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DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

SEANAD ÉIREANN

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(OFFICIAL REPORT—Unrevised)

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SEANAD ÉIREANN

Dé Céadaoin, 24 Meán Fómhair 2025

Wednesday, 24 September 2025

Chuaigh an Cathaoirleach i gceannas ar 10.30 a.m.

Machnamh agus Paidir.

Prayer and Reflection.

Gnó an tSeanaid - Business of Seanad

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

Senator Teresa Costello - The need for the Minister for Health to provide an update on the timeline to access givinostat for patients with Duchenne muscular dystrophy; and whether a bespoke pathway enabling quicker access is being considered.

Senators Joanne Collins and Mike Kennelly - The need for the Minister for Enterprise, Tourism and Employment to make a statement on the future of the Kostal Ireland plant in Abbeyfeale, County Limerick.

Senator Nessa Cosgrove - The need for the Minister for Health to make a statement on the funding of multiple sclerosis services in the north west.

Senator Lynn Ruane - The need for the Minister for Justice, Home Affairs and Migration to provide an update on the actions being taken to ensure the urgent reunification of the family members of child medical evacuees from Gaza receiving treatment in Ireland.

Senator Martin Conway - The need for the Minister for Health to make a statement on the timeline for the publishing of the HIQA review into urgent and emergency care in the mid-west region.

Senator Nicole Ryan - The need for the Minister for Housing, Local Government and Heritage to make a statement on the provision of adequate funding to address water issues in Macroom, County Cork.

The matters raised by the Senators are suitable for discussion and I have selected Senators Teresa Costello, Joanne Collins and Mike Kennelly, who are sharing their time, Nessa Cosgrove and Lynn Ruane, and they will be taken now. The other Senators may give notice on another day of the matters that they wish to raise.

Nithe i dtosach suíonna - Commencement Matters

Medicinal Products

An Cathaoirleach: I welcome the Minister of State, Deputy Grealish, to the House. He is most welcome.

Senator Teresa Costello: To refresh memories, Duchenne muscular dystrophy, DMD, is a progressive neuromuscular disease that causes the weakening of muscles over time. It almost exclusively affects boys, with symptoms typically appearing between the ages of one and three. In Ireland today, around 110 people are known to be living with DMD and most of them are under 18. A child living with DMD struggles to walk, run or jump like their peers. They have difficulty standing up and need help to climb stairs. These children can also suffer with delayed speech and sometimes face behavioural or learning challenges. As the disease progresses, most of these children will need a wheelchair by the time they are 12. Some will develop scoliosis, and by their mid-teens they may experience heart complications such as dilated cardiomyopathy. Breathing problems often emerge by their late teens or early 20s, making the condition life-threatening.

There is hope, though. A life-changing drug called Givinostat can slow the progression of the disease and keep boys on their feet for longer. Even if a boy is wheelchair-bound, Givinostat can slow the progression of the disease to the organs, providing a better quality of life. This drug is a symbol of hope for these families affected by DMD. I acknowledge the work of the Minister for Health so far on this matter. She has met with families to discuss a pathway to access Givinostat, along Deputy Pádraig O'Sullivan and me. The Minister has also engaged with the HSE and everybody involved to get this medicine to patients in Ireland as quickly as possible.

I held a briefing in Leinster House in June to educate TDs and Senators alike about this illness. At the same time, hundreds of people gathered outside the gates here to raise awareness and show support. Anyone there that day saw the impact this disease has not only on the children living with it but also on their families. That was 105 days ago. While that might not seem that long to me and you, to the families affected by DMD, time is muscle. Their children's abilities and strength are failing every day. Since then, a rapid review was completed on 15 August. It was completed in eight days. This timeline shows there is an ability to move through the reimbursement process at an accelerated rate. The manufacturer tells me it has a scoping meeting with the National Centre for Pharmacoeconomics, NCPE, on 30 September and it will submit a health technology assessment, HTA, in October. The company has not confirmed an exact date, but I was under the impression the NCPE was ready to receive this submission now.

Can I get clarity on this issue so the parents waiting will have a clear picture of what is going on? There is still a long way to go before Givinostat will be available in Ireland, which is why I am seeking early access. Our EU counterpart, Belgium, is providing early access to Givinostat through its compassionate use programme, CUP. This allows eligible boys to receive the drug before a national reimbursement. The CUP is overseen by Belgium's Federal Agency for Medicines and Health Products, FAMHP, ensuring safety while bridging the gap between clinical trials and full market access. There is also talk of approval of an early access

programme being signed off on up North. There have been suggestions of getting the drug into Ireland that way. Can the Minister of State clarify if this is a realistic option? We have parents with children who are so sick. They are failing and I do not want unrealistic options being put forward. We cannot follow regular timelines because DMD is not abiding by these timelines. This disease chips away at these boys every day as their families watch while feeling helpless. I cannot express how important it is that we develop a bespoke pathway to early access to Givinostat.

Minister of State at the Department of Agriculture, Food and the Marine (Deputy Noel Grealish): I thank the Senator for raising this issue. I am answering on behalf of the Minister for Health.

Duchenne muscular dystrophy is a rare disease affecting approximately 200 people in Ireland. Its symptoms can severely impact the lives of those living with the disease and their families. The State acknowledges the importance of access to medicines and is aware of the circumstances of patients with DMD. As the Senator will be aware, the Minister met with the families of children with DMD and their representative body, Muscular Dystrophy Ireland, in July to discuss their plight and provide support. The State has made considerable investments in new medicines in recent years. In 2023, nearly €1 in every €8 of public funding being spent on health was spent on medicines. This level of investment is unprecedented in supporting patients through the availability of new and innovative medicines. Budgets 2021 to 2024 have included dedicated funding for new medicines of €128 million. Budget 2025 allocated €30 million of the funding available for new drugs to be generated by efficiencies to be identified by the HSE. From 2021 up to June 2025, this has enabled the HSE to approve reimbursement for 219 new medicines or new uses for existing medicines, including 91 for the treatment of cancer and 55 for the treatment of rare diseases.

Under the Health (Pricing and Supply of Medical Goods) Act 2013, the HSE has statutory responsibility for decisions on pricing and reimbursement of medicines.

The Act provides a rigorous process for the assessment of new medicines for reimbursement. This ensures the right medicines are available and approval is at a sustainable price.

Givinostat, sold under the brand name Duvyzat, is a medication used to treat Duchenne muscular dystrophy, DMD, in ambulant patients aged six years and older. Conditional marketing authorisation was granted for givinostat on 6 June 2025 by the European Commission.

The Minister for Health met with her Italian counterpart at the EPSCO Council meeting in June in Luxembourg to ask him to encourage the company to submit a pricing and reimbursement application to Ireland. The HSE has also proactively engaged with the company to strongly encourage it to submit a pricing and reimbursement application.

On 6 August 2025 a pricing and reimbursement application from the marketing authorisation holder for givinostat was made to the HSE with an indication for the treatment of DMD in ambulant patients aged six years and older. Following the conclusion of a rapid review by the NCPE on 14 August 2025, a full health technology assessment, HTA, was commissioned by the HSE on 26 August 2025. The pricing and reimbursement assessment is ongoing. A HTA is a detailed evaluation of medical technologies, including medicines, to determine their

effectiveness, safety, cost-efficiency and broader impact on the health budget and service. A HTA takes time to evaluate as it involves gathering and analysing complex clinical and economic data, consulting stakeholders and aligning with regulatory standards to ensure decisions are evidence-based and transparent.

To support this process, there has been significant investment to enhance the HSE's pricing and reimbursement process for medicines. Thirty-four new staff were hired across the pricing and reimbursement system in 2024 which will support faster access to new and innovative medicines for patients. In addition, to support transparency in this process, an application tracker has also been developed and launched.

Senator Teresa Costello: I thank the Minister of State for his answer. With regard to the questions that I asked, is the pathway through the North a realistic option? It has been flown, so to speak, as a bespoke pathway. At present, there is a delay somewhere because the NCPE is waiting for a HTA to be submitted while the manufacturer is telling me it has a meeting next week. These are children whose parents sat in the room with the Minister. Those children will not qualify for this drug if this takes the timelines it normally takes. Even with the best will in the world of it moving fast, we are sitting on our laurels for a month here. That is one month gone. That is children failing.

Where is the delay coming from? Why has this HTA not been submitted and why is work not going on? I am reading about extra staff being allocated. I would understand if it takes overtime to get this moved as quickly as possible. To be honest, we do not have until Christmas. There are little children whom I have met and seen and I will not be able to look their parents in the eye if I have been working on this and those children do not qualify for that medication. It needs to be done quickly.

Deputy Noel Grealish: I thank Senator Costello for raising the issue. I will bring to the attention of the Minister what the Senator has raised. I am not aware of what the hold-up is regarding going through Northern Ireland and what the delay is.

Going on what the Senator is saying, she is very passionate about this and is anxious to get this over the line. Genuinely, I do not have the answers for her; I have the script here from the Department. What I will do is bring it back to the Minister and ask that she respond directly to the Senator as to why we cannot go through Northern Ireland or what the hold-up is and the delay on getting this through. I hear what the Senator says. It is much needed, badly needed and seriously needed for young people for their improvement in life. I will bring that to the attention of the Minister. I thank the Senator.

Job Losses

Senator Joanne Collins: I welcome the Minister of State and thank him for coming in.

Across County Limerick and the wider region, we have seen a steady erosion of jobs, from Andersen Ireland a decade ago to Irish Dresden in 2021, Rettig in 2023 and, of course, Wyeth Nutritionals, which is closing next March. On top of that, last week we heard the announcement that Kostal in Abbeyfeale will be shutting down one of its sections, which could see up to 50%, that is, 200, of its jobs, being lost. It was confirmed that the company is moving

that section of its plant to China. Also last week, Lidl had planning permission in for Abbeyfeale, which was refused, which would have created more employment for the area.

It seems to be a downward spiral constantly when it comes to jobs for west Limerick. Across the border, obviously, it is affecting County Kerry, because there are between 400 and 500 workers in Kostal in Abbeyfeale coming from the two regions, both Limerick and Kerry. This development is devastating for the local area, not only for these positions within the plant but also for the local shops. That is 200 fewer people driving into the town to get their diesel and to go to the shop at lunch. When you see a downward spiral in jobs at this level, it makes you worried as to what is coming.

I would like to know what the Department will do. Are the officials going to step in and discuss this with management? SIPTU is meeting with management on 9 October to see if there is any way of saving some of these jobs. There has been mention that some of these jobs could be moved to the company's Mallow branch. That is great for some, but it depends on where these workers are travelling from in the first place whether they can go to Mallow. I ask the Minister of State if he could take it to the Minister and see what he might be able to do to try to save some of these jobs.

Senator Mike Kennelly: I thank the Minister of State for taking this. The Commencement matter is on the future of the Kostal plant, as Senator Collins has alluded to. I stand with a very real sense of concern but also of hope that, through meaningful engagement and strategic investment, we can safeguard a future and jobs in the communities of west Limerick and north Kerry.

The situation at Kostal Ireland's Abbeyfeale plant is deeply troubling. For over four decades, this facility has provided stable employment and economic support to the region. Many of its workers have given the best years of their lives to this company. I, for one, can vouch for that. My spouse recently finished up with over 32 years' employment in this company. That is what it means to the north Kerry region. While many of its workers have given the best years of their lives to it, they now face a very uncertain future. We must ensure that their dedication is met with fairness and respect. That is why I am urging the Minister for Enterprise, Tourism and Employment to engage directly with union representatives - it is not too late - and Kostal management to allow for constructive dialogue to begin, which is essential not only to exploring solutions but also acknowledging the human impact of these decisions. These workers are not just numbers on a payroll; they are the backbone of their community.

This moment also invites us to look at the broader picture and ask why this is happening. The challenges facing Abbeyfeale, Newcastle West and the south west are not isolated incidents. They reflect a wider issue - the need for improved infrastructure and investment in our region. I am also calling today on the Minister for Transport and the Minister for public expenditure to expedite and prioritise the delivery of the bypasses for the towns of Abbeyfeale and Newcastle West, which have remained for many years a bottleneck on the N21 corridor. Road users continue to suffer from congestion and limited connectivity. There are five capital projects being planned for at present. One is at construction - the Adare bypass - and there are four at design stage. I call on the Minister for Transport to expedite these so that we can get this rolling, but today, our main issue is the workers within Kostal. I applaud Councillor Liam Galvin in Abbeyfeale who is constantly fighting for the road infrastructure investment to come

into west Limerick. Without infrastructure and proper investment, we will not get new employers into the region.

Deputy Noel Grealish: I thank Senator Kennelly and Senator Collins for raising this important issue, which I am taking on behalf of the Minister, Deputy Burke.

I congratulate Senator Shane Curley. I think it is his first time in the Chair. It may be the first of many. In the next Seanad he could be the Cathaoirleach.

I thank the Senators for raising this matter. Kostal Group is an independent family-owned company headquartered in Germany serving the automotive market. The group's main activities include the development and manufacture of technologically advanced electronic and electromechanical products. Its primary mandate is the manufacture of on-board chargers, OBCs, for the electric vehicle, EV, industry.

On 9 September 2025, staff at Kostal's Abbeyfeale operation were informed of the transfer of Abbeyfeale's OBC production to China, which will have a direct impact on employee numbers at the plant. Notwithstanding the loss of the OBC business to China, Kostal has outlined to IDA Ireland its intention to continue operations in Abbeyfeale for the foreseeable future. This includes plans for future investment in the Abbeyfeale facility.

My foremost concern, and that of the Government, is for the potentially impacted employees and their families during this difficult and uncertain time. Ireland has a robust suite of employment rights legislation in place to protect and support workers where collective redundancies are proposed by an employer. In collective redundancy situations, the Protection of Employment Act 1977 imposes certain legal obligations on employers. This includes a 30-day information and consultation process with employees' representatives, and to notify the Minister for Enterprise, Tourism and Employment at least 30 days before the first redundancy takes effect.

I confirm that the Department of Enterprise, Tourism and Employment has not received a collective redundancy notification from Kostal as of 4 p.m. yesterday. Furthermore, the Government provides a range of supports to any employees facing job losses and the Intreo service of the Department of Social Protection can assist with income supports and relevant employment and training opportunities where needed. Our enterprise agencies will also assist where possible in helping those impacted to find alternative employment. IDA Ireland is actively engaged with the company, including regular meetings with the Irish-based leadership team, and is keeping my Department informed.

Senator Joanne Collins: I thank the Minister of State. This is great that it has not yet been announced to the Department but I have seen the internal emails to the staff. It is very important that the families of those who may be made redundant are looked after. However, if it does come to pass and 200 jobs are lost, I plead that the businesses in the area also be taken into account because of the loss of traffic that will be coming through and how the loss of those jobs will impact the wider community.

Senator Mike Kennelly: As the Minister of State said, I can confirm the Department of Enterprise, Tourism and Employment has not received a collective redundancy notification.

This is warming to hear this morning. Through the Departments, can we as a Government intervene before we get this dreaded letter from Kostal informing us that this is happening? With contract law and all that, is it possible to intervene beforehand? I do not know. However, rather than waiting for it, let us knock on the door of Kostal to see what the Government can do to maybe save these jobs and protect these people's futures with further employment. Will the Government look at that?

Deputy Noel Grealish: I thank both Senators. They are concerned about the local shops and business that supply Kostal. It is a major concern always. When there is a multinational in an area, it is not just about the employment they provide; it is also about the subcontractors. I am sure the engagement with the IDA will be ongoing and every support from the Department will be made available to support the company in any way. If any decision is made, there is support available for the workers who might unfortunately lose their job. It is hoped that it might not come to that but the mechanisms of the State are there. I am sure they will be willing to work with the company and hopefully, some good news might come out of it. As I have stated, no notice of redundancies has come into the Department as of yet, so maybe that is some good news. I again thank both Senators for raising his important issue.

Acting Chairperson (Senator Shane Curley): Sula bogaimid ar aghaidh go dtí an Seanadóir Cosgrove, ba mhaith liom fáilte a chur roimh na ndaltaí sa Gallery ó Ballyhaunis Comunity School, County Mayo. They are very welcome here. It is great to see students and their teachers coming in to the Chamber and witnessing politics in action. Go raibh míle maith agaibh as teacht isteach inniu.

Health Services

Senator Nessa Cosgrove: I raise the ongoing issue of the absence of a community worker for MS services in counties Sligo and Leitrim. The north west has the highest instance of MS in the country, but alarmingly there is no dedicated MS community worker in Sligo or Leitrim. They are the only counties that do not have a dedicated community worker. MS Ireland put together a business proposal and submitted it to the Department of Health. It is looking to be treated like everywhere else in the country. There are 19 community workers employed throughout the country. They play a vital role for anyone who has MS. It is a condition that affects people differently.

The community worker is there to offer case management, support to families and to act as an advocate to look at finance and training. They are a voice for people who have been diagnosed with MS. There were a lot of Government TDs and local representatives from across parties and none at the business proposal meeting. They listened to stories from Sligo and Leitrim people with MS who do not have access to the services that we should have access to. MS Ireland put forward a business case and it is looking for just short of €73,000 to employ a community worker, which in the grand scheme of things is a drop in the ocean.

Some 300 people have been diagnosed with MS in Sligo and Leitrim. There should two community workers. I worked as a community worker with the Irish Wheelchair Association. Trying to manage a caseload of 300 people would be astronomical. I would put forward the case that there should be two. I ask the Minister to look favourably on this. We have continued

on in the north west. There is a wonderful MS therapy centre. They have to raise €100,000 a year to keep it operating and it has been such a support for people living with MS and their families. The idea of having a community worker has been overlooked because the centre has been such a success in the north west.

I am going to quote Mary who was at the meeting I mentioned:

> When I was diagnosed with MS in 2006, there was no dedicated community worker in Sligo. Almost two decades later the situation remains unchanged. Upon diagnosis I was provided with medication options by her urologist and left to navigate the rest on my own. The MS nurse gave her advice on how to take the medication but beyond that there was no structured support. I had no access to information on how to connect with other people living with MS, no guidance on what her future could look like if I had to stop working and no knowledge of the financial supports available. There was direction on how to access homecare should I require it nor any mention of MS Ireland or the resources they offer.

Sláintecare contains a dedicated commitment to an integrated approach to healthcare. If a community worker was employed, €73,000 is a drop in the ocean in the context of the Department of Health's spending budget. It would support social workers' case management and the management team in the support services sector around MS. I would like the Minister of State to reply that the people living with MS in the north west are not going to be treated like second-class citizens anymore.

Deputy Noel Grealish: This Commencement matter was submitted to the Department of Health and then forwarded over to the Minister, Deputy Foley who I answer it on behalf of.

I thank the Senator for raising this important issue and for offering me the opportunity to respond. HSE disability services has allocated funding on an annual basis to provide a range of services throughout the country. Funding is spent in line with nationally agreed policy for disability services, while at the same time endeavouring to maximise value. Services include residential and respite services, day services, PA and home support services, and therapeutic supports. Disability services are provided based on the presenting needs of an individual rather than by the diagnosis of the individual or the actual type of disability or service required. Services are provided following individual assessment according to the persons individual requirements and care needs.

The HSE works in partnership with organisations including section 38, section 39, out-of-State and for-profit organisations to ensure the best level of service possible is provided to people with a disability, and their families within the available resources.

11 o'clock

The majority of specialised disability provision, which is 80%, is delivered through non-statutory sector service providers. The Multiple Sclerosis Society of Ireland, MS Ireland, provides a range of services and resources to the whole MS community: those with MS, family members, employers and health professionals.

Of the circa 850,000 people living with a neurological condition in Ireland, it is estimated that approximately 9,000 people are living with MS. Through its regional community workers, MS Ireland organises a range of living with MS programmes, workshops and activities

throughout the country that are targeted at various groups such as those newly diagnosed, carers, children of parents with MS and health professionals. Programmes include physical therapies, symptom management, and information and education seminars. MS Ireland provides services at a local and national level. Locally, its team of regional workers provide one-to-one and group support and its 39 voluntary branches provide opportunities to socialise, share experiences and avail of services.

MS Ireland also operates a confidential helpline that provides immediate information and support to those affected by MS. MS Ireland receives funding from the HSE under section 39 of the Health Act 2004. In 2023, MS Ireland received more than €3 million from the HSE to support its services. The funding is governed by a number of service arrangements in seven of the nine former CHO areas, which identify service delivery provided by the agency in return for the money being provided to it.

Senator Nessa Cosgrove: There was no indication there that there is going to be any commitment to delivering MS services in the north west. I thank the Minister of State for outlining the amazing work MS Ireland and section 39 workers provide and I know that. Could the Minister of State bring it back to the Minister, and it would be really appreciated by the people in the north west, that this has been going on for decades, particularly when there is the highest instance in the north west of people with MS and we do not have the basic services that other counties do?

The Minister of State spoke about the role of disability reviews and that in 2018, the HSE disability capacity review stated that community workers were listed as the most used in multidisciplinary teams within disabilities. While these roles are available, people with disabilities can be enabled to access mainstream activities and services, slowing down or reducing the uptake on more traditional disability services. It is a cost-saving measure to introduce community workers and it avoids a duplication of work. Community workers do their job and people living with MS thereby get the supports they are entitled to because they are being signposted in the right direction. It cuts down and is a cost-saving measure in the long run.

Deputy Noel Grealish: I once again thank the Senator. The HSE recognises the value of MS Ireland and MS care centre support and services to people with multiple sclerosis. Each year the HSE participates in the Estimates process with the Department of Health and the Department of Children, Disability and Equality and makes a submission for additional moneys to meet the health and social care needs of the population it serves. The disability services make submissions for additional funding for day, residential, respite and home support, with PA hours, multidisciplinary posts and neurorehab moneys as a key element of its submission. Any new funding secured is allocated to the integrated healthcare areas to provide service to those with the greatest need on a priority basis.

The HSE confirms it has received submissions from MS Ireland. These are being considered as part of the 2026 Estimates process. I will bring the particular issue the Senator raised here today back to the Minister and ask her to report back directly to the Senator.

