



## Cost of Disability Payment Submission

April 2026

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.

In line with this vision, we drive the progressive reform of mental health services and supports, through coordination and policy development, research and innovation, accountability and collective advocacy. With 83 member organisations and thousands of individual supporters, MHR provides a unified voice to Government, its agencies, the Oireachtas and the general public on mental health issues.

### A note on language

While Ireland’s national mental health policy, *Sharing the Vision*, uses the term “mental health difficulties,” the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), ratified by Ireland in 2018, uses the term “psychosocial disabilities” to refer to people experiencing mental health difficulties, as well as those who self-identify with this terminology. The UNCRPD is clear that the rights and protections it sets out extend to individuals with psychosocial disabilities. Mental Health Reform supports an individual’s right to choose how they describe their own experiences and recognises the importance of respecting this preference in all policy and practice contexts.

### Description of Proposal

Mental Health Reform (MHR) acknowledges and welcomes the work of the Department of Social Protection in establishing this consultation on the Cost of Disability Payment. The costs associated

with living with a mental health difficulty often remain unacknowledged in welfare schemes, and we are encouraged to see that the impact of this financial burden is being recognised, and efforts are being made to address it.

The submission is informed by discussions with our members and the broader disability sector, consultations with people with lived experience, domestic policy and research, and the international evidence base on best practice.

MHR wishes to emphasise that this submission sets out our preliminary views on how a Cost of Disability Payment could be effectively structured and implemented. Given the significance and complexity of this issue, the six-week consultation period represents a relatively limited timeframe within which to develop a fully comprehensive position.

We strongly welcome the opportunity for continued engagement with the Department of Social Protection and the wider disability sector, and we look forward to contributing further to this process through participation in the forthcoming Strategic Focus Network Summit on the Cost of Disability.

### Purpose of the Payment

The Indecon survey findings show that respondents with a mental health, psychological, or emotional condition experience particularly high levels of deprivation<sup>1</sup>. Those who reported that their condition affected them “to a great extent” recorded the highest proportion (36%) with five or more deprivation indicators, highlighting a strong link between severe mental health difficulties and elevated deprivation levels.

The highest level of deprivation was found under care and assistance, where between 75-96% of people report receiving no state assistance for those costs. A Cost of Disability Payment would help to address the gap in living expenses between individuals experiencing mental health difficulties and those without disabilities, thereby promoting greater equity in financial support

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<sup>1</sup> Indecon International Research Economists, “The Cost of Disability in Ireland,” *Department of Social Protection, 2021*, <https://assets.gov.ie/static/documents/the-cost-of-disability-in-ireland-research-report.pdf>

A sample of some of the additional costs that may be experienced by people with mental health difficulties include:

- Inability to work or maintain full-time employment
- Lower pay due to increased sick days and absenteeism;
- Increased food costs of buying premade meals or ordering food when unable to cook and limited food choice due to sensory issues;
- Inability to avail of public transport due to anxiety;
- Requiring appropriate sensory friendly clothes/bedsheets, which often come at a higher cost;
- Additional medical costs associated with reduced self-care
- Personal debt and financial struggle caused by difficulties managing money and navigating complex administrative systems.

This list only represents a fraction of the costs faced by people with mental health difficulties, as the experiences and needs of such a diverse group are wide-ranging.

MHR notes that significant gaps remain in the research and data on the cost of disability in Ireland. While the Indecon Cost of Disability in Ireland report provides an important foundation, it also makes clear that there is no single cost of disability and that costs vary widely depending on the nature and severity of a person's condition. Moreover, many of the estimates in the Indecon report are based on data from 2020 or, in some cases, from earlier years. Given the substantial increases in the cost of living since then, alongside the fact that existing social welfare payments have not kept pace with inflation in real terms, it is highly likely that the actual costs faced by people with disabilities have risen significantly. Therefore, there is an urgent need for updated, comprehensive, and high-quality data to inform the implementation, and ongoing refinement of any Cost of Disability Payment. Without a robust and current evidence base, there is a real risk that the payment will not adequately reflect the lived realities of many people with disabilities or meet the level of support required.

MHR also wishes to highlight the intermittent and episodic nature of mental health difficulties, as well as other disabilities, and stresses that this must be explicitly recognised and incorporated into

the design and implementation of the Cost of Disability Payment. We will expand on this when answering questions 2 and 3.

