



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oibríochtaí Meabhairshláinte
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30th June 2021,
Deputy Mark Ward,
Dail Eireann
Dublin 2.

PQ 24053/21

To ask the Minister for Health the estimated cost of reappointing a national director for mental health for a one year basis; and if he will make a statement on the matter. -Mark Ward

Dear Deputy Ward,

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 cost of reappointing a national director for mental health for a one year basis equates to €204,717

Grade	
National Director	€167,588
PRSI @ 11.05%	€18,518
Non Pay 10%	€18,611
Total Cost	€204,717

Sharing the Vision - A Mental Health Policy for Everyone (2020) states;

Governance leadership and organisation;
AVFC recommended that a National Mental Health Directorate be established under the leadership of a national director to prioritise the mental health agenda and to drive it centrally within the HSE. This was achieved with the appointment of the first HSE national director in 2013. As part of structural changes announced in 2016, a new national director of community health service operations subsumed the operational roles of the existing national directors for primary care, social care, health and wellbeing, and mental health. These changes enabled the existing national directors to work closely with the chief strategy and planning officer to plan the integration of acute care, primary care, social care, mental health and health and wellbeing. The changes introduced by the HSE were designed to enhance performance and management across the health service and to integrate HSE services to deliver the health priorities outlined in the Programme for Government.

There is an ongoing need for a dedicated focus on mental health strategy, with national-level leadership, to give the required attention to operational issues and to maximise integration across care groups. Health Areas will



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operate on an integrated basis delivering services based upon population needs. Mental health services will no longer be seen as a separate service within a larger structure where integration and cohesion are aspired to but not always delivered. The model for delivery of care proposed suggests that mental health services should align to existing and emerging health structures to enable the provision of community health and social care services across primary care, social care, mental health, and health and wellbeing in a more coordinated and integrated way. Consequently, Mental Health Services will fully participate in the Sláintecare programme reforms and be at the centre of the new structures of healthcare delivery. The move to collaborative and crossboundary working in Community Health Networks (CHN), operating at lower population levels within Regional Health Areas, will encourage primary and secondary care to be aligned and delivered closer to the community (page 73).

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

Yours sincerely,

A handwritten signature in black ink that reads "Jim Ryan".

Jim Ryan
Assistant National Director
Head of Operations