INVEST IN HOPE

Pre-Budget Submission

MENTAL HEALTH BUDGET 2027

Mental Health Reform

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Abbreviations

CAMHS	Child and Adolescent Mental Health Services
CYP	Children and Young People
ELS	Existing Level of Service
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Aromantic/Asexual, Plus
MHC	Mental Health Commission
MHR	Mental Health Reform
NCP	National Clinical Programmes
NIMC	National Implementation and Monitoring Committee (for *Sharing the Vision*)
NSP	National Service Plan
PBS	Pre-budget Submission
(UN) CRPD	(United Nations) Convention on the Rights of Persons with Disabilities
VCS	Voluntary and Community Sector
WHO	World Health Organisation

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 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/

Executive Summary

Mental Health Reform (MHR) welcomes the opportunity to make this submission to Government in advance of Budget 2027. Ireland has made significant progress in developing an ambitious framework of mental health legislation and policy, but this has not yet translated into consistent improvements in access to timely, high-quality mental health supports. Budget 2027 provides a critical opportunity to move from policy ambition to implementation by investing in the services, workforce and infrastructure needed to deliver a modern, equitable and rights-based mental health system.

MHR calls on Government to commit **at least 7% of the health budget to mental health in Budget 2027** as a significant step towards achieving the *Sláintecare* commitment to allocate 10% of the health budget to mental health by 2030. Based on the 2026 total health budget allocation, this would represent approximately €1.9 billion (not accounting for any health budget overruns, increases in overall health expenditure or inflation), requiring an additional total investment of **approximately €320 million (€250 million in current expenditure)**. This investment should form part of a clear, multi-annual path to achieving the 10% target.

This submission sets out recommendations across four strategic priorities:

1. Deliver the 10% commitment.
Budget 2027 should allocate at least 7% of the health budget to mental health, establishing a credible path to achieving the Sláintecare commitment to allocate 10% by 2030. Investment should be supported by clear implementation plans, measurable milestones, and robust accountability for delivery.

2. Invest to ensure people can access the right support, in the right place, at the right time.

Investment is required across the full continuum of mental health supports, from prevention and mental health promotion to primary care, specialist and acute services. This must include targeted action to address inequalities in access, expand community-based and psychosocial supports, strengthen early intervention, ensure culturally responsive supports for priority groups, and provide crisis-appropriate care so that people in acute distress can receive timely, safe and suitable support.

3. Invest in the structural enablers needed to build a sustainable mental health system.

Delivering high-quality services depends on more than funding frontline care. Budget 2027 should invest in workforce capacity, sustainable multi-annual funding for the voluntary and community sector, capital infrastructure, digital and data systems, governance, accountability and the successful implementation of regionalisation. These investments are essential to ensure services are resilient, coordinated and capable of meeting growing demand.

4. Ensure implementation of existing legislative and policy commitments.

Ireland already has a comprehensive roadmap for mental health reform. Budget 2027 should provide the investment required to implement the Mental Health Act 2026, *Sharing the Vision* and other key national policies, while ensuring the meaningful participation of people with lived and living experience in governance, implementation and evaluation.

MHR believes Budget 2027 represents a pivotal opportunity to transform Ireland's mental health system. By investing in mental health services and the structural enablers that support their delivery, Government can build a mental health system that is equitable, rights-based and sustainable, ensuring that everyone can access timely, high-quality mental health supports when they need them.

Key Recommendations

1. **Put mental health funding on a credible pathway to 10% of the health budget by 2030**, as committed to in *Sláintecare*, by allocating **at least 7% of the health budget to mental health in Budget 2027.**
2. **Introduce multi-annual budgeting** for mental health, including **ringfenced, multi-annual funding for voluntary and community sector** mental health services, to support long-term planning, workforce stability and service sustainability.
3. **Address the social determinants of mental health through cross-government action**, by ensuring coordinated investment across housing, poverty reduction, education, employment, disability, justice and social inclusion policies that directly impact mental health outcomes.
4. **Remove barriers to access to mental health services** through targeted investment to reduce waiting lists, remove financial barriers, improve geographic equity, ensure accessible and culturally responsive services for priority groups, and implement a 'no-wrong-door' approach to integrated care for people with complex or co-occurring support needs.
5. **Invest in early intervention and community-based psychosocial and recovery supports**, including publicly funded talk therapies, peer support and peer-led services, Recovery Colleges and multidisciplinary community mental health teams.
6. **Prioritise investment in child and youth mental health services**, implement the key recommendations of the Children and Young People's Mental Health Project Roadmap and fully resource the HSE Child and Youth Mental Health Office and Action Plan 2024–2027.
7. **Strengthen crisis care pathways** by upgrading all emergency departments to meet minimum standards for mental health presentations while developing and expanding 24/7 community-based crisis alternatives and crisis resolution services.
8. **Implement a national workforce recruitment and retention strategy** across statutory and voluntary and community mental health services and **require each Health Region to undertake comprehensive assessments of workforce and clinical gaps** to inform recruitment, investment and service planning, including reducing reliance on agency staffing and strengthening multidisciplinary team capacity.
9. **Fully resource the implementation of the Mental Health Act 2026 and national mental health policies**, ensuring meaningful involvement of people with lived and living experience in governance, implementation, and evaluation.
10. **Ensure regionalisation is supported by ringfenced mental health budgets, transparent reporting and a robust national data system** to guarantee equity across regions and enable consistent, disaggregated and outcomes-focused planning and accountability.
11. **Advance the statutory right to independent advocacy**, provide **dedicated funding** to expand independent advocacy services and **establish an independent complaints mechanism** for mental health services.
12. **Publish and implement the 10-year Capital Plan for Mental Health** and prioritise investment to **address longstanding deficits in mental health premises and infrastructure, ensuring** services are delivered in safe, modern and appropriate environments.

Introduction

Ireland continues to face significant and persistent challenges in relation to the population's mental health. Evidence consistently shows high levels of distress and unmet need across the population. Research from 2022 indicates that **42.5% of people in Ireland report experiencing mental health difficulties, with 11% reporting a lifetime suicide attempt**.[2] More recently, data from the 2026 AXA Mind Health Index found that half of Irish respondents described themselves as languishing or struggling.[3]

International comparisons reinforce this picture. The 2025 WIN Worldwide Survey, which examines global attitudes and behaviours on key societal issues, found that nearly all Irish adults reported experiencing some form of negative mental state in the previous month and that Ireland ranks among the most stressed nations globally.[4] Likewise, the 2025 Ipsos Health Service Report found that mental health is viewed as the biggest health problem facing the nation. **58% of Irish respondents identified mental health as one of the most significant health issues** impacting their country (compared to 45% of the global average), placing concerns about mental health ahead of those relating to cancer (46%), drug abuse (36%), stress (21%), and obesity (20%).[5]

This evidence points to a clear and urgent conclusion: mental health is one of Ireland's most pressing public health challenges and must be a core priority for Government in Budget 2027. Mental health difficulties affect individuals, families and communities across the country and place significant pressure on health and social systems. Responding effectively requires sustained investment, system reform and coordinated action across Government.

The recommendations set out in this submission have been informed by extensive consultation with MHR's member organisations, people with lived and living experience, and the wider public. This engagement has ensured that the submission reflects both frontline experience and the priorities of people who use, deliver and advocate for mental health services. Further information on the consultation process and findings is included in the Appendices (see Appendices).

Mental Health: A Cross Departmental Responsibility

While this submission is primarily related to the need for increased funding for mental health under the Department of Health budget, our consultations consistently highlighted that mental health cannot be addressed through health services alone. Mental health difficulties intersect with a wide range of social and economic issues that fall under the remit of multiple Government departments, including housing, justice, addiction services, social protection, children and young people, older people, and disability supports.

As outlined in our 2027 Pre-Budget Submission to the Department of Social Protection and our recent submission to the Cost of Disability Consultation[6], the high cost of living with a disability, coupled with limited access to appropriate supports, places significant emotional and financial strain on individuals

[2] https://mural.maynoothuniversity.ie/id/eprint/18222/1/PH_state.pdf
[3] https://www.axa.com/en/about-us/mind-health-report
[4] https://redcresearch.com/wp-content/uploads/2025/10/RED-C-WIN-World-Survey-Ireland-Mental-Health-Report-2025-2.pdf
[5] https://www.ipsos.com/sites/default/files/ct/news/documents/2025-10/Ipsos_health_service_report_2025-final_0.pdf
[6] https://mentalhealthreform.ie/wp-content/uploads/2026/05/MHR-Cost-of-Disability-Submission-to-Department-of-Social-Protection.pdf

and their families. Poverty also remains a persistent structural determinant of poor mental health, disproportionately impacting marginalised communities and exacerbating existing inequalities.[7]

The ongoing housing crisis and resulting housing insecurity and homelessness can also significantly contribute to and compound psychological distress, while simultaneously creating significant barriers to recovery, treatment, and long-term stability.[8] Likewise, substance use difficulties frequently co-occur with mental health difficulties and require coordinated responses that span healthcare, justice, and community-based services.[9]

We welcome Minister Butler's signing of the WHO declaration on '*Mental Health in All Policies*[10]' on behalf of Ireland, which calls for the integration of mental health in all Government policies.[11] This commitment now requires practical implementation through structured, measurable integration of mental health considerations into policy development, budgeting, and programme design across all Government departments.

Mental health difficulties do not exist in isolation. Responding effectively requires sustained investment and coordinated action across departments, supported by joined-up policymaking that centres lived experience, addresses inequalities, and promotes equitable outcomes for all.

1. Put Mental Health Budget on Track to Reach 10% of the Health Budget by 2030

"Investment in Mental Health support can only reap benefits for all"

(PBS Public Survey)

Investment in mental health is both a health imperative and a sound economic investment. It delivers substantial social and economic returns while reducing long-term pressure on health and public services. Early intervention reduces long-term system costs, improves labour market participation, and alleviates pressure on acute services [12] [13]. Conversely, underinvestment results in avoidable human and economic costs.

Globally, mental health difficulties are estimated to cost economies over **$1 trillion annually** in lost productivity, absenteeism and healthcare costs, with **costs projected to rise to up to $6 trillion by 2030**.[14] OECD analysis estimates that mental health conditions account for approximately **€76 billion in annual healthcare costs** across the EU, while their impact on labour markets is profound, with poor mental health projected to **reduce GDP by an average of 1.7% per year** between 2025 and 2050.[15] The OECD also estimates that "major depressive disorders, generalised anxiety disorders and alcohol use disorders will

[7] https://doi.org/10.1192/bjb.2020.78.
[8] https://ie.depaulcharity.org/wp-content/uploads/sites/2/2025/06/Mental_Health_Homelessness_Research_Report_-1.pdf
[9] 10.1016/j.josat.2025.209669
[10] WHO declaration on 'Mental Health in All Policies'
[11] https://www.gov.ie/en/department-of-health/press-releases/minister-for-mental-health-mary-butler-signs-who-declaration-on-integrating-mental-health-into-all-government-policies/
[12] https://doi.org/10.1186/s12916-025-04438-8
[13] 10.1186/s12916-026-04617-1
[14] Mental health matters - The Lancet Global Health
[15] https://www.oecd.org/content/dam/oecd/en/publications/reports/2026/04/the-economic-case-for-preventing-mental-ill-health_d35fd6ec/16668f16-en.pdf

lead to a 2.5 year reduction in healthy life expectancy across the EU during 2025-2050", equating to approximately **28,000 premature deaths** every year.[16]

These findings demonstrate that investment in mental health is not simply a health issue but a fundamental economic and societal priority. In Ireland, this challenge is unfolding within a health system already under significant pressure from an ageing population, rising levels of chronic illness, increasing complexity of care needs, persistent workforce shortages and growing demand across all services.[17] **Meeting these challenges will require an overall increase in the total health budget, alongside a proportionate and sustained increase in mental-health investment to ensure services can respond to both current and future need**.

Investment in mental health is not simply an expenditure but a long-term investment in population health, economic productivity and the sustainability of Ireland's health system. Budget 2027 presents an opportunity to place mental health funding on a more sustainable footing and begin delivering on the Government's long-standing commitment to parity between mental and physical health.

Path to 10%

MHR welcomes the significant progress made by Minister Butler in increasing mental health funding and workforce allocations in recent years. However, the proportion of the health budget allocated to mental health remains well below the 10% target set out in *Sláintecare.* Delivering on this commitment is essential to demonstrate that mental health is being treated by the Government as a key pillar of the health system, reflecting the principle that "*there is no health without mental health*".

Although mental health expenditure has increased in absolute terms in recent years, its share of the overall health budget has remained largely static. More significantly, as shown in the table below, over the past four decades, the proportion of current health expenditure allocated to mental health has steadily declined, from 13% in 1984, to 10.1% in 1994, 7.3% in 2004, and approximately 6% in Budget 2026. This long-term downward trend reflects sustained underinvestment and has contributed to growing unmet need, service pressures and continued reliance on crisis responses rather than prevention and early intervention.

