



Rialtas na hÉireann
Government of Ireland



Implementation Plan 2025 - 2027

Sharing the Vision

A Mental Health Policy for Everyone

Prepared by the HSE and the
Department of Health in 2025

Implementation Plan 2025 - 2027

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List of acronyms

| | | | |
|--------------|---|----------------|---|
| ADHD | Attention deficit hyperactivity disorder | HIG | HSE Implementation Group |
| AVFC | A Vision for Change | HR | Human resources |
| BAU | Business as usual | HSE | Health Service Executive |
| CAMHS | Child and adolescent mental health services | LGBTQI+ | Lesbian, gay, bisexual, transgender, queer and intersex |
| CfL | Connecting for Life | ICGP | Irish College of General Practitioners |
| CMHT | Community mental health team | ICT | Information and communication technology |
| COPI | College of Psychiatrists of Ireland | MHER | Mental Health Engagement and Recovery (Office of) |
| COG | CAMHS Operational Guideline | MHC | Mental Health Commission |
| CSO | Central Statistics Office | MHID | Mental health and intellectual disability |
| DCYA | Department of Children and Youth Affairs (former) | NEPS | National Educational Psychological Service |
| DES | Department of Education and Skills (former) | NGO | Non-governmental organisations |
| ECD | Executive clinical director | NIMC | National Implementation and Monitoring Committee |
| FAQ | Frequently asked questions | NOSP | National Office for Suicide Prevention |
| FCS | Family, carers and supporters | PIs | Performance indicators |
| GAMHS | General adult mental health services | SCAN | Suicide Crisis Assessment Nurse |
| GP | General practitioner | VCS | Voluntary and community sector |

A note on formatting style: For ease of reading, acronyms have been kept to a minimum in this document. Headings are generally in lower case except where a proper noun is incorporated (e.g. a formal report title). Capital letters are used at the beginning of headings and sentences and when referring to a proper noun (as above, this includes formal report titles and also established groups or programmes of work). Text in section 7 which has been taken from the original policy has not been changed and may not always conform to the style guide applied.

Message from Minister for Mental Health



The ambition of *Sharing the Vision – A Mental Health Policy for Everyone* (2020-2030) is not just to improve mental health services and supports for those who need them, but to fundamentally change the way we view mental health in this country. *Sharing the Vision* aims to put the people who use services and their families to the front and centre of our focus.

As Minister, I have embedded this focus in the policy's governance and implementation structures. This ensures that the voice of lived and living experience is reflected in all aspects of our work and at each stage of implementation. I want to acknowledge the involvement of lived and living experience in the design, delivery and oversight of *Sharing the Vision* and of this implementation plan.

In particular, I am grateful to the people who use services, family members and carers, who make up the Reference Group which inputs on all aspects of policy oversight and who contributed significantly to this plan. I am also grateful to the HSE's Mental Health Engagement and Recovery office and the National Volunteer Lived Experience Panel, who ensure that the voice of lived experience is central to service development and delivery.

This involvement of people who have experience of seeking support is central to ensuring our mental health services are rights-based, person-centred and recovery-focused and this should be seen as an exemplar for policy implementation across Ireland.

Mental health is everyone's business, it is a whole of population and whole of Government issue, and it requires input and commitment from a wide range of Government Departments and agencies. I am pleased to see this approach reflected in the next implementation plan, evidenced by actions designed to enhance the structures guiding cross-Government collaboration in delivering improvements for people in our communities.

This approach will further strengthen the ability of the National Implementation and Monitoring Committee (NIMC) structures to drive the implementation of *Sharing the Vision*. This rigorous monitoring and oversight structure has been a significant enabler of the achievements to date. I would like to thank the membership, past and present, and in particular the Chair, Ms Catherine Brogan, for their continued commitment to realising the ambition of our shared vision set out in the policy.

Despite a challenging implementation environment, there have been many significant achievements during the lifetime of the policy so far which has coincided with my first term as Minister for Mental Health. There has been major investments made by Government over successive record budgets for mental health to support the phased expansion of clinical programmes, providing specialist support in the areas of eating disorders, attention deficit hyperactivity disorder (ADHD) in adults, dual diagnosis, early intervention in psychosis, and specialist perinatal mental health services.

Pathways to Wellbeing, the National Mental Health Promotion Plan, was launched at the end of 2024, which will promote positive mental health for everyone and deliver actions across the whole of government to improve people's mental health and wellbeing. There has been significant scaling up of online guided programmes based on cognitive behavioural therapy principles, and continued investment in Counselling in Primary Care to improve access to vital talk therapies.

Child and Adolescent Mental Health Services (CAMHS) Hubs have been developed to provide more accessible ongoing support to children, young people and their families. The HSE's Child and Youth Mental Health Office's three-year action plan was published in February 2025. New crisis resolution services are providing additional support to people through both crisis response teams and Solace Cafés. In 2023, a new state-of-the-art National Forensic Mental Health Service opened in Portrane, Co Dublin.

This progress is a testament to the efforts of those tasked with implementing this policy; service providers across the statutory, voluntary and private sectors and the mental health workforce whose day-to-day work is essential to delivering on the ambitious and necessary commitments in this policy.

This second implementation plan covers the period 2025-2027 and will direct major transformation in our services in the coming three years. Having a positive impact on people's lives is what any policy should be judged on, and this new plan incorporates learnings from the last implementation phase, as well as seeking to embed an impact measurement approach across the breadth of the policy. Through measuring outcomes for people who have used our services or received an intervention, we will be able to objectively assess the impact of policy delivery in a meaningful way.

This implementation plan is the product of months of detailed consultation, analysis and collaboration, involving a huge number of stakeholders. I want to sincerely thank the HSE Implementation Group who led the development of the plan, along with Department of Health colleagues, colleagues from across multiple Government departments. In particular, I am grateful to the volunteers on the NIMC and the Reference Group who have given their time, thought and expertise to the process, and added so much value to the finished product you are holding in your hands today. The result is a detailed and measurable implementation plan which will form the basis of the next three years of mental health policy delivery in this country.

The Government and I will continue to drive and support the implementation of *Sharing the Vision*, and work with all stakeholders to achieve the ambitious programme of change set out in this policy.

A handwritten signature in blue ink, reading 'Mary Butler'.

Mary Butler T.D.
Government Chief Whip and Minister of State
attending Cabinet with responsibility for mental health

Foreword

by Chief Executive Officer on behalf of the HSE



Sharing the Vision – A Mental Health Policy for Everyone sets out an ambitious programme of service improvement in mental health. The policy takes a person-centred approach with a focus on integrated care to promote mental health across the population and support the recovery of mental health service users.

Building on the first phase of implementation, this plan identifies priority actions for the coming three years. While the HSE is responsible for many of the recommendations in *Sharing the Vision*, mental health policy implementation depends on collaboration and partnership right across the public sector. This reflects the social determinants of health and underlines the importance of living circumstances, access to housing, education and employment opportunities for everyone.

During the first phase of implementation, significant progress has been achieved across all four domains in *Sharing the Vision*. From a population perspective, social prescribing services are now available in every county in Ireland. Social prescribing offers GPs and other health professionals a means of referring people to a range of non-clinical community supports, which can have significant benefits for their overall health and wellbeing.

For young people, mental health support has been provided at scale through Jigsaw while an overall *Child and Youth Mental Health Office Action Plan* will be implemented alongside *Sharing the Vision* over the coming years. Shared care initiatives, development of mental health supports in primary care and a dedicated focus on the physical health of mental health service users will remain a core theme for the next implementation phase.

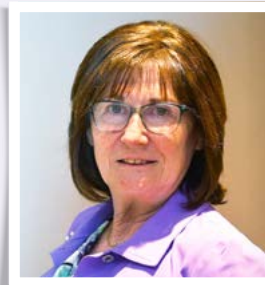
Our clinical programmes in mental health continue to play a critical role in the development of services for people who experience eating disorders, self-harm, ADHD and psychosis, while a new operating guideline is in development to support adult community mental health teams and ensure an improved experience for our service users. Facilitating ongoing integrated service improvement, digital infrastructure will be enhanced at pace to ensure the further rollout of e-referral and access to the necessary digital functionality needed to operate efficient services.

This implementation plan will guide and support the Health Regions in ensuring the mental health needs of the population are met. At the same time, the ongoing monitoring and evaluation processes set out in this plan will provide overall assurance that services are improving, and targets are being met. Mental health, perhaps more than any other area of the health services, will clearly benefit from the mainstreaming of integrated care. From mental health promotion to crisis response, and right across the lifespan, the implementation of *Sharing the Vision* can be an exemplar in a new era of public health service delivery in Ireland.

Bernard Gloster
CEO of the HSE

Foreword

by Chair of the National Implementation Monitoring Committee



On behalf of the National Implementation and Monitoring Committee (NIMC), I am delighted to present the second *Sharing the Vision Implementation Plan 2025 – 2027*. This publication will shape and drive the next implementation phase of the policy up to the end of 2027 and will guide NIMC and all stakeholders in this comprehensive change programme: seeking to promote mental health at a population level, transform the delivery of mental health services while embedding the values of partnership, co-production and recovery throughout the process.

This plan was co-produced with oversight provided by the NIMC, HSE and the Department of Health, with significant collaboration from the diverse range of stakeholders involved, including policy implementation leads, people with lived/living experience, family members, carers and supporters, Government Departments, state agencies, voluntary and community sector partners.

We have made considerable progress since 2020, particularly in engaging with the people our services are designed to support, identifying their role in leading in the planning and delivery of their care. This partnership approach recognises and builds trust, while supporting real and sustained recovery. The HSE's Office of Mental Health Engagement and Recovery has been instrumental in progressing the person-centred approach to mental healthcare and will continue to support and guide our work over the coming implementation period, especially as lived/living experience is now firmly embedded in the NIMC steering committee structure.

This plan has been guided by the core service delivery principles of recovery, being trauma-informed, human rights and valuing and learning, which underpin *Sharing the Vision* and this implementation plan.

In spite of many challenges presented, there remains a myriad of opportunities to fully deliver on the policy's principles, and it is important that they remain a central focus throughout the delivery of this next stage implementation plan. It is my aim as Chairperson of the NIMC that these principles remain fundamental to the work that all stakeholders undertake over the next three years, and that a culture of collaboration and co-production are supported and strengthened for both staff, people with lived/living experience, family members, carers and supporters over the lifetime of the plan.

In the course of a ten-year policy implementation period, we must ensure the actions set out in the policy have the intended positive impact. It is essential that we constantly strive to review and improve our services. Mechanisms to measure what we do, how we do it and the impact on those receiving services is critical to a culture of continuous learning and ensures a focus on the care and recovery of people who use our services remains at the heart of this and future plans. I welcome the development of an outcomes monitoring framework that will be a key enabler over the lifespan of *Sharing the Vision* as we work towards the realisation of our medium- and long-term goals between now and 2030.

I would like to thank everyone who was involved in the development of this Implementation Plan. Working together we can over the coming years make significant progress to delivering *Sharing the Vision* demonstrating a positive impact on people's lives.

Catherine Brogan
Chair of the National Implementation and Monitoring Committee

1. Introduction

This implementation plan provides a roadmap for the next delivery phase of [Sharing the Vision – A Mental Health Policy for Everyone 2020 – 2030](#). The plan builds on the considerable progress made as part of the first *Sharing the Vision* implementation plan. In doing so, the current plan sets out a detailed work programme for the coming three years:

- **Section one** provides an outline of the policy context and approach taken to the development of the implementation plan.
- Building on the strategic priorities for the [2022 – 2024 Sharing the Vision Implementation Plan](#), **section two** contains an overview of some of the main achievements to date, while **section three** sets out priorities and principal outcomes for the next implementation phase.
- The implementation environment and changing health service landscape within which this plan will be delivered is presented in **section four**.
- **Section five** sets out how progress will be monitored and reported, as overseen by the programme governance structures, which are detailed in **section six**.
- Key output and milestone activities are outlined in **section seven**, as relevant to individual policy recommendations.

Vision statement

‘[...] to create a mental health system that addresses the needs of the population through a focus on the requirements of the individual. This mental health system should deliver a range of integrated activities to promote positive mental health in the community; it should intervene early when problems develop; and it should enhance the inclusion and recovery of people who have complex mental health difficulties. Service providers should work in partnership with service users and their families to facilitate recovery and reintegration through the provision of accessible, comprehensive and community-based mental health services’

Vision statement, *Sharing the Vision*, page 16

1.1 Policy context

Sharing the Vision sets out an ambitious programme for the continued improvement of Irish mental health services. Adopted by the Irish Government in 2020, *Sharing the Vision* is Ireland’s ten-year mental health policy to enhance the provision of services and supports across a broad continuum - from the promotion of positive mental health to specialist mental health service delivery. It builds on the significant work done over the past decade to modernise mental health services, build our workforce and invest in fit for purpose infrastructure.

Sharing the Vision contains 100 policy recommendations across four domains:

1. Promotion, prevention and early intervention
2. Service access, coordination and continuity of care
3. Social inclusion
4. Accountability and continuous improvement

Service delivery principles

Human interaction is at the heart of mental health support and is an expression of individual and organisational values. In line with [Sharing the Vision](#), the core values underpinning this implementation plan are those of respect, compassion, equity and hope.

Building on these values, and in keeping with the overall policy vision stated opposite, the following principles will guide service delivery and improvement:

Recovery

Recovery means people experiencing and living with mental health difficulties while pursuing the personal goals they want to achieve in life, regardless of the presence or severity of those mental health difficulties. This understanding of recovery is best achieved through the primacy of personal decision-making, supported by informed clinical best practice and lived mental health experience.

In line with the [National Recovery Framework](#), recovery-oriented services empower and facilitate the process of a person’s self-determined recovery. Such services offer hope and choice, work in partnership with service users, family members, carers and supporters and are outward looking. They engage with all the aspects and supports that will constitute and sustain recovery in a person’s life.

Trauma-informed

Trauma-informed service delivery means that everyone at all levels of the mental health services and wider mental health provision has a basic understanding of trauma and how it can affect families, groups, organisations, communities and individuals. People delivering services recognise the signs of trauma, which may be gender-, age-, or setting-specific. Services respond by applying the principles of a trauma-informed care. Staff in every part of the organisation change their language, behaviour and policies to take into consideration the experiences of those who have trauma histories, including staff members themselves.

A trauma-informed approach resists traumatising or re-traumatising service users and staff. Staff are taught to recognise how organisational practices may trigger painful memories for service users with trauma histories. Applying a trauma-informed approach does not mean that everyone with a mental health difficulty or everyone using mental health services has experienced trauma. It simply means that the service system needs to be aware of and respond to the presence of trauma in people who may be using a wide variety of supports.

Human rights

Human rights treaties recognise the right of everyone to the highest attainable standard of physical and mental health. At the core of Ireland’s human rights treaty commitments is a range of principles that underpin the fulfilment of all civil and political, social and economic rights for all people.

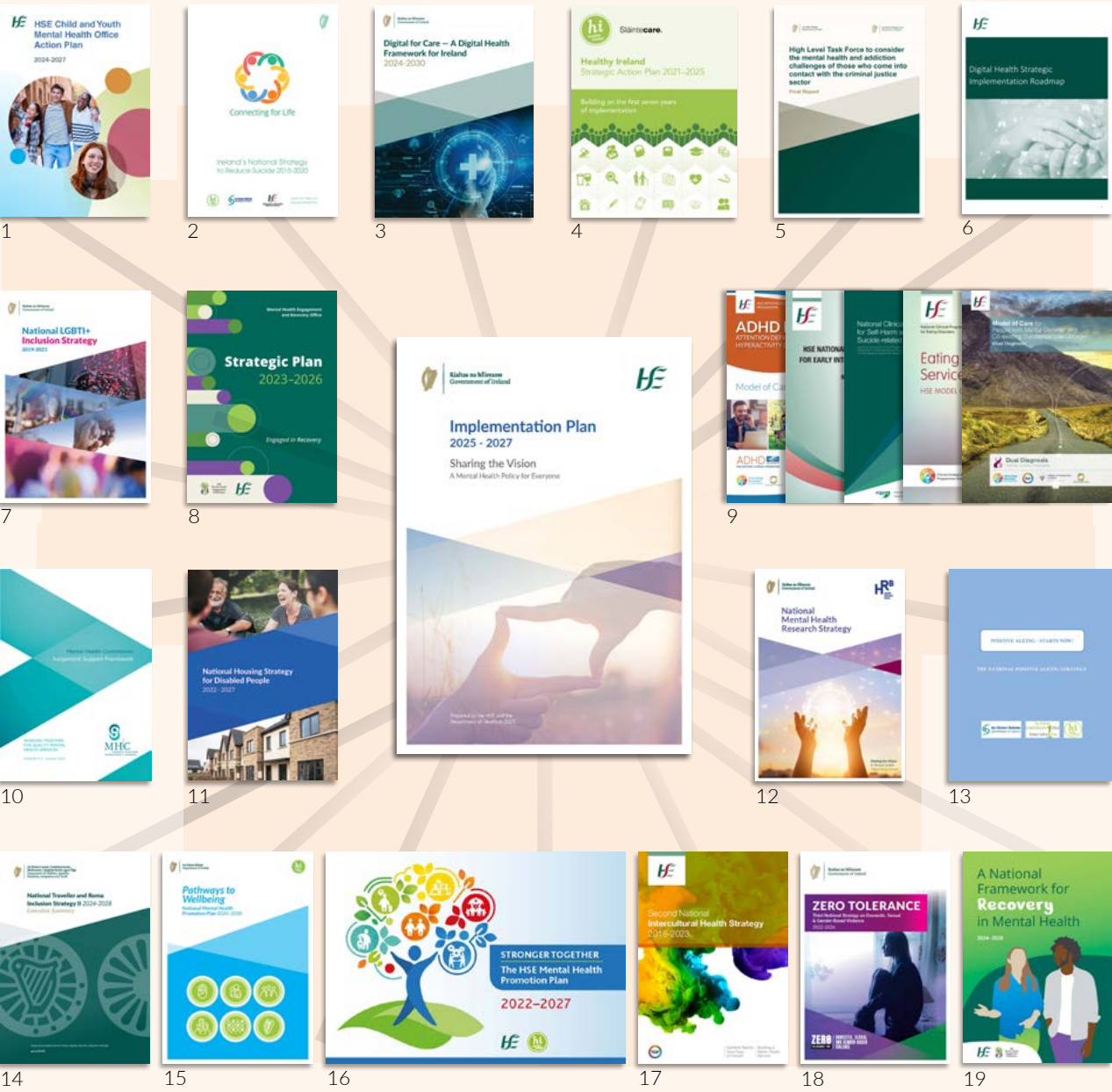
Service users and their family members, carers and supporters as appropriate should lead in the planning and delivery of their care. Partnership should exist in the planning, development, delivery, evaluation and monitoring of mental health services and supports, and include all stakeholders. Partnership will build trust for all involved.

Valuing and learning

Everyone accessing and delivering mental health services should be valued and respected as human beings in their own right, and for the experience, expertise and skills they bring. Staff and all those involved also need to be valued and respected. Reflective practice and openness to learning are essential qualities for staff, people using mental health services and for the service system itself. All need to be open to continuous learning and development.

Note: The text above is taken from the original *Sharing the Vision* policy document

Figure 1: Examples of aligned policies and strategies



1. Child and Youth Mental Health Office Action Plan 2024 – 2027

2. Connecting for Life - Ireland's National Strategy to Reduce Suicide

3. Digital for Care - A Digital Health Framework for Ireland 2024 – 2030

4. Healthy Ireland 2021 – 2025

5. High Level Taskforce on the mental health and addiction challenges of persons interacting with the criminal justice system August 2022

6. HSE Digital Health Strategic Implementation Roadmap 2024

7. LGBTI+ Inclusion Strategy 2019 – 2021

8. (MHER) Strategic Plan 2023 – 2026

9. Mental Health Clinical Programmes

10. Mental Health Commission Quality Framework and Judgement Support Framework
11. National Housing Strategy for Disabled people 2022 – 2027

12. National Mental Health Research Strategy

13. National Positive Ageing Strategy

14. National Traveller and Roma Inclusion Strategy II 2024 – 2028

15. Pathways to Wellbeing National Mental Health Promotion Plan 2024 – 2030

16. Stronger Together (HSE National Mental Health Promotion Plan) 2022 – 2027

17. Second National Intercultural Health Strategy 2018 – 2023

18. Third National Strategy on Domestic, Sexual and Gender-Based Violence 2022 - 2026

19. National Framework for Recovery in Mental Health

By focusing on early intervention, investing upstream, providing support in the community and integrating services, *Sharing the Vision* is closely aligned with *Sláintecare* and the broader healthcare reform programme. Reflecting the complex interplay of factors that influence mental health, its delivery is interconnected with a number of related policies, strategies and programmes, some of which are shown opposite.

The current implementation plan aligns with and takes into account these existing policies, strategies and programmes, thereby avoiding duplication of effort and enabling collaboration across the wider mental health system.

1.2 Development of the 2025 – 2027 implementation plan

The development of the current plan was overseen by the National Implementation and Monitoring Committee (NIMC) in collaboration with the HSE Implementation Group (HIG), the Reference Group of service users, family members and supporters, implementation leads and other key stakeholders.

As detailed in section six, each of these programme structures has a clearly defined role:

1. The NIMC steering committee provides leadership, raises awareness, supports implementation and monitors progress against commitments set out in the policy

2. The HIG oversees and drives implementation of HSE-led policy recommendations in collaboration with the Department of Health

3. Currently hosted by Shine, the Reference Group reviews implementation progress and provides input from a lived and living experience perspective

In keeping with the *HSE's Quality Improvement Guide*, the 2025 – 2027 *Implementation Plan* was developed by applying a PDSA ('Plan, Do, Study, Act') approach to reflect on learning from the first implementation phase. This provided a mechanism to identify elements within the plan that worked well and elements that needed to be adapted. Alongside a recognition of the need to strengthen how policy outcomes are captured, as set out in section five, this also resulted in amendments to the information presented in section seven on delivery of individual recommendations.

The delivery of this implementation plan will continue to be underpinned by the principles of a learning health system. In collaboration with the wider community of stakeholders, the NIMC steering committee, HIG and Reference Group will prioritise ongoing learning and improvement of our approach to policy implementation.

The development of the 2025 – 2027 *Implementation Plan* followed three defined phases:

Phase one

This initial phase involved a review of learning from delivery of the [2022 – 2024 Implementation Plan](#), including approach to delivery, progress made, developments in the wider policy context and changes in the implementation environment. As part of this process, policy outcomes were reassessed and the expected outputs from each recommendation clarified. Phase one concluded with approval of the structure for the current document along with a plan for stakeholder engagement.

Phase two

The focus for the second phase was to identify priorities and set out a detailed work programme for the coming three years, in collaboration with the relevant stakeholders. A range of methods were used to gather information, including engagements with workstreams and implementation leads, stakeholder surveys and information sessions. As part of this process, a survey was conducted with funded partner organisations to identify ways to enhance collaboration with the community and voluntary sector. The survey highlighted the important role of the sector, as an essential and integrated part of the mental health ecosystem. This phase also involved workshops with the NIMC steering committee, the HIG and Reference Group. Phase two culminated with drafting of plans for each recommendation and approval of a framework for measuring policy outcomes.

Phase three

The final phase involved preparing the full document for consideration by the programme governance structures. Phase three concluded with the approval of the 2025 – 2027 *Implementation Plan* by the NIMC steering committee in March 2025.

Inclusivity in mental health policy and practice

Sharing the Vision recognises that additional work is needed to promote inclusivity in mental health policy and practice in Ireland. Mental health is shaped by day-to-day experiences and the interactions that people have with mental health supports and services must be sensitive to personal, social and cultural circumstances. An overall approach to *Sharing the Vision* implementation that is grounded in a spirit of inclusivity and equity of access will be reflected in the supports and services that are developed over the coming months and years.

More specifically, the policy recognises that certain groups in our population are more likely to experience mental health difficulties. These priority groups include members of the LGBTQI+ community; members of the Traveller community; people who are homeless; people engaged with the criminal justice system; people who have experienced domestic, gender-based, clerical, institutional, sexual or physical abuse; asylum seekers; refugees; migrants and sex workers. This is not an exhaustive list and additional groups such as children in care, care leavers, people with disabilities, people who have severe-to-profound deafness and people with substance (drug and alcohol) misuse problems are also recognised.

As outlined in a position paper considered by the NIMC in 2021, the policy requires that mental health services recognise and respond to diversity, while delivering supports that reflect cultural humility. Also, given the substantial existing work at policy level across government, there is a need for a *Sharing the Vision* approach that aligns with and supports ongoing work within this space, in an integrated way. The work of the Traveller Mental Health Group in supporting implementation of the [Traveller Health Action Plan](#) is an example of overlapping mandate, which will be supported through *Sharing the Vision* implementation. Specifically, the proposed approach concentrates on eliminating discrimination and promoting equality of access to services while addressing specific cultural and diversity issues. The overall aim is that each person in Ireland who seeks to access mental health support is treated with respect.

2. Achievements so far

Despite a challenging implementation environment, progress has been achieved over the past three years to improve mental health supports and services for the Irish population.

This progress is reflected across all four policy domains, and it provides an indication of the transformation that can be expected when the full programme is implemented across Ireland from 2030 and beyond.

While plans are being developed, practical and impactful service improvements are beginning to scale up. [Pathways to Wellbeing, the National Mental Health Promotion Plan](#) was launched in late 2024. Working alongside *Sharing the Vision*, this plan provides an even stronger mandate for supports such as social prescribing, which counteracts social isolation and loneliness by providing connections, through a social prescribing link worker, to community-based activities that have a positive impact on mental health. These services are now available in every county in Ireland.

Across the lifespan, *Sharing the Vision* implementation has supported service improvements for children and young people such as the CAMHS Hubs, which provide intensive brief mental health interventions in times of acute mental health crisis. Again, there has been a strengthening of the mandate for improved children’s services through close alignment with the HSE’s Child and Youth Mental Health Office and their [three-year action plan](#), which was launched in February 2025.

Sharing the Vision recognises the association between life circumstances, social context and mental health as evidenced by the design of a Women’s Mental Health Charter and the support for the establishment of an Independent Commission on Care for Older People. There has also been a key focus on education, employment and housing. Working with key stakeholders, policy implementation will continuously

consider the experiences of different population groups and be adaptable to emerging circumstances and challenges for people.

Service improvement is a cornerstone of the overall programme. There has been significant scaling up of online guided programmes based on cognitive behavioural therapy principles, which is now benefitting up to 10,000 people every year and recent investment in Counselling in Primary Care to improve access to talk therapies. Crisis resolution services are providing additional support to mental health service users through crisis response teams and the five Solace Cafés that are in operation or due to open soon. In 2023, a new state-of-the-art National Forensic Mental Health Service opened in Portrane, Co Dublin.

To complement continuous service improvement, there is ongoing and phased expansion of clinical programmes providing specialist support in the areas of eating disorders, attention deficit hyperactivity disorder (ADHD) in adults, dual diagnosis, early intervention in psychosis and specialist perinatal mental health services.

As implementation continues to gather pace over the coming months and years, the implementation of the [National Mental Health Research Strategy](#) (Health Research Board, 2024) will commence and a Collaborative Research Network in Mental Health will be established. This enhanced research infrastructure will ensure that mental health policy implementation is being effective in improving people’s experiences and outcomes.

In November 2024, the NIMC steering committee published a [report](#), which provides a detailed overview of progress over the course of the [2022 – 2024 Implementation Plan](#).

2.1 Transition of recommendations to business as usual

Once the required actions associated with a recommendation are complete, the implementation lead will request approval from the NIMC steering committee for its transition to business as usual. This means that the specific activities set out in the implementation plan have been completed, e.g. development of a guideline, evaluation or establishment of a service.

Documentation is provided by the implementation lead detailing end-products, evidence of co-production with services and people with lived experience, ownership of outputs and arrangements for ongoing monitoring of implementation. As part of the quality assurance process, the Reference Group reviews this documentation and shares its observations with the NIMC steering committee prior to any decision on transitioning policy recommendations to business as usual.

When a recommendation transitions to business as usual, a focus remains through regular monitoring and reporting to ensure that implementation takes place across the HSE Health Regions. Work is underway to identify Health Region mental health policy implementation teams to link directly with the national [Sharing the Vision](#) policy implementation team. The approach to monitoring and reviewing the outputs and outcomes for each recommendation is set out in section five. This will allow for continuous reporting nationally on the impact of all 100 recommendations, including those in business as usual. As of February 2025, 20 recommendations have transitioned to business as usual.

3. Priorities 2025 - 2027

Building on what has been achieved so far, and the service improvements envisioned within the lifetime of *Sharing the Vision*, this section sets out key priorities for the coming three years.

Structured around seven principal policy outcomes, 30 priorities are detailed below. The principal policy outcomes aim to capture the overall ambition in terms of meaningful change and positive impact for the Irish population. Meanwhile, delivery of the listed priorities will present a significant step toward achieving the overall vision of a mental health system that promotes mental health at all levels of society, intervenes early when problems develop, and provides accessible, comprehensive and community-based services for those who have more complex needs.

To realise the policy vision, there is a need for ongoing investment in mental health and to work towards greater parity in funding when compared to the health service overall. Prioritising the development of upstream mental health supports in the community, addressing the social determinants of mental health and offering integrated pathways to care will be critical to meeting population needs.

The improvement of Irish mental health services should continue to build on an openness to change, a willingness to challenge current ways of working and an ongoing commitment to drive innovation. This should go hand in hand with a consistent approach to sharing learning and measuring impact, as set out in section five of this plan.

| Principal policy outcome | Priorities for 2025 – 2027 |
|--|---|
| 1. A person-centred, public mental health system, which advocates for and supports the mental health needs of all the population and prioritises the promotion of mental health, early intervention and social inclusion | <ul style="list-style-type: none">• An implementation plan will be published to ensure delivery of Pathways to Wellbeing, the National Mental Health Promotion Plan• Access to social prescribing will be expanded, including by broadening scope to include targeted supports for young people• The Navigator youth mental health online signposting and support resource will be launched |
| 2. Better integration and seamless transitions between services across the lifespan within a mental health system with clear governance structures and clarity on roles and responsibilities for all those providing mental health services and supports | <ul style="list-style-type: none">• A single point of access approach will be implemented, initially focusing on children and young people• <i>The National Autism Protocol</i> will be rolled out to ensure children and young people with autism have access to assessment and early intervention• Suicide Crisis Assessment Nurse (SCAN) services will be expanded, and appropriate environments will be provided in all emergency departments for people who require a mental health assessment• The Crisis Resolution Services Model of Care will be evaluated and services extended• An integrated liaison mental health model of care will be published and rolled out, adopting a phased approach |
| 3. Greater access to mental health supports in primary care and within communities, building on a shared care approach so the need to access specialist mental health services is reduced | <ul style="list-style-type: none">• Counselling in Primary Care (CiPC) will have increased capacity and a clear path to universal access to counselling will be designed• People will have easy access to digital mental health supports and a digital mental health strategy will be published• A national framework for shared physical healthcare will be published and the Chronic Disease Management Programme will be expanded to include adults with severe and enduring mental health difficulties |

continued overleaf ➞

| Principal policy outcome | Priorities for 2025 – 2027 |
|--|--|
| 4. Enhanced provision of accessible and comprehensive community mental health services | <ul style="list-style-type: none">• Resourcing of community mental health teams will be enhanced across the lifespan, supported by an operating guideline• A national model of care for child and youth mental health services will be published• Sixteen specialist eating disorders teams will be in place and a review of the model of care will be completed• Full rollout of the Model of Care for ADHD in Adults, alongside enhanced provision of supports in primary care. In parallel, a model of care for ADHD in children and young people will be designed and published• Additional investment in perinatal mental health, early intervention in psychosis, mental health and intellectual disability and dual diagnosis services, guided by population needs |
| 5. Meaningful involvement of service users, families, carers and supporters in the design, delivery and evaluation of mental health services at all levels, in line with the principles of co-production | <ul style="list-style-type: none">• The HSE Mental Health Engagement and Recovery Strategic Plan will be implemented through recovery education, peer-led services and individual placement supports• Mental health services for the migrant community will be enhanced, including for those living in Direct Provision• People with mental health difficulties will be supported to access independent housing, including through employment of housing coordinators in all HSE Health Regions• Mental health services for the Deaf population will be evaluated and a service improvement plan agreed• Better access to mental health care will be provided to people experiencing homelessness• A model of care for forensic intensive care and rehabilitation units (ICRUs) will be developed and initial bed units opened in the Portrane Campus |
| 6. Continued improvement and innovation across the full spectrum of care, informed by evidence, best practice and lived experience | <ul style="list-style-type: none">• An implementation plan to deliver the National Mental Health Research Strategy will be published• A register of people who die by probable suicide while under the care of HSE mental health services will be designed and rolled out• A ten-year mental health capital plan will be developed to ensure a fit for purpose physical infrastructure that is trauma-informed• The HSE's National Safeguarding Policy will be revised to include mental health services• The Mental Health Bill 2024 will be enacted, thereby providing a person-centred and robust framework within which mental health services will be delivered and regulated |
| 7. Structured approach to measuring service and service user impacts, taking into consideration the various components, personal and societal, that influence mental health from early intervention through to specialist services | <ul style="list-style-type: none">• An evidence-informed model for measuring policy outcomes will be implemented, adopting a phased approach• There will be a phased roll-out of Electronic Health Records across mental health services• The implementation of an Integrated Finance Management System will be completed, which will provide greater transparency of mental health funding and expenditure |

As outlined in section 1.1, these principal policy outcomes and priorities were identified following engagements with stakeholders, implementation leads and members of the NIMC steering committee, HIG and Reference Group. Through these engagements, three transformational programmes were also prioritised. Rather than responding to individual recommendations, these programmes were highlighted as important enablers to support the broader change programme, including the priorities set out opposite.

3.1 Transformation programmes

The three transformation programmes that will be prioritised over the course of the 2025 – 2027 *Implementation Plan* are: i) the development of an overarching operating framework for mental health, ii) the design of an operating guideline for general adult community mental health services and iii) delivery of the [Child and Youth Mental Health Office Action Plan 2024 - 2027](#).

National mental health operating framework

Through learning from the first phase of implementation and in workshops with stakeholders, the need for an overarching and person-centred operating framework for mental health was identified. This work will bring together existing models of care and operating guidelines and align with emerging governance structures in the HSE Health Regions. Reflecting the full continuum of supports and clearly describing end-to-end care pathways, this framework will address the following:

- Provision of reliable mental health information and self-help resources to the population
- The role and function of community and voluntary organisations in supporting mental health
- Primary care mental health services (including general practice, counselling services and psychology)
- Mental health services provided in the community, including community mental health teams, day hospitals and crisis resolution services
- Clinical programmes in mental health

- In-patient mental health services
- Integration of services, including links with other statutory agencies and supports, such as housing, social protection and employment
- Service user journey
- Digital infrastructure and services

General adult community mental health teams operating guideline

The HSE has established a [Sharing the Vision](#) general adult community mental health teams project, which will see the development of an operating guideline for adoption and implementation by services in each HSE Health Region.

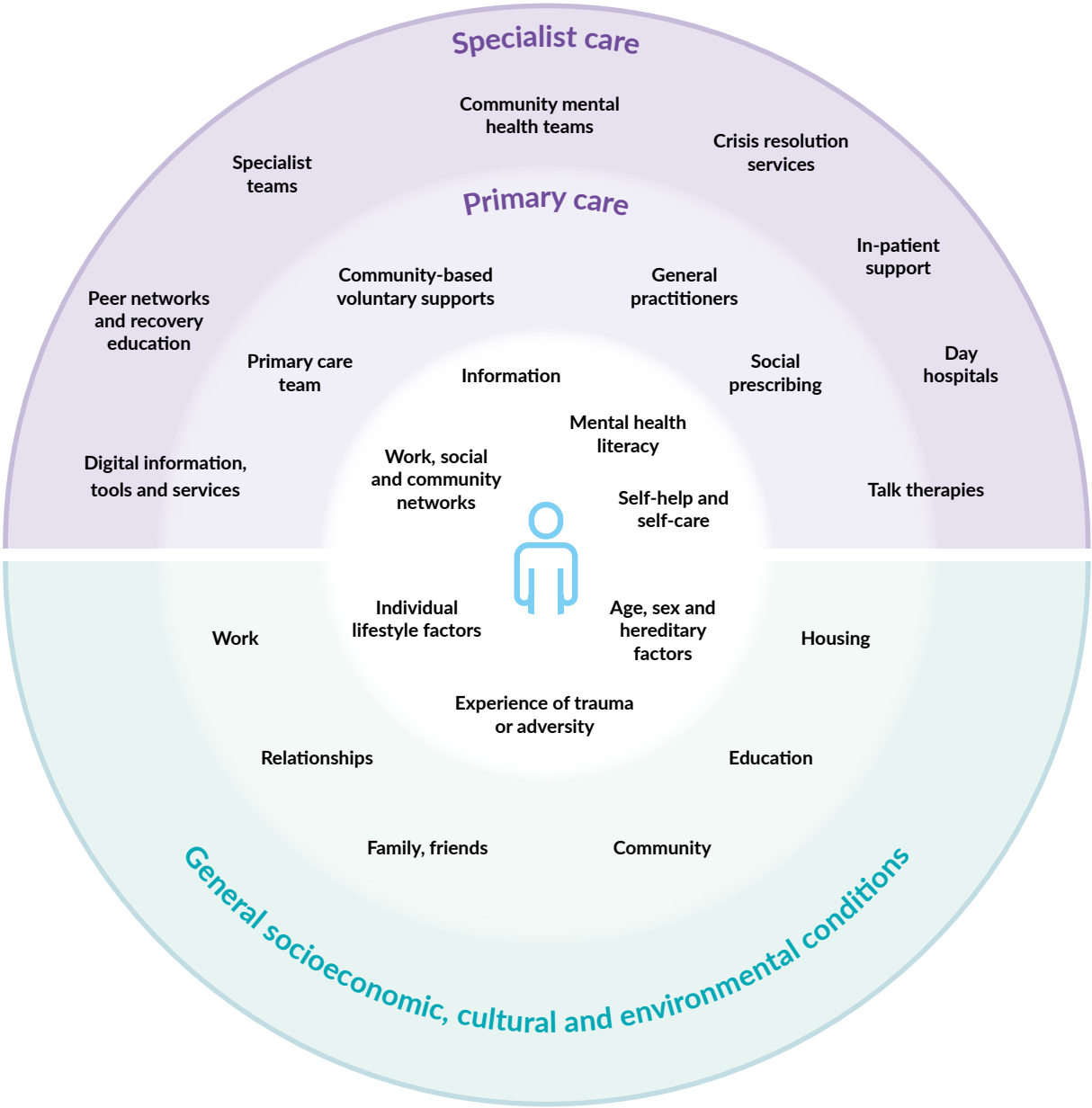
Building on learning from the [CAMHS Operational Guideline \(2019\)](#) and existing good practice, the guideline will aim to ensure greater national consistency in how general adult community mental health teams are operating. In doing so, the guideline will provide direction on a number of key areas, including clinical governance arrangements, key working, skill mix, team coordination and referral pathways. It will be co-produced with staff and people with lived experience, in keeping with the [HSE PPPG Framework \(2023\)](#). While aligning with existing models of care, it will not be a clinical guideline and will not provide direction in relation to clinical decision making.

