



# Mental Health Reform

Promoting Improved Mental Health Services

## **Opening Statement for Joint Committee on Children, Equality, Disability Integration and Youth (CEDIY) Wednesday, 6<sup>th</sup> December 2023**

### **Introduction**

Thank you Chair for inviting Mental Health Reform (MHR) here today for this important session. My name is Ber Grogan and I am the Policy and Research Manager and I am joined by Neil Moore Ryan, mental health advocate and member of our Grassroots Forum. Myself and Neil will both contribute to this opening statement.

Mental Health Reform (MHR) is Ireland's leading national coalition on mental health with over 80 member organisations working for progressive reform of mental health services and supports in Ireland.

According to the Central Statistics Office (CSO) 2022, there are over 1.2M young people under the age of 18 living in Ireland (23.6% of the total population). Ireland also had the highest estimated proportion of children in the European Union (23.9%) in 2021. Thus, the wellbeing of young people needs to be a central focus for the Irish State.

Our Mental Health Policy defines dual diagnosis as the term used when a person experiences both a substance misuse issue and a mental health difficulty such as depression, anxiety or psychosis. Treatment options must address both. Dual diagnosis may also refer to someone who has a mental health difficulty alongside an intellectual disability, autism or both.

Key for MHR and our members is not to focus on terminology but to move towards services that are tailored to, and revolve around, the needs of children and young people, rather than expecting them to conform to existing structures. Too often young people end up slipping through the cracks, encountering service gaps that don't cater to their needs, or find themselves stuck on lengthy waiting lists, only to discover they've been waiting in the wrong queue or knocking on the wrong door all along.

There are three key areas that we would like to highlight today:

- 1. Early intervention and prevention;**
- 2. Accessing appropriate services; and**
- 3. The voice of lived experience.**

### **1. Early intervention and prevention**

Specialised services alone are not enough to support young people with mental health difficulties, including those with dual diagnosis. It is equally essential to scale up early intervention and prevention services, ensuring where possible that we are preventing the development of more complex and costly mental health difficulties. The voluntary and community sector plays a crucial role in the delivery of these services, including education, talk therapies, helplines and peer support.

Appropriate investment in prevention and early intervention services is needed to support children in the community and reduce the need for specialist care.

Our recommendation here is to:

- Invest in early intervention and prevention by providing sufficient funding to the vital Voluntary and Community Mental Health Sector.

## 2. Accessing appropriate services

CAMHS waiting lists have almost doubled since 2019<sup>1</sup>. In summer 2023, the figure was around 4,400 children and young people.

Concerns about CAMHS have been raised in the [Mental Health Commission's independent review reports](#), as well as in the earlier [Maskey Report](#). In February 2023, the Committee on the United Nations Convention on the Rights of the Child (UNCRC) expressed serious concerns about the inadequate and insufficient mental health services for young people in Ireland.<sup>2</sup>

*“Substance misuse services are not provided by CAMHS. The HSE provides two CAMHS consultant psychiatrist-led teams in North Dublin and South Dublin which provide substance misuse services to young people. CAMHS can refer to these services and also receive referrals from them. The service encourages self-referral by the young people themselves<sup>3</sup>.”* MHR acknowledges the announcement of funding for two dual diagnosis hubs for adolescents with substance misuse issues but remain concerned about when these will be operational.

Elements impacting on youth mental health span many Departments and at a service level a child can be working with several different agencies. As such, much improved strategic co-ordination of child/young person-centred care is needed both at policy level and at implementation level. This co-ordination is particularly important in light of the ongoing restructure from 9 Community Health Organisations (CHOs) to 6 HSE Health Regions. The aforementioned two dual diagnosis hubs we understand are being funded separately through mental health and then also through the National Drugs Strategy. We would welcome more information on these.

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<sup>1</sup> 92% increase between [Dec 2019](#) and March 2023 (PQ 23533/23)

<sup>2</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>3</sup> <https://www.mhcirl.ie/sites/default/files/2023-07/Mental%20Health%20Commission%20Independent%20Reviews%20of%20CAMHS%20services%20in%20the%20State.pdf>

Our recommendations here are:

- To urgently implement the youth mental health pathfinder project;
- Develop child/young person-centred care pathways; and
- Develop a central referral system drawing from the learning from the current pilot in CHO9.

### **3. The Voice of Lived Experience**

As we have seen in the news this year, there are unfortunately far too many people in this country who have poor things to say about CAMHS, a place that should be a safe haven for vulnerable young people and children. With the Oireachtas Committee being on the topic of CAMHS and Dual Diagnosis which are both pressing issues, particularly currently, I wanted to share my own experiences because I am the expert in my own experience.

My name is Neil Moore Ryan. I am a 23-year-old autistic woman who was engaged with a CAMHS service from around September 2017 to July 2018.

I struggled with self-harm and suicidal ideation and found the CAMHS team was a little flippant with their discussion of it. I very much felt that they didn't take it seriously and thought it was just for attention, an attitude I do not feel is appropriate for someone in their position to have. The doctors put me on Prozac which I was apprehensive about as I hadn't been on medication and didn't want to be, but they made me feel as though they couldn't engage with me and they wouldn't do the work I wanted if I didn't go on it. They raised my dose often.

In preparing for the Committee today, I spoke with other people who have accessed CAMHS services. Over-medication was a common issue among the people I spoke to. I spoke to people in preparing for today because every person is unique and every person deserves the best mental healthcare that they need, when they need it.

My voice is important here today because we are not just statistics. There are so many children and young people on waiting lists that I think it can become easy for politicians or service providers to forget that each of the 4,400 children and young people waiting are members of our families, friend groups, communities, schools, sports' teams and neighbourhoods. If we are at the point of accessing or trying to access CAMHS then we have already gone through a number of other steps to even get to the point of being on a waiting list. Imagine the hurt it causes to then be turned away because you also have autism, or an intellectual disability, or a substance misuse issue.

I want to finish by thanking the Oireachtas Committee for inviting Mental Health Reform to speak at this event. I also want to thank the people who spoke to me about their own experiences.

## **Conclusion**

In conclusion, Ber and I are very much looking forward to this afternoon's conversations. We are grateful to the Committee for examining this important topic.

Go raibh maith agaibh.

*For more information on any of the above content please contact Ber Grogan, Policy and Research Manager at [bgrogan@mentalhealthreform.ie](mailto:bgrogan@mentalhealthreform.ie) or at 083-0894186*

***The Scheme to Support National Organisations (SSNO) is funded by the Government of Ireland through the Department of Rural and Community Development***



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*Registered Charity Number: 20078737. CHY Number: 19958. Company Registration Number: 506850.*