[16] https://www.oecd.org/content/dam/oecd/en/publications/reports/2026/04/the-economic-case-for-preventing-mental-ill-health_d35fd6ec/16668f16-en.pdf
[17] https://publicpolicy.ie/papers/irelands-demographic-transition-a-call-to-action/

Percentage of Current Health Funding Allocated to Mental Health in Recent Years and Decades[18]

Year	Total Health Expenditure	Mental Health Expenditure	% Allocated to Mental Health
1984	€1.4 billion	€184 million	13.0%
1994	€2.1 billion	€216 million	10.1%
2004	€9.8 billion	€717 million	7.3%
2024	€23.5 billion	€1.3 billion	5.6%
2025	€26.9 billion	€1.5 billion	5.6%
2026	€25.79 billion[19]	€1.557 billion[20]	6%

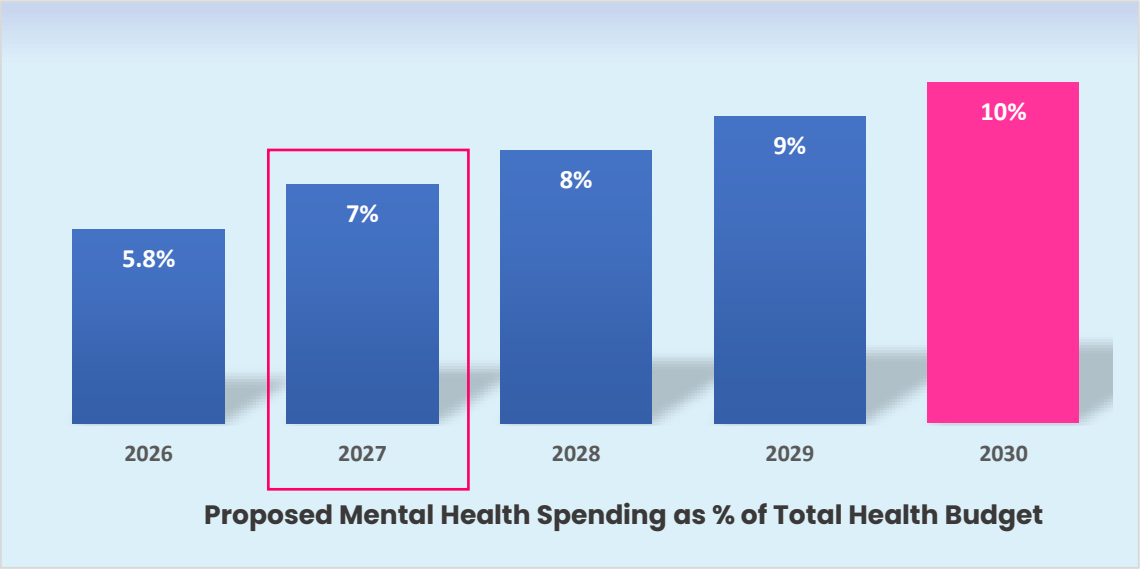
To place mental health funding on a credible trajectory to achieve the *Sláintecare* target within the decade, this year's funding must reflect a step in the right direction. Therefore, as an interim step towards the 10% target by 2030, MHR is calling for mental health to receive at least 7% of the health budget in Budget 2027.

It should also be noted that while, as shown in the table above, mental health receives approximately 6% of current health expenditure, its percentage **share of total health expenditure (current and capital)** is lower still, at **approximately 5.8%** (€1.597[21] billion of €27.35 billion[22]). MHR strongly welcomes the Government's commitment to invest €470 million in mental health capital infrastructure over the next five years, recognising the significant capital deficits that have accumulated over many years.[23] Sustained increases in annual capital investment are urgently required to modernise mental health infrastructure, expand capacity and support service reform (see Invest in Capital section). As Government works towards the 10% by 2030 Sláintecare commitment, the **target of allocating 7% of the health budget to mental health in Budget 2027 should apply to total health expenditure, encompassing both current and capital funding**, ensuring that investment supports not only day-to-day service delivery but also the infrastructure required to meet future demand.

Based on the 2026 total health budget allocation (not accounting for any adjustments for inflation, expenditure overruns or future increases in the overall health allocation), this would require mental health funding of approximately €1.9 billion, representing **an additional investment of approximately €320 million (€250 million in current expenditure) towards mental health in Budget 2027**.

[18] Figures for 1984-2004 taken from A Vision for Change - https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf; figures for 2024 based on 2024 NSP and figures for 2025 based on 2025 NSP.
[19] https://assets.gov.ie/static/documents/8429155f/Expenditure_Report_2026_V2_14th_Oct.pdf
[20] https://www.oireachtas.ie/en/debates/question/2026-03-18/1790/
[21] Figure taken from current expenditure figure provided in PQ and capital expenditure figure provided in press release.
[22] Expenditure_Report_2026_V2_14th_Oct.pdf
[23] https://www.gov.ie/en/department-of-health/press-releases/minister-for-mental-health-prioritises-new-eating-disorder-and-perinatal-facilities-in-capital-plan/

A Credible Pathway to the 10% Commitment



MHR considers this a realistic and responsible ask, allowing for a phased increase in mental health expenditure to 10% by 2030. This provides a clear and achievable trajectory towards meeting the long-standing policy target. It balances the needs for fiscal prudence with the urgent need to strengthen services, reduce unmet need, and improve mental health outcomes across the population.

It is also critical that Budget 2027 supports not only the maintenance of existing services but also the development of new capacity. While addressing pressures within current services is essential, sustained developmental investment is equally necessary to expand access, introduce innovative and evidence-informed models of care, and improve supports for marginalised and underserved communities.[24] Without dedicated investment in service development, the mental health system risks remaining focused on responding to immediate pressures rather than preventing need, improving access and delivering long-term reform.

"It is critical that Budget 2027 supports not only the maintenance of existing services but also the development of new capacity"

Increasing investment is only the first step. To deliver meaningful improvements in outcomes, additional funding must be targeted towards the areas of greatest need across the mental health system. The following section sets out some priority areas for investment across the mental health continuum, ensuring that people can access the right support, in the right place, at the right time.

[24] https://doi.org/10.1787/16668f16-en.

2. Invest to Ensure People Get the Right Support in the Right Place at the Right Time

"Lack of service at the right time in the right place is a large part of the problem and that compounds the follow on care for both the person and their wider family and support structure."

(PBS Public Survey)

People should be able to access the mental health support they need, when they need it, regardless of where they live or their circumstances. However, a consistent theme across MHR's consultations for this Pre-Budget Submission was that **people continue to encounter significant barriers to accessing timely, appropriate and equitable care**. While many participants described services as high quality once they were able to access them, too many people face lengthy delays, fragmented pathways, affordability barriers, and inconsistent access.

This section first outlines the principal barriers to accessing mental health supports identified through our consultations. It then sets out some key investment priorities across the mental health continuum – from promoting positive mental health and preventing difficulties from arising, to early intervention, community-based supports, specialist treatment, crisis response, recovery, and integrated care.

Remove Access Barriers

"Financially disadvantaged and rural people fall through the cracks"

(Lived Experience)

The table below summarises the principal barriers to access identified through our consultations and how investment is needed to address them.

Barrier	Core Issue	Impact	Required Response
Waiting lists and workforce shortages	Insufficient service capacity and staffing across statutory and community services	Delayed treatment, escalation of need, increased crisis presentations, and reliance on private care	Expand multidisciplinary (MDT) staffing, and service capacity across all levels of care
Public/private divide	Unequal access based on ability to pay for private supports	Two-tier system with inequitable access to timely care and some people unable to afford the supports they need	Strengthen public services and sustainably integrate voluntary and community supports
Marginalised communities	Structural, cultural, and systemic barriers to access, compounded by lack of disaggregated data	Persistent inequities and unmet need among already vulnerable groups	Deliver culturally competent, rights-based services and strengthen data systems

Geographic inequities	Uneven distribution of services, particularly in rural and underserved areas	Delayed access, poorer outcomes, and increased reliance on hospital-based care in some areas	Ensure strong regional budget allocations are transparent, accountable, and underpinned by robust assessments of population need. Invest in community-based access points
Fragmented pathways	Disconnection between mental health, addiction, disability, and other services	People falling between services and delayed access to appropriate care	Develop integrated, person-centred pathways with shared accountability
Referral thresholds and access complexity	High eligibility thresholds, GP gatekeeping requirements, complex referral routes, and inconsistent entry criteria across services	Delayed or prevented access to care, increased system drop-off, and escalation of need before support is accessed	Simplify access routes, reduce unnecessary referral thresholds, reduce reliance on GP-only referral pathways where appropriate, and develop clearer, low-barrier entry points to services
Limited access to holistic mental health supports	Inconsistent availability of evidence-based supports such as talk therapies, psychology, occupational therapy, social work, group programmes, peer support, family interventions, recovery education, and mental health promotion services.	Over-reliance on medication and specialist services, delayed recovery, reduced choice, poorer outcomes, and inequitable access to holistic, person-centred care.	Expand equitable access to evidence-based psychosocial interventions across the spectrum of mental health services. Capitalise on the expertise of the VCS in this area through sustainable investment and formal integration into care pathways. Invest in MDT capacity.

Promotion and Prevention

"Far more attention, at a policy and funding level, needs to be devoted to preventing mental ill-health, rather than intervening as it arises. Investment in keeping people well, rather than waiting until they are very unwell is key."

(MHR Member)

The most effective mental health system is one that helps people stay mentally well in the first place. As recognised in *Sharing the Vision*, a sustainable mental health system cannot rely solely on treatment

and crisis response. The greatest return on mental health investment comes from preventing mental health difficulties where possible and intervening before they escalate.

Achieving this requires a whole-population, life-course approach that strengthens protective factors from early childhood through older age while addressing the wider social determinants of mental health, including **poverty, housing insecurity, discrimination, disability, racism, migration status and social exclusion**.[25] Without sustained investment to address these underlying drivers, demand for specialist mental health services is likely to continue to rise.

We welcome the recent publication of the *Pathways to Wellbeing Implementation Plan 2025-2027*[26]. Sustained and adequate investment will be essential to deliver the actions set out in the Plan and to scale evidence-based mental health promotion and prevention initiatives to improve outcomes and reduce future service demand. This includes school-based wellbeing programmes, community resilience initiatives, targeted supports for groups at greater risk of poor mental health, public awareness campaigns that promote help-seeking and mental health literacy. Targeted approaches are also required for groups who face particular barriers to seeking support. Examples noted in our consultations included the need to address the distinct access barriers experienced by marginalised communities and priority groups; to strengthen supports for men, whose help-seeking remains significantly lower due to stigma and cultural norms[27]; and to improve awareness of the mental health impacts and supports for women across key stages of the reproductive lifecycle, particularly menopause and perimenopause.[28]

In addition, given the scale of loneliness and social isolation across all age groups, and their significant impact on mental health and wellbeing, investment is needed in initiatives that strengthen social connection and reduce loneliness.[29] MHR are a member of the Loneliness Taskforce and strongly support the Taskforce's call for the **development and implementation of a comprehensive cross-sectoral strategy to address loneliness and support social connection.**[30]

"The stigma attached to mental health still prevents people from seeking help. Our priority must be to get more services into schools and remove the stigma." (PBS Public Survey)

The need for investment in anti-stigma initiatives was also repeatedly raised in our consultations. The 2025 Survey of Attitudes to Mental Health and Stigma[31] of 1000 adults in Ireland found that:

- 46% believe Irish people would not treat someone with a mental health difficulty the same as anyone else.
- 52% believe being treated for a mental health difficulty is viewed as a sign of personal failure.
- 26% would consider it a sign of weakness if they sought help themselves.

These findings demonstrate that stigma continues to act as a significant barrier to help-seeking and recovery. **Dedicated funding must continue to be allocated to support sustained anti-stigma campaigns, public education initiatives, and equality and disability inclusion training.**

[25] https://doi.org/10.1038/s41398-025-03332-4
[26] https://assets.gov.ie/static/documents/215a17b8/14815_DoH_Mental_Health_Promotion_Implementation_Plan_WEB.pdf
[27] https://pmc.ncbi.nlm.nih.gov/articles/PMC11868194/
[28] https://www.mentalhealthreform.ie/wp-content/uploads/2023/03/Menopause-Report-WEB.pdf?external=1
[29] https://publicpolicy.ie/health/the-loneliest-nation-in-europe-ireland-as-a-case-study-and-implications-for-policy/
[30] https://www.tara.tcd.ie/tara8/server/api/core/bitstreams/ade5d4e0-4ac6-431c-a68c-7e5c2d128fe7/content
[31] 2025-spmhs-attitudes-to-mental-health-and-stigma-survey-media-pack.pdf

By investing in targeted prevention and mental health promotion initiatives, Government can improve wellbeing, reduce inequalities, increase help-seeking, and generate long-term savings through reduced future demand on specialist and acute services.

