

MENTAL HEALTH AND COVID-19:
The Opportunity to Resource, Rebuild,
and Reform Ireland's Mental Health System



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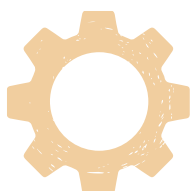
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Mental Health Reform Recommendations:



Resource

- Allocate substantial investment in our mental health services and supports
- Create a dedicated lead for mental health within the HSE who reports directly to the CEO
- Increase staffing in HSE adult community mental health teams and CAMHS to address unacceptable waiting lists
- Develop an appropriate, electronic mental health information system based on key performance indicators to drive transparency and accountability in the development and delivery of mental health services



Rebuild

- Address the challenges of inadequate income, employment and housing to protect mental health
- Build community and secondary mental health services to ensure that the specific needs of those with pre-existing mental health difficulties and other at-risk groups, are met
- Resource Counselling in Primary Care, HSE Primary Care Psychology services and specialist mental health services to meet demands
- Ensure that learning from innovation in mental health service provision is captured and embedded in practices, so that service design and delivery meet needs



Reform

- Urgently reform Ireland's Mental Health Act, 2001 and publish the draft legislation to update this Act. This will support planning for future mental health services, reassure the people of Ireland, and restore confidence that mental health services will adequately protect their rights
- Review and repeal Part V of the Emergency Measures in the Public Interest (COVID-19) Act 2020. This would strike a more appropriate balance between the need to protect people from COVID-19 and the protection of human rights for those under the Act.

1. Introduction

Mental Health Reform (MHR) is Ireland's leading national coalition on mental health. Our vision is of an Ireland where everyone can access the support they need in their community, to achieve their best possible mental health. In line with this vision, we drive the progressive reform of mental health services and supports, through coordination and policy development, research and innovation, accountability and collective advocacy. With over 75 member organisations and thousands of individual supporters, MHR provides a unified voice to government, its agencies, the Oireachtas and the general public on mental health issues.

Inadequate access to quality, timely and appropriate mental health services is a long acknowledged deficit in our health system. This is due to the lack of infrastructure (ICT, capacity, resources, integrated pathways) and legacy underinvestment in the mental health sector. MHR recognises that the mental health services were not up to standard prior to the COVID-19 pandemic, which has placed strain on a creaking system.

MHR notes the wide-ranging body of evidence documenting the strong association between poor mental health and social and economic circumstances, including poverty, debt, unemployment, and poor housing conditions.¹ The anxiety surrounding COVID-19 and subsequent lockdowns has affected population mental health as well as those with pre-existing mental health difficulties. We are concerned that a perfect storm has developed for those whose mental health difficulties predate the disruption caused by the pandemic. COVID-19 has also changed how health and social care services are provided throughout Ireland and the world.

A HSE mental health expert group formed at the outbreak of the pandemic, signalled the need for health and social care planning to address the anticipated fourth wave of COVID-19. The group stated that this wave could place a serious psychosocial and mental health burden, lasting months into years, on the Irish health system. Likely scenarios include additional difficulties for those with pre-existing mental health difficulties and the emergence of new mental health needs in those with no previous history.²

As the national coalition on mental health, MHR is well placed to represent the views and experiences of its member organisations, and people with, or at risk of, mental health difficulties during this unprecedented time. We offer this short document to;

- Provide an overview of what we have learned about the COVID-19 pandemic and how it impacts the mental health of the people of Ireland, in particular on those with pre-existing mental health difficulties
- Communicate our asks to the government on how to place mental health at the core of COVID-19 recovery plans.

¹ The Mental Health Commission (2011). The Human Cost: An overview of the evidence on economic adversity and mental health and recommendations for action, p.11.

²O'Connor, K. et al. (2020). Mental health impacts of COVID-19 in Ireland and the need for a secondary care mental health service response. Irish Journal of Psychological Medicine, p.1.

Research findings on the impact of the pandemic on mental health are mixed to date. Evidence continues to emerge and much is as yet unknown. MHR advocates for a transformation in Ireland's approach to mental health, alongside a long term commitment to investment. As we emerge from this pandemic we have an opportunity to address the current shortcomings in our system. The future of mental health services in Ireland will be shaped by political action taken now. We urge the government to resource, rebuild and reform our mental health services.

