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How people think and feel dictate how they behave.

For over a hundred years Psychology has gathered a wealth of scientific research into understanding how this works.

Putting this expertise at the disposal of the Health and Wellbeing Division could help radically improve desired outcomes.

If working together can help improve the health of our nation, then this is work that benefits us all.
Executive Summary

Embedded in our health service, working with individuals from across the lifespan, are a group of professionals highly skilled in promoting behavioural change. Passionate about fostering wellbeing, their research and models of health behaviour change have led the way in advancing public health in Ireland. In essence, while there are no Psychologist posts specifically assigned to the Health and Wellbeing Division, Irish Psychologists remain one of the greatest untapped resources for the Health and Wellbeing Division.

Psychologists work throughout our healthcare system, in both community and hospital-based settings, and in all tiers of service provision (e.g., primary, secondary and tertiary care). This document sets out the means by which this rich resource can be utilised to materially advance the goals of the Health and Wellbeing Division and ensure that “every encounter counts.” This document sets out 10 key recommendations whereby utilising current structures, and engaging in new initiatives, could dramatically expand the scope and effectiveness of Health and Wellbeing initiatives.

Key Recommendations:

1. Principal Psychologist Managers in each CHO will liaise with other local healthcare agencies around collaborating on the coordinated delivery of healthcare interventions. Opportunities to develop a single ‘one-stop-shop’ Health and Wellbeing Clinic in each primary care area will be actively explored.

2. A Director of Psychology in each CHO will take on a Health and Wellbeing locality lead role and, further to multi-stakeholder discussion, use their psychological expertise to advocate for positive health behaviours and coordinate discrete projects locally as appropriate.

3. Principal Psychologist Managers will lead on helping local service providers explore and implement new ways of inter-disciplinary and inter-system working with a view to maximising our human resources and improving the quality of service delivery as experienced by service users.

4. Principal Psychologist Managers will govern the provision of training and supervision in the application of psychological skills, knowledge, practices and procedures of primary care staff who will then be better placed to deliver specific psychological interventions for specific service user groups.

5. Principal Psychologist Managers will govern the provision of low intensity / high throughput interventions delivered by Assistant Psychologists and other primary care staff.

6. The Heads of Psychology Services of Ireland will nominate experienced Psychologists to form an expert panel to provide consultation to the Health and Wellbeing Division and Department of Health on methodologies that would most effectively realise the Division’s goals.

7. In the context of their specific research expertise, Psychologists will provide leadership in the development of a more complete core dataset for both primary care and mental health services. This dataset could include service provision quality metrics such as clinical effectiveness; service user acceptability of services; degree of care coordination; and whether services are value-for-money.
8. The Heads of Psychology Services Ireland will identify a panel of appropriate Psychologists for each region whose expertise will be contracted in by the Health and Wellbeing Division; our nine Community Healthcare Organisations; and our six Hospital Groups. Doing so will improve clinical outcomes and service user acceptability by applying psychological models to better inform the interface between healthcare providers and users.

9. The Heads of Psychology Services Ireland will develop and action a national workforce plan that will deliver the workforce numbers required to provide health and wellbeing psychology services (e.g., achieve an adequate number of psychologists per CHO; increase the number of psychologists in clinical training posts; employ health psychologists and assistant psychologists); and that will guide the training requirements for the next generation of Psychologists.

10. Principal Psychologist Managers will liaise with CHO and Hospital Group management around assessing and supporting the health needs of the healthcare workforce in conjunction with other appropriate stakeholders.
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1.0 Introduction

1.1 Risks to the Health of the Nation

As profiled in *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013 – 2025* (Government of Ireland, 2013; see Figure 1), hereafter referred to as *Healthy Ireland*, our health services are moving away from an illness- or disease-management focus to promoting community health and wellbeing. The biggest cost to our society in health terms accrue from modifiable lifestyle risk factors associated with chronic conditions and ill-health such as alcohol misuse, physical inactivity, poor diet, risky sexual behaviour, stress, and tobacco use. In addition to the positive benefits for individuals and our communities, there is clear evidence that promoting positive health behaviours results in significant economic savings for the State. However, promoting change in lifestyle at a population level is not straight-forward and requires evidence-based psychological models of behavioural change.

1.2 The Health and Wellbeing Division

The Health and Wellbeing Division is ‘focused on helping people to stay healthy and well, reducing health inequalities and protecting people from threats to their health and wellbeing’ (HSE, 2015a, p.4). As such, this requires bringing together public health structures and projects (e.g., health promotion, health protection, research, health policy, health service delivery models) in a strategic way to maximise public health within the available resources. In this regard, the development and monitoring of ‘Key Performance Indicators’ (KPIs) will be crucial.

1.3 Networks of Psychologists and Their Governance

Psychologists work across all aspects of our health and social care systems. Psychologists are embedded in primary care, acute care, mental health, social care, and disabilities service provision.

Each HSE Principal Psychologist Manager typically manages psychology services across the different HSE Divisions (i.e. acute hospitals; mental health; primary care; and social care) in their specific Local Health Office Area. However, with the creation of Community Healthcare Organisations (CHOs), there are now two or more Principal Psychologist Managers in each of CHO, and it is their responsibility to ensure that the high level skills of our psychologists are utilised appropriately and to the maximum benefit of service users and their carers.

1.4 Role of the Psychologist

Psychologists aim to reduce psychological distress and to enhance and promote psychological wellbeing in our communities by the systematic application of knowledge derived from psychological theory and research (British Psychological Society [BPS], 2010, p.2). They typically spend about 10 years studying, researching, and gaining clinical experience in our and other health services before completing their 3-year doctoral training (O'Shea & Byrne, 2011). The principles underlying their training include acceptability; accessibility; care coordination; effectiveness; efficiency; equity; inclusion; relevance; safety; and service user-centredness.
**Vision**

A healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everybody’s responsibility.

