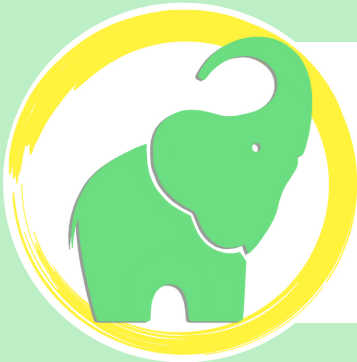
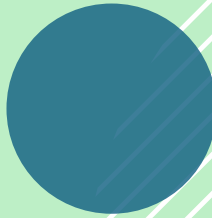


# ASSESSING THE NEED FOR AND USE OF MENTAL HEALTH SERVICES IN IRELAND

*REPORT OF SURVEY FINDINGS*



THE GREEN ELEPHANT

*Address the Elephant in the Room,  
Your Mental Health Matters.*

# ACKNOWLEDGEMENTS

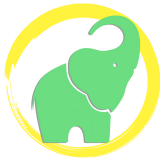
On behalf of The Green Elephant, I would like to acknowledge and express gratitude to everyone who completed, shared, and supported the survey.

The Green Elephant is extremely grateful to EIL and their Global Education Committee for supporting this project through a seed fund grant towards the completion of this report, as well as their belief in the project.

Thank you to all of those who have helped during the development stages of the survey, and every step of the way since.

I am part of the 1 in 4 statistic, and I will be forever grateful to my family and friends for supporting me on my mental health journey.

## Supported and funded by:



**The Global  
Citizen Award**

*Rachel Maher*

Founder, The Green Elephant

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## Disclaimer

Views and opinions expressed in this report are those of survey respondents, or report's author (where relevant) and this report aims to present the information in a factual manner, making comparisons with other research and national policies.

Data and responses were treated with confidentiality.

# GLOSSARY

A number of terms and abbreviations are used throughout the report.

## Abbreviations

**AMHS** Adult Mental Health Services

**CAMHS** Child and Adolescent Mental Health Services

**HSE** Health Service Executive

**NGOs** Non-Governmental Organisations

**ADD** Attention Deficit Disorder

**ADHD** Attention Deficit Hyperactivity Disorder

**ASD** Autism Spectrum Disorder

**OCD** Obsessive-Compulsive Disorder

**PTSD** Post Traumatic Stress Disorder

**DSM-V** Diagnostic and Statistical Manual of Mental Disorders, 5th Ed.

**LGBTQ+** Lesbian, Gay, Bisexual, Transgender, Queer and other (+)

## Terms of Reference

**Sharing the Vision** Ireland's current mental health policy

**A Vision for Change** Ireland's preceding mental health policy to Sharing the Vision

# INTRODUCTION

*"What mental health needs is more sunlight, more candor, more unashamed conversation." Glenn Close*

'Mental health describes how we think and feel about ourselves and our relationship to others, and how we interpret events in everyday life.'  
*Sharing the Vision, 2020*

Everyone has mental health; it is not a constant state, but rather one which fluctuates and helps us to deal with, adapt to, and interpret events in our lives. For some, their mental health tends to stay in the positive, but for many this is not the case. One in four people will struggle with their mental health at some point in their lifetime, and the support and mental health journey of each individual is unique. The Green Elephant aims to support and normalize a space for mental health, at all stages.

## Background

This survey was devised to support the work and founding ideas behind The Green Elephant, a mental health initiative seeking to normalize conversations about mental health and create accessible pathways to support. The Green Elephant was started from a place of personal experience of struggles with mental health, and a perception of gaps in services. The basis of these perceptions were, in main: the impact of the relationship and connection with a service on the experience of individuals, the cost implications of accessing services, and how information provision and accessibility impacts people accessing services.

These perceptions were acknowledged as personal opinion, and thus the need for data to back up the aforementioned points resulted in a decision to devise and distribute a survey. During the

stages of drafting the survey, additional considerations were included to highlight the variety of reasons for which individuals seek support for their mental health.

## Survey Methodology

The survey was drafted by the author and included consultation with individuals who had experience in different community areas including mental health, youth organisations and non-governmental organisations, as well as those with personal lived experience of accessing mental health services.

Survey responses were accepted for approximately seven months, from April to October 2020. The survey received 899 responses from individuals across a wide range of backgrounds including location, age, gender identity and employment status. The survey was released online and was publicised on online platforms through sharing in groups and pages on Facebook, from organic circulation on various social media platforms, and two paid advert campaigns across Facebook and Instagram.

This survey was voluntary, and respondents were not offered anything for their participation.

## Survey Outcomes

The purpose behind the survey was initially for data to support the aforementioned personal perceptions in relation to accessing supports for mental health, which was to support the base of development for The Green Elephant. Over the duration of the survey and results analysis, this has continued to develop into an incentive and basis to continue the work of The Green Elephant, as well as expand down a number of additional paths and aspects.

The survey has not only validated the perceptions on a larger than expected scale, but it has also highlighted other avenues and areas for improvement and supports for mental health.

This survey report is for information purposes only and aims to act as a conversation point, raise awareness of reasons individuals may access supports, and highlight some of the barriers to accessing services.

# DEMOGRAPHIC PROFILE

The following section outlines a breakdown of the demographics which made up our respondents sample, based on questions which were asked in the survey. The demographics are presented relative to the sample being 100 people.

