



Pre-Budget Submission 2025



I Am A Reason



Mental
Health
Reform

**BUDGET
2025**



Mental Health Reform
Promoting Improved Mental Health Services

Pre-Budget Submission 2025

July 2024



I AM A REASON

30.07.2024

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Abbreviations

CAMHS	Child and Adolescent Mental Health Services
CYP	Children and Young People
ESRI	Economic and Social Research Institute
GAMHS	General Adult Mental Health Services
ICESCR	International Convention on Economic, Social and Cultural Rights
LSE	London School of Economics
MH	Mental Health
MHC	Mental Health Commission
MHR	Mental Health Reform
NCP	National Clinical Programme
NED	National Economic Dialogue Forum
NSP	National Service Plan
NYCI	National Youth Council of Ireland
TILDA	The Irish Longitudinal Study on Ageing
VCS	Voluntary and Community Sector
YLD	Years Lived with Disability

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 85 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 present this pre-budget submission on behalf of our 85 members. MHR would like to thank our members for their continued insight, input and work.¹ Further information on our members can be found on the MHR website.

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

Budget 2025 Asks

Invest an additional **€120 million** in Mental Health =
€40 million ELS + €80 million development funding

Section	Additional Allocation
Sharing the Vision	€40m
Voluntary and Community Sector Services	€25m
Youth Mental Health	€10m
Resourcing Legislative Change	€3m
Independent Advocacy Service in Mental Health	€2m
Total	€80 million



Right now there are...

- ❖ High rates of mental health difficulties in Ireland
- ❖ Demographic changes in mental health prevalence
- ❖ Low rates of investment in mental health
- ❖ Reforms to the mental health legislation on the horizon
- ❖ Increased demands on the Voluntary and Community mental health sector

Right now is the time for investment.

Overview of Asks

Section 1 – Early Intervention and Prevention – Invest in Communities – Additional €25M

- **Early Intervention:** Invest in early intervention and prevention services through the Voluntary and Community mental health sector
- **Sustainability:** Provide multi-annual, sustainable funding to the Voluntary and Community mental health sector
- **Data Management:** Fund and implement a national data management system that amalgamates the data on the impact and reach of Voluntary and Community Sector mental health services

Section 2 - Sharing the Vision – Additional €40M

- **Implementation:** MHR is calling for the next implementation plan of Sharing the Vision to be fully costed and supported with a multi-annual budget line
- **Investment:** Invest funding to support the delivery of the outstanding milestones from Sharing the Vision
- **Capital Investment:** MHR calls for a targeted, funded strategic capital investment programme for mental health services

Section 3 – Youth Mental Health - Additional €10M

- **Community Care:** Invest in community-based youth mental health programmes in the Voluntary and Community Sector
- **Innovation:** Invest in the Children and Young People Mental Health ‘pathfinder’ project
- **Child and Youth Mental Health Office:** Fully resource the HSE Child and Youth Mental Health Office and their upcoming Action Plan
- **Governance:** Implement the 49 Mental Health Commission recommendations from the 2023 Report on CAMHS

Section 4 – Programme for Government Commitments - Additional €5M

- **Legislation:** Introduce the Bill to reform the Mental Health Act, 2001 without delay and adequately resource the reform
- **Advocacy:** Fund a national independent advocacy service for mental health for all ages
- **Data Management:**
 - Resource the full implementation of the Integrated Financial and Procurement Management System (IFMS) as a matter of urgency to provide greater transparency in the allocation of mental health funding
 - Introduce budgetary tagging across the Well-being Framework for Ireland, with a medium-term goal of disaggregating the tags into physical and mental health separately

Introduction

We all deserve to be able to access the mental health services we need, where we need it, when we need it. At Mental Health Reform (MHR) we support equal access to mental health services for all, regardless of background or geographical location. We support early intervention and prevention, community based mental healthcare and the voluntary and community sector who are a strong component of this service provision. And we support the timely implementation of our national mental health policy, *Sharing the Vision*. We all have mental health, and our nation's well-being should be at the forefront of all of our minds as we enter into the next Budget cycle. The adequate funding of mental health in Budget 2025 is a vital area of focus.

The current climate of upcoming elections, with a new Programme for Government and reformed mental health legislation on the horizon makes the upcoming Budget an ideal opportunity for reform in mental health. The decisions made in the next 5 months could have a significant impact on the next 5 years.

Invest to Save

At the Economic and Social Research Institute's (ESRI) 'Budget Perspectives 2025' conference Minister Donohue, Minister for Public Expenditure, National Development Plan Delivery and Reform, spoke about the importance of supporting resilience in our economy and our labour market and that the purpose of economic policy is to respond back to the needs that a society has. This is echoed in the [Summer Economic Statement 2024](#) which states that two of the key objectives for Budget 2025 are to “*deliver improvements in public services*” and to “*boost the resilience of the economy*” (p. V).

However, Ireland's public spending (even using the GNI* figure) is significantly below the EU average, with Ireland's public spending sitting at 21.2% of GDP and 39.4% of GNI* in 2022 compared to the EU average of 49.6%.² Furthermore, given the higher prevalence rates of mental health difficulties in Ireland outlined below, investment in mental health can have a significant impact on the health and resilience of our labour force and economy. There are serious implications to not providing adequate mental health support to those who need it, **not only on a personal level for the individual and families impacted, but also on an economic level.**

Another significant point made by Minister Donohue is the importance of evidence and facts in the allocation of public finances. The OECD has estimated that half of the population will experience a mental health condition at least once in their lifetime and the economic costs of poor mental health amount to more than 4% of GDP annually.³ In 2018, the then Minister, Simon Harris stated that poor mental health costs the Irish state €8.2bn a year.⁴ A 2019 study⁵ from the Global

² [Ireland's Public Spending Explained 2024](#)

³ [How to Make Societies Thrive? Coordinating Approaches to Promote Well-being and Mental Health](#)

⁴ <https://www.irishtimes.com/news/health/mental-health-issues-cost-state-8-2bn-each-year-says-harris-1.4001595>

⁵ Kieling C, Buchweitz C, Caye A, Silvani J, Ameis SH, Brunoni AR, Cost KT, Courtney DB, Georgiades K, Merikangas KR, Henderson JL, Polanczyk GV, Rohde LA, Salum GA, Szatmari P. Worldwide Prevalence and Disability From Mental Disorders Across Childhood and Adolescence: Evidence From the Global Burden of Disease Study. *JAMA Psychiatry*. 2024 Apr 1;81(4):347-356. doi: 10.1001/jamapsychiatry.2023.5051. PMID: 38294785; PMCID: PMC10831630.

Burden of Disease showed that for those 5-24 years old **mental difficulties are responsible for more than 20% of all years lived with disability (YLD)**. This is **higher than the impact of any medical conditions for this age category** including neurologic conditions (10.6% of YLD), skin and subcutaneous diseases (10.5%), nutritional deficiencies (8.96%), and musculoskeletal conditions (7.54%). The report by the Mental Health Commission on '[The economics of mental health care in Ireland](#)' highlighted that "*The majority of economic costs occur outside the health sector, largely in the labour market as a result of lost employment, absenteeism, lost productivity, premature retirement, and premature mortality*" (p. 89). There is much more extensive research in the UK context on the impact of poor mental health and inadequate mental health funding on the economy. For example, a 2023 [AXA Mind Health report](#) found 47% of UK workers are experiencing burnout, poor mental health, and work-related stress costing the economy £28 billion per year and resulting in 23.3 million lost working days for businesses annually. The Department for Work and Pensions published data in March 2024 showing that at least 20,000 incapacity benefit claims are for mental health difficulties, representing over two-thirds of the total. A [2022 Health and Safety Executive study](#) showed that poor mental health – including stress, depression, or anxiety – accounts for 51% of all long-term sick leave in the UK.

Mental Health Reform has been partnering with the London School of Economics to provide evidence within the Irish context on the return on investment for early intervention and prevention programmes in mental health as part of our Children and Young Person (CYP) Mental Health (MH) pathfinder project.

About the 'Accelerating the Expansion of Children and Young Person People's (CYP) Mental Health Services(MH) 'pathfinder' (CYP-MH) project'

The CYP-MH 'pathfinder' project is a substantial two-year initiative led by Mental Health Reform with funding from philanthropic sources. It is a collaborative effort that brings together five of our member organisations who are high-volume providers of mental health and related services for Children and Young People (CYP) – Barnardos, ISPCC, Jigsaw, Pieta and Spunout. The project is working to address the well-recognised challenges facing Children and Young People's Mental Health Services (CYPMHS) in Ireland. Current capacity of the publicly-funded CYPMHS falls far short of the volumes of services required to meet levels of need and projections suggest that, without innovation in service delivery, this will remain the case for the foreseeable future.

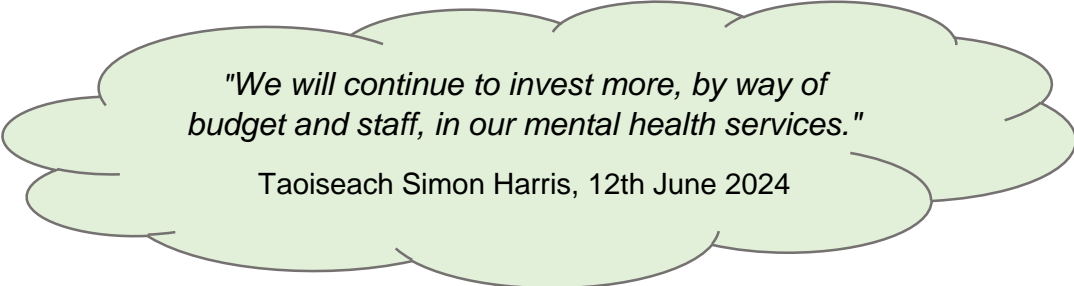
One strand of this project involves engaging with the London School of Economics (LSE) to collate international mental health economics evidence and conduct analysis/modelling to support the preparation of an optimal roadmap for expansion of CYPMHS system capacity. Expected outputs include sizing the appropriate levels of public funding for CYPMH services in Ireland and frameworks to guide resource allocation in ways that will optimise return-on-investment from additional public funding.

The full report from this work is due to be published in Q4 2024. In the meantime, MHR has been engaging with the Department of Health, the Department of Public Expenditure, National Development Plan Delivery and Reform, and the HSE Child and Youth Mental Health Office, to share our preliminary findings and begin to work together on a way forward with adequate resourcing of key early intervention services at the earliest possible juncture.

Emerging results from the LSE analysis echo the well-established case for increased public funding for CYP mental health services in Ireland and provides a new, needs-based, framework to help guide service development and resource allocation in this area. It also provides evidence supporting the allocation of an appropriate share of this additional spend to mental health services operating at a less specialist level than the current Child and Adolescent Mental Health Services (CAMHS). Examples include family/parent/child programmes for behavioural and/or neurodiverse conditions; Cognitive Behavioural Therapy (CBT) and other psychotherapies for anxiety and depression, delivered in a variety of formats (face-to-face and online); and stepped care arrangements that start with lower intensity supports but provide for progression to higher intensity supports if the lower intensity ones are not achieving adequate results. Investment in these services, and in early intervention and prevention programmes more generally, has the potential to create significant savings for the State.

The CYP-MH project's wider work on mapping available capacity in Ireland to deliver these services suggest substantial latent (currently unfunded) capacity amongst the large Voluntary and Community Sector (VCS) CYP mental health organisations. Targeted allocation of funding could bring this capacity quite quickly into the publicly-funded CYPMHS and this is a key focus of attention in our 'roadmap' for accelerated expansion of this system.

Budget 2025 Mental Health Allocation



"We will continue to invest more, by way of budget and staff, in our mental health services."

