



## **Joint Committee on Health and Sub-Committee on Mental Health meeting**

22<sup>nd</sup> September 2021

Mental Health Ireland (MHI) would like to thank the committee for the invitation to participate in the meeting today. We welcome the opportunity to discuss the significant need for investment in mental health and the need for support for people impacted by Covid19.

There was a huge mobilisation of mental health services and the entire health system in response to Covid19 and great agility was shown in many aspects of the health service to respond to the unprecedented challenge posed by the pandemic. The unstinting work of all those involved is very much appreciated. In the midst of Covid, the new mental health policy was launched. *Sharing the Vision* set out to reframe our understanding of mental health and how we can respond to the full spectrum of mental health need through harnessing the wide range of resources in the community and the health system. It acknowledges the range of determinants of mental health, from housing, to employment, to the physical environment and more, and influences across the lifespan from infancy, early childhood experiences through to later life. As a leading organisation in mental health promotion, MHI is fully committed to playing a strong role in the implementation of *Sharing the Vision*.

Covid19 provides an excellent analogy for understanding how we might respond to the spectrum of mental health need. We all became expert on a public health approach to a serious disease – how the most effective strategy was a population wide approach to avoid getting the disease. It brought home to us all, the power of small collective preventive actions in preventing serious illness and deaths ultimately ensuring that Covid would not overwhelm our hospitals. The effectiveness of the public health approach has long been recognised and underpins Sláintecare – accessing care at the most appropriate, cost-effective service level with a strong emphasis on prevention. In a prescient way, the mental health policy *Sharing the Vision* emphasised the importance of prevention and mental health promotion, broadening the base of the mental health system so that people can easily access support at the primary care level and in their local community, only escalating to a specialist mental health service when that is the level of support they require and not because it is the only source of support. A timely, appropriate response is essential to avoid potentially compounding mental health difficulties through long delays.

What does this mean in terms of our response to the mental health impact of Covid19? It means that we should respond to need as it arises in different individuals and in different

settings e.g., schools and workplaces. We know that the COVID-19 crisis has affected individuals' mental health in different ways resulting in loneliness, fear, trauma, unemployment, anxiety, increased alcohol consumption and increased domestic abuse.<sup>1</sup> These effects require responses from a range of services and agencies. Specialist mental health services are an essential element of the response for some, but certainly not for all individuals. The challenge in Ireland is that Covid 19 has landed on a mental health service that is already fragile and over-stretched. Broader based services in primary care settings and the community and voluntary sector all have an essential role to play. However, resources for 'mental health' have almost exclusively been directed towards specialist psychiatric services to the neglect of primary care mental health services. Mental health promotion and building resilience, the cornerstone of a public health approach, have not been seen as the core business of either mental health services or health promotion services and have not been resourced accordingly.

The choice here is not specialist mental health services *or* non-specialist services. Just as mental health needs exist along a continuum, so the response to this need requires a continuum of services. I will not revisit the requirements here, which are set out in detail in the Mental Health Reform Pre-Budget Submission<sup>2</sup>. Investment is needed to maintain existing levels of service *as well as* to develop the continuum of services recommended in *Sharing the Vision*. New capital investment is needed to build new acute mental health units (reflecting population growth and redistribution). Some essential elements of the system have never been built, for example, psychiatric intensive care units to enable safe and effective care to be provided for individuals with a high level of complex need. In Ireland we depend upon the Prison Services to respond to acute need. Opportunities can be maximised in other capital projects, such as in primary care centres, to co-locate mental health services which facilitates the provision of integrated care.

In terms of the government or state role in supporting mental health, where does responsibility lie? Of course, the Department of Health and the Health Service Executive have a central responsibility. But the Covid experience has demonstrated how an effective public health response requires many government departments and agencies to work together. Employment, Justice, Social Protection and others had a key role in dealing with Covid and in ensuring a societal and economic recovery as well as the recovery of individual health. The same is true for mental health. We know many factors have a role in determining and influencing a person's mental health and we need to become much better at working together. There are some examples to build on: the joint policy statement on *Housing Options for Older People*, developed by the Department of Health and Department of Housing; the *Make Work Pay* initiative of the Department of Social Protection, which

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<sup>1</sup> [https://www.g20-insights.org/policy\\_briefs/addressing-mental-health-needs-during-the-covid-19-pandemic-and-beyond/](https://www.g20-insights.org/policy_briefs/addressing-mental-health-needs-during-the-covid-19-pandemic-and-beyond/)

<sup>2</sup> <https://www.mentalhealthreform.ie/wp-content/uploads/2020/08/Mental-Health-Reform-Pre-Budget-Submission-2021-Final.pdf>

brought about welcome changes in benefits and work. Over the past year Mental Health Ireland employed 80 people with lived experience of mental health difficulties. But more needs to be done for people with mental health difficulties who have fluctuating conditions, so that there is a flexible approach to supports increasing and decreasing as a person's needs change. Modern and sophisticated Social Protection systems need to better accommodate this reality in people's lives.

Looking positively to the future, we can use the opportunity provided by Covid to build a mental health support system that Irish people can be proud of. What might this look like?

- An equitable mental health support system – access based on need not ability to pay with an equitable distribution of resources across the country. This will require an allocation mechanism that takes account of dynamic population growth, social deprivation well as changing demographics and other needs.
- A Co-produced mental health system, actively involving people with lived experience, families and supporters in the design, delivery and evaluation of mental health services.
- A broader based mental health 'system' – with resources allocated to build existing services as well as broadening service provision to provide a full continuum of mental health supports in primary care and in the community and voluntary sector.
- An agile and innovative mental health system, building on the use of e-mental health supports which played such a crucial role during the pandemic, while recognising that e-mental health is another tool and not a substitute for face-to-face interaction which is the cornerstone of delivering high quality mental health support.
- A mental health system that provides good value for money, with long-standing existing services subject to the same scrutiny as new initiatives, with the confidence to decommission services that are no longer fit for purpose.
- An outcome focused mental health system, with multi-annual budgets directed towards achieving the outcomes of *Sharing the Vision* and using funding mechanisms to incentivise integrated cross-department and cross agency working.
- An implementation focused mental health system. One of the reasons why implementation doesn't happen in this country is that the implementation process itself is not resourced. The multiple activities that comprise 'implementation' don't happen by magic. They have to be managed in a proactive, skilled way and resourced so that they happen. A strong implementation structure and some initial resources for *Sharing the Vision* has been put in place and this is very welcome. A fully costed ten-year plan is now needed to steadily build the existing services and expand to ensure a broader based mental health system.
- A system with a credible workforce plan which includes retooling and refreshing the skills amongst the existing workforce who have shown their commitment to the sector.

We know from our experience with Covid that we can do this. When faced with a big enough challenge the individuals and systems involved rose to the challenge and overcame it. We need to bring the same energy, resources and effort to improving mental health for all.

Mental Health Ireland is hopeful for a better future, we must now decide to grasp this opportunity.

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Mental Health Ireland