#HSEConference2026

Integrated Healthcare Conference

Delivering Integrated Care Together

Whole-System Impact: Transforming Mental Health Services

Wicklow Hall 2, Convention Centre Dublin

3 September, 11:30 – 12:55

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Agenda

Whole-System Impact: Transforming Mental Health Services	
Topic	**Speakers**
Welcome and Introduction	Bryan Dobson
From Strategy to Delivery	Donan Kelly
Integrated Child and Youth Mental Health Pathway	Dr Amanda Burke / Dr Dermot Cohen
Individual Placement and Support	Una Twomey / Eddie O'Shaughnessy / Roisin Connolly
Panel Discussion	• Max Farrell, Discovery College West, and person with lived experience • Kate Killeen White, HSE Regional Executive Officer, Dublin and Midlands • Siobhán Hargis, Principal Officer, Mental Health Policy, Department of Health • Dr Amir Niazi, National Clinical Advisor & Group Lead for Mental Health • Grace Kearney, National Programme Lead, Head of Health and Wellbeing, National Forum of Family Resource Centres CLG
Closing Remarks	Mary Butler TD, Minister for Mental Health and Government Chief Whip

Welcome and Introduction

Bryan Dobson
MC

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Opening Address

From Strategy to Delivery: Creating Sustainable Mental Health Services

Donan Kelly

Assistant National Director, Access and Integration,
HSE Child and Youth Mental Health Office

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Creating Sustainable Integrated Mental Health Services
From Strategy to Delivery

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Why Integration Matters?

- Mental Health service users have some of the highest health inequalities of all groups
- Early intervention improves outcomes and reduces long-term demand
- Supporting people's mental health requires coordinated action across health, education, social care, housing and community supports
- Integrated care is central to delivering the Sláintecare vision of person-centred, accessible services
  Addressing this requires seamless pathways - not fragmented services

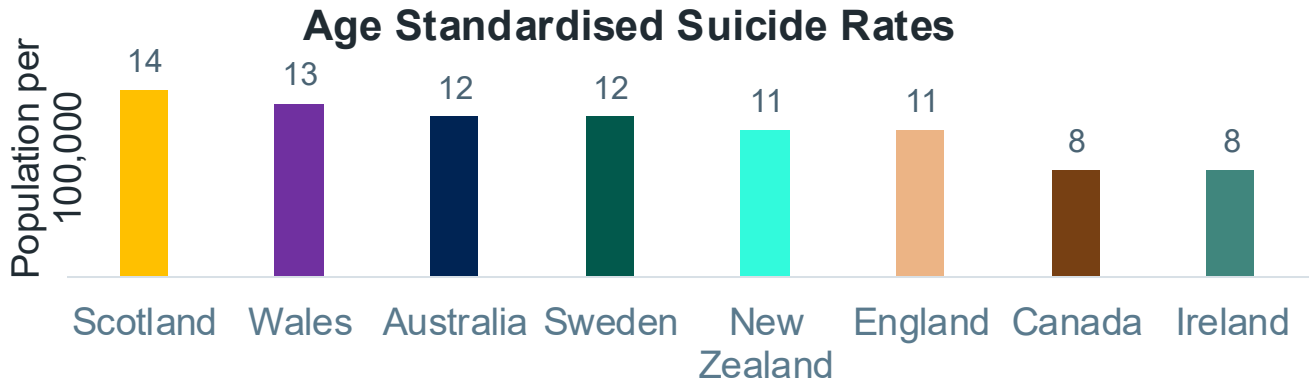
Progress Across Child, Youth and Adult Services

What Has Been Achieved

Key achievements:

- ✓ Expansion of community-based service models
- ✓ Stronger links between **primary care, specialist services** and **community supports**
- ✓ Development of **youth-focused** and **early intervention** approaches
- ✓ Increased emphasis on **prevention** and **recovery-oriented care**
- ✓ Growing **alignment** across child, youth and adult mental health pathways
- ✓ Growth in **digital mental health supports** (online CBT, Text About It)
- ✓ Cross-government collaboration - **Health, education, children, housing and justice** sectors
- ✓ **Shared accountability** for outcomes

