



DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

SEANAD ÉIREANN

TUAIRISC OIFIGIÚIL—*Neamhcheartaithe*
(OFFICIAL REPORT—*Unrevised*)

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SEANAD ÉIREANN

Déardaoin, 15 Bealtaine 2025

Thursday, 15 May 2025

Chuaigh an Leas-Chathaoirleach i gceannas ar 9.30 a.m.

*Machnamh agus Paidir.
Reflection and Prayer.*

Gnó an tSeanaid - Business of Seanad

An Leas-Chathaoirleach: I have received notice from the following Senators that they propose to raise the following matters:

Senator Margaret Murphy O'Mahony - The need for the Minister for Transport to make a statement on the expansion of the criteria for eligibility for the disabled person's parking permit to cover designated parking spaces for individuals with hidden disabilities.

Senator Manus Boyle - The need for the Minister for Transport to make a statement on future funding allocations to the low-cost accident scheme and other capital road safety initiatives to address traffic and speed issues in Fahan, County Donegal.

Senator Sharon Keogan - The need for the Minister for the Environment, Climate and Communications to set out his vision on the role of nuclear power before the completion of the Celtic interconnector in 2026.

Senator Linda Nelson Murray - The need for the Minister for Health to make a statement on the provision of a women's sexual well-being clinic in County Meath.

The matters raised by the Senators are suitable for discussion and they will be taken now.

Disability Services

An Leas-Chathaoirleach: I welcome the Minister to the House.

Senator Margaret Murphy O'Mahony: I thank the Cathaoirleach for choosing my Commencement matter. I welcome the Minister of State to the House and thank him for taking time out of his extremely busy schedule to reply to my matter. Councillor Patrick Donovan, a member of Cork County Council, does Trojan work in the field of disability and inclusivity. I want to publicly acknowledge his contribution to the disability sector. He really is a hands-on councillor in this regard. He has secured a commitment for a few car parking spaces for people

with hidden disabilities, which is very important. Fair play to him.

As the Minister of State knows, hidden disabilities are often called invisible disabilities. They are disabilities not easily seen by the naked eye and are often impossible to see such as chronic fatigue, depression and autism. They are not visible but they can be very debilitating. It is very important to make life as easy as we can for anyone with hidden disabilities and providing priority car parking spaces is hugely important. The only thing is, these spaces, though very welcome, are provided on a non-statutory basis. They are akin to parent-and-toddler and the age-friendly spaces, where we depend on the goodwill of the public to adhere to the restrictions on that space. It is only when our pockets are hit or there is a threat of our pockets being hit that we really take notice. I am calling for a review of parking policy with regard to these type of spaces to make them statutory and to enhance what can be done with regard to people adhering to the restrictions on those spaces.

This Government is clearly committed to the whole sector of disability. It is very important that there is going to be cross-party connection and work on the delivery of disability services and measures that will help the disability sector. The Minister of State will agree that at the end of its tenure the Government wants to leave people with disabilities in a better place than when it started. Making these car parking spaces statutory so that people will adhere to them would be a great start.

Minister of State at the Department of Transport (Deputy Jerry Buttimer): I thank the Senator for her contribution and for her ongoing advocacy for people with disabilities, including in her previous role of champion and advocate. Senator Rabbitte, who was the Minister of State in the Department, had done a lot of great work as well and the Department is reviewing this. In some way my answer to the Senator will be inadequate because she is right that the overarching approach needs to be revisited. We have a different view and understanding of disability. She is also correct in highlighting hidden disabilities.

If she is referring to Councillor Donovan in the Carrigaline electoral area, I know him well. He did work experience in my office and then he went wrong. We will come back to that. I thank him for the work he is doing.

I am taking the reply on behalf of the Minister of State at the Department of Transport, Deputy Canney who sends his apologies. He has responsibility for the disabled parking scheme. The scheme operates by reserving a proportion of public parking spaces for disabled parking permit holders. The permits are available to people living with mobility restriction, whether it is severe or permanent, whether they are drivers or passengers, as well as those who are registered as blind. The intention of the permit and the disabled parking scheme, more generally, is to provide access to parking bays of sufficient size close to important services such as post offices, banks, pharmacies and shops for people who would not necessarily gain access.

It is important to recognise that the permit is about making sure that people can park close enough to reach the designated area because of their restricted mobility. The Senator is correct that drivers and passengers with cognitive impairments, including non-visible conditions, do not qualify on those grounds alone. This is because the scheme is not aimed at people with disabilities in general. It is specifically for people with impaired mobility. This is the group most in need of good physical access to services and most directly disadvantaged by inaccessible parking spaces that are too far away from their destination or the standard parking space that is too small to safely exit from a vehicle with a wheelchair, walking aid or oxygen equipment.

As Minister of State, I am aware, as are the Minister for Transport and the Minister of State, Deputy Canney, that a number of local authorities and private parking operators have installed neurodiverse-friendly parking bays at various locations throughout the country. The Senator referenced Councillor Donovan who successfully gained a number of spaces. These are what are called courtesy spaces and have no basis on statute and are not subject to Garda and traffic warden enforcement. The Department of Transport has no involvement in the provision of such spaces and does not intend to capture them within the existing statutory scheme for the reasons I have outlined. However, the Department is undertaking a comprehensive three-part review of the disabled parking scheme, including a mapping of its present operation, a targeted stakeholder consultation and an analysis of its legislative basis. I can confirm on behalf of Minister of State, Deputy Canney, that permit eligibility is among the matters being considered as part of this project, with a particular emphasis on the assessment of mobility impairment. The contribution Senator Murphy O'Mahony has made this morning should feed into that review because there are more and more people who need the spaces. It is no longer the linear ones we are familiar with. I support the Senator's wish to see that review and capturing the people she has spoken about. I thank her for raising the matter.

Senator Margaret Murphy O'Mahony: I thank the Minister of State for his acknowledgment of the importance of this issue and for his commitment to looking into it and working on it. I look forward to working with him on this. These spaces are slightly wider than the usual disability space. There is a lovely sunflower on the space so it is different from the bare cold look of the normal disability space. The words "invisible disability" are also written on the space. I thank the Minister of State for his commitment and I acknowledge again the work of Councillor Patrick Donovan on this issue.

Deputy Jerry Buttimer: I apologise to Senator Murphy O'Mahony for not having the physical reply for her. There was a breakdown in the transfer of the reply, so I apologise for that.

I am wholly supportive of what the Senator wants to achieve. She is right: it is about being creative and looking at how we can do things differently. I cannot speak for them, but I know from talking to Minister of State, Deputy Canney, and Minister, Deputy O'Brien, that we are very supportive of what we are all trying to achieve. The former Minister of State, Senator Rabbitte, was trying to do that in her brief, to be fair to her. I thank Senator O'Mahony again. She has always been one to champion and push and this is an example where we can support people, their families and their carers, who are facing challenges with a disability every day. It is about ensuring that the disabled parking scheme provides access for everybody who needs it. It is about ensuring they can avail of parking and they can have access to important services. We have to become a bit more creative in how we think. I will certainly bring the Senator's contribution back to Minister of State, Deputy Canney.

Road Safety

Senator Manus Boyle: I thank the Minister of State for coming in today. I am asking the Minister to provide funding for the low-cost accident scheme or a capital funding scheme to address a serious speeding issue in the village of Fahan in County Donegal. Fahan is on the Inishowen Peninsula, which is a beautiful part of Donegal. It is a seaside town with a beautiful view over Lough Swilly. Over the years there have been numerous accidents in the village of

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Fahan. Thankfully, none have been fatal. Due to the way the village is laid out, cars and lorries go fast through the village. We need to get more done by the authorities to improve the situation and make drivers aware they are coming into a town. More signage is needed. A pedestrian crossing needs to be put in place as a matter of urgency because pedestrians are walking along the side of the road and are crossing the road here, there and everywhere. There is also an issue with noise pollution for the residents. I ask the Minister of Transport to prioritise the village of Fahan for a plan to slow traffic down with traffic calming measures. This is a beautiful wee seaside town. It just needs a bit of help. They have great residents committees there and they want to enhance their town. It is to be hoped we could get something in place. I know this is an issue in more towns than just Fahan. There is speeding going through a lot of towns and it is something we need to have a look at.

Deputy Jerry Buttimer: I thank Senator Boyle for raising the matter. He has painted a wonderful picture of being in Fahan and I have been there in the beautiful Inishowen Peninsula. The Senator is right; it is a picturesque, beautiful spot. The point he makes regarding the low-cost accident scheme is an important one we need to embrace and I thank him for raising the matter.

As the Senator knows quite well, the improvement works scheme when it comes to local grants and regional roads is part of the Government 2025 regional roads programme. The Government is strongly committed to it in terms of protecting and enhancing the existing road network. This network is fundamental in connecting people and places throughout the country, in particular in Donegal. The Senator is right to highlight the issues of safety in Donegal and the depth and breadth of the county and its geographical scale. The regional roads programme facilitates business, education, tourism, healthcare, agriculture and the provision of critical services and activities.

It is important to highlight that, in accordance with the Roads Act 1993, the improvement and maintenance of the regional and local road network is the statutory responsibility of each local authority, in this case Donegal County Council. Works on these roads are funded from the council's own resources and are supplemented by State road grants. The initial selection and prioritisation of works to be funded is a matter for the local authority.

Ireland's regional and local road network spans more than 96,000 km and requires significant funding to ensure it remains fit for purpose, safe and resilient, as the Senator has rightly outlined regarding Fahan. As such, this year €713 million was allocated to regional and local roads. Due to the vast scale of the network, the Department of Transport employs an array of grant types to target investment across the regional road network. Within the budget available, State grant funding is allocated on as fair and equitable a basis as possible to ensure that all local authorities are in receipt of funds to maintain their networks. The allocation of the three biggest Exchequer grant types for regional and local roads is based on the length of road within a local authority's area, with additional funding based on contributing factors in specific areas. This year, more than €13 million has been allocated specifically under the safety improvement works grant programme to regional and local roads for 339 schemes in the State, while a further €12.3 million of the specific improvement grant programme was allocated to road improvement schemes related to road safety. This year, Donegal County Council has been allocated €649,500 for 14 schemes under the safety improvement works grant programme. According to the Department's records, an application has not yet been received from Donegal County Council for funding safety improvement works in Fahan.

It is the case that Donegal County Council is legally responsible for ensuring its network is maintained and improved. The Department approach means that while central government is supplying significant funding, we are acknowledging that local authorities themselves are best placed to make determinations in their own areas for maximum delivery of results. Indeed, the initial selection and prioritisation of maintenance and renewal works is a matter for each local authority and Donegal County Council is the first point here. There is flexibility within the State grant programme for councils to direct resources to address particular problems identified on their networks as they see fit.

I will have a word with Department officials regarding the matter Senator Boyle has raised because he is right. Like Senator Murphy O'Mahony's issue, it is about being creative and ensure there is flexibility in terms of low-cost accident scheme funding. It is important we support our road network being maintained and protected. At a time when we see people being killed on our roads, it is important we redouble our efforts in a variety of ways and one of these is road improvements, so I thank the Senator for raising the matter.

Senator Manus Boyle: I thank the Minister of State. It is one of the issues that keeps coming up all the time with people phoning from Fahan about the speeding issue, so we decided that we would raise it. It is on the peninsula and it is very close to Derry so there is a lot of traffic going and coming, especially on the weekends as there are a lot of holiday homes on the peninsula. Anything we can do to help the situation would be greatly appreciated because the last thing we want to have is an accident. We are here to prevent accidents and to try to get them sorted before they happen.

Deputy Jerry Buttimer: I thank the Senator again for raising the matter. He is right. It is a piece of road where there is a lot of traffic going to Derry and on the weekends it is very busy. I reiterate and join him in his final comment by saying it is the duty of us all to uphold road safety and make sure the roads are safe. I assure him the Government is fully committed to the protection and renewal of the road network. I will bring Senator Boyle's contribution back to the Department and I ask him to consider talking to Donegal County Council about its responsibility for maintaining and improving its regional road network and it can prioritise Fahan. Regarding Exchequer funding, the Government is committed to renewing and protecting our road network under the national development plan. A total of €5.35 billion has been allocated until 2030. I hope we can work with Donegal County Council to ensure we can prioritise investment in our regional and local roads, in particular in the Fahan area. I think all of us combined will work together to ensure funding is provided for safety improvement works in the area Senator Boyle referred to and I will raise the matter with Minister, Deputy O'Brien, who conveys his apologies for not being here this morning. I also apologise for the non-availability of the script due to a breakdown.

Senator Manus Boyle: I have it.

Deputy Jerry Buttimer: The Senator has it. The gremlins have been overcome.

Electricity Generation

Senator Sharon Keogan: The Minister of State, Deputy Dooley, is very welcome. I congratulate him on his elevation into this role.

