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THE BILL  
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Mental Health Reform

**Pre-Budget Submission 2026**

September 2025

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#BUDGET2026  
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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   |
| LGBTQI+ | Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Plus                        |
| MHC     | Mental Health Commission  |
| MHR     | Mental Health Reform  |
| NIMC    | National Implementation and Monitoring Committee (for <i>Sharing the Vision</i> ) |
| 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 83 members. MHR would like to thank our members for their continued insight, input and work<sup>1</sup>. Further information on our members can be found on the MHR website.

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



## Overview of Asks

Invest at least an additional €200 million towards mental health in Budget 2026 = additional €80m to maintain existing levels of service (ELS) + additional €120m in development funding (broken down below).

| Section                              | Breakdown of Development Funding Allocation |
|--------------------------------------|---|
| <b>Access</b>                        | €25M  |
| <b>Communities</b>                   | €25M  |
| <b><i>Sharing the Vision</i></b>     | €40M  |
| <b>Children &amp; Young People</b>   | €20M  |
| <b>Resourcing Legislative Change</b> | €10M  |
| <b>Total</b>                         | <b>€120M</b>                                |

### Section 1 – Improve Access – Additional €25M

- Increase investment to tackle the underlying factors behind long waiting lists, particularly in primary care services and Child and Adolescent Mental Health Services (CAMHS).
- Urgent investment is needed to improve access to crisis care services:
  - Allocate immediate investment to upgrade all emergency departments to meet minimum standards for supporting people in acute mental distress, including the provision of dedicated spaces for these presentations.
  - In parallel, sustained funding must be directed toward developing alternative crisis care pathways to ensure individuals in distress can access timely, support outside of overwhelmed and unsuitable emergency department settings.
  - Allocate appropriate funding to the development of an Integrated Crisis Response Pathway for young people experiencing mental health challenges.
- Strengthen the integration of community and voluntary sector organisations within Ireland's mental health system by providing ringfenced, multi-annual funding.
- Resource and develop a national mental health data system to ensure consistent, equitable, and impactful service planning. It should standardise data collection across all sectors, track prevalence and service activity at national and regional levels, and include disaggregated data on key population groups to support targeted interventions.



- A separate budget tag for mental health should be created within Ireland's Well-being Framework (the initial rollout of budget tagging has grouped physical and mental health under a single budgetary tag).
- Provide targeted funding to close the rural-urban gap in mental health services.
- Regionalisation must be backed by transparent budgets – with ringfenced funding for mental health – adequate resources, and strong data systems and must deliver more timely, equitable, and culturally competent care to currently underserved areas.

## **Section 2 – Communities – Additional €25M**

- Commit to sustainably resourcing the voluntary and community sector on a multi-annual basis.
- Allocate additional investment to new early-intervention and community-based mental health care that is accessible to priority groups.
- Provide psychology staff to the Irish Prison Service to meet recommended ratio standards.
- Revisit the national Traveller and Roma Mental Health Action Plan, which was not progressed following its inclusion in the Programme for Government.
- *Sharing the Vision* must be financially backed and implemented using a gender-conscious lens, in line with the recommendations of the specialist group.
- Invest in diversion schemes to support people with mental health difficulties so that they do not enter the criminal justice system, as per *Sharing the Vision* Recommendation 55.
- Provide mandatory disability competence and LGBTQI+ awareness training to staff in general adult and child and adolescent mental health services.

## **Section 3 – *Sharing the Vision* – Additional 40M**

- Publish detailed costings and required staffing levels for the *Sharing the Vision* Implementation Plan, backed by multi-year budget commitments to ensure sustained and effective implementation.
- Invest funding to support the delivery of the outstanding milestones from *Sharing the Vision* and the upcoming milestones of the Implementation Plan.
- Allocate urgent funding for the development of the Mother and Baby Unit and the expansion of services for individuals with co-occurring mental health and intellectual, developmental or other disabilities.
- Provide dedicated funding to support the continued expansion of the National Clinical Programmes, supporting improved access to specialised, evidence-based care.
- Publish and fund a targeted strategic capital investment programme for mental health services nationwide.



## **Section 4 – Children & Young People – Additional 20M**

- Prioritise targeted funding across all levels of child and youth mental health care to ensure timely, appropriate support for young people:
  - Allocate more funding to early support services – both statutory and community-based – to recruit additional staff, reduce waiting lists, and expand outreach in underserved areas.
  - Invest in CAMHS to address critical staffing shortages and infrastructure gaps, reducing backlogs and ensuring more timely care for young people with moderate to severe mental health needs.
  - Support clinical programmes designed for children and young people with complex or co-occurring needs, ensuring they receive coordinated and specialised care.
- Establish multi-annual, ring-fenced funding streams for youth mental health services delivered by the voluntary and community sector, enabling providers to retain skilled staff, scale effective programmes, and plan beyond annual funding cycles.
- Improve data collection to better capture youth mental health service use, enabling better planning, transparency, and accountability system-wide.
- Allocate funding to implement the Children and Young People's Mental Health Project Roadmap, scaling up innovative, evidence-based supports.
- Promote the Navigator digital signposting tool across schools, GP practices, and youth centres to improve access and awareness among young people.
- Fully resource the HSE Child and Youth Mental Health Office and its Action Plan 2024–2027 to ensure delivery on key commitments, particularly in integrated care, early intervention, digital innovation, and stakeholder engagement.

## **Section 5 – Legislative Change – Additional 10M**

- Provide targeted and transparent funding in Budget 2026 to enable the phased rollout of resources essential for implementing the reforms outlined in the Mental Health Bill 2024.
- Establish a statutory right to independent advocacy for both adults and young people, and ensure dedicated funding for a national, age-appropriate mental health advocacy service.



## Introduction

At Mental Health Reform (MHR), we believe that everyone should have timely and equal access to mental health services – where and when they need them, regardless of background or geographical location. We advocate for early intervention and prevention, investment in community-based mental health supports, and recognition of the vital role played by the voluntary and community sector in delivering these services. We also call for the full and timely implementation of Ireland's national mental health policy, *Sharing the Vision*. Mental health affects all of us, and our collective wellbeing must be a national priority. As we approach Budget 2026, adequate and sustained investment in mental health is essential.

### Mental Health: The Irish Context

Ireland continues to face significant mental health challenges, with recent data highlighting widespread difficulties in mental health and wellbeing across the population. The LAYA Mind Health Report 2025 found that Ireland had the lowest average "mind health" score of nine European countries surveyed<sup>2</sup>. Notably, based on the survey, 43% of the population were classified as "*languishing*" or "*struggling*", meaning that they were experiencing a lack of positive wellbeing and some degree of functional impairment. These survey results are consistent with the finding that 42.5% of adults in Ireland meet the criteria for a mental health disorder<sup>3</sup>, a higher prevalence than that of neighbouring countries, with mental health disorders eight times more common among young adults (18–24 years) than in those aged 55 years and older. In addition, a UNICEF report on child wellbeing showed that Ireland ranked 24th out of 36 countries in terms of mental health and the rates of youth suicide also exceeded the international average<sup>4</sup> (*child and adolescent mental health is further discussed in Section 4*).

Encouragingly, in 2024, Aware reported an increase in the proportion of people taking action to address their mental health difficulties compared to the previous year<sup>5</sup>. However, the prevalence of anxiety and depression remained high across 2023 and 2024, with these conditions particularly affecting younger adults. The figures demonstrate that the Irish population, and in particular young people, have poor mental wellbeing compared to international averages. These trends highlight the disconnect between individual efforts to improve wellbeing and the broader systemic challenges that persist. Crucially, public investment remains inadequate relative to the scale and burden of mental health issues in Ireland.

Meanwhile, Ireland's health system is currently undergoing significant restructuring through the establishment of six new Health Regions. While these changes are part of a

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<sup>2</sup> <https://www.layahealthcare.ie/media/site/pdfs/Laya-Mind-Health-Report.pdf>

<sup>3</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC9281488/>

<sup>4</sup> <https://www.unicef.org/innocenti/media/11111/file/UNICEF-Innocenti-Report-Card-19-Child-Wellbeing-Unpredictable-World-2025.pdf>

<sup>5</sup> <https://www.aware.ie/national-survey-2024/>



broader initiative to improve the efficiency of healthcare nationwide, they may offer opportunities to enhance mental health service provision and access (*see Section 1*). In addition, the reform of the Mental Health Act 2001 (*as discussed in Section 5*) represents a significant opportunity to improve the experience and rights of mental health service users. Another key development in 2025 was the release of the 2025–2027 Implementation Plan for *Sharing the Vision*. To ensure these reforms achieve lasting impact, they must be underpinned by sustained, transparent investment and robust oversight.

## **Budget 2026 Mental Health Allocation**

As we outlined in last year's pre-budget submission, the proportion of the health budget allocated to mental health remains significantly below that seen in previous decades. To reverse chronic underinvestment, fulfil the commitments of *Sharing the Vision* and address the ever-increasing demand for services, mental health funding must urgently rise to 10% of the overall health budget in line with the target of Sláintecare, Ireland's national health reform programme. This benchmark reflects international best practice and is essential to deliver a fully resourced, inclusive, preventative and sustainable system.

While Minister Butler has made commendable strides in raising mental health funding in recent budgets, funding increases in the overall health budget mean that the percentage of the health budget allocated to mental health has stayed stubbornly under 6%. If we are to get to the target of 10% within the decade, it is essential that this year's funding reflects a step in the right direction.





## Ireland's Mental Health Expenditure Over Time<sup>6</sup>:

According to the HSE's National Service Plan (NSP) 2025<sup>7</sup>, the total mental health allocation for 2025 is €1.46 billion, which is lower than the €1.48 billion originally promised in the initial health budget announcement<sup>8</sup>.

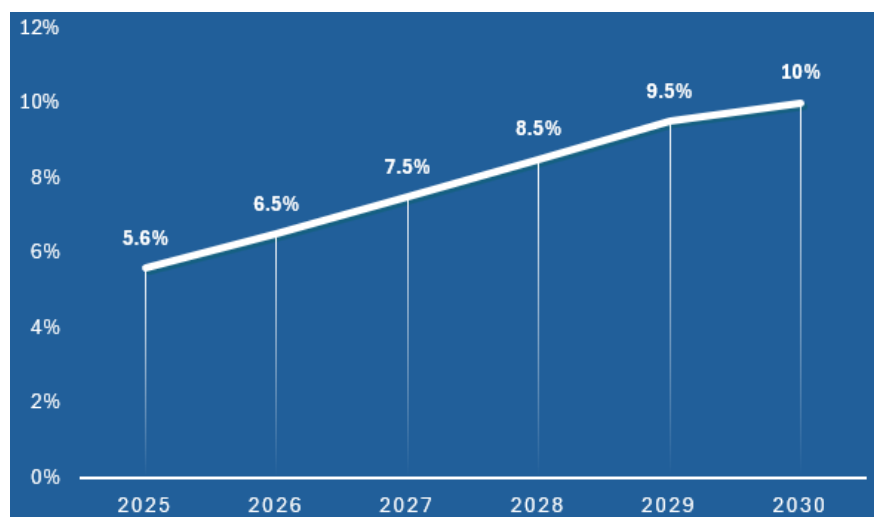
The table below provides a breakdown of the percentage of the health budget allocated to mental health across decades, indicating a troubling downward trajectory, which must be reversed:

| 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 Goal 6.5% of total health budget**

To meet the target for mental health funding to equate at least 10% of the health budget by 2030, Mental Health Reform proposes the following roadmap:

#### **Mental Health Funding: Path to 10% of Health Budget by 2030**



<sup>6</sup> 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

<sup>7</sup> <https://about.hse.ie/publications/hse-national-service-plan-2025/>

<sup>8</sup> <https://www.gov.ie/en/department-of-health/press-releases/ministers-for-health-announce-record-258-billion-budget-for-the-delivery-of-health-services-in-2025/>



## Budget 2026: Key Asks

In order to reach 6.5% of last year's total health budget allocation, as outlined in the 2025 NSP<sup>9</sup> (which does not account for the overrun by the end of the year and any possible increases or inflationary pressures next year), the mental health budget would need to reach at least €1.7bn next year. Therefore, MHR is calling for an investment of at least an **additional €200 million** towards mental health in Budget 2026. This €200 million allocation would comprise:

- Additional €80m to sustain Existing Levels of Service
- Additional €120m development funding (breakdown in the table below)

| Section                              | Additional Allocation |
|--------------------------------------|-----------------------|
| <b>Access</b>                        | €25M                  |
| <b>Communities</b>                   | €25M                  |
| <b>Sharing the Vision</b>            | €40M                  |
| <b>Children &amp; Young People</b>   | €20M                  |
| <b>Resourcing Legislative Change</b> | €10M                  |
| <b>Total</b>                         | <b>€120M</b>          |

While this figure still falls considerably short of the Government's target of allocating 10% of the total health budget to mental health, it would at least represent a meaningful step forward. More is, of course, needed, and MHR would certainly welcome a larger allocation in Budget 2026. However, MHR and our members view the proposed allocation as a realistic, prudent and reasonable demand – one that balances fiscal responsibility with the imperative to address unmet needs and support the mental wellbeing of our population.

## The Case for Developmental and Multi-Annual Funding

While the additional mental health budget allocation in 2025 was very welcome, disappointingly, only €16 million of last year's mental health budget allocation was put into new developments, representing a missed opportunity<sup>10</sup>. While MHR recognises the significant need for investment in existing services, it is crucial that investment extends

<sup>9</sup> [https://about.hse.ie/api/v2/download-file/file\\_based\\_publications/hSE-National-Service-Plan-2025.pdf/](https://about.hse.ie/api/v2/download-file/file_based_publications/hSE-National-Service-Plan-2025.pdf/)

<sup>10</sup> [https://about.hse.ie/api/v2/download-file/file\\_based\\_publications/hSE-National-Service-Plan-2025.pdf/](https://about.hse.ie/api/v2/download-file/file_based_publications/hSE-National-Service-Plan-2025.pdf/)



beyond maintaining existing services to also cover the development of new services. Significant developmental funding is required to:

- expand service capacity;
- introduce innovative, evidence-informed models of care; and
- reach marginalised and priority populations.

Ireland's mental health system faces a pivotal choice between reactive crisis management and forward-looking, preventative care. Proactive investment in mental health services is essential to reduce long-term costs and interrupt the recurring cycle of emergency response. Without robust and sustained funding for new programmes, the system risks remaining trapped in reactivity – treating symptoms after they escalate rather than addressing root causes early. In addition, without adequate investment, vital reforms such as trauma-informed approaches, peer support models, and equitable access to digital mental health tools may remain aspirational instead of operational.

The development of a multi-annual funding model for the VCS is also urgently needed to enable strategic workforce planning, service development, sustainable growth, and robust long-term impact evaluation. MHR member organisations have consistently highlighted the challenges posed by annual funding cycles, stressing the necessity of multi-year commitments to support effective recruitment and retention strategies (*see Member Survey responses below*). Such funding stability is essential to building and maintaining a skilled workforce capable of delivering consistent, high-quality mental health care.

