

**Submission from Mental Health Reform (MHR) to the UN Committee on Economic, Social and Cultural Rights (ESCR) – Ireland: Coalition Report on Mental Health**

**12th January 2024**

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List of Abbreviations

ADM Assisted Decision-Making (Capacity) Act

CAMHS Child and Adolescent Mental Health Services

HSE Health Service Executive

ICESCR International Covenant on Economic, Social and Cultural Rights

MHC Mental Health Commission

MHR Mental Health Reform

NGO Non-governmental Organisation

StV Sharing the Vision – a National Mental Health Policy for Everyone

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

Summary of Areas the Committee should ask the Irish State to address

* **Resource Allocation & Prioritisation:** The Committee should ask Ireland to address when its target of 10% of the overall health budget allocated to mental health will be reached, especially given the Government’s own deadline of 2024.
* **Early Intervention and Prevention:** The Committee should ask Ireland to address how it proposes to scale up early intervention and prevention services including sustainability funding the Non-Governmental Organisation (NGO) / Voluntary and Community Sector (VCS) sector who currently deliver a large number of mental health services and supports.
* **Parity of Esteem:** The Committee should ask Ireland how will mental health and disability be prioritised at the highest level in Government, with a cross-departmental focus on improving this area.
* **Law Reform:** The Committee should ask Ireland to address when the Mental Health Bill that is described as expected to be ready this year, will be implemented and operational. The Irish State should be asked to give a timeframe for that necessary and long overdue reform.
* **Law Reform:** The Committee should ask Ireland to address why the State’s reply to the List of Issues contravene a Concluding Observation of the UNCRC in relation to children being admitted to adult psychiatric units.
* **Article 6 – Right to Work:** The Committee should ask Ireland to address the current status of the Comprehensive Employment Strategy for People with Disabilities and how are mental health difficulties/psychosocial disabilities being addressed in these targets.
* **Covid-19:** Given that the cost of living crisis has replaced the increased costs of providing services in lockdown, the Committee should ask Ireland to address how the State will ensure sustainability of services, particularly those accessed by marginalised communities, such as Traveller and Roma.
* **Covid-19:** The Committee should ask Ireland to address what actions are being taken to expand mental health support in the face of the increased prevalence of mental health difficulties since the Covid-19 pandemic. (Article 12)

# Introduction

Mental Health Reform (MHR) is delighted to submit a brief thematic report to the United Nations Committee on Economic, Social and Cultural Rights on behalf of the 80+ members of our coalition. For more on MHR, please see the ‘Who We Are’ section at the end. While Ireland’s national mental health policy, ‘[*Sharing the Vision – A Mental Health Policy for Everyone’*](https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision.html?gclid=Cj0KCQiA4OybBhCzARIsAIcfn9m1T5kdL6ObtmF9cP7YotRjtSvajfC63PoLjMEMPKjUxzX7G_0Co_MaArFiEALw_wcB&gclsrc=aw.ds), uses the terminology ‘mental health difficulties’, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which Ireland ratified in 2018, refers to ‘psychosocial disabilities’ when referring to people with mental health difficulties or people who self-identify with this term. The UNCRPD clearly states that the protections and rights set out extend to those with psychosocial disabilities. Mental Health Reform (MHR) advocates for the choice of the individual in how they prefer to describe their experience and acknowledge that *“it is an individual choice to self-identify with certain expressions or concepts, but human rights still apply to everyone, everywhere*”.[[1]](#footnote-1) We use the phrases interchangeably herein.

As a signatory to the ICESCR, Ireland has committed to respecting, protecting, and fulfilling these essential economic, social, and cultural rights, including the right to mental health. This commitment extends beyond ensuring access to quality mental healthcare; it also involves addressing underlying social determinants of mental health, such as poverty, housing insecurity, and discrimination. By prioritising mental health within its policies and programmes, Ireland can create an environment that fosters positive mental well-being for all its citizens while meeting its international obligations under the ICESCR.

For the purpose of this report, MHR will spotlight Article 12 of ICESCR. However, given the intersectionality of all of the issues plus the Committee’s interest in business and human rights and the impact of Covid-19 on persons’ Economic, Social, Cultural Rights, we will also touch briefly on these areas.

The UN Committee has explicitly identified the importance of non-discrimination and the progress on the review of Ireland’s Equality Legislation in their [List of Issues](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2FC.12%2FIRL%2FQ%2F4&Lang=en), published March 2022. The State has also been asked to report on the realisation of the right to work for people with disabilities. MHR has reviewed the State’s reply to the List of Issues, [available here](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2FC.12%2FIRL%2FRQ%2F4&Lang=en) and will focus this report on some suggested questioning for the Committee members. We have put forward 8 suggested questions, but have also included supplementary information for the Committee.