CAMHS	Value (%)
Reduction in admissions	24%
Reduction median length of stay	17.5%
Reduction of young people into adult units	95%
No young person sent abroad since 2020	0%



Digital Provision → Number of People accessed **online CBT: 40,300** → Number of conversations p/month **Text About IT: 4000** → Navigator App by Spun Out : **79,200 young people in year 1**

Sources: 1. HSE CAMHS Inpatient Report (2025) 2. MH International Benchmarking (2026) 3. HSE Non-NSP data source

Cross-Government Collaboration and National Delivery Framework

No Single Agency Can Deliver Mental Health Transformation Alone

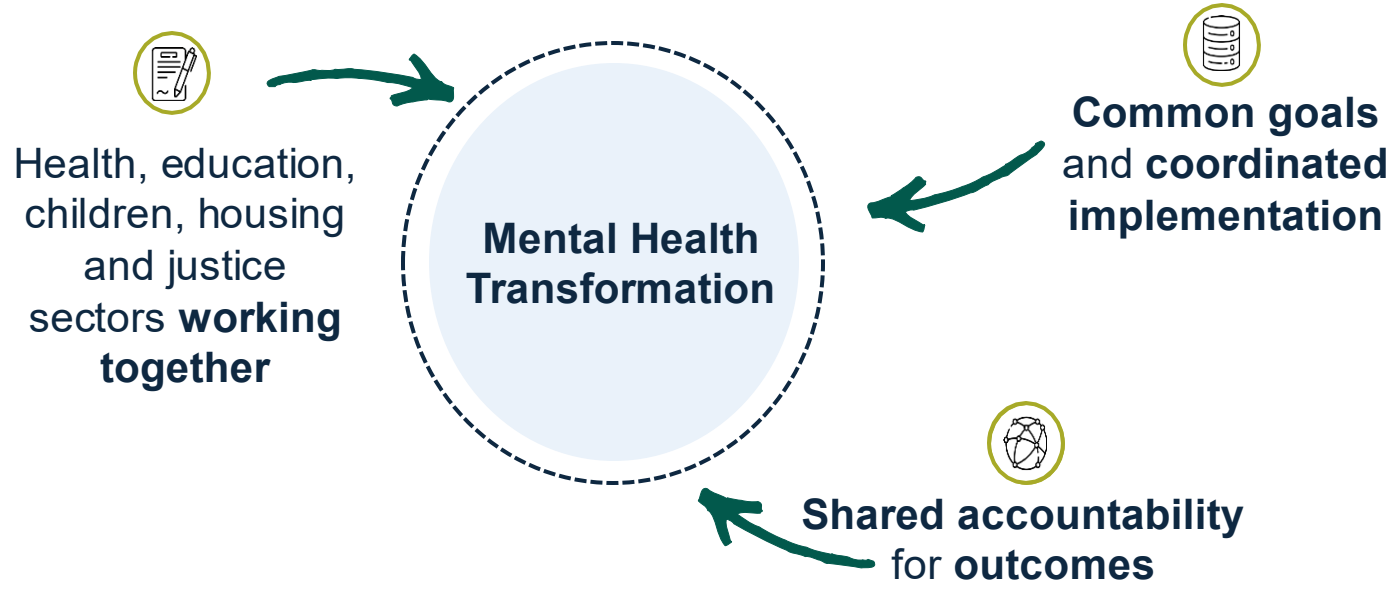
Lived Experience Informs:

- ✓ Service Design
- ✓ Policy development
- ✓ Quality improvement
- ✓ Evaluation and oversights

National Frameworks for Delivery:

- Sharing the Vision (StV)
- Connecting for Life (CfL)
- Child and Youth Mental (CYMHO) Action Plan

Key Enablers for Cross-Government Collaboration:



Sustainably Scaling What Works

From Local Innovation to National Impact

Our goal is to **scale proven models nationally** while maintaining quality and consistency through **service user partnership** and **integrated delivery**

Take Home Messages

- Scaling Proven Models Nationally
- Shared Learning Across Regions
- Continuous Evaluation & Improvement
- Strong Governance & Accountability
- Digital Infrastructure & Data
- Workforce Planning & Capability

> Sustainable mental health reform happens when **policy, people and practice** work together around the **needs of the individual**.

