



Oifig an Chomhairleora Chliniciúil  
Náisiúnta agus Ceannaire Grúpa do  
Mheabhairshláinte

HSE, Ospidéal an Dr Stevens, Baile Átha  
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Office of the National Clinical  
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Deputy Catherine Connolly,  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.

12<sup>th</sup> July 2024

**PQ Number: 23414/24**

**PQ Question: To ask the Minister for Health further to Parliamentary Question No. 303 of 2 May 2024, if the review of the model of care for eating disorders planned during 2024 will examine the number of hospital admissions for eating disorders per year, given that the number of first time hospital admissions for eating disorders in 2022 was the highest since 2006; if the review of bed capacity already carried out took into account the number of hospital admissions for eating disorders, or if it focused solely on mental health facilities; and if he will make a statement on the matter. -Catherine Connolly**

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Dear Deputy Connolly,

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.

In January 2018, the HSE published a National Model of Care for Eating Disorders (MOC) in partnership with College of Psychiatrists' of Ireland and Bodywhys. In the absence of a pre-existing dedicated eating disorder infrastructure or strategy, this Model of Care document has been developed in order to guide the provision of high quality, accessible and value for money eating disorder services in Ireland. Key recommendations include:

- The development of a national network of dedicated eating disorder teams embedded within the mental health service.
- A stepped model of outpatient, day patient and inpatient care provision based on clinical need.
- The development of a skilled, trained workforce.

The NCPED aims to establish an ED network (8 adult teams and 8 CAMHS teams) in accordance with the agreed Model of Care 2018. These consultant led multidisciplinary teams provide specialist eating disorder assessment and treatment in the community and are the foundations of delivering quality eating disorder care across the stepped model of care. Today (May 2024) there are 11 NCPED teams at various stages of development across the HSE 5 CAMHS and 6 Adult teams.

Eating Disorder teams are regional teams serving populations of 500,000. Based on the Model of Care (2018) an adult team serving 500K requires at a minimum 13.4WTE and a CAMHS teams serving 500k requires 14.4 WTEs. The MOC is due for review to take into account the growth in population at the most recent census 2022. The new HSE Health Regions will impact on teams in CHO1, CHO8 and greater Dublin Areas. The funding and terms of reference for any review have yet to be agreed but will examine all available data from HIPE and Psychiatric Inpatient admission data.

In line with Sharing the Vision (StV), the national mental health policy, an expert group was set up to examine Acute Inpatient psychiatric bed provision (including the NCPED for adult eating disorder beds) and to make recommendations on capacity, reflective of emerging models of care, existing bed resources and future demographic changes, with such recommendations being aligned with Sláintecare.

A report on acute bed capacity was produced and presented to the National Implementation and Monitoring Committee (NIMC) for StV.

The HSEs Chief Operations Officer has since established a Capital Planning Group for Mental Health Services, which has been tasked with:

- Identifying and prioritising mental health capital requirements over the next five to ten years based on existing and future service need, and on regulatory requirements.
- Completing a medium and long term strategic mental health capital estates plan aligned to the new RHA structures, which supports the implementation of StV.

In developing the estates plan, the Capital Planning Group has formally accepted the report of the Acute Bed Capacity Expert Group and will be guided by it in its deliberations, while also taking into account emerging models of care, clinical programmes, more flexible approaches to service provision and the broad range of service improvement being driven by Sharing the Vision implementation

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

Yours sincerely,



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**Dr Amir Niazi**  
**National Clinical Advisor & Group Lead for Mental Health**  
**Clinical Design and Innovation**  
**Health Service Executive**