This work will build on existing guidelines that community mental health teams already utilise, while aiming to introduce an overall consistency of approach.

Child and youth mental health action plan

A three-year action plan has been launched for the [HSE's Child and Youth Mental Health Office](#), which sets out a roadmap to ensure all children and families have equitable and timely access to high-quality mental health services. In doing so, the action plan pulls together existing improvement initiatives, including recommendations arising from the [national audits of adherence to the CAMHS Operational Guideline \(2019\) and prescribing practice](#), the Youth Mental Health Specialist Group and the Mental Health Commission's review of CAMHS. The delivery of this action plan is a key priority for the HSE and will help address a number of the priorities outlined previously.

Figure 2: Person-centred mental health system



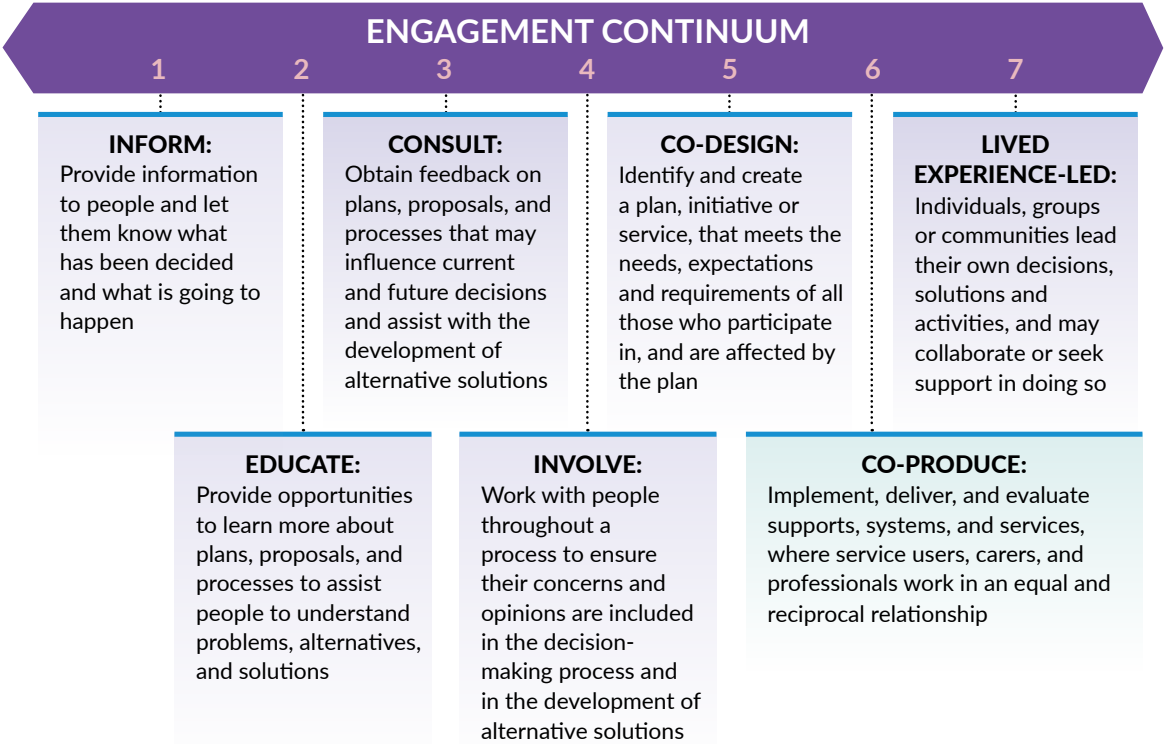
3.2 Embedding lived experience

The active participation of service users, families, carers, and supporters in all aspects of mental health service improvement is an integral part of [Sharing the Vision](#). A number of initiatives have been launched over the course of the [2022 - 2024 Implementation Plan](#) to ensure lived experience informs the design, development, evaluation, and delivery of mental health services. These initiatives will continue into the current implementation plan, in collaboration with all those involved in policy implementation.

The HSE's Office for Mental Health Engagement and Recovery published its [Strategic Plan for 2023 - 2026](#), building on existing work already undertaken to promote recovery-oriented mental health services through investment in peer-led and supported services, individual placement supports, recovery education and co-production. In parallel, the Mental Health Engagement and Recovery office has established a National Volunteer Lived Experience Panel to support policy implementation at a national level.

As illustrated below, engagement exists along a continuum from information provision to lived-experience-led activity. The aim is for [Sharing the Vision](#) to be implemented through co-production.

Figure 3: Engagement continuum



The NIMC, HIG and Reference Group secretariats have continued to work closely together to enhance communication, interaction and cooperation between the Reference Group and the wider policy implementation structures. In 2024, the NIMC steering committee was expanded to include a member with lived experience to provide a further voice of those who use services to the governance of the policy. Close working arrangements with the HSE Office of Mental Health Engagement and Recovery also allows for interaction along all stages of the engagement continuum outlined in Figure 3 above.

In this way, the role of lived experience has been strengthened at every level, from service design and delivery to policy implementation and oversight.

4. Implementation environment and challenges faced

Sharing the Vision is being delivered in a changing health service landscape and within the context of the wider *Sláintecare* reform programme.

4.1 Key factors

There are a number of key factors in the implementation environment which will influence the delivery of this implementation plan, including the restructuring of the HSE and its governance arrangements, service demand, staffing constraints, infrastructure deficits, social determinants and community sector partnerships.

Restructuring of the HSE

As part of the implementation of *Sláintecare*, the HSE has been reorganised into six operational Health Regions which have responsibility for the planning and delivery of health and social care services within their geographical areas. Each HSE Health Region is divided into a number of Integrated Healthcare Areas. Meanwhile, HSE national functions will focus on planning, enablement, performance and assurance (PEPA). The HSE Health Regions and Integrated Healthcare Areas will be accountable for implementation of the policy and their establishment presents an opportunity to further integrate services at the point of delivery. It will be important to ensure continued leadership and adequate change management resources within HSE Health Regions and Integrated Healthcare Areas to drive delivery of *Sharing the Vision*. This will also require a focus on how the revised national centre can best support regional implementation.

Service demand

Population growth and reduced stigma surrounding mental health have contributed to an increased demand for services. This presents a challenge for policy implementation overall, as there is a continuing need to ensure core services are appropriately resourced, in parallel with delivering service improvements. Services are also experiencing an increased diversity in people seeking supports,

in part arising from the increase in international protection applicants and Ukrainians now living in Ireland. Mental health supports at primary care level remain underdeveloped within the overall provision of supports and services in Ireland. This is despite the fact that most mental health difficulties initially present at primary care level, usually through general practitioners. A transformation of how services are delivered is required so that people who experience mental health difficulties have timely access to integrated and person-centred supports at the most appropriate level of care.

Resourcing and staffing constraints

Many policy recommendations are resource and staffing dependent and will need a permanent uplift in funding to implement. As *Sharing the Vision* is a whole-of-system, population based mental health policy, its successful delivery will require investment across community and voluntary sector supports, primary care, acute services, as well as in specialist mental health services.

In the latter phase of the *2022 – 2024 Implementation Plan*, the pace of delivery was negatively impacted by the HSE's temporary pause on recruitment, decommissioning of posts and the requirement to work within the overall approved staffing levels for the HSE.

While mental health services have been effective in filling new development posts, the recruitment and resourcing landscape of the broader health service remains challenging. The HSE Recruitment, Reform and Resourcing (RRR) Programme was established in June 2022 to grow the workforce and support services to meet projected workforce demand, while ensuring staff are enabled to work at the top of their license. In parallel, the HSE continues to proactively invest in additional training capacity, while also developing the diversity and skills mix within its mental health workforce. In addition, the ongoing move towards more integrated working will result in effective deployment of the overall workforce.

Information and communication technology infrastructure

Continuity of care is particularly important in mental health, especially for people who are experiencing enduring mental health difficulties. Access to a fit for purpose digital infrastructure is fundamental to ensuring an integrated service user journey, governance and the most efficient use of resources. The adoption of electronic health records is a core element of such an infrastructure. A number of policy recommendations also require access to appropriate data systems and staff expertise to track delivery of particular programmes and guide service planning. At present, capacity to measure mental health outcomes systematically is limited.

The HSE's *Digital Health Strategic Implementation Roadmap*, part of *Digital for Care 2030*, details the HSE's plans for digital health transformation. It builds on a commitment to leverage digital technology in healthcare to provide people with an improved experience and support clinical staff by reducing the time it takes to complete administrative tasks.

Physical infrastructure

To enable a person-centred, trauma-informed and recovery-focused mental health service, there is a continuing need to ensure all premises offer appropriate therapeutic environments in line with best practice. As well as placing evidence-informed therapeutic design principles at the centre of planning work, there will be a need to ensure alignment with current models of care and regulatory requirements. The development and resourcing of a longer-term capital programme for mental health will be critical to achieving this alignment. A HSE Mental Health Capital Planning Group is now in place to progress this work.

Voluntary and community sector

Sharing the Vision recognises the core role played by the voluntary and community sector in the provision of supports for people with mental health difficulties within an overall system-wide mental health framework. The HSE funds a range of partner organisations, which deliver critical services across all four policy domains, ranging from information and awareness raising, through to training, advocacy, counselling and other targeted therapeutic interventions. It is important that these organisations are further integrated in the mental health system to provide effective and seamless clinical pathways resulting in better service user experience and outcomes. This was also highlighted in the recent survey with funded partners referenced above (section 1.2), which will inform actions to enhance collaboration over the course of the coming years.

Social determinants

Sharing the Vision is a population-based policy, and the social determinants of mental health remain important for its implementation, i.e. that the environment where we live, work, and age plays an important role in our mental health and wellbeing. While many of these factors require a broader policy response, there is a continuing need to focus on attitudes to mental health, build mental health literacy, promote positive mental health and ensure equal access to services for those who need them. This requires leadership and collaboration across the health service, the broader public sector and civil society.

The NIMC and its associated structures will continue to monitor, report and respond as appropriate to factors impacting the delivery of policy.

5. Monitoring and reporting

The NIMC steering committee, HIG and Reference Group have produced regular progress reports on the status of policy implementation since 2021. Each quarter, the named implementation lead completes a reporting template, indicating the status for each recommendation, completed and planned activity against agreed milestones, implementation problems and mitigating actions. In line with implementation science, data provided in these regular reporting templates are then complemented by information gathered through qualitative engagements with implementation leads to produce the reports. Two reports are prepared each year, which are publicly available on the [Department of Health website](#).

5.1 Recommendation timelines

Sharing the Vision represents an ambitious ten-year change programme across the wider mental health system. When first published, the policy assigned a short-, medium- and long-term timeline to each recommendation, against which progress has been monitored and reported. Since these timelines were identified and building on learning over the course of the first plan, the programme has gained a better understanding of the required change and level of complexity associated with individual recommendations.

To provide clarity as to what is to be delivered within the 2025 – 2027 *Implementation Plan*, recommendations are assigned one of the following timelines:

- **'Within current implementation plan,'** which indicates that the recommendation is expected to transition to business as usual in this implementation phase.
- **'Within current and next implementation plan,'** which indicates work on this recommendation will be ongoing throughout the current implementation phase with an expectation that it will transition to business as usual by the end of the next plan.

Building on this approach, section seven details the annual milestones associated with each recommendation. This will ensure continued robust reporting on the status for individual policy recommendations.

5.2 Approach to outcomes monitoring

Following a review of the current reporting framework, and following stakeholder engagement, the NIMC steering committee will introduce an implementation science-based approach to outcomes monitoring over the course of this implementation plan.

Implementation science is a discipline which aims to bridge the gap between policy and real-life routine practice. Its main aim is to ensure that programmes and interventions are effective, scalable, and sustainable. This is achieved by providing tools to continuously evaluate the effectiveness of i) approaches used to introduce changes and ii) the effects of these changes on the programme's intended beneficiaries^{2,3}. Widely used across public services and not-for-profit sectors^{4,5}, the approach is helpful to delineate the complexity of a large-scale programme, without losing sight of quality measures and its intended purpose. Implementation science can be particularly helpful in the context of a learning health system and continuous quality improvement.

Within the context of *Sharing the Vision*, this will involve adding an explicit quality assurance check to define whether an output is ready for implementation before a recommendation transitions to business as usual. This could for example involve a survey involving key stakeholders, including people with lived experience, family members and supporters.

It will also provide a framework to measure outcomes and impact longer term. For example, once developed, the effectiveness of an operating guideline for general adult community mental health teams will be measured





using a standardised suite of performance indicators (e.g. waiting times, clinical outcomes) and a mechanism for regular service user feedback.

Phased introduction

Rollout of outcomes monitoring will take a phased approach over the course of the 2025 – 2027 *Implementation Plan*:

- The initial focus ('Phase 0') is the introduction of an additional quality check to ensure that the output is relevant to its practice context and implementable from the perspective of the intended users (e.g. mental healthcare professionals)
- The next phase ('Phase 1') will concentrate on putting in place systems for monitoring the adoption of the output by the intended users (e.g. operational guidelines)
- In the final phase ('Phase 2'), emphasis will be on measuring service impact, recovery outcomes, and ultimately, improvements in the mental health of the Irish population. During this phase, progress against principal policy outcomes will be tracked (e.g. better access to mental health supports in primary care and community settings)

Figure 4: Phased approach to outcomes measurement

| Outcome types | How are these being used in Sharing the Vision? |
|--|--|
|  Implementation outcomes | Phase 0 measures to monitor whether outputs are ready for implementation <ul style="list-style-type: none">• Acceptability• Appropriateness• Feasibility Phase 1 measures to monitor whether outputs have been properly embedded <ul style="list-style-type: none">• Adoption• Penetration (Reach)• Sustainability |
|  Mental health service delivery outcomes | Phase 2 measures to monitor impact on service delivery following the implementation of an output <ul style="list-style-type: none">• Efficiency• Effectiveness• Person-centredness• Safety• Equity• Timeliness |
|  Service user outcomes | Phase 2 measures to monitor impact on service users, their family members, carers and supporters, following changes to service delivery <ul style="list-style-type: none">• Service user, FCS satisfaction• Service experience• Accessibility of services• Recovery |
|  Long term, population-level outcomes | Large-scale survey measures to monitor changes in population level indicators which can be used as proxy measures of progress towards the achievement of <i>Sharing the Vision's</i> policy domain outcomes. These are national longer-term population-level measures, which are influenced by external forces which impact Ireland as a whole. |

In collaboration with all stakeholders, work will be undertaken to identify outcome indicators which are meaningful, realistic to capture and feasible to routinely measure over time. This approach reflects that not all recommendations are being progressed simultaneously, or in the same way, allowing implementation leads to concentrate on monitoring meaningful outcomes relevant to each phase and output type.

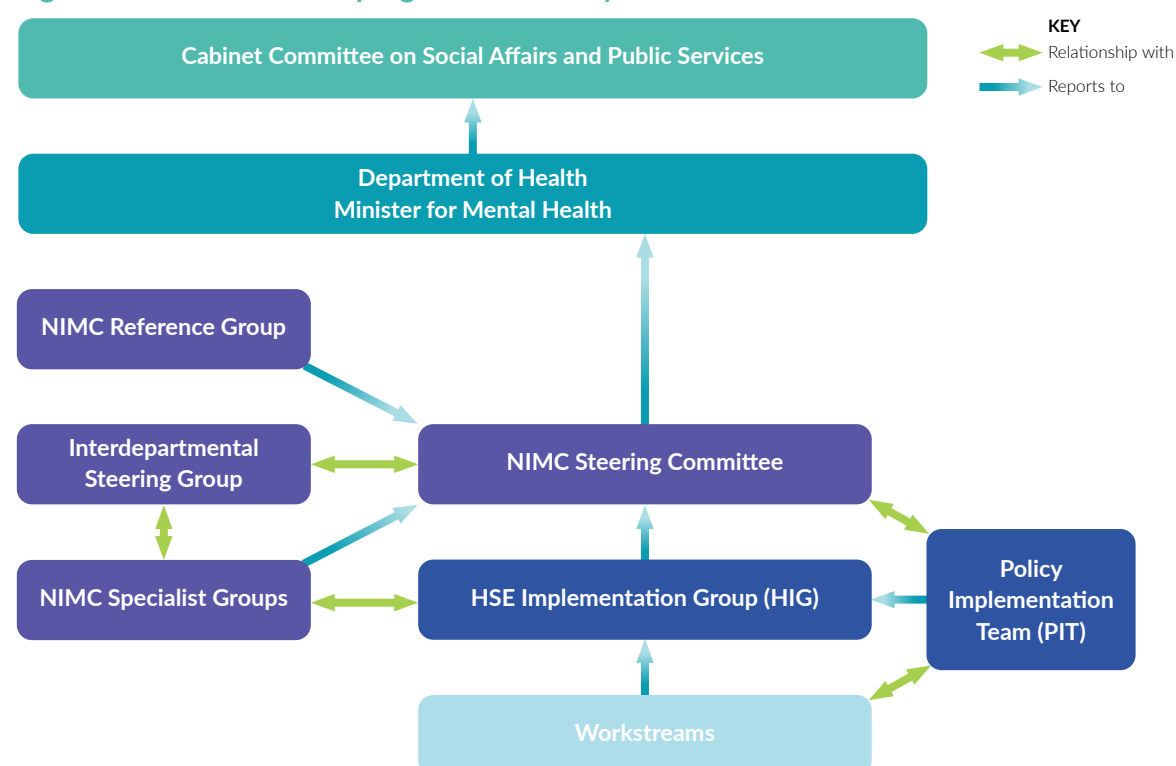
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6. Programme delivery structures

As set out in the policy, delivery of *Sharing the Vision* is overseen by the NIMC. The overall governance structure includes a steering committee, a Reference Group, the HIG and specialist groups set up by the NIMC to progress implementation of particularly complex recommendations.

Figure 5: Governance and programme delivery structures



NIMC steering committee

The NIMC steering committee provides leadership, raises awareness, supports implementation, and monitors progress against commitments set out in the policy. It began its second term in January 2024, with a refreshed membership and a new independent chair appointed. The Chair of the NIMC steering committee reports to the Assistant Secretary with responsibility for the Department of Health, Mental Health Unit, with onward reporting to the Minister of State for Mental Health. The NIMC also provide reports to the Cabinet Committee on Social Affairs and Equality, and Health respectively or relevant Oireachtas committees on a request basis, as appropriate and required.

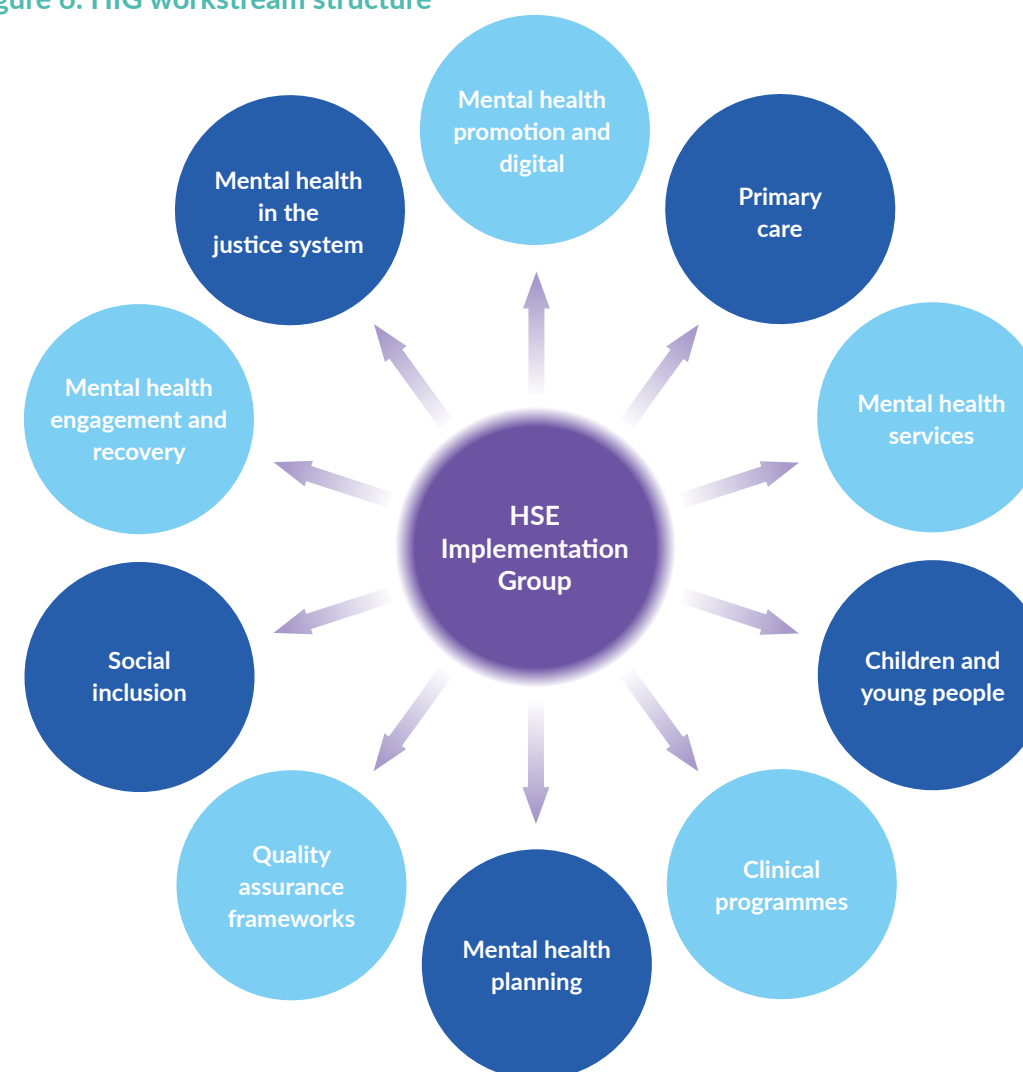
HSE Implementation Group (HIG)

The HIG oversees and drives implementation of HSE-led policy recommendations. In 2022, the HIG adopted a workstream model (see Figure 6 opposite) whereby HSE-led recommendations were grouped thematically to drive implementation and support collaboration. Its membership is comprised of the workstream leads, reflecting the importance of the workstreams as the drivers of implementation.

Workstreams

Reflecting the scale and complexity of reform required, the HIG has adopted a workstream structure, where recommendations are grouped thematically, allowing for a clear focus, while also ensuring collaboration across recommendations. There are currently ten workstreams as illustrated below. These workstreams, alongside the implementation leads within Government departments, are crucial for programme implementation.

Figure 6: HIG workstream structure



Reference Group

Currently hosted by Shine, the Reference Group reviews implementation progress and provides input from a lived experience perspective. The NIMC steering committee, HIG and Reference Group secretariats work jointly to enhance communication and engagement between these structures, including through thematic information and engagement sessions.

Interdepartmental steering group

To enhance the interdepartmental engagement processes and structures driving implementation of *Sharing the Vision*, the Department of Health is committed to establishing an interdepartmental steering group with representation from across a number of stakeholder departments. Chaired by the Department of Health, this group will support the work of the NIMC and other associated structures.

Specialist groups

As stated above, the NIMC has established specialist groups to progress particularly critical and complex recommendations. There are currently two active specialist groups on digital mental health and primary care mental health. A further three specialist groups on women's mental health, youth mental health transitions and acute inpatient bed capacity have concluded their work.

Policy Implementation Team

The HSE leads 82 policy recommendations, while the Department of Health and other Government Departments and state agencies lead the remaining 18 recommendations. A national HSE mental health policy implementation team works directly with relevant HSE functions, the Department of Health and other relevant stakeholders to coordinate implementation, facilitate progress reporting and support programme governance structures. The policy implementation team also leads on relevant aspects of related policies, including *Connecting for Life – Ireland's National Strategy to Reduce Suicide*.

6.1 Communications and engagement

Sharing the Vision is an ambitious strategy that will transform the way we deliver mental health services and supports. Achieving the recommendations set out in the policy is a complex undertaking. Implementation of *Sharing the Vision* requires effective communication and structured engagement, both regionally and nationally.

To support the delivery of the first implementation plan, a range of activities were undertaken as part of a programme communication strategy to raise awareness of the policy and to engage with key stakeholders on its delivery.

Communications activities included:

- Media relations
- Social media activity
- Staff communications
- Newsletters
- Online publication of progress reports

Direct stakeholder engagements included:

- Stakeholder consultations
- National conferences and learning events
- Webinars and seminars
- Staff updates

Building on the programme of work delivered over the course of 2022 – 2024, a revised communication strategy will support the 2025 – 2027 *Implementation Plan*. This will encompass a communication plan that will provide further understanding and awareness of *Sharing the Vision* and facilitate updates on policy implementation. Using a mix of available communications channels, updates on progress and key milestones will be disseminated to a range of stakeholders and target audiences, including those with responsibility for the implementation of *Sharing the Vision* and the wider public.

This communication strategy will build on learning from the first implementation plan, reflect changing health service structures and utilise a mix of channels to engage and disseminate information.

Target audiences

As detailed below, primary target audience groups include people with lived experience, family members, supporters, HSE staff, organisations working in mental health and government departments, and our secondary audiences such as the general public, wider HSE and the media.

- People with lived experience of mental health difficulties and their supporters
- Staff working in mental health and other relevant services
- HSE leadership, including Health Region management teams
- Organisations working in mental health including HSE funded partners in the voluntary and community sector
- Government departments and state agencies
- Relevant HSE functions
- Elected representatives
- Media and general public

Channels

With a wide range of stakeholders, it is important to establish and maintain appropriate communication channels to reach all audiences. Utilising the full mix of channels helps to support awareness of the policy and its implementation. This also enables input and feedback. Channels include:

- Online at [hse.ie](https://www.hse.ie) and [gov.ie](https://www.gov.ie)
- On social media, [@HSELive](https://www.facebook.com/HSELive), [@hse_ymh](https://www.instagram.com/hse_ymh) and HSE *Sharing the Vision* on LinkedIn
- By email, sharingthevision@hse.ie and the regular dissemination of *Sharing the Vision* newsletters
- News media – press, broadcast and digital
- Parliamentary questions, public representations (reps) and related correspondence
- Other internal HSE channels including the HSE All Staff Update, Health Matters, training and events listings
- Through funded partner organisations

In addition to these channels listed above, other approaches to communication will be used in the next implementation phase including podcasts, webinars, and short video content.

7. The implementation plan

This section provides a detailed outline of implementation plans for each of the one-hundred policy recommendations in *Sharing the Vision*. These plans are presented individually under the following headings:

Recommendation:
Recommendations are taken (verbatim) directly from the *Sharing the Vision* policy document and are fixed text

Actions:
Actions are taken (verbatim) directly from the *Sharing the Vision* policy document and are fixed text

Workstream:
Each recommendation is assigned to a thematic workstream. There are currently ten HSE-led workstreams, which are listed in section six. The Department of Health is the named workstream for recommendations that are not led by the HSE

Lead:
The function/agency identified as responsible for leading and delivering on this recommendation

Supporting partner:
Other functions/agencies that have been identified as central to the delivery of activities associated with the recommendation

Recommendation delivery status:
This field provides a brief summary of work undertaken to date and still outstanding to progress the recommendation

BAU owner:
For recommendations that have transitioned to business as usual, this field states the owner of outputs, including ongoing implementation, monitoring and reporting

Outputs 2025 – 2027:
Outline of key deliverables to be achieved within this implementation plan

Dependencies:
Activities or inputs external to the recommendation (e.g. resources, decisions or work programmes) that are required to deliver identified deliverables

Milestones 2025 - 2027:
An outline of the high-level tangible outputs to be delivered each year

How outputs and outcomes will be measured:
This field sets out how impact will be monitored, audited and reported. While recommendations will have specific associated measures or performance indicators, a standardised approach will be adopted across the programme, in line with the framework for measuring policy outcomes presented in section five

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Domain 1 - Promotion, Prevention and Early Intervention

Please note that the text in the shaded sections titled 'Recommendation' and 'Actions' of each table is taken directly and verbatim from the original policy document.

| Recommendation 1 | | |
|---|---|--|
| Has transitioned to business as usual | | |
| Recommendation <i>Healthy Ireland</i> already has a remit for improved mental health and wellbeing. To further strengthen this, a dedicated national mental health promotion plan should be developed and overseen within <i>Healthy Ireland</i> implementation frameworks, with appropriate resourcing. The plan should be based on the principles and scope described in Chapter 2 of <i>Sharing the Vision</i> . | | Actions a) Develop a national mental health promotion plan. b) Establish a mental health promotion policy priority programme in HSE in line with <i>Healthy Ireland</i> implementation. |
| Lead Department of Health, Health and Wellbeing Unit | Workstream Department of Health | Links to other recommendations/external programmes Recommendations 4, 5, 6, 11 and 93 |
| BAU owner Funding has been allocated for a national lead to drive implementation of Pathways to Wellbeing – the National Mental Health Promotion Plan 2024 – 2030 . This will be progressed as a priority by <i>Healthy Ireland</i> with the support of the Mental Health Unit in the Department of Health. | | |
| Outputs Informed by stakeholder perspectives and an examination of international best practice, the national mental health promotion plan was launched December 2024. It is Ireland's first cross-government mental health promotion plan and provides a roadmap for achieving a healthy Ireland where positive mental health is actively promoted, supported, and valued across society. The aim of the plan is to deliver actions which improve people's mental health and wellbeing, both through universal supports that protect everyone, and targeted solutions addressing the needs of those most at risk. The high-level priorities are: <ul style="list-style-type: none">Strengthen foundations for positive mental health in early yearsEnhance children and young people's social and emotional developmentStrengthen belonging and connection in our communitiesEnsure mental health promotion is integrated in the workplaceAddress the social determinants of mental health and strengthen supports for disadvantaged, marginalised and vulnerable groupsMainstream mental health promotion Work is now underway to develop an implementation plan with agreed actions and timeframes. | | |
| How outputs and outcomes will be measured As part of the development of an implementation plan, a suite of performance indicators to measure delivery and impact will be identified. | | |

Recommendation 2

| Within current implementation plan | | | | | | | | | | | | | | | |
|--|--|---|--|------------------------|------|------|------|---|--|--|--|--|--|--|--|
| Recommendation Evidence-based digital and social media channels should be used to the maximum to promote mental health and to provide appropriate signposting to services and supports. | | Actions a) Utilise digital and social media to promote mental health awareness. b) Apply resources to further develop evidence on the extent of the positive mental health, resilience and psychological wellbeing of the population including the relevant impact of social media. c) Co-produce evidence on improvements in the mental health of the population including those accruing through the use of social media. d) Build on evidence emerging from <i>The Irish Longitudinal Study on Ageing (TILDA)</i> and the <i>Healthy Ireland Survey</i> . | | | | | | | | | | | | | |
| Lead HSE Mental Health | Workstream Mental Health Promotion and Digital Mental Health | Supporting partner HSE Digital/ HSE Health and Wellbeing | Links to other recommendations/external programmes Recommendation 31 | | | | | | | | | | | | |
| Recommendation delivery status Significant work has been undertaken through this recommendation to ensure that people have easy access to reliable and trusted information about mental health and available supports. Progress includes: <ul style="list-style-type: none">Launch of the HSE's public awareness campaign <i>Making the Connections</i>, which aims to increase mental health literacy. The campaign is ongoingUpdates to yourmentalhealth.ie based on users' needsLaunch of My Mental Health Plan, an online tool with personalised advice on stress, anxiety, low mood and sleep and signposting to further mental health supports and services, if requiredSupport for public information campaigns led by partner organisations relating to online safety and mental healthDevelopment of the online youth mental health signposting resource Navigator Campaign work to address mental health literacy in the population is now embedded in the overall approach to digital mental health in the HSE. This work will be evaluated and reviewed on an ongoing basis. | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Quality assured, engaging and effective online mental health content for the general populationNavigator online mental health signposting resource | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Optimum budget for campaign promotion, development and evaluation | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Launch of Navigator online youth mental health signposting resource</td><td></td><td></td><td></td></tr><tr><td>Ongoing evaluation of online content provision and related campaigns</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Launch of Navigator online youth mental health signposting resource | | | | Ongoing evaluation of online content provision and related campaigns | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | |
| Launch of Navigator online youth mental health signposting resource | | | | | | | | | | | | | | | |
| Ongoing evaluation of online content provision and related campaigns | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Analysis of media performance, including social mediaWebsite analyticsResearch on campaign effectiveness | | | | | | | | | | | | | | | |

Recommendation 3

| Has transitioned to business as usual | | |
|---|---|---|
| Recommendation The Department of Health Women’s Health Taskforce and the National Implementation Monitoring Committee will undertake a joint project within 12 months to outline an effective approach to the mental health of women and girls. The project should ensure that mental health priorities and services are gender-sensitive and that women’s mental health is specifically and sufficiently addressed in the implementation of policy. | | Actions Ensure that the Women's Health Task Force and National Implementation and Monitoring Committee develop a project to focus on: a) Mental health priorities and services that are gender-sensitive b) Work to ensure women's mental health is specifically and sufficiently addressed in the implementation of policy c) Work to empower all mental health service users and their families equitably. |
| Lead Department of Health, Mental Health Unit/ HSE Implementation Group | Workstream Department of Health | Links to other recommendations/external programmes <i>Sharing the Vision</i> programme |
| BAU owner Department of Health, Mental Health Unit, and HSE Mental Health with oversight provided by the NIMC and HIG. | | |
| Outputs Building on the work of the NIMC Specialist Group on Women's Mental Health, a report on Embedding Women's Mental Health in Sharing the Vision was published in March 2023. The report proposed that a charter for women's mental health be introduced across all healthcare settings. By signing up to this charter, health services commit to ensuring i) a gender-aware approach to the delivery and accessibility of all care; ii) a trauma-aware approach by all staff who contribute to the service and iii) systematic collection and analysis of data on gender, ethnicity, disability and other risk factors for marginalisation of women. To support workstreams in their efforts to translate this charter into policy-aligned actions, additional guidance will be provided to implementation leads, with a view to ensuring that the charter is mainstreamed and considered throughout delivery of all recommendations. In collaboration with the National Women’s Council of Ireland, work is now underway to devise a toolkit for embedding women's mental health in policy implementation. In order to scope requirements for such a toolkit, research will be undertaken along with a detailed analysis of recommendations, initially focusing on those that are most relevant for a gender-lens. | | |
| How outputs and outcomes will be measured As part of the development and rollout of a toolkit for embedding women's mental health, each implementation lead will be tasked with identifying indicators associated with specific actions. The requirements for the toolkit will be agreed in 2025 and the toolkit will be produced in 2026. | | |

