



RESEARCH ARTICLE

# Burnout Among Mental Health Staff in Ireland: A Summary of Recent Evidence

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## ABSTRACT

**Background:** Burnout is a psychological syndrome emerging as a prolonged response to chronic occupational stress, characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Mental health professionals, particularly within the Irish healthcare system, face an elevated risk of burnout due to systemic underfunding, high caseloads, and limited organizational support.

**Objective:** To systematically review the prevalence, contributing factors, and implications of burnout among mental health clinicians in Ireland before and during the COVID-19 pandemic.

**Methods:** A systematic review of literature published from 2017 to 2024 was conducted using databases including PubMed, CINAHL, EBSCO, and PsycINFO. Studies were included if they utilized validated burnout measures, the Copenhagen Burnout Inventory (CBI) or Maslach Burnout Inventory (MBI), and focused on Irish mental health professionals. Seven studies met inclusion criteria and were analysed.

**Results:** Burnout prevalence ranged from 31% to 65%, with the highest levels reported during the COVID-19 pandemic. Personal and work-related burnout were notably high among Child and Adolescent Mental Health Services (CAMHS) consultants and psychiatry trainees. Key contributing factors included excessive workloads, inadequate staffing, poor supervision, and systemic inefficiencies. Demographic variables female gender, younger age, and urban location were associated with higher burnout. Burnout was significantly correlated with elevated anxiety, depression, and turnover intention. During the pandemic, emotional exhaustion and depersonalization increased markedly.

**Conclusion:** Burnout is a persistent, system-wide concern within Irish mental health services, reflecting broader international trends but compounded by long-standing structural deficits, recently highlighted in national reviews. This review highlights that organizational and systemic pressures, rather than individual vulnerabilities, are the primary drivers of the high burnout rates identified. Targeted workforce supports, structural reform, and ongoing research into effective, context-specific interventions are urgently needed to protect clinician wellbeing and ensure sustainable service delivery.

## Introduction

The term *burnout* was first introduced by Freudenberger in the 1970s.<sup>1</sup> It was further defined by Maslach et al as a condition comprising high levels of emotional exhaustion, cynicism, and depersonalization, resulting in a reduced sense of personal accomplishment and professional efficacy.<sup>2</sup> This is the definition generally accepted within the literature and her seminal work has led to the inclusion of the phenomena in the ICD 11. Burnout occurs as a result of chronic stress in the workplace that has not been successfully managed.<sup>3</sup>

The consequences of burnout are far-reaching, including impaired clinical judgment, increased absenteeism, and attrition from the profession.<sup>4</sup> Burnout can also result in personal consequences such as relationship breakdown, substance use, and suicide.<sup>5,6</sup> It is closely associated with other mental health conditions such as anxiety and depression<sup>7</sup> and has been linked to physical conditions like gastroenteritis, flu-like symptoms, and issues involving the musculoskeletal, respiratory, and circulatory systems.<sup>8,9</sup>

Occupational stress is the most common work-related illness in the European Union.<sup>10</sup> Ireland has one of the highest stress rates among workers, with approximately 18% affected annually.<sup>11</sup> Although burnout occurs in all professions, healthcare workers are at particularly high risk.<sup>6</sup> Studies report clinically significant psychological distress in 40% of healthcare workers, double that of the general population.<sup>12</sup> In Ireland, Hayes et al found that 4 in 5 doctors experience stress and 1 in 3 suffer from burnout, surpassing international norms.<sup>13</sup> Some researchers suggest that clinicians working in mental health have additional vulnerability to burnout given the nature of their work. Morse et al reported that between 21%-67% of mental health workers experience high levels of burnout.<sup>9</sup> Mental health multidisciplinary members and psychiatrists appear particularly vulnerable.<sup>14</sup>

Only 5% of the Irish health budget is allocated to mental health services, half of the internationally recommended amount.<sup>15</sup> This underfunding contributes to a mismatch between demand and resources, creating an environment prone to burnout. The COVID-19 pandemic exacerbated these challenges.<sup>16</sup> Globally, 86% of health workers reported stress linked to changes in work environments and fear of infection following the pandemic.<sup>17</sup> A study in China revealed high distress, insomnia, depression, and anxiety.<sup>18</sup>

In Ireland, referrals to mental health services rose during COVID-19. For example, referrals to CAMHS doubled.<sup>19</sup> Paediatric liaison psychiatry saw a similar trend.<sup>20</sup> Surveys indicated increased referrals for anxiety, depression, and panic.<sup>21</sup> Emergency department referrals also increased, particularly for younger patients.<sup>22</sup> Consultant psychiatrists reported that rising caseloads during the pandemic added pressure and negatively affected their well-being.<sup>23</sup>

Despite growing attention to clinician well-being, comprehensive national data on burnout in Ireland is

lacking. A systematic review was conducted to synthesize existing research and inform policy.