Integrated Child and Youth Mental Health Pathway

Dr Amanda Burke / Dr Dermot Cohen

National Clinical Lead, HSE Child and Youth Mental Health Office, Access and Integration / Consultant Child and Adolescent Psychiatrist, South Galway CAMHS

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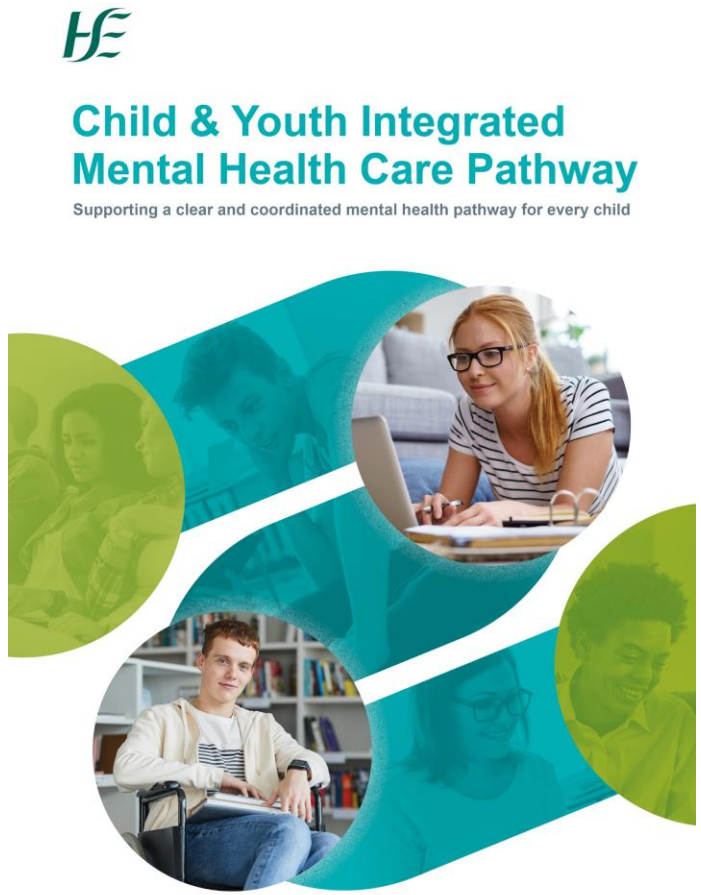
Why the Pathway was Developed

Addressing Fragmentation

- **Challenges Previously Identified:**
  - Multiple entry points across services
  - Different thresholds and referral routes
  - Families navigating systems independently
  - Delays in accessing the most appropriate support
  - Limited coordination across agencies



> This Pathway Aims to provide the **right support**, at the **right time**, in the **right place**

Child and Youth Integrated Mental Health Pathway

- Accessible entry points
- Simplifies navigation for families
- Enables seamless transition between early intervention, intensive, and specialist care
- Improves visibility of waiting lists
- Supports targeted interventions
- Enhances co-ordination between staff and services

"International evidence indicates that **many common youth mental health difficulties** can be effectively **managed through supervised community-based support**, reducing reliance on specialist CAMHS and strengthening whole-system capacity."

"Evidence from England shows that integrated CAMHS pathways **linking specialist and community-based services increased access by 20%,** supporting the role of shared-care models in managing demand and reserving specialist capacity for children with the greatest need."