Taoiseach Simon Harris, 12th June 2024

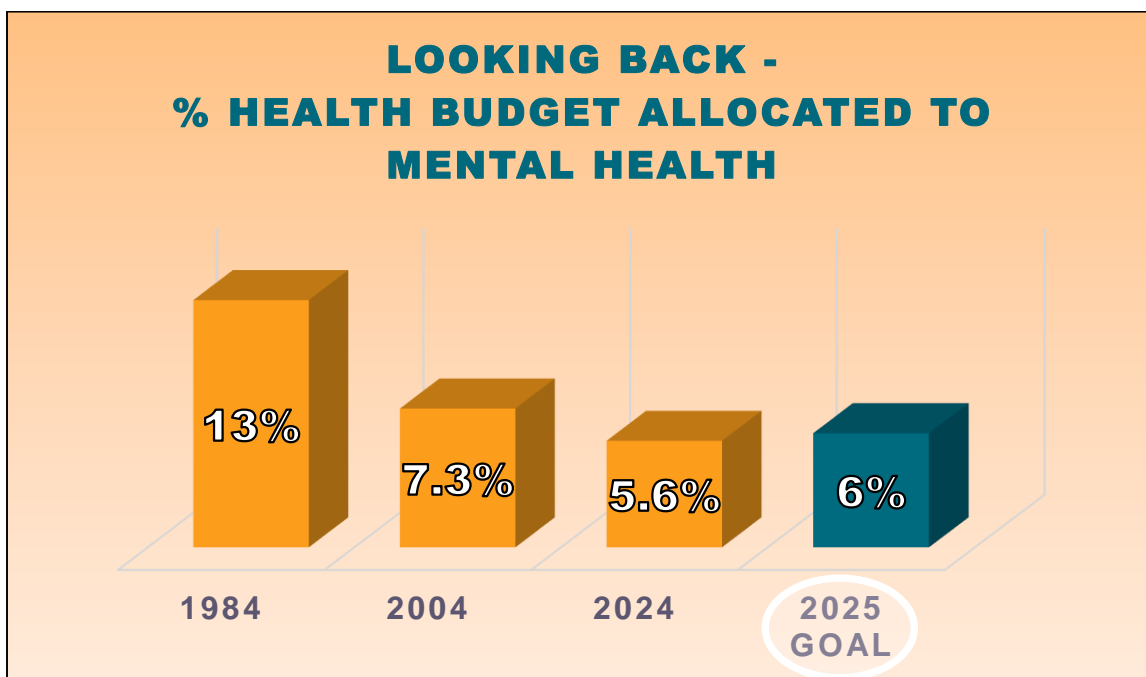
Reference for quote.⁶

Mental Health Reform was delighted to see the Taoiseach's commitment to increasing the mental health budget for Budget 2025, as he responded to the report released by Families for Reform of CAMHS in June 2024.⁷ As we know, the proportion of the health budget allocated to mental health has fallen significantly over the decades, as seen below:

⁶ <https://www.kildarestreet.com/debates/?id=2024-06-12a.75&s=mental+health+reform#g77>

⁷ [Experiences of CAMHS: A Family Perspective](#)

Funding allocated to mental health as a percentage of overall health budget 1984 – 2024. Reference for figures⁸



In our Pre-Budget Submission 2024, MHR called for a long-term funding strategy in mental health, with the percentage of the health budget allocated to mental health reaching **at least 6% in Budget 2025**. The Health Budget for 2024 currently sits at €23.5bn, with clear indication that there will be a supplementary estimate by the end of the year.⁹ In order to reach 6% of the current Health Budget Allocation (not including the overrun by the end of the year and any possible increases next year), the mental health budget would need to reach at least €1.41bn next year. This would require an additional investment of **at least** €100 million. However, given the health overrun and ongoing inflationary pressures (which have slowed but not stopped¹⁰), and the increasing demand on mental health services across the board, **MHR is calling for an investment of an additional €120 million to mental health in Budget 2025 in the hopes of reaching 6% of the Health Budget** as outlined in MHR’s call for a long-term strategy for mental health investment.¹¹ This €120 million allocation would consist of €40m towards Existing Levels of Service (ELS) and €80m development funding. This amount would also still fall far short of the Government’s target to have 10% of the overall health budget allocated to mental health. Therefore, MHR and our members feel that this is a realistic, prudent and reasonable demand.

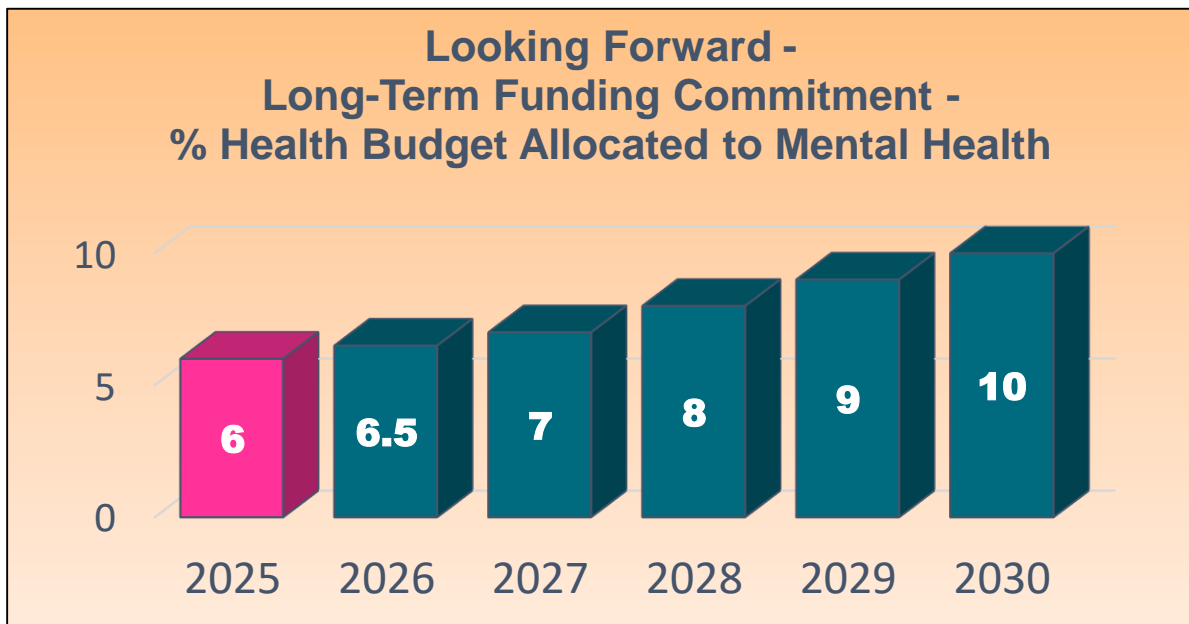
More is, of course, needed, and MHR would welcome a larger allocation in Budget 2025, given that it is the last Budget of this Government and given the need for increased capital expenditure in mental health this cycle too ([see Mental Health Commission’s 2023 annual report](#)).

⁸ [Appendix 17 A Vision for Change](#) and [Budget 2023](#) (€1.2m Mental Health Budget/€23.4bn Health Budget), HSE’s [National Service Plan \(NSP\) 2024](#)

⁹ [Oireachtas - Health Committee on The implementation of the Sláintecare reforms. Officials from Department of Health, 8th May 2024](#)

¹⁰ <https://www.statista.com/statistics/375229/inflation-rate-in-ireland/>

¹¹ <https://mentalhealthreform.ie/budget-2024/>



2024 Mental Health Allocation

5.6%

According to the HSE's [National Service Plan \(NSP\) 2024](#), the total mental health allocation for 2024 is **€1.308.4bn**. This represents **5.6%** of the health budget allocation (1.308.4bn (MH)/23.5bn (Health) = 5.6%). However, the Health budget has already been forecast to run over budget¹². As of June 2024 the Health overspend was at €1.1bn¹³, with the [Summer Economic Statement 2024](#) providing for an additional €1.5bn for the Health Sector for 2024. Given that the mental health budget is not running over budget, the **percentage allocated to mental health will likely be even lower** when the end of year allocation figure for health is taken into account.

There was an additional €75.2 million announced for investment in mental health for Budget 2024.¹⁴ This was followed by an announcement of an additional €10 million investment in January 2024 following the Revised Estimates Process. The announcement of the additional €10 million allocated to development measures in mental health in Budget 2024 was very welcome and we commend the Minister for her work in securing development funding in mental health. However, it is important to note that a significant proportion of this additional €85.2m investment was towards covering Existing Levels of Service (€71m) and only €14.2 million was for the development of services in 2024. ***For a full breakdown of the 2024 mental health allocation, please see Appendix 1.***

¹² 8th May 2024. Health Committee on The implementation of the Sláintecare reforms. Officials from Department of Health

¹³ <https://www.independent.ie/business/health-spending-already-running-1bn-over-budget-by-the-end-of-june/a398306544.html>

¹⁴ <https://mentalhealthreform.ie/news/mental-health-services-will-face-increased-pressures-due-to-lack-of-new-funding-in-budget-2024/>

Mental Health Landscape

“The people who provide our mental health services are dedicated, qualified and honourable people. They deserve to work in services with meaningful investment, substantial support and effective leadership”

Mental Health Commission Annual Report 2023, p. 74

The population of the Republic of Ireland is set to increase by 6% from now 2024 (5.3 million) to 5.6 million in 2030 (6%) over the timeframe of Sharing the Vision. Thus, even to maintain the current levels of service provision the funding would need to significantly increase to serve our growing population.¹⁵ [Research](#) from 2022 has indicated that Ireland’s prevalence rates of mental health difficulties are relatively high in comparison to international estimates¹⁶ and according to the [Mental State of the World Report 2023](#), Ireland has one of the lowest mental health scores in the world. 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.”*¹⁷ Furthermore, Ireland also has the highest difficulty in accessing mental health services in Europe, according to the [European Union Eurobarometer Report from October 2023](#). The findings of the 2023 [Healthy Ireland Survey](#) show that Ireland’s mental health scores, while slightly improved since the Covid-19 restrictions have lifted, are still below the 2016 levels. There has been an overall decrease in both our Energy and Vitality Index score and our Mental Health Index (MHI-5) score in 2023 when compared to 2016. Ireland also saw an increase in the number of recorded deaths by suicide between 2021 and 2022.¹⁸ A new [study](#) published by MHR’s member organisation, [HUGG](#), and conducted by Indecon Economic Consultants, shows that the true rate of suicide in Ireland is significantly higher than is currently being reported. The 2024 report **shows that the true rate of suicide is likely to be 20-25% higher than is reported**. This would **equates to about 100-125 additional deaths** assessed as suicide in Ireland if the practice by Irish coroners’ courts were to change as it has in many other countries.¹⁹

Despite this, Ireland’s investment in mental health has stagnated at between 5 and 6% of the health budget in recent years (6% in 2020, 5.4% in 2021, 5.5% in 2022, 5.1% in 2023, 5.6% in 2024). The Government’s own commitment is to allocate 10% of the health budget to mental health under Sláintecare by 2024. They have failed to do this in Budget 2024 as promised and now have one last opportunity to fulfil their own commitments by allocating 10% of the health budget to mental health in Budget 2025. As we know, Ireland lags far behind other countries in

¹⁵ July 2024 ESRI [POPULATION PROJECTIONS, THE FLOW OF NEW HOUSEHOLDS AND STRUCTURAL HOUSING DEMAND](#)

¹⁶ 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

¹⁷ [Mental Health Commission CAMHS Report](#) – July 2023, p. 27

¹⁸ [National Office for Suicide Prevention \(NOSP\) Annual Report](#) 2023, p. 54

¹⁹ <https://www.hugg.ie/news/the-rate-of-suicide-is-being-significantly-underestimated/>

its prioritisation of mental health. The UK's allocation to mental health as a percentage of the health budget has been more than double Ireland's percentage for many years now and has only continue to grow over the years (13.8% in 2021/22, 14.0% in 2022/23, 14.2% in 2023/24)²⁰. Even factoring in that the UK's spending on learning disability, autism and dementia is within that budget, if that were to be removed the UK mental health spending would still be significantly beyond that of Ireland comparatively.

In response to the Mental Health Commission's 2023 Annual Report, Ministers Stephen Donnelly and Mary Butler said that the Government was committed to continued investment in services.²¹

At an EU level, the first key message of the [State of Health in the EU Synthesis report](#) (2023) is about the ongoing importance of prioritising mental health, following the impacts of the COVID-19 pandemic. The report calls for mental health reforms that tackle stigma, focus on prevention and bring care closer to people in their community. They state that a step-up in investment is vital to achieve this. In June 2023, we also saw the publication of '[A comprehensive approach to mental health](#)' by the European Commission which focuses on three guiding principles:

- (i) adequate and effective **prevention**,
- (ii) access to high quality and affordable mental **healthcare and treatment**, and
- iii) **reintegration** into society after recovery

Ireland was reviewed under the United Nations International Covenant on Economic, Social and Cultural Rights (ICESCR) in February 2024. The Committee stated that it is "**concerned by the low budget allocated to mental health compared to total government health spending. It is further concerned with reports of problems with the availability, accessibility and quality of mental health care and services, in particular for disadvantaged and marginalised individuals and groups (art. 12).**" [emphasis added]²²

We need to see mental health funding being treated with the urgency and prioritisation it deserves in Ireland. Commitment is needed. Parity of esteem with physical health is needed. Investment is needed. Otherwise, what message is the Government continuing to give about the importance of mental health? What is the cost of not investing – the human cost and the financial cost?