## Invest to Save

### *Economic Rationale*

Given the considerable uncertainty around global economic stability, including in Ireland, the Government has cautioned that Budget 2026 may involve difficult decisions. However, it is important to note that Ireland's public spending remains significantly below the EU average. Public spending is often compared internationally using a percentage of GDP (Gross Domestic Product). In most EU countries, public spending makes up between one-third and one-half of their economy. Ireland's GDP figures can be misleading due to distortions from multinational activity. To address this, the Government uses a modified measure called GNI (Gross National Income), which gives a more accurate picture of the Irish economy. Even using this more reliable measure, Ireland's public spending in 2022 was just 39.4% of GNI, compared to the EU average of 49.6%. This shows that Ireland continues to spend significantly less on public services than many of its European neighbours<sup>11</sup>.

Given the high prevalence of mental health difficulties in Ireland, targeted investment in mental health is both an ethical imperative and a smart economic strategy. However, Ireland's most recent budget allocation of 5.6% of its total health budget to mental health services represents just over half the OECD's recommended 10% for high-income

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<sup>11</sup> [Ireland's Public Spending Explained 2024](#)



countries<sup>12</sup>, demonstrating that there remains a significant shortfall in prioritising mental health within national healthcare funding. Supporting mental health can significantly enhance the wellbeing and resilience of Ireland's labour force and, in turn, strengthen the broader economy. The cost of failing to provide adequate mental health supports is far-reaching, impacting individuals and families, straining public services, and undermining long-term economic productivity and social cohesion<sup>13</sup>.

As outlined in greater detail in Section 3, targeted investment in early intervention services delivers significant returns: evidence shows that early intervention can lead to substantial long-term savings and improved outcomes across health, education, and employment. Moreover, World Health Organisation (WHO) research<sup>14</sup> shows that investments in clinical interventions for depression and anxiety leads to significant returns in improved health and productivity.

In contrast, the cost of doing nothing is immense. Mental health difficulties cost the global economy over €1 trillion annually through lost productivity, absenteeism, and healthcare costs and projected estimates are that it may cost the world economy up to \$6 trillion by 2030<sup>15</sup>. In addition, access delays frequently result in individuals' conditions worsening significantly before treatment begins, leading to more complex and costly interventions. This lag not only intensifies demand on acute services but also inflates expenditure on external treatment solutions. Ireland currently spends €93 million annually on outsourcing mental health care – including €13 million through the Treatment Abroad Scheme – funds that could instead be redirected to build domestic capacity<sup>16</sup>.

### *Human Impact & Equity Rationale*

The human impact of underinvestment in mental health is profound, with urgent equity implications. Demand for youth-focused services such as Jigsaw remains significantly above pre-pandemic levels (see Sections 2 and 3), reflecting the ongoing crisis in child and adolescent mental health<sup>17</sup>. Without timely intervention, these challenges compound over time, leading to poorer long-term outcomes across education, employment, and wellbeing. Additionally, marginalised groups – including Traveller and migrant communities, individuals living in rural areas, and those with dual diagnoses – continue to face entrenched barriers to accessing support. These disparities highlight the urgent need for targeted funding and tailored approaches to ensure that mental health care is inclusive, equitable, and responsive to the diverse needs of Ireland's population.

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<sup>12</sup> [https://www.oecd.org/en/publications/a-new-benchmark-for-mental-health-systems\\_4ed890f6-en.html](https://www.oecd.org/en/publications/a-new-benchmark-for-mental-health-systems_4ed890f6-en.html)

<sup>13</sup> [How to Make Societies Thrive? Coordinating Approaches to Promote Well-being and Mental Health](#)  
<sup>14</sup> [9789240049338-eng.pdf](#)

<sup>15</sup> [Mental health matters – The Lancet Global Health](#)

<sup>16</sup> <https://sinnfein.ie/news/early-intervention-works-but-needs-real-backing-from-government-sorca-clarke-td/>

<sup>17</sup> [Jigsaw Annual Report Full Publication\\_Dev\\_03](#)



### *Need for Transparency and Oversight*

Transparency is essential to ensure that continued investment in Ireland's mental health services is both effective and equitable. However, there is currently a lack of clarity regarding how existing budgets are allocated or spent. Conflicting data sources, fragmented systems, and a lack of financial reporting on budget expenditure by service category – acknowledged by the HSE itself<sup>18</sup> – undermine oversight, accountability, and strategic planning. In response to numerous parliamentary questions, the Government has repeatedly acknowledged that

*“Currently, HSE Mental Health Services are not in a position to report on expenditure and budget by service category. The current financial reporting system is aligned to Annual Financial Statement type (i.e. nursing pay, Drugs & Medicines etc.) and does not align to the services and sub-services in operation. The Future Health Report identified the financial and service information systems of the Health Service as not fit for purpose”<sup>19</sup>*

This lack of clarity stands in stark contrast to the principles of democratic accountability, particularly when it comes to the allocation of public funds. As noted by the Comptroller and Auditor General in 2023:

*“Better alignment between the HSE's national service plan and the Health Vote has been a recommendation for reform since the Considine Report in 2008.”<sup>20</sup>*

We therefore call for the urgent implementation of the Integrated Financial and Procurement Management System and for greater transparency in the allocation and tracking of mental health funding. A modern, transparent, and service-aligned financial reporting system is essential to ensure that mental health resources are used effectively, equitably, and in accordance with national priorities.

Mental Health Reform welcomes Ireland's Well-being Framework<sup>21</sup> and supports the introduction of budget tagging as a tool to improve transparency and strengthen the analysis of resource allocations to mental health. While the initial rollout of budget tagging has grouped physical and mental health under a single budgetary tag, MHR strongly recommends that these be disaggregated over time. This is particularly important given the tendency for general health spending to exceed planned allocations, while mental health services continue to experience persistent underinvestment, as outlined throughout this submission. A separate budget tag for mental health within the Well-being Framework would make underinvestment in mental health more visible and support more equitable, needs-based funding decisions in future budgets.

### *Address Data Deficits*

A modern mental health system that prioritises transparency and oversight must be built on accurate, accessible data not just for finance, but for care delivery. As outlined in

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<sup>18</sup> [PQ Number: 15800/24 – 19th April 2024](#)

<sup>19</sup> [PQ Number: 15800/24 – 19th April 2024](#)

<sup>20</sup> [An Introduction to Ireland's Public Spending Explained 2024](#)

<sup>21</sup> <https://www.gov.ie/en/department-of-the-taoiseach/campaigns/a-well-being-framework-for-ireland/>



greater detail in Section 1, Ireland currently lacks a comprehensive national mental health data infrastructure. Many existing systems are outdated, paper-based, or siloed across the statutory and voluntary, and community sectors. Vital data points – such as long-term outcomes, continuity of care, and disaggregated data on ethnicity, disability, or marginalised groups – are either incomplete or entirely missing. As a result, service gaps persist, especially for vulnerable populations such as Travellers and Roma communities, LGBTQI+ individuals, people experiencing homelessness, and those in state care (*see Section 2 for more information on service gaps impacting vulnerable populations*). Without better data, it is impossible to plan and deliver responsive services that are coordinated, inclusive, and reflect the real needs of the population.

### *Mental Health: A Cross Departmental Responsibility*

While the focus of this Pre-Budget Submission is largely on the need to ensure adequate funding of mental health services, as emphasised in our consultations with our experts by experience groups, addressing mental health difficulties is not simply a matter of providing better mental health services. Mental health difficulties intersect with many other issues that are the responsibility of a range of Government departments, spanning areas including housing, justice, addiction services, social protection, and disability support.

As outlined in more detail in our 2026 Pre-Budget Submission to the Department of Social Protection<sup>22</sup>, the high cost of living with a disability, compounded by limited access to tailored supports, places intense emotional and financial strain on individuals and their families. The Cost of Disability Report<sup>23</sup> found that the average additional annual cost of having a mental health difficulty was €13,251 (a figure that does not capture the post-2021 inflation rates). Poverty also remains a persistent and structural driver of poor mental health outcomes, disproportionately affecting marginalised communities.

In addition, insecure housing or homelessness can cause or exacerbate psychological distress and often creates barriers to treatment and stability. Furthermore, substance use difficulties, frequently co-occurring with mental health difficulties, require an integrated response that bridges healthcare, justice, and community services.

The above examples highlight the reality that mental health difficulties rarely exist in isolation. They intersect with complex societal challenges overseen by multiple Government departments. Responding effectively to this reality, and the challenges it presents, demands funding and coordinated strategies across Government departments, with joined-up policymaking that centres lived experience and prioritises equity.

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<sup>22</sup> [https://mentalhealthreform.ie/wp-content/uploads/2025/07/2026-DSP-PBS\\_1.pdf](https://mentalhealthreform.ie/wp-content/uploads/2025/07/2026-DSP-PBS_1.pdf)

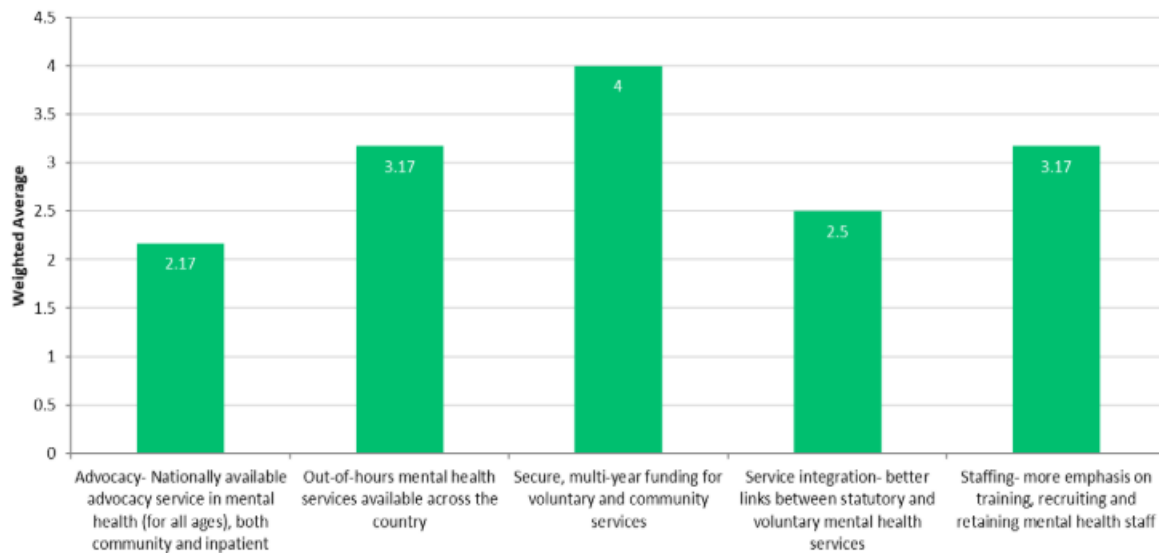
<sup>23</sup> <https://assets.gov.ie/static/documents/the-cost-of-disability-in-ireland-research-report.pdf>



## Member Survey and Public Survey

### Member Survey

A survey was sent out to our member organisations in April 2025, with key funding priorities ranked below:



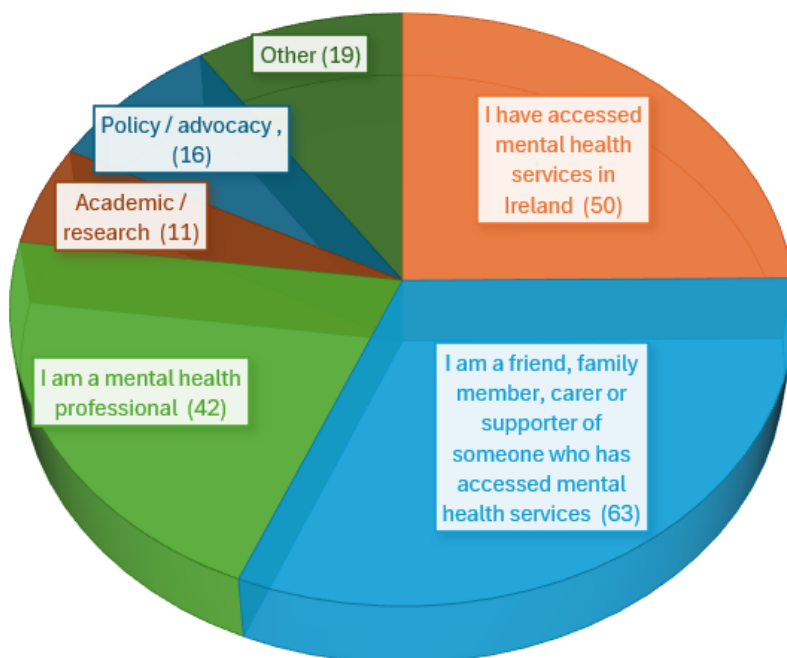
Additional priority areas raised by members include:

- A commitment to a long-term funding strategy which brings the mental health allocation to +10% of the overall health budget by 2030.
- Increased investment in perinatal mental health – including the establishment of a Mother & Baby Unit.
- Reinstatement of a national leadership role for mental health in the HSE.
- Service integration between disability/neurology and mental health services and supported living and respite services for the cohort using these services.
- Swifter rollout of dual diagnosis services.
- Bigger spend on children's early intervention support services.



## Public Survey

134 responses were collected from respondents between April 17, 2025 and May 31, 2025, via an online public survey, with respondents outlining their interest in completing the survey below (multiple options could be selected):



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

The most popular responses are outlined below:

| Theme/Aspect                       | Number of Mentions | Notes   |
|------------------------------------|--------------------|---|
| Nothing or very little             | 24                 | Respondents believed there was little progress or effectiveness                                   |
| Specific approaches/initiatives    | 34                 | Answers referenced initiatives such as trauma-informed care, recovery colleges, peer support etc. |
| Commitment of mental health staff  | 27                 | Recognised for dedication and effort despite resourcing/staffing challenges                       |
| Quality of services once accessed  | 18                 | Positive feedback of service quality but noted challenges accessing the services                  |
| Voluntary/community sector support | 10                 | Acknowledged for filling gaps and reaching underserved communities                                |





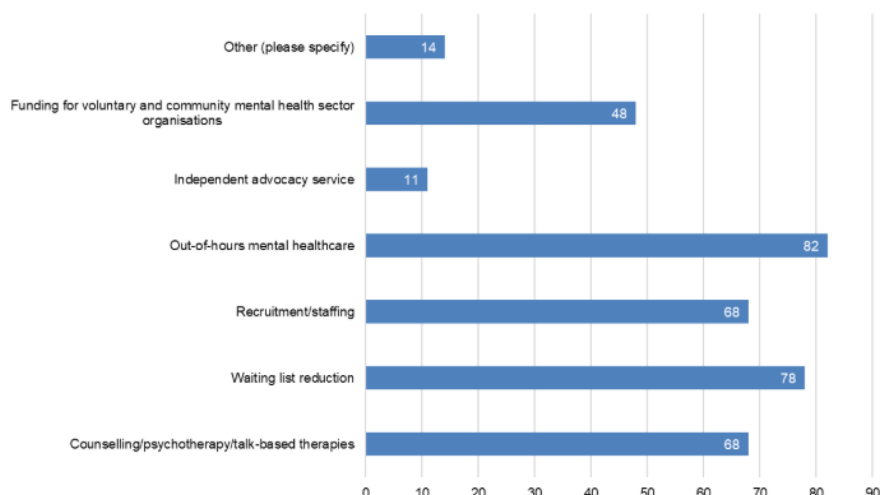
In your opinion, what are the biggest challenges in terms of mental health services in Ireland?

