



Office of the Assistant National Director
Access and Integration

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Oifig an Stiúrthóir Náisiúnta Cúnta
Rochtain agus Comhtháthú: Seirbhísí
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Deputy Sorca Clarke.
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.

1st July 2025

PQ Number: 35512/25

PQ Question: To ask the Minister for Health the number of mental health programmes are currently subject to output based budgeting and key performance indicators; and the estimated administrative cost of expanding this approach. -Sorca Clarke

Dear Deputy Clarke

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 HSE Board's overarching objectives for 2025 is to support improved efficiency and increased productivity, as well as the ongoing focus on improving the quality of care. The NSP sets out ambitious targets for increasing activity and reducing waiting times.

As part of the National Service Plan, all Mental Health Community & Approved Acute Inpatient services are subject to a number of key performance indicators.

These key performance indicators are based on ensuring timely access for service user needs.

Each Regional Executive Officer is responsible for the delivery of target achievement.

Please see below the Key Areas for Mental Health Services as outlined in the HSE National Service Plan 2025

Mental Health Services

The HSE is committed to promoting positive mental health and mental wellbeing across the population and throughout the lifespan of need. To ensure integrated care, service continuity and the best possible outcomes for those experiencing mental health difficulties, services are provided within a stepped-care model where each person can access a range of options of varying intensity to match their needs.

In 2025, the focus will be on the following key areas:

Sharing the Vision: Publish the second *Sharing the Vision* implementation plan in collaboration with the Department of Health (DoH) covering the period 2025 to 2027. Key areas of focus in 2025 will include:



Expansion of the National Counselling Service including Counselling in Primary Care service through an additional investment of €2m with a particular focus on counselling supports for men
Strengthening culturally appropriate services and supports for Travellers, through the further expansion of the National Traveller Counselling Service, and the provision of additional Traveller focused suicide prevention and self-harm supports
Further implementation of the Crisis Resolution Services Model of Care for adults through enhancement of the existing teams (additional 16 Whole Time Equivalents), implementation of the national digital mental health strategy in keeping with the organisation's Digital Health Strategic Implementation Roadmap, and ongoing capacity building and service improvement
Expansion of existing tenancy support services with five additional housing co-ordinators to assist service users find suitable, longer-term accommodation

Child and adolescent mental health reform: Ensure improvements to service delivery for children and adolescents through:
Expansion of existing child and adolescent mental health services (CAMHS) teams and roll-out of waiting list initiatives
Development of the electronic healthcare record
Development of a model for a single point of access referral pathway for children and young people with the expansion of the development sites in 2025
Design and development of integrated child and youth crisis response services, which will include CAMHS and emergency department (ED) liaison / out of hours services and one additional CAMHS Hub team.

Clinical programmes and service improvement programmes: Further roll-out of the programmes will enhance productivity and outcomes, and includes:
Attention deficit hyperactivity disorder for adults
Early intervention in psychosis, eating disorders, dual diagnosis, self-harm and suicide-related ideation
Mental health of intellectual disability
Mental health for older persons

Connecting for Life: Ireland's National Strategy to Reduce Suicide: Support the DoH to develop a successor to the strategy which will be informed by evaluation and the most up-to-date evidence on suicide prevention and data on suicide mortality. Further enhance existing suicide prevention and bereavement support services with a specific focus on supporting health and social care professionals and reaching middle-aged men

Mental health engagement and recovery: Support the Health Regions to implement the Mental Health Engagement and Recovery Office Strategic Plan 2023-2026: Engaged in Recovery and the National Framework for Recovery in Mental Health 2024-2028. Additional peer support and recovery co-ordinator positions will ensure that lived experience across all service user populations is central to the design, development and delivery of mental health services



Forensic Mental Health Service: Expand the bed provision of the Central Mental Hospital by 18 beds to 130. Establish a forensic consultant psychiatrist led multidisciplinary team to provide in-reach and court diversion services to Limerick Prison. Commence a mental health needs analysis of the prison population in conjunction with the Irish Prison Service and the Probation Service.

Key Performance Indicators & appendices (NSP 2025)

Mental Health
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team
Child and Adolescent Mental Health Services (CAMHS)
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams

Receiving Care at the Right Time				
Indicator	Reporting Period	NSP 2024 Target	Project ed Outturn 2024	Target 2025
Mental Health Services				
General Adult Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	M	≥90%	84.9%	≥90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team		≥75%	66.2%	≥75%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and did not attend (DNA) in the current month		≤22%	23.4%	≤22%
Psychiatry of Later Life Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		≥98%	91.0%	≥98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		≥95%	88.4%	≥95%



% of new (including re-referred) Psychiatry of Later Life Psychiatry Team cases offered appointment and DNA in the current month		≤3%	3.0%	≤3%
Child and Adolescent Mental Health Services (CAMHS) Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units		>85%	98.2%	>90%
% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units		>95%	99.9%	>95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams		≥80%	61.1%	≥80%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams		≥78%	57.3%	≥78%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month		≤10%	6.5%	≤10%
% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs		≥95%	90.5%	≥95%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days		≥90%	93.9%	≥90%

Receiving Care at the Right Time				
Mental Health Services				
General Adult Community Mental Health Teams				
No. of adult referrals seen by mental health services	M	31,164	24,938	31,166
No. of admissions to adult acute inpatient units	Q (1 Qtr in arrears)	11,465	11,667	11,661
Psychiatry of Later Life Community Mental Health Teams No. of Psychiatry of Later Life referrals seen by mental health services	M	9,882	7,814	9,936
Child and Adolescent Mental Health Services (CAMHS) No. of CAMHS referrals received by mental health services		22,999	24,971	24,154
No. of CAMHS referrals seen by mental health services		13,688	12,513	13,529



I trust this information is of assistance to you.

Yours Sincerely,

Tony McCusker
General Manager
Access and Integration; HSE Mental Health Services