"The most effective mental health system is one that helps people stay mentally well in the first place"

Early Intervention and Primary Care Pathways

Investment in early intervention is one of the most cost-effective ways to improve mental health outcomes and reduce long-term pressure on the health system. Evidence consistently demonstrates that early intervention leads to better clinical outcomes, reduced symptom severity, improved engagement with community-based services, and lower demand for more intensive and costly forms of care[32] [33] [34].

"I feel while they are on waiting lists, people get lost sometimes."

(Lived Experience)

Primary care is a critical access point within the mental health system and should be adequately resourced to identify emerging difficulties, provide timely support, and prevent escalation. Currently, waiting lists for primary care psychology and other community-based mental health services remain unacceptably long, reflecting a significant gap between current capacity and population need. As of September 2025, almost 3,000 adults were on waiting lists to see a primary care psychologist, with nearly half facing delays of more than a year.[35]

Stakeholders consulted for this Pre-Budget Submission repeatedly highlighted the impact of long waiting times on mental health outcomes. Delays of months, and in some cases years, for assessment and treatment undermine recovery, increase distress, and contribute to the escalation of mental health difficulties.

Addressing this gap requires **substantial investment in a new model of care for primary care psychology, expansion of Early Support Services, and increased workforce capacity across community mental-health services.** Investment is also needed to develop and scale innovative digital supports. Stakeholders consulted for this Submission highlighted that digital mental-health interventions offer a highly scalable early-intervention option, particularly for people facing access barriers or long waiting times. However, many respondents also emphasised that digital supports are generally most effective when delivered as part of a blended model of care. Digital interventions should complement, not replace, in-person services, ensuring people can access flexible, evidence-based support while maintaining the option of face-to-face supports when needed.

[32] https://doi.org/10.1186/s12916-025-04438-8
[33] https://doi.org/10.1186/s12916-026-04617-1
[34] https://doi.org/10.1186/s12888-025-07528-2
[35] https://about.hse.ie/api/v2/download-file/file_based_publications/PQ_63108-25_-_Marie_Sherlock.pdf/

Without significant additional investment, the principle of early intervention cannot be realised. Timely access to effective early intervention, primary care pathways and community-based supports reduce pressure on higher-cost specialist and acute services and are essential to deliver better long-term outcomes for individuals, families, and the wider health system.

Children and Young People: Invest Early in Life for Lifelong Mental Health

"Unable to access services for children who are suffering bad mental health until they are at high risk of suicide. Funding is needed for services for children and young people for early intervention."

(PBS Public Survey)

Children and young people (CYP) must be a priority population for mental health investment. Research indicates that more than one-third of mental health difficulties emerge before the age of 14 and nearly two-thirds before the age of 25.[36] Investing early in age-appropriate mental health supports for this group represents an opportunity to improve lifelong mental health outcomes. By providing timely support before difficulties become more severe and entrenched, Government can improve outcomes for CYP and families while reducing future demand for more intensive and costly services.

Voluntary and community sector (VCS) organisations frequently provide the first point of contact for children, young people and families, delivering accessible early intervention and therapeutic supports that complement statutory provision and expand overall system capacity. Findings from MHR's 2026 consultations with VCS organisations supporting CYP's mental health across the six new HSE health regions show that significant service gaps and system-wide challenges remain across Ireland. Organisations also reported increasing complexity in the needs of the CYP they support and rising levels of mental health distress. Consultation participants particularly identified increasing demand for support relating to neurodevelopmental conditions, gender identity and LGBTQIA+ issues, school-related difficulties, self-harm and suicidal distress, substance misuse (including self-medication), criminal exploitation, and experiences of trauma and bereavement. **Access to support is often determined by where a child lives, the availability of local services, eligibility criteria, and a family's ability to navigate a complex and fragmented system, rather than by clinical need.** Therefore, there continues to be a significant mismatch between the complexity and scale of young people's mental health needs and the capacity of existing services to respond effectively.

National waiting list data for statutory services further illustrates the scale of unmet need. As of January 2026, 29,201 young people were waiting for primary care psychology services nationally with 16,804 waiting a year or longer to be seen[37]. Additionally, **as of April 2025, the number of children waiting for a first-time appointment with CAMHS was 4,554, with over 760 children waiting for longer than a year**.[38]

Analysis undertaken by the London School of Economics (LSE)[39], in partnership with MHR, demonstrates the **substantial social and economic benefits of investing in early intervention services, particularly**

[36] https://www.nature.com/articles/s41380-021-01161-7
[37] https://mcusercontent.com/ffc5ff2fa2294c89d2ff7598e/files/deacd818-1204-5abb-d44d-f146ba284df0/Appendix_1_Psychology_Number_of_Children_waiting_for_treatment_January_2026.pdf
[38] https://mcusercontent.com/ffc5ff2fa2294c89d2ff7598e/files/e3ced566-9678-897b-42c4-11125564d8eb/PQ_29105_25_Deputy_Sorca_Clarke_re_the_number_of_children_currently_on_CAMHS_waiting_lists_by_area__and_the_number_who_have_been_waiting_longer_than_12_months.pdf
[39] https://mentalhealthreform.ie/wp-content/uploads/2025/03/CYPMH-Research-1.pdf

for CYP whose needs fall within the "missing middle" (those whose difficulties are too complex for low intensity supports but do not meet the threshold for specialist services). The analysis concluded that greater investment in early intervention services for this group would substantially reduce distress and functional impairment, improve outcomes for families, prevent escalation to specialist services, and generate wider social and economic benefits. It conservatively estimates that an additional investment of €15 million annually in early intervention services could enable more than 12,500 CYP to access appropriate mental health support each year while reducing pressure on CAMHS and other statutory services.

Investment is clearly needed across the full continuum of child and youth mental healthcare. This includes primary care psychology, Early Support Services, CAMHS, national clinical programmes, digital mental health supports, the VCS and expansion of the Central Referral System. The Government must also continue to invest in structural reforms including the HSE National Child and Youth Mental Health Office and its governance structures, such as the newly established Child and Youth Mental Health Stakeholder Forum, which brings together the HSE and VCS organisations to provide strategic advice and support the implementation of the Child and Youth Mental Health Action Plan[40]. Delivering the key reform commitments of this Plan will require dedicated investment and sufficient workforce capacity. These commitments include: the national rollout of a Single Point of Access model to improve access, reduce duplication, strengthen coordination, and enable more care to be delivered closer to home; the implementation of the Integrated Model of Care for Children and Young People Mental Health Services, which aims to provide a seamless pathway from mental health promotion and prevention through to specialist intervention; and the full rollout of CAMHS Electronic Health Records to improve data quality, transparency, service integration, and continuity of care.

The Children and Young People's Mental Health Project Strategic Roadmap[41] provides an outline of how a three-tier youth mental health system can be developed by integrating community-based early support services, specialist CAMHS, and national clinical programmes. This roadmap provides a clear, evidence-based framework for investment that would strengthen early intervention pathways, improve coordination across services, and ensure CYP can access the right support at the right time.

There is clearly an urgent need for integrated, strengths-based and developmentally informed mental health services that recognise the complexity of children and young people's experiences and provide timely, equitable access to appropriate support.

Community Psychosocial and Recovery-Based Supports

"The availability of talk therapies for those who cannot afford it is difficult. Not enough is being done to help people to access counselling services."

(PBS Public Survey)

Psychosocial supports are fundamental to a modern, recovery-oriented mental health system. Alongside medical and psychiatric care, interventions such as counselling, psychotherapy, peer support, occupational therapy, social work, family support and community-based programmes help people manage their mental health, support recovery, reduce social isolation, prevent deterioration that may

[40] https://about.hse.ie/api/v2/download-file/file_based_publications/HSE_Child_and_Youth_Mental_Health_Office_Action_Plan.pdf/
[41] https://mentalhealthreform.ie/wp-content/uploads/2025/03/CYPMH-Roadmap.pdf

otherwise require more intensive intervention, and support re-integration into the community. Expanding access to these supports is essential to ensuring people receive the right support, in the right place, at the right time.

Throughout our lived experience consultations, participants consistently identified talk therapy as a key support in their recovery journey. Many described the positive impact that counselling and psychotherapy had on their mental health and wellbeing, including supports accessed through VCS organisations, which were often seen as more accessible and responsive than statutory services. However, participants also highlighted significant barriers to accessing these services, particularly long waiting lists within publicly funded services and the financial burden of paying privately. Many felt they had little choice but to fund their own therapy, despite the significant financial strain this created.

MHR welcomes the investment in community-based organisations providing talk-therapy supports in Budget 2026, as well as the recurring funding introduced in Budget 2025 for counselling for men.[42] More than 2,000 men accessed Ireland's free counselling initiative in the six months following its launch in September 2025.[43] The strong uptake of these services demonstrates both their value and the scale of unmet need. Improving timely and affordable access to evidence-based talk therapies must therefore remain a key investment priority.

Lived experience participants in our consultations also particularly emphasised the transformative impact of peer support workers and Recovery Colleges, describing how these services foster hope, connection, empowerment and recovery. A number of participants noted their particular value for marginalised communities or people who have experienced stigma, as shared lived experience can help build trust and engagement. While welcome progress has been made in developing peer support roles, many participants felt these services remain underdeveloped and undervalued within the mental health system. Dedicated investment is needed to expand peer support, embed peer workers across mental health services, and continue the national rollout of Recovery Colleges.

" MHR welcomes the investment in community-based organisations providing talk-therapy supports in Budget 2026, as well as the recurring funding introduced in Budget 2025 for counselling for men"

Delivering high-quality psychosocial care also depends on adequately resourced MDT community mental health teams. Psychologists, social workers, occupational therapists, peer support workers, family support practitioners and other such professionals each contribute distinct expertise that enables holistic, person-centred care. However, workforce shortages across both statutory and VCS services continue to limit access to these interventions and undermine recovery-oriented practice.

Investment in psychosocial supports should therefore be a central component of Budget 2027. Expanding access to evidence-based psychosocial interventions alongside fully resourced MDTs will enable more holistic, recovery-oriented care, address both clinical and social needs, improve continuity

[42] https://www.gov.ie/en/department-of-health/press-releases/minister-butler-marks-world-mental-health-day-2025-with-4-million-investment-package-in-early-intervention-digital-and-talking-therapies-en/
[43] https://www.gov.ie/en/department-of-health/press-releases/over-2000-men-avail-of-minister-butlers-free-counselling-initiative/

of care across the mental health system, and reduce pressure on specialist and acute services while improving outcomes for individuals and families.[44]

Specialist Mental Health Services

While funding in prevention, early intervention and community-based supports is essential, some people will continue to require access to specialist mental health services. **These services must be sufficiently resourced to respond to increasing demand, growing clinical complexity, and the diverse needs of different population groups.**

The critical role played by specialist MDT teams across the lifespan must be recognised, including adult mental health services, eating disorder services, perinatal mental health services, older persons mental health services and forensic mental health services. These services must be adequately resourced to be accessible and deliver timely, evidence-based care.

National Clinical Programmes (NCPs) play an important role in standardising care pathways and improving consistency of service delivery across regions. **NCPs must be fully implemented across mental health, including those supporting eating disorders, self-harm and suicide-related presentations, perinatal mental health, and other priority areas.** Effective implementation depends on sufficient staffing, training, and integration across community mental health teams and specialist services so that clinical guidance translates into timely and equitable access to care in practice.

Consultations repeatedly highlighted a number of specialist services where targeted investment is urgently needed to address unmet need and improve equitable access. One such priority is the continued expansion of specialist perinatal mental health services, recognising the significant impact that mental health difficulties during pregnancy and the postnatal period can have on parents, infants and families[45] [46]. Strengthening community perinatal mental health teams and ensuring timely access to specialist support across all regions remains essential. In addition, there is a critical need to progress the development of dedicated mother and baby units (MBU) in line with existing capital investment commitments.[47] The timely delivery of the two promised units, alongside appropriate staffing and operational resourcing, is essential to ensure that women experiencing severe perinatal mental health difficulties can receive specialist inpatient care without separation from their infants, consistent with best practice in perinatal mental health care.[48]

Ireland's ageing population means that investment is also urgently needed to strengthen specialist services for older adults experiencing complex mental health needs, including late-life depression, dementia-related mental health difficulties, and comorbid physical illness. This should include more integrated, age-appropriate care pathways and closer collaboration between mental health, geriatric, primary care, and social care services to ensure early intervention, continuity of care, and appropriate support for carers, reducing avoidable crisis presentations and acute admissions. [49]

People experiencing homelessness and housing insecurity are a group that are also particularly relevant in the Irish context given the ongoing housing crisis. This group are significantly more likely to experience

[44] https://nda.ie/publications/literature-review-on-the-evidence-for-interdisciplinary-teams-in-community-based-services
[45] https://doi.org/10.1097/ogx.0000000000000994
[46] https://doi.org/10.1002/wps.20769
[47] https://www.gov.ie/en/department-of-health/press-releases/minister-for-mental-health-prioritises-new-eating-disorder-and-perinatal-facilities-in-capital-plan/
[48] 10.1192/bjo.2018.7
[49] https://iris.who.int/server/api/core/bitstreams/dde7be07-eb76-4642-800c-4258ecd42e59/content

mental health difficulties than the general population, while mental health difficulties can also increase the risk of homelessness. [50]. The current provision of mental health services aimed at people experiencing homelessness is inadequate and fails to address the complexity diversity of needs within this population[51]. Many people experiencing homelessness also have co-occurring mental health and substance use difficulties, which create additional barriers to accessing timely, appropriate and integrated care and reinforce the need for multidisciplinary, coordinated supports.[52] Funding must be allocated to prioritise the expansion of multidisciplinary assertive outreach teams and integrated health and housing supports in line with Recommendations 58 and 59 of *Sharing the Vision*. This investment should complement continued implementation of cross-government measures that recognise secure housing as a fundamental foundation for good mental health and recovery.

