



# The Role of Psychotherapy in a Healthy Ireland

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*A position paper from the Irish Council for Psychotherapy, 22<sup>nd</sup> March 2018*

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## **Acknowledgement**

The Irish Council for Psychotherapy wishes to thank Senator Colette Kelleher for her invitation to present this paper to members of the Oireachtas and invited guests in Leinster House on Thursday 22<sup>nd</sup> March 2018.

## Executive Summary

The Irish Council for Psychotherapy (ICP) wishes to engage with key stakeholders around the role of psychotherapy in a healthy Ireland. Specifically, it is ICP's view that psychotherapy practised by highly trained psychotherapists can contribute positively to mental health in Ireland.

As far back as 1989, there was an acknowledgement by the then Minister for Health of the potential psychotherapy would bring in the provision of mental health services. While progress has been slow in implementing this vision, 2017 has brought recognition of psychotherapy as a distinct profession with the decision to designate Psychotherapy and Counselling as separate professions under the Health and Social Care Professionals Act (2005).

The benefit to society in terms of health, social capital and cost is clear. However, the need to change from an over reliance on a medical model of health to one which values the whole person, both body and mind, requires a paradigm shift. The need to provide adequate resources which will underpin a holistic approach to health across the life span is of paramount importance.

Examples of best practice in other jurisdictions can help illuminate the dearth of appropriate services in Ireland as well as suggest ideas to integrate psychotherapy in a way which would benefit both service recipients and providers.

ICP sees Psychotherapy as an investment in our future, not only because it is cost effective but also because there is a body of evidence that supports the view that it reduces disability, morbidity and mortality as well as enhancing work performance and other aspects of health.

To see real change, it is essential that there is parity of esteem between mental and physical health. There needs to be a life cycle approach funded through community-based services, primary and secondary care settings. Attention also needs to be paid to workplaces which are often impacted negatively by poor mental health

Finally, ICP welcomes statutory regulation and an opportunity to work more closely with Government in order to ensure that future policies and practice underpin a robust model of healthcare which puts both mental and physical health on an even playing field.

## Introduction

Over the past number of years there has been a national conversation in the media and elsewhere about mental health with a focus on issues of suicide, depression, self-harm, addictions, family crisis, abuse and so on. In spite of this greater awareness, there is still a lack of mental health services across the country which are affordable and which meet the needs of a significant cohort of people.

For the Irish Council for Psychotherapy (ICP) there are a number of major concerns arising from this conversation. Firstly, it is essential that there would be affordable, accessible psychotherapy services available to people who need them and secondly that these services are delivered by appropriately trained qualified professionals.

In order to ensure that these services are available and accessible, on the basis of need, there needs to be a paradigm shift in how we view resources and services. The medical model, which includes an emphasis on medication, has been the predominant paradigm in this country. A strong message to come out of the consultation that informed *A Vision for Change* was that people want alternatives to medication (The Expert Group on Mental Health Policy, 2006).

There is a need for parity of esteem between physical and mental health services which would mean that mental health is seen as important as physical health and that resources would be allocated accordingly. The term a 'healthy Ireland' has to do with a holistic approach to health which acknowledges the importance of both physical and mental health across all environments in which people live and work.

The aim of this paper is to engage in a dialogue with all the relevant stakeholders around the role psychotherapy can play in a healthy Ireland. The vision of ICP is to promote psychotherapy as an independent profession so as to ensure it becomes an option for individuals across the lifespan from childhood to old age. Furthermore, the vision is to have timely, equitable access to psychotherapy services across different modes e.g. individual psychotherapy, couple, family, and group psychotherapy.