If our respondents equated to 100 people

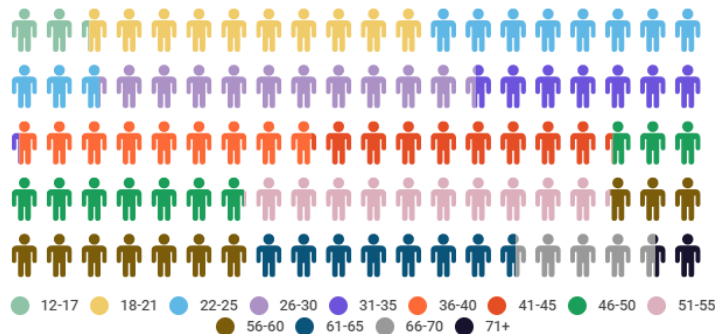


Relating to age profiles:

- 2 people (2.3%) are aged 12–17
- 10 people (9.7%) are aged 18-21
- 11 people (10.7%) are aged 22-25
- 11 people (10.7%) are aged 26-30
- 7 people (6.9%) are aged 31-35
- 8 people (8.5%) are aged 36-40
- 8 people (8.5%) are aged 41-45
- 10 people (9.6%) are aged 46-50
- 10 people (10.3%) are aged 51-55
- 10 people (9.8%) are aged 56-60
- 8 people (7.6%) are aged 61-65
- 4 people (4%) are aged 66-70
- 1 person (1.5%) is aged 71+

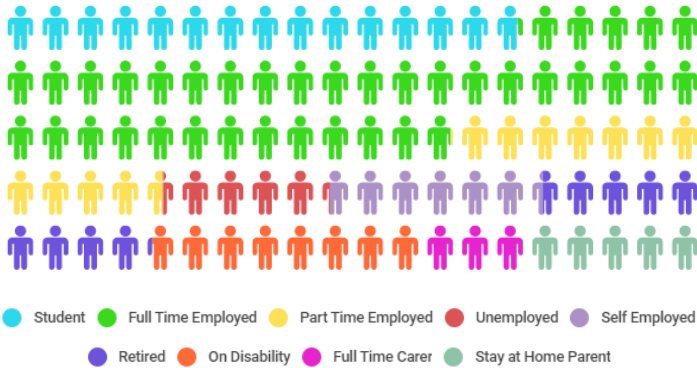
In relation to gender identity:

12 people (11.5%) identify as male, 86 people (86.2%) identify as female, and two people (2.3%) identify as something other than male or female, ranging from transgender male (1.1%), trans masculine (0.1%), variations of non-binary (0.6%), agender (0.2%), genderfluid (0.2%) and genderqueer (0.1%).





# DEMOGRAPHIC PROFILE



If our respondents equated to 100 people

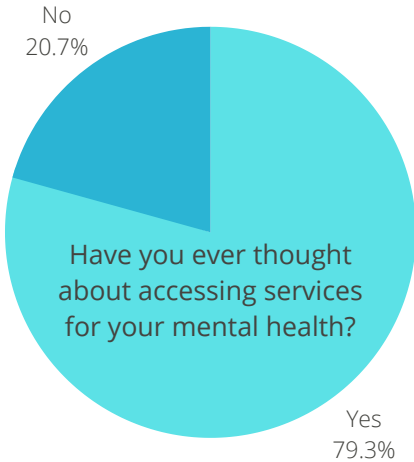
In terms of occupational status, 15 people (14.8%) are students, 38 people (38.2%) are in full-time employment, 11 people (11.7%) are in part-time employment, five people (4.7%) are unemployed, six people (6.1%) are self-employed, nine people (8.8%) are retired, eight people (7.8%) are on disability, three people (3%) are full-time carers, and five people (5%) are stay-at-home parents.

Comparing the survey sample size to the population of Ireland; as outlined in the *Census 2016* results; the gender balance represented in the survey is imbalanced compared to the state gender balance, where the overall ratio is 97.8 males for every 100 females, compared to the survey ratio of 14 males to every 100 females. There was no representation for those who identify otherwise in the Census figures.

The age profile of survey respondents is similar to *Census 2016* results. The occupational status of respondents is also similarly comparable to *Census 2016* results, though the national average of respondents who are retired is more than represented in the survey sample size.

# DETERMINING THE NEED FOR AND USE OF SERVICES

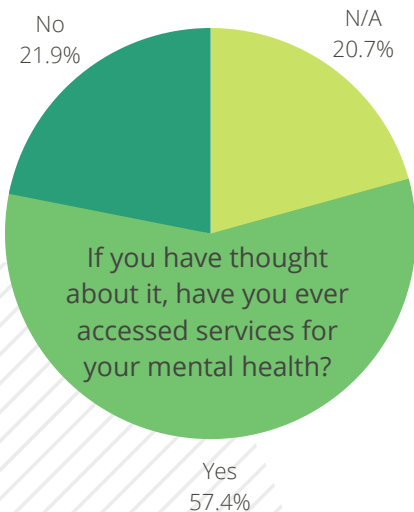
The term "services" was used throughout the survey and was used to refer to non-governmental organisations (NGOs), charities, HSE and state services, counsellors and mental health professionals and any other avenues for support. This was stated and outlined in the survey for respondents.



Respondents were asked two questions. The first question was had they ever thought about accessing services for their mental health, with options of yes or no.

79.3% of respondents said that they had thought about accessing services for their mental health, with 20.7% saying that they had not thought about accessing services.

When considering if respondents had thought about accessing support for their mental health, four out of five female respondents, three out of four male respondents, and 100% of respondents who identified otherwise had thought about accessing support.



Respondents were then asked that if they had thought about accessing support, had they ever accessed services for their mental health.

57.4% of respondents said that they had accessed supports for their mental health, 21.9% said they had not accessed support for their mental health, with 20.7% saying it was not applicable to them.

# NEXT SECTIONS

The next section of the report examines and outlines the responses which were given by respondents. There were three possible paths for responses which are divided up in the following sections.

If respondents indicated that they had thought about, and had accessed support for their mental health, they were asked a series of questions about their experience and opinions, which are shown in the green section.

