



**Submission to the Special Committee on Covid-19 Response:  
The impact of COVID-19 on mental health in Ireland**

**July 2020**

*Mental Health Reform is Ireland's leading national coalition on mental health. With over 75 member organisations we work together to drive progressive reform of mental health services and supports in Ireland.*

## 1. Background/ context

- 1.1. The United Nations (UN) has warned that the COVID-19 pandemic “risks sparking a major global mental health crisis”.<sup>1</sup> In its mental health policy brief on COVID-19 and mental health, it further reported that higher-than-usual levels of symptoms of depression and anxiety have already been recorded in various countries. While protecting physical health and preventing further spread of the virus has been the primary concern during the first months of the crisis, it is also having a fundamental impact on the mental health of whole societies and communities. More specifically, the World Health Organisation (WHO) has identified that “the isolation, fear, uncertainty, and the economic turmoil [of the current pandemic] could cause psychological distress, and we could expect to see an upsurge in the severity of mental illness, including among children, young people and healthcare workers”.<sup>2</sup>
- 1.2. Certain groups of individuals who may experience particular mental health challenges brought on by the crisis, include the vast numbers of people who have lost, or are at risk of losing their jobs, individuals who have been separated from loved ones or have suffered under drastic lockdown orders, in addition to healthcare workers and first responders who are operating under tremendous stress. Others may include children and young people who are being kept out of school, women who face heightened risk of domestic abuse, older people, and individuals with pre-existing mental health difficulties. At the beginning of the crisis, the WHO identified that in populations already heavily affected by the pandemic, issues of service access and continuity of care for people with existing mental health difficulties are of major concern.
- 1.3. The longer-term socio-economic impact of the crisis is likely to exacerbate the financial inequalities that contribute towards the increased prevalence and disproportionate distribution of mental health difficulties, in addition to intensifying the social and economic inequalities faced by people with pre-existing mental health difficulties, in areas such as poverty, unemployment, housing and education.<sup>3</sup> The Institute for Fiscal Studies (IFS) has stated that the economic downturn resulting from the COVID-19 pandemic “will have

---

<sup>1</sup> RTE News. (2020, May 14). UN warns of global mental health crisis due to Covid-19 pandemic. *RTE News*, Retrieved from <https://www.rte.ie/news/world/2020/0515/1138301-pandemic-mental-health-crisis/>.

<sup>2</sup> Rourke, A. (2020, May 14). Global report: WHO says Covid-19 'may never go away' and warns of mental health crisis. *The Guardian*, Retrieved from <https://www.theguardian.com/world/2020/may/14/global-report-who-says-covid-19-may-never-go-and-warns-of-mental-health-crisis>.

<sup>3</sup> The Mental Health Foundation. (2020). *The COVID-19 Pandemic, Financial Inequality and Mental Health: A briefing from the “Coronavirus: Mental Health in the Pandemic” Study*. MHF. Retrieved from <https://www.mentalhealth.org.uk/sites/default/files/MHF-covid-19-inequality-mental-health-briefing.pdf>.



significant consequences for people's [mental] health outcomes in the short and longer term."<sup>4</sup> The negative effects of economic recessions on people's mental health are already well-evidenced.