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I would like to ask the Minister for the Environment, Climate and Communications a simple question: where does nuclear power fit into Ireland's energy future? I ask this not in the abstract but with real urgency because the Celtic interconnector is due to come online in 2026. It is time we faced reality. Right now, under Irish law, Eirgrid is legally barred from using electricity generated by nuclear fission, yet in practice we import it anyway. In 2020, nearly 1% of our electricity came from British nuclear plants. What we have is a legal ban that does not stop nuclear energy; it just stops us from talking honestly about it.

We are standing on a tightrope. On one hand there are rising energy demands, not least from data centres that could consume up to 40% and maybe even 70% of our electricity within a decade. On the other, there is a plan to phase out fossil fuels without a reliable replacement. That is not a transition; that is a gamble. We need to ask what happens if the wind does not blow. What happens when the grid is under pressure? People working from home, families trying to stay warm in winter and small businesses already squeezed by costs are the ones who pay the price. In some cases, that price is more than financial; it is about well-being and even survival.

The word "nuclear" still makes some people nervous but this is not 1986. Technologies have changed, safe standards have changed and our climate challenge has changed. We need clean, reliable and consistent energy and nuclear can deliver that. France knows this. That is why more than 65% of its electricity comes from nuclear power. That is the power that we will be connecting to with the Celtic interconnector. Here is the contradiction: we ban nuclear generation while plugging ourselves into a system that runs on it elsewhere. That is not leadership; that is outsourcing our responsibility. If the Minister believes, as his predecessor said, that nuclear is part of our future, when will we stop pretending that it is not part of our present? Let us bring clarity to this conversation. Let us amend the legislation or at the very least open a serious national review on the role nuclear could play and should play. We owe it to ourselves and to the people of this country to plan for the future, not just posture for it.

Minister of State at the Department of the Environment, Climate and Communications (Deputy Timmy Dooley): I thank my friend and former colleague for the gracious introduction. It is the first time I have had an opportunity to be back in the Seanad since my election to the other House. I have fond memories of my ten years here. It was five years at the beginning and five more recently. I thank Senator again for that and I look forward to being back on many occasions in the future.

I also thank the Senator for raising this important issue. As she knows, the Government has an energy vision to fulfil the commitment to increase the proportion of renewable electricity to 80% by 2030. In Ireland, nuclear powered electricity generation plants remain prohibited and there are no plans to change this position. The Seanad has previously debated the option of nuclear energy as part of a broader debate on carbon policy and the practical challenges outlined relating to nuclear generation in Ireland are still relevant and still exist. The priority of the Government is on taking urgent action to make electricity generation in Ireland more sustainable. The climate action plan sets out a roadmap to halve Ireland's greenhouse gas emissions by 2030 and to reach net-zero emissions by 2050. The annual climate action plans to date have also recognised the need for a range of supporting measures to enable the transformation of the electricity sector. This will involve the development of a balanced portfolio of technologies to facilitate the energy transition complementing other measures, such as demand-side response, network development and interconnection to support a grid with increased levels of renewable electricity.

I am delighted that the Senator has highlighted the Celtic interconnector, which will return Ireland's most direct connectivity to the European electricity market. That will have benefits for consumers too. This means greater energy security and increased system resilience for Ireland, the importance of which has been highlighted by recent events on the Iberian Peninsula. Interconnection facilitates the system balancing necessary to incorporate variable renewables. It assists in managing our emissions targets and enables Ireland to take advantage of the energy mixes of our energy partners mitigating the domestic infrastructural investment burden. Interconnectors also create competitive market pressures designed to drive down costs to the consumer, all of which the Senator identified as constraints and concerns from an Irish perspective.

As set out in the national policy statement on electricity interconnection in 2023, Ireland is on course to increase its connectivity capacity fivefold this decade. The Greenlink interconnector commenced commercial operations in January, doubling existing connectivity capacity. The Celtic interconnector will be operational in 2027. A further connection to the UK, MaresConnect, is currently progressing its regulatory and permitting journey. Ireland's energy vision is clear. We do not have uranium. We do have some of the best offshore wind resources in the world. Building on the renewables progress on land, the east coast offshore wind farms are at planning permission stage following the first offshore renewable electricity support scheme, ORESS. Looking beyond 2030, the Oireachtas approved its first offshore renewable designated maritime area plan, DMAP off the south coast, with a further ORESS planned this year. Building on that vital experience Ireland will be progressing a national offshore renewable electricity, ORE, DMAP intended to deliver a further 15 GW of offshore wind generation. We intend to make further announcements on that later in the summer.

We intend to take advantage of the energy domestically delivering decarbonised economic growth. The programme for Government also commits Ireland to positioning itself as a future electricity operator, with Irish wind facilitating the achievement by our energy partners of their climate and energy goals. Further electricity interconnection will be key to that. We are working directly with the UK, France and Belgium to explore further connection. We are also working through regional fora, such as the North Seas Energy Cooperation and the Offshore TSO Collaboration. We are also working with the European Commission to help shape the evolution of European energy policy and to make Ireland central to Europe's shared energy future.

Senator Sharon Keogan: I thank the Minister of State. I can clearly see that we are going to rely on offshore resources going forward for the electricity provision for this country. That is not good enough. It will not do. As he well knows, many of these are at early stages. We are now in 2025. Many of these projects are going to be held up by planning. We are not going to reach that 2030 target. I am not saying that the discussion revolving around this nuclear option will happen within five years either but it is a conversation that this Government should be willing to have. We are already taking in nuclear power through the back door. We are outsourcing that responsibility to the French. Let us be brave. That is what leadership is about. Sometimes we have to take very difficult decisions to be of the best advantage to the people that we represent. I am disappointed with this. Our energy vision is not good enough and nuclear energy is part of that. I wish to see our Government move towards that provision.

Deputy Timmy Dooley: The Senator firmly believes in this and is passionate about it. I do not question the sincerity but I have to tell her what the Government position is. She raised an important point about the planning permissions that are required even to get wind turbines in place. There is significant pushback against that on land.

10 o'clock

The plan is that at sea, we believe there will be fewer objections because it is away from the shore. If it is difficult to get planning permissions for turbines I am sure the Senator will accept that trying to move the public towards nuclear reactors in Ireland is a whole new ball game. I suspect that whatever potential difficulties there might be on planning for either off-shore or onshore wind turbines, I would not underestimate the complications and the push back from the public if we were to move on nuclear reactors onshore, even to get basic grid capacity. The Senator will be aware from her own general area and the North-South interconnector how communities are so averse to any infrastructure like that. I believe the best chance we have of energy security is to harness the huge potential that is offshore.

I do take the point, and Senator Keogan makes it very well, that the wind does not blow all the time. Work is ongoing when the wind is blowing in a significant way and the demand is not there. Through electrolysis it can be converted to hydrogen and onwards to ammonia, which is a stable source of securing the energy and storing it.

There is an overarching plan and maybe we will have a debate in the House again at some stage if Members want to do that where I can set out much more broadly the Government's vision for a safe and secure supply of electricity to meet our targets. I thank the Senator again for her interest.

Health Services

Senator Linda Nelson Murray: I am here today to talk about women's well-being and sexual health well-being. I am looking for a clinic for County Meath. County Meath has a growing population of about 240,000 people, and we can take it that 120,000 of them are women. Would the Minister of State believe that Meath has only half the number of GPs recommended by the World Health Organization for a county of its size? The county has the lowest number of GPs per head of population in the country at 54 doctors per 100,000 according to recent figures from the Irish College of General Practitioners. The WHO recommends 100 GPs per 100,000. If trying to get a GP appointment within two weeks, a person would be very lucky to find one. Consider a new patient who is trying to register in a GP practice in County Meath. There is very little chance. It is nearly impossible. Imagine being a young woman, concerned perhaps about family planning, about her sexual health, or maybe she has had a pregnancy scare and wants somewhere to go. She may do a little search on her phone and find there are no women's sexual health well-being clinics in County Meath. Not only that, it will take at least two weeks to be able to see a doctor. She might be a little bit embarrassed to go in to her regular GP.

I am speaking about a clinic that offers services in respect of sexual health, contraception, fertility, counselling, a woman's cycle and period problems, menopause, smear tests and urinary stress incontinence. There is a great website, *sexualwellbeing.ie*, that can guide a person in all aspects of sexual health and unplanned pregnancies but to go to a clinic, one must travel to Dublin or Drogheda. Surely towns such as Navan, Trim or Kells would be far more suitable locations for the people of Meath. We have a super hospital in Navan and a new primary care centre is opening. Perhaps they would be good locations.

It is worrying to think that in 2023, sexually transmitted infections in Ireland saw a notable increase with notification rates rising to 31% compared to 2022. I welcome that we have free

at-home STI testing kits but, as we know, many young people are living at home well into their 30s with their parents and I doubt they would want a package like that arriving on their doorstep. They deserve privacy and discretion, which only a well-being clinic can offer. I also welcome that hopefully, we will launch the sexual health strategy soon after the previous one expired in 2020. It was a 2015 to 2020 strategy and although I am delighted we are launching a new one I wonder why it has taken so long at five years.

Given how freely we can all talk about the big “M” word that is menopause, with conversations around menopause happening in cafés, restaurants and even in the office, such is the normality of talking about this now because it is no longer taboo, imagine removing the stigma around sexual health by it being more accessible and a service that can be obtained every day. Yesterday I attended a talk in the AV room on urinary stress incontinence, which is also part of sexual health for women. I listened to three women speak on how this has impacted severely and hugely on their mental health. Some of them have had to travel abroad to access the right service for them. That, however is another day’s Commencement matter, one that I would definitely bring in for another day’s work given its huge importance to women.

Today I am calling for access to a well-being clinic in Meath. I love the saying that sometimes the bravest and most important thing one can do is show up. In fairness to the Minister of State, he has shown up here today to discuss this topic. I have shown up here today as a female Senator to discuss this. Now let the women of Meath be allowed to show up at a clinic that is open and ready for them, ready to help their health, their mental health, their sexual health, and to allow them to continue to thrive.

Deputy Timmy Dooley: I thank Senator Nelson Murray for a comprehensive and passionate expression of her concerns on behalf of her constituents. It is clear to me that they are in good hands with the Senator representing them. I will pass on the comments from the Minister for Health, who unfortunately cannot be here. The Minister sends her apologies and has asked me to communicate with the Senator in advance.

I thank the Senator for raising this important matter. Sexual health is a priority for the Department of Health and the Minister is very clear on that. The drafting process for the national sexual health strategy 2025 to 2035 commenced in 2023. The drafting committee included policy, service delivery, and clinical leads working within the Department and the HSE. It was decided that the strategy should incorporate priorities from the programme for Government of 2025, *Securing Ireland’s Future*. These priorities included the commitment to supporting both sexual and women’s health. The Senator’s query is timely. The strategy and first action plan are at final stages of drafting and are being considered at ministerial level. The Department of Health hopes to be in a position to submit to Government for approval and launch it shortly.

One of the first priorities under the strategy, and the one that is already under way and resourced within the HSE, is to develop an integrated model of care for sexual health services. The model of care will examine the distribution, quality and the depth of sexual health services nationwide, assessing the regional delivery of care and identifying any gaps. It is at that point the issues in County Meath the Senator has outlined really well today would, I hope, be addressed in that context.

The new strategy in the model of care presents potential opportunities to broaden and deepen support for sexual health in line with the commitments included in our programme for Government. This work will be needed. As we all know, we have experienced rapid population

growth with accompanying pressures on capacity. The Senator has eloquently identified those pressures with regard to getting access to a GP appointment. The Department of Health is currently scoping the potential to make more services accessible through GPs, family planning clinics, and community pharmacists where feasible, in addition to those provided through the STI and maternity services. Their work to enable better access to free contraception through pharmacies is progressing currently, along with treatments for common conditions.

In sexual health services, free HIV and STI testing and care is available through our network of 23 public STI clinics, six of which are located close to Meath in Dublin, Drogheda, Dundalk and Mullingar. The Senator has identified that but I believe we also need to move beyond just going to STI clinics. That has a certain stigma attached to it, no different to what the Senator has already said. The Senator has identified the complications in relation to the free at-home STI testing service but the service is accessible nationwide and is estimated to have increased testing capacity by around 33%, improving access and allowing STI clinics to prioritise those with symptoms. Service improvements are ongoing. In 2025, an additional €1.35 million has been allocated to free at-home STI testing, HIV pre-exposure prophylaxis PrEP, and the free contraception scheme.

Under the women's health action plans we have invested additional funding of over €180 million since 2020. New services developed under the action plans include: additional gynaecology, menopause and fertility clinics; post-natal hubs; the free contraception schemes; period dignity supports; and more. As outlined in the programme for Government, we will continue to focus on improving women's health and LGBTIQ+ sexual and reproductive health. The Department of Health is also supporting the international commitments, such as the sustainable development goals, to which Ireland is a signatory.