The following themes emerged most prominently:

| Theme  | Mentions | Summary  |
|--|----------|--|
| Staffing issues                                      | 39       | High staff turnover, burnout, and insufficient workforce capacity  |
| Under-resourcing                                     | 31       | Insufficient funding to enable full service provision and to address infrastructure issues                                     |
| Inadequate out-of-hours/crisis care                  | 31       | Insufficient and inappropriate crisis care and out of hours supports and difficulty accessing these services                   |
| Long waiting lists                                   | 29       | Delays in accessing mental health treatment  |
| Access barriers                                      | 24       | Geographic and logistical barriers in rural communities and differences between public and private services available          |
| Over-medicalisation / Unavailability of talk therapy | 18       | Belief that there is an overreliance on medication and limited access to therapeutic alternatives, particularly in some areas. |

What are the top 3 things you think the Government should prioritise in terms of mental health services in Budget 2026?

Respondents identified the following top priorities for Government investment in mental health services in Budget 2026:



## Insights from the Surveys: Shared Path Forward

The Pre-budget Submission (PBS) Member and Public Surveys reveal a consistent and urgent call for reform and investment in Ireland's mental health services. These insights have directly informed the key sections of this report. Across both stakeholder groups, there is a shared emphasis on the need to improve access to services (particularly crisis supports), secure multi-year funding for the VCS and improve staffing levels and supports. Public responses, in particular, highlighted widespread frustration with long waiting lists, inadequate crisis-care, under-resourcing, and limited access to therapeutic supports, especially in rural areas (see *Section 1*).

As Budget 2026 approaches, these findings serve as a mandate from both service providers and the public for Government action: prioritise access and adequately resource the mental health system. In the sections that follow, we explore not only the challenges faced by those accessing and delivering services, but also a shared vision for a more equitable, responsive, and well-funded system. The Government now has an opportunity to act on this collective insight and deliver transformative change.

## Section 1 – Improve Access – Additional €25M

*"Once you're in the system it's quite good; however, when outside, it's pretty awful."*  
(PBS Public Survey)

As seen in the survey responses above and as repeatedly raised in our interactions with members and experts by experience, difficulties with accessing mental health services and supports continues to be a significant issue in our mental health system. This issue is multifaceted and deeply entrenched, reflecting the legacy of decades of underinvestment in mental health. Addressing it requires urgent investment, strategic reform, and a commitment to equity across mental health services.



## Long Waiting Lists:

*"The waiting lists are inhumane." (PBS Public Survey)*

*"Waiting times are atrocious, especially for young people experiencing mental health difficulties." (PBS Public Survey)*

Thousands of people across the country are currently on waiting lists for mental health services, with some waiting over a year for initial appointments. Figures published last year stated that more than 9,200 people had been waiting longer than one year to see a primary care psychologist<sup>24</sup>. Underresourcing and lack of staffing plays a major role in this crisis and can be seen across multiple levels of service delivery. For example, in 2024 one community mental health team was reported to have 17 staff vacancies at a single time<sup>25</sup>. In addition, in 2023, Ireland had 30.76 psychiatric hospital beds per hundred thousand inhabitants, compared with an EU average 71.07 beds<sup>26</sup>.

The wait is particularly long for children's services (see Section 4). As of May 2025, 4,437 children were waiting to be seen by CAMHS, an increase of 15.5% on the same period last year (3,842). Troublingly, the number of young people waiting more than 12 months for a first appointment with CAMHS rose by 45.2% on the same period last year, reaching 713 (491 last year). At the same time, demand for CAMHS services continue to surge, with 12,331 referrals (including re-referrals) received by May 2025, a 9.9% year-on-year increase.<sup>27</sup>

In primary care, 8,829 children have been waiting over two years to access psychological support, with one child reported as waiting 13.5 years<sup>28</sup>. As discussed in Section 3, primary care plays a vital role in early intervention, helping to prevent mental health issues from escalating into more complex conditions. These prolonged delays often result in worsening mental health, forcing individuals to either seek expensive private care, go without support entirely, or – in the case of children – deteriorate to the point of requiring CAMHS intervention. Then, if they do require CAMHS care, as noted above, they face yet another lengthy waiting list, perpetuating a cycle of delayed care and deepening distress. It is essential that urgent investment is made available to tackle the underlying causes of these unacceptably long waiting lists, particularly chronic staffing shortages and systemic resourcing gaps.

## Inadequate Access to Crisis Care/Out of Hours Services:

*"No place to go when a person is suicidal or having a breakdown except A&E which is an inappropriate setting." (PBS Public Survey)*

*"Accessing acute care is an awful experience for the individual and the family. Attending A&E in psychosis for example is far from ideal...It is unfathomable to me*

<sup>24</sup> <https://www.independent.ie/irish-news/revealed-shocking-number-of-patients-languishing-on-hidden-waiting-lists-for-healthcare/a1310310235.html>

<sup>25</sup> <https://www.dublinlive.ie/news/dublin-news/unacceptably-understaffed-dublin-mental-health-28666602>

<sup>26</sup> [https://ec.europa.eu/eurostat/databrowser/view/hlth\\_rs\\_bds1\\_\\_custom\\_17599968/default/table?lang=en](https://ec.europa.eu/eurostat/databrowser/view/hlth_rs_bds1__custom_17599968/default/table?lang=en)

<sup>27</sup> <https://www.hse.ie/eng/services/publications/performance-reports/national-performance-report-may-2025.pdf>

<sup>28</sup> <https://www.breakingnews.ie/ireland/hse-confirms-childs-shocking-13-5-year-wait-for-psychological-care-1781590.html>



*that people would have to attend A&E and there is no dignity or care in that.” (PBS Public Survey)*

*“Mental health needs do not stop after 9am–5pm and what is in place already is not really suitable for mental health crisis.” (PBS Public Survey)*

According to the Inspector of Mental Health Services,<sup>29</sup> approximately 51,000 people in mental health crisis present annually to emergency departments in Ireland. Respondents to our PBS surveys repeatedly noted that overcrowding, inadequate staffing, and the absence of dedicated mental health spaces mean that emergency departments are ill-equipped to handle acute mental health crises. Meanwhile, the waiting list delays outlined above lead to increased risk of symptom escalation, like driving more individuals to seek crisis support through emergency departments or interact with other emergency services, particularly the Gardaí.

A recent report by the Mental Health Commission (MHC) found that many emergency departments lack appropriate infrastructure and staffing for mental health assessments, especially outside regular hours. An audit of assessment spaces for people presenting with self-harm found that of the 27 emergency departments that are open 24/7, only 70% currently meet Psychiatric Liaison Accreditation Network standards. Critically, eight of these departments lack any appropriate space, and no audit has yet been published for departments not operating 24/7.<sup>30</sup>

As a result, it is unsurprising that people report facing a revolving door system where individuals in crisis repeatedly return without receiving appropriate care, or as acknowledged by Minister Butler, sometimes leave with no care at all:

*“People experiencing mental health distress and illness often find busy Emergency Departments the wrong setting for their needs and evidence indicates this is often the reason some people leave before meeting a clinician”<sup>31</sup>.*

The inadequate supports available at emergency departments and the lack of other alternatives has a terrible impact on individuals attempting to access these services, sometimes with devastating consequences. This gap in services also exacerbates longstanding issues of overcrowding in emergency departments and places further pressure on already stretched frontline staff. The emotional and mental health toll on those affected, their families, and frontline professionals cannot be overstated.

The rollout of Crisis Resolution Teams and Solace Cafés, developed in line with the Crisis Resolution Services Model of Care<sup>32</sup>, represents a promising step towards more appropriate, community-based responses. However, to meet the significant demand, accelerated funding is needed to expand these services nationwide and ensure timely support for those experiencing mental health crises.

<sup>29</sup> <https://www.mhcirl.ie/sites/default/files/2025-06/MHC%202024%20Annual%20Report%20FINAL.pdf>

<sup>30</sup> <https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision-a-mental-health-policy-for-everyone-implementation-plan-2025-to-2027.pdf>

<sup>31</sup> [Mental Health Commission – Wednesday, 28 May 2025 – Parliamentary Questions \(34th Dáil\) – Houses of the Oireachtas](#)

<sup>32</sup> <https://www.hse.ie/eng/services/list/4/mental-health-services/crs-moc.pdf>



In Limerick city, the development of the Community Access Support Team (CAST)<sup>33</sup> – a partnership between the Gardaí and the HSE – marks another positive innovation. CAST is working to implement a compassionate, co-response model for incidents involving mental health and situational trauma. By prioritising collaborative engagement and providing follow-up care and case management to reduce repeat emergency department admissions, the initiative aims to improve outcomes and experiences for individuals in distress. Between January to June 2025, the CAST team reported 196 interactions, including 35 diversions from emergency departments and 3 from arrest, with local impact measurement showing 78% of interactions had a major impact on individuals' lives, ensuring they received appropriate care at the right time<sup>34</sup>. It is important that such initiatives, and robust mechanisms for their evaluation, are adequately funded. Where proven effective, resources should be allocated to support their expansion into other regions, ensuring broader access to timely and appropriate care.

Additionally, as discussed more in Section 4, the Child & Youth Mental Health Office's Action Plan<sup>35</sup>, published in February 2025, commits to the development of an Integrated Crisis Response Pathway for young people experiencing mental health challenges. To deliver on this commitment, appropriate funding must be allocated to ensure these essential supports for young people are built, sustained, and accessible.

As alternative pathways are being developed, to address the critical gaps in current crisis services, immediate investment is required to upgrade emergency departments so that each facility, at a minimum, meets Psychiatric Liaison Accreditation Network standards and has a dedicated and appropriate space for acute mental health presentations. However, long-term solutions must seek to provide that care beyond the emergency department setting. Sustained funding is necessary to develop alternative avenues for crisis care – including community-based, out-of-hours services – to ensure individuals in distress can access timely and compassionate support without resorting to overwhelmed emergency departments. As noted by Deputy Sherlock:

*"The commitments to 24/7 pathways to appropriate mental health crisis care are almost a decade old. The failure to ensure a comprehensive system of these in place confirms mental's health place as the Cinderella of the health system".*<sup>36</sup>

## **Bridging the Gap: Public, Private, and Voluntary Mental Health Services**

A stark two-tier system exists for accessing mental health services. Public services are plagued by long delays and under-resourcing. In contrast, private services offer faster

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<sup>33</sup> <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>

<sup>34</sup> [Mental Health Services – Tuesday, 13 May 2025 – Parliamentary Questions \(34th Dáil\) – Houses of the Oireachtas](#)

<sup>35</sup> <https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/publications/hse-child-and-youth-mental-health-office-3-year-action-plan.pdf>

<sup>36</sup> [Decade of broken promises on 24/7 emergency mental health care. Public investment in Out of Hours Mental Health Services desperately needed. – The Labour Party](#)



access and, in some cases, a wider range of treatment options but are prohibitively expensive for many people.

Within this framework, VCS organisations have become critical lifelines, stepping in to fill the gaps with grassroots and person-centred supports, including supports for individuals on waiting lists for statutory services (see *Section 2*). Despite their proven value, their role has yet to be systematically supported or integrated into the mental health system, constraining their service delivery. VCS services remain underfunded, under-recognised, and underleveraged, with much of their essential work currently relying on fundraising and charitable support. At a minimum, as noted previously, multi-annual funding is essential to support the delivery of services by these organisations.

The current system means that access to timely, high-quality care is often reserved for those who can afford it. A truly inclusive mental health system must recognise, resource, and integrate both public and community services, ensuring timely, affordable care for all.

## Impact of Data Deficits on Service Delivery

The vital services provided by VCS organisations, including MHR member organisations, are often funded through Service Level Agreements (SLAs) with the HSE and Túsla, and providers routinely report on impact and outcomes. However, the data collected is not standardised across organisations, nor is it centrally amalgamated or analysed, limiting its value for national service planning and policy development.

Access to disaggregated mental health data by population group is also essential to address persistent inequalities. Minority and marginalised communities such as LGBTQI+ individuals, Travellers, Roma, refugees and people seeking international protection, prisoners, and others, experience disproportionately high levels of psychological distress and face systemic barriers to accessing appropriate care<sup>37 38 39</sup>. Yet a lack of disaggregated data obscures these realities and prevents the development of targeted, culturally appropriate interventions (see *Section 2*).

Accordingly, MHR calls for the development of a comprehensive national mental health data system that meets key standards for consistency, equity, and impact. This system should standardise service-level data collection and reporting across all sectors (statutory, voluntary, and community) to ensure comparability and inform national planning. It must capture data on prevalence and service activity at both national and regional levels, supporting the delivery of population-based healthcare, particularly in the context of the HSE's ongoing Health Region reform (*discussed in more detail below in section outlining Potential Positives and Pitfalls of Regionalisation*). Crucially, the system should include robust mechanisms for disaggregating data by key population groups to ensure that policies and services are equality-focused and rights-based. Finally, the system should enable linkage with financial and outcomes data to assess the

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<sup>37</sup> [Unveiling Inequality – Experiences of LGBTI+ Travellers & Roma](#)

<sup>38</sup> doi: [10.1186/s12889-022-13610-1](https://doi.org/10.1186/s12889-022-13610-1)

<sup>39</sup> [Mental Health Services & Support in Prisons](#)



effectiveness, efficiency, and value for money of mental health services and guide evidence-informed resource allocation and transparent oversight of outcomes.

MHR's call for investment in such a system is fully aligned with the goals of Sláintecare, the HSE Health Regions, the Well-being Framework, and Ireland's Public Sector Equality and Human Rights Duty. A national data infrastructure is not only a technical necessity, but a foundation for access, accountability, transparency, and the realisation of the right to mental health for all.

## Geographical Disparities: The Rural-Urban Divide

*"Post code lottery – the service you receive depends on where you live."  
(PBS Public Survey)*

Insights from experts by experience and our PBS Public Survey responses repeatedly underscored concerns about the way in which access to services varies dramatically depending on location. While the care itself was often described as high-quality once accessed, the core challenge for many lies in reaching it. Respondents highlighted major disparities in service quality and availability between counties.