Demographic Changes and the Need for Increased Mental Health Investment

As the Government deliberates over the Budget 2025 allocations, we would encourage them to create a system that prepares for the demographic changes that Ireland is experiencing around mental health and will likely experience into the future. At the [National Economic Dialogue \(NED\) Forum 2023](#) and [NED 2024](#) a strong focus of the event was the topic of 'Demographic Change' as one of the major structural challenges facing the Irish economy.²³ While there was much discussion about the ageing population and the impact that will have on health services and pensions²⁴, there was no recognition of the mental health supports that will be required for the

²⁰ NHS mental health dashboard: <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/>

²¹ <https://www.rte.ie/news/ireland/2024/0625/1456514-mental-health-commission/>

²² [ICESCR Concluding Observations for Ireland](#), no. 48

²³ <https://www.gov.ie/pdf/?file=https://assets.gov.ie/266145/8985cc49-070b-47ad-bf65-c3710b14b689.pdf#page=null>

²⁴ Parliamentary Budget Office [Spring Commentary 2024](#) (Publication 25 of 2024)

ageing population or the demographic changes we have seen around mental health and the need to acknowledge, plan for and allocate resources to tackle the increased demand on our mental health services and invest in early intervention and prevention to save the State from further long term economic strain. From a demographic change perspective, the following points need to be closely considered in the preparations for Budget 2025;

Older People

Recent research by Aware on older adults²⁵ has found that, one third (34 per cent) of respondents are experiencing mild to moderate levels of depression, two fifths (41 per cent) are experiencing mild to moderate anxiety and 14% of respondents had considered ending their lives in the last 12 months. Research studies such as [The Irish Longitudinal Study on Ageing](#) (TILDA) have highlighted the significant unmet mental health need among the older population in Ireland and have advised that “An enhanced focus on improving access to mental health care and addressing social isolation in older people should therefore be a public health priority.”²⁶ It was also documented in Recommendation 21 of the [Final Report of the Joint Committee on Assisted Dying](#) in March 2024 that “The Committee recommends the need for much increased mental health supports to help identify and respond to mental health issues, especially age-related mental health challenges, and for mental health supports to always be made available to those receiving a terminal diagnosis”. (p. 13). MHR’s member organisation, ALONE, has highlighted at a recent Oireachtas appearance before the Committee on Health that mental health difficulties remain a significant issue among older people. In total, 2,405 people assessed by ALONE in 2023 indicated they had issues with their mental health.²⁷

In a PQ reply to Deputy Róisín Shortall, dated 24th of May 2024, there is a clear indication of the increasing numbers accessing HSE outpatient services for psychiatry in later life.

Psychiatry of Later Life Open active Cases				
	2021	2022	2023	2024
CHO 1	N/A	830	1,077	969
CHO 2	N/A	875	977	821
CHO 3	N/A	1,031	986	875
CHO 4	N/A	618	744	790
CHO 5	N/A	740	1,097	914
CHO 6	N/A	875	865	867
CHO 7	N/A	104	350	330
CHO 8	N/A	1,142	1,313	993
CHO 9	N/A	960	945	1,017
National	N/A	7,175	8,353	7,576

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** Please note:

In development, data collection commenced in pilot mode at the start of 2021, however the impact of cyber-attack caused delay. Not every service has been able to return data in 2022, therefore these figures are not as reliable as hoped. Work was ongoing in 2023 to improve reliability.

²⁵ <https://www.aware.ie/survey-older-adults/>

²⁶ Robert Briggs, Mark Ward, Rose Anne Kenny, The ‘Wish to Die’ in later life: prevalence, longitudinal course and mortality. Data from TILDA, *Age and Ageing*, Volume 50, Issue 4, July 2021, Pages 1321–1328, <https://doi.org/10.1093/ageing/afab010>

²⁷ https://www.oireachtas.ie/en/debates/debate/joint_committee_on_health/2024-06-26/3/

²⁸ PQ number 14832/24 to Deputy Róisín Shortall, Social Democrats

This PQ reply also showed the very high numbers of people accessing General Adult Mental Health Services (GAMHS) and Child and Adult Mental Health Services (CAMHS), as seen below. With over 17,000 in CAMHS and over 55,000 in GAMHS, the issues around demographic changes discussed above could become even more pronounced going forward. While there has been a welcome focus on CAMHS, it is more important than ever to invest in early intervention and prevention services and increase capacity in the adult and later life services.

General Adult Mental Health Services Open active Cases				
	2021	2022	2023	2024
CHO 1	N/A	4,880	4,134	5,991
CHO 2	N/A	5,625	5,809	6,775
CHO 3	N/A	6,204	6,201	6,089
CHO 4	N/A	9,114	8,994	9,389
CHO 5	N/A	5,883	8,191	5,190
CHO 6	N/A	4,484	4,452	4,525
CHO 7	N/A	5,772	5,811	5,754
CHO 8	N/A	5,198	5,145	4,948
CHO 9	N/A	5,853	6,733	6,568
National	N/A	53,013	55,468	55,229

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Chronic Diseases

Aware’s recent research on older adults found that those living with a chronic illness are more likely to experience depression, anxiety and loneliness.³⁰ As per the [HSE’s National Service Plan 2024](#) “In common with other developed countries, chronic diseases are becoming more common in Ireland, as the population ages and grows” (p. 10). The impact of chronic disease on an individual’s mental health is well documented, with higher rates of depression reported amongst those with a chronic condition than the general population.³¹

Disability

The rates of disability have also been increasing in Ireland, with the most recent census data³² indicating that 22% of the population reported experiencing at least one long-lasting condition or difficulty to any extent. Data from the [Irish Health Survey 2019 \(Persons with Disabilities\)](#) showed that among disabled people aged over 15 years, **43% had some form of depression, compared to the State average of 14%**. The 2024 National Youth Council of Ireland (NYCI) Report on the challenges facing young people states that “*Worryingly, those aged 18 to 29 who have a disability*

²⁹ PQ No 14832/24 to Deputy Róisín Shorthall

³⁰ <https://www.aware.ie/survey-older-adults/>

³¹ Campbell, D., Wilson O’Raghallaigh, J., O’Doherty, V., Lunt, V., Lowry, D., Mulhern, S., ... Hevey, D. (2022). Investigating the impact of a chronic disease self-management programme on depression and quality of life scores in an Irish sample. *Psychology, Health & Medicine*, 27(7), 1609–1617. <https://doi.org/10.1080/13548506.2021.1916953>

³² www.cso.ie. Census 2022 Profile 4 - Disability, Health and Carers

are more likely in the 'Low' group, with 62% of those with a disability receiving a 'low' level assessment of mental wellbeing.”³³

This also links to the work that MHR does with the Department of Social Protection around the cost of disability, labour market activation, the need for flexible benefits, and importance of people being remunerated for providing their expertise in lived experience.

The Mental Health Shadow Pandemic

In our PBS [2023](#) and [2024](#), MHR have called for urgent action on the prevailing mental health 'shadow pandemic'.

1. Research indicates that “*there has been no major improvement in the psychological health of young people since 2022*”³⁴.
2. Statistics about rates of self-harm in Ireland are compiled by the National Suicide Research Foundation (NSRF). This data only covers instances which result in people attending emergency departments. Since 2002, when the NSRF began collating the data, there has been an increase in the number of presentations to emergency departments by **approximately 18 per cent.**³⁵
3. “*20% of young people 15-24 have probable mental health problems, double the figure from a survey in 2015.*”³⁶

Increased Referrals:

The Minister for Mental Health and Older People stated in February of this year that “*It is important that everyone recognises there continues to be a substantial and growing demand for CAMHS [Child and Adolescent Mental Health Services] services. Between 2020 and 2021, referral rates into CAMHS increased by 33%*”³⁷. It is also clear that the actual referrals to CAMHS in 2023, has superseded what was projected by the HSE ([HSE's National Service Plan 2024](#)), with 23,874 referrals to CAMHS in 2023.³⁸ Section 1 below also shows the increased demand across the Voluntary and Community Sector services.

Sharing the Vision Priority Groups

MHR advocates for the ongoing investment in support for 'Priority Groups' of Sharing the Vision including the LGBT+ community, Travellers, those who are homeless, refugees, and people who come in contact with the criminal justice system, as well as all the priority groups identified in Sharing the Vision as being more vulnerable to experiencing mental health difficulties. Below is a sample of some of the increasing need amongst these priority groups:

³³ www.youth.ie. [State of our young nation: A report into the lives of Irish 18-29-year-olds](#), p. 19

³⁴ Melchior, M. The long shadow of the COVID-19 pandemic on children and adolescents' mental health. *Eur Child Adolesc Psychiatry* **32**, 2385–2386 (2023). <https://doi.org/10.1007/s00787-023-02321-6>

³⁵ <https://www.nsrif.ie/wp-content/uploads/2024/02/NSRF-National-Self-Harm-Registry-Ireland-annual-report-2021.pdf>

³⁶ [Young Ireland](#), p. 61

³⁷ 27th February 2024. Mental Health (Amendment) Bill 2023: Second Stage. <https://www.oireachtas.ie/en/debates/debate/dail/2024-02-27/16/>

³⁸ [Bernard Gloster, JOINT COMMITTEE ON HEALTH, 3 July 2024](#)

LGBT+ Community:

[Being LGBTQI+ in Ireland 2024](#) states that "Significantly, since the 2016 LGBTIreland study there has been a:

- 17% Increase in symptoms of severe/extremely severe symptoms of depression
- 30% Increase in symptoms of severe/extremely severe symptoms of anxiety
- 33% Increase in symptoms of severe/extremely severe symptoms of stress"

Possible contributing factors to this were identified in the report as the ongoing mental health impact of the COVID-19 pandemic, bullying, prejudice, harassment, discrimination, and anti-LGBTQI+ hate speech.

Travellers:

The [National Traveller Mental Health Action Plan \(2022 – 2027\)](#) and the [Final Report of the Joint Committee on Key Issues Affecting the Traveller Community \(2021\)](#) both highlight that Mental health difficulties pose an increasing challenge to Traveller health and wellbeing, with emerging data highlighting that COVID-19 disproportionately impacted Travellers and has contributed to the further widening of their health inequalities.³⁹

Homelessness:

The Government's Homelessness Report from Q1 2024 shows that there were 13,866 individuals accessing emergency accommodation at the end of Quarter 1 2024, an increase of 548 individuals (4.1%) on the position at the end of Quarter 4 2023.⁴⁰ People experiencing homelessness experience higher rates of mental health difficulties compared to the general population, including a much higher prevalence of dual diagnoses (58-65% vs 1%, respectively).⁴¹ A study by the Partnership for Health Equity showed that mental health difficulties were very common among people experiencing homelessness in Ireland, with over half the participants reporting a diagnosis of depression.⁴² It was also noted that "*Alarmingly, more than one third of the study population had self-harmed; three fifths have had suicidal thoughts and more than one third had attempted suicide*" (p. 10). Furthermore, almost half of the people surveyed had mental health and addiction difficulties. The [Implementation Plan for the National Housing Strategy for Disabled People](#) will need to be backed by sufficient resourcing in Budget 2025.

Ethnic Minorities:

There is a higher incidence of mental health difficulties among people from ethnic minority communities in Ireland than in the general population.⁴³ Ireland's refugee statistics for 2022 were 81,256, an approximately 750% increase from 2021.⁴⁴ Our national mental health policy, Sharing the Vision, recommends the delivery of diverse and culturally competent mental health supports throughout all services.