Furthermore, we recommend that a 3-5 year Action Plan on the Cost of Disability be published to provide a clear roadmap for the introduction and ongoing development of this new payment. Such a plan should embed regular reporting, meaningful consultation, and co-design with disabled people and their representative organisations as core components of the implementation process. This approach would help ensure transparency, accountability, and continuous improvement as the payment is rolled out.

### A Cross Departmental Approach

While we acknowledge that the Cost of Disability Payment is a vital step in the right direction, and we commend the Department of Social Protection for its work in progressing this initiative, it remains MHR's position that this payment alone is not sufficient to address the full range of costs faced by people with disabilities.

People living with mental health difficulties frequently face substantial and ongoing expenses relating to essential services, including the costs of psychotherapy, medication, regular hospital visits, assessments, transport and other necessary supports. Many of these costs fall outside the remit of the Department of Social Protection. Other Government Departments therefore have a critical role in improving access to services and reducing out-of-pocket expenditure. In particular, coordinated action across the Departments of Health; Education and Youth; Transport; Further and Higher Education; and Housing is essential to ensure a comprehensive and effective system of supports.

Improving access to affordable, timely, and appropriate services across these sectors would significantly reduce the financial burden currently placed on individuals living with mental health difficulties. The Cost of Disability Payment should not be viewed as a substitute for adequately funded public services. A payment alone cannot compensate for gaps in service provision; rather, it must operate alongside accessible, high-quality public supports to ensure that people with disabilities can achieve an equitable standard of living and are not financially disadvantaged compared with those without a disability.

## Qualification for a Cost of Disability Payment

### Means Testing

It is vital that any assessment used to decide who should obtain this payment be **non-means-tested** and provided regardless of employment. These costs are unavoidable and present no matter the employment or financial status of an individual.

However, if a means-testing model is adopted, assessments should be carried out on an individual basis rather than on household income or savings. Otherwise, people with mental health difficulties may be forced to rely on others in their household to help cover their additional costs, which can limit their independence and create additional barriers. It is therefore essential that any means-tested Cost of Disability Payment be based solely on an individual's income. This approach would reduce the financial pressure placed on households and support greater independence for people living with disabilities.

### Assessment

Assessments used to determine eligibility for the Cost of Disability Payment should be simple, accessible, and designed to minimise administrative burden for people with disabilities. Assessments which emphasise support needs rather than attempting to measure the "level" or "severity" of disability are far more appropriate in the context of a Cost of Disability Payment. An example of an assessment that focuses on lived experience and prioritises support needs over level of disability is the World Health Organisation's Disability Assessment Schedule (WHODAS)<sup>2</sup>. Implementing an assessment like this one, which can be performed by a GP or social worker, would ensure that a social model of disability is prioritised over a medical model.

People with mental health difficulties are often excluded from disability payments and social welfare benefits due to stigma, and the invisible, intermittent nature of mental illness. Especially for individuals who have the capacity to work, their additional needs and their associated costs often remain hidden and unaddressed within the social welfare system. A more inclusive, needs-based

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<sup>2</sup> OECD, "Disability, Work and Inclusion in Italy: Better Assessment for Better Support:," OECD Publishing (2023), [https://reforms-investments.ec.europa.eu/publications-0/improving-disability-assessment-and-social-protection-system-italy\\_en](https://reforms-investments.ec.europa.eu/publications-0/improving-disability-assessment-and-social-protection-system-italy_en).

assessment approach is therefore essential to ensure that people with mental health difficulties are not disadvantaged or overlooked.

A specific diagnosis should not be required in order to qualify for the Cost of Disability Payment. The long waiting lists, high assessment costs, and limited availability of diagnostic services for mental health difficulties mean that many individuals would be unable to access this payment for an extended period of time, despite already incurring significant additional costs related to their disability. This would create an inequitable system in which access to financial support depends on the ability to secure a diagnosis rather than on the lived reality of disability-related expenses.

Moreover, making a formal diagnosis a prerequisite would place additional pressure on clinicians to diagnose and categorise individuals in order to facilitate access to supports. This approach risks reinforcing a narrow medical-model approach to mental health and may contribute to misdiagnosis or inappropriate treatment pathways. It could also undermine person-centred care by incentivising diagnostic labelling over holistic assessment.

For these reasons, a more flexible and accessible approach is required. A note from a GP, evidence of a referral for assessment, or other appropriate clinical documentation should be sufficient to qualify for the payment. This would ensure that people with mental health difficulties are not disadvantaged by systemic delays, financial barriers, or the complexities of the diagnostic process, and that support is provided on the basis of need rather than formal categorisation.