For those in rural or underserved areas, the pathway to care is frequently confusing, fragmented, and inadequate, involving limited service availability and long travel distances. A number of mental health professionals who took part in our surveys also echoed these concerns, noting the difficulty in locating community-based supports, especially for patients transitioning from hospital care. In particular, services outside Dublin were repeatedly flagged as insufficient, and the lack of culturally competent and diverse care options was also raised as a critical gap. While some survey participants highlighted the importance of expanding access to digital supports, many stressed that these must serve as a complement – not a substitute – for face-to-face care, which they view as vital for meaningful engagement and effective mental health treatment.

The access issues relating to rural mental health supports are particularly concerning in light of a recent study by Teagasc<sup>40</sup>, which found that despite an overall decline in national suicide rates, rural communities in Ireland continue to face disproportionately high levels of suicidality. The research found that men in remote rural areas are particularly vulnerable, with contributing factors including economic hardship, social isolation, limited access to mental health services, and adherence to traditional masculine discourses that discourage help-seeking. These challenges were also found to be compounded by stigma around mental illness, a lack of community-based supports, and over-reliance on hospital care due to inadequate primary-level interventions.

## Potential Positives and Pitfalls of Regionalisation

Against the backdrop outlined above, the ongoing restructure of Ireland's health system through the established of six new Health Regions presents a significant opportunity to reshape Ireland's mental health infrastructure. This process involves three major changes:

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<sup>40</sup> [Microsoft Word – Pain and Distress in Rural Ireland Summary of repo](#)





1. The reorganisation of the nine former Community Healthcare Organisations (CHOs) and seven Hospital Groups (HGs) into six integrated Health Regions;
2. The devolution of decision-making powers to these regions, with greater financial and operational autonomy; and
3. The integration of health services, bringing together acute, community, and voluntary sector services to deliver more connected, person-centred care<sup>41</sup>.

Each Health Region, led by a Regional Executive Officer (REO), is accountable for planning, managing, and delivering health and social care to its population. These regions will have budgetary authority and are expected to operate within co-developed national frameworks<sup>42</sup>. The stated aim to decentralise decision-making and deliver more connected, person-centred care at the local level presents an opportunity to reduce the inequalities described above and improve local access to integrated care.

Another of the most promising aspects of this reform is the adoption of a Population-Based Resourcing Approach (PBRA), which aims to allocate healthcare funding at a regional level, taking into account factors such as the population size, characteristics, and the geography of each region. Ideally, such a funding model would be based both on activity-based funding and the specifics of the local population, such as demographics, deprivation, and dispersion<sup>43</sup>. This approach is designed to support equity and efficiency in health outcomes, allowing each region to plan and deliver person-centred care based on local Health Needs Assessments (HNAs). The goal is to improve equitable regional investment and balance national consistency with appropriate local autonomy to maintain consistent quality of care across all regions<sup>44</sup>.

However, it should be noted that, at present, how PBRA will operate in practice remains undecided. Furthermore, while publicly available documents and PQs provide broad aggregate national figures and some programme-level spending, no regional breakdown of mental health budgets for 2025 exist in the public domain. Without transparency regarding how budgets are allocated and spent at a regional level, it will be difficult to assess whether the intended goals of equity and accountability are being met.

At the moment, we remain in a transition phase, with structures still taking shape and the full transfer of responsibilities ongoing, which poses a risk of significant upheaval that could stall existing momentum. As regional structures are finalised and operationalised, it is essential that access to timely, appropriate, and culturally competent mental health support is guaranteed, regardless of where someone lives. In its most recent progress report<sup>45</sup>, the National Implementation and Monitoring Committee for *Sharing the Vision* repeatedly reiterated the urgent need for sustainable and protected funding for mental health within the restructure:

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<sup>41</sup> <https://mentalhealthreform.ie/wp-content/uploads/2025/02/MHR-Health-Regions-Update-Final.pdf>

<sup>42</sup> <https://assets.gov.ie/static/documents/hse-health-regions-implementation-plan.pdf>

<sup>43</sup> <https://assets.gov.ie/22609/e68786c13e1b4d7daca89b495c506bb8.pdf>

<sup>44</sup> O'Malley, McCarthy, Hannigan and Buckle. Towards Population-Based Funding for Health: Model Proposal. Dept of Health. March 2023

<sup>45</sup> [https://assets.gov.ie/static/documents/Sharing\\_the\\_Vision\\_-\\_Policy\\_Implementation\\_Progress\\_Report\\_May\\_2025.pdf](https://assets.gov.ie/static/documents/Sharing_the_Vision_-_Policy_Implementation_Progress_Report_May_2025.pdf)





*“The NIMC has consistently emphasised the importance of ringfenced funding for mental health services and prioritising mental health, particularly in the context of the HSE restructure. There is a real risk to policy implementation if resources allocated to mental health are not protected.”*

The promise that regionalisation will improve access to quality services can only be realised if regions are equipped with transparent and secure budgets, adequate resourcing, and strong data systems to track access, equity, and outcomes. Without these, the transition risks entrenching existing gaps rather than closing them.

## Section 1 – Recommendations

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- Increase investment to tackle the underlying factors behind long waiting lists, particularly in primary care services and Child and Adolescent Mental Health Services (CAMHS).
- Urgent investment is needed to improve access to crisis care services:
  - Allocate immediate investment to upgrade all emergency departments to meet minimum standards for supporting people in acute mental distress, including the provision of dedicated spaces for these presentations.
  - In parallel, sustained funding must be directed toward developing alternative crisis care pathways to ensure individuals in distress can access timely, support outside of overwhelmed and unsuitable emergency department settings.
  - Allocate appropriate funding to the development of an Integrated Crisis Response Pathway for young people experiencing mental health challenges.
- Strengthen the integration of community and voluntary sector organisations within Ireland’s mental health system by providing ringfenced, multi-annual funding.
- Resource and develop a national mental health data system to ensure consistent, equitable, and impactful service planning. It should standardise data collection across all sectors, track prevalence and service activity at national and regional levels, and include disaggregated data on key population groups to support targeted interventions.
- A separate budget tag for mental health should be created within Ireland’s Well-being Framework (the initial rollout of budget tagging has grouped physical and mental health under a single budgetary tag).
- Provide targeted funding to close the rural-urban gap in mental health services.
- Regionalisation must be backed by transparent budgets – with ringfenced funding for mental health – adequate resources, and strong data systems and must deliver more timely, equitable, and culturally competent care to currently underserved areas.



## Section 2 – Communities – Additional €25M

### Investing in the Community

*“Multidisciplinary community teams appear to work very well but need constant recruitment.” (PBS Public Survey)*

*“Community Mental Health Teams are very effective in Cork but underresourced” (PBS Public Survey)*

As noted by the WHO, community-based mental health care is more accessible and acceptable than institutional care, helps to prevent human rights violations and delivers better recovery outcomes<sup>46</sup>. This is recognised in the *Sharing the Vision* Implementation Plan 2025–27 which prioritised:

*“greater access to mental health supports in primary care and within communities, building on a shared care approach so the need to access specialist mental health services is reduced”.*

In cases when long-term residential mental health care is necessary, it is economically prudent and in the interest of human rights to build residential units that are integrated with and accessible to the community. The alternative, investing in buildings that are isolated from towns and cities, denies residents their rights to be included in their community, to participate in public life and to participate in cultural life, recreation, leisure and sport (UN CRPD Articles 19, 29, and 30<sup>47</sup>). The WHO Quality Rights Tool Kit<sup>48</sup> provides international standards on how mental health facilities can align with the CRPD in this way. Any funding for long-term psychiatric units must reflect a commitment to preserving individuals’ right to participate fully in community life.

### Early Intervention & Prevention

*“Prevention is better than cure; give support to those who may be vulnerable” (PBS Public Survey)*

*“Early access is key, it could prevent deaths” (PBS Public Survey)*

The negative impact to mental health caused by long waiting times to access appropriate services is an issue that was raised repeatedly in our consultations with various stakeholders and in PBS survey responses (see Section 1). Access to early intervention support is associated with better mental health outcomes on primary care services<sup>49 50</sup>. By contrast, waiting multiple months or years for treatment gives rise to

<sup>46</sup> <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

<sup>47</sup> <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>

<sup>48</sup> [https://iris.who.int/bitstream/handle/10665/70927/9789241548410\\_facility\\_eng.pdf?sequence=6](https://iris.who.int/bitstream/handle/10665/70927/9789241548410_facility_eng.pdf?sequence=6)

<sup>49</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC6610567/>

<sup>50</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC6137532/>



poorer mental health outcomes<sup>51 52</sup>. There are effective early intervention and prevention services being delivered in Ireland currently. For instance, service users report that early intervention for psychosis programmes are more easily accessed and more supportive than general mental health services<sup>53</sup>.

Another element of reducing the need for acute mental healthcare is prevention. This involves promoting positive mental health and wellbeing and taking a lifecycle approach in which people of all ages are supported by social infrastructure. There have been efforts to promote positive mental health within schools via programmes like Neart<sup>54</sup> and in Social, Personal and Health Education Curricula<sup>55</sup>. In relation to adults, a report by the National Office of Suicide Prevention and NUI Galway mapped a range of mental health promotion interventions delivered to workplaces by voluntary organisations<sup>56</sup>. However, the uptake of these interventions was noted to be opportunistic and demand-led. Increasing funding to these research-backed programmes would allow for structured expansion, ultimately reducing the need for more acute mental health services.

## Voluntary & Community Sector

*“Community mental health care should be prioritised to improve people's quality of care and promote an engagement with services before emergency situations arise.”  
(PBS Public Survey)*

Organisations in the voluntary and community sector (VCS) contribute significantly to mental health services, particularly to early intervention and prevention supports. *Sharing the Vision* recommends access to community-based supports and to talking therapies and related supports in the VCS as key elements of mental health services and pathways. Similarly, the 2025 Programme for Government committed to:

*“continue to support the voluntary and community sector working in mental health.”*

and to:

*“work with the voluntary sector through industrial relations mechanisms and other processes to progress pay issues that affect the delivery of disability services and the long-term viability of organisations within the sector.”<sup>57</sup>*

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<sup>51</sup> <https://www.sciencedirect.com/science/article/abs/pii/S0165032722012587>

<sup>52</sup> <https://onlinelibrary.wiley.com/doi/full/10.1002/hec.3800>

<sup>53</sup> [https://cdn.prod.website-files.com/673f286b1a067754c839b7bd/6819daa9350276104edde6e\\_Early%20Intervention%20in%20Psychosis%20Report%202024%20-%20Final%206.5.2024.pdf](https://cdn.prod.website-files.com/673f286b1a067754c839b7bd/6819daa9350276104edde6e_Early%20Intervention%20in%20Psychosis%20Report%202024%20-%20Final%206.5.2024.pdf)

<sup>54</sup> <https://www.gov.ie/en/department-of-education/press-releases/minister-mcentee-launches-neart-the-new-programme-of-wellbeing-and-mental-health-supports-in-post-primary-schools/>

<sup>55</sup> <https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resources/guidancedocuments/resource-material-wellbeing-primary.pdf>

<sup>56</sup> <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/workplace-interventions-full-report.pdf>

<sup>57</sup> <https://assets.gov.ie/static/documents/programme-for-government-securing-irelands-future.pdf>



It is important that these services see a sustained investment commensurate to their needs and to the important role that they play. Evidence of increased demand within the VCS is seen in the below figures taken from the annual reports of some of Mental Health Reform's member organisations. These figures represent a sample of the pattern observed across MHR's membership.

## Service Provision Comparisons





There is a clear need for early-intervention supports from community mental health teams and the VCS, and the failure to meet these needs will exacerbate mental health difficulties and place pressure on already strained crisis care services. Therefore, investment in community care, and the provision of multi-annual funding for VCS organisations is imperative.

## Priority Groups

*Sharing the Vision and Connecting for Life* identified 'priority groups' which experience elevated risks of mental health difficulties and face unique barriers to care. Despite being at greater risk of mental health difficulties and facing additional barriers to treatment, minority group status is not recorded in national data about healthcare outcomes or suicide rates, as outlined in greater detail in Section 1. MHR reiterates its call for better data infrastructure and data collection and emphasises the need for greater investment in the mental health needs of priority groups.

Intersectionality is also an important consideration in meeting the needs of priority groups in mental health care. For instance, LGBTI+ Travellers and Roma face elevated threats to safety and wellbeing as a result of stigma both within and outside of their own communities<sup>58</sup>. It is important to allocate resources to specifically support the mental health of people who make up a small amount of the population but who have the greatest needs.

What follows is a discussion of the unique and elevated needs of a sample of priority groups:

## The LGBTQ+ Community

The 2024 *Being LGBT in Ireland* survey indicated that the majority of participants had sought help for a mental health problem<sup>59</sup>. Participants reported that their mental health had worsened during the COVID-19 pandemic, which is consistent with observed downwards trends in happiness, and self-esteem and increases in anxiety, stress, and depression in comparison to LGBTQ+ people in 2016<sup>60</sup>. These negative trends in the mental health of the LGBTQ+ community may be in part due to increased anti-LGBT sentiment in Ireland<sup>61</sup>. In addition to worsening mental health, this community also reports more negative experiences with mental health services. MHR's *My LGBTI+ Voice Matters* study found that LGBTI+ respondents were less likely to feel well-supported and listened to by their psychiatrist than their cisgender heterosexual counterparts. Furthermore, in

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<sup>58</sup> <https://lgbt.ie/we-dont-feel-safe-lgbti-travellers-and-roma-at-greater-risk-of-homelessness-verbal-and-physical-abuse-and-serious-mental-health-issues/>

<sup>59</sup> <https://www.belongto.org/app/uploads/2024/04/FINAL-Being-LGBTQI-in-Ireland-Full-Report.pdf>

<sup>60</sup> <https://www.belongto.org/support-our-work/advocacy/lgbtq-research/the-lgbtireland-report/>

<sup>61</sup> [https://theresistproject.eu/sdc\\_download/1139/?key=ucy0x2ilqiuvvzr3yiyjagw3hu44e](https://theresistproject.eu/sdc_download/1139/?key=ucy0x2ilqiuvvzr3yiyjagw3hu44e)



community mental health services LGBTI+ respondents more frequently felt that they were not treated with respect and dignity.

## Ethnic Minorities

*“Cultural and diversity competency is not taught to a necessary standard.”  
(Mental health professional, responding to PBS Public Survey)*

Last year (April 2023–April 2024) 149,200 people immigrated to Ireland, the highest number since April 2007<sup>62</sup>. Migrants are more likely to meet criteria for mental health conditions<sup>63 64</sup> than native-born people and have lower healthcare utilisation rates<sup>65</sup>. Factors including financial hardship, difficulty accessing accommodation, social isolation, discrimination, legal and bureaucratic struggles, and limited access to work and education increase stress and reduce access to supports for migrants in Ireland.