The term psychotherapy covers a range of approaches and methods; they all involve a psychological treatment (as distinct from medical or pharmacological) for a range of psychological, emotional and relationship difficulties. Each approach within ICP is based on a well-established body of theory, methodology and research, grounded in a philosophy of person and the human condition. Psychotherapy aims to improve a person's well-being and emotional health by exploring challenging patterns of behaviour, beliefs, compulsions, thoughts and emotions. In this way, a person learns to understand themselves better, facilitating a more satisfactory way of living. Psychotherapy is a well-

established therapeutic discipline with a long history and numerous scientific and research papers attesting to its effectiveness yet it is underutilised within the Irish health system. Fully incorporating psychotherapy within the health system would not only benefit the service users and the clinicians but would also ease the burden on the health service from an economic and human resource viewpoint.

The Irish Council for Psychotherapy has been advocating for the rightful recognition of psychotherapy as an independent profession for more than two decades. It represents more than 1500 psychotherapists in Ireland and has a network of qualified and accredited practitioners throughout the island, both north and south of the border. This has given it a unique perspective on the state of psychotherapy in Ireland. Psychotherapists who are registered with ICP fulfil European best practice standards. ICP's aim is to support the government in promoting and implementing mental health policies that will facilitate a healthy Ireland.

As far back as 1989 the then Minister for Health Dr Rory O'Hanlon said 'It is envisaged that the provision of psychotherapy services will be an integral part of the catchment-area psychiatric services provided by each health board.' (O'Hanlon, 1989) ICP has been lobbying for statutory regulation of the profession of psychotherapy since 2001 as noted by the then Minister for Health, Michéal Martin when he wrote to Ms Liz McManus TD to say: 'I have met with the Irish Council for Psychotherapy. I am considering their request for the inclusion of psychotherapists in the first tranche of health and social care professionals participating in the statutory registration process.' (Martin, 2001)

While progress has been slow ICP is pleased that after many years of campaigning the current Minister for Health, Simon Harris has decided to recognise psychotherapy as a distinct profession in the upcoming statutory regulation under the *Health and Social Care Professionals Act 2005 (CORU)*. The full ICP submission is available from [www.psychotherapycouncil.ie](http://www.psychotherapycouncil.ie).

## **Psychotherapy and Society**

According to a survey commissioned by The Royal London Insurance Company 1,000 people across Ireland were asked what their biggest worry was in 2017. Table 1 shows the breakdown of results. (Berry, 2017)

Money	37%
Family	22%
Health	18%
Loneliness	8%
Work	8%
Relationship / Love	6%
Friends	1%

Figure 1 Biggest Worry 2017

These worries correlate with newly published statistics regarding cases of self-harm in Ireland. ‘In 2016, the Registry recorded 11,485 presentations to hospital due to self-harm nationally, involving 8,909 individuals.’ (Griffin, Dillon, Arensman, Corcoran, Williamson, & Perry, 2017, p. 29)

A ‘... recent index of 301 diseases found mental health problems to be one of the main causes of the overall disease burden worldwide ... According to the *2013 Global Burden of Disease* study, the predominant mental health problem worldwide is depression, followed by anxiety, schizophrenia and bipolar disorder.’ (Mental Health Foundation, 2016, p. 13) Statistics closer to home indicate that in ‘... the *2014–15 Northern Ireland Health Survey*, 19% of respondents showed signs of a possible mental health problem.’ (Mental Health Foundation, 2016, p. 14)

In his 2017 public lecture at the *Role of Psychotherapy in a Healthy Ireland Conference* co-hosted by The Irish Council for Psychotherapy and Nessa Childers MEP, Dr Pat Bracken focused on the importance of critical thinking when exploring who we might be helping and why? The former Clinical Director of the Mental Health Service in West Cork asks:

1. ‘Are our approaches to psychological healing profoundly limited by a failure to understand the extent to which our theories and practices are distinctly Western in nature?’
2. Does the dominance of post-Enlightenment individualism mean that we have exaggerated the importance of the intra-psychic and, correspondingly, neglected how the material realities of our lives are the greatest source of our states of distress, dislocation and madness?’ (Bracken, 2017) This distancing in society of the depth of peoples lived experience and the economic inequalities within society where everything is measured in monetary form rather than human values put insurmountable obstacles in people’s lives.
3. Have we failed to see the ways in which our discourses of the self, our psychologies and psychotherapies have all become part of the way in which we are governed? Have we failed to see how our various searches for insight, for emotional growth, for psychological

independence and even freedom are actually some of the ways in which we bind ourselves ever faster to the logic of consumer capitalism?' (Bracken, 2017) We know that sometimes the biggest obstacle to living a fulfilled life is to confront realities that cause us the most psychological pain. If we continually recreate these obstacles within our economic and social contexts we are heading towards futures that are uncertain due to all the unrest stirring beneath surfaces that are supposedly there to help contain and create trusting bonds in people's lives.

When discussing society it is worth remembering the role that social capital plays. Social capital refers to the various resources be they services, information or interpersonal relationships; available to people due to their social connection. An analysis of a wide range of international studies was undertaken by Basset and Moore (2013) which led them to conclude '... that social capital was inversely associated with symptoms' of depression (Bassett & Moore, 2013, p. 692). This means that they found evidence of fewer instances of depression when there was a higher level of social capital.

## **Over Reliance on Medication**

In 2012 nearly 2.3 million prescriptions were written for patients experiencing anxiety and depression. Thanks to a 2015 report published by *The Irish Examiner* we know that '330,000 public patients were prescribed those drugs that year at a cost of €40m to the State. The figure is likely to be closer to 500,000 when private patients are taken into account.' (Shanahan, 2015) Following on from the investigation the HSE were asked if public patients who presented with depression or anxiety '... were offered therapy or counselling as a first treatment step. The HSE said those with mild to moderate anxiety and/or depression would "usually be offered therapy at primary care level" under its Counselling in Primary Care (CIPC)". According to the HSE there were 478 waiting longer than three months; 39 waiting longer than six months; and six waiting more than nine months' (Shanahan, 2015) for a service that only provides eight sessions even though Carr (2007) indicates optimal benefit from a higher number of sessions.

In a recent presentation to the Joint Committee on the Future of Mental Health Care, representatives from the Irish College of General Practitioner (ICGP) stated: 'When practices are operating in a dearth of resourcing, opportunities and time to engage with the people and families concerned are fewer. Less can be done in terms of prevention and earlier intervention, with increased pressure on GPs to treat people pharmacologically ... Payment is a known additional barrier to optimal treatment for many citizens. It is a major cause of dissatisfaction where pressure

of work is such that GPs are unable to spend adequate time with patients who have significant mental health issues.’ (Osborne, 2018)

State regulation is critically important and ICP welcomes the decision by Minister Harris to protect the separate titles of Psychotherapist and Counsellor. To be a psychotherapist requires a minimum of seven years including postgraduate clinical training in a specific psychotherapeutic modality. This is a lengthy demanding formation which requires huge dedication of self, time and money.

It is essential that finances should be available to support choice in accessing therapy. At present only those on a medical card can access free services. However, there are long waiting lists for these services and inappropriate limitations on the length of therapy delivered. For those who are above the medical card threshold affordability is a major challenge. For this reason, it is important to examine ways in which financial resources can be targeted by the Government in order to facilitate the provision of high quality therapy in environments which can benefit from such services, for example, GP surgeries, Emergency Departments, schools, primary, secondary and tertiary care centres, and community practices etc.

## **The Cost Benefit of Psychotherapy**

The provision of mental health services is a significant cost to the government. Budget 2017 promised that ‘...€35 million worth of additional mental health services are being started...’ (MacGuill, 2017) this year ... ‘but because those services aren’t entirely ready to come on stream yet, only €15 million will be spent on them...’ (MacGuill, 2017). It is ICP’s contention that the financial strain posed by this under resourcing could, to a significant extent, be alleviated if qualified, accredited psychotherapists were fully integrated into primary and secondary care.