Additionally, current capacity constraints across forensic inpatient and community services contribute to delayed access and insufficient or inappropriate supports for people who are in contact with the criminal justice system who experience severe and complex mental health difficulties.[53] As of May 2026, approximately 2,492 people in custody were waiting to see a psychologist and, in 2025, 328 people (55.97%) waited over 24 weeks to be seen specifically for a mental health intervention.[54]. Investment is required to expand forensic MDTs and to develop appropriate community-based supports that enable step-down care and reduce reliance on inpatient and custodial settings.

Strengthening specialist services alongside community and primary care provision, and ensuring effective implementation of National Clinical Programmes, will help ensure that people can access the right level of care at the right time while improving outcomes and reducing pressure across the wider mental health system, particularly acute services.

Crisis Care and Acute Mental Health Pathways

"Trauma-informed places of healing are needed for service users to go in crisis as opposed to being further traumatised in inappropriate emergency departments"

(Lived Experience)

A modern mental health system must provide timely, compassionate alternatives to emergency departments, ensuring that people in acute distress receive appropriate care in the right setting. Investment is urgently needed in alternative 24/7 crisis resolution services, and structured follow-up supports. Crisis pathways must also be equipped to respond appropriately to dual diagnosis, where people often present in severe distress.

Approximately 51,000 people in mental health crisis present annually to emergency departments in Ireland.[55] Recently published data has revealed the growing severity and complexity of presentations, with 21,528 presentations involving self-harm and suicidal ideation to 24-hour emergency departments in 2025, compared to 14,622 presentations in 2021, an increase of almost 50% in just four years.[56]

[50] https://doi.org/10.1007/s10389-023-01934-0
[51] https://ie.depaulcharity.org/wp-content/uploads/sites/2/2025/06/Mental_Health_Homelessness_Research_Report_-1.pdf
[52] https://ie.depaulcharity.org/wp-content/uploads/sites/2/2025/06/Mental_Health_Homelessness_Research_Report_-1.pdf
[53] https://www.irishprisons.ie/wp-content/uploads/documents_pdf/IPS-Annual-Report-2024.pdf
[54] https://www.oireachtas.ie/en/debates/question/2025-07-08/634/?highlight%5B0%5D=mental&highlight%5B1%5D=health&highlight%5B2%5D=waiting
[55] https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2021.748224/full
[56] https://sinnfein.ie/news/increase-in-mental-health-crisis-presentations-to-emergency-departments-must-be-a-wake-up-call-for-government-sorca-clarke-td/

Respondents to our PBS surveys repeatedly highlighted that **overcrowding, inadequate staffing, and the absence of dedicated mental health spaces mean that emergency departments are not equipped to safely or compassionately manage acute mental health presentations.** In our lived-experience consultations, many participants described waiting for hours only to be turned away, or encountering environments that lacked trauma-informed practice and, exacerbated distress and anxiety.

Budget 2026 recognised the need for investment in acute services, with over €15 million in ring-fenced funding to expand crisis supports and targeted suicide-prevention initiatives. The rollout of crisis nursing teams to all Model 4 hospitals and to the Mercy University Hospital in Cork is a welcome development. Minister Butler has also signalled her intention to extend these teams to all Model 3 hospitals in future budgets, and we strongly urge that this investment be delivered in the upcoming Budget.[57]

As alternative pathways are developed to address critical gaps in crisis care, immediate funding is required to upgrade emergency departments so that each facility, at a minimum, meets Psychiatric Liaison Accreditation Network (PLAN) standards and provides a dedicated, appropriate space for acute mental health presentations. A 2025 report by the Mental Health Commission (MHC)[58] found that many emergency departments lack appropriate infrastructure and staffing for mental health assessments, particularly outside regular hours. An audit of assessment spaces for people presenting with self-harm found that, of the 27 emergency departments operating 24/7, only 70% meet PLAN standards, while eight departments lack any appropriate space. No audit has yet been published for non-24/7 departments, leaving further gaps unexamined.

However, **long-term solutions must prioritise care outside the emergency department,** a need repeatedly recognised across the political spectrum[59] and by the wider public, such as the calls made through the Adam's Protocols campaign[60]. We welcome recent expansions in the number of SCAN nurses and the rollout of additional Solace Cafés, both of which are urgently needed nationwide.[61] These services provide alternatives that reduce ED presentations. Innovative models such as the Community Access Support Team (CAST)[62] in Limerick also demonstrate the potential of compassionate, health-led crisis responses. CAST is a co-response pilot that pairs An Garda Síochána with HSE Mid-West mental health professionals. Its purpose is to ensure that individuals experiencing a mental health crisis or situational trauma are diverted away from Garda custody and Emergency Departments and instead supported through community-based, healthcare-led interventions. Between January 2025 and May 2026, CAST recorded 181 diversions from Section 12 detainment, ensuring that individuals in acute distress were supported through a community-based, health-led response rather, than being brought into custody or conveyed to an emergency department.[63] An evaluation of CAST is due to be finalised this

[57] https://www.oireachtas.ie/en/debates/question/2026-05-20/205/
[58] https://www.mhcirl.ie/sites/default/files/2025-04/MHC%202025%20Mental%20Healthcare%20in%20EDs%20FINAL.pdf
[59] https://www.oireachtas.ie/en/debates/debate/dail/2026-01-27/30/
[60] https://data.oireachtas.ie/ie/oireachtas/committee/dail/34/joint_committee_on_public_petitions_and_the_ombudsmen/submissions/2026/2026-02-24_opening-statement-joe-loughnane-witness-advocate-adam-s-protocols-campaign_en.pdf
[61] https://www.gov.ie/en/department-of-health/press-releases/minister-for-mental-health-announces-major-investment-in-crisis-supports-and-suicide-prevention-in-budget-2026/
[62] https://www.garda.ie/en/about-us/our-departments/office-of-corporate-communications/press-releases/2024/october/an-garda-siochana-and-hse-launch-mental-health-support-pilot-project-cast-in-the-limerick-division-monday-7th-october-2024.html
[63] https://www.oireachtas.ie/en/debates/question/2026-05-20/205/

year by the University of Limerick[64]. Such initiatives require robust evaluation and sustained funding, and where proven effective, should be expanded nationally.

Sustained funding is essential to expand community-based, out-of-hours crisis supports so that people in distress can access timely, compassionate care without resorting to overwhelmed emergency departments.

Integration, Equity and Continuity of Care

People most commonly fall through the cracks in the mental health system at key transition and access points…After discharge from hospital or acute care, inadequate follow-up and limited community supports can lead to relapse, isolation, or repeated crisis presentations."

(Lived Experience)

Mental health services must be designed to provide **equitable, integrated and coordinated care for everyone, regardless of their background or circumstances.**

People and communities experiencing marginalisation often face higher levels of psychological distress while also encountering significant barriers to accessing timely, appropriate and effective mental health supports.[65] Reducing these inequalities must be a core objective of mental health investment. As recognised in Recommendation 61 of *Sharing the Vision*, services should be culturally competent, trauma-informed and grounded in anti-racist practice.[66] Supports should reflect the lived experiences and needs of these Priority Groups, including minority ethnic communities, Travellers, migrants, LGBTQIA+ people, people experiencing homelessness, people living in poverty, survivors of abuse, people in contact with the criminal justice system, and other groups experiencing systemic disadvantage. Investment in community-led and peer-led organisations is essential to achieving this. These organisations are often the most trusted and accessible service providers for marginalised communities and are uniquely placed to deliver culturally responsive, inclusive and person-centred supports.

"Neurodivergent people fall through the cracks and are left behind."

(Lived Experience)

A key issue raised in our consultations was the significant and varied barriers people with disabilities continue to experience in accessing timely and appropriate mental health care. A report to the National Disability Authority identified areas where people with disabilities faced significant disadvantage, such as education and literacy skills, economic disadvantage, communication, and a lack of adapted treatment centres.[67] The Irish Deaf Society's recent Position Paper on Mental Health also highlights the significant unmet needs of deaf people and the persistent lack of access to appropriate supports.[68] People with mental health difficulties and co-existing disabilities, neurodivergence, or other complex support needs often face fragmented services and unclear referral pathways. This can result in people being passed between disability and mental health services, with neither service taking overall

[64] https://www.oireachtas.ie/en/debates/question/2026-05-20/205/
[65] 10.1016/j.lanepe.2025.101458 External Link
[66] 10.7812/TPP/23.127
[67] https://www.researchgate.net/profile/Maureen-Death/publication/242462711_The_Experience_of_People_with_Disabilities_in_Accessing_Health_Services_in_Ireland_Do_inequalities_exist/links/02e7e529ef552e9f89000000/The-Experience-of-People-with-Disabilities-in-Accessing-Health-Services-in-Ireland-Do-inequalities-exist.pdf
[68] https://irishdeafsoc.wpenginepowered.com/wp-content/uploads/2025/10/IDS-Mental-Health-Policy-Paper.pdf

responsibility. Many of our consultation responses highlighted autistic people as a group that frequently find themselves falling between services. Recent Irish research has also identified systemic barriers to mental health care for autistic people, including challenges relating to care pathways, service capacity and the need for more inclusive and better adapted mental health provision [69] [70]. Taken together, this points to the need for a genuine **"no wrong door"** approach for autistic people and others with co-occurring needs, so that a person can present to any relevant service and be actively supported into the right pathway rather than redirected, delayed or left to navigate the system alone.

Similar challenges arise for people with co-occurring mental health and substance use difficulties. Irish policy and evidence reviews have repeatedly recognised that people with dual diagnosis can fall between mental health and addiction services when systems are organised in parallel rather than in an integrated way. The HSE's *Model of Care for People with Mental Disorder and Co-existing Substance Use Disorder (Dual Diagnosis)* was developed specifically to establish clearer and more integrated pathways of care[71], while evidence reviews by the Health Research Board[72] also emphasised the need for greater integration between mental health and addiction services to improve access and outcomes. Greater investment is therefore needed to ensure integrated, accessible and appropriately adapted services that respond to the whole person, regardless of diagnosis, neurotype or service boundary.

"Lack of coordination and joined up thinking, rotations happen too frequently with limited handover to the next person responsible for your child"

(PBS Public Survey)

In our lived experience consultations, continuity of care was raised as a critical aspect of quality mental health services. Many described the distress and frustration of having to repeatedly tell their story to different professionals as they moved between services or providers. This fragmentation can undermine therapeutic relationships, delay access to appropriate supports and discourage ongoing engagement with services. Addressing this requires shared care planning, interoperable digital systems, robust data infrastructure and strong collaboration across statutory services, primary care and the VCS. Effective integration is particularly important for people whose needs span multiple services and sectors. Investment is also urgently needed to strengthen aftercare and follow-up supports, improve transitions between services, and expand multidisciplinary Community Mental Health Teams to ensure continuity of care throughout recovery.

Ensuring people can access timely, integrated and equitable care requires investment across the full continuum of mental health services. However, expanding services alone will not deliver sustainable reform. To ensure lasting improvements in access, quality and outcomes, it is also essential to strengthen the systems that underpin service delivery, including workforce capacity, sustainable funding models, infrastructure, data systems and governance.

[69] https://www.cambridge.org/core/journals/irish-journal-of-psychological-medicine/article/examining-the-barriers-and-facilitators-to-mental-health-service-provision-for-autistic-people-in-ireland-a-survey-of-psychiatrists/76BC3E0577339CC19BD227FA5ED649BA
[70] https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_autism/reports/2023/2023-06-14_final-report-of-the-joint-committee-on-autism_en.pdf
[71] https://www.drugsandalcohol.ie/38847/1/dual-diagnosis-model-of-care.pdf
[72] https://www.hrb.ie/resource/treatment-services

3. Invest in the Structural Enablers Needed to Build a Sustainable Mental Health System

Delivering timely, high-quality mental health supports requires more than investment in the services alone. Expanding services, reducing waiting lists and improving access to consistent and high-quality care all depend on having the workforce, infrastructure, funding mechanisms, data systems and governance needed to support delivery. These system enablers are essential to building a resilient mental health system that can respond to increasing demand, support high-quality care and deliver on Ireland's mental health policy ambitions.