2. COVID-19 and Mental Health

2.1 International commentary on the impact of COVID-19 on mental health services

Long term neglect of mental health services is not unique to Ireland. The UN Secretary-General Antonio Guterres has noted that decades of neglect and under investment in mental health services are hampering responses to the pandemic which “risks sparking a major global mental health crisis”.³ The UN's Policy Brief on Mental Health includes clear recommendations on the need for a significant increase in investment in areas such as psychological support, emergency mental health care, and supporting recovery from COVID-19 by building mental health services for the future.⁴ Similarly, the World Health Organisation (WHO) has stressed that issues of mental health service access and continuity of care for individuals is a major concern. It has identified that “the isolation, fear, uncertainty, and the economic turmoil [of the current pandemic] could cause psychological distress, and we could expect to see an upsurge in the severity of mental illness, including among children, young people and healthcare workers”. Worryingly, the WHO has reported widespread disruptions in critical mental health services across the world, at a time when they are needed most.⁵

2.2 Research findings on the mental health impact of COVID-19 on the general population

Reviews of early research into the pandemic's impact on mental health identified decreased psychological wellbeing, increased anxiety, depression and stress as common psychological reactions experienced.^{6,7} Research carried out by the COVID-19 Psychological Research Consortium (C19PRC)⁸ in the UK found that higher levels of anxiety, depression and trauma symptoms were reported at the beginning of lockdown compared with previous population studies.⁹

³ RTE News (2020, May 14). UN warns of global mental health crisis due to COVID-19 pandemic.

⁴ United Nations (2020). Policy Brief: COVID-19 and the Need for Action on Mental Health.

⁵ WHO (2020). COVID-19 disrupting mental health services in most countries.

⁶ Rajkumar, R.P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*, 52, p.1-5.

⁷ Vindegaard, N. & Bernos, M.E. (2020). COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. *Brain, Behavior, and Immunity*.

⁸ C19PRC is a group of mental health researchers from universities in the United Kingdom and Ireland who are conducting projects to understand the mental health effects of the pandemic.

⁹ Shevlin, M. et al., (2020). Anxiety, depression, traumatic stress and COVID-19-related anxiety in the UK general population during the COVID-19 pandemic. *BJPsych Open*, 6

Of interest was the significant finding from the Irish strand of the C19PRC research regarding the high prevalence of mental health difficulties in the general population in Ireland. At wave one of this research, in March 2020, 23% of people met the diagnostic criteria or symptom cut off score for Major Depressive Disorder, 20% met the criteria for Generalised Anxiety Disorder and 18% met the criteria for PTSD. Overall, 35% of people were experiencing clinical levels of at least one of these mental health difficulties.¹⁰ This finding indicates substantial clinical need in the general population, which has implications for future planning of mental health services. Subsequent papers from the C19PRC, found that the impact of the pandemic on mental health is not equal across the population. Four distinct groups were identified:

- People who had low levels of mental health difficulties throughout the pandemic (67% in Ireland; 57% in UK)
- People who had very high levels of mental health difficulties throughout (4% in Ireland; 7% in UK)
- People who began the pandemic with some mental health difficulties and improved over time (18% in Ireland; 9% in UK)
- People with minor mental health difficulties who got worse over time (11% in Ireland; 29% in UK).

In summary, this research indicates that the mental health of 15% or one in every six people in Ireland got worse during the pandemic or was already poor and remained poor.^{11,12} This finding demonstrates a level of need in the population which demands additional resourcing. These findings are consistent with psychological literature on stressful life events. Meta-analytic findings show that in response to stressful life events, roughly equivalent proportions of people can be grouped in a similar way: approximately 65% of people respond with consistently good mental health, 10% respond with sustained mental health difficulties, 21% experience improving mental health and approximately 9% experience worsening mental health.¹³ This research points to a level of resilience and shows that poor mental health is not inevitable. However, it does indicate that a considerable proportion of the population experience worsening mental health in response to stressful life events, such as the global pandemic.

It is important to note that research findings continue to be mixed with regard to the impact of the pandemic on mental health. The UK COVID-19 Social Study has gathered the UK's largest dataset on the psychological and social impact of the pandemic through regular surveys since the beginning of the virus emerged. It reported that levels of depression and anxiety have been consistently above the averages usually reported on these measures.¹⁴ However, the study also found that levels of

¹⁰ Hyland, P. et al. (2020). Anxiety and depression in the Republic of Ireland during the COVID-19 pandemic. *Acta Psychiatrica Scandinavica*. 142(3):249-256.