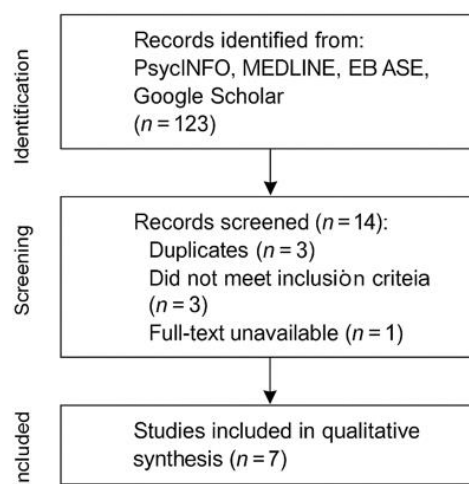
## Aims and Objectives

This study aimed to examine the prevalence of burnout among mental health staff in Ireland before and during the COVID-19 pandemic. The review focused on empirical studies carried out in Ireland (2017–2024) using validated burnout measures, including the Copenhagen Burnout Inventory (CBI) and Maslach Burnout Inventory (MBI).

## Methodology

We reviewed literature from PubMed, CINAHL, EBSCO, and PsycINFO (See Figure 1). Studies were included if they used the CBI or MBI, due to their strong psychometric properties.<sup>24,25</sup> Seven studies met the inclusion criteria and were analyzed (Tables 1 and 2).

**Figure 1:** Prisma Flow Diagram Methodology



## Results

### PREVALENCE OF BURNOUT

Burnout prevalence ranged from 31% to 65% (See Table 1 + 2). McNicholas et al reported 60% of CAMHS consultants experienced moderate to high burnout before the pandemic<sup>26</sup>, higher than that found by Broderick et al (31%) in adult mental health services (AMHS). In both groups, work-related burnout was more prominent than patient-related burnout.<sup>27</sup>

During the pandemic, Adamis et al. examining a large sample (n=396) of seasoned clinical and non-clinical staff working across varied mental health services in Ireland<sup>28</sup>. They found that 64.1% reported moderate to high personal burnout, 58.5% reported work-related burnout, and 21.5% reported patient-related burnout.<sup>28</sup> No separate data was presented for child, adult or ID services. Differences were found by geographical location, with lower rates among semi-rural parts of Ireland. Turnover intentions ranged from 44% to 70%.<sup>28,29</sup>

Although studies used different cohorts, rates of burnout increased among Non-Consultant Hospital Doctors (NCHDs) in particular from 36% pre-pandemic to 65% during COVID-19.<sup>29,30</sup> Emotional exhaustion was the most common symptom; depersonalization increased, especially

among psychiatry trainees.<sup>29,30</sup> Another study examining psychologists working in varied placements in Ireland reported half, (50%) experiencing burnout.<sup>31</sup>

### CONTRIBUTING FACTORS

High caseloads, poor supervision, and insufficient staffing were frequently cited across different studies.<sup>27,28</sup> In CAMHS, respondents described a mismatch between demand and resources. Perceptions of low reward, financial inadequacy, and lack of recognition contributed to burnout.<sup>26</sup> In the study by McLoughlin et al of 105 psychiatry trainees post Covid-19, with high rates (65%)

of burnout, increasing risk was associated with being unable to take annual leave, staff shortages, and working in excess of agreed working hours.<sup>29</sup> Demographically, burnout was higher among women and younger clinicians.<sup>29,30</sup>

### PSYCHOLOGICAL IMPACT

Burnout correlated with high rates of depression and anxiety. Among NCHDs, 30% screened positive for clinical depression and 36% for anxiety<sup>29,30</sup>. Psychologists with burnout reported poor workplace relationships and low job satisfaction.<sup>30</sup>

**Table 1:** Studies Using the Copenhagen Burnout Inventory (CBI)

Author(s), Year	Population	Sample Size	Time Period	Outcome Measure	CBI Total BO	CBI Personal BO	CBI Work-Related BO	CBI Patient-Related BO	Turnover Intention
Mc Nicholas et al, 2020	Irish CAMHS Consultants	N=52	Pre COVID-19	CBI	60%	72%	75%	27%	70%
Broderick et al, 2023	AMHS MDT	N=63	Pre COVID-19	CBI	31%	45%	46%	14%	56%
Adamis et al, 2023	All MHS (Adult, CAMHS + subspecialties)	N=396	During COVID-19	CBI	44%	64%	59%	22%	62%
Mc Nicholas et al, 2024	CAMHS MDT	N=59	Pre COVID-19	CBI	53%	53%	54%	30%	44%

*Abbreviations: CBI = Copenhagen Burnout Inventory; CAMHS = Child and Adolescent Mental Health Services; MDT = Multidisciplinary Team; MHS = Mental Health Services.*

