Social Democrats

Mental Health

Greater Investment, Improved Wellbeing

For the Future
It Starts Here

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Contents

Key Points

In Government, the Social Democrats will:

- Set a pathway towards allocating 10 per cent of the total health budget to mental health services by the end of 2030.
- Reinstate the Mental Health Bill 2024 to Dáil Committee Stage and progress the Bill to completion.
- Establish a National Workforce Task Force to address both the short term and medium-term needs of our Health and Social Care sector. We must ensure higher education places in the area of mental health match future projected service needs.
- Fully staff Child and Adolescent Mental Health Teams (CAMHs), and expanding Adult Community Mental Health Teams (ACMHTs), and significantly reduce waiting times.
- Expand CAMHS to cover young people up to age 25, in line with international best practice, and improve focus on early intervention.
- Aim for a situation where, by the end of one term of government, all schools (primary and secondary) have access to at least one specialist emotional counsellor/therapist as a permanent member of the staff.
- Ensure that mental health practitioners in the Community & Voluntary sector, including Section 39 workers, are paid fairly.
- Make multi-annual funding the norm for HSE-funded, and other state-funded organisations delivering mental health services.
- Expand Old Age Psychiatry, services for intellectually disabled people, and the Child and Adolescent Liaison service.
- Ensure that the recommendations of the HSE's Model of Care for Eating Disorder Services are funded and implemented in full.
- Improve dual diagnosis (addiction and mental illness) counselling and community services.
- Provide sufficient funding for the *Sharing the Vision* implementation plan.
- Expedite the implementation of state regulation for counselling, psychotherapy, and psychology professions under CORU, ensuring high standards of practice, public safety, and addressing the critical risks associated with non-regulation.

Introduction

Mental healthcare in Ireland is a piecemeal system that allows many to fall through the cracks.

Primary and secondary care are disorganised and vary greatly across the country, and emergency care is not fit for purpose.

Mental health services have long suffered from chronic underinvestment. The severe adverse impact of Covid-19 on the nation's physical and mental wellbeing has put additional strain on service providers.

This results in unnecessary distress for patients and families, and, too frequently, avoidable tragic outcomes. While the government has launched several initiatives urging people to 'get help', people in distress often find that this help is not forthcoming.

Growing demand for mental health services throughout the system has not been met with proportional increases in staff and resources for mental health services. As we have highlighted many times, there are huge waiting lists for referrals to child and adolescent mental health services. Adult services are also under strain, and there is a worrying trend of failure to invest in residential services for people with the highest level of need.

The Social Democrats aim to create a mental healthcare system that is proactive and community-based, while also overhauling acute and in-patient care to ensure those who do reach a crisis point receive the best standard of care possible.

The biggest challenge facing our health and social care services in recent years is the recruitment and retention of staff, across all disciplines. This has been as true in mental healthcare as in the rest of the public healthcare system. There are no current projections of training places needed, and there has been little coordination with the Department of Further Education around this issue. Workforce planning must form a key part of any approach.

We will also prioritise prevention measures, early intervention, community-based care, and ensure adequate resource allocation, including increasing the annual budget allocated to mental health services to 10 per cent of the overall health budget (currently approximately 5 per cent).

Mental Healthcare and Sláintecare

Sláintecare is a fully costed 10-year plan to provide for a universal access, single tier health service in Ireland, based on need, not the ability to pay.

It was developed by an Oireachtas Committee, chaired by the Social Democrats spokesperson on health, Róisín Shortall, following a motion put forward by the Party. However, government implementation has been piecemeal and non-committal, and proper funding has not been provided, despite all-party support for the plan.

Sláintecare has a key focus on mental health. It recognises that many of our mental health services are difficult to access and focussed on acute services which are significantly understaffed. Community mental health services remain significantly under-resourced and services are overly reliant on medication rather than on psychological and counselling services.

The full implementation of Sláintecare is a core part of the Social Democrats' approach to addressing mental health. We will make mental healthcare a high priority within the health system. This would include:

- Delivering more mental healthcare via primary care and community-based mental health teams, and ensuring effective and timely primary and community mental healthcare is accessible to all.
- Increasing funding for Mental Health to 10 per cent of the health budget (currently approximately 5 per cent).
- Fully staffing primary care Child and Adolescent Mental Health Teams, Adult services, and expanding Adult Community Mental Health Teams.
- Provide the full range of Intensive Recovery Support Services, including multidisciplinary teams and residential facilities in community-integrated settings, for people with complex, multiple and enduring mental health needs.
- Providing fully staffed specialist services for people with an Intellectual Disability who are also experiencing mental health difficulties.
- Expanding Old Age Psychiatry, services for intellectually disabled people, and the Child and Adolescent Liaison service.
- Progressing legislation to update the 2001 Mental Health Act so that it complies with international human rights standards.
- Improving public education on mental health and continuing to pursue evidence-based prevention strategies.
- Providing appropriate funding, and organisation, of acute and in-patient services, so that those in crisis receive timely and compassionate care.