Family Reunification

Senator Lynn Ruane: Today, I find this Commencement matter a little difficult to think about. Before I came into the Chamber, I got word that one of the families I reference in this have not heard from their three children in Gaza since I met them last week. That mother is Bushra. I met her and her son Mohammed this day last week. There are currently ten families still awaiting reunification with their children and siblings. I met this young boy last week who had lost his leg in an Israeli airstrike and lost his father in that same airstrike. His mother came here with him to seek medical care through the medical evacuations but he was split from his three siblings who are orphaned in the Gaza Strip and who are receiving some basic care from their 81-year-old grandmother who is not in a position to care for them. They have been displaced three times since Bushra arrived here with her son.

Mohammed spoke about missing playing with his siblings. I have done nothing but think about play since then, which is probably an unusual thing to think about but we heal grief through play. When we think of our sibling relationships, it is a moment where we feel freedom. When you think of the hypervigilance Mohammed and his family must have felt in Gaza and the trauma they experienced, we truly feel our sovereign selves when we engage and sit into play because, for those moments, we can at least be free from the trauma that has completely enveloped their lives.

Mohammed currently does not have his three siblings with him and that is an absolute travesty. There is a fine line between not being dead and being alive. When we provide physical care to somebody to keep them alive, we must understand that, as a whole person, as a whole family, we cannot keep them alive but then kill them spiritually and psychologically. We need to ensure that, in saving Mohammed, we also save his future and he is not left to carry the burden of wondering where his three siblings are today and not being able to connect with them and know they are still alive. They are also only children. We cannot orphan children in Gaza when they could be here with Bushra and with Mohammed.

Last week when I met this young, amazing, resilient boy, beyond any resilience I think any of us could comprehend, we went over to the canteen to buy a bar of chocolate and he chose a Kit Kat. He then communicated through his mother that he chose that because he could break the fingers into one finger of chocolate for each of his siblings. If we can see the level of bounds of that young boy's heart, we have to be able to keep his heart healing and keep it growing because his progression, his rehabilitation and his life depends on his family being here with him, just like those nine other families. Like I said, we cannot just focus on the physical living of an individual, we must focus on the whole. We must focus on their spiritual and psychological well-being and we must focus on being able to keep families together so they can begin to process the grief and trauma they have endured and they can do that together.

What we need to know today is what actions are being taken to reunify those families. The ten families are waiting and I paid particular attention to Bushra and her situation today, purposely because their father is also gone so they are on their own. There currently has been no communication for seven days with those young children.

Deputy Noel Grealish: I thank the Senator for bringing this matter regarding the process for family reunification in respect of the families under the Gaza medical initiative. I am taking it on behalf of the Minister, Deputy O'Callaghan, who unfortunately could not be here this morning.

First, on my behalf and on behalf of the Minister, Deputy O'Callaghan, I express our sympathies to all the Palestinian people for the difficult circumstances they are encountering. There is no justification for the devastating loss of life and the attacks on civilians and healthcare services in Gaza. I am advised by the Minister that his Department is acutely aware of the grave humanitarian crisis in Gaza, and his officials are working closely with their colleagues in the Department of Foreign Affairs and Trade to ensure a co-ordinated national response to this volatile and evolving situation. This includes their work to evacuate Irish citizens and their families who may require visa assistance.

Ireland has a strong tradition of providing humanitarian assistance. The Department of Justice, Home Affairs and Migration has been supporting the Minister for Health and the HSE in facilitating the evacuation of paediatric patients in line with the Government decision to accept up to 30 paediatric patients from Gaza and their carers, in response to the World Health Organization's request to react to the humanitarian crisis in Gaza. The Department of Health and the HSE continue to lead on future medical evacuation operations and will bring all actors together again in the response.

Medical evacuation operations are extraordinarily difficult. Ireland has carried out two successful medical evacuations of 12 paediatric patients out of the commitment of up to 30 patients, with 12 carers and a further 21 family members accompanying the patients.

All the family members have been medically assessed and are being treated for a range of conditions as necessary.

On 15 July 2025, the Government amended the scope of the Gaza medical evacuation initiative to allow family members of paediatric patients who are parents, minor siblings or adult dependent siblings of the patient, on grant of visas, to enter the State. This decision not only applies to future medical evacuation operations but also to the families already here who have qualifying family members still in Gaza. The Minister, Deputy Jim O'Callaghan, assures me that he appreciates that those who have been medically evacuated are eager for their family members to join them in Ireland. It remains the Department's policy that the families brought to Ireland under the Gaza medical evacuation initiative should not be separated. I am advised by the Minister that his Department will swiftly consider all applications from Gaza on a case-by-case basis. The Irish Red Cross has offered to assist families in Ireland to apply for entry visas for their family members still in Gaza. We are committed to supporting the evacuation of the remaining children with their families. The officials of the Minister, Deputy O'Callaghan, officials are working closely with the Department of Health regarding future arrivals who are expected later in the year. While the Department can grant visas for eligible family members to travel to Ireland, it is not in a position to provide practical assistance to family members who are seeking evacuation directly from Gaza.

Senator Lynn Ruane: We must be very clear on the exact steps. An article published in *TheIrish Times* yesterday insinuated that no one would be medically evacuated if they did not have a surviving parent to care for them. This is inaccurate. Bushra's three children did not have a surviving parent to evacuate with them. On aiding them on the other side, I do not know how to even begin to imagine a scenario where we try to co-ordinate the evacuation of three children on the other side, which means we need to identify an advocate or another family member to come with them. The problem is that all we know is that the Minister, Deputy

Carroll MacNeill, brought a memorandum to the Government this week recognising that Ireland should also evacuate patients' siblings for humanitarian reasons, but there has been no more clarity about when those family members will be reunited. We understand that the intention is reunification, but there is still no detail on how we will evacuate children to join their siblings, to ensure we offer full refuge and care to families. That is currently not happening and, unfortunately, the response still has not provided that clarity from the Department.

Deputy Noel Grealish: I assure the Senator that the Minister, Deputy O'Callaghan, remains extremely concerned about the situation in Gaza and the Government is committed to supporting international efforts to bring an end to this dreadful conflict. The Department of Justice, Home Affairs and Migration will continue to support its colleagues in the Departments of Foreign Affairs and Trade and Health in further medical evacuation operations.

On timelines surrounding the arrival of these people, visa applications from Palestine are received by the Embassy of Ireland in Tel Aviv, which processes certain visa applications under delegated sanction on behalf of the Department. The Minister, Deputy O'Callaghan's, officials in the visa division are in regular contact with the embassy regarding visa applications from residents of Gaza, the West Bank and Lebanon. Both Departments work together to ensure visa applications for Palestinian nationals who meet the criteria to be granted a visa are processed as swiftly as possible. The embassy is actively engaging with applicants to gather the required documents to ensure the visa division of the Department has everything it needs to progress these applications.

The Minister assures the Palestinian community and their loved ones that officials in the Department of Justice, Home Affairs and Migration will process their applications as swiftly as possible. While the Department cannot help directly with the evacuation of people from Gaza, colleagues in the Department of Foreign Affairs and Trade have, since the beginning of the crisis, supported and facilitated the travel of more than 200 people from Gaza to Ireland. They will continue to help as much as they can and the Department of justice will do all it can to assist them in their efforts.

I again express my sympathies to the people of Palestine on what is a very difficult situation.

Acting Chairperson (Senator Shane Curley): Before I thank the Minister of State and Senators for their contributions, I welcome to the Gallery Deputy Cleere and his three special guests, Erin Hoare, Oisín Hennebry and Caroline Morrisey. I reassure the guests that at times I see steam coming out of the ears of Deputy Cleere in the corridors of Leinster House. He has been working extremely hard since he was elected.

I will pick up on one small point from Senator Ruane. It is the play therapy concept, which could be explored. As a former secondary school teacher, I have seen it in action. A lot of what she said hit home. I acknowledge that.

The Minister of State covered everything from enterprise to health, tourism, employment, justice and home affairs. He covered a wide range of briefs today. I thank him for his responses and, in the instances where he did not have the full answers, I thank him for his commitment to liaise with the relevant Ministers and revert to the Seanad. It is much appreciated.

Bhí sé mar onóir ollmhór orm a bheith i mo Chathaoirleach Gníomhach don chéad uair inniu sa Seanad. Is onóir ollmhór é a bheith in ann suí anseo mar Chathaoirleach Gníomhach. Gabhaim buíochas leis na Seanadóirí as ucht na hoibre ar fad atá á déanamh acu agus leis an Aire Stáit, an Teachta Grealish.

Cuireadh an Seanad ar fionraí ar 11.16 a.m. agus cuireadh tús leis arís ar 11.32 a.m.

Sitting suspended at 11.16 a.m. and resumed at 11.32 a.m.

Visit of Maltese Delegation

An Cathaoirleach: Before I call on the Leader to outline the Order of Business, I welcome to the Distinguished Visitors Gallery the ambassador from Malta, H.E. Fiona-Jayne Formosa. Ambassador, you are most welcome to Seanad Éireann today as we mark your national day and celebrate Malta's independence in 1964. As we are both island nations on the periphery of Europe, we share a common ancestry in terms of struggles for independence, as well as a great love of history, language and culture, and a great friendship within the European Union. We thank you for your support for us during the Brexit negotiations, the outworkings of which are still going on. We appreciate the support in the past and currently and, of course, we would be very grateful for your ongoing support in that challenge. The links between Ireland and Malta go a long way back. I understand that when they were based in Malta, the Royal Dublin Fusiliers gave their jerseys to a local football team, Floriana FC, and the team wears the same colours today, while the local residents have the nickname tal-Irish. We have that historical connection and our long-standing connection within the European Union. We are very grateful for that and we wish you a very happy independence day.

I now invite the Leas-Chathaoirleach to welcome the ambassador.

An Leas-Chathaoirleach: I am grateful for the opportunity to welcome the ambassador and her team. It was a pleasure to chat with her earlier and to hear about Malta and a few things that we have in common in terms of manufacturing and other industry. Tourism is such a big, important issue to both our countries. and also I know from speaking to her that Malta has a population of about 500,000 people, which, as she pointed out, is a zero less than what we have in terms of five million people. The delegation is very welcome here today. It is very important that we mark all European independence days and work alongside our ambassadors for the good of both countries. There are so many direct flights between our countries and so many people go there on holidays. The Leader said that he was in Malta on his holidays in the past two or three years. It is about how we can work together for the good of both countries. I hope the ambassador enjoys her visit.

An tOrd Gnó - Order of Business

An Cathaoirleach: Before I call on the Leader to outline the Order of Business, I welcome Ballyhaunis Community School to the Gallery as guests of Deputy Paul Lawless. I met some people earlier and they mentioned to me that there is no homework for the rest of the week for any visiting school. That is an order of the Seanad.

Senator Seán Kyne: I, too, welcome the ambassador and wish her well on her country's celebrations. I know Malta's national day was on Sunday. I am sure the celebrations are still going on. I had the pleasure of visiting Malta some years ago. It is a beautiful country and the ambassador is welcome here this morning.

The Order of Business is No. 1, motion re the proposed approval by Seanad Éireann of appointments of members of the Legal Services Regulatory Authority, to be taken on conclusion of the Order of Business, without debate; No. 2, statements on public expenditure, infrastructure, public service reform and digitalisation, to be taken at 12.45 p.m. and to conclude at 2.45 p.m., if not previously concluded, with the time allocated to the opening remarks of the Minister not to exceed ten minutes, group spokespersons not to exceed eight minutes and all other Senators not to exceed four minutes, time may be shared, and the Minister will be given not less than ten minutes to reply to the debate; and No. 3, Mental Health Bill 2024 - Second Stage, to be taken at 4 p.m. and to conclude at 6 p.m., if not previously concluded, with the time allocated to the opening remarks of the Minister not to exceed 15 minutes, group spokespersons not to exceed eight minutes and all other Senators not to exceed four minutes, time may be shared, and the Minister to be given not less than ten minutes to reply to the debate.

Senator Anne Rabbitte: I, too, want to be associated with the remarks to the Maltese ambassador.

Today, I am asking for statements on autism to be held. I ask for this due to misinformation in the past number of weeks. It is not wrong to want to understand autism. Research is good, curiosity is good, and we should always try to learn more about the human brain. However, where it goes wrong is when people pretend they have found a solution to autism, as if the problem is the person. That is not science. That is fear dressed up as fact and it is dangerous. The real issue here is not autism; it is the international leaders trying to win votes through falsehoods. This may seem trivial, but it will cost lives. Autism is not caused by the lack of vitamins or by any paracetamol. Out there, there are women who are silently making a pact with themselves to struggle through pregnancy, their pelvises expanding painfully inside them without pain relief. Another mother secretly decides to skip the MMR vaccine but not tell anyone. This will cost lives. I have no solution to the problem being created across the Atlantic but what I would urge is that Members of this House commit to sticking to facts and science rather than vague speculation on what might or might not be causing the autism crisis. Autism is not a crisis. The crisis is the lack of support. The crisis is the lack of respect and the crisis is the failure to listen to autistic people themselves. Last night, AsIAm, issued its second press release in recent days. It stated that such remarks are not grounded in credible, scientific evidence and risk promoting a deeply medicalised, stigmatising and ultimately harmful view of autistic people. Autism is not a disease to be cured. Neither Irish health advice nor international scientific evidence link autism to paracetamol. It has been definitively established that there is no link between autism and vaccination. There is no evidence of overdiagnosis in Ireland either. Staying silent and not speaking on it would be to condone what is going on. We need to have statements on this issue and it would be important to bring the Minister to the House for us to have a fair and open conversation, to reassure parents and the neurodiverse community that we are listening and we have their backs.

An Cathaoirleach: Before I call on the next speaker, I welcome a very special guest, or rather guests, to the Distinguished Visitors Gallery. Julie Lyons is here with all her family. If anyone has ever been to Leinster House and eaten food here, it has been made with the loving tender care of Julie and all her team. She looks after everyone in Leinster House as if they are one of her own. She is here with all of her own. There are two children, Miranda and Dan, son-in-law Ed, daughter-in-law Lorraine, grandchildren Ruby, Lily, Teddy and George, sister Deirdre and brother Eamon. Partner Brendan is away.

Since I came here in 2007, she has looked after me and everybody we have brought in here with special care. She makes every occasion an occasion. She has served under nine taoisigh and treated each one of them the same as she treats all Members. There are lots of jokes and she is not one to point out how people are doing but she has a great sense of humour. We will miss her when she is gone from us here as she heads off for happy retirement. She must make sure to visit us loads - she does not have to do any more of the cooking. We really enjoyed all our time with her when she wandered around the self-service restaurant or the Members' dining room and made great conversation and great friends. I thank her for all her service down through the years. That deserves a big round of applause.

Far be it from me to give anyone life advice but in Kenmare when three brothers who had been running the bakery for 49 years retired, they put a lovely handwritten note on the window thanking all their customers, friends and neighbours and everyone in the town for their service to the bakery and support down through the years. They wrote on the note, "Now we must learn the art of how to spend time without spending money". When Julie learns that art, will she come back and tell us all? I thank her very much for all her service to Leinster House down through the years. We really appreciate it.

Anois, Senator Maria Byrne.

Senator Maria Byrne: I wish to be associated with the Cathaoirleach's remarks about Julie and her retirement. I thank her for everything. I think she is with us for another week or two but I wish her all the best in her retirement. She has always been very kind and courteous and looked after everybody so well. The food and everything has never been a letdown. Julie really is fantastic not only in the job she does but also in how she chats to everybody and embraces life. I wish her and her family the best in her retirement.

I received an email from a young girl recently who has very severe Crohn's disease. She spends a great deal of time in hospital because of her immune system and how weak she is, but she is thinking of her future. Eventually she will be able to have an operation to help with her illness but she is thinking about down the road, whether she would get married, her fertility and if she was to become pregnant. She was looking to see if she could have some of her eggs frozen. This is not covered by the Department of Health. You can have eggs frozen because of many illnesses but not Crohn's disease. This young girl is distraught and upset about how sick she is and thinking about her future. She is only 18. There needs to be some sort of flexibility for people who have a debilitating illness now. There is a chance that down the road in the coming years she will have a more balanced life and will not be as ill as she is now. She has not been at school for two years because she has had to spend so much time in hospital. The Department needs to be flexible in its approach and look at how it can support people like this young girl into the future because this means a lot to her. I would welcome any support

the Leader can give me, such as writing to the Department, highlighting this issue and saying that he supports it.

Senator Victor Boyhan: First, I salute Julie Lyons in our Distinguished Visitors Gallery with her huge family. I do not think the Gallery can take any more. Well done, Julie. What can I say about Julie Lyons? She has wined and dined – I will stop there – world leaders. She has many a story she could tell but she is always discreet. She has a great sense of humour but she is always discreet, which is an important part of the job. She nourishes us and feeds us but more importantly she is a constant friend and colleague to us all and knows all our quirks and ways. We will really miss Julie. She is more than special. She went way beyond catering. She went on about hospitality, which should be at the heart of the Houses of the Oireachtas, the people's house, as I always say. She has been at the very kernel and very core of that in receiving in a most gracious and generous way the first person to represent us in this House. I salute her and I say that on behalf of the Seanad Independent Group, which I lead. I offer Julie our best wishes and thank her very much.

On a more important issue, I have spent all of my career in Seanad Éireann as an advocate. I do not see myself as a politician. I am a politician, but my principal job is to be an advocate for the voiceless, the people who do not always have a say and who are frozen out from dialogue and political engagement and that is what I will always continue to be. Yes, people have rights and democracy is democracy, but let us all be respectful and give ourselves the space to articulate the views that we believe in. "Choice" is a word that is tossed all around the place, but we must respect everyone's decision and everyone's choice. That is really important.

Today I want to make another plea for the people who were in residential care in institutions in this State run by religious and by non-religious, by the State and by the private sector, in education or in care in any form. We know they were vulnerable people. We know through the redress scheme and dialogue, as many here have articulated, that many suffered at the hands of those who were entrusted to look after them. Many of them suffered mental abuse, emotional abuse, physical abuse and torture. They were humiliated and undermined. Their connection with their families was cut. Today, there are people outside this House on a hunger strike seeking advocacy and an enhanced medical card. I simply ask that Members not walk by the gate today without stopping and talking to them and listening to them. They are real people with real lives but most of them do not have something that most of us have – partners, families or friends. They feel forgotten and marginalised. As long as I am here, for every day and hour I am here, I am committed to doing it because I lived that life myself. I walked that road and shared that experience. That is what empowers my gut and drives me. I will not be stopped, discouraged or dissuaded. I will be true to myself and I will not stand for something I do not believe in. I thank my colleagues. Many have been consistently supportive of me in this advocacy work and I hope I can continue for a long time to keep that work, that candle and that flame burning. We have a task – we have an honour and a privilege – to shine a light in a dark place, to give hope to people. I hope we will be united, as most of us are, to continue with that advocacy work.

Senator Maria McCormack: First, I would like to mention the shocking attacks on the aid flotilla to Gaza today, which is yet another disgraceful breach of international law.

This is a humanitarian fleet of over 500 civilian volunteers and it was subjected to co-ordinated attacks in European waters off Crete. Aid is so desperately needed for the starving people in Gaza and everything that can be done must be done to ensure the aid safely reaches its destination. Drones, explosives and chemical dispersals targeted unarmed vessels, damaging the ships and endangering lives. The crew on board *The Spectre*, including our colleague, Senator Andrews, said they believe they were struck four times by drones. I hope all personnel on board are safe, but the world is watching now. We must not turn a blind eye to the illegal attacks on these flotillas.

The second item I want to raise is to call for a debate in this House on the cost of living and energy prices in particular. As families are struggling having just got kids back to school and the costs that go with that, they are now facing a winter of even higher energy bills. I hear from people in my area in Laois how they are really struggling. It is not just families but also single-income households that are struggling to pay bills and missing out on meals because they run out of money halfway through the week. We heard that four separate energy companies are raising their prices despite the fact that Ireland already has the highest electricity prices in Europe. This Government needs to start holding these companies to account. I would like a debate in this House not just on energy prices but also on the general cost of living.

Senator Patricia Stephenson: As I am sure all Senators know and as we heard from Senator McCormack, last night there was once again a breach of international law while the Global Sumud Flotilla, a peaceful humanitarian mission sailing in international waters, was attacked by drones. These boats are a threat to absolutely no one. They carry baby formula, water and the most basic forms of aid. The people on board represent hope and huge amounts of courage. Our own colleague, Senator Andrews, is on board as well as 21 other Irish citizens. They find themselves under attack simply for standing up for the concepts of human dignity and human rights. For the Irish citizens and all of the global citizens on board, we must say enough is enough. We have always said Ireland has a proud history of defending those under siege, defending international law and championing human rights. Today, we have to live up to that truth and the expectation people have of us as representatives. I call on every Member of this House, in particular Senators in Government parties, to speak to their ministerial colleagues urgently and the Tánaiste and Minister for foreign affairs without delay to demand full accountability for this attack and insist on the safety of all of the Irish citizens on board. This is not about party politics; it is about our shared commitment to international law, the right of safe passage and the protection of civilians. If this attack on Irish citizens in international waters does not move us to act, then what will? Let us send a clear and united message from Seanad Éireann that Ireland will not tolerate attacks on our citizens or the targeting of humanitarian missions and will continue to stand up for justice, peace and human rights.

I also lend my support to what Senator Boyhan said regarding the women on hunger strike who have been camping outside Leinster House since Sunday night. They are women in their 60s and 70s who feel completely forgotten and isolated by the State. They have come into this Chamber and pleaded with us to stand up for their rights to healthcare, dignity and respect, having been systematically mistreated by the Irish State since the day they were born. It should not take women on hunger strike outside the Houses of the people for us to take action. I have written a letter to the Taoiseach asking that their demands be acknowledged and acted upon. I hope others will go out and meet them today as well.