Recommendation 4

| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|------------------------|------|------|------|--|--|--|--|--|--|--|--|---|--|--|--|
| Recommendation The work programme for health promotion and improvement officers should be reviewed to ensure parity of effort and emphasis on mental health promotion and physical health promotion. | | | Actions a) Review and amend existing job specification. | | | | | | | | | | | | | | | | |
| Lead HSE Health and Wellbeing | Workstream Mental Health Promotion and Digital Mental Health | Supporting partner HSE HR/HSE Mental Health | Links to other recommendations/external programmes Recommendations 1, 5, 6 and 11 | | | | | | | | | | | | | | | | |
| Recommendation delivery status In collaboration with health and wellbeing leads within the HSE, a review was undertaken to establish the extent to which health promotion and improvement officers have sufficient capacity to develop and deliver mental health promotion initiatives. It was determined that there is a need for dedicated mental health promotion resources to fully support the implementation of national mental health programmes, including Stronger Together, the HSE Mental Health Promotion Plan 2022 - 2027 and Pathways to Wellbeing, the National Mental Health Promotion Plan 2024 – 2030 . To deliver this recommendation, a proposal has been developed for additional funding for mental health promotion officers in each Integrated Healthcare Area. This proposal will be progressed through the <i>2025 – 2027 Implementation Plan</i> . | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Job description for mental health promotion lead roleBusiness case for mental health promotion officers in each Integrated Healthcare AreaSuite of mental health promotion interventions for delivery within communities | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Cross-government implementation plan to support delivery of <i>Pathways to Wellbeing</i>Additional resources for employment of dedicated mental health promotion leadsRecruitment and on boarding of mental health promotion leadsSupport from and coordination across the voluntary and community sector | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Progress pilot of mental health promotion lead in one region to coordinate the delivery of a range of mental health promotion initiatives in the community. Develop and submit business case for mental health promotion officers in each Integrated Healthcare Area</td><td></td><td></td><td></td></tr><tr><td>Scale up delivery of mental health promotion initiatives through mental health promotion practitioner network, where resources are available</td><td></td><td></td><td></td></tr><tr><td>Establishment and integration of mental health promotion leads with responsibility for coordination and delivery of mental health promotion at regional level</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Progress pilot of mental health promotion lead in one region to coordinate the delivery of a range of mental health promotion initiatives in the community. Develop and submit business case for mental health promotion officers in each Integrated Healthcare Area | | | | Scale up delivery of mental health promotion initiatives through mental health promotion practitioner network, where resources are available | | | | Establishment and integration of mental health promotion leads with responsibility for coordination and delivery of mental health promotion at regional level | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Progress pilot of mental health promotion lead in one region to coordinate the delivery of a range of mental health promotion initiatives in the community. Develop and submit business case for mental health promotion officers in each Integrated Healthcare Area | | | | | | | | | | | | | | | | | | | |
| Scale up delivery of mental health promotion initiatives through mental health promotion practitioner network, where resources are available | | | | | | | | | | | | | | | | | | | |
| Establishment and integration of mental health promotion leads with responsibility for coordination and delivery of mental health promotion at regional level | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Number of mental health promotion leads recruited and in postDelivery of mental health promotion initiatives at community levelPerformance indicators agreed on mental health promotion initiatives, data collected on these indicators and regular reports through to the NIMC | | | | | | | | | | | | | | | | | | | |

| Recommendation 5 | | | |
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| Within current implementation plan | | | |
| Recommendation New and existing community development programmes which promote social inclusion, engagement and community connectedness should be appropriately resourced and developed in line with the proposed national mental health promotion plan. | | Actions a) Ensure the funding for new and existing community development programmes enhances community connectedness and mental health promotion. b) Design and deliver health promotion initiatives so they include and are accessible to people with disabilities. | |
| Lead HSE Health and Wellbeing | Workstream Mental Health Promotion and Digital Mental Health | Supporting partner HSE Social Inclusion/Regional Executive Officers/ HSE Disabilities | Links to other recommendations/external programmes Recommendations 1, 4, 6 and 11 |
| Recommendation delivery status Significant progress has been made to review and evaluate community development programmes, which promote mental health and connectedness: <ul style="list-style-type: none">Review of community-based mental health promotion interventions: The University of Galway have conducted a review of community based mental health promotion programmes aimed at addressing the needs of priority groupsAct Belong Commit Feasibility Study: The study is being conducted over four phases (planning, co-development, implementation and evaluation) across two pilot sites in Ireland. The planning phase has been completed, which included extensive community consultationMinding your Wellbeing for Older People Pilot Study: Programme content was adapted to address the needs of older people. Community facilitators were recruited to deliver the programme with health promotion and improvement officers from February 2024. The programme was delivered across four areas and a process evaluation was carried out. Findings from the research are being used to inform scale up of the programme nationally. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Mental health promotion training developed and rolled out with existing service providersMental health promotion programmes co-adapted and piloted with members of the Traveller community, migrant community, people living with disabilities and their families and older peopleEquality proofing study of social prescribing service completed with aim of exploring its capacity to support diverse groups and barriers/facilitators to access | | | |
| Dependencies <ul style="list-style-type: none">Resources to complete pilots and scale up programmes as plannedRegional planning and resourcing of mental health promotion activity, aligned with revised HSE structures | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Co-develop and pilot delivery of mental health promotion interventions with priority groups | | | |
| Build capacity at local level to deliver mental health promotion supports | | | |
| Extend reach of social prescribing to priority groups | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Evaluate effectiveness of programmes delivered in the communityTrack the extent to which priority groups access the selected community initiatives | | | |

| Recommendation 6 | | |
|--|---|---|
| Has transitioned to business as usual | | |
| Recommendation The proposed national mental health promotion plan and the existing work of <i>Connecting for Life</i> should incorporate targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups. | | Actions a) Ensure the national mental health promotion plan incorporates the distinct needs of priority groups. b) Support <i>Connecting for Life</i> to deliver targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups. c) <i>Healthy Ireland</i> /Department of Health/NOSP mental health promotion plans incorporate the distinct needs of priority groups |
| Lead Department of Health, Health and Wellbeing Unit | Workstream Department of Health | Links to other recommendations/external programmes Recommendation 1 |
| BAU owner Funding has been allocated for a national lead to drive implementation of Pathways to Wellbeing – the National Mental Health Promotion Plan 2024 – 2030 . This will be progressed as a priority by Healthy Ireland with the support of the Mental Health Unit in the Department of Health. | | |
| Outputs Informed by stakeholder perspectives and an examination of international best practice, <i>Pathways to Wellbeing – the National Mental Health Promotion Plan 2024 – 2030</i> was launched December 2024. It is Ireland's first cross-government mental health promotion plan and provides a roadmap for achieving a healthy Ireland where mental health is actively promoted, supported, and valued across society. This plan will align with both Sharing the Vision and the forthcoming Connecting for Life plan in the areas of prevention and mental health promotion. The aim of the plan is to deliver actions, which improve people's mental health and wellbeing, both through universal supports that protect everyone, and targeted solutions addressing the needs of those most at risk. The high-level priorities are: <ul style="list-style-type: none">Strengthen foundations for positive mental health in early yearsEnhance children and young people's social and emotional developmentStrengthen belonging and connection in our communitiesEnsure mental health promotion is integrated in the workplaceAddress the social determinants of mental health and strengthen supports for disadvantaged, marginalised and vulnerable groupsMainstream mental health promotion | | |
| Work is now underway to develop an implementation plan with agreed actions and timeframes. | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Implementation plan published with agreed actions and timeframesNational data set of indicators to measure positive mental health and wellbeing developed | | |

Recommendation 7

| Within current and next implementation plan | | | |
|---|--|--|--|
| Recommendation A National Stigma-Reduction Programme (NSRP) should be implemented to build a 'whole community' approach to reducing stigma and discrimination for those with mental health difficulties. This should build on work to date and determine a clear strategic plan, with associated outcomes and targets across related strands of work. | | Actions a) Develop a strategic whole community NSRP plan for publication and annual review with specific outcomes and targets. b) Department of Health should extend the timeframe and funding for the strategy for <i>Connecting for Life</i> (CfL) to 2024. | |
| Lead HSE Mental Health | Workstream Mental Health Promotion and Digital Mental Health | Supporting partner VCS/ Government partners | Links to other recommendations/external programmes Recommendations 1 and 3 |

Recommendation delivery status

Stakeholder engagement has been undertaken to inform the most effective approach to deliver this recommendation and ensure alignment with related programmes and strategies:

- The development of a comprehensive national stigma reduction programme is fully aligned with implementation of [Stronger Together, the HSE Mental Health Promotion Plan 2022 - 2027](#) and also referenced in [Pathways to Wellbeing, the National Mental Health Promotion Plan 2024 - 2030](#), thereby providing a strong policy mandate. It is also mindful of stigma related to suicide and the potential for collaboration in the context of [Connecting for Life](#)
- The HSE has partnered with the Royal College of Surgeons Ireland and Shine to prepare and submit a submission for funding under the Health Research Board Applied Partnership Awards. If successful, this will assist in designing the national stigma reduction programme, building on a whole of community approach to reducing mental health stigma
- In parallel, a business case for programme implementation resources to support roll out has been developed, which will be progressed through the HSE’s estimates process

Outputs 2025 - 2027

- Literature review completed on mental health stigma and stigma reduction strategies
- Mapping of current stigma reduction activities in Ireland including strengths, gaps and unmet needs
- Recommended national stigma reduction programme design to tackle prejudice and discrimination in respect of all mental health difficulties

Dependencies

- Adequate funding and resourcing
- Ethical approval for research
- Multi-sector engagement and consultation

| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
|---|------|------|------|
| Funding for appointment of research partner for the programme confirmed | | | |
| Consultation and data collection | | | |
| Programme design and development | | | |

How outputs and outcomes will be measured

- The national stigma reduction programme design development will follow a co-design approach from scoping through to approval
- Recommended outcomes and targets will be clearly defined and nationally agreed with a wide range of stakeholders

Recommendation 8

| Within current implementation plan | | | |
|---|--|--|---|
| Recommendation Learning from innovations in improving outcomes for children and young people should be identified and should inform relevant mainstream service provision. This includes learning from prevention and early intervention programmes such as <i>Tusla's Area Based Childhood (ABC) and Prevention, Partnership and Family Support (PPFS) Programme</i> as well as cross-border programmes addressing the impact of Adverse Childhood Experiences (ACEs). | | Actions a) Ensure the What Works initiative delivered by DCYA seeks to capture and disseminate this learning to inform effective policy, provision and practitioner responses to the needs of children and young people. | |
| Lead(s) HSE Child and Youth Mental Health Office | Workstream Children and Young People | Supporting partner | Links to other recommendations/external programmes Recommendation 96 <i>Child and Youth Mental Health Office Action Plan 2024 - 2027</i> |

Recommendation delivery status

This is a recommendation which reflects the need for integrated approaches to service provision. Within this context, it will be implemented as part of the [HSE Child and Youth Mental Health Office Action Plan 2024 - 2027](#). There are links with recommendation 96 and innovations in improving outcomes for children and young people will be incorporated into the outputs of that recommendation (e.g. a repository of good practice).

Outputs 2025 - 2027

- A report on innovations developed under the *HSE Child and Youth Mental Health Office Action Plan 2024 - 2027*
- Linking with recommendation 96, a methodology for systematically documenting and communicating innovation and new knowledge across *Sharing the Vision* implementation will be developed (e.g. through an online repository)

Dependencies

- Building the evidence base for innovative services requires dedicated investment and time, including from staff involved in direct service provision and from service users, family members and carers

| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
|---|------|------|------|
| Report on innovations developed under the <i>HSE Child and Youth Mental Health Office Action Plan 2024 - 2027</i> | | | |
| Develop and embed the methodology for systematically documenting and communicating innovation and new knowledge across Sharing the Vision (e.g. through a repository) | | | |

How outputs and outcomes will be measured

- Evidence that effective innovation in improving services is reflected in service planning, contributing to a learning health system in mental health in Ireland

| Recommendation 9 | | | |
|---|---|---|--|
| Within current implementation plan | | | |
| Recommendation All schools and centres for education will have initiated a dynamic Wellbeing Promotion Process by 2023, encompassing a whole-school/centre approach. Schools and centres for education will be supported in this process through the use of the <i>Wellbeing Framework for practice and Wellbeing Resources</i> which have been developed by the Department of Education and Skills. | | Actions a) Implement <i>Wellbeing Policy Statement and Framework for Practice</i> in all schools and centres for education, as well as NEPS, with appropriate resourcing. | |
| Lead Department of Education | Workstream Department of Health | Supporting partner Department of Education/ Relevant support services and agencies | Links to other recommendations/external programmes Recommendations 1 and 7 |
| Recommendation delivery status Continued progress has been made to roll out wellbeing supports in schools and education centres, including through training, self-evaluation, guidance, video content and other online resources: <ul style="list-style-type: none">Two-thirds of all schools have completed their School Self Evaluation and the remaining primary and post-primary schools will supported to do so over the course of 2025. The National Educational Psychological Service (NEPS) is working with the inspectorate to pilot a model of wellbeing evaluation in all schools, which will begin in 2025Jigsaw has been selected to provide NEART, which provides learning opportunities for students to promote mental health and wellbeing, as well as mental health webinars and e-learning courses for parents and school staff in post-primary schoolsA counselling and wellbeing support programme have since September 2023 been piloted in primary schools across selected counties, which will inform future policy development and service enhancementsA review of the current Wellbeing Policy Statement and Framework for Practice Implementation Plan 2018 - 2023 is underway with a new plan due for publication by 2026 | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">School Self Evaluation completed in all schools, while the inspectorate will report on wellbeing evaluation in all schools from 2025Delivery of NEART supports to post-primary schoolsCounselling and wellbeing support programme in primary schools evaluatedEnhanced portal of supports available on Wellbeing in Education on Gov.ie, including directory of teacher professional learning programmesRevised <i>Wellbeing Policy Statement and Framework for Practice Implementation Plan</i> | | | |
| Dependencies <ul style="list-style-type: none">Schools' capacity to implement the framework, ensuring adequate classroom cover for teachers to attend trainingBuy-in from all stakeholders and alignment of mental health with other educational initiatives | | | |

continued opposite ➞

| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
|--|------|------|------|
| School Self Evaluation completed in all schools Complete counselling pilot evaluation | | | |
| Literature review completed and stakeholder engagement undertaken to inform new implementation plan | | | |
| Revised <i>Wellbeing Policy Statement and Framework for Practice Implementation Plan</i> agreed and in place | | | |
| Inspectorate will report on wellbeing evaluation in all schools Delivery of NEART supports to post-primary schools Enhanced portal of wellbeing supports available on <i>Wellbeing in Education</i> on Gov.ie, including directory of teacher professional learning programmes | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">School Self Evaluation completed in all schools: Attendance at teacher professional learning by schools and Inspectorate school wellbeing evaluationsDelivery of NEART supports to post-primary schools: Quarterly activity reports from JigsawComplete Counselling Pilot evaluation: Report completedEnhanced portal of wellbeing supports available on <i>Wellbeing in Education</i> on Gov.ie: Portal and teacher professional learning updatedRevised <i>Wellbeing Policy Statement and Framework for Practice Implementation Plan</i>: Research report and stakeholder engagement completed. New implementation plan with outputs, impacts and outcomes in place | | | |

| Recommendation 10 | | | |
|--|---|---|---|
| Within current implementation plan | | | |
| Recommendation A protocol should be developed between the Department of Education and Skills and the HSE on the liaison process that should be in place between primary/post-primary schools, mental health services and supports such as NEPS, GPs, primary care services and specialist mental health services. This is needed to facilitate referral pathways to local services and signposting to such services, as necessary. | | Actions a) Establish working group with appropriate representation to develop liaison protocol between schools and mental health services and supports. | |
| Lead Department of Education/ Department of Health | Workstream Department of Health | Supporting partner HSE | Links to other recommendations/external programmes Recommendation 9 |
| Recommendation delivery status A working group was established and has met regularly over an 18-month period to develop a protocol, which will set out the liaison process between primary/post-primary schools, mental health services and other relevant supports. Through the work completed as part of this recommendation, a draft protocol has been prepared for sign-off, pending final stakeholder engagement. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Protocol agreement in place between services across Department of Health, HSE and Department of EducationCommunication strategy to raise awareness of protocol with all key stakeholders | | | |
| Dependencies <ul style="list-style-type: none">Stakeholder engagement and buy-in requires an effective communications strategyAlignment with the HSE Child and Youth Mental Health Office Action Plan 2024 - 2027Cross-organisational collaboration | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Communication of protocol to management bodies and school leaders at primary, post primary and special schools | | | |
| Prepare and disseminate user friendly guides to parents and parent bodies | | | |
| Engage with and include general practitioners and disability services in processes and plans | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Communication of protocol to management bodies and school leaders: Update sent to all schoolsPrepare and disseminate user friendly guides to parents and parent bodies: User friendly guides to the protocol produced in agreed formats (digital, hardcopy etc.). Promotion plan to each stakeholder (teachers, parents, students etc.) in place and actionedEngage with and include general practitioners and disability services: Agreed promotion plan to these stakeholders in place and actioned | | | |

| Recommendation 11 | | | |
|---|---|--|---|
| Within current implementation plan | | | |
| Recommendation The <i>National Mental Health Promotion Plan</i> integrated with the <i>Healthy Workplace Framework</i> should incorporate actions to enhance the mental health outcomes of the working-age population through interventions aimed at mental health promotion in the workplace. This should consider environmental aspects of the working environment conducive to supporting positive mental health and wellbeing. signposting to such services, as necessary. | | Actions a) Develop action plan to enhance the mental health outcomes of the working-age population, with prioritisation of those working in mental health services through collaboration with Department of Health Healthy Ireland and relevant partners. b) To reinforce the effectiveness of the DES framework, an effective structure for cross-sectoral collaboration in the area of wellbeing and mental health promotion will be incorporated into the national mental health promotion plan. | |
| Lead Department of Health, <i>Healthy Ireland</i> | Workstream Department of Health | Supporting partner HSE Health and Wellbeing | Links to other recommendations/external programmes |
| Recommendation delivery status As part of the implementation of the Healthy Workplace Framework , a first national survey on worker health has been completed. A Healthy Workplace website has also been developed, which provides content and interactive tools to promote health and wellbeing in the workplace. In addition, a provider has been contracted to drive implementation of the <i>Healthy Workplace Framework</i> across workplaces in Ireland. Pathways to Wellbeing – the National Mental Health Promotion Plan 2024 - 2030 has four objectives for the integration of mental health promotion in the workplace: <ul style="list-style-type: none">Support healthy workplaces by integrating mental health promotion into workplace health and wellbeing initiativesEncourage and facilitate the creation of work environments that are supportive of mental health and wellbeingIncrease access to mental health support at work for employees experiencing mental health difficultiesSupport the enhancement of social protection policies and Active Labour Market programmes for unemployed people The implementation plan to support its roll-out will include actions to deliver on these objectives. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Publication of baseline survey of workplace health and wellbeingNational guidelines to support promotion of mental health in the workplace developedDevelopment of mental health promotion implementation plan with specific actions on ensuring mental health promotion is integrated in the workplace | | | |
| Dependencies <ul style="list-style-type: none">Awareness of mental health as a protective factorIntegration of mental health into other lifestyle interventions and health promotion activities | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Agree actions and responsibilities for inclusion in the <i>Pathways to Wellbeing</i> implementation plan | | | |
| Implementation plan published with specific actions on workplace mental health promotion | | | |
| Establish a national data set of indicators to measure mental health and wellbeing | | | |
| Develop national guidelines to support promotion of mental health in the workplace | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Publication of results from baseline survey of workplace health and wellbeing against which impact can be measuredAn overall monitoring, audit and reporting framework associated with the <i>Pathways to Wellbeing</i> implementation plan | | | |

Domain 2 – Service Access, Coordination and Continuity of Care

Please note that the text in the shaded sections titled ‘Recommendation’ and ‘Actions’ of each table is taken directly and verbatim from the original policy document.

| | | | |
|--|----------------------|--|--|
| Recommendation 12 | | | |
| Within current implementation plan | | | |
| Recommendation | | Actions | |
| A range of actions designed to achieve the goals of the <i>National Positive Ageing Strategy</i> for the mental health of older people should be developed and implemented, supported by the inclusion of mental health indicators in the <i>Healthy and Positive Ageing Initiative's</i> research programme. | | a) Develop specific mental health actions to achieve the goals of the <i>National Positive Ageing Strategy</i> . b) Identify mental health indicators to be included in the <i>Healthy and Positive Ageing Initiative's</i> research programme. | |
| Lead | Workstream | Supporting partner | Links to other recommendations/external programmes |
| Department of Health, Older Persons' Strategy Unit | Department of Health | | |
| Recommendation delivery status | | | |
| There has been significant investment in supporting older people to age well at home and in their communities, including through the Enhanced Community Care Programme, the development of a statutory home support scheme, the ongoing reform of the residential care sector and the development of an adult safeguarding policy. In 2024, the Government established an independent Commission on Care for Older People , tasked with examining the provision of health and social care services for older people and with making recommendations for enhancements. Subsequently a cross-departmental group will be established under the auspices of the Commission to consider supports for positive ageing and to develop a costed implementation plan. The work of the Commission is being advanced through three modules of work as detailed below (under 'Outputs 2025 - 2027'). | | | |
| Outputs 2025 - 2027 | | | |
| <ul style="list-style-type: none">In Module 1 the Commission will determine the effectiveness, adequacy and efficiency of existing supports, in meeting the needs of older people. The Commission will prepare a report detailing findings, including any learnings for inclusion in Module 2In Module 2 the Commission will examine the broader policy options for older people's care and develop a costed implementation plan, detailing selected options. To conclude Module 2, the Commission will prepare a report detailing challenges and opportunities and a framework for the strategic development of health and social care services and supports for older peopleIn Module 3 a cross-departmental group will be established under the auspices of the Commission to consider whether the mainstreaming of ageing across Government and civil society is effective in supporting citizens' healthy, positive, and autonomous ageing across the life-course. A costed implementation plan will be prepared for the selected options | | | |
| Dependencies | | | |
| <ul style="list-style-type: none">The provision of adequate funding to support the work of the Commission on Care for Older People in the budgets for 2025 and 2026The timely completion of the work of the CommissionThe Government's acceptance of the Commission's recommendations and their timely implementation | | | |
| Milestones 2025 – 2027 | | | |
| Publication of report on Module 1 of the Commission on Care for Older People (Q2 2025) | 2025 | 2026 | 2027 |
| Publication of report on Module 2 of the Commission on Care for Older People (Q1 2026) | | | |
| Publication of report on Module 3 of the Commission on Care for Older People (Q1 2027) | | | |
| How outputs and outcomes will be measured | | | |
| <ul style="list-style-type: none">The publication of the Commission's reports on modules 1, 2 and 3As part of the implementation plan (module 3), a suite of mental health indicators will be identified, aligned with the Healthy and Positive Ageing Initiative's research programme | | | |

| | | |
|---|---|--|
| Recommendation 13 | | |
| Has transitioned to business as usual | | |
| Recommendation | | Actions |
| Directories of information on VCS supports should be provided to staff working in primary care and CMHTs to ensure they are aware of and inform service users and FCS about all supports available including those from Voluntary and Community Sector organisations in the local area. | | a) Map available supports. b) Provide staff working in primary care and CMHTs with information about available supports such as yourmentalhealth.ie |
| Lead | Workstream | Links to other recommendations/external programmes |
| HSE Mental Health | Mental Health Promotion and Digital Mental Health | Recommendation 14 |
| BAU owner | | |
| The Mental Health Promotion and Digital Mental Health Workstream will monitor implementation and instigate reviews, as required. | | |
| Outputs | | |
| The Mental Health and Suicide Prevention Supports and Services Directory was developed as an information resource for general practitioners and for other staff working in general practice, primary care centres and health centres. It lists community and voluntary sector partners providing supports for people who may be experiencing mental health difficulties, suicidal ideation, engaging in deliberate self-harm, are bereaved by suicide or for family members, carers or supporters. It was developed in collaboration with the community and voluntary sector organisations listed within it to assist general practitioners, practice nurses and other staff to easily and effectively recommend mental health supports and services to people in need. The services and initiatives listed range from local support groups, self-help groups, voluntary and community-based counselling services to larger organisations with multiple branches. The directory can be accessed online. Physical copies can be ordered from healthpromotion.ie . A second version of the directory has been developed, specifically for staff working in community mental health teams. This version includes information on supports provided by the HSE, including peer support, recovery education, clinical programmes and intercultural health supports. This directory is also available to staff online. | | |
| How outputs and outcomes will be measured | | |
| <ul style="list-style-type: none">Through these directories, staff, service users, family members and carers have access to information on community assets and relevant supportsRegular reviews will be scheduled as part of the <i>2025 - 2027 Implementation Plan</i> to ensure the directories are up-to-date and continue to meet the needs of its target usersThe directory will be promoted through relevant channels to ensure awareness among staff and service usersThe impact of this work (along with efforts outlined in recommendation 14) will be reflected in greater involvement of the voluntary and community sector in the overall mental health support system | | |

| Recommendation 14 | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|------------------------|------|------|------|--|--|--|--|--|--|--|--|---|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation Where voluntary and community sector organisations are providing services aligned to the outcomes in this policy, operational governance and funding models should be secure and sustainable. | | Actions a) Maximise the use of existing and emerging operational governance and funding models to support collaborative alignment with required outcomes. | | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health HSE NOSP | Workstream Mental Health Services | Supporting partner | Links to other recommendations/external programmes Recommendations 8, 13 and 96 | | | | | | | | | | | | | | | | |
| Recommendation delivery status HSE Mental Health and the HSE National Office for Suicide Prevention (NOSP) work with over 40 funded partners who provide mental health information, support, advocacy and services. A service level or grant aid agreement is in place to govern and guide funding allocation to each partner. These agreements are reviewed and renewed each year and, in general, interim reviews are scheduled throughout each year. The frequency and depth of review is related to the level of funding provided. While the agreement documents and regular meetings provide an opportunity to ensure alignment with national policy, an opportunity to further strengthen this alignment and to nurture sustainable partnerships has been recognised. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Inclusion of certain standard clauses in service/grant aid agreements stipulating the requirement of funded partners to support policy implementationA mechanism/role to facilitate the tailoring of service/grant aid agreements to specify actions required to achieve the necessary alignment to relevant policiesAn annually updated repository of scheduled work across all funded voluntary and community sector partner organisations | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">The governance and allocation of funding to partner organisations is a central function which may be impacted by the establishment of HSE Health Regions and new ways of workingAvailability of ongoing funding is a significant dependency for this recommendation | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Agreed standard clauses for insertion in future service/grant aid agreements</td><td></td><td></td><td></td></tr><tr><td>A mechanism/role to facilitate the tailoring of service/grant aid agreements to specify actions required</td><td></td><td></td><td></td></tr><tr><td>Extraction and collation of existing schedules of work across agreements with all relevant funded organisations into a repository of planned activity</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Agreed standard clauses for insertion in future service/grant aid agreements | | | | A mechanism/role to facilitate the tailoring of service/grant aid agreements to specify actions required | | | | Extraction and collation of existing schedules of work across agreements with all relevant funded organisations into a repository of planned activity | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Agreed standard clauses for insertion in future service/grant aid agreements | | | | | | | | | | | | | | | | | | | |
| A mechanism/role to facilitate the tailoring of service/grant aid agreements to specify actions required | | | | | | | | | | | | | | | | | | | |
| Extraction and collation of existing schedules of work across agreements with all relevant funded organisations into a repository of planned activity | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">A suite of outcome measures will be agreed, aligned to the relevant service level agreementsThe impact of this recommendation will be measured in terms of secure and sustainable partnerships with voluntary and community sector organisations whose work contributes to the implementation of mental health policy | | | | | | | | | | | | | | | | | | | |

| Recommendation 15 | | |
|--|--|--|
| Has transitioned to business as usual | | |
| Recommendation Social prescribing should be promoted nationally as an effective means of linking those with mental health difficulties to community-based supports and interventions, including those available through local Voluntary and Community Sector supports and services. | | Actions a) Enable the development of service user-led and responsive social prescribing through identified community links and supports. |
| Lead HSE Health and Wellbeing | Workstream Mental Health Promotion and Digital Mental Health | Links to other recommendations/external programmes |
| BAU owner The continued development and evaluation of social prescribing services is led by HSE Health and Wellbeing in collaboration with community and voluntary sector partners and HSE Health Regions. | | |
| Outputs Social prescribing recognises that health is heavily determined by social factors such as poverty, isolation and loneliness. Social prescribing offers general practitioners and other health professionals a means of referring people to a range of non-clinical community supports, which can have significant benefits for their overall health and wellbeing. In line with the HSE's Social Prescribing Framework (2021) , service provision has grown from six services in 2017 to 44 mainstreamed services by the end of 2023 with one in every county. A total of 5,589 service users accessed the service in 2023. Social prescribing is delivered on behalf of the HSE by community and voluntary organisations – typically Family Resource Centres and Partnership Companies. Building on the service delivery model outlined in the framework, a social prescribing link worker works with a service user over a period of time to understand their needs and support them in engaging with services and supports in their local community. To address the training needs of link workers, Project Echo was launched (an online peer learning network for social prescribing link workers), which incorporates tailored training. A new e-learning module <i>Social Prescribing for Health Professionals</i> was also launched and is available on HSeLanD.ie. Ongoing work is being carried out with Healthlink to develop a bespoke Healthlink referral form for social prescribing to assist general practitioners in referring individuals to local social prescribing services. While this recommendation has now transitioned to business as usual, work will continue to scale up access to social prescribing services across HSE Health Regions and Community Healthcare Networks. Other priorities for the 2025 – 2027 <i>Implementation Plan</i> include the development of a software solution to enable referrals and data management, as well as ongoing provision of training and support for social prescribing link workers. It will also be critical to ensure investment in high quality research to understand impact of social prescribing in an Irish context. | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">There will be ongoing monitoring and reporting of social prescribing services on a quarterly basis. Currently data collection is mainly paper-based and there is a need to progress to a digital software solution to enable online referrals and collation of national data based on agreed outcome measures from across the sitesA realist evaluation of HSE-funded social prescribing services is being conducted by the University of Galway over an 18-month period, which is due to complete in 2025. This research will provide an understanding of how social prescribing works in an Irish context, for whom it is most effective and in what circumstances and will help to inform future policy, practice and research for this important service, i.e. taking a learning health system approach for ongoing refinement of the service delivery model | | |

| Recommendation 16 | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------------|---|--|------------------------|------|------|------|---|--|--|--|--|--|--|--|--|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation Access to a range of counselling supports and talk therapies in community/primary care should be available on the basis of identified need so that all individuals, across the lifespan, with a mild- to-moderate mental health difficulty can receive prompt access to accessible care through their GP/Primary Care Centre. Counselling supports and talk therapies must be delivered by appropriately qualified and accredited professionals. | | Actions a) Increase range and ease of access to counselling supports and talk therapies in the community. b) Assess current services and ensure future counselling and talk therapy services are provided by appropriately qualified and accredited professionals. | | | | | | | | | | | | | | | | | |
| Lead HSE Primary Care HSE Mental Health | Workstream Primary Care | Supporting partner HSE Health Regions/ HSE HR/HSE National Counselling Service | Links to other recommendations/external programmes Recommendation 31 | | | | | | | | | | | | | | | | |
| Recommendation delivery status In parallel with supporting and advocating investment in existing talk therapy services, work is underway to develop a long-term implementation plan for service improvements. Reporting to the Mental Health in Primary Care Specialist Group/ Workstream, this work is being progressed through a multi-disciplinary working group with representation from HSE services and funded partner organisations. A consultation document has been prepared, outlining a layered care service delivery model and principles for providers of talk therapies in community and primary care settings. This work was informed by a mapping of current provision and recent evaluations of existing services. The document contains considerations around governance, monitoring and evaluation and matching requirements and will form the basis for engagement with relevant stakeholders, including people with lived experience. Informed by stakeholder feedback, a detailed implementation plan will be put in place, which will be progressed over the course of the 2025 - 2027 Implementation Plan. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Person-centred service delivery model for talk therapies in primary care and community settings in keeping with an overarching model of mental health supports and servicesImplementation plan for enhanced access to and standardisation of talk therapies in primary care and community settings | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">There are existing capacity issues within HSE Primary Care Psychology services and the National Counselling Service/Counselling in Primary Care, which will need to be addressedAccess to appropriate levels of qualified and accredited talk therapy professionals will require long-term workforce planningFunding and approval of HSE posts | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Design of person-centred delivery model for talk therapies in primary care and community settings</td><td></td><td></td><td></td></tr><tr><td>Development of implementation plan for enhanced access to talk therapies</td><td></td><td></td><td></td></tr><tr><td>Phased delivery of implementation plan</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Design of person-centred delivery model for talk therapies in primary care and community settings | | | | Development of implementation plan for enhanced access to talk therapies | | | | Phased delivery of implementation plan | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Design of person-centred delivery model for talk therapies in primary care and community settings | | | | | | | | | | | | | | | | | | | |
| Development of implementation plan for enhanced access to talk therapies | | | | | | | | | | | | | | | | | | | |
| Phased delivery of implementation plan | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Consistent application of clinical outcome measure(s), service user evaluation and service performance indicatorsAuditing of talk therapy services based on agreed criteria utilising a standardised tool | | | | | | | | | | | | | | | | | | | |

| Recommendation 17 | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------------|--|--|------------------------|------|------|------|--|--|--|--|---|--|--|--|------------------------------|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation The mental health consultation/liaison model should continue to be adopted to ensure formal links between CMHTs and primary care with the presence of, or in-reach by, a mental health professional as part of the primary care team or network. | | Actions a) Ensure that the development of the community health networks and primary care teams operating models adopt the mental health consultation/ liaison model. | | | | | | | | | | | | | | | | | |
| Lead HSE Primary Care HSE Mental Health | Workstream Primary Care | Supporting partner HSE Health Regions/ HSE Children's Disability Networks | Links to other recommendations/external programmes Recommendations 18, 19 and 60 <i>Child and Youth Mental Health Office Action Plan 2024 – 2027</i> Adult community mental health team operating guidelines | | | | | | | | | | | | | | | | |
| Recommendation delivery status Commissioned research to establish the current evidence base and best practice examples of shared care between primary care and specialist mental health services, including consultation liaison models, has been completed. In parallel, and informed by research findings, work has commenced on a consultation document outlining principles for operational guidance for consultation/liaison models. The development of operational guidance will be guided by the lived experience of service users, family members, supporters and staff. Once complete, the operational guidance will provide a consistent approach to the implementation of consultation/liaison practices and support collaboration between primary care and specialist mental health services. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Report summarising findings from commissioned research into the evidence base for shared care between primary care and specialist mental health services, including consultation liaison modelsOperational guidance for consultation/liaison model which aligns with the planned operating guidelines for adult community mental health teams | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Resource requirements, as identified in the operational guidance document, will need to be addressedSupport from HSE Health Regions and local champions | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Develop operational guidance, informed by stakeholder feedback</td><td></td><td></td><td></td></tr><tr><td>Finalise operational guidance, including requirements for demonstration</td><td></td><td></td><td></td></tr><tr><td>Demonstration and evaluation</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Develop operational guidance, informed by stakeholder feedback | | | | Finalise operational guidance, including requirements for demonstration | | | | Demonstration and evaluation | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Develop operational guidance, informed by stakeholder feedback | | | | | | | | | | | | | | | | | | | |
| Finalise operational guidance, including requirements for demonstration | | | | | | | | | | | | | | | | | | | |
| Demonstration and evaluation | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">A monitoring, audit and reporting framework will be set out in the operational guidance document | | | | | | | | | | | | | | | | | | | |

Recommendation 18

| Has transitioned to business as usual | | |
|---|-----------------------------------|--|
| Recommendation An implementation plan should be developed for the remaining relevant recommendations in <i>Advancing the Shared Care Approach between Primary Care and Specialist Mental Health Services</i> (2012) in order to improve integration of care for individuals between primary care and mental health services in line with emerging models and plans for Community Health Networks and Teams. | | Actions a) Develop an implementation plan with updated recommendations from <i>Advancing the Shared Care Approach between Primary Care and Specialist Mental Health Services</i> (2012). |
| Lead HSE Primary Care/ HSE Mental Health | Workstream Primary Care | Links to other recommendations/external programmes Recommendations 17 and 19 |
| BAU owner Identified lead(s) and supporting partner(s) have been identified for each of the 14 actions contained in the shared care implementation plan. | | |

Outputs

An implementation plan for remaining relevant recommendations in [Advancing the Shared Care Approach between Primary Care and Specialist Mental Health Services \(2012\)](#) has been developed, which will ensure these are progressed as part of *Sharing the Vision* implementation. This plan builds on an analysis of the extent to which the 2012 guidelines have been implemented, alignment with initiatives underway as part of the [2022 - 2024 Implementation Plan](#) and priorities identified by stakeholders, including people with lived experience. The shared care implementation plan will ensure remaining relevant recommendations in 2012 guidelines are progressed.

The plan contains 14 actions, structured around four overarching objectives:

- Access to recovery-focused training and education resources for staff working in primary care services to build their capacity to respond to mental health needs
- Increased awareness, communication, co-ordination and collaboration between primary care, specialist mental health services and community and voluntary supports
- Delivering shared care through greater integration and consistency in implementation of shared care principles, including around physical health care of people with mental difficulties and mental healthcare for people with chronic medical conditions
- Structured evaluation of the shared care approach and provision of learning opportunities to include the experiences of staff and service users, family members and supporters

For each recommendation, the plan provides detail on planned actions, named implementation lead(s) and supporting partner(s), milestones, outputs and expected outcomes.

How outputs and outcomes will be measured

- The Mental Health in Primary Care Workstream will on behalf of the HIG be responsible for overseeing and reporting on the delivery of the shared care implementation plan
- A monitoring, audit and reporting framework will be developed, aligned with the implementation plan
- An annual report will be submitted to the HIG, and its findings will be incorporated into the regular [Sharing the Vision](#) implementation progress report for the NIMC steering committee

Recommendation 19

| Within current implementation plan | | |
|--|-----------------------------------|--|
| Recommendation The physical health needs of all users of specialist mental health services should be given particular attention by their GP. A shared care approach is essential to achieve the best outcomes. | | Actions a) Ensure any person using a specialist mental health service has access to GP and primary care services on the same basis as other citizens. b) Develop a shared physical health protocol for mental health service users presenting to GPs. |
| Lead HSE Primary Care/ HSE Mental Health | Workstream Primary Care | Supporting partner HSE Health Region(s)/HSE National Services and Schemes/ Irish College of General Practitioners |
| | | Links to other recommendations/external programmes Recommendations 17 and 18 Child and Youth Mental Health Office Action Plan 2024 - 2027 |

Recommendation delivery status

Led by a multi-disciplinary working group established by the Mental Health in Primary Care Workstream, a consultation document was prepared. This document sets out principles, responsibilities and requirements for a national framework for shared physical healthcare, as a basis for developing local shared care protocols/arrangements. As referenced under recommendation 17, this work is informed by commissioned research to establish the current evidence base and best practice examples of shared care between primary care and specialist mental health services. In parallel, a proposal for the introduction of a physical health screening programme in primary care has also been developed, initially focusing on adults with severe and enduring mental health difficulties. This would enable regular physical health assessments based on risk criteria, agreed tests and recommended interventions (e.g. dietary advice, exercise, smoking cessation and screening programmes). If appropriately resourced, such a programme will be an important enabler for the implementation of a national framework for shared physical healthcare.