**Goals**

| Increase the proportion of people who are healthy at all stages of life | Reduce health inequalities | Protect the public from threats to health and wellbeing | Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland |

**Ethical Principles**

| Equity | Fairness | Proportionality | Openness & accountability | Solidarity | Sustainability |

**Framework of Actions**

| Theme 1 Governance and policy | Theme 2 Partnership and cross-sectoral work | Theme 3 Empowering people and communities | Theme 4 Health and health reform | Theme 5 Research and evidence | Theme 6 Monitoring, reporting and evaluation |

**Guiding Principles for Implementation**

| Better governance and leadership | Better use of people and resources | Better partnerships | Better use of evidence | Better measurement and evaluation | Better programme management |

*Figure 1. Healthy Ireland – A framework for improved health and wellbeing (Government of Ireland, 2013).*
All qualified psychologists are competent to assess, formulate, intervene and consult, psychologically and ethically, on a broad spectrum of clinical presentations; on carers needs; and on organisational systems (BPS, 2010; Fouad et al., 2009). This includes a capacity to teach, supervise, and support others’ learning in the application of psychological skills, knowledge, practices and procedures; and a capacity to undertake both small- and large-scale research projects (e.g., service evaluation).
2.0 Advancing the Goals of the Health and Wellbeing Division

As a resource, Psychologists can be more fully utilised to advance the goals of ‘Healthy Ireland’ (Government of Ireland, 2013) by:

- **Delivering interventions that work.** Providing evidence-based direct services;
- **Building Partnerships.** Creating and supporting cross-sectoral partnerships;
- **Supporting health promotion.** For example, promoting positive health behaviours;
- **Leading on ill-health prevention strategies.** Tackling the causes of ill-health, facilitating the early detection of distress/ill-health, and promoting self-care;
- **Supporting health protection.** Using our psychological knowledge to develop pragmatic and effective responses to threats to our health e.g., using evidence-based models on crisis intervention to best inform methods of engagement and communication when a population’s health is at risk.
- **Promoting evidence-based and cost-effective health interventions;** and
- **Gathering the right data to allow us to make the right decisions.** Gathering and creating data to support appropriate decision making / knowledge management.

2.1 Providing direct evidence-based services

Psychologists work in a wide variety of health care delivery systems including primary and secondary care services (e.g., Primary Care Teams, Early Intervention Teams, School Age Teams, Community Mental Health Teams); general and tertiary care hospitals; child care residential facilities; rehabilitation facilities; and substance abuse treatment services. They provide a range of services including preventive, assessment, diagnostic, and therapeutic intervention services related to the psychological and physical health of service users (APA, 2013, p.2). They work with children, adolescents, adults and older adults presenting with a wide variety of conditions including infectious diseases, obesity, diabetes, cancer, cardiac conditions, traumatic injuries, and neurological, developmental and mental health presentations (APA, 2013, p.5). The evidence-base for the effectiveness of such interventions is now well established (e.g., NICE 2004, 2005, 2006, 2009, 2011, 2013). In addition to such direct service delivery, they also provide consultation, training and support within teams to other health care providers.

2.2 Creating and supporting cross-sectoral partnerships

Given that their training involves working across the lifespan with different populations in a variety of health care delivery systems (e.g., primary, secondary and tertiary), psychologists are well placed to work in partnership with stakeholders both within the Health and Wellbeing Division and the other HSE Divisions; with other voluntary and community service providers; and with non-health care services so that health outcomes can be improved. Indeed, our Principal Psychologist Managers typically manage all HSE psychology services in their locality.
2.3 Supporting Health Promotion

Health promotion addresses non-medical factors that influence health. These range from modifiable behavioural factors such as smoking, alcohol consumption, diet, nutrition and exercise through to the broader structural determinants such as poverty, unemployment, housing, education, living and working conditions. Health Promotion extends beyond the health services and influences primarily through the social settings where people live their lives: in homes, schools, workplaces and communities. It is the process of enabling people to increase their control over, and improve, their health. It is fundamentally about behavioural change and therefore unsurprisingly uses psychological models such as:

- Health Belief Model (Rosenstock, 1966);
- Stages of Change Model (Prochaska & DiClemente, 1986);
- Theory of Planned Behaviour (1985);
- Precaution Adoption Process Model (Weinstein, 1992); and
- Chronic Care Model (Wagner 2004).

These models tend to be used implicitly, generally without the benefit of consultation with psychologists. If our available psychological expertise is used to improve the effectiveness of our health promotion, the impact on public health would be significant.

Psychologists play a valuable role in health promotion (e.g., promoting positive health behaviours); ill-health prevention strategies (tackling the causes of ill-health and the early identification of distress/ill-health); promoting evidence-based and cost-effective health interventions; contributing to health service planning; and in the gathering of Health Intelligence. These opportunities exist across the domains of physical and mental health, in working with individuals, systems and communities.

Ongoing potential for contribution from psychology:

- Psychologists could provide expert consultation in the development of major health behaviour promotion campaigns to maximise their effectiveness. Such expertise could be accessed by creating a specialist Psychological Advisor role within Public Health, or by adopting a policy of all major strategies being sent to the Heads of Psychology Services Ireland (HPSI) for consultation.