Senator Linda Nelson Murray: I thank the Minister of State for his response but I knew all of the answers in the response. First, I do not know why the strategy took so long to come to the time where it is nearly launched. I welcome that is to be launched and I hope it identifies that there is a major gap in County Meath. As the Minister of State rightly said himself, maybe some people do not want to be popping into an STI clinic. A women's well-being clinic is definitely what we need. Perhaps people would have to get a bus. That said, young people find it hard to even get a driving licence, never mind trying to get insured for a car, so they have to get a bus to Drogheda, Dundalk or Mullingar. It is not suitable. We need something in County Meath.

I look forward to reading the health strategy. I hope it identifies that Meath is crying out for a clinic like this. It remains to be seen. I appreciate the Minister of State coming to the House and answering this for me.

Deputy Timmy Dooley: Not at all. I take the Senator's point. I wanted to set out in the first instance the position of the Government and the Department as to where they are at. Of course, the comments the Senator made and her presentation will be taken into consideration by the Department and the Government. She identified that there are practical issues on the ground in nearly every constituency. It takes time to get a doctor's appointment. The Government, in a holistic way, is looking at the evolution of GP services and trying to ensure the gaps and pressures are eased into the future. In a holistic perspective in the roll-out in services to Meath, that growing population is factor, and it is being worked on by the Government.

I thank the Senator for raising these issues. They will be communicated back to the Minister

and the Department. I hope that at some point in the future she will be back here reflecting, it is to be hoped, on a positive outcome. If it is not to her satisfaction, she will be more than well able to raise the issue again. We thank her for her presentation today.

Cuireadh an Seanad ar fionraí ar 10.11 a.m. agus cuireadh tús leis arís ar 10.35 a.m.

Sitting suspended at 10.11 a.m. and resumed at 10.35 a.m.

An tOrd Gnó - Order of Business

An Leas-Chathaoirleach: Before we move to Order of Business, I welcome Creagh College from Gorey. They are guests of Deputy Malcolm Byrne and I hope they enjoy their visit to Leinster House and the Seanad today.

Senator Garret Ahearn: The Order of Business is No. 1, statements on mental health and suicide prevention, to be taken at 12 noon and to conclude at 1.15 p.m., if not previously concluded, with the time allocated to the opening remarks of the Minister not to exceed seven minutes, group spokespersons not to exceed ten minutes, all other Senators not to exceed three minutes and time may be shared, and the Minister to be given not less than seven minutes to reply to the debate. On the conclusion of today's business, the House shall stand adjourned until 2.30 p.m. on Tuesday, 20 May 2025.

Senator Fiona O'Loughlin: This is the first time Senator Ahearn has taken the Order of Business during this mandate, so I wish him well with that. All of us across the country were absolutely shocked when, nine years ago, we heard of the appalling murder of Clodagh Hawe and her three sons, Liam, Niall and Ryan, by their husband and dad. I was very moved over the weekend to hear her sister Jacqueline Connolly speaking eloquently about the impact that horrific tragedy had on their family. I had not realised there had been two previous tragedies in the family. Sometimes it is awful to hear how much any one family has to endure. Jacqueline has just finished writing a book called *Deadly Silence*. She feels very strongly, and I agree with her, that the serious crime review findings in this case should be released and would be of particular importance to domestic violence services in understanding the background to what happened.

Separate to that, there has been an independent study on familicide and domestic and family violence death reviews which made 212 recommendations. Three consultation groups were established: a family consultation group to support victims, a cross-functional interdepartmental group and an advisory group of NGOs. I understand the Minister is meeting with the groups and that a lot of work has been carried out on some recommendations, particularly the one on guardianship rights. It is important to ask the Minister to come to the House to have a debate on those 212 recommendations, get a progress report on where some of the important recommendations are and look into the ones that have not been advanced.

The other issue I want to speak about relates to electronic health records. Data for patients is typically held in separate systems across separate care settings. Commitments have been made to develop a national shared care record which will enable healthcare professionals working in acute hospitals to see information about the care a patient is receiving in the community and

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vice versa. This is critical to the reform of our healthcare. Equally so is a national electronic health record system providing a digital health record of a patient's journey through life. All of this is expected to improve clinical outcomes for patients. It is important we get information on where we are with these two types of data-sharing systems that will help professionals and patients.

Senator Evanne Ní Chuilinn: Today, 15 May, is Hyperemesis gravidarum awareness day. Hyperemesis gravidarum, HG, is the medical name for extreme nausea and vomiting during pregnancy, which affects approximately 2% of pregnancies, so 1 in 50.

Unlike typical pregnancy sickness, it is highly debilitating with women often unable to work, look after their other children or leave the house or bed. It results in frequent hospitalisation and lasting physical and psychological effects. Some women choose to terminate their otherwise wanted pregnancies as a result. Without treatment, and in severe cases, it can be life threatening from a range of causes, including organ failure, venous thromboembolism, VTE, brain damage and suicide.

Recent research strongly suggests that HG is a genetic disease caused by an unusual sensitivity to the growth hormone GDF15, which is produced by the placenta in pregnancy. Physiologically, it is very similar to the extreme nausea and vomiting caused by platinum-based chemotherapies. Yet women, with the same levels of sickness while pregnant are often told it is normal and that is due to inconsistencies in care.

Cariban is one of the most common medications used to treat HG. Since August 2024, it has been available on the medical card and drugs payment scheme, which is a welcome development. That is due in large part due to the #HG2costly campaign by Hyperemesis Ireland.

The next focus for those campaigning on behalf of women suffering from HG is the publication of updated clinical guidelines for medical practitioners to help improve and standardise treatments. This report was due in the first quarter of 2024 and has not yet been released.

At the moment HG patients are navigating a system where early and appropriate access to care can depend on where you live and which doctor you happen to meet rather than how sick you are or what treatment you need. We have some excellent and, indeed, world-leading HG care in Ireland but this should not be restricted to just a few maternity units. It should be available no matter where and how a HG patient needs treatment. The updated clinical guidelines will help with this.

Improved HG care needs to be part of the next national maternity strategy to reduce the burden on patients, their babies and the health system. HG has multiple effects on the physical and mental health of the woman during and after pregnancy but also on babies born after a HG pregnancy. Much of this suffering and its associated costs to the health system is preventable with proactive, standardised and equitable access to HG treatment.

I would welcome a debate with the Minister to get clarity on a timeline for the publication of the updated clinical guidelines, and to ensure that improved hyperemesis care is included in the new maternity strategy.

Senator Pauline Tully: Senator O'Loughlin has mentioned the murder of Clodagh Hawe and her three sons. Being from Cavan, I remember hearing about it on the day and it sent shock waves through the whole country. I commend Clodagh's sister, Jacqueline Connolly, on

speaking out on a previous occasion and for writing a book about this. At the time, some of the media reports and others described the perpetrator as a pillar of society and how this was a tragic event. To me, a tragedy suggests something accidental or that could not be helped. This person was not a pillar of society. He was a murderer and he should be called out for what he was, namely, an absolutely shameful individual.

I wish to raise the issue of the continued delays in dealing with appeals by An Bord Pleanála. Local authorities must give a decision on a planning application within a set length of time and applicants must adhere to that but the board does not, so the process can go on for ages. Yesterday, a person contacted me and told me they had received planning permission in March 2024. An appeal was lodged with the board by a third party a few weeks later but the appeal still has not been dealt with and a year has elapsed. The board did write to the applicant notifying that an inspector would conduct an inspection in August but no one arrived. The board again sent a written notification that an inspector would visit before Christmas but nobody arrived. The applicant still awaits a decision and cannot get anywhere, which is totally unfair.

I ask the Acting Leader to raise this issue with the Minister, Deputy James Browne, to see whether something can be done such as putting resources into the board to address this issue in order that people do not have to wait an endless amount of time without an answer during an appeal.

Senator Gerard P. Craughwell: In recent days, AIB has repurchased quite a lot of its shares from the Government. On the one hand, we should be happy about this. On the other hand, it brings back to mind the misery that the financial crisis brought to this country. There are still tens of thousands of people who are severely in debt and have distressed mortgages. These distressed mortgages have been passed from banks to shark funds, from shark fund to shark fund or to vulture funds or whatever what one wants to call them. I am familiar with some people who are still in that situation, many of whom are of my own vintage. They are getting letters from vulture funds demanding payment, and threatening to take properties, etc., but there is no signature on the bottom of the page and they have no idea who runs the organisation as there are no names or anything else on the letters. I am glad that AIB has found itself liquid again and in a position to buy back its shareholding from the Government but I wonder about the people who are suffering today. How do they feel knowing that this bank, which was bailed out on the backs of workers and taxpayers, managed to offload the problem to somebody who is still crucifying the individuals who owe a few bob? I cannot begin to imagine what it must be like to be in your late 60s and find yourself in a situation where you have a vulture fund chasing you. We need to go back and see how we might assist those people to get out of financial trouble.

To a certain degree, the AIBs, Bank of Irelands and Permanent TSBs of this world have an obligation to the customers that they misled. I remember my young brother - God be good to him as he is long since gone - borrowing money and two banks competed. One of the banks brought him to St. Petersburg with five of his friends for the weekend in order to get him to sign on the bottom line. While individuals borrowing for their properties or whatever is a different story, the elderly are facing threats from these faceless people. At the very least, people should know the names of the directors of the organisation that currently holds your mortgage. People should have the name of a contact person and I am not talking about a 21 or 22-year-old who has no authority. People should have the name of a contact person that they can sit down with, meet and discuss the situation.

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I call for a debate with the Minister for Finance to be arranged to specifically discuss distressed mortgages and the fallback to what the banks did to this country; not the individuals but the banks. Let us consider what Iceland did. Iceland walked away.

Senator Manus Boyle: I want to raise an issue I feel really strongly about. A couple of weeks ago my daughter fell and I took her to an accident and emergency unit. We arrived at the unit on a Sunday afternoon about 4 o'clock and there was a lady there with severe disabilities. My daughter and I were there for the guts of ten hours. I am not giving out about the wait as it was a busy place but that poor woman was in a wheelchair and her husband had to try to look after her for the guts of ten hours. I offered her my daughter's place to let them go ahead but I was told that the lady had to be seen by staff from a different department.

I call on the Minister to ensure that people with disabilities are fast-tracked. I ask because it is inhumane to keep people sitting there. The poor husband did his best to assist his wife and the image of that has been lodged in my head since. It is totally wrong and inhumane for that women to have to wait for the guts of ten hours. I do not know how she sat for so long or how long she had to wait to receive treatment. A fast-track system through accident and emergency units should be in place.

Senator Chris Andrews: American football is coming to Dublin. Craig Hughes, in his article for the *Irish Daily Mail*, highlights that the Government will spend €10 million on this event and on bringing over the two American teams. Yet, at the same time, 77% of Irish amateur football clubs do not have adequate changing facilities for women. The Government continues to ignore Irish football because four years ago, the Taoiseach said on radio that he would ensure the Government invested in academy football, yet not one cent has come across since then. The figure of €10 million would be transformative for grassroots and academy football. Before the previous general election, Fianna Fáil and Fine Gael included a 1% betting levy increase in their manifestos. After the election, that was dropped and was not included in the programme for Government. When the votes were counted and the two parties returned to Government, they decided to drop that from the programme for Government. That would be a hugely sustainable source of income for football and sports in general. It is a huge miss by the Government.

It is not the first miss by the Government in supporting Irish football; the Brexit adjustment fund was missed by the Government. It would have helped League of Ireland football clubs to access long-term, sustainable funding. A 1% betting levy increase would have taken in nearly €50 million. What would that do for Irish sport? Ireland is at the bottom of the European league in terms of investment in sport. A figure of €50 million would have made a huge difference. It would have been sustainable. It would have funded grassroots academy football and ensured the 67% of Irish clubs that lack suitable women's toilets were able to access funding. Will the Acting Leader invite the Minister to the House to have a debate on funding for Irish football and sports in general?

Senator Mike Kennelly: I rise this morning regarding serious health concerns for the people of Listowel in north Kerry and the people of west Limerick. I am calling for the full restoration of the SouthDoc services at Listowel primary care centre. As stated, I am calling on the HSE and SouthDoc to immediately restore full out-of-hours GP services at the Listowel primary care centre to their previous operational levels. The recent reductions or alterations of these services have had a serious impact on the healthcare access for the people of north Kerry, particularly the elderly, families with young children and those without the transport to travel to other centres.