Senator Lynn Ruane: I join my colleagues in relation to what happened to the Global Sumud. It is really concerning that there is not more uproar about the targeting of civilian boats in European waters off the coast of Crete. We are meant to be part of a European Union that is supposed to be underpinned by the principles not only of peace but also international law. It is not acceptable that we would allow and accept in international waters, especially in European waters, that drones can target and damage boats and drop chemicals on 500 civilians who have put their lives at risk to continue to draw attention to the atrocities in Gaza. As a country, we need be strong in the moment it is happening. There needs to be a statement from the Department of foreign affairs now, today, in relation to what is happening to the Global Sumud Flotilla not only because there are 22 Irish citizens on it but because it is wrong. On every level, we are bowing down to the violation of international law by Israel day after day.

I want to draw attention to the appalling comments by Deputy Troy that when it comes to housing, we should house those who have a job first. I could not believe in 2025 that we would have a parliamentarian who does not understand the idea of supporting the most vulnerable in our society, those with the least. Saying we should make sure they are housed last is so unintelligent, not even to understand an analysis of class and why people end up homeless or unemployed in the first place.

We come back to a new term with a new level of energy but to come in to Commencement matters on the first day of term and have no appropriate Minister to take a single one is not something we should not stand for as Senators. On the first day of term, I am asking myself why I would bother tabling any Commencement matter going forward if we did not even have one Minister with the appropriate brief come in today. That is not with any disrespect to the Minister of State who came in to take the Commencement matters but it completely undermines our role and dismisses us as a Chamber. An important function we have is that we can have a Minister in front of us who has a brief and can engage with us authentically on an issue in the moment. We should not start off a new term like this. I would like this House to take a stand on that and communicate that clearly to the respective Departments.

Senator Gerard P. Craughwell: Hear, hear. Well said.

An Cathaoirleach: We will bring the issue the Senator raised to the Committee on Parliamentary Privileges and Oversight. It is an issue in the Dáil is as well where Members are having questions answered but not always by the line Minister. I call Senator Daly.

Senator Paul Daly: I attended the National Ploughing Championships last week, which were a fantastic success. I congratulate the National Ploughing Association on the fantastic annual event it holds, in particular its well-known managing director Anna May McHugh. With the season that is in it as we approach a presidential election, one could nearly say Anna May is the best president we never had. The success last week was a testament to that great organisation. When you attend that event in the role I have as spokesperson for agriculture, you can gauge how things are on the ground by the mood of the farmers and others who attend. Things were very good, positive and upbeat last week, which indicates things are good out there, but with one exception. The rising tide does not lift all boats. There is a serious crisis in our tillage sector. It is ironic that ploughing is the foundation of the seedbed for the crop. It was very evident last week that our tillage sector is in crisis and needs immediate aid. I would

like a debate with the Minister for agriculture but it would need to be before the budget so I doubt very much that will happen. Perhaps we could relate it to him. We need support for the tillage sector. It is under pressure with input costs and fertiliser prices. World grain prices are almost at an all-time low. It is the sector that is probably most dependent on the weather. Even if we get the prices right, there can be a bad spring when they put in their crops and they are goosed, or a bad harvest. It is a vulnerable sector and needs so much help. I would also like to see the inclusion of gene editing in that debate. The time has come. I am not talking about gene modification; I am talking about gene editing. We need to strengthen those crops to handle the new climate and the wet conditions climate change has brought.

12 o'clock

It is a debate we need to have on gene editing. I want to make very clear that I am not talking about gene modification but gene editing.

Senator Michael McDowell: I want to be associated with the kind remarks the Cathaoirleach and others have made about Julie Lyons on the occasion of her impending retirement, which we are marking. She is a wonderful woman and very kind to all of us. I definitely agree with what was said by Senator Boyle, that hospitality is slightly different to catering and that she managed to crown one with the other.

At the end of the last session of the House we were speaking about the refugee crisis, asylum-seeking and the like. There is an Oireachtas joint committee on justice, and yesterday it was graced by the presence of the Minister, Deputy Jim O'Callaghan, who answered the questions put to him very forthrightly, honestly and truthfully. It emerged from this discussion that it appears at least 87%, and probably more, of asylum seekers in Ireland have transited through the United Kingdom to come here. He surmised, and I suppose it is a reasonable surmise, that they are coming across an open border. This is a huge number of people claiming protection whom we receive via a safe country into our own country. By the way, there is traffic the other way.

Several other points also emerged from the answers he gave, and I will put two propositions before the House. The first is that anybody given refugee status in Ireland is, thereafter, free to go backwards and forwards between Ireland and wherever they claimed they were in danger of persecution, as often as they like on travel documents supplied to them. In effect, people can go back to wherever they came from originally and participate in the ordinary life of that country, and keep transiting backwards and forwards to Ireland. This is the law. The final point the Minister made, and this is important from the point of view of resources, even though we have Apple money and corporate tax money, was that he pointed out that we spend €1 billion per annum housing Ukrainian displaced persons under a special scheme, and €1.2 billion housing other asylum applicants who have come to our shores. This is €2.2 billion.

The reason I mention these three questions, and the Minister answered many other interesting questions, is that we have to have a serious debate in the House about how we tackle the asylum-seeking activity in Ireland. It is not sustainable in its present shape or form. The costs are too vast. We have to have a serious debate about how the Irish Government at European level begins to deal with what I call, and I do not apologise for saying it, a racket which has emerged in describing migration as asylum-seeking.

Senator Joanne Collins: Today I want to raise an issue that happened last July. A town in County Limerick had severe rainfall within a very short space of time and flooding occurred. The local residents and businesses had been raising the potential for flooding for three or four years with the council and through their local TDs' offices. I do not know whether it fell on deaf ears or was just put on the long finger but nothing was done to the drainage system in the town.

I acknowledge that since the flooding Limerick City and County Council has responded. It has dredged the rivers and opened up the eyes of the bridge again. Last week it confirmed to a newspaper that it has made an application for minor works, through the OPW, and for an overall survey. This is great but the worrying part is that it wants funding to carry out quick-fix works to alleviate short-term flooding events. What is needed for the town of Dromcolliher is a commitment for permanent solutions that will protect homes and businesses if this were ever to happen again. When we look over the past couple of years we see we have had spot flooding. We had it in Youghal the year before. I think it was Youghal; it was somewhere in Cork. It seems to be happening more often. If the drainage is not looked at correctly, and a permanent solution is not put into these towns, they are at risk of being flooded again. Businesses and homes will be ruined. A couple of homes in Dromcolliher were evacuated in July. These homes are still under construction to try to deal with the flood water. It was not only water from the river as there was sewage also coming up. These houses are uninhabitable at present and people are privately renting on top of paying a mortgage. The cost to these families and businesses is very high and a permanent solution needs to be put in place. I call on the Department to liaise with Limerick City and County Council to ensure funding for permanent solutions rather than quick fixes is put in place.

Senator Gareth Scahill: I stand today to speak about social media and a number of stories that presented themselves over the summer. There was the spreading of misinformation and threats. Social media policy seems to protect the protagonists in these situations more than the victims. It is affecting every area of life at present but, specifically at this moment in time, it is affecting Oireachtas Members. It is affecting presidential candidates. It is also definitely prevalent among the general public and the general population. It is a real threat to democracy and a threat to the future of people getting into public life. I call for a debate in the House. It would be great if we could call on the social media companies to get involved. Generally, it seems accepted that people in public life take this on board and accept it as the done thing but our family members and friends are threatened and it extends beyond this. I am sure that Members of the House have often been accused of things or things have been said about them at various stages that are completely untrue but we have no mechanism to correct it. As soon as we answer any of these things we give them more fuel. I am sure we have full cross-party support for starting this conversation. I would welcome the opportunity, if it could be included on the schedule in the very near future.

Senator Sharon Keogan: The tragic case of young Daniel Aruebose has shaken the nation. A little boy, once in Tusla's care, vanished from sight for years without anyone raising the alarm. Only when a welfare irregularity was noticed did questions emerge, far too late. This is not simply an individual tragedy, it is a systemic failure. Tusla had Daniel on its radar and engaged with his family, and then closed the case in 2020. From then on, no one in the State noticed he was not in school, not attending health services and not visible in the community.

The question we must ask is how many other children once known to Tusla have slipped through the cracks in this way.

Today I call for a full investigation into Tusla's record. We must establish year by year how many children known to Tusla have been reported missing, and how many have remained unaccounted for. Beyond investigation, we must act. Case closure protocols must be tightened. Data sharing between Tusla, schools, health services and the Department of Social Protection must be strengthened. A statutory mechanism for the independent review of child deaths and disappearances must be established. Re-examining pandemic case closures is a good start but we must go further to ensure no child has been left invisible. Without this transparency and these reforms, the public cannot have confidence in the child protection system. Families cannot trust that their children will be safeguarded. The House must press for answers.

Tusla must provide the figures and the Minister must ensure that every child is treated as with the highest priority, not as a line in a closed file. Daniel's case must be the last time a child disappears in silence. Nothing less than a full independent investigation into Tusla's practices will suffice.

Senator Pauline Tully: I attended a pre-budget submission presentation by Rehab yesterday in the audiovisual room. I commend the work it does through its various entities: Rehab Enterprises, RehabCare and the National Learning Network. The speaker who was due to deliver the first speech, Padraig, is a wheelchair user. He was taking the train from Cork, where he lives. He had booked a wheelchair-accessible taxi from the train station to Leinster House. The taxi arrived on time and was wheelchair accessible but when he saw that the wheelchair was a larger motorised model, the taxi driver said his ramp was not working and that Padraig would have to call for another taxi. He called for another taxi and the same thing happened. The second taxi came but he was told the ramp was not working and he had to call for a third taxi. The third taxi came and the ramp was working but the driver did not know how to use it. Padraig and his PA instructed him on how to use it safely and Padraig managed to get to Leinster House and make his presentation before the session was over. The issue of transport overall was highlighted by many of the people at the session, as were the cost of disability and the many other issues covered in the pre-budget submission. As those speakers pointed out, if transport is not accessible, people cannot get to education or work, go shopping or partake in social activities. They have to depend on family all of the time, which is totally unfair. I would like a debate with either the Minister for disability or the Minister for Transport, because it crosses the two Departments, on the issue of accessible transport. We have wheelchair-accessible taxis but I do not know what the issue is with taxi drivers. They may be just too lazy to get the ramp out and help the person to get into the taxi. That also has to be addressed. That is totally unfair. This man had done everything right to get here on time and ended up being let down by two taxi drivers. We can be thankful that, with a little bit of help, the third was able to get him here.

Senator Gerard P. Craughwell: I will follow on from my colleague who spoke about social media. It has become an extremely toxic environment. We are all now used to the whipping-up of mass emails to us to support this, that or the other. The senders do not even do us the courtesy of referring to us by our names. They address us as "Dear Deputy" or "Dear Oireachtas Member". I am not a Deputy; I am a Senator and I am Gerard or you can call me

Craughwell if you want. I throw the gauntlet down to the Cathaoirleach because he has done some pretty good work on public consultation. Our colleagues have said that perhaps we should get in the social media companies, because God knows it is impossible to contact them. Perhaps we should get them in here for a face-to-face meeting in the full glare of the public view. I think the Cathaoirleach is the one who can actually lead that. I ask him to consider it over the coming days. He would have 100% of any support that I or any other Member of the House could give.

Yesterday, my colleague Senator Ruane spoke about the absence of Ministers for Commencement matters. Yesterday, I raised a Commencement matter on the extremely important issue of the RSV vaccine for people over the age of 65. I am aware that the Minister has laid on the RSV vaccine for babies. Thousands of people die every year through RSV. The Department provided an answer for the Minister of State, Deputy Byrne. In fairness to him, all he could do was read out the answer he was given because he is not in that Department, as far as I am aware. I was talking about over-65s and the answer I got was about babies. The last paragraph dealt with the fact that there is a technical group looking into the benefits of this vaccine. Why is it looking into it? Scotland, England and Wales have got it. If you are over 70, you get the vaccine. It is once every three years and you can get it up to the age of 80. It reduces the level of morbidity and the number of hospital beds used. The international evidence is clear. Why can we not just adopt the evidence from abroad and bring this in? I ask the Leader to raise this matter again through his party. It may be unfair to do that to him but I ask him to raise it in party rooms and ask whether we could just look at the international evidence and make the RSV vaccine available to those over 65. I do not want to get hit with RSV. It might not seem like it, but I am over 65. I do not want it. I have to pay €235 to get that vaccine. I am in a fortunate position in that, at the age I am, I have fewer responsibilities to my family and can afford €235 but people living on the old age pension cannot.

An Cathaoirleach: The Senator is most correct; he certainly does not look a day over 50.

Senator Sarah O'Reilly: First, I commend the incredible work done by Maria Steen, her team and the various TDs and Senators who committed to signing her nomination papers. A huge range of Oireachtas Members had pledged their support to another candidate but recognised the importance of protecting and amplifying democracy by lending their signatures to her nomination papers. I thank them for that. There was demand from the public and across the political spectrum to see Maria Steen's name on the presidential ballot. It was impressive to see over 100 independent councillors sign a petition to nominate Maria. They had to work across the country to do that. It is truly a huge blow to me and to people who think like me that, despite this support, she has missed out on getting onto the ballot by only two signatures. Up until the last minute, people were contacting Senators and TDs to plead with them to ensure there was a candidate present at those debates who represents them and their views. I am heartened by the vast number of people who truly appreciate and support a candidate who stands for dignity and truth. Sadly, we have a political class who have ignored their electorate by dismissing the very councillors who voted for them. Having Maria Steen on the ballot would have allowed a large portion of society who feel unheard and unseen to be represented. We have lost an opportunity for respectful debate where ideas and opinions could be tested. Now that part of society will not have their voices heard throughout the presidential debates. It is sad for me to stand here today and see an entire section of society going unheard and

ignored. The establishment was afraid of Maria Steen getting onto the ballot paper. They wanted a three-way race to limit the chances of a candidate other than their own succeeding. Their will has been done. If you believe that your candidate is accomplished enough to be the President of Ireland, you should not shy away from their positions being tested by an alternative viewpoint. Maria Steen would have been a truly formidable addition to the presidential ballot and I can only presume that is the exact reason she was kept off it. The phrase "death by a thousand cuts" comes to mind.

Senator Seán Kyne: I thank all Senators for their contributions here this morning. We started with Senator Anne Rabbitte, who rightly raised the issue of misinformation regarding autism, paracetamol and vaccinations. It is deplorable. I am not qualified to say what vaccines or drugs anyone should take for any illness. That is why we have the Irish medical agency, the European Medicines Agency and the Food and Drug Administration in the United States. They are the ones that provide expert advice to our GPs and other medical professionals across the country. They are the ones that should be listened to and give advice in relation to this. I acknowledge the hurt this misinformation has caused and the concerns of expectant mothers and those who have children with autism who feel their lives have been questioned. I feel strongly about this and I will request a debate with the Minister on this matter.

Senator Maria Byrne raised the matter of a young girl with Crohn's disease who is looking to get her eggs frozen. That is not something I had thought about before. Perhaps the Senator could raise this is a Commencement matter. That might result in a more direct response. I will certainly raise the matter with the Minister, Deputy Carroll MacNeill, as well.

Senators Boyhan and Stephenson raised the matter of the protest by survivors of residential care. Senator Boyhan has been a strong advocate of survivors of residential care during my time in these Houses. I will certainly raise that again with Ministers and the Tánaiste.

Senators McCormack, Stephenson and Ruane raised the issue of the flotilla that was attacked off Crete. I acknowledge that our colleague, Senator Andrews, is on that flotilla. There will be a debate on Gaza tomorrow in Fianna Fáil Private Members' time and it will be an opportunity to discuss this further. The Tánaiste and Minister for Foreign Affairs and Trade is in New York so I presume the Minister of State, Deputy Thomas Byrne, will address us tomorrow on that. I will certainly raise the matter with the Tánaiste when I see him when he is back from New York.

Senator McCormack also called for a debate on the cost of living and energy. I will request that. I am not sure it will be possible in advance of the budget but I will certainly request it.

Senators Ruane and Craughwell also raised the subject of Commencement matters. I agree there are issues. I have raised them in my party room. It has become a habit for a Minister or Minister of State who is on front-line duty to be given four or five scripts to read out in some cases. It is not best practice. I have asked that, certainly where Departments have two or three Ministers of State, that they provide one to answer questions. I do not have an answer, except that I will keep raising the issue. It happens in both Houses. It is not just in this House. That does not make it right.

Senator Ruane also questioned comments by the Minister of State, Deputy Troy, regarding the housing list. I hope we will have statements on housing at some stage in the future. She can raise the matter then.

Senator Paul Daly complimented Anna May McHugh and all involved in the National Ploughing Championships. They were a great success, as they generally are. If the weather holds up at all, it is a pleasant day or three days out. The Senator called for a debate on the tillage sector. The Minister, Deputy Heydon, will be here next week for a Fine Gael Private Member's Bill on agriculture so there will be an opportunity to raise the matter then. I will certainly discuss it with him in the meantime as well.

Senator McDowell raised the issue of the cost of asylum seekers. The Government is looking at pursuing State delivery of services, but a figure floated by the previous Minister as well was that up to 70%, 80% or now approaching 90% of asylum seekers are coming through the UK. As we head towards the next general election in the UK, if Reform UK gets in, I can see that number increasing as people avoid that possible change of Government. We are a long way off that, but I will certainly continue to raise that with the relevant Ministers.

Senator Collins raised the matter of the flooding in Dromcolliher. I ask her to table a Commencement matter on that with the Minister of State, Deputy Moran. I will also see whether, under the capital plan, there will be an opportunity for him to come in to discuss his plans under the NDP review.

Senator Scahill and Senator Craughwell raised the matter of social media spreading misinformation affecting present and future elections and called for a debate. Senator Craughwell suggested that the Cathaoirleach could take this up. I am not sure what work the committee has done on this matter lately. It comes up here quite often. Many Members are the subject of online misinformation or abuse, so I will raise that with the Minister as well to see what can be done.

Senator Keogan raised the tragic disappearance and death of Daniel Aruebose whose remains were found in Donabate. She called for a debate on Tusla regarding child disappearance. I will request that from the Minister, Deputy Foley.

Senator Tully spoke about the issue of a young child getting access to accessible taxis. They turn up and are not able to take a child. I have requested statements with the Minister of State, Deputy Naughton, on the disability strategy, which was launched a number of weeks ago. It is an all-of-government approach. It is not only in her Department. Transport issues fall under the Department of Transport. I will certainly request a debate with her on that matter.

Senator Craughwell spoke about international evidence on the RSV vaccines. He made a fair point. That is why we are in the European Union and there is commonality across that. I will raise it with the Minister for Health.

Senator Sarah O'Reilly mentioned Maria Steen missing out by two votes on a nomination to be a presidential candidate. She mentioned dignity and truth. I would like to think all candidates who are selected have dignity and truth.

Senators: Hear, hear.

Senator Seán Kyne: They will advocate for themselves in the coming weeks and the Irish people will decide. The processes are laid down in the 1937 Constitution, as I said yesterday, which was voted on by the people. People are free to make up their own minds about who they choose they nominate. A lot of pressure was brought to bear on certain individuals. At least that pressure now ends as the nomination process has now closed. I wish all three candidates the best of luck over the coming weeks. I hope it will be a respectful debate online and in the physical debate that will take place.

Order of Business agreed to.

Legal Services Regulatory Authority: Motion

Senator Seán Kyne: I move:

> That Seanad Éireann, noting that the Government agreed on 10th September, 2025 to propose, for the approval of Seanad Éireann, the appointment or reappointment, as the case may be, of the persons concerned to be members of the Legal Services Regulatory Authority, and pursuant to sections 9 and 10 of the Legal Services Regulation Act, 2015, approves the appointment of Simon Barry and William Abrahamson with effect from 1st October, 2025, by the Government to be members of the Legal Services Regulatory Authority in accordance with that Act, and the reappointment of Shane Galligan, with effect from 1st October, 2025, by the Government to be a member of the Legal Services Regulatory Authority in accordance with that Act, such appointment or reappointment being for a period not exceeding four years from the date of appointment or reappointment, as the case may be, as the Government may determine.

Question put and agreed to.

Cuireadh an Seanad ar fionraí ar 12.26 p.m. agus cuireadh tús leis arís ar 12.49 p.m.

Sitting suspended at 12.26 p.m. and resumed at 12.49 p.m.

Public Expenditure, Infrastructure, Public Service Reform and Digitalisation: Statements

Acting Chairperson (Senator Nicole Ryan): The Minister has ten minutes for his opening statement.

Minister for Public Expenditure, Infrastructure, Public Service Reform and Digitalisation (Deputy Jack Chambers): I thank the Cathaoirleach and all the Members of the House for the opportunity to attend today to discuss the important work programme of my Department. I will cover several key priorities and my colleague the Minister of State, Deputy Higgins, who will be shortly, will touch on the elements of the Department's work related to her remit in her closing remarks.

My Department operates from the centre of government to drive the delivery of better public services, living standards and infrastructure for the people of Ireland. The remit of the

Department encompasses three broader areas: governance and oversight of public expenditure, building capacity across the civil and public service and delivering effectively across key departmental policies. These strategic goals are central to the Department's new statement of strategy out to 2028. It is part of what I set out to the Government last week in the context of actions that will be delivered in the time ahead.

Turning to public expenditure governance, a key priority for me and my Department is to promote and support the efficient, effective and sustainable use of resources in line with the annual budgetary parameters to support economic and social progress. This is particularly pertinent now as we focus our efforts on budget 2026. In the lead-up to 7 October, I have been meeting with a range of important stakeholders, from the national economic dialogue to the pre-budget meetings with my ministerial colleagues. It is clear to me the Government has an opportunity to make the right decisions to build further resilience in the Irish economy. This is particularly important given the uncertain geopolitical context. The medium-term expenditure framework I recently published puts in place a strong architecture to frame our budgetary plans for the coming years. This important framework takes a wider multi-annual view that complements and guides the annual budget cycle, enabling us to anticipate and prioritise effectively for the challenges and opportunities ahead.

The framework also provides insights to guide future budgetary decisions. Among these is the importance of capital expenditure in economically strategic areas to support housing delivery and to facilitate future economic growth. The framework also acknowledges that the achievement of policy outcomes requires public expenditure in tandem with other policy levers, including taxation, regulation and reform. Placing reform at the heart of all we do is something I have prioritised as Minister, and this is reflected in my Department's new statement of strategy. Over the summer, I wrote to all my ministerial colleagues and my Department issued a circular on the key value-for-money obligations that Departments are required to adhere to as they progress their own priorities. I think we can all agree that we need to invest in delivering the public services and infrastructure that people rightly demand, but we cannot do this at the expense of accountability and value for money.