- 1.4. As reported by the UN, even when the pandemic is brought under control mental health difficulties will continue to severely affect people and communities. The [UN's Policy Brief on Mental Health](#) has included clear recommendations on the need for a significant increase in investment in areas such as psychological supports and emergency mental health care and supporting recovery from COVID-19 by building mental health services for the future. In a position paper published in the Lancet, a multi-disciplinary panel of 24 world-leading experts, including people with lived experiences of a mental health difficulty, proposed a list of priorities for mental health research during (and after) the COVID-19 crisis. These priorities include (but are not limited to) research examining the effect of COVID-19 on risk of anxiety, depression, and other outcomes, such as self-harm and suicide in the general population. Furthermore, research examining the mental health consequences of the COVID-19 lockdown and social isolation of vulnerable groups (including those with pre-existing mental health difficulties), and how these consequences can be mitigated under pandemic conditions is highly recommended.
- 1.5. The current situation is compounded by the decades of neglect and under investment in mental health services, as reported by UN Secretary-General Antonio Guterres. Similarly, the WHO has stressed that issues of mental health service access and continuity of care for individuals is a major concern. In Ireland, the pandemic has exposed the underdevelopment of many aspects of our mental health system, including staffing and IT infrastructure, which is having a serious impact on issues of accessibility and continuity of care. The Covid-19 pandemic has further exposed the fragility of the mental health sector and the deep fault lines that have existed for decades in the state's response to addressing the mental health needs of particular groups of individuals, such as those with a dual diagnosis of addiction and mental health difficulties, people experiencing homelessness, individuals from ethnic minority groups, including members of the Traveller community and many others.
- 1.6. In Ireland, it is imperative that mental health is a central part of the Government response to the COVID-19 pandemic and that our services have the capacity to cope with the additional strain they are now under and will continue to be under into the future. The unprecedented impact the pandemic is having on mental health requires a proportionate and unprecedented response from our Government, in order deliver essential services and to protect people's lives.

---

<sup>4</sup> The Institute for Fiscal Studies. (2020). *Recessions and health: The long-term health consequences of responses to coronavirus*. IFS. Retrieved from <https://www.ifs.org.uk/uploads/BN281-Recessions-and-health-The-long-term-health-consequences-of-responses-to-COVID-19-FINAL.pdf>.



## 2. Impact on mental health and mental health services & supports in Ireland

- 2.1. Research carried out in April 2020, found that there has been a sharp decline in mental wellbeing in Ireland during the COVID-19 crisis.<sup>5</sup> Other Irish research carried out by Amárach on behalf of the Young Social Innovators has found that over half of young people in Ireland say they are feeling anxious, stressed or depressed due to the coronavirus pandemic.<sup>6</sup> Findings of a survey carried out on the impact of COVID-19 on mental health has revealed that, at a minimum, one-third of people in the Irish population are experiencing serious mental health difficulties during the pandemic.<sup>7</sup> Of note, young adults and women more generally are exhibiting worryingly high levels of depression, anxiety, and post-traumatic stress disorder.
- 2.2. Since the crisis began, there has been an increase of 44% in contacts to SpunOut, the online youth information organisation, with numbers of young people getting in touch due to anxiety and stress increasing by 100%. In addition, there has been a tenfold growth in people seeking online counselling through MyMind, a provider of online and face-to-face mental health services. Of these, 35% are seeking support for anxiety and stress and up to 20% making appointments to seek assistance with depression.<sup>8</sup> The Samaritans have reported an increase in the frequency of conversations about callers' existing mental health difficulties being exacerbated and the lack of access to mental health supports since the pandemic began. Overall, there is an increased need for mental health supports, with higher levels of distress and support needs among callers, and a decrease in accessibility.<sup>9</sup>
- 2.3. On 1<sup>st</sup> July 2020, Mental Health Reform published research that demonstrates significant public demand for greater action from Government and its agencies to respond to the mental health impact of the COVID-19 pandemic. The research was the result of a collaboration between Mental Health Reform and the COVID-19 Psychological Research Consortium (C19PRC), a group of mental health researchers from universities in the United Kingdom and Ireland who are conducting projects to understand the mental health effects of the pandemic. Mental Health Reform collaborated with the C19PRC on the second wave of the survey, carried out between April and May of this year by designing questions specifically aimed at people who use the mental health services in Ireland, as well as questions examining the attitudes of the general population towards the Government's response to the mental health

---

<sup>5</sup> Amárach Research. (2020). *Emotional Wellbeing in a Pandemic: An Amárach Report*. Department of Health. Retrieved from <https://amarach.com/assets/files/mental-health-and-wellbeing-during-a-pandemic.pdf>.