The plight of refugees seeking asylum in the country is particularly stark. In 2024, Ireland reported a 39% increase in applications for International Protection compared to the previous year<sup>66</sup>. International Protection applicants may be placed in ‘direct provision’ centres for multiple years<sup>67</sup>. Residing in these centres can exacerbate mental health difficulties among an already vulnerable population. MHR member, Doras, has clearly outlined the lack of support services, unsuitable accommodation, and processing delays that prevent adults and children from accessing the necessary and appropriate mental health care to which they are legally entitled<sup>68</sup>.

In addition, members of the Traveller Community are at much higher risk of mental distress and death by suicide than the general population<sup>69 70</sup>. Poor mental health is also common among Roma, and both groups report discrimination and cultural insensitivity in mental health services<sup>71 72</sup>.

*Sharing the Vision* recommends the delivery of diverse and culturally competent mental health supports throughout all services. The National Traveller Health Action Plan (2022–

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<sup>62</sup> <https://www.cso.ie/en/releasesandpublications/ep/p-pme/populationandmigrationestimatesapril2024/keyfindings/>

<sup>63</sup> <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/6AAC0205167B28CC427B196C6BD7155C/S0033291719000035a.pdf/div-class-title-migration-and-psychosis-a-meta-analysis-of-incidence-studies-div.pdf>

<sup>64</sup> [assessment-of-psychiatric-and-psychological-needs-among-help-seeking-migrants-in-dublin.docx](#)

<sup>65</sup> [Utilisation of healthcare by immigrant adults relative to the host population: Evidence from Ireland - ScienceDirect.](#)

<sup>66</sup> [https://home-affairs.ec.europa.eu/document/download/446f2fda-529a-49e0-a50f-1131dc04d35e\\_en?filename=2024\\_EMN\\_AMO\\_1.pdf](https://home-affairs.ec.europa.eu/document/download/446f2fda-529a-49e0-a50f-1131dc04d35e_en?filename=2024_EMN_AMO_1.pdf)

<sup>67</sup> <https://www.irishrefugeecouncil.ie/listing/category/direct-provision>

<sup>68</sup> [Doras-Report.-Mental-Health-Direct-Provision.-Recommendations-for-Addressing-Urgent-Concerns.pdf](#)

<sup>69</sup> [https://www.ucd.ie/t4cms/AITHS\\_SUMMARY.pdf](https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf)

<sup>70</sup> <https://pubmed.ncbi.nlm.nih.gov/24037851/>

<sup>71</sup> <https://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf>

<sup>72</sup> <https://www.cambridge.org/core/journals/irish-journal-of-psychological-medicine/article/implementing-culturally-appropriate-recovery-approaches-in-mental-health-services-perspectives-from-the-irish-traveller-community/C667BE4B95E0D496FE92BEDDBF1825D4>



2027)<sup>73</sup> and Te Rodel Nevo Drom ‘We are Looking for a New Way’ A Health Strategy for Roma Families in HSE South-West<sup>74</sup> highlight the need for targeted and culturally sensitive care to address mental health inequalities among these groups.

## Prison Population

*“Patients forced into the criminal justice system because there isn’t a support system or community care.” (PBS Public Survey)*

People in prisons are both more likely to experience severe mental health difficulties and substance use problems<sup>75</sup> and are vulnerable to lasting distress and trauma as a result of their living conditions<sup>76</sup>. In Irish prisons, these risks are exacerbated by widespread overcrowding<sup>77</sup> and use of restricted regimes and segregation<sup>78</sup>. These issues require both preventive intervention and corrective supports to reduce the number of people with mental health difficulties entering the criminal justice system, and to provide more consistent supports for those in detention.

In 2023, the Irish Prison Service reported an average ratio of one psychologist per 295 prisoners<sup>79</sup>. This represents an increase since the previous year, in which the ratio was reported as 1:226 prisoners<sup>80</sup>. Both figures fail to meet the minimum standard of one fully qualified psychologist (or other mental health practitioner) per 150 prisoners laid out in 2015<sup>81</sup> and reinforced by the High-Level Prison Taskforce<sup>82</sup>. As a result of understaffing in May 2025, approximately 2,100 people in custody were waiting to see a psychologist and, so far this year, 193 people had waited 12–24 weeks to see a psychologist to receive a mental health intervention<sup>83</sup>.

The need for increased mental health staff to meet existing needs has also been identified by people with direct experience of the prison system. MHR’s research<sup>84</sup> into the lived experiences of staff and prisoners in adult closed prisons revealed a range of challenges to accessing available mental health services. These challenges included long waiting

<sup>73</sup> <https://www.hse.ie/eng/services/publications/socialinclusion/national-traveller-health-action-plan-2022-2027.pdf>

<sup>74</sup> <https://www.hse.ie/eng/services/publications/socialinclusion/roma-health-strategy.pdf>

<sup>75</sup> <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/D77EA5EF45F60AFFBC2E83B44DF68A0A/S0790966718000150a.pdf/div-class-title-the-prevalence-of-major-mental-illness-substance-misuse-and-homelessness-in-irish-prisoners-systematic-review-and-meta-analyses-div.pdf>

<sup>76</sup> <https://www.prisonpolicy.org/blog/2021/05/13/mentalhealthimpacts/>

<sup>77</sup> [https://www.irishprisons.ie/wp-content/uploads/documents\\_pdf/23-July-2025.pdf](https://www.irishprisons.ie/wp-content/uploads/documents_pdf/23-July-2025.pdf)

<sup>78</sup> <https://rm.coe.int/1680b6c60a>

<sup>79</sup> [https://www.irishprisons.ie/wp-content/uploads/documents\\_pdf/IPS-Annual-Report-2023\\_.pdf](https://www.irishprisons.ie/wp-content/uploads/documents_pdf/IPS-Annual-Report-2023_.pdf)

<sup>80</sup> [https://www.irishprisons.ie/wp-content/uploads/documents\\_pdf/IPS-Annual-Report-22\\_Print-1.pdf](https://www.irishprisons.ie/wp-content/uploads/documents_pdf/IPS-Annual-Report-22_Print-1.pdf)

<sup>81</sup> [https://www.irishprisons.ie/wp-content/uploads/documents\\_pdf/porporino\\_report.pdf](https://www.irishprisons.ie/wp-content/uploads/documents_pdf/porporino_report.pdf)

<sup>82</sup> <https://www.gov.ie/en/department-of-justice-home-affairs-and-migration/publications/final-report-of-the-high-level-task-force-to-consider-the-mental-health-and-addiction-challenges-of-those-who-come-into-contact-with-the-criminal-justice-sector/>

<sup>83</sup> <https://www.oireachtas.ie/en/debates/question/2025-07-08/634/?highlight%5B0%5D=mental&highlight%5B1%5D=health&highlight%5B2%5D=waiting>

<sup>84</sup> <https://mentalhealthreform.ie/wp-content/uploads/2024/04/MHR-24-PRISON-MAIN-1.pdf>





lists and understaffing of psychology and additional services and lack of facilities within psychiatric services (the Central Mental Hospital).

## People experiencing Homelessness

As of June 2025, the number of people in emergency accommodation in Ireland reached a record high of 15,915<sup>85</sup>, 31% of whom are children. These figures exclude a significant proportion of people who are homeless and live outside of state emergency accommodation. Secure and stable housing is a cornerstone of mental well-being. Ireland's housing crisis is likely to lead to increased presentations of people with mental health difficulties and growing pressure on mental health support services.<sup>8687</sup> Substance misuse is also more prevalent within this group and frequently overlaps with mental health difficulties.

While there are specialist mental health services for people experiencing homeless, a 2022 study found that 67% of referrals made to these services were declined and participants were directed to other pathways<sup>88</sup>. The research demonstrates that the limited resourcing and strict catchments areas mean that specialist mental health services do not meet current demand and result in increased emergency department presentations and psychiatric admissions of people experiencing homelessness. In 2023, 302 people with no fixed abode were admitted to inpatient psychiatric units, the majority of which were readmissions<sup>89</sup>.

Clinicians also note that people experiencing homelessness who have both mental health difficulties and substance use disorders are often denied psychiatric care, perpetuating “a continuous cycle of exclusion” and highlighting the need for increased investment in dual-diagnosis care<sup>90</sup>. Further barriers to care include stigma, lack of documentation or a fixed address, and low literacy skills.

## Women

In this section we aim to highlight gender-specific concerns in line with the term ‘Women’s Mental Health’ used in *Sharing the Vision*. The issues discussed and the recommendations made are intended to include both women and people who share similar experiences.

Psychological stressors, including discrimination, poverty, unsafe housing, and gender-based violence, are disproportionately common for women<sup>91 92</sup>. In addition, women, especially members of minority groups, face increased barriers to mental health care

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<sup>85</sup> [https://assets.gov.ie/static/documents/Homeless\\_Report\\_-\\_June\\_2025.pdf](https://assets.gov.ie/static/documents/Homeless_Report_-_June_2025.pdf)

<sup>86</sup> [https://assets.gov.ie/static/documents/Homeless\\_Report\\_-\\_June\\_2025.pdf](https://assets.gov.ie/static/documents/Homeless_Report_-_June_2025.pdf)

<sup>87</sup> <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2817602>

<sup>88</sup> <https://journals.sagepub.com/doi/pdf/10.1177/00207640251317021>

<sup>89</sup> <https://www.hrb.ie/wp-content/uploads/2024/11/AIPUH-Activities-2023-annual-report.pdf>

<sup>90</sup> <https://www.ucd.ie/nmhs/t4media/Crisis%20Mental%20Health%20Support%2027%20May%202.pdf>

<sup>91</sup> <https://assets.gov.ie/static/documents/the-state-of-the-nations-women-and-girls.pdf>

<sup>92</sup> [https://fra.europa.eu/sites/default/files/fra\\_uploads/eu-gender\\_based\\_violence\\_survey\\_key\\_results.pdf](https://fra.europa.eu/sites/default/files/fra_uploads/eu-gender_based_violence_survey_key_results.pdf)





such as higher financial burdens, inflexible hours, and gender insensitive staff (particularly in addiction services)<sup>93</sup>. To this point, a report on Embedding Women's Mental Health in *Sharing the Vision*<sup>94</sup> has been written and the 2025–2027 *Sharing the Vision* Implementation Plan has promised the introduction of a toolkit to achieve the aims of the report. It is vital that this research is widely and inclusively applied to mental health services and that appropriate funding is available to offer gender-sensitive training to staff and to provide more flexible services for women. The report also recommended a data collection system to measure gender-specific information in relation to mental health needs and treatment outcomes (see Section 1). One of the most pressing examples of gender-specific mental health needs is the long-overdue establishment of a Mother and Baby Unit, which would provide specialist perinatal mental health support and address a critical gap in current service provision (see Section 3).

## Older People

Given that the Irish population is steadily ageing<sup>95</sup> it is important to consider and address the mental health needs of older people. Loneliness, stigma, frailty, and mood difficulties related to neurological conditions are factors that require specific consideration in providing mental health supports to this population. The HSE National Clinical Programme notes the necessity of specialist mental health care for older people to enhance quality of life and reduce mortality<sup>96</sup>. However, the recommendations of the report have yet to be fully implemented.

The HSE Capital Plan 2025 included an expansion of existing psychiatry of later life units<sup>97</sup>. While increased bed capacity is welcome, MHR also calls for investment in early intervention and voluntary and community organisations that provide specialist mental health supports to older people within their communities. Implementation of a National Loneliness Strategy would also assist in ensuring that people have strong social supports available to them as they age, which would help to prevent the development of mental health difficulties.

## People with Disabilities

*"People who need both should not be excluded from either as happens currently"*  
(PBS Member Survey)

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<sup>93</sup> [https://www.nwci.ie/images/uploads/NWC\\_GenderSensitiveMHReport\\_V3\\_%281%29.pdf](https://www.nwci.ie/images/uploads/NWC_GenderSensitiveMHReport_V3_%281%29.pdf)

<sup>94</sup> <https://www.drugsandalcohol.ie/38360/1/Embedding%20womens%20mental%20health%20in%20Sharing%20the%20Vision.pdf>

<sup>95</sup> <https://www.cso.ie/en/csolatestnews/pressreleases/2024pressreleases/pressstatementolderpersonsinformationhub2024/>

<sup>96</sup> <https://www.hse.ie/eng/about/who/cspd/ncps/older-people/resources/specialist-mental-health-services-for-older-people-part-2-of-the-national-clinical-programme-for-ncp-older-persons.pdf>

<sup>97</sup> [https://about.hse.ie/api/v2/download-file/file\\_based\\_publications/HSE\\_Capital\\_plan\\_2025.pdf/](https://about.hse.ie/api/v2/download-file/file_based_publications/HSE_Capital_plan_2025.pdf/)



The number of people with a disability or disabling condition in Ireland has increased in recent years, with 22% of the population falling into this category in the 2022 census<sup>98</sup>. While mental health difficulties are recognised as a type of disability, it is also important to note that people with other physical or cognitive disabilities tend to have lower mental wellbeing than non-disabled people<sup>99</sup>. MHR's 2026 PBS to the Department of Social Protection<sup>100</sup> outlined the need for social protections to address the high cost of disability, unsuitable supports, and the disproportionately large disability employment gap.

In addition, this group must be a priority in terms of the provision of mental health services moving forward. General mental health services are obliged to be accessible to people with disabilities as per the Disability Act 2005. However, services access is often restricted for children and adults with disabilities. Indeed, having a diagnosed disability often prevents individuals from accessing mental health diagnosis and supports<sup>101</sup>. Addressing these systematic barriers requires investment in service integration, training mental health staff in disability awareness (*Sharing the Vision* Implementation Plan Recommendation 29), and building inclusive community-supports.

## Section 2 – Recommendations

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- Commit to sustainably resourcing the voluntary and community sector on a multi-annual basis.
- Allocate additional investment to new early-intervention and community-based mental health care that is accessible to priority groups
- Provide psychology staff to the Irish Prison Service to meet recommended ratio standards.
- Revisit the national Traveller and Roma Mental Health Action Plan which was not progressed following its inclusion in the Programme for Government.
- *Sharing the Vision* must be financially backed and implemented using a gender-conscious lens in line with the recommendations of the specialist group.
- Invest in diversion schemes to support people with mental health difficulties so that they do not enter the criminal justice system, as per *Sharing the Vision* Recommendation 55.
- Provide mandatory disability competence and LGBTQI+ awareness training to staff in general adult and child and adolescent mental health services.