This is why I have directed my officials to undertake a review of the public financial procedures to strengthen rules around how public money is used and to place accountability at the heart of decision-making. This approach is consistent with the work my Department does in progressing and promoting good governance, openness and transparency for the governance of State bodies, the regulation of lobbying, the protection of whistleblowers and through freedom of information. To ensure public expenditure achieves effective outcomes, my Department also monitors expenditure from climate, well-being and equality perspectives, produces expenditure and policy reviews with spending reviews, and produces organisational capability documents to ensure our Departments and offices have the capability to deliver on their objectives. Taken together, these elements form the basis of a public expenditure management system that is robust and has taxpayers' interests at heart.

Through our Department's goal in building capacity, we are developing a public service that can meet the long-term needs of a changing society. We do this through pay, pensions and HR policies, including legal responsibility for the appointment, pay, superannuation and conditions of all civil and public service staff and boards of public bodies, multi-year public service pay

agreements, and a range of policies supporting a more agile and inclusive workforce, such as an apprenticeship programme for the public service.

To support effective delivery, my Department is driving an ambitious programme of public service reform through the better public service transformation strategy. It is also leading on digitalisation of public services to create a more integrated, user-friendly and efficient service and promoting and advancing the use of new and emerging technologies, including the importance of artificial intelligence. The focus on digitalisation is reflected in the Department's new mandate and in the enhanced policy remits under the public service transformation division and our Office of the Government Chief Information Officer. One example of where the Department is leading on digitalisation can be seen in the recent publication of our guidelines for the responsible use of AI in the public service. My Department's focus on delivery can also be seen in the extensive work programme under way to progress momentum in infrastructure. We have delivered a national development plan review and allocated an historic level of resources targeted at areas of known infrastructure deficit. Departments have now been tasked with developing sectoral investment plans to directly link funding to the projects that can be delivered across their sectors in the next five years.

In tandem with the new infrastructure division, my Department is working with deployed sectoral experts and an accelerating infrastructure task force to identify the barriers delaying project delivery and the solutions to overcome them. The State must get back to delivering infrastructure at speed and at scale and the removal of barriers will be critical. The approach to delivering policy solutions is good evidence of the Department's ability to respond with agility and flexibility, just as we have for Brexit, Covid, the war in Ukraine and the cost-of-living crisis. We delivered then and I firmly believe we can do so now. We have the resources and the opportunity to make real progress and we must follow through.

Acting Chairperson (Senator Nicole Ryan): Before we move to our first speaker, I welcome Councillor Patrick Meade, Cyril Carter and Paul to the Gallery. They are here with Senator Rabbitte. I call on Senator Joe Flaherty.

Senator Joe Flaherty: I thank the Minister for coming in today. Undoubtedly, one of the biggest challenges facing this State is the scaling of our infrastructure. I appreciate we have record levels of capital investment, but it is only reasonable and fair to say the national development plan 2025 to 2035 will be a defining one against the backdrop of rising population and bullish economic growth. It is vital we meet these challenges in the areas of transport, water and energy head on. It is just under €276 billion of capital investment. With this funding, we have the chance and opportunity to build a nation fit for purpose and fit for the future. It is an investment that can and should set us apart as leaders among our European neighbours. We can reach our climate goals but more importantly, we can build a nation truly for all and one where no sector, community or townland is left behind. I know the Minister shares these sentiments and beliefs and deeply values them.

I was pleased to hear him speak of better public services, but I believe all agencies of the State need to be working much harder, more effectively and should be absolutely focused on the challenges of our times, be these housing, infrastructure or climate. There is doubt that the body politic and many Government Departments and agencies were severely damaged by the fallout from the OPW funding calamity last year. I fear too many Government Departments

and agencies are now gripped by paralysis now when it comes to making hard decisions. All too often, there is a sense now that nobody wants to make the big decisions, and this is crippling the delivery of services nationwide. It is also important to say, however, that we have many incredibly dedicated and hardworking people across these Government Departments, agencies and local authorities. These are people who have consistently worn the Irish jersey and want the very best for this wonderful country and people.

All too often, our leadership in Departments and across local authorities is dented and thwarted by the election cycle and the transition of key officeholders. I regret seeing a wave of conservatism gripping many senior managers when it comes to the delivery of key services. I have seen the Minister engage over recent months with many of these leaders at Department and local authority level. He is in no doubt as to the passion and commitment of many of our teams across our Civil Service. I think he has a critical role now, along with the Taoiseach, in delivering a new and energised level of leadership across our State. There is no doubt that we need to be prudent and we certainly need to meet our budgets. Now more than ever, though, against the backdrop of that €276 billion, we need to be brave and maximise this unprecedented opportunity. We need a wave of enthusiasm and fervent leadership sweeping through all Departments. I am in no doubt that the Minister can personally lead this change, but there is also a huge onus on all his Cabinet colleagues to follow through on his lead. It is incumbent on all Ministers now that we drive change, set challenges and consistently strive to over-deliver.

This is an unprecedented opportunity for this country. If we were to listen to many of the Opposition Members in these Houses, and I do not see too many of them here this afternoon, they are almost Trump-like in their analysis when it comes to describing Ireland, yet this is one of the most successful advanced economies in Europe, one that has flourished in just over 100 years of independence. It is one that has triumphed in a post-Covid era, found the positives in the aftermath of Brexit, and met the challenges of war in Ukraine and an unprecedented cost-of-living crisis with resolve and commendable leadership. This was thanks in large part to the efforts, vision and foresight of leaders such as Micheál Martin, Michael McGrath and the Minister, Deputy Chambers.

1 o'clock

The media and, all too often, as a result, wider society are fixated with the President of America, Mr. Trump. The reality, though, is that he will leave office in 2028. We need to work on and retain our unrivalled relationship with the US. We have been consummate diplomats over the years and never were these qualities more in need. There will not be a flow of FDI companies from Ireland; rather, we are likely to see more because we have what the US and eastern European nations do not have, that is, a young, skilled, highly-educated and adept workforce. One does not build that workforce overnight. For us, it was a result of generational investment and leadership, in large part from Micheál Martin in his time as Minister for education.

The detail of the €276 billion NDP will be critical. Missing links of infrastructure need to be delivered. The Minister will forgive me for reminding him of the N4 upgrade, on which he was very proactive in his time in the transport Department. That needs to be finalised.

We need to calibrate rural and urban Ireland. We have far too many Government agencies still within the confines of Dublin city. We have staff on low incomes within those Departments

struggling to make ends meet. There is a consummate need, and a demand, for a major decentralisation campaign and to move many of these Departments out of Dublin. The midlands was promised a just transition when we fast-tracked decarbonisation and closed our peat generation plants. We have yet to see the benefits of that. The obvious solution for that is a sustained and planned decentralisation and taking as many Government functions and Departments out of Dublin and move them to the midlands, primarily Longford, Westmeath and Offaly.

The Minister has set out many eye-watering details of this NDP. It is the largest ever capital investment plan in the history of the State and it will enable the delivery of thousands of new homes, provide more childcare and school places, invest in children's disability services and ensure better healthcare for all. That is the Ireland we want. That is the Ireland we have been gifted and this is why we now have an unprecedented opportunity to deliver.

It is expected in the lifetime of this Government that the Minister and his much-respected colleague, the Minister, Deputy Donohoe, will alternate roles. However, I make the point that these are, indeed, unprecedented times and I would suggest and argue that Deputy Chambers should remain in the Department of public expenditure role for the lifetime of this Government. The new accelerating infrastructure task force is chaired by Deputy Chambers and has been established by him to oversee the Department's programme of reform and unblock barriers and accelerate infrastructure delivery. It is a critical component in the Government's work programme and is rigorously focused on tackling the most important barriers to the delivery of critical economic infrastructure.

We saw T.K. Whitaker's economic development plan in the sixties which in large part delivered the country's first golden age and predated the Celtic tiger, but critical building blocks were provided earlier by the visionary Seán Lemass, who sent emissaries to Europe for investors to come back to Ireland and set up factories in the wake of the Second World War. Indeed, we saw one of those in Longford, with the Hirsch Ribbon factory. We then had the Taoiseach, Jack Lynch, who brought us into the EEC, which is now the EU, a move that was vehemently opposed by the main Opposition party until the early 1990s. There is a constant, though, in that generational and evolving narrative, and that is Fianna Fáil. That is why it is so critical that we have the Minister, Deputy Chambers, at the tiller at a time when Ireland has truly become the gateway to the Europe. Now we have an opportunity to set ourselves apart as the poster boys for Europe in terms of health, education, disability services, infrastructure and climate.

Senator Gerard P. Craughwell: How do I follow that wonderful piece of publicity for Fianna Fáil? My good God, it was amazing - a history lesson along with all of the compliments.

This is the first time I have addressed the Minister since he took over the Department. Slightly off the subject, as director of elections for my former good friend, Jim Gavin, I wish the Minister well as he heads out into the hustings with a very fine former member of the Defence Forces, a man I was proud to have met many times. I really do wish him well. I am sorry that the campaign got off to such a toxic start but I believe Jim, Heather and Catherine will now get down to the work.

In 2011-12, around about the time the Department was formed, it did great work. It saved this country at its worst times. I remember condemning it to hell when I was president of the

Teachers Union of Ireland for having the audacity to cut the salaries of my colleagues but what was done was done to save this country and those in the Department were excellent people in a job at the time. As to whether I could say the same today, I do not think so. Secretly, I hate to tell the Minister's officials who are sitting behind him there that departmental people say to me it is all the fault of the Department of public expenditure and that it is the animal in the room that will allow them do nothing. Therefore, let us talk about value for money, which is one of the roles the Department has.

Let us talk about the search and rescue contract that was awarded to Bristow. It was supposed to be up and running in July of this year. Everybody said - I said it for months before the contract was awarded - that it could not possibly deliver on the promise it was giving. It is an €800 million contract and we all know it will probably go to €1 billion or €1.5 billion by the time the ten years is up. The oversight of that contract is now a matter that will go before the Committee of Public Accounts and I sincerely hope we will get to the bottom of some of the shenanigans that took place. The Minister's officials cannot be on top of all of these issues. I am merely pointing out that when it comes to governance, the Minister would not have enough staff if he had 1,000 staff to keep an eye on what is going on.

With the same group, the Irish Coast Guard, there was a report of the Comptroller and Auditor General about the purchase of vehicles. The report condemns the fact that €18 million was spent on buying vehicles. Let me put it this way. They had a particular vehicle. I will not put a name on the vehicle or anything else. The vehicle was found to be unsuitable for the work of the Coast Guard. A case was made, I am sure, to the Department of public expenditure, to replace the vehicles. The vehicles were replaced with exactly the same vehicle. They got rid of a vehicle and they purchased exactly the same one. If it was not good enough to do the job the first time around, how the hell did they buy it the second time? The Minister cannot be on top of that. I am pointing this out from the point of view of how difficult it is for the Department of public expenditure and reform to have its finger on every pulse in the country. We have to trust individual Departments to do the job that they are entrusted to do. I brought these issues up. Over the past four years, I spoke in this House more often than I care to remember about the runaway lack of governance in the Department of Transport, particularly in relation to the Irish Coast Guard. Nothing has changed.

I firmly believe we should have Deputy Chambers in finance, give him the two Departments and get it back to where it was. I am not so sure I would agree with my colleague that the Deputy should be there for life, but we would give him a couple of years anyway. That would be my view on it.

Seriously, if we look at legal actions taken by citizens of this State dating back way before the Minister's time and, indeed, my time, there are examples of the State legal teams fighting legal cases that are unwinnable to the last moment. There are cases that we can draw back on where final settlements were made on the death bed of people who took the actions. We need to look at how all of that fits into corporate governance. I know the State is obliged to defend and look after the resources and money of the State and must defend any action that is brought against it but, surely to God, when they know it is an action that it will fail, they should stop and say, "No more. We will not fund something that has no chance of winning. We will go and settle it and solve whatever problem is there." That is the sort of Cabinet discussion that has to be had, where we sit down and we look at it.

In fairness, on the money that the Minister has allocated to defence, I have been looking at what has happened, particularly in Haulbowline in Cork where a tremendous transformation has taken place.

On the money that is being paid to our Defence Forces personnel, a 3-star private now starts on about €6,000 a year more than a teacher. That is really amazing. It is great stuff.

The Tánaiste announced about three weeks ago that he went to the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation looking for €3.7 billion to modernise and increase the Defence Forces and he was delighted that he got €1.7 billion. I was brought up in a country where if the Taoiseach or the Tánaiste said they were going to do something, no Minister would have the audacity to say "No". They would simply say, "Get the cheque book out there. The Minister wants €3.7 billion. Where do I sign?" I had this argument with one of my family the other day. I said, "What a hard neck. The Tánaiste made a statement and DPER said no." My family member turned around and said to me: "Hang on a minute now. You're telling me DPER is there to mind the purse strings of the State, and on the other hand you say the Tánaiste can spend whatever the hell he wants." I am sure what actually happened is that he was told, "You can have the €3.7 billion for defence, but if you get that, we are taking €1 billion out of health and another €1 billion out of somewhere else." Perhaps that is what happened.

We need a little bit more honesty about what goes on in the Department. When we joined the EEC, which later became the EU, it was government practice and political practice to blame Europe for everything. "It is not our fault; it is Europe's fault. We did not do it; Europe did it." The current mantra throughout the country when we talk about public services - even hiring a secretary; it does not matter - is that, "We would do it. We have no problem doing it, but it is DPER. DPER has our hands tied." Departments need to be a little bit more honest with us. If they are looking for specific funding for something and the funding is not available, they have to explain why the business case they brought to the Department of public expenditure and reform failed. Why was the Department able to turn around and say, "We cannot fund that"?

In fairness to the Department - my former union members will probably kill me for complimenting the Department on anything - but if the Department of public expenditure and reform is to stay and we are to remain with the two Departments – the Department of Finance and the Department of public expenditure – then the Department of public expenditure should not have to explain itself as to why projects or business cases did not survive. What should happen is that the Department whose business case was rejected needs to understand why it was rejected and then to be honest enough and tell the public that when it put forward a particular set of proposals it was not accepted, and lay out the reason it was not accepted. It is not good enough to have one demon in the room and to blame that demon for everything. If I want-----

Acting Chairperson (Senator Nicole Ryan): Senator Craughwell's time is up.

Senator Gerard P. Craughwell: I am nearly finished. I have always tried to work on the basis of not asking a question unless I had a fair idea of what the answer was going to be. Similarly, when it comes to the Minister's Department, I would like to see it come out of the

doldrums of being the devil incarnate in the corner and be seen as somebody who is minding the State and looking after State resources.

Senator Cathal Byrne: I acknowledge our guests in the Visitors Gallery, including my friend, Councillor Paddy Meade, and his guests the Carters. My understanding is that both his father and his brother served as TDs in the Dáil in the past. They are most welcome to this Chamber.

I thank the Minister, Deputy Chambers, very much for joining us today. I pay tribute to him, the Minister of State, Deputy Moran, the Minister of State, Deputy Higgins, and the officials in the Department on the work that has been done to date.

I am the Fine Gael spokesperson on public expenditure and infrastructure. I want to raise three main points today. In the last line of his speech the Minister said: "We have the resources and the opportunity to make real progress and we must follow through." This Dáil term and Government must be about delivery in housing and disability services but also in infrastructure. We have a once-in-a-lifetime opportunity with the resources we have to make sure that we are in a position to deliver. I very much welcome the fact that we have the new infrastructure delivery unit in the Minister's Department, which he chairs, the Cabinet subcommittee on infrastructure, which he also chairs, and also the accelerating infrastructure task force.

I am a member of the Oireachtas Joint Committee on Infrastructure. In recent months we examined some of the key blockages. I am aware the Department is doing that at the moment. I want to speak for a moment on that. We must get to grips with judicial reviews and the fact that anybody across the country can lodge a planning objection to any piece of infrastructure, anywhere in Ireland, and after it goes through the planning process they can take a judicial review. At no point in the entire process is the interests of the public good considered. It is one thing to have a legitimate objector to a piece of infrastructure with a genuine reason that directly impacts on the person, and the lives of their family, but we have spurious objectors across the country, who have no connection to an area and no direct impact as a result of the infrastructure project taking cases and judicial reviews. The Department must get to grips with that. The public interest must be at the forefront of a judicial review. There must be a genuine legitimate reason and basis for a case to be taken.

The Courts Service of Ireland told the infrastructure committee that virtually no cases are dismissed at the first stage, which is whether there is a legitimate public interest in taking the case. Such legislation must be prioritised by the Department, in conjunction with the Department of Housing, Local Government and Heritage.

When the ring road in Galway went through the planning process, it went through An Bord Pleanála and a judicial review was taken in 2022 on the basis of the Climate Action and Low Carbon Development Act (Amendment) 2021, whereby the Friends of the Irish Environment successfully overturned the planning permission granted by An Bord Pleanála for the Galway ring road on the basis that Galway City Council and Galway County Council did not consider an alternative to building the motorway. I cannot understand that at all. A motorway exists to provide a route for motor vehicles to travel along. What is the alternative to the motorway? Why was that allowed to happen?

That section of the Climate Action and Low Carbon Development Act refers to no mitigation measures being taken to reduce emissions. The impact of the decision has been seen in my constituency in Wexford, where I come from, which is awaiting the development of the motorway from Oylegate to Rosslare, which would allow the M11 to run the entire way from Belfast directly to Rosslare Europort. The impact of the court case and the fact that the judicial review was successful has added 18 months to the planning process for the building of the Oylegate to Rosslare motorway because Wexford County Council, in conjunction with TII, now has to consider the impact of building a motorway on the climate targets set for transport and what mitigation measures can be taken so that individuals would travel by public transport, cycling or walking as opposed to using the motorway. That section of the legislation must be reformed to prioritise the fact that, as a country, we need motorway infrastructure to be developed and we cannot be hamstrung by judicial reviews taken on the basis that alternatives are not being considered for active travel such as walking and cycling, when constructing a motorway. The planning and design phase of the project started in December 2021 and the latest update I received states it will not be in a position to seek planning permission from An Bord Pleanála until the end of 2026. There is no way a motorway project for a 30 km stretch of road, which has been subject to design and where the route has been selected, should be delayed for five years. These are some of the infrastructural blockages that I have seen as a member of the infrastructure committee, and that the Minister sees in his role in the Department that we must get to grips with as a Government and as a country.

I want to raise a number of issues in Wexford relating to the national development plan. I acknowledge the fact that the Minister, together with the Minister, Deputy James Browne, and me, visited Wexford General Hospital on Friday. He met with Linda O'Leary, the hospital manager, representatives of the HSE and many of the very hard-working staff. Planning permission has been awarded for a 97-bed unit and construction is to commence at the beginning of next year. Other demands were made at the meeting for progress on beds, the emergency department and laboratories in Wexford General Hospital.

I hope that as part of the new national development plan, the necessary funding will be awarded to make those a reality. On the question of mental health beds, I want to highlight that we have 178,000 people living in Wexford. During the summer, that number increased by up to a quarter. At the moment, if a person is in need of a mental health bed, they have to travel 60 km from Wexford to Waterford. Currently, there are no acute mental health beds in Wexford. There is no 24-hour service run by the State. The only ones are those operated by the voluntary sector, including Talk to Tom. As part of the national development plan, I would like to see the introduction of a small facility of perhaps ten to 20 beds in Wexford to deal with the mental health crisis we are currently facing.

Finally, I want to highlight the Enniscorthy flood relief project. The Minister of State, Deputy Moran, visited the town to see this project. Enniscorthy was flooded in 1924, 1947, 1965, 2000, 2025 and most recently in 2021. This is an example of where the Department set aside €65 million in 2015 but because of delays and bureaucracy in the planning process, we have not been able to deliver the project. The money is there but the project has not been given planning consent.

Acting Chairperson (Senator Nicole Ryan): Before we move on to our next speakers, on behalf of Senator Flaherty, I welcome to the Gallery, Cyril Carter whose father Thomas was a

TD between 1921 and 1951. He represented Sinn Féin, Cumann na nGaedheal and Fianna Fáil. Cyril's brother Frank was a TD from 1951 to 1957 for Fianna Fáil. I also welcome Councillor Paddy Meade. Our next speakers are from Sinn Féin and I understand that Senators Murphy and Tully are sharing time. Is that agreed? Agreed.

Senator Conor Murphy: I welcome the opportunity to comment on the statement made by the Minister. I notice that like myself, he is moving quickly from one place to another but I welcome the presence of his ministerial colleague. The important matter he raised was setting the framework of the budget and future budgets. There has to be a recognition in doing that, which was not alluded in his statement, of the challenges that families are currently facing, and have been for the past number of years, in relation to a range of matters. The cost-of-living crisis is being contributed to by high energy, food and rent costs and by lack of access to housing, and has only become exacerbated in recent times. Any attempt to frame budgets for this year or the following years needs to be in terms of consideration that need to be front and centre regarding the real challenges that people have been facing and continue to face at this time.

The Minister referred to the importance of capital investment in economically strategic areas. I am sure many of those who live in the more rural areas will welcome the news that there will be a certain geographic focus in that. The question relates to supporting housing development, which continues to be well under the required level to assist people who are waiting to get housing built and to try to get access to housing for themselves and their families. At a meeting of the Oireachtas committee on housing yesterday, Dr. Michelle Norris, professor of social policy at UCD and a member of the Housing Commission, criticised the Government's approach to spending on social housing as being highly problematic. She said that the boom-bust pattern of spending on social housing is socially problematic because when public spending fails, waiting lists and unmet social needs expand. Figures from last year from the Irish Fiscal Advisory Council, IFAC, show that an additional 80,000 construction workers will be required to see through the State's infrastructure deficit. Those are real challenges. While there is a reference to the need for capital investment to support housing delivery, we need to see a real sense of recognition of some of the challenges that have been present for many years and that need to be taken seriously and addressed when setting the framework for the budget.