<sup>6</sup> Amárach Research (2020). *Covid-19 Youth 'Check In' Survey*. Young Social Innovators. Retrieved from [https://www.youngsocialinnovators.ie/images/uploads/inner/content/YSI\\_COVID19\\_Youth\\_Check-In\\_Survey\\_Report\\_.pdf](https://www.youngsocialinnovators.ie/images/uploads/inner/content/YSI_COVID19_Youth_Check-In_Survey_Report_.pdf).

<sup>7</sup> Mental Health Reform. (2020). *Responding to the Mental Health Impact of COVID-19*. Mental Health Reform. Retrieved from <https://www.mentalhealthreform.ie/wp-content/uploads/2020/06/Responding-to-the-Mental-Health-Impact-of-COVID-19-Report-July-2020.pdf>.

<sup>8</sup> Retrieved from <https://www.gov.ie/en/press-release/729f22-minister-for-health-announces-additional-investment-in-online-mental/>.

<sup>9</sup> Harma, L. & C. Moore. (2020, July). *Covid 19 – What are callers and volunteers telling us?* Presented at Mental Health Reform webinar.



impact of the pandemic.<sup>10</sup> Among the 7% of participants who took part in this survey and use mental health services, the following was reported<sup>11</sup>:

- Over 50% of participants reported that the COVID-19 pandemic has had a negative or very negative impact on their mental health and well-being generally.
- Almost 40% of participants reported that the COVID-19 pandemic has had a negative or very negative impact on the quality of mental health service they receive.
- Over 45% of participants reported that they would be less likely to attend community mental health services for support with their mental health difficulty, if needed.
- Almost 60% of participants reported that they would be less likely to attend an emergency department for support with their mental health difficulty, if needed.

2.4. Of the total sample of participants who completed the survey -

- Less than 25% of participants agreed or strongly agreed that the Government has done enough to address the impact of the COVID-19 pandemic on mental health.
- Almost 70% agreed or strongly agreed that mental health and well-being should be a priority in the Government's response to the COVID-19 pandemic.
- Almost 80% agreed or strongly agreed that mental health services require additional resources to deal with the impact of the COVID-19 pandemic on mental health.
- Almost 80% agreed or strongly agreed that charity and voluntary organisations require additional resources to deal with the impact of the COVID-19 pandemic on mental health.

2.5. Of particular concern, many participants to the survey who already use mental health services reported that they were no longer accessing treatment and/or were less likely to seek help from a GP, community mental health services, charity and voluntary organisations or an emergency department during the COVID-19 pandemic, even when needed. Not only do these findings indicate that the current crisis may be exacerbating existing mental health difficulties for many people engaged with mental health services, they also suggest a pent up demand for services and supports amongst a substantial proportion of these individuals, which may place increased strain on mental health services going forward. The views of the general population towards the Government's response to the mental health impact of the pandemic were consistent and strongly suggest that there is broad support for greater action from Government and its agencies to manage the mental health impact of the pandemic. This includes a significant boost in resources for mental health services and supports.

2.6. A third wave of this survey is planned for the near future and Mental Health Reform will continue to collaborate with the C19PRC to ensure that the views and experiences of people who use the mental health services are heard in these challenging times. For more information on this research please find a copy of Mental Health Reform's summary here -

---

<sup>10</sup> The first wave of the survey took place between March 31st and April 5th during the first week of the nationwide lockdown.

<sup>11</sup> The findings presented below are based on the responses of the 7.0% (n=72;) of wave two participants who reported that they were currently receiving treatment for a mental health difficulty from a mental health service provider. A total sample of 1,032 participants completed the wave two survey.



<https://www.mentalhealthreform.ie/wp-content/uploads/2020/06/Responding-to-the-Mental-Health-Impact-of-COVID-19-Report-July-2020.pdf>.