*Percentage of those reporting clinical levels outlined in the table*

**Table 2:** Studies Using the Maslach Burnout Inventory (MBI)

Author(s), Year	Population	Sample Size	Time Period	Outcome Measure	MBI Overall Burnout (%)	MBI Emotional Exhaustion (%)	MBI Personal Accomplishment (%)	MBI Depersonalization (%)
Roncalli & Byrne, 2016	Irish Psychologist Outpatient	N=77	Pre COVID-19	MBI	50%	48%	56%	11%
McLoughlin et al, 2021	Psychiatry Trainees	N=69	Pre COVID-19	MBI	36%	33%	6%	9%
McLoughlin et al, 2022	Psychiatry Trainees	N=105	During COVID-19	MBI	65%	38%	11%	36%

*Abbreviation: MBI = Maslach Burnout Inventory.*

*Percentage reporting clinical levels outlined in table*

## Discussion

### A WIDESPREAD AND PERSISTENT CHALLENGE

Burnout affected clinical and non-clinical staff across psychiatry, psychology, nursing, and social work. Prevalence in Ireland (31%-65%) exceeds global estimates of 25.9% (MBI) and 50.3% (CBI).<sup>14</sup> Plausible reasons included low base rate of funding and resources for mental health services, along with poorly developed support services, such as primary care counselling, social work and so on.

### ORGANIZATIONAL AND SYSTEMIC DRIVERS

Workplace factors - including caseloads, administrative burden, and lack of support - are central. This mirrors

global literature attributing burnout more to systems than to individual failings.<sup>6</sup> Post-pandemic, these pressures persisted and in child mental health services increased. CAMHS in Ireland has long been recognised as under-resourced and underfunded, lacking in adequate infrastructure, referred to as the 'the neglected quarter'.<sup>32</sup> The publication of the Mental Health Commission's Look-Back Review into one CAMHS service placed a significant and negative spotlight on child and adolescent mental health services nationally. This public scrutiny, while highlighting important areas for improvement, added considerable pressure to already overstretched clinicians. Following the publication of the Maskey report, 66% of child psychiatrists reported a

decrease in work motivation and 80% reported an increase in work related stress levels.<sup>34</sup> The fallout may have contributed to the increasing rates of burnout reported among CAMHS staff.

#### DEMOGRAPHIC AND PANDEMIC-SPECIFIC CONSIDERATIONS

The largest study included on burnout in psychiatry found that younger age and being female were independently linked to higher stress levels<sup>28</sup>. Mitigating factors may include good mentorship from their senior colleagues and flexible working arrangements for females to allow them to manage other potential care-giver duties. Additionally, clinicians working in urban settings experienced more burnout than those in rural settings. Urban working further exacerbates this issue, with additional challenges such as high living costs, long commute times, and limited access to support networks, contributing to increased stress and burnout. Senior clinicians report high workloads and under resourcing. Those factors may limit time for training and mentorship. Indeed, Bond and McNicholas found that one third of NCHDs report receiving supervision less than weekly, below required professional training standards<sup>35</sup>. High turnover intention among Irish psychiatrists deepens retention issues, as junior clinicians lack encouragement to stay in the field. This creates a vicious cycle of burnout and disengagement, highlighting the urgent need for systemic intervention, and robust occupational mental health supports to address these challenges and improve retention, training, and support.

COVID-19 intensified stress, leading to greater anxiety and depression among staff. High burnout among NCHDs and psychologists underscores the need for robust occupational mental health supports.

## Conclusion

Burnout among mental health professionals is a widespread and persistent issue globally, with systemic factors such as high caseloads, insufficient support, and inadequate resources driving this crisis in many countries. The COVID-19 pandemic has exacerbated these challenges, amplifying stress across the healthcare workforce. However, in Ireland, these issues are compounded by long-term under-resourcing of mental health services, which has created a particularly fragile system. Furthermore, a series of high-profile "look-back" reviews, such as the Mental Health Commission's investigation into CAMHS, coupled with negative media attention, have further intensified the pressure on already overstretched clinicians.

Addressing burnout in Ireland requires urgent systemic change, including increased investment in staffing, improved supervision, reduced administrative burdens, and enhanced professional recognition. These issues are not unique to Ireland but are particularly pronounced due to the specific challenges faced within the country's mental health services. Additionally, while international literature highlights the importance of robust mental health supports and flexible working arrangements, Ireland's specific needs also include addressing the fallout from public scrutiny and media coverage. Longitudinal research is essential to assess the long-term impact of burnout on staff retention and patient care and to evaluate the efficacy of interventions. To ensure the sustainability of the workforce and improve care delivery, systemic reforms must be implemented urgently, both in Ireland and globally.

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