Sources: McGorry & Mei, 2018; University of Glasgow 'It Takes a Village' programme ; Rocks et al., BMJ Open, 2020

Intended Outcomes

For Young People & Families

- ✓ **Faster** navigation to support
- ✓ **Clearer** access pathway
- ✓ More **joined-up** experience
- ✓ **Reduces** the need for young people to **repeat their stories**

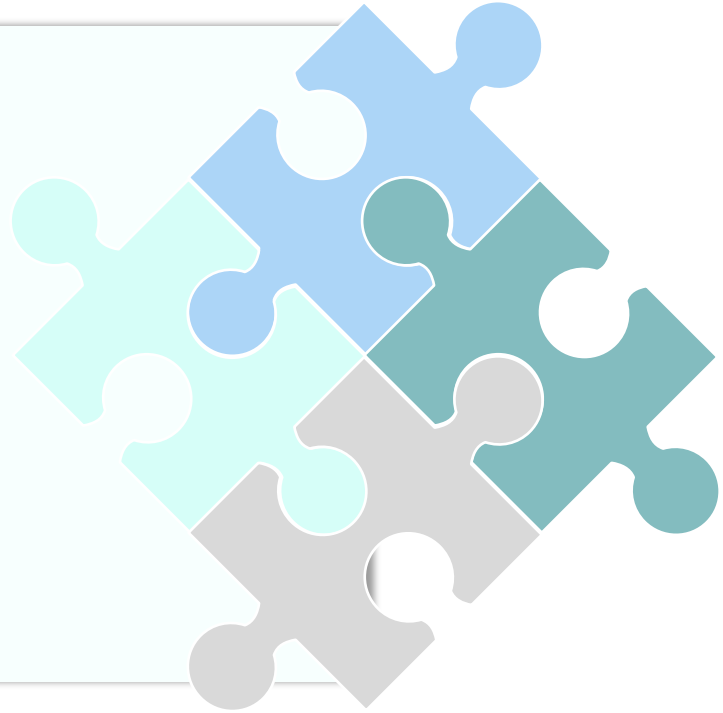
For the System

- ✓ **Coordinated** response to complexity
- ✓ **Shared** information & decision-making
- ✓ **Improved** use of expertise & resources

How the Pathway Works in Practice

One Referral, One Discussion, Shared Decisions

- Triage Group
- Discussion
- Decision
- What difference does this make to families?