Overall, qualifying for this payment should not constitute a large administrative burden, or require extensive proof from individuals. The priority should be accessibility and usability, ensuring that people who are currently unable to avail of any form of disability related social welfare payments are included within the cost of disability.

### **Payment Amount and Structure: A mixed model approach**

Based on our consultations to date, we recommend the introduction of a fixed universal payment, automatically provided to those already in receipt of Disability Allowance, while remaining open to application for all others (based on a GP letter, evidence of referral/assessment or other appropriate clinical documentation). This approach would ensure that the widest possible cohort can benefit

from the scheme and would help prevent the exclusion of individuals with less visible or non-apparent disabilities, including those with mental health difficulties.

In addition to the universal payment, a tiered system should be developed to recognise that some individuals face significantly higher disability-related costs than others. In this model, the tiered structure could operate as a mechanism through which people could appeal or apply for an add-on to the universal rate where they can demonstrate significant additional, ongoing costs. This mixed approach would ensure that the system is both inclusive and responsive, providing a guaranteed level of support to all eligible individuals while retaining the flexibility to address more complex or higher-cost needs. It would also strike an appropriate balance between administrative efficiency and fairness, ensuring that resources are directed where they are most needed without creating unnecessary barriers to access.

Given the short timeline under which the Department is currently operating, attempting to design and implement a tiered system now risks creating inconsistency, inequity, and administrative complexity. Instead, we recommend the universal payment be provided as a first step and that the development of a tiered add-on take place over the next two to three years, informed by ongoing consultation and co-design with those in receipt of the Cost of Disability Payment and those working in the disability sector. This phased process would allow for a more evidence-based and responsive model to emerge, ensuring that any enhanced-rate mechanism more accurately reflects the real-world costs faced by people with disabilities.

Importantly, any future tiered system must be designed to minimise administrative burden and complexity. It should focus specifically on additional disability-related costs, rather than on diagnostic labels or broad assessments of severity, to ensure that people who incur higher expenses can access appropriate support without unnecessary barriers.

### Acute Episode Payment

Alongside the development of the tiered system proposed above, MHR would also propose the introduction of an Acute Episode Payment for people with intermittent, episodic, or recurring conditions who are eligible for the Cost of Disability Payment. Many individuals with mental health difficulties experience periods of stability followed by acute episodes during which their support

needs and associated costs increase sharply. Someone experiencing an acute mental health crisis will not know how long the episode is likely to last, and this uncertainty makes it difficult both to assess the duration of support needed and to obtain timely documentation. Because these needs are not constant, they may not meet the criteria for higher-tier supports on an ongoing basis.

An Acute Episode Payment would provide a flexible mechanism to ensure that individuals who do not usually qualify for enhanced rates, due to the fluctuating nature of their condition, can still access additional support during periods of acute difficulty. This would help prevent people from being left without adequate assistance at the very moments when their costs and needs for support are greatest.

During acute episodes, individuals may face a range of additional expenses, such as:

- increased GP or mental health appointments
- emergency or crisis-support services
- higher medication costs, including changes in prescriptions
- transport to frequent appointments or crisis centres
- temporary support with daily living tasks
- increased reliance on private or out-of-hours services due to long public waiting lists
- reduced income if the episode affects their ability to work

These costs can accumulate quickly and unpredictably, placing significant financial strain on individuals and their families.

A responsive, episodic support mechanism would therefore offer a more equitable and needs-based approach, ensuring that the system reflects the lived experience of those with fluctuating disabilities. This approach is clearly reflected in Recommendation 73 of *Sharing the Vision*, which falls under the remit of the Department of Social Protection and states that people should be provided “*immediate restoration of benefits where they have an episodic condition or must leave a job because of their mental health difficulty.*”<sup>3</sup> MHR recognises that the parameters of such a payment require further consideration and would welcome the opportunity to engage in further

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<sup>3</sup> <https://assets.gov.ie/static/documents/sharing-the-vision-a-mental-health-policy-for-everyone.pdf#>

consultation with the Department and the disability sector to explore this idea in more detail and to support the development of a workable, person-centred model.

### Payment Provision

The provision of any Cost of Disability Payment must prioritise accessibility by reducing administrative burden and ensuring that as many eligible individuals as possible can engage with the scheme. To support this, people already in receipt of Disability Allowance should automatically qualify for and receive the payment, with an application process available for all others who may be eligible. It is important to note that Disability Allowance is currently set at a very low rate, and many recipients struggle to meet basic living costs. Automatic eligibility would therefore ensure that those already experiencing financial vulnerability are not required to navigate additional administrative hurdles.