#### Case study – Feedback from MHR’s Grassroots Forum

At the end of April 2020, Mental Health Reform consulted with members of its Grassroots Forum, made up of people with experience of using the mental health services in Ireland, as well as family members, carers and supporters. Members of the Forum spoke strongly on the emergence of new mental health difficulties and the exacerbation of existing mental health difficulties across their communities and networks. This was followed by a discussion on the need for enhanced mental health services and supports to meet growing demand and complexity of need. Some members spoke in-depth about the sense of isolation that has arisen for many people with mental health difficulties due to the pandemic, as mental health services, supports, and community resources that many individuals rely upon, became less available and accessible during the crisis. This lack of connectedness will inevitably have a profound impact on the mental health of many individuals across society. Other members spoke of the scaling back or closure of mental health services during this challenging time. Of particular concern, were issues raised about the lack of contact between services and individuals using services in certain areas, in addition to the absence of information by services on other supports, including those provided online that could be utilised in the interim.

### 3. Feedback from Mental Health Reform’s membership

3.1. Between May and June 2020, Mental Health Reform collected data via a survey to examine the impact of the COVID-19 pandemic on its member organisations.<sup>12</sup> The survey included questions relating to funding, demand for service, capacity to deliver services, staffing and volunteers, and satisfaction with the information provided by Government and its agencies. Among the findings of the survey include:

- 35% of participants described that the COVID-19 pandemic had a negative impact on their organisation’s earned income/fundraising over the last month.
- Almost 50% reported they had not received assurances from the relevant department(s) and/or agencies that their funding would remain in place for the remainder of the funding grant.
- Over 75% reported that the COVID-19 pandemic has caused their organisation to withdraw services that they normally provide.
- Almost 50% indicated that the COVID-19 pandemic has increased demand for the services and supports their organisation provides.
- Going forward, 80% expect an increase in demand for the services and supports their organisation provides.

<sup>12</sup> All 75 MHR member organisations were invited to complete the survey online. In total, 42 valid responses were received (response rate: 56%).



- 3.2. Further information on this survey can be provided on request. The data provided will be followed by a series of surveys over the coming months to monitor and report on the impact of the current crisis over time.
- 3.3. Mental Health Reform has also completed a number of online consultations with its members and advisory groups to explore the impact of the current crisis on people's mental health, on mental health services and supports and the wider mental health sector. Representatives from mental health, addiction, ethnic minorities, homelessness, criminal justice and child and youth groups participated in these consultations and provided hugely valuable feedback. Among the key points raised include:
- The significant impact on mental health (including exacerbation of existing mental health difficulties and the emergence of new mental health difficulties).
  - The mental health impact on particular groups of people, including children and young people, frontline health workers, people from ethnic minority groups (among others) and the need for a tailored response to such groups.
  - Increased demand on C&V sector mental health services and supports.
  - The rapid response from the C&V sector to reshape their services and shift from physical to remote service delivery.
  - The associated challenges in delivering online supports (including for example, reduced staff capacity, difficulties for certain groups of people in engaging online e.g. older people, lack of IT expertise, and a general lack of supports and resources).
  - The long-term implications of remote service provision. There was broad based consensus that online supports should not replace face-to-face services as the first and only option. There should be a blended approach whereby, both online and face-to-face supports are made available.
  - Access issues to online supports for particular groups of people (e.g. members of the Traveller community due to poor wifi across Traveller accommodation; people experiencing homelessness due to lack of smart phones and/or credit; and people in prisons due to a lack of IT).
  - Lack of assurances and clarification from State departments and agencies with respect to current and future funding commitments for C&V sector groups.
  - Significant losses in fundraising and earned income for C&V groups (e.g. due to cancellation of large fundraising activities).
  - Delays in the national roll out of online supports across public mental health services (largely due to a lack of IT equipment across the system and network issues).
  - Scaling back and/or suspension of certain public mental health services (this has been reported in relation to primary care psychology, child and adolescent mental health services and admissions to acute care and in particular with respect to admissions for people with eating disorders).
  - Lack of continuity of mental health care in the community.
  - Lack of a 'joined up' approach in the development and provision of information on COVID-19 across different Government departments and agencies which can lead to inconsistencies and confusion for service users and other stakeholders.