How the Pathway Works in Practice

Implementation Challenges

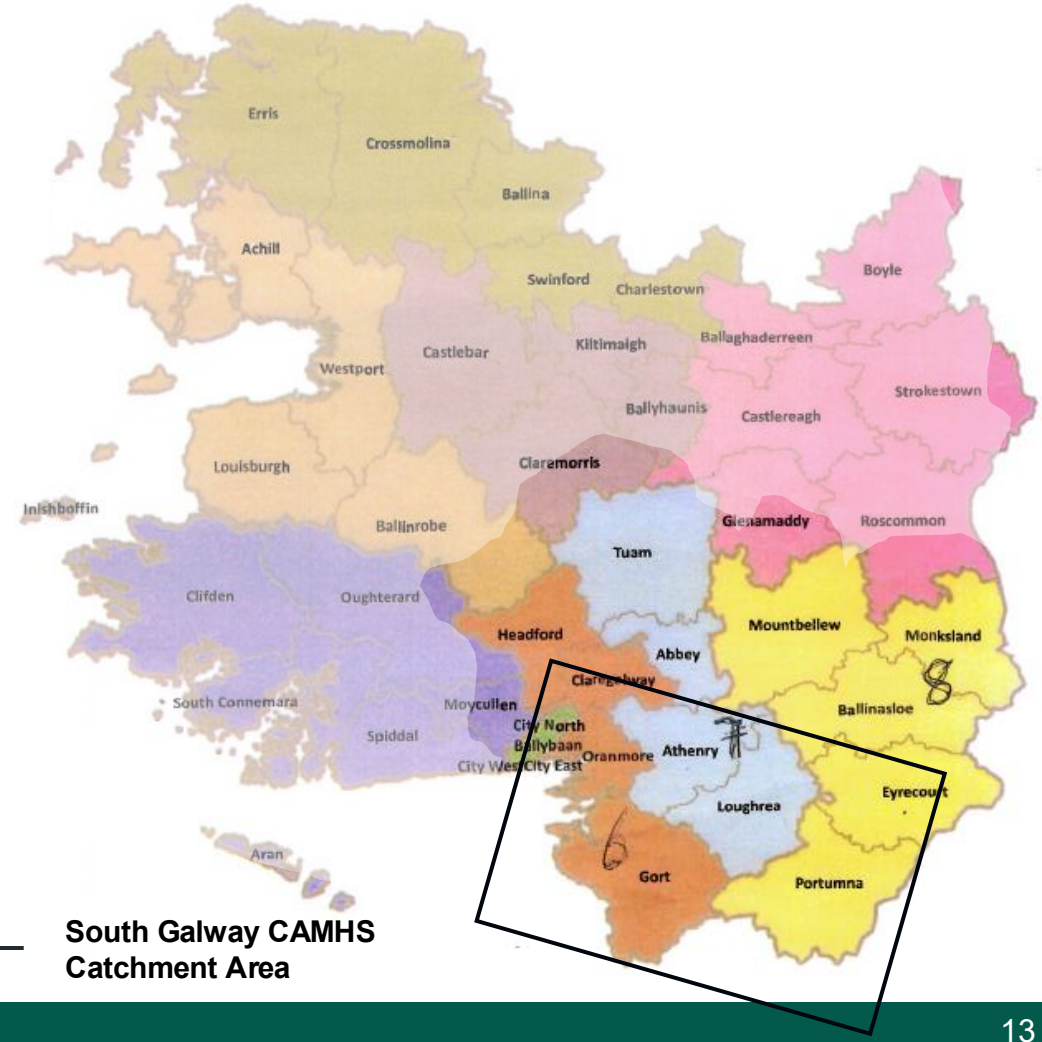
Process Resources
- Ongoing Admin Support
- Senior Clinical Time

CAMHS is not coterminous with networks/CHAs

ICT system to ensure "One Child, One File"
- To support coordinated care between the services
- To diminish time wasted chasing down information and reports from another service.

Waiting list

Map Outlining South Galway CAMHS Catchment Area



Harnessing AI to Enhance Care:

Releasing Clinical Capacity in CAMHS through AI in controlled, targeted settings: Early Findings from a Pilot Project

Dr Eithne Foley

Consultant Psychiatrist, CAMHS and
Clinical Director, HSE Midwest

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AI: Releasing Clinical Capacity in CAMHS

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ADHD assessment as-is 6 clinical hours

ADHD assessment with AI 3 clinical hours

Potential: 5 to 10 initial assessments per week

Use AI to Draft Documents for Clinical Review

1. Consent, record and transcribe assessment
2. Complete Clinical Assessment with Young Person
3. Use AI Prompt to populate standard assessment structure
4. Clinical review of documentation, formulation & treatment plan

CoPilot supports the paperwork burden. It does not replace clinical assessment, formulation, diagnosis, risk assessment or clinical decision-making.

Evidence: 1. Significant Capacity Released

Evidence: 2. Improved Clinical Interaction

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More Present

"The biggest impact I have experienced is my psychological availability in session when I am not focused on documentation"

More Attentive

"I'm more attentive, less distracted by writing notes and better able to maintain eye contact"

More Clinical Headspace

"I'm better able to listen, think and formulate during the consultation"

Evidence: 3. Improved Clinical Documentation

More Complete

"Improved quality of reports, care plans and quality of communication with families".