¹¹ Hyland, P., Vallières, F., Daly, M., Butter, S., Bentall, R.P., Fox, R., Karatzias, T., MacLachlan, M., McBride, O., Murphy, J., Murphy, D., Spikol, E. & Mark Shevlin, M. (2021). Trajectories of change in internalizing symptoms during the COVID-19 pandemic: A longitudinal population-based study

¹² Shevlin, M. et al., (2021). Modelling Changes in Anxiety-Depression and Traumatic Stress During the First Wave of the COVID-19 Pandemic in the UK: Evidence for Population Heterogeneity in Longitudinal Change. Pre-print in *The Lancet*.

¹³ Galatzer-Levy, I. R., Huang, S. H., & Bonanno, G. A. (2018). Trajectories of resilience and dysfunction following potential trauma: A review and statistical evaluation. *Clinical psychology review*, 63, 41–55.

¹⁴ Note that no UK population averages for these measures are available. The averages used for comparison are from Germany and the United States, respectively.

depression and anxiety have declined overall since the initial wave of this survey in March 2020.¹⁵ Other large-scale studies have also shown declining levels of anxiety and depressive symptoms during the pandemic in the UK and US.^{16,17,18}

The impact of the pandemic on the Irish population's wellbeing and mental health is highlighted in Central Statistics Office surveys. The most recent survey released in February 2021, showed that four in ten people (an increase from 35.6% in November 2020 to 41.7%) reported that their life satisfaction was low, the highest rating yet in these surveys.¹⁹ A rise is evident in the numbers of people reporting that they felt downhearted or depressed all or most of the time over the course of the pandemic, with figures increasing from 5.5% in April 2020, to 11.5% in November and rising again to 15.1% in February 2021. The survey found that almost 17% of women and 9.2% of men said that they felt lonely all or most of the time. The Amárach poll carried out for the Department of Health in March 2021, saw the percentages of people reporting stress (36%), frustration (36%), sadness (29%) and loneliness 24%) reach their highest levels since the survey began.²⁰

2.3 Mental health risk factors during COVID-19

Research continues to emerge demonstrating the mental health impact on various cohorts. MHR is aware that different groups of the population are affected in different ways, due to their specific circumstances and conditions. This section does not set out to be a definitive list of cohorts with mental health risk factors during COVID-19. Rather, it offers a snapshot of some emerging literature on the topic. The economic impact of the pandemic on those who are already in precarious economic situations, has been recognised as something that will impact significantly on mental health. The Institute for Fiscal Studies stated that the economic downturn would “have significant consequences for people’s [mental] health outcomes in the short and longer term.”²¹ We know that people on low income and those who are unemployed or dependent on social protection payments, are more vulnerable to poor mental health. There is a huge body of research documenting the strong association between poor mental health and social and economic circumstances, including

¹⁵ Fancourt, D., Bu, F., Wan Mak, H., Paul, E., and Steptoe, A. (2021). Covid-19 Social Study: Results Release 31, London: University College London.

¹⁶ Fancourt, D., Steptoe, A., & Bu, F. (2020). Trajectories of anxiety and depressive symptoms during enforced isolation due to COVID-19 in England: a longitudinal observational study. *The Lancet Psychiatry*. Advance online publication.

¹⁷ Daly, M., & Robinson, E. (2020). Longitudinal changes in distress in the UK from 2019 to September 2020 during the COVID-19 pandemic.

¹⁸ O'Connor, R. C., Wetherall, K., Cleare, S., McClelland, H., Melson, A. J., Niedzwiedz, C. L., O'Carroll, R. E., O'Connor, D. B., Platt, S., Scowcroft, E., Watson, B., Zortea, T., Ferguson, E., & Robb, K. A. (2020). Mental health and well-being during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study. *The British journal of psychiatry*, 1–8.

¹⁹ CSO (2021). Social Impact of COVID-19 Survey February 2021: Well-being.

²⁰ The Journal (2021, May 6th). More Covid restrictions or a faster return to normal? How the Irish public feels about public health rules.