Energy was not mentioned in the Minister's statement. He referred specifically to housing delivery and future economic growth. Energy costs have been at the heart of the cost-of-living crisis. They are not only an issue for households and families; they are also an economic issue for businesses trying to do business and for investment. Serious investment is needed in energy infrastructure to make sure that we have more access to renewable energy to bring energy costs down for the broad population and also to support economic growth.

Members of the Houses are currently on the flotilla bring much-needed humanitarian aid to Gaza. The vessel they were travelling on was attacked and hit four times last night by the Israeli Defence Forces. I ask that the Minister for State raise with her Cabinet colleagues, particularly the Minister for Foreign Affairs and Trade and that they protest the framing of the flotilla by Israel as an aggressive action, which is providing the justification for ongoing attacks on those on the flotilla. I ask that the Tánaiste raise this matter and that the Cabinet speak with one voice on it, particularly given that Members of the Oireachtas are involved. The flotilla should be allowed to continue its journey to provide much-needed humanitarian aid and that

this in some way influences the Israeli Government to do what is necessary to allow humanitarian aid and to stop the genocide in Gaza and the attacks on those in the West Bank as well.

Senator Pauline Tully: I want to concentrate on a couple of issues. The first is third level student accommodation. At the moment, it is reckoned that we are short 25,000 to 30,000 beds. This means students are forced to compete with workers and families in the private sector. As a result, they are paying extremely high rents. The rents in some student accommodation are becoming very high. The Higher Education Authority, HEA, projects that the gap could grow to 68,000 by 2035. That is an alarming figure, so we need to see increased investment in student accommodation. We also need to see an inequity addressed regarding the technological universities. Currently, universities can borrow, usually from the European Investment Bank, to build on-campus residences, but the technological universities cannot. The Technological Universities Act 2018 foresaw a borrowing mechanism but this has still not been put in place. In 2021, the Government said that it would implement that but there is still no mechanism in place. Perhaps this could be addressed so we could see student accommodation being built.

UCD has a considerable amount of student accommodation but it is quite expensive. It is the most expensive in the country. Recently, it was announced that the second phase of the village would progress, which is welcome. Taxpayers' money amounting to €67.7 million is being invested in that. However, I am hugely concerned about the cost of this accommodation. It is being built on university land, so the land is not costing money. It is reckoned that the cost is approaching €250,000 per bedroom. That is extraordinary and needs to be addressed, because this is taxpayers' money. Will it mean that the cost will be passed on to the students so that rents will be higher? While I welcome the investment of taxpayers' money by the Government in this, it cannot just be spent like that, where it is way over what it should be.

The other issue I want raise is collective bargaining. It is seen as a fundamental right in nearly every country of Europe. It is recognised by the Charter of Fundamental Rights of the European Union and by the United Nations Universal Declaration of Human Rights. However, it is still not considered a right in Ireland. While people have a right to join a union, there is no compulsion on employers to recognise or engage with that union. The reason I am raising it with this Department is that Government contracts to companies that will not engage with a union should not be granted to them. We have the example of BT, which has the contract for the emergency call answering services.

It refuses to engage with its workers in a collective bargaining situation and has actually actively targeted those in the workforce and engaged in union busting. I really feel that government contracts should not be given to any company which will not engage with a union. We need to see legislation introduced that will compel all employers to engage with unions. It exists in the North and many other European countries. We need to see it implemented here.

Senator Anne Rabbitte: I welcome the Minister of State to the House. I welcome the opportunity to have a few moments to speak on this very important issue. I will be very focused on housing, wastewater and disability. In my remarks on housing I will focus on Galway County Council, which has only 66 acres of land zoned for housing. At Monday's meeting of the local authority, the director of services informed the councillors that 70% of the 66 acres cannot be built on because it does not have infrastructure and if the council did build on it, it

would cost €76 million. There are 3,000 people waiting on a housing list and the director of services is saying that 70% of the 66 acres cannot be built on. This is not a shortage. They should know that this €76 million in infrastructure funding is required. The councillors were not expecting that response. It is something that we as a Government need to address, particularly at the moment as county development plans are going back out. We need to ensure that this issue is addressed.

Turning to wastewater, I again raise the issue of Galway County Council. Two and a half years ago, it was awarded €10 million for Clarinbridge and Craughwell to upgrade the sewage treatment plant. In July, Uisce Éireann wrote to the local authority to say that it would have to make a contribution of 15%. Between the VAT and the cost of the contribution, Uisce Éireann is looking for €5 million from the local authority. We talk about value for money or trying to be progressive but, two and a half years on, nothing has happened. It is at a standstill. I do not fault the Department by any means but it is giving €2 billion to Uisce Éireann for it to write a letter in July when there has been dialogue with the Department and we need an intervention at the level of the Minister of State to assist the process.

Turning to disability, I am delighted the Minister of State is in front of me on this because she will clearly understand what I am going to talk about, namely, Stewarts Care in her constituency. It does wonderful work with horse therapy in Kilcloon. Sometimes agencies do not inform Departments on really good value for money. Maybe they do not collect and quantify the detail the way they should. When children go to equine therapy, it is a therapeutic intervention, not just fun. It is fun but it has a value. It is hard to believe that in Liskennett in County Limerick, on the Cork border, 1,000 hours of therapeutic intervention is done weekly but not recorded and nor is a value placed on it. The HSE is not gathering that piece of information. The same goes for Kilcloon in the Minister of State's constituency. The reason I mention this is that we can do pragmatic alternative therapies. When you have one OT, six horses and six healthcare assistants, you are delivering a therapeutic intervention times six with one qualified therapist. It is the best value for money going. This can have a regional spread, particularly in a growing area. There is Stewarts Care in the Minister of State's constituency, while St. Joseph's Foundation has Liskennett and I think Kanturk is coming on stream. These are phenomenal interventions. Clondalkin also has the opportunity with primary care to do equine therapy. We also need to look at Toghermore, which will cover where Senator Scahill and I are based as well as Mayo as a regional hub for equine therapy.

Acting Chairperson (Senator Nicole Ryan): I offer my sincerest apologies to the Cross-Party Group, which I skipped. It is the first week back. Our next speakers will be from the Cross-Party Group. I believe the Senators are sharing time. Is that agreed? Agreed.

Senator Patricia Stephenson: The revised NDP could and should have been a turning point and a moment to finally reset our approach to housing and infrastructure delivery in Ireland. Unfortunately, I see very little ambition or vision in the revised document. One of the biggest infrastructure challenges we have in Ireland is housing. We have over 16,000 people in homeless accommodation and that includes a horrible figure of 5,000 children living in emergency accommodation. It is a shameful record that we are breaking month after month. Of course, that is not telling the whole picture because there is overcrowding in people's homes, women living in refuges and a generation stuck in their bedrooms, none of whom are counted

in those numbers. When we are talking about this we need to emphasise that it is not abstract. These are people - families, children and older people - who are all living with this continuous trauma of having no place to call home. Yet the NDP contains no radical change of direction, no credible path to end homelessness and no real strategy to deliver genuinely affordable homes at scale.

What we have is not a blueprint for transformation. It is a slim document of less than 50 pages offering big numbers but very little clarity or detail. There is precious little detail about what projects will actually be delivered or when and how we will avoid the delays and overruns that have become the norm, such as the National Children's Hospital scandal. The Government's problem is a lack of ambition but also a lack of delivery. Time and again we have seen big promises and targets that quickly slip out of reach. Housing delivery has completely stalled. Of course our energy and water systems are running close to capacity and in many areas are at total capacity. That means that in places such as where I am from in Carlow or Kilkenny, people cannot build new developments in the towns they are from.

We have not had any major transport projects completed. The result is felt by every family but particularly those unable to afford a home, those stuck in traffic and those who worry whether the infrastructure they rely on can cope with the increased demand.

Infrastructure needs to be planned as a whole and housing, transport, health, energy, water, education and childcare need to be considered holistically so that communities can properly thrive. Otherwise we are simply building isolated projects rather than building a future for this country. People deserve certainty. They do not need slogans; they need homes, transport, schools and hospitals. They need them to be delivered on time and within budget. The Government must stop announcing plans with little detail and, rather, start building an Ireland that people can live and work in.

Before the Minister of State came in, Senator Flaherty said the Opposition just likes to complain about Ireland and how awful the country is. I do not feel like that at all. I am very proud of Ireland and I believe it could be a brilliant country but I honestly think that people are struggling now. If Senator Flaherty has not seen that on the ground, perhaps he is not canvassing or knocking on doors in the same communities I am, where people do not have places to live and cannot get childcare facilities close to their jobs. Good luck if you are a disabled person in a wheelchair trying to book yourself onto a train to go to work or travel to another part of the country because there is one slot available on four carriages on a train route. That is just the reality of many people in this country, particularly people with disabilities. It is really important to highlight that.

Obviously, we have a massive issue around procurement. I hope to get into more detail on that with the Minister when he comes before the infrastructure committee later. We have an endless challenge with procurement in this country. I mentioned the National Children's Hospital but we have other examples. We need to understand what is going wrong with our tendering processes, why so many change orders are being put in and what is happening at the level of the different companies responsible for this.

I also want to lend my support to what Senator Tully said about collective bargaining. We should not be issuing public contracts to any company which does not have the right to unionise or collective bargaining. We have a two-tier system in Ireland whereby for workers in the

public system, such as teachers or nurses, it is fine and they can have collective bargaining but someone in the private sector might not get that same right. We need to instil that as a right. We have the minimum wage directive from the European Union. We need to instil that and legislate for that. Until that is done, there should be no public contracts delivered to companies which do not have the right to collective bargaining.

Senator Nessa Cosgrove: Earlier this month, the Northern and Western Regional Assembly released a report on the status of priority infrastructure projects. The Northern and Western Regional Assembly does amazing work in identifying not only the needs and gaps in provision but also the possibilities that could be implemented. There are a number of absolutely crucial transport infrastructure projects which have been identified for years in the north west but are still not shovel-ready.

What is missing in Sligo, Leitrim and Donegal that we have seem to have no transport projects ready to go?

Our region is bursting with untapped potential in terms of our natural resources, landscape and extremely talented workforce. We could compete with any region in Europe but there have been years of underinvestment in infrastructure projects that is preventing us from achieving our potential.

I know we are talking about public infrastructure and finance, it is often asked where the money will come from. It is a fair enough question. Where are we going to raise finance? However, in a country where there is so much real poverty, levels of homelessness, child poverty and food poverty, and low- to middle-income earners paying high levels of tax and not receiving the services they should, there is a whole class of people groaning underneath the weight of their wealth without paying any meaningful level of tax at all. According to Oxfam Ireland, there are now 11 Irish billionaires. During 2024, their combined wealth increased by a staggering €35.6 million every single day. I have to agree with Jim Clerkin from Oxfam that this wealth is not deserved and is not based on merit. It is based on greed and a desire to acquire, possess and hoard. It is a level of greed that would even put world's imperialists to shame.

Billionaires worldwide use clever accounting and tax avoidance - not actual tax evasion - to get away with not pulling their weight. Not only that, they are actually doing real harm. Every euro they acquire is held onto tightly, taken out of our system and squirrelled away. Although billionaires have been allowed to exist and thrive under modern, unrestrained, unregulated capitalism, their behaviour will undoubtedly cause the end and collapse of capitalism. Money is designed to flow around the financial system just as blood flows around the circulatory system. To have a blood clot in the circulatory system is potentially fatal and may require surgery or clot busting medication. Blood clots are the enemies of good circulation but billionaires are the enemies of a well-run, functioning society which requires buy-in and contributions from all of its members.

Why am I talking about it now? We know there are massive infrastructure projects that need to happen. We know housing needs to happen. We know one in five children are living below the poverty line but taxation has become a dirty word for political parties. Raising taxes for those who are already struggling cannot be an option. We should have a progressive system, like they have introduced in Spain, to protect those who are asset rich but cash poor. It can be

implemented. We can broaden our tax base. Internationally, a system has been proposed to the G20 that will involve the collection of a 2% wealth tax on global billionaires. We could demonstrate that it is possible to raise taxes for billionaires, continue to grow our economy and deliver services, housing and infrastructure projects. Spain is doing it, and we could do it too. At the moment, we are still allowing the world's billionaires to continue to acquire, hold and pile up wealth. This affects our public services and there is a direct correlation between poor public services and poor infrastructure projects and untapped wealth that we are not using. They should not be allowed get away with it.

Senator Joe O'Reilly: At the outset, I join in the welcome to Councillor Paddy Meade, who has just temporarily left us, and the member of the Carter family, who are a very distinguished family in terms of public service in this country.

I welcome my good friend the Minister of State, Deputy Emer Higgins, to the House. She certainly does not let the grass grow under her feet and will act on these recommendations, please God. I will start by listing out some critical projects in my own area and I am anxious these are dealt with and brought to the relevant places. The bypass of Virginia is in progress and I want a running commitment to that. I will quickly tell a light-hearted story. There is a young man who is a distinguished public representative in Cavan, Councillor T.P. O'Reilly, who celebrated his 50th birthday a little while ago - a couple of years ago. He told me that when his Dad was a young man, he was refused planning permission to expand his retail outlet in Virginia on the grounds it would interfere with the route of the Virginia bypass. That was approximately 60 years ago, so it is timely we give that legs at the moment and keep it going.

The next project I will mention is the wastewater treatment plant in Virginia, which is critical. House building in the most beautiful town in Ireland has ceased in the absence of this wastewater plant. We must make sure that finishes. The east-west link, the Dundalk to Sligo road, is an important connection. The Rathkenny bend realignment is expensive but it needs funding and needs to go on. Progress on the N55 needs to continue along with the Cavan north west greenway. These are crucial projects.

The upgrade and maintenance of regional and local roads in Cavan has suffered hugely in terms of money. There has been historic underinvestment in them. We now have that historic underinvestment aggravated by inflation, extra costs, wages etc. but inflation in general. It is a particular issue for rural communities but it is very real for people trying to live in rural communities. I know the very idyllic place the Minister of State lives in herself from my travels as a Senator. I know she has an appreciation of beyond that, and where rural people want to access their house, the local improvement schemes, LIS, in rural areas are crucially important. We need extra investment there and Cavan specifically has a huge waiting list that goes back approximately five or six years. We need that dealt with.

I have great regard for the Minister of State, Deputy Kieran O'Donnell, who is doing great work in this area. With the ageing demographic, I want to bring to the Minister of State's attention the need for more retirement villages in this country. I invite him to look at one that is a classically good one in Mullagh, County Cavan. We need these enclaves of purpose-built housing near services and medical services for older people. We have a good former Minister here in the Chamber who was responsible for the disability sector while in this Department,

particularly responsible for people with special needs and disabled people, and they need more of this purpose-built housing around the country. Those are the things I wanted to cite.

I did not casually or lightly list off those projects at home. They are critical to a lot of people. I ask the Minister of State to please see they get a mention and actioned. I appreciate that.

Senator Gareth Scahill: I welcome this conversation. I thank the Minister of State for coming into us today. Unlike my esteemed colleague, I did not get the chance to visit the rest of the country on the canvass for the Seanad, so I will talk about Roscommon and my area. I concur with Senator Cosgrove about the plan the Northern and Western Regional Assembly produced as well as a call for overall balanced regional development. Unfortunately, the plan the Senator referred to has very little reference to Roscommon in it. The infrastructure projects are very lacking in that. One project that was in the county development plan and the previous plan was the N5 from Scramoge to Ballaghaderreen, which the Government and the previous Government have significantly invested in. We expect it to be opened early next year but it will have an impact on the other roads that come from it and the other areas.

Since I was a young boy, there has been reference to looking after the N60 from Roscommon to Ballyhaunis. In the 2022-2028 plan, it speaks of an upgrade of that route and looking at developing a strategy to upgrade that route. That was a copy and paste job from the previous plan and the plan before that. With the upgrades that have happened on the N5, we are about to put significant traffic on that particular road. That will probably be at a specific junction that is already at creaking point in Castlerea. It is a place called "Hell's Kitchen corner" in Castlerea. The traffic will come from Frenchpark and the N60. It will not be able to deal with the volume of traffic turning right towards Williamstown, Dunmore, Ballyhaunis and that particular area. I recently conducted an accessibility survey with the Brothers of Charity rehabilitation care in Castlerea. That particular junction was highlighted as a major issue for all of the service users in Castlerea. To think that we are about to significantly increase the traffic using that is a very big problem.

I wish to mention the N60 once more in relation to that.

I also concur with my colleague on purpose-built housing and age-friendly housing. It will open up a lot more housing in rural Ireland such as in my area. While talking about disability services, I would like to mention the potential for a disability service in Castlerea, County Roscommon in an old derelict building called Hanley Hall that the diocese is open to making available for that purpose. CBS Roscommon, Roscommon Community College, Abbey Community College in Boyle and Elphin Community College are all earmarked for expansion but by the time the expansion happens, we will have to look at additional expansion. Can this be factored in? The time it will take to deliver these school projects means they will already need more capacity by the time they are ready, especially sports facilities. We are lucky enough. Senator Brady spoke yesterday about an athlete from Longford who performed very well at the weekend. In the past two weeks, we welcomed home 75 kg world champion Aoife O'Rourke to my own town, Castlerea. We have athletes performing above their potential. An awful lot more could meet their potential if we had the facilities within our education system, which we are already investing in.

Senator Joe Conway: The reason I deferred to Senator Scahill, even though I think I upset the lineage, is I was unprepared and I was trying to marshal a few figures. I want to celebrate the fact that we have the opportunity to comment on expenditure and the whole ambit of what we are doing with our money and productively. I draw the House's attention not for the first time to the expenditure on our defence budget. The last time I looked, it was about 0.25% of the national budget. It seems to be the fashion of the day. Senator Cosgrove spoke about how billionaires are treated in Spain and I would like to mention how Switzerland treats its neutrality. As opposed to our 0.25% expenditure on defence procurement and the Defence Forces, Switzerland, a neutral country, spends between 7% and 8% of its national budget on defence. My mathematics say they spend 30 times more *per capita* than we do on their neutrality. We face an ever-present threat. I have said time and again in this House that the bad actors on the eastern side of the European Union are not going to be deterred or suppressed by soft talk and blandishments. History has taught us that tyrannical people in the Kremlin, Mr. Putin and his ilk, do not seem to respect the norms of sovereignty and independence of the people of the various republics in Europe. It seems there is an ever-present dimension of trying to destabilise the European Union and replace it with what they see as their hegemony. To counter that, we have to, no pun intended, bite the bullet of increasing our level of expenditure and integration with European Union defence and, if necessary, with NATO as well. Mr. Putin would not in any way be deterred from interfering with our undersea cables, for example, just because we fly the flag of neutrality. We have to consider, however unpalatable it might be, that there is a strong urgency to invest in our defence budget. I was gratified to see a quiet announcement by the Department in the past few weeks without any great fuss or bluster that we are transferring non-lethal assets to Ukraine. That is praiseworthy. I applaud the work of the Government in that regard.

On matters closer to home, Senators O'Reilly and Scahill spoke raised sheltered housing and those sort of facilities for our older people. That was mooted in Tramore. The Minister who came down to give a feasibility budget was Jan O'Sullivan. That shows how long ago it was. It seems to be stillborn. I wonder what is happening to these schemes brought along by the enthusiasm of local communities but for one reason or another ran out of steam. I would love if somebody could investigate why this happened and what can be done to regenerate the impetus. The older population is increasing dramatically and they will be sorely needed. There is also a spin-off that a lot of social housing could be freed up as a result.

Acting Chairperson (Senator Evanne Ní Chuilinn): Before I call the Minister of State, I welcome Deputy Cahill and his guests to the Chamber. You are very welcome here today.

Minister of State at the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation (Deputy Emer Higgins): I thank Members for the opportunity to attend today and for their engaging and valuable contributions. It is clear from the contributions that there is significant interest in the work of the Department. As the Minister, Deputy Chambers, set out earlier, the Department operates from the centre of government. It does so to drive the delivery of better public services, improved living standards and infrastructure across the island of Ireland. As Minister of State, I have special responsibility for public procurement, digitalisation and egovernment. I work closely with the Minister towards the Department's aims. Delivering reform is central to everything we do in our Department. As Minister of State, a key area I am keen to reform is how the State procures,

building on the work undertaken in the Department since it was established. For that reason, the Department has developed a digital public procurement roadmap and is developing Ireland's first-ever national public procurement strategy. That will set out the strategic direction of public procurement for the next five years. The digital roadmap will support some of the key deliverables of the strategy. Our Department's values, which are serving the public interest, transparency, accountability, integrity, fairness and inclusiveness all align with what we are trying to achieve through that strategy. It is a national public procurement strategy. For that reason, it is only fitting and appropriate that the public sits at the very heart of it. A foundational policy position of the strategy is that it must be in the public's best interest. This position is reflected in the ambition of the strategy to improve the lives of those building their lives in Ireland through the delivery of strategic, innovative, sustainable and transparent public procurement that supports competition and value for money. The Minister and I are committed to using public procurement as a strategic tool to deliver wider societal, environmental and economic impact. The Department works with colleagues across government to explore ways we can leverage the collective spending power of the State to drive positive change, deliver better public services and improve the lives of the people of Ireland.

We recognise the crucial role that SMEs, including social enterprises, play in driving economic and societal prosperity. The programme for Government includes a clear commitment to reviewing the public procurement process to work to ensure greater participation from SMEs in Ireland. This commitment is reflected in another of the foundational principles of the strategy, to make public participation in public procurement easier for suppliers and particularly for microcompanies, startups, SMEs and social enterprises. Reflecting another of our Department's values and progressing a programme for Government commitment to make public procurement more transparent, the Minster and I are committed to enhancing transparency at all stages of the procurement process. I chair the public procurement advisory council established in 2024 to advise the development of public procurement across the public sector. This council focuses on six priority areas.

2 o'clock

One of the key areas is to deliver improvements in data analytics. This will assist with evidence-based policy and will provide more transparency when it comes to public procurement. The work of the council is progressed through three subgroups, one of which, the data analytics working group, is tasked with assisting the council in the alignment of data requirements to facilitate monitoring and examining the potential to leverage the information generally maintained in the contract register as an aid to public procurement data analysis. That work is ongoing.