More Coherent

"I feel better able to create a more coherent account of the young person's clinical story"

More Timely

"In recent months, I have completed 27 full initial assessments, all with comprehensive, up-to-date reports and timely communication to GPs

Next Steps: Scale, Monitor, Continuously Improve

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1	**Scale within CAMHS**	Expand pilot project across CAMHS
2	**Expand Use Cases**	Extend AI support across additional clinical and admin workflows
3	**Strengthen evidence**	Continue evaluation of capacity, quality, outcomes and experience
4	**Scale Nationally**	Replicate the model across Adult Mental Health and other services

Individual Placement and Support (IPS):

Integrating Employment into Mental Health Recovery

Una Twomey

Strategy Lead, HSE Mental Health Engagement and Recovery

Individual Placement Support

"Supporting You On Your Journey To Employment"

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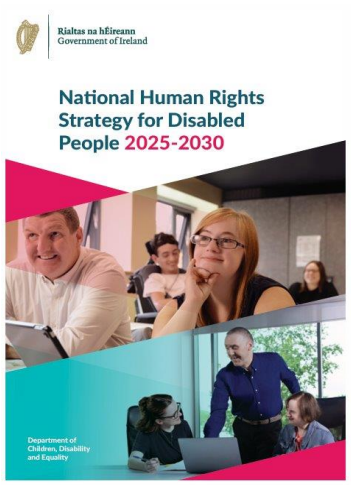
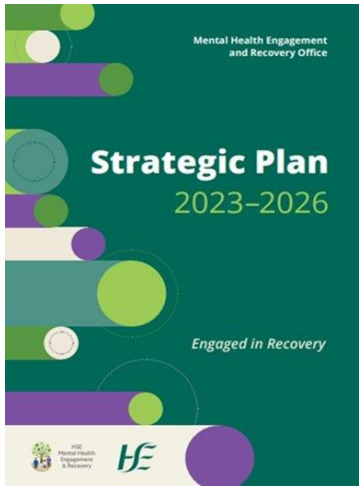
A Proven Integrated Care Model

Individual Placement and Support (IPS) is an internationally recognised, evidence-based supported employment model. It helps people experiencing mental health difficulties to obtain and keep competitive paid employment as part of their recovery journey.





To date, 28 randomised controlled trials of IPS showed an average competitive employment rate of 55% compared to 25% of controls

Employment is treated as a core recovery outcome rather than a separate service

IPS
Individual Placement Support
"Supporting You On Your Journey To Employment"

Why Employment Matters?

Most people with mental health challenges want to work (60%)

- Recovery is strengthened when clinical support, social inclusion and employment opportunities work together.
- IPS bridges the gap between healthcare and community participation.
- Employment becomes part of a recovery pathway rather than a separate destination.

System-Level Benefits

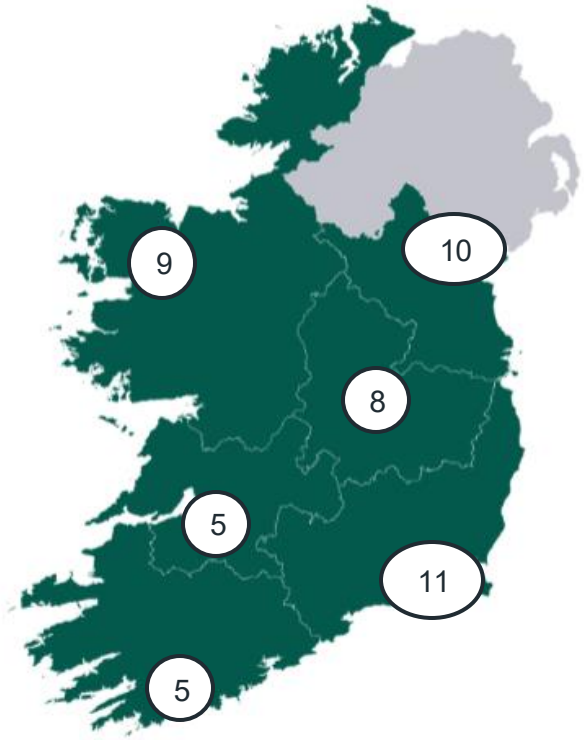
- Improved integration across services
- Reduced fragmentation
- Stronger community connections
- Better recovery outcomes
- Increased social and economic participation