MHR supports the prioritisation of all of the priority groups of Sharing the Vision due to the increased mental health needs among these populations. This year MHR also launched our report

³⁹ [National Traveller Mental Health Action Plan \(2022 – 2027\)](#)

⁴⁰ Homeless Quarterly Progress Report Quarter 1 2024

⁴¹ Torchalla, I. et al., "Substance Use and Predictors of Substance Dependence in Homeless Women," Drug and Alcohol Dependence 118, no. 2–3: 173–79

⁴² <https://www.drugsandalcohol.ie/24541/1/Homelessness.pdf>

⁴³ <https://mentalhealthreform.ie/wp-content/uploads/2021/10/MHR-CCT-A4-3.pdf>

⁴⁴ <https://www.macrotrends.net/global-metrics/countries/IRL/ireland/refugee-statistics#:~:text=Ireland%20refugee%20statistics%20for%202022,a%205.93%25%20increase%20from%202020.>

on '[Mental Health Services & Support in Prisons](#)' which sought to better understand the mental health services and supports available to adults detained in closed-prisons, including the pathways to accessing these resources and potential barriers.

Summary

Across the lifespan of Ireland's population, we can see the clear need to consider the demographic changes in mental health and to adequately resource our chronically underfunded mental health services to respond to this increased demand. We cannot speak about budgeting for demographic change without considering the mental health needs of the population. **Demographic change considerations need to include mental health.**

HSE Health Regions

"Integration of mental health services across the health and social care system; particularly with disability services and under the developing Health Region structure. The focus should be on best health and wellbeing outcomes for individuals which demands improved integration of supports yet we continue to operate in a siloed way."

– MHR's Pre-Budget Survey Respondent – Budget 2025

The move to the Health Regions provides an opportunity to improve the integration of mental health care across all services, and particularly to provide improved access and referral pathways between State and Voluntary and Community Sector (VCS) services.

There are clear action items in *Sharing the Vision* (recommendations 13, 18, 26, 34, 39, 75 & 76) that relate to improving the integration of care in mental health and moving towards population-based planning including the commitment to develop directories of information on services available in the Voluntary and Community Sector, implementing a shared care approach between primary care and specialist mental health services and reviewing the referral pathways into community mental health supports, among others.

MHR sits on the Health Regions Implementation Planning Group. MHR would like to emphasise our support and appreciation for the strong focus and commitment within the proposed structures to building infrastructure that enables people with lived experience to meaningfully engage in the development of health and social care services.⁴⁵ MHR is also advocating for mental health, including the VCS, to be prioritised within the proposed new governance structures.

MHR notes and welcomes that there is a 'Regional Disability Lead' in the proposed governance structures⁴⁶. MHR would advocate that given the significant mental health needs in Ireland, as

⁴⁵ <https://healthservice.hse.ie/staff/latest-health-regions-updates/>

⁴⁶ https://assets.hse.ie/media/documents/07.06.24_Updated_slide_for_Angela_Ryan_-_HSE_EMT_Model_-_Advanced_Design.pdf

well as the fact that Ireland has the highest difficulty in accessing mental health services in Europe⁴⁷, that a ‘Regional Mental Health Lead’ is also of vital importance within the governance structures. Mental health has been neglected in the health funding and within the health governance structures. Mental health is also often forgotten in discussions around disability, discrimination and equality. People with psychosocial disabilities or enduring mental health difficulties are to be afforded the rights under Ireland’s equal status acts, disability legislation and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). It is time to prioritise mental health and afford it parity of esteem with physical health.

PBS Survey Findings 2024

“Actually invest in mental health. The wider pressures on the health budget are squeezing the mental health budget, further reinforcing the inequality of spend between physical and mental health.”

– MHR’s Pre-Budget Survey Respondent – Budget 2025

Every year, MHR conducts a public survey on the public’s and our member organisations’ priorities for mental health ahead of the next Budget cycle. A total of 234 persons across every county completed the PBS public survey ahead of Budget 2025. The majority of respondents came from Dublin (45.7%, n=107), followed by Cork (8.1%, n=19), Galway (6.0%, n=14), and Wicklow (5.1%, n=12). **The majority of survey respondents placed resourcing of mental health services and access in the community in their top three mental health priorities for Government.** For a full overview of the PBS survey findings, please see Appendix 2.

Reform of the Mental Health Act

Mental Health Reform welcomes the prioritisation of the Mental Health Bill on the Government’s Summer Legislative Programme.⁴⁸ In July 2024, it will be three years since the Heads of Bill were published and examined. We would like to thank Minister Mary Butler for her tireless commitment to progressing the Mental Health Bill. We look forward to continuing to work with the Minister, our members and people with lived experience to inform discussion on the new law.

MHR are also encouraged by the Taoiseach, Simon Harris’ commitment to the reform of the Mental Health Act, 2001. In his address at the Fine Gael Ard Fheis on April 6th 2024, Mr Harris stated that *“Now I want to work with colleagues to introduce the Mental Health Bill and reform*

⁴⁷ European Union Eurobarometer Report from October 2023:
<https://europa.eu/eurobarometer/surveys/detail/3032>

⁴⁸ <https://mentalhealthreform.ie/news/mental-health-reform-welcomes-prioritisation-of-mental-health-bill-on-government-legislative-programme/>

*mental health services, because mental health is one of the greatest challenges facing our young people.*⁴⁹

It is a Programme for Government Commitment⁵⁰ to reform the Mental Health Act. This is a once-in-a-generation opportunity for positive change in our mental health legislation.

Please see the section on 'Resourcing Legislative Change' for more information of the Budgetary considerations relating to the Act.

Section 1 – Early Intervention and Prevention – Invest in Communities – Additional €25M

“Further integration, with a greater focus on early intervention and prevention. Let’s start helping people up river rather than only when they are really struggling.”

MHR’s Pre-Budget Survey Respondent – Budget 2025

Our expenditure into preventative healthcare only amounts to 1% of our total health expenditure, and yet any investment in prevention can yield two to four times the economic benefit, according to the HSE National Service Plan 2024.

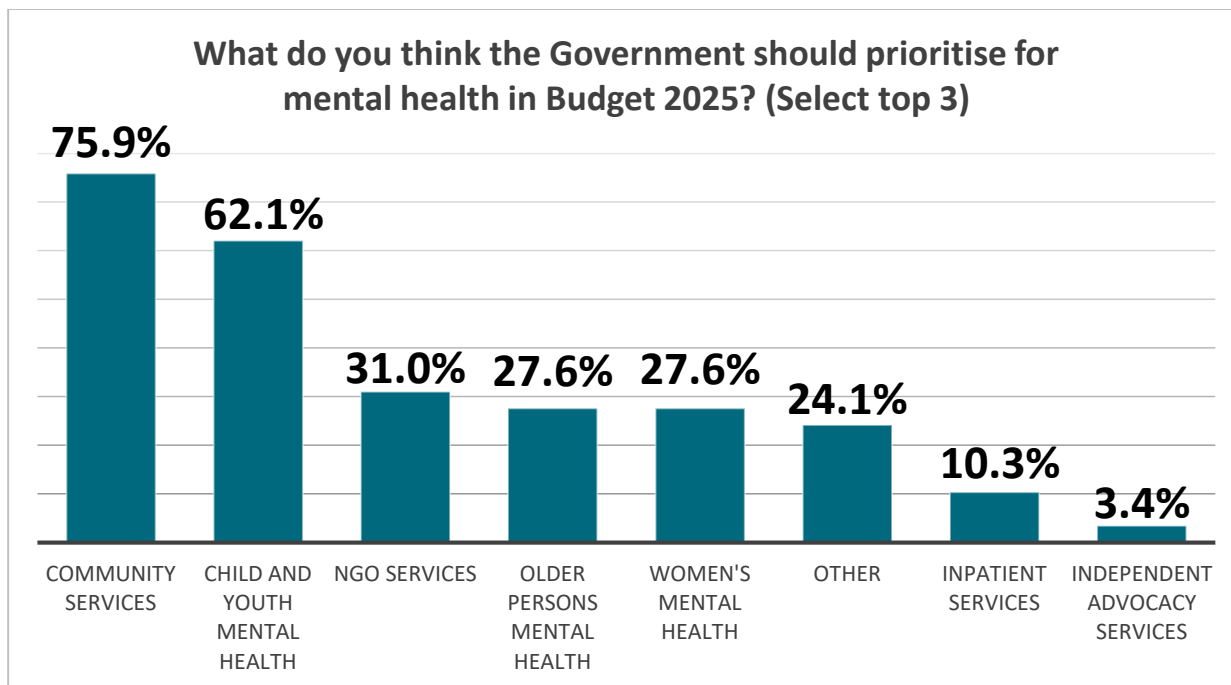
The Voluntary and Community Sector (VCS) are a vital partner in the implementation of Sharing the Vision, especially through the provision of early intervention and prevention services. The ‘*Short-term Recommendations-focused Policy Implementation Progress Report*’ of Sharing the Vision states that implementing integrated programmes across the complex healthcare system “*often requires working collaboratively with the community and voluntary sector and other statutory service providers, in order to fully integrate the promotion of positive mental health in the communities where people live.*” (p. 19).

Members’ Priorities for Government Candidates

In our PBS Survey ahead of Budget 2025 a total of 29 of MHR’s member organisations responded. They were asked to share the top three areas they felt Government should prioritise for mental health in Budget 2025. The majority of members placed **community services** (74.9%, n= 22) and **child and youth mental health** (62.1%, n= 18) in their top three.

⁴⁹ <https://www.finegael.ie/speech-of-the-leader-of-fine-gael-simon-harris-t-d/>

⁵⁰ Programme for Government Our Shared Future (2020)



Voluntary and Community Mental Health Sector Funding

The total allocation to the Voluntary and Community Mental Health Sector is unclear from the public data available. For example, parliamentary questions posed yielded two very different responses for the 2022 and 2023 funding levels, with vast discrepancies between the two lists. The figures provided are as follows:

- ❖ **2022** Funding total for VC mental health sector - **€115,056,648** [PQ 45235 23]
- ❖ **2023** Funding total for VC mental health sector - **€96,607,293** [PQ 14745-24]

These figures technically show a decrease from 2022 to 2023 of €18,449,355 or a **reduction of ~ 16%**. However, given the vast discrepancies in the organisations listed in these two responses, MHR is concerned that this is not an accurate depiction of the funding to the sector.

What we do know is that the sector is becoming squeezed by increasing demand on service provision without the required corresponding funding increases. This is borne out in the evidence below of the increased demand of some of Mental Health Reform's member organisations (presented in alphabetical order): ALONE, BodyWhys, Focus Ireland, Merchants Quay Ireland, Respond, Samaritans). We have already seen the increase in demand from 2020 to 2021 in MHR's Pre-Budget Submission 2024⁵¹, the below data shows the increased demand for a sample of MHR's member organisations for 2021 vs 2022 (Please note that at the time of writing the 2023 Annual Reports were not available for many member organisations).

⁵¹ <https://mentalhealthreform.ie/budget-2024/>

Case Studies on Increased Demand - 2021 vs 2022⁵²



Metric: Number of Older People Supported 2021 vs 2022



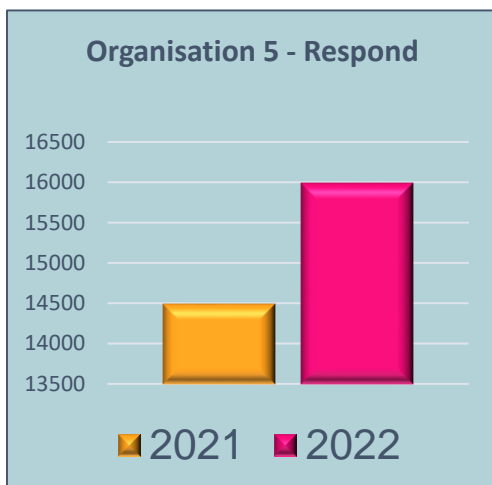
Metric: Number of Helpline Calls 2021 vs 2022



Metric: Approx. Number of People Engaged with Services 2021 vs 2022



Metric: Number of Clients 2021 vs 2022



Metric: Number of Tenants 2021 vs 2022



Metric: Calls per Day 2021 vs 2022

⁵² Figures received from Annual Reports 2021 and 2022 of corresponding organisations

This is merely a sample of the increased demand across our membership. Our members are reporting not only increased demand and referrals to their services, but also an increase in the complexity of cases presenting. They are dealing with this in the face of stagnated funding and ongoing inflationary pressures.

MHR member organisations are providing vital services. They report on the impact and outcome of these supports within their service level agreements with the HSE and TUSLA. Unfortunately, this data is not being amalgamated, nor is the type of data that is being sought standardised. There needs to be a wider data management system that amalgamates the data on the impact and reach of voluntary and community sector services. This needs to be standardised across the sector to allow for the collation of all data into a central data management system.