If respondents indicated that they had thought about accessing, but had not sought support for their mental health, they were asked about reasons as to why they had not sought support, which is shown in the yellow section.

If respondents indicated that they had not thought about accessing nor had they sought support for their mental health, they were asked about barriers which they saw for those who may seek to access support for their mental health, which is shown in the red section.

In each of the sections, respondents were given different options to choose from but were also able to add their own opinions or responses.

The responses given by respondents are outlined in relation to each question which was asked, and graphs are used to illustrate a number of the findings.

The decision to seek support for one's mental health is, in our opinion, one which can be incredibly scary, empowering, overwhelming, freeing, and courageous. It can come from a place of comfort and resolve, or a place of desperation. Unfortunately for many people, the standard of treatment and service provision is not equal in all areas of Ireland, nor is it equal for individuals with differing diagnoses.

The following section relates to respondents who had expressed that they had thought about accessing support for their mental health and that they had gone on to seek support. Respondents were asked:

- *How long had they accessed services*
- *Why had they stopped accessing these services*
- *What services had they accessed*
- *How helpful had they found services*

Respondents were given a list of options to choose from but could also add additional reasons or thoughts to the questions asked.

## *"One of the greatest gifts a person can give another is support"*

72.4% of respondents who had thought about accessing supports for their mental health indicated that they had accessed services (this equates to 57.4% of all respondents).

When considering the gender breakdown, 71.5% of female, 69.7% of male and 90.5% of respondents who identified otherwise, who had indicated they had thought about accessing support had gone on to seek support for their mental health.

The following sections address the patterns in relation to a community as a whole and does not necessarily differentiate between responses based on gender identity, age profile or socio-economic status, though the author acknowledges that these may be factors which can impact on one's experiences. The author also acknowledges that "Individuals from lower socio-economic groups develop mental illness earlier in life and have longer durations of untreated illness. Individuals with mental illness also have increased rates of under-employment and homelessness, further deepening inequality", as outlined by Dr. Brendan Kelly.<sup>(1)</sup>

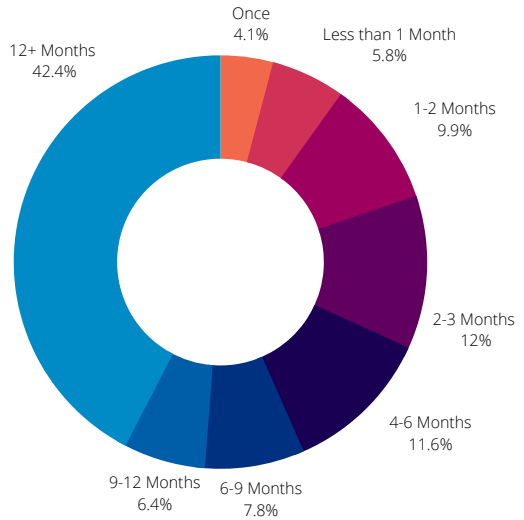
## How long did you avail of these services?

The mental health journey of each person is very individual; with factors such as differing reasons, supports, and durations. Respondents were asked to indicate how long they had availed of services for their mental health.

Over half of the respondents indicated that they had accessed or had been accessing services for their mental health for over six months, with 42.4% indicating that they had been accessing support for over twelve months, and 14.2% indicating between six and twelve months.

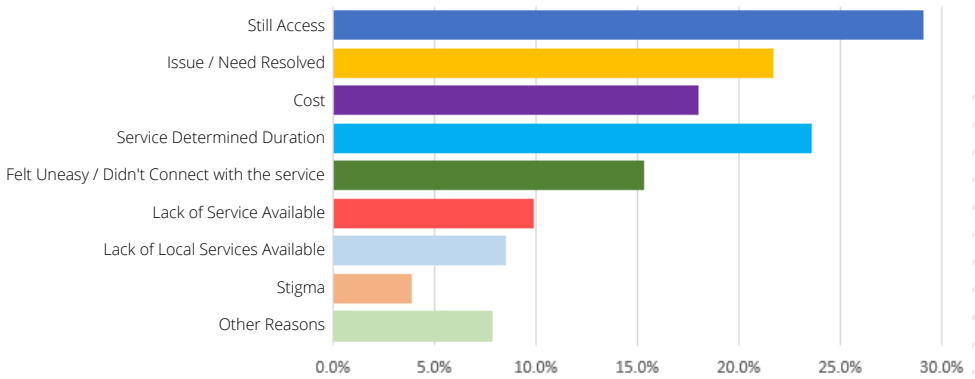
When examining this duration with comparable figures, the Irish country report<sup>(2)</sup> indicated that in 2016, the average length of stay of individuals who were admitted to mental health hospitals in Ireland was 177.5 days. The country report did not indicate an average length for community-based supports.

The author acknowledges that much of the population would avail of outpatient or community-based initiatives, as supported by the stepped care approach in *Sharing the Vision*.<sup>(3)</sup> However, this was one of the few comparable figures of duration which could be found.



## Why did you stop accessing services?

There are a number of reasons why people stop accessing supports for their mental health. In an effort to evaluate these reasons, respondents were asked why they had stopped accessing services. Respondents were also given the option to indicate if they still accessed these services.

