

## **Statement from the Psychological Society of Ireland on Mental Health Recruitment and Clinical Leadership**

This statement is made by the Psychological Society of Ireland (PSI) in response to prolonged concerns in relation to recruitment to mental health teams in Ireland, and in particular Child and Adolescent Mental Health Services (CAMHS). The PSI shares the concerns of those who have noted the long waiting lists and unmet need of those requiring support at all levels of the mental health system.

There has been much media focus in recent years, and indeed months, on the difficulty in recruiting Consultant Psychiatrists for Community Mental Health Teams (CMHTs). Consultant Psychiatrists have an important role as one of the core multidisciplinary team, delivering care in CMHTs.

However, the inferences have been that the absence of a Consultant Psychiatrist being available on a CMHT precludes the safe and effective work of all other disciplines.

The legal and contractual rationale for psychiatry automatically assuming the role of “clinical lead” is questionable.

*Vision for Change* (2006; Section 9.3) notes that ‘clinical accountability for all disciplines must be explicit within the team’, but makes no reference to psychiatrists holding ultimate clinical responsibility and instead recommends a “shared governance model”.

The Mental Health Commission (2010; Section 4.4.1) notes, ‘Not in keeping with current models of practice, it is inappropriate to interpret that consultant psychiatrists carry overall responsibility if they are involved, however peripherally, in the care of service users (Royal College of Psychiatrists, 2006), or for all referrals received. Such a centralised or ‘star’ model of responsibility (Muijen, 1993) can be perceived as crossing professional boundaries and forcing team members into ‘devalued, disempowered, hand-maiden’ roles (Rosen, 2001, p.136)’.

In the United Kingdom (UK), CAMHS have moved away from a discipline specific model of clinical leadership and instead have looked at the qualities, capabilities and competencies of clinical leadership in CAMHS (Royal College of Psychiatrists, 2011). This guidance document from the Royal College of Psychiatrists does not assume the primacy of any one discipline in CAMHS over another,

but outlines a helpful framework which emphasises leadership at all levels of CAMHS, including service user and family leadership as well as clinical leadership. The document also outlines specific programmes to develop CAMHS-specific leadership skills and evaluation of the impact of leadership skills. This model could equally apply to all CMHTs.

The PSI strongly asserts that, in moving forward with quality mental health care in Ireland, it is essential that the concepts of leadership and clinical leadership in mental health are brought into line with international best practice.

Consequently, the PSI recommends the development of a competency framework for clinical leadership and leadership development programmes that are equally open to all suitable clinicians with the requisite competencies.

This will assist with reducing the non-clinical workload of our valued consultant colleagues and ensuring their availability to contribute fully to the multidisciplinary inputs those who use the service require.

The PSI looks forward to working with our colleagues in all of the representative organisations, the HSE and the Department of Health to progress the development of such a competency framework.

**ENDS.**

**For further information and/or to arrange an interview, please contact:**

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**Notes to editor:**

- The Psychological Society of Ireland (PSI) is the learned and professional body for Psychology in the Republic of Ireland. Established in 1970, the Society currently has almost 3,000 members.
- The PSI is committed to maintaining high standards of practice in psychology and also to exploring new and innovative ways of furthering psychology as a real and applied science.