²¹ The Institute for Fiscal Studies. (2020). Recessions and health: The long-term health consequences of responses to coronavirus. IFS.

poverty, debt, unemployment, and poor living conditions. Social, working and living conditions are some of the key determinants of health and indeed mental health.

Healthcare and frontline workers have been exposed to ongoing and intense stress since the outbreak of the pandemic. This group has been identified as a key group at increased risk of mental health difficulties.²² The CSO Social Impact of COVID-19 Survey launched in December 2020, examined the positive COVID-19 cases in March to November 2020. It indicated that nurses and midwives were the most common occupations affected by COVID-19, comprising 6% of the total confirmed COVID-19 cases despite being just 2% of all employees.^{23 24} The additional risk for the mental health of this occupational group requires a targeted response from the government.

An early systematic review of the mental health consequences of the pandemic, found that a variety of factors were associated with higher risk of psychiatric symptoms and/or low psychological well-being. These include female gender, current or past medical history, poor-self-related health, age, loneliness and isolation, and relatives with COVID-19.²⁵ Similarly, the COVID-19 Social Study in the UK found that levels of depression and anxiety were consistently highest among young adults, females, people with long-term physical health conditions, people in lower household incomes, people from ethnic minority communities, people living with children, and people with pre-existing mental health difficulties.²⁶

There is a consistently high prevalence of mental health difficulties amongst the young people of Ireland. The second My World Survey conducted by Jigsaw in 2019, found that out of 10,459 adolescents (aged 12-19), 40% experienced depression outside of the normal range, while 49% experienced anxiety outside of the normal range. Of the 8,920 young people (aged 18-25) surveyed, 58% were found to be outside the normal range for depression and anxiety.²⁷

All rounds of the CSO Social Impact of COVID-19 survey, found that young people (aged 18 - 34) reported poorer wellbeing scores, with the February 2021 survey showing that 42% of this cohort rated their overall life satisfaction as low compared with 25.6% of the over 70's group.

The national longitudinal study of children and young people in Ireland, Growing Up In Ireland released findings of a COVID-19 specific survey in March 2021. It found that 48% of the 22-year-olds surveyed had elevated scores on a measure of depressive symptoms, an increase from 27% two years ago. It also found that one in five children aged 12 were in the 'low mood' group. Clear gender differences can be seen in this survey with more prevalence of depression or low mood in young

²² Kelly, B. (2020). Impact of COVID-19 on Mental Health in Ireland: Evidence to Date. *Irish Medical Journal*, 133.

²³ CSO (2020). Press Statement A Profile of COVID-19 in Ireland - Using Census 2016 Household Data to Analyse COVID-19 Cases from March to November 2020.

²⁴ This report linked the CSO pseudonymised Census of Population Analysis (COPA) 2016 data set to the confirmed Covid-19 cases, (49,169 cases, 69% of the total number were successfully linked) offering a statistical overview of the economic and social statistics of the linked individuals.

²⁵ Vindegaard, N. & Bernos, M.E. (2020). COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. *Brain, Behavior, and Immunity*.

²⁶ Fancourt, D., Bu, F., Wan Mak, H., Paul, E., and Steptoe, A. (2021). COVID-19 Social Study: Results Release 31, London: University College London.

²⁷ Jigsaw (2019). My World Survey 2: The National Study of Youth Mental Health in Ireland.

women and girls. These findings point to the clear need for specific targeted services and supports for the young people of Ireland.²⁸

As well as the aforementioned groups, women have been identified as a group at risk for poor mental health outcomes due to the pandemic. A report from the Department of Employment Affairs and Social Protection published in May 2020, found that those who have lost their jobs as a result of COVID-19 are more likely to be young, low-paid, women workers who were previously in part-time employment. These findings suggest that the pandemic has economically impacted the most marginalised women in society.²⁹

2.4 Impact of COVID-19 on people with lived-experience of mental health difficulties

There is considerable and growing evidence that those with a pre-existing mental health difficulty and those with previous experience of a mental health difficulty, may be particularly vulnerable to the mental health impact of the pandemic. As noted, the COVID-19 Social Survey in the UK found that levels of depression and anxiety were consistently higher among those with a mental health diagnosis. Research has also highlighted the toll that the pandemic and associated public health measures have had on the mental health of this group.