## Setting the Scene in Ireland

A global study on *The Mental State of the World in 2022[[2]](#footnote-2)* 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 Research[[3]](#footnote-3), 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](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/18F2EBEED2A87913444C925AE9D76430/S2045796022000312a.pdf/state_of_irelands_mental_health_findings_from_a_nationally_representative_survey.pdf) which highlighted that over 40% of the Irish 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*.”[[4]](#footnote-4) It’s evident that mental health needs to be a vital area of focus for the Committee.

# Resource Allocation

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.[[5]](#footnote-5) As stated in MHR’s [Pre-Budget Submission 2023](https://www.mentalhealthreform.ie/wp-content/uploads/2022/09/Final-Full-PBS.pdf), there is a cost of waiting to address the mental health needs and rights of the population. MHR’s [Pre-Budget Submission 2024](https://mentalhealthreform.ie/wp-content/uploads/2023/09/Full-PBS-2024.pdf) expands on the unmet commitments of Government and outlines the many reasons to invest in this area.

In the State’s reply to the List of Issues, the Irish Government has indicated that the current allocation for mental health services is over €1.2bn. However, what they have failed to acknowledge are the demographic changes, the inflationary costs of providing services, and the de-prioritisation of mental health in the overall health spend. Allocations to mental health have not even kept up with inflation rates, thereby leading to significant under-investment.

The percentage of Ireland’s 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](https://www.gov.ie/en/publication/7e05d-programme-for-government-our-shared-future/) in 2020 (6% in 2020[[6]](#footnote-6), 5.4% in 2021[[7]](#footnote-7), 5.5% in 2022, 5.1% in 2023) which promised to raise the funding allocation to 10% in line with Sláintecare[[8]](#footnote-8), Ireland’s ten-year programme to transform health and social care services. Despite this commitment, the percentage funding levels have continued to fall, as evidenced in the graph below (see MHR’s [Pre-Budget Submission 2024](https://mentalhealthreform.ie/wp-content/uploads/2023/09/Full-PBS-2024.pdf)).

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

**Suggested Question for Committee Members:**

* **Resource Allocation:** When will the State meet its own target of 10% of the overall health budget being allocated to mental health? €1.2bn is still only between 5% - 6% of the overall health spend. This does not create parity of esteem, nor does it address the significant inadequacies of Ireland’s mental health service.

**Area the Committee should ask the Irish State to address:**

* **Resource Allocation & Prioritisation:** The Committee should ask Ireland to address when its own target of 10% of the overall health budget allocated to mental health will be reached, especially given the Government’s own deadline of 2024. What actions will the state take to ensure mental health and disability are prioritised at the highest level in Government, with a cross-departmental focus on improving these areas?

## Youth Mental Health

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](https://www.mentalhealthreform.ie/wp-content/uploads/2022/09/Final-Full-PBS.pdf) 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 Child and Adolescent Mental Health Services (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.[[9]](#footnote-9) **In fact, the CAMHS waiting lists have almost doubled since 2019.[[10]](#footnote-10)**

In addition to the concerns raised in the [Maskey Report](https://www.hse.ie/eng/services/news/newsfeatures/south-kerry-camhs-review/report-on-the-look-back-review-into-camhs-area-a.pdf), the [Mental Health Commission's independent review reports into CAMHS](https://www.mhcirl.ie/news/mental-health-commission-publishes-final-report-child-and-adolescent-mental-health-services#:~:text=%E2%80%9CThe%20Inspector%20has%20found%20that,the%20failure%20to%20provide%20a) published in January and July 2023 are a damning indictment of the deepening crisis in Ireland’s 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*”.[[11]](#footnote-11) In February 2023, the Committee on the United Nations Convention on the Rights of the Child (UNCRC) published its concluding observations.[[12]](#footnote-12) 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](https://www.childrensrights.ie/), which MHR is a member of, published their [Report Card 2023](https://www.childrensrights.ie/sites/default/files/submissions_reports/files/Report%20Card%202023_0.pdf) 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’](https://www.oco.ie/app/uploads/2023/05/A-Piece-of-My-Mind-Report.pdf), carried out by the 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”[[13]](#footnote-13)*

In the State’s reply to the List of Issues, the Irish Government has indicated that the current mental health policy, Sharing the Vision, takes a lifecycle approach, including early intervention and prevention.