Earlier, the Minister, Deputy Chambers, highlighted value for money as a key priority for the Department. Value for money is absolutely central to everything we do and it is central to public procurement. It will constitute one of the three themes that will permeate our new strategy. As custodians of public funds, we have a responsibility to spend money in a judicious and diligent way. From a procurement perspective, this includes not just looking at the cost and the price, it also means looking at things like quality, specialist expertise and the social, environmental and economic impacts.

The Minister, Deputy Chambers, and I are developing an ambitious but achievable work programme and we will be delivering world-class public services because we know that

involves not only turning public expenditure into outcomes that citizens value, but today it also involves digitally accessible and changing definitions of value for money that include that environmental and social value. We saw that through, for example, our new green public procurement policy. There are challenges and some changes are, of course, necessary if we are to build an economy that is capable of sustainable prosperity, but we have the will, we have the workforce and we have the tenacity to do this.

I want to respond to some of the comments and remarks made by Senators here today and to acknowledge there was a huge call for investment in infrastructure projects and for Ireland's infrastructure in general, whether that is wastewater in Galway, bypasses in Virginia, national roads in Roscommon, sports halls, amenities or societal amenities. That was very clearly heard. There were calls for further investment in our Defence Forces and I am sure the Department of Defence will be making that case in the ongoing budget negotiations, but there has also been a huge focus here today on housing. We have had people put forward the case for more investment in affordable housing, in social housing, in emergency housing, in student accommodation and in older persons' accommodation. To reiterate, our national development plan which was launched over the summer, is all about putting funding into those key infrastructure projects that are going to unlock housing, whether that is unlocking service sites in places like Galway or whether that is delivering new homes right across the country. It is all about making sure we are investing in our water, our energy and our roads with the ultimate goal of improving Ireland as a place to come, to live, to work, to grow old in but also to ensure we are delivering more and more houses. That is something our Department is working very closely with the Department of housing and planning and many other Departments to ensure happens.

Value for money initiatives were also mentioned here today and we had special mention of procurement best practice and how we learn best practice. I think our new national public procurement strategy will be a great example of how we share best practice and how we get better safeguards and better railings there for people to be able to work through. There was also a call for data capturing by agencies like the HSE when it comes to things like equine therapy, and these are really good pieces of feedback because we need to make sure we are not only looking from the value for money perspective to always make sure we are delivering value for money but also celebrating where that is happening, taking the best practice and the learnings and making sure they are shared throughout other agencies and Departments.

I thank everyone for their comments here today. It was a really constructive and engaging debate and it was a pleasure to be a part of it.

Acting Chairperson (Senator Evanne Ní Chuilinn): That concludes the statements for this afternoon. I thank Minister of State, Deputy Higgins, and the Minister, Deputy Chambers, and the departmental officials for their time and engagement here today.

Cuireadh an Seanad ar fionraí ar 2.04 p.m. agus cuireadh tús leis arís ar 4.02 p.m.

Sitting suspended at 2.04 p.m. and resumed at 4.02 p.m.

Mental Health Bill 2024: Second Stage

Question proposed: "That the Bill be now read a Second Time."

An Cathaoirleach: The debate will follow the normal pattern. The Minister of State has 15 minutes, group spokespersons have eight minutes and all other Senators have four minutes. The Minister of State will be called on to reply not later than 5.50 p.m.

Minister of State at the Department of Health (Deputy Mary Butler): I thank the Cathaoirleach for listing this business this afternoon. I am pleased to be here as Minister of State for mental health to present the Mental Health Bill to Seanad Éireann following its passage through the Dáil during the summer legislative session. As Senators will be aware, the Bill has been developed over the past number of years. A commitment to review the Mental Health Act 2001, informed by human rights standards and in consultation with service users, carers and other stakeholders, was committed to by the current and previous Governments. The enactment of this Bill has been a long-standing priority for me since I came into office as Minister of State with responsibility for mental health.

The Mental Health Act 2001 was a robust, progressive piece of legislation for its time. It introduced key safeguards for people who are involuntarily admitted to mental health settings and established the Mental Health Commission as regulator of all inpatient mental health services. However, the context in which mental health services are delivered has evolved significantly over the nearly 25 years since the current Act was enacted and we need mental health legislation that better reflects this. Since the enactment of the Mental Health Act 2001, there have been significant developments in the rights of people, such as the commencement of the Assisted Decision-Making (Capacity) Act 2015 and the ratification of the UN Convention on the Rights of Persons with Disabilities in 2018. At the point of ratification in 2018, Ireland entered a declaration to the effect that it believed involuntary admission and treatment for mental disorders to be in keeping with its understanding of the convention subject to adequate legal safeguards being in place.

The Bill as passed by the Dáil on 9 July comprises nine Parts and 222 sections. This is a lengthy, complex Bill dealing with difficult legal and ethical considerations which needed and deserved a number of years to bring it to fruition. I have spent the past four years working on this Bill. Extensive consultation with key stakeholders took place to progress the Bill to where it is today. I thank each of those organisations and individuals for their input, particularly our key partners the Mental Health Commission, as regulator of mental health services, and the HSE, as the main provider of mental health services in the State. In 2021, I launched a public consultation which received 100 submissions and helped inform the development of the Bill during the drafting process. I thank each person and group who submitted to that consultation, especially those with lived experience and the experiences of their loved ones. I also express my sincere thanks to my colleagues across government, to members of the Oireachtas Sub-Committee on Mental Health, to the committee secretariat for their work on the pre-legislative scrutiny process, and to the team in the Bills Office in the Oireachtas. I commend the work of the officials from the Office of the Attorney General, the Office of Parliamentary Counsel and my own Department in readying the Bill for publication.

I will highlight the most significant provisions of the Bill for Senators. The Bill contains a revised approach to involuntary admission and detention, updated criteria for detention, additional safeguards to protect involuntarily admitted people and new consent to treatment provisions closer in alignment with the Assisted Decision-Making (Capacity) Act; the expansion of the Mental Health Commission's regulatory functions to include the regulation, registration and inspection of all mental health services, including community residences and services, including all community CAMHS; and a new, stand-alone Part that relates solely to the inpatient care and treatment of children, and, subject to certain limited exceptions, will allow 16- and 17-year-olds to consent to or refuse treatment on the same basis as consent and refusal for physical health.

I will briefly outline some of the important features of each Part of the Bill. Part 1 deals with the preliminary and general provisions of the Act, including the Short Title, definitions, regulations and legislation to be repealed on the commencement of the Act. Section 2 of Part 1 provides for a number of changes to the definitions in the Bill, including a new expanded definition of "treatment" and "mental disorder".

Part 2 deals with the guiding principles to apply for adults in section 9 and children in section 10. The guiding principles for adults will replace the existing best interests principle for adults and move towards a system where people are encouraged and supported to make decisions about their care and treatment insofar as is possible. In relation to adults, the Bill will help shift our mental health legislation towards a greater focus on the autonomy of the person. The guiding principles broadly reflect the principles of the Mental Health (Amendment) Act 2018, a Private Members' Bill introduced by my colleague, the Minister, Deputy Browne, in the previous Dáil. Best interests will remain the primary consideration for children in line with Article 3 of the UN Convention on the Rights of the Child.

Part 3 deals with involuntary admission and is split into four Chapters. These Chapters set out the involuntary admission process from initial application through to independent review and discharge across all approved centres, which will be known as registered acute mental health centres under the new Bill. Section 12 deals with criteria for involuntary admission and updates the criteria for involuntary admission. The criteria are one of the most important aspects of the Bill and a lot of time was spent getting the balance right between autonomy and treatment. The Bill includes two sets of criteria for admission, one set based on risk and one set based on treatment.

Sections 13 and 14 deal with applications for involuntary admission, providing for an expanded role for authorised officers to make an application for involuntary admission, in line with the programme for Government. The Bill allows for applications to be made by authorised officers only or by family members or healthcare workers. It no longer allows members of An Garda Síochána to make applications, though they may still take people into custody.

As noted in the Mental Health Commission's annual report, there were 1,981 admission orders from the community in 2024 and of these, 32% were made by the Garda. The HSE must ensure that there is adequate availability of authorised officers across the country. The latest figures available from the HSE's report show that 174 authorised officers had been trained as of May 2025 and I understand that further training is planned, with one due to take place next week. This Chapter also includes sections on Garda powers to take people into custody and the mandatory provision of information to people when they are detained.

Chapter 2 provides for the review of each involuntary admission under the Bill by an independent body, a vital safeguard when a person is deprived of their liberty. Each admission will be reviewed by a mental health review board, made up of a consultant psychiatrist, a legal professional and a community member. An independent examination of the person will be carried out by a consultant psychiatrist and a psychosocial report will be prepared by another mental health professional before each review board meets.

There were 3,586 orders for mental health tribunal hearings in 2024, with approximately 48% going to a hearing and approximately 52% of orders revoked prior to the hearing taking place. These tribunals, or review boards as they will be known under the new Bill, play a key role in vindicating the rights of people who are involuntarily admitted. This Chapter also includes provisions on appealing a detention to the Circuit Court, the transfer of people to other hospitals, including the Central Mental Hospital, discharges, absences, and the power to detain a voluntarily admitted person for a limited period for the purpose of examining them for involuntary admission.

Chapter 3 relates to consent to treatment for involuntarily admitted persons. Under the Mental Health Act 2001, a person can only be treated without consent if he or she is incapable of giving it.

The Assisted Decision-Making (Capacity) Act was commenced in April 2023. It is important that the capacity and decision-making rights of people detained under the Mental Health Act be aligned as closely as possible with the rights of the general public.

As with the existing Act, the Bill respects the rights of people with capacity to make decisions about their own mental health care and treatment. Similarly, where a person has been determined to lack capacity but he or she has a relevant, valid substitute decision-maker, under the Act, a decision made to consent to or refuse treatment made by that substitute decision-maker must be respected.

The assessment of capacity in this Bill is aligned with the assessment of capacity in the Assisted Decision-Making (Capacity) Act. If the person lacks capacity and does not have a valid, relevant substitute decision-making arrangement, an application can be made to the Circuit Court to put in place a decision-making order or representative. These supports are vital to vulnerable individuals who might otherwise struggle to make decisions for themselves.

The Bill provides for treatment to be given without consent in some circumstances where a person lacks the capacity to consent, such as within the first 21 or 42 days after admission while a capacity assessment is under way or when awaiting a decision from the court. An application, subject to strict criteria, can be made to the High Court for involuntary treatment.

Following the initiation of the Bill last year, concerns were raised by some stakeholders about the implementation of the consent-to-treatment provisions. Per the Bill as initiated, if a person is involuntarily admitted to a registered acute mental health centre, is assessed as lacking capacity and lacks a relevant decision-making arrangement, he or she could not be treated at all following admission, except in cases where there is a serious and immediate risk of harm to self or others. This would give rise to a situation where a person could be admitted but would not be allowed to be treated. The amendments to the Bill have rectified this situation to ensure that involuntarily admitted people lacking capacity, a very small cohort, and lacking a relevant decision-making arrangement can access treatment at the point of admission. Officials in my

Department continue to examine the provisions of the Bill and any further necessary amendments to Part 3, Chapter 3, will be moved on Committee Stage in the Seanad.

Chapter 4 deals with restrictive practices for adults and sets out the robust legal framework in which restrictive practices can be applied. Each use of seclusion or restraint must only be used as a method of last resort, for as short a duration as possible, and must be proportionate to the level of risk. I have asked officials in my Department to prepare an amendment on pharmacological restraint and I will seek to move this amendment on Committee Stage. I note the positive downward trend in the use of restrictive practices over recent years and I expect to see this trend continue towards a zero-seclusion, zero-restraint policy, as advocated in the Sharing the Vision framework.

Part 4 provides for a new, stand-alone Part related to the care and treatment of children. Chapter 1 sets out the interpretation for this Part and interaction between the Mental Health Bill and the Child Care Act 1991. The Bill will continue to cross-reference the Child Care Act.

Chapter 2 of Part 4 deals with the admission of children to registered centres. It creates different categories of admission for children based on age and capacity. For example, children over 16 years of age can consent to their admission if they have the capacity to do so. This is a really important provision to allow 16 and 17-year-olds to access and consent to treatment on their own terms. We want young people to be able to go for counselling or get support or treatment for their mental health in the same way they can for their physical health. This is another way we can end the stigma around mental health and accessing support and treatment. For children under 16 or those aged 16 or 17 who lack capacity, there are safeguards. I wish to make it very clear that there are safeguards. A parent or guardian can consent to their admission. Involuntary admission, by way of application to the District Court, will also continue to be available where a parent or child refuses to consent to admission.

Chapter 2 also provides for the criteria for involuntary admission, appeals to Circuit Court, the renewal and discharge of involuntary admission orders, the powers of An Garda Síochána to take a child into custody, provision of information to children and absences from a registered acute mental health centre.

I welcome the significant reduction in the number of children admitted to adult units over the past decade. In the first half of this year, two young people aged 17 were admitted to adult wards for a total of three days. This is very much now an exceptional event. I commend our clinicians who work so hard to ensure appropriate placement for young people who require inpatient treatment.

We have 51 CAMHS beds at present and they have operated at about 70% capacity for the last 18 months. This is not an issue of capacity; it is an issue of patient safety.

I want to put on record that I will never tie the hands of a clinician who makes a judgment call that an admission to an adult unit is required to keep a young person safe. Such admissions must be notified to the Mental Health Commission. I have also requested that the commission conduct a review of the code that governs child admissions to adult units to see what additional safeguards can be put in place to ensure this is always a measure of last resort.

Chapter 3 deals with consent to treatment for children.

Chapter 4 sets out the circumstances for the limited use of restrictive practices for children.

Part 5 deals with the Mental Health Commission and is broken down into six chapters. Its final chapter deals with the inspector, inspections and inquiries.

Part 6 deals with the regulation of mental health services and is broken down into six Chapters. This Part provides for the commission to regulate, register and inspect all mental health services in the State, including all community mental health services. The regulation of these services will be introduced on a phased basis following enactment of this legislation.

The Bill introduces compliance notices, which will allow the commission to improve services' compliance with statutory obligations.

I have already requested that the Mental Health Commission begin drafting the standards required to regulate community CAMHS services in preparation for the commencement of these sections of the legislation. The commission will launch a public consultation to inform the development of these standards in the middle of October.

Part 7 introduces a new provision. It allows people to select a nominated person to receive information on their behalf whom they can consult during their admission, such as on decisions regarding treatment or during discharge planning.

Part 8 provides for consequential amendments, while Part 9 provides for consequential amendments to other Acts.

On costs to enact the Bill, my Department continues to work closely with relevant interdepartmental counterparts to ensure that both capital and current costs associated with this Bill are aligned to implementation timelines associated with its planned commencement.

The Bill has been many years in the making and I believe it sets out a robust framework for the provision of our mental health services in the years to come. I expect the Bill will be discussed in-depth on Committee Stage and I look forward to debating amendments tabled by both the Government and Opposition during that process.

Senator Teresa Costello: I welcome and support the Bill, which represents an important opportunity to modernise our mental health legislation and strengthen the rights of people who access mental health services. It is the most comprehensive overhaul of our mental health laws in more than 20 years. The Bill builds on the foundation of the 2001 Act but goes much further in ensuring our mental health laws reflect a rights-based and person-centred approach. The Bill introduces significant reforms, including revised criteria for involuntary admission, enhanced safeguards relating to seclusion and restraint, statutory care plans and a stronger regulatory remit for the mental health commission. These are all steps in the right direction.

Among its many strengths are a modernised framework for involuntary admission and detention with revised criteria and stronger safeguards, an overhauled approach to consent to treatment, closely aligned with the Assisted Decision-Making (Capacity) Acts, 2015 and 2022, and an expanded regulatory remit for the Mental Health Commission, extending for the first time to community residences and services, including CAMHS. Importantly, there will be a new dedicated Part dealing with children and young people, recognising for the first time the capacity of 16- and 17-year-olds to consent to or refuse mental health treatment. This Bill is forward-thinking, person-centred and informed by years of consultation with stakeholders, including people with lived experience of our mental health services. Its passage through the

Seanad marks a significant milestone in the delivery of recommendation 92 of the Sharing the Vision plan and a key Sláintecare priority.

That said, there are three areas where I would like further clarity. The first relates to young people aged 16 and 17. The Bill introduces a presumption of capacity for this group to make decisions about their admission, care and treatment. It is a welcome development, aligning mental health law more closely with the assisted decision-making Acts. However, I would like clarity on how this presumption will operate in practice, specifically in circumstances where the will and preference of the young person differs from that of their parents or guardians and what safeguards or mechanisms will be in place to ensure the voice of the young person is respected and given effect? How will disputes be resolved where there is disagreement between the young person, their parents and the treating psychiatrists?

I had concerns about a 16- or 17-year-old who might not get the help they need because of this introduction. As a parent, I feel that at 16 and 17, children need the input and guidance of their parents; even more so when dealing with mental health issues. On advocating and complaints, while the Bill provides stronger rights and safeguards, it does not yet establish a statutory right to independent advocacy. Those who have experienced mental health services first-hand consistently tell us that advocacy is essential to navigating the system, protecting rights and ensuring people's voices are heard. I ask whether it is intended to bring forward amendments to provide such a right, ideally on an opt-out basis, so that every person has access to advocacy from the moment of admission. Similarly, there is a need for a clearer, independent complaints mechanism, separate from service providers, to give people confidence that their concerns will be investigated and addressed fairly, without fear of reprisal.

On the admission of children to adult wards, despite progress under the Minister of State's watch, children under 18 continue to be admitted-----

Deputy Mary Butler: Two children.

Senator Teresa Costello: Yes, I am not finished. I was acknowledging numbers have decreased but it is still far from ideal and runs contrary to international best practice. While the Bill sets out new safeguards, it does not appear to explicitly prohibit admission to adult wards. My worry is when Deputy Butler is not the Minister of State and another person is her post who may not have that focus whether he or she will be as passionate about keeping those numbers as low as she is? I worry about when the Minister of State is not in the role. Where emergency admission to an adult unit is unavoidable, will strict time limits be in place for such submissions, with a requirement for immediate transfer to an age-appropriate setting?

The Bill is a landmark in the development of our mental health system and demonstrates Fianna Fáil's ongoing commitment to reform. It will place Ireland's mental health legislation on a far stronger, more human rights compliant footing. With greater clarity on the rights of 16- and 17-year-olds, stronger commitments to independent advocacy and complaints mechanisms, we can ensure it delivers the fullest possible protections for those who rely on our mental health services.

Senator Joe Conway: I commend the Minister of State and her colleagues on the substantial legislation we have under consideration. I admit that only in the previous day or so have I

become in any way acquainted with it, which is probably greatly to my shame. It is an amazingly complex area. I do not think anybody in this State does not have family members or people they know affected by mental health and that type of disability.

I have received some correspondence about this. While I am commending the Minister of State and it is extraordinary proposed legislation, in some of the correspondence I was requested to ask a number of questions. The first thing that was put to me was that the drafting and progression of this Bill breaches Article 44.3 of the United Nations' Convention on the Rights of People with Disabilities, which requires the full and active participation of people with disabilities, including users, survivors and receivers of psychiatry. Can the Minister of State give us some assurances on that?

It is also mentioned that involuntary treatment can be begin before the Circuit Court decision of the appeals. Following from that, it struck me, as a pecuniary-orientated layman who knows nothing about the court system, that when people have to progress an appeal through the Circuit Court, who picks up the tab? Is there access to free legal aid in this instance or what happens in that regard? There is a section I worry about where the Circuit Court and the High Court are instanced. There seems to be a potential lag in the actual training that might be afforded to the members of the Judiciary and the legal profession. Will this be fit for purpose as things stand? What is the lag with getting people up to speed with the new provisions of the Act?

Those are some of the layman's considerations I have. I am in awe of the complexity of the legislation. It is bewilderingly complex to me and I am sure to many people in the wider community. It underscores the grave complexity there is, especially dealing with what we define as "children" in this State, that is, people under 18 years of age, and the vulnerabilities and amazing complexities attached to that. The original legislation was enacted in 2001. Fundamentally, we have to admit it is a quarter of a century old and the whole thinking on mental health, mental health provisions and the enlightened attitudes to mental health and mental health provision have changed drastically in that time. So much of it is for the better. This Bill address those developing complexities and the responses. That is to be greatly commended.

My focal scoir on this is about the diminution of the activities of An Garda Síochána in the more difficult cases.

Does the Minister of State have any assurances regarding the deficit that will be created by taking An Garda out of the equation?

Deputy Mary Butler: At its request.

Senator Joe Conway: That is very interesting. I did not know that. I apologise for addressing the Minister of State directly. Sin an méid. Go raibh míle maith agaibh.

Senator Maria Byrne: I thank the Minister of State for coming here today to discuss this all-important topic. I know about her passion for and commitment to this Bill and how long she has been working on it to make sure it is right. It is incumbent on all of us to ensure the Bill is right when it leaves this House. I welcome many of the changes that have been made, but there are one or two things I wish to raise. The Minister of State mentioned that only two

people under 17 are currently in this category, but when are we going to have age-appropriate units in order that children will not be in the same facility as adults? Even though it is quite a low number and it was a lot higher previously - I compliment the Minister of State on that as her personal drive and commitment helped to reduce it and I know she has been observing it as we spoke about it previously - we should have a unit because sometimes there are issues around young people. I know one or two young people who have been through the system and although they have come out the other side stronger than when they went in, I am not sure it is right for them to be in a place with adults.

I know somebody who has spent quite a bit of time within the unit. He went from being a normal person to becoming physically violent. There were a lot of issues with the person, but he was also depressed and not in a good place. This person was self-harming and harming the nurses or staff. He was medicated. Is there a record kept of those medications? I understand very strong medication is used in these kinds of circumstances. Some people have raised with me their concerns around the whole medication side of it. The wife of this man actually agreed at the time that he needed to be medicated but they were concerned about the long-term effects. Are there any other ways to help this man that can be looked at? It is unfortunate. He is out of the system now but he is still in and out of the services. He spent three years being looked after in the unit. I compliment the staff who worked with this man and got him out the other side. It was a big shock for the family that a person who had been well would end up with these issues.