- Psychologists could lead on developing a positive mental health and wellbeing framework as has been developed in Northern Ireland (see http://www.dhsspsni.gov.uk/sqsd_service_frameworks_mental_health).
Positive Practice Example 1 – Linking Primary and Secondary Care Mental Health

Access to Psychological Services Ireland (APSI)

Funded initially by the Mental Health Division, HSE, and building on a 4-year pilot, this stepped primary care adult mental health service was launched in 2013 with the aim of improving health outcomes for adults with mild-to-moderate mental health presentations. It is now available in CHOs 2 and 8. APSI (www.apsi.ie) provides:

- A service in each primary care centre.
- Open access (i.e., acceptance of walk-in and self-referrals).
- Immediate assessment for walk-in referrals or within 24 hours for all other referrals.
- Effective low-intensity, high-throughput psychological interventions (e.g., guided self-help; computerised cognitive behavioural therapy [CBT]; therapeutic groups; brief one-to-one CBT).
- Mental health promotion through whole population initiatives (e.g., public talks).
- A continuum of integrated care through working with Counselling and Primary Care staff (i.e. a communal initial assessment in CHO 2); primary care and secondary care professionals (i.e. direct referral); and community agencies.
- A commitment to monitor clinical- and cost-effectiveness through rigorous service evaluation (e.g., over 3,000 referrals have been processed since July 2013).

Figure 2. Structure of APSI service and coordination with other services.
Positive Practice Example 2 – Health Promotion in a Range of Domains

Exercise and Diet – “Operation Transformation”

At a national and local level (i.e. projects by HSE CHO 8 services) Psychologists have become involved in promoting the benefits of exercise and good diet. The popularity of programmes such as “Operation Transformation” at both national and local level are a positive indicator of the potential for wide-scale behavioural change that comes from such input. Similarly programmes such as the “Living Well” group that tackles obesity (run by Psychologists in the Eastern region with physiotherapists and dietitians) indicate the valuable role psychological input can play in fostering positive health behaviours by utilising evidence-based models in a manner that creates mass appeal.

Building positive Mental Health – Mindfulness-based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT)

Promoting positive mental health is as crucial as physical wellbeing. In a variety of sites across Ireland, Psychologists are leading on the provision of interventions such as Mindfulness. They recognise that such “wellbeing skills” can enhance health and thereby build resilience to cope with the stressors of everyday life. These programmes run either as part of formal therapeutic interventions (e.g., MBCT in Tallaght Hospital and DBT interventions in Cork) or as stand-alone groups accessible to all the community (e.g., Dublin-based services and hospital psychology services such as St. Luke’s Hospital).

Chronic Disease Self-Management Programmes

Tallaght Hospital, Fettercairn Health Project and HSE CHO 8 have been running local programmes since 2006 and Beaumont Hospital runs disease-specific programmes both initiated and governed by Psychology. Key aims of such programmes are:

- To target behavioural nature of risk factors
- Tertiary prevention – for people with chronic conditions
- To maximise the amount of time people live healthy lives – compression of morbidity
- Involve lay-led, small interactive groups (2.5 hours/week for 6 weeks)
- Mixed chronic disease and co-morbidities

Content

- Goal setting and problem-solving
- Cognitive symptom management
- Design of exercise programs
- Management of fatigue, sleep, pain, anger, depression
- Appropriate use of medications
- Patient/physician communication
- Use of a living Will.

Psychology in Medical Contexts

In the hospital setting there is broad scope for psychology to promote health and well-being among patients, family members and staff, each with significant implications for patient outcomes. A growing number of hospitals across the country employ psychologists for their unique skill set as applied to specialist areas of medical practice.
The hospital context also provides a platform from which psychologists have the opportunity to promote health and well-being to the general public (e.g., Cancer Insight Talks and radio interviews delivered regularly by psychologists at St. Luke’s Hospital). It provides an opportunity for routine distress screening of patients, thus increasing likelihood of early/timely intervention. Distress screening has significant cost implications in addition to the more fundamental implications for patient wellbeing. The evidence base supporting this is such that routine distress screening has recently been mandated in oncology contexts in the USA as a quality care standard (APOS/NCCP, 2014).

**Reducing stress**

Across many different services, psychologists offer various interventions to educate patients and staff on how they can become better aware of and reduce stress levels. In St Luke’s Hospital, the psycho-oncology team provide weekly drop in progressive muscular relaxation classes for both patients and staff as well as providing psycho-education on how they can manage their own stress levels and cope with poor sleep. Each participant is given a CD to practice in their own home or on the hospital ward.
2.4 Leading on Prevention, Early Detection and Self-Care

Psychologists play a central role in promoting prevention, early detection and self-care by identifying the causes of ill-health and by detecting possible distress/ill-health early on.

Positive Practice Example 3 – Promoting prevention, early detection and self-care

Psychologists throughout Ireland are currently engaging in frontline community programmes aimed at early intervention of health difficulties.

The Positive Parenting Programme or Triple P: Now extended to teenagers and available in various locations throughout Ireland, this programme aims to empower parents with strategies to facilitate effective parenting. An independent evaluation of this programme has indicated significant and sustained gains for both parents and children.

The Triple Ps – Obesity services: These services (e.g., in HSE CHO 8) use a similar approach to the above but focus specifically on healthy eating and exercise, thereby breaking often intergenerational patterns of obesity.


Stress Control: This intervention, provided by many HSE psychology departments is based on Jim White’s STEPPS programme. It involves a community ‘town hall’, psycho-educational large group session, open to all, in which strategies to manage stress are taught.

The Accessing Psychological Services in Ireland (APSI) service:
As outlined in Positive Practice Example 1 (page 7), APSI is a good example of providing early intervention services via a number of means (e.g., online assessment; self- and other referral; walk-in clinics; immediate or next-day risk assessment). Developed as part of a PhD by a Psychologist in Clinical Training, it also provides an in-house developed group-based stress management programme that promotes self-care.

