

# DÁIL ÉIREANN

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## AN FOCHOISTE UM MEABHAIRSHLÁINTE

## JOINT SUB-COMMITTEE ON MENTAL HEALTH

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*Dé Máirt, 14 Meán Fómhair 2021*

*Tuesday, 14 September 2021*

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Tháinig an Comhchoiste le chéile ag 12.30 p.m.

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The Joint Committee met at 12.30 p.m.

Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	Seanadóirí / Senators
Neasa Hourigan,	Martin Conway,
Gino Kenny,	Aisling Dolan.
John Lahart.	

I láthair / In attendance: Deputy Pat Buckley.

Seanadóir / Senator Frances Black sa Chathaoir / in the Chair.

## **Impacts of Covid-19 on Mental Health Services: Discussion**

**Chairman:** I welcome everyone. Apologies have been received from Deputy Ward and Senator Hoey. Unfortunately, there has been a clash of meetings.

We are meeting the Minister of State with responsibility for mental health and older people, Deputy Butler, to provide the sub-committee with an update on the provision of mental health services and how they have been impacted by the pandemic. I remind members that we will engage with officials from the HSE on Tuesday, 21 September to discuss the closure of the Owenacurra centre.

I welcome the Minister of State with responsibility for mental health and older people, Deputy Mary Butler, and her officials. Members are reminded of the long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against either a person outside the Houses or an official either by name or in such a way as to make him or her identifiable. I remind them that they are only allowed to participate in this meeting if they are physically located in the Leinster House complex. In this regard, I ask all members prior to making their contributions to the meeting to confirm that they are on the grounds of the Leinster House campus. I call on the Minister of State to make her opening remarks.

**Minister of State at the Department of Health (Deputy Mary Butler):** I am grateful for the invitation to be here today. I confirm I am in my office on the Leinster House campus.

The pandemic has undoubtedly had a serious impact on the delivery of all public services, including mental health services. We have relied on our national solidarity and the dedication and commitment of healthcare workers nationwide to keep going during this difficult time. Now we hope we are at the beginning of the end. The Government is planning for how we can get back to some sort of normality. As Minister of State with responsibility for mental health, I am acutely aware that our services may be needed more than ever over the coming period. Throughout the pandemic with the necessary adaptations, specialist mental health services continue to operate at approximately 85% to 90% capacity. In addition, expanded and enhanced digital services are crucial in responding to existing and emerging needs. The HSE supported many NGO partners to do this, including the delivery of 24-hour services. This means that the HSE is able to offer more blended mental health services to meet the evolving, often complex, needs of people seeking or accessing supports.

Service innovation has been matched with financial commitments, with the largest mental health budget on record in 2021 of more than €1.1 billion. I have been working closely with the agency on ensuring that the budget, including the €23 million for implementation of many of the short-term recommendations in Sharing the Vision, is spent in full. Many of the recommendations have been significantly progressed, including in the areas of mental health promotion, digital mental health, perinatal mental health services, the national mental health clinical programmes and reform of the Mental Health Act. I am also fully committed to ensuring further financial commitments to the development of mental health services in 2022.

At a very practical level, I want to see expanded and enhanced services available and delivered to those who need them most, where they need them and when they need them. It is vital

that these services are delivered in accordance with our national mental health policy, Sharing the Vision, which provides the framework for future development of our mental health system.

There have been a number of recent developments in the area of out-of-hours supports, including the selection of Waterford as the first proposed pilot site for a crisis resolution team. Other sites will join the pilot testing in 2022. Construction works commenced on the crisis house in Clonmel yesterday. Establishment of child and adolescent mental health services, CAMHS, tele-hubs are progressing. Last month I officially opened a community café in Galway. All of these provide innovative, alternative out-of-hours services, which I expect to be rolled out nationally.

In the area of child and youth mental health, a specialist group has been established as part of the national implementation and monitoring committee on Sharing the Vision. Work is ongoing to recruit 29 additional staff for CAMHS this year. Last month I announced €4 million to reduce the number of under 18s waiting more than 12 months to access primary care psychology. There is also a need to develop a sustainable primary care psychology service in the longer term through multi-annual funding and recruitment of additional permanent staff. This will be considered as part of 2022 Estimates.

It is planned to open a new state-of-the-art national forensic mental health service in Portrane very soon. There have been delays with this facility, but we are almost there.

Significant work has progressed on the national mental health clinical programmes, with three new mental health models of care launched in recent months in the areas of mental health and intellectual disability, adult attention deficit hyperactivity disorder, ADHD, and talking therapies. Advancements in the national clinical programme for eating disorders will mean three new specialist eating disorder, ED, teams, and the completion of the three existing teams by the end of the year. All six main hub sites are in operation and all 13 spoke sites now have mental health midwives in place under the national clinical programme on specialist perinatal mental health services.

In the area of dual diagnoses, a national clinical need and a programme manager have been appointed. They have quickly established a multidisciplinary working group to finalise the model of care and develop pilot sites to start the programme.

I am also very pleased that the draft heads of a Bill to amend the Mental Health Act in full were published in July. Reform of the Act will ensure that the rights of people who need inpatient mental healthcare and treatment are fully vindicated. The heads of the Bill have been sent to the Oireachtas Joint Committee on Health for prelegislative scrutiny. A formal Bill will be drafted by the Office of the Attorney General. I am very keen, as are my officials, to ensure that this legislation is introduced to the Oireachtas as soon as possible.

I know it is often said but I must restate my view that our mental health services are operating well to a large degree. There is great work happening in our communities where our dedicated healthcare workers are keeping people safe and where people, whoever they are and whatever the nature of their difficulties, are getting the help they need. At the same time, I am aware that we must continue to do more. We must maintain and increase the momentum. We have to keep developing, innovating and managing change. I am passionate about our mental health services and I believe that we have it within our grasp to make them exceptional.

I thank the committee very much and I am happy to take any questions.

**Chairman:** Gabhaim buíochas leis an Aire Stáit.

**Deputy Neasa Hourigan:** Good afternoon. I am very happy to see the Minister of State, Deputy Butler, at the meeting today. I am delighted to see the mental health Bill moving ahead. It will be a major piece of work this year for the Government and an incredibly important one. There is so much to say, and I know that other people wish to speak as well, so I will probably bounce it around a little bit, and I hope that is okay.

In her submission today, the Minister of State mentioned adult ADHD and I wish to do a deeper dive into this. I am aware that this was announced in January of this year. At the time the statement mentioned that we need to staff the ADHD teams and that there was a need to set them up in a number of sites and community health organisation, CHO, areas. Could we get an update of where we are with that?

**Deputy Mary Butler:** I thank the Deputy for the question and for her interest in mental health. I am aware that she has a profound interest in this area. It is not the first time the Deputy has asked questions relating to it.

The ADHD adult programme has received €1.3 million to date for three demonstration sites that are in the CHO 1 of Donegal, Sligo and Leitrim, CHO 3 of Limerick and CHO 6. The teams are not yet fully staffed. To date, as I said, the programme has received €1.3 million in funding. The HSE believes that €5 million in funding would allow for national coverage and 11 teams would be required to provide national coverage. A business plan for 2022 requesting €2.26 million has been submitted in the Estimates. The national clinical programme is working on developing an app to support patients, which will help provide support for regions with less coverage.

We are at a very early stage and admit that there is a lot of work and planning to do. We have been challenged with staff recruitment this year and there were special challenges with the cyberattack. There are five clinical programmes and I will be pushing extremely hard for these within the Estimates process. We have fantastic clinical programmes but if they are not funded multi-annually then we cannot deliver them. I give the Deputy a guarantee that I will be pushing hard on all of the clinical programmes. That is the update at the moment.

**Deputy Neasa Hourigan:** That is good to hear. With regard to staffing of those posts, is it the case that they have been advertised and not filled or that they have not yet been advertised?

**Deputy Mary Butler:** My understanding is that the clinical programmes have been advertised but unfortunately, as we all know, recruitment of staff across the HSE can take up to 50 weeks. When someone applies for a post sometimes that person's current post has to be backfilled before he or she is released. This has created challenges. The leader of the clinical programmes, Dr. Amir Niazi, whom I met only last week to discuss all the clinical programmes, is working really hard in relation to recruitment.

**Deputy Neasa Hourigan:** I will stay on the issue of recruitment for a moment because I am very interested in the establishment of a national psychology placement office and workforce planning. In the past year, this committee and the Joint Committee on Health have heard a number of times about difficulties with workplace planning, moving people up through placements and the retention of trainees. Could we get an update on the establishment of the national psychology placement office?

**Deputy Mary Butler:** Dr. Dodd will be able to give us an update on that. I will then re-

spond on the issue of psychology.

**Dr. Philip Dodd:** The report generated by the HSE seeking the establishment of a national psychological placement office and workforce planning is under consideration by the Department of Health. It is associated with issues in other sectors of government as well, including justice and education. It is under consideration.