Advocacy was raised by Senator Costello. There should be some sort of an independent mechanism whereby a person can lodge a complaint or bring forward any concerns. An independent person could oversee this. Will anything like that be looked at? It is important to have somebody who is independent and uninvolved. I am not taking from anybody who is doing their best within the system, but there needs to be an independent mechanism through which issues or concerns can be raised. The representative should have the right to either investigate or deal with it and come back with some recommendations.

I met with representatives from Mental Health Reform and they raised issues relating to sections 48 and 51. They felt the sections were stronger before the changes were made. I am not sure if the Minister of State wishes to comment on that. I know she has been looking at different sections. It is something she might be able to consider and come back on at a later time if she does not wish to comment today.

Those who presents themselves to be assessed or whatever sometimes do so on their own. I am not sure it falls within the scope of the Bill but it would be worthwhile if they could have somebody with them to offer support or to be there with them. It is quite a frightening place to be.

I am interested in the fact that An Garda looked to be taken out of the system. I had a case in Limerick where neighbours came to me as they were concerned about elder abuse. It was a family member who was possibly mentally abusing his or her mother, giving out to her and constantly putting her under pressure. It was An Garda Síochána that resolved that issue and had that person sent for treatment. When the mother was asked to make a statement about her family member, she was afraid to do so and refused. It was the advocacy of the community garda that resolved that issue, and it was resolved to satisfaction. I raise it as a concern because if there is a fear factor that means a family member is not going to raise the issue or agree with

the sentiments as to what it is, and there is nobody outside the family who can do so, there need to be some other mechanisms. Maybe there is something else that can be looked at in relation to that.

Overall I commend the Minister of State on her work to date. I look forward to working with her through all the other Stages. I am sure she has other amendments she is bringing forward. Well done to her and her Department.

Senator Nicole Ryan: I welcome the Minister of State back to the House. I am here to speak on the Bill at Second Stage not as a conjurer of statistics but as someone who has listened to parents, clinicians, advocates and young people who have been failed by a system that often treats their crises as an administrative problem rather than a human tragedy. We support the aim for reform. We welcome parts of the Bill, but we cannot, in good conscience, allow a Bill that contains glaring omissions, weak safeguards and a lack of real resourcing to pass without demanding it is strengthened.

The lived experiences of families across the State tell us this is not a technical exercise. It is a life or death intervention. Sinn Féin has tabled amendments on dual diagnosis, CAMHS, the creation of a comprehensive youth mental health service for those up to 25 years of age, removing ambiguous practical caveats and providing a five-year funding and implementation strategy. These are not extras; they are essentials. There are limits to our drafting but there are also limits to our cruelty. There are limits to cruelty in general. A law that does not actually name dual diagnosis or require integrated pathways for people living with mental health and substance abuse will leave people falling between the two stools. Addiction and mental ill health often feed one another, and if a Bill fails to acknowledge that reality into law it will continue to fail the people who need both supports and care at the same time.

I want to share a story that I was asked to carry into this Chamber. It is a mother's testimony that is painfully ordinary in its horror. Her son was referred to CAMHS at five years of age and for eight years she begged the services to find out what was wrong. At 13, he told his mother he was suicidal. She went to the emergency department in Temple Street. An urgent referral was made back to CAMHS, but nothing had changed. She had no option but to go private to secure proper assessment for her son, only for him to receive a diagnosis of Asperger's, alongside profound anxiety and depression. The response of CAMHS was a one-line report. For years, he was passed from pillar to post. The rhetoric of Ministers and some officials about joined-up services does not match the reality on the ground. On New Year's Eve, at 16 years of age, he told his mother he would end his life. He was admitted to Lakeview in Naas after hours of a battle and his mother refusing to bring him home. We all know that facility was found in 2024 to be non-compliant in a number of cases, raising stark questions about the care received by those detained there. For this young person, early intervention would have made the difference but, instead, he endured bullying and escalating anxiety and depression, and turned to substances to soothe and self-medicate.

His mother spent nights in her car outside Naas hospital as she begged them to take him in, but he was not once admitted. In April of this year, he again told his mother he was suicidal and he told the registrar also. On one occasion in the past, she had found him hanging and had to cut him down. He was seen by a psychiatrist in the Garda station and advised to present himself to accident and emergency, a place where no person in such crisis should be expected

to self-refer and wait. He was advised in April to self-refer to a day programme for people who are suicidal. He did not have the capacity to do that. Over the course of his life, he attempted suicide eight or ten times. Four weeks after she found him hanging and two days after he graduated from his course, he went to a hotel room and ended his life at 26 years of age.

This is not an isolated story. It is a mirror of a systematic failure and fragmented services, families abandoned and laws too weak to protect the vulnerable. If that is the human cost, it is not hyperbole to say the Bill must be transformed. This is where we must confront the text before us. The Bill currently drafted allows involuntary treatment to begin before capacity assessment is completed. That is a profound breach of rights. Capacity is not static, it fluctuates. To allow forced treatment without first assessing whether someone can make their own decision undermines every principle of dignity and autonomy that this reform claims to uphold. It also extends the timeframe for involuntary treatment from 21 days to 42 days without requiring fresh capacity assessments during that extended period. This risks prolonged coercion with little oversight. The Bill widens the criteria for forced treatment to any intervention a psychiatrist believes likely to benefit a person. The phrase is dangerously vague because that treatment is not likely to benefit in theory. This hands excessive discretion to override consent. There is also a power dynamic and imbalance here. When there is a power imbalance, there is very big room for error and abuse. There is also no statutory right to independent advocacy, no independent complaints mechanism, as other Senators have mentioned, and no clear safeguards for the use of chemical restraint. Without those protections, people are detained involuntarily and remain voiceless and at risk of prolonged coercion without redress.

Despite years of commitment, the Bill does not explicitly prohibit the admission of children to adult psychiatric units. We have already said this and the Minister of State said there were only two, but two children are two too many. The practice is condemned by the UN Convention on the Rights of the Child, yet here we are passing a law that leaves the door open for children to be placed in an environment that is wholly inappropriate for them.

If we intend for this Bill to be progressive, then we have to prove it. We must embed rights, early intervention and integrated care and accountability into the law. We must not let the Bill be another half measure that leaves families burying their children. I will close where I began, with the voice of this mother. She asked me to bring her son's life here, not to be rendered invisible by our differences. She has asked that his story would be heard, not for spectacle but for change in how we act. We owe that to her as she sits in this Gallery right now and watches this debate, and to the hundreds like her. We owe them not sympathy but a law that keeps people safe, services that are joined up and funding that matches our words. For every family that has been failed, for every young life lost, let the Seanad show that the law can be levered as dignity, care and prevention and let us fix this Bill so that the next family do not have to carry the same funeral, grief and unanswered questions.

Senator Laura Harmon: I propose to share my time with Senator Stephenson.

An Cathaoirleach: Is that agreed? Agreed.

Senator Laura Harmon: I welcome the Minister of State to the House. I will not oppose the Bill on this Stage but there is significant work to be done on it and a lot of scope for amendment.

I acknowledge the visitors in the Gallery. I thank the many individuals and organisations that have engaged with me in recent weeks on the Bill and raised their concerns. I refer in particular to Mental Health Reform for providing several briefings on the Bill.

This is a once-in-a-lifetime opportunity to modernise Ireland's mental health laws. I will list some of the areas of concern that require improvement. The first is advocacy. The Bill should introduce a statutory right to independent advocacy as a vital safeguard for individuals receiving care. Second, it should establish an independent complaints mechanism for people accessing mental health services, separate from the current HSE process that is available to both adults and children. Any changes to involuntary treatment must be carefully reconsidered to ensure that such interventions are used strictly as a last resort and that there are robust safeguards in place in the legislation. There must be safeguards governing chemical restraints. That absolutely must be addressed.

The Bill continues to permit the admission of children to adult units, which contravenes the UN Convention on the Rights of the Child. Children should never be placed in age-inappropriate psychiatric units. At an absolute minimum, the legislation should introduce a strict time limit on any such placements and ensure safeguards are in place. The language in the Bill should be reviewed. The term "mental disorder" is outdated and many people with lived experience say it is stigmatising.

The legislation should be reviewed within five years. There should be continual review, with engagement with organisations and those directly affected. The availability of environment and settings of care should not be the sole determinant of where care is received. It must be determined by the location of the best care for the individual. Ultimately, there is a lot that is good in the Bill. It is a unique opportunity to uphold the rights and dignity of those in society who are vulnerable. I look forward to further engagement on later Stages.

Senator Patricia Stephenson: I will be echoing a lot of the things that have already been said. I lend my support as well to Senator Nicole Ryan's powerful contribution. Her contributions are always powerful and today's is no different.

I have concerns about the Bill. A Bill on mental health in Ireland is well overdue, but this Bill is flawed in its purpose. The purpose of the Bill is to protect people and to bring us in line with the UN Convention on the Rights of Persons with Disabilities but I do not think we are achieving that. I want to reflect the concerns that Mental Health Reform has outlined. Members of the group are here with us today to see how the debate is going. I suspect the Minister of State knows amendments will be tabled. I hope she is open to hearing them and discussing them on Committee Stage.

The Bill is intended to modernise the Mental Health Act 2001, strengthen our human rights protections and bring us closer in line with our UN obligations. In the Bill as drafted, and especially following recent Dáil Committee Stage amendments, there are risks of regression rather than progress for people.

Mental Health Reform has highlighted that in the criteria for involuntary treatment, which have been significantly expanded. In practical terms, that means more people rather than fewer people are finding themselves treated against their will. This is the opposite of what we should be trying to achieve. Worse still, this Bill also allows involuntary treatment to commence before capacity assessment is completed. That is really problematic and concerning because we should be assuming capacity and assessing it carefully before the State exercises one of the most coercive powers it can have, which is to treat someone against their will.

There is also a troubling lengthening of the maximum duration of the involuntary detention from 21 days to 42 days. At a time when we are trying to promote community-based supports, this doubles the potential period a person can be held without their consent. We really need to focus on what supports can be provided within the community.

There remains no statutory independent advocacy or fully independent complaints mechanism, as the Minister of State has heard from other contributors today. Both of those things are very important safeguards so that the voices of those who are most at risk and most marginalised can be heard and advocated for by someone to whom they reach out. I urge the Minister of State to consider an amendment on the idea of having a statutory advocacy service. These concerns are serious. We must bring the Bill back in line with the purpose of having a rights-based approach for people with mental health issues and a focus on recovery. Recovery-focused healthcare in the community is critical. The amendments I and other colleagues will bring on Committee Stage will strengthen the Bill. I hope we will have an opportunity to discuss them in more detail.

Senator Eileen Flynn: I want to bring the Minister of State's attention to the mental health inequalities this Bill must address but currently ignores. This legislation will shape mental health services for generations, but it fails to confront the discrimination that drives mental health crises in marginalised communities. The Traveller community faces a mental health emergency that shames our nation. Our suicide rate is 6.6 times higher than that for people in the general population. They are our children, our siblings, our future, destroyed by systemic racism and exclusion.

This Bill fails to mandate culturally appropriate services for the most vulnerable groups within society. Mental health cannot be separated from social justice, discrimination, poverty and exclusion, which drive mental health distress. When Traveller children are followed by security guards while shopping, when Traveller families are refused services in restaurants and when young people cannot find employment because of their surname or address, this creates trauma that mainstream mental health services do not understand or address. Only 6% of the mental health budget supports services, against a 10% target. As of April 2025, 4,554 children were waiting for first-time CAMHS appointments, a 200% increase since 2020. Over 760 children have been waiting more than a year for mental health care. Working-class families endure months of waiting, while wealthy families access private care immediately. Two-tier systems continue inequalities that this Bill must challenge.

This is the Minister of State's second term as Minister with responsibility for mental health and older people. Nothing has changed since I first stepped foot inside this House five and a half years ago. It is absolute torture for the Traveller community when we have a mental health crisis and an addiction crisis. I personally do not believe our mental health services are fit for

purpose. We do not have enough services within the country. We do not have enough nurses or doctors in mental health. Why would people stay working in mental health if they earn crap money and they are not getting the financial support to be able to deliver good mental health services? Last year, I took part in a documentary called "Patrick: A Young Traveller Lost" about a young Traveller who at 13 years of age passed away by suicide. I see young Traveller men every single day of the week who are addicted to drugs, barely functioning because of drug and mental health crises.

In this Bill, we fail to take care of our most vulnerable. The Bill does not name prison services or look after people who are in prison around mental health issues. We know that a good percentage of people in prison have mental health issues. I know that for a fact. Being on the Traveller committee, we visited a lot of the prisons last year. The majority of prisoners spoke about having few or no good mental health facilities. That is something on which this Bill should focus. We have to look at poverty. Whether we like it or not, it is one of the causes of mental health, and we have to name it in this Bill.

I cannot say I support of this Bill right now because, again, there are approximately 100 amendments that we in the Civil Engagement Group would like to add. However, we know the Minister of State is open and that she wants better changes for people who are on the margins of society. I look forward to working closely with her on this Bill because we do need a mental health Bill. My mother used to always say, "Never take on a job you can't handle." If we are going to implement a mental health Bill and look at the reviews of mental health in Ireland over the past few years, we have to do it right. We have to make sure it is an inclusive Bill and that we support the workers in these institutions as well.

An Cathaoirleach: Before I call the next speaker, I welcome a mammy to the Gallery. Carmel O'Connor, mother of our esteemed Senator McCormack, is here. Your daughter is doing a great job. You can be very proud of her. She will be speaking in a few minutes, so we look forward to an excellent contribution, as usual, from her. Thank you, Carmel, for coming in today.

Senator Shane Curley: Gabhaim buíochas leis an Aire Stáit as an obair ar fad a rinne sí maidir leis an mBille seo. Tuigim go raibh an-chuid oibre déanta roimh an téarma seo nuair nach raibh mé i mo Sheanadóir. Táim an-bhuíoch as an obair atá déanta ag an Aire Stáit. I commend the work the Minister of State has done, both in this term and in the previous term, on this Bill. I was not a Senator in the previous term, and I did not get to take part in these debates, but I really welcome the fact we are bringing a mental health Bill forward. It is a positive step in its own right.

I welcome the fact that this is person-centred in nature and that it is done in consultation with the community, with clinicians who are experts in their field and with service users. We have all been lobbied on this in recent weeks. I have been contacted on a number of occasions, including yesterday, by one member of my own community down home near Loughrea. There is huge concern around the fact that 16- and 17-year-olds are being recommended by the UN not to be treated in the adult ward setting. It is just one small concern I am going to raise to echo the voice of my community. However, I also understand how the Minister of State said that she cannot tie the hands of clinicians as regards clinical decisions. There is a balance to be struck and I am not an expert in that. I do not sit on the committee, although I would like

to take part in some of the conversations. However, I do understand that medical decisions have to be made by the experts, so I am not sure how we balance that.

I would like to pick up on some of the comments Senator Flynn just made, and she is right in some of the things she said. I sat on the local Traveller accommodation consultative committee, LTACC, in Galway County Council for five years, and I learned an awful lot. I also sat on the Galway and Roscommon education and training board, GRETB, and worked as chair of the youth work committee. I saw young Traveller boys, in particular, crying out for a purpose in life. While the Senator mentioned the legislative side of it, what we are missing here is the community side of it. The fact is that we are bringing in the interventions at GRETB level, with a lot of intervention programmes that are really showing huge success, but then kids get to 16, 17 or 18 years of age and they hit the roadblock of employment as young Traveller boys. That is a huge thing, especially among men. Male Traveller mental health is through the floor. They are 6.6 times more likely to die by suicide than males in the settled community. Senator Flynn is 100% correct on that. Something needs to be done. What we are missing here is a community aspect outside of legislation that we really need to address as a society and we need to adjust our attitudes towards mental health.

I thank the Minister of State for the 15,000 free counselling sessions that she has targeted at men. I am a man who has attended therapy sessions. I have struggled with mental health throughout my life in my own story. I will not get into it too much, but it is really commendable that she has targeted male mental health with those supports. It is a really positive step. A lot of people go through life not realising that they do need therapy. It is a conversation that men need to open up about. I am probably one of few men in the room right now, but as men, we are a very closed shop at times. We do not talk the way sometimes women are better at doing, and we do not open up and talk about how we feel. That is something we need to change as a society and move our attitudes forward. Gabhaim míle buíochas leis an Aire Stáit arís. Rinne sí an-obair maidir leis seo. Táim fíorbhuíoch as an obair ar fad a rinne sí. Táim ag tnúth leis an obair atá le teacht.

Senator Seán Kyne: The Minister of State is welcome. I join others in commending her on her stewardship of this Bill, on her work over the years and that of her officials and, of course, the committee, whose members have done Trojan work in their scrutiny of the proposals here. This is a very necessary Bill but it is very complex; I appreciate that. It is complex but crucial legislation that seeks to strengthen the protection given to those who are experiencing severe mental illness and who require admission to a health facility on an involuntary basis.

5 o'clock

While the intent of the Bill is to be welcomed, I note the comment by the College of Psychiatrists of Ireland that while it believes the Bill represents some positive movement towards more workable person-centred legislation, it has some concerns, which will come to later. I am sure the Minister of State has been made aware of those.

We welcome the guiding principles for children that are to be adhered to in any decision to admit a child to a mental health facility. Serious childhood illness of any nature is particularly upsetting and hugely worrying, so a set of strong, clear rights-based principles is certainly necessary and vital to support both the child and their guardians during an episode of severe mental illness.

The legislation is welcome at a time when there has been no greater awareness of mental health. People are more comfortable discussing their mental health concerns. This legislation provides the rules and principles that must be adhered to regarding those in our community with the most severe episodes of mental illness. The vast majority of mental health conditions are treated at primary care level by GPs across the country, with referrals to mental health professionals in some areas. However, for a minority, this Bill is a part of the solution.

I am aware that concerns have been expressed about the legal nature of some of the provisions in the Bill, but I feel that, on balance, the rights of those with severe mental illnesses who are unable to give consent should receive the highest protection and consideration, if required. The court system gives that. It is not a reflection on anybody; it is a protection for all involved, including the patient. The College of Psychiatrists of Ireland is concerned that someone with decision-making capacity who refuses treatment can be the subject of High Court proceedings to compel them to accept treatment. I am concerned that anyone who can make a decision to refuse treatment for any condition could be compelled to accept it. The college also makes the point that there should be patient recoverer decision-making capacity while in treatment. This would allows any court proceedings to be discontinued if consent is given to treatment. That is a reasonable position. I would appreciate some clarity on it.

I have received a submission from Recovery Experts by Experience, REE. I am sure the Minister of State is familiar with those concerned. I will touch on some of the matters again on Committee Stage, perhaps. REE has expressed concerns over human rights issues, a regression of rights, and a lack of compliance with the UN Convention on the Rights of Persons with Disabilities. I am sure the Minister of State is aware of the submission. I will touch on some of it later.

The Minister of State will be aware of a group called Justice for Adam, which is concerned about the referral of mental illness sufferers to accident and emergency departments. The thinking is that there should be a separate door or process for those who suffer from mental health issues who go to an emergency department and are left there waiting. I understand there is such infrastructure in the NHS. I am not sure if it is possible here, but it makes sense. You could argue the same for a lot of other illnesses. I have made the point that, in Galway, cancer patients have to go through the ED also. We are working on that. It is a slow process, but I think there is a case to be made.

Mental health has been the poor relation in some regards for long enough. To an extent, that reflects badly on us all. For too long it was not talked about or acknowledged and mental health services were under-resourced. I am aware that the Minister of State has done a lot of work in this area and she is to be commended on that. The Bill is an important step in dealing with a very small but very vulnerable group of people. I welcome it as a step forward and wish the Minister of State well as it progresses.

An Leas-Chathaoirleach: I understand Senator Rabbitte is sharing time with Senator Ryan. Is that agreed? Agreed.

Senator Anne Rabbitte: I will fully support the Mental Health Bill 2024 as it proceeds through the Seanad. This legislation represents a significant and long-awaited step forward for mental health in Ireland. In addition to acknowledging the content of the Bill itself, I

acknowledge the leadership and dedication of the Minister of State, Deputy Butler, under whose guidance this work has progressed with care, compassion and clarity of purpose. Since she published this Bill back in July 2024, she and her Department have been engaging in serious, thoughtful work and have been consulting widely, listening deeply and responding constructively to a diverse range of stakeholders.

The Mental Health Act 2001, while progressive for its time, is now nearly a quarter of a century old. It no longer fully reflects the values or practices that underpin modern mental health care, particularly the shift to the community-based services, a recovery orientated model of care and the vital role of service users' partners in their own treatment. The Minister of State's approach has been one of insistence on listening. The public consultation initiated by her in 2021, at a time when the country was still grappling with the effects of Covid, gave people with lived experience, their families and the front-line professionals the opportunity to shape the future of mental health law in this country. This consultation, along with the comprehensive work of the 2015 expert review group and more recent engagement with the Mental Health Commission, the HSE, the College of Psychiatrists of Ireland and many others, has resulted in a Bill that informs the inclusive rights-based approach. I look forward to working with the Minister of State as the Bill progresses through its various Stages.

Senator Dee Ryan: I, too, commend the Minister of State and her team in the Department, all the stakeholders who engaged with her in the public consultation period and the individuals and organisations that fed into the mammoth piece of work before the House now. I acknowledge the contributions made by colleagues in the House today and commend the Minister of State on her openness to going through and debating the amendments proposed for Committee Stage and later Stages.

I acknowledge the work the Minister of State has been doing in her Department in addition to her work on this mammoth Bill. I thank her again for the community access support team pilot project in Limerick, which combines a mental health professional with a garda in first-responder capacity in Limerick. I acknowledge the significant emphasis the Minister of State has placed on men's mental health and the initiative she launched at the ploughing championship last week that entails 15,000 free counselling sessions for men. I thank her and her Department officials again for all the work they are doing on this. I appreciate it.