Outputs 2025 - 2027

- National framework for shared physical healthcare, including assessment of required resources
- Position on introduction of physical health screening programme in primary care for people with mental health difficulties

Dependencies

- Resourcing/staffing to enable demonstration and evaluation of a national framework for shared physical healthcare
- Prioritisation of mental health as part of the [Chronic Disease Management Programme](#). Agreement on fee structure with general practice representative body for introduction of physical health screening programme in primary care for people with severe and enduring mental health difficulties
- Local champions, as well as regional buy-in and prioritisation of shared physical healthcare for this cohort of service users

| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
|--|------|------|------|
| Design national framework for shared physical healthcare | | | |
| Advocate and support introduction of physical health screening programme in primary care | | | |
| Progress demonstration and evaluation of framework for shared physical healthcare, pending resource allocation | | | |

How outputs and outcomes will be measured

- Process for monitoring and evaluating service model, including metrics/data, will be set out in the national framework for shared physical healthcare
- Outcome measures associated with a national physical health screening programme in primary care will be detailed in the proposal document

| Recommendation 20a | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|------------------------|------|------|------|--|--|--|--|---|--|--|--|----------------------------|--|--|--|----------------------------------|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation There should be further development of early intervention and assessment services in the primary care sector for children with ADHD and autism to include comprehensive multi-disciplinary and paediatric assessment and mental health consultation with the relevant CMHT where necessary. | | Actions a) Develop agreed early intervention and assessment services in primary care for children with ADHD and autism through collaboration of primary care and mental health services. | | | | | | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health Clinical Programmes | Workstream Clinical Programmes | Supporting partner | Links to other recommendations/external programmes Recommendation 53b Child and Youth Mental Office Health Action Plan 2024 - 2027 | | | | | | | | | | | | | | | | | | | | |
| Recommendation delivery status A Clinical Lead for Attention Deficit Hyperactivity Disorder (ADHD) in children and adolescents was appointed in June 2024 and will collaborate with a steering group to develop a model of care for ADHD in children and adolescents. A focus group provided insights into perspectives and lived experiences of families where there is a child with ADHD. The model of care will provide guidance on assessment for ADHD in children and adolescents and transitions to adult ADHD services, where appropriate. | | | | | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Model of care for ADHD in children and adolescentsImplementation plan to support delivery of model of care | | | | | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Integrated work and engagement across primary care, disabilities and adult mental health servicesApproval of draft model of care by the HSE's Clinical ForumResources to enable implementation of the model of care, supported by workforce planning | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Develop model of care for ADHD in children and adolescents</td><td></td><td></td><td></td></tr><tr><td>Increase capacity at primary and secondary care level for assessment of autism and ADHD</td><td></td><td></td><td></td></tr><tr><td>Design implementation plan</td><td></td><td></td><td></td></tr><tr><td>Phased roll out of model of care</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Develop model of care for ADHD in children and adolescents | | | | Increase capacity at primary and secondary care level for assessment of autism and ADHD | | | | Design implementation plan | | | | Phased roll out of model of care | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | | | | | |
| Develop model of care for ADHD in children and adolescents | | | | | | | | | | | | | | | | | | | | | | | |
| Increase capacity at primary and secondary care level for assessment of autism and ADHD | | | | | | | | | | | | | | | | | | | | | | | |
| Design implementation plan | | | | | | | | | | | | | | | | | | | | | | | |
| Phased roll out of model of care | | | | | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">A monitoring, audit and reporting framework will be set out in the model of care to include a suite of agreed performance indicators and outcome measures | | | | | | | | | | | | | | | | | | | | | | | |

| Recommendation 20b | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|------------------------|------|------|------|---|--|--|--|--|--|--|--|--|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation There should be further development of early intervention and assessment services in the primary care sector for children with ADHD and autism to include comprehensive multi-disciplinary and paediatric assessment and mental health consultation with the relevant CMHT where necessary. | | Actions a) Develop agreed early intervention and assessment services in primary care for children with ADHD and autism through collaboration of primary care and mental health services. | | | | | | | | | | | | | | | | | |
| Lead HSE Primary Care/ HSE Mental Health/ HSE Disability/ Service Improvement Programme Board for the Autistic Community | Workstream Children and Young People | Supporting partner | Links to other recommendations/external programmes Child and Youth Mental Health Office Action Plan 2024 - 2027 <i>Service Improvement Programme for the Autistic Community</i> Autism Innovation Strategy | | | | | | | | | | | | | | | | |
| Recommendation delivery status Through the <i>Service Improvement Programme for the Autistic Community</i> , significant work has been undertaken to clarify and enhance pathways to services for children, young people and adults who may be autistic. This includes the development of an autism assessment and pathways protocol, which was demonstrated and evaluated over the course of the 2022 - 2024 Implementation Plan . Adopting a tiered and integrated approach, over 200 assessments have been carried out under the new protocol. Work will continue to support its implementation as part of the <i>2025 - 2027 Implementation Plan</i> . While adopting a tiered assessment approach may not <i>per se</i> require extra resources, it is recognised that the implementation of the protocol is dependent on adequately resourced teams. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Autism assessment and pathways protocolImplementation plan to support national rollout, including workshops in each HSE Health Region and at national level, as well as annual review conference | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Adequately resourced teams at local level | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Revision of protocol, based on findings from its demonstration and evaluation</td><td></td><td></td><td></td></tr><tr><td>Approval of protocol by the HSE's Clinical Forum</td><td></td><td></td><td></td></tr><tr><td>Implementation planning and national roll-out, including regional and national workshops, alongside annual review conference</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Revision of protocol, based on findings from its demonstration and evaluation | | | | Approval of protocol by the HSE's Clinical Forum | | | | Implementation planning and national roll-out, including regional and national workshops, alongside annual review conference | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Revision of protocol, based on findings from its demonstration and evaluation | | | | | | | | | | | | | | | | | | | |
| Approval of protocol by the HSE's Clinical Forum | | | | | | | | | | | | | | | | | | | |
| Implementation planning and national roll-out, including regional and national workshops, alongside annual review conference | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Adoption and implementation of the protocol will be measured, based on identified performance indicators for assessments (outlined in the protocol). These will form part of a monitoring, audit and reporting framework, which will involve an annual review process. | | | | | | | | | | | | | | | | | | | |

| Recommendation 21 | | | |
|--|------------------------|--|---|
| Within current implementation plan | | | |
| Recommendation | | Actions | |
| Dedicated community-based Addiction Service Teams should be developed/enhanced with psychiatry input, as required, and improved access to mental health supports in the community should be provided to individuals with co-existing low-level mental health and addiction problems. | | a) Assess current available response towards development/enhancement of integrated community-based addiction teams with required level of mental health service input. | |
| Lead | Workstream | Supporting partner | Links to other recommendations/external programmes |
| HSE | Mental Health Services | | Recommendations 18 and 57 and operational guideline for general adult CMHTs, <i>National Drugs Strategy</i> . |
| Recommendation delivery status | | | |
| Work has been undertaken to achieve a better understanding of the relatively complex landscape of community-based provision for individuals with dual challenges in the areas of addiction and mental health. A scoping process was completed, and a discussion paper has been drafted, which summaries findings and key points for consideration. In early 2025, it is intended that this paper will be brought for discussion with a number of key stakeholders involved in the area of community-based provision for mental health and addiction and will ultimately contribute to a collaboratively agreed plan of action. | | | |
| Outputs 2025 - 2027 | | | |
| <ul style="list-style-type: none">Completion of a situational analysis of the current landscape of community-based provision for dual challenges in the areas of mental health and addiction. This will include identification of current gaps/barriers, opportunities as well as key priority areas for developmentA collaboratively agreed national action plan for enhancing dual recovery in the community will be developed and demonstrated | | | |
| Dependencies | | | |
| <ul style="list-style-type: none">Stakeholder buy-in and collaborationThe <i>Dual Diagnosis Model of Care</i> (recommendation 57) is currently leading the roll-out of training and a suite of capacity building resources for staff working across addiction and mental health. The delivery and uptake of training is reliant on resources and engagement of staffCurrent level of awareness/understanding of dual diagnosis across the health sector may contribute to challenges in the timely progressing of an agreed action plan (including sufficient prioritisation and investment) | | | |
| Milestones 2025 – 2027 | | | |
| | 2025 | 2026 | 2027 |
| Establish delivery structure and agree workplan | | | |
| Complete situational analysis and clarify recommendation scope | | | |
| Develop a collaboratively agreed national action plan for enhancing dual recovery in the community | | | |
| Disseminate and progress implementation of action plan | | | |
| How outputs and outcomes will be measured | | | |
| <ul style="list-style-type: none">A monitoring, audit and reporting framework will be set out, as part of the agreed action plan to include a suite of agreed metrics, e.g. HSeLanD data in relation to staff completions of training | | | |

| Recommendation 22 | | | |
|---|---------------------|--|--|
| Within current implementation plan | | | |
| Recommendation | | Actions | |
| The provision of appropriate environments for those presenting at emergency departments who additionally require an emergency mental health assessment should be prioritised. | | a) Assess current available environment and develop improvement plans for provision of suitable emergency mental health assessment facilities. | |
| Lead | Workstream | Supporting partner | Links to other recommendations/external programmes |
| HSE Mental Health Clinical Programmes | Clinical Programmes | HSE Acute Hospitals | Recommendation 23 |
| Recommendation delivery status | | | |
| Based on a completed audit of assessment rooms in emergency departments for people presenting after self-harm, a plan for achieving required service improvements has been put in place. Currently, there is a 70% compliance rate in the 27 emergency departments that are open 24/7 with the PLAN (Psychiatric Liaison Accreditation Network) standards. Currently eight emergency departments do not have appropriate spaces to provide a mental health assessment: <ul style="list-style-type: none">Letters were issued to the eight hospitals requesting timelines for restoring dedicated rooms are provided. Communication was also issued to all mental health services that are at a design stage to ensure an assessment room for mental health assessments are included from the outsetA written submission was made to the <i>Model of Care for Emergency Medicine</i> highlighting the need for a dedicated mental health assessment roomA letter on the audit was accepted by the Irish Journal of Psychological Medicine for publication in Quarter 3, 2024 | | | |
| Outputs 2025 - 2027 | | | |
| <ul style="list-style-type: none">Provision of appropriate mental health assessment facilities in emergency departmentsAudit of assessment facilities in emergency departments every two years | | | |
| Dependencies | | | |
| <ul style="list-style-type: none">Challenges for hospitals to find capacity for dedicated mental health assessment spaces, due to significant increases in numbers attending emergency departmentsMany emergency departments are in old buildings and not fit for purpose. Capital funding required to retro-fit buildingsCapital funding required to build new emergency departments and include mental health assessment room from design phase in all new buildsOngoing audits required to ensure accurate data on current provision in all emergency departments including those not operating 24/7 | | | |
| Milestones 2025 – 2027 | | | |
| | 2025 | 2026 | 2027 |
| Action plan agreed with each of the eight hospitals with no mental health assessment room | | | |
| Mental health assessment room included in all design plans for new emergency departments | | | |
| Audit completed every 2 years of all emergency departments | | | |
| How outputs and outcomes will be measured | | | |
| <ul style="list-style-type: none">Percentage emergency departments where mental health assessment are provided will have an assessment room in line with PLAN standardsAudit of appropriate mental health assessment room within emergency rooms will be completed biannuallyPercentage of all new planned emergency departments with an assessment room in line with PLAN standards | | | |

| Recommendation 23 | | | |
|--|--|--|--|
| Within current implementation plan | | | |
| Recommendation There should be continued investment in, and implementation of, the <i>National Clinical Care Programme for the Assessment and Management of Patients Presenting to Emergency Departments Following Self-Harm</i> . | | Actions a) Implement the <i>National Clinical Care Programme for the Assessment and Management of Patients Presenting to EDs Following Self-Harm</i> . | |
| Lead HSE Mental Health Clinical Programmes | Workstream Clinical Programmes | Supporting partner HSE Mental Health/ HSE NOSP | Links to other recommendations/external programmes Recommendation 22 |
| Recommendation delivery status In line with the Model of Care for Self-harm and Suicide Related Ideation , supports have been put in place so people presenting to emergency departments (EDs) receive a compassionate response, as well as a therapeutic assessment and intervention from a suitably trained mental health professional. This programme is delivered in all 26 adult emergency departments that are operating 24/7 and in one paediatric hospital. The Model of Care was updated in 2022 and incorporates the Suicide Crisis Assessment Nurse service, which provides enhanced crisis supports in primary care settings. As of December 2024, there were 22 Suicide Crisis Assessment Nurses in place with further expansion of the service planned from 2025. The first five-year data report of each emergency department service has been compiled and published, and a calendar of online training seminars has also been developed for all clinicians working to deliver this clinical programme. To support continuous service improvement, an online data capture tool has been selected (CASTOR) and funded for 36 months, which will provide valuable insights into population needs, service user experiences and the effectiveness of the service. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">• Delivery of National Clinical Programme for Self-Harm and Suicide Related Ideation, including scaling up of Suicide Crisis Assessment Nurse service• Service reports published as least bi-annually, building on reliable and high-quality data• Regular feedback process is in place for service users | | | |
| Dependencies <ul style="list-style-type: none">• Required resources for implementation of Suicide Crisis Assessment Nurse services and services in emergency departments in line with the Model of Care, including staffing, training and education, appropriate physical spaces for clinical assessments and resources to enable service user feedback• Funding for CASTOR from 2026 onwards, supported by a designated data manager role, and collaborative working with HSE Health Regions and Integrated Health Areas to support its roll-out• Development of career pathways that will support the progression of advanced nurse practitioner Suicide Crisis Assessment Nurse posts | | | |

continued opposite ➞

| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
|---|------|------|------|
| Phased expansion of Suicide Crisis Assessment Nurse service in line with Model of Care and develop advanced nurse practitioner career pathway | | | |
| Assess requirements to meet programme demands in emergency departments and develop business case(s) if required, including for programme training and education budget | | | |
| Design feedback process for service users/families/supporters and develop business case for CASTOR, including designated data manager | | | |
| Publish biannual reports on emergency department programme and Suicide Crisis Assessment Nurse service | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">• Programme metrics are detailed in the Model of Care• Data base for emergency departments programme maintained and data base Suicide Crisis Assessment Nurse service commenced with biannual reports to be published. Both databases will be further used in research outputs in collaboration with suicide and mental health researchers, both locally in Ireland and internationally• Percentage of emergency departments resourced to deliver the clinical programme with access to a designated assessment room• Number of Suicide Crisis Assessment Nurse services, as measured against requirements set out in the Model of Care | | | |

Recommendation 24

| Has transitioned to business as usual | | |
|--|---|---|
| Recommendation Out-of-hours crisis cafés should be piloted and operated based on identified good practice. Such cafés should function as a partnership between the HSE and other providers or organisations. | | Actions a) Develop and pilot model in line with good practice for out-of-hours crisis café. |
| Lead HSE Mental Health | Workstream Mental Health Planning | Links to other recommendations/external programmes Recommendation 40 |
| BAU owner Local implementation teams have been appointed with responsibility for overseeing ongoing service delivery with the selected community partners. These teams now operate within the governance structure of the relevant HSE Health Region and Integrated Healthcare Area. | | |
| Outputs Solace Cafés have been developed and rolled out, in line with good practice: <ul style="list-style-type: none">Building on international best practice, informed by lived experience and through engagement with staff, local services and community sector partners, a Model of Care for Crisis Resolution Services was published May 2023. In addition, a standard operating procedure has been put in place to ensure consistency in how Solace Cafés are operatedIn line with the Model of Care, Solace Cafés have been established across three learning sites, in collaboration with community and voluntary sector partnersAn evaluation framework has been designed, which will ensure a mixed method multi-site evaluation of the service within the context of the Model of Care and standard operating procedure. An independent provider has been commissioned to undertake this evaluation, which will inform a review of the Model of Care in preparation of expanding access to the service | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Informed by the evaluation process, a monitoring, audit and reporting framework will be designed. This will incorporate a suite of performance metrics (e.g. service uptake), outcome measures and service experience indicators. | | |

Recommendation 25

| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|------------------------|------|------|------|--|--|--|--|--|--|--|--|---|--|--|--|
| Recommendation The multi-disciplinary CMHT as the cornerstone of service delivery in secondary care should be strengthened through the development and agreed implementation of a shared governance model. | | | Actions a) Develop and agree a shared governance model for implementation by all CMHTs. | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health | Workstream Mental Health Services | Supporting partner HSE Health Regions/ Integrated Healthcare Areas | Links to other recommendations/external programmes Recommendations 17, 18, 28, 32, 33, 34 and 39, as well as the broader policy programme | | | | | | | | | | | | | | | | |
| Recommendation delivery status Through the Mental Health Services Workstream, stakeholder engagements have been undertaken, as part of a wider situational analysis of general adult community mental health teams. In May 2024, a survey was conducted to gain an overview of community mental health teams' current working practices in relation to a cluster of Sharing the Vision recommendations: <ul style="list-style-type: none">Recommendation 25: Shared governanceRecommendation 28: Key workingRecommendation 32: Skill mixRecommendation 33: Team coordinationRecommendation 34: Referral pathwaysRecommendation 39: Service user journey Survey findings indicated the need to address these recommendations together through the development of a national operational guideline for general adult community mental health teams. Building on existing good practice and recovery principles, this guideline will provide clarity on the end to end service user journey, as well as roles and responsibilities within the team and its interface with other mental health supports. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Operational guideline for general adult community mental health teams, which is co-produced with staff, service users, family members and carers, and fully aligned with <i>Sharing the Vision</i> and relevant policies/procedures | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Availability of HSE Health Regions, community mental health team staff, people with lived experience, professional bodies and other relevant stakeholders to engage in the development of the operational guidelineImplementation of the operational guideline will depend on adequate resourcing of community mental health teamsTimely progress on related policies, legislation and other <i>Sharing the Vision</i> recommendations which address, directly and indirectly, mental health services provided in the communityConsultation to assess appropriateness/acceptability/feasibility of proposed guideline among key stakeholders | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Guideline content (as relevant to shared governance in general adult community mental health teams) drafted in preparation of stakeholder engagement</td><td></td><td></td><td></td></tr><tr><td>Collate full operational guideline, informed by stakeholder feedback</td><td></td><td></td><td></td></tr><tr><td>Prepare implementation plan, including monitoring framework</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Guideline content (as relevant to shared governance in general adult community mental health teams) drafted in preparation of stakeholder engagement | | | | Collate full operational guideline, informed by stakeholder feedback | | | | Prepare implementation plan, including monitoring framework | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Guideline content (as relevant to shared governance in general adult community mental health teams) drafted in preparation of stakeholder engagement | | | | | | | | | | | | | | | | | | | |
| Collate full operational guideline, informed by stakeholder feedback | | | | | | | | | | | | | | | | | | | |
| Prepare implementation plan, including monitoring framework | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured Will be determined as part of the operational guideline, but are expected to include: <ul style="list-style-type: none">Percentage of teams who report to have adopted the guideline at different intervals/audit of complianceRelevant measures for service access, experience and clinical outcomes | | | | | | | | | | | | | | | | | | | |

| Recommendation 26 | | | | | | | | | | | | | | | |
|---|--|---|---|------------------------|------|------|------|---|--|--|--|---|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | |
| Recommendation CMHTs' outreach and liaison activities with VCS partners in the local community should be enhanced to help create a connected network of appropriate supports for each service user and their FCS. | | Actions a) Co-design enhanced outreach and liaison activities to help create a connected network of appropriate supports for each service user and their FCS. | | | | | | | | | | | | | |
| Lead HSE Mental Health Engagement and Recovery | Workstream Mental Health Engagement and Recovery | Supporting partner HSE Health Regions/ VCS/FCS/HSE Health and Wellbeing | Links to other recommendations/external programmes Recommendations 28, 30, 32, 39, 78 and 97 Operating guideline for general adult community mental health teams | | | | | | | | | | | | |
| Recommendation delivery status Through the Mental Health Engagement and Recovery Workstream, guidance for statutory and voluntary mental health service providers to work in partnership has been developed. The aim of this guidance is to create a network of support for people with lived experience, their families, carers and supporters within the HSE Health Regions, by enhancing cooperation and liaison between community mental health teams and partners in the community and voluntary sector. The guidance document has four objectives: <ul style="list-style-type: none">Enhance the coordination between statutory and voluntary mental health service providers through the establishment of an engagement networkImprove knowledge among statutory service providers of voluntary services available in the communityExplore joint training opportunitiesStrengthen mental health engagement in the region by implementing the Mental Health Engagement Framework 2024 - 2028 Following a process of stakeholder engagement and sign-off, the aim is for this guidance to be mainstreamed across the HSE Health Regions. | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Guidance for statutory and voluntary mental health service providers to work in partnership transitioned to business as usual | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Alignment with HSE Health Region structuresEndorsement of guidance and support for its roll-out, by relevant decision makers in HSE Health Regions, including mental health area management teams | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Sign-off of guidance, communication and dissemination to all stakeholders</td><td></td><td></td><td></td></tr><tr><td>Support, monitor and report on implementation</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Sign-off of guidance, communication and dissemination to all stakeholders | | | | Support, monitor and report on implementation | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | |
| Sign-off of guidance, communication and dissemination to all stakeholders | | | | | | | | | | | | | | | |
| Support, monitor and report on implementation | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured Aligned with service level agreements, a monitoring, audit and reporting framework will be put in place. This will set out a suite of performance indicators/outcome measures, including metrics relevant to the guidance document, such as: <ul style="list-style-type: none">Number of engagement networks established and running in HSE Health RegionsNumber of statutory services actively participating in campaigns and initiatives promoted by community and voluntary sector partnersNumber of staff from voluntary and statutory services attending joint training events in the HSE Health RegionNumber of mental health service staff participating in engagement actions to strengthen links with community and voluntary sector services | | | | | | | | | | | | | | | |

| Recommendation 27 | | | | | | | | | | | | | | | |
|--|--|--|--|------------------------|------|------|------|---|--|--|--|---|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | |
| Recommendation An individualised recovery care plan, co-produced with service users and/or Families, Carers and Supporters, where appropriate, should be in place for, and accessible to, all users of specialist mental health services. | | Actions a) Ensure consistent use of co-produced individualised recovery care plans for all users of specialist mental health services. | | | | | | | | | | | | | |
| Lead HSE Mental Health Engagement and Recovery | Workstream Mental Health Engagement and Recovery | Supporting partner HSE Health Regions/ HSE Executive Clinical Directors/College of Psychiatrists of Ireland/Mental Health Commission | Links to other recommendations/external programmes Recommendations 28, 39 and 78 | | | | | | | | | | | | |
| Recommendation delivery status In 2022, a report was produced following a scoping and literature review on best practices for recovery focused individual care planning. This report highlighted the need to develop a standardised training workshop for service providers to support quality, adherence with regulatory requirements and to enhance a recovery approach within care planning. To progress the design of this workshop, focus groups were held with service providers to identify training needs and explore possible content and mode of deliver. Following these focus groups, it was determined that training alone would not be sufficient to deliver recommendation 27 and that a national policy would be required. A multi-stakeholder working group has since been formed, tasked with co-creating a national policy for the co-production of individual recovery care plans, in line with HSE guidelines. This working group has developed a draft policy, as a basis for stakeholder engagement. | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">National policy for the co-production of individual recovery care plans available for implementation by all HSE Health Regions | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Availability of staff, people with lived experience and other relevant stakeholders to engage in the final development phaseAlignment with and timely completion of operational guideline for general adult community mental health teamsAdherence with How to Develop HSE National Policies, Procedures, Protocols and Non-Clinical Guidelines (2023)Support from clinical staff and regional HSE policy implementation teams | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Conclude stakeholder engagement, incorporate feedback and secure sign-off</td><td></td><td></td><td></td></tr><tr><td>Submit approved policy to the HSE national central repository team and disseminate to all areas</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Conclude stakeholder engagement, incorporate feedback and secure sign-off | | | | Submit approved policy to the HSE national central repository team and disseminate to all areas | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | |
| Conclude stakeholder engagement, incorporate feedback and secure sign-off | | | | | | | | | | | | | | | |
| Submit approved policy to the HSE national central repository team and disseminate to all areas | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">To be confirmed as part of the national policy and detailed in a monitoring, audit and reporting framework | | | | | | | | | | | | | | | |

| Recommendation 28 | | | |
|---|------------------------|--|--|
| Within current implementation plan | | | |
| Recommendation | | Actions | |
| All service users should have a mutually agreed key worker from the CMHT to facilitate coordination and personalisation of services in line with their co-produced recovery care plan. | | a) Ensure service users are supported through the provision of a mutually agreed key worker. | |
| Lead | Workstream | Supporting partner | Links to other recommendations/external programmes |
| HSE Mental Health | Mental Health Services | HSE Health Regions/ Integrated Healthcare Areas/HSE Mental Health Engagement and Recovery | Recommendations 17, 18, 25, 32, 33, 34 and 39, as well as the broader policy programme |
| Recommendation delivery status | | | |
| Through the Mental Health Services Workstream, stakeholder engagements have been undertaken, as part of a wider situational analysis of general adult community mental health teams. In May 2024, a survey was conducted to gain an overview of community mental health teams' current working practices in relation to a cluster of Sharing the Vision recommendations: | | | |
| <div><div><ul style="list-style-type: none">Recommendation 25: Shared governanceRecommendation 28: Key workingRecommendation 32: Skill mix</div><div><ul style="list-style-type: none">Recommendation 33: Team coordinationRecommendation 34: Referral pathwaysRecommendation 39: Service user journey</div></div> | | | |
| Survey findings indicated the need to address these recommendations together through the development of a national operational guideline for general adult community mental health teams. Building on existing good practice and recovery principles, this guideline will provide clarity on the end to end service user journey, as well as roles and responsibilities within the team and its interface with other mental health supports. | | | |
| Outputs 2025 - 2027 | | | |
| <ul style="list-style-type: none">Operational guideline for general adult community mental health teams, which is co-produced with staff, service users, family members and carers, and fully aligned with <i>Sharing the Vision</i> and relevant policies/procedures | | | |
| Dependencies | | | |
| <ul style="list-style-type: none">Availability of HSE Health Regions, community mental health team staff, people with lived experience, professional bodies and other relevant stakeholders to engage in the development of the operational guidelineImplementation of the operational guideline will depend on adequate resourcing of community mental health teamsTimely progress on related policies, legislation and other <i>Sharing the Vision</i> recommendations which address, directly and indirectly, mental health services provided in the communityConsultation to assess appropriateness/acceptability/feasibility of proposed guideline among key stakeholders | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Guideline content (as relevant to key working in general adult community mental health teams) drafted in preparation of stakeholder engagement | | | |
| Collate full operational guideline, informed by stakeholder feedback | | | |
| Prepare implementation plan, including monitoring framework | | | |
| How outputs and outcomes will be measured | | | |
| Will be determined as part of the operational guideline, but are expected to include: | | | |
| <ul style="list-style-type: none">Percentage of teams who report to have adopted the guideline at different intervalsRelevant measures for service access, experience and clinical outcomes | | | |

| Recommendation 29 | | |
|---|---------------------------------------|--|
| Has transitioned to business as usual | | |
| Recommendation | | Actions |
| Further training and support should be put in place to embed a recovery ethos among mental health professionals working in the CMHTs as well as those delivering services elsewhere in the continuum of services. | | a) Design training and support programme to embed a recovery ethos in mental health professionals b) To ensure disability competence, ensure that appropriate training in accommodating and supporting people with autism and with other forms of disability is undertaken by team members. |
| Lead | Workstream | Links to other recommendations/external programmes |
| HSE Mental Health Engagement and Recovery | Mental Health Engagement and Recovery | |
| BAU owner | | |
| The owner of the content and resources of the Recovery Principles and Practice Workshop, as detailed below, is the HSE's office for Mental Health Engagement and Recovery. Local services have responsibility for ensuring its delivery with ongoing support from HSE Mental Health Engagement and Recovery. | | |
| Outputs | | |
| A revised Recovery Principles and Practice Workshop has been developed and is ready for rollout through the Recovery Colleges and Recovery Education Services. This co-produced workshop will support staff to further develop their competency in the delivery of recovery oriented care by providing foundational knowledge of recovery principles and practice. These principles are transferable to all areas of mental health. | | |
| The workshop is eligible for four Continuous Professional Development credits with the Nursing and Midwifery Board of Ireland and the College of Psychiatrists of Ireland. CORU members can obtain Continuous Professional Development credits through their registered body as per established training recognition processes. | | |
| How outputs and outcomes will be measured | | |
| <ul style="list-style-type: none">Ongoing data collection of this workshop, including uptake, will be included in quarterly reports received by HSE Mental Health Engagement and Recovery from the Recovery Colleges and Recovery Education ServicesA review of the feedback and programme content will take place in 2026 | | |

| Recommendation 30 | | | |
|---|---------------------------------------|--|--|
| Within current implementation plan | | | |
| Recommendation | | Actions | |
| CMHTs and sessional contacts should be located, where possible and appropriate, in a variety of suitable settings in the community, including non-health settings. | | a) Review locations of CMHTs and sessional contacts. | |
| Lead | Workstream | Supporting partner | Links to other recommendations/external programmes |
| HSE Mental Health/ HSE Mental Health Engagement and Recovery | Mental Health Engagement and Recovery | HSE Health and Wellbeing/HSE Health Regions/VCS/HSE Estates Local Authorities | Recommendations 26 and 97 Operating guideline for general adult community mental health teams |
| Recommendation delivery status | | | |
| Following a review of community mental health teams’ locations, their integration with primary care and use of community settings, it is proposed recommendations 30 and 97 are progressed as a separate and additional objective under the guidance for statutory and voluntary mental health service providers to work in partnership (recommendation 26). | | | |
| As outlined elsewhere, the aim of this guidance is to create a network of support for people with lived experience, their families, carers and supporters within the HSE Health Regions, by enhancing cooperation and liaison between community mental health teams and partners in the community and voluntary sector. Upon completion of a stakeholder engagement process, this guidance will be made available to HSE Health Regions for local implementation. | | | |
| Outputs 2025 - 2027 | | | |
| <ul style="list-style-type: none">Guidance for statutory and voluntary mental health service providers to work in partnership to be finalised, incorporating objective addressing recommendations 30 and 97 | | | |
| Dependencies | | | |
| <ul style="list-style-type: none">Approval to progress this recommendation as an additional objective under recommendation 26 | | | |
| Milestones 2025 – 2027 | | | |
| Sign-off of guidance (incorporating objective for recommendations 30 and 97), communication and dissemination to all stakeholders | | | |
| Support, monitor and report on implementation | | | |
| How outputs and outcomes will be measured | | | |
| <ul style="list-style-type: none">A monitoring, audit and reporting framework will be put in place. This will set out a suite of performance indicators/ outcome measures, including metrics relevant to the guidance document and the use of suitable community settings for sessional contacts | | | |

| Recommendation 31 | | | |
|---|---|--|--|
| Within current implementation plan | | | |
| Recommendation | | Actions | |
| The potential for digital health solutions to enhance service delivery and empower service users should be developed. | | a) Identify and develop potential digital solutions. | |
| Lead | Workstream | Supporting partner | Links to other recommendations/external programmes |
| HSE Mental Health | Mental Health Promotion and Digital Mental Health | HSE Technology and Transformation | Recommendation 2 |
| Recommendation delivery status | | | |
| Through the HSE’s dedicated workstream, significant work has been undertaken to utilise digital health solutions to enhance service delivery, including: <ul style="list-style-type: none">Development of the <i>HSE Digital Mental Health Workplan 2024 - 2025</i>Development of a framework, which will inform a National Digital Mental Health Strategy 2025 - 2030Continued delivery of the HSE’s guided cognitive behavioural therapy programme to support anxiety and depression for those aged 18+Design underway of a web-based tool to support young people aged 14-34 years to navigate mental health resources, information and sign-postingAppraisal of options for review and quality assurance of mental health appsLaunch of peer-to-peer online mental health supports in third level institutionsDevelopment of an online stress management programme for the general publicReview underway of an online cognitive behavioural therapy programme, developed by HSE, for young people aged 13-17 years with mild to moderate anxiety and depression, to assess for possible future use | | | |
| Outputs 2025 - 2027 | | | |
| <ul style="list-style-type: none">National Digital Mental Health Strategy 2025 - 2030 and associated implementation plan, providing a vision for digital mental health supports and services, including standardisation and best practice with delivery of key outputsNational web-based navigation and signposting tool for young people (14-34 years) for mental health information, supports and servicesOnline stress management programme available to the publicDigital health solutions addressing capacity and infrastructure including electronic health records | | | |
| Dependencies | | | |
| <ul style="list-style-type: none">Continued availability of digital mental health budget | | | |
| Milestones 2025 – 2027 | | | |
| Develop and publish the National Mental Health Digital Strategy 2025 - 2030 and implementation plan | | | |
| Launch of HSE online stress management programme for general public and development of web-based navigation and signposting tool for young people | | | |
| Delivery of National Mental Health Digital Strategy 2025 - 2030, in line with agreed implementation plan | | | |
| How outputs and outcomes will be measured | | | |
| <ul style="list-style-type: none">Monitoring of actions identified in the <i>HSE Digital Mental Health Workplan 2024 - 2025</i> and Digital Mental Health Strategy 2025 - 2030Analysis of agreed data items for web-based navigation and signposting toolAnalysis and tracking of metrics related to mental health content and signposting on HSE AppEvaluation, analysis and tracking of utilisation of online stress management programme | | | |

Recommendation 32

| Within current implementation plan | | | |
|---|---|---|---|
| Recommendation The composition and skill mix of each CMHT, along with clinical and operational protocols, should take into consideration the needs and social circumstances of its sector population and the availability of staff with relevant skills. As long as the core skills of CMHTs are met, there should be flexibility in how the teams are resourced to meet the full range of needs, where there is strong population-based needs assessment data. | | Actions a) Empower local managers to review composition and skill mix of CMHTs appropriate to the local needs of the population. b) Include non-mental health professionals in CMHTs (e.g. employment specialists can promote employment as an aspect of recovery). c) Develop flexible clinical and operational protocols. | |
| Lead HSE Mental Health | Workstream Mental Health Planning | Supporting partner HSE Health Regions/ Integrated Healthcare Areas | Links to other recommendations/external programmes Recommendations 17, 18, 25, 28, 33, 34 and 39, as well as the broader policy programme |

Recommendation delivery status

In line with the [2022 - 2024 Implementation Plan](#), a [Model of Care for Adults who are Accessing Talking Therapies while Attending General Adult Community Mental Health Teams](#) has been published and is now being implemented across five demonstration sites. Separately, the [National HSE Dialectical Behavioural Therapy Training Team](#) has continued the training of dialectical behavioural therapy teams, while overseeing rollout of dialectical behavioural therapy across the country for people experiencing severe emotion and behaviour dysregulation, who may have received a diagnosis of borderline personality disorder or emotionally unstable personality disorder. Training in social and environmental interventions for family members, clinicians, and first responders have continued to be offered. As part of the associated research projects, extensive data is being collected and analysed, including to evaluate the clinical and economic effectiveness of the service. More broadly, through the Mental Health Services Workstream, stakeholder engagements have been undertaken, as part of a wider situational analysis of general adult community mental health teams. In May 2024, a survey was conducted to gain an overview of community mental health teams' current working practices in relation to a cluster of [Sharing the Vision](#) recommendations:

- Recommendation 25: Shared governance
 - Recommendation 28: Key working
 - Recommendation 32: Skill mix
- Recommendation 33: Team coordination
 - Recommendation 34: Referral pathways
 - Recommendation 39: Service user journey

Survey findings indicated the need to address these recommendations together through the development of a national operational guideline for general adult community mental health teams. Building on existing good practice and recovery principles, this guideline will provide clarity on the end to end service user journey, as well as roles and responsibilities within the team and its interface with other mental health supports.

Outputs 2025 - 2027

- Operational guideline for general adult community mental health teams, which is co-produced with staff, service users, family members and carers, and fully aligned with *Sharing the Vision* and relevant policies/procedures
- Building on the demonstration of *Model of Care for Adults who are Accessing Talking Therapies while Attending General Adult Community Mental Health Teams*, an evaluation and review of the model of care will be completed
- Improved access to comprehensive dialectical behavioural therapy for individuals experiencing severe emotion and behaviour dysregulation, and improved access to dialectical behavioural therapy skills only for individuals with less severe emotion dysregulation (through training of HSE staff). Ongoing acceptability and effectiveness research.