Budget 2027 must invest not only in expanding services, but also in strengthening the foundations needed to sustain them over the long term. This section sets out some of the key system enablers that require investment to build a resilient, responsive and sustainable mental health system. These are all closely interdependent. Weaknesses in one area directly constrain the effectiveness of others, limiting the system's overall ability to deliver timely, high-quality care.

Workforce Capacity

"Staff need to be better cared for as they are often burnt out in crisis care public hospitals. This often means lack of compassion for service users going through highly traumatic experiences."

(Lived Experience)

Sustainable mental health services are fundamentally dependent on sufficient workforce capacity across the entire system, including community mental health services, primary care, acute settings, and the VCS. MHR recognises and welcomes the allocation of an additional 300 whole-time equivalent staff to mental health services in Budget 2026, representing approximately 9% of overall growth in health service staffing, as a positive step in the right direction.[73] However, this must be seen in the context of persistent and significant staffing pressures across the system.

Our consultations consistently underlined that staff are operating under sustained strain and are frequently unable to deliver the level of care required, or that they would like to deliver, due to chronic understaffing and rising demand. MHR members repeatedly highlighted **workforce challenges facing services, including recruitment difficulties, staff shortages, high staff turnover, and burnout.** These pressures are being felt across statutory and VCS services alike, limiting service capacity, reducing availability of preventative and early intervention supports, and increasing pressure on acute and crisis services.

Additionally, reliance on agency and temporary staffing has become a structural feature of the mental health system. This impacts directly on care-planning, reduces continuity of care, weakens team stability, and undermines long-term workforce planning, while also increasing cost pressures. Based on HSE data, agency staffing is typically estimated to cost 30% more than directly employed staff to cover the cost of agency fees, and VAT paid on this service.[74] In mental health services alone, over €113 million was spent on agency staffing between January and November 2025. [75] Reducing reliance on agency staffing through sustained recruitment and retention of permanent staff would not only represent better

[73] https://www.gov.ie/en/department-of-health/press-releases/ministers-for-health-announce-274bn-health-budget-for-2026/
[74] https://about.hse.ie/api/v2/download-file/file_based_publications/PQ_32538-26_-_Ken_OFlynn.pdf/
[75] https://about.hse.ie/api/v2/download-file/file_based_publications/PQ_4279-26_-_Sorca_Clarke.pdf/

value for money, but also improve workforce stability, provide greater job security for staff, strengthen MDTs, and support greater continuity and quality of care for people using mental health services.

Concerns were also raised in our wider consultations about the impact of recruitment restrictions and embargo-type measures in statutory services in recent years, which have constrained services' ability to recruit and retain staff in line with need. The need for fully staffed MDTs is particularly acute within inpatient and approved centres, where people often present with the highest levels of need and complexity. However, recent HSE data highlights significant gaps in access to psychology, occupational therapy and social work across many approved centres.[76] In some cases, key MDT posts never existed, while in others, they were lost during the previous recruitment embargo and subsequent, ongoing recruitment restrictions. These posts should be restored in regions and centres where they previously existed and prioritised for development where they have been absent. **Strengthening MDT capacity is essential not only to improve quality of care and recovery outcomes, but also to support timely and successful discharge back into the community**. It is also fundamental to delivering rights-based care and supporting Ireland's obligations under the CRPD, ensuring people with disabilities have access to holistic, person-centred mental health services.[77]

Regulatory findings from approved centres reinforce concerns about the impacts of workforce capacity constraints, with persistent shortfalls in compliance with core standards relating to staffing, care planning, medication management and risk management. While these findings relate specifically to approved centres, they reflect broader system-wide staffing pressures that impact quality, safety and continuity of care across the mental health system. The table below sets out key areas of concern where compliance fell below 80% in approved centres in 2025 (excluding the regulation relating to premises, which is addressed in the "Invest in Capital" section below), highlighting ongoing pressures within service delivery:

Regulations with Poor Compliance in Approved Centres (2025)[78]

Regulation	Percentage Compliance
Regulation 32: Risk Management Procedures	44.78%
Regulation 26: Staffing	52.24%
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines	53.73%
Regulation 15: Individual Care Plans	58.21%
Regulation 21: Privacy	73.13%

[76] https://about.hse.ie/api/v2/download-file/file_based_publications/PQ_12920-26_-_Liam_Quaide.pdf/
[77] https://nda.ie/publications/literature-review-on-the-evidence-for-interdisciplinary-teams-in-community-based-services
[78] Based on data available in the Mental Health Commission 2025 Annual Report - https://www.mhcirl.ie/sites/default/files/2026-06/MHC%202025%20Annual%20Report.pdf

In the context of ever-increasing demand, inadequate staffing levels contribute directly to growing waiting lists, delayed access to supports, and reduced service responsiveness. Addressing these challenges requires sustained investment in workforce recruitment, retention, training and planning across the entire mental health system, including statutory services and the VCS.

Multi-Annual Budgeting

A shift to multi-annual budgeting for the health budget is a critical structural enabler of a sustainable, effective, and future-focused mental health system. Mental health policy is inherently long-term in nature, as reflected in frameworks such as *Sharing the Vision* and *Connecting for Life* and the planned phased implementation of the Mental Health Act 2026. Funding structures that are largely annual and reactive create a persistent mismatch between long-term policy ambition and short-term financial planning.

Annual funding cycles contribute to instability, limit strategic planning, and make it difficult to recruit or retain staff, develop new services, or scale evidence-based supports in response to growing need. The Irish Fiscal Advisory Council has also called for a move towards multi-annual budgeting, while emphasising the importance of basing budgets on realistic assessments of the cost of maintaining existing services, taking account of demographic and price pressures.[79]

Introducing predictable, multi-annual funding would allow the HSE and community partners to plan more effectively, strengthen service pathways, and respond to rising demand in a sustainable way. It would also improve accountability by linking investment to measurable progress over several years, rather than resetting priorities each budget cycle. This approach is consistent with the broader reform direction set out in *Sláintecare*, which emphasises long-term planning, system integration and the need to move away from short-term, fragmented approaches to health service delivery.

MHR strongly welcomes Minister Carroll MacNeill's commitment to bring forward amendments to the Health (Amendment) Bill 2025 to establish the legislative basis for multi-annual funding, together with her confirmation that the detailed design and implementation of multi-annual budgeting is being progressed through a dedicated workstream involving the Department of Health, the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation, and the HSE.[80] A move to multi-annual budgeting is a structural reform that would strengthen continuity, quality and long-term sustainability across the mental health system.

Sustainable Funding for the Voluntary and Community Sector (VCS)

Many services, particularly within the community and voluntary sector, continue to experience increasing demand alongside workforce pressures, short-term funding arrangements, and regional inequities in service provision…Community organisations play a critical role…yet these contributions are often undervalued within funding structures.

(MHR Member)

The VCS is a cornerstone of Ireland's mental health system, delivering a wide range of prevention, early intervention, crisis support, recovery, advocacy and community-based services that complement statutory provision and reach individuals and communities that the public system often cannot. Many services have developed in direct response to gaps in statutory provision and persistent unmet need,

[79] https://www.fiscalcouncil.ie/health-overruns-budgeting-as-if-yesterday-never-happened/
[80] https://www.oireachtas.ie/en/debates/debate/select_committee_on_health/2026-06-17/2/

providing essential supports where no alternative services exist. Through trusted relationships, local knowledge and flexible models of care, these organisations engage people who may otherwise face barriers to accessing support, helping to reduce inequalities and ensure timely intervention before needs escalate. The sector also plays a critical role in ensuring continuity of mental health support across the care pathway, particularly where statutory services are limited, overstretched or unavailable, preventing gaps in care and reducing pressure on acute and specialist services.

Despite this essential contribution, many VCS organisations continue to rely on fragmented, short-term and year-to-year funding arrangements. Persistent funding insecurity undermines organisational sustainability, limits long-term strategic planning, constrains innovation, and makes it increasingly difficult to recruit and retain a skilled workforce. It also weakens collaboration across the mental health system, as organisations are forced to devote significant time and resources to securing funding rather than strengthening services, evaluating outcomes, or developing integrated models of care. At a time when demand for mental health supports is increasing in both volume and complexity, this instability represents a significant risk to the resilience and effectiveness of Ireland's mental health infrastructure.

Introducing **ringfenced, multi-annual funding agreements for the VCS** would provide the stability necessary to strengthen the capacity of organisations to deliver high-quality, evidence-informed services over the long term. Secure funding would enable organisations to invest in workforce development, service improvement, innovation, digital infrastructure and evaluation, while fostering stronger partnerships with statutory providers and supporting more coordinated, person-centred care. It would also facilitate the expansion of successful programmes into underserved communities, improve continuity of care, and ensure that services can respond proactively to emerging and unmet mental health needs.

Recognising the VCS as a core partner in the delivery of Ireland's mental health system requires funding arrangements that reflect its strategic importance rather than positioning it as an adjunct to statutory services. The sector has repeatedly demonstrated its capacity to respond flexibly to emerging needs and to complement statutory provision where gaps exist. Ringfenced multi-annual investment is essential to protect existing services, strengthen system resilience, support implementation of national mental health policy, and realise the shift towards prevention, early intervention and community-based care envisioned in *Sharing the Vision*. Such investment is not only critical to the sustainability of the sector but also represents a cost-effective means of improving mental health outcomes, reducing demand on acute services, and building a more integrated, accessible, equitable and resilient mental health system.

" Introduce ringfenced, multi-annual funding agreements for the voluntary and community sector "

Data, Monitoring and Accountability

Mental health data collection remains inconsistent within and across statutory and VCS services, with limited national-level analysis and fragmented reporting systems. Data are not standardised or routinely linked to service outcomes, population need, or expenditure, limiting effective planning, accountability and evidence-informed decision-making. Information is also often not consistently

consolidated at national level, reducing its value for system-wide planning, oversight and comparison across services, and creating risks of duplication and inefficiency.

A modern mental health system that prioritises transparency and oversight must be underpinned by robust, integrated data, not only for financial reporting but for service delivery, outcomes and equity. Many existing systems remain outdated, paper-based or siloed across sectors, with key information on long-term outcomes, continuity of care and population need either incomplete or not routinely captured.

These gaps undermine the ability to identify need and respond effectively across the system. This is particularly concerning for priority groups experiencing persistent inequality, as the absence of robust disaggregated data means these inequalities risk remaining hidden within aggregate reporting.

Accordingly, **MHR calls for the development of a comprehensive national mental health data system** that ensures consistent, comparable reporting across statutory and VCS services. This should include standardised core datasets, routine reporting on activity, outcomes and population need at both national and regional levels, and robust disaggregation. It should also enable linkage between service activity, outcomes and financial data to support evaluation of effectiveness, efficiency and value for money, and to inform transparent resource allocation.

This requirement is all the more urgent in the context of regionalisation (see "Regionalisation" section). As the health system moves towards Population-Based Resourcing and Health Regions with distinct structures and budgets, there is a clear risk that existing fragmentation in data systems could be exacerbated unless a coherent national approach is established. Without consistent standards and centralised analysis, variation between regions will become harder to identify, compare and address, undermining the objective of equitable, needs-based planning.

A national mental health data infrastructure is therefore a core system enabler of accountability, equity and rights-based mental health care.

Invest in Capital

"From my experience, a healing environment within psychiatric hospitals has been largely overlooked…Those under psychiatric care need access to nature and fresh air. Beautiful spaces can be created even within the confines of psychiatric hospitals."

(PBS Public Survey)

Longstanding underinvestment in mental health infrastructure has resulted in longstanding deficits in premises. The MHC's 2025 Annual Report[81] identifies **premises as the most persistent area of non-compliance and concern across approved centres** with only 26.87% of centres meeting the minimum standards for this regulation in 2025. This regulation has had an average compliance rate of just 29.2% over the past five years. The Inspector of Mental Health Services is explicit in his assessment of this issue, stating:

> *"Many approved centres are still operating in premises which are outdated, unsuitable or unsafe. This is unacceptable. The perennial nature of this deficit is my real concern."*[82]

[81] https://www.mhcirl.ie/sites/default/files/2026-06/MHC%202025%20Annual%20Report.pdf
[82] https://www.mhcirl.ie/sites/default/files/2026-06/MHC%202025%20Annual%20Report.pdf

Capital investment is required both to retrofit existing infrastructure to meet minimum standards and to ensure that new emergency and crisis pathways are designed from the outset with integrated, trauma-informed mental health spaces in line with Recommendations 22 and 98 of *Sharing the Vision*.

MHR welcomes the recent announcement by Minister Butler of a €40.57 million capital investment allocation for mental health in 2026. This represents the first tranche of funding from the €470 million allocated for mental health projects under the National Development Plan 2026-2030. We particularly welcome the commitment to the development of two mother and baby units, in Limerick and Dublin, which represent an urgently needed expansion of specialist perinatal mental health services.[83]

MHR joins the MHC in calling for the urgent and sustained mobilisation of capital investment to address longstanding deficits in mental health infrastructure. **We also look forward to the promised forthcoming publication of a 10-year Capital Plan for Mental Health**, which will be critical in setting a clear strategic direction for capital investment in mental health.[84] This plan should be progressed without delay to ensure timely delivery of essential infrastructure improvements.

