



Príomhoifigeach Feidhmiúcháin
Feidhmeannacht na Seirbhíse Sláinte
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02nd March 2022

Deputy Mark Ward, TD
Dáil Eireann
Leinster House
Kildare Street
Dublin 2.

By email only: mark.ward@oireachtas.ie & cc: pquestions@hse.ie

PQ Number: 6701/22

Question: To ask the Minister for Health his views on calls by the Minister for State in his Department for the reappointment of the national director for mental health; the reason the reappointment has not occurred to date; and if he will make a statement on the matter.

Dear Deputy Ward

I refer to your parliamentary question (6701/22) addressed to the Minister for Health which has been passed to the HSE for direct reply.

It is not intended to appoint a National Director for Mental Health reporting directly to the CEO of the HSE at this time. The current members of the HSE's Executive Management Team, which includes the HSE's Chief Operations Officer currently support the CEO to lead, direct, and control the activities of the HSE and to manage its overall performance.

A Vision for Change (2006) recommended that a National Mental Health Directorate be established under the leadership of a National Care Group Manager 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, and consistent with the development of a more integrated model of care, 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 Officer to plan this integration across 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 and in Sláintecare.

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. Community Healthcare Organisations and Regional Health Areas (when established) 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 (e.g. Regional Health Areas) 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, referred to above. 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.

Yours sincerely,



Ray Mitchell
Parliamentary Affairs Division