Early Intervention in Psychosis programme – Intervening early with first presentations of psychosis is now accepted as a vital step towards reducing the risk of the individual developing a long-term debilitating condition. Psychological interventions (CBT for Psychosis, Behavioural Family Therapy) lie at the core of this and are being rolled out nationwide as part of the Early Intervention in Psychosis Clinical Care Programme.

Development of the “Little Things”, “Your Mental Health”, “Let Someone Know” and “PleaseTALK” campaigns.
These initiatives raise awareness about mental health and suicide and promote positive coping behaviours.
**Social determinants of ill-health**

Psychologists can help to reduce the chances of problems developing by identifying and intervening with those who may be most vulnerable. Psychologists have long promoted the research that particular environmental circumstances (e.g., poverty, abuse, disempowerment) have a direct causal link with ill-health, both mental and physical (Bentall 2009). This focus on our environment and our capacity to function within it, is in keeping with the World Health Organisation’s (WHO; 1946) definition of health as “a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.”

Moreover psychologists have developed intervention strategies that attempt to break the link between these circumstances and later ill-health e.g., positive parenting programmes that break inter-generational patterns of non-health inducing familial dynamics / conflict; or mental wellbeing strategies (e.g., stress management for therapeutic groups or larger-scale groups; group-based mindfulness interventions) that can reduce the risk of individuals developing debilitating anxiety and depressive disorders, which themselves can contribute to a spiral of social and occupational disempowerment.

Many interventions are geared towards the reduction of suicide risk factors while many others focus on strengthening the factors that have been shown to increase resilience and protect against suicidal behaviour. Research indicates that strong personal relationships, religious or spiritual beliefs and a lifestyle practice of positive coping strategies are protective factors against the risk of suicide (WHO, 2015).

**Perinatal care**

Psychological therapies are increasingly seen as a necessary early intervention for mental disorders. For example, with regard to perinatal and infant mental health, psychologists could lead on prevention initiatives such as rolling out the use of evidence-based screening tools to identify difficulties at the earliest possible point and by working with antenatal and postnatal services, primary care centres and community-based agencies, children most at risk of poor outcomes can be picked up and a stepped care approach applied (NICE, 2012). Psychologists have led on initiating multi-disciplinary training in infant mental health aimed at increasing workforce capacity to promote positive mental health in the early years. Such training emphasises the importance of attachment and the Parent/Child relationship to the social and emotional development of the infant, and empowers practitioners to integrate an infant mental health framework into their practice (Infant Mental Health Learning Network, 2015).

Psychologists have also shaped the provision of cognitive behavioural therapy and family therapy in our Mental Health Division Early Intervention in Psychosis clinical care programme. They have also contributed to community-building interventions that foster a
community’s capacity to develop positive health behaviour as well as support people in times of stress.

2.5 Supporting Health Protection

The prevention, early identification of, and swift intervention with infectious diseases is a core feature within public health. The design of effective healthcare ‘alert-and-response’ systems in this regard is necessary to protect a population’s health. Effective intervention strategies that reduce the risk of such diseases spreading (e.g., needle exchange programmes in illicit drug-using populations reducing the threat of the transmission of communicable diseases) are vital to this work. Psychologists can aid the design and delivery of such interventions in a manner informed by psychological understandings of behaviour in these contexts.

Positive Practice Example 4 – Responding in times of emergency

Psychosocial and Mental Health Needs Following a Major Emergency (HSE, 2015b)

Psychologists have led in the formulation of a policy on how the HSE and other agencies need to respond following a major emergency in order to meet the community’s psychological, practical and physical needs. Such events pose a significant threat to the mental health of the community affected. The policy sets out, how following a major emergency, local HSE management need to:

“Assign to the relevant Principal Psychology Manager in each area the key role of leading the Health Service psychosocial response, including the development of and responsibility for governance structures.”

Such responsibilities are significant in such events. However, given the pre-existing governance structure whereby Psychology managers already oversee psychological input into Adult, Child and Family as well as Disabilities services (across Primary care, Mental Health, Social Care and Acute Hospital Divisions), they remain ideally placed to co-ordinate effectively an appropriate psychosocial response.

Further potential role for psychology:

- Psychologists, cognisant of their expertise in individual and group behaviour of those under stress, could contribute to the development of practical protocols regarding the management of infectious diseases that could take into account typical responses by communities (both healthcare providers and consumers) in times of high pressure.

- Psychologists could contribute to the design and implementation of programmes targeting high-risk populations by using their expertise in achieving effective behavioural change, such that vulnerable individuals are aided in breaking spirals of high-risk behaviour thereby reducing the overall risk to the broader community.
2.6 Promoting Evidence-Based and Cost-Effective Health Interventions

International evidence
It is now undisputed internationally that psychological interventions are core to the effective treatment of major mental disorders and are beneficial for a wide range of physical health disorders (APA, 2012).

Effective for a Range of Disorders across the Life-span
Psychological treatments are effective for a wide range of mental disorders from mild-to-moderate depression and anxiety presentations through to complex and enduring severe mental disorders such as Schizophrenia. Psychological therapies are effective across the life-span, being equally recommended for presentations in children and older adults.

Psychological assessments and interventions are also recommended as part of an evidence-based treatment package for physical disorders such as diabetes, transplant, stroke and all chronic physical health difficulties which are resulting in low mood. Cognisant of the importance of attending to the psychological wellbeing of service users, psychologists increasingly work in a range of medical departments as part of a multidisciplinary team (e.g., psychologists in the Psychological Medicine Team, Papworth Hospital work across the Cystic Fibrosis Centre, Cardiothoracic Transplant Unit and Pulmonary Vascular Disease Unit).