The Voluntary and Community Sector (VCS) plays a vital role in providing Tier 1 supports, or early intervention and prevention services to all people across the island of Ireland. Budget 2024, announced in October 2023, provided no additional funding for the Voluntary and Community Mental Health Sector services, despite the sector reporting significant increases in demand for services (see MHR’s [Pre-Budget Submission 2024](https://mentalhealthreform.ie/wp-content/uploads/2023/09/Full-PBS-2024.pdf) for evidence).

**Area the Committee should ask the Irish State to address:**

* **Early Intervention and Prevention:** The Committee should ask Ireland to address how it proposes to scale up early intervention and prevention services including sustainability funding the Non-Governmental Organisations (NGOs) / Voluntary and Community Sector (VCS) sector who currently deliver a large number of services and supports.

# Article 12 – Right to Health

While Ireland has taken commendable steps towards fulfilling its obligations under the ICESCR, challenges persist in ensuring universal access to quality mental healthcare and addressing the underlying social determinants of mental health. Issues like poverty, homelessness, and discrimination continue to impact individuals' mental health. **MHR notes the State’s response on the Cost of Disability Report and respectfully requests further examination by the Committee on this matter.**

The Government of Ireland has implemented various policies and programmes aimed at promoting mental health and well-being, such as ‘Sharing the Vision - the National Mental Health Policy for All’ and the ‘Connecting for Life’ suicide prevention strategy. Additionally, Ireland has invested in improving access to mental healthcare services, including expanding community-based mental health services and increasing funding for mental health research.

However, despite these efforts, challenges persist, highlighting the need for the Committee to hold the Government to account. The right to mental health is specifically mentioned in the ICESCR as part of the right to health. States are required to take steps to prevent, treat and control epidemic, endemic, occupational and other diseases. This includes severe and enduring mental health difficulties (also known as psychosocial disabilities).

In Ireland, we have a Junior Minister for Mental Health in the Department of Health and this is very welcome. However, we also have a Junior Minister for Disability in the Department of Children, Equality, Disability, Integration and Youth. This means that cross-departmental co-operation is required to ensure mental health is being prioritised across departments.

**Area the Committee should ask the Irish State to address:**

* **Parity of Esteem:** How will mental health and disability be prioritised at the highest level in Government, with a cross-departmental focus on improving this area?

# Legislative Reform

The replies from the [State to the List of Issues](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2FC.12%2FIRL%2FRQ%2F4&Lang=en) do not give a full and accurate picture of the legislative landscape in Ireland. In reference to point 140 in the State’s reply, referring to the Mental Health Bill, the Government has stated that “*The Government expects the Bill to be ready this year.”* However, despite extensive advocacy from Mental Health Reform for the Bill to be placed on the ‘Priority Publication’ list in the Autumn/Winter 2023 Legislative Programme, the Bill has not yet progressed to ‘Priority Publication’. The Draft Heads of Bill were published in July 2021. It is now January 2024 and we have still not seen the publication of the Draft Bill that will be brought before the Houses of the Oireachtas. MHR had already submitted a [Human Rights Analysis of the Heads of Bill](https://mentalhealthreform.ie/wp-content/uploads/2021/11/Legal-analysis-MH-Act-28-October-1.pdf) and remain concerned that some of the outstanding human rights issues will not be addressed in the Draft Bill. For more on the reform of the Mental Health Act, see Mental Health Reform’s website at [Home/Campaigns/Reform the Mental Health Act](https://mentalhealthreform.ie/campaigns/reform-the-mental-health-act/#:~:text=What%20is%20the%20Mental%20Health,reform%20the%20Act%20in%202023.).

It is also important to note that the Assisted Decision-Making (Capacity) Act (ADM) is fully commenced as of April 2023, with the Decision Support Service fully operational. This is very welcome legislative progress. Unfortunately, **those detained under Section 3.1.a of the Mental Health Act are still excluded from this Act.**

The Government has promised, on record[[14]](#footnote-14), to extend the rights afforded to persons under the ADM to everyone in the reform of the Mental Health Act. This is further reason that the **Draft Heads of Bill to reform the Mental Health Act need to move to priority publication as a matter of urgency**to enable full extension of the provisions of the ADM to all persons.

Point 141 in the State’s reply is completely contradictory to the [Concluding Observations](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FIRL%2FCO%2F5-6&Lang=en) of the UNCRC published in early 2023. The UNCRC said that there should be *“****An explicit prohibition of the practice of placing children with mental health issues in adult psychiatric units”.***

**Areas the Committee should ask the Irish State to address:**

* **Law Reform:** When will the Mental Health Bill that is described as expected to be ready this year, be implemented and operational? What is the timeframe for that necessary reform?
* **Law Reform:** Why does the State’s reply to the List of Issues contravene a Concluding Observation of the UNCRC in relation to children being admitted to adult psychiatric units?