> "Work provides you with this, kind of, sense of purpose and this stability and routine"

Building an Integrated National Network

Governance	National Individual Placement and Support (IPS) Standard Operating Procedure
Capacity	There are 47 IPS Employment Specialist, each with a caseload of 20, total capacity to support 940 individuals
Partnership	IPS is embedded across the 6 HSE Regions, partnering with Employment Agencies e.g. Employability, National Learning Network, etc
Evidence	IPS Fidelity Reviews are underway

IPS
Individual Placement Support
"Supporting You On Your Journey To Employment"



Scaling Integrated Employment Supports

1. Expand equitable access across all Community Mental Health Teams
2. Strengthen integration between mental health and employment services
3. Increase workforce capacity and specialist expertise.
4. Improve data sharing and outcome measurement
5. Embed IPS within broader integrated care reform

Individual Placement Support
"Supporting You On Your Journey To Employment"

Individual Placement and Support (IPS):

IPS in Practice

Edward O’Shaughnessy

Employment Specialist

Individual Placement Support

"Supporting You On Your Journey To Employment"

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How Integration Happens in Practice

Supporting people and business

Clinical Integration

- Employment Specialists embedded within CMHTs
- Shared care planning
- Regular multidisciplinary working

Service Integration

- Partnership between HSE and employment agencies
- Coordinated referral pathways
- Shared accountability for outcomes

Person-Centred Integration

- For Individuals & employers using the service
- Employment goals driven by individual choice
- Ongoing support for individuals and employers

Individual Placement Support

"Supporting You On Your Journey To Employment"

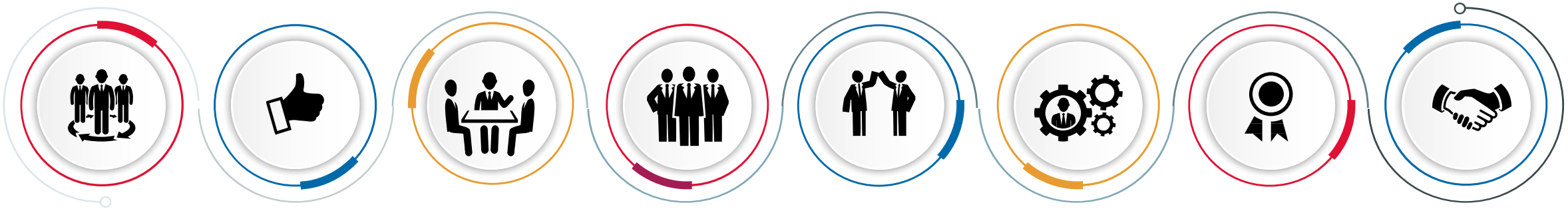
Eight Principles, Evidence and Recovery

Evidence Based	**Fidelity Reviews** A major advantage of IPS model is its evidence base. An IPS Fidelity Review measures 25 items	MH Recovery	The process is the goal Focused on persons MH recovery/wellbeing

Individual Placement Support
"Supporting You On Your Journey To Employment"