Psychological assessments and interventions are prominent in addressing substance, particularly alcohol abuse, and hence could contribute to health and wellbeing outcomes.

International Consensus
The evidence is now so robust for psychological treatments that all equivalent healthcare systems (e.g. England and Wales, Scotland, Australia, United States of America) incorporate these interventions as core treatments for mental disorders in their formal clinical guidelines.

Psychological Treatments are Cost-effective
A wide range of studies have demonstrated that, compared to treatment as usual, psychological treatments are cost effective for a range of disorders including depression, anxiety, schizophrenia, and bulimia nervosa. A recent overview of this evidence in the UK outlined in practical terms the financial savings that accrue (see Table 1).

Table 1. Economic savings from interventions for mental disorders.

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<td>£1.75 for every pound spent</td>
<td>CBT for people with Medically Unexplained Symptoms (MUS), with NHS savings by year two.</td>
</tr>
<tr>
<td>£12 for every pound spent</td>
<td>Screening and brief interventions in primary care for alcohol misuse.</td>
</tr>
<tr>
<td>£8 for every pound spent</td>
<td>Training interventions for parents of children with conduct disorder.</td>
</tr>
<tr>
<td>£5 for every pound spent</td>
<td>Diagnosis and treatment of depression at work after one year.</td>
</tr>
<tr>
<td>£55,200 per participant</td>
<td>Early intervention for looked after children with mental disorder through multi-dimensional treatment foster care reduces crime by 18%, with associated net savings per participant of the equivalent of £55,220.</td>
</tr>
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</table>
Positive Practice Example 5 – Evidence-Based Health Interventions

Evidence-based psychological treatments are now a mainstay of modern mental health services. Psychologists are a core discipline in Community Mental Health Teams (CMHTs) providing, throughout Ireland, a range of psychological interventions across a wide range of mental health presentations of varying levels of severity and complexity.

Training in core psychological interventions are currently being rolled out in each of the mental health clinical care programmes that have commenced i.e. the Deliberate Self-Harm, Early Intervention In Psychosis and Eating Disorders programmes.

In physical health conditions, the value of psychological intervention is increasingly being recognised and as such is following international precedents (e.g., the widespread employment of psychologists in hospital departments across the UK).

In Dublin psychological input is currently being offered to a range of health programmes for adults and children i.e.

- Diabetes (e.g., Connolly Hospital, Children’s University Hospital, Temple Street; Crumlin Hospital; Tallaght; and St. James Hospital);
- Chronic pain (e.g., St. Vincent’s Hospital, Mater Hospital, St. Luke’s Hospital);
- Palliative care (e.g., St. Luke’s Hospital);
- Cardiac rehab;
- Obesity;
- Chronic illness; and
- Cancer (e.g., St. Luke’s Hospital).

In primary care psychology services (e.g., APSI in HSE CHO 2 and 8) referrals for physical health conditions (e.g., chronic fatigue, chronic pain, unexplained medical conditions) are increasing, as the value of psychological intervention for these conditions becomes more widely known.

2.7 Gathering and Creating Data to Support Appropriate Decision Making / Knowledge Management

In line with the Primary Care Division’s increased emphasis on collating service activity metrics and trialling the use of outcome measures, primary care psychology services have an established track record of evaluating their (and other) services and measuring outcomes (see case example 3 below). Having worked with other Health and Social Care Professionals in producing a comprehensive guidebook on how to conduct research for service improvement (Byrne, 2015), psychologists are well-placed to lead on (and build the capacity for) primary care service provision research in Ireland. To increase efficiencies, some of this research work could be undertaken by Research Assistants, as is currently the case with various psychology-led national service evaluations.

Of note, our psychologists have a demonstrated competence in evaluating health care systems. For example, they have

- Produced comprehensive guidance papers on inter-disciplinary working; (Mental Health Commission, 2010);
- Developed measures of inter-disciplinary teamworking (Roncalli et al., 2013); and
- Facilitated teamworking training (e.g., with our national Enhancing Teamwork Project; e.g., Twomey et al., 2014);
• Led on developing a model for supporting HSE Health and Wellbeing Division staff in the evaluation of small-scale initiatives (Watters et al., 2016);
• Led on the evaluation of our (national) Advancing Recovery in Ireland (ARI) initiative (Murphy, Spollen & Byrne, 2016); and are
• Currently leading on evaluating our Enhancing Teamwork Project (e.g., Twomey et al., 2014).

Positive Practice Example 6 – How Psychologists Lead on Primary Care Research

Our psychology departments are leading on various research projects including:
• Profiling the level of psychological distress in our communities (Hughes et al., 2010);
• Profiling the service provision needs of GPs (Byrne, 2007; Ní Shiothcháin & Byrne, 2009) and of other stakeholders (Corcoran & Byrne, 2015);
• Guidance on the use of computerised cognitive behavioural therapy (cCBT) in primary care (Twomey et al., 2013a, 2013b);
• A randomised controlled trial of cCBT in primary care (Twomey et al., 2014);
• A meta-analysis of the effectiveness of CBT for anxiety and depression in primary care; (Twomey, O’Reilly, Byrne, 2014);
• Developing and evaluating a group-based stress management programme (Brunkard, 2015);
• Guidance on stepped care model service provision in primary care (Kierans & Byrne, 2010; O’Shea & Byrne, 2014) and how this can help prevent suicide (Kelly et al., 2014); and
• Evaluating primary care psychology service provision (Bourke & Byrne, 2012; McHugh et al., 2013; McHugh et al., 2014; McHugh et al., 2015).