In Ireland, a survey of consultant psychiatrists conducted between May and June 2020, highlighted the impact of the pandemic on people with mental health difficulties:³⁰

- 64% of consultants reported that the number of referrals of patients attending their services experiencing mental health difficulties, had increased or significantly increased compared to the first month of the lockdown
- 50% of consultants believed referrals of patients experiencing mental health difficulties had increased or increased significantly compared to before the lockdown.

In July 2020 MHR published findings of our collaboration with the C19PRC. MHR worked with the C19PRC on the second wave of its survey, carried out between April and May 2020, by designing questions specifically aimed at people who use the mental health services in Ireland. Among the 7% of participants who took part in this national survey and use mental health services, the following was reported:

- Over 50% of participants reported that the COVID-19 pandemic has had a negative or very negative impact on their mental health and well-being generally
- Almost 40% of participants reported that the COVID-19 pandemic has had a negative or very negative impact on the quality of mental health service they receive
- Over 45% of participants reported that they would be less likely to attend community mental health services for support with their mental health difficulty, if needed

²⁸ Growing Up in Ireland (2021). Growing up in Ireland Key Findings: Special COVID-19 Survey.

²⁹ Coates, Byrne, Brioscú, Corcoran, Cronin, Keenan and McIndoe-Calder (2020). Working Paper - The Initial Impacts of the COVID-19 Pandemic on Ireland's Labour Market, Department of Employment Affairs and Social Protection.

³⁰ College of Psychiatrists of Ireland (2020). COVID-19 Impact on Secondary Mental Healthcare Services in Ireland. Dublin: College of Psychiatrists of Ireland.

- Almost 60% of participants reported that they would be less likely to attend an emergency department for support with their mental health difficulty, if needed ³¹

This survey also looked at the responses from a nationally representative sample at wave two (n=1,032). Of those who took part, 80% agreed or strongly agreed that “mental health services require additional resources to deal with the impact of the COVID-19 pandemic on mental health”.

Evidence also shows that people with pre-existing mental health difficulties are at a much higher risk of contracting COVID-19.³² A study conducted in the US found that people with depression or schizophrenia were seven times more likely to contract COVID-19, even after adjusting for age, gender and a range of medical conditions.³³ The toll that the pandemic and associated public health measures have on the mental health of people experiencing mental health difficulties is the subject of ongoing research. However, it is clear that this group requires specific support and tailored services to keep them well during the pandemic and thereafter.

2.5 Specific at risk groups

The pandemic has further exposed the challenges for specific groups experiencing mental health difficulties in accessing relevant services, such as people with a dual diagnosis of addiction and mental health difficulties and people experiencing homelessness. Emerging evidence shows that Traveller and Roma communities have been disproportionately affected by COVID-19 due to poor living conditions, overcrowding and lack of access to resources. This creates additional stress and anxiety, both of which are risk factors for poor mental health. Given the restrictions statutory health and social care services have been working under, access to appropriate mental health services has had to be reconfigured. This reconfiguration is not always easy for disadvantaged groups to navigate. Many services have migrated online, which risks creating a digital divide for those without means or access to these online services.

Children are another cohort attracting concern, in particular those who have been exposed to Adverse Childhood Experiences. Lockdown restrictions have been thought to exacerbate the wide range of factors which can impact negatively on family dynamics. This is of particular concern for those children who have had less access to resources, amenities and support, especially in the extended period when they could not attend school.

Children’s charity Barnardos surveyed 2,683 people in May 2020 on the impact of the pandemic and found that while 38% of adults felt ‘down’ this figure went up to 51% for lone parents. The research also found that families with young children felt the most pressure due to COVID-19 restrictions,

³¹ Mental Health Reform (2020). Responding to the mental health impact of covid-19: Public views on the Government’s response and insights from lived experience. Dublin: MHR.

³² Kelly, B. (2020). Impact of COVID-19 on Mental Health in Ireland: Evidence to Date. Irish Medical Journal, 133.

³³ Wang Q, Xu R, Volkow ND. (2020). Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States. World Psychiatry.

that 84% of the children were missing school, 53% were having bedtime issues, and 38% were reported to be having more tantrums and outbursts.³⁴

The Growing Up in Ireland Survey states that there is a need for specific targeted support for the children and young people from lower income households. MHR supports this statement, and advocates for reduced barriers to care for this specific at-risk group.