The focus of the World Health Organisation’s World Mental Health Day 2017 was *Mental Health in the Workplace*. ‘Globally, more than 300 million people suffer from depression, the leading cause of disability. More than 260 million are living with anxiety disorders. Many of these people live with both. A recent WHO-led study estimates that depression and anxiety disorders cost the global economy US\$ 1 trillion each year in lost productivity.’ (World Health Organisation, 2017).

In the UK the Stevenson / Farmer review of mental health and employers *Thriving at Work* notes that costs incurred by employers reached up to £42 billion a year due to employees’ poor mental health. (Stevenson & Farmer, 2017, p. 24)



This amounts to a cost per employee of between £1,205 and £1,560 per year. This cost is for all employees, not just those who are ill.

Figure 2 Thriving at Work Review

## Combating the Stigma of Mental Health Issues

In the HSE document *Report on the Listening Meetings* which was a review of the 2014 project to consult with ‘...service users, family members and carers...’ (HSE Mental Health Division, 2016, p. 4) a number of those who attended the meetings gave anonymous quotes about how they experienced stigma, a selection of these quotes follow:

“Stigma is attached to mental health and stops people finding work”

“Admission and assessment through A&E creates stigma and increases the anxiety of person waiting”

“*Vision for Change* is here but attitudes are not changing there is still alot of stigma around” (HSE Mental Health Division, 2016, pp. 21-23)

Stigma is defined as ‘... a social construct indicating disgrace that, at the same time, identifies the bearer.’ (Arboleda-Flórez, 2003) It is heartening to see so many celebrities and non-celebrities who have taken the courageous decision to speak of their own mental health journeys. By doing so they have helped enormously to reduce the so called stigma in acknowledging that mental health is something that should not be taken for granted and which often needs attention. However, this greater awareness should also lead to recognition of the need for appropriate services and acknowledgement of satisfactory treatment outcomes or the good news stories.

## International Examples of Best Practice

There are a number of international examples (Canada, Germany, Luxembourg, Milwaukee USA and the United Kingdom) of psychotherapy being effectively integrated within health services.

Canada announced in December 2017 that the province of Quebec would be ‘... investing \$35 million in mental health to launch the first public psychotherapy program... In 2012, Quebec’s independent health watchdog, the now-defunct Commissioner of Health and Welfare, had recommended the government provide equitable access to psychotherapy services, saying it would be beneficial in terms of improving public health, and it is also cost-effective with medical service savings in the range of 20 to 30 per cent.’ (Fiddleman, 2017)

In Germany they have psychosocial counselling centres which provide an easy access point ‘... they can offer advice, information about support options, and initiate contact.’ (Institute for Quality and Efficiency in Health Care, 2015).

In Luxembourg they have made significant changes to their approach to psychotherapy, including legislative changes in July 2015 which include the decision to reimburse clients the cost of sessions with a qualified and registered psychotherapist. In a newspaper interview Luxembourg’s Health Minister, Lydia Mutsch spoke of the reasoning behind this investment. ‘Luxembourg is a European country where people consume the most psychotropic drugs, and where alcoholism and drug addiction are often accompanied by serious mental illness. We have put this new law in place in order to diagnose patients suffering mental illness as early as possible. We prefer to invest in the prevention of illness, which can be very costly to society.’ (Mutsch, 2016)

In Milwaukee, USA there is the Wraparound approach. ‘Wraparound Milwaukee is a unique system of care for children with serious emotional, behavioural, and mental health needs and their families ... Wraparound Milwaukee was designed to reduce the use of institutional-based care such as residential treatment centers (sic) and inpatient psychiatric hospitals while providing more services in the community and in the child’s home.’ (Wraparound Milwaukee)

In the UK it is possible to access a psychotherapist via their national health system ‘Psychotherapy is available in some areas of the NHS by referral from your GP. However, there are often long waiting lists to see psychotherapists... Mental health specialists, including psychotherapists, already work in some GP surgeries.’ (NHS)