Dependencies

- Availability of HSE Health Regions, community mental health team staff, people with lived experience, professional bodies and other relevant stakeholders to engage in the development of the operational guideline
- Implementation of the operational guideline will depend on adequate resourcing of community mental health teams, including investment in talk therapies and protected time to enable trained staff to deliver interventions
- Timely progress on related policies, legislation and other *Sharing the Vision* recommendations which address, directly and indirectly, mental health services provided in the community
- Consultation to assess appropriateness/acceptability/feasibility of proposed guideline among key stakeholders

| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
|---|------|------|------|
| Guideline content (as relevant to skills mix in general adult community mental health teams) drafted in preparation of stakeholder engagement | | | |
| Collate full operational guideline, informed by stakeholder feedback | | | |
| Prepare implementation plan, including monitoring framework | | | |
| Continued roll-out, evaluation and reporting on National Dialectical Behavioural Therapy Programme and Model of Care for adults who are accessing talking therapies while attending general adult CMHTs | | | |

How outputs and outcomes will be measured

Routine reporting on clinical outcome measures as relevant to the delivery of talk therapies. The operational guideline will incorporate a monitoring, audit and reporting framework, which will include relevant indicators, such as:

- Survey(s) to assess appropriateness/acceptability/feasibility of proposed guideline among key stakeholders
- Percentage of teams who report to have adopted the guideline at different intervals
- Relevant measures for service access, experience and clinical outcomes

continued opposite ➞

| Recommendation 33 | | | |
|---|------------------------|---|--|
| Within current implementation plan | | | |
| Recommendation | | Actions | |
| The shared governance arrangements for CMHTs as outlined in AVFC 2006-16 should be progressed, including further rollout of Team Coordinators. | | a) Progress shared governance arrangements. | |
| Lead | Workstream | Supporting partner | Links to other recommendations/external programmes |
| HSE Mental Health | Mental Health Services | HSE Health Regions/ Integrated Healthcare Areas | Recommendations 17, 18, 25, 28, 32, 34 and 39, as well as the broader policy programme |
| Recommendation delivery status | | | |
| Through the Mental Health Services Workstream, stakeholder engagements have been undertaken, as part of a wider situational analysis of general adult community mental health teams. In May 2024, a survey was conducted to gain an overview of community mental health teams' current working practices in relation to a cluster of Sharing the Vision recommendations: | | | |
| <div><div><ul style="list-style-type: none">Recommendation 25: Shared governanceRecommendation 28: Key workingRecommendation 32: Skill mix</div><div><ul style="list-style-type: none">Recommendation 33: Team coordinationRecommendation 34: Referral pathwaysRecommendation 39: Service user journey</div></div> | | | |
| Survey findings indicated the need to address these recommendations together through the development of a national operational guideline for general adult community mental health teams. Building on existing good practice and recovery principles, this guideline will provide clarity on the end to end service user journey, as well as roles and responsibilities within the team and its interface with other mental health supports. | | | |
| Outputs 2025 - 2027 | | | |
| <ul style="list-style-type: none">Operational guideline for general adult community mental health teams, which is co-produced with staff, service users, family members and carers, and fully aligned with <i>Sharing the Vision</i> and relevant policies/procedures | | | |
| Dependencies | | | |
| <ul style="list-style-type: none">Availability of HSE Health Regions, community mental health team staff, people with lived experience, professional bodies and other relevant stakeholders to engage in the development of the operational guidelineImplementation of the operational guideline will depend on adequate resourcing of community mental health teamsTimely progress on related policies, legislation and other <i>Sharing the Vision</i> recommendations which address, directly and indirectly, mental health services provided in the communityConsultation to assess appropriateness/acceptability/feasibility of proposed guideline among key stakeholders | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Guideline content (as relevant to team coordination in general adult community mental health teams) drafted in preparation of stakeholder engagement | | | |
| Collate full operational guideline, informed by stakeholder feedback | | | |
| Prepare implementation plan, including monitoring framework | | | |
| How outputs and outcomes will be measured | | | |
| Will be determined as part of the operational guideline, but are expected to include: | | | |
| <ul style="list-style-type: none">Percentage of teams who report to have adopted the guideline at different intervalsRelevant measures for service access, experience and clinical outcomes | | | |

| Recommendation 34 | | | |
|---|------------------------|--|--|
| Within current implementation plan | | | |
| Recommendation | | Actions | |
| Referral pathways to all CMHTs should be reviewed and extended by enabling referrals from a range of other services (as appropriate) including senior primary care professionals in collaboration with GPs. | | a) Review and extend referral pathways to incorporate a range of other services. | |
| Lead | Workstream | Supporting partner | Links to other recommendations/external programmes |
| HSE Mental Health | Mental Health Services | HSE Health Regions/ Integrated Healthcare Areas/HSE Primary Care/ Irish College of General Practitioners | Recommendations 17, 18, 25, 28, 32, 33 and 39, as well as the broader policy programme |
| Recommendation delivery status | | | |
| Through the Mental Health Services Workstream, stakeholder engagement has been undertaken, as part of a wider situational analysis of general adult community mental health teams. In May 2024, a survey was conducted to gain an overview of community mental health teams' current working practices in relation to a cluster of Sharing the Vision recommendations: | | | |
| <div><div><ul style="list-style-type: none">Recommendation 25: Shared governanceRecommendation 28: Key workingRecommendation 32: Skill mix</div><div><ul style="list-style-type: none">Recommendation 33: Team coordinationRecommendation 34: Referral pathwaysRecommendation 39: Service user journey</div></div> | | | |
| Survey findings indicated the need to address these recommendations together through the development of a national operational guideline for general adult community mental health teams. Building on existing good practice and recovery principles, this guideline will provide clarity on the end to end service user journey, as well as roles and responsibilities within the team and its interface with other mental health supports. | | | |
| Outputs 2025 - 2027 | | | |
| <ul style="list-style-type: none">Operational guideline for general adult community mental health teams, which is co-produced with staff, service users, family members and carers, and fully aligned with <i>Sharing the Vision</i> and relevant policies/procedures | | | |
| Dependencies | | | |
| <ul style="list-style-type: none">Availability of HSE Health Regions, community mental health team staff, people with lived experience, professional bodies and other relevant stakeholders to engage in the development of the operational guidelineImplementation of the operational guideline will depend on adequate resourcing of community mental health teamsTimely progress on related policies, legislation and other <i>Sharing the Vision</i> recommendations which address, directly and indirectly, mental health services provided in the communityConsultation to assess appropriateness/acceptability/feasibility of proposed guideline among key stakeholders | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Guideline content (as relevant to referral pathways to and from general adult community mental health teams) drafted in preparation of stakeholder engagement | | | |
| Collate full operational guideline, informed by stakeholder feedback | | | |
| Prepare implementation plan, including monitoring framework | | | |
| How outputs and outcomes will be measured | | | |
| Will be determined as part of the operational guideline, but are expected to include: | | | |
| <ul style="list-style-type: none">Survey(s) to assess appropriateness/acceptability/feasibility of proposed guideline among key stakeholdersPercentage of teams who report to have adopted the guideline at different intervalsRelevant measures for service access, experience and clinical outcomes | | | |

| Recommendation 35 | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|------------------------|------|------|------|---|--|--|--|--|--|--|--|---------------------------------------|--|--|--|---|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation A comprehensive specialist mental health out-of-hours response should be provided for children and adolescents in all geographical areas. This should be developed in addition to current ED services. | | Actions a) Develop a comprehensive specialist mental health out-of-hours model using a tiered approach. | | | | | | | | | | | | | | | | | | | | | |
| Lead HSE Child and Youth Mental Health Office | Workstream Children and Young People | Supporting partner | Links to other recommendations/external programmes <i>HSE Child and Youth Mental Health Office Action Plan 2024 - 2027</i> | | | | | | | | | | | | | | | | | | | | |
| Recommendation delivery status A <i>Model of Care for CAMHS Hubs</i> has been developed and is currently being demonstrated across a number of learning sites. These teams provide intensive brief interventions to support CAMHS teams in delivering enhanced responses to children, young people and their families and carers, in times of acute mental health crisis. An evaluation of the service will commence in Quarter 1, 2025. In addition, as part of the <i>Child and Youth Mental Health Office Action Plan 2024 - 2027</i> , it is planned to develop and deliver a fully integrated comprehensive child and youth specialist mental health service that will incorporate an integrated out-of-hours response and pathway of care. | | | | | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Integrated crisis response pathway model of serviceCAMHS emergency liaison service standard operating procedureCAMHS Hub evaluation reportOut-of-hours on call provision across all HSE Health Regions | | | | | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Fully resourced CAMHS teams in Integrated Healthcare Areas across HSE Health RegionsRecruitment of required posts to deliver specialist mental health out-of-hours services | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Integrated crisis response pathway model of service developed</td><td></td><td></td><td></td></tr><tr><td>CAMHS emergency liaison standard operating procedure developed</td><td></td><td></td><td></td></tr><tr><td>CAMHS Hub evaluation report finalised</td><td></td><td></td><td></td></tr><tr><td>Out-of-hours on-call provision in place across all HSE Health Regions</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Integrated crisis response pathway model of service developed | | | | CAMHS emergency liaison standard operating procedure developed | | | | CAMHS Hub evaluation report finalised | | | | Out-of-hours on-call provision in place across all HSE Health Regions | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | | | | | |
| Integrated crisis response pathway model of service developed | | | | | | | | | | | | | | | | | | | | | | | |
| CAMHS emergency liaison standard operating procedure developed | | | | | | | | | | | | | | | | | | | | | | | |
| CAMHS Hub evaluation report finalised | | | | | | | | | | | | | | | | | | | | | | | |
| Out-of-hours on-call provision in place across all HSE Health Regions | | | | | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured CAMHS Hub outcomes will be captured through the evaluation protocol agreement: <ul style="list-style-type: none">Key Hub Features: Design Study Specific Questionnaire to describe key features of each CAMHS Hub. Study Specific Questionnaire to include overview of unit, perceived capacity of unit, resources, personnel, therapy types available, contextual factors including CAMHS waiting times and local services (for example liaison services, day hospital)Key Data Capture relating to patients: Referral numbers, caseload, presentation type, discharge outcome, duration on caseload etc.Clinician Information Data to include: Symptoms, diagnosis, intervention (therapy, medication), side effect scale, (which can be linked to traffic light system and ALERT), impairment, satisfactionCAMHS integrated specialist mental health out-of-hours response pathway | | | | | | | | | | | | | | | | | | | | | | | |

| Recommendation 36 | | |
|--|--|---|
| Has transitioned to business as usual | | |
| Recommendation Appropriate supports should be provided for on an interim basis to service users transitioning from CAMHS to GAMHS. The age of transition should be moved from 18 to 25 and future supports should reflect this. | | Actions Convene an expert group to: <ul style="list-style-type: none">a) Develop a reconfiguration plan which will facilitate the provision of age-appropriate specialist mental health services up to age 25.b) Provide appropriate supports for individuals transitioning from CAMHS to GAMHS at 18 years. Identify required additional supports for individuals transitioning from CAMHS to GAMHS at 18 years. Produce transition plan in line with CAMHS COG.c) Put in place a nominated key worker to support the transition plan.d) Additional training provided to up-skill nominated keyworkers. |
| Lead HSE Mental Health | Workstream Children and Young People | Links to other recommendations/external programmes |
| BAU owner The two reports of the Youth Mental Health Transitions Specialist Group (see below) will be implemented by the HSE Child and Youth Mental Health Office and incorporated as part of its <i>2024 - 2027 action plan</i> . | | |
| Outputs Mandated by the NIMC to progress recommendation 36, the Youth Mental Health Transitions Specialist Group has delivered the following outputs: <ul style="list-style-type: none">Design of an <i>Enhanced Transition Plan</i>, which sets out recommendations and an implementation plan to support a seamless transition from CAMHS to adult mental health servicesDevelopment of a reconfiguration plan <i>Transforming Youth Mental Health Services in Ireland: A New Model for the provision of age-appropriate specialist mental health services up to age 25</i>. Alongside short- and medium-term priorities, there is a proposed long-term reconfiguration design, to include a single point of access with a dedicated multi-service, multi-disciplinary triage team representing primary care, disability, specialist mental health services, community partners and mental health clinical programmes | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Implementation will be monitored through <i>Sharing the Vision</i> and Child and Youth Mental Health Office governance structures, based on agreed metrics and via audits of compliance with the transition plan | | |

| Recommendation 37 | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------------------|------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation Nationally agreed criteria should be developed to govern and resource individualised support packages for the specific needs of a small cohort of children and young people who have complex needs. | | Actions a) Develop national criteria for individualised support packages for the specific needs of a small cohort of children and young people who have complex needs b) Secure resourcing for the required support packages | | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health | Workstream Children and Young People | Supporting partner National Placement Oversight Review Team (NPORT) | Links to other recommendations/external programmes <i>Child and Youth Mental Health Office Action Plan 2024 - 2027</i> | | | | | | | | | | | | | | | | |
| Recommendation delivery status As with a number of other recommendations in this policy (including recommendation 8), this recommendation requires an integrated approach that has been challenging to achieve in the first phase of implementation. Following considerable discussions across all relevant stakeholders an agreed approach has been identified and will progress in the next phase of implementation. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Nationally agreed criteria within an overall framework to govern the allocation of resources (individualised support packages) to children and young people with complex needs | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">It will be challenging to address people's complex needs against set criteria and case review structures will likely be required | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Working group appointed to produce a procurement support request application</td><td></td><td></td><td></td></tr><tr><td>Suitably qualified, independent individual or agency appointed to prepare criteria to govern resource allocation through a robust and consultative process</td><td></td><td></td><td></td></tr><tr><td>Nationally agreed criteria to govern the allocation of resources</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Working group appointed to produce a procurement support request application | | | | Suitably qualified, independent individual or agency appointed to prepare criteria to govern resource allocation through a robust and consultative process | | | | Nationally agreed criteria to govern the allocation of resources | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Working group appointed to produce a procurement support request application | | | | | | | | | | | | | | | | | | | |
| Suitably qualified, independent individual or agency appointed to prepare criteria to govern resource allocation through a robust and consultative process | | | | | | | | | | | | | | | | | | | |
| Nationally agreed criteria to govern the allocation of resources | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">This output will be measured with reference to the equitable allocation of resources, including individualised support packages, to children and young people across Ireland with complex needs | | | | | | | | | | | | | | | | | | | |

| Recommendation 38 | | |
|--|--|---|
| Has transitioned to business as usual | | |
| Recommendation In the exceptional cases where child and adolescent inpatient beds are not available, adult units providing care to children and adolescents should adhere to the CAMHS inpatient Code of Governance. | | Actions a) Ensure adherence to the CAMHS inpatient Code of Governance nationally. |
| Lead HSE Mental Health | Workstream Children and Young People | Links to other recommendations/external programmes |
| BAU owner HSE Health Regions | | |
| Outputs Every effort is being made to avoid admission of children and young people to adult units. This is reflected in a continuing downward trend in the number of such admissions from 84 in 2018 to 20 in 2022. However, there may be cases where admission to an adult unit is justified or is requested by a young person or their family e.g. when an adolescent is nearing 18 years of age or in cases where an adult unit is more conveniently located for the family. In those cases evidence of compliance with the Mental Health Commission Code of Practice is required. To assess adherence, the Healthcare Audit Unit conducted an audit of <i>Compliance with the Mental Health Commission Code of Practice Relating to Admission of Children under the Mental Health Act 2001</i> , as part of the National 2023 Healthcare Audit Plan . The audit, completed in Quarter 3 2023, covered the period 1 May 2021 to 30 April 2023. Its objective was to establish if randomly selected sites demonstrated: Local governance arrangements in place for the appropriate management of the admission of children to adult units with evidence of implementation of the Code of Practice and its addendum of 2009, including policies, procedures protocols, and guidelines relating to: <ul style="list-style-type: none">The admission of a childIndividual risk assessmentFamily liaison, parental consent and confidentialityAccess to CAMHS adviceInforming the Mental Health CommissionDocumented evidence of staff attendance at training relating to the care of childrenLocal audit that assesses performance against the Mental Health Commission Evidence of compliance that: <ul style="list-style-type: none">Child protection issues were documented and implementedAge appropriate facilitates and a programme of activities were in place for the child and appropriate visiting arrangements were in place for the child's familyArrangements were in place, where appropriate, for the continuation of the child's educationEvidence that the Mental Health Commission was notified of the admission and discharge of all children within 72 hours using the clinical practice forms An internal audit summary report was subsequently submitted by Healthcare Audit Unit to the HSE's National Director, Community Operations in September, 2023. Findings indicated that the level of assurance about the adequacy and effectiveness of the governance, risk management and internal control system in the area reviewed was satisfactory. | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">As outlined above | | |

| Recommendation 39 | | | |
|---|--|---|--|
| Within current implementation plan | | | |
| Recommendation The HSE should consult with service users, FCS, staff, and those supporting priority groups to develop a standardised access pathway to timely mental health and related care in line with the individuals’ needs and preferences. | | Actions a) Develop standardised access pathway to timely mental health and related care through a comprehensive consultation process. | |
| Lead HSE Mental Health | Workstream Mental Health Engagement and Recovery | Supporting partner HSE Health Regions/ Integrated Healthcare Areas/HSE Mental Health Engagement and Recovery | Links to other recommendations/external programmes Recommendations 17, 18, 25, 28, 32, 33, 34, as well as the broader policy programme |
| Recommendation delivery status Through the Mental Health Services Workstream, stakeholder engagements have been undertaken, as part of a wider situational analysis of general adult community mental health teams. In May 2024, a survey was conducted to gain an overview of community mental health teams’ current working practices in relation to a cluster of <i>Sharing the Vision</i> recommendations: <ul style="list-style-type: none">Recommendation 25: Shared governanceRecommendation 28: Key workingRecommendation 32: Skill mixRecommendation 33: Team coordinationRecommendation 34: Referral pathwaysRecommendation 39: Service user journey Survey findings indicated the need to address these recommendations together through the development of a national operational guideline for general adult community mental health teams. Building on existing good practice and recovery principles, this guideline will provide clarity on the end to end service user journey, as well as roles and responsibilities within the team and its interface with other mental health supports. In September 2024 the Mental Health Services Workstream decided to support delivery of recommendation 39 by designing a self-assessment tool to aid the implementation of the operational guideline. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Operational guideline for general adult community mental health teams, which is co-produced with staff, service users, family members and carers, and fully aligned with <i>Sharing the Vision</i> and relevant policies/procedures | | | |
| Dependencies <ul style="list-style-type: none">Availability of HSE Health Regions, community mental health team staff, people with lived experience, professional bodies and other relevant stakeholders to engage in the development of the operational guidelineImplementation of the operational guideline will depend on adequate resourcing of community mental health teamsTimely progress on related policies, legislation and other <i>Sharing the Vision</i> recommendations which address, directly and indirectly, mental health services provided in the communityThe availability of a digital solution to implement the self-assessment tool, required license(s) and training | | | |

continued opposite ➞

| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
|---|------|------|------|
| Guideline content (as relevant to the full service user journey within general adult community mental health teams) drafted in preparation of stakeholder engagement Agree outline for self-assessment tool | | | |
| Collate full operational guideline, informed by stakeholder feedback Draft version of self-assessment tool available for feasibility and usability testing | | | |
| Prepare implementation plan, including monitoring framework Rollout of training for community mental health teams’ staff in the use of self-assessment tool | | | |
| How outputs and outcomes will be measured Will be determined as part of the operational guideline, but are expected to include: <ul style="list-style-type: none">Survey(s) to assess appropriateness/acceptability/feasibility of proposed guideline among key stakeholdersPercentage of teams who report to have adopted the guideline at different intervalsRelevant measures for service access, experience and clinical outcomesUptake and reported satisfaction with the accessibility and usability of the self-assessment tool | | | |

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|---|---|---|---|------------------------|------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|
| Recommendation 40 | | | | | | | | | | | | | | | | | | | |
| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation Sufficient resourcing of home-based crisis resolution teams should be provided to offer an alternative response to inpatient admission, when appropriate. | | Actions a) Develop and resource home-based crisis resolution teams. | | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health | Workstream Mental Health Planning | Supporting partner HSE Health Regions/ HSE NOSP | Links to other recommendations/external programmes Recommendation 24, which relates to the development of crisis cafés (Solace Cafés) | | | | | | | | | | | | | | | | |
| Recommendation delivery status A Model of Care for Crisis Resolution Services has been developed and is in implementation through the establishment of Solace Cafés (recommendation 24) and multi-disciplinary crisis resolution teams: <ul style="list-style-type: none">The Model of Care was informed by international best practice, lived experience and through engagement with staff, local services and community sector partnersResourcing has been secured for five demonstration sites. Local implementation teams have been appointed with responsibility for overseeing delivery of both Solace Cafés and home-based crisis resolution teams, which are provided as an integrated service in line with the Model of Care. These services now operate within the governance structure of the relevant HSE Health Region and Integrated Healthcare AreaAn evaluation framework has been designed, which will ensure a mixed method multi-site evaluation of the service within the context of the Model of Care and standard operating procedure. An independent provider has been commissioned to undertake this evaluation, which will inform a review of the Model of Care in preparation for expanding and mainstreaming access to the service nationally as part of an overall integrated model of mental health service delivery | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Interim crisis resolution services evaluation reportFinal crisis resolution services evaluation report | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">It should be noted that recommendations 24 and 40 are progressed in parallel and have interdependencies, i.e. Crisis Cafés branded nationally as Solace Cafés will be stood up in tandem with crisis resolution teams | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>Milestones 2025 – 2027</td><td>2025</td><td>2026</td><td>2027</td></tr><tr><td>Interim report on the evaluation of crisis resolution services</td><td></td><td></td><td></td></tr><tr><td>Final report on the evaluation of crisis resolution services</td><td></td><td></td><td></td></tr><tr><td>Commence review of the Model of Care in preparation for expanding access to crisis resolution services</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Interim report on the evaluation of crisis resolution services | | | | Final report on the evaluation of crisis resolution services | | | | Commence review of the Model of Care in preparation for expanding access to crisis resolution services | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Interim report on the evaluation of crisis resolution services | | | | | | | | | | | | | | | | | | | |
| Final report on the evaluation of crisis resolution services | | | | | | | | | | | | | | | | | | | |
| Commence review of the Model of Care in preparation for expanding access to crisis resolution services | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Through the evaluation process, an agreed set of performance indicators will be identified and captured in a monitoring, audit and reporting framework for crisis resolution services (crisis resolution teams and Solace Cafés)These will incorporate measures for service user outcomes (service user, family member, carer and supporters), service level outcomes (clinical and service level outcomes) and system outcomes (the wider health system and within communities) | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------|------|------|------|--|--|--|--|--|--|--|--|---|--|--|--|
| Recommendation 41 | | | | | | | | | | | | | | | | | | | |
| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation A Standard Operating Guideline should be developed to ensure that sufficiently staffed day hospitals operate as effectively as possible as an element of the continuum of care and as an alternative to inpatient admission. | | Actions a) Develop and publish Standard Operating Guideline. b) Provide additional staffing in day hospitals. | | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health | Workstream Mental Health Services | Supporting partner HSE Health Regions/ Integrated Healthcare Areas | Links to other recommendations/external programmes <i>Child and Youth Mental Health Office Action Plan 2024 - 2027</i> Recommendations related to the operational guideline for general adult community mental health teams Development of national mental health operating framework | | | | | | | | | | | | | | | | |
| Recommendation delivery status This recommendation will be progressed through the Mental Health Services Workstream, but work is yet to commence. The key focus for 2025 – 2027 will be to scope, plan and design a standard operating guideline for day hospitals, within the context of existing models of care and other related policies. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Standard operational guideline for day hospitals, taking in to account home-based treatment and crisis response servicesImplementation plan, including assessment of resource requirements | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Timely progress on related Sharing the Vision recommendations, including those related to the development of an operational guideline for general adult community mental health teamsAvailability of HSE Health Regions, community mental health team staff, service users, family members and carers, professional bodies and other relevant stakeholders to engage in the development of the operational guidelineProgramme resources to facilitate design of standard operating guideline, as well as implementation resources locally | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>Milestones 2025 – 2027</td><td>2025</td><td>2026</td><td>2027</td></tr><tr><td>Scoping and planning of required work completed and design phase commenced</td><td></td><td></td><td></td></tr><tr><td>Finalise design of operational guideline, informed by stakeholder engagement</td><td></td><td></td><td></td></tr><tr><td>Develop implementation plan and disseminate operational guideline</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Scoping and planning of required work completed and design phase commenced | | | | Finalise design of operational guideline, informed by stakeholder engagement | | | | Develop implementation plan and disseminate operational guideline | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Scoping and planning of required work completed and design phase commenced | | | | | | | | | | | | | | | | | | | |
| Finalise design of operational guideline, informed by stakeholder engagement | | | | | | | | | | | | | | | | | | | |
| Develop implementation plan and disseminate operational guideline | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">A monitoring, audit and reporting framework will be included in the implementation plan | | | | | | | | | | | | | | | | | | | |

| Recommendation 42 | | | |
|---|--|--|--|
| Within current and next implementation plan | | | |
| Recommendation Individuals who require specialist Mental Health Services for Older People (MHSOP) should receive that service regardless of their past or current mental health history. People with early onset dementia should also have access to MHSOP. | | Actions a) Develop and publish Standard Operating Guideline ensuring equal access for relevant individuals to specialist Mental Health Service for Older People. | |
| Lead HSE Mental Health Clinical Programmes | Workstream Clinical Programmes | Supporting partner HSE Mental Health | Links to other recommendations/external programmes Recommendation 43 |
| Recommendation delivery status This recommendation will be progressed as part of the ongoing implementation of the <i>Model of Care for Specialist Mental Health Services for Older People</i> . Launched in 2019, this Model of Care outlines the provision of specialist mental health services for older people and how they should interact with and complement primary and secondary health services for older people. The delivery of the Model of Care is overseen by an implementation oversight group. While the stated action for this recommendation refers to the development of an operational guideline, its delivery will initially focus on enhancement of nursing home liaison services. Four demonstration site teams have been put in place, with a fifth team planned. In parallel, work is ongoing with dementia services and memory clinics to strengthen their integration with the Integrated Care Programme for Older People . As the transition to HSE Health Regions continues, a group of senior clinical stakeholders has convened to plan for further integration across services for older people including mental health, dementia services and memory clinics. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Guideline for access to specialist mental health services for older personsDemonstration, evaluation and plan for enhancement of nursing home mental health services liaison teams, in line with Model of CareImproved integration of mental health, dementia and memory clinic services for older people which includes a focus on accessibility of supports and services for people with young onset dementia | | | |
| Dependencies <ul style="list-style-type: none">Resourcing, including staffing for recommended nursing home liaison teamsClinical programme status | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
| Demonstration of nursing home mental health liaison teams, in line with Model of Care | | | |
| Collate metrics for initial demonstration sites, in order to inform evaluation and plan for enhancement | | | |
| Enhancement of nursing home mental health liaison services, within resource allocation | | | |
| Improved integration of mental health, dementia and memory clinic services for older people | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Number of nursing home mental health services liaison teams in place versus target, as set out in the Model of CareAccessibility of specialist mental health services among older person populationAvailability of services and supports for people with young onset dementia | | | |

| Recommendation 43 | | | |
|--|---|---|--|
| Within current and next implementation plan | | | |
| Recommendation The age limit for MHSOP should be increased from 65 years to 70 years supported by joint care arrangements between GAMHS and MHSOP teams for individuals who require the expertise of both. | | Actions a) Include the revised age limit in the new Standard Operating Guideline for MHSOP. | |
| Lead HSE Mental Health Clinical Programmes | Workstream Mental Health Services | Supporting partner HSE Mental Health | Links to other recommendations/external programmes Recommendation 42 |
| Recommendation delivery status Through the Mental Health Services Workstream, this recommendation has been reassessed in collaboration with key stakeholders. It has been determined that its delivery requires a multifaceted approach across acute services, dementia supports, mental health and services for older people. Any changes in age limits to specific mental health services, such as those available to older people, will need to align with the approach taken across other areas of the health service, to support integrated service delivery. A key focus for the <i>2025 - 2027 Implementation Plan</i> will be to prepare a position paper, setting out the proposed approach for progressing recommendation 43 for consideration by the NIMC. As referenced above (recommendation 42) while the transition to HSE Health Regions continues, a group of senior clinical stakeholders has convened to plan for further integration across a range of services for older people. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Guideline for access to specialist mental health services for older persons in keeping with the <i>Model of Care for Specialist Mental Health Services for Older People</i>Position paper prepared, setting out a proposed approach for the delivery of recommendation 43 which will focus less on the specified age limits for mental health services for older people and more on alignment with the overall approach to integrated services for older people | | | |
| Dependencies <ul style="list-style-type: none">Availability of senior stakeholders across the wider health service to inform a position paper and potential approaches | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
| Development of position paper and presentation to NIMC for consideration with regard to a change in emphasis for this recommendation | | | |
| Guideline for access to specialist mental health services for older persons in keeping with the <i>Model of Care for Specialist Mental Health Services for Older People</i> | | | |
| Plan for improved integration of services for older people across primary care, mental health, dementia and memory clinic services | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Accessibility of specialist mental health services among older person population as captured in an overall monitoring, audit and reporting framework for integrated older persons services | | | |

| Recommendation 44 | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|------------------------|------|------|------|---|--|--|--|--|--|--|--|---|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation GPs, mental health service prescribers and relevant stakeholders should collaborate to actively manage polypharmacy. | | Actions a) Support collaboration between GPs, mental health service prescribers and relevant stakeholders, based on informed action plan and training programme. | | | | | | | | | | | | | | | | | |
| Lead HSE | Workstream Clinical Programmes | Supporting partner Irish Pharmacy Union/ Irish College of General Practitioners/College of Psychiatrists of Ireland | Links to other recommendations/external programmes Recommendations 19, 83 and 100 Child and Youth Mental Health Office Action Plan 2024 - 2027 | | | | | | | | | | | | | | | | |
| Recommendation delivery status A position paper has been developed, based on engagement with existing relevant programmes and subject matter experts. This paper outlines the context for this recommendation, summarises relevant programmes of work currently underway, and puts forward a proposal for approaching this recommendation. A steering committee for management of polypharmacy has been established, chaired by the National Clinical Lead for Integrated Care. This steering committee will develop and oversee a programme of work to manage polypharmacy, including recommendation 44. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Report summarising current evidence base, as well as existing and emerging good practiceNational guidelines on polypharmacy management in mental health and associated implementation plan | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Collaboration across relevant areas of the health service to ensure integrated approachAppropriately resourced delivery structure and sustained commitment of steering committee | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Evidence review on management of polypharmacy completed</td><td></td><td></td><td></td></tr><tr><td>Work programme developed and in implementation</td><td></td><td></td><td></td></tr><tr><td>Development of national guidelines on polypharmacy management in mental health and associated implementation plan</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Evidence review on management of polypharmacy completed | | | | Work programme developed and in implementation | | | | Development of national guidelines on polypharmacy management in mental health and associated implementation plan | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Evidence review on management of polypharmacy completed | | | | | | | | | | | | | | | | | | | |
| Work programme developed and in implementation | | | | | | | | | | | | | | | | | | | |
| Development of national guidelines on polypharmacy management in mental health and associated implementation plan | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Framework for monitoring, auditing and reporting on outcomes, including metrics/data, will be set out in the implementation plan | | | | | | | | | | | | | | | | | | | |

| Recommendation 45 | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|------------------------|------|------|------|--|--|--|--|---|--|--|--|---|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation HSE should collate data on the number and profile of delayed discharges in acute mental health inpatient units and develop appropriately funded responses. | | Actions a) Collate data on the number and profile of delayed discharges in acute mental health inpatient units. b) Develop appropriate funding and service responses to minimise delayed discharges. | | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health | Workstream Mental Health Services | Supporting partner HSE Health Regions/ Integrated Healthcare Areas | Links to other recommendations/external programmes | | | | | | | | | | | | | | | | |
| Recommendation delivery status Coordinated by the Mental Health Services Workstream, a survey has been undertaken to assess what information is currently being collected in acute mental health inpatient units on delayed discharges. Findings from this survey will be used to support standardised reporting and development of guidance on the management of delayed discharges. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Report summarising survey findings, including recommendations for standardised national reportingResearch proposal, led in collaboration with the Royal College of Surgeons in Ireland, to better understand management of delayed discharges for particular cohorts of people with mental health difficultiesAn agreed national protocol for managing delayed transfer of care | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Timely progress on related Sharing the Vision recommendations, including those related to housing supportsAccess to research funding, such as through the Health Research BoardElectronic health records may support future delayed discharge data collection and reporting processes | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Finalise and disseminate survey report</td><td></td><td></td><td></td></tr><tr><td>Prepare recommendations for standardised national reporting</td><td></td><td></td><td></td></tr><tr><td>Conduct and publish research on the management of delayed discharges from acute inpatient units</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Finalise and disseminate survey report | | | | Prepare recommendations for standardised national reporting | | | | Conduct and publish research on the management of delayed discharges from acute inpatient units | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Finalise and disseminate survey report | | | | | | | | | | | | | | | | | | | |
| Prepare recommendations for standardised national reporting | | | | | | | | | | | | | | | | | | | |
| Conduct and publish research on the management of delayed discharges from acute inpatient units | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Will be determined as part of recommendations for standardised national reporting and captured in a monitoring, auditing and reporting framework | | | | | | | | | | | | | | | | | | | |

Recommendation 46

| Has transitioned to business as usual | | |
|--|---|---|
| Recommendation An Expert Group should be set up to examine Acute Inpatient (Approved Centre) bed provision (including PICUs) and to make recommendations on capacity reflective of emerging models of care, existing bed resources and future demographic changes, with such recommendations being aligned with <i>Sláintecare</i> . | | Actions a) Set up an Expert Group to examine Acute Inpatient (Approved Centre) bed usage and develop recommendations. |
| Lead HSE Mental Health | Workstream Mental Health Services | Links to other recommendations/external programmes Recommendations 75 and 76 |

BAU owner

The HSE's Mental Health Capital Planning Group has accepted formal receipt of the report prepared by the Specialist Group on Acute Bed Capacity for consideration and inclusion as appropriate in ongoing capital planning. The Mental Health Capital Planning Group has been tasked with:

- Identifying and prioritising mental health capital requirements over the next five to ten years based on existing and future service need, and on regulatory requirements
- Providing advice on the development of the future financial architecture of HSE mental health services in terms of capital expenditure, including design of capital programmes and changes to the approach to pricing
- Creating an initial three-year plan outlining infrastructural works required to achieve infrastructural regulatory compliance to all registered mental health facilities
- Completing a medium- and long-term strategic mental health capital estates plan aligned to the HSE Health Regions, which supports the implementation of [Sharing the Vision](#)

Outputs

Informed by a national census, the Specialist Group on Acute Bed Capacity examined current provision of acute inpatient beds for mental health in Ireland, taking account of overall capacity nationally through public sector service delivery. Regional differences in bed usage were examined, along with associated and aligned mental health resources.

The report prepared by the Specialist Group makes a series of recommendations, including:

- Improve data collection in order to enhance reporting
- Increase the number of beds nationally, using a national approach, which considers specialist services including:
 - Long term low secure beds
 - CAMHS beds
 - Psychiatric Intensive Care Units
 - Mental Health Intellectual Disability, National Clinical Programmes
 - Dedicated acute mental health beds for older people
- Increase staffing levels with regard to identified needs
- Avoid fragmentation of services, promote standardisation
- Understand how reconfiguration into HSE Health Regions will impact bed capacity planning

How outputs and outcomes will be measured

- In developing the estates plan, the Mental Health Capital Planning Group has been specifically requested to take into account the report of the Acute Bed Capacity Expert Group and its recommendations for ensuring the number of inpatient beds meets demand.

Recommendation 47

| Within current and next implementation plan | | | |
|---|---|--|--|
| Recommendation Sufficient Psychiatric Intensive Care Units (PICUs) should be developed with appropriate referral and discharge protocols to serve the regions of the country with limited access to this type of service. | | Actions a) Develop Psychiatric Intensive Care Units (PICUs) to meet identified need. b) Agree updated referral and discharge protocols. | |
| Lead HSE Mental Health | Workstream Mental Health Services | Supporting partner | Links to other recommendations/external programmes Recommendations 46 and 49 |

Recommendation delivery status

This recommendation will be progressed through the Mental Health Services Workstream, but has not yet commenced. The key focus for the 2025 - 2027 *Implementation Plan* will be to scope, plan and initiate a programme of work to enhance access to Psychiatric Intensive Care Units, within the context of a nationally consistent service model.

Outputs 2025 - 2027

- A report which summarises current need, priorities and recommendations for service improvement
- Design of a service model for operation of Psychiatric Intensive Care Units

Dependencies

- Timely progress by the HSE's Mental Health Capital Planning Group, in line with its terms of reference
- Programme management resources to conduct needs assessment and support design of service model
- Resourcing in line with service model

| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
|--|------|------|------|
| Scoping and needs analysis complete | | | |
| Recommendations and prioritisation complete | | | |
| Design of service model, including assessment of resource requirements | | | |

How outputs and outcomes will be measured

- Will be determined as part of service model design and set out in a monitoring, auditing and reporting framework

Recommendation 48

| Has transitioned to business as usual | | |
|---|--|--|
| Recommendation A cross-disability and mental health group should be convened to develop national competence in the commissioning, design and provision of intensive supports for people with complex mental health difficulties and intellectual disabilities and to develop a set of criteria to govern the provision of this service. | | Actions a) Convene cross-disability and mental health group to develop national competence and criteria for the provision of this service. |
| Lead HSE Mental Health Clinical Programmes | Workstream Clinical Programmes | Links to other recommendations/external programmes Recommendation 37 |

BAU owner

The National Placement Oversight and Review Team has been established to support HSE Health Regions in their decision making on external residential placements for people with complex mental health difficulties and intellectual disabilities. This team play an important role in developing national competence in this area, to ensure people with complex needs have access to person-centred and high-quality services, in line with agreed models of service and best practice.

Outputs

The National Placement Oversight and Review Team was established as a cross-disability and mental health initiative to develop national competence in the commissioning, design and provision of intensive supports for people with complex mental health difficulties and intellectual disabilities and to develop a set of criteria to govern the provision of this service. This will in turn ensure appropriate services are in place and that these are provided locally and as close to home as possible.

Role and responsibilities of the National Placement Oversight and Review Team and the HSE Health Regions are set out in a governance framework, which was signed off 30/01/24. The work of the National Placement Oversight and Review Team is guided by the following:

- Service user engagement, building on principles of autonomy, respect, creative responses and mutual support
- In keeping with the *United Nations Convention on the Rights of Persons with Disabilities*, residential support is regarded in the main as “transitional” on the basis that services and supports are provided in order to maximise the independence of each individual and where the emphasis is on building existing natural support networks
- Measures are put in place to ensure residential placements and supports are considered when all other options such as respite and in home supports have been exhausted
- Residential support is provided on either a transitional or longer-term basis as underpinned by assessed need with regular review intervals
- The values underpinning service user engagement accord with the principles of autonomy, respect, creative responses and mutual support
- A robust review and regular monitoring of the current configuration or delivery of services takes place

How outputs and outcomes will be measured

- Number of assessments completed
- The initial focus of the National Placement Oversight and Review Team concerns existing and newly commissioned placements outside of the HSE. By the end of April 2024, the National Placement Oversight and Review Team had contributed to in excess of 50 assessments of such placements

Recommendation 49

| Within current and next implementation plan | | |
|--|---|--|
| Recommendation Intensive Recovery Support (IRS) teams should be provided on a national basis to support people with complex mental health needs in order to avoid inappropriate, restrictive and non-recovery-oriented settings. | | Actions a) Develop IRS teams to provide targeted supports to individuals with complex mental health needs on a national basis. |
| Lead HSE Mental Health | Workstream Mental Health Services | Links to other recommendations/external programmes |

Recommendation delivery status

This recommendation will be progressed through the Mental Health Services Workstream but has not yet commenced. The key focus for the 2025 - 2027 *Implementation Plan* will be to scope and plan requirements for access to Intensive Recovery Support teams within the context of a nationally consistent service model and based on population needs.