As mentioned above, Ireland was reviewed under the United Nations International Covenant on Economic, Social and Cultural Rights (ICESCR) in February 2024. IHREC, in their ICESCR submission have also called for Civil Society Organisations to be adequately resourced stating that *“The Commission recommends that core, multi-annual, ring-fenced and autonomous funding is made available to civil society organisations, which ensures decent work and adequate wages for staff and builds capacity to meet increasing need for advocacy and services.”* They also stated that *“Reflecting the failure of the State to provide many essential public services, civil society organisations play an expansive role in ensuring access to ESC [economic, social, cultural] rights in Ireland.”*

The Joint Committee on Children, Equality, Disability, Integration & Youth’s [report on CAMHS and Dual Diagnosis](#) recommended that *“Separate funding of no less than €25 million should be provided immediately for resourcing organisations in the community and voluntary sector that provide mental health supports and general youth support services”* (p. 8).

Section 1 – Recommendations

- **Early Intervention:** Invest in early intervention and prevention services through the Voluntary and Community mental health sector
- **Sustainability:** Provide multi-annual, sustainable funding to the Voluntary and Community mental health sector
- **Data Management:** Fund and implement a national data management system that amalgamates the data on the impact and reach of Voluntary and Community Sector mental health services

Section 2 - Sharing the Vision – Additional €40M

As we face into elections within the coming year, it is an important time to reflect on the fact that Sharing the Vision is our national mental health policy until 2030. This means it is a policy that is important to every political party, regardless of the election outcome. 2024 is the final year of the current implementation plan of Sharing the Vision. It is a time to reflect on what has been achieved so far and what we would like to see included in the next implementation plan. There are many milestones that are due to be completed by the end of 2024, some of which we will highlight in this section. Adequate resourcing is vital to ensure these milestones are met. MHR is calling for the **next implementation plan of Sharing the Vision to be fully costed and supported with a multi-annual budget line** that ensures its success. MHR would also like to reiterate our support

for the prioritisation of the ‘Priority Groups’ of Sharing the Vision as mentioned in the above section on ‘Demographic Changes and the Need for Increased Mental Health Investment’.

In our Pre-Budget Submissions [2023](#) and [2024](#) MHR has highlighted some of the key milestones that have needed resourcing in Sharing the Vision. Despite the acute need to invest in our National Clinical Programmes (NCPs) for mental health and the clearly outlined commitment to ensure national coverage of these programmes, 2023 saw no additional funding provided to the NCPs. The Budget 2024 announcements contained no reference to the NCPs and only select programmes received funding allocations half way through 2024, minimising the time available to the teams for recruitment.

The table below serves as a stark reminder of how vital it is to ensure adequate development funding is provided to Sharing the Vision, including the NCPs in Budget 2025:

Summary Table – National Clinical Programmes

National Clinical Programme	Promised no. of teams/staffing by end of 2024	Current no. of teams/staffing	Shortfall for 2024
ADHD	12 Teams	7 Teams (two partial)⁵³	-5
Dual Diagnosis	~16 teams	4 Teams⁵⁴	-12
Early Intervention in Psychosis (EIP)	24 Sites	6 Teams⁵⁴	-18
Eating Disorders	16 Teams	11 Teams⁵⁴	-5
Perinatal Mental Health	One Mother and Baby Unit by end of 2024	No Mother and Baby Unit	-1
Self-Harm/Suicide	67 SCAN Nurses	22 SCAN Nurses	-45

Table 1 – National Clinical Programmes delivery overview

Please see Appendix 3 for a more detailed breakdown of the figures provided in Table 1.

Capital Investment

Recommendation 98 of Sharing the Vision states that: “Capital investment should be made available to redesign or build psychiatric units in acute hospitals which create a therapeutic and recovery supportive environment. It is essential that all stakeholders are involved in a structured service design process for all redesigns or new builds.”

The [Mental Health Commission’s 2023 Annual Report](#), published June 2024, has highlighted a concerning downward trend in compliance rates among approved inpatient centres. In his first

⁵³ PQ Number: 15778/24

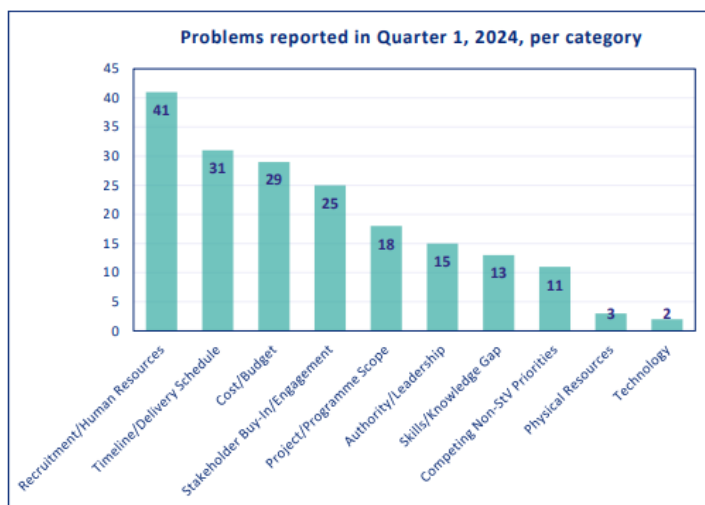
⁵⁴ PQ Number: 14829/24. [Funding for 12th Team Announced May 2024](#)

report as Inspector of Mental Health Services, Professor Jim Lucey highlights the need for planned, strategic investment in our mental health services. The stark increase in lower compliance rates is deeply troubling. The report finds that 22 approved centres had compliance rates under 80%, this is compared to 9 in 2022 and only 7 in 2021. MHR is concerned about the findings that minimum regulatory standards are not being met in key areas of staffing, care planning, risk management and premises.⁵⁵ The report states that “*Compliance with the regulation regarding Premises has been low over the past number of years*” (p. 40), with only 27% of approved centres meeting minimum standards in the most recent inspection. MHR joins the Mental Health Commission in calling for the urgent mobilisation of the capital programmes required to remedy the deficits in the mental health premises.

In Q4 2023, a Mental Health Capital Planning Group was established, tasked with developing a 10-year Capital plan for mental health.⁵⁶ This plan needs to be imminently advanced and resourced in Budget 2025.

Underfunding Impeding Progress

In the ‘Short-term Recommendations-focused Policy Implementation Progress Report’ on *Sharing the Vision*, **cost/budget** accounts for **29% of problems reported with the implementation** of *Sharing the Vision* as seen in the graph below:



The report also notes that “*Alongside staffing for new mental health service developments, resourcing in general is another key consideration, both for specialist mental health services and the broader mental health system. This can be a particular challenge for progressing a shared care approach and for ensuring people with mental health difficulties can access the right care in the right place, which for the majority is outside specialist mental health services*” (P. 19).

It is clear that underfunding of the implementation of *Sharing the Vision* is significantly hindering its progression. In May 2024, the Joint Committee on Children, Equality, Disability, Integration & Youth published its [report on CAMHS and Dual Diagnosis](#) in which it makes a series of recommendations. One key recommendation was that “*An immediate top-up of funding, separate to the existing budgetary allocation, of €25M should be provided for further implementing Sharing*

⁵⁵ [MHR Full Statement](#) 25th June 2024

⁵⁶ [NIMC, StV Policy Implementation Status Report Quarter 4, 2023](#)

the Vision.” MHR would ask the Government to urgently support this recommendation by the Joint Committee in the Budgetary allocations for 2025. MHR would also like to add that the development of a Mother and Baby Unit alone, which was an unmet 2023 milestone of StV, will cost at least an additional €13.5m (based on 2023 pay scales)⁵⁷. Therefore, MHR is asking for a total of at least an additional €40million investment in StV.

Section 2 – Recommendations

- **Implementation:** MHR is calling for the next implementation plan of Sharing the Vision to be fully costed and supported with a multi-annual budget line
- **Investment:** Invest funding to support the delivery of the outstanding milestones from Sharing the Vision
- **Capital Investment:** MHR calls for a targeted, funded strategic capital investment programme for mental health services

Section 3 – Youth Mental Health - Additional €10M

“Children’s services are vital- it can make a lifetimes difference for a human being to have proper effective early intervention”

MHR’s Pre-Budget Survey
Respondent – Budget 2025

“Walk in the shoes of a mother with a suicidal son for 24 hours. A system of accessing quality and timely mental health care doesn’t exist. No one seems to care.”

MHR’s Pre-Budget Survey
Respondent – Budget 2025

The need for increased funding in youth mental health is evident. Several reports have highlighted this necessity, including the [Maskey Report](#) into South Kerry CAMHS in 2022, the concluding observations from the Committee on the United Nations Convention on the Rights of the Child (UNCRC)⁵⁸, the [Mental Health Commission’s Report on CAMHS](#) and the Ombudsman for Children’s Report [‘A Piece of My Mind’](#) in 2023. More recently, Families for Reform of CAMHS published [‘Experiences of CAMHS: A Family Perspective’](#) in 2024, re-emphasising this need.

The 2023 [Healthy Ireland Survey](#) also showed that young people (aged 15 – 24 years old) had the lowest scores on the Mental Health Index (MHI-5). The National Youth Council of Ireland’s 2024 report on *‘State of our young nation: A report into the lives of Irish 18-29-year-olds’* surveyed 750 people and described the *“complex emotional landscape”* facing young people in Ireland

⁵⁷ <https://mentalhealthreform.ie/wp-content/uploads/2022/09/Final-Full-PBS.pdf>

⁵⁸ https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FCO%2FIRL%2FCO%2F5-6&Lang=en

today. Alarming, 50% of respondents reported low mental wellbeing on the Mental Wellbeing Scale, and over a quarter identified mental health as one of the top three issues facing Ireland today. We know that adverse childhood experiences can have a significant impact on mental health outcomes.⁵⁹ Supporting young people impacted by such experiences and reducing their occurrence can result in better outcomes, both for the young person, and for the economy. For example, the [Hidden Harm](#) strategy, makes it clear that children and young people affected by parental problem substance use must be supported in their own right so that better outcomes are achieved by them and their families. The impact from adverse childhood experiences across the lifespan has significant cost implications and *“Rebalancing expenditure towards ensuring safe and nurturing childhoods would be economically beneficial and relieve pressures on health-care systems.”*⁶⁰

In February 2023, the Committee on the United Nations Convention on the Rights of the Child (UNCRC) published its concluding observations.⁶⁰ 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)

MHR’s Inclusive Innovation Showcase

MHR member organisations are currently providing the therapeutic services called for by the UNCRC in very innovative ways. The Voluntary and Community Sector plays a crucial and irreplaceable role in driving this innovation in mental health in Ireland. These organisations are closest to the communities on the ground and can respond more quickly and flexibly than the public sector to developing needs. However, to sustain and expand their impactful work, a substantial funding increase in Budget 2025 is essential.

On 21 May 2024, Mental Health Reform hosted the ‘Inclusive Innovation Showcase’ at DogPatch Labs in Dublin. This event demonstrated the vital contributions of the Voluntary and Community Sector, featuring engaging presentations, a dynamic panel discussion, and networking opportunities. The showcase highlighted innovative solutions in the mental health sector that these organisations have developed, underscoring their role as pioneers in the field. Some of the innovative supports showcased include:

⁵⁹ Bellis MA, Hughes K, Ford K, Ramos Rodriguez G, Sethi D, Passmore J. Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. *Lancet Public Health*. 2019 Oct;4(10):e517-e528. doi: 10.1016/S2468-2667(19)30145-8. Epub 2019 Sep 3. PMID: 31492648; PMCID: PMC7098477.