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<sup>98</sup> <https://www.cso.ie/en/csolatestnews/pressreleases/2023pressreleases/pressstatementcensus2022resultsprofile4-disabilityhealthandcarers/>

<sup>99</sup> <https://nda.ie/publications/how-it-going-national-survey>

<sup>100</sup> [https://mentalhealthreform.ie/wp-content/uploads/2025/07/2026-DSP-PBS\\_1.pdf](https://mentalhealthreform.ie/wp-content/uploads/2025/07/2026-DSP-PBS_1.pdf)

<sup>101</sup> <https://inclusionireland.ie/wp-content/uploads/2021/07/Disability-Capacity-Review-to-2032.pdf>



## Section 3 – Sharing the Vision – Additional €40M

*“Work went into developing a Vision for Change and that was never fully implemented, and Sharing the Vision has tried to move things with specific recommendations but the prioritisation and follow-through is lacking.” (PBS Public Survey)*

*Sharing the Vision*, Ireland’s national mental health policy through 2030, represents a bold and necessary commitment to mental health reform. Yet, without robust and sustained investment, its ambitious goals remain at risk of falling short. The 2025 Programme for Government included an explicit and very welcome promise that the government “will fully implement the national mental health policy, ‘Sharing the Vision’.”

The NIMC Reference Group for *Sharing the Vision* have highlighted the necessity for full resourcing – both financial and in terms of human resources – of the policy to ensure its full implementation.

While the recently published *Sharing the Vision* Implementation Plan 2025–2027<sup>102</sup> provides a strategic roadmap, it notably does not include crucial costing data or information about minimum staffing requirements. These omissions undermine effective resource planning, hinder progress tracking and accountability, and increase the risk of delays in meeting policy objectives. As acknowledged in the Plan:

*“many policy recommendations are resource and staffing dependent and will need a permanent uplift in funding to implement”<sup>103</sup>.*

The table below provides a snapshot of the status of *Sharing the Vision* recommendations:

### Status of *Sharing the Vision* Recommendations as of Q1 2025<sup>104</sup>

| Status  | No. of Recommendations |
|---|------------------------|
| On Track                                      | 56                     |
| Minor Delivery Issues                         | 21                     |
| Major Delivery Issues                         | 4                      |
| Completed & Transitioned to Business as Usual | 20                     |
| Paused or Blocked                             | 1                      |

<sup>102</sup> <https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision-a-mental-health-policy-for-everyone-implementation-plan-2025-to-2027.pdf>

<sup>103</sup> <https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision-a-mental-health-policy-for-everyone-implementation-plan-2025-to-2027.pdf>

<sup>104</sup> Based on 2025 NIMC Progress Report – [https://assets.gov.ie/static/documents/Sharing\\_the\\_Vision\\_-\\_Policy\\_Implementation\\_Progress\\_Report\\_May\\_2025.pdf](https://assets.gov.ie/static/documents/Sharing_the_Vision_-_Policy_Implementation_Progress_Report_May_2025.pdf)



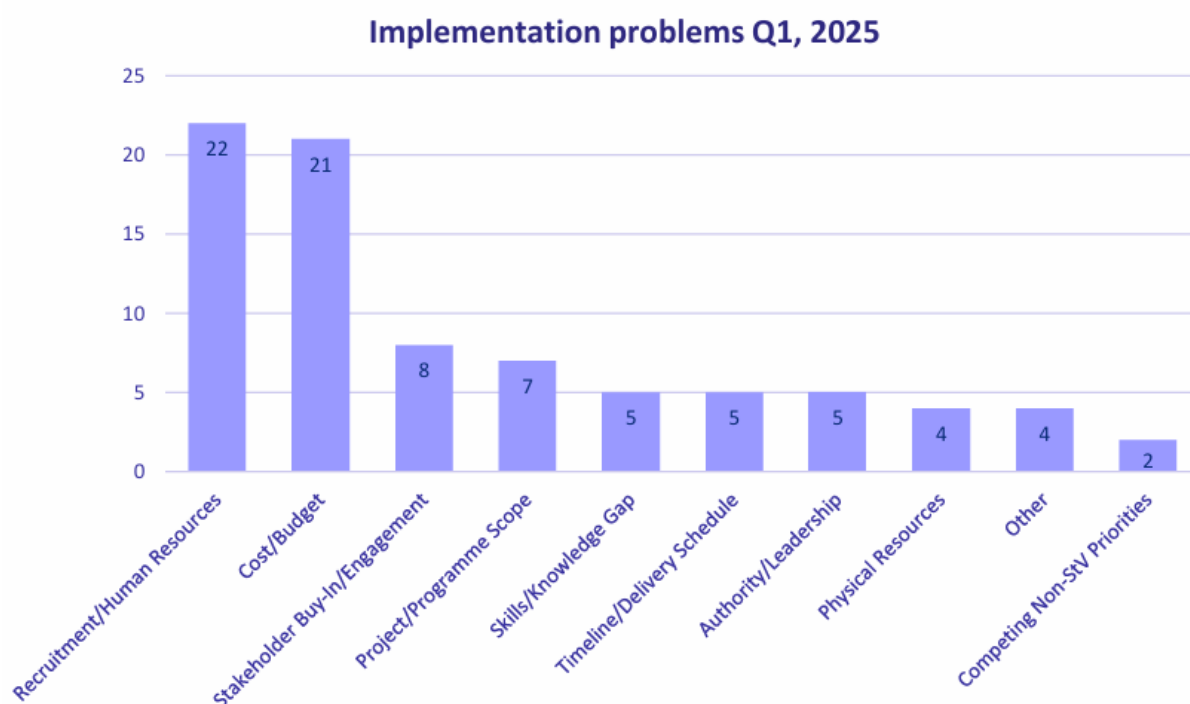
Not Started

1

Of the four recommendations that are experiencing major delivery issues, the NIMC have identified the following as significantly impacted by resourcing shortages:

- **Recommendation 52 (Early Intervention in Psychosis):** NIMC have noted that they believe the delivery challenges are largely due to the significant gap between the number of teams recommended in the model of care and those currently in place (*see table on Clinical Programmes below*). They have also noted that the pace of implementation is largely dependent on dedicated funding to support national rollout.
- **Recommendation 56 (Intensive Care Rehabilitation Units):** NIMC have noted that the HSE is required to carry out a comprehensive evaluation and review of the Intensive Care Rehabilitation Unit (ICRU) on the Portrane Campus, which has not yet opened due to staffing issues.

In fact, as can be seen from the chart below, information provided by implementation leads shows that a significant majority of implementation problems reported in Quarter 1 of 2025, were related to either recruitment/human resources or budget. NIMC notes that this is a continuing trend over the last number of quarters. Both issues must be urgently addressed to ensure the effective rollout of *Sharing the Vision*.



Taken from *Sharing the Vision – Policy Implementation Progress Report – May 2025*<sup>105</sup>

<sup>105</sup> [https://assets.gov.ie/static/documents/Sharing\\_the\\_Vision\\_-\\_Policy\\_Implementation\\_Progress\\_Report\\_May\\_2025.pdf](https://assets.gov.ie/static/documents/Sharing_the_Vision_-_Policy_Implementation_Progress_Report_May_2025.pdf)



## Need to Deliver on Key Milestones

Mental Health Reform's Pre-Budget Submissions 2023<sup>106</sup>, 2024<sup>107</sup> and 2025<sup>108</sup> have repeatedly highlighted key milestones that need targeted funding, with a number of milestones due to be completed by 2024 still not realised.

A particularly concerning example is the continued delay in the delivery of a dedicated national Mother and Baby Unit (MBU) under Recommendation 53c, an unmet milestone since 2023. Launched by the HSE in 2017, the Specialist Perinatal Mental Health Model of Care<sup>109</sup> has long recognised the urgent need for dedicated units that allow mothers to remain with their babies while receiving mental health treatment. Yet, eight years later, no such unit exists. As of 2025, mothers experiencing acute mental health difficulties continue to be admitted to inpatient adult psychiatric units, where they are separated from their infants due to the absence of an appropriate facility, undermining both maternal recovery and the parent-child bond. MBUs are internationally recognised as vital in delivering specialised care while supporting early relational development. This critical service must be fully funded in Budget 2026 and operationalised as soon as possible. It should be noted that, based on 2023 pay scales, the development of this unit alone is expected to cost at least an additional €13.5 million<sup>110</sup>.

Another critical deficit in necessary services must be addressed by the expansion of services for individuals with both mental health and intellectual disabilities, as called for under Recommendation 50. While there has been progress made in the expansion of these services in recent years, based on data provided in the 2025–2027 *Sharing the Vision* Implementation Plan<sup>111</sup> there are only 18 adult teams and four CAMHS teams in place (out of a recommended 31 adult teams<sup>112</sup> and 16 CAMHS teams<sup>113</sup>)<sup>114</sup>. The Plan does acknowledge that eight adult and seven CAMHS services are in development but do not yet meet the criteria to operate as a starter team and states that implementation has been slowed by funding limitations and recruitment challenges. It is vital that Budget 2026 addresses the funding gaps that have so far left this vulnerable population underserved.

*"Need service integration between disability/neurology and mental health services. People who need both should not be excluded from either as happens currently."  
(PBS Member Survey)*

<sup>106</sup> <https://mentalhealthreform.ie/wp-content/uploads/2022/09/Final-Full-PBS.pdf>

<sup>107</sup> <https://mentalhealthreform.ie/wp-content/uploads/2023/09/Full-PBS-2024.pdf>

<sup>108</sup> <https://mentalhealthreform.ie/wp-content/uploads/2024/07/MHR-2025-Pre-Budget-Submission.pdf>

<sup>109</sup> <https://www.hse.ie/eng/services/list/4/mental-health-services/specialist-perinatal-mental-health/specialist-perinatal-mental-health-services-model-of-care-2017.pdf>

<sup>110</sup> <https://mentalhealthreform.ie/wp-content/uploads/2022/09/Final-Full-PBS.pdf>

<sup>111</sup> [Sharing the Vision Implementation Plan 2025 PDF Version.pdf](https://www.hse.ie/eng/services/publications/mentalhealth/hse-national-mhid-model-of-service-january-2021.pdf)

<sup>112</sup> <https://www.hse.ie/eng/services/publications/mentalhealth/hse-national-mhid-model-of-service-january-2021.pdf>

<sup>113</sup> <https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/camhs-id-model-of-service/camhs-id-model-of-service.pdf>

<sup>114</sup> <https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision-a-mental-health-policy-for-everyone-implementation-plan-2025-to-2027.pdf>



The phased expansion of National Clinical Programmes (NCPs) – providing specialist care for eating disorders, ADHD in adults, dual diagnosis, early intervention in psychosis, perinatal mental health, and suicide/self-harm – must also remain a central focus. These teams deliver high-quality, evidence-based care for people with complex mental health needs and the pace of their implementation is heavily dependent on dedicated funding to support national rollout.

The €5.7 million allocated to these programmes in Budget 2025 was a welcome step forward. However, as demonstrated in the table below, in order to make the promises of *Sharing the Vision* a reality, continued and increased investment in these programmes will be essential in Budget 2026 and beyond.

### Clinical Programmes – Many Milestones yet to be Achieved

| Clinical Programme                          | Promised Teams/Staff              | Current Number                    | In Development                                    | Deficit            |
|---|-----------------------------------|-----------------------------------|---|--------------------|
| ADHD  | 12 Teams <sup>115</sup>           | 7 Teams <sup>116</sup>            | 1 in recruitment <sup>117</sup>                   | 5                  |
| Dual Diagnosis                              | 12 Adult Teams                    | 2 Adult Teams                     | 2 Adult Teams (in development) <sup>120 121</sup> | 10 Adult Teams     |
|   | 4 Adolescent Teams <sup>118</sup> | 2 Adolescent Teams <sup>119</sup> |   | 2 Adolescent Teams |
| Early Intervention Psychosis <sup>122</sup> | 25 Teams                          | 5 Teams                           | 2 Teams (In Development) <sup>123</sup>           | 20                 |

<sup>115</sup> [adhd-in-adults-ncp-model-of-care.pdf](https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/dual-diagnosis-ncp/dual-diagnosis-model-of-care.pdf)

<sup>116</sup> As of May 2025, [Health Services – Thursday, 29 May 2025 – Parliamentary Questions \(34th Dáil\) – Houses of the Oireachtas](#)

<sup>117</sup> As of May 2025, [Health Services – Thursday, 29 May 2025 – Parliamentary Questions \(34th Dáil\) – Houses of the Oireachtas](#)

<sup>118</sup> <https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/dual-diagnosis-ncp/dual-diagnosis-model-of-care.pdf>

<sup>119</sup> As of May 2025, [Mental Health Services – Tuesday, 27 May 2025 – Parliamentary Questions \(34th Dáil\) – Houses of the Oireachtas](#)

<sup>120</sup> <https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision-a-mental-health-policy-for-everyone-implementation-plan-2025-to-2027.pdf>

<sup>121</sup> [Mental Health Services – Tuesday, 27 May 2025 – Parliamentary Questions \(34th Dáil\) – Houses of the Oireachtas](#)

<sup>122</sup> <https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision-a-mental-health-policy-for-everyone-implementation-plan-2025-to-2027.pdf>

<sup>123</sup> As of May 2025, [pq-26840-25-sorca-clarke.pdf](#)



| Clinical Programme                     | Promised Teams/Staff                    | Current Number   | In Development                               | Deficit                    |
|--|---|--|--|----------------------------|
| Eating Disorders <sup>124</sup>        | 8 Adult Teams                           | 6 Adult Teams  | 2 Adult Teams (In Development)               | 2 Adult                    |
|  | 8 CAMHS Teams*                          | 5 CAMHS Teams <sup>125</sup>                           | 1 CAMHS Team (In Development) <sup>126</sup> | 3 CAMHS                    |
| Perinatal Mental Health <sup>127</sup> | 1 National Perinatal Mother & Baby Unit | 0 Units  | –  | 1                          |
| Self-Harm/Suicide <sup>128</sup>       | 68 SCAN Posts                           | 33 Adult Posts Funded<br><br>3 Children Posts Funded** | –  | 32 SCAN Posts to be Funded |

\*A key focus of the 2025–2027 Implementation Plan will be to revise the Model of Care to take account of revised healthcare structures and demand for services.

\*\*These figures represent posts funded but not necessarily filled – there were only 22 SCAN positions in place as of December 2024, leaving a deficit of 46 positions<sup>129</sup>.