SouthDoc plays a vital role in providing urgent medical care during evenings, weekends and public holidays. Any scaling-back of these services has compromised and will compromise patient safety and places an additional strain on elderly, overburdened emergency departments. The people of Listowel and the surrounding areas deserve equitable and timely access to health-care. I strongly urge the HSE and SouthDoc management to work with other local representatives and community stakeholders to fully reinstate the normal out-of-hours services at the Listowel primary care centre without delay. I am calling on the Minister for Health to come to this House for a debate on these serious health concerns for the people of my area.

Senator Sarah O'Reilly: New figures have come to light showing that nearly 4,000 deportation orders have been overturned in the past decade. The State is now revoking more deportation orders than it is actually enforcing. The Ministers, Deputies Helen McEntee and Simon Harris, oversaw the highest number of revocations. The Minister, Deputy O'Callaghan, has already quashed 127 deportation orders this year alone. This is a complete failure of enforcement and of proper immigration control.

Aontú supports a fair and compassionate asylum system. We believe Ireland should offer refuge to those fleeing genuine war, persecution or violence, but the system must be firm and credible. That credibility is being utterly undermined when deportation orders issued after extensive legal processes, including appeals and judicial reviews, are so frequently revoked. The Government is talking tough but the numbers do not lie. In reality, the enforcement of deportation orders is weak, inconsistent and lacks transparency. This totally undermines public trust in the integrity of our immigration system. Advantage can be taken of it. Only a week ago, the Minister stated, "If there is not a consequence, it is going to mean that the system is pointless because whether [a person gets asylum] or not, [they] are staying [in the country]". The Minister, Deputy O'Callaghan, also denies claims that chartering deportation flights was simply an attempt by the Government to appear stricter on immigration. How can people trust this when we now know there have been more deportation orders quashed than have been actively enforced since the start of this year? We need a debate in this Chamber on that issue.

Senator Gareth Scahill: I rise today in response to a UN report yesterday that highlighted the fact that Irish teens are among the least happy in the developed world. Irish teenagers are among the least happy in high-income countries, despite leading the world in academic skills. This report also highlights that Ireland's youth suicide rate was found to be above the international average.

Two debates have happened in this Chamber recently. I wish to explore the impact of social media on our younger people, especially our school-going children. The kids in school nowadays are social media natives; not like the rest of us, who are potential social media immigrants. They have grown up with this and it is something they have always experienced. The impact of its use is something on which we must have a debate about in this House. Prolonged use of social media is linked to depression, anxiety, isolation and poor body image.

Despite the downsides, there are positives regarding social media. We owe it to the next generation, the social media natives, to have a conversation in this House and talk to them about the long-term impacts of social media on their future lives and the benefits of same. I call on the Acting Leader to arrange a debate to discuss that, if possible.

Senator Aubrey McCarthy: I raise the matter of Lyme disease. This month is Lyme disease awareness month. For those who do not know, it is a bacterial infection that can be caused

by tick bites. Interestingly, this week there was a protest outside the gates of Leinster House by people who have been affected by Lyme disease. I have had fascinating conversations. It is a disease on which I was not too informed. I met one lady, Anne, who was incapacitated for the past 30 years after getting a bite on a beach many years ago. While I was discussing this with fellow Senators, one of them brought up the point that a person in his own industry, a dynamic individual, received a bite when he was jogging in the Phoenix Park and is now incapacitated too. It is a very serious disease and is something that can affect every one of us.

One thing I learned from talking to the Lyme disease protestors was that it is preventable and curable if caught in the early stages. It is essential that our Minister for Health and the Department invest in early detection kits. There is a new, Covid-type test that is helped by AI, is meant to be very dynamic and comes from Switzerland. One of the ladies outside the gate had taken medical tests with her own tests in Ireland for eight years and was cleared of Lyme disease. She then went to Switzerland and the test showed she had Lyme disease and it was too late to do anything about it. I am asking for investment in tests that will produce the proper results. A total of 5% of ticks in Ireland carry the Lyme disease bacteria. We need to be Lyme-aware and invest in proper testing.

An Leas-Chathaoirleach: As there are no other Senators wishing to contribute, I call the Acting Leader to respond.

Senator Garret Ahearn: I thank all the Senators for their contributions. Senators O'Loughlin and Tully spoke about the tragic case of Clodagh Hawe and her three children. First, I acknowledge the incredible bravery of Jacqueline to be able to speak about this tragic incident that happened to her sister and her nieces and nephews and to write a book about it. Senator O'Loughlin raised the serious crime review findings. They need to be released. There is an opportunity for the Minister for Justice to come to this Chamber. The Minister, in fairness to him, has always been accommodating to come to this Chamber since his appointment as Minister for Justice. If there are 212 recommendations, it is important they are put in place as quickly as possible. I think everyone who heard the story of that murder from number of years ago would be heartbroken that innocent children were murdered by their own father.

11 o'clock

Senator O'Loughlin also raised the issue of electronic health records and sought an update from the Minister. I will ask the office to do that. I was in hospital for a number of weeks a year and a half ago after an infection. It is all done through paper. It would be so much simpler for all hospitals across the country if it were done electronically. It is something we have waited a long time for, and it would help the patients, doctors and nurses, and GPs in particular. I will get the office to do that.

I smiled when Senator Ní Chuilinn brought up the issue she raised. I was probably the only Senator - actually, Senator Clifford-Lee was another - who used to raise hyperemesis gravidarum in this Chamber. In fairness to the previous Minister for Health - most Ministers for Health receive a lot of criticism, and rightly so, although sometimes unfairly - he did an awful lot for women's health, and one of those things he did was to make Cariban available to women who suffer from hyperemesis gravidarum during pregnancy. As the Senator said, it is an incredibly debilitating illness. People think it is just morning sickness or normal pregnancy, or sometimes that people are overexaggerating how much they are suffering from it. It is something I am quite familiar with, however. It is important that changes have been made, but I agree with

the Senator that it cannot be the case that some areas in the country receive the top-quality service they need but other areas do not receive the same type of service just because guidelines have not been updated and they are not as informed on or included in the health strategy. That needs to be improved. I will talk to the Minister about that issue.

Senator Tully spoke about the delays on appeals to An Bord Pleanála. Every one of us in this House has examples right across the country where we see delays. We all have different perspectives, but everyone acknowledges that housing and the building of houses is the number one priority for all of us. In fairness to the Minister for housing, that is why he is looking at ways to speed up processes, and An Bord Pleanála is one of them. The Senator is right; an awful lot of funding has been put in place to try to speed this up and there have always been delays in terms of objections. That needs to be looked at to a certain extent. However, we cannot have a situation where we are seeking to build houses, particularly for young people right across the country, and waiting 14 or 15 months for An Bord Pleanála just to make a decision. I will raise that with the Minister.

Senator Craughwell raised the issue of AIB shares being sold. He touched on the stress many people have suffered over the past 15 years in terms of loans or mortgages they had that were sold to vulture funds. It is an incredibly distressing time for those people and their families in particular. Unfortunately, I am aware of one or two people in County Tipperary who actually died by suicide because of the stress that was caused by vulture funds putting immense pressure on them and their families. That is something that certainly needs to be addressed. However, it is important that shares have been bought back by AIB. It has been a long time coming from where we were back in 2008. I take the Senator's points, however.

Senator Boyle referred to the fact that he was with his daughter in an accident and emergency department and witnessed a woman with disabilities who had been waiting for 10 hours. That is utterly unacceptable. I suggest that he write to the Minister on it. All decisions that are made in a hospital are made by people working in the hospital in terms of who is seen first or second, but it does seem utterly unfair that someone who has severe disabilities would not be prioritised in some way in terms of being looked after. I ask the Senator to write to the Minister on that issue.

Senator Andrews raised the positive news that the NFL is coming to Dublin. The Government is investing a significant amount of money in it. As a person who is from the city, I know the Senator sees the financial benefit of that coming to Dublin from an economic and tourism perspective. The Steelers and the Vikings are quite popular teams. I am an NFL fan. The event will be quite popular and I am sure it will be a very good weekend. In saying that, as the Senator knows, I am a very good supporter of the FAI and Irish football, and we need to invest more in grassroots football. The Senator was at the briefing two weeks ago with the FAI. It has put forward a really credible plan that can transform Irish football at youth level over the next ten years. As a result of Brexit, young, talented Irish soccer players cannot go to England until they are aged 18. I know the Senator is aware of that because he is very passionate about the issue. Damien Duff and people like that went to clubs there at age 15 or 16 but people now cannot go until they are aged. That means the quality of coaching and training needs to be up to a standard right across Europe in order that those players have top-quality international coaching during those important years of 16 and 17 to prepare them for when they move to the UK a number of years later and become Premiership players and players at international level. I take on board exactly what the Senator said. He made a very good point. The Minister for sport should come into the Chamber. I will ask the Leader's office to try to arrange that in the

coming weeks.

Senator Kennelly raised the issue of Listowel Primary Care Centre, and the need for full restoration of out-of-hours SouthDoc services. I know he is very passionate about this. I suggest that he table a Commencement matter and bring the Minister for Health into the Chamber to discuss it. I was down in the Senator's county a couple of weeks ago doing a cycle around Dingle. One of my friends made the strange decision to take his hands off the handlebars while he was cycling up a mountain. He fell and I ended up having to drive him to the SouthDoc in Dingle to get nine stitches. The out-of-hours service was not on but, in fairness to the GP, he came in and did nine stitches for my friend. He should not have taken his hands off the handlebars, but anyway.

Senator Chris Andrews: He is a bit old for that.

Senator Garret Ahearn: Exactly. This issue is really important, however. The people of Kerry need to receive the sort of service they are used to receiving. I agree with the Senator that the HSE needs to consult with all public representatives in the area to make sure that a satisfactory agreement is put in place.

Senator Sarah O'Reilly raised the issue of deportation orders. There are an awful lot more people coming into this country. There is absolutely no doubt about that. Changes have been made by the Minister for Justice in the months since he has been appointed. We have seen a number of flights on which people have been deported. Many people leave voluntarily; that has always been the case. We need to do more of it. We need to enforce it. The Senator said that these flights are just done to show that the Government is doing something. I remember two or three instances in the past two years when we were asked to put on these flights to bring people back to the countries from which they came. That is what is happening with the Minister. In saying that, the Senator is right; we need to do more and it needs to be fair and transparent. More people are coming in every single year. That means we have more approvals for people who are allowed to stay here, but it also means we will have more deportations, and we need to be able to facilitate that if they do not leave voluntarily.

Senator Scahill raised the issue of the UN report which indicated Irish teens are the least happy and the suicide rate is above the EU average. I agree with the Senator; how we manage social media for young people is one of the biggest challenges we have as a Government. I was debating during the week what we can do for under-16s in particular. I was actually amazed to discover that 93% of kids aged between eight and 12 have a smartphone, which is absolutely crazy. Young people cannot get access to awful lot of social media companies until they are aged 13, and then they need parental guidance between the ages of 13 and 16. There is no rule in place for every single one of them, however. They are all different. We need to be real. Young people are able to get on to these sites and are influenced by them, and they do have a detrimental effect. We are very lucky at the moment to have good weather outside. Senator Scahill has two young daughters and I have two young boys. The last thing we want them to be doing is to be on social media all day. We want them out playing and enjoying their youth. To do that, however, we really need to wake up as a country and certainly regulate it more.

Senator McCarthy raised the issue of Lyme disease, which is something I am not hugely familiar with. He gave the example of someone who had a bite and then had a very serious reaction to it. The fact is that these are preventable if caught early. The Senator is correct; if we can invest in early intervention kits to simply stop something as serious as what could happen

from contracting Lyme disease, I certainly think we should do it. I suggest that the Senator raise that as a Commencement matter for the Minister.

An Leas-Chathaoirleach: I welcome the students from Straffan National School in County Kildare and Sancta Maria College in Rathfarnham. I hope they enjoy their visit to Leinster House today, especially to the Seanad. It is the tradition of the House that they have homework off for the rest of the day.

Senator Evanne Ní Chuilinn: The rest of the week.

An Leas-Chathaoirleach: It is the week, is it? I hope they enjoy their visit.

Order of Business agreed to.

Cuireadh an Seanad ar fionraí ar 11.10 a.m. agus cuireadh tús leis arís ar 12 meán lae.

Sitting suspended at 11.10 a.m. and resumed at 12 noon.

Mental Health and Suicide Prevention: Statements

Minister of State at the Department of Health (Deputy Mary Butler): I am pleased to be here in the Seanad to discuss the very important topic of mental health and suicide prevention. This month is mental health awareness month, and today is “Hello, how are you?” day, when we mark the annual campaign led by Mental Health Ireland which encourages meaningful conversations and reminds us of the power of this simple question. The message of the campaign is that talking about mental health can be difficult but starting that conversation does not have to be. This is my first time speaking on Seanad statements since I was reappointed as Minister of State with responsibility for mental health. It has been an honour and privilege to be the first person to bring the mental health portfolio to the Cabinet table. This is a real milestone for mental health in Ireland and shows the importance it has for the Government.