**Deputy Neasa Hourigan:** I would like to understand a little better the movement between the two Departments. Some of the staff involved in generating the report in question are in the disability services. I believe the chair was the head of disability services. The disability side has not completely switched over to the remit of the Minister of State, Deputy Rabbitte. Does that pose a difficulty with regard to the psychology report and moving ahead with the workplace planning issue?

**Dr. Philip Dodd:** The group in question was commissioned by HSE human resources and it was tasked to Dr. Cathal Morgan to chair it. Despite being the assistant national director for disability operations, Dr. Morgan undertook this role as he has a psychology training background. I do not believe there are potential issues with regard to the transfer of responsibilities for disability between the Departments. It just happened that Dr. Morgan was coming from a disability operations background.

**Deputy Mary Butler:** I will speak briefly about primary care psychology. When I came into this post last year, I was very concerned to hear that more than 2,500 young people aged under 18 had been waiting for an appointment for longer than 12 months. Primary care psychology technically does not fall under my remit but under the remit of the Minister, Deputy Donnelly. At the same time, however, there are clear links with regard to mental health. We have looked at this issue. The HSE has done considerable work on how to deal with it and whether we could source capacity in the private sector. We felt that was not possible so a short-term approach has been taken. I managed to secure €4 million for the period between September and December of this year. I asked the area leads in the different CHOs to come up with a process for their areas. This could involve arranging extra clinics, employing locums, sourcing private care or providing for overtime to ensure they take as many children as possible off the list in the short term. That will be done between September and December. It is up to each CHO to be as innovative as possible in that short period.

We also have a plan for the future which involves the recruitment of up to 50 new staff. That will be considered as part of the Estimates. We need a long-term approach to this. A large number of psychologists were hired in 2018. We have to get on top of this waiting list, which is an issue I am very concerned about.

**Deputy Neasa Hourigan:** I thank the Minister of State for her response. One of the ways of tackling waiting lists is to widen the spectrum of disciplines. We need to examine how we bring trainees through the system and make available an appropriate number of placements to ensure we do not lose anybody in any of the professions. I know this from my previous profession. It is always difficult for anyone who is doing placements that require professional in-place training to keep his or her hand in and people need State support to continue up the ladder.

**Deputy Mary Butler:** Absolutely. We are also challenged at the moment with regard to recruiting dieticians. I have spoken to the Minister for Further and Higher Education, Research, Innovation and Science, Deputy Harris, to see whether we can get more places at third level. I know it will still take four or five years for them to filter through but at the same time, we have

to plan ahead.

**Deputy Neasa Hourigan:** Would it be possible to get a more definitive timeline on the National Forensic Mental Health Service Hospital in Portrane?

**Deputy Mary Butler:** I will let Mr. Hempenstall in there.

**Mr. Seamus Hempenstall:** We are looking at this year, hopefully. Some issues are still being resolved in terms of the facility in Portrane. There was an industrial relations, IR, issue involving directors in nursing. That has been resolved but there are some other IR issues currently under discussion and a couple of construction issues are also being resolved at the facility. At the moment, however, it is envisaged that the facility will be open this year.

**Deputy Neasa Hourigan:** Is that the end of quarter 4?

**Mr. Seamus Hempenstall:** I cannot-----

**Deputy Neasa Hourigan:** It would want to be.

**Mr. Seamus Hempenstall:** I am neither an IR expert nor a construction expert despite the fact that I am doing significant renovation to my own home at the moment and people are banging and drilling around the place. I am sorry; I cannot be any more precise. I could not even tell the Deputy a particular month. Obviously, as the Deputy will know and the Minister of State will endorse, it is being taken very seriously so we are looking at this year anyway.

**Deputy Mary Butler:** We are definitely looking at this year. A huge amount of work has been done. We had issues and the legislation was passed just before Christmas last year. I thank everyone who supported it. We are pushing as hard as we can, however. It is so important for capacity issues, especially for the Central Mental Hospital in Dundrum, to get over to Portrane as quickly as possible. We will also have capacity for 20 CAMHS beds and we will have a unit specifically for females. We are pushing every day of the week. I had a discussion with the Minister, Deputy Donnelly, again last week with regard to this issue. We are trying to get it over the line at the very highest level. As Mr. Hempenstall said, however, some issues are proving a little bit problematic but they are resolvable.

**Deputy Neasa Hourigan:** Okay. I have a couple of quick-fire questions if I have enough time. Is work being done on making it possible to access electronic mental health records for patients?

**Deputy Mary Butler:** I will let Mr. Kelly in there. He has done a huge amount of work on the mental health Bill and may have any information in that regard.

**Mr. James Kelly:** In terms of e-records, it would probably be a better ask for the HSE next week. In the draft heads, which we published in July, we are looking at ensuring that e-signatures can be used in order that we can more easily facilitate records being electronic. In terms of implementing it, however, the HSE would probably be best placed to answer that question.

**Deputy Neasa Hourigan:** Okay, I will follow it up with the HSE. In an era when I can access all my tax records online, it seems accessing my health records might also be a good idea.

Would genetic counselling and the provision of genetic counselling come under the remit of the Minister of State?

**Deputy Mary Butler:** I do not think so but I am not 100% sure. I see that Dr. Dodd is nodding his head. We are currently looking at trauma-based counselling and I am meeting with the Minister for Education, Deputy Foley, later to discuss it, especially for children who have been through traumatic experiences. Does Dr. Dodd wish to come in there? I saw him nodding his head.

**Dr. Philip Dodd:** I will perhaps clarify that the provision of clinical genetics and genetic counselling is provided through the acute hospital system under the HSE so that would be the Minister, Deputy Donnelly's, policy brief.

**Deputy Neasa Hourigan:** Okay. That is good to know. I thank Dr. Dodd. Finally, does the Department set out a protocol for services where there is going to be a change in the service provided to a particular individual, whether that be a day service or a residential placement in terms of timings, lead-ins and how that whole process should be managed? Is there a document wherein the Department advises how to do it with the least disruption and the best outcomes for the care of the patient or service user?

**Deputy Mary Butler:** The majority of people with mental health illnesses would be assigned a key worker. A plan would also be put in place to manage the best results for each person. I do not have a medical background. Decisions concerning the care of people with mental health illnesses would primarily be taken by their medical team and including their psychiatrist or psychologist. I ask Dr. Dodd to conclude on this aspect.

**Dr. Philip Dodd:** I emphasise the importance and centrality of the care plan. The Mental Health Commission emphasises this aspect in the context of its regulatory and inspection processes for approved centres. Care plans are also developed for people attending day services with the HSE. The care plan is the best setting in which this type of change in service provision can be negotiated and developed with input from the people accessing services, their families and members of their interdisciplinary team.

**Deputy Neasa Hourigan:** I thank Dr. Dodd. To be clear, is it accurate to state that, ultimately, the care plan is bespoke and is not based on a set of best practice guidelines?

**Dr. Philip Dodd:** The HSE has developed best practice guidelines in respect of the implementation of the Mental Health Commission's regulations. That document covers best practice in the development of care plans.

**Deputy Neasa Hourigan:** I thank Dr. Dodd.

**Deputy Mary Butler:** To conclude on this point, the Sharing the Vision policy focuses on an individualised approach. It seeks to ensure that patients are involved in their own care plans, including individualised care plans. We did not see that approach in the previous document. The important aspect of Sharing the Vision is, therefore, putting patients front and centre and ensuring that they can be involved in their own care plans. It is an important facet of the policy, whether we are talking about community care or care provided in a hospital setting. It is important that patients are included in the process and that they see their own care plans devised and delivered.

**Deputy Neasa Hourigan:** I thank the Minister of State. Those are all my questions.

**Deputy Mary Butler:** I thank the Deputy.

**Chairman:** I thank Deputy Hourigan. I call Deputy Gino Kenny.

**Deputy Gino Kenny:** I welcome the Minister of State. I welcome the statement regarding where we are at in the context of these services. We have come through the past 18 months, which were bad for everyone's well-being. It has been a difficult time for most people. Some problems have been invisible and some issues have been compounded by the pandemic. There is light at the end of the tunnel because we are coming out of this pandemic, but legacy issues remain. My questions will focus on that aspect.

An issue that has been raised frequently concerns the waiting lists for CAMHS. How are age-appropriate staff being recruited, trained and retained? I ask because the issue of access to CAMHS is consistently raised with public representatives. Children in need of such services require these types of interventions to be undertaken quickly. How is that matter being addressed?

**Deputy Mary Butler:** I thank the Deputy for his question. I also thank him for the constructive approach he always takes when questioning me in the Dáil, as do all his colleagues, regarding issues concerning mental health services. I was also concerned about the waiting lists for CAMHS. As the Deputy said, some of these issues have existed for a while and have been inherited. In addressing this situation, I took an approach earlier this year that was different to that undertaken by previous Ministers. I met the chief officer of each CHO regarding mental health services. We held three meetings a day, and nine within a week. I met those chief officers to hear what the situation was like on the ground, where they saw the challenges regarding staffing issues and why some areas were performing much better in addressing CAMHS waiting lists. For example, the Galway area does particularly well and is always in a good position as regards waiting lists. In contrast, CHO 4, covering Cork and Kerry, had issues with long waiting lists. I am delighted to say, however, that when Mr. Michael Fitzgerald took over as the chief officer there that he hired extra capacity and quickly reduced the waiting lists by a third. Therefore, there are innovative things that can be done in this regard.