⁶⁰

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

	<p>Barnardos' presentation focused on their wellbeing model. This model aims to provide universal access to support in communities. It does this by embedding wellbeing and support for children into all aspects of their lives, be it sport, the classroom, or in the community at large.</p>
	<p>The ISPCC discussed their digital Wellbeing Programmes. These programmes provide guided online CBT to young people between ages 14 to 18 experiencing anxiety, as well as programmes aimed at parents and carers of children and young people experiencing anxiety.</p>
	<p>Jigsaw's presentation explored a new "single-session first" model of service delivery being developed at Jigsaw. This model aims to cut waiting times for young people accessing services while not compromising addressing mental health needs, and is based on a pilot conducted by Jigsaw on this model of service delivery.</p>
	<p>Mental Health Ireland presented on their Thrive programme. This programme is based around community level interventions and showcased collaboration between the VCS and local authorities in addressing community mental health needs.</p>
	<p>Pavee Point presented on the Mind Your Nuck website hosted at youngpavees.ie. It is focused on delivering information on mental health to young Travellers on their own terms. Through reaching under-served communities, in their own words, it seeks to break down barriers to accessing mental health support.</p>
	<p>Shine discussed their Voice platform. This initiative brings together those with lived experience and their supporters with the aim of centering lived experience voices in policy-making. The goal of the initiative is to improve mental health support, services, policy and legislation in Ireland through ensuring input from those most impacted by them.</p>
	<p>St Patrick's University Hospital presented on their digital mental health record 'Your Portal'. The presentation focused on the support given to service users in accessing their records and the work that has been done in setting up a system which allows for service user voices to be heard in how their information is shared and used.</p>

No Wrong Door

MHR welcomes the emphasis that was put on youth mental health last year, with the establishment of the [National Office for Child and Youth Mental Health](#), as well as the continued focus on youth mental health through the allocation of development funding in Budget 2024 to a referral pilot for paediatric community services including CAMHS, which is piloting an approach to service referrals known as 'No Wrong Door' in CHO2 and CHO9.⁶¹

⁶¹ PQ [1785/24](#) and [PQ 18794/24](#)

As mentioned in the previous section, MHR would like to see a wider data management system introduced in the HSE that standardises the data being collected on the impact and reach of the Voluntary and Community Sector services. One aspect that would be important to capture within the new [Single Point of Access/No Wrong Door](#) youth mental health triage system (currently being piloted in CHO 2 and CHO 9)⁶² is data on which Voluntary and Community Sector (VCS) services children and young people are accessing while on the waiting list for statutory services such as CAMHS or the Community Disability Network Teams (CDNTs). We know from our membership that many of the young people accessing their services are on the waiting list for CAMHS and that the sector is providing vital supports in the face of an overloaded statutory system. This was also shown in the 2024 report by [Families for Reform of CAMHS](#), where 37% of respondents were receiving support from one of MHR's member organisations.⁶³ However, this data is not currently being collected and collated by the HSE. MHR calls for this type of data to be collected in the ongoing rollout of the new youth mental health triage system and for the full rollout of this No Wrong Door approach to be funded and prioritised in Budget 2025.

Bridging the Gap

Mental Health Reform welcomes the policy framework for children and young people entitled [Young Ireland: the National Policy Framework for Children and Young People 2023-2028](#) which features a spotlight on mental health. This policy commits to driving *“a focused effort to break down the possible siloed nature of youth mental health services under different parent Departments by facilitating cross-working between departments and its agencies in order to identify service gaps, scope out opportunities for youth mental health service improvement, while facilitating a co-ordinated approach to service planning.”*⁶⁴

As mentioned above, MHR is working on a project with that exact aim, the CYP-MH Pathfinder Project. This project can assist with this aim of facilitating a co-ordinated approach to youth mental health.

The ultimate goals and anticipated outcomes of the project are to make a substantial contribution to improving mental health services for children and young people in Ireland through:

- Increase in overall capacity of the publicly-funded CYP mental health system
- Reduction in unmet need amongst CYP
- Easier navigation and clearer care pathways for CYP.

The two-year pathfinder project aims to prepare the necessary groundwork for a concerted national push towards these ultimate goals and associated outcomes. It has a number of strands of work, including:

- Mapping need and system capacity in Ireland
- Collaborative work within the VCS
- Mental health economics work (with London School of Economics)
- Engagement with HSE and other key stakeholders (DoH, DPER, etc.)

⁶² PQ 18794/24

⁶³ Organisations named in the report include Jigsaw, Pieta House, BodyWhys, Turn2me, Barnardos. [Experiences of CAMHS: A Family Perspective](#)

⁶⁴ [Young Ireland: the National Policy Framework for Children and Young People 2023-2028](#), p. 45

- Develop roadmap for accelerating the expansion of the publicly-funded CYPMHS system.

The project is currently in its second year and has made substantial progress on the first three strands.

While the initial funding for this project has been through philanthropic investment, in order to implement and develop this work, MHR is calling for a €1 million investment in Budget 2025 to establish a HSE-funded general child and young person mental health (CYPMH) system.

Section 3 – Recommendations

- **Community Care:** Invest in community-based youth mental health programmes in the Voluntary and Community Sector
- **Innovation:** Invest in the Children and Young People Mental Health ‘pathfinder’ project
- **Child and Youth Mental Health Office:** Fully resource the HSE Child and Youth Mental Health Office and their upcoming Action Plan
- **Governance:** Implement the 49 MHC recommendations from the 2023 Report on CAMHS

Section 4 – Programme for Government Commitments - Additional €5M

Resourcing Legislative Change – Additional €3 Million

The reform of the Mental Health Act, 2001 is a once in a generation reform. It is vital that the passing of the Bill is backed by real and meaningful investment in this legislative reform in Budget 2025 to allow the necessary changes and reforms to progress.

One aspect that will require funding is the expansion of the Mental Health Commission’s (MHC) regulatory powers to include all community mental health services, including community CAMHS. Preliminary work on costing the additional resources required has been carried out. The MHC propose to increase the numbers of Assistant Inspectors to 31 who will report to six Deputy Inspectors (there are currently 14 Whole Time Equivalent and 1 vacancy at Assistant Inspector level as of June 2024). This would cost in the region of **€1.6m**, based on existing salary levels.⁶⁵

Minister Mary Butler, Minister for Mental Health and Older People, has clarified that “...some of the planned changes are expected to carry additional costs, such as the enhanced role for Authorised Officers in the involuntary admission process and the expansion of the Mental Health Commission’s regulatory remit to include community residences and services” and that “Continued investment in mental health services at all levels, including community and inpatient services, will be needed to ensure the continued efficacy and improvement of services and to continue to uphold the rights of people accessing services”.⁶⁶

⁶⁵ PQ 26865/24 – June 2024

⁶⁶ PQ 20936/24

MHR supports the Minister in her call for the reform of the legislation to be supported by the necessary Budgetary provisions.

Independent Advocacy Service in Mental Health – Additional €2 Million

MHR has long been a proponent of the need for funded, accessible, independent advocacy services for children and adults with mental health difficulties.⁶⁷ MHR has called for the right to advocacy to be placed on a statutory footing in the ongoing reform of the Mental Health Act, 2001.⁶⁸ As mentioned above, the reform bill is listed as priority publication for the Government in this Summer Session 2024. In preparation for this reform, MHR commissioned a human rights analysis of the Heads of Bill to reform the Mental Health Act.⁶⁹ The importance of advocacy, including age-appropriate advocacy for under 18s, is highlighted throughout the analysis.

MHR sits on the Sharing the Vision Working Group on Advocacy, relating to Recommendation 65. A gap analysis of the advocacy services in mental health is currently being finalised and the development of the implementation plan is in progress. In order for these gaps to be addressed adequately, advocacy will need to be sufficiently resourced in Budget 2025.

Many of MHR's members provide indirect advocacy to people accessing mental health services and supports and their family, friends, carers and supports. In our Innovation work under the Brave New Connections Workstream, MHR produced the report on *'Resetting The Non-Profit Voluntary & Community Mental Health Sector (VCS) After the Pandemic. A Strategic Perspective'*⁷⁰. This report looked at the nature and scale of the VCS in Ireland, particularly after the COVID19 lockdowns and restrictions. Of the 53 organisations studied, 9% were listed as providing individualised advocacy for people with mental health difficulties. With regards to the volume of activity of these 53 organisations, it was reported that over 90,000 people were reached by peer support/advocacy and other recovery/social inclusion programmes.

Volumes of activity: Indicative scaling of volumes of services the sector was providing just before the pandemic shows the substantial contribution it makes. On an annual basis, this includes an estimated:

870,000+ helpline/crisis contacts

220,000+ counselling/psychotherapy sessions

130,000+ reached with psychoeducation and self-help supports

90,000+ reached by peer support, advocacy, recovery/social inclusion and other programmes.



Age-appropriate mental health advocacy services are also required. MHR has consistently called for the establishment of a nationally-available, youth mental health advocacy service. The

⁶⁷ See for example, the Pre-Legislative Scrutiny process on the Assisted-Decision Making (Capacity) Act (2015) – MHR's report to the Committee [here](#).

⁶⁸ <https://www.mentalhealthreform.ie/campaigns/reform-the-mental-health-act/>

⁶⁹ <https://mentalhealthreform.ie/wp-content/uploads/2021/11/Legal-analysis-MH-Act-28-October-1.pdf>

⁷⁰ <https://mentalhealthreform.ie/wp-content/uploads/2022/03/RE-SETTING-THE-NON-PROFIT-VOLUNTARY-COMMUNITY-SECTOR-AFTER-THE-PANDEMIC.pdf>

National Youth Mental Health Task Force Report (2017)**Error! Bookmark not defined.** 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 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).⁷¹ 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 following 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 Report⁷² on the UNCRC from February 2022 outlines Ireland’s commitment to developing such a service. Now is the time to deliver such commitment through Budget 2025.

MHR is calling for an additional €2 million⁷³ to be allocated to the development of a national independent advocacy service in mental health in Budget 2025.

Data Deficits

Mental Health Reform is concerned by the serious data deficiencies and consequent lack of transparency that exists around how mental health budgets are spent each year, as well as data deficits around the services that are being provided. Frequently, responses to parliamentary questions posed by the Government to the HSE state that:

*“Currently, HSE Mental Health Services are **not in a position to report on expenditure and budget by service category**. The current financial reporting system is aligned to Annual Financial Statement type (i.e. nursing pay, Drugs & Medicines etc.) and does not align to the services and sub-services in operation. The Future Health Report identified the financial and service information systems of the Health Service as **not fit for purpose**” [emphasis added]⁷⁴*

Mental Health Reform would like to highlight that “*Public access to high quality information is an essential part of democracy, not least clear information about where public money is allocated*” and that “*In 2023, the Auditor and Comptroller General noted that: “Better alignment between the HSE’s national service plan and the Health Vote has been a recommendation for reform since the Considine Report in 2008”⁷⁵*. We call for the full implementation of the Integrated Financial and Procurement Management System (IFMS) as a matter of urgency and greater transparency in the allocation of mental health funding.

⁷¹

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

⁷² [State Report to UNCRC](#)

⁷³ Based on figures provided in [PQ 55737/21](#) and subsequent inflationary pressures

⁷⁴ PQ Number: 15800/24 – 19th April 2024

⁷⁵ [An Introduction to Ireland’s Public Spending Explained 2024](#)

In addition to financial data there is a need for a wider data management system on service delivery within the wider mental health service infrastructure, as well as capturing the prevalence rates of mental health difficulties in Ireland. As mentioned above, many of MHR member organisations provide vital services, including to those on waiting lists for statutory services, but the data on this service provision, and its impact on statutory services is not being centrally captured. There needs to be a wider data management system that amalgamates the data on the impact and reach of voluntary and community sector services. This needs to be standardised across the sector to allow for the collation of all data into a central data management system. Furthermore, the aim of the HSE Health Region reform is to provide population based healthcare. However, we do not currently have data on the national or regional prevalence of mental health difficulties in Ireland. This is vital if this system reform is to be successful.

MHR would also like to highlight the important work being undertaken through the [Well-being Framework](#) and support the plans to introduce budget tagging in order to improve the analysis of resource allocations to mental health.⁷⁶ While MHR understands that the initial rollout will likely incorporate physical and mental health into one budgetary ‘tag’, MHR would ask that this be disaggregated into physical and mental health separately over time. There is often an overspend in the health budget, whereas mental health, as outlined in this submission, is chronically underfunded. A disaggregated budgetary tagging system within the Well-being Framework would really help to highlight this fact.

Section 4 – Recommendations

- **Legislation:** Introduce the Bill to reform the Mental Health Act, 2001 without delay and adequately resource the reform
- **Advocacy:** Fund a national independent advocacy service for mental health for all ages
- **Data Management:**
 - Resource the full implementation of the Integrated Financial and Procurement Management System (IFMS) as a matter of urgency to provide greater transparency in the allocation of mental health funding
 - Introduce budgetary tagging across the Well-being Framework for Ireland, with a long-term goal of disaggregating the tags into physical and mental health separately

Conclusion

MHR welcomes the opportunity to make this submission to the Government ahead of Budget 2025. 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. We call for urgent action on the chronic underfunding of mental health 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

⁷⁶ [Revised Estimates Volume 2024 – Enhancing the Well-being of People Living in Ireland](#)

step towards addressing the deficits in Ireland's mental health care. We all have mental health and we all have a reason to invest in mental health. Your family is a reason, your friend is a reason, your neighbour is a reason, you are a reason. We are all still a reason to invest in 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.