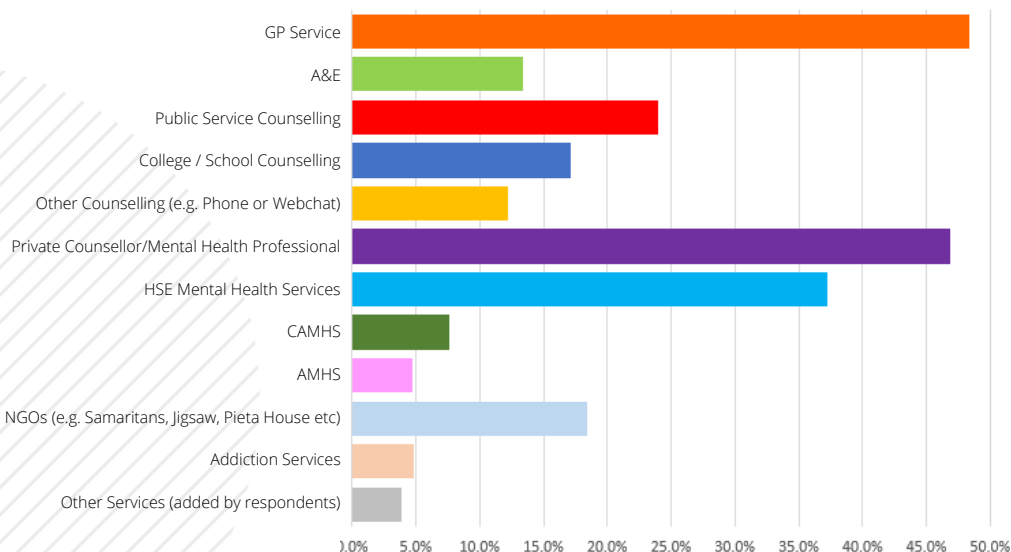


29.1% of respondents indicated that they still accessed services for their mental health, while 21.7% of respondents said the need for or issue behind seeking support had been resolved. Almost one in four respondents indicated that service determined duration was the reason they had stopped accessing support for their mental health, with many services in Ireland offering 6 - 12 sessions as the standard service provision (though this is not the same in all services)\*. The National Institute for Health and Clinical Excellence guidelines acknowledges short-term treatment 'of 6-8 sessions over 10-12 weeks should be considered.'<sup>(4)</sup>

Cost (18%), feeling uneasy or not connecting with the service (15.3%), lack of services (9.9%) and lack of local services (8.5%) were also identified as reasons as to why respondents stopped accessing services. Less than 4% of respondents identified stigma as a reason for why they stopped accessing services, which contrasts with statistics from the *Mental Health in Ireland*<sup>(5)</sup> report where it said the stigma surrounding mental health impacts six in ten people. It should be noted that the rate of stigma as a reason was higher when participants had not accessed supports. A possible conclusion to be taken from this is that stigma is more influential in the decision to access supports, rather than the decision to stop accessing supports.

Other reasons cited by respondents for stopping accessing services reflected the impact of Covid-19 (0.8%), changes in circumstances (1.2%), leaving education (0.8%), and a host of other personal reasons and opinions of services (5%).

\*The author researched a number of services, both HSE and NGO, as well as private mental health professionals and found the average to be between 6-12 depending on the service.



## What services did you access?

There are a variety of services and avenues for support which are available to individuals. The survey offered a range of options which the author felt covered a large percentage or majority of avenues, covering both public and private services.

Attending one's GP Service was the top avenue for support, with 48.3% of respondents indicating they had gone to their GP service. Private mental health professionals (46.9%), HSE Mental Health Services (37.2%) and public service counselling (24%) were among the most common services accessed. Almost one in five respondents (18.4%) accessed non-governmental organisations such as Samaritans, Jigsaw and Pieta House.

College or School Counselling (17.1%), A&E (13.4%), other counselling services, such as web chat or phone services (12.2%), Child and Adolescent Mental Health Services (7.6%), Adult Mental Health Services (4.7%) and Addiction services (4.8%) were also identified as services used by respondents. Almost 5% of respondents offered additional services which were accessed including the Employee Assistance Programme (1%), psychiatric supports (1%) and sexual services centres (0.6%).

## How helpful did you find these services?

Respondents were asked on a one to ten scale, how helpful they had found the services which they accessed, with one being very unhelpful and ten being very helpful. Services were rated on an average of a 33 / 67 split, with 32.2% of respondents rating the service they received as a five or less, and 67.8% of respondents rating the service which they received as a six or more.

# 6.7

**The average rating  
of services received  
on a 1-10 scale**

Respondents were then asked for the reasons as to why they rated their experience thusly, which presented a few themes in the reasoning behind the rating given.

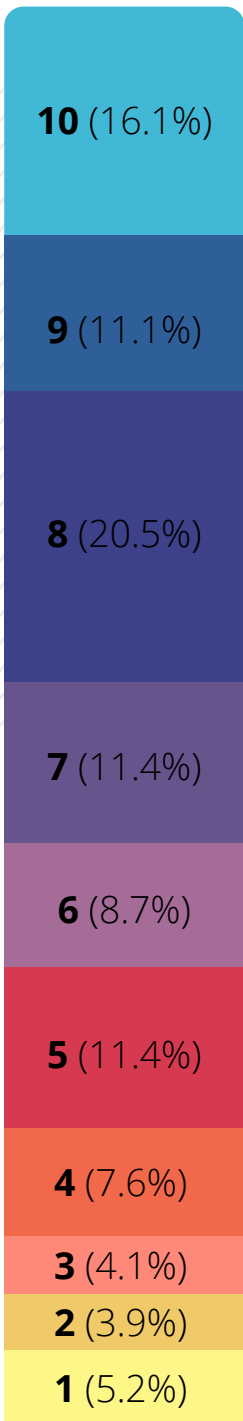
### *Relationship with Service*

One in three respondents directly mentioned the connection or relationship they had with the service in their reasoning for the rating given.

These comments ranged from feeling judged and unsupported by the service, not connecting with the service or mental health professional, to feeling that the relationship they had with the service greatly aided their progress. GPs were frequently mentioned, specifically as a positive support for individuals when they did not have access to mental health supports and advocating on their behalf and supporting individuals.