# Business and Mental Health/Psychosocial Disability and Human Rights

People with psychosocial disabilities face high levels of stigma and discrimination[[15]](#footnote-15), have higher costs of living and are at risk of living in consistent poverty. The Cost of Disability in Ireland report[[16]](#footnote-16), now over a year published, clearly outlines the additional costs faced by people with disabilities, 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 was reported to be €13,251 per year.[[17]](#footnote-17) This means that people with mental health difficulties are at risk of being more adversely affected by the current cost of living crisis.

Employment can be an important part of someone’s recovery when they are experiencing mental health difficulties. In fact, supporting people to gain or retain employment has a significant impact on more life domains than nearly any other type of medical or social intervention.[[18]](#footnote-18)

In relation to point 53 on the State’s response, while employment for the overall population has improved, this improvement has not been seen by disabled people. Despite the numerous reforms in disability policy in Ireland over the last decade, the impact of these reforms has been reportedly limited, according to the Organisation for Economic Co-operation and Development ([OECD, 2021](https://www.oecd-ilibrary.org/employment/disability-work-and-inclusion-in-ireland_74b45baa-en))[[19]](#footnote-19). They report that “*The disability employment gap is exceptionally large in Ireland”*, with the employment gap between those with and without disabilities having increased over the last decade in Ireland*.* Ireland has one of the biggest employment gaps between people with and without disabilities in the EU.[[20]](#footnote-20) People living with mental health difficulties experience lower levels of workforce participation compared with the overall population. Those who do report workforce participation are more likely to experience either discrimination or harmful effects from discrimination in occupational settings.[[21]](#footnote-21) In a [See Change](https://seechange.ie/) public attitudes survey, 70% of respondents felt that a diagnosis of mental health difficulties would have a negative effect on their job and career prospects and 60% said that they were not aware that mental health difficulties were covered under the nine grounds of discrimination.[[22]](#footnote-22) The See Change findings relating to stigma are consistent with research conducted by the National Disability Authority into the disclosure of disabilities in workplace settings[[23]](#footnote-23), which found that the experience of those with ‘invisible disabilities’ was complex regarding whether to disclose a disability or not.

The consequences of this reluctance can be harmful in a range of ways, including that such persons cannot avail of supports and reasonable accommodations that may be due to them under Irish employment and equality law[[24]](#footnote-24).

**Area the Committee should ask the Irish State to address:**

* **Article 6 – Right to Work:** What is the current status of the Comprehensive Employment Strategy for People with Disabilities and how are mental health difficulties/psychosocial disabilities being addressed in these targets?

# Covid-19

We have seen how the COVID-19 pandemic has led to a significant worsening of population mental health globally.[[25]](#footnote-25) 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.[[26]](#footnote-26) The HSE’s [Psychosocial Response to the Covid-19 Pandemic](https://www.hse.ie/eng/services/publications/mentalhealth/hse-psychosocial-response-to-the-covid19-pandemic-2020.pdf) (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. 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](https://www.mentalhealthreform.ie/wp-content/uploads/2020/06/Responding-to-the-MentalHealth-Impact-of-COVID-19-Report-July-2020.pdf) where over half of participants reported that the pandemic had a negative impact on their mental health.[[27]](#footnote-27) A [report](https://www.esri.ie/publications/disrupted-transitions-young-adults-and-the-covid-19-pandemic) 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.[[28]](#footnote-28)

The [Centre for Mental Health](https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_COVID_MH_Forecasting4_May21.pdf) 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.[[29]](#footnote-29) The [ESRI study](https://www.esri.ie/publications/disrupted-transitions-young-adults-and-the-covid-19-pandemic) 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 was also echoed in Social Justice Ireland’s [Pre-Budget Submission 2023](https://www.socialjustice.ie/system/files/file-uploads/2022-06/Budget%20Choices%202023%20-%20Full%20Document.pdf).

**Areas the Committee should ask the Irish State to address:**

* **Covid-19:** Given that the cost of living crisis has replaced the increased costs of providing services in lockdown, how will the State ensure sustainability of services, particularly those accessed by marginalised communities, such as Traveller and Roma?
* **Covid-19:** What is the State doing to expand mental health support in the face of the increased prevalence of mental health difficulties since the Covid-19 pandemic? (Art 12)

# Conclusion

Thank you for the consideration of our submission and 8 suggested questions. Ireland's compliance with the ICESCR, particularly in ensuring the right to physical and mental health, requires a comprehensive approach that addresses accessibility, affordability, and quality of health services, as well as specific measures to address mental health concerns and the needs of marginalised groups. It should also be aligned with other international human rights instruments and obligations such as the UNCRC, UNCRPD, etc.