2.6 Feedback from some MHR members on the impact of COVID-19

Feedback from MHR member organisations continues to emerge on how COVID-19 is impacting the people they work with. In its presentation to the Oireachtas Sub Committee on Mental Health in May 2021, Pieta confirmed that they had experienced an increase of 30% in crisis calls and texts in 2020 compared to their 2019 figures. The organisation indicated that the spikes in its helpline were mostly at times when pandemic restrictions were announced and/or when cases were increasing.³⁵ Jigsaw's A Year in Perspective: Jigsaw's Response to the COVID-19 Global Pandemic, launched in March 2021 stated that its website had 344,732 users and 1,333 contacts to its Freephone service during the pandemic. They also reported findings of "significantly higher proportion of young people reporting anxiety and sleep problems during the pandemic year." (p.13).³⁶ Fighting Blindness' survey of 126 people living with sight loss, published in June 2020, found that 54% of the 126 respondents, experienced a decline in their mental health.³⁷ The National Women's Council of Ireland carried out a survey of nearly 1,500 women in May 2020. It found that 85% of respondents had experienced an increase in their caring responsibilities, while 55% had less time to look after their own mental health.³⁸ Women who were caring alone, reported experiencing particular pressure.

3. Conclusion

The full extent of the impact of COVID-19 on mental health will take some time to understand. The long-term mental health impact of the pandemic, while as yet unknown, must be planned and prepared for. The scope of this report does not allow for a full discussion of all groups at risk of poor mental health. We have sought to give an overview of how COVID-19 has impacted mental health, for some specific groups. No list can be exhaustive as research continues to emerge with new findings with respect to specific cohorts. However, it is clear that mental health services must become more agile, flexible and accessible. A fit for purpose mental health system must address the barriers to care evident across the entire population of Ireland.

The pandemic has exposed the current deficits in our mental health system. These include poor staffing levels across all mental health service settings and ICT deficits which hamper real time

³⁴ Barnardos (2020). Impact on Family Life during the Pandemic.

³⁵ Pieta (2021). Oireachtas Mental Health Sub Committee Meeting Pieta Opening Statement.

³⁶ Jigsaw (2020). A Year in Perspective: Jigsaw's response to the COVID-19 Global Pandemic. March 2020 to 10 March 2021.

³⁷ Fighting Blindness (2020). Survey of the Impact of COVID-19 on people living with sight loss.

³⁸ National Women's Council of Ireland (2020). Women's Experiences of Caring during COVID-19.

information, planning and inadequate access to services. This is evident with the recent HSE cyber attack and with regard to the digital divide. All of these shortcomings have serious implications for continuity of care and mental health outcomes, particularly for people with ongoing and enduring mental health difficulties. COVID-19 has accelerated the need to reconfigure mental health services, placing service users at the centre of design and delivery. Public awareness of the need for better services has never been higher and this must be met with political action to deliver improved, integrated and person-centred mental health services.

As we emerge from this pandemic we have an opportunity to address the current shortcomings in our mental health services. The future of mental health service in Ireland will be shaped by political action that must be taken now. Our recommendations below outline how the government can action its responsibility to resource, rebuild and reform our mental health services.

4. Recommendations

As the coalition representative for the sector, MHR recommends that mental health be placed at the centre of COVID-19 recovery plans. Building a responsive mental health service will be a critical element in how our society rebuilds and emerges from the pandemic. In a survey we carried out in June 2020, 92% of our members agreed that mental health services need more resources to deal with the mental health impact of COVID-19³⁹. We believe that providing accessible services and delivering sufficient staffing levels will need integrated innovative approaches and a long-term commitment to investment. MHR makes the following recommendations to government;

1. Resource - Ensure high quality services through high levels of investment

Numerous stakeholders including the HSE clinical leads in mental health, academics and MHR have identified that addressing current and emerging needs will require adequate investment. The HSE document A Plan for Healthcare and Population Health⁴⁰, published in February 2021, specifically calls for continued investment in mental health services. We believe that it is no longer viable or acceptable for expenditure on mental health to remain at just 5.1% of the overall health budget. Ireland lags far behind on mental health spending according to international comparisons, with states such as Sweden, Netherlands, Germany, France and the UK allocating between 10 - 13%. A Vision for Change recommended allocating 8% of the health budget to mental health by 2016, while Sláintecare proposed a target of ring fencing “at least 10% of the health budget to mental health”.⁴¹

Investment must be about more than money if mental health services are to be adequate and Ireland is to become resilient against future public health crises. There must be an investment in leadership

³⁹ Mental Health Reform (2020), The impact of COVID-19 on Mental Health Reform’s coalition members.