The relationship between individuals and their service seemed to impact their experience, as evident in the reasonings and ratings. 27% of respondents who rated the service a five or less deemed negative connection or relationship as a determining factor, with 25% of those who rated their experience as a six or more deeming the positive relationship and connection they had with the service as a determining factor.





### *Comments on Services*

Staff turnover and inconsistency with personnel in services, as well as a need for more staff were mentioned throughout reasons for ratings made by respondents. A lack of understanding or respect by staff was mentioned, particularly in relation to LGBTQ+ issues. The referral process and difficulty around accessing different services; including psychology and psychotherapy; also featured in several responses.

### *Waiting Lists and Service Availability*

One in nine respondents made reference to waiting lists and service availability in relation to their rating. Inconsistency in duration and frequency of service provision, lack of appointments, follow-ups, and accessibility to services, as well as the limited services and service determined durations were mentioned across all levels of rating, with some respondents commenting that the service they received was "very helpful with competent staff", but the waiting times impacted their experience.

### *Over-reliance on Medication*

There were direct comments made about a perceived over-reliance on prescribing medication as a solution or the only option, or too quickly into respondents accessing support. One in seven respondents who rated services as a five or lower directly mentioned the aforementioned comments about medication usage in their reasoning for their rating.

### *Cost of Services*

Respondents across all ratings referred to the cost related to accessing private services and the difficulties incurred on trying to maintain them on a continuous or regular basis.

### **I felt...**

**Rating: 1**

- *That they saw me as just another case*
- *Too exposed in small-town Ireland*
- *Like I was never seen as a "real" person*
- *Like my issues were minimised*
- *That every time I attempted to get help; I have come out feeling worse*

### **I found the service...**

**Rating: 1**

- *Demeaning and unprofessional*
- *Aggressive and non-empathetic*
- *Inconsistent, conveyor belt system*
- *Poorly educated on Trans issues*

### **I felt...**

- *They didn't care*
- *They didn't understand my issues*
- *Abandoned by the service*
- *Extremely hopeless in relation to finding good, long lasting support as a result of my experience*
- *Like I was speaking to a computer*
- *Stigma among staff, a lack of understanding and training*

**Rating: 3**

### **I felt...**

- *Not seen as "severe enough" to need support*
- *My confidentiality was not respected*
- *Unheard and disinterest from the professional*
- *A lack of respect shown towards me*
- *Worse leaving than when I went in*
- *Judged*

**Rating: 2**

*Shown are a selection of reasons given by respondents as to why they rated the service received as they did*

### **I felt...**

- *There was no confidentiality*
- *Disrespected, minimised and dismissed*
- *Judged and talked down to*
- *That they didnt care enough*

**Rating: 4**

### **I felt...**

- *Time-Restricted*
- *The service wasn't very professional or empathetic*
- *The support received was very medical model led*
- *Uncomfortable, rushed and a disinterest from them*
- *The person was unprofessional and inappropriate and I felt preyed on as a vulnerable 13 year old*

**Rating: 5**

*Reasons are grouped by theme, and some wording is changed for grammatical purposes*

*"I learned about some new techniques but wasn't able to avail of services long enough to fully resolve my issues"*

*"I found the youth mental health services caring and excellent, but the adult mental health was cold, uncaring and rude and a horrible service"*

**Rating: 7**

*"The services helped me to identify and understand my mental health issues for the first time. It gave me the opportunity to improve my mental health in the long term"*

**Rating: 10**

*The service was good during the time that I was attending for a session, but there was no support for the in between times.*

**Rating: 6**

### **It helped...**

- To get to grips with what I was dealing with
- To talk about things which I was uncomfortable with and to stay with those feelings
- To have someone there, even when I had no words; knowing I was supported helped

**Rating: 9**

### **It helped...**

- Talking about things I couldn't normally share
- Me to realise that I wasn't alone in how I was feeling
- Get me out of a hole I was in and control my anger
- To explore and talk through my feelings, and anxieties
- Develop the confidence to resolve issues I was having
- Me to support my partner who has mental health difficulties
- Get my life to some semblance of normality

**Rating: 8**

*Shown are a selection of reasons given by respondents as to why they rated the service received as they did*

*"If I did not have access to these supports, I don't think I would be here today"*

**Rating: 10**

*"They kept me alive and are helping me to start my life again"*

**Rating: 9**

*Gained a lot of knowledge and help and became a lot better functioning*

*Helped me to identify and manage triggers for anxiety, and deal with long standing childhood issues*

**Rating: 10**

*Reasons are grouped by theme, and some wording is changed for grammatical purposes*

## *Fear and Anxiety, Cost and Lack of Information Available were the top reasons that people had not sought support for their mental health.*

Respondents who indicated that they had thought about but had not sought support for their mental health were asked about the reasons why they had not accessed services. Response options were given; similar to the reasons which respondents were given in relation to if they had stopped accessing services; and the possible responses to select from were cost, stigma, fear or anxiety, lack of services available, lack of local services, lack of information available and other, where respondents could enter their own reasons.

Fear and anxiety (47.2%), cost (39.1%) and lack of information available (31%) were the top reasons that people had not accessed services for their mental health, followed by lack of services available (29.9%), stigma (22.3%) and lack of local services (19.8%).

12.5% of respondents who had thought about accessing services for their mental health but had not accessed them gave other reasons as to why they had not accessed services. These reasons included uncertainty around the personal need to access services (2.5%), waiting lists (2%), personally dealing with the situation or feeling better (3%), personal situation or circumstances (3%) and opinions on services (2%).

The Irish Association of Counselling and Psychotherapy released a summary of the key findings of their General Public Survey 2019,<sup>(6)</sup> which identified that 26% of respondents identified cost as a barrier to them accessing counselling or psychotherapy services, as well as lack of information in relation to knowing local services and knowing how to access services. These findings show a comparable pattern behind reasons why individuals may have not accessed supports for their mental health.