Generate evidence and measure performance
Psychologists’ thorough research training enables them to lead on designing and conducting research and clinical audit studies with a view to developing evidence-based interventions, and improved and value-for-money models of service delivery. Their training also enables them to lead on developing and collating meaningful performance indicators.

Maximise use of our health care human resources
Psychologists can help improve the wellbeing of health care staff (e.g., by formulating organisational responses that optimise staff motivation); maximise the professional capacity of staff via support (e.g., stress management) and training (e.g., skills development); and with their training in systems theory (e.g., group dynamics and organisational theory), can both facilitate improved inter-disciplinary working and formulate improved ways of working. This is in keeping with the HSE’s (2015c, p.4) goal to ‘engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them’.

Without adequate data it is impossible to appropriately allocate funding or assess whether such funding has led to meaningful outcomes. Psychology, as a consequence of the strong research and academic basis inherent to the science, has a long history of closely evaluating clinical and service-level outcomes.

The standard metrics that are commonly used are based on the core values of accessibility, acceptability, effectiveness, efficiency and equity. Typical measures include:

• Service level – Demographic information; number of cases seen; waiting time to first appointment; number of sessions offered; number of DNAs/drop-outs.
• Outcome oriented: Symptom improvement (e.g., BDI; Y-BOCS; PHQ-9; GAD-7); General wellbeing (e.g., GHQ; CORE-OM); and service user qualitative and quantitative feedback.

Such expertise could be applied at a community and regional level to help the Health and Wellbeing Division acquire the vital Health Intelligence necessary to effectively do its work.

### Positive Practice Example 7 – Psychologists Leading on Health Research

Throughout Ireland, psychology departments are leading on various research projects of national significance. These include:

- The Happiness and Well-Being Study that is a randomised controlled trial of a group-based CBT-positive psychology programme for adult outpatients with major depressive disorder;
- The resource paper on teamwork within our mental health services that is widely used by our CMHTs;
- Leading on evaluating our (national) Enhancing Teamwork Project that is using the Mental Health Team Development Audit Tool as the primary measure of teamworking;
- Leading on evaluating our (national) Advancing Recovery Ireland (ARI) programme;
- Guidance on suicide prevention;
- Guidance on formulating and using performance metrics in mental health services;
- Guidance on the economic evaluation of our mental health services;
- Using learning from our randomised controlled trial of a commercially available computerised cognitive behavioural therapy (cCBT), developing and evaluating our free-to-use cCBT programmes for adults presenting with mild-to-moderate anxiety and low mood presentations;
- Developing and evaluating a group-based stress management programmes for adults; and
- The Recovery Context Inventory designed by EVE to support people in mental health recovery.
3.0 Moving Forward: Key Recommendations

3.1 Support the development of a HSE ‘Health and Wellbeing Clinic’ in every community

There is ever increasing evidence to support the value of systemically offered evidence-based health interventions at a primary care level (e.g., the Improving Access to Psychological Therapies service; O’Shea & Byrne, 2014; Access to Psychological Services Ireland; McHugh et al., 2015). Increased co-ordination of currently fragmented healthcare provision could lead to a valuable and effective ‘one-stop shop’ for primary care health interventions.

A “Health and Wellbeing Clinic” would be a service that co-ordinates locally the wide range of available healthcare self-management programmes that can treat chronic healthcare conditions. This could be a service that uses evidence-based brief interventions to treat the common and chronic conditions that have the greatest impact on Public Health in Ireland. For example:

- Smoking cessation interventions;
- Evidence-based weight-loss programmes;
- Evidence-based management of chronic healthcare conditions (diabetes, asthma, COPD, arthritis);
- Evidence-based pain management programmes;
- Stress management programmes;
- Positive exercise programmes;
- Promotion of safe sexual behaviour;
- Treatment of medically unexplained conditions;
- Treatment of depression and anxiety; and
- Treatment of chronic fatigue / ME conditions.

This would be a ‘one-stop shop’ for evidence-based treatments of common and chronic conditions in an accessible primary care setting. A joint partnership between our Primary Care and Health and Wellbeing Divisions, these Health and Wellbeing Clinics could be firstly piloted, and assuming they are positively evaluated, rolled out to other areas. In keeping with an evidence-based ethos, these clinics could be rigorously audited with a mandatory dataset. The latter could include economic indicators such as the reduction in unemployment/disability benefits resulting from individuals being able to return to employment (i.e. as per the UK model); and the reduction in the general usage of healthcare services due partially to better self-management of chronic conditions (Twomey et al., 2013).

Recommendation 1: Developing local Health and Wellbeing Clinics: Principal Psychologist Managers in each CHO will liaise with other local healthcare agencies around collaborating on the coordinated delivery of healthcare interventions. Opportunities to develop a single ‘one-stop-shop’ Health and Wellbeing Clinic in each primary care area will be actively explored.

3.2 Nominate Health and Wellbeing Psychologist Leads

Internationally, governments are developing structures to maximise local implementation of national Health and Wellbeing policy, and are ensuring local public services adhere to the principles of promoting Health and Wellbeing. For example, in the UK, local ‘Health and Wellbeing Boards’ have statutory powers relating to the commissioning of public services.
Having Health and Wellbeing psychologist ‘locality leads’ will provide an opportunity to develop local community champions for positive health interventions. Trained to work across the lifespan with different populations in a variety of health care delivery systems, psychologists are well-placed to fulfil the potential of such roles.