There are many more suggested questions and issues that could have been highlighted in this report. MHR is disappointed that funding was not made available by the Department of Foreign Affairs to enable civil society groups travel to Geneva to meet with Committee members in person.

MHR notes the importance of ICESCR and also respectfully requests that the Committee members highlight the impact of exclusion of economic, social and cultural rights on a person’s mental health. The most marginalised in our communities are also the groups most likely to experience poor mental health outcomes and are listed in our national mental health policy as priority groups.

# Who We Are

Mental Health Reform (MHR) is Ireland’s leading national coalition on mental health. Our vision is 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 is delighted to submit to this public consultation on behalf of our 81 members. MHR would like to thank our members for their continued insight, input and work.[[30]](#footnote-30) Further information on our members and our work can be found on the Mental Health Reform website, [www.mentalhealthreform.ie](http://www.mentalhealthreform.ie).

*For more information on any of the above content please contact Ber Grogan, Policy and Research Manager at* *bgrogan@mentalhealthreform.ie* *or at 083-089 4186.*

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1. https://www.mentalhealthreform.ie/wp-content/uploads/2021/11/Legal-analysis-MH-Act-28-October-1.pdf, p. 9 [↑](#footnote-ref-1)
2. [The Mental State of the World in 2022; A publication of the Mental Health Million Project](https://mentalstateoftheworld.report/wp-content/uploads/2023/02/Mental-State-of-the-World-2022.pdf) [↑](#footnote-ref-2)
3. https://www.aware.ie/national-survey-2023/ [↑](#footnote-ref-3)
4. [Mental Health Commission CAMHS Report](https://www.mhcirl.ie/sites/default/files/2023-07/Mental%20Health%20Commission%20Independent%20Reviews%20of%20CAMHS%20services%20in%20the%20State.pdf) – July 2023, p. 27 [↑](#footnote-ref-4)
5. McDaid D (2021). Viewpoint: Investing in strategies to support mental health recovery from the COVID-19 pandemic. *European Psychiatry*; 64(1): e32. [↑](#footnote-ref-5)
6. WHO [Mental Health Atlas 2020](https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/irl.pdf?sfvrsn=137b5a07_6&download=true) [↑](#footnote-ref-6)
7. https://www.oireachtas.ie/en/debates/question/2021-09-21/614/ [↑](#footnote-ref-7)
8. https://www.gov.ie/en/campaigns/slaintecare-implementation-strategy/ [↑](#footnote-ref-8)
9. PQ Number: 23533/23 [↑](#footnote-ref-9)
10. 92% increase between [Dec 2019](https://www.hse.ie/eng/services/publications/performancereports/october-to-december-quarterly-report-2020.pdf) and March 2023 (PQ 23533/23) [↑](#footnote-ref-10)
11. [Mental Health Commission Independent Review of CAMHS](https://www.mhcirl.ie/sites/default/files/2023-07/Mental%20Health%20Commission%20Independent%20Reviews%20of%20CAMHS%20services%20in%20the%20State.pdf), p. 9 [↑](#footnote-ref-11)
12. https://tbinternet.ohchr.org/\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FIRL%2FCO%2F5-6&Lang=en [↑](#footnote-ref-12)
13. [A Piece of my Mind](https://www.oco.ie/app/uploads/2023/05/A-Piece-of-My-Mind-Report.pdf), p. 14 [↑](#footnote-ref-13)
14. https://data.oireachtas.ie/ie/oireachtas/debateRecord/dail/2022-12-14/debate/mul@/main.pdf [↑](#footnote-ref-14)
15. M. Brown Lansdowne, Public Attitudes towards Mental Illness: A Benchmark Study for See Change (unpublished) [↑](#footnote-ref-15)
16. [Indecon (2021) The Cost of Disability in Ireland - Research Report](https://www.gov.ie/pdf/?file=https://assets.gov.ie/206636/f8e1b2af-af48-442b-9ca0-aff9efd35bd7.pdf#page=null) [↑](#footnote-ref-16)
17. ibid, pg. xii [↑](#footnote-ref-17)
18. OECD (2011) Sick on the job? Myths and realities about Mental Health and Work [↑](#footnote-ref-18)
19. OECD (2021) <https://doi.org/10.1787/74b45baa-en>. [↑](#footnote-ref-19)
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22. https://seechange.ie/wp-content/uploads/2018/02/Mental-Health-Matters-web.pdf [↑](#footnote-ref-22)
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