20.7% of respondents had indicated that they had not thought about, nor had they sought support for their mental health. These respondents were asked about the barriers which they saw for those who may want to access support for their mental health. Respondents were presented with the same options as those who had thought about but had not accessed support; cost, stigma, fear or anxiety, lack of services available, lack of local services and lack of information, as well as the ability to add any additional barriers they may perceive.

Lack of information available was perceived to be the top barrier to accessing supports for mental health (41.4%), followed by stigma (38.7%) and fear or anxiety (38.7%). All barriers were perceived on a similar position with the other options being indicated as cost (37.1%), lack of services available (36.6%) and lack of local services (33.9%).

3% of respondents provided additional barriers including those related to the system, services and how they operate (1.5%), and expressing that there are other barriers which are more personal (1.5%). 7.5% of respondents indicated not applicable and did not provide an opinion on barriers which they perceived for others who may seek to access support for their mental health.

## What are some barriers to accessing mental health services?

The aforementioned barriers can impact anyone, regardless of age, gender identity or other factors including nationality or socio-economic factors. It needs to be acknowledged that there are other specific barriers for different social groups or 'specific priority groups' as identified in *Sharing the Vision*; which include but are not limited to the LGBTQ+ community, members of the Traveller community, people who are homeless, asylum seekers, refugees and migrants.

Lack of access to services, cultural differences between services and these individuals, and a lack of education by services in relation to the specific needs and areas of support can be a barrier for many who wish to access support.

## "1 in 4 people experience difficulties with their mental health"

The World Health Organisation estimates that one in four people will experience difficulties with their mental health at some point in their lifetime.<sup>(7)</sup>

Regardless of whether respondents had or had not thought about, or accessed supports for their mental health, they were asked to identify what are some reasons, issues or areas which they personally have, would, or would perceive as reasons that others would access mental health services for. Thirty different options were given; which are outlined in the green tables; with the option for participants to add additional reasons which may not be covered in the given options.

As there are many reasons which individuals may seek support for their mental health, some options were grouped together. For the purpose of the survey, behavioural\* was explained using the examples of ADHD/ADD, OCD, phobias, obsessions, etc., and diagnosed condition\*\* was explained using the examples of ASD, Bipolar, Schizophrenia etc. We would like to acknowledge that we understand that not all individuals receive an official diagnosis and that examples given are not necessarily defined in the categories assigned.

### Issues, Areas and Reasons for Seeking Support

|                          |       |
|--------------------------|-------|
| Anxiety                  | 68.6% |
| Depression               | 62.3% |
| Stress                   | 42.8% |
| Self Esteem / Confidence | 36.9% |
| Grief / Loss             | 31.3% |
| Suicidal Ideation        | 29.8% |
| Relationships            | 29.4% |
| General Counselling      | 26.6% |
| Loneliness               | 25.1% |
| Childhood Trauma         | 25%   |
| Trauma                   | 20%   |
| Personal Development     | 19.4% |
| Self - Harm              | 18.4% |
| Work Related Issues      | 17.7% |
| Behavioural *            | 16.4% |
| Abuse                    | 14.8% |

*\*See paragraph for explanation*

## Issues, Areas and Reasons for Seeking Support

|                                               |       |
|-----------------------------------------------|-------|
| Eating Disorders                              | 14.3% |
| Sexual Assault                                | 14.1% |
| Domestic Violence                             | 11.9% |
| Diagnosed Condition**                         | 11.7% |
| Anger Management                              | 10.8% |
| Addiction                                     | 10%   |
| Health Related Issues                         | 9.5%  |
| Substance Misuse                              | 7.5%  |
| Gender / Sexual Orientation                   | 7.3%  |
| Infertility / Miscarriage / Pregnancy related | 7.2%  |
| Identity                                      | 6.7%  |
| Sex Related                                   | 5.3%  |
| Homelessness                                  | 4.9%  |
| Cultural Issues                               | 3.1%  |
| Other (added by respondents)                  | 5.2%  |

\*\*See paragraph for explanation

5.2% of respondents added additional areas and reasons for seeking support which were not covered in the options given. The additional options indicated themes which referred to specific types of depression (0.8%) (PTSD, post-natal depression and post graduate depression), family related issues (0.8%), personality disorders (0.3%), and several other areas including parenting, learning disabilities and for supporting someone who is struggling with mental health difficulties.

*"Everyone has mental health needs, whether or not they have a diagnosis of mental ill health."* **Sharing the Vision**

The issues and reasons behind why individuals may seek to access services for their mental health are as unique as each individual. Individuals may have shared experiences, but the way we perceive and interact with experiences can greatly influence the impact. The concept of accessing services for one's

mental health tends to be associated with struggles and negative mental health. The above issues show that a significant percentage of individuals access mental health services for a variety of reasons, such as general counselling (26.6%) and personal development (19.4%).

## Anxiety

St. Patrick's Mental Health Services states that anxiety disorders affect one in nine people in the population. Comparing this statistic with the findings in the survey, if taken as a population, respondents were over six times more likely to be affected by anxiety.

The author acknowledges that these statistics may represent self-diagnosed experiences and that these experiences may not reach the DSM-V criteria for diagnosed anxiety and depression.

## Depression

St. Patrick's Mental Health Services states that depression affects one in ten people in the population. Comparing this statistic with the findings in the survey, if taken as a population, respondents were over six times more likely to be affected by depression.

## Stress

Stress can affect how we feel emotionally, mentally, and physically, as well as how we behave and act. It can impact concentration, cause excessive worry, racing thoughts and can impact many areas in one's life.