Our statements today are about mental health and suicide prevention. As a society there is a huge amount for us to reflect on when it comes to the issue of suicide. Each death is so devastating for that person, their loved ones, friends and communities. As I have said before, there is no greater tragedy than someone deciding that life is not worth living. As Minister of State, I never lose sight of this and it is a critical area of focus for me. All of us in the Government are committed to improving mental health services and reducing suicide.

Just last week I brought a memo to Cabinet, to update Government on key developments in suicide reduction, and to note the significant reduction in the suicide rate and the reduction and stabilisation of the self-harm rate. In recent years there have been several positive developments in reducing suicide and self-harm rates in Ireland. Between the years 2000 and 2021, Ireland has seen a 28% reduction in the suicide rate. This has resulted in Ireland having the 11th lowest suicide rate in the EU for all deaths, according to Eurostat data. Government also noted that preliminary data for 2023, showing 302 deaths, was the lowest preliminary figure in more than 20 years. Of course, this is provisional data and it will be revised upwards, but we are making progress.

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Recently published data from the National Suicide Research Foundation self-harm registry also highlights that, between 2010 and 2023, self-harm rates decreased by 12%. This is another positive development, as previous self-harm remains the biggest risk factor for suicide.

When we talk about suicide reduction, we never want to focus too much on figures. We are always conscious of the people we have lost and how much more we need to do. The developments in reducing the incidence of self-harm and suicide have been primarily realised through work aligned with the goals of Connecting for Life, our national suicide reduction strategy. There has been sustained investment in suicide reduction initiatives, and the budget and expenditure of the HSE's National Office for Suicide Prevention has increased from €5 million in 2012 to almost €15 million in 2025.

Suicide remains a critical public health issue, particularly among men. Men account for almost 80% of suicide deaths. I am acutely aware of this and budget 2025 allocated €2 million to enhance the provision of counselling supports for men. Two thirds of counselling services in Ireland are accessed by females. It is really important we support younger, middle-aged and older men to reach out and ask for that help.

My Department is working to develop a successor suicide reduction policy for Ireland. A public consultation is in progress with 1,895 submissions to date, where many people have been generously sharing their stories, their lived experience and their living experience. I look forward to bringing the new policy to Government for approval later this year.

The reform of Ireland's mental health services is guided by Sharing the Vision: A Mental Health Policy for Everyone. Sharing the Vision is a far-ranging and comprehensive policy, with the vision of creating a mental health system that addresses the needs of the population through a focus on the requirements of the individual. To do this, the policy contains 100 recommendations for the ongoing enhancement of our mental health services as well as recommendations for promoting positive mental health and developing upstream prevention and early intervention supports, in line with international best practice. The policy is action-oriented and focused on better outcomes for people experiencing mental health difficulties to bring about tangible changes in their lives and achieve better results, with the voice and expertise of people with lived and living experience embedded throughout.

Since I launched the policy in 2020, we have seen significant progress in the improvement, enhancement and reform of our mental health services, in particular across the roll-out of our national clinical programmes. I have prioritised the national clinical programme on eating disorders since my first appointment as Minister of State in 2020. The reality is that there was very little support available for people with eating disorders prior to the now-annual investment of more than €9 million in the clinical programme. The most effective treatment setting for eating disorders is in the community and we now have 14 of the 16 teams envisaged by the model of care funded. Most teams are fully operational with almost 100 dedicated clinicians seeing people every day. Other teams are at different stages of recruitment and preparation for being operational.

Prior to the inception of the national clinical programme for adults with ADHD, which I launched as Minister of State in 2021, there were no specific ADHD public services available for adults in Ireland. The new clinical programme for adults with ADHD is now being implemented across the country by multidisciplinary teams on a phased basis, with seven teams already operational. In budget 2025, I secured the funding to complete the roll-out of the pro-

gramme and bring ADHD teams to all areas of the country.

In addition to the progress made in our national clinical programmes, I recently announced a significant €31 million capital investment for mental health in 2025. This is the largest ever one-year allocation for mental health infrastructure and forms part of the Government's broader commitment to delivering modern, fit-for-purpose, person-centred mental health facilities. We have made a lot of progress, but there is much more to do. I was delighted to be reappointed as Minister of State to be able to keep delivering the much-needed changes and improvements required.

Mental health is everybody's business. It is a whole-of-population and whole-of-government issue. There is no health without mental health. I look forward to being back in the Seanad very soon with the new Mental Health Bill which passed Second Stage in the Dáil in September. I will be looking for Government approval in the next two weeks for 153 amendments to the Bill. I will be bringing it to Committee Stage and then look forward to bringing it to the Seanad where I hope I will get full support for it.

Acting Chairperson (Senator Garret Ahearn): I welcome those from St. Mary's secondary school in Edenderry, County Offaly. They are very welcome and I hope they have a lovely day today.

Senator Teresa Costello: I welcome the Minister of State to the Seanad today. I acknowledge mental health awareness week. I must admit that I only heard last night that this initiative has been running for 20 years. It is a testament to the growing awareness of and commitment to mental health across Ireland. Each year, this week is marked by a theme. In 2021 it was nature; in 2022 it was loneliness; in 2023 it focused on anxiety; in 2024 it was movement; and this year, 2025, appropriately, the theme is community. What a vital role community plays in mental health.

We all know that mental health struggles are often invisible. They are not always seen but very deeply felt and can be incredibly isolating. That is why community support is so crucial. It wraps around people when they need it most. In my community of Tallaght, I have seen at first hand the extraordinary power of community-led mental health support. Individuals after experiencing personal tragedy have gone on to become pillars of strength for others. I refer to people like Johnny Fox, may he rest in peace, who was one of the original forces behind Darkness into Light; Mary McLoughlin, who founded HOPE Tallaght; and Jean Haas, who established NINA for Life suicide awareness. These are just a few names among many. There are countless volunteers and advocates. I could stand here all day naming each person who is lighting a path forward for others in pain.

Just last weekend, our community came out in strength for Darkness into Light. Walks were held in Thomas Davis GAA Club and St. Anne's Park. HOPE had a walk in Dodder Valley Park. NINA for Life organised a walk in Kingswood. There was a Pieta House event in Tymon Park. I am sure there were other events that I missed. The message was clear that our communities care deeply. These walks are more than just events. They are symbols of shared loss, shared strength and the belief that no one should ever face darkness alone.

The programme for Government, Our Shared Future, acknowledges this. It commits to radically reforming Ireland's model of mental healthcare and fully implementing Sharing the Vision, the national mental health strategy. That includes annual increases in mental health

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funding, 24-7 access to crisis mental health services, stronger mental health supports in primary care and community hubs, and targeted supports for young people in schools and youth services. Mental health services are allocated almost €1.5 billion of funding for 2025; a record level. Since 2022, the mental health budget has increased by 44%. This investment is enabling significant change and improvement to how we support people in suicidal crisis, people with ADHD, eating disorders and access to talking therapies for men, in particular. Investment alone cannot solve this issue. We must reform how mental health services are structured and organised. Our focus is on providing early access to support through community-based teams, preventing people from becoming more unwell and requiring inpatient treatment.

While recruitment remains challenging, it should be noted that between the end of 2019 and February 2025, mental health services saw a net growth of 753 posts. Over 96% of those posts are for those involved directly in client care.

The mental health of our youth must be our number one priority. Irish children today are growing up in a world which is vastly different and undoubtedly more challenging than any previous generation. Growing up and navigating your teenage years has always been awkward and difficult, but technology and social media have added an entirely new facet to this. As parents, it can be difficult for us to know how to support our children through these times, which is why it is important for them to have mental health services to which they can turn. There were 4,228 children on the child and adolescent mental health services, CAMHS, waiting list nationally in February 2025. The Government has prioritised the reform of CAMHS, and youth mental health services more generally, through the establishment of the first ever child and youth mental health office in the HSE, with a dedicated national clinical lead and director. As part of budget 2025, additional posts will be recruited into CAMHS to improve access to services and reduce waiting lists. Alongside this, €3 million in recurring ring-fenced funding is provided to address CAMHS waiting lists. That money is badly needed.

Mental health must be treated with the same urgency and seriousness as physical health, not just in theory but in how we fund, plan and deliver care. Mental health is also about more than just services; it is about belonging, connection, compassion and hope. It is found in small acts, including how we check in on a friend, make room for a child who is struggling and create safe and welcoming spaces in our schools, sports clubs and community centres. Let us use mental health week not just to raise awareness but to reaffirm our collective responsibility to ensure no one feels alone and that every person, regardless of age or background, knows that it is okay to ask for help because help will be there.

Senator Aubrey McCarthy: I welcome the Minister of State. I am grateful for the opportunity to speak on a matter that affects society as a whole and certainly affects the area that I have volunteered and worked in, which is mental health supports in Ireland. A recent study by the European Commission showed that 44% of Irish citizens reported difficulties accessing mental health services. That was the highest rate in the EU. It also found that 63% of our population have experienced emotional or psychosocial problems in the past year. That means Ireland is ranked the third highest among all the EU nations. Despite that, Ireland only allocates 5.1% of its health budget to mental health initiatives. That falls way short of the WHO's recommended 12% and the Sláintecare reform, which recommended 10%. We are way below that level.

That underinvestment is evident in the staffing of areas of mental health. Some 30% of permanent consultant psychiatry posts are vacant at the moment. We have limited infrastructure

for mental health. Only 22 acute mental health beds are available per 100,000 of population when the EU average is 70. I know we must cut our coat according to our cloth, etc., but this is an area about which I am passionate.

The situation is particularly dire for individuals who are facing dual diagnoses. As the Minister of State knows, dual diagnoses are where mental health issues coexist with substance abuse issues. A study by Mental Health Reform highlighted significant barriers for that cohort, with individuals saying there is poor collaboration between services, a lack of training of professionals and limited access to a continuum of care for such dual diagnosis individuals. The result is that many people are being turned away from mental health services due to having a substance misuse issue. They are being turned away from rehabilitation facilities because they have a mental health issue and, therefore, fall through the gaps without adequate support. With my experience of setting up Tiglin, nearly 20 years ago now, I have seen people impacted by addiction. I have seen at first hand the many families who have come to me with a son who has been smoking synthetic cannabis for many years, which has played havoc with his mind, and the chap in question now has a diagnosis of schizophrenia or something similar. There are considerable barriers in this area. Rehabilitation centres, such as Tiglin, Merchant's Quay Ireland and Cluain Mhuire Community Mental Health Services are underfunded to deal with the clinical needs that are presented. Hospitals are often unable to help people with their mental health issues because they are presenting with a substance misuse issue. It is in this gap that I believe people are losing hope and families are despairing. I have seen that at first hand. We are also losing people who can easily be saved.

The gap I have mentioned hampers recovery but also leads to repeated cycles in mental health institutions and the justice system. That could be avoided. Millions are spent every year to incarcerate individuals with dual diagnosis, which underscores the need for joined-up thinking.

From working in the sector, I think we need to treat the whole person. Let us stop treating the mental health issue separately from the substance misuse. We must establish an integrated care system so an individual is treated for both issues at the same time under the same roof.

We need to train our front-line staff, including doctors, nurses and carers. They need the tools to deal with dual diagnoses. A full debate is needed in this area as we cannot deal with dual diagnoses on the basis of outdated training formats.

Some €93 million has been spent to outsource to private healthcare in the past year. That is unsustainable for our economy. We need to invest in our own system and not just buy capacity but build it. As has been mentioned, we need to end the shame and stigma that go with mental health issues. We to reframe things so that when somebody is asking for help, it is seen as an act of strength and not of weakness.

My point is that we need to bridge the gaps in the area of dual diagnoses. Ireland's mental health supports require an effort on the part of all policymakers, stakeholders, healthcare providers, NGOs and society at large to prioritise integrated care, invest in the service and educate the people. We can then ensure that all individuals in the cohort I have mentioned receive the support they need.

At the end of her speech, the Minister of State said it is a whole-of-population and whole-of-government issue, which was welcome. I thank her.

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Acting Chairperson (Senator Garret Ahearn): I call Senator Maria Byrne, who I believe will share time with Senators Scahill and Cathal Byrne.

Senator Maria Byrne: I propose to share time with Senators Scahill, Cathal Byrne and Nelson Murray.

Acting Chairperson (Senator Garret Ahearn): Is that agreed? Agreed.