8 Principles of IPS

Evidence Based



Competitive Employment

Zero Exclusion

Time Unlimited Support

Rapid Job Search

Integrated with Clinical Team

Job search based on client preference

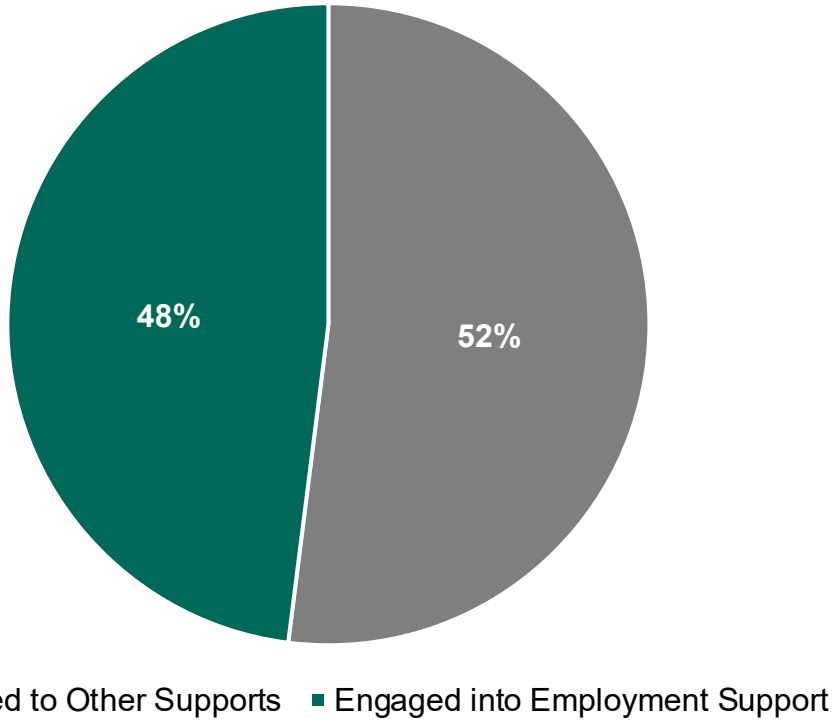
Benefit Counselling Provided

Disclosure based on client preference

Integrated Support Delivering Real Outcomes

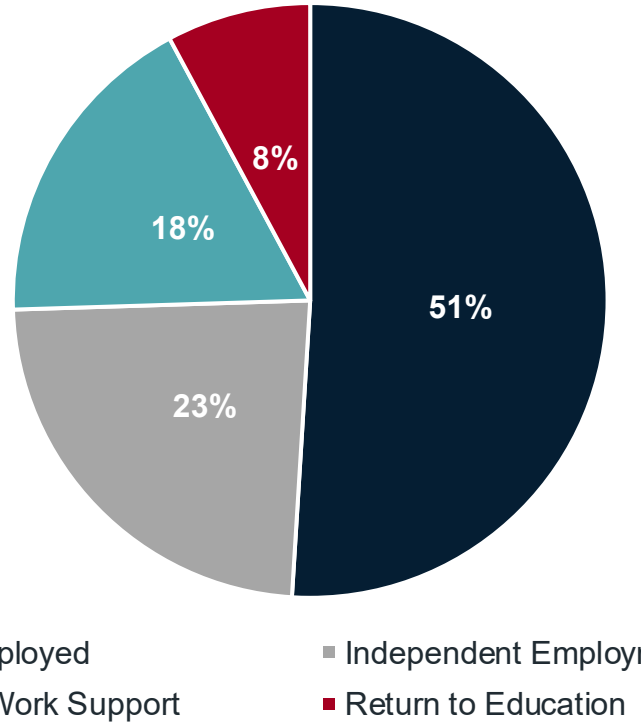
From all referrals to IPS, and progression of those in employment support

All Referrals to IPS Service



18% of those engaged were re-referred

Progression in Employment Support



16% of Employed clients re-referred to change jobs | In Work Support includes those at risk

Individual Placement and Support (IPS):

The Lived Experience Perspective

Roisin Connolly

Lived Experience

Individual Placement Support

"Supporting You On Your Journey To Employment"

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Panel Discussion

- **Max Farrell,** Discovery College West, and person with lived experience
- **Kate Killeen White,** HSE Regional Executive Officer, Dublin and Midlands
- **Siobhán Hargis,** Principal Officer, Mental Health Policy, Department of Health
- **Dr Amir Niazi,** National Clinical Advisor and Group Lead for Mental Health
- **Grace Kearney,** National Programme Lead, Head of Health and Wellbeing, National Forum of Family Resource Centres CLG

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Closing Remarks

Mary Butler, T.D.

Minister for Mental Health and Government Chief Whip

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