To answer the Deputy's question regarding recruitment directly, my budget for this year included an extra €23 million for new developments, which equates to 153 extra staff. Of those, 29 people were allocated specifically for CAMHS to support the telehub section and the different teams. To date, 40 of those 153 staff have been recruited. As I said earlier, recruitment in the HSE is a slower process and can take up to 50 weeks. I expect many of these extra posts to be filled by the end of quarters 3 and 4. We will have many more of those extra staff in place by the end of the year.

The Deputy is correct that sometimes staff can be recruited whose previous experience in providing mental health services may have been in dealing with adults rather than children. Those staff then have to upskill in that regard. As a psychiatrist, Dr. Dodd is very informed about this issue. I ask him to comment.

**Dr. Philip Dodd:** The essence of an effective specialist mental health service is to ensure there is rapid access at primary care level as well. The initiatives and innovations undertaken in the development of primary care psychology ensure, as best as is possible, that children and young people in need of less specialist supports receive them. The development of a comprehensive mental health support system for children requires investment in primary care as well as specialist mental health care. The additional investment provided for primary care psychology to address historical waiting lists issues will also, hopefully, increase the potential for a reduction in the CAMHS waiting lists too.

**Deputy Mary Butler:** There is also greater flexibility in the skills mix in CAMHS teams under the Sharing the Vision policy than existed in the previous A Vision for Change strategy. A Vision for Change provided for a more prescriptive model. Increased flexibility in this regard will create opportunities for more focused care at local level. This new approach is not as prescriptive and again seeks to put patients and service users front and centre in service provision.

**Deputy Gino Kenny:** I thank the Minister of State for her answer. There has been an issue with the recruitment and retention of staff in CAMHS. Does retaining specialists in this field continue to be a problem? If, for all sorts of reasons, it is not possible to retain staff, we will always be chasing our tails in this field. What is the position as regards the retention of specialists in CAMHS?

**Deputy Mary Butler:** We provide the budget and the HSE is then in charge of recruitment. As I said, work in this area is undertaken in close co-operation with Dr. Niazi, who, with his team, looks after recruitment for the clinical programmes. They have been working very hard to recruit staff in this area.

Representatives from the HSE would probably provide more succinct answers on recruitment for the Deputy. There have been challenges with recruitment and retention for many years. I am frustrated with the time it takes to recruit people into posts and because they may not be released quickly to take up those posts if there is a requirement to backfill previous roles. That can cause challenges. For example, we recently filled a psychology position in Wexford. That recruitment process took almost 18 months, and we were lucky to get a psychologist in place there. It is frustrating for local areas to be without the person who is going to be the team leader in an area, be that a psychologist or psychiatrist. It can be very difficult to recruit into specific areas, however, and recruitment for the post I referred to was escalated the whole way up to the HSE chain of command to ensure that person could be put in place. I am delighted to say that psychologist is now in place.

**Deputy Gino Kenny:** I have a related question on the recruitment of specialists for the treatment of eating disorders. It has manifested into a major increase in the number of young people presenting with an eating disorder. That has been compounded by the events of the last few months. In that regard, what has the HSE done to provide specialists in the field of eating disorders?

**Deputy Mary Butler:** I thank the Deputy for his question. The team around me here will know that I have been talking about eating disorders for the past 14 months because, as Deputy Kenny, rightly said, it has manifested, especially last year and this year, in the context of the pandemic. I am open to correction but I think close to 487 young people were admitted last year with an eating disorder, especially young teenagers, so this is a very worrying trend. The national clinical programme for eating disorders was launched in 2018, but unfortunately in 2019 and 2020 the funding was not available. I reinstated the funding this year, so €3.94 million has been reinstated. When I came into post we had three eating disorder teams. The national clinical programme set out in 2018 wanted a total of 16 teams to cover the whole country. When I came into post we had three teams which were not fully populated. This year, as a result of the funding of €3.94 million, we will have three fully populated teams, and we will have three new teams in place by the end of this year. I am already looking at next year in regard to the budget Estimate, and I want to see a further three teams next year. We will come back to recruitment as it can be quite challenging to get the people into place.

People will really benefit from community-based eating disorder teams. People can recover

from an eating disorder and that is one of the things I would like to say today.

As I said, funding has been made available this year to progress the recruitment of an additional CAMHS-based eating disorder team in CHO 2, and the creation of two new adult eating disorder hubs in CHO 4 and 9. By the end of this year we will have three adult teams and three CAMHS teams in place. As I said, I had a meeting last week in regard to next year's Estimates.

The most important thing for the success of a clinical programme is to build on it every year and ensure there is continual roll out. We have challenges, in that there are many disciplines within an eating disorder team, such as dietitians, occupational therapists and so on. This is a positive story, but at the same time I am concerned about the number of people presenting with eating disorders.

The national clinical programme is being led very well at the moment. It has the support of Bodywhys, an NGO known to many people which also supports people with eating disorders.

**Deputy Gino Kenny:** I have a question for Dr. Dodd on his observations on eating disorders. As the Minister of State, Deputy Butler, said, 487 young people presented or were getting treatment for eating disorders. How does this compare to two years ago? What kind of numbers presented then with this condition? It seems to have been, and probably still is being, compounded by the pandemic.

**Dr. Philip Dodd:** I cannot honestly say with regard to numbers prior to 2019 or 2020 because the national clinical programme was not sufficiently in place to gather that level of diagnostic specific data. What I know is, and the Minister of State, Deputy Butler, has addressed this point, that the level of acuity and the numbers of individuals presenting with eating disorder-type distress has obviously increased significantly. With regard to future planning, the Minister of State, Deputy Butler, met with Dr. Amir Niazi and Dr. Michelle Clifford, the national clinical lead for eating disorders, to specifically discuss the future response to the demand for eating disorder services. The HSE is planning for 2022 to utilise any additional resource in a way that will respond in a broader geographically dispersed way, so that it will not simply be allied around specialist themes. There will be provision in a broader setting to respond to the full population as best as possible.

**Deputy Mary Butler:** The recruitment process is on target to have all of those specialists in post by the end of this year. We are very close. I thank Dr. Amir Niazi and his team for the phenomenal work they have done recruiting in a very difficult time, one which was compounded by Covid-19 and the cyberattack. I am very concerned about eating disorders and self-harm among young people. These are huge issues and we are very conscious of them. What does not help, and I know the Deputy has spoken about this, is social media and the pressure it puts on young people around body image. That all drives this as well.

**Deputy Gino Kenny:** This is my final question, although I am not sure if the Minister of State can answer it. According to A Vision for Change, Sharing the Vision and Sláintecare, the budget for mental health care should be close to 10% of the overall health budget. It is currently half that, accounting for 5.1% of the health budget. In Britain, the figure is 13% and other countries spend between 12% and 14% of their overall health budget on mental health services. In Ireland we are quite behind. In the lifetime of this Government, how will the mental health spend be addressed in relation to the overall spend on health? If we double spending in the next three and a half years, the outcomes will be much better for everybody. What is the commitment, in the lifetime of this Government, to address the historical legacy in regard to mental

health spend? I understand that money has been allocated to mental health care but it is not nearly enough. That has knock-on effects in regard to access to mental health care.

**Deputy Mary Butler:** The Deputy mentioned the budget in the UK, which is interesting. Last week, I met a colleague in Northern Ireland who is a mental health champion. I was surprised to learn that there is no minister for mental health in Northern Ireland. A mental health champion has been appointed there. As part of the shared island initiative whereby the North and South collaborate, I met her last week and she was concerned about the budget available to her going forward.

With regard to our budget, the biggest allocation in the history of the State, €1.14 billion, was provided for mental health services last year compared with €711 million in 2012. I often hear that the mental health budget is 5.1% of the health budget but we must take into account that an extra €4 billion was put into the health budget last year to deal with Covid-19. That has skewed the figures. The previous year, mental health services accounted for 6.3% of the health budget. The 5.1% figure is misleading because it does not include the significant extra funding allocated to the health services for infection control measures.

In addition, the percentage represents only HSE funding for specialist mental health services. It does not capture funding for other parts of the health service that provide mental health services and supports. These include psychotropic medicines funded by the primary care service, liaison mental health services in acute hospitals and some dual diagnosis services in mental health and well-being promotion, which are funded under the addiction side of the budget. To look at this in the round, people experiencing mental ill-health are sometimes treated in acute services rather than a department of psychiatry, which makes it very hard to differentiate.

I take on board the point Deputy Kenny is making and I will push hard in this year's Estimates to get the biggest budget we have ever had for mental health spending.

**Chairman:** I thank the Minister of State and Deputy Kenny. I will now ask a few questions. I hope that is okay with the Minister of State. Some of our members have not turned up today. I have a good few questions. The Minister of State responded in an email to the interim report that we released. We had phenomenal groups that came in earlier this year. They were all private meetings due to the issues relating to Covid restrictions. I know the Minister of State responded to the interim report we brought out in June but would she like to take the opportunity to give us an overview of her thoughts on it now?