Taking up a Health and Wellbeing locality lead position in each CHO would provide important opportunities to:

- Identify and communicate at national level the major threats to Health and Wellbeing in local areas;
- Strategically influence how health promotion campaigns are rolled out locally;
- Influence the development of new services e.g., Health and Wellbeing clinics that address common health problems such as depression, anxiety, obesity, smoking, pain management, with evidence-based programmes (that are commonly based on psychological models);
- Tackling the systemic causes of psychological ill-health (e.g., poverty, parenting difficulties, domestic violence, health inequalities) by identifying these threats to wellbeing and contributing to national interventions;
- Developing and applying KPIs against which, increasingly, all health service initiatives will be judged; and
- Act as a direct link to avenues of psychosocial support in times of healthcare emergencies as per *Psychosocial and Mental Health Needs Following a Major Emergency* (HSE, 2015b).

**Recommendation 2: Nominating Health and Wellbeing Leads:** A Director of Psychology in each CHO, using their psychological expertise will, further to multi-stakeholder discussion, take on a Health and Wellbeing locality lead role; and advocate for positive health behaviours and coordinate discrete projects locally as appropriate.

### 3.3 Working Together More Effectively: Improve service provision quality by leading on new ways of inter-disciplinary and inter-system working.

The success of delivering on key elements of ‘Healthy Ireland’ (Government of Ireland, 2013) is predicated on the development of excellent inter-agency and inter-sectoral working arrangements. With their advanced knowledge of interpersonal and group dynamics, and of systems theory, psychologists are well placed to provide guidance on how to guide inter-disciplinary teams towards working in an optimum manner, and on how to get different systems (e.g., teams from different HSE Divisions; health and non-health agencies) to work more productively together so that service users’ experience their health service provision as responsive, co-ordinated, and focused on meeting their needs.

Hence, for example, our Psychologists have produced a comprehensive resource paper on teamwork, including a team development audit tool (Mental Health Commission, 2010; Roncalli et al., 2013); led on evaluating national teamwork programmes (e.g., our ongoing Enhancing Teamwork initiative); and have led on evaluating Advancing Recovery Ireland (ARI), our national programme of organisational and cultural change in our mental health services (Murphy, Byrne, & Spollen, 2016).

**Recommendation 3: Working together more effectively:** Principal Psychologist Managers will lead on helping local service providers explore and implement new ways of inter-disciplinary and inter-system working with a view to maximising our human resources and improving the quality of service delivery as experienced by service users.
3.4 Build capacity by training and supervising primary care staff

The volume of work that needs to be undertaken to achieve all the aims of the health and Wellbeing Division may not be possible without building the healthcare system’s capacity to engage in promoting positive health. In addition, there is a renewed emphasis on high-value care or improving outcomes that matter to service users, while minimising the unit cost of delivering same (Porter & Lee, 2013). In this context, by providing ongoing training, support and supervision in the application of psychological skills, knowledge, practices and procedures, psychologists can optimise the skill mix of primary care staff who will then be better placed to deliver specific psychological interventions (e.g., CBT) to specific service user groups (e.g., those with chronic physical health conditions).

**Recommendation 4: Building healthcare capacity:** Principal Psychologist Managers will govern the provision of training and supervision in the application of psychological skills, knowledge, practices and procedures of primary care staff who will then be better placed to deliver specific psychological interventions for specific service user groups.

3.5 Enhance accessibility and build psychological capacity by optimising the skills mix of psychology services

Within psychological services themselves, a renewed emphasis on promoting positive health (as well as tackling ill-health) may require new models of working and additional capacity. A complementary action, therefore, would be to employ an increasing number of Assistant Psychologists (i.e. post-graduates with several years of clinical and research experience) to deliver low intensity / high throughput interventions (e.g., whole population initiatives; guided self-help; computerised cognitive behavioural therapy; manualised group interventions; brief one-to-one cognitive behavioural therapy) to significantly larger numbers of service users and their carers (O’Shea & Byrne, 2014). In this manner, we can increase our capacity to reach out and positively benefit the health of our local communities.

**Recommendation 5: Enhancing accessibility and building psychological capacity:** Principal Psychologist Managers will govern the provision of low intensity / high throughput interventions delivered by Assistant Psychologists and other primary care staff.

3.6 Develop a National Psychology Consultation Service for the Health and Wellbeing Division and the Department of Health

Taking on a strategic role and in line with international precedents (e.g., in the UK and the USA), it would benefit to develop a panel of experts in the psychological science of behavioural change with a view to advising government departments on the most effective ways to change public behaviour in a positive direction. Such a panel could advise on the development and communication of health promotion and protection strategies in a manner that maximises their efficacy. It could also advise on ways of ensuring that ‘Health in all Policies’ becomes a reality across governmental departments (Ståhl et al., 2006). Furthermore, such a panel could contribute to the development of:

- A national measure of health and wellbeing against which new national policies and initiatives could be evaluated; and of
- Clinical prioritisation systems that would minimise disparities in health care delivery so as to minimise health inequalities (e.g., Hughes et al., 2013).
Recommendation 6: Developing a National Psychology Consultation Service: The Heads of Psychology Services of Ireland will nominate experienced psychologists to form an expert panel to provide consultation to the Health and Wellbeing Division and the Department of Health on the methodology that would most effectively realise national healthcare goals.

3.7 Develop a more rigorous dataset for primary care and mental health services

Having adequate health intelligence is fundamental to any targeted reform and to the improvement of our primary care and mental health services. While there is an existing suite of key performance indicators for mental health, and while the recent roll-out of a new primary care metrics template is a welcome development, both are focused on activity-based variables (e.g., number of referrals received; number of appointments offered; number waiting for a service). There remains a need to formulate additional metrics that also profile other dimensions of quality such as clinical effectiveness; service user acceptability of services (e.g., whether the experience of using our services is a positive one); degree of care coordination; and whether our services are value-for-money. Using their research expertise, psychologists could lead on formulating such a suite of more meaningful metrics.