## Capital Investment Needs

Minister Butler, in her very welcome announcement of a €31 million capital investment for mental health in 2025, rightly noted that:

*“capital investments are vital to the transformation of our mental health services and to ensuring that all people can receive care in the right place, at the right time, and in the right setting”<sup>130</sup>.*

<sup>124</sup> <https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision-a-mental-health-policy-for-everyone-implementation-plan-2025-to-2027.pdf>

<sup>125</sup> Based on figures provided as of July 2025 [pq-40603-25-conor-mcguinness.pdf](https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision-a-mental-health-policy-for-everyone-implementation-plan-2025-to-2027.pdf)

<sup>126</sup> Based on figures provided as of July 2025 [pq-40603-25-conor-mcguinness.pdf](https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision-a-mental-health-policy-for-everyone-implementation-plan-2025-to-2027.pdf)

<sup>127</sup> <https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision-a-mental-health-policy-for-everyone-implementation-plan-2025-to-2027.pdf>

<sup>128</sup> <https://www.hse.ie/eng/about/personal/pq/pq/2025-pq-responses/may-2025/pq-28702-25-david-cullinane.pdf>

<sup>129</sup> <https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision-a-mental-health-policy-for-everyone-implementation-plan-2025-to-2027.pdf>

<sup>130</sup> <https://www.gov.ie/en/department-of-health/press-releases/minister-butler-announces-biggest-ever-capital-investment-in-mental-health-for-2025/>



As such, it is essential to fully resource the implementation of Recommendation 98, which states that:

*“Capital investment should be made available to redesign or build psychiatric units in acute hospitals which create a therapeutic and recovery supportive environment.”*

The MHC’s 2024 Annual Report<sup>131</sup>, published June 2025, highlighted that 29% of approved centres had a compliance rating below 80%. In addition, the Inspector reports that the overall number of non-compliances rated as having a “high” likelihood to recur have increased from 156 in 2023 to 168 in 2024. The number of those non-compliances rated “critical” spanned 17 approved centres and had increased from 32 in 2023 to 38 in 2024. As noted in the report, *“a critical rating indicates that the breach is of a very serious nature and the potential for grave consequences is very likely to recur”*.

MHR is concerned about the findings that minimum regulatory standards are not being met in key areas of staffing, care planning, risk management and premises. In particular, the report calls out the urgent need to address the underinvestment in the premises and staffing of approved centres. The table below indicates the deeply troubling number of breaches relating to capital and quality of care (which is likely deeply impacted by the capital shortages) at approved centres in 2024:

### Breaches in Standards – Capital & Quality of Care (2024)<sup>132</sup>

| Regulation                          | Issue Area                        | High-Level Breaches | Critical-Level Breaches |
|-------------------------------------|-----------------------------------|---------------------|-------------------------|
| Regulation 22: Premises             | Physical infrastructure           | 28 centres          | 6 centres               |
| Regulation 26: Staffing             | Human capital/resource            | 18 centres          | 4 centres               |
| Regulation 16: Therapeutic Services | Access to therapeutic supports    | 17 centres*         | 5 centres**             |
| Regulation 19: General Health       | Overall resident health standards | 17 centres          | 4 centres               |
| Regulation 32: Risk Management      | Safety and clinical governance    | –                   | 32 centres              |
| Regulation 21: Privacy              | Dignity and confidentiality       | –                   | 21 centres              |

*\*Failure to deliver minimum standards of therapeutic services*

<sup>131</sup> <https://www.mhcirl.ie/news/mental-health-commission-publishes-2024-annual-report>

<sup>132</sup> Based on data available in the Mental Health Commission 2024 Annual Report – <https://www.mhcirl.ie/news/mental-health-commission-publishes-2024-annual-report>





### **\*\*Critical impact on resident care**

Investment to address these issues is long overdue. As noted by the Inspector:

*“the sources of these breaches in capital (both physical and human) are funding deficits beyond the influence of residents and outside the scope of staff...substantial capital investment will be needed to implement commitments made in documents such as *Sharing the Vision and Slainte Care*”.*<sup>133</sup>

As outlined in greater detail in Section 1, adequate capital investment is also essential to ensure emergency departments provide suitable spaces for individuals requiring urgent mental health assessments, as required under Recommendation 22. The need for these spaces was repeatedly echoed in our public consultations for this report, with many people highlighting how inappropriate and distressing current emergency settings can be for individuals in acute mental distress. The *Sharing the Vision* Implementation Plan 2025–2027 acknowledges the underlying problem – many departments operate in outdated facilities that are no longer fit for purpose. As such, capital funding is essential to retrofit existing infrastructure to meet basic mental health assessment standards and to ensure new emergency departments or alternative crisis pathways are designed from the outset with integrated mental health spaces.

MHR joins the Mental Health Commission in calling for the urgent mobilisation of the capital programmes required to remedy the longstanding capital deficits in mental health facilities. The National Mental Health Capital Planning Group has been established and met for the first time in March 2024. According to the May 2025 *Sharing the Vision* Progress Report<sup>134</sup>, work is now underway to map existing capital infrastructure and agree a process for developing a 10-year action plan with associated timelines. This plan needs to be imminently advanced and resourced in Budget 2026.

## **Section 3 – Recommendations**

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- Publish detailed costings and required staffing levels for the *Sharing the Vision* Implementation Plan, backed by multi-year budget commitments to ensure sustained and effective implementation
- Invest funding to support the delivery of the outstanding milestones from *Sharing the Vision* and the upcoming milestones of the Implementation Plan.
- Allocate urgent funding for the development of the Mother and Baby Unit and the expansion of services for individuals with co-occurring mental health and intellectual, developmental or other disabilities.

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<sup>133</sup> <https://www.mhcirl.ie/news/mental-health-commission-publishes-2024-annual-report>

<sup>134</sup> [https://assets.gov.ie/static/documents/Sharing\\_the\\_Vision\\_-\\_Policy\\_Implementation\\_Progress\\_Report\\_May\\_2025.pdf](https://assets.gov.ie/static/documents/Sharing_the_Vision_-_Policy_Implementation_Progress_Report_May_2025.pdf)



- 
- Provide dedicated funding to support the continued expansion of the National Clinical Programmes, supporting improved access to specialised, evidence-based care.
  - Publish and fund a targeted strategic capital investment programme for mental health services nationwide.



## Section 4 – Children & Young People – Additional €20M

There is now overwhelming evidence that young people are not receiving sufficient support in our mental health system, with services under severe pressure and struggling to meet demand. The combination of increasing complexity of mental health presentations, a lack of early intervention pathways, and a growing prevalence of distress among adolescents, is stretching our mental health system, particularly CAMHS, beyond capacity. MHR is therefore calling for an additional €20 million in Budget 2026 to support a national response that prioritises early intervention, strengthens community-based supports, and builds a system that is accessible, sustainable, and centred on the real needs of young people accessing care at all levels of the system.

### Why Urgent Investment in Children and Young People’s Mental Health is Needed

*“Need to completely overhaul children and young people’s MH services”  
(PBS Public Survey)*

*Waiting lists and over prescription for young people are common negative experiences” (PBS Public Survey)*

A series of critical reports from 2024–2025 highlight an escalating youth mental health crisis in Ireland. Evidence points to earlier onset of difficulties, increasing complexity, and serious gaps in access.

| Report/Survey                                     | Year | Key Findings   |
|---|------|--|
| Healthy Ireland Survey <sup>135</sup>             | 2024 | 12% of the population shows signs of probable mental health difficulties (up from 10% in 2016). Rates remain particularly high among young people, whose mental health has not recovered to pre-pandemic levels, highlighting a persistent, unmet need in this cohort. |
| Aware National Survey <sup>136</sup>              | 2024 | 1 in 10 people under 25 report symptoms of depression. Many lack awareness of where to seek help, highlighting the need for improved mental health literacy and outreach. Mental health challenges are also emerging at younger ages.                                  |
| Growing Up in Ireland (Cohort '08) <sup>137</sup> | 2024 | 13-year-olds show increasing signs of depression, emotional distress, and anti-social behaviour, underscoring the need for early intervention.   |

<sup>135</sup> <https://assets.gov.ie/static/documents/healthy-ireland-survey-summary-report-2024.pdf>

<sup>136</sup> <https://www.aware.ie/national-survey-2024/>

<sup>137</sup> [https://www.growingup.gov.ie/pubs/JAV15660\\_GUI\\_Report\\_May24\\_V7\\_FA\\_Online.pdf](https://www.growingup.gov.ie/pubs/JAV15660_GUI_Report_May24_V7_FA_Online.pdf)



|   |      |   |
|---|------|---|
| RCSI Adolescent Wellbeing Study <sup>138</sup>                          | 2024 | 29% of adolescents rate their mental health as "bad or very bad"; 11% have attempted suicide. Rates are higher among girls, gender-diverse youth, and those from disadvantaged backgrounds.   |
| OECD – Together for Children and Young People in Ireland <sup>139</sup> | 2024 | Calls for coordinated policy, multi-agency collaboration, and data-informed planning to address growing youth mental health needs and reduce inequities.  |
| UNICEF Report Card 19 <sup>140</sup>                                    | 2025 | Ireland ranked 24th out of 43 countries for adolescent mental wellbeing. One-third of 15-year-olds report low life satisfaction. Youth suicide rates exceed EU average. Calls for increased school-based supports and CAMHS reform.   |
| HBSC Trends Report <sup>141</sup>                                       | 2025 | Rise in children reporting physical and emotional symptoms: headaches, low mood, sleep issues, academic pressure, and bullying.   |
| Children's Rights Alliance Report Card <sup>142</sup>                   | 2025 | Government scored an "E" for youth mental health. CAMHS waiting lists increased, with 3,830 children awaiting first appointments. Highlighted failures in Direct Provision and serious child protection concerns in accommodation centres.  |
| Primary Care Crisis Article <sup>143</sup>                              | 2025 | HSE data <sup>144</sup> show deep systemic issues in children's mental health primary care services: <ul style="list-style-type: none"><li>- 8,829 young people are waiting over 2 years for access to psychology services, with 1 child waiting up to 13.5 years for psychological support</li></ul> |

<sup>138</sup> <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/2E38A45F509A15F2B2779CEDB1BF6A20/S0790966724000168a.pdf/mental-health-of-irish-adolescents-following-the-covid-19-pandemic-results-from-a-population-based-cross-sectional-survey.pdf>

<sup>139</sup> [https://www.oecd.org/content/dam/oecd/en/publications/reports/2024/04/together-for-children-and-young-people-in-ireland\\_3b95ca6c/12f4dfb2-en.pdf](https://www.oecd.org/content/dam/oecd/en/publications/reports/2024/04/together-for-children-and-young-people-in-ireland_3b95ca6c/12f4dfb2-en.pdf)

<sup>140</sup> <https://www.unicef.ie/2025/05/14/irelands-teens-among-least-happy-in-developed-world-unicef-report/>

<sup>141</sup> <https://researchrepository.universityofgalway.ie/server/api/core/bitstreams/177fa594-5e08-4949-87a6-c937d4c8f602/content>

<sup>142</sup> <https://childrensrights.ie/wp-content/uploads/2025/02/Report-Card-2025.pdf>

<sup>143</sup> <https://www.breakingnews.ie/ireland/hse-confirms-childs-shocking-13-5-year-wait-for-psychological-care-1781590.html>

<sup>144</sup> <https://www.hse.ie/eng/about/personal/pq/pq/2025-pq-responses/june-2025/pq-33455-25-liam-quaide.pdf>



The evidence is clear: mental health challenges are emerging earlier, becoming more complex, and affecting more young people than ever before. Access remains limited (see *Section 1*), particularly for those who do not fall neatly into the criteria for either primary care or specialist care, and waiting lists continue to grow despite years of reform. There is broad consensus on the solutions: expand early, school-based, and community supports; reduce CAMHS delays; and invest in a coordinated, evidence-based system. Adverse childhood experiences are also a key driver of poor mental health and long-term societal costs. Investing in early intervention not only improves outcomes for young people but also reduces pressure on healthcare, education, and social services.

Therefore, we call for urgent, cross-government investment to deliver on existing Programme for Government commitments<sup>145</sup>, such as more resources to reduce waiting lists, an expanded central referral system, development of a new care model in Primary Care Psychology, and investment in digital supports like a Youth Mental Health App. We are also calling for prioritised investment across the continuum of care, including Early Support Services, Specialist CAMHS, and Clinical Programmes. Increasing public funding would significantly boost coverage across Ireland, especially in underserved regions, and allow for a broader range of services tailored to local needs. At the same time, the shortage of trained mental health professionals remains a major barrier across both the statutory and community sectors. This limits service availability and makes it difficult to scale up provision in line with demand.

## Why Increased Funding in Community-Based Care Matters

The Children and Young People's Mental Health Project, launched in 2023 by MHR and five VCS partners (Barnardos, ISPC, Jigsaw, SpunOut, and Pieta), show what VCS organisations can achieve together, when given the right support. In just two years, the project strengthened collaboration across VCS organisations, and demonstrated how VCS can work alongside the HSE to increase system capacity and expand access to care, particularly for those in the "missing middle", CYP with mild-to-moderate anxiety, depression or externalising behaviours who fall in the gap between low-intensity support and specialist services. Two major reports were produced as a result of this project, and they form the evidence base for national investment and reform:

1. A mental health economics analysis<sup>146</sup>, led by the London School of Economics, which presents a compelling economic case for funding and scaling-up early intervention mental health services for CYP in the country, with a focus on the "missing middle", accounting for approximately 70% of the total prevalence of mental health conditions in CYP. Their analysis shows that with an additional €15 million in funding for these services, more than 12,500 CYP could be supported each year with appropriate care.

<sup>145</sup> <https://7358484.fs1.hubspotusercontent-na1.net/hubfs/7358484/Programme%20for%20Government.pdf>

<sup>146</sup> <https://mentalhealthreform.ie/wp-content/uploads/2025/03/CYPMH-Research-1.pdf>



2. A strategic roadmap<sup>147</sup>, outlining how HSE and VCS can jointly build a three-tier youth mental health system by bringing together community-based early support services, specialist CAMHS, and clinical programmes.

Investment in community-based care matters (see Section 2) because VCS providers already offer a wide spectrum of effective, evidence-based services, from peer-led supports to low-intensity psychological therapies, that are already trusted by young people. These services are well positioned to offer early, flexible support in communities where and when young CYP need it most. With targeted, multi-annual funding, this existing capacity within VCS could be scaled up quickly to become a more formal part of the public funded system. Investing in VCS-led services would ease pressure on overstretched statutory services, reach more CYP each year, reduce long-term costs to the State, and support growth and sustainability of the sector.

## **Why Strengthening National Mental Health Data Collection is Essential**

A major barrier to building a more coordinated and accessible youth mental health system and scaling up early support services (both statutory and non-statutory) is the lack of reliable national data. As discussed in Section 1, Ireland still does not have a standardised dataset on the prevalence of mental health conditions among CYP. While studies like Growing Up in Ireland and Aware's surveys offer valuable insights, the overall picture is incomplete and inconsistent. Without accurate, comprehensive data, including information on services provided by VCS organisations, it is difficult to plan effectively, allocate resources, and respond to emerging needs. Strengthening data systems will enable better service planning, improve transparency, and ensure greater accountability across the mental health system.

## **Why Supporting Innovative Mental Health Projects is Important**

The need for a more joined-up approach – bringing HSE and VCS organisations together to identify service gaps, plan collaboratively, and improve access to care at all levels – is also recognised by Young Ireland: The National Policy Framework for Children and Young People 2023–2028<sup>148</sup>, which highlights youth mental health as a priority and commits to breaking down the silos that have long fragmented mental health services for CYP in Ireland.