**Deputy Mary Butler:** I thank Senator Black for the work she does on mental health and chairing this committee. It is important. This is a sub-committee of the larger Oireachtas health committee, but there is so much in the health area and it is good that there is a specific focus within a committee on mental health. I thank the committee for the amount of work it has done. I assure the committee, the organisations, the wider mental health community, the service users, the families, the advocacy organisations, the voluntary and community groups, the mental healthcare professionals and the stakeholders that I am deeply committed to the expansion and enhancement of mental health services across the country, as are the team that works with me, the HSE - which delivers the services - the private service providers and the NGOs.

I am pleased with Sharing the Vision, our new national mental health policy, which provides the framework for the future development of the mental health system. The most important aspect of the policy is that there is a national implementation and monitoring committee, NIMC, that is tasked with driving and overseeing its implementation. It will hold me, the Department

and the HSE to account. A sub-committee has been established within the HSE to work and liaise with the NIMC and to drive on the policy. While the policy will be implemented over a ten-year period, many of the short-term recommendations have already been progressed. These include developments in areas such as digital mental health services. We saw very quickly, early in the pandemic, that we had to move to a blended approach. We work very closely with various NGOs. I will mention a couple. MyMind, is an organisation that provides counselling for the HSE free of charge. Every month, it provides 4,000 hours of counselling for the HSE so ability to pay is not an issue. The most important point is that it is providing counselling in 17 different languages. It is extremely important that people with ill mental health, whether they are suffering with anxiety or emotional distress, have access to the supports they need, regardless of their country of origin or language of choice. I was delighted to meet with the MyMind team in Temple Bar recently.

Yesterday, I visited Thurles to meet the new Jigsaw team that is on site there. Jigsaw provides supports for young people between the ages of 12 and 25. We now have 14 different hubs throughout the country with 66% coverage. What really pleases me is the move towards enhanced digital coverage throughout the whole country so that the postcode lottery does not apply and people will be able to access support online wherever they are living. We have a text number - 50808. People can text that number at any time, day or night, and there will be a response. *Mymentalhealth.ie* is there also to provide a lot of supports. Sometimes I feel that people perhaps do not realise that there are many supports in their communities and that, as a result, they may not avail of them in a timely manner. That is something we will continue to work on to try to get the message out there that it is okay not to be okay, but we must remember that there is help out there. Would you like me to address some specific points, Chairman, or do you want to ask me questions?

**Chairman:** I can come back in and ask the Minister of State the questions I have here. If she wants to go ahead, she has plenty of time

**Deputy Mary Butler:** That is fine. One of the questions asked was about recommendation 2 and access to mental health services, including access to emergency services. Sharing the Vision specifically promotes access to out-of-hours mental health supports and alternative access routes to emergency care.

**Chairman:** I am sorry to interrupt the Minister of State but we seem to have lost her sound. I do not know what the problem is. Does she have a headset?

**Deputy Mary Butler:** I do. Can you hear me, Chair?

**Chairman:** It is a bit better now.

**Deputy Mary Butler:** Can you hear me now?

**Chairman:** The Minister of State might move a bit closer to the mic if that is okay.

**Deputy Mary Butler:** Okay. One of the recommendations relates to out-of-hours crisis resolution teams, crisis cafés and the development of digital supports. I would like to speak a little about crisis cafés, or community cafés as I prefer to call them. I travelled to Galway recently to officially open a crisis café. It is located immediately across from University Hospital Galway. It is run by people with lived experience - peer workers. It would not be possible but for the generosity of the person who owns the café. At 6 p.m. in the evening when the café has finished its work, the owner hands it over to a community-led mental health team to support

people presenting at the emergency department with ill mental health. A person can present to the emergency department and cross the road and sit down and meet with a peer worker there, someone with lived experience of mental health. People can stay there for however long it takes - two hours, three hours or four hours. In some instances that intervention might mean a person may not have to go to the emergency department at all, but it also means that he or she is getting the necessary support. The café opened earlier this year. In July alone, it had 78 presentations. Out-of-hours is the time people feel most vulnerable: in the evening after 8 p.m. or 9 p.m. or at weekends, when they do not have access to some supports to which they have otherwise have access during the week. This is a fantastic initiative that is supported by Mental Health Ireland. It is also supported by the HSE from a funding perspective. The funding element of it is very small, apart from the staff, because of the generosity of spirit of the person who owns the café to open up his premises and allow access to it for people with mental health challenges, mental illness or emotional distress. I was blown away by the generosity of spirit of this gentleman in giving up his café. I believe this system operates in America. I would love to see it being rolled out across the country. It is a fantastic initiative.

I compliment the various NGOs that partnered with the HSE and the Department to provide supports during the pandemic. Some €1.1 million extra was advanced to them to move online very quickly to enable the supports to remain open. We can never replace the face-to-face appointments which some people love. They like to sit down opposite a healthcare professional. In some instances, that was not possible during Covid, but we were able to retain supports at 85% to 90% during the pandemic by working online. Most young people embrace technology, as do more and more people in general. The blended approach is the way forward. We probably made more progress with digital supports in the past 16 months than we would have made in the next five to ten years. It is a small positive.

Recommendation 4 concerns increasing resources for specialist mental health services for young people, including Travellers. The national implementation and monitoring committee is in place and it has already set up some sub-committees to look at different areas. The three sub-committees that will be set up initially relate to CAMHS. It will look at the age profile regarding when a young person should leave child and adolescent mental health supports. For example, supports for those attending Jigsaw are available for people aged between 12 and 25 but for those who might have been attending CAMHS for two or three years, and who got on very well with the clinical professional working with them, when they turn 18 they move on to the general adult mental health supports. This can be extremely traumatic for young people doing the leaving certificate, who may be going to college or who are leaving home for the very first time. Included in Sharing the Vision is a recommendation that we look at this to see what is the best age for people to exit the supports they receive from CAMHS. One of the sub-committees will look at CAMHS and whether the age will remain at 18 or whether it should be 21, 23 or 25. We are open to looking at everything. Another sub-committee will do a complete analysis of inpatient bed capacity throughout the country. At present, we have 2,496 beds. We also have 1,338 community beds in 110 facilities throughout communities. This bed capacity review will look at everything, including eating disorder beds and child and adolescent mental health services beds, to see where we are and to give us a real-time picture as to demand and capacity. Another committee we are setting up will look specifically at women's mental health. We will also establish committees on minority groups in the future.

The steering group that will oversee it all is in place. We will then set up offshoots of various committees at various times. A committee might last for six months or 12 months. It is not prescriptive and will depend on the amount of work a committee has to do at that particular

time. A whole pool of people have volunteered. These include at least 50 professionals. We have people who have used the services. We have family involvement. Throughout the entire sector we have people who want to be involved and who want to make our mental health services the best they can possibly be.

I am enthused and I thank each and every one of the healthcare professionals who have worked in mental health over the past 16 to 18 months. It has been a very difficult time and I have to say they have coped very well with regard to Covid, particularly inpatient services. Thankfully, we were not too challenged with regard to the number of people we lost to Covid. I thank everybody across the board for their work on the ground, in the community and in the clinical programmes to maintain mental health supports at between 85% and 90% over the most difficult time. It really is an indicator of the great work that has been done. Something I have learned since I came into the post is that I was not aware of the huge amount of positive work that has been done in our communities by community teams and the key workers appointed to people. A phenomenal amount of work has been done. We want to build on this. We do not know what the next 24 months will bring and we have to be prepared to adapt very rapidly and to scale up wherever a need might be.

**Chairman:** I have a few questions on specific areas that I would really like to ask today and I hope it is okay. The first issue I would like to speak about is the applied suicide intervention skills training, ASIST, course. In my personal experience, over the summer there have been many suicides of people that I am aware of. It has been a challenging time for many people, particularly coming out of the pandemic. Have the ASIST courses and other suicide prevention training been paused since the beginning of the pandemic restrictions? Is the Minister of State aware whether this is the case? What other face-to-face training from the HSE did not move online during the pandemic and why not? What can be done to remedy this?

**Deputy Mary Butler:** I thank the Chair. I will allow Dr. Dodd to answer because he works very closely with the National Office for Suicide Prevention and he will be able to give the Chair a response to those questions.

**Dr. Philip Dodd:** I thank the Minister of State and I thank the Chair for the question. ASIST is a very important training offering provided throughout the country free of charge by the National Office for Suicide Prevention and delivered in collaboration with the 22 suicide prevention co-ordinators throughout the country. Unfortunately, as the Chair referenced, because of the infection control restrictions that were required, ASIST and other such face-to-face training had to be paused. On the other hand, safeTALK, which I describe as a more basic training platform and offering, worked with the training developers, LivingWorks, to develop an online version called Start, which has been provided free of charge as an alternative offering to key members of the community and professional groups who have sought this type of training.