## **Psychotherapy as an Investment in our Future**

According to the *Legatum Prosperity Index 2016* Ireland ranks 25 out of 149 countries within the category of health; there is clearly room for improvement. (Mousavizadeh, et al., 2016) The money that is invested into psychotherapy pays dividends. Many ‘...large multisite studies as well as meta-

analyses have demonstrated that courses of psychotherapy reduce overall medical utilization and expense (Chiles, Lambert, & Hatch, 2002; Linehan, et al., 2006; Pallak, Cummings, Dorken, & Henke, 1995). Further, patients diagnosed with a mental health disorder and who received treatment had their overall medical costs reduced by 17 percent compared to a 12.3 percent increase in medical costs for those with no treatment for their mental disorder (Chiles, Lambert, & Hatch, 2002)'. (Recognition of Psychotherapy Effectiveness)

Furthermore '... there is a growing body of evidence that psychotherapy is cost-effective, reduces disability, morbidity, and mortality, improves work functioning, decreases use of psychiatric hospitalization, and at times also leads to reduction in the unnecessary use of medical and surgical services including for those with serious mental illness (Dixon-Gordon, Turner, & Chapman, 2011; Lazar & Gabbard, 1997). According to Carr (2007) there is a 65 – 72% success rate with psychotherapy. (Carr, 2007). ICP represents five branches of psychotherapy: humanistic & integrative, systemic, constructivist, cognitive behavioural and psychoanalytic. Irrespective of the particular methodology used there are key common features in all forms of psychotherapy as noted in Figure 1 (Asay & Lambert, 1999)

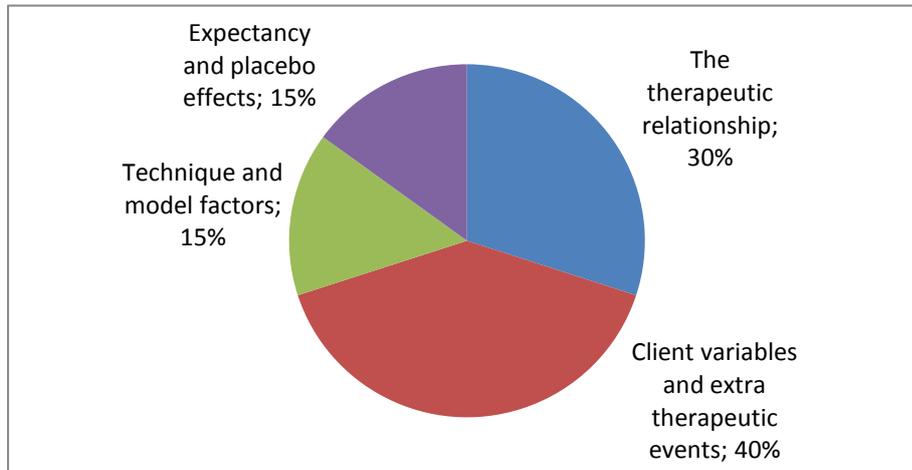
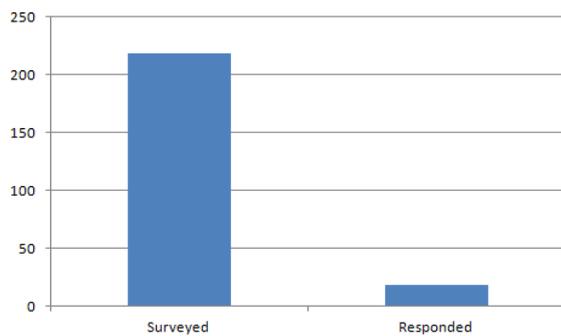


Figure 3 Lambert's Pie Chart

## Psychotherapy and Social Policy

As part of its research into *The Role of Psychotherapy in a Healthy Ireland* ICP conducted an [online survey](#) in 2017 of Irish politicians' personal experiences and understanding of the national mental health field; the aim of the survey was to get a sense of politicians' own experience and understanding of the national mental health field. All the elected members of the Oireachtas were invited to participate; out of the 158 TDs and 60 senators a total of 18 chose to participate; this means that out of the 218 politicians, 8.26% took part.



