



Office of the Assistant National Director
Access and Integration

HSE Mental Health Services,
St. Loman's Hospital,
Palmerstown, Dublin 20
D20HK69

Oifig an Stiúrthóir Náisiúnta Cúnta
Rochtain agus Comhtháthú: Seirbhísí
Meabhairshláinte FSS

Ospidéal Naomh Loman
Baile Phámar, Baile Átha Cliath 20
D20HK69

www.hse.ie
[@hselive](https://twitter.com/hselive)

e:PQReps.NatMHOPS@hse.ie

Deputy David Cullinane.
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.

10th June 2025

PQ Number: 28717/25

PQ Question: To ask the Minister for Health the cost of delivering universal counselling in primary care; and the number of WTE counsellors required. -David Cullinane

Dear Deputy Cullinane,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

The Estimated Cost of Providing Universal Counselling Within Primary Care [extension of service to General Adult population]:

The HSE National Counselling Service provides Counselling in Primary Care (CIPC) to adult patients experiencing mild to moderate psychological difficulties who present in the primary care setting. Currently all adults in receipt of a medical card are eligible for the service. CIPC is available in each HSE CHO area and provides up to eight counselling sessions with a professionally qualified counsellor/therapist. CIPC counsellors utilise a range of counselling interventions depending on presenting issues and assessed needs.

Depression and anxiety constitute the main reasons for referral. It is generally accepted that 90% of mental health needs can successfully be addressed in primary care settings, and for many, CIPC therefore provides a person-centred, high-quality service 'in the right place, at the right time', in line with the Sláintecare reform programme. For GPs, CIPC offers an alternative to medication for people presenting with mild to moderate mental health difficulties.

Currently CIPC service is available to the adult GMS population only. It receives on average 17, 660 referrals per year. If eligibility is expanded to allow universal access for the general adult population it is estimated that:

- The population eligible for the service would increase three fold from 1,230,094 to 3,930,572 [based on 2022 Census population data <https://data.cso.ie/>]
- This three-fold increase in the population eligible for the service would generate at least a three-fold increase in referrals to the NCS CIPC service - approximately 52,100 referrals per year.



- A threefold increase in demand for the service would require an increase in staffing numbers of Counsellor/therapists from current staffing level of approximately 200 Counsellor/therapists [employed and contract] to 600 i.e. 400 additional WTE Counsellor/Therapists.
- Senior Counsellor/Therapists would be required to ensure clinical governance. In the context of universal access to counselling 100 additional senior counsellor/therapist posts would be required to provide clinical governance for the expanded service.
- Business support needs include adequate administrative support to ensure efficient service provision: 1 Grade IV per 10 clinical staff (40); 1 grade VI per 5 grade IV staff (8). See Table 1 for costing below.

Table 1: Costing Estimate Expansion of CIPC – Universal Access All Adults

Grade Description	Total WTE	Total cost including 10% non pay allowance
Counsellor/Therapist (National Services)	400.00	36,726,011
Counsellor/Therapist Senior (Nat Serv)	100.00	10,954,822
Grade IV	40.00	2,302,044
Grade VI	8.00	623,094
Total	548	50,605,971

The Estimated Cost of Providing Universal Counselling Within Primary Care [extension of service to children under 18 years of age]:

Latest available CSO data (Children and Young Persons Hub) indicates that as of April 2024, the estimated number of people under the age of 18 in Ireland was 1.23 million, with a further 458,800 people estimated to be aged between 18 and 24 years. Expansion of CIPC to allow access for those aged 25 years and under would therefore mean an additional 1,688,800 people would be eligible for Counselling in Primary Care.

This would have the effect of doubling the population eligible to access CIPC. We can estimate that the rate of referral would at least double.

A two fold increase in demand for the service would require an increase in staffing numbers of Counsellor/therapists from current staffing level of approximately 200 counsellor/therapists [employed and agency] to 400 i.e. 200 additional WTE Counsellor/Therapists. Additional Senior Counsellor/Therapists would be required to ensure appropriate clinical governance. In the context of universal access to counselling 20 additional senior counsellor/therapist posts would be required to provide clinical governance for the expanded service. Business support needs include adequate administrative support to ensure efficient service provision: 1 Grade IV per 10 clinical staff (20); 1 grade VI per 5 grade IV staff (4). See table 2 below for WTE Costings.

Table 2: Costing Estimate Expansion of CIPC – Universal Access All People Under 25 years

Grade Description	Total WTE	Total cost including 10% non pay allowance
Counsellor/Therapist (National Services)	200	18,363,000
Counsellor/Therapist Senior (Nat Serv)	20	2,190,960
Grade IV	20	1,151,020
Grade VI	4	311,548
Total	244	22,016,528



This costing is made subject to the following caveats:

Need for Adaptation of CIPC Model: Children under 18 and young adults up to 25 years olds are not a homogenous group and have different needs depending on their age and stage of development. To address the needs of children and adolescents who are experiencing psychological difficulties effectively requires a systemic approach which would require the counsellor to engage with the child's parents/guardians, their school and possibly other relevant services/people in their lives. This would require an expansion of the current CIPC model of service to include joint sessions with parents/guardians as well as engagement with the young person's school or community where appropriate. Costings for expansion of the service model would need to be factored into plans to expand CIPC to encompass provision to those under 18 year olds.

Availability of other Services: It is important to consider other services currently available providing services to some of this cohort. For example the Department of Education is currently piloting counselling in primary schools. The Department of Education plays an important role in supporting the wellbeing and mental health of our children and young people. The Department of Education has allocated €5 million for provision of counselling and wellbeing supports in primary schools in selected counties. The National Educational Psychological Service (NEPS), on behalf of the Department has established county panels of pre-approved private counsellors to provide in-person one-to-one counselling support to primary school children. This provision counselling provision is currently available in counties Cavan, Laois, Leitrim, Longford, Mayo, Monaghan, and Tipperary and is due to be extended to 61 urban DEIS primary schools in Tallaght, Clondalkin, Finglas, Ballymun and Darndale.

This scheme could be expanded to enable all primary schools to access counselling for children identified as in need of psychological support who could benefit from short term counselling. This service has the benefit of being delivered in the child's primary school setting.

Access to Additional Counselling Accommodation: Additional counselling accommodation appropriate to a younger client cohort would be essential. Expansion of counselling services would also have an impact on the ability to provide the service within existing premises and accommodation and would likely require additional purchase/leasing of property which is unquantifiable at this time.

Recruitment of Qualified Counsellor/Therapists: This costing does not take account of factors such as accessing an appropriately qualified workforce which would require a comprehensive workforce plan as well as engagement with appropriate third level training institutes to ensure a sufficient pool of qualified staff.

I trust this information is of assistance to you.

Yours Sincerely,

Tony McCusker
General Manager
Access and Integration; HSE Mental Health Services