As far as I am aware, the National Office for Suicide Prevention is very closely monitoring the infection control guidance emanating from the HSE with regard to the resumption of safe face-to-face training. As I understand it, this will begin as restrictions are reduced over time. In the Department's engagement with the National Office for Suicide Prevention it emphasises the importance of the resumption of face-to-face training specifically in the area of suicide prevention. We know at Department level this is a very important component of suicide prevention and the Connecting for Life strategy.

**Deputy Mary Butler:** I thank Dr. Dodd. The National Suicide Research Foundation's suicide and self-harm observatory, which monitors suicide mortality data in the Cork region,

has provided us with a snapshot of real-time data in 2020. I am informed that based on a yearly comparison, no significant increase has been observed between 2019 and 2020 despite the onset of the pandemic and the implementation of restrictions in Ireland in March 2020.

Several weeks ago, I launched the National Office for Suicide Prevention's annual report for 2020. We were informed there were 340 deaths by suicide in 2020. This is according to provisional figures from the CSO. The 2020 figures will change due to late registration. I believe some coroner's courts were not in a position to work at the time. Some of them were closed and there is probably a backlog. We expect these figures to change but the trends do not suggest we saw a spike last year. Again, as I have said, we have to take these as provisional figures. At the same time, it is something we are acutely aware of.

**Chairman:** I want to address the digital divide for people accessing mental health services online. This includes those who need a level of digital literacy as well as access to the hardware required, such as computers or tablets and Internet access. What is being done on this? Are there supports for this digital divide? There is also the issue of access to text support. These can all be life-saving and life-changing supports for people. What considerations are being given to widening accessibility to virtual mental health services? The Minister of State has touched on this but it would be great to get a little bit more detail on it.

**Deputy Mary Butler:** The Chair has raised something that can be very difficult, particularly for people who might be homeless or who might not have the facility to have a smartphone. People might not have access to a computer or tablet or whatever is required. Last year, I was delighted to see my colleague, the Minister for Further and Higher Education, Research, Innovation and Science, Deputy Harris, roll out a significant amount of funding to support young people in colleges in being able to buy a laptop or tablet or whatever they needed. I was delighted to see this funding has been renewed for this year. This will certainly support younger people. Those in school have access to the schools programme. I accept there are challenges for people, particularly those who might not have grown up in the digital age. Some people might not have access to a smartphone. That can prove difficult. I met an organisation recently and was told that it is, sometimes, much harder to make contact with people using a blended approach as opposed to face-to-face consultations. That is something we will look at. It is a challenge. If the committee has any ideas on how to go about tackling it I would welcome them.

**Chairman:** The committee will follow up with the Minister of State on that issue. I hope the Minister of State does not mind, but I have a couple more questions to ask.

**Deputy Mary Butler:** I do not mind.

**Chairman:** Sharing the Vision focuses on a cross-governmental approach to addressing mental health. What work is being done at governmental level to ensure that all Departments are proactively working towards the implementation plan in Sharing the Vision?

**Deputy Mary Butler:** The most important thing in relation to Sharing the Vision is that it is cross-departmental. That is very important. Once upon a time, people believed that if they had poor mental health or a mental illness they were dealt with by the Department of Health, the HSE or a local general practitioner but much of the time the issues by which the person is compounded are, for example, challenges in regard to social welfare, homelessness or a job. We have been working closely with the Department of Housing, Local Government and Heritage in particular in regard to supports for people with mental illness and also older people to ensure that people can have the right sized house that suits their needs. We have also been working

very closely, by way of a recently established committee which I will ask Mr. Hempenstall to speak about later, with the Department of Justice in regard to prisoner releases and ensuring the correct wraparound supports in terms of mental health are available to people on release. At a minimum, on release, they should have an appointment to see a mental health clinician, a place to live and a medical card. I invite Mr. Hempenstall to speak on the work we have been doing through the committee, which is chaired by former Minister of State, Kathleen Lynch.

**Mr. Seamus Hempenstall:** As mentioned by the Minister of State, Kathleen Lynch is chairing the committee. It is fantastic working with her. As the Minister of State knows, Kathleen Lynch has plenty of energy and great experience. It is a significant programme of work that the task force is dealing with, and a complicated issue to deal with as well in terms of the needs of people such as prisoners and ensuring that they can access supports. The committee is due to report by the end of the year. It is working on an interim report as well at some point this month. The committee comprises a range of colleagues from both Departments, the HSE, the Prison Service, the Probation Service and An Garda Síochána. As mentioned by the Minister of State, it takes into account the crisis resolution issue - 24-hour services, diversion programmes and how mental health supports can fit in with that and the Mental Health Act and the work being done on authorised officers and how that will impact too. It is very complicated. In terms of the issue that we are trying to work out, as in regard to many public services, it can happen that there are a lot of local arrangements in place and strong personalities or particular people working in particular areas and systems that can work very well. The idea behind the task force is to try to get best practice and to share that so that there is structure for people such that when things change in terms of staff - we are all aware of the issues around recruitment - people have a system that they can use to keep the service going as we move along.

**Deputy Mary Butler:** As Dr. Dodd has been involved in this work as well, I ask him to comment.

**Dr. Philip Dodd:** Sharing the Vision has 17 specific recommendations that are focused very much on other Departments in the areas of housing, education and social protection. There has been significant engagement between the Department of Health and the relevant other Departments in this regard. They are working closely with us in the development of a detailed and comprehensive implementation plan. For example, in the area of the comprehensive employment strategy for people with disabilities, specific actions under that strategy are currently being developed to support people with mental health difficulties who have both employment and social protection support needs. There has been a significant engagement in that regard and we hope that would continue.

**Deputy Mary Butler:** I thank Dr. Dodd. By way of add-on, I am meeting the Minister for Education, Deputy Foley, at 3 p.m. today to discuss mental health supports for students, primary and secondary. We will also discuss trauma-based counselling for children who would deal with specific issues during their time in school. There is quite a lot of work going on in the background. At times, it is just about joining the dots.

**Chairman:** What work has been done to access and understand the impact of Covid restrictions on palliative care, end-of-life supports, funerals and the mental health of the population in that regard? What work has been done to provide support in that regard?

**Deputy Mary Butler:** The question crosses over a couple of sections. Palliative care does not come under my remit *per se*; rather it comes under the remit of the Minister for Health, Deputy Donnelly. From the well-being point of view, it comes under the remit of the Minister

of State, Deputy Feighan. There is no doubt that in terms of the challenges that people have faced over the last 16 to 18 months, they have not been in a position to grieve as they normally would. In the early days, for example, the first three to four months of Covid, older people were cocooning and were not in a position to attend funerals. My aunt, aged 89, died on 1 April. She had eight siblings, all close in age to her, and none of them were able to attend the funeral. Speaking from a personal point of view, that experience has been extremely traumatic for people.

I was delighted that in last year's budget funding was provided for bereavement counselling. That is something we will look at again going forward. Phenomenal work is being done by the Irish Hospice Foundation to support people at this time. I firmly believe that we need a national day of mourning, or a national day of commemoration, to remember all those who died in the last 18 months. I am speaking not only of people who were bereaved because of Covid, but people who were bereaved by a natural end of life. This has been challenging for everyone. People have felt a sense of loneliness and despair because they could not have the normal funeral. One sure thing about us in Ireland is that we support people very well when they lose a loved one. Older people were acutely upset about not being able to grieve in the normal way.

**Chairman:** We have been joined by Deputy Lahart and Senator Dolan. I have one more question before I hand over to them. My final question is on an issue about which I am very passionate. In what way is the Department of Health ensuring that mental health service users' views and concerns are being taken into account? This is important. What steps are being taken to improve access to peer support services and what improvements are being made to ICT systems which would allow for collating feedback, input, complaints, etc., to our mental health services? Specifically, in what way is the Department listening to people with lived experiences? It is vital we hear the voices of those with lived experiences. It is important for the Department in particular to hear those voices. The private meetings the committee held this year were very powerful. They impacted us and brought us together as a committee. Listening to the lived experiences of people has been very powerful. Has the Department been dealing with that in any way? Following the Minister of State's response, I will call Deputy Lahart.

**Deputy Mary Butler:** I will make a couple of points. The Department is acutely conscious of people with lived experience when determining policy or looking, for example, at how we should change and adapt to the issues we have dealt with in the pandemic.

As I said, regarding the national implementation and monitoring committee there are 17 key people on the steering committee. There is a person there with lived experience and family involvement, which is important. I spoke about a community café in Galway. All of those working in such supports are people with lived experience, which is important.

We do not get the opportunity to collate that data from a departmental point of view because it would be done from the perspective of the HSE when it deals with service users. The one thing about Sharing the Vision is that it puts service users front and centre, especially regarding the type of care a particular person wants to receive. Many community teams throughout the country have people with lived experience, which is important. Would anybody else like to come in on that?

**Mr. James Kelly:** To add to that, a vision for change was very focused on the development of service user engagement. The Department, through progressive investment, supported the HSE in developing a national lead in mental health engagement. Mr. Michael Ryan is the current national lead in the HSE and there are nine leads at CHO level who sit on CHO senior

management teams for mental health services. Compared to many of the other care groups, the HSE, through the policy as provided for in A Vision for Change, very much enhances the voice of the service user in the management and operation mental health services.