Primary and Community Care

The full implementation of Sláintecare will mean increased investment in primary care psychology and secondary mental health services. It will also mean increased integration of mental healthcare into primary care. This will lead to:

- Significantly reduced waiting times for Child and Adult Mental Health Services (CAMHS), and it would address the significant regional imbalances in waiting times.
- Massive investment in the recruitment of extra psychologists for the National Educational Psychology Service, Primary Care, and CAMHS.
- Better training for GPs in mental health screening and basic counselling, ensuring they have direct access to mental health specialists and can facilitate early intervention.

  It is important that GPs have mental health teams they can refer to, consisting of psychologists and a psychiatrist, counsellors, occupational therapists, community nurses and social workers.
- More assisted living and 'step-down' facilities for those leaving in-patient care, and more supports for independent living and higher support residential services for those with chronic mental health conditions.
- Timely and effective access and referral processes for multi-disciplinary services, including social workers, occupational therapists, mediators, marriage counsellors, and dieticians.
- More support groups and advice/education for family members on services available to their relatives.
- Vital services currently provided by state-funded non-profits being incorporated into a more unified public system.

  The role of non-profits in advocacy and service provision will still be supported.
- Improved dual diagnosis (addiction and mental illness) counselling and community services, and full implementation of the 2023 HSE Dual Diagnosis Model of Care.
- Increased neuropsychology services (for issues like dementia and brain injury).

In Government, we will:

- Ensure that the recommendations of the HSE's Model of Care for Eating Disorder (ED) Services are funded and implemented in full, including the provision of four regional ED teams, 24 inpatient beds nationally for adults, and 8 inpatient beds for young people in the National Children's Hospital.
- Support the training of clinicians in CAMHS and Adult Mental Health Services in evidence-based ED therapies for clients who did not meet eligibility for specialist regional teams.
- Support Eating Disorder awareness-raising campaigns and community services, such as Bodywhys, to provide interventions for primary care level clients

Youth Mental Health

Youth mental health services and supports are at breaking point, with long waiting lists and a postcode lottery. There has been a well-reported decrease generally in young person's mental health and general wellbeing over recent years. This surge in demand, without commensurate increases in recruitment and staffing for the services that deal with young people, has meant that those services are not accessible for young people, and their broader health and wellbeing is being adversely affected.

For example, as of May 2024, there were 3,842 children and young people on the waiting list for Child and Adolescent Mental Health Services (CAMHS). This means the waiting list has almost doubled since 2019.

Despite the fact that 75 per cent of mental health conditions are identified before a person reaches age 25, young people in their late teens and early 20s are not specifically targeted for early intervention. This needs to change. **Early intervention services, such as talk therapy, are key to ensuring that mental health issues are not allowed to deteriorate** to a point where secondary care or emergency interventions are required.

Mental health advocacy groups have also identified a cliff edge for young people in Primary Care Psychology and CAMHS whose needs, upon turning 18, are not met by adult mental health services. This lack of integration is a huge problem. Young people with moderate to severe mental ill-health are discharged to General Adult Mental Health Services (GAMHS) at 18 years of age.

This is contrary to international best practice, which generally follows the evidence which suggests that mental health services for young people should cover ages 12 to 25 years.

Reducing service waiting times requires significant and sustained investment to expand Ireland's mental health workforce. There is a significant shortage of a number of critical members of CAMHS teams. The lack of consultant psychiatrists and reduced inpatient capacity pose major patient safety risks.

Despite all the issues with mental health services in Ireland, we know that there are still not enough mental health practitioners being trained. Graduate programmes need to be developed to help with supply. Pay imbalances, including related to Section 39 workers, are also causing issues.

It must also be remembered that while CAMHS and its dysfunction are the headline grabbers in youth mental health, it is far from the case that addressing issues in CAMHS will resolve youth mental health services more generally. In some parts of the country waiting periods for primary care psychology services are up to five years, and some of these young people are at risk of developing more entrenched difficulties as a result of not receiving timely support. The lack of fully staffed Primary Care Psychology Services has pushed more care onto CAMHS, while the deficit in CAMHS teams has pushed many children into adult services.