Regionalisation

Ireland's health system is currently undergoing significant restructuring through the establishment of six new Health Regions. Regionalisation and the move to a Population-Based Resourcing Approach present an opportunity to improve equitable access to mental health services through more responsive local planning, integrated care, and needs-based resource allocation. However, without appropriate safeguards, regionalisation could perpetuate, or even widen, existing inequalities in access, service availability, and outcomes.

To realise the potential of this reform, **mental health funding must remain ringfenced and clearly identifiable within each Health Region**. Regional mental health expenditure should also be published annually to provide transparency on how funding is allocated and spent, and to strengthen public accountability for investment decisions.

Regional budget allocations should be underpinned by robust assessments of population need and existing service capacity. As part of this process, each Health Region should undertake a comprehensive assessment of clinical gaps, including workforce shortages, unmet need, and deficits resulting from previous recruitment restrictions and embargo-type measures (see "Workforce Capacity" section). These assessments should inform regional investment priorities and workforce plans to ensure that funding is directed towards addressing historic inequities and unmet need, rather than simply maintaining existing patterns of service provision.

Strong national accountability arrangements are also vital to ensure consistent implementation of mental health policy and legislative commitments across all Health Regions. A comprehensive national mental health data system, with nationally standardised data collection, reporting and analysis, will also be essential to monitor access, equity, service quality and outcomes, identify unwarranted regional variation, and support evidence-informed resource allocation (see "Data, Monitoring and Accountability" section).

[83] https://www.gov.ie/en/department-of-health/press-releases/minister-for-mental-health-prioritises-new-eating-disorder-and-perinatal-facilities-in-capital-plan/
[84] https://www.gov.ie/en/department-of-health/press-releases/minister-for-mental-health-prioritises-new-eating-disorder-and-perinatal-facilities-in-capital-plan/

Meaningful involvement of people with lived and living experience must also be embedded within regional governance, planning, oversight and evaluation processes. This would ensure that regional decision-making reflects the realities of people accessing services and remains accountable, inclusive, and responsive to population need.

Regionalisation has the potential to improve responsiveness and equity, but only if accompanied by transparent funding, consistent national standards, robust accountability, and a commitment to ensuring that where a person lives does not determine the mental health care they receive.

Strengthening the system enablers outlined above will improve the capacity, sustainability and responsiveness of mental health services. However, investment in services and system infrastructure must also be accompanied by investment in implementation. Ireland already has an ambitious legislative and policy framework for mental health; the challenge now is ensuring that these commitments are fully resourced, implemented and monitored.

4. Resource and Deliver Existing Legislative and Policy Commitments

"Budget 2027 represents an important opportunity to embed a genuinely rights-based and disability-inclusive approach to mental health reform."

(MHR Member)

In recent years, Government has introduced a comprehensive programme of legislative and policy reform that provide a comprehensive roadmap for transforming Ireland's mental health system. The principal challenge is no longer identifying what needs to be done, but ensuring that these commitments are adequately resourced, implemented and monitored.

Delivering meaningful reform requires sustained, multi-annual investment not only in new and expanded services, but also in the governance, workforce, oversight, accountability and implementation capacity needed to translate legislative and policy ambition into meaningful improvements for people using mental health services.

"Effective mental health reform requires aligning legislation, funding, workforce capacity, and accountability systems together. Without sustained implementation investment, there is a risk that policy ambitions will be too unrealistic in terms of the ability to deliver safe, accessible, and person-centred care."

(MHR Member)

Mental Health Act 2026

The Mental Health Act 2026 represents the most significant reform of Ireland's mental health legislation in more than two decades, introducing a more rights-based framework, enhanced safeguards, and expanded oversight across inpatient and community settings. To ensure these reforms are implemented and deliver meaningful change for people using services, dedicated investment is essential. Without it, existing workforce shortages and service deficits risk undermining delivery of the Act's new statutory obligations and limiting its impact in practice.

Delivering the Act in practice will require sustained investment across the mental health system. This includes expanding MDTs across inpatient and community settings; strengthening governance,

compliance and regulatory oversight; delivering comprehensive national training in areas including consent, capacity and supported decision-making; and ensuring that people using services and their families receive accessible information about their rights under the new legislation.

The Mental Health Act 2026 also significantly expands the remit of the MHC, extending its oversight to community mental health services and CAMHS. Sustained funding must be allocated to expand the Commission's capacity for inspection, enforcement, standards development, monitoring and regulatory oversight. Adequate resourcing is essential to ensure the Commission can fulfil its obligations under the Act effectively, consistently and in a manner that strengthens accountability and protects the rights of people using mental health services.

In addition, under the Act, An Garda Síochána will no longer have the authority to make applications for involuntary admission, with this function instead transferring to more appropriately trained Authorised Officers. This represents a significant operational shift, given that Gardaí accounted for 34% of all such applications in 2025 (an increase of 2% on 2024).[85] **Investment is essential to recruit, train and support a sufficient Authorised Officer workforce** to meet the requirements of this new legislative framework.

A rights-based mental health system also requires accessible and independent safeguards for people using services. MHR, our member organisations, people with lived and living experience, and our supporters have consistently called for a statutory right to independent advocacy and the establishment of an independent complaints mechanism, and these priorities were again highlighted during our Budget 2027 consultations. These safeguards are both vital to protecting people's rights, building trust and confidence in mental health services, and giving practical effect to the rights-based principles of the Mental Health Act 2026. **The Minister has committed to advancing the right to independent advocacy through secondary legislation under the Mental Health Act 2026, alongside a review of existing complaints mechanisms to determine whether further reform is required**.[86]

Delivering on these commitments will require dedicated investment to strengthen and expand independent advocacy services so that everyone who needs advocacy can access timely, independent support to understand, exercise and uphold their rights when engaging with mental health services. The National Advocacy Service (NAS) currently provides a non-statutory advocacy service to people with disabilities. People with mental health difficulties represent a significant proportion of those supported by NAS, accounting for 21% of the people accessing the service in 2024.[87] In their 2024 Annual Report, NAS note that despite a very significant increase in the number of enquiries and cases to the service since 2017 (from 856 cases in 2017 to 1779 cases in 2024) there has been no increase in permanent staff advocate numbers, leading to long waiting times and increased complexity of cases by the time the advocate is available, with a waiting list of over 12 months in some counties, meaning that access to these supports is effectively a postcode lottery.[88] It is essential that independent advocacy services are adequately funded to meet current demand to ensure equitable access for people in the community as well as those in inpatient settings.

[85] https://www.mhcirl.ie/sites/default/files/2026-06/MHC%202025%20Annual%20Report.pdf
[86] https://www.oireachtas.ie/en/debates/debate/seanad/2026-01-29/10/
[87] https://advocacy.ie/app/uploads/2025/12/NAS-Report-2024.pdf
[88] https://advocacy.ie/app/uploads/2025/12/NAS-Report-2024.pdf

"Proper implementation of the Act, alongside investment in key safeguards including advocacy and an independent complaints mechanism, is necessary to ensure that its promised reforms translate into meaningful improvements in practice."

Investment is also needed to establish an accessible, **independent and trauma-informed complaints mechanism** that enables concerns to be raised and resolved fairly, promotes learning and continuous improvement, and strengthens accountability across the mental health system. Existing complaints arrangements, including HSE internal processes such as "Your Service, Your Say", are not sufficient to meet the requirements of a rights-based mental health system. These mechanisms are located within service structures, which significantly limits confidence in impartiality and independence. In a mental health context, the importance of independent complaints mechanisms is heightened by the significant power imbalance that can exist between people using services and providers, including in situations where involuntary admission or detention may be a potential outcome. This places an even greater obligation on the system to ensure that complaints processes are clearly independent, accessible, and rights-based. In a rights-based system, people should not be required to rely solely on complaints processes operated by the same organisations providing their care. An independent complaints mechanism for mental health services is essential, one with clear statutory authority, transparency in decision-making, and a requirement to feed learning back into service improvement.

Proper implementation of the Act, alongside investment in key safeguards including advocacy and an independent complaints mechanism, is necessary to ensure that its promised reforms translate into meaningful improvements in practice. Sustained investment will support the workforce, governance and organisational change required to embed rights-based care across the mental health system in line with Ireland's commitments under the CRPD.

National Policies

Legislative reform alone will not transform Ireland's mental health system. Achieving meaningful and lasting reform requires sustained implementation of existing national policies, supported by adequate and ongoing investment. Improving mental health is not solely the responsibility of the mental health system; it requires coordinated, cross-government action to address the wider social determinants of mental health, including housing, social protection, education, employment, justice, disability, migration, equality and community development.

Accordingly, Budget decisions over the coming years should support the implementation of existing key national policy commitments relating to mental health, which span the remit of multiple Government Departments. A sample of existing relevant policy commitments is outlined below:

Health Reforms

- Sharing the Vision
- Sharing the Vision Digital Mental Health Strategy 2026-2030
- Connecting for Life 2026-2035
- Healthy Ireland Policies

- Pathways to Wellbeing 2024–2030
- HSE National Clinical Programmes for Mental Health Policies
- Sláintecare

Housing and Homelessness

- Housing First National Implementation Plan
- Housing for All

Children and Young People

- Child and Youth Mental Health Action Plan
- First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families

Disability, Equity and Inclusion

- National Action Plan Against Racism
- National Housing Strategy for Disabled People
- National Human Rights Strategy for Disabled People 2025-2030
- National LGBTIQ+ Inclusion Strategy II 2024-2028
- National Traveller and Roma Inclusion Strategy II 2024-2028 (NTRIS II)
- We also welcome Government commitments to publish the upcoming National Traveller Mental Health Action Plan[89]

Social Inclusion and Employment

- Roadmap for Social Inclusion 2026-2030
- We also welcome Government commitments to publish the successor Pathways to Work 2026-2030 Strategy this year[90]

Substance Use and Dual Diagnosis

- National Drugs Strategy 2026–2029 (Draft)

Justice

- Zero Tolerance: Third National Strategy on Domestic, Sexual and Gender-Based Violence
- We also welcome Department commitments to publish a National Migration and Integration Strategy this year.[91]

These frameworks collectively set out an ambitious and evidence-informed path for transforming services and supports for people with mental health difficulties in Ireland. **Budget 2027 must therefore dedicate funding to support implementation of these commitments, alongside transparent monitoring arrangements that enable Government, the Oireachtas and the public to assess progress.**

Existing models of lived and living experience participation, such as the NIMC Reference Group supporting the implementation of *Sharing the Vision*, demonstrate the value of embedding lived experience within governance and oversight. Meaningful involvement of people with lived and living experience must be embedded within governance, policy development, implementation and evaluation processes at both national and regional level. **This participation should be properly resourced and**

[89] https://www.gov.ie/en/department-of-health/press-releases/minister-for-mental-health-mary-butler-announces-a-new-consultation-process-to-inform-the-development-of-the-traveller-mental-health-action-plan/
[90] https://www.oireachtas.ie/en/debates/question/2026-04-30/74/
[91] https://www.oireachtas.ie/en/debates/question/2026-03-19/363/

recognised, including appropriate remuneration for lived experience expertise, to ensure engagement is accessible and sustainable, and valued for the essential insights it brings.[92] It must also be supported by the necessary infrastructure, accessibility measures, and safeguards to ensure engagement is ethical, inclusive, and meaningful rather than tokenistic. This will help ensure that reforms remain accountable and responsive to the needs and experiences of people accessing mental health services.

Ireland has already made significant legislative and policy commitments to transform mental health services. Budget 2027 provides an opportunity to move from commitment to implementation by ensuring that these reforms are adequately resourced, monitored and delivered. Investment linked to clear implementation milestones, workforce requirements, service outcomes, transparent reporting, and meaningful involvement of people with lived and living experience will be essential to ensure that existing commitments result in measurable improvements in rights protection, service quality and mental health outcomes.

Conclusion

Mental health in Ireland is at a critical juncture. The ever-growing demand for services and supports, the increasing complexity in presentations, the scale of unmet need and the persistence of structural gaps in service delivery demonstrate that policy reforms have not yet translated into consistent improvements in access, quality or outcomes for people using services.

Budget 2027 presents a pivotal opportunity to place mental health on a credible pathway towards the *Sláintecare* commitment to allocate 10% of the health budget to mental health by 2030. Achieving this will require sustained investment across the full mental health system. MHR calls on Government to seize this opportunity and **make mental health a national priority in Budget 2027 by committing to allocating at least 7% of the health budget to mental health**.

This submission calls not only for increased investment, but for **investment that is targeted, sustainable and accountable** – strengthening services, recognising the vital role of the VCS, building the foundations for a resilient and sustainable system, and delivering on the legislative and policy commitments Government has already made.