In Sharing the Vision that voice has been emphasised. As alluded to, Mr. Michael Ryan sits on the national implementation monitoring steering committee. The current work of the committee is very focused on developing a reference group of service users and family members. That is currently in development and it is envisaged that it will be in existence in the early part of 2022. That will very much be a partner committee supporting the steering committee in the successful implementation of the policy.

**Deputy Mary Butler:** This year, for example, we had a significant consultation on the Mental Health Act in April. Mr. Kelly might be able to tell us a little bit about that because quite a lot of submissions - over 100 - were received.

**Mr. James Kelly:** When we were drafting the general scheme of the Bill we consulted with key stakeholders, such as the Mental Health Commission, the HSE and the College of Psychiatrists. Earlier this year we decided to launch a consultation so that we could make sure we were keeping in touch with the views of people who access services and their family members. Between March and April of this year we received 100 submissions to the public consultation. Within the Department, we reviewed each submission over the following months before we finalised the heads.

There was a very real impact from the views of people accessing services and their families on the final shape and version of the general scheme. It was very helpful in terms of making sure that we kept in touch. The HSE mental health engagement and recovery team and mental health reform were helpful in consulting with its base of supporters, members and clients to get across their views.

**Deputy Mary Butler:** I thank Mr. Kelly. That is a really important point because the likes of the recovery colleges etc. feed into the recovery office which, in turn, feeds back into the Department. There are structures in place. I agree 100% with the Chair that is important that we learn from lived experience and what has been done right and wrong.

**Deputy John Lahart:** I thank the Chair. I left a voicemail on the phone of the Minister of State explaining my delay. I had a long-standing appointment with the Australian ambassador. One of the first topics we spoke about was mental health from the Australian perspective and the challenges being faced. No nation is perfect, but Australia has a very good record in terms of strategic interventions in the mental health space and will be long recognised for that. Obviously, it is a completely different country and society.

I wish to respond to a number of things. From my perspective, we can talk as experts about the impact of Covid on our lives as parliamentarians. The Minister of State is still working remotely today. It is nice to be in a committee room again. It is to be hoped we will soon be back to in-person live meetings.

The Minister of State and Chair can identify with my next remark. The impact of Covid came home quite profoundly to me and to most of my colleagues last Thursday and Friday when we had an in-person parliamentary party meeting. I do not want to attract trite media comment about it. It was quite emotional to be able to sit and eat with colleagues. I did not have much of a chance imbibe any alcohol. One of the features of socialising is to be able to

gather, have a coffee and physically sit with people. It was only when we were allowed to do that that I realised the loss involved, including the loss of collegiality, in particular for the newly elected who are not so newly elected anymore. It was perhaps their first real opportunity to have a proper parliamentary party gathering. That is in the interests of democracy.

We were unable to meet our constituents to face-to-face for a period of time and had an obligation to protect our staff as parliamentarians. Our inability to host public meetings on important topics is still ongoing. We want to be able to interact with the public in the way we take for granted as public representatives. None of us wants such activities to end. We want to be able to resume all of that because it is such a part of the Irish way of doing politics.

We talk about the changes that have happened. Dr. Harry Barry addressed Fianna Fáil on Friday and I was taken by much of what he said. All of what he says is always very valuable. Covid has had and continues to have an all of society impact. There is not one person whose mental health has not suffered to some degree. He characterised the great challenge facing the country as one of dealing with emotional distress, some of which, I hope, may be low-grade in terms of what I spoke about with regard to my parliamentary colleagues.

Dr. Barry referred to those who have long Covid, and the distress that has caused and the impact it has had. That loss is not just to do with the loss of a loved one; there were multiple losses. I spoke about this before. There were job losses, as well as the loss of loved ones and health. The national day of commemoration has a big task. The obvious commemoration is a public thing, but art, music and the media have a very important long-term role to play in this.

Throughout Covid I regularly cited a book about the Spanish flu and its impact on Ireland by Dr. Ida Milne. The book refers to the failure of the State to commemorate which meant that in subsequent years my generation had no sense that the Spanish flu had an impact at all in Ireland, whereas we knew about the Civil War, World War I and the War of Independence. Running parallel through that period of revolution was the Spanish flu. We lost all sense of it because we never commemorated it. It was never mentioned. It was put away.

We cannot put Covid away. I do not think there needs to be an annual commemoration, but it is something we need to return to again and again. To paraphrase Dr. Milne, that is necessary to ensure that we do not lose it from our public consciousness and that we carry that sense of it. It is not about funding.

It is also about changing culture. There are some people who are very comfortable and happy when they greet someone to exchange a connection through their fists or elbows rather than shaking hands. Some people do not want to return to shaking hands.

There are people who lead very active lives. We tend to think of older people who simply will not emerge from their homes anymore. There are supports in place in respect of that. To use the Chair's turn of phrase, everyone has lived experience through Covid; no one has escaped this. It is about developing a consciousness of that because when we all realise we all have suffered, it might be more comforting to those who suffered more acutely than others, in terms of being open and starting a national conversation about it.

I note the Minister of State will meet the Minister, Deputy Foley, her colleague, this afternoon. Something I have felt strongly about, which has probably been reinforced as a result of Covid and its impact on adolescence, is the need for the State to consider a gap year between the leaving certificate and throwing oneself into the college experience, for those who go to col-

lege. Notwithstanding the adaptations that were made to the leaving certificate, we have seen the stresses that are on leaving certificate students. We should allow them a space that is not necessarily between leaving certificate and the first year in college - if college is the route that a person chooses - but one which could be in the middle of that experience between the age of 18 and 25 years. The State should put in place things to do for that age group, which could help build our community. While it should not be compulsory, students should be given a choice because they have a big role to play. Other countries do this. I would love to see this available for 18- to 25-year-olds whereby if they need a bit of space, they could exercise their right to a gap year while knowing their place in college is waiting for them, or if they finish their college year but are not ready to go into the world of work yet, having found it very stressful, they could take a structured time out. We should facilitate them in doing that.

The Australian ambassador spoke about how they have a strong programme that emphasises belonging in communities and how they use local authorities. The Minister of State referred to cafés. I love that idea and am excited about it. I commend the Minister of State on that initiative of hers. It would let people know they belong to a certain place, wherever that may be. If a person belongs to that place, all the supports he or she needs could be in that place. All the people who are needed to help support others could also be found in this place, therefore, a person would not have to go elsewhere. We should ensure the architecture of that support is provided.

Dr. Harry Barry has spoken about the need for guidance counselling. Our Minister has been to the fore in this regard and our party has been to the fore in this regard in terms of the manifesto and the implementation of the programme for Government. Nevertheless, even Fianna Fáil will admit that we may have underestimated the quantity or proportion of supports that are needed in guidance counselling. Dr. Harry Barry made the point that we need to load the system now. We have reintroduced it and provided many resources and continue to do so. There was a significant emphasis on teenagers and adolescence needing that.

On adolescents in school, everybody has suffered a degree of stress. I refer to the teachers in the schools I visited. They go into school on an elevated stress level compared to going into school on a normal pre-Covid day. There is a wear-and-tear aspect to that. There is much to be said for mental health days. A national mental health day would be very useful.

The final point I will make, which I know is not lost on anybody, is that we are not out of the woods yet. We could relax too easily and I see that happening. I have started handwashing religiously again. We need to be conscious of that. It is not that I let it go but I am making a conscious effort now. We could get dragged back into this pandemic very quickly with the Covid variations.

The Minister of State will have read the Oireachtas Sub-Committee on Mental Health report arising from the private meetings. We will be coming with a report to include the public meetings at some stage as a result of the witnesses we meet in public session. The Chair and members were keen that we met witnesses. We could only meet them in private session. That was very valuable and we reported on that. There is much suffering but there are many resources and good people out there. Some of the Department's officials, including Mr. Seamus Hempinstall, were before the committee previously in terms of issues that have come up. I wish the Minister of State well and commend her on all the work she is doing to come up with initiatives and to support those who have the skills and expertise already.

The Minister of State recognises, and might speak about it, that we have moved into a place

where we have not been before. As a result, innovation and innovative policies are required. It is not always about money because money does not solve all things. It is about an awareness that things have changed and trying to adapt to that. I will give one example which I spoke about at a recent mental health private meeting. Everybody assumes, and it has become gospel, that remote working is a good thing. For many people, it is. Forced remote working does not suit everybody no more than forced return to work. It is up to employers. I like the Australian model in which employers take their obligations and responsibilities around the wellness of their employees seriously. It seems they are supported far better structurally than we are in Ireland. We are only beginning our journey. For a decade, Australia has been doing very well on that journey. It has also recognised, which I knew from previous work, that the more one invests in mental health, the more one saves the taxpayer on tax bills generally. The private sector has been a leader in that.

I apologise to the Minister of State for my lateness in attending. I am glad to be here. I commend her on the work she has done. I thank her for giving so much of her time to the committee today. I look forward to further engagement with her, particularly when the public dimension of our witness reports is published and we will have another meeting about that.