The Scheme to Support National Organisations (SSNO) is funded by the Government of Ireland through the Department of Rural and Community Development



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government supporting communities

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Registered Charity Number: 20078737. CHY Number: 19958. Company Registration
Number: 506850.*

[Mental Health Reform is the Good Governance Award Winner 2022](#)



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Appendix 1

Breakdown of the 2024 Mental Health Allocation

Table 1: Finance Allocation 2024

Service Area / Business Unit	2024 Opening Allocation	ELS: 2024 Pay Rate Funding	ELS Full Year Impact of 2023 New Developments	ELS Core Measures Previously Funded in Non-Core	ELS Measures Previously Approved but Unfunded	Cost Pressures / Inflation	ELS Service Specific	Savings	New Measures	Non-Core Once-off Funding	Non-Core: COVID-19	Non-Core: Ukraine	Non-Core: Resilience Fund	2024 NSP Budget	Less: 2024 NSP Budget Held	2024 Opening Budget (Column N-O)	2024 Internal Commissioner Funding to be applied	2024 Available Funding (Column P&Q)
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Operational Service Areas	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O	Column P	Column Q	Column R
Mental Health	1,274.3	13.8	0.2	-	-	16.0	-	-	3.1	1.1	-	-	-	1,308.4	(2.7)	1,305.6	(9.1)	1,296.5

Graph from HSE NSP 2024, p. 62

There was an additional €75.2 million announced for investment in mental health for Budget 2024.⁷⁷ This was followed by an announcement of an additional €10 million investment in January 2024. The announcement of the €10 million allocated to development measures in mental health in Budget 2024 was very welcome and we commend the Minister for her work in securing development funding in mental health. However, it is important to note that a significant proportion of this additional €85.2m investment was towards covering Existing Levels of Service (ELS) and a total of €14.2 million was for the development of services. The breakdown is as follows;

ELS 2024 - €71m

€30m in Existing Level of Service funding outlined in the NSP:

- ❖ Pay rate funding for pay restoration - €13.8m
- ❖ ELS specific funding service items - €16m
- ❖ ELS Full Year Impact of 2023 New Developments - €0.2

There was also a €41m allocation to the 'BUILDING MOMENTUM; A new public service agreement, 2021-2022' pay restoration for 2024. Thus, the total ELS costs of 2024 actually amounted to €71 million.

New Developments 2024 - €14.2m

There is €4.2m in new developments funding outlined in the HSE NSP:

- ❖ Once off new development measures €1.1m 2024
- ❖ Recurring new development funding €3.1m (CAMHS services €2.7m & Crisis team €400k)

The additional €10 million, announced by Minister Mary Butler in January 2024 **Error! Bookmark not defined.** was not included in the HSE NSP figures, therefore the total development funding for Budget 2024 was €14.2 million.

⁷⁷ <https://mentalhealthreform.ie/news/mental-health-services-will-face-increased-pressures-due-to-lack-of-new-funding-in-budget-2024/>

€10 Million Allocation

Unfortunately, there has been and continues to be very little clarity on a detailed financial breakdown of how exactly this funding is being allocated. We know the following programmes have been funded through this allocation:

- **€250,000** - [Seeking Safety Ireland](#) - Seeking Safety Ireland has been allocated €250,000 in recurring funding, to be allocated across 7 organisations - [PQ 20422/24](#)
- **~€1.3M** (see MHR's PBS 2023 for figures) - Funding for a new Adult eating disorder team⁷⁸ - *"This team will be based in CH07, which will cover the area of Kildare/West Wicklow, Dublin West, Dublin South City, and Dublin South West. This will bring the total number of eating disorder teams nationally to 12"* - [PQ 23026/24](#)
- **Posts for National Clinical Programmes:**
 - *"As part of the additional €10 million I secured for mental health services in 2024, a number of new posts will be directed to enhance the HSE clinical programmes. This includes posts to support ADHD. Details in relation to the significant €10 million provision are currently being finalised with the HSE. PQ [21712/24](#)*
 - 4 SCAN Nurses *"As part of the €10m additional funding I secured this year 4 further SCAN nurses will be recruited, to work with children and teenagers."* PQ [25703/24](#)
 - *"enhancement of key clinical mental health services, including early intervention in psychosis, eating disorders, dual diagnosis, and ADHD services"* [PQ 18794/24](#)
- Additional supports for Traveller mental health - particularly for young Travellers - to access counselling, psychotherapy, and related youth work supports [PQ 18794/24](#)
- Additional funding to Jigsaw for early intervention youth mental health services for 12-25 year olds [PQ 18794/24](#)
- Posts to reduce the number those waiting for over 12 months for CAMHS services, through the provision of additional ADHD supports. [PQ 18794/24](#)
- No Wrong Door Triage - Two pilot sites (CHO2 and CHO9) to trial a new approach to referrals into children's services including mental health services, primary care and disability services, where referrals will be processed by a single office covering all services, rather than individual referrals being made to each service. Known as the 'No Wrong Door' approach, it will help avoid children having multiple referrals and better guide parents to the most appropriate service for their child. [PQ 18794/24](#)
- CAMHS Hubs: Additional staff for CAMHS Hubs. [PQ 18794/24](#)
- CAMHS Emergency Department Posts: Additional staff to assist young people who have presented to Emergency Departments with onward access to appropriate services, including to community CAMHS teams. [PQ 18794/24](#)
- Digital Investment: A full electronic health record for all CAMHS teams nationally, a critical piece of infrastructure to enable CAMHS teams to work more efficiently and effectively. [PQ 18794/24](#)
- New funding for Jigsaw and Foróige to deliver early intervention mental health supports for children and young people. [PQ 18794/24](#)
- €1 million for online safety to support the digital literacy and protection of young people online. [PQ 18794/24](#)

⁷⁸ <https://www.gov.ie/en/press-release/89e9c-minister-for-mental-health-and-older-people-announces-continued-roll-out-of-national-eating-disorder-teams/>

Mental Health Funding 2020 – 2024 Overview

[PQ Number: 55290/23](#)

The NSP 2024 funding is indicative only as the NSP for 2024 has not yet been signed off.

Net Mental Health Funding 2020 to 2024						
	2020	2021	2022	2023	2024	Total increase
	€m	€m	€m	€m	€m	€m
Budget per NSP (excluding Covid)	1,031	1,099	1,159	1,227	1,308	277
PFG development funding	13	23	24	14	3	77
	Budget increase 2020 - 2024:					
	Public sector pay agreements					119
	Existing level of service funding					66
	Development funding					77
	Other adjustments					15
	Total budget increase					277



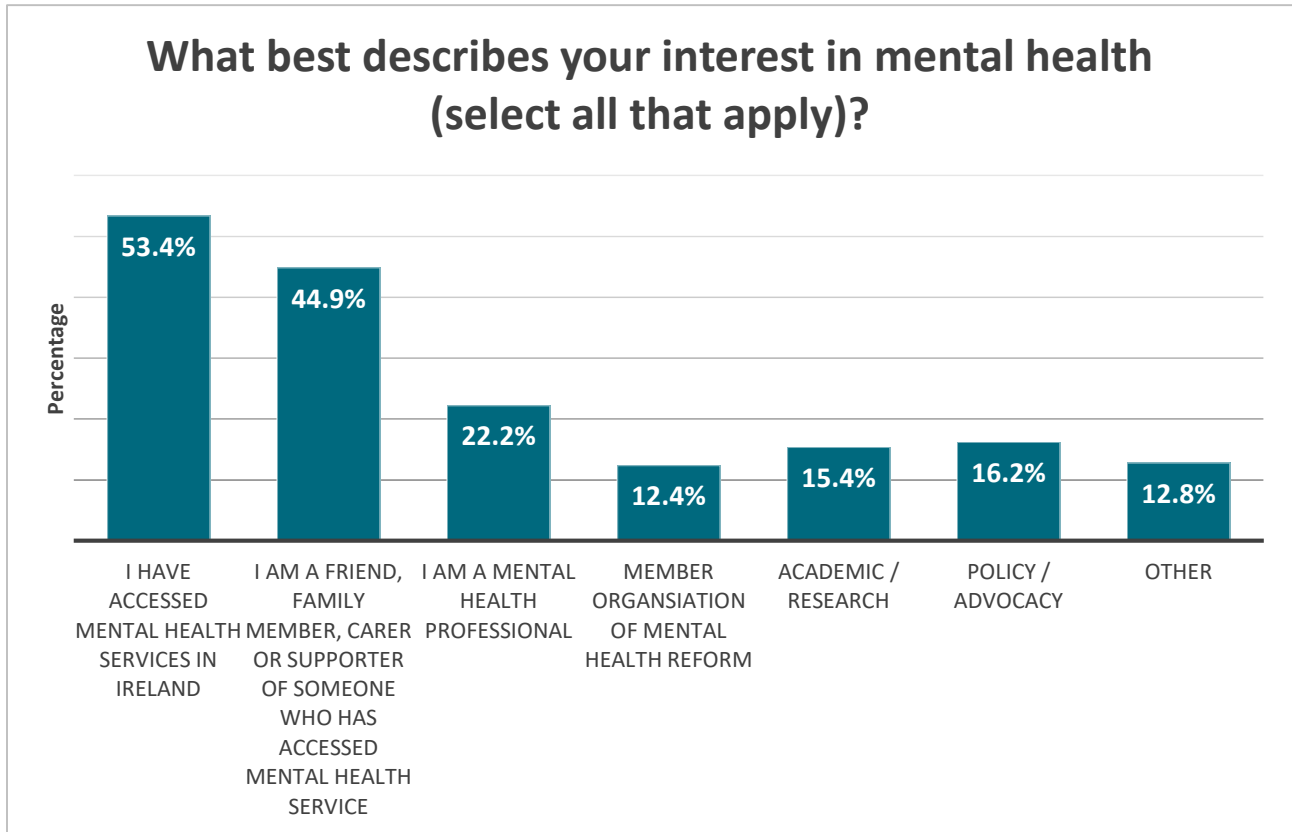
Allocation of Programme for Government Funding 2020 to 2024

Funding Use	2020	2021	2022	2023	2024	Total
	€m	€m	€m	€m	€m	€m
In Patient Capacity/Placements		7.7	5.0	3.0		15.7
Forensic Service	13.0		1.0			14.0
S39 developments				9.0		9.0
Expanding community services		3.5	4.0			7.5
CAMH's hubs		5.0	0.6			5.6
Expansion CAMHS services			2.0		3.0	5.0
Crisis resolution services		2.6	1.4			4.0
Rental/Upgrade costs			2.0	2.0		4.0
Advancing Recovery & Service User Engagement		0.9	2.3			3.2
Clinical Programs - Dual Diagnosis		1.0	0.8			1.8
Clinical Programs - Eating Disorders			1.2			1.2
Clinical Programs - ADHD			1.1			1.1
Clinical Programs - Early Intervention in Psychosis		0.5	0.5			1.0
Sharing the Vision implementation		0.5	0.3			0.8
Peer support workers & CHO service user engagement leads		0.3	0.4			0.7
Clonmel Crisis house		0.4	0.4			0.7
MoC Specialist MH Services for Older People			0.6			0.6
Genio & Misc		0.3	0.2			0.5
Clinical Programs - Self Harm			0.3			0.3
MHID		0.3				0.3
National Office for Suicide Prevention & CFL		0.1				0.1
Total	13.0	23.0	24.0	14.0	3.0	77.0

Appendix 2

MHR Pre-Budget Survey Results 2024

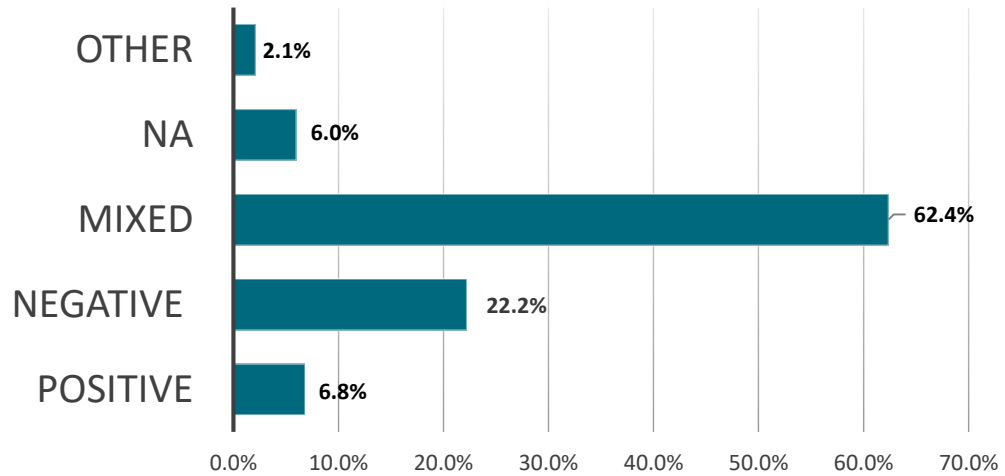
Participants were asked to describe their interest in mental health. More than half (53.4%, n= 125) of respondents shared that they have accessed mental health services in Ireland, and nearly half (44.9%, n= 105) reported being a friend, family member, carer, or supporter of someone who has accessed mental health services. Please note that participants could select all interests that applied to them, and therefore the total percentage is more than 100%.



