


Letter to the Editor

Mental healthcare in Ireland: urgent need for resourcing and reform

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Introduction

...When a strong young man or woman gets the complaint [mental illness], the only way they have to manage is by making a hole in the floor of the cabin not high enough for the person to stand up in, with a crib over it to prevent his getting up, the hole is about five feet deep, and they give the wretched being his food there, and there he generally dies...

(Select Committee on the Lunatic Poor in Ireland 1817: 23)

Although anachronistic, the acknowledgement of the stark historical realities of the treatment of the mentally ill in Ireland is deserving of special consideration in analysing the current crisis of mental healthcare. To examine human health and wellbeing holistically, mental, emotional and social health must be considered, as well as physical health (Naidoo and Wills 2016). It must be noted that ‘crisis’ in this context is not referring to a rising incidence of mental illnesses themselves, as Kelly (2024) points out that this is not supported by reliable evidence; rather, it is referring to the crisis of the inability of individuals to access appropriate mental healthcare in a timely and consistent fashion.

Ireland’s chequered history

Kelly (2016a: 5) asserts that Ireland’s vast asylum network was a social creation, just as much as a medical one, ‘if not more so’. He describes how the deinstitutionalisation efforts of the 1880s and 1900s were impeded by a society with a long-standing history of institutionalisation used to *solve* problems. There are countless examples of individuals with very minimal mental health problems, or perhaps none at all, detained indefinitely in Ireland’s vast asylum network, without any justification. Moreover, the attitudinal view of such individuals was stark, to say the least. Kelly (2023) notes, however, that the asylum network, unlike many of Ireland’s other institutions, was a secular one, with no involvement from the Roman Catholic Church. Perhaps so low was the esteem to which the mentally-ill were held that they were seen as undeserving. Dukelow and Considine (2017) detail Ireland’s long-standing history of institutional response to social problems, from the workhouses, Magdelene Laundries, through to the asylums. It is apparent that Irish society was all too willing to cast aside those who did not conform.

Mental illness in Ireland

The Report of the Expert Group on Mental Health Policy (2006) indicated that Ireland had one of the highest rates of mental illness in Europe. Such illnesses encompassed, but are not limited to anxiety, bipolar disorder and depression. However, in the midst of a population who need mental healthcare; the percentage of the health budget allocated to mental health has been in harsh decline from 7% in 2004, to 5% in 2023, despite Sláintecare and the World Health Organisation indicating that a total of 10% of Ireland’s health budget should be allocated to mental healthcare (Royal College of Psychiatrists of Ireland 2023). More broadly, even issues as grievous as human rights have been neglected by the state. Prior to the implementation of the Mental Health Act 2001, there were serious concerns reported regarding a state of unreadiness for the Acts’ implementation. The absence of funding to ensure the swift implementation of the Act, which serves to protect the human rights of patients in approved centres was highlighted as a concern by the Royal College of Psychiatrists and finally, with some discussion, additional resources were directed towards its’ implementation before being enacted to law on 1 November 2006 (Kelly, 2016b). Browne (2008) asserts that a whole family is involved in a mental health condition. For example, in an instance where an individual attempts suicide, the life of the partner can be rapidly overhauled, with them suddenly adopting the role of ‘carer’ (McGivern 2021).

Youth mental health

Child and Adolescent Mental Health Services (CAMHS) are responsible for the provision of mental healthcare to young people aged under the age of 18. A recent systematic review by Leahy and McNicholas (2024) which aimed to examine the effectiveness and satisfaction with CAMHS in Ireland revealed a paucity of literature on the topic. However, it was established that the overall experience with the service was good, in spite of long wait times experienced by some patients referred to the service. The COVID-19 Pandemic led to increased interest in youth mental health, owing to the devastating effects that it had on the wellbeing of young people (Power et al. 2020). However, in a post pandemic Ireland, similar to General Adult Mental Health Services (GAMHS), there is little evidence of significant change; with multiple bed closures in one of only three inpatient units for children, namely, Linn Dara, due to understaffing (Mental Health Commission, 2023).

Conclusion

In conclusion, Ireland’s history of mental healthcare highlights systemic shortcomings that persist to this day. Despite some

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Cite this article: White JF. Mental healthcare in Ireland: urgent need for resourcing and reform. *Irish Journal of Psychological Medicine* <https://doi.org/10.1017/ipm.2025.10093>

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progress, issues such as inadequate funding, long wait times, and a lack of resources continue to hinder access to timely and effective mental health services. Addressing these challenges requires a renewed commitment from policymakers to prioritise mental health as an integral part of overall healthcare, ensuring that no individual, young or old, is left behind in their time of need.

Financial support. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Competing interests. None

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