Outputs 2025 - 2027

- A report which summarises current need, priorities and recommendations for service improvement
- Design of a service model for operation of Intensive Recovery Support teams in consultation with the relevant stakeholders including the College of Psychiatrists of Ireland

Dependencies

- Programme management resources to conduct needs assessment and support design of service model
- Resourcing in line with service model

| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
|--|------|------|------|
| Scoping and needs analysis complete | | | |
| Recommendations and prioritisation complete | | | |
| Design of service model, including assessment of resource requirements | | | |

How outputs and outcomes will be measured

- Will be determined as part of service model design which will involve development of a framework for monitoring, auditing and reporting on outcomes

| Recommendation 50 | | | | | | | | | | | |
|--|--|---|--|------------------------|------|------|------|--|--|--|--|
| Within current and next implementation plan | | | | | | | | | | | |
| Recommendation The development of a national network of MHID teams and acute treatment beds for people of all ages with an intellectual disability should be prioritised. | | Actions a) Develop national network of MHID teams and acute treatment beds. | | | | | | | | | |
| Lead HSE Mental Health Clinical Programmes | Workstream Clinical Programmes | Supporting partner HSE Mental Health | Links to other recommendations/external programmes Recommendations 48 and 51 | | | | | | | | |
| Recommendation delivery status Building on the Model of Service for Adults with Mental Health and Intellectual Disabilities (2020) and the Model of Service for CAMHS Intellectual Disability (2022) there are now 18 adult teams (out of a recommended 31 teams) and four CAMHS intellectual disability teams in place (out of a recommended 16 teams). A further eight adult and seven CAMHS intellectual disability services are in development, but not yet meeting the criteria of a starter team. While the pace of implementation has been impacted by access to funding and recruitment challenges, significant progress has been made, including the establishment of new teams. Work has also been undertaken to increase the number of training places, which has helped recruitment efforts. Over the course of the 2025 - 2027 <i>Implementation Plan</i> , rollout of the agreed models of service will continue, in collaboration with HSE Health Regions. | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Implementation plan for rollout of models of service developedFurther enhancement of mental health intellectual disability services | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Funding and approval for required posts to fully implement the models of service, including staffing complement for those services that are resourced less than a starter teamProgramme manager and administration support to coordinate and progress delivery of national programme | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Continued rollout of the <i>Model of Service for Adults with Mental Health and Intellectual Disabilities</i> (2020) and the <i>Model of Service for CAMHS Intellectual Disability</i> (2022)</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Continued rollout of the <i>Model of Service for Adults with Mental Health and Intellectual Disabilities</i> (2020) and the <i>Model of Service for CAMHS Intellectual Disability</i> (2022) | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | |
| Continued rollout of the <i>Model of Service for Adults with Mental Health and Intellectual Disabilities</i> (2020) and the <i>Model of Service for CAMHS Intellectual Disability</i> (2022) | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Implementation plan will specify performance indicators through an overall monitoring, auditing and reporting framework | | | | | | | | | | | |

| Recommendation 51 | | | | | | | | | | | |
|---|--|--|--|------------------------|------|------|------|--|--|--|--|
| Within current and next implementation plan | | | | | | | | | | | |
| Recommendation Speech and Language Therapists (SLT) should be core members of the Adult-ID and CAMHS-ID teams. | | Actions a) Put in place Speech and Language Therapy as a core part of the Adult-ID and CAMHS-ID teams. | | | | | | | | | |
| Lead HSE Mental Health | Workstream Clinical Programmes | Supporting partner HSE Mental Health Clinical Programmes | Links to other recommendations/external programmes Recommendations 48 and 50 | | | | | | | | |
| Recommendation delivery status In line with the Model of Service for Adults with Mental Health and Intellectual Disabilities (2020) and the Model of Service for CAMHS Intellectual Disability , teams should, when fully resourced, include speech and language therapy. Due to funding constraints, this has not yet been achieved. There are currently two speech and language therapists in post, which has made a positive contribution to the service. Over the course of the 2025 - 2027 <i>Implementation Plan</i> , efforts will continue to advocate for investment to enable recruitment of further speech and language therapist posts. | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Speech and language therapist posts mandated as core member of all adult mental health intellectual disability and CAMHS intellectual disability teamsEnhancement of funded speech and language therapist posts | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Funding and approval of required speech and language therapist posts | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Enhanced number of speech and language therapist resources in place, within allocated funding and approved posts</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Enhanced number of speech and language therapist resources in place, within allocated funding and approved posts | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | |
| Enhanced number of speech and language therapist resources in place, within allocated funding and approved posts | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Percentage of adult mental health intellectual disability and CAMHS intellectual disability teams with speech and language therapists in postEnhanced levels of assessment and care for individuals presenting to adult mental health intellectual disability and CAMHS intellectual disability services | | | | | | | | | | | |

Recommendation 52

Within current and next implementation plan

| | | | |
|---|--|--|--|
| Recommendation Investment in the implementation of the Model of Care for Early Intervention Psychosis (EIP), informed by an evaluation of the EIP demonstration sites, should be continued. | | | Actions a) Invest in the implementation of EIP service delivery. b) Evaluate EIP demonstration sites. |
| Lead HSE Mental Health Clinical Programmes | Workstream Clinical Programmes | Supporting partner HSE Mental Health | Links to other recommendations/external programmes |

Recommendation delivery status

In line with the [Model of Care for Early Intervention in Psychosis](#), five specialist adult early intervention in psychosis teams (out of a recommended 25 teams) have been established over the course of the [2022 - 2024 Implementation Plan](#) with two additional teams operational, but not fully resourced. An initial youth early intervention in psychosis team is also in development. Three additional teams were funded as part of the 2025 funding allocation for mental health.

Published in September 2022, a process evaluation of the demonstration of the Model of Care found that early intervention in psychosis works, that service users and their families prefer it and that clinicians wish to work as part of the early intervention in psychosis teams. The evaluation also identified multiannual funding, staffing and an appropriate information and communication technology infrastructure as important enablers for implementation.

Outputs 2025 - 2027

- Enhancement of existing early intervention in psychosis teams and development of new early intervention in psychosis teams, in line with population needs
- Publish National Clinical Audit for Psychosis reports annually, point of contact testing evaluation report and updated report on expected incidence of psychotic disorders in the Republic of Ireland

Dependencies

- Additional funding is required to develop new early intervention in psychosis teams and fully implement partly funded teams
- Resource requirements include additional funding for staff, premises, training, education, audits and research
- Collaborative working with HSE Health Regions and Integrated Health Areas to deliver on new early intervention in psychosis teams and support enhancement of teams
- A dedicated training budget is required to build a skilled workforce to deliver evidence-based interventions, including cognitive behavioural therapy for psychosis, behavioural family therapy and physical health care

| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
|--|------|------|------|
| Present findings of evaluation of Point of Contact Testing Project and publish updated incidence report based on updated census data | | | |
| Collaborate with HSE Health Regions and Integrated Health Areas to deliver new teams and agreed enhancements of existing early intervention in psychosis teams, in line with Model of Care | | | |
| Publish national clinical audit reports annually | | | |

How outputs and outcomes will be measured

- The number of fully resourced early intervention in psychosis teams in place, compared with *Early Intervention in Psychosis Model of Care*
- Duration of untreated psychosis (in weeks)
- Offer and uptake of evidence-based intervention: Medication, cognitive behavioural therapy for psychosis, behavioural family therapy, individual placement support (employment and education support) and physical health monitoring and support will be tracked

| Recommendation 53a | | | | |
|--|--|--|---|-------------|
| Within current implementation plan | | | | |
| Recommendation The National Mental Health Clinical Programmes for Eating Disorders , Adults with ADHD and the Model of Care for Specialist Perinatal Mental Health Services should continue to have phased implementation and evaluation. | | | Actions a) Develop/review the Implementation Plans for these Clinical Programmes/Model of Care. b) Undertake phased implementation and resourcing of clinical programmes for eating disorders, adults with ADHD and specialist perinatal mental health services. c) Undertake evaluation studies of relevant demonstration sites. | |
| Lead HSE Mental Health Clinical Programmes | Workstream Clinical Programmes | Supporting partner HSE Mental Health | Links to other recommendations/external programmes | |
| Recommendation delivery status The <i>Eating Disorder Services Model of Care</i> outlines recommended services for children and adults with eating disorders, at all clinical stages, levels of severity and settings. It highlights the importance of strong integration between primary care, mental health services and other health services, including shared care between acute hospitals and mental health services. It also recommends continued close collaborative working with Bodywhys. As of January 2025, there are six operational eating disorder teams for adults (out of a recommended eight teams) and five CAMHS eating disorder teams (out of a recommended eight teams). An additional adult team is being established with funding for further team development available, as part of the 2025 budget. Alongside continued enhancement of eating disorder services, a key focus over the course of the 2025 - 2027 <i>Implementation Plan</i> will be to revise the Model of Care to take account of revised healthcare structures and demand for services. | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">• 16 eating disorders teams in place• Routine eating disorders teams data reports will be published annually• Evaluation of current <i>Eating Disorder Services Model of Care</i> completed and revised model of care published• Inpatient adult bed review completed and capital costs identified | | | | |
| Dependencies <ul style="list-style-type: none">• Collaboration with HSE Health Regions and Integrated Health Areas to deliver new teams and enhancement of existing teams• Additional funding each year to recruit two new teams and establish new clinical pathways in those areas and to uplift existing teams staff numbers to match demand and population growth• Dedicated training budget to build a skilled workforce to deliver evidence-based interventions, including family based therapy, family therapy for anorexia nervosa, Maudsley Model of Anorexia Nervosa Treatment for Adults and radial openness dialectic behavioural therapy• Capital budget for suitable premises to accommodate teams to reduce waiting times in new services• Funding for scaling up of online data tool for tracking of clinical and patient outcomes• Programme manager and data manager to support implementation of Model of Care | | | | |
| Milestones 2025 – 2027 | | | 2025 | 2026 |
| Three new eating disorders teams funded and commenced operation and capital funding in place to deliver outpatient and day programmes in suitable premises | | | | |
| Enhancement of existing teams and development of new teams in line with Model of Care and population need | | | | |
| Training and education to support staff to deliver evidence-based interventions | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">• Number of eating disorders teams in place, compared with Model of Care• Training records maintained of staff who have completed evidence-based interventions• A monitoring, auditing and reporting framework, including feedback from service users and families | | | | |

| Recommendation 53b | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|------------------------|------|------|------|--|--|--|--|---|--|--|--|---|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation The National Mental Health Clinical Programmes for Eating Disorders, Adults with ADHD and the Model of Care for Specialist Perinatal Mental Health Services should continue to have phased implementation and evaluation. | | Actions a) Develop/review the Implementation Plans for these Clinical Programmes/Model of Care. b) Undertake phased implementation and resourcing of clinical programmes for eating disorders, adults with ADHD and specialist perinatal mental health services. c) Undertake evaluation studies of relevant demonstration sites. | | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health Clinical Programmes | Workstream Clinical Programmes | Supporting partner HSE Mental Health/ HSE Primary Care | Links to other recommendations/external programmes | | | | | | | | | | | | | | | | |
| Recommendation delivery status In line with the Model of Care for Attention Deficit Hyperactivity Disorder (ADHD) in Adults (2021) five full time and two half time teams have been operational since January 2025 with an eighth team in development. From 2025, funding will be available to establish further teams in line with the Model of Care and to meet increased demand for services. When fully implemented, ten adult ADHD teams will provide assessment and multi-modal treatment, including a consultation/liaison service to the Dublin prisons in-reach forensic mental health teams. Funding that had been allocated for one further team will be utilised to recruit five additional non-consultant hospital doctors who will support the work of the ten adult ADHD teams. A programme evaluation was completed over the course of the 2022 - 2024 Implementation Plan and an app launched, which provides self-care and signposting information for adults with ADHD. To address increased demand, an integrated stepped care project for adults with ADHD was established in February 2024, which included primary care pathways. A report on the evaluation of this project is due to be disseminated in 2025. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Full implementation of the <i>Model of Care for ADHD in Adults</i>Full Implementation of integrated stepped care project, including three levels of general practice involvement. Publish report on its evaluation and up-date Model of Care in line with findingsDelivery of training programme for general practitioners and specific training for the primary care component of the ADHD in adults response | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Funding and approval of posts to fully implement and deliver the <i>Model of Care for ADHD in Adults</i>, including general practitioner involvement together with ADHD Ireland joint project lead and programme manager supportCollaboration with HSE Health Regions and Integrated Healthcare Areas to respond to the increasing number of referrals for adult ADHD services and development of solutions to address this at a local and regional levelCollaboration with HSE Health Regions and Integrated Healthcare Areas to deliver new teams and enhancement of existing teams | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Disseminate report on evaluation of integrated stepped care project, seek approval for further expansion and commence implementation of next phase</td><td></td><td></td><td></td></tr><tr><td>Monitor implementation of the integrated stepped care project</td><td></td><td></td><td></td></tr><tr><td>Recruitment and training of three additional ADHD teams</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Disseminate report on evaluation of integrated stepped care project, seek approval for further expansion and commence implementation of next phase | | | | Monitor implementation of the integrated stepped care project | | | | Recruitment and training of three additional ADHD teams | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Disseminate report on evaluation of integrated stepped care project, seek approval for further expansion and commence implementation of next phase | | | | | | | | | | | | | | | | | | | |
| Monitor implementation of the integrated stepped care project | | | | | | | | | | | | | | | | | | | |
| Recruitment and training of three additional ADHD teams | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Number of posts at recruitment stage for each new teamNumber of new staff attending all three modules of UK adult ADHD network mandatory training in adult ADHDMonitoring and tracking of the achievement of key activities and actions to fully implement the integrated stepped care project working with specialist ADHD teams, primary care and HSE Health Regions and Integrated Healthcare AreasTracking of Irish College of General Practitioners education for all three levels of general practitioners involved in adult ADHD | | | | | | | | | | | | | | | | | | | |

| Recommendation 53c | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|------------------------|------|------|------|--|--|--|--|-----------------------------------|--|--|--|--|--|--|--|
| Within current and next implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation The National Mental Health Clinical Programmes for Eating Disorders, Adults with ADHD and the Model of Care for Specialist Perinatal Mental Health Services should continue to have phased implementation and evaluation. | | Actions <ul style="list-style-type: none">Develop/review the Implementation Plans for these Clinical Programmes/Model of Care.Undertake phased implementation and resourcing of clinical programmes for eating disorders, adults with ADHD and specialist perinatal mental health services.Undertake evaluation studies of relevant demonstration sites. | | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health Clinical Programmes | Workstream Clinical Programmes | Supporting partner HSE Mental Health | Links to other recommendations/external programmes | | | | | | | | | | | | | | | | |
| Recommendation delivery status A steering group has been established to refresh the <i>Model of Care for Specialist Perinatal Mental Health (2017)</i> , which builds on a hub and spoke approach. A key focus for the refresh process will be the provision of services in spoke sites, which among other things will be informed by feedback from spoke visits. Since the Model of Care was published, clinical activity has increased very significantly in the hub sites, undermining their ability to support the spoke sites. As of January 2025, there are six hub sites and 13 spoke sites, their status based on number of births in each centre. Close to 1,700 women were seen as outpatients in 2023. The piloting of a national patient survey has commenced, alongside a new data collection tool. A key deficit in service provision in Ireland is the lack of a specialist inpatient admission unit for mothers and babies with negotiations underway to progress this. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Design and implementation of refreshed Model of Care, including service provision across all 19 maternity hospitalsDevelopment of an education, training and research centreProvision of specialist inpatient admission unit for mothers and babies | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Required funding and staffing approvalFeasibility report for specialist inpatient admission unit | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Introduction of new National Perinatal Epidemiology Centre/HSE data collection system and development of new specialist perinatal mental health services app</td><td></td><td></td><td></td></tr><tr><td>Design of refreshed Model of Care</td><td></td><td></td><td></td></tr><tr><td>Implementation of refreshed Model of Care and establishment of education, training and research centre for specialist perinatal mental health services</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Introduction of new National Perinatal Epidemiology Centre/HSE data collection system and development of new specialist perinatal mental health services app | | | | Design of refreshed Model of Care | | | | Implementation of refreshed Model of Care and establishment of education, training and research centre for specialist perinatal mental health services | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Introduction of new National Perinatal Epidemiology Centre/HSE data collection system and development of new specialist perinatal mental health services app | | | | | | | | | | | | | | | | | | | |
| Design of refreshed Model of Care | | | | | | | | | | | | | | | | | | | |
| Implementation of refreshed Model of Care and establishment of education, training and research centre for specialist perinatal mental health services | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Monthly reporting specialist perinatal mental health service and specialist perinatal mental health midwife data with new data systemMeasures of service user experience and satisfaction (guided by feedback from National Patient Survey pilot) | | | | | | | | | | | | | | | | | | | |

| Recommendation 54 | | | | | | | | | | | | | | | | | | | |
|--|------------------------------|--|--|------------------------|------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|
| Within current and next implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation Every person with Mental Health Difficulties coming into contact with the forensics system should have access to comprehensive stepped (or tiered) mental health support that is recovery-oriented and based on integrated co-produced recovery care plans supported by advocacy services as required. | | Actions a) Complete mental health needs analysis of the prison population. b) Develop a comprehensive tiered forensic mental health model of care. c) Deliver phased implementation of the tiered mental health service. | | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health/ National Forensic Mental Health Service | Workstream Justice | Supporting partner Irish Prison Service/ Probation Service | Links to other recommendations/external programmes <i>Report of the High-Level Taskforce on the mental health and addiction challenges of persons interacting with the criminal justice system</i> | | | | | | | | | | | | | | | | |
| Recommendation delivery status The Irish Prison Service team continue to progress work to finalise the enhancement of a tiered mental health model of care for the prison services based on the National Framework for the Recovery in Mental Health . The model will also complement the existing Model of Care for the National Forensic Mental Health Service . Following a review of the tender process undertaken to date, representatives from the HSE, Irish Prison Service and probation services identified interested parties internationally who were interested in undertaking the needs analysis of the Irish prison population. The specifications of the tender were considered against best practice alongside the skills mix needed to undertake the analysis in this specialised field. On that basis, it was decided for the tender to be reissued to three interested parties in September 2024. As part of the <i>2025 - 2027 Implementation Plan</i> , there will be a need to agree the most appropriate approach to complete this recommendation, including source of required funding. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Mental health needs analysis of the prison population reportA tiered overarching mental health model of care and implementation plan for the forensic mental health services to include the prison population and those engaged with probation services | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Agreement by all stakeholders on the approach to be adopted for the needs analysisSource of funding for needs analysis to be agreedAppointment of a suitably qualified supplier to undertake the needs analysisNecessary resources available within Irish Prison Service to support the tiered mental health model of care within prison settings | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Researcher appointed to complete mental health needs analysis of prison population</td><td></td><td></td><td></td></tr><tr><td>Complete mental health needs analysis of prison population and develop implementation plan to address recommendations arising from this analysis</td><td></td><td></td><td></td></tr><tr><td>A tiered mental health model of care and implementation plan developed</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Researcher appointed to complete mental health needs analysis of prison population | | | | Complete mental health needs analysis of prison population and develop implementation plan to address recommendations arising from this analysis | | | | A tiered mental health model of care and implementation plan developed | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Researcher appointed to complete mental health needs analysis of prison population | | | | | | | | | | | | | | | | | | | |
| Complete mental health needs analysis of prison population and develop implementation plan to address recommendations arising from this analysis | | | | | | | | | | | | | | | | | | | |
| A tiered mental health model of care and implementation plan developed | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Implementation, services and end user focused outcomes to be defined as part of the model of careNeeds analysis findings will help in providing baseline data | | | | | | | | | | | | | | | | | | | |

| Recommendation 55 | | | | | | | | | | | | | | | |
|--|------------------------------|--|--|------------------------|------|------|------|---|--|--|--|---|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | |
| Recommendation There should be ongoing resourcing of and support for diversion schemes where individuals with mental health difficulties are diverted from the criminal justice system at the earliest possible stage and have their needs met within community and/or nonforensic mental health settings. | | Actions a) Provide ongoing resourcing and support for diversion schemes. | | | | | | | | | | | | | |
| Lead HSE Mental Health/ National Forensic Mental Health Service | Workstream Justice | Supporting partner Irish Prison Service/ Probation Service | Links to other recommendations/external programmes <i>Report of the High-Level Taskforce on the mental health and addiction challenges of persons interacting with the criminal justice system</i> | | | | | | | | | | | | |
| Recommendation delivery status Informed by research and stakeholder engagement, a proposal for expansion of diversion scheme for remand prisoners with mental health difficulties was developed, including an expansion of increased Prison In-reach and Court Liaison Services (PICLS). A business case is now being prepared for consideration by the HSE, the Department of Health and other relevant parties with an implementation plan to follow, depending on the chosen option. | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Business case for expansion of diversionary schemesImplementation plan to progress chosen option | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Business case approval and funding agreed to proceed with chosen optionFunding of correspondent resourcing implications for Prison In-reach and Court Liaison Services to support expanded servicesClose coordination with implementation of the report of the High Level Taskforce to consider the mental health and addiction challenges of those who come into contact with the criminal justice sector | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Finalise and submit business case for consideration</td><td></td><td></td><td></td></tr><tr><td>Develop implementation plan to progress chosen option</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Finalise and submit business case for consideration | | | | Develop implementation plan to progress chosen option | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | |
| Finalise and submit business case for consideration | | | | | | | | | | | | | | | |
| Develop implementation plan to progress chosen option | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Levels of activity e.g. increase in number of schemes nationally, percentage numbers of those availing of diversionary schemes, reduced waiting lists and reduction in those before the courts going to prison | | | | | | | | | | | | | | | |

| Recommendation 56 | | | | | | | | | | | | | | | | | | | |
|--|------------------------------|---|--|------------------------|------|------|------|---|--|--|--|---|--|--|--|---|--|--|--|
| Within current and next implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation The development of further Intensive Care Rehabilitation Units (ICRUs) should be prioritised following successful evaluation of operation of the new ICRU on the Portrane Campus. | | Actions a) Carry out a comprehensive evaluation and review of the ICRU on the Portrane Campus. b) Develop a national plan for the development of ICRUs. c) Undertake phased implementation of the national ICRU development plan. | | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health/ National Forensic Mental Health Service | Workstream Justice | Supporting partner | Links to other recommendations/external programmes <i>Report of the High-Level Taskforce on the mental health and addiction challenges of persons interacting with the criminal justice system.</i> Recommendation 87 | | | | | | | | | | | | | | | | |
| Recommendation delivery status Several issues have been encountered in commencing work on this recommendation due to delays in opening the Intensive Care Rehabilitation Unit for adults on the Portrane Campus. Subject to funding and approval of required staffing, a key aim for the <i>2025 - 2027 Implementation Plan</i> is to develop a plan for a phased opening of this unit: <ul style="list-style-type: none">• A key consideration is developing an Intensive Care Rehabilitation Unit model of care, which will inform staff ratios and skills mix• There will be a need to determine if the Intensive Care Rehabilitation Unit will be designated as an approved or designated centre or both, this will depend on the referral pathways• A comprehensive evaluation and review of the Intensive Care Rehabilitation Unit will commence in parallel with the opening of the Intensive Care Rehabilitation Unit in Portrane. The findings from this evaluation will in turn inform the development of a national plan for the development of Intensive Care Rehabilitation Units | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">• Design Intensive Care Rehabilitation Unit model of care• Two 15 bed adult units opened and operational in Portrane• Framework for Intensive Care Rehabilitation Unit evaluation developed | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">• Funding approval to support Intensive Care Rehabilitation Unit opening and development of model of care• Availability of required staff to meet Intensive Care Rehabilitation Unit model of care resourcing needs• Close coordination with implementation of the report of the <i>High Level Taskforce to consider the mental health and addiction challenges of those who come into contact with the criminal justice sector</i> | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Development of Intensive Care Rehabilitation Unit model of care</td><td></td><td></td><td></td></tr><tr><td>Commence phased recruitment of Intensive Care Rehabilitation Unit staff</td><td></td><td></td><td></td></tr><tr><td>Intensive Care Rehabilitation Unit evaluation framework designed and evaluation commenced</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Development of Intensive Care Rehabilitation Unit model of care | | | | Commence phased recruitment of Intensive Care Rehabilitation Unit staff | | | | Intensive Care Rehabilitation Unit evaluation framework designed and evaluation commenced | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Development of Intensive Care Rehabilitation Unit model of care | | | | | | | | | | | | | | | | | | | |
| Commence phased recruitment of Intensive Care Rehabilitation Unit staff | | | | | | | | | | | | | | | | | | | |
| Intensive Care Rehabilitation Unit evaluation framework designed and evaluation commenced | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">• Will be determined as part of the model of care design and set out in a monitoring, auditing and reporting framework | | | | | | | | | | | | | | | | | | | |

| Recommendation 57 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|------------------------|------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|---|--|--|--|
| Within current and next implementation plan | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation A tiered model of integrated service provision for individuals with a dual diagnosis (e.g. substance misuse with mental illness) should be developed to ensure that pathways to care are clear. Similarly, tiered models of support should be available to people with a dual diagnosis of intellectual disability and/or autism and a mental health difficulty. | | Actions a) Develop a specific service improvement framework across HSE Primary Care/Mental Health/Acute Hospitals to advance this recommendation. b) Develop a tiered model of care. c) Develop demonstration sites of the tiered model of care, with evaluation. d) Develop phased implementation of comprehensive service. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health Clinical Programmes | Workstream Clinical Programmes | Supporting partner HSE Mental Health/ HSE Addiction Services/ HSE Social Inclusion | Links to other recommendations/external programmes Recommendation 21 | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation delivery status A <i>Model of Care for Dual Diagnosis</i> was launched in May 2023, which sets out recommended service provision for adults, as well as adolescents. As of January 2025, two adult teams have commenced services, while a further two teams are in development (out of a recommended 12 teams). These adult teams complement two adolescent hub teams (out of a recommended four teams). Services are recovery focused and can be accessed by those who are homeless, those attending probation services, people from ethnic minority communities, immigrants, refugees, asylum-seekers and vulnerable women, in line with any other person in the community. As part of the mental health budget for 2025, funding has been allocated to expand the service. Over the course of the <i>2022 - 2024 Implementation Plan</i> , a training needs analysis was undertaken and a bespoke training programme is being developed. Funding for HSeLanD modules has been secured. Meanwhile, enhancements have been made to the National Drug Treatment Reporting System to enable key programme data being captured. The evaluation of the programme is due to commence in 2025. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">• Enhancement of dual diagnosis services, in line with Model of Care | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">• Additional funding and approval of required posts• Capital investment to support provision of appropriate accommodations for services | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>In-reach support to the prison service to commence</td><td></td><td></td><td></td></tr><tr><td>HSeLanD training programme complete and available to staff</td><td></td><td></td><td></td></tr><tr><td>Continue to resource existing dual diagnosis teams</td><td></td><td></td><td></td></tr><tr><td>Patient and Public Involvement in research implementation plan developed and progressed</td><td></td><td></td><td></td></tr><tr><td>Patient and Public Involvement evaluation completed</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | In-reach support to the prison service to commence | | | | HSeLanD training programme complete and available to staff | | | | Continue to resource existing dual diagnosis teams | | | | Patient and Public Involvement in research implementation plan developed and progressed | | | | Patient and Public Involvement evaluation completed | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | | | | | | | | | |
| In-reach support to the prison service to commence | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HSeLanD training programme complete and available to staff | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Continue to resource existing dual diagnosis teams | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient and Public Involvement in research implementation plan developed and progressed | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient and Public Involvement evaluation completed | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">• Regular outputs from an agreed monitoring, audit and reporting framework• Evaluation of the dual diagnosis services will follow the Patient and Public Involvement model. There will be partnerships with regional universities as part of this process | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Recommendation 58 | | | |
|---|--|--|--|
| Within current implementation plan | | | |
| Recommendation In order to address service gaps and access issues, a stepped model of integrated support that provides mental health promotion, prevention and primary intervention supports should be available for people experiencing homelessness. | | Actions a) Develop a stepped and integrated model of support for people experiencing homelessness. b) Develop an implementation plan which includes evaluation of new service developments. | |
| Lead HSE Mental Health/ HSE Primary Care/ HSE Social Inclusion | Workstream Mental Health Services | Supporting partner HSE Health and Wellbeing/ Housing agencies/VCS | Links to other recommendations/external programmes Recommendations 57 and 59 |
| Recommendation delivery status Through the Mental Health Services Workstream, work has been undertaken to scope and plan delivery of recommendations 58 and 59, including information gathering from engagements with existing services for the homeless population, community and voluntary sector partners and service users. A research proposal is also being prepared for consideration by the Health Research Board, aiming to understand how data is captured on housing needs in inpatient units. For the 2025 - 2027 <i>Implementation Plan</i> , the key aim is to develop a guidance document on integrated mental health service provision for people experiencing homelessness. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Secure Health Research Board funding and complete research project on data collection on housing need in inpatient unitsReport on current service provision, gaps and best practiceDevelop guidance document and implementation resources for provision of mental health services for people experiencing homelessness | | | |
| Dependencies <ul style="list-style-type: none">Availability of HSE Health Regions, community mental health team staff, people with lived experience, professional bodies and other relevant stakeholders to engage in a mapping of current service provision and development of guidanceRequired resources, in line with recommended guidance | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Map existing mental health service provision for people experiencing homelessness in Ireland | | | |
| Draft guidance for HSE Health Regions planning to enhance or develop mental health service provision for people experiencing homelessness | | | |
| Develop implementation resources to support relevant teams | | | |
| How outputs and outcomes will be measured The guideline will incorporate a monitoring, audit and reporting framework, which will include relevant indicators, such as: <ul style="list-style-type: none">Survey(s) to assess appropriateness/acceptability/feasibility of proposed guideline among key stakeholdersPercentage of teams who report to have adopted the guideline at different intervalsRelevant measures for service access, experience and clinical outcomes | | | |

| Recommendation 59 | | | |
|---|--|--|--|
| Within current and next implementation plan | | | |
| Recommendation Assertive outreach teams should be expanded so that specialist mental healthcare is accessible to people experiencing homelessness. | | Actions a) Carry out needs analysis to define service deficit. b) Develop an implementation plan in line with the stepped model of mental health support for the homeless population. c) Advance the phased expansion of the existing service. | |
| Lead HSE Mental Health | Workstream Mental Health Services | Supporting partner HSE Social Inclusion/ HSE Primary Care/VCS/ Housing agencies | Links to other recommendations/external programmes Recommendations 57 and 58 |
| Recommendation delivery status Through the Mental Health Services Workstream, work has been undertaken to scope and plan delivery of recommendations 58 and 59, including information gathering from engagements with existing services for the homeless population, community and voluntary sector partners and service users. A research proposal is also being prepared for consideration by the Health Research Board, aiming to understand how data is captured on housing needs in inpatient units. For the 2025 - 2027 <i>Implementation Plan</i> , the key aim is to develop a guidance document on integrated mental health service provision for people experiencing homelessness. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Research project on data collection on housing need in inpatient unitsReport on current service provision, gaps and best practiceDevelop operational model and implementation resources for provision of mental health services for people experiencing homelessness | | | |
| Dependencies <ul style="list-style-type: none">Availability of HSE Health Regions, community mental health team staff, service users, family members and carers, professional bodies and other relevant stakeholders to engage in a mapping of current service provision and development of guidanceRequired resources, in line with recommended guidance | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Map existing mental health service provision for people experiencing homelessness in Ireland | | | |
| Draft guidance for HSE Health Regions planning to enhance or develop mental health service provision for people experiencing homelessness | | | |
| Develop implementation resources to support relevant teams | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">The operating model will incorporate a monitoring, audit and reporting framework, which will include relevant indicators, such as relevant measures for service access, experience and clinical outcomes. | | | |

| Recommendation 60 | | | | | | | | | | | | | | | |
|---|--|---|--|------------------------|------|------|------|---|--|--|--|---------------------------------|--|--|--|
| Within current and next implementation plan | | | | | | | | | | | | | | | |
| Recommendation Continued expansion of Liaison Mental Health Services for all age groups should take place in the context of an integrated Liaison Mental Health Model of Care. | | Actions a) Develop an integrated Liaison Mental Health Model of Care. b) Develop an implementation plan which includes evaluation of service developments. c) Support phased expansion of services. | | | | | | | | | | | | | |
| Lead Mental Health Clinical Programmes | Workstream Clinical Programmes | Supporting partner College of Psychiatrists of Ireland/HSE Health Regions/HSE Acute Hospitals/Other partners as required | Links to other recommendations/external programmes Recommendations 17 and 42 | | | | | | | | | | | | |
| Recommendation delivery status Over the course of 2022 - 2024, a Model of Care for Liaison Psychiatry has been developed. Following review by the HSE's Clinical Forum in March 2024, the Model of Care was approved by the College of Psychiatrists of Ireland. Currently, all 'Model 4' hospitals have liaison services in place. For 'Model 3' hospitals, where it is not recommended to have a full time liaison psychiatrist in post, a half time resource is proposed in conjunction with the perinatal or self-harm and suicide related ideation clinical programmes. A key focus for the 2025 - 2027 <i>Implementation Plan</i> is to publish the Model of Care and develop a costed implementation plan to support its roll-out. | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">National Liaison Psychiatry Model of Care publishedDesign of Model of Care Implementation PlanPhased rollout of National Liaison Psychiatry Model of Care | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Required funding and approved posts for implementation of the Model of CareWorkforce planning to support delivery of the Model of Care | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Publish Model of Care and prepare implementation plan</td><td></td><td></td><td></td></tr><tr><td>Phased rollout of Model of Care</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Publish Model of Care and prepare implementation plan | | | | Phased rollout of Model of Care | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | |
| Publish Model of Care and prepare implementation plan | | | | | | | | | | | | | | | |
| Phased rollout of Model of Care | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">The impact of the Model of Care will be measured against a monitoring, audit and reporting framework, which will include relevant indicators as agreed with key stakeholders | | | | | | | | | | | | | | | |

| Recommendation 61 | |
|--|--|
| Within current implementation plan | |
| Recommendation The HSE should maximise the delivery of diverse and culturally competent mental health supports throughout all services. | Actions a) Gather service user and service delivery feedback regarding culturally appropriate service provision. b) Provide diverse and culturally competent supports across all services. |
| Lead HSE Social Inclusion/ HSE Mental Health | Links to other recommendations/external programmes Links with work ongoing under a number of policies/strategies, including: <ul style="list-style-type: none">• Connecting for Life Implementation Plan 2023 - 2024• Stronger Together 2022 - 2027• National Traveller Health Action Plan 2022 - 2027• National Traveller and Roma Inclusion Strategy II 2024-2028• LGBTI + Inclusion Strategy 2019 - 2021• LGBTI + National Youth Strategy 2018 - 2020• National Action Plan Against Racism• National Action Plan to prevent and combat Human Trafficking 2023 - 2027• Third National Strategy on Domestic, Sexual and Gender-Based Violence 2022 - 2026 |
| Workstream Social Inclusion | |
| Supporting partner HSE Health Regions/ VCS/Mental Health Commission | |
| Recommendation delivery status Sharing the Vision promotes a population health approach that contains universal recommendations that benefit everyone in society, but also acknowledges that additional work is required to promote mental health and build resilience among specific priority groups who are at greater risk. Through recommendation 61, significant work has been undertaken to provide diverse and culturally competent mental health supports: <ul style="list-style-type: none">• Development of 17 multilingual mental health information videos for My Health, My Language website• Collation, distribution and publication of existing resources related to intercultural mental health• Survey distributed to community and voluntary sector organisations to gather feedback on existing service delivery• Training provided in collaboration with the HSE Social Inclusion Office on: Working with interpreters, Cultural Competency and Imagery Re-scripting (trauma intervention aimed at reducing distressing intrusive memories)• Engagement with HSE human resources on ways to engage with new and existing staff and promote existing training and resources related to this recommendation• Policy mapping and stakeholder engagement with other state agencies, the voluntary and community sector and related research projects• Further development of psychosocial response planning and guidance | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">• Comprehensive audit of related policies complete, cross-policy reporting mechanism agreed and report published• Cultural competency communication plan and audit of third level mental health professional training courses• National Ethnic Minority Mental Health Engagement Forum• Implementation guidance in support of strengthening cultural humility in mental health, informed by the Cultural Humility in Mental Health Services Study• 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• Commencement of a research project exploring the mental health needs of the Roma community | |

continued overleaf ➞

| Dependencies <ul style="list-style-type: none">Overall volume of training courses that staff are requested to take and potential impact on uptake of training in this areaOverview and alignment with relevant strategies/policies, as outlined aboveIntegration with HSE Health Regions and regional planningOngoing participation in the Cultural Humility in Mental Health Services Study | | | |
|--|------|------|------|
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
| Comprehensive audit of related policies completed and disseminated | | | |
| Cultural competency communication plan developed and audit of third level mental health professional training courses completed | | | |
| Design and roll-out of implementation guidance on strengthening cultural humility in mental health | | | |
| National Ethnic Minority Mental Health Engagement Forum operational | | | |
| Expansion of the National Traveller Counselling Service and additional Traveller focused supports | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Data on how many service users are accessing resourcesRate of training take up among mental health staff working with priority groups (HSE and Non HSE) via HSeLanDNational Mental Health Experience Survey to include cultural competence questionsAgreed mechanism via National Ethnic Minority Mental Health Engagement Forum | | | |

| Recommendation 62 | | | |
|---|---------------------------------------|--|--|
| Within current implementation plan | | | |
| Recommendation Building on service improvements already in place, individuals who are Deaf should have access to the full suite of mental health services available to the wider population. | | Actions a) Conduct an evaluation of the National Specialist Service and Model of Care for mental health services for the Deaf community. b) Based on evaluation findings, develop a gap analysis and service improvement plan. c) Support phased service development and improvement. d) Ensure that staff working in mental health services have the appropriate skills and knowledge to work with the Deaf community. e) Carry out a training needs analysis to inform the training requirements of mental health staff working with the Deaf community. f) Develop and implement a training, support and supervision plan for mental health staff working with the Deaf community. | |
| Lead HSE Mental Health | Workstream Social Inclusion | Supporting partner | Links to other recommendations/external programmes Recommendation 61 |
| Recommendation delivery status Coordinated through the social inclusion workstream, a plan for the evaluation of the specialist mental health services for the Deaf community has been agreed with key stakeholders. This has entailed the commissioning of an external evaluation of the service to inform future service improvement work. The evaluation has commenced and is due to conclude in 2025. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Evaluation of the national specialist service and model of care for mental health services for the Deaf community completedGap analysis undertaken and service improvement plan designedPhased implementation of agreed service improvement plan | | | |
| Dependencies <ul style="list-style-type: none">Timely completion of evaluationProgramme resources to facilitate design of service improvement planAny required resources identified in the service improvement plan | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
| Evaluation completed and report summarising findings disseminated | | | |
| Service improvement plan designed, informed by gap analysis | | | |
| Phased implementation of service improvement plan | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">A monitoring, audit and reporting framework will be developed, as part of the service improvement plan. This will include a suite of metrics/performance indicators to measure its delivery | | | |