It's also important to re-think how we look at mental health, removing it (as far as possible) from institutional (and medical) settings and providing community-based structures. Early intervention needs significantly more focus.

In Government, the Social Democrats will:

- Undertake a major recruitment drive to address the chronic understaffing of Primary Care Psychology Services and escalating waiting lists.
- Implement the recommendations of the Inspector of Mental Health Services July 2023 report into CAMHS, including the independent regulation of CAMHS by the Mental Health Commission.
- Implement the recommendations of Families for Reform of CAMHS.
- Establish a National Workforce Task Force to address both the short term and medium-term needs of our Health and Social Care sector.
- Liaise between the Departments of Health and Higher Education so education places in the area of mental health match projected service needs.
- Work towards the full clinical and administrative staffing of CAMHS teams. This includes working towards the aim of establishing 16 CAMHS-Intellectual Disability teams. This will help to improve access, and reduce CAMHs waiting times.
- Expand CAMHS to cover young people up to age 25, in line with international best practice, and improve focus on early intervention.
- Resource teams dealing with early intervention in psychosis and ARMS (at risk mental state).
- Restore CAMHS bed capacity to 72, and move towards the necessary 115.
- Expand services for young people that do not qualify for CAMHS, including by resourcing primary care and community-based mental health teams provide a more comprehensive service.
- Increase investment organisations that specialise in youth mental health services to expand service provision.
- Ensure that mental health practitioners in the Community & Voluntary sector, including Section 39 workers, are paid fairly and accordingly for the work they are doing.
- Develop national standards of youth mental health services, driven by the regulation of CAMHS and Primary Care Psychology Services.

Perinatal and Infant Mental Health

Perinatal Mental Health

Perinatal mental health disorders are those which complicate pregnancy (antenatal) and the first postnatal year.

They include both new onset, and relapses or reoccurrences of preexisting disorders. Their unique aspect is their potential to affect the relationship between mother, child and family unit, with consequent later development of significant emotional and behavioural difficulties in the child.

In recognition of this, together with its awareness of the paucity of current services, the Mental Health Division included in its 2016 Service Plan a commitment to develop a Model of Care for the specialist component of a comprehensive perinatal mental health service response. This is in line with its responsibility for providing specialist mental health services.

Infant Mental Health

Infant Mental health refers to the developing capacity of the child from conception to three years of age to:

- Experience, regulate and express emotions
- Connect with and form relationships with peers and adults
- Explore their environment and learn

The relationships babies have with their primary caregivers are foundational to their mental health and development. Babies and infants develop largely through their relationships with their primary caregivers.

Research has shown that brain development is strongly influenced by the child's experiences of the world around them, and in particular their primary caregivers. Our brains are social and relational, and thus infants' brains develop through interactions with their primary caregivers (parents/carers). An infant who experiences prolonged trauma or other serious adversity is at risk of significant mental health difficulties in later life.

John Bowlby, the founder of Attachment Theory, wrote in a 1951 World Health Organization report that "if a community values its children, it must cherish their parents." The Irish Association for Infant Mental Health (I-AIMH) and the Psychological Society of Ireland's Special Interest Group in Perinatal and Infant Mental Health (SIGPIMH) believe a Mother and Baby Unit offers a unique opportunity to cherish, support, and foster the mental health of both parents and children in Ireland.

In Government, the Social Democrats will:

- Support the establishment of a national Mother and Baby Unit as recommended by the Psychological Society of Ireland's SIGPIMH and the I-AIMH, as well as its inclusion in the Revised Model of Care for Perinatal Mental Health Services in Ireland
- Continue funding for attachment-focused, trauma-informed child and family support services, such as Childhood Matters in Cork.
- Support emerging research into the adverse effects of excessive screentime on parenting and on children's social and emotional development in the context of increased use of smartphones and other technology.
- Support the implementation of this research into education, guidance and psychological interventions.

Education and Prevention

Integrating mental health services into schools can be highly effective. This includes not just counselling and support for students, but also training for teachers and staff in mental health first aid and awareness.

In Government, the Social Democrats will:

- Aim for a situation where, by the end of one term of government, all schools (primary and secondary) have access to at least one specialist emotional counsellor/therapist as a permanent member of the staff.