By investing in the right supports, the systems that enable them, and the implementation of existing commitments, Government can build a mental health system that is equitable, rights-based, sustainable, and capable of meeting the needs of Ireland's population so that no one is left to struggle without the supports they need and deserve.

The impact of mental health difficulties is felt across every family and community in Ireland, either directly or through those we care about. **Ireland needs mental health investment that matches the scale of need** in our communities and strengthens the supports people rely on every day.

Now is the time for the Government to ***Invest in Hope***.

For more information on any of the above content please contact Lisa-Marie O'Malley, Policy and Advocacy Coordinator at lomalley@mentalhealthreform.ie or at 086 024 5409

[92] 10.3389/fpubh.2025.1737709

Appendices

Appendix I: MHR Consultation Process

MHR consults annually with a range of stakeholders to inform its Pre-Budget Submission. This year, consultations were conducted with three groups using a mix of data collection methods.

Group 1: MHR Members

Qualitative input was gathered through an online consultation session with our member organisations as part of MHR's Policy and Advocacy Working Group. In addition, a survey was circulated to members, with 15 organisations participating. Further insights were also obtained through in-person discussions, informal telephone consultations, and written submissions emailed directly to the Policy and Advocacy team outlining member priorities for inclusion in the submission.

A thematic analysis was then conducted on the full dataset to identify key patterns, priorities, and recurring issues emerging across stakeholders. This involved systematically coding responses, grouping similar concepts, and refining them into overarching themes that reflected both areas of consensus and priority concerns. The analysis was iterative in nature, allowing for the integration of nuanced or cross-cutting issues as they emerged.

The resulting themes informed the development of the 2027 Pre-Budget Submission and ensured that the findings reflected the breadth and depth of member perspectives rather than individual responses in isolation. The Results are presented below.

Group 2: Lived Experience

Between 2024 and 2026, MHR received funding from Community Foundation Ireland to develop a social inclusion capacity-building project called CoLab. The aim of the project is to empower a panel of 20 people with lived or lived experience of mental health difficulties, along with their supporters, to advocate for improvements in the mental health system and to promote financial and social inclusion for people with mental health difficulties.

The CoLab group contributed directly and significantly to the development of this submission. Twelve members attended at least one of two consultation sessions on the Pre-Budget Submission, and eight members completed a survey consisting of five open-ended questions.

In addition, key recommendations from in-person discussions, telephone consultations, and emails from members of other lived experience panels and MHR's wider lived experience network were also collated**.**

A thematic analysis was then conducted on the to identify key patterns, priorities, and recurring issues emerging across stakeholders. The results are presented below.

Group 3: Members of the Public

A public survey was developed and shared across MHR's social media channels. A total of 146 members of the public completed the survey, which was comprised of both open-ended and multiple-choice questions.

Basic descriptive analysis was conducted on multiple choice questions and thematic analysis was carried out on open-ended responses. The results are presented below.

APPENDIX II: Thematic Analysis Group 1 - MHR members

Top Funding Priorities:	Which current gaps in mental health services require most urgent funding?
Timely access to care: Reduce waiting lists and expand access to CAMHS, adult mental health, psychology, counselling, and early intervention services (including neuroaffirmative and Early Intervention in Psychosis services). **Community-based and early intervention supports:** Expand recovery-oriented community services, peer and family supports, and prevention-focused interventions across the lifespan. Invest in Talk therapies and supports outside of the medical model. **Crisis alternatives:** Develop 24/7 community crisis teams, crisis respite beds (including for homelessness), and mobile crisis response, reducing reliance on A&E and Gardaí. **Service integration and transitions**: Improve coordination across CAMHS, adult mental health, addiction, disability and primary care, with structured transition pathways and "no wrong door" access. **Workforce capacity:** Invest in training pipelines, recruitment and retention to address chronic staffing shortages and burnout. Voluntary and community sector funding: Introduce secure, inflation-adjusted multi-annual funding recognising the sector as a core delivery partner. **Equity and inclusion:** Fund tailored, accessible supports for marginalised groups, including neurodivergent people, migrants, Traveller and Roma communities, and people experiencing homelessness. **Education and student mental health**: Expand counselling and early intervention in schools, FET, and higher and further education settings. **Addiction and dual diagnosi**s: Strengthen integration between mental health and addiction services, including access to residential and therapeutic recovery options. **Wider determinants:** Address housing, poverty, and social exclusion as central drivers of mental health outcomes.	**Chronic waiting lists and delayed access:** Severe bottlenecks across psychiatry, psychology and CAMHS are leading to significant deterioration while people wait for assessment and treatment. **Child and adolescent mental health gaps:** CAMHS delays are repeatedly identified as a critical pressure point requiring urgent investment and capacity expansion. **Workforce shortages:** Persistent staffing deficits across clinical and community services are a key driver of delays and limited service availability. **Inpatient and residential capacity gaps:** Acute shortages of adult inpatient beds, residential detox placements and recovery/step-down facilities are limiting timely access to appropriate levels of care. **System capacity and prioritisation issues:** Concerns are raised that current funding and strategic focus are not aligned with the most urgent service gaps, particularly in high-demand and high-acuity areas. **Information and system coordination gaps:** Limited awareness, fragmented information-sharing, and weak coordination across services contribute to inefficiencies and uneven access to care.

Thematic Analysis Group 1 - MHR members Cont.

What services, supports, or safeguards need additional funding to effectively implement the Mental Health Bill, and what risks arise if they are not adequately resourced?	Which groups are most disadvantaged by current funding levels, and what targeted investments
Independent advocacy and safeguards: Additional funding is needed for independent advocacy services in all inpatient settings, including interpretation supports, to ensure patients' rights are protected and the Mental Health Bill is implemented in line with a rights-based framework. **Workforce training and implementation capacity**: Significant investment is required to train existing staff and new entrants on key provisions of the Bill, including capacity assessments, decision-making supports, and rights-based care models. **Service expansion and system readiness:** Incremental funding is needed to scale up services in line with legislative requirements, particularly where current staffing, infrastructure and resources are already insufficient. **Regulatory and safeguarding frameworks**: Additional resources are required to address gaps in oversight, including the regulation of addiction services and alignment of all services with strengthened safeguarding standards. **Rights-based service delivery:** Funding is required to operationalise a legally enforceable right to recovery-oriented care, including service redesign and monitoring mechanisms. **Diagnostic and specialist service gaps**: Investment is needed to address under-recognised conditions (e.g. FASD) and ensure services are aligned with international best practice and emerging clinical needs. **Risks:** • Failure to implement core elements of the Mental Health Bill in practice, resulting in "paper reform" only • Continued reliance on under-resourced services unable to meet new legal duties • Weak protection of patient rights due to insufficient advocacy and interpretation supports • Inconsistent application of capacity and decision-making frameworks across services • Ongoing safeguarding gaps, particularly in unregulated or under-regulated service areas • Uneven implementation across regions and service types, undermining equity and access • Increased pressure on inpatient and crisis services due to lack of upstream capacity building	**Access barriers for disadvantaged groups:** People experiencing homelessness face major administrative barriers to care continuity Minority ethnic communities, including International Protection applicants and Roma communities, also require more accessible and culturally appropriate services. **Employment and income insecurity:** Individuals in precarious employment or cycling in and out of work often fall between eligibility thresholds for supports, creating gaps in access to timely mental health care. **Gender and age-specific needs:** Young men are identified as a key group requiring targeted engagement and tailored service responses due to lower help-seeking and higher crisis risk. **Neurodivergence and co-occurring disabilities:** Current services are insufficiently adapted to support autistic people, people with intellectual disabilities, sensory disabilities, and other neurodivergent groups, particularly where mental health needs intersect with disability. **Fragmented and inflexible access pathways:** Reliance on GP referral routes and rigid service structures limits access. **Geographic inequity:** Significant regional disparities persist in access to specialist services (e.g. eating disorders), reinforcing postcode lottery effects. **System design and prioritisation issues**: Current funding and service models are seen as too rigid and hierarchical, with calls for more flexible capacity that avoids prioritising one group's needs over another and instead expands overall system responsiveness.

Thematic Analysis Group 1 - MHR members Cont.

What Would Success Look Like?	Other Comments:
Reduced crisis pressure on acute services: Fewer psychiatric presentations in A&E, reduced emergency interventions, and a measurable decrease in Garda involvement in mental health crises. **Faster access to care:** Shorter waiting lists and significantly reduced time from referral to assessment and treatment across CAMHS, adult mental health, and community services. **Earlier, preventive support:** More people accessing community and primary care mental health supports before reaching crisis point, with improved uptake of early intervention services. **Stronger community and voluntary sector capacity:** Sustainable, adequately funded voluntary organisations providing stabilising, front-line supports and reducing downstream pressure on HSE clinical services. **Better-targeted specialist services**: Improved access to condition-specific and high-need services (e.g. eating disorders), reducing bottlenecks in specialist pathways. **User-defined outcomes and experience:** Service quality measured through lived experience, service-user feedback, and perceived recovery outcomes, alongside clinical indicators. Improved social recovery outcomes: Greater social inclusion, improved community connection, and increased ability for people to live independently or with appropriate supports in their communities. **More efficient and responsive system:** People receive the right level of support at the right time, with reduced fragmentation and fewer delays across pathways of care.	**Macro-Level Funding and Strategic Integration** **The Budget 2027 Opportunity:** Stakeholders believe Budget 2027 represents a critical opportunity to invest in and embed structural reforms. **Expanding Past the HSE:** Respondents argue that true service integration requires stakeholders to "think bigger than the HSE as provider of all services," advocating for a more unified ecosystem that incorporates community and non-statutory partners. **Unified Service Standards**: There is a call for a concerted effort to scale up and "bring all mental health organisations" under a single, elevated standard of care, ensuring equality of service regardless of regional location. **Financial Gaps for the Middle Class**: The text highlights an equity gap in the current framework, specifically urging policy makers to "consider access for people who do not have a medical card" but are simultaneously unable to afford private healthcare fees. Staff Retention Pressures: Organization heads emphasize that reforms must directly translate to the organizational floor, providing agencies with the capacity to "retain staff, maintain standards," and actively combat burnout. **The "No Wrong Door" Strategy:** There is an explicit endorsement of "No wrong door" policies, particularly for individuals presenting with a Dual Diagnosis (co-occurring mental health issues and substance use), ensuring they are not passed back and forth between siloed care teams. **Value of Lived Experience**: Respondents flatly argue that qualitative "feedback are of significantly more value than standard KPIs" when evaluating service success. **Granular Crisis Tracking:** Success metrics must look closely at highly targeted indicators, such as tracking the "Number of crisis presentations from homeless services" or reducing emergency Garda (police) interventions. **Need for Advocacy To Be Independent:** While many respondents pushed for state investment in advocacy, many also noted that advocacy services must be independent

APPENDIX III: Thematic Analysis Group 2 - CoLab and Lived Experience Participants