**Figure 4 Irish Politicians' Personal Experience of the Mental Health Field in Ireland**

Although the number of participants was lower than hoped for it was still a useful exercise. The answers provide useful insights and information as do the numbers with regards to our elected representatives and legislators view of mental health. It is interesting to note that 100% of the respondents answered in the affirmative when asked if they or somebody they cared for availed of mental health supports in Ireland.

The European Commission has just completed a five year Joint Action on Mental Health and have drawn up a European Framework for Action on Mental Health and Wellbeing In response, twenty organisations across Europe working in the areas of public health and mental health, have signed a joint statement identifying a number of policy areas that require public policy and funding prioritization, and these are:

- Ensure parity of esteem - mental health must be given equal priority alongside physical health
- Fund a life cycle approach to mental health, funded through community based services, supporting people during particular times in their life such as mental health and pregnancy or mental health and aging.
- Pay strong attention to mental health in the workplace as poor performance due to mental health is one of the biggest problems in the modern workplace
- Improve mental health treatment in primary care settings.

An interesting development in Ireland is the potential to have the *Adult Safeguarding Bill 2017* come into effect in 2018. The bill obliges psychotherapists and certain other professionals to report ‘...where an adult has suffered abuse or harm, is suffering abuse or harm, or is at risk of suffering abuse or harm (Part 3, Section 21)’ (Kelleher, 2017).

## Regulation and Integration of Psychotherapy

ICP welcomes the decision by Minister Harris to protect the separate titles of Psychotherapist and Counsellor. To be a psychotherapist requires a minimum of seven years education and training, including postgraduate clinical training in a specific psychotherapeutic modality. This is a lengthy demanding formation which requires huge dedication of self, time and money. (Further information on ICP's Submission to the Minister on Statutory Regulation can be found at [www.psychocouncil.ie/about/documents/](http://www.psychocouncil.ie/about/documents/)).

There are clear signs of improved integration of psychotherapy within HSE services, for example. The HSE will be increasing the amount of psychotherapy and counselling posts within the health services as the moratorium on new posts is lifted. In their presentation to the Committee on the Future of Mental Health Care the Irish College of General Practitioners has stated that in larger practices 'talk therapy' could very usefully be incorporated. However, the provision of such a service within GP practices requires appropriately trained psychotherapists, not allied health professionals who undertake a short course and believe themselves to be delivering 'psychotherapy'.

This is one of the reasons why state regulation is so important and why the title of psychotherapist needs to be protected. A greater understanding of the independence of psychotherapy as a profession will be enhanced by statutory regulation and public safety will also be protected in the requirements laid down by CORU.

## Conclusion

In conclusion, ICP once again asserts its willingness to engage with key stakeholders around the *Role of Psychotherapy in a Healthy Ireland* so as to ensure that it is practised at an advanced level thereby contributing positively to mental health in Ireland. There are clear benefits to moving away from an over reliance on the medical model to a more holistic approach. By examining some examples of international best practice we can create a framework that is uniquely Irish.

The Irish Council for Psychotherapy wishes to work with the Government to ensure that fully qualified psychotherapists and affordable psychotherapeutic treatment are available to everyone who needs it. By becoming recognised as an independent, regulated profession, public safety and well-being will be enhanced and interdisciplinary cooperation will be improved.

There is a wealth of knowledge and expertise amongst ICP's registrants who are ready to contribute positively to the development of mental health services in all settings. With proper integration into the health services, psychotherapy can play an important role in creating a healthy Ireland.

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