⁴⁰ Crowley, P. and Hughes, A. (2021). The impact of COVID-19 pandemic and the societal restrictions on health and wellbeing on service capacity and delivery: A plan for health care and population health recovery. Dublin: National QI Team, Health Service Executive

⁴¹ Committee on the Future of Healthcare, ‘Sláintecare Report’ (2017). pg.142

to ensure a real and meaningful commitment to change. We urge the government to urgently prioritise and invest in mental health. We ask for:

- 1.1 Allocate substantial increased investment in our mental health services and supports*
- 1.2 Create a dedicated lead for mental health within the HSE who reports directly to the CEO*
- 1.3 Increased staffing in HSE adult community mental health teams and CAMHS to address unacceptable waiting lists*
- 1.4 Develop an appropriate electronic mental health information system based on key performance indicators, to drive transparency and accountability in the development and delivery of mental health services*

2. Rebuild- Ensure timely access to mental health services and supports for everyone who needs them

The pandemic has placed the need for a functioning mental health system at the heart of government discourse, yet to date the dialogue has not delivered tangible results. The HSE A Plan for Healthcare and Population Health is explicit in its call for a fundamental rebuild of the health service due to the current and future impact of COVID-19. MHR fully supports and welcomes this call to action. This ask for service users to be at the centre of the design and delivery of mental health services, is echoed in Sharing the Vision. There is a particular emphasis on the provision of accessible, comprehensive and community-based mental health services. To meet this stated intent, timely and appropriate access to mental health services and supports across a continuum of care from primary, community, acute and specialist services is needed. As outlined, this involves preparing for new emerging mental health needs, as well as supporting individuals with existing mental health difficulties. Specifically we ask government to;

- 2.1 Address the challenges of inadequate income, employment and housing to protect mental health*
- 2.2 Build community and secondary mental health services to ensure that the specific needs of those with pre-existing mental health difficulties and other at-risk groups, are met*
- 2.3 Resource Counselling in Primary Care, HSE Primary Care Psychology services and specialist mental health services to meet demands*
- 2.4 Ensure that learning from innovation in mental health service provision is captured and embedded in practices, so that service design and delivery meet needs*

3. Reform- Deliver legislation that protects mental health, human rights and public health

MHR notes that the review of the Mental Health Act, 2001, launched in 2011 is still ongoing. While it has been stated that the process is almost complete and that new legislation will be brought to Cabinet and progressed through the Oireachtas without delay, the length of time the process has taken has been inordinate. The Mental Health Act, 2001 has been out of step with Ireland's

obligations under the European Convention on Human Rights (ECHR) and the United Nations Convention on the Rights of Persons with Disabilities (CRPD) since their respective incorporation into Irish domestic law in 2003 and 2018.

Against this backdrop of slow reform in mental health legislation, the Emergency Measures in the Public Interest (COVID-19) Act have had a real impact on those people with mental health difficulties who are involuntarily detained under the Mental Health Act [- Part 5 as it relates to the Mental Health Act, 2001]. MHR notes that all efforts are and have been made by the Mental Health Commission to ensure minimum impact on the procedural rights of service users. However, the legislation in itself continues to be problematic in its removal of safeguards for service users and its infringements of service user rights under the UNCRPD. We call on the government to deliver legislation that protects human rights, mental health and public health by:

3.1 Urgently reform Ireland's Mental Health Act, 2001 and publish the draft legislation to update this Act. This will support planning for future mental health services, reassure the people of Ireland, and restore confidence that mental health services will adequately protect their rights

3.2 Review and repeal Part V of the Emergency Measures in the Public Interest (COVID-19) Act 2020. This would strike a more appropriate balance between the need to protect people from COVID-19 and the protection of human rights for those under the Act.

#ResourceRebuildReform