**Deputy Mary Butler:** I thank Deputy Lahart for that and all the work he does on mental health. It was fantastic that he met with the ambassador from Australia. We have much to learn from other countries.

I look forward to live meetings. You cannot beat the cut and thrust of an Oireachtas committee room. I spent a lot of time in those rooms during the years when I was Chair of the Joint Committee on Business, Enterprise and Innovation. You cannot beat that.

Much of today's focus has been on lived experience, which is so important. I was delighted to invite Dr. Harry Barry to our meeting. Taking the political hat off, the points he made were fantastic. One of which I will share with the committee. He spoke intently about the difference between mental health, mental illness and emotional distress and how they have all become jumbled up in the past 18 months. It struck me that he was very concerned about people reconnecting and their resocialisation. Many people stayed at home for the past 16 to 18 months. They have not been out and about. For some, that will be an added trauma when coming back to the workplace. It will be an added trauma just coming back into society. Dr. Barry felt the system is not geared towards emotional distress. It is geared towards mental health illness and mental health supports. The low impact challenges facing people is something that we can certainly look at. He spoke about the three different types of anxiety people suffer from, namely, acute anxiety, which includes panic attacks, social anxiety, which I spoke about, and general anxiety, which includes getting up in the morning and getting on with the day. Dr. Barry spoke about the challenges different people, young and old, deal with every day of the week. I was struck by his contribution about emotional distress, and the fact that we have an awful lot to learn about long Covid and the emotional distress associated with it.

I thank the Deputy. I look forward to coming before the committee again whenever members ask me, to discuss further work they are doing. I believe the more we learn from one and other, the more supports we can initiate for people who need them.

**Chairman:** Senator Dolan has joined. I am not sure if she would like to come in at this point.

**Senator Aisling Dolan:** Thank you, a Chathaoirligh. I am in Leinster House. I welcome

the Minister of State. It is great to have her present and to meet all my colleagues in this session. I thank the other members for their excellent questions and the follow-up on the mental health report. I also welcome the representatives from the HSE. It is really important we get this engagement with the Department, the HSE and mental health services. It has been a really trying time. First, I want to pay tribute to people in the healthcare services, especially on our front line, that is, the paramedics, the fire brigade and the firefighters. I think specifically of acute issues when it comes to mental health. Hand on heart, I have been going around my constituency and I sit on the education and the mental health committees and I have been pretty taken aback. Some people have been very open in sharing traumatic experiences in their lives and very recent experiences. I am speaking about the loss of life or accidents related to that. It has been shocking and sad and it has really hit me in the past couple of months when I have been able to meet people outdoors in a safe way.

I apologise but I was not in Leinster House the whole time. However, I was able to listen through Teams. With regard to the recruitment process in the HSE, I do not know if the Minister of State is able to answer this question now, but what measures are being taken to accelerate this process? I have worked and I have experience of dealing with this. I understood the wonderful word the Minister of State used, which is “backfill”. Does this happen in other European countries? What is the process for recruitment? Why is it taking so long? I know about this backfill role. Are we able to recruit from outside the HSE if this is causing a huge impact in terms of us delivering a service that is urgently required? This has to be taken into account. I would like a more in-depth understanding of the recruitment process within the HSE, especially around mental health services, and what is being used or done to speed this up, because it is not good enough. It really is not good enough to say something has taken eight to ten months.

The Minister of State said 40 positions out of 153 have been filled. That budget was announced in October of last year. This is 12 months later. I know people within the HSE are doing their utmost to manage and that it is extremely difficult to even get nurses right now. Do not get me wrong. There are many pressures within our system. It has dealt with a pandemic and a crisis, but we need to look at how we can help to accelerate these measures for recruitment, to support the HSE and to support delivering staff and resources where they are needed. I am sure all teams in the HSE would welcome measures to improve, increase and accelerate this process.

The Minister of State also spoke about Galway and the child and adolescent mental health service, CAMHS. It was very good to hear that compared to others the waiting lists there have been reduced. The Minister of State mentioned the café. I worked on UHG grounds when I was in NUI Galway and I worked with the health services there. It is actually Mr. Waffle, a wonderful café, and I am delighted to hear about that sort of incentive and that measure the Minister of State has put in place. It is welcome but two weeks ago, there was a front page article by a mum asking why her son was let go from UHG. There have been terrible incidents. We have Claddagh Watch in place, which is monitoring the river for people looking to take their own lives; people who have been released from hospitals. I would like to know more about the acute services. The Minister of State has spoken very well. I know we are doing an awful lot with community healthcare services and community services but what has been done about the acute areas through the healthcare groupings within our regions across the country? That café is one measure and Roscommon hospital has a unit in the area where I am. What is involved in other places? It has been a little bit shocking.

This question may be for the HSE, but what engagement does the Minister of State have with gardaí and blue-light services, when it comes to paramedics? What is the liaison there

between those groups, the acute services and community healthcare west, for example, where I am? How can they feed back? I assume they all get wonderful training to deal with these types of events but it is very traumatic. I know counselling is put in place for a number of those front-line workers.

The Minister of State mentioned the digital divide. I am spokesperson on education on the Fine Gael side. There is a fund to mitigate educational disadvantage. Our Cathaoirleach brought it up. That is a great fund. It is being rolled out through the education and training boards, ETBs. It can be accessed by community groups. We need to highlight that community groups can apply for it. I apologise, but I do not know if we have gone past the deadline date. We may have gone past it, depending on what county or local authority in which you are. That is a great way for community services to access funding to promote further education. They could get teaching materials. They can borrow and lend. They can have lending schemes there for laptops as well. I also advise people to link in with their local libraries. It is a great way to find out more about those funding supports for laptops and the digital divide.

The Minister of State also mentioned meeting with the Minister, Deputy Foley, which is excellent. I sit on the education committee and I know mental health supports are being looked at for primary and secondary school care. It is really important the Minister takes account of the report we brought out on bullying through the education committee. There are a number of recommendations there. One in three children is affected by cyberbullying. This really impacts. The shocking thing to me was that there was a higher level of bullying at primary school level. I presumed it was more secondary school. I would really appreciate if the Minister of State is speaking about mental health supports for primary and secondary schools, that we could look at some of those recommendations of that education report on bullying and cyberbullying in our schools published just before the summer.

I think the Minister, Deputy Harris, is also looking at some of those supports at third level, which would follow on for young people. I apologise, I am doing a firing-----

**Chairman:** Senator Dolan is gone on mute.

**Senator Aisling Dolan:** I apologise. Would the Minister of State like to come in? I think she may be on mute. I might come in with a final few questions.

**Chairman:** Before the Minister of State replies, I remind Senator Dolan that we do not have the HSE in today. One or two of her questions have been directed to the HSE. It is just the Department, but we will have the HSE in next week.

**Deputy Mary Butler:** Senator Dolan is another wonderful advocate for mental health. I have spoken to her so many times on this. I am joined by my key people in the mental health unit in the Department of Health. I am surrounded by people who support me every day of the week and I thank them for all the work they do. The Senator will be able to raise the recruitment with the HSE next week and I hope she does. In my budget last year, I received the funding for 153 whole-time equivalents. Some 40 have been recruited. All year long, every two months I met with the key people in the HSE to see how that recruitment is progressing. As I said, recruitment to the clinical programmes has gone very well and we hope to have almost all in posts by the end of the year.

Recruitment for the HSE is outsourced to the national recruitment service. It does not deal with it specifically. It should be able to answer many questions for the Senator. We are putting

a greater focus on local recruitment campaigns which are targeted at local posts. With regard to - I am crossing over - healthcare workers to support people with homecare, if we find areas in which these are specifically targeted, we put in localised recruitment posts to see if we can get key people at the right time, which is hugely important. It is a challenge. It was the same last year. It will be the same this year. Most of the staff come into posts by the end of the year but the most important thing for me is that we get them into posts. The Senator will be able to tease that out more.

With regard to CAMHS, a huge emphasis was put on recruitment over the past four years. Some 114 new assistant psychologists and 20 psychologists were recruited to HSE primary care since 2018. We also have increased undergraduate psychiatric nurse places by 130 overall per year, including for CAMHS. I have spoken about this with the Minister, Deputy Harris, on several occasions regarding dieticians. It is so important we have the joined-up thinking about what we need in the third level sector. If we have challenges around dieticians, psychologists or mental health nurses, it takes a few years for them to come on stream. At the same time, the most important thing is we are aware of it and we are trying to sort it out.

Senator Dolan asked me about the acute settings. I have to compliment the departments of psychiatry, DOPs, throughout the country. They were able to maintain supports for people with very ill mental health, up to 90% during the pandemic. They also coped very well with challenges relating to some premises. We have 66 departments of psychiatry throughout the country and 52 of them are fairly new builds. We are still working on this and while we have challenges, I was delighted to announce under our capital plan a new 50-bed unit for Waterford and another 50-bed unit for St. Luke's in Kilkenny. A unit is coming to Waterford not just because I am living there but because we have had capacity issues for many years. In 2012 the department of psychiatry in Wexford was closed and all supports moved to Waterford but the capacity was not increased. We had a service-level agreement with St. Patrick's in Dublin but to be honest, we were really challenged and the new unit is great news. When we make these announcements it is fantastic but we want to see them up and running as quickly as possible. While it can take three to four years for that to happen, it is a positive move forward.

