



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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Deputy Catherine Murphy,  
Dail Eireann,  
Dublin 2.

29th October 2021

**PQ Number: 50331/21**

**PQ Question: To ask the Minister for Health his plans to reinstate the role of dedicated national lead for mental health in the HSE– Catherine Murphy**

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Dear Deputy Murphy,

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.

A National Director for Mental Health has been not been appointed in line with Sharing the Vision – A Mental Health Policy for Everyone. Sharing the Vision (2020: p73) states that:

#### **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 maximize integration across care groups. Health areas will operate on an integrated basis delivering services based on 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.



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Consequently, Mental Health Services will fully participate in the Slaintecare programme reforms and be at the centre of the new structures of healthcare delivery. The move to collaborative and cross boundary working in Community Health Networks (CHN's), operating at lower population levels within regional health areas, will encourage primary and secondary care to be aligned and delivered closer to the community.

I trust this information is of assistance to you. Please do not hesitate to contact me if you have any further queries.

Yours sincerely,

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

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**Jim Ryan**  
**Assistant National Director - Head of Operations**  
**National Mental Health Services**