Experiences of Mental Health Services in Ireland

Survey respondents were asked how their experience with mental health services in Ireland has been, if any. The majority of respondents (62.4%, n=146) reported having mixed positive and negative experiences. 22.2% (n=52) reported having a negative experience, and 6.8% (n=16) reported a positive experience. 6.0% (n=14) selected that this question was not applicable to them, and 2.1% (n=5) provided alternative responses.

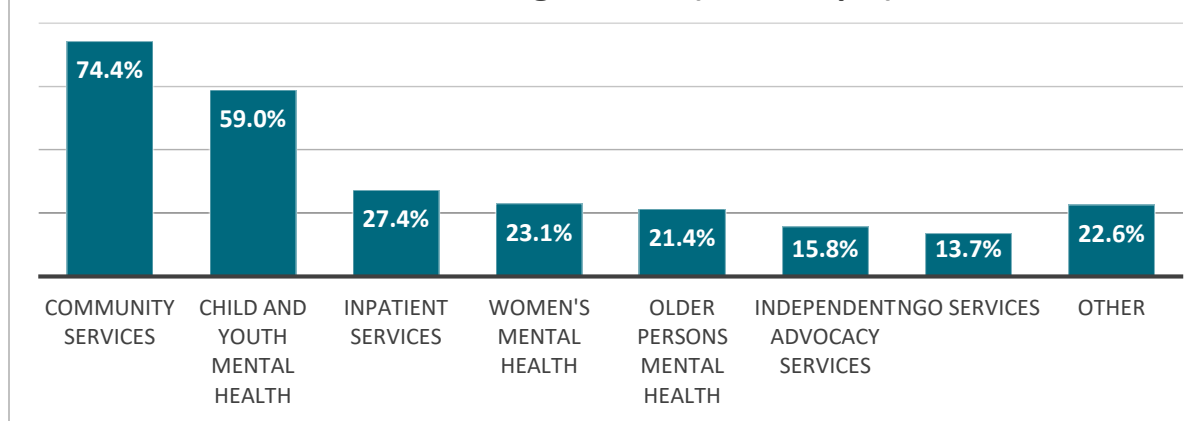
How has your experience with mental health services in Ireland been, if any?



Priorities for Government and candidates

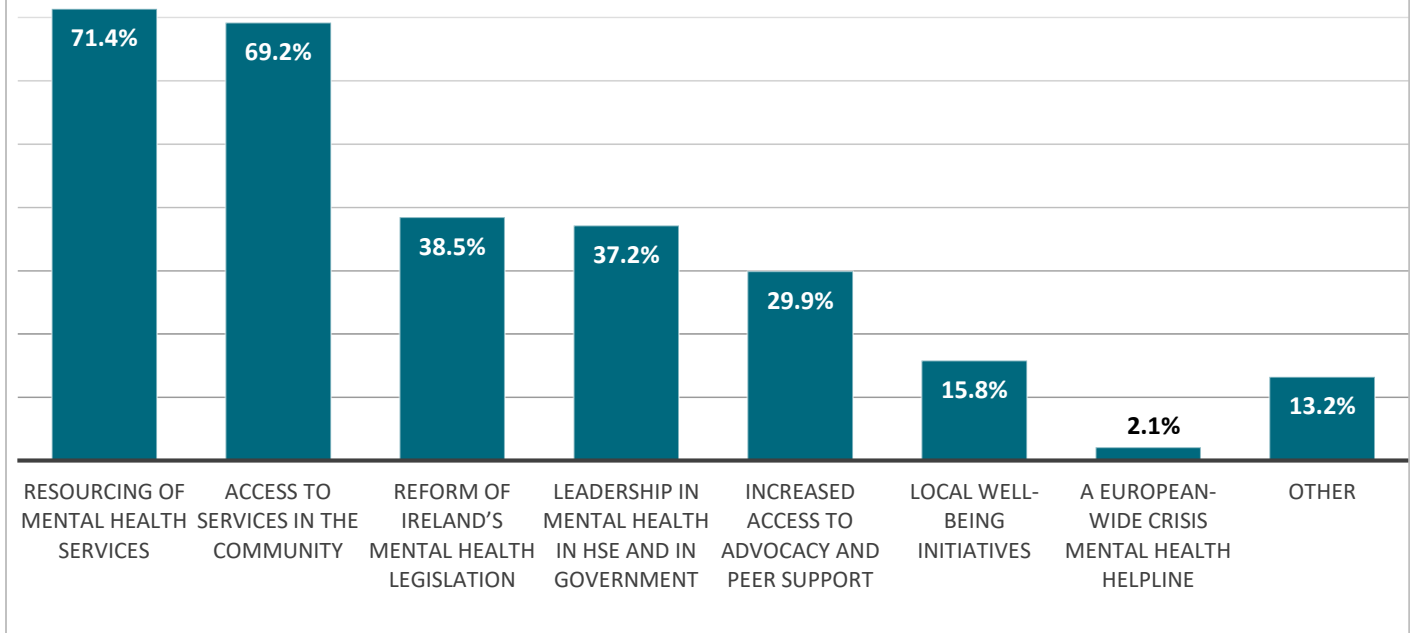
Participants were asked to share the top three areas they felt Government should prioritise for mental health in Budget 2025. The majority of survey respondents placed community services (74.4%, n= 174) and child and youth mental health (59.0%, n= 174) in their top three.

What do you think Government should prioritise for mental health in Budget 2025? (Select top 3)



Participants were also asked to share their top three priorities for candidates and mental health in the upcoming elections. **The majority of survey respondents placed resourcing of mental health services (71.4%, n=167) and access to services in the community (69.2%, n=162) in their top three.**

What are your priorities for candidates and mental health services in upcoming elections? (Select top 3)



Appendix 3

More detailed breakdown of Table 1 - National Clinical Programmes delivery overview

National Clinical Programme	Promised no. of teams/staffing by end of 2024	Current no. of teams/staffing
ADHD	12 Teams	7 Teams (two partial)⁵³
	For full implementation of the ADHD in Adults NCP Model of Care 12 teams should be in place	<ol style="list-style-type: none"> 1. CHO1 (half team) 2. CHO3 3. CHO4 4. CHO4 (half team) 5. CHO6 6. CHO7 7. CHO8
Dual Diagnosis	~16 teams	4 Teams⁵⁴
		Adult services = 2 CHO 3 and CHO 4

	One Specialist Dual Diagnosis Team per 300,000 of population (as per MoC)	Adolescent Services = 2 CHO7 and CHO9
Early Intervention in Psychosis (EIP)	24 Sites - 125.3 WTEs (for 6 existing areas)	6 Teams ⁵⁴ - 58.5 WTEs
	<p>24 EIP Sites (Recommendation 52 - Overarching outputs by end of 2024)</p> <p>The model of care recommended 20WTEs per 200,000 population serving adult population and 5.7 WTEs per under 18 component.</p> <p>An additional 66.8 Whole Time Equivalents (WTE) = 125.3 WTEs total</p>	<p>5 adult and 1 CAMHS in development</p> <ol style="list-style-type: none"> 1. RISE South Lee -Cork CHO4 2. Eist North Lee -Cork CHO4 3. DETECT -Blackrock, South Dublin CHO6 4. Compass Meath - County Meath CHO8 5. Sligo - Sligo Town 6. ARMS Team (under 18 years) South Dublin <p>58.5 Whole Time Equivalents (WTE) - PQ Number: 15778/24</p>
Eating Disorders	16 Teams	11 Teams ⁵⁴
	<p>National Clinical Programme for Eating Disorders (NCPED) to advance and improve public eating disorder services in the Republic of Ireland. This plan included the development of 16 dedicated eating disorder teams, 8 teams for children and adolescents, and 8 teams for adults.</p> <p>(2018 MoC)</p>	<p>5 CAMHS and 6 Adult Teams and funding for another adult team added in 2024⁷⁹</p> <ol style="list-style-type: none"> 1. CAMHS ED CHO2 Galway – (Awaiting permanent base) 2. CAMHS CHO4 Cork City 3. CAMHS ED CHO6 Lucena Clinic (New community base to open in Q4, 2024) 4. CAMHS ED CHO7/Part CHO8 Dublin – Cherry Orchard Campus 5. CAMHS ED CHO9/ part of CHO8 (Longford/Westmeath/Meath/Louth) Dublin North City (Awaiting permanent base)

⁷⁹ <https://www.gov.ie/en/press-release/89e9c-minister-for-mental-health-and-older-people-announces-continued-roll-out-of-national-eating-disorder-teams/>

		<p>6. Adult ED CHO1 (Mini teams – Sligo/Leitrim/Donegal) Sligo Town (Awaiting permanent base)</p> <p>7. Adult ED CHO1 (Mini teams – Cavan/ Monaghan) Monaghan Town (Awaiting permanent base)</p> <p>8. Adult CHO4 Cork City</p> <p>9. Adult ED CHO5 Kilkenny (Awaiting permanent base)</p> <p>10. Adult ED CHO6 St. Vincent’s University Hospital. New community base to open in 2024.</p> <p>11. Adult ED CHO9 (part of CHO8) North County</p> <p>National Clinical Programme – Eating Disorders – Teams Contact Details</p> <p>Funding for 12th Team Announced May 2024</p>
Perinatal Mental Health	One Mother and Baby Unit by end of 2024	No Mother and Baby Unit
	<i>“A new Mother and Baby Unit will be in place by Q4 2024.” StV Implementation Plan 2022 - 2024</i>	<p>6 sites with Hub Site coverage⁵⁴</p> <ol style="list-style-type: none"> 1. National Maternity Hospital – hub sites: Mullingar Wexford Kilkenny 2. Cork University Maternity Hospital – Hub Sites: South Tipperary Kerry Waterford 3. Rotunda Hospital – Hub Sites: Cavan -OLOL Drogheda 4. University Maternity Hospital Limerick 5. Galway University Hospital – Hub Sites: Letterkenny Portiuncula Mayo Sligo 6. The Coombe – Hub Site: Portlaoise
Self-Harm/Suicide	67 SCAN Nurses	22 SCAN Nurses

	<p>Approximately 67 SCAN Nurses nationally</p> <p>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)</p>	<p>As of April 2024 – 22 SCAN nurses (with 3 on maternity leave)⁸⁰ across 13 counties</p> <p>Suicide Crisis Assessment Nurse Service COUNTY WTE CNS funded to date (PQ Number: 15778/24)</p> <ul style="list-style-type: none"> • Carlow 1.00 • Cavan 1.00 • Cork 4.00 • Donegal 2.00 • Dublin 1.00 • Laois 1.00 • Louth 1.00 • Mayo 2.00 • Meath 1.00 • Monaghan 1.00 • Offaly 1.00 • Waterford 2.00 • Wexford 2.00 • Dublin CAMHS 2.00
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⁸⁰ PQ Number: 14831/24



**MY COMMUNITY IS A REASON
MY FAMILY IS A REASON
MY FRIEND IS A REASON
MY FUTURE IS A REASON
I AM A REASON**

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