I will be meeting the executive clinical directors who run the departments of psychiatry throughout the country later this week. I have a lot of meetings in my diary. I meet the directors every quarter and they raise with me any challenges they have. Obviously they raise issues relating to bed capacity. The Senator may have missed what I said earlier about the bed capacity review which will determine the challenges we have.

The Senator asked about liaison with An Garda Síochána. A number of issues relating to the Garda will be addressed through the new task force on criminal justice. Mr. Dodd spoke earlier about the fact that there is a new task force in place. We are working very closely with the Department of Justice. Ms Kathleen Lynch has been appointed as an independent chairperson. Training is available for gardaí because it is hugely important that they can recognise when a person has mental health issues. This is an issue I have looked at closely and I recommend training for people so that they can recognise that people have dementia, for example, and can see the signs. I hope I have covered all of the issues raised.

**Senator Aisling Dolan:** I thank the Minister of State for that. I have a couple of other questions. I compliment the Minister of State on her green ribbon. September is green ribbon month for mental health and a number of events are planned. Perhaps the Minister of State could mention one or two of them. I am aware of an event on exclusion next week.

I have a number of questions which might be more appropriate to put to the HSE in our next session. The role of assistant psychiatrist was developed to address the waiting lists. The role sits within the CHO system on the community healthcare side. I ask the HSE to provide an update on how many of these positions have been filled and what impact this is having on reducing the backlog. Assistant psychiatrists were meant to take on some of the work of senior psychiatrists in order to help us to reduce the waiting lists.

I am also interested in e-health, which has been provided with a huge amount of funding. Funding is being dedicated to e-health because the HSE has seen how important it is. The cyberattack on the HSE absolutely decimated the service and had a more negative effect than Covid-19, which is absolutely shocking. I am aware that the HSE is still recovering from the impact of that attack. Deputy Hourigan referred earlier to the importance of electronic medical records and I agree that they are crucial. What percentage of the e-health budget has been allocated to mental health ICT projects? What is planned for the year ahead and what impact will that have on reducing our waiting lists?

I wish to compliment the Department on the West Be Well initiative which has been rolled out in a number of counties in the west. Our libraries are doing a lot of work, under the auspices of the local authorities, to provide information around mental health and so on which must be acknowledged. The Minister of State, Deputy Feighan, is responsible for the Healthy Ireland campaign and healthy counties. It is so important that we provide information in an accessible way, particularly in rural areas. I am particularly concerned with Roscommon and east Galway in which there are very rural areas that only have a mobile library service. We must consider how we are getting information out to people.

The Minister of State mentioned two new 50-bed units and it is wonderful to hear about those investments in Waterford and Kilkenny. There is also the development in Portrane, County Dublin, of the national forensic mental health hospital, which is in a community setting. In safer times, it would be great if this committee could visit that facility to see what is being provided. It is a state-of-the-art facility, similar to those to which the Minister referred in Waterford and Kilkenny. Similar is needed in other regions across the country and perhaps this is the template we will be working from in other areas. In the past, St. Brigid's psychiatric unit in Ballinasloe provided acute services and addiction services in my area but nothing has replaced that unit. I understand the move towards community-based provision of care but we do need something in place of that unit. That being said, I know a lot of work is being done through the CHO.

The Minister of State said the statistics on the percentage of funding for mental health are difficult and are somewhat skewed by the fact that there is a higher level of funding for health. Perhaps statistics on the *per capita* spending on mental health would be useful to look at. We have not had a census of population recently but indications are that the percentage of our population over 65 has increased. A lot more is being spent on projects in the Minister of State's area of responsibility, particularly with regard to dementia. An issue of real concern, particularly in rural areas, is how we support carers and families. Measuring on a *per capita* basis from year to year might enable us to get a better understanding of our mental health spending.

**Deputy Mary Butler:** I thank the Senator for her comments on my green ribbon. I always wear it proudly. I travelled to Cork a couple of weeks ago to launch the green ribbon campaign with the Lord Mayor of Cork, Mr. Colm Kelleher. That was a great visit. In today's post, I got 20 lovely green ribbon face masks. I was trying to decide how to give them out so I have decided to be like Ryan Tubridy, with one for everyone in the audience and will give one to each

member of this committee. I think that is the best way to distribute them. I have a green ribbon for every Oireachtas Member, in both the Dáil and Seanad but members of this committee will get the face masks.

See Change Ireland has organised an event on 15 September called “Feelings of Exclusion”, details of which are online. I want to commend members of See Change Ireland for all the work they do on stigma. One of the positive effects of the Covid-19 pandemic over the last 12 to 18 months is the fact that we are speaking about our mental health, mental illness, well-being, anxiety, distress, depression and so on. It is great to see that.

The project at Portrane was almost complete when I took up my post. A huge amount of work was done on it by my predecessors over many years, at a cost of €200 million. It is the most up-to-date and state-of-the art hospital to be found in Europe. We are looking forward to getting it open as soon as possible so that the residents of the Central Mental Hospital will be able to transfer there, safely and securely, and be able to enjoy the benefits of the facility. I have visited Portrane and it is absolutely spectacular. I have no doubt that the ten-bed unit for CAMHS and the 20-bed unit for female residents will result in much better quality support for residents. We are pulling out all of the stops on this. Mr. Hempenstall is working really hard to get this over the line and opened as soon as possible. We will not lose an hour on it if we can possibly do it but there are restrictions with which we must deal.

I work very closely with the Minister of State, Deputy Feighan, particularly on the well-being and keeping well side of things. Last week we met with representatives of men’s sheds, or shedders as they are called, throughout Ireland. We have more men’s sheds in Ireland *per capita* than any other country in the world. We have 450 men’s sheds and the model is fantastic. I am really looking forward to 20 September, which is only a short week away, when active retirement groups, bridge clubs, knitting clubs, card groups and so on will be able to go back indoors and meet again indoors which is important as we face into the winter. Reconnecting in society is so close that we can almost touch it. Reconnecting will support people, in particular those who have been at home a great deal or in isolation. People might be living on the high street or have neighbours on either side and it can still be the loneliest day for them because they have not talked to anyone.

Regarding ehealth, I do not have the percentages with me, but perhaps we will be able to get the answers for the Senator in a written reply. Would that be okay? She asked what percentage of the funding provided was spent on ehealth.

**Senator Aisling Dolan:** Yes. It was really just to understand the ehealth budget. I am sure it has been dedicated to many areas, but what mental health projects are under consideration to support the Minister of State’s area of responsibility in delivering what is required over the next while?

*(Interruptions).*

**Deputy Mary Butler:** Last year, we quickly provided €1.1 million to various NGOs, for example, Jigsaw, MyMind, Pieta House and the Samaritans, to support our move to a blended approach and to move online. More finances have been provided this year. We will get the Senator a written response.

**Senator Aisling Dolan:** I thank the Minister of State, including for mentioning men’s

sheds. There is an excellent one in Ballaghaderreen and Mr. Pat Towey is an advocate.

The Minister of State referred to areas opening up. Day services are crucial social services in communities and smaller towns. They give respite. Many older people are looking to come back and link in with their local social services again and the activities, care, meals and so on that they provide. Days services are crucial. I hope that, with the Minister for Health, the Minister of State will be supportive of their reopening. There can sometimes be a few challenges because accessing medical supports for such services can be difficult. Therefore, public health nurses will be crucial.

**Deputy Mary Butler:** The reopening of day care centres falls under my remit. To date, 120 of them have opened and more are opening every month. There are challenges, though. For example, I visited two facilities in north Tipperary yesterday, the Dean Maxwell nursing home and the Community Hospital of the Assumption in Thurles. They are both long-term residential care facilities. When people attended them for day services, they used to mix with the service users who were living there. Those facilities were the day service users' home from home. Unfortunately, when people are coming in from the community where the Delta variant is still prevalent, it causes challenges for the residents living there.

I am delighted that the majority of stand-alone day care centres - 120 - are back open. We have more work to do in that regard, but it is important that we get all of them open as soon as possible. We are also working hard on the matter of respite services. They have opened in some areas, but we need to get them opened everywhere so that we can support older people, including those with a mental illness, to age well at home.

**Senator Aisling Dolan:** There is loneliness and isolation. Sometimes, issues like this come down to a question of funding. I thank the Minister of State for her time.

**Deputy Mary Butler:** There is no funding issue with day care centres in this regard, thank God.

**Senator Aisling Dolan:** Excellent.

**Chairman:** I thank the Minister of State and her team for the concise and comprehensive answers and presentation. We look forward to working with her. We hope to publish another report by the end of the year and to have the Minister of State before us again to discuss it. I thank the committee members for their help and contributions at this meeting.

The joint sub-committee adjourned at 2.30 p.m. until 12.30 p.m. on Tuesday, 21 September 2021.