



## **Psychological Society of Ireland (PSI) Opening Statement to the Oireachtas Sub-Committee on Mental Health**

### **Meeting for Pre-Legislative Scrutiny on the Mental Health (Amendment) Bill**

Chairperson and members of the Committee,

On behalf of the Psychological Society of Ireland (PSI), I would like to thank you for the opportunity today to address the Sub-Committee on the pre-legislative scrutiny of the Mental Health Amendment Bill.

I am Dr Anne Kehoe, President Elect of the PSI. I am joined by my colleague, Dr Michael Drumm, PSI Council member and Past President (2011/12) of the Society. The PSI is the learned and professional body for psychology in the Republic of Ireland.

In March 2021, the [PSI made a formal submission](#) in relation to the review of the Mental Health Act 2001. The submission was guided by the *Report of the Expert Group on the Review of the Mental Health Act 2001* and the 165 recommendations contained within that report.

Since the enactment of the Act over 20 years ago, there have been significant changes to both mental health policy and direction in Ireland starting with *A Vision for Change* in 2006 and, most recently, in *Sharing the Vision - A Mental Health Policy for Everyone* in 2020.

This Amendment is a once-in-a-lifetime opportunity to improve mental health care in Ireland and to move away from a medicalised or illness models of mental health to a Mental Health Act that is

in line with international best practice. A move to a model that holds the person at the centre, is trauma-informed and recovery focused from start to finish, that will be fit for purpose for all those it serves in this generation and beyond.

This requires changes in the current service delivery model so that social and psychological interventions are the first line of treatment considered when a person presents with psychological distress or mental health difficulties.

I wish to highlight some of the recommendations from the formal submission made by the PSI.

Recent focus on the provision of Child and Adolescent Mental Health Services (CAMHS), has highlighted the need for change with regard to clinical leadership. The model of leadership by a single profession, a consultant psychiatrist, is considered now to be limited in that it does not give full access to the skills of the range of multidisciplinary team members. In the United Kingdom, CAMHS teams are led by a range of appropriately qualified, capable, and competent mental health professionals.

Good clinical governance allows for a model of clinical responsibility recognising that each individual clinician carries clinical autonomy and responsibility with regard to their own specific treatment/intervention. The Mental Health Commission (MHC) document 'Teamwork within Mental Health Services in Ireland' (2010) articulates this well and its principles should be incorporated into the revised 2001 Act. The MHC document proposes a 'distributed model of responsibility' whereby clinical responsibility 'is distributed among the involved team members according to their role and contribution'.

Such a 'shared governance' model of mental health service will lead to a more effective and accessible service for families that is consistent with client centred, recovery-oriented models of practice with people using mental health services.

The PSI recommends that the role of clinical lead and clinical director in all community mental health services be expanded to include qualified experienced mental health professionals in line with international practice.

The PSI has a number of recommendations in relation to mental health provisions for children that are supported by the Report of the Mental Health Act Expert Review Group. The PSI recommends that to emphasise the specific rights and responsibilities towards children that provision related to children should be included in a standalone part of the Act.

There should also be a set of guiding principles that apply to children under the amended 2001 Act. Children aged 16 and 17 years should be presumed to have capacity to consent to or refuse admission and treatment to address this anomaly whereby mental health consent is treated differently to general health consent.

For those under 16 years of age, a parent or equivalent must consent to the voluntary admission and the views of the child should be taken into account by all and given due weight, having regard to the age and maturity of the child.

The PSI recommends that the same provisions, in as far as possible, apply to children as to adults in respect of the criteria for involuntary detention. Specifically, that admissions order be for 14 days, and that it is mandated that fellow mental health care professionals, along with a consultant psychiatrist, be required to provide a report when an order of detention is extended for children.

The PSI is supportive of the recommendation of the Expert Review Group that a mental health professional from a different discipline would consult with a consultant psychiatrist and would also complete an assessment prior to the making of an admission order as well as at the point of a renewal order. Additionally, it is recommended that a psycho-social report should be carried out by a member of the multidisciplinary team and provided to the tribunal to assist in its decision making.

Thank you for your time. We are happy to take any questions in relation to this opening statement and on any of the recommendations made by the PSI in relation to proposed amendments to the act.

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Representing the Psychological Society of Ireland at the Oireachtas Sub-Committee on Mental Health meeting for Pre-Legislative Scrutiny on the Mental Health (Amendment) Bill are **Dr Anne Kehoe, PSI President-elect, and Dr Michael Drumm, PSI Council member, Past President (2011/12)**

Meeting details: Tuesday 05 April 2022 at 11.00 am, in Committee Room 1, LH2000,  
Leinster House