| Recommendation 63 | | | | | | | | | | | |
|--|---------------------------------------|---|--|------------------------|------|------|------|---|--|--|--|
| Within current implementation plan | | | | | | | | | | | |
| Recommendation Persons in Direct Provision and refugees arriving under the Irish refugee protection programme should have access to appropriate tiered mental health services through primary care and specialist mental health services. | | Actions a) Convene an Expert Group (with service user co-production) to advise on best practice for the adequate provision of tiered mental health supports to those in Direct Provision and refugees who have significant issues relating to trauma. b) Develop an implementation plan of Direct Provision mental health support across HSE Primary Care and Mental Health with clear evaluation targets. c) Resource phased implementation. | | | | | | | | | |
| Lead HSE Social Inclusion/ HSE Mental Health | Workstream Social Inclusion | Supporting partner HSE Health Regions/ Reception and integration agencies/ NGOs | Links to other recommendations/external programmes Recommendations 61 and 64 | | | | | | | | |
| Recommendation delivery status Health services continue to adapt and deliver appropriate responses for the increasing number of asylum seekers and refugees that arrive in Ireland. This has included the development of specific supports for Ukrainian refugees and International Protection applicants. This work includes: <ul style="list-style-type: none">Development of mental health videos for My Health, My Language websiteCollation, distribution and publication of existing resources related to intercultural mental healthSurvey distributed to community and voluntary sector organisations to gather feedback on existing service deliveryTraining provided in collaboration with the HSE Social Inclusion Office on: Working with interpreters, Cultural Competency and Imagery Re-scripting (trauma intervention aimed at reducing distressing intrusive memories)Engagement with HSE human resources on ways to engage with staff and promote existing training and resources related to this recommendationPolicy mapping and stakeholder engagement with other state agencies, the voluntary and community sector and related research projectsPsychosocial response planning and guidance, including funding for external supervision for staff providing psychological and psychosocial support, as well as funding for counselling in Ukrainian via My Mind | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Six regional psychosocial support teams in place as part of a wider migrant health approachSee also relevant outputs for recommendation 61 | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">The upcoming review of the service delivery model for refugees and applicants seeking protectionRecurring funding made available for psychosocial support servicesAbility to meet the continued demand on services due to an increase of international protection applicants arriving in IrelandAlignment with revised healthcare structures | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Six regional psychosocial support teams in place as part of a wider migrant health approach (as outlined in the <i>Refugee and Applicants Seeking Protection Service Delivery Model 2023</i>).</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Six regional psychosocial support teams in place as part of a wider migrant health approach (as outlined in the <i>Refugee and Applicants Seeking Protection Service Delivery Model 2023</i>). | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | |
| Six regional psychosocial support teams in place as part of a wider migrant health approach (as outlined in the <i>Refugee and Applicants Seeking Protection Service Delivery Model 2023</i>). | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Level of service deployment across the HSE Health RegionsRegional psychosocial support services activityRelevant data available from other funded services, e.g. My Mind | | | | | | | | | | | |

| Recommendation 64 | | | | | | | | | | | |
|--|---------------------------------------|---|--|------------------------|------|------|------|--|--|--|--|
| Within current implementation plan | | | | | | | | | | | |
| Recommendation Appropriately qualified interpreters should be made available within the mental health service and operate at no cost to the service user. | | Actions a) Develop guidance on the appropriate tendering and commissioning of interpretation services and evaluate the process once it is in place. b) Resource high-quality interpreter services for mental health service users. | | | | | | | | | |
| Lead HSE Social Inclusion/ HSE Mental Health/ HSE Procurement | Workstream Social Inclusion | Supporting partner | Links to other recommendations/external programmes Recommendations 61 and 63 | | | | | | | | |
| Recommendation delivery status Following a full European Union tendering process, the Office of Government Procurement has awarded a National Framework for Interpretation Services (excl. Irish Language Services). | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">An updated standard operating procedure to guide staff involved in procuring interpreter services under the <i>National Framework for Interpretation Services</i> | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Resolving issues encountered in implementing the standard operating procedure with the provider | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Development of an updated standard operating procedure</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Development of an updated standard operating procedure | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | |
| Development of an updated standard operating procedure | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">The updated standard operating procedure will incorporate an evaluation and monitoring process | | | | | | | | | | | |

| Recommendation 65 | | | |
|--|--|---|---|
| Within current implementation plan | | | |
| Recommendation The HSE should ensure that access to appropriate advocacy supports can be provided in all mental health services. | | Actions a) Conduct a gap analysis of advocacy supports needs. b) Develop an implementation plan for advocacy services. c) Resource phased implementation with appropriate evaluation. | |
| Lead HSE Mental Health Engagement and Recovery | Workstream Mental Health Engagement and Recovery | Supporting partner VCS/NGOs/ HSE Health Regions/ Advocacy Services | Links to other recommendations/external programmes |
| Recommendation delivery status As part of the first <i>Sharing the Vision implementation plan</i> , an independent research consultant was commissioned to conduct a gap analysis of mental health advocacy services in Ireland. This included a comparative analysis of legal frameworks governing mental health advocacy in different countries, as well as focus groups and qualitative interviews with representatives from advocacy groups and mental health charities. The final gap analysis report includes 27 recommendations across three main domains: availability, accessibility and quality. Building on this gap analysis, the aim for the 2025 - 2027 <i>Implementation Plan</i> is to prepare a prioritised service improvement plan, within available funding. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Develop prioritised service improvement planPhased delivery of service enhancements, within available funding | | | |
| Dependencies <ul style="list-style-type: none">Required funding to progress identified prioritiesStakeholder buy-in, commitment and support, including among key decision makersClarity on action ownership, once this recommendation transitions to business as usual | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Finalise service improvement plan to address areas that need improvement, based on gap analysis | | | |
| Support the implementation of recommendations for the development of advocacy services | | | |
| Put in place an evaluation process to determine the impact of new advocacy services | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">A monitoring, audit and reporting framework will be developed, as part of the service improvement plan. This will include a suite of metrics/performance indicators to measure its delivery | | | |

Domain 3 – Social Inclusion

Please note that the text in the shaded sections titled ‘Recommendation’ and ‘Actions’ of each table is taken directly and verbatim from the original policy document.

| Recommendation 66 | | | |
|--|---|---|--|
| Within current and next implementation plan | | | |
| Recommendation Tailored measures should be in place in relevant government departments to ensure that individuals with mental health difficulties can avail, without discrimination, of employment, housing and education opportunities and have an adequate income. | | Actions a) Develop multi-departmental initiative to ensure measures are in place for individuals with mental health difficulties to avail, without discrimination, of employment, housing and education opportunities and have adequate income. | |
| Lead Department of Health | Workstream Department of Health | Supporting partner Department of Social Protection/Education/ Housing, Local Government and Heritage | Links to other recommendations/external programmes Recommendation 77 and other related policy recommendations in <i>Sharing the Vision</i> |
| Recommendation delivery status This recommendation aims to ensure that individuals with mental health difficulties have equal access to employment, housing and education opportunities. A mapping exercise was completed under the guidance of the NIMC, identifying a number of different Government strategies addressing the themes of recommendation 66 as these pertain to people with mental health difficulties: <ul style="list-style-type: none">National Housing Strategy for Disabled PeopleNational Disability Inclusion StrategyEquality BudgetingRoadmap for Social InclusionComprehensive Employment Strategy for People with DisabilitiesNational Further Education and Training Strategy A reporting framework was established, across the Department of Housing, Department of Social Protection, Department of Education, Department of Further Education, Department of Public Expenditure and Reform and the Department of Health, to bring together these different strategies and monitor progress on same. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Enhanced reporting processes implemented and annual reports produced on the implementation of recommendation 66Establishment of an interdepartmental steering group to enhance cooperation and engagement between Sharing the Vision stakeholder DepartmentsTracking impact of policy in alignment with the outcomes measurement approach outlined in recommendation 77 of <i>Sharing the Vision</i> | | | |
| Dependencies <ul style="list-style-type: none">The delivery of this recommendation is heavily dependent on the full resourcing and implementation of a variety of Government strategies and policies, across multiple Departments, as outlined above | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Ongoing annual reporting on recommendation 66 to the NIMC | | | |
| Establishment of interdepartmental steering group to enhance cooperation and engagement between <i>Sharing the Vision</i> stakeholder Departments | | | |
| Ongoing cross-government engagement to ensure mental health is considered as a priority in all relevant existing and future legislation and policy | | | |
| Tracking of outcomes in alignment with recommendation 77 | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Production of annual status reportsData compiled from supporting Government DepartmentsEnhanced data collected through cross-Departmental engagementReview of reporting process at the end of the implementation periodTracking outcomes in accordance with outcomes measurement approach outlined in recommendation 77 | | | |

| Recommendation 67 | | | |
|---|---|--|--|
| Within current implementation plan | | | |
| Recommendation Local authorities should liaise with statutory mental health services in order to include the housing needs of people with complex mental health difficulties as part of their local housing plans. | | Actions a) Include the housing needs of people with complex mental health difficulties as part of local housing plans, with associated resources. | |
| Lead Housing Agency/ Local Authorities | Workstream Department of Health | Supporting partner HSE/Department of Health/ Department of Housing, Local Government and Heritage/ Department of Children, Equality, Disability, Integration and Youth/Statutory Mental Health Services/Housing and Disability Steering Groups | Links to other recommendations/external programmes Recommendations 68, 69 and 70 |
| Recommendation delivery status This recommendation is being delivered in conjunction with the National Housing Strategy for Disabled People 2022 - 2027 . The strategy and its implementation plan are fully aligned with recommendation 67 through actions 1.1.2 and 6.1.7. Progress over the course of the 2022 - 2024 Implementation Plan include: <ul style="list-style-type: none">• Delivery of training to Disability Steering Groups• Introduction of quarterly progress reporting• Provision of support to Housing and Disability Steering Groups• Local reviews of strategic plans with disability stakeholders progressed by Local Authorities, identifying clear targets• Engagement with Local Authorities to promote the <i>National Housing Strategy for Disabled People Implementation Plan</i> and support, where possible, its actions A key focus for the <i>2025 - 2027 Implementation Plan</i> will be to complete a review of the <i>National Housing Strategy for Disabled People Implementation Plan</i> , including relevance of actions, and whether additional actions are needed. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">• Further enhancement of data collection• Inclusion of targets set in all individual Local Authority plans• Review of <i>National Housing Strategy for Disabled People Implementation Plan</i> to include relevant actions related to recommendation 67 | | | |
| Dependencies <ul style="list-style-type: none">• Consistency of access to health services nationally• Local Authorities must be resourced/supported to ensure housing staff are not expected to assess the existence of a mental health difficulty, for example input from suitably qualified HSE staff on an application by application basis• Greater consistency of approach to supply and administration of HSE housing support packages• Housing and health policy• Data sharing protocols, both at a national and local level• Data sharing agreements at local level | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
| Continued provision of training | | | |
| National protocol for data sharing between local authorities and statutory mental health bodies | | | |
| Local level data sharing protocols in place Introduce monitoring of local targets | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">• Monitoring of local targets• Data sharing protocol introduced at a national and local level• Data sharing agreements at local level• Training delivered and uptake of same | | | |

| Recommendation 68 | | | |
|--|---|--|--|
| Within current implementation plan | | | |
| Recommendation Department of Health and Department of Housing, Local Government and Heritage in consultation with relevant stakeholders, should develop a joint protocol to guide the effective transition of individuals from HSE-supported accommodation to community living. | | Actions a) Develop a joint protocol to guide the effective transition of individuals from HSE-supported accommodation to community living. | |
| Lead Department of Housing | Workstream Department of Health | Supporting partner Housing Agency/ Department of Health/HSE | Links to other recommendations/external programmes Recommendations 67 and 69 |
| Recommendation delivery status The Departments and agencies have developed a joint protocol to guide the effective transition of individuals from HSE-supported accommodation to community living. Following consultation with Local Authorities and the HSE, feedback has been incorporated into the protocol. The overall aim for the <i>2025 - 2027 Implementation Plan</i> is to disseminate the protocol, raise awareness and support and monitor its implementation. Relevant actions to support this recommendation will be considered as part of the revised National Housing Strategy for Disabled People 2022 - 2027 Implementation Plan . | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">• Communication of the protocol to stakeholders for implementation• Inclusion of relevant actions in the revised National Housing Strategy for Disabled People implementation plan | | | |
| Dependencies <ul style="list-style-type: none">• Adoption of the protocol by Local Authority and HSE staff | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
| Protocol disseminated to and adopted by stakeholders | | | |
| Training delivered to relevant Local Authority/HSE staff within the framework of the <i>National Housing Strategy for Disabled People 2022 - 2027</i> | | | |
| Increased awareness of the options available to disabled people applying for housing and support services within the framework of the <i>National Housing Strategy for Disabled People 2022 - 2027</i> | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">• Monitoring of number of areas where protocol is operational• Training and information sessions delivered to relevant Local Authority/HSE staff• Provision of information to people with disabilities | | | |

| Recommendation 69 | | | | | | | | | | | |
|--|---|---|--|------------------------|------|------|------|---|--|--|--|
| Within current implementation plan | | | | | | | | | | | |
| Recommendation In conjunction with supports provided by HSE including Intensive Recovery Support teams, sustainable resourcing should be in place for tenancy-related/independent living supports for service users with complex mental health difficulties. | | Actions a) Develop sustainable resourcing supports for individuals with complex mental health difficulties. | | | | | | | | | |
| Lead HSE Mental Health | Workstream Mental Health Services | Supporting partner HSE Health Regions/ Housing agencies | Links to other recommendations/external programmes Recommendations 66, 67, 68 and 70 | | | | | | | | |
| Recommendation delivery status To support rollout of the National Housing Strategy for Disabled People 2022 - 2027 , an additional five tenancy support officer posts were jointly funded between the HSE and the Department of Housing. These staff are employed by the approved housing bodies and work in partnership with HSE community mental health and rehabilitation teams to support mental health service users maintain tenancies in their homes. The HSE housing coordinators play a critical role in supporting access to independent housing for people with complex mental health difficulties. This involves liaising with local authorities, attending the local authority Housing and Disability Steering Groups, and advocating and planning for the housing needs of mental health service users. Progress on this recommendation has been hindered by a lack of housing coordinators in a number of areas, which has also impacted the HSE's ability to support and monitor delivery of the <i>National Housing Strategy for Disabled People</i> . Funding has now been allocated for an additional five posts from 2025. A key focus for the <i>2025 - 2027 Implementation Plan</i> will be to progress the recruitment of these housing coordinator posts. | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">HSE housing coordinators in place in HSE Health Regions | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Recruitment of additional housing coordinators<i>National Housing Strategy for Disabled People 2022 - 2027</i> implementation structures | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Housing coordinators in place across all HSE Health Regions</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Housing coordinators in place across all HSE Health Regions | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | |
| Housing coordinators in place across all HSE Health Regions | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Number of housing coordinators in postAlignment with monitoring of implementation of the <i>National Housing Strategy for Disabled People 2022 - 2027</i> | | | | | | | | | | | |

| Recommendation 70 | | |
|---|---|--|
| Has transitioned to business as usual | | |
| Recommendation The housing design guidelines published by the HSE and the Housing Agency in 2016 to promote independent living and mental health recovery should be a reference point for all housing-related actions in this policy. | | Actions a) Use housing design guidelines as basis for all housing-related actions. |
| Lead HSE Mental Health | Workstream Mental Health Planning | Links to other recommendations/external programmes |
| BAU owner A National Implementation Steering Group is responsible for driving the implementation of the National Housing Strategy for Disabled People 2022 - 2027 and the monitoring of progress. This group is chaired by the Housing Agency and meets on a bi-monthly basis. Housing and Disability Steering Groups are established in each Local Authority area and these act as the forum for the delivery of strategy outcomes at local level. HSE Mental Health is represented on the National Housing Strategy for Disabled People Implementation Oversight Group | | |
| Outputs The Housing Agency and the HSE issued best practice housing design guidelines in 2016. These guidelines set out best practice in home design for people living with severe and enduring mental health difficulties to help facilitate independent living. It was the first time any such design guidelines targeting this cohort of the population have been produced anywhere in the world. These guidelines have been considered as part of the Housing Agency's Designing Housing to Meet the Needs of All Roadmap 2018 as well as within the implementation plan for the <i>National Housing Strategy for Disabled People</i> . This strategy sets out the commitment to increase the provision of accessible housing for disabled people, including those with a mental health difficulty, by setting local, need-related targets for all social housing providers using a universal design approach. | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">The implementation of the <i>National Housing Strategy for Disabled People 2022 - 2027</i> will be monitored through regional and national governance structures | | |

| Recommendation 71 | | | | | | | | | | | | | | | |
|---|--|---|---|------------------------|------|------|------|--|--|--|--|--|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | |
| Recommendation A sustainable funding stream should be developed to ensure agencies can work effectively together to get the best outcomes for the individual using the Individualised Placement Support model, which is an evidence-based, effective method of supporting people with complex mental health difficulties to achieve sustainable, competitive employment where they choose to do so. | | Actions a) Develop a sustainable funding stream to support the IPS model. | | | | | | | | | | | | | |
| Lead HSE Mental Health Engagement and Recovery | Workstream Mental Health Engagement and Recovery | Supporting partner HSE Mental Health | Links to other recommendations/external programmes | | | | | | | | | | | | |
| Recommendation delivery status A sustainable funding stream is in place for 45 Individualised Placement Support posts nationally. Additional posts may be considered as part of the HSE's annual budget process, within the context of population needs. As part of the <i>2025 - 2027 Implementation Plan</i> , an evaluation and fidelity review of the Individualised Placement Support will be undertaken with a view to assess and demonstrate the effectiveness of the service. An enhanced Individualised Placement Support data collection and reporting process will also be put in place, which will assist this review. These initiatives will help inform proposals for further service enhancements. | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Evaluation of existing Individualised Placement Support services in IrelandDesign of data collection process to support review process and demonstrate service outcomes | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Funding to conduct Individualised Placement Support evaluation/reviewCapacity of service providers to engage in review | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Improved data collection process implemented</td><td></td><td></td><td></td></tr><tr><td>Individualised Placement Support evaluation complete</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Improved data collection process implemented | | | | Individualised Placement Support evaluation complete | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | |
| Improved data collection process implemented | | | | | | | | | | | | | | | |
| Individualised Placement Support evaluation complete | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Quality of Individualised Placement Support data submitted and adherence to new data collection processes (in line with the evaluation metrics)Individualised Placement Support evaluation determined by the fidelity review metrics | | | | | | | | | | | | | | | |

| Recommendation 72 | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|------------------------|------|------|------|--|--|--|--|---|--|--|--|---|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation The current HSE funding provided for day centres should be reconfigured to provide individualised supports for people with mental health difficulties and be consistent with the <i>New Directions</i> policy. | | Actions a) HSE to engage in evaluation of current funding provided and reconfigure services where necessary. | | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health Engagement and Recovery | Workstream Mental Health Engagement and Recovery | Supporting partner HR/HSE Health Regions | Links to other recommendations/external programmes | | | | | | | | | | | | | | | | |
| Recommendation delivery status This recommendation is being progressed through the Mental Health Engagement and Recovery Workstream, which has commenced an evaluation of day centres/services. The first phase of this evaluation will involve a review of existing services, which will inform a tender specification. This will include an analysis of the initial review findings, service user, family member, carer and staff engagement/surveys, a review of the evidence, and recommendations for the reconfiguration of day centres/services. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Evaluation of day centres/servicesRecommendations for reconfiguration of day centres/servicesHSE Health Region implementation plans | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Funding approval to progress tenderTimely completion of the evaluationResource requirements as relevant to each HSE Health Region, including regional implementation teams | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Tender advertised and awarded for evaluation of day centres/services</td><td></td><td></td><td></td></tr><tr><td>Recommendations on reconfiguration agreed</td><td></td><td></td><td></td></tr><tr><td>HSE Health Regions supported to develop regional implementation plans</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Tender advertised and awarded for evaluation of day centres/services | | | | Recommendations on reconfiguration agreed | | | | HSE Health Regions supported to develop regional implementation plans | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Tender advertised and awarded for evaluation of day centres/services | | | | | | | | | | | | | | | | | | | |
| Recommendations on reconfiguration agreed | | | | | | | | | | | | | | | | | | | |
| HSE Health Regions supported to develop regional implementation plans | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">A monitoring, audit and reporting framework will be set out in the evaluation report. This will include a suite of metrics/ performance indicators to measure delivery of recommendationsAdherence to New Directions Policy | | | | | | | | | | | | | | | | | | | |

| Recommendation 73 | | | |
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| Within current and next implementation plan | | | |
| Recommendation In line with the strategic priorities of the <i>Comprehensive Employment Strategy for People with Disabilities</i> , the way people come on/off income supports should be streamlined to maximise entry or re-entry to the workforce with confidence and security. This should happen without threat of loss of benefit and with immediate restoration of benefits where they have an episodic condition or must leave a job because of their mental health difficulty. | | Actions a) Streamline the way individuals come on/off income supports to maximise entry or re-entry to the workforce with confidence and security. | |
| Lead Department of Social Protection | Workstream Department of Health | Supporting partner | Links to other recommendations/external programmes <i>Comprehensive Employment Strategy for People with Disabilities</i> |
| Recommendation delivery status This recommendation is being progressed in conjunction with the early engagement process, whereby people with disabilities who are not employed, are contacted by INTREO staff to see if they want to progress into education or employment and what supports are available to do so: <ul style="list-style-type: none">A dedicated team of designated disability employment personal advisors made contact with people to advise them of their optionsClear and concise communications were co-designed in a number of formats to inform the customers of the service that was being offeredAll age groups who have been receipt of a disability allowance for between six and twelve months are being invited to participateMonitoring and reporting on the progression of individuals from disability allowance to employment or trainingContinuous professional development of disability and employment personal advisors to support INTREO's engagementDevelopment of green paper on options for reform of disability payments | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Ongoing support for people with disabilities to access employmentINTREO staff are provided with the necessary training and development opportunities to support people with disabilities back into employment | | | |
| Dependencies <ul style="list-style-type: none">Availability of sufficient number of people trained as Disability Employment Personal AdvisersAnalysis of green paper will be shared with the special Cabinet Committee on Disability, to improve supports and services for people with disabilities in all aspects of their lives | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Ongoing provision of supports for people with disabilities to access employment | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Quarterly updates will be available on the number of people contacted under the early engagement project | | | |

| Recommendation 74 | | | |
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| Within current implementation plan | | | |
| Recommendation The HSE should continue to develop, fund and periodically evaluate existing and new peer-led/peer-run services provided to people with mental health difficulties across the country. | | Actions a) Evaluate peer-led/peer-run services for people with mental health difficulties. b) Develop new and support existing evaluated peer-led/peer-run services for people with mental health difficulties. | |
| Lead HSE Mental Health Engagement and Recovery | Workstream Mental Health Engagement and Recovery | Supporting partner | Links to other recommendations/external programmes |
| Recommendation delivery status Commissioned by the Mental Health Engagement and Recovery Workstream, Dublin City University is conducting a scoping review on peer-led/peer-run services, as well as a stakeholder consultation to inform recommendations for further service enhancements. Building on these recommendations, a key focus for the <i>2025 – 2027 Implementation Plan</i> will be to co-produce guidance and standards for peer-led/peer-run services for people with mental health difficulties. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">HSE guidance for peer-led/peer-run services for people with mental health difficulties | | | |
| Dependencies <ul style="list-style-type: none">Continued national strategic remit in this area for the HSE's Mental Health Engagement and Recovery officeRegional commitment to the development and continued support of peer-led/peer-run services | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Completion of scoping review, mapping exercise and external stakeholder consultation | | | |
| Co-production of guidance document for peer-led/peer-run services | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Will be determined as part of the implementation plan which will include a monitoring, audit and reporting framework | | | |

Domain 4 – Accountability and Continuous Improvement

Please note that the text in the shaded sections titled ‘Recommendation’ and ‘Actions’ of each table is taken directly and verbatim from the original policy document.

| Recommendation 75 | | | | | |
|--|---|---|---|------|------|
| Within current implementation plan | | | | | |
| Recommendation The organisation of mental health services should be aligned with emerging integrated care structures under Sláintecare reforms including the proposed six Regional Health Areas and within these the Community Health Networks corresponding to populations of about 50,000. | | | Actions a) Ensure the dedicated line of authority is visible in the structures at regional level. | | |
| Lead HSE Mental Health | Workstream Mental Health Planning | Supporting partner HSE Health Regions/ Integrated Healthcare Areas | Links to other recommendations/external programmes Recommendation 76 | | |
| Recommendation delivery status The HSE is transitioning to the Health Regions structure, led by six regional executive officers. These reconfigured structures will support integrated management of the clinical workforce, with single lines of accountability, across hospital and community settings to meet population needs. At HSE Health Region level, Integrated Health Areas will be the substructures within each of the six HSE Health Regions. There will be 20 Integrated Health Areas in total, each led by an Integrated Health Area manager. They will serve a population of around 300,000 and will take account of local geographies, population size, needs and services. The focus of the Integrated Health Area is on the health of the population across the continuum of care, from living well at home to inpatient care. The organisation of mental health services will be aligned with these emerging integrated care structures. | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Reconfigured mental health services in accordance with new HSE Health Region structures with a visible line of authority for integrated mental health services | | | | | |
| Dependencies <ul style="list-style-type: none"><i>Sharing the Vision</i> is dependent on the external programme of work being led by the National Regional Health Area Planning Group for the execution and implementation of the reconfigured structures | | | | | |
| Milestones 2025 – 2027 | | | 2025 | 2026 | 2027 |
| Finalise and communicate revised lines of authority across mental health services as aligned with new HSE Health Region structures | | | | | |
| How outputs and outcomes will be measured Each region will have its own budget, leadership team and responsibility for local decision-making. They will continue to progress delivery of the Sláintecare reform programme. HSE Health Regions will have responsibility for and be measured in line with: <ul style="list-style-type: none">How well they plan and deliver services around the specific needs of people in each areaLevels of improvement in how these services are runStrengthened local decision-making at regional level | | | | | |

| Recommendation 76 | | | | | |
|---|---|---|--|------|------|
| Within current and next implementation plan | | | | | |
| Recommendation Implementation of this policy over the next ten years should achieve a re-balancing of resources and take account of population deprivation patterns in planning, resourcing and delivering mental health services. | | | Actions a) Use population deprivation patterns in planning, resourcing and delivering mental health services. b) Re-balance resourcing of mental health services on this basis. | | |
| Lead HSE Mental Health | Workstream Mental Health Planning | Supporting partner HSE Health Regions/ Integrated Healthcare Areas | Links to other recommendations/external programmes Recommendation 75 | | |
| Recommendation delivery status As the HSE transitions to the new Health Region structure, it is envisaged that new reporting arrangements will be designed to empower local decision-making and support population-based service planning and the integration of community and acute care, in line with Sláintecare . HSE Health Regions will create an organisational structure that aligns corporate and clinical governance at regional level, within a strong national context, thereby enabling better coordination and improved performance across health and social care services. A key focus for the 2025 - 2027 <i>Implementation Plan</i> will be to ensure greater equity of allocation of resourcing across and within regions, reflecting population need. This will involve taking account of demographics, socioeconomic factors and other relevant variables. | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Mental health resourcing reflective of population needs, including relevant demographic and socioeconomic factors in line with the population based resource allocation approach | | | | | |
| Dependencies <ul style="list-style-type: none">Development and implementation of a population based resource allocation approach | | | | | |
| Milestones 2025 – 2027 | | | 2025 | 2026 | 2027 |
| Development and implementation of agreed population based resource allocation approach across mental health | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Building on the population based resource allocation approach, a proposed methodology will be developed. Population based resource allocation is a funding model for health and social care planning that seeks to equitably distribute available healthcare resources according to population need to promote efficiency and equity in both health outcomes and distribution of resources | | | | | |

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| Recommendation 77 | | | |
| Within current implementation plan | | | |
| Recommendation A standardised set of performance indicators (PIs) directly aligned with the desired outcomes in <i>Sharing the Vision</i> and agreed standards of care and quality frameworks should be developed by the Department of Health and the National Implementation Monitoring Committee, accounting for quantitative and qualitative delivery of intended outcomes. | | Actions a) Develop appropriate performance indicators aligned to <i>Sharing the Vision</i> outcomes. | |
| Lead Department of Health | Workstream Department of Health | Supporting partner HSE/Department of Health, Research Policy and Innovation Unit | Links to other recommendations/external programmes |
| Recommendation delivery status An evidence synthesis brief was conducted by the Health Research Board on behalf of the Department of Health to assess the evidence base aligning the existing Sharing the Vision outcome indicators with commonly utilised large population mental health outcome/performance indicators. The final Health Research Board report; Mental health-related indicators for measuring performance and impact of mental health policy: An evidence brief , was published on the Department of Health website and will support the development of a prioritised list of relevant indicators. The Department of Health has identified additional staffing resources to progress the development of a population based outcomes framework for <i>Sharing the Vision</i> . It is expected that staffing resources will be in place by Quarter 1, 2025 to support the further development of this work. In parallel, as part of the planning for the <i>2025 - 2027 Implementation Plan</i> , detailed consideration has been given to an implementation science informed approach to the measurement and reporting of policy outcomes. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Nationally agreed process for monitoring <i>Sharing the Vision</i> policy outcomes agreed and in placeNecessary data being collected, analysed and in use to inform ongoing policy implementation across the mental health sector | | | |
| Dependencies <ul style="list-style-type: none">Data and data analysis resources (HSE and Department of Health)Funding to support data collection processesData tracking and analysis in collaboration with mental health and public health teams (e.g. via the Health Intelligence Unit) | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| National targets defined for output and implementation phases | | | |
| Design and development of policy outcomes monitoring and tracking processes, including population level indicators | | | |
| Reporting schedules agreed, dashboards and reports finalised | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Nationally agreed outcomes clearly defined and monitoring in place to inform ongoing policy implementation and service improvements | | | |

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| Recommendation 78 | | | |
| Within current implementation plan | | | |
| Recommendation Regular surveys of service users and FCS should be independently conducted to inform assessments of performance against PIs and target outcomes in <i>Sharing the Vision</i> . | | Actions a) Conduct and report on regular surveys with service users and FCS. b) A national mental health service experience survey proposal should be developed to be considered for inclusion under the National Care Experience Programme. | |
| Lead HSE Mental Health Engagement and Recovery | Workstream Mental Health Engagement and Recovery | Supporting partner National Care Experience Programme | Links to other recommendations/external programmes |
| Recommendation delivery status The HSE's office for Mental Health Engagement and Recovery is working alongside the National Care Experience Programme , in collaboration with the Mental Health Commission, to develop a service user survey. The National Care Experience Programme is the designated body to design the survey with support from HSE Mental Health Engagement and Recovery. Two committees (a steering group and an advisory group) have been formed, with representation from HSE Mental Health Engagement and Recovery and a number of focus groups have been conducted along with a two round Delphi study to inform the survey development process. The focus of the survey will be on inpatient mental health services. The National Care Experience Programme is currently utilising defined processes to develop the survey. Of note these processes have been successfully audited by the International Organization for Standardization and have been applied in the development of six other national surveys. The advisory group brings subject matter expertise to inform and improve the questionnaire and the steering group have responsibility for approving same. The proposed survey population is: People 18 years and older who have been admitted to and discharged from acute psychiatric units and hospitals on the register for approved centres under the <i>Mental Health Act 2001</i> (to include public and independent providers). It will be a retrospective survey of a sample population covering a three-month period. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Implementation of a survey for adults discharged from inpatient mental health services, in line the National Care Experience Programme standardised processesService improvement action plans developed and implemented based on survey responses | | | |
| Dependencies <ul style="list-style-type: none">Ethical approvalNational Clinical Experience Programme steering group approval of survey questionnaireFull implementation of the communication and stakeholder engagement planNecessary and appropriate resources in place to effectively complete all survey stages | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Questionnaire and methodology ready for implementation | | | |
| Complete the initial report of service user experience gathered from surveys | | | |
| Service improvement action plans developed and implemented | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Survey response ratesSurvey feedbackSurvey feedback actioned and service improvements implemented | | | |

| Recommendation 79 | | | |
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| Within current implementation plan | | | |
| Recommendation Information on the process of making a complaint, including necessary contact details, should be visible, accessible and widely available in a variety of media, languages and formats for maximum accessibility in all mental health service settings and in other fora. | | Actions a) Publish clear and accessible complaints procedure. | |
| Lead HSE National Complaints Governance and Learning Team | Workstream Quality Assurance Frameworks | Supporting partner HSE Mental Health/ HSE Health Regions/HSE Communications/HSE Quality and Patient Safety | Links to other recommendations/external programmes |
| Recommendation delivery status The National Complaints Governance and Learning Team is a national unit tasked with developing the systems and supports to deliver on the HSE's commitment to provide an enhanced service user feedback process that is accessible, flexible and responsive. Through this process, the narrative and data from feedback continuously drive learning and quality improvement. The National Complaints Governance and Learning Team provides a range of services broadly covering policy development, assurance and governance, training and development and data analytics. The National Complaints Governance and Learning Team has completed a revision of the <i>Your Service Your Say</i> policy. The revision process included feedback and engagement with service user groups and representatives, including major advocacy groups. The National Complaints Governance and Learning Team is awaiting health service trade union sign off to proceed with the launch of the revised policy. A mental health complaints review has been deferred due to resourcing issues. It recommended this function reside with mental health services within the HSE Health Regions. The National Complaints Governance and Learning Team has provided an audit template to assist services undertake this piece of work. Work also continues with HSE Digital to revise Your Service Your Say content on the HSE website focused on general staff and service user content. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Revised <i>Your Service Your Say</i> policyMental health complaints review | | | |
| Dependencies <ul style="list-style-type: none">Trade union sign off required to proceed with launch of the revised policyTimely progress on recommendation 81 | | | |

continued opposite ➞

| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
|--|------|------|------|
| On-site audits to take place across sites to review complaints process | | | |
| 'How to complain/feedback' video/webinar being developed to assist service users to write their complaint/feedback and the options open to them in submitting this | | | |
| A trainer's session to be rolled out to HSE consumer affairs on the updated policy/guidance. Consumer affairs to then roll out training to staff, complaints officers and review officers regarding discharging their responsibilities within <i>Your Service Your Say</i> | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Two national complaints key performance indicators are established and tracked:<ul style="list-style-type: none">The percentage of Stage 2 formal complaints submitted to the HSE that are investigated by assigned complaints officers within the 30-working day legislative timeframe which has a national target of 75%The percentage of Stage 2 <i>Your Service Your Say</i> formal complaints, where an action plan is identified as necessary, is in place and progressing which has a national target of 65%National <i>Your Service Your Say</i> anonymised feedback learning casebooks are published quarterly by the National Complaints Governance and Learning TeamNational Complaints Managers Governance and Learning Forum held quarterly which provides a platform for shared learning, peer support and networking for complaints managers across Hospital Groups, HSE Health Regions and national servicesData on complaints received by the health services published yearly by the National Complaints Governance and Learning Team | | | |

| Recommendation 80 | | |
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| Has transitioned to business as usual | | |
| Recommendation A culture of open disclosure to support patient safety is embedded in mental health services. | | Actions a) Mental health services align open disclosure to service users and FCS with national policy and legislation. |
| Lead HSE Quality and Patient Safety/HSE Open Disclosure Team/HSE Mental Health | Workstream Quality Assurance Frameworks | Links to other recommendations/external programmes |
| BAU owner Monitoring reports will be collected and monitored by local management. The Quality Assurance Frameworks Workstream has engaged with HSeLanD to ensure reports are available to mental health service managers. The workstream has been assured that the reports will continue to be available to mental health service managers until a system-wide reporting structure is available. | | |
| Outputs Open disclosure in mental health is aligned to national policy and legislation. This is achieved by ensuring there are systems in place for monitoring the completion of open disclosure training by staff in mental health services. Compliance with this mandatory training requirement is reviewed regularly by local management and by the HSE National Mental Health Office. Open disclosure training is now mandatory in the HSE for all staff: <ul style="list-style-type: none">All staff must complete open disclosure e-learning Module 1 <i>Communicating Effectively through Open Disclosure</i> which is available on HSeLanDStaff who may be involved in formal open disclosure meetings e.g. senior managers, senior nursing staff, midwifery and health and social care professionals, medical staff, quality and patient safety staff and staff fulfilling the role of the designated person must also complete: E-learning Module 2 <i>Open Disclosure: Applying Principles to Practice</i> and Module 3 <i>Face-to-Face Skills Workshop</i> (3 hours) on the management of the open disclosure processOpen disclosure leads are identified in each HSE Health Region and section 38/39 providersMultiple resources are available to HSE and other providers within the resource page including specific content webinars | | |
| How outputs and outcomes will be measured To ensure systems are in place for monitoring the completion of open disclosure training, the following tasks have now been completed: <ul style="list-style-type: none">Scoping out of requirements for data extraction from HSeLanD with those responsible for the applicationSetting up a process for regular data extraction from HSeLanD, along with a report template and process for disseminating training participation reportsCommunicating requirements for monitoring and promoting open disclosure training for mental health staff with those responsible for local learning and developmentOngoing monitoring of mental health service staff completing open disclosure training through uptake of HSeLanD trainingThe effectiveness of training and any developing needs for further training will be monitored and addressed through the review of the <i>HSE Open Disclosure Policy</i> | | |