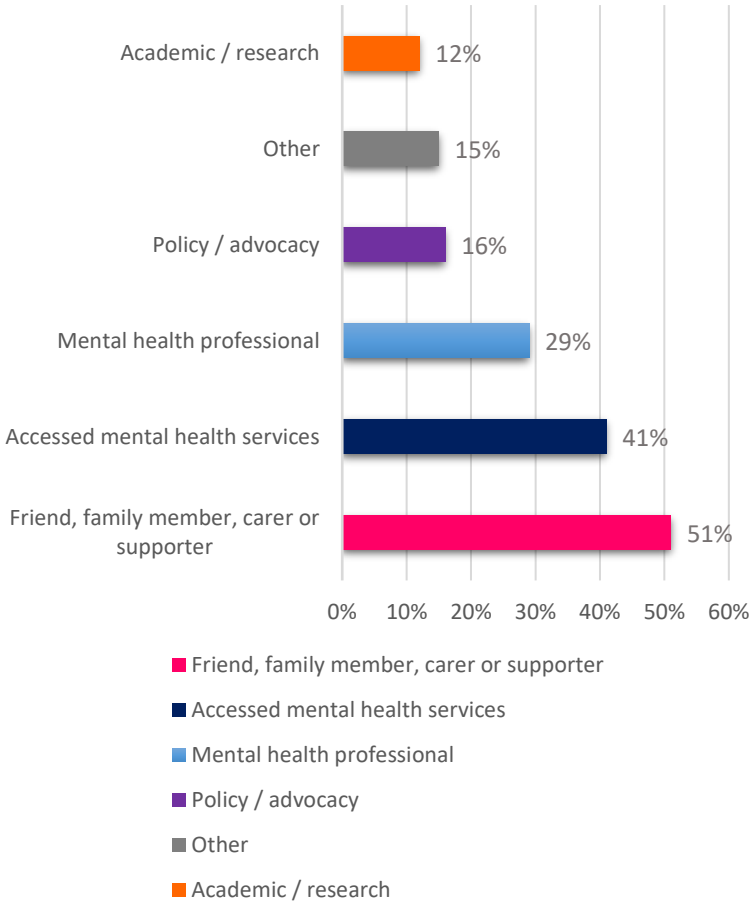
What are the biggest priorities for investment?	Where does the system fail people most?
Expansion of community-based care: Significant scaling of Primary Care Mental Health Services, peer-support services and local counselling pathways to address regional disparities and eliminate postcode inequities in access. **Sustainable funding models:** Reform of funding structures to ensure multi-annual, scalable investment that reflects need, including stronger and more secure support for voluntary and community mental health providers. **Workforce capacity and retention**: Targeted investment in recruitment, training pipelines (including talk therapies), and retention measures to address workforce shortages and reduce burnout. **Crisis and acute care integration:** Development of integrated psychiatric crisis response pathways within A&E and acute settings to improve management of complex presentations. Prevention and early intervention: Increased investment in public mental health promotion, anti-stigma initiatives, and early intervention strategies to reduce demand on acute services. **Person-centred service design:** Embedding lived experience and service user participation in the design, delivery, and evaluation of mental health services. **Equity and inclusion:** Development of tailored pathways and targeted supports for marginalised groups, including people experiencing homelessness, migrants and ethnic minorities (including Roma communities), young men, and individuals with co-occurring mental health and substance use (dual diagnosis)	**Vulnerable and intersectional communities:** Current service structures are failing to adequately reach marginalised groups, with particular barriers identified for Roma and Traveller communities, alongside broader exclusion experienced by people facing multiple layers of disadvantage. **Socioeconomic and geographic inequity:** Access to care is significantly constrained for financially disadvantaged and rural populations, who are less able to access private services or travel to centralised urban provision. **Workforce training and expertise gaps:** Submissions highlight shortages in appropriately trained professionals, with concerns that insufficient specialist training is limiting system capacity and responsiveness. **Lived experience and service design:** Concerns are raised regarding a deficit in lived-experience-informed approaches within clinical systems, reinforcing calls for stronger user involvement and more responsive, person-centred service design. **Waiting lists and treatment delays:** Long waiting times in public services are a key concern, with evidence that individuals often deteriorate while awaiting access to care. **Systemic fragmentation and "falling through the cracks":** The interaction of multiple vulnerabilities (e.g. dual diagnosis, homelessness, social exclusion) creates points of system failure, where individuals are unable to access or sustain appropriate care.
Who is Being Left Behind?	
Access, delays and infrastructure gaps: Persistent waiting lists across psychiatry, psychology and hospital services are leading to deterioration in patient wellbeing, with CAMHS identified as experiencing particularly severe bottlenecks. **Inpatient and community capacity constraints:** Acute shortages of inpatient beds, residential detox placements and recovery beds are contributing to service pressure and limiting timely access to appropriate levels of care. **Geographic inequities in service provision:** Significant regional variation in service availability continues to drive unequal access and "postcode lottery" effects. **System fragmentation and "no wrong door" approach:** Stakeholders emphasise the need for more integrated service pathways to prevent individuals with complex or co-occurring needs (including dual diagnosis) from being passed between disconnected services. **Regulatory and legislative gaps:** Concerns were raised regarding the lack of independent statutory regulation in addiction services, alongside calls to embed stronger rights-based approaches within forthcoming mental health legislation, including access to advocacy and interpretation supports.	

Equity and exclusion: Structural barriers, such as lack of a fixed address, limit access for people experiencing homelessness. Tailored pathways are needed for International Protection applicants, Traveller and Roma communities, young men, and individuals with neurodevelopmental or hidden disabilities. The "missing middle" is also highlighted as a key gap in affordability and access.
Workforce shortages and sustainability: Persistent staffing deficits across the mental health workforce are linked to training pipeline constraints, with additional concerns about burnout and retention, particularly in community and voluntary services.
Prevention and performance measures: Stakeholders call for a stronger shift towards prevention and early intervention, including mental health education in schools, and for broader outcome measures that reflect lived experience and reductions in crisis presentations (including A&E and Garda involvement).

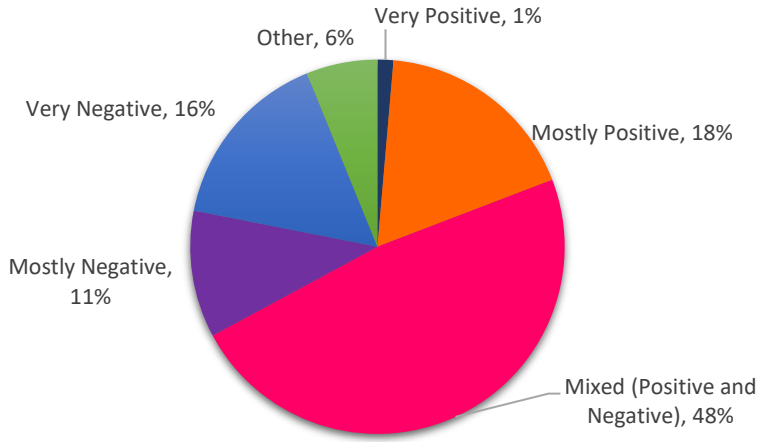
What supports would help people earlier, before they reach crisis point, and reduce the need for acute or emergency interventions?	What would success look like?
Crisis response and early intervention: Need for 24/7 community-based crisis mental health services and a single emergency response pathway, alongside stronger investment in prevention, early intervention, and public awareness to reduce escalation into crisis. **Access delays and infrastructure gaps**: Long waiting lists in CAMHS, psychiatry and psychology are causing deterioration while waiting. These are compounded by shortages of inpatient beds, detox places and community step-down supports. **Housing and recovery supports:** Lack of stable housing and recovery accommodation is a key barrier to treatment and recovery, requiring closer integration between housing and mental health services. **Low-cost community care:** Expanded access to free or affordable counselling, therapy and peer supports is needed to reduce pressure on statutory services and improve early access. **System reform and accountability:** Budget 2027 is seen as critical for implementing new legislation, with calls for better outcome-based measures (e.g. reduced A&E and Garda crisis presentations) and stronger system integration, including "no wrong door" approaches and clearer regulation of addiction services. **Equity and marginalised groups:** Current systems inadequately serve people experiencing homelessness, Traveller and Roma communities, women (particularly around menopause), International Protection applicants, young men, and those with neurodevelopmental or hidden disabilities. **Workforce and sector capacity:** Persistent staff shortages require investment in training pipelines, alongside stable multi-annual funding for voluntary and community organisations to improve retention and reduce burnout.	**Service bottlenecks and access deficits:** Persistent waiting lists across CAMHS, psychiatry, psychology and hospital admissions are leading to deterioration while awaiting care. There is also strong demand for expanded free or low-cost counselling, therapy and peer-support options at community level. **Funding, policy and legislative reform:** Budget 2027 is identified as a critical milestone for implementing forthcoming mental health legislation. Stakeholders call for "no wrong door" integrated care pathways, stronger regulation of addiction services, and clearer rights-based entitlements, including access to recovery-oriented care, advocacy and interpretation supports. **Equity and marginalised groups:** Structural barriers such as lack of a fixed address exclude people experiencing homelessness from care continuity. Tailored pathways are needed for Traveller and Roma communities, International Protection applicants, young men, and people with neurodevelopmental or hidden disabilities. **Crisis care and prevention:** Calls for 24/7 crisis mental health services, a national crisis line, and integrated A&E crisis teams sit alongside strong emphasis on prevention, including early-life mental health education and public anti-stigma campaigns. Recovery is also linked to broader social supports, particularly housing. **Workforce, sector capacity and system reform:** Chronic staffing shortages require state investment in training pipelines for mental health professionals and therapists. Voluntary and community services need stable funding to address burnout and retention. There are also calls to embed lived experience in service design and to reform success metrics towards outcomes such as reduced crisis presentations and improved service-user experience.

APPENDIX IV: Descriptive Statistics and Thematic Analysis Group 3 - Public Participants

What best describes your interest in Budget 2027 and mental health services? n=146



How has your experience of mental health been, if any? n=146



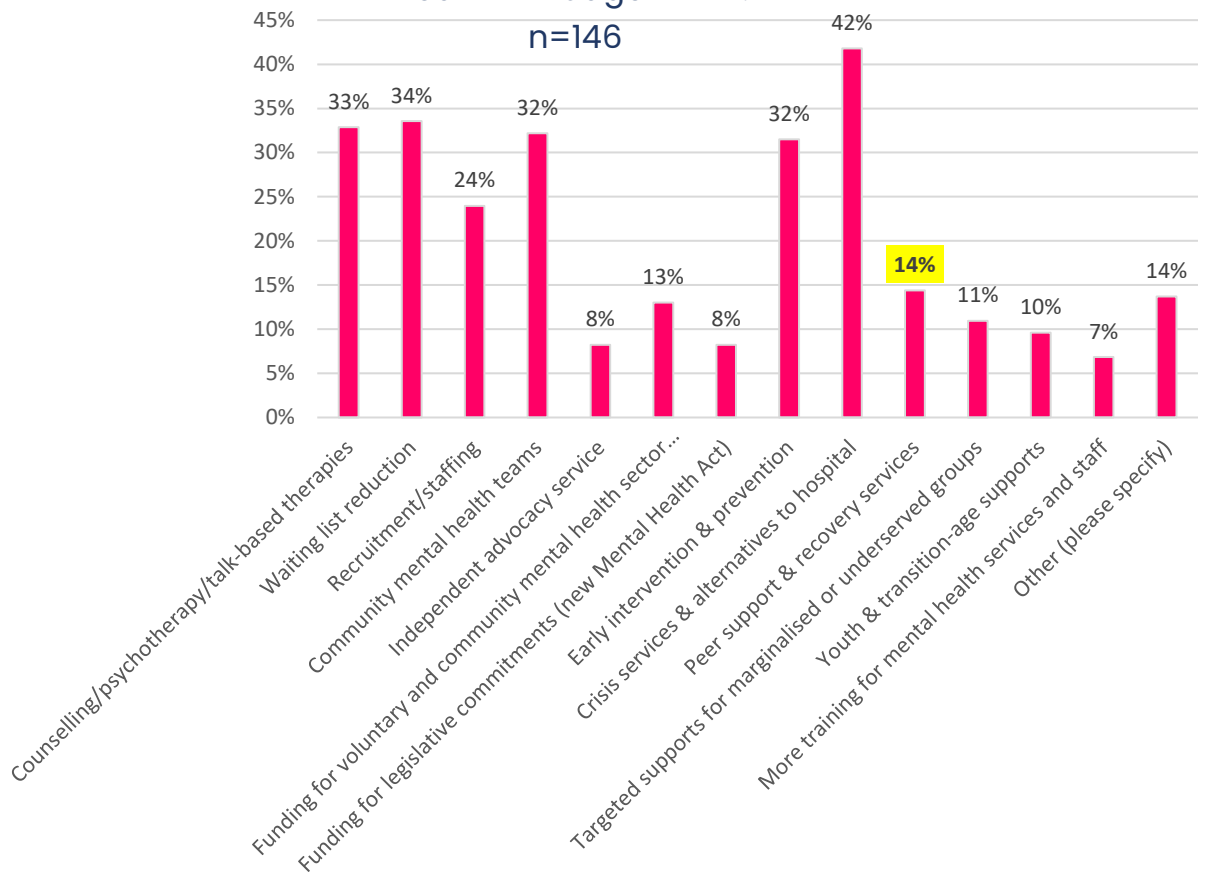
In your opinion, what are the biggest challenges in terms of mental health services in Ireland?

Thematic analysis of responses to the question, identified a number of recurring themes. The most prominent themes related to service availability and access and crisis support services, reflecting widespread concerns regarding difficulties accessing timely and appropriate care, as well as gaps in crisis intervention and emergency mental health supports. Respondents also highlighted challenges associated with workforce shortages, waiting lists and service delays, inadequate funding, accountability and service standards, medication management, and the need for more person-centred care. Additional themes included community support and integration, neurodivergence and mental health, child and youth mental health services, service coordination, professional training and regulation, suicide prevention, and supports for individuals with co-occurring mental health and substance use difficulties.

Descriptive Statistics and Thematic Analysis Group 3 Public Participants cont.

What do you think the Government should prioritise for mental health in Budget 2027?

n=146



What is working well in terms of the provision of mental health services?

(Thematic Analysis, n =146)

Practitioner quality

Community-based services

Specialist services

Access to care

Therapeutic relationships

Crisis intervention

Youth mental health supports

Inpatient services

Psychoeducation

Older adult mental health supports

Mental health policy

Rights-based initiatives

Anti-stigma campaigns

Digital mental health innovation

Research and service development

14% of respondents identified ***other*** priorities for mental health service development. These responses highlighted a range of unmet needs, including enhanced supports for neurodivergent individuals, dual diagnosis services, specialist services for older adults, improved access to psychological therapies and alternative therapeutic approaches, eating disorder and perinatal mental health supports, occupational rehabilitation and employment programmes, housing and long-term residential supports, psychoeducation for service users and families, and broader system-level reforms relating to governance, regulation, and social policy.

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MENTAL HEALTH BUDGET 2027

Mental Health Reform