Senator Maria Byrne: I thank the Minister of State for coming to discuss this all-important issue. I know from working with her previously how passionate she is about the subject and how committed she is to changing the way we think of mental health and resolving the issues. It is frightening that it is predominantly young men who are affected by these issues. There is a higher suicide rate among young men than young females. This morning, the Limerick Mental Health Association hosted a business breakfast with over 300 people in attendance. The theme of this year's event was employee well-being as a strategy. It not just about support; it is also about having a strategy. The event was sponsored by Edwards Lifesciences, one of the medical health organisations that are big employers in Limerick. It is great to see the combination between mental health associations and what they are trying to highlight with their members. The Minister, Deputy McEntee, has set out that a priority of the Department of Education and Youth is the promotion of positive mental health throughout the education services. Where further interventions are needed, we must ensure that trained professionals are available.

Senator McCarthy referred to the issue of dual diagnosis, where a person has a mental health issue and an addiction at the same time. I wish to highlight a matter on behalf of my colleague, Senator Ní Chuilinn, who is very passionate about this issue. I have visited the Coolmine treatment centres in Limerick and Dublin, as has Senator Ní Chuilinn. We acknowledge the wonderful work they do. Coolmine has a psychologist who works in its female section but such care is not available to male residents. The big issue is that when men have issues, they have to be sent to accident and emergency. Likewise, that is what it comes down to in youth mental health as well. I know the Minister of State is trying to resolve this, but an accident and emergency department is not the right or appropriate place for people when they have a mental health illness, a little breakdown or whatever. Could we look at having a segregated section or area that people see as a safe space? When people have an episode, they look for a safe space and for support. We also need more psychologists spread throughout the country. The provision of a separate section in accident and emergency units would be a big help.

We have to start early. I suppose education is the right place to start. Some of those who have come through the education system are now not feeling very well, perhaps due to pressure or different issues. It is important that we support the Limerick Mental Health Association and other mental health associations throughout the country because they do wonderful work in terms of working with different age groups ranging from the young to the not so young. These organisations make people feel very welcome and there is no stigma. Limerick Mental Health Association has a mental health café where they bring in people and sit down with them to have a conversation. This is great because it helps people to have discussions and share experiences.

Senator Gareth Scahill: I thank the Minister of State and acknowledge that today is "Hello, how are you?" day. Mental health is a very topical issue. I do not have as much time as I would like to discuss it. Last summer, I had the pleasure of meeting the Minister of State in Castlerea, County Roscommon for the launch of the Discovery College at the CAMHS Connect unit in Castlerea, which promotes positive mental health and well-being in young people while

facilitating prevention and early intervention. The real message behind the provision of this new service is that everybody is equal. Traditionally, support was provided to 14- to 17-year-olds but the new service means that they do not just fall off the cliff at the end of that time. Support is now provided for 18- to 25-year-olds. The programme is very welcome and I hope it can be expanded in the very near future, during the term of this Government.

When it comes to CAMHS and CAMHS Connect, the one thing I do not want to hear about, specifically across the west of Ireland, is a staff embargo. I do not want to hear about that because mental health is too important an issue for a lack of staffing to hold back its development and prevent people getting the treatment they deserve and are entitled to. CAMHS Connect looks at emotional, behavioural and mental health supports. The young people in our society deserve those supports.

I would like my colleagues to acknowledge the Darkness into Light walks that took place nationwide last weekend and gave people an opportunity to talk about an issue that is often not spoken about. I compliment the groups in Roscommon town, Castlerea and Strokestown, where thousands of people came out to support an issue that has hit every rural community in the west of Ireland and nationally. I hope that having this conversation here will lead to the provision of additional supports to all those local areas.

Senator Cathal Byrne: I begin by wishing the Minister of State the very best of luck in her new role. Mental health is one of the biggest issues that face this country. It is an enormous challenge. As somebody who represents Waterford, the Minister of State is more than aware of the issues in my home county of Wexford.

I specifically want to highlight a motion that was recently passed by the members of Wexford County Council, which called on the Minister of State to intervene and deliver in Wexford a ten-bed unit for local urgent need, integrated with Wexford General Hospital. At the moment any person suffering from a mental health issue with suicide on his or her mind is brought to the emergency department of Wexford General Hospital and, if required, transferred to Waterford. Unfortunately, for a county as large as Wexford and its population, it is unacceptable that people are transferred to Waterford.

I am aware of the work that is under way in Waterford and the work that the Minister of State is doing in her local area to increase and improve the facilities that are available there. The people of Wexford need a small, designated ten-bed unit that is co-located with Wexford General Hospital to be provided. I am aware that the outgoing CEO of the HSE does not favour this proposal but someone new will take up his position. I urge the Minister of State to get involved in her neighbouring county. We are not looking for a large-scale unit like the one in Waterford. We are seeking a small ten-bed unit for urgent need because a mental health issue is not something that just happens between 9 a.m. and 5 p.m. from Monday to Friday. We need 24-hour access.

Senator Linda Nelson Murray: As the Minister of State will know, there is a wonderful organisation called SOSAD, which stands for Save our Sons and Daughters. I raise its case on my own behalf and on behalf of Senator Keogan who has worked with the charity as well. Since 2007, SOSAD Ireland has six full-time offices based in Cavan, Louth, Laois, Meath and Monaghan from which they provide one-to-one and remote counselling, and a 24-7 freefone crisis line. They also work from outreach offices, one of which is based in Navan, County Meath. Since its inception, SOSAD has been dedicated to supporting individuals and families

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across Ireland in the managing of their mental health. SOSAD was founded by Peter Moloney from Drogheda after the death of his son, Stephen. SOSAD, which offers compassionate and confidential support, recognises that early help can help to save lives and believes that nobody should struggle alone. As the Minister of State will know, the future of SOSAD hangs in the balance. Yesterday, SOSAD announced that it will have to charge its clients for counselling services due to its huge operational costs and large drop in funding. I appreciate that SOSAD has been working with the HSE for section 39 funding and that the Minister of State has liaised with the charity, but I urge her to do all she can for it. I ask her to work with SOSAD to get this through as quickly as possible so that it can continue the amazing work it does for thousands of people.

Acting Chairperson (Senator Garret Ahearn): I understand that Senators Nicole Ryan and Pauline Tully wish to share time. Is that agreed? Agreed.

Senator Nicole Ryan: I welcome the Minister of State. It is lovely to see her in the Chamber. I am here today to honour the memory of the people we have lost to suicide, and to mention some of them. David and Hazel Byrne, aged 52 and 51, were found in their home in County Kerry. Milly Tuomey was a vibrant 11-year-old whose tragic loss shines a harsh light on the gaps in our child mental health services. Her brave mother set up HUGG, a bereavement support group. Rían de Brún, from Ballineen in west Cork, was described as one of the happiest boys in the world but he took his own life when he was just 15 years old. Adam Loughnane from Galway, aged 34, was a bright young man who sought help at University Hospital Galway but tragically died just hours later. There are many more, some known and some unknown, who felt they had no way out, no path of hope. Each of these names is a life lost - a life that should have been saved - and the systems we are supposed to trust to care for them and for all of us are falling short.

I echo the sentiments of Senators McCarthy and Maria Byrne about the lack of cohesion in dual diagnosis services. I am an addiction counsellor. I have worked in addiction centres and homeless centres. In the homeless sector, addiction and mental ill-health thrive. I see it all the time. People are going around and around until – very few get lucky – they inevitably die. They fall through the cracks in society constantly. There has to be joined-up thinking between mental health and addiction services, as others have said.

When people are in crisis they should not be forced to attend an overcrowded accident and emergency department. There should be a rapid response, community-based support, crisis de-escalation teams, and accessible counselling, but these services are simply not there in every area. Instead, we see a postcode lottery of care and broken promises and that is particularly true for our most vulnerable. The postcode lottery is even more pronounced in rural Ireland. The disparity between urban and rural mental health services is stark. Everything is condensed in urban areas and there is very little in rural areas. People in rural communities face longer wait times and have access to fewer mental health professionals and limited access to specialised care. A young person in Ballineen or Belmullet should have the same access to care and crisis support as someone in Dublin 4, but that is not the reality. In too many rural towns and villages families are left to cope alone with services scattered, underfunded and simply absent. This imbalance is not only unjust, it is dangerous. The truth is that young people are dying while waiting for help and families have been left to navigate complex and underresourced systems alone.

Community services such as SOSAD and, in my constituency, the Charleville Suicide Awareness Project, are vital lifelines in towns across Ireland. They are on the brink of closure

due to funding uncertainty, even after pre-election commitments were made. This is not just a matter of policy. It is about values. What does it say about us as legislators that we can just accept it? There has to be increased funding for mental health support. As was mentioned, funding is due but it needs to be timely and accessible to all. We need to implement a cohesive early intervention programme around schools and communities alike. Supports are needed to expand crisis intervention centres and services and provide meaningful multi-annual funding for such grassroots services as SOSAD and the Charleville Suicide Awareness Project. We must commit to building a mental health system that is accessible, compassionate and effective. We have to honour those we have lost, including Adam, Milly, Rían, David and Hazel, by ensuring others are not lost in the future.

Senator Pauline Tully: The Minister of State is welcome. She will be aware that I come from Cavan, which has had one of the highest rates of suicide in the past few years. It has twice the national average. It is distressing that so many, especially young men, are taking their own lives, but it extends to men and women of all ages, unfortunately.

I commend the staff in mental health units in the community and hospitals as well as those who work in SOSAD, Pieta and many of our family resource centres, FRCs, which also provide counselling to people. They have gone to some lengths to get accreditation to do so. We need to build capacity in our teams in the community and hospitals and support those organisations such as SOSAD, Pieta and FRCs. I think of families who have lost a loved one due to suicide. It is devastating to lose someone in a sudden way, but it is worse when it is by suicide because people constantly ask themselves whether they should have said or done something or noticed something. That can sometimes lead to a further suicide. Supports for families bereaved by suicide are extremely important and need to be increased.

According to the Mental Health Commission, an estimated 51,000 people access their first mental health support through emergency departments or medical wards. Other Members have mentioned that emergency departments are not suitable places. They are very busy. People have gone in seeking mental health support, but because they physically do not look like their need is urgent in comparison with some other people who are waiting on services, they are often left for hours. We have had instances of people leaving emergency departments and taking their own lives because they did not get help. We should look at having specialised units within the emergency departments that are just for mental health services so people can be admitted in that way.

I have spoken to a number of people who were admitted to a psychiatric ward through emergency departments or otherwise and got support who said they are almost afraid to admit they are feeling well again because they will be discharged from the unit and it is extremely hard to reach out again and get back in if they feel unwell again. The nature of mental health is that people can feel great one day and not the next day. Many people are afraid to admit they are feeling a little bit better, in case they need support again and will not be able to access it on time. It is probably more community mental health teams that need to be built so that people know they have support and can get it when they need it in a fast manner.

I also spoke to a lady who has been engaged with mental health services in Cavan for a long time. She has seen her consultant once. Every time she goes to an appointment, she sees a different person. This is happening in both child and adult mental health services. There is no consistency. People see a person who does not know them or their needs and they have to go over everything again. When this woman made a complaint about this she was not listened

to. She then requested a visit from her nurse and that was refused because she had made the complaint. She was told that if she had a problem with it she should go to Your Service, Your Say. I am afraid people who have used Your Service, Your Say do not get results at all. She has also been on medication for more than a decade and it has not been reviewed in that time. People's needs change. The medication she was prescribed ten years ago was what she needed at that time but her need may have changed since then. Also, we need to make sure medication prescribed for something else - looking at the overall picture to make sure all medications are not doing damage together - can be given at the same time.

I echo the calls around dual diagnosis in addiction services in particular, but also in children's services for children who are autistic and perhaps suffer from anxiety. They are being thrown from CAMHS to the CDNT and back again and they are not getting the supports they need. Teams that would look at both of those items together were to be set up. I would love an update on those. For adults, the issues are intertwined. People with addiction issues often have mental health issues or people who have mental illness often end up drinking or taking drugs to make themselves feel better and it worsens the problem. We need to make sure our services are providing a dual diagnosis service.

On eating disorders, the Minister of State indicated a number of teams have been established. Are they all operating at full capacity? Teams may be established, but if they are only operating at 50%, they are not able to assist. We need to ensure the eating disorders teams are there because it is something people can get help to recover from.

People between the ages of 15 and 18 who are admitted to hospital through an emergency department are often not deemed suitable to go into the children's ward, but they are not adults so they cannot go into an adult mental health unit. Is provision being made?

Deputy Mary Butler: There were five last year, down from 18 six years ago.

Senator Pauline Tully: Okay. It has been identified as a problem in Cavan General Hospital. They do not know what they are supposed to do with children in that age bracket. It is a group that needs to be looked at.

Acting Chairperson (Senator Garret Ahearn): Before I ask Senator Stephenson to speak, I welcome pupils from Pobalscoil na Tríonóide. They are welcome to Leinster House. I hope they have an enjoyable day and I wish them well.

Senator Chris Andrews: No homework.