| Recommendation 81 | | | |
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| Within current implementation plan | | | |
| Recommendation Training should be provided for services users and staff on making and dealing with complaints. | | | Actions a) Provide complaints training for service users and staff. |
| Lead HSE Mental Health/ HSE Mental Health Engagement and Recovery/HSE National Complaints Governance and Learning Team | Workstream Quality Assurance Frameworks | Supporting partner HSE Quality and Patient Safety/HSE Health Regions | Links to other recommendations/external programmes Recommendations 78 and 79 |
| Recommendation delivery status A training plan for mental health service staff has been developed and national data on the number of staff who have completed relevant training modules is being provided via HSeLanD reports. Modules include: <i>Your Service Your Say: Complaints Handling Guidance for Clinical Staff</i> ; <i>HSE Effective Complaints Handling</i> ; <i>HSE Effective Complaints</i> . Resources have also been secured for auditing <i>Your Service Your Say</i> from the National Complaints Governance and Learning team. This data will be produced quarterly and made available to relevant managers going forward. The development of an audit to determine numbers and location of mental health staff trained in complaints procedures is underway. Updating of the promotional material for <i>Your Service Your Say</i> and its translation into 24 languages has been completed and all materials are available to order from healthpromotion.ie . Communication has also issued to services to advise them of the available materials. A member of staff in each mental health team is also being identified to ensure <i>Your Service Your Say</i> promotional materials are displayed and accessible. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Range of complaints investigation training as outlined in the recommendation status aboveComplaint management courses promotion programme (face-to-face, virtual and webinars for HSE staff)Review of complaints process across mental health serviceEducational material for <i>Your Service Your Say</i>, available in multiple service user languages and formats for wider accessibility to enhance awareness and knowledge amongst service users as well as staff | | | |
| Dependencies <ul style="list-style-type: none">Revision of <i>Your Service Your Say</i> policy | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Training plan for mental health service staff developed and delivered, incorporating the training outlined above in the recommendation delivery status | | | |
| Communication plan for service feedback developed and executed, incorporating educational and awareness raising material dissemination as outlined under outputs | | | |
| An annual cycle of audit is developed to review compliance with <i>Your Service Your Say</i> training across mental health services involving engagement with services to determine the extent of staff training each year | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Easy read versions available for each stage of the <i>Your Service Your Say</i> processOngoing monitoring of training uptake via HSeLanD reports to determine the coverage in terms of training of mental health services staff to highlight any gaps geographically or by discipline which can be addressed through HSE Health Region governance structuresOngoing review and reporting of complaints process and outcomes across mental health services, including through regular surveys of mental health service users (recommendation 78) | | | |

| Recommendation 82 | | |
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| Has transitioned to business as usual | | |
| Recommendation Mental health services should ensure that the principles set out in the <i>National Healthcare Charter, You and Your Health Service</i> , are embedded in all service delivery. | | Actions a) Embed the principles set out in the <i>National Healthcare Charter</i> . |
| Lead HSE Mental Health/HSE Quality and Patient Safety/HSE Mental Health Engagement and Recovery | Workstream Quality Assurance Frameworks | Links to other recommendations/ external programmes |
| BAU owner The HSE Mental Health Engagement and Recovery office will be reviewing its strategic plan on an annual basis and communicating any changes to its stakeholders. The Mental Health Engagement Framework 2024 - 2028 also clearly outlines owners and outputs. | | |
| Outputs The work of the HSE Mental Health Engagement and Recovery office has supported mental health services to embed principles outlined in the National Healthcare Charter in service delivery. The Mental Health Engagement and Recovery Strategic Plan 2023 - 2026 , the <i>Mental Health Engagement Framework 2024 - 2028</i> and other key programme documents have been developed, which incorporate the overarching principles in the <i>National Healthcare Charter</i> and set out actions to ensure their implementation in service delivery. Local and regional engagement has taken place, and a repository of resources has been co-produced to support ongoing work. | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">A set of metrics have been co-produced by a subgroup of the enhancing engagement project in the HSE Mental Health Engagement and Recovery officeThe data collectors in each region will be the area lead for engagement or other nominee. The engagement programme manager in Mental Health Engagement and Recovery will collate these reports monthly. The purpose of these metrics is not a performance review but rather a report that will identify good practice, support resource allocation and address any gaps that Mental Health Engagement and Recovery can support | | |

| Recommendation 83 | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|------------------------|------|------|------|---|--|--|--|---|--|--|--|--|--|--|--|
| Within current implementation plan | | | | | | | | | | | | | | | | | | | |
| Recommendation Future updates of the Quality Framework, the Judgement Support Framework and the Best Practice Guidance should be consistent with the ambition and the specific outcomes for the mental health system set out in <i>Sharing the Vision</i> . | | | Actions a) Ensure future updates of the Quality Framework, the Judgement Support Framework and the Best Practice Guidance are consistent with <i>Sharing the Vision</i> . | | | | | | | | | | | | | | | | |
| Lead HSE Mental Health | Workstream Quality Assurance Frameworks | Supporting partner Mental Health Commission/HSE Quality and Patient Safety/ HSE Health Regions | Links to other recommendations/external programmes Recommendations 14 and 84 | | | | | | | | | | | | | | | | |
| Recommendation delivery status A working group, including a representative from the Mental Health Commission, has reviewed and identified potential updates required to the Best Practice Guidance for Mental Health Services . An in-depth comparison document has been developed which identifies the degree of alignment with the Judgement Support Framework and the National Quality Framework . A mechanism has also been put in place to ensure consultation on the Mental Health Commission's annual review/update of the <i>Judgement Support Framework</i> . The <i>National Quality Framework</i> and the <i>Judgement Support Framework</i> have been updated in line with Sharing the Vision and published by the Mental Health Commission. Before progressing further with planned edits to the <i>Best Practice Guidance for Mental Health Services</i> , it was agreed that the need for the guidance in its current form would be reviewed and considered. This review will be with reference to related guidance and further outputs arising from other <i>Sharing the Vision</i> recommendations. Across 2025, a situational analysis and agreed action plan will be produced which will outline the recommended approach to future updates, if any, to the best practice document. | | | | | | | | | | | | | | | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Situational analysis report with reference to the <i>Best Practice Guidance</i>Agreed action plan regarding the suite of frameworks and guidance documents in mental health and any revisions requiredMechanism for ongoing collaborative review by the Mental Health Commission and HSE of relevant frameworks and guidelines in mental health | | | | | | | | | | | | | | | | | | | |
| Dependencies <ul style="list-style-type: none">Development of the overall national operating framework for mental healthOngoing collaborative engagement between the HSE and the Mental Health Commission | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Milestones 2025 – 2027</th><th>2025</th><th>2026</th><th>2027</th></tr><tr><td>Situational analysis in relation to the <i>Best Practice Guidance for Mental Health Services</i> complete and follow-on workplan agreed</td><td></td><td></td><td></td></tr><tr><td>Mechanism for ongoing collaborative review by the Mental Health Commission and HSE of frameworks and guidelines</td><td></td><td></td><td></td></tr><tr><td>Recommendation 83 sign-off and transition to business as usual</td><td></td><td></td><td></td></tr></table> | | | | Milestones 2025 – 2027 | 2025 | 2026 | 2027 | Situational analysis in relation to the <i>Best Practice Guidance for Mental Health Services</i> complete and follow-on workplan agreed | | | | Mechanism for ongoing collaborative review by the Mental Health Commission and HSE of frameworks and guidelines | | | | Recommendation 83 sign-off and transition to business as usual | | | |
| Milestones 2025 – 2027 | 2025 | 2026 | 2027 | | | | | | | | | | | | | | | | |
| Situational analysis in relation to the <i>Best Practice Guidance for Mental Health Services</i> complete and follow-on workplan agreed | | | | | | | | | | | | | | | | | | | |
| Mechanism for ongoing collaborative review by the Mental Health Commission and HSE of frameworks and guidelines | | | | | | | | | | | | | | | | | | | |
| Recommendation 83 sign-off and transition to business as usual | | | | | | | | | | | | | | | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Online auditing tool to be used to monitor implementation across HSE mental health services with reference to relevant frameworks and guidance (determined pending situational analysis) | | | | | | | | | | | | | | | | | | | |

| Recommendation 84 | | | | | |
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| Within current implementation plan | | | | | |
| Recommendation The relevant bodies should come together to ensure that the measures for the Quality Framework, the Judgement Support Framework, the Best Practice Guidance, <i>Sharing the Vision</i> Pls and performance system and any future measurement systems are aligned and that the required data is derived, where possible, from a single common data set. | | | Actions a) Agree and align the measures and performance measurement including that of the Quality Framework, the Judgement Support Framework, the Best Practice Guidance. | | |
| Lead HSE Mental Health | Workstream Quality Assurance Frameworks | Supporting partner Mental Health Commission/HSE Mental Health Engagement and Recovery/HSE Quality and Patient Safety/HSE Health Regions | Links to other recommendations/external programmes Recommendation 83 | | |
| Recommendation delivery status The Quality Assurance Workstream group have identified a dataset that will allow mental health service providers to measure compliance against regulatory standards and agreed good practice. From a data and reporting perspective, the group will focus on securing a suitable software system to gather, collate and report on the agreed dataset during the next phase of implementation. | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Dataset to monitor adherence with regulatory standards and agreed good practiceSoftware system to gather, collate and report on agreed dataset | | | | | |
| Dependencies <ul style="list-style-type: none">Progression of recommendation 83Procurement of suitable software system | | | | | |
| Milestones 2025 – 2027 | | | 2025 | 2026 | 2027 |
| Agreed workplan confirmed pending progress implementing recommendation 83 | | | | | |
| Dataset and software system agreed and in place | | | | | |
| Recommendation 84 sign-off and transition to business as usual | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Percentage compliance adherence levels to regulatory standards and agreed good practice as captured in the agreed dataset and based on available guidance from within the HSE and the Mental Health Commission | | | | | |

| Recommendation 85 | | | |
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| Within current implementation plan | | | |
| Recommendation The work underway at national level to develop a cost and activity database for health and social care in Ireland should prioritise mental health services to leverage developmental work already underway and support the evolution of outcome-based resource allocation. | | | Actions a) Prioritise mental health services in the work underway at national level to develop a cost and activity database for health and social care in Ireland. |
| Lead HSE | Workstream Mental Health Planning | Supporting partner HSE Finance/HSE Health Regions/ HSE Technology and Transformation | Links to other recommendations/external programmes Recommendations 76 and 86 |
| Recommendation delivery status To support the availability of activity based costing (assigning of costs based on the actual consumption of resources by each activity) there is a dependency on the rollout of two HSE information and communication technology systems. These programmes, which are external to Sharing the Vision , involve: <ul style="list-style-type: none">• Introduction of a single national Integrated Financial Management and Procurement System• Rollout of the new national Electronic Health Record programme Integrated Financial Management and Procurement System rollout is ongoing. When this system is fully implemented, mental health will be in a position to report financially on specific mental health services. However, the system will not offer a 'cost and activity base' in the first instance. This will depend on/require full integration with the planned Electronic Health Record, which will be a complete digital record of a patient's journey, throughout their life, across all health and social care settings. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">• Full national rollout of the Integrated Financial Management and Procurement System across HSE and voluntary organisations (Section 38), thereby enabling activity and financial data to be linked across relevant mental health services | | | |
| Dependencies <ul style="list-style-type: none">• Introduction of cost and activity database will depend on full national rollout of the Integrated Financial Management and Procurement System and Electronic Health Record systems• Development and implementation of a Population Based Resource Allocation approach | | | |
| Milestones 2025 – 2027 | | | |
| Accelerated rollout of the Integrated Financial Management and Procurement System across HSE statutory services, in line with implementation road map | | | |
| Rollout of the Integrated Financial Management and Procurement System across Section 38 providers | | | |
| Preparation for introduction of cost and activity database | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">• Proportion of HSE Health Regions and Section 38 providers where the Integrated Financial Management and Procurement System has been fully implemented• Ability to accurately report financially on specific mental health services• Ability to link activity and financial data for relevant mental health services to inform and support planning | | | |

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| Recommendation 86 | | | |
| Within current and next implementation plan | | | |
| Recommendation | | Actions | |
| A national mental health information system should be implemented within three years to report on the performance of health and social care services in line with this policy. | | a) Implement a National Mental Health Information System. | |
| Lead | Workstream | Supporting partner | Links to other recommendations/external programmes |
| HSE Mental Health | Mental Health Planning | HSE Technology and Transformation | Community Connect Programme |
| Recommendation delivery status | | | |
| The HSE agreed in 2024 that the Integrated Community Case Management System Programme would not be proceeding in its originally intended format. The work that had been completed to date will inform the new national Electronic Health Record programme. This transition is aligned with the HSE's broader strategy to deliver integrated care and standardisation across all HSE Health Regions. A national Electronic Health Record is a complete digital record of a patient's journey, throughout their life, across all health and social care settings. | | | |
| When adopted across the healthcare system, the Electronic Health Record system will transform the delivery of health and social care by creating shared patient records. The primary information source for all health and social care professionals, they will result in: | | | |
| <ul style="list-style-type: none">Better, safer clinical decision makingMore informed and engaged patients and citizensIntegration of services across care settingsIncreased availability of information to enable proactive management of patients and conditionsImproved patient outcomes | | | |
| Outputs 2025 - 2027 | | | |
| <ul style="list-style-type: none">A national Electronic Health Record system available and in use across mental health services | | | |
| Dependencies | | | |
| <ul style="list-style-type: none">National Electronic Health Record system programme rollout | | | |
| Milestones 2025 – 2027 | | | |
| Electronic Health Record project group established by HSE Technology and Transformation to procure the vendor to design and develop the Electronic Health Record requirements and functionality over the next three years | | | |
| Design, build and launch Electronic Health Record across the health services, including mental health services | | | |
| How outputs and outcomes will be measured | | | |
| Metrics and outcome measures to be confirmed for tracking both service and patient experience in an integrated and real time manner across all community services. When confirmed, the outcomes will be related to the following: | | | |
| <ul style="list-style-type: none">Better, safer clinical decision makingMore informed and engaged patients and citizensIntegration of services across care settingsIncreased availability of information to enable proactive management of patients and conditionsImproved patient outcomes | | | |

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| Recommendation 87 | | | |
| Within current and next implementation plan | | | |
| Recommendation | | Actions | |
| The Department of Justice and the Implementation Monitoring Committee, in consultation with stakeholders, should determine whether legislation needs to be amended to allow for greater diversion of people with mental health difficulties from the criminal justice system. | | a) Assess the need for amended legislation for diversion of people with mental health difficulties from the criminal justice system and amend if necessary. | |
| Lead | Workstream | Supporting partner | Links to other recommendations/external programmes |
| Department of Justice | Department of Health | HSE Mental Health | Recommendations 54 and 55 <i>Report of the High-Level Taskforce on the mental health and addiction challenges of persons interacting with the criminal justice system</i> |
| Recommendation delivery status | | | |
| This recommendation relates to two long-term recommendations (1.11 and 2.16 detailed below) of the Report of the High-Level Taskforce on the mental health and addiction challenges of persons interacting with the criminal justice system , which was published in September 2022. The High Level Taskforce was established to progress the Government's commitment to ensure the critical mental health needs and dual diagnosis treatments for people while imprisoned are delivered, as well as primary care support on release. The overall objective is to ensure the safety of the public and better outcomes for the people themselves. Both of these High Level Taskforce recommendations are a joint responsibility of Department of Justice and Department of Health. Detailed consideration of both recommendations has yet to commence. | | | |
| In relation to the health sector, significant progress has been made to update the Mental Health Act 2001 . The Mental Health Bill 2024 was published on 31 July 2024. Containing over 200 sections, the Bill will replace the existing 2001 Act with a more person-centric approach to mental health legislation and put in place a more robust framework in which mental health services will be delivered and regulated. | | | |
| Outputs 2025 - 2027 | | | |
| The key output from this recommendation will be a review of the following in the context of a potential requirement for legislative changes: | | | |
| <ul style="list-style-type: none">Unfitness to standNot guilty by reason of insanityDiminished responsibilityProvision of hybrid ordersProvision of community treatment orders should be considered. This would enable alternative therapeutic settings to be available for offenders.Provision of a statutory instrument to ensure therapeutic safety in National Forensic Mental Health Service in Portrane and other designated centres | | | |
| Dependencies | | | |
| <ul style="list-style-type: none">Achievement of this recommendation is dependent on the timely implementation of the <i>Report of the High Level Taskforce on the mental health and addiction challenges of persons interacting with the criminal justice system</i> | | | |
| Milestones 2025 – 2027 | | | |
| Consider whether legislation needs to be amended for greater diversion of people from the criminal justice system | | | |
| Assess alignment of this recommendation with High Level Taskforce recommendations 1.11 and 2.16 | | | |
| How outputs and outcomes will be measured | | | |
| <ul style="list-style-type: none">Outputs will be measured in relation to legislative changes reflected in greater diversion of people with mental health difficulties from the justice system | | | |

| Recommendation 88 | | |
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| Has transitioned to business as usual | | |
| Recommendation Training and guidance should be provided to staff on the practice of positive risk-taking, based on the principles of the <i>Assisted Decision-Making (Capacity) Act 2015</i> , where the value of promoting positive risk-taking is recognised by the regulator. | | Actions a) Provide training and guidance to staff on the practice of positive risk-taking, based on the principles of the <i>Assisted Decision-Making (Capacity) Act 2015 (ADM Capacity Act)</i> . |
| Lead HSE Mental Health | Workstream Quality Assurance Frameworks | Links to other recommendations/external programmes |
| BAU owner The Mental Health Assisted Decision-Making Reference Group will continue to review mental health services' interaction with the assisted decision-making legislation and its impact on services and service users. | | |
| Outputs A number of resources have been put in place to support rollout of the Assisted Decision-Making (Capacity) Act 2015 : <ul style="list-style-type: none">The <i>Assisted Decision-Making (Capacity) Act 2015</i>: Guidance for Healthcare Workers e-learning programme was launched on HSeLanD in March 2023. This e-learning programme includes three modules:<ul style="list-style-type: none">Module 1: Guiding PrinciplesModule 2: Working with Decision Supporters appointed under the 2015 ActModule 3: Advance Healthcare DirectivesA dedicated webinar for mental health staff is available: Preparations for the Commencement of the Assisted Decision-Making (Capacity) Act 2015, considerations for HSE mental health services, Wednesday 9th November 2022An FAQ document was created and is updated by the Mental Health Assisted Decision-Making Reference Group: Webinar: Preparations for the Commencement of the <i>Assisted Decision-Making (Capacity) Act 2015</i>, considerations for HSE mental health services, Wednesday 9th November 2022The practice of promoting positive risk taking is not aligned to the assisted decision-making legislation but is to the <i>HSE National Consent Policy</i>: HSE e-learning training has been made available to all staff: <i>HSE National Consent Policy 2022</i> e-learning programme on HSeLanDA dedicated webinar has been designed for staff in mental health services: HSE National Consent Policy, considerations for mental health services | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Monitoring of e-learning modules is coordinated through HSeLanD to determine whether there are gaps, for example geographically or by health discipline. The Mental Health Assisted Decision-Making Reference Group will continue to review training needs in respect of the assisted decision-making legislation and <i>HSE National Consent Policy</i> which may emerge as the introduction of the legislation begins to influence changes in practiceThe HSE Assisted Decision-Making Transitional Oversight Group continue to meet to review and amend any training/guidance/practice development in light of reports and feedback. Mental health services report directly to this group both nationally and through each HSE Health Region | | |

| Recommendation 89 | | | | | |
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| Within current and next implementation plan | | | | | |
| Recommendation | | | Actions | | |
| Access to safeguarding teams and training should be provided for staff working in statutory and nonstatutory mental health services in order to apply the national safeguarding policy. | | | a) Provide access to safeguarding teams and training for mental health services. | | |
| Lead | Workstream | Supporting partner | Links to other recommendations/external programmes | | |
| HSE Mental Health/ HSE National Safeguarding Office | Quality Assurance Frameworks | HSE Health Regions | | | |
| Recommendation delivery status | | | | | |
| <p>While this recommendation references the HSE National Safeguarding Policy, the current policy does not incorporate mental health services. All mental health approved centres are, however, inspected against the Health Information and Quality Authority (HIQA)/Mental Health Commission safeguarding standards and are compliant or have action plans to achieve compliance. To consolidate existing local safeguarding arrangements into a national mental health safeguarding procedure/ framework, a working group with representatives from all HSE Health Regions has been established. This framework will inform local (HSE Health Region) policies and allow consistency in definitions of abuse, timescales and pathways for responding and onward reporting.</p> <p>In June 2024, a high-level review of the HSE's safeguarding policy, procedures, structures and options for the future of safeguarding across all settings ('McIlroy Report') was published. This report highlights the need for a HSE policy that includes mental health services. The HSE has now appointed a Chief Social Worker, who has been tasked with leading a review of the <i>HSE National Safeguarding Policy</i> and a revision which will cover mental health services.</p> <p>At Government level, in late 2017 there was approval for the development of a national adult safeguarding policy for the health and social care sector. The policy will apply across the wide spectrum of the health sector, i.e. in public, private and voluntary settings. The development of this policy is underway, assisted by a steering group which started its work in 2019. It is expected that the national health sector policy, when developed and approved, will be the basis for appropriate underpinning legislation.</p> | | | | | |
| Outputs 2025 - 2027 | | | | | |
| <ul style="list-style-type: none">• Cross-government adult safeguarding policy for the health and social care sector• Revised HSE national safeguarding policy which covers mental health services | | | | | |
| Dependencies | | | | | |
| <ul style="list-style-type: none">• Access to safeguarding teams is yet to be agreed and will need to be addressed in the revised HSE safeguarding policy | | | | | |
| Milestones 2025 – 2027 | | | 2025 | 2026 | 2027 |
| National health and social care sector safeguarding policy development and publication | | | | | |
| Development and publication of a HSE adult safeguarding policy that incorporates mental health services | | | | | |
| Drafting and preparation of training and awareness resources for relevant staff reflecting the overall national health sector and the HSE safeguarding policies | | | | | |
| How outputs and outcomes will be measured | | | | | |
| <ul style="list-style-type: none">• Percentage of mental health services staff trained in adult safeguarding | | | | | |

| Recommendation 90 | | |
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| Has transitioned to business as usual | | |
| Recommendation The Justice and Health sectors should engage with the coroners, the Garda Síochána, the National Office for Suicide Prevention, the CSO and research bodies in relation to deaths in custody, recording deaths by suicide and open verdicts, to further refine the basis of suicide statistics. | | Actions a) Refine suicide statistics through engagement with coroners, the Garda Síochána, NOSP, CSO and other research bodies. |
| Lead Department of Health/ Department of Justice | Workstream Department of Health | Links to other recommendations/external programmes Recommendation 91 |
| BAU owner The business as usual owners are the Department of Health and the Health Research Board in relation to the development, publication and implementation of the National Probable Suicide Monitoring System. This new data system will feature in the development, implementation and monitoring of the next suicide reduction strategy for Ireland. The Central Statistics Office and key stakeholders will have responsibility for progressing the ongoing work of the Central Statistics Office Suicide Mortality Statistics Liaison Working Group. Resources within the Department of Health, the Health Research Board and the Central Statistics Office will continue to monitor and support the ongoing delivery of outputs. | | |
| Outputs <ul style="list-style-type: none">Improvements to Central Statistics Office presentation of suicide statistics, e.g. county level breakdown of late registered suicide deathsDevelopment of National Probable Suicide Monitoring System in conjunction with the Health Research BoardData linkage opportunities explored between Central Statistics Office data sources and the National Probable Suicide Monitoring System, as well as the National Self-Harm Registry | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">The Department of Health will monitor outputs with regard to the ongoing delivery of the National Probable Suicide Monitoring System and its impact through current and future suicide reduction strategiesOutputs will also be measured through the ongoing work of the Central Statistics Office Suicide Mortality Statistics Liaison Working Group, which includes representation from An Garda Síochána, Coroner’s Office, Department of Justice, Department of Health, and HSE National Office for Suicide Prevention, as well as the Central Statistics Office | | |

| Recommendation 91 | | | |
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| Within current implementation plan | | | |
| Recommendation Significant improvements are required in the monitoring and reporting of levels and patterns of self-harm and suicidality among people attending mental health services to inform a comprehensive and timely service response to effectively reduce levels of harm and death. | | Actions a) Review current reporting and monitoring of levels and patterns of self-harm and suicidality among people attending mental health services. | |
| Lead HSE Mental Health/ HSE NOSP | Workstream Quality Assurance Frameworks | Supporting partner HSE Quality and Patient Safety | Links to other recommendations/external programmes |
| Recommendation delivery status A guidance document, Using the HSE Incident Management Framework to Review Deaths reported as Suspected Suicide within the Community Mental Health Setting - A Guide for Staff , has been developed to support community mental health services to operate the HSE Incident Management Framework when there are deaths by suspected suicide. This will enhance the capacity of services to use data for quality improvement relating to suicide prevention. A pilot evaluation has concluded together with a participant feedback survey. The guidance document is now ready for approval and once approved by National Quality and Patient Safety Directorate it will be included in the incident management suite of Resources on the HSE website for services to download. Further progress in relation to this recommendation includes the completion of a feasibility study with regard to a national register of probable suicide in mental health services. The National Clinical Audit Committee has approved proposed next steps with regard to the establishment of such a register. This will require engagement with mental health services to ensure alignment with work in this area more broadly, for example reporting to the National Incident Management System. The full operational model for such a registry has not yet been determined. Ongoing data collection and reports from the National Self-Harm Registry operated by the National Suicide Research Foundation will continue to contribute to response and planning across the mental health services with regard to the prevention and reduction of self-harm amongst people using mental health services. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">The guidance document <i>Using the HSE Incident Management Framework to Review Deaths reported as Suspected Suicide within the Community Mental Health Setting - A Guide for Staff</i>A national register of probable suicide in mental health services | | | |
| Dependencies <ul style="list-style-type: none">The resourcing of a national register of probable suicide in mental health services is a dependency for achieving this aspect of the recommendation | | | |
| Milestones 2025 – 2027 | | 2025 | 2026 |
| Implementation of the guidance document <i>Using the HSE Incident Management Framework to Review Deaths reported as Suspected Suicide within the Community Mental Health Setting - A Guide for Staff</i> | | | |
| Collection of data on a sample of probable suicide deaths that have been reported to existing systems by mental health services | | | |
| Establish national register of probable suicide in mental health services | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Improved experience for people bereaved by suspected suicide of a community mental health service userDemonstrable learning and service improvement in mental health services response to suspected suicide in the community and in-patient settingsLearning outcomes informing service improvements arising from a national register of probable suicides in mental health services | | | |

| Recommendation 92 | | | |
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| Within current implementation plan | | | |
| Recommendation In keeping with the evolving understanding of human rights to empower people and improve quality of care in mental health facilities, legislation must be updated and additional supports put in place. | | Actions a) Progress a 'zero restraint, zero seclusion' action plan, which should be developed in partnership with mental health services. b) Prioritise comprehensive legislation to reform the Mental Health Act in line with this policy and in line with international human rights law. c) In keeping with the evolving understanding of human rights, particularly the UN Convention on the Rights of Persons with Disabilities, ensure that involuntary detention is not used except in a life-saving emergency. d) Make available a range of advocacy supports including both peer and representative advocacy as a right for all individuals involved with the mental health services. e) A range of advocacy supports including both peer and representative advocacy should be available as a right for all individuals involved with the mental health services. | |
| Lead Department of Health | Workstream Department of Health | Supporting partner HSE Mental Health | Links to other recommendations/external programmes |
| Recommendation delivery status Implementation of this recommendation is to be achieved through the enactment of the Mental Health Bill 2024 . To date, progress has been reflected in the key milestones identified below: <ul style="list-style-type: none">A review of the Mental Health Act 2001 (March 2015)Publication of the draft Heads of Bill to amend the <i>Mental Health Act (July 2021)</i>Public consultation and publication of the consultation report (July 2021)Completion of pre-legislative scrutiny (October 2022)Publication of the <i>Mental Health Bill 2024</i> (July 2024) and its introduction to the Dáil (September 2024) | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Introduction of a revised approach to the use of restrictive practices in the <i>Mental Health Bill</i>, with additional safeguards included at primary legislation level, and the introduction of new regulations related to restrictive practices under the new legislationContinued progression of the <i>Mental Health Bill</i> through the Oireachtas with a view to enacting the bill in 2025 and the phased commencement of the new legislation thereafterA range of advocacy supports including both peer and representative advocacy for individuals accessing mental health services | | | |
| Dependencies <ul style="list-style-type: none">Consultation on the published bill is ongoing with colleagues across Government and with key stakeholders in the sector, and timely input from these stakeholders will be required throughout the legislative processThe Health Committee (and the Government via the Chief Whip) is responsible for prioritising its legislative workload, and the Department will work with the Committee and Whip to progress the bill as quickly as possible | | | |

continued opposite ➞

| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
|---|------|------|------|
| Enactment of the <i>Mental Health Bill</i> | | | |
| Structures put in place to ready the system for commencement of new legislation | | | |
| Secure additional resources expected from additional staffing required for new statutory obligations for Mental Health Commission and service providers, expanded authorised officer system, and to ensure adequate training and education in place for people working under the act | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Establishment of pre-commencement implementation structuresContinued reduction in the use of restraint and seclusion towards a ‘zero restraint, zero seclusion’ policyEnactment of <i>Mental Health Bill 2024</i>Phased commencement of new Mental Health ActPeer and representative advocacy supports in place for acute mental health services | | | |

| Recommendation 93 | | |
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| Has transitioned to business as usual | | |
| Recommendation A National Population Mental Health and Mental Health Services Research and Evaluation Strategy should be developed and resourced to support a portfolio of research and evaluation activity in accordance with priorities identified in the research strategy. | | Actions a) Develop a National Population Mental Health and Mental Health Services Research and Evaluation Strategy. |
| Lead Department of Health | Workstream Department of Health | Links to other recommendations/external programmes Recommendation 6 |
| BAU owner The Department of Health will establish and chair an Implementation and Oversight Group to drive the strategy's implementation. While the Health Research Board will play a pivotal role in delivering many of the actions set out in this strategy, implementation will require interdepartmental and interagency collaboration that goes beyond the remit of the Health Research Board and beyond that of other health sector agencies. | | |
| Outputs The Health Research Board established an expert group in June of 2023 to support the development of the National Mental Health Research Strategy . The National Mental Health Research Strategy Expert Group convened monthly for one year. The group had 20 members plus a Chair. Membership included people with lived experience, national and international academic research leaders, Chief Executive Officers of non-profit organisations, and public sector experts. The Health Research Board acted as secretariat to the expert group. As part of the strategy's development, a public consultation took place, and it received 230 responses, including from people with lived experience. While the strategy was at final draft stage, workshops were held with key stakeholders, including research funders, to raise awareness about the strategy and plans for implementation, with the aim of embedding collective buy-in and ownership of this national strategy. The <i>National Mental Health Research Strategy</i> was published in December 2024. The focus in 2025 - 2027 will be on implementing the strategy. As outlined above, an Implementation and Oversight Group will be established by the Department of Health in 2025. This group will lead the development of an implementation plan for the 2025 - 2027 period. Annual progress reports will be published by the Implementation and Oversight Group detailing funded mental health research, key outputs, outcomes, and impact. | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">The Implementation and Oversight Group will meet at least four times per year to assess progress in the enactment of the associated implementation plan for the <i>National Mental Health Research Strategy</i>The Implementation and Oversight Group will submit annual reports regarding the implementation of the strategy, including key outputs, outcomes, and impact (to be completed in Quarter 1, 2026 for period to end 2025 and in Quarter 1, 2027 for period to end 2026)Details of funded mental health research will be collated annually, including outputs, outcomes, and impacts of research underway (to be completed in Quarter 1, 2026 for period to end 2025 and in Quarter 1, 2027 for period to end 2026) | | |

| Recommendation 94 | | |
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| Has transitioned to business as usual | | |
| Recommendation In order to bring about change, a strategic approach is required involving the necessary skills in change management. This approach has been developed in the former HSE Mental Health Division (MHD) Strategic Portfolio and Programme Management Office and should be mainstreamed and embedded in the wider HSE. | | Actions a) Embed the strategic approach to change management utilised in the former MHD Strategic Portfolio and Programme Management Office in the HSE. |
| Lead HSE Mental Health | Workstream Mental Health Planning | Links to other recommendations/external programmes Recommendation 95 |
| BAU owner When transitioning to business as usual, the Community Healthcare Operations Improvement Change function was identified as being responsible for activities relating to recommendation 94. This function no longer exists within the HSE. It is expected that the ongoing responsibility for ensuring a strategic approach to change management will be with the HSE Health Regions. | | |
| Outputs Established in 2016 by the HSE Mental Health Division (as it was then known) in partnership with the Centre for Effective Services, the Strategic Portfolio and Programme Management Office enabled the HSE to build its change management capacity and to adopt a programmatic approach to the delivery of change throughout mental health services. In line with the Sharing the Vision Implementation Plan 2022 - 2024 , this approach has now been embedded in mental health services and the wider HSE through the successful transition of the Strategic Portfolio and Programme Management Office to Community Healthcare Operations Improvement Change and the mainstreaming of this function in HSE Community Operations. Led by a General Manager, the Community Healthcare Operations Improvement Change team consisted of service improvement leads, a data specialist and support staff. The Centre for Effective Services continues to provide specialist project management expertise to support the work of the HSE. Specific to Sharing the Vision , the Community Healthcare Operations Improvement Change team has, among other things, supported: <ul style="list-style-type: none">Development of the <i>Sharing the Vision Implementation Plan 2022 - 2024</i>Devising <i>Sharing the Vision</i> implementation structures within the HSE, including the HIG and ten thematic workstreams tasked with progressing HSE-led policy recommendationsDesigning a reporting framework to monitor implementation progress, aligned with the <i>Sharing the Vision Implementation Plan 2022 - 2024</i>Formation and training of the policy implementation team within the National Mental Health OfficePreparing a suite of standardised project management documents, in order to support a consistent approach across programmes of workCommunity Healthcare Operations Improvement Change supported a portfolio of service improvement projects within mental health services, as well as across other service areas within community healthcare While Community Healthcare Operations Improvement Change is no longer a function within the HSE, the ways of working which it supported have been embedded in practice ongoing. | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Evidence of programmatic approach to the delivery of change across mental health services in the HSE will be regularly assessed (e.g. through direct engagement with implementation leads and/or surveys) in collaboration with national functions and relevant HSE Health Region leads. This will also be incorporated as part of the explicit quality assurance process for recommendations transitioning to business as usual (see section 5.2) | | |

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| Recommendation 95 | | | |
| Within current implementation plan | | | |
| Recommendation The initiatives under the former Mental Health Division Strategic Portfolio and Programme Management Office (SPPMO) and the ongoing Social Reform Fund (SRF) should be gathered together and made available both to encourage further innovation and to avoid duplication in the public service and NGO sectors. | | Actions a) Collate and align all initiatives from SPPMO and SRF to support further innovation. | |
| Lead HSE Mental Health | Workstream Mental Health Planning | Supporting partner | Links to other recommendations/external programmes Recommendations 94 and 96 |
| Recommendation delivery status A summary report has been developed, which provides an overview of initiatives under the former Strategic Portfolio and Programme Management Office and the ongoing Service Reform Fund, including detail on relevant service developments, innovations and key learning. By aligning these service improvement programmes with implementation of Sharing the Vision , this report will help to avoid duplication and support the HSE in delivering change and innovation across mental health and community healthcare. The report will also provide information for inclusion in the chosen methodology (e.g. an online repository) for systematically documenting and communicating innovation/new knowledge across <i>Sharing the Vision</i> (see recommendation 96). | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Summary report providing an overview of initiatives under the former Mental Health Division Strategic Portfolio and Programme Management Office and the Service Reform Fund, including detail on relevant service developments, innovations and key learning | | | |
| Dependencies <ul style="list-style-type: none">Access to data relevant to service improvement initiatives under the former Mental Health Division Strategic Portfolio and Programme Management Office and the Service Reform Fund | | | |
| Milestones 2025 – 2027 | | | |
| Finalise summary report, documenting relevant service developments, innovations and key learning | | | |
| Incorporate relevant information into chosen methodology (e.g. an online repository) for systematically documenting and communicating innovation/new knowledge across <i>Sharing the Vision</i> | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Dissemination of summary report providing an overview of initiatives under the former Mental Health Division Strategic Portfolio and Programme Management Office and the Service Reform FundWhere ongoing service improvement initiatives directly align with implementation of <i>Sharing the Vision</i>, Connecting for Life and/or the Child and Youth Mental Health Office Action Plan 2024 - 2027, monitoring and reporting will be provided through established governance structures, including the NIMC | | | |

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| Recommendation 96 | | | |
| Within current implementation plan | | | |
| Recommendation Innovations which have good evidence for clinical and/or social and cost effectiveness should be rolled out nationally. This will require the changing of practices and modification or cessation of services which are superseded by the new form of delivery. | | Actions a) Rollout innovations that demonstrate clinical and/or social and cost effectiveness including decommissioning of services no longer fit for purpose. | |
| Lead HSE Mental Health | Workstream Mental Health Planning | Supporting partner HSE Health Regions/ HSE Change and Innovation | Links to other recommendations/external programmes Recommendations 93, 94 and 95 |
| Recommendation delivery status A number of evidence-based existing and planned initiatives contribute to the delivery of recommendation 96 including: <ul style="list-style-type: none">The National Mental Health Research Strategy and accompanying three-year action plan and multi-annual financing planNational Clinical Programmes in mental health and national service improvement programmes in specialist perinatal mental health services, mental health and intellectual disabilities, and mental health services for older peopleDevelopment and evaluation of models of care, including for crisis resolution services, talk therapies in specialist mental health services, services for people with severe and enduring mental illness, CAMHS hubs and forensic mental health servicesCollation of outputs and learning from previous service improvement initiatives under the Service Reform Fund and Mental Health Change Board<i>Sharing the Vision</i> learning events, newsletters and presentations at international, national, and regional conