



Ceannasaí Náisiúnta Oibríochtaí Meabhairshláinte
Ospidéal Naomh Lómáin,
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R: PQReps.NatMHOPS@hse.ie

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Deputy Patrick Costello,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.

10th October 2022

PQ Number: PQ 49512/22

PQ Question: To ask the Minister for Health if he will provide updated figures on the number of whole-time equivalent psychologist positions filled in CAMHs given that only 92.3 of the 190 positions recommended in the vision for change model 15 years ago have been filled as of February 2022 - Patrick Costello

Dear Deputy Costello,

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 cornerstone of mental health service delivery in secondary care is the multi-disciplinary Community Mental Health Team (CMHT). Multi-disciplinary CMHTs enable a range of professional perspectives to be brought to bear in case formulation, care planning and ultimately, service delivery. They enable integrated care for service users predicated on supporting them in their own recovery in their own community. This approach is in line with our mental health service strategy, *Sharing the Vision: A Mental Health Policy for Everyone (2020)*, and fits squarely into overall health service strategy, as set out through *Sláintecare*. Children and Adolescent Mental Health Services (CAMHS) are also delivered in line with this strategy and therefore CAMHS teams are structured on a multidisciplinary approach to enable integrated care for service users.

Where the predecessor to *Sharing the Vision, A Vision for Change (2006)*, was prescriptive on the composition of multi-disciplinary teams, *Sharing the Vision* recognises that in line with changes in best practice and to enable future flexibility in terms of service delivery as best practice continues to develop, additional competencies are recommended for multi-disciplinary teams, to complement the core skills and competencies. In addition to core skills like psychiatry, social work, clinical psychology and occupational therapy, additional competencies like dietetics, peer support, outreach and job coaching, for example, may be appropriate and required. Rather than be specific on staffing numbers and structure, a flexible approach can be more responsive to local needs, which empowers local responses and helps achieve recovery-oriented outcomes.



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Under *Sharing the Vision*, the HSE envisages an expansion of mental health service provision overall. Clearly, this will entail analysis of skill mix requirements which in turn, will require comprehensive workforce planning. To achieve this, the HSE, in conjunction with the Department of Health is developing a Health and Social Care Workforce Planning Strategy, and Workforce Planning Projection Model, based on international best practice. In addition, reforms under *Sláintecare* are centered on having sufficient capacity in the workforce and the appropriate configuration of staff and skill-mix, which are integral to improved service delivery, including that for Mental Health.

The composition of each Child and Adolescent Community Mental Health Teams should ensure that an appropriate mix of skills is available to provide a range of best-practice therapeutic interventions.

At June 2022, data reported from the services indicated that there was 91.2 Clinical Psychologist Whole Time Equivalents in situ.

90% (66) of Community CAMHS have a Clinical Psychologist on their team

June 22	Clinical Psychologist
CHO 1	5.7
CHO 2	9.1
CHO 3	8.6
CHO 4	15.8
CHO 5	6.2
CHO 6	8.9
CHO 7	10.1
CHO 8	9.2
CHO 9	17.7
National	91.2

I trust this information is of assistance to you.

Yours sincerely,

Tony Mc Cusker
General Manager
National Mental Health Services



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