- The socio-economic implications of COVID-19 on individuals with, or at risk of mental health difficulties, and in particular with respect to poverty, housing and unemployment.
- The fundamental requirement for increased investment in mental health services and supports, now and in the aftermath of the COVID-19 pandemic.
- The need for a cross departmental and inter-agency approach to responding to the mental health impact of COVID-19.

### **Emergence of eMental Health**

Mental Health Reform is the Irish partner in an EU-funded eMental Health project. The eMEN project brings together a range of key stakeholders across North West European countries (Netherlands, France, Germany, UK, Belgium and Ireland) aiming to promote the development and implementation of eMental Health. In recent years, the demand for mental health services has been growing in the NWE countries and in the other EU member states. Anti-stigma campaigns and socio-economic and other pressures are leading to greater numbers of individuals coming forward for help. Mental health service resources have not been able to keep pace and service capacity has been under pressure.

This results in growing waiting times for people in need of support as well as a large treatment gaps reflected in the many people who never receive any treatment. It is likely that such pressures will continue to grow in light of increased demand and associated strains on mental health services due to the current COVID-19 pandemic. eMental Health, has for some time been part of the solution to growing demand and has come to the fore as a helpful approach in the context of the COVID-19 lockdown and social distancing. eMental health interventions can play an important role in addressing mental health aspects of the crisis and ensuring individuals (adults and children) can continue to access vital mental health supports.

Mental Health Reform has identified a number of solutions for how eMental health can contribute to Ireland's response to an increasingly likely national mental health crisis. Activities completed to date include development and publication of guidance on telemental Health for mental health services and practitioners, in addition to the role of the third sector in eMental health innovation and service provision in Ireland. Mental Health Reform has also facilitated webinars for practitioners on the possibilities of eMental health during and in the aftermath of COVID-19 and is collaborating with a number of key stakeholders on implementation of potential solutions going forward.



#### 4. Actions taken by Government to date

- 4.1. A number of measures have been taken by Government in recent weeks in response to the mental health impact of the COVID-19 pandemic. Some of these measures include:
- An announcement by then Minister for Health Simon Harris of an additional €1.1 million investment in online mental health supports to help people, especially health services staff, manage their mental health during and following the COVID-19 pandemic.
  - A commitment from then Minister of State for Mental Health & Older People, Jim Daly that the HSE will maintain its service level agreements with community and voluntary (C&V) sector groups delivering mental health supports, and existing funding commitments will remain in place.
  - Launch of the 'In this Together' campaign which is aimed at helping everyone in Ireland stay connected, stay active, and look after their mental wellbeing during the COVID-19 emergency.
  - Publication of Ireland's new mental health policy, 'Sharing the Vision' – A Mental Health Policy for Everyone. This will be discussed in further detail below.
- 4.2. Additional actions which may prove beneficial to the mental health sector, include the new COVID-19 Stability Scheme for Community & Voluntary Organisations, Charities and Social Enterprises by Pobal and the Social Innovation Fund Ireland's stability and innovation grants. The recent establishment of the Oireachtas Special Committee on COVID-19 Response will also be instrumental in addressing the mental health impact on Ireland's population.

#### 5. Key recommendations for action

- 5.1. As the national coalition on mental health, Mental Health Reform is well placed to represent the views and experiences of its member organisations, as well as people with, or at risk of mental health difficulties during this unprecedented time. Following extensive consultation with its membership, advisory groups and other key stakeholders, including the Department of Health and the HSE, Mental Health Reform is calling on the Government to:

##### **1: Ensure easy access to mental health services and supports for everyone who needs them**

- a) Ensure easy access to mental health services and supports across a continuum of care from primary, community, acute and specialist services for people who need them. This involves providing for new emerging mental health need, as well as supporting individuals with existing mental health difficulties.
- b) All mental health services must be adequately staffed and resourced to continue to provide mental health services and supports to everyone who needs them, including through the use of e-mental health and other tele-supports where appropriate.
- c) Crisis mental health services should be provided on a 24/7 basis in each community across Ireland.