Adapting and applying appropriate tools (e.g., the HONOS Mental Health Clustering tool) to all primary care and mental health services would also ensure that any minimum dataset is not overly-limited by a diagnosis-only model and hence will provide more meaningful intelligence to our Health and Wellbeing Division. Developing an appropriate dataset and potential clustering tools would also represent the initial steps necessary for transition to a more meaningful ‘money-follows-the-patient’ or ‘activity-based funding’ model in both primary care and mental health.

Recommendation 7: Enhancing our datasets: In the context of their specific research expertise, psychologists will provide leadership in the development of a more complete core dataset for both primary care and mental health services. This dataset could include service provision quality metrics such as clinical effectiveness; service user acceptability of services; degree of care coordination; and whether services are value-for-money.

3.8 Provide new solutions to the work of promoting health and wellbeing

Psychologists can also bring radically new models to healthcare provision that have the potential to both maximise resource usage while improving outcomes and service user satisfaction. The core ingredient to this is bringing service users in as true partners in healthcare provision.

Futuristic biomedical models predict a healthcare system based on individualised, DNA-led interventions where an individual’s medication is created in a bespoke fashion for him/her based on their DNA. However, we know that professional-centred practice is leading to wide-scale non-compliance with various prescribed treatments (e.g., medications) and non-attendance at appointments, both of which can predispose to health status deterioration and admission to emergency and/or tertiary services. A solution to this significant drain on all resources is bespoke engagements between health professionals and service users, as much as bespoke medicines. Psychological expertise could help achieve this in a number of ways including:
• Develop healthcare metrics based on social and functional improvement (and not just symptomatic checklists);
• Develop ‘engagement protocols’ whereby service users’ goals for interventions are identified, formally recorded and outcomes evaluated against these;
• Develop a simple measure that can be used to evaluate the psychological impact of significant health interventions (e.g., major surgeries) and that can be used to identify those health interventions where service users will need most psychological support, thus potentially improving post-intervention outcomes; and
• Develop standards for meaningful service user involvement at all major healthcare decision-making fora.

**Recommendation 8: Developing new healthcare solutions:** The Heads of Psychology Services Ireland will identify a panel of appropriate psychologists for each region, whose consultancy will be contracted in by the Health and Wellbeing Division; our nine Community Healthcare Organisations; and our 6 Hospital Groups. Doing so will improve clinical outcomes and service user acceptability by applying psychological models to better inform the interface between healthcare providers and users.

### 3.9 Develop a national workforce plan

Psychologists currently working throughout our healthcare system across the life-span, in both community and hospital-based settings, already contribute to promoting health and wellbeing, and their expertise as consultants may well be invaluable to enhancing the effectiveness of current healthcare initiatives. However, there may also be a need to develop a national workforce plan to build capacity in the system for health and wellbeing psychological interventions. It is recommended that this will include:

• Establishing a minimum baseline ratio of health and wellbeing psychologists per population in each area;
• Ensuring there is an appropriate psychological skills mix in each area (e.g., including specialist clinical psychologist posts, health psychologists and assistant psychologists);
• Introducing Health and Wellbeing Division funded psychologists in clinical training posts; and
• Enhancing the continuous professional development of existing psychologists and the training of future psychologists. This will include a renewed emphasis on the consultation, training, supervision and leadership skills required of psychologists so that they are better placed to build psychological service provision capacity in our health and wellbeing services.

**Recommendation 9. Develop and action a national workforce plan** that will deliver the workforce numbers required to provide health and wellbeing psychology services (e.g., achieve an adequate number of psychologists per CHO; increase the number of psychologists in clinical training posts; employ health psychologists and assistant psychologists); and guide the training requirements of new and current psychologists.

### 3.10 Lead on fostering health and wellbeing within our healthcare workforce

The healthcare workforce in Ireland is ‘the Irish health service’s most valuable asset’ (Byrne, 2006, p.5). It is internationally recognised, moreover, that the best way to achieve a safe and
effective healthcare systems is to have healthcare workers who are highly motivated, healthy and find meaning in their work (Leape, 2013). Much of the success in meeting many of the goals of the Health and Wellbeing Division requires the involvement of a motivated workforce who are committed to making every encounter count.

It is therefore vital, that if there are simple means of reducing the stress and enhancing the wellbeing of our healthcare workforce that these are prioritised as a matter of urgency. Psychologists bring significant expertise both in the research of wellbeing (e.g., Roncalli & Byrne, 2016) and in the design and delivery of interventions to improve wellbeing. Applying these to the wellbeing of our healthcare workforce could involve:

- Liaising on national surveys of wellbeing within the workforce to contribute to, and help interpret, future iterations of such surveys, and help develop practical action plans arising out of such surveys;
- Enriching broad quantitative survey methods with regional focus groups and qualitative interviewing to better establish key factors impacting on the wellbeing of healthcare staff;
- Developing local and regional strategies for ensuring that staff in all hospital groups and CHOs have access to evidence-based stress management and positive psychology workshops; and
- Working closely with other stakeholders (e.g. hospital management, occupational health) to ensure that staff are aware of and can easily access local sources of support whether to promote positive health (e.g. sports clubs) or to receive support when under strain.

**Recommendation 10: Supporting the healthcare workforce:** Principal Psychologist Managers will liaise with CHO and Hospital Group management around assessing and supporting the health needs of the healthcare workforce in conjunction with other appropriate stakeholders.
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Appendix A – Working Group

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1 We would like to acknowledge the contributions of numerous other Principal Psychologist Managers in producing this briefing paper (see Appendix B). Thank you to Catherine Walshe & Linda Spollen for formatting this document.
Appendix B – HPSI Member Contributors

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