



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oibríochtaí Meabhairshláinte
Ospidéal Naomh Lómáin Baile Phámar Baile Átha Cliath 20.
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Tuesday, 02 July 2019

Jan O'Sullivan TD
Dail Eireann, Leinster House,
Kildare Street, Dublin 2.

[PQ Number: 27024/19: To ask the Minister for Health when a clinical lead will be appointed to drive the National Clinical Dual Diagnosis Programme; and if he will make a statement on the matter.](#)

Dear Deputy O'Sullivan,

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 post of Clinical Lead for Dual Diagnosis National Clinical Programme is currently vacant, not having been filled at a recent skills-matching process following national advertisement by the HSE and the College of Psychiatrists of Ireland.

However, as noted previously, the National Clinical Programme for Dual Diagnosis has progressed to the stage that there is a draft Model of Care in place which takes account of service user views, and describes the clinical pathway for patients with substance misuse and significant (moderate to severe) mental illness, including connectivity with primary care substance misuse services, community mental health service and acute services. This has been informed by international best practice and the experience of the National Working Group.

In the absence of a Clinical Lead currently, Dr Siobhán Ní Bhriain – the National Clinical Advisor & Group Lead for Mental Health – is keen to maintain progress and to continue development. Dr Ní Bhriain is working closely with Dr Eamon Keenan – National Clinical Lead for the Drugs Strategy and Social Inclusion – to ensure that a comprehensive approach is taken to the care of those with Dual Diagnosis, bearing in mind that they can present to any part of the health service. Both Drs Ní Bhriain and Keenan are keen that the approach to service delivery is coherent with Sláintecare in that it is integrated across the many interfaces where people can present and is oriented towards service users, families and communities. Service user and family member representation from the Dual Diagnosis population continues to be essential to the development of Dual Diagnosis services, and input may also be sought from Addiction support services.

I trust this information is of assistance to you but should you have any further queries please contact me.

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Yours sincerely,

A handwritten signature in black ink, appearing to read 'Sinead Reynolds'.

Dr Sinead Reynolds
General Manager Mental Health Services