Acting Chairperson (Senator Garret Ahearn): And they should have no homework as well. Senator Andrews requested that and it has been approved by everyone in the House, I suspect, so they will not have any homework tonight, or if they do not have any anyway, it applies tomorrow night.

Senator Patricia Stephenson: I thank the Minister of State for coming in. We are all aware of the mental health crisis we are seeing. The second annual survey by Aware in 2024 indicated that little has changed in the past year, with more than half of respondents reporting depression and four in every ten respondents experiencing anxiety. The one in four adults living with a chronic illness are most likely to experience moderate depression. Three in five said anxiety makes work and attending to responsibilities very difficult. Additionally, 56% of respondents stated that financial worries are impacting their mental health. Despite the number

of people suffering from mental health challenges, stigma is still a major issue. We already heard about it today. Half of the respondents cited shame and fear of judgment as the reason they delay accessing appropriate supports.

When so many people are experiencing mental health challenges, it is politically difficult to hear that stigma continues to be an issue in 2025. We heard other Senators speak about stigma. Senator McCarthy said coming forward should be seen as a strength and not a weakness. I totally support that point. We need to see how we as legislators and the Government can lead on this issue through educational awareness campaigns on mental health because it will only stop being a stigma when people come forward and are open about their own situations.

The situation among our youth is extremely concerning. Research from the Royal College of Surgeons in Ireland revealed that 29% of adolescents described their mental health as bad or very bad. Alarming, 11% have attempted suicide. We all know these figures are not abstract. The people involved are our friends, family members, colleagues and perhaps our children. Behind each number is a real story of struggle, resilience and, too often, a story of silence.

I am sure some of us in this room have experienced or struggled with mental health issues at some point in our lives. If we have not, perhaps it has been a loved one we have seen struggling with their mental health. It can be very scary when the right supports are not there. There is also hope, however. We have heard about hope from other people today as well. I pay tribute to Angela Hayes, who is the founder of Teac Tom in Kilkenny. She had a tragic personal story and from that she transformed her own grief into a mission of compassion and providing crisis support for thousands. In light of her work, she received the humanitarian of the year award from the Irish Red Cross over the weekend. I highlight this and congratulate her because it is a testament to the huge impact she has had, especially locally in Kilkenny. Her work exemplifies the spirit of mental health week around community-driven and rights-based approaches rooted in empathy. At the same time, it also highlights the urgent need for systemic support. In 2024, the HSE spent approximately €93 million on outsourcing mental health care to private providers. I think this figure has doubled since 2018. Why are community services like Teac Tom - which are doing brilliant work and are effective - being left to shoulder the burden of something I think is the responsibility of the State? Why is the HSE outsourcing mental health care instead of strengthening public service provision? Mental health services in Ireland have suffered from years of underinvestment and deprioritisation. In turn, that has left us with under-resourced and understaffed services. We need substantial funding in community-based services.

Senator McCarthy also cited that the mental health budget is not currently 10% of the overall health budget, which was recommended in Sláintecare. We need to get to that level. We are in a crisis in our mental health services. Until we back them with substantial funding, I do not see how we are going to be able to tackle it.

In a recent EU survey of more than 25,000 Europeans in our 27 member states, Ireland was cited as the loneliest country in Europe, which I think is a tragic statistic to have. Of the respondents in Ireland, some 20% reported feeling lonely. We must ask ourselves how we can address loneliness. It is an epidemic across Ireland. It is most acutely felt in rural communities like mine, which is on the border of Carlow-Kilkenny. The Minister of State also highlighted the challenge concerning men's loneliness in particular. Loneliness can be felt most profoundly by middle-aged and older men who do not have the same culture of openness and of sharing their feelings and emotions with their family and friends. More must be done to tackle this situation.

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I acknowledge what I am sure we would all agree is the great work of men's sheds in addressing a large element of this problem and creating the space for connection and togetherness. It is these small gestures in the context of loneliness that can have a major impact. Once again, however, I say this should not be based on volunteers and community initiatives alone. We need proper State funding and provision and community-based services. I am not saying they should replace men's sheds, which do fantastic work. It must be in tandem. We cannot base our well-being and mental health outreach wholly on local volunteers.

Loneliness can happen to anyone at any time. It is not always clear from talking to someone if they are lonely and feeling depressed. It is pervasive, particularly in a world of telephones and online communication and when we are enveloped in our work and paying the bills. We have so many pressures, perhaps more than previous generations. We live in quite an insular society. We are seeing breakdowns in traditional community structures. For older people, this is particularly felt when they are facing economic pressures, suffered the death of a close loved one or experienced ill health. They might have a lack of family support because their younger family members have been forced to leave the country because of the cost-of-living and housing crises. All these things impact the mental health of communities. We should be taking a community approach to mental health in terms of services and how we perceive it. We need to move away from the individualistic culture we see in the modern age.

It is about a policy decision that includes social infrastructure and fosters inclusive and community-focused environments. We need to see the strengthening of the community mental health services. It is not just words of encouragement to get out of the house and socialise more that are needed. We really need to see proper infrastructure in place to support it.

I also wish to touch on mental health for young people, as so many other Senators spoke about. We have things like cyberbullying, social media pressures and reduced face-to-face interactions. Research shows a decline in youth well-being. If we were to go to any school or group of young people, they would tell us they are struggling with their mental health. They will say that, and it is fantastic they have the language to do it. Certainly, I do not think that in my generation we would have had the language and tools to say it. They are kind of screaming out for help, though, and I do not think their needs are being met. CAMHS is not fit for purpose. The waiting lists are depressingly long and many families are not getting referrals. The referral delays are so extreme. When it is possible to meet somebody, the time people are getting is not sufficient to actually address the issue the child is facing. This is also linked to youth services. Social activities are costing so much more than they used to. They are unaffordable for many families. The outreach options for young people are limited.

We already spoke about eating disorders. I am sure that some or many of us attended the Cared Ireland briefing in the AV room in February. It is an eating disorder charity. The panel of parents and survivors of eating disorders shared heart-wrenching stories of how they or their family members had been treated by the healthcare system. There was inappropriate language, with people being told they were just vain, needed to put on a bit of weight and it was all about how they looked. I hope we would all agree that eating disorders are obviously a mental health issue. There were reports of people being force-fed and denied proper treatment. Children suffering from eating disorders are often put in completely inappropriate healthcare settings. They are in Crumlin hospital on acute wards that are not for eating disorders. They can be in there for months being force-fed. It is not fit for purpose. I think the HSE has spent something like €13.5 million sending eating disorder patients abroad since 2016. This is not good enough. No one should be getting treatment abroad for anything, but I refer especially to young people go-

ing abroad for eating disorders and being away from their family and support structures. I am sorry if that figure is wrong. The Minister of State can come back to me on it. There are reports of kids going to the UK and other places for eating disorder treatment. This does happen, so we need to see more beds in Ireland for this type of treatment. This issue is particularly affecting children and, of course, young girls, who are often in the majority of eating disorder sufferers. It is particularly tragic that we have parents and families coming into the AV room to share these harrowing private details of their lives and basically begging for radical Government action to address these gaps. I hope we will listen to them and take steps forward urgently in a concrete way to respond to these issues. We cannot continue to have people just coming in and baring their souls to ask for help. We sit down and feel awful about it, but we need to be able to act on those things too and move forward with tangible improvements.

We heard from Senator Ryan already about the young man who presented in Galway hospital with severe suicidal ideation. He was not triaged and treated in an appropriate time. He left the hospital and took his own life. It is such a tragic story. We cannot have more incidences of this happening. Emergency departments are not the correct places for people to be receiving emergency mental health support. We really need to take radical action when it comes to this type of situation. It is a harrowing story to hear that someone would have the courage to turn up for support from a doctor in an emergency department, get turned away and then make the awful decision to end their own life. I hope we do not hear more of these stories in the coming years.

I am running out of time. I appreciate what the Minister of State said in her statement. I believe she has the best intentions. I hope when she is bringing her Bills to this House we will have the opportunity to work together and strengthen them so we are responding in a holistic way to the needs we are all seeing in our communities.

Senator Margaret Murphy O'Mahony: The Minister of State is very welcome to the House and she is doing a great job. She is empathetic, sympathetic and totally on top of her brief. The proof on how well she is doing is that budget after budget, the allocation for mental health is increasing. In fact, it stands at 44% since 2020. Mental health is no longer the poor relation in the whole health budget. Maith thú for that.

Many a broken heart is hidden behind a smiling face. It behoves us all, both public representatives and the public, to reach out to one another. Even with regard to people that are perceived to be in good form, there is no harm in asking how they are or if they want to go for a cup of coffee. Particularly when we feel someone is feeling down, we must reach out and ask if they are okay. Irish people have a great habit of asking, "how are you?" instead of saying hello. They do not even listen to what the reply is. Often a person might be tempted to say they are actually not great, but the person is gone. They are not listening. There should be a societal change on that.

I reference suicide, in particular. I have a few friends who have a direct family member who has taken their own lives in that way, and they are devastated. There are so many questions left unanswered and so much sadness left behind. It truly is a permanent solution to a temporary problem. Maybe something could be done on suicide prevention because it is such a sad affair that someone can see no way out.

Men are not great at opening up to one another in the same way as women are. In that respect, we are polar opposites. It is important that men are there for one another, and that we

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as females are there for our male friends. Well done to the Minister of State. There is work to be done, as in every Department, but we can all help in the area of mental health, by asking someone how they are doing.

Senator Imelda Goldsboro: I welcome the Minister of State. As my colleagues said, it is great to see a Minister who increases a budget by so much year on year. I have experience working with the Minister of State on a number of projects in Tipperary South and have seen what she has delivered there in respect of the crisis house and Jigsaw to name a few organisations, as well as in the neighbouring counties.

We all know the challenges that are facing us on a daily basis and we know it does not make a difference what age you are as mental health does not come into that factor. I have a number of queries for the Minister of State. As public representatives, we can play our part and the main thing in society is connectivity and linkage. The Minister of State herself was in Ballingarry to open up the community café, which is something that we are very proud of, and as mentioned here already today, our main function and focus of opening the community café was to reduce loneliness. Loneliness is a problem for so many people. It opened when we were coming out of a pandemic when people were afraid to leave their homes. To see how that is growing and going from strength to strength, as well as the difference it is making in so many lives, is phenomenal.

As a parent of three teenagers myself, I am very concerned with the lack of knowledge that parents have themselves about what is going on online with cyberbullying and the harm and the effects it is causing their children. We need to create more awareness among parents through the Department of Education, relevant stakeholders and other agencies to let them know what is going on. If we were able to go in in a timely manner before these negative thoughts come in teenagers' minds, we could deter, stop and prevent some of the negativity that is happening. It can range from self-harm to suicidal tendencies. It can encompass sleep deprivation and can go into numerous eating disorders to name a few mental health difficulties.

I acknowledge the great work a lot of the voluntary groups are doing and the great work of Pieta House and the different bodies. However, I have a big issue. Last Monday night week, on the bank holiday Monday night, I had to contact somebody for a constituent and I was told to call back the following morning at 10.30 a.m. I could not turn around and tell that person to hang on until the following morning with their suicidal thoughts. I got off the phone and proceeded to ring in a favour. I told somebody I was in dire straits and asked if they could help. I was told it was a bank holiday Monday night. That is not good enough. That is not what somebody with suicidal tendencies needs to hear. Thankfully, we were able to come to a positive outcome.

Senator Chris Andrews: I thank the Minister of State for coming in. I know this is an issue she is very passionate about and active on. I thank and acknowledge all the volunteers who came out last Saturday morning for the Pieta House Darkness Into Light walk. The volunteers come out extra early, at 2 a.m. or 3 a.m. If it was not for them, this event would not happen. It is a very important event for mental health and suicide prevention but also for Pieta House, whose funding is almost exclusively dependent on private donations and events like that. Some 87% of its funding comes from events like Darkness into Light and a variety of other events throughout the year. I acknowledge the work the volunteers do because the public donations ultimately will not keep the services that are needed alive and there, in place.

I was speaking to someone recently who suggested that physical and mental health are inextricably linked. They proposed that there be a tax credit for gym membership. I acknowledge it is not the Minister of State's area but it is something to raise and be aware of. We cannot lose on a tax credit for gym membership because not only are people physically fit but it addresses preventative measures, rather than treatment of many mental and physical health issues. The stronger a person is, the less time they spend in hospital. There will be fewer people going to hospital.

Yesterday I spoke to Councillor Leah Cull from Boyle, County Roscommon, and she highlighted that non-profit, non-government funded charities are holding up a failed system in rural Ireland. She feels strongly about this. These charities do not get Government funding because they are not national charities but they are still taking referrals from national organisations. One organisation she mentioned was North West Stop, which covers some of County Mayo, counties Sligo, Leitrim and Roscommon, south Donegal and County Cavan. It covers a huge area and it does fantastic work but ultimately, it is not funded. It is taking referrals to provide counselling throughout the country. Could the Minister of State outline why organisations like North West Stop are not funded and is this something that can be considered at a future date? North West Stop does fantastic work and does not have that support it desperately needs.