Senator Maria McCormack: I am really glad to speak on this Bill. I commend the Minister of State on introducing a Bill on mental health. Her passion for mental health reform is really noted. My colleague Senator Nicole Ryan has already laid out why Sinn Féin has some issues with this Bill. I acknowledge the visitors in the Gallery, including my own mammy. I offer my deepest sympathy to the mammy in the Gallery who is carrying a grief that no mammy should have to carry due to a failed system.

This Bill approaches mental health issues too narrowly. Also, it does not go far enough to promote preventative care and early intervention. There is limited support for families and carers addressed in the Bill. Families and carers need to be included in care planning and to have access to supports themselves.

It is essential that we replace the child and adolescent mental health services with a new child and youth mental health service, extending care up to age 25. This would address the

current cliff edge at the age of 18, ensuring continuity of care during a critical development period. On Committee and Report Stages in the Dáil, the Government rejected Sinn Féin's attempts to amend the Bill to ensure vulnerable people would not continue to fall through the cracks. It is utterly disheartening to speak on this Bill knowing it will not do much for those who are really suffering.

Let me refer to just a few lines of a message I received in recent days from a constituent in Laois about how people feel they are treated. I will keep her name anonymous. She states she first went to Portlaoise mental health unit last June when she was in crisis. She was assessed and turned away having been told that if she got an assessment for autism, she would be fine. The same thing happened a further three times, the most notable being the most recent instance. Before she was seen, she was left waiting six hours. The receptionist admitted the doctor was about to leave and had forgotten about her. Once she was in a room with a doctor and told him in detail her plan to end her life, he simply told her mam to keep an eye on her and give her a Xanax. Despite her mam and her clearly expressing concern for her personal safety, he sent her home.

On her second admission, she told staff she had an active plan to kill herself; she could not do it any more. She was told they would keep an eye on her for the weekend and the next day they tried to discharge her, even though she said she was at risk. If her mam had not hung on and fought for her to stay, she would have been sent out. This young woman's experience is not uncommon. I hear many stories of people in crisis who are sent home from hospitals without proper care. Unfortunately, I do not feel confident that this Bill will prevent these types of situations from continuing.

Another man told me of how he was found by his sister ready to take his own life. He spent a few days on a ward. He begged the hospital to help him get into rehab for his alcohol and drug addictions before he was sent home. Of course, he got no such help. He was sent home. His sister contacted a number of residential rehab services to try to get him a place but the waiting lists were six to nine months long. This was no good. He needed help there and then but he did not get it. It is only a matter of time before he is in crisis again.

Despite growing consensus among clinicians, service users and advocacy groups on the urgent need for integrated services, the Government voted against Sinn Féin's proposals to strengthen the Bill regarding obligations for care for people with dual diagnosis. There are not enough beds and community services to help people in crisis and waiting lists across the board continued to spiral upwards. Sadly, this Bill is unlikely to improve services for mental health or people in crisis when they need them. I hope the Minister of State will reconsider our amendments on Committee Stage.

Senator Imelda Goldsboro: It is a privilege to welcome the Minister of State to debate Second Stage of the Bill. It is landmark legislation made up of nine Parts and 222 sections. It represents the most comprehensive reform of our mental health laws in a generation. This Bill is the product of years of careful work, reflection and collaboration by the Minister of State and her officials in the Department of Health. I commend her on that and on her effort, dedication, commitment and approachable manner. In my role as a councillor, she visited us in south Tipperary. She delivered the Haven crisis house for us and Jigsaw, to name a few.

The Bill addresses complex legal and ethical issues that touch the lives of some of the most vulnerable people in our society. It is only right that such a Bill has taken time to develop. I believe the result is one that will stand the test of time. I acknowledge the extensive consultation that has underpinned this process. I welcome the many significant provisions of the Bill. It introduces a revised approach to involuntary admissions and detention, with updated criteria and enhanced safeguards, aligning more closely with the Assisted Decision-Making (Capacity) Act. It expands the Mental Health Commission's regulatory remit to include all mental health services, including community, residential and CAMHS, ensuring consistent oversight and quality of care in all of our services. For the first time, it empowers 16- and 17-year-olds to consent to treatment for mental health care on the same basis as physical health, subject to limited exceptions and safeguards. This is vital to ensuring young people can come forward to access support wherever and whenever they need to.

In addition, the Bill reinforces the principle that individuals with capacity have the right to make decisions about their own mental health care and treatment. Where a person lacks capacity but has a valid substitute, under the Assisted Decision-Making (Capacity) Act, the decisions of that person on whether to consent to or refuse treatment must be respected. The Bill aligns its approach to capacity assessment with that of the 2015 Act ensuring consistency and clarity across our legal framework. Where no substitute decision-making arrangement exists, the Bill provides for an application to the Circuit Court to appoint a decision-making representative. These reforms are vital to ensure that vulnerable individuals are not left without a voice in decisions that affect their care and well-being. I particularly appreciate the Minister of State's efforts to strike a balance between respecting people's rights and ensuring people have the opportunity to benefit from treatment.

This Bill is about dignity, rights and modernising our mental health system to reflect the values of a compassionate and inclusive society. I look forward to engaging with the Minister of State and my fellow Senators during Committee Stage to further refine and strengthen the Bill and ensure this vital legislation is passed into law.

Senator Sarah O'Reilly: I thank the Minister of State for attending. I welcome the opportunity to speak on this Bill. While there are some positive changes, glaring gaps are not addressed.

One of the most significant omissions is a statutory right to advocacy. It is a very scary prospect to be faced with a multidisciplinary team when you are at your most vulnerable. People who face involuntary admission or treatment are left without an independent voice to stand beside them and look after their best interests. Families and advocates know the system and they can work alongside the medical teams to give that person reassurance and let them know they are supported. Scotland, England and Wales all have this protection in law. We should ensure that Irish people are afforded the same protection. We all remember the isolation of Covid when elderly and vulnerable people were left alone in hospitals and nursing homes without anyone to speak on their behalf or ensure their voice was heard. It is easy to say that this will never happen again, but without any concrete legislation that promise is of little reassurance.

There are issues with the Bill itself. It still allows for involuntary admission and treatment on the word of a psychiatrist. There is no parity here with psychologists or others on the

multidisciplinary team and treatment is defined so broadly that what one clinician sees as beneficial may be completely different from the person himself or herself. A person may wish to pursue another form of therapy or treatment but have no choice in whether he or she is prescribed medication. The Bill also removes previous safeguards around consent and capacity. A person may be treated involuntarily for up to six weeks before any proper capacity assessment takes place. Section 51 even allows treatment to begin against a person's will, even if he or she has capacity. That is a very low bar for such a serious interference in people's lives and rights.

We cannot forget the treatment of children. The Bill continues to allow for children to be placed in adult psychiatric units, which is a direct breach of the UN Convention on the Rights of the Child. I know the number of children being admitted to adult units is reducing at the minute, which is good, as such admissions are not appropriate and place children in an incredibly uncomfortable situation during an already distressing time. Mental Health Reform has called for a strict 72-hour maximum limit for an emergency situation. After that point, a child needs to be placed in an age-appropriate setting, where he or she can receive care from a paediatric psychiatrist. General psychiatrists are not trained to deal with children.

There is no independent complaints mechanism outlined in the Bill. People are expected to complain to the very same service that is detaining and treating them. That is not independence and it will not build trust. An individual will not feel safe or confident having to report issues or abuse to the service itself. While the intention of the Bill is positive, it has lost a lot of substance that mental health advocates were hoping to see. There needs to be amendments to this Bill. Separately, I urge legislation be brought forward that would entitle the individual to have someone advocate on his or her behalf.

Senator Ollie Crowe: I welcome the Minister of State to the Chamber. I compliment her on the great work she continues to do.

This is a topic that has touched every family in Ireland. Thankfully, we are now speaking about it much more openly, which is needed. This Bill is an important step forward for mental health care in Ireland. It modernises our legislation with a more compassionate approach that puts people and their rights at the centre of the system. One of the things about this Bill that should be acknowledged is how it protects people's rights when they are at their most vulnerable. Unfortunately, in the past, people could be admitted to hospital and treated without enough legal safeguards.

This Bill will strengthen these protections. It sets clear rules for when someone can be treated without his or her consent and puts time limits on treatment, unless further approval is given. This is a fair and more respectful way of treating people.

The Bill also updates how young people are cared for and treated. It recognises that 16- and 17-year-olds can make their own decisions about mental health treatment. This shows trust in young people and respects their abilities to understand their own needs. It is also in line with how people will treat physical health decisions for that age group.

I also believe the new powers being given to the Mental Health Commission to regulate not just hospitals but community mental health services, including services for children and

adolescents, should be welcomed. With proper enforcement, this will make a real and meaningful difference to service users.

This is an area where we really needed to modernise our legislation and the Bill addresses that need. It is a result of years of drafting, research and consultation with a wide variety of stakeholders, including people with lived experience of mental health services and their loved ones, and I believe it should be welcomed by all.

Senator Martin Conway: The Minister of State is very welcome to the House. In the first instance, I acknowledge the significant input she and her staff have had in preparing this extremely important, and groundbreaking in many ways, legislation. I urge her to consider amendments and sensible proposals made from the Seanad because that is what leads to better legislation. The whole concept of the debates and engagement on Committee Stage is to improve legislation. We have been waiting to improve and reform mental health legislation for a significant number of years at this stage.

I was delighted to be a member of the mental health sub-committee of the health committee, which was chaired phenomenally well by our colleague Senator Frances Black. Huge work was done by that committee. It engaged with people involved in mental health services and advocacy the length and breadth of this country. There were people in every couple of weeks, such as representatives of advocacy groups, medical professionals, representatives of the HSE and so on. People working on the front line all made the case that the mental health service at that stage had significant shortcomings. I will not say it was not fit for purpose. In some cases it was not, but to say that would be unfair to some of the people who have dedicated their entire lives to making sure people get the supports they need. The mental health service needs upgrading, significantly, and it needs to be done on a legislative basis. There are so many gaps and disparities in services that it is quite frightening. Depending on where one lives in the country, whether rural or urban, and even within some areas, the services are not in unison at all and they really need to be.

An area I am particularly concerned about is that of people with disabilities and their mental health. Somebody with a physical disability is starting at a disadvantage, to a large extent, and it can have a significant impact on his or her mental health, particularly if he or she is in a situation where he or she cannot access services. When wheelchair users, particularly younger people, cannot get into places their able-bodied peers can, or when people feel they cannot integrate, socialise, engage in society both socially and academically and in every other way, it can have a huge impact on their mental health. It is an area that a First World country like ours should and can get right. We have the resources. What we need is the drive and the political will and we need for it to be underpinned in legislation, which is what the Minister of State is doing. I have absolute confidence she will make huge changes in this area for the benefit of all and I wish her well in that. It is not an easy task when dealing with an organisation the size of the HSE. We all know that body moves very slowly but I have no doubt the Minister of State will keep on advocating. In my view, this legislation will enable and equip her to do a better job. I urge her to be open to sensible, prudent and practical suggestions and amendments that might come from this House.

Minister of State at the Department of Health (Deputy Mary Butler): I thank Senators for coming here today and speaking on the Second Stage of this really important Bill. From

the outset, I offer my sincere and genuine condolences to the mammy in the Chamber who is bereaved by suicide and thank her for sharing her lived exeprience. I stand here today as a person with lived experience as well and everything I do in relation to any Bill or the work I do every day, previously as Minister of State with responsibility for mental health and older people and now as Minister of State with responsibility for mental health, is with lived exeprience, by listening and in trying to make things better.

It is a complex Bill, and I will speak to the issues raised in the context of it. I cannot comment on issues raised that are outside of the Bill. It will deal with the most vulnerable people in society, with the sickest people in society and with a cohort of people who will be involuntarily detained and will not have capacity to make decisions for themselves.

There are some really good parts to this Bill, even through there has been a lot of briefing against it recently, which has been so disappointing for me. There has been a lot of briefing against the Bill by Mental Health Reform. I have worked closely with Mental Health Reform for many years but, unfortunately, things have changed recently and it is disappointing. I cannot say it is not disappointing. As I stand here, as someone who has worked on this Bill for four years, I can see the difference between those who have been briefed by Mental Health Reform and those who have not, and it is stark.

Five quick changes will happen, arising from a Bill that has taken a long, long time. For the first time in the history of the State, CAMHS teams will be regulated. I have written to the Mental Health Commission and asked it to put in place governance structures. This will go out to public consultation next month and that change will happen.

Second, there were about 1,200 people in Ireland living in community houses all over the country, with maybe four or five people in a house, who were looked after by the HSE, and those community houses will be regulated for the first time ever. I am really pleased about that. That is something that had to happen.

Another change relates to the age of consent. Like what is happening all over the world, the age of consent will begin at ages 16 and 17, and this will support 16- and 17-year-olds to be able to access counselling if they wish, without having to depend on their parents to say "Yes" or "No". There will be safeguards in place to assist those who will not consent to treatment, especially maybe a young person with an eating disorder.

The other big part of the Bill relates to involuntary detention. There has to be a partnership between a person who is very sick, is involuntarily detained and does not have capacity, and the clinicians who have to deliver that service. I am not a clinician but I listen to them, and I have listened long and hard over the past four years.

No Bill is perfect when we set off. No Bill is perfect when we start. I have already moved 300 amendments in the Dáil Chamber. Some of the issues that were raised today do not reflect the Bill that left the Dáil Chamber after the 300 amendments because it is very difficult to keep up to date with a Bill of that size. It really is. It is very difficult to know that, but all of the amendments have made a significant change already.

I will be moving another 300 amendments in the Seanad from the Department of justice and the Department of children, because even though I brought this Bill to Second Stage in September 2024, the Departments were not ready with their amendments, but I ploughed ahead

because if I had not, that Bill would still be sitting in the Attorney General's office. We are waiting for those 300 amendments from the Department of children and the Department of justice. Senator Joe Conway raised an issue about aligning different Bills and Acts that were passed previously. That will all happen with the next 300 amendments I will bring forward.

Some of the commentary is disappointing. Some 12,000 people work in mental health services across Ireland, employed by the HSE. There are a lot more people employed by NGOs and private organisations and hospitals. No one who works in the area of mental health goes to work any day to provide a systemic failure or abandon families. No one goes to work to do that. Unfortunately, there are cases where people sometimes fall between the cracks and we have to learn from that. We have to make sure that does not happen again. This Bill will change that.

I have been heavily criticised for not legislating to put a young person into an adult ward if it is needed. When I came into this job five years ago, approximately 100 children were being admitted to adult wards. This year so far, there have been two such cases. Last year, there were five. I will give Senators the example of a case in Donegal three years ago. A young man, aged 17 and a half, was psychotic and brought to the hospital. He was a risk to both himself and clinicians. The decision was taken that night, due to being in the middle of a storm, not to move that child overnight to Merlin Park University Hospital in Galway, which I have visited several times. First, there was a storm that night and, second, he was a risk to himself, the staff of the ambulance and those in the emergency department. A decision was taken in real time by a clinician at 2 a.m. to admit that 17-and-a-half year old into an adult ward in an adult room on his own to be monitored all night. Those two kids who were put into wards this year, into a department of psychiatry for adults, were both 17 years of age and the total stay between the two of them was three days. I will not tie a clinician's arms behind his or her back because I will always choose life over death. I will not do it. I will be criticised for ever and a day but I will not legislate for a case like that.

We had a similar case in Waterford last year. I spoke to the executive clinical director the following day and he explained to me that a young man was taken out of the river and brought to the department of psychiatry in Waterford. Both the young man and his parents told the director that if he had been let out the door, he would have gone back to the river. Every single young person who is involuntarily detained in an adult psychiatric ward in Ireland gives consent with the support of their parents and the Mental Health Commission is informed immediately. I will not apologise for those small few cases because we cannot have a situation where we have CAMHS beds all over the country. It is just not possible. We have 51 beds open at the moment, which are at 70% capacity over the past 12 months. That is the reality on the ground. I take my job very seriously and I know what is happening. That is the first thing regarding child admissions to adult units.

With regard to the independent complaints mechanism, the same thing comes up the whole time. When I became the Minister of State with responsibility for older people in 2020, we had no patient advocacy services in private nursing homes. While we had those services in HSE nursing homes, we did not have them in private or voluntary nursing homes. We have them now, however. There are patient advocacy services in 10% of all mental health facilities in Ireland. I am rolling them out bit by bit, working with patient advocacy services. Funding

and staff must be secured and that is what I am doing. Patient advocacy services are being rolled out across mental health facilities.

Advocacy is really important. It is recommendation No. 65 of Sharing the Vision. It outlines how the HSE should ensure access to appropriate advocacy supports in all mental health services. Consent is important as well. What I want to see is consent becoming more than just asking patients whether they consent for a family member to support them, because they may consent today but not tomorrow. They might not consent in three hours' time. Someone cannot be asked for consent today but not asked tomorrow. It is really important that consent is built into the Bill.

I had these amendments previously. Senators speak about writing dual diagnosis into primary legislation. What is dual diagnosis? Is dual diagnosis someone who has a mental health condition and autism, or is it someone who is addicted to drugs, alcohol or gambling and has mental health conditions? Is dual diagnosis someone who might have an intellectual disability and autism? What is dual diagnosis? Dual diagnosis cannot be legislated for in primary legislation. There is now a model of care for dual diagnosis that I launched last year. We are rolling out those supports. For the first time ever, Sharing the Vision, the mental health policy, recognises dual diagnosis. A Vision for Change did not recognise it. That happened in 2020.

This is complex legislation. It is very hard to understand everything in the Bill. The amendments that have been changed are in partnership with the clinicians who deliver the service, such as the consultant psychiatrists, psychologists, advanced nurse practitioners, clinical nurse specialists, dietitians, social workers, admin staff and the multidisciplinary teams who deliver the services all over Ireland today as I am standing here. Partnership is needed, especially if someone is not in a position to provide consent.

I look forward to coming back to Seanad Éireann. I spent 12 hours on Committee Stage in the Dáil to get this Bill right. I will spend 24 hours in this Chamber if it is needed to go through every single amendment. I will listen to amendments that are brought forward, but I have every intention of passing this Bill. I have given four years to it and I will give another four if that is what it takes. This Bill will be passed. We would be better off working in partnership rather than briefing against the Bill. Briefing against the Bill is not helpful. Too much work has been done at this stage for the Bill to fall. I am the Chief Whip, and not for no reason. I will get this Bill through with or without the support. I would much prefer to have the support but I will get this Bill through. We will then move to a phase where the Bill has to be implemented.

I wish to mention the issue regarding An Garda Síochána. A total of 33% of all involuntary detentions come through An Garda Síochána. I visited two Garda stations on Monday with the Minister, where we spoke on this issue. This is not what gardaí want to be doing. We have 178 approved officers, the authorised officers, at the moment, but we need approximately 500 of them. We will need full-time authorised officers in the cities. There cannot be situations where gardaí are in the middle of a critical incident and no authorised officer is available. Authorised officers are normally mental health nurses, social workers, clinical nurse specialists or advanced nurse practitioners who work with mental health the whole time.

Senator Eileen Flynn has left the House. She made a lot of comments. It is important that I update the House because she said nothing has changed. That is not right or fair. I have just

put two CAMHS suicide crisis assessment nurses, SCAN, for under-18s into Portiuncula hospital for the first time in the history of the State. Some 350 young Travellers presented to the hospital last year with mental health issues. Two SCAN nurses have started working there to support those people. I partnered with Exchange House recently on the 15,000 free counselling hours that have been announced. I worked really hard to get that over the line. I am funding Exchange House to provide a 24-7 helpline to provide those wraparound supports. I have also partnered with ONE Veterans to provide another helpline for retired gardaí and navy and Army personnel. People can now ring Connect Counselling from 5 p.m. to 9 p.m. For example, farmers who have just come in from work and do not feel like showering, changing and heading into their nearest town or city for counselling can avail of that support at their kitchen table.

MyMind, an organisation that provides supports for us in 20 different languages, is providing 5,000 hours of counselling support between now and Christmas. The €2 million I secured in last year's budget for 2025 is recurring and I will be able to roll it out more and more.

We are targeting men because four out of every five suicides are male and as I stand here today 75% of all counselling services will be accessed by women. We cannot reach the men. It is very difficult. We will do it through various things such as working with men's sheds, An Garda Síochána and all of the various organisations and partners to let them know there is help out there and it is free of charge.

I really hope that people will look at the navigator tool that I launched a few months ago in partnership with Spunout. The navigator tool is for 14- to 34-year-olds. It is different; there is no misinformation or disinformation. It offers appropriate, real supports for those aged 14 to 34. After answering three questions, people can go into a text support system there and then, even if it is two o'clock in the morning and they are in distress at home in their bedroom.

My focus this year for the budget - I had budget meetings all day yesterday - is in relation to a crisis response. I have looked for funding for advance nurse practitioners and clinical nurse specialists to go into emergency departments to support NCHDs out-of-hours when the consultants and other staff have gone home after doing a good and fair day's work. These out-of-hour times are critical. I will continue to fund crisis resolution teams and the likes of the Solace cafes, one of which I opened in Sligo a few weeks ago.

I could stand here and talk about mental health all day long but I will get this Bill over the line and make sure it is enacted. It will take about two years for that to happen. We will be able to move to the CAMHS piece very quickly and to the people living in communities very quickly. However, it will take some time before the changes relating to involuntary detention without capacity will be implemented. There will have to be a lot of education in relation to this and I look forward to doing it.

I thank the Senators for their time. I am not going to apologise for being emotional about this Bill because I have put my heart and soul into it. I am not going to apologise because I will be getting this done.

Question put and agreed to.

An Leas-Chathaoirleach: When is it proposed to take Committee Stage?

Senator Teresa Costello: Next Tuesday.

Committee Stage ordered for Tuesday, 30 September 2025.

An Leas-Chathaoirleach: When is it proposed to sit again?

Senator Teresa Costello: Tomorrow at 9.30 a.m.

Cuireadh an Seanad ar athló ar 5.44 p.m. go dtí 9.30 a.m., Déardaoin, an 25 Meán Fomhair 2025.

The Seanad adjourned at 5.44 p.m. until 9.30 a.m. on Thursday, 25 September 2025.