  This will begin with a local area team, first, before evolving to one per school.
- Reconstitute NEPS and expand it as the National Educational Psychological and Counselling Service (NEPCS) and mandate it to provide specialist Emotional Counselling and Therapeutic Supports, on site, in all primary and secondary schools.

  This will help schools dealing with complex needs that teachers are not qualified to deal with.
- Ensure that all secondary schools have a guidance counsellor, separate to referral access to educational and clinical psychologists.
- Continue to pursue general awareness campaigns on mental illness prevention, in schools, primary care, etc. with an emphasis on proactive mental wellbeing. This would include a self-care toolkit and web resources.
- Increase and update school SPHE education on mental health and wellbeing.
- Emphasise mental wellness as a spectrum within all public campaigns.
- Support the mental health of the population through lifestyle measures in other policies, including improved work-life balance.
- Promote mental health and wellbeing initiatives in the workplace.
- Ensure a focus on mental health in marginalised communities, including immigrants, the LGBTQI+ community, and the Traveller community.
- Ensure appropriate funding for mental health research.
- Develop a new national strategy on Suicide to replace *Connecting for Life* which expired several years ago.

Priority Groups

Sharing the Vision outlines a number of priority groups, which have specific requirements in the field of mental health.

There is a higher incidence of mental health difficulties among people from ethnic minority communities, the LGBTQI+ community, and in the prison population in Ireland than in the general population.

The problems are particularly pronounced amongst the traveller community, Ireland's indigenous ethnic minority who experience far poorer health outcomes when compared with the general population. For example, while travellers represent less than 1 per cent of the Irish population, 10 per cent of young adult male suicides are from members of the traveller community.

In Government, the Social Democrats will:

- Ensure that anti-discrimination and cultural competency training is provided for mental health staff.
- Endeavour to support LGBTQI+ competent service provision – including professional training and reviewing policies and procedures.
- Ensure treatment and care is LGBTQI+ sensitive.
- Conduct further research and evaluation of mental health services, ensuring continuous consultation with LGBTQI+ mental health service users.
- Promote the use of qualified and trained interpreters to support communication with migrant groups.
- Provide accessible written material in a variety of languages and formats.
- Involve individuals from ethnic minority groups, their family/friends/carers/supporters, and community members in the planning, improvement and review of programmes and services.
- Encourage the recruitment, where possible, of staff from ethnic minority communities and create a diverse staff at all levels of the mental healthcare services, reflecting where possible the demographic characteristics of the populations in the service area.
- Expand Social Inclusion services which provide mental health support and promote community integration for people who are homeless or at risk of homelessness, and to refugees and asylum seekers.
- Increase the mental health supports available to the prison population, addressing the inappropriate waiting lists and publishing and resourcing the implementation plan of the High Level Taskforce.

Other Priorities in Mental Healthcare

In Government, the Social Democrats will:

- Reinstate the Mental Health Bill 2024 to Dáil Committee Stage and progress the Bill to completion.
- Provide sufficient funding for the *Sharing the Vision* implementation plan.
- Grant additional funding for Community & Voluntary sector providers of mental health services.
- Resource National Clinical Programmes in Mental Health.
- Implement and operationalise the Youth Mental Health Pathfinder Project.
- Expedite the implementation of state regulation for counselling, psychotherapy, and psychology professions under CORU, ensuring high standards of practice, public safety, and addressing the critical risks associated with non-regulation.
- Fund an independent advocacy service for people with mental health difficulties.
- Recruit additional Clinical Nurse Specialists working on suicide crisis situations.
- Begin addressing the national shortfall of 832 acute psychiatric inpatient beds identified by the Specialist Group on Acute Bed Capacity.
- Introduce a VAT exemption for counselling and psychotherapy services.
- Reinstate the role of dedicated national lead for mental health in the HSE to ensure national oversight and accountability in developing mental health services.
- Make multi-annual funding the norm for HSE-funded, and other state-funded, organisations delivering mental health services.
- Explore policies that treat drug addiction primarily as a health issue rather than a criminal one, integrating addiction treatment more closely with mental health services.
- Improve the delivery of Digital Mental Health Services.

  Sweden is among the countries that has successfully implemented digital mental health services, providing online therapy and counselling. This can be particularly effective in reaching people in remote areas or those who might be reluctant to seek face-to-face help.
- Establish a framework for ongoing monitoring and evaluation of mental health services and funding impact.
- Regularly review and research into the effectiveness of mental health policies and practices can ensure that the Irish system remains responsive, effective, and in line with best practice.
- Study models from countries that have made significant strides in mental healthcare, adapting successful strategies to the Irish context.

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