Senator Dee Ryan: I thank the Minister of State for giving us his time today to discuss this important issue. First, as a Limerick person I acknowledge and thank her for the support she has given the Limerick community access support team. It is a pilot initiative that she and the then Minister of State at the Department of Justice, Deputy Browne, came to Limerick to launch last October. It went live in January and is led by Superintendent Andrew Lacey in Henry Street Garda Station. It places three gardaí into a car with mental health nurses to provide a response that is not just a police-led response to an emergency call. Listening to my colleagues here today and discussing how a timely intervention is so important when it comes to issues of mental health, we are very excited in Limerick about the results we have seen so far in this programme. It could be a game-changer for us across the country. I thank the Minister of State for her personal support on that and look forward to hearing the results in due course.

1 o'clock

I wish to bring the attention of the Minister of State to another fabulous organisation in Limerick, ADAPT Domestic Support Services. AdaptHouse, as we know it locally, is the largest domestic support refuge in the country. Regrettably, I have to tell the Minister of State that the highest incidence of domestic abuse reported in the country is in Limerick. The organisation was founded more than 50 years ago to provide all sorts of supports to women who find themselves in this situation as well as the children they may be supporting. The service started as a refuge where people could go when leaving an abusive relationship. During my recent visit to AdaptHouse, I spoke to Denise Dunne, the director of services, and Leonie Kearns, the chairperson. They highlighted the growing demand for therapeutic talk services, including group work and one-to-one therapy work.

The organisation is providing a huge amount of support over the phone. Last year, it supported 1,200 women and 215 children in Limerick and answered in excess of 2,400 calls. Its challenge is that it needs to expand its footprint to provide more supports. I wanted to raise this with the Minister of State because I know we are taking a whole-of-government approach. The service is largely funded through the Department of Justice, the HSE and the local authority. I ask for the support of the Minister of State on the request for funding when it comes to

Government.

Senator Sarah O'Reilly: The Minister of State is very welcome. A recent UNICEF report paints a poor picture of youth well-being in Ireland. It found that one in three 15-year-olds report low life satisfaction. Our teenagers may be successful in school, but they are struggling in life and that is the sad reality. We pride ourselves on academic results, but we need to do more for their emotional and mental well-being, and we need to do it as early as possible.

There has been much focus on mental health awareness and encouraging young people to be vulnerable. However, when they reach out, help may be available but delayed. The Covid pandemic left scars we are still uncovering. Lockdowns, school closures and isolation took their toll and the effects still linger. I call on the Government to seriously examine the Icelandic model, a proven approach that has transformed youth well-being in Iceland. One of the main ideas was the introduction of a wellness card which has a set amount of funding for each child to access extracurricular activities. In Iceland, youth participation doubled after its introduction. The result has been a reduction in substance abuse, smoking, drinking and drug taking. Countries like Finland, which have an incredibly integrated mental health system, focus on the importance of early intervention and preventative healthcare. We need to set young people up for success at an early stage in life.

We must also stop turning a blind eye to the crisis in our mental health services. Children are waiting years for CAMHS appointments. Families are forced to bring children to overcrowded accident and emergency departments to access basic help. While waiting lists grow, CAMHS staffing is shrinking, down from 831 at the end of 2023 to 811 at the end of 2024. We are losing an average of 12 educational psychologists annually. Our graduate programmes only produce 14 per year. How is the Government planning to increase the availability of mental health services when the staff are simply not there? We discussed increasing budgets. We can have all the money in the world, but if we do not have the staff, services will not be available. The maths does not really add up.

We estimate that establishing just 12 additional CAMHS teams would cost around €10 million, a modest investment for a potentially life-saving impact. If we want to increase the number of child psychologists in the country, we need to have a more streamlined approach to qualifying. Currently, many undergraduates abandon their desire to pursue graduate programmes as they are applying year on year with no success. The Government can fix the mental health crisis, but without the staff to provide services, children will be left waiting.

Loneliness is a huge issue for young men and farmers, in particular. I mention SOSAD in Cavan. Any money it receives goes directly to front-line services. It is not caught up in bureaucracy. There was to be a service level agreement with the HSE but that is still not in place. I ask for an update on that from the Minister of State.

Acting Chairperson (Senator Garret Ahearn): Before I ask the Minister of State to respond, I welcome St. Canice's Girls National School from Finglas today. You are very welcome to the Chamber. You are here for a timely debate. We are talking about mental health and what we as a Government and Members of the Seanad can do to support mental health. The Minister of State with responsibility for mental health will respond to the debate. What we can do to help your well-being is to tell your teachers that you have no homework tonight or tomorrow night, whichever suits. I hope you have a lovely day.

Minister of State at the Department of Health (Deputy Mary Butler): A lot of issues were raised today and many comprehensive and supportive comments have been made. I have to take offence at a few and I will go through them one at a time. It is great we are all here today discussing mental health. That is the most important thing. Every time we speak about mental health, we lessen the stigma.

I cannot respond to any individual cases. I will not respond to individual organisations. What I will say is that when organisations are seeking funding from the mental health budget, certain things have to be in place. Organisations have to have a board. It is also very important that they have accounts they can bring forward when seeking funding. They need to have governance, including clinical governance. I will not stand over any organisation that cannot provide me with the proper clinical governance in terms of supporting people. Clinical governance is essential.

I hear constantly that the Government will not fund such-and-such an organisation. Last year, the mental health budget provided €110 million to organisations. I am struck by the briefing notes provided to some Senators. Some Senators have sought funding, which is fair enough. I am a Deputy and I will always do that. However, some Senators criticised the fact that €97 million was spent on private organisations. I would advise those Senator that the correct figure is €110 million, which was allocated to organisations like Jigsaw, MyMind, turn2me, the Samaritans, Pieta House and Mental Health Ireland. Any Senators who have a problem with funding being allocated to private organisations must realise they are, in fact, NGOs. They have service level agreements. I ask Senators to let me know which of the organisations they would like me to defund. I have no problem looking at that.

Some Senators mentioned dual diagnosis and there are some inaccuracies about that. Sharing the Vision, our mental health policy, was announced in 2020 and I am surprised some people did not know it is very clear that dual diagnosis is included. It was not included in the previous policy, A Vision for Change, which was problematic. People were siloed. Those with addiction issues could not go for mental health support and *vice versa*.

In 2023, I launched a new model of care in respect of dual diagnoses. The model of care acknowledged that treatment options need to address people's mental health problems and deal with addiction issues at the same time. It also recommended the development of 12 adult and four youth and adolescent teams. We are now building this up because we have to build services incrementally from a funding perspective and get the right staff. At the moment, we have two adult teams and two adolescent teams in operation. In budget 2025, I secured funding for a further two teams which will be operational this year. We started in 2023, and by the end of this year, six teams will be up and running. It takes time. As I say, it takes a village. I will continue to do that work as long as I am in this role. To be very clear, we are not ignoring the area.

Budget 2025 has additional funding of a recurring €1.3 million to start the two new teams. It takes a while to build a team. They are led by a consultant psychiatrist. It is very important that these multidisciplinary teams are built. We are making progress on this but I acknowledge the situation with dual diagnosis and the big problems we have with addiction.

I acknowledge Stephen Sheil, the communications and engagement manager from Mental Health Reform, who has sat through the entire debate. I thank him and the entire team for their continued support.

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I want to touch on the recent report from the chief inspector of the Mental Health Commission into mental health care in emergency departments. The report made important recommendations on the timeliness of assessments following presentation to emergency departments. I do not believe emergency departments are the appropriate environment for people in mental health crisis. At the same time, the reality is that this is what we are dealing with at present. There have been many calls for separate rooms or a separate pathway in but these would not lessen the stigma of somebody who has a mental health issue. We all have mental health and many of us have positive mental health. Many people are challenged at different times with regard to their emotional well-being and their peace of mind. At the same time, when people are in distress we need to keep rolling out the crisis resolution teams, which we are doing at present, and the crisis cafes, which are very supportive. For example, the new cafe I opened in Cork last year, on Sullivan's Quay down beside the River Lee, has reduced by 18% the presentations of people in crisis. We continue to do this across the board.

We also continue to roll out suicide crisis assessment nurses, SCANs. There was talk about high levels of suicide in the Cavan and Monaghan area. I was delighted to see figures this morning from Cavan and Monaghan with regard to CAMHS, with seven children on a waiting list. This is not the case in the rest of the country. There are areas that can perform very well on some issues. I provided two SCANs in Cavan and Monaghan, which had been requested by Deputy Niamh Smyth. These two SCANs have had a big impact.

Another issue on which I am spending a lot of time is CAMHS because I am not happy with where we are on waiting lists. I am far from happy. This year the budget for CAMHS is €167 million. As I have said, €110 million is provided to community-based mental health organisations. They are not private organisations but community-based mental health organisations. I have to distance myself from a comment made by Senator Stephenson, who said that CAMHS is not fit for purpose. As I stand here, young people throughout Ireland are receiving appointments from multidisciplinary CAMHS teams. Everybody who goes to work in CAMHS goes with the best of intentions to do the best they can. CAMHS has taken a hammering in recent years. I will not stand up and allow this to happen. There are 810 people working in CAMHS at present. There are 80 consultant psychiatrists. Every single one of them goes to work every day to do the very best for the young people they see.

I have said quite clearly I am not happy with the waiting lists and I have visited six CAMHS teams in the past four weeks. I will visit two more on Monday. We have to delve into the reasons for this. Some teams may not have as many staff as others, they might have a bigger catchment area or the premises might not be appropriate. There are many reasons. The funding is being provided. Unfortunately, we see more and more children presenting with issues. It is correct to state there is pent-up demand since Covid, and young people are very distressed. They are distressed with regard to their mental health and with regard to trauma issues or issues they may be dealing with at home. I thank everybody who works in CAMHS every day of the week because it is not an easy job. Senator Stephenson made the statement that CAMHS is not fit for purpose when 23,000 appointments were issued to young people last year. It does a phenomenal job working with very vulnerable and sick children. I want to give a shout out to all of those working in CAMHS because it is very important.

Acting Chairperson (Senator Garret Ahearn): I remind the Minister of State we are to conclude now at 1.15 p.m., but if she wants another minute or two to conclude, she may have it.

Deputy Mary Butler: I do need more time because I have to speak about the Limerick

community access support team, CAST. I am conscious that two of the Senators sitting in front of me are from Limerick. Limerick CAST is a pilot project. It is a partnership between An Garda Síochána and the HSE. I was thrilled to launch it last year. The CAST pilot became operational in January 2025 and is already having a significant impact. To date, the project has had 196 interactions involving 35 diversions from an emergency department. This means those people in distress did not attend the busy environment. Of the interactions with the CAST team, 78% were deemed to have had a major impact on a person's life. I look forward to further talks on CAST because it is the way forward as is mainstreaming crisis resolution teams and the crisis cafes, and making sure there are supports during the vital times out of hours when somebody is very ill, perhaps with psychosis or a dual diagnosis. Gardaí turn up on their own without the support of mental health services. We have learned that if they come together it can be very effective.

I have taken on board all of the comments on Wexford and various organisations requiring funding. I will come back to the Senators on some of the issues they have raised. I thank the Senators because any day we can come into the Seanad to discuss mental health is a good day. The most important thing we can all say today to everyone we meet is "hello, how are you?" and then listen to the answer. The interaction of saying "hello, how are you today?" might make all the difference to a person who is struggling.

Acting Chairperson (Senator Garret Ahearn): I thank the Minister of State. I welcome guests of Deputy Jennifer Whitmore from St. Kilian's school, Bray. They are very welcome. I hope they enjoy their day here. They have been listening to a debate on mental health and, in particular, mental health of young people. We have been discussing it for the past hour and a half. As is tradition in the House, the teachers are to give the students no homework tonight, and if they had no homework tonight, it is tomorrow night they are to get no homework. Since I have been here for the past hour and a half I have given no homework to half the country.

Senator Teresa Costello: You are loving it.

Acting Chairperson (Senator Garret Ahearn): I actually am. When is it proposed to sit again?

Senator Maria Byrne: Next Tuesday at 2.30 p.m.

Acting Chairperson (Senator Garret Ahearn): Is that agreed? Agreed.

Cuireadh an Seanad ar athló ar 1.17 p.m. go dtí 2.30 p.m., Dé Máirt, an 20 Bealtaine 2025.

The Seanad adjourned at 1.17 p.m. until 2.30 p.m. on Tuesday, 20 May 2025.