Given the ongoing and often unpredictable nature of disability-related costs, it would be beneficial for the Cost of Disability Payment to be issued on a weekly or monthly basis. Consistent, reliable payments would better support people with disabilities to meet their regular living expenses.

We also support a reduction in the frequency of reassessments for individuals with chronic or long-term conditions. Less frequent reassessments would reduce administrative and financial strain, minimise stress, and promote greater independence in daily life.

While MHR is of the view that the Cost of Disability Payment should ideally be non-means-tested and available regardless of employment status, we recognise the budgetary and operational constraints that may limit this approach. As an alternative, a refundable tax credit could be introduced for those in employment. It is essential that this credit be refundable, as many people with disabilities work reduced hours or part-time and may not earn enough to benefit from a non-refundable credit.

It is important to note that people with disabilities face significant costs that limit their ability to participate fully in society and significantly impact on quality of life which a Cost of Disability payment alone cannot cover. A Cost of Disability Payment must not replace the need for increases to Disability Allowance or improvements to employment supports or service provision for people with disabilities in Ireland. Instead, it should operate alongside broader reforms to ensure a

comprehensive and equitable system of support. A holistic approach is required; one that recognises the structural barriers faced by people with disabilities, addresses the cumulative impact of disability-related costs, and ensures that income supports, employment initiatives, and public services work together to improve quality of life and enable meaningful participation in society. Therefore, we strongly welcome the active involvement of other Government Departments in discussions about developing measures to respond to disability-related costs. Cross-departmental engagement is essential to effectively address the existing issues.

Finally, as noted above, we also believe that a comprehensive Action Plan is needed to guide the development and expansion of the Cost of Disability Payment over the next five years. This process should prioritise co-design and ongoing consultation with people with lived experience, including both those currently receiving the payment and those who are unable to access it under the initial model.

### **Strategic Focus Network Summit on the Cost of Disability**

The Summit should make full use of this opportunity to present a comprehensive overview of the information, insights, and experiences gathered throughout the consultation process. This is a crucial moment to reflect the breadth of engagement to date and to ensure that the voices of people with disabilities meaningfully shape the next phase of policy development.

Throughout the Summit, it is essential that the voices of people with lived experience are prioritised and placed at the centre of the event. This should be a space for genuine co-design, consultation, and listening, where individuals are supported to share their experiences, perspectives, and concerns.

To ensure a comprehensive and inclusive discussion, it is critical that mental health is meaningfully integrated across all aspects of the Summit. This should include consideration of both the direct financial costs associated with mental health difficulties and the impact of financial strain and navigating complex welfare systems on individuals' mental health and wellbeing. Mental health should not be treated as a standalone topic but woven throughout the programme.

We would particularly welcome the inclusion of a roundtable or panel discussion featuring individuals with episodic and intermittent conditions. Such a forum would provide an important

opportunity to explore the unique and often overlooked challenges faced by people with fluctuating needs, including inconsistent access to services and the barriers created by systems designed primarily for people with consistent or long-term support needs. It would allow for a deeper understanding of how episodic experiences shape people's ability to access care and supports, and why flexible, responsive policy design is essential.

Furthermore, we would welcome contributions from other Government Departments outlining their initiatives and commitments to reducing the financial strain experienced by people with disabilities. A cross-departmental perspective is vital to understanding the full landscape of disability-related costs and identifying opportunities for coordinated action to address them.

We believe that this event should be run through a solution-focused, collaborative lens, where discussions and workshops are prioritised. We would also welcome presentations on initiatives that have already been trialled to address the cost of disability. Learning from effective models elsewhere would provide valuable context, broaden perspectives, and support the development of evidence-informed solutions tailored to the Irish context.

## Conclusion

MHR welcomes the opportunity to submit our views to the Department of Social Protection as part of this consultation on the Cost of Disability Payment. This process represents a vital opportunity to meaningfully reform aspects of disability policy in Ireland, and we look forward to continued engagement on how this can be achieved in line with Ireland's commitments under the UNCRPD.

MHR wishes to emphasise that this submission sets out our preliminary views on how a Cost of Disability Payment could be effectively structured and implemented. We strongly welcome the opportunity for ongoing dialogue with the Department of Social Protection, as well as other relevant Government departments, and with partners across the wider disability sector. We are committed to contributing further to this process, including through our participation in the forthcoming Strategic Focus Network Summit on the Cost of Disability.

Thank you for your time and consideration of this submission.