42.8% of respondents indicated stress as an area they have or would seek support for. The Irish Association for Counselling and Psychotherapy's 2019 General Public Survey indicated that 46% of respondents had said that they felt stressed at least sometimes, and that work, money, children and family, health and relationships are frequent stressors.

## Infertility, Miscarriage or Pregnancy Related

An estimated 10-20% of known pregnancies end in miscarriage, though it is estimated the actual number is higher as many miscarriages may happen before one realises they are pregnant. The HSE estimates that around one in six heterosexual couples in Ireland may experience infertility, and infertility can also affect same-sex couples.

Pregnancy, the process of trying to get pregnant, the birth and aftermath, as well as several other factors, can impact many people and have a severe effect on one's mental health. Access to trained, adequate and inclusive services is essential.



## Personal Development

One-fifth of respondents identified personal development as a reason they would access services for their mental health.

Personal development is, in essence, developing one's capabilities and potential, and aids to enhance the quality of life and the realization of dreams and aspirations. It can encompass a range of areas including developing growth mindsets, resilience, developing opinions and perceptions of the world around us, as well as many other areas. It can represent different things to each of us, but several of the areas it impacts are seen to be beneficial for developing positive wellbeing and mental health.

## Suicidal Ideation

It is estimated that in any one year period, close to 6% of people have thoughts of suicide. To put this in comparison with the Republic of Ireland, this would equate to every person in the county of Galway considering suicide in one year.

In 2018, there were 437 people who died by suicide in Ireland. (These are provisional figures as additional late registered suicide figures are yet to be published, but previous annual figures indicate an average 70 to 80 additional deaths). Connecting for Life is Ireland's strategy to coordinate and focus national efforts in Ireland to reduce the loss of life by suicide.

## Substance Misuse

7.5% of respondents cited seeking support for substance misuse. *Sharing the Vision* highlights that drug and alcohol misuse frequently co-exist with mental health difficulties. The *Cheers* report by the Mental Health Foundation states "the idea that people 'self-medicate' their mental health problems using alcohol is very well known and documented", with similar thoughts put forward in relation to the use of substances and drugs to self-medicate. While this does not necessarily reflect the respondents, it needs to be highlighted that a number of services currently do not offer support to those with co-existing addiction issues. The term dual diagnosis is used in relation to a mental health problem and substance misuse problems co-existing.

# ADDITIONAL COMMENTS

Respondents were given the opportunity to offer any additional comments they wished that were not covered in the survey, or thoughts that had come up for them during the survey. Over 200 additional comments were given, many of which identified a number of common themes; opinions on accessing services, comments on staff and services, and suggestions of areas required for service improvement.

## Accessing Services

Respondents made a number of points relating to pathways and accessing mental health services which included:

- *Having to prove the need for services and that you are "bad enough"*
- *Limited access to options unless you can pay to access services privately*
- *Provisions in service availability for people before they reach the point of presenting at hospital*
- *The difficulty for youth in accessing services*
- *Long waiting lists and no interim support*
- *Additional supports for the families of those who need to access mental health supports*
- *Additional supports for individuals brought up in the care system*

*Sharing the Vision* has outlined provisions, ideas and pathways to accessing services, as well as how these pathways interact with each other, some of which will impact the aforementioned issues in accessing services.

It should be noted that *Sharing the Vision* is a ten-year framework and that a number of these provisions are measurable only over several years. It must also be noted that a number of provisions outlined in *A Vision for Change*, the preceding mental health policy introduced in 2006, were not achieved.

**Additional  
Comments Themes**

**Accessing Services**

**Staff and Services**

**Service Improvements**

## Staff and Services

Several points relating to staff and service provision in mental health services were made which included:

- *Over-reliance on the use of medication to stabilize symptoms*
- *Withdrawal symptoms associated with medication are inappropriately explained or supported*
- *Supervision needed for all staff*
- *Little to no inter agency link ups or direction to other services*
- *Culture within services and staff which needs change from top down*
- *Little to no out of hours services or HSE run helpline in case of crisis*
- *Lack of privacy in services (inpatient)*

Statistics released in 2018 highlighted an increase by 64% for HSE prescriptions for eight antidepressant and anxiety medications. The Irish Association for Counselling and Psychotherapy expressed that these figures indicated the "dominance of medication" in the treatment of mental health in Ireland.<sup>(8)</sup>

Out-of-hours services, interagency support and service pathways, as well as inpatient admission services were some of the areas addressed in *Sharing the Vision* as part of the framework workplan.

## Service improvements

Areas which were identified by respondents as ones for improvement in services included:

- *An overall system reform*
- *The need for 24/7 services*
- *Major investment in services and budget provisions*
- *Increasing the age of CAMHS to 25 years to support young adults and minimize the impact of the harsh transition from CAMHS to AMHS*
- *Increase in education and service provision for dual diagnosis*
- *Increase in staffing of services*
- *More affordable avenues to mental health services*

*Sharing the Vision* has included a number of these areas in its policy, including a reference to pilot reconfigurations to increase the age of CAMHS services, addressed dual diagnosis and how it may be supported in services, as well as outlined how different services and community mental health teams will evolve; but there are a number of areas which have minimal to no reference in the policy document.

