The HSE’s National Service Plan provides a high-level indication of priorities for mental health service delivery in 2019 along with a statement of the overall budget. In prior years, a more detailed Mental Health Division Operational Plan followed the service plan and provided further clarity on the allocation of funding for various initiatives and details of specific developments. Due to the dismantling of the HSE Mental Health Division in 2018, national mental health operational plans are no longer published. Each CHO (Community Healthcare Organisation) provides a regional operational plan for their area which includes information on mental health services.

Of note, the HSE reports in the 2019 service plan that “where demand for services continues to exceed what can be supplied through the available funding level, taking account of realistic and achievable efficiencies, the HSE is required to manage within the available resources and will, therefore, prioritise services to those in greatest need”. “Within mental health services, this primarily applies to the requirement to provide placements for those with severe mental illness and challenging behaviour, as well as providing safe levels of service through the use of non-permanent staffing arrangements”.

**Mental Health Funding and staffing:**

- The overall health budget for 2019 is €16B. This is an increase of 5.6% (or €848M) on the health budget in 2018.
- The mental health budget for 2019 is €987M. This is an increase of 7.9% (or €72M) on the mental health budget in 2018.
- In 2019, the mental health budget will equate to 6.15% of the total health budget. This is similar to mental health as a proportion of the total health budget in 2017\(^1\) and 2018\(^2\) (i.e. 6%).

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\(^1\) In 2017, the mental health budget was €860M.
\(^2\) In 2018, the mental health budget was €915M.
● Despite an increase in the amount of funding allocated to mental health (7.9%) between 2018 and 2019, mental health as a proportion of the health budget has increased only marginally (i.e. 0.15%).
● Of the total mental health budget, €55M has been allocated to the development of new services in 2019 - €35M to initiate new developments with an additional €20M for the full year effect of 2018 developments.
● As of September 2018, there were 9,830 whole time equivalents (WTEs) working in the mental health services. This represents just 77% of the staffing required in HSE mental health services, as recommended in A Vision for Change.

In its pre-budget campaign MHR called on Government to invest €55M in the development of new mental health services in 2019. In Budget 2019, €50M was invested in new developments in mental health.

Overall priorities in the plan:
● Promote the mental health of the population in collaboration with other services and agencies including reducing the loss of life by suicide.
● Design integrated, evidence-based and recovery-focused mental health services.
● Deliver timely, clinically effective and standardised safe mental health services in line with statutory requirements.
● Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.
● Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

Mental Health Development Funding 2019
The HSE has identified the following priorities and actions for mental health in 2019:
● Further enhance the community mental health team capacity for child and adolescent mental health services (CAMHS), general adult and psychiatry of later life at a consistent level across all areas
● Develop child and youth mental health services, in line with the recommendations of the National Taskforce on Youth Mental Health report
● Expand ‘out of hours’ responses for general adult mental health services by moving to the 7/7 model
● Work to develop a seven day per week service for CAMHS to ensure supports for vulnerable children and young people
● Implement a 24/7 contact line, crisis text line and other eMental health digital responses
● Provide increased access to talk therapies to improve treatment outcomes for service users
● Implement the recommendations of A National Framework for Recovery in Mental Health 2018-2020
● Improve mental health engagement through the further development of engagement forums in each CHO, in conjunction with service users, family members and carers and the development of standardised reimbursement methods
● Develop a standardised approach to inclusion of service users in care planning, and promote enhanced self-management for service users in line with the recommendations of A National Framework for Recovery in Mental Health 2018-2020
● Continue to appoint and develop peer support workers across the mental health services
● Implement the recently developed CAMHS advocacy model
● Develop eating disorder specialist community teams in both adult and child and adolescent mental health services
● Develop adult and child mental health intellectual disability teams
● Continue to implement enhanced services for those who are deaf and “mentally ill”
● Deliver an agreed stepped model of care for those who are homeless and experiencing mental health difficulties
● Further develop low secure, high dependency rehabilitation services for those with “severe mental illness” and complex presentations
● Increase capacity in the existing national forensic mental health service and enhance prison in-reach services
● Progress development and implementation of the five agreed clinical programmes, specifically the development of the model of care for attention deficit hyperactivity disorder (ADHD) in adults and the model of care for dual diagnosis (mental health and addiction) as well as implementation of individual placement support workers for the early intervention in psychosis clinical programme
● Implement the model of care for specialist perinatal mental health services
● Enhance service responses to improve the physical health of mental health service users
● Develop the mental health workforce to ensure the right staff with the right skills are allocated to the right services, including the development of workforce plans for all disciplines
● Enhance mental health facilities and infrastructure and continue to progress the major capital development of the national forensic service
● Standardise and move towards more equitable resource allocation models based on an updated costing model for mental health services in line with A Vision for Change and continue the mental health multi-year approach to budgeting
● Commence the design and implementation of additional quality and performance indicators in mental health services aligned to increased / new services
● Participate in the development of a HSE-wide programme for the implementation of the assisted decision-making legislation in mental health service delivery

The commitments set out in the HSE’s National Service Plan 2019 reflect a number of MHR’s pre-budget recommendations including that development funding should be used in part to:

● Continue building staffing levels to ensure that all ‘service users’ have timely access to comprehensive mental health care
● Develop 7/7 crisis intervention mental health services for children and young people in every community across the country
● Increase the capacity of the Counselling in Primary Care service to meet growing demand and extend access to people on low incomes
● Invest in primary care psychology services
● Increase capacity of independent national advocacy services for both children and adults with mental health difficulties in hospital and in the community
● Allocate funding to implement the recommendations of the Porporino report on the development of mental health supports within the prison system
HSE performance targets for 2019 include:

**General Adult Community Mental Health Teams**
- 90% of accepted referrals / re-referrals **offered first appointment** within 12 weeks by General Adult Community Mental Health Team
- 75% of accepted referrals / re-referrals **offered first appointment and seen** within 12 weeks by General Adult Community Mental Health Team

**Psychiatry of Later Life Community Mental Health Teams**
- 98% of accepted referrals / re-referrals **offered first appointment** within 12 weeks by Psychiatry of Later Life Community Mental Health Teams
- 95% of accepted referrals / re-referrals **offered first appointment and seen** within 12 weeks by Psychiatry of Later Life Community Mental Health Teams

**Child and Adolescent Mental Health Services**
- 75% admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units
- 95% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units
- 78% of accepted referrals / re-referrals **offered first appointment** within 12 weeks by Child and Adolescent Community Mental Health Teams
- 72% of accepted referrals / re-referrals **offered first appointment and seen** within 12 weeks by Child and Adolescent Community Mental Health Teams
- 95% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs
  - (DNAs refers to those who Do Not Attend appointment)