- d) E-mental health infrastructure must continue to be rapidly scaled up across statutory, C&V services to meet demand of the general population and of those already involved in mental health services.
- e) There must be an immediate human rights assessment on the impact of COVID-19 measures and regulations on people who are in hospital for mental health care and treatment and for those individuals who live in HSE supported accommodation.
- f) All Government departments and agencies, including the HSE, must provide clarity that they will honour existing funding commitments for services being delivered by the C&V sector and acknowledge the rapid and innovative response of organisations to meet changing demand.

## **2: Plan for the mental health impact of COVID-19 towards the future**

- a) The Government must improve measures to enhance the mental health and wellbeing of Ireland's population through promoting factors that protect people's mental health and reducing the risk factors of poor mental health, including in areas such as income, employment and housing.
- b) Immediately commence implementation of Sharing the Vision, Ireland's new mental health policy. The new policy framework should support the cohesive development of a recovery plan for mental health during and in the aftermath of COVID-19. This should be published within six months and include the socio-economic impacts of the COVID-19 pandemic on people with, or at risk of mental health difficulties. This will require an effective cross departmental and inter-agency response.
- c) Immediately establish the National Implementation and Monitoring Committee tasked with overseeing implementation of Sharing the Vision.
- d) Develop a fully costed implementation plan for 'Sharing the Vision' in 2020, to be delivered in full throughout the life of the government, to ensure this 10-year policy is resourced and implemented consistently year on year from the beginning to its conclusion.
- e) Publish the draft legislation to update the Mental Health Act, 2001 to support planning for mental health services towards the future and to reassure people and restore confidence that mental health services will adequately protect their rights.
- f) Lessons from the first wave of the COVID-19 pandemic should be drawn upon to ensure the continued delivery of essential mental health services, including through e-mental health infrastructure, if and when a second wave of the pandemic occurs.

## **3: Measure, monitor and report on the mental health impact of COVID-19 across the population**

- a) The Government must measure, monitor and report on the mental health impact of the COVID-19 pandemic across the whole population and among particular groups of people, including those with pre-existing mental health difficulties.



**Emergency Measures in the Public Interest (Covid-19) Act, 2020  
(Part 5 as it relates to the Mental Health Act, 2001)**

Overall, there has been an acknowledgment by MHR that these extraordinary measures have been introduced during extraordinary times. The fact that the physical tribunals will default to remote tribunals is positive and where a one-person tribunal is established, it is the optimum that can be achieved during this time. It must be acknowledged however, that there may be significant challenges associated with the newly proposed system, including:

- challenges for solicitors and barristers in undertaking one person, paper based reviews
- identifying issues arising from in-camera reviews
- ensuring the person's voice is effectively heard throughout the process

It is essential that these amendments do not remain in place any longer than necessary (taking account of the sunset clause within the legislation) and are kept under constant review by the Government and the legislature.

- 5.2. Ireland's new mental health policy, Sharing the Vision, sets out a number of fundamental shifts for Ireland's mental health system. The policy sets out a progressive framework for delivering better mental health services. If properly resourced and delivered this policy can have a transformative impact on our mental health system, meaning people can get access to the support they need in their community to achieve their best possible mental health. The policy, which has a much greater focus on mental health promotion, prevention and early intervention and highlights the need to enhance the capacity of community and primary care is hugely relevant to addressing the impact of the current pandemic on mental health.
- 5.3. With respect to the current Programme for Government, Mental Health Reform are very encouraged to see commitments to implement the new policy. However, it is a huge concern that no funding commitments have been made, and these must immediately follow. Delivering the new mental health policy will require strong political leadership, consistent funding and a whole of government approach, so that issues do not fall between the cracks. Core to the implementation of the new policy is the immediate establishment of the National Implementation and Monitoring Committee to ensure full implementation of the policy and in effect the delivery of a modern and progressive mental health system.

## 6. Conclusion

Mental Health Reform is available to meet and discuss the content of this document at any point. Please contact Kate Mitchell, Senior Policy and Research Officer at 086 024 5409 or via email at [kmitchell@mentalhealthreform.ie](mailto:kmitchell@mentalhealthreform.ie) for further information.