vital mental health services were unaware of their funding allocations. It is not sustainable for service provision planning, development and implementation to have such a lack of transparency around available funds each year.

We note that the Department of Health's Estimates Process starts in the summer each year and that last year, the draft National Service Plan was sent to the Department of Finance within the requisite 21 days (as per the Health Act, 2004), but it was not published until the end of Quarter 1. This delayed final publication is unacceptable for all involved, including the staff working in the services. This is a measure that could be taken to improve retention and morale that would not cost the Exchequer anything. MHR members and supporters would also welcome greater transparency on the actual expenditure during the year, what gets spent

⁹⁷ The ODG comprises six national umbrella bodies representing disabled people's organisations, please see [here](#) for more information on the ODG

where, what gets reallocated, and what goes unspent. We would sincerely welcome a more transparent process on this, led by the Department of Public Expenditure and Reform.

We are respectfully requesting improved streamlining of the allocations process to facilitate earlier publication of the HSE National Service Plan for Budget 2024.

Conclusion

MHR welcomes the opportunity to make this submission to the Government ahead of Budget 2024. We call for urgent action on the prevailing mental health 'shadow pandemic' and for appropriate funding to be allocated to the pre-existing commitments outlined in the Programme for Government and our national mental health policy, *Sharing the Vision*. MHR members and supporters urge the Government to consider the legacy they wish to leave in the area of mental health, especially in relation to achieving the commitments that were set out. Meeting these commitments is a vital step towards addressing the deficits in Ireland's mental health care. We urge the Government to commit to a long-term funding strategy, bringing the mental health allocation to 10% of the health budget by 2030 and granting mental health the parity of esteem it deserves. We also urge the Government to support the voluntary and community mental health sector with adequate and sustainable funding to meet the increased demand. There is no health without mental health.

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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We all **have a reason** to invest in mental health.

We all **are a reason** to invest in mental health.



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