*Shown are a selection of additional comments given by respondents.*

*There are options out there, knowing what is best suited for your individual requirements can be a challenge.*

*Developing a relationship with a professional can be challenging. Trust needs to be there and that can only be brought about by time.*

*Mental health services need huge improvement; made available for the vast majority, easy access, free long-term personal development programmes, and coping skills taught in school very early.*

*Mental health needs to be embedded in general health promotion. During the average persons life, 1 in 7 will experience significant mental health challenges. Mental health services need to be readily accessible to all and for to self referral.*

*There are too many hoops to jump through and very long waiting lists, to the point of causing even more stress. The therapists are wonderful but the system itself is dreadful*

*The people I met were very helpful but because of shortage of staff there is a waiting list to be seen.*

*This should not be the way.*

*One size doesn't fit all, the importance of finding a counsellor who fits and gets you is massive.*

*Cost can be a major barrier for people*

*I think the role of psychiatric medication needs to be researched more on well-being and recovery in mental health. The role of long/short term medication and how this impacts individuals*

*Community based projects that encompass different services for different age groups could lower the stigma and normalise accessing mental health support services*

*Some comments have been changed for grammatical purposes*

*Shown are a selection of additional comments given by respondents.*

*My therapy has been invaluable, but it took years to get. There has been so many problems during the time I've been in therapy, that I think if I did not have other supports I could have killed myself before I got the help I needed*

*Mental health recovery is a lifelong commitment and there is no quick fix. It is a daily routine which includes self awareness and self care.*

*I tell people that I saw a counsellor, but there is a stigma. Why should it be a "private" thing. It is important to prevent mental health issues if and where possible. Why only deal with them when things get bad?*

*No one should have to get to a point where they present at hospital, they should have access to services well before that point. Also when they do present at hospital, there needs to be a specialist place for them. They shouldn't just be sent home.*

*People who are struggling with mental health issues in Ireland need better help. We shouldn't have to wait to be in crisis to be taken seriously, and access to services should be a lot easier.*

*I have no trust in the care I would be given and I would rather use a private practice or GP as I feel more valued in the care they would give.*

*Heartbreaking watching a young person unable to seek or get help*

*A&E not suitable for mental health emergency. Lack of services, lack of expertise for people with ASD and mental health issues. No wonder suicidal ideation is so prevalent*

# KEY POINTS

- 79.3% of respondents had thought about accessing services for their health, with the ratio of these respondents who had then accessed services and those who had not being 3:1.
- Over half of the respondents indicated that they had accessed or had been accessing services for their mental health for over six months.
- Service determined duration, cost and feeling uneasy or not connecting with the service were the top reasons cited for stopping accessing services (with the exception of issue/need resolved).
- GP Services, private mental health professionals and HSE mental health services were the top 3 avenues of support/services accessed.
- On average, respondents rated the services received as 6.7 out of 10
  - Staff turnover and inconsistency with personnel, the relationship with a service, waiting lists and cost featured heavily in reasons for ratings
- Fear and Anxiety, Cost and Lack of Information Available were the top reasons that people had not sought support for their mental health.
- The issues, areas and reasons for seeking support were widely varied and highlight the many different reasons individuals may seek support for their mental health.
- Lack of information, stigma and fear or anxiety were perceived as the main barriers to others accessing services for their mental health.
- An overall system reform, investment in services and service provision, as well as support for families of those who were accessing support were some additional areas highlighted by respondents.

# TAKE FORWARDS

When it is good, mental health support can have a major positive impact on individuals. As this survey has highlighted, this is not always the case for individuals.

Normalizing the concept of struggling with one's mental health, normalizing accessing services, and creating easy pathways to information and support can greatly benefit and reduce the barriers for those seeking support.

Anyone can need support at any point in their life, for a wide variety of reasons.

*Sharing the Vision* is currently in its first year of operation as a policy. While there are several areas of potential improvement cited in this survey that have provisions made in *Sharing the Vision*, advocacy for these provisions, accountability for our government and departments to ensure the development and support of mental health services, and support for the population are paramount throughout the lifespan of the policy and its framework.

# TAKE FORWARD ACTIONS

The Green Elephant was started from a passion to support and normalise services for mental health. The following areas are ones which The Green Elephant will strive to highlight, gain information on and advocate for:

- Creating spaces:
  - To support easy access to the information which is available about services, professionals, and information about the various issues, areas and reasons for support cited in the survey report
  - To normalize accessing services
  - To normalize conversations about mental health

The Green Elephant will also aim to consult various groups and conduct research into barriers that affect services in small-town rural Ireland, or to support other organisations undertaking such research.

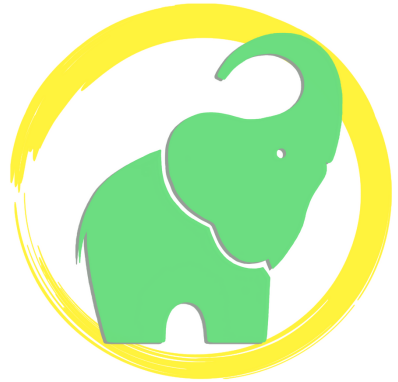
# ABOUT US

The Green Elephant is a mental health initiative started in 2020. Born out of personal passion, The Green Elephant works to reduce the stigma around mental health, and works in seeking and supporting accessible pathways to services for all through information, advocacy, workshops, and events.

The vision of The Green Elephant is an open and accepting society where mental health is out in the open, and caring for our mental health is the norm.

The Green Elephant was founded out of personal experience on one's mental health journey. From this emerged a desire to improve supports, information accessibility, and normalize the conversation about mental health; for those on their own journey, those who support others, and the population as a whole.

Mental health is the elephant in the room. Let's address it.



*Address the Elephant  
in the Room,  
Your Mental Health Matters*

*[www.thegreenelephant.ie](http://www.thegreenelephant.ie)*

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 Addressing the Elephant

*(Available on most podcast platforms)*



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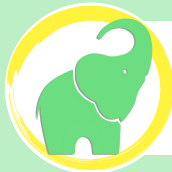
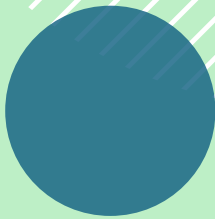
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**THE GREEN ELEPHANT**

*Address the Elephant in the Room,  
Your Mental Health Matters.*