This is why it is vital to support the Children and Young People's Mental Health Project, now in its second phase (2025–2027), because it is helping to build a more coordinated, integrated, and modern youth mental health system by fully recognising and leveraging the role of the VCS. The project builds on the outcomes of Phase 1 and supports collaboration between VCS and HSE at both national and regional levels, especially as the

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<sup>147</sup> <https://mentalhealthreform.ie/wp-content/uploads/2025/03/CYPMH-Roadmap.pdf>

<sup>148</sup> <https://www.gov.ie/en/department-of-children-disability-and-equality/press-releases/government-launches-young-ireland-national-policy-framework-for-children-and-young-people-2023-2028-at-2023-child-summit/>



health system undergoes regionalisation. Expected outcomes include: consolidating and expanding VCS collaboration at both national and regional levels, generating evidence to guide better service planning and funding decision at both levels, and supporting the development of integrated youth mental health systems within the new HSE Health Regions that make full use of VCS' strengths.

Another important innovation needing continued support is 'Navigator'<sup>149</sup>, a digital signposting tool for young people aged 14–34 to help them find mental health information and support across Ireland. Crucially, the tool was co-designed with youth involvement at every stage, ensuring the platform is not only evidence-informed, but also relevant, relatable, and youth-friendly.

Given the importance of these two innovative projects, government support is essential to sustain and scale their impact. Public funding is needed to implement the Children and Young People's Mental Health Project Roadmap and expand access to evidence-based supports for CYP, as relying on philanthropic funding alone is not sustainable anymore. Furthermore, continued promotion of 'Navigator' across schools, GP practices, and youth centres will improve awareness and access to mental health support, and it will also create opportunities for young people to provide feedback on the current tool's features and help shape its future improvements.

## Why The Child and Youth Mental Health Office Needs Full Resourcing

The establishment of the National Office for Child and Youth Mental Health<sup>150</sup> and the launch of its 2024–2027 Action Plan<sup>151</sup> mark a major step forward in delivering integrated, coordinated mental health services for CYP. Building on *Sharing the Vision*<sup>152</sup>, the plan outlines 16 key operational priorities, including co-designed services and stronger collaboration between statutory and voluntary sectors. To deliver these commitments, such as national stakeholder forums and the full rollout of a Single Point of Access system, this office must be fully staffed and funded. Proper resourcing will ensure the time and expertise are in place to map service gaps, plan jointly with VCS partners, and ensure that every young person can access the right support at the right time, regardless of entry point. Achieving the plan's ambitions, particularly around early intervention, integrated care, digital tools, and cross-sector coordination, depends on this vital sustained investment.

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<sup>149</sup> <https://www.gov.ie/en/department-of-health/press-releases/minister-for-mental-health-launches-navigator-signposting-tool-to-support-the-mental-health-and-wellbeing-of-young-people/>

<sup>150</sup> [New office for child and youth mental health services - HSE.ie](https://www.hse.ie/eng/about/who/mentalhealth/new-office-for-child-and-youth-mental-health-services/)

<sup>151</sup> <https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/publications/hse-child-and-youth-mental-health-office-3-year-action-plan.pdf>

<sup>152</sup> <https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision-a-mental-health-policy-for-everyone-implementation-plan-2025-to-2027.pdf>



## Section 4 – Recommendations

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- Prioritise targeted funding across all levels of child and youth mental health care to ensure timely, appropriate support for young people:
  - Allocate more funding to early support services – both statutory and community-based – to recruit additional staff, reduce waiting lists, and expand outreach in underserved areas.
  - Invest in CAMHS to address critical staffing shortages and infrastructure gaps, reducing backlogs and ensuring more timely care for young people with moderate to severe mental health needs.
  - Support clinical programmes designed for children and young people with complex or co-occurring needs, ensuring they receive coordinated and specialised care.
- Establish multi-annual, ring-fenced funding streams for youth mental health services delivered by the voluntary and community sector, enabling providers to retain skilled staff, scale effective programmes, and plan beyond annual funding cycles.
- Improve data collection to better capture youth mental health service use, enabling better planning, transparency, and accountability system-wide.
- Allocate funding to implement the Children and Young People’s Mental Health Project Roadmap, scaling up innovative, evidence-based supports.
- Promote the Navigator digital signposting tool across schools, GP practices, and youth centres to improve access and awareness among young people.
- Fully resource the HSE Child and Youth Mental Health Office and its Action Plan 2024–2027 to ensure delivery on key commitments, particularly in integrated care, early intervention, digital innovation, and stakeholder engagement.





## Section 5 – Legislative Commitments – Additional €10M

### Paying [for] the Bill

Significant legislative progress has been made in 2025, with the advancement of the Mental Health Bill 2024, which seeks to reform the Mental Health Act 2001 in line with human rights principles. As of August, the Bill has passed through the Dáil and is expected to move to Seanad Éireann in the Autumn. This reform presents a once-in-a-generation opportunity to strengthen protections for people with mental health difficulties and to meet Ireland's obligations under the UNCRPD. To ensure its successful implementation, Budget 2026 must include meaningful investment to support the changes required by this legislation. MHR supports the Minister in her acknowledgement of the financial responsibility associated with the Bill:

*"Officials in my Department will continue to work across all relevant Departments to ensure that the commencement of the Bill is well planned for. This will include ensuring that the available resources are put in place for the phased and prioritised implementation of this legislation."*<sup>153</sup>

Preliminary work has been undertaken to cost the additional resources required for implementing key aspects of the Bill. As noted by Minister Butler:

*"...planned changes are expected to carry additional costs, such as the enhanced role for Authorised Officers in the involuntary admission process and the expansion of the Mental Health Commission's regulatory remit to include community residences and services...Continued investment in mental health services at all levels, including community and inpatient services, will be needed to ensure the continued efficacy and improvement of services and to continue to uphold the rights of people accessing services"*<sup>154</sup>

Resourcing the expanded regulatory remit of the MHC must be a significant priority, given that based on the current version of the Bill, they will have oversight of community services and CAMHS. The MHC has proposed increasing the number of Assistant Inspectors to 31, reporting to six Deputy Inspectors<sup>155</sup>. As of June 2024, there were 14 Whole Time Equivalent Assistant Inspectors, with one additional vacancy<sup>156</sup>. The proposed staffing expansion is estimated to cost approximately €1.6 million, based on current salary levels<sup>157</sup>.

In addition, under the proposed reforms in the Mental Health Bill 2024, An Garda Síochána will no longer have the authority to make applications for involuntary admission. This is a significant development, given that Gardaí accounted for 32% of all such applications in

<sup>153</sup> <https://www.oireachtas.ie/en/debates/debate/dail/2024-09-19/34/>

<sup>154</sup> [PQ 20936/24](#)

<sup>155</sup> [PQ 26865/24](#)

<sup>156</sup> [Mental Health Commission Annual Report 2024 | Mental Health Commission](#)

<sup>157</sup> <https://www.oireachtas.ie/en/debates/question/2025-05-21/177/>



2024<sup>158</sup>. The change highlights the urgent need to strengthen the Authorised Officer workforce to ensure the system is rights-based, community-led, and adequately resourced.

As of September 2024, there were 218 trained Authorised Officers in Ireland<sup>159</sup>. A 2021 HSE capacity review recommended a target of four Authorised Officers per 100,000 population (Health Service Executive, 2021). With Ireland's population estimated at 5.3 million (European Commission, 2024), the current target equates to approximately 212 Authorised Officers, rising to an estimated 224 by 2030 based on projected population growth (ESRI, 2024). A preliminary estimate of €3.5 million per year has been given for the provision of authorised officers during the involuntary admission process<sup>160 161</sup>. However, this target may need to be revised upward.

While acknowledging that any legislative changes will not be rolled out overnight, Budget 2026 must set a precedent for future years to fully resource the implementation of this important piece of legislation. Furthermore, this must be done in a transparent way, with clear, accessible breakdowns of resourcing each year.

## Independent Advocacy Service in Mental Health

MHR has long been a proponent of the need for funded, accessible, independent advocacy services for children and adults with mental health difficulties<sup>162</sup>. MHR has called for the right to advocacy to be placed on a statutory footing in the ongoing reform of the Mental Health Act, 2001.<sup>163</sup> In preparation for this reform, MHR commissioned a human rights analysis of the Heads of Bill to reform the Mental Health Act<sup>164</sup>. The importance of advocacy, including age-appropriate advocacy for under 18s, is highlighted throughout the analysis. While a statutory right to advocacy has not yet been included in the Bill, MHR will continue to advocate for its inclusion in the final stages of the legislative process.

Many of MHR's member organisations provide indirect advocacy to people accessing mental health services, as well as to their families, friends, carers, and supporters. As part of its Innovation work under the Brave New Connections workstream, MHR published the report 'Resetting the Non-Profit Voluntary and Community Mental Health Sector (VCS) After the Pandemic: A Strategic Perspective'<sup>165</sup>. This report examined the nature and scale of the VCS in Ireland, particularly in the context of recovery following the COVID-19 lockdowns and restrictions.

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<sup>158</sup> <https://www.mhcirl.ie/sites/default/files/2025-06/MHC%202024%20Annual%20Report%20FINAL.pdf>

<sup>159</sup> <https://www.hse.ie/eng/about/personal/pq/pq/2024-pq-responses/september-2024/pq-34056-24-mark-ward.pdf>

<sup>160</sup> <https://www.oireachtas.ie/en/debates/debate/dail/2025-06-11/17/>

<sup>161</sup> Dáil Éireann debate – Wednesday, 11 Jun 2025

<sup>162</sup> See for example, the Pre-Legislative Scrutiny process on the Assisted-Decision Making (Capacity) Act (2015) – MHR's report to the Committee [here](#).

<sup>163</sup> <https://www.mentalhealthreform.ie/campaigns/reform-the-mental-health-act/>

<sup>164</sup> <https://mentalhealthreform.ie/wp-content/uploads/2021/11/Legal-analysis-MH-Act-28-October-1.pdf>

<sup>165</sup> <https://mentalhealthreform.ie/wp-content/uploads/2022/03/RE-SETTING-THE-NON-PROFIT-VOLUNTARY-COMMUNITY-SECTOR-AFTER-THE-PANDEMIC.pdf>



Among the 53 organisations surveyed, 9% were identified as providing individualised advocacy to people with mental health difficulties. In terms of reach, the report found that more than 90,000 people engaged with peer support, advocacy, and other recovery or social inclusion programmes delivered by these organisations.

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

**870,000+** helpline/crisis contacts

**220,000+** counselling/psychotherapy sessions

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

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



## Age-Appropriate Mental Health Advocacy

Age-appropriate mental health advocacy services are also required. MHR has consistently called for the establishment of a nationally-available, youth mental health advocacy service. The 2017 National Youth Mental Health Task Force Report also advised that:

*“An independent National Youth Mental Health Advocacy and Information Service should be established.”<sup>166</sup>*

In 2016, the United Nations Committee on the Rights of the Child issued its concluding observations on Ireland’s compliance with the United Nations Convention on the Rights of the Child<sup>167</sup>. Among its recommendations was that the State should consider establishing a dedicated mental health advocacy and information service for children experiencing mental health difficulties.

In its most recent review of Ireland in January 2023, the Committee reiterated this call, urging the Government to:

*“allocate sufficient resources for the expansion of the mental health advocacy and information service for children”<sup>168</sup>*

This came despite the fact that, in its February 2022 State Report to the Committee, Ireland explicitly committed to developing such a service<sup>169</sup>.

Budget 2026 presents a timely and necessary opportunity to honour this commitment and ensure that all children and young people have access to independent, age-

<sup>166</sup> <https://www.gov.ie/en/department-of-health/publications/national-youth-mental-health-task-force-report-2017/>

<sup>167</sup> [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fIRL%2fCO%2f3-4&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fIRL%2fCO%2f3-4&Lang=en)

<sup>168</sup> [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FIRL%2FCO%2F5-6&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FIRL%2FCO%2F5-6&Lang=en)

<sup>169</sup> [State Report to UNCRC](#)



appropriate, rights-based mental health advocacy. As such, MHR is calling for at least an additional €2 million<sup>170</sup> to be allocated to the development of a national independent advocacy service in mental health in Budget 2026.

## Section 5 – Recommendations

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- Provide targeted and transparent funding in Budget 2026 to enable the phased rollout of resources essential for implementing the reforms outlined in the Mental Health Bill 2024.
- Establish a statutory right to independent advocacy for both adults and young people, and ensure dedicated funding for a national, age-appropriate mental health advocacy service.

## Conclusion

MHR welcomes the opportunity to make this submission to the Government in advance of Budget 2026. While Minister Butler's efforts to increase the amount of money allocated to mental health in recent years are acknowledged, the system still bears the burden of decades of chronic underinvestment. The impact of this persistent underfunding is not only delayed access to care, it also actively compounds negative outcomes for individuals, families, and communities nationwide. The failure to expand essential services in a timely manner is costing lives and deepening long-term challenges.

We call for urgent and sustained action to reverse this legacy of underinvestment in mental health services and to ensure that adequate funding is allocated to deliver on existing commitments in the Programme for Government, *Sharing the Vision*, and other key national strategies referenced throughout this submission. To keep these promises, Budget 2026 must treat mental health as a national funding priority.

Currently, €93 million annually is spent outsourcing mental health services, with €13 million allocated to the Treatment Abroad Scheme<sup>171</sup>. These figures reflect deep systemic gaps that require long-term, structural investment, not stopgaps. We urge the Government to commit to a sustainable, long-term funding pathway to increase the mental health budget to 10% of overall health spending by 2030 and finally grant mental health the parity of esteem it deserves within the health system.

Given the ever-escalating demand for mental health supports, we call on the Government to address the significant accessibility challenges currently affecting mental health

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<sup>170</sup> Based on figures provided in [PQ 55737/21](#) and subsequent inflationary pressures

<sup>171</sup> <https://sinnfein.ie/news/e13-million-spent-shipping-people-abroad-for-mental-health-care-a-national-disgrace-sorca-clarke-td/>



services nationwide. As part of this, it is imperative that voluntary and community-based mental health services receive appropriate and consistent funding. These sectors have played a crucial role in delivering accessible, person-centred care, and they must be recognised and resourced accordingly.

We also call for increased investment to meet the needs of priority groups, to expand early intervention strategies, to address the existing data deficits currently impeding service provision and to confront the persistent crisis in youth mental health services. In addition, preparatory funding is urgently needed to support implementation of the long-promised reform of the Mental Health Act.

As this marks the first budget of the new Government, MHR and its members urge you to take bold and decisive steps to pay the long overdue bill and improve services for people with mental health difficulties. The cost of waiting is measured not only in Euros, but in lives disrupted, families strained, and staff and systems overwhelmed. The wait for adequate investment has been too long and the cost of waiting any longer is simply too high.

Investment is urgently needed to ensure no one else is left behind, and to build a future where mental health is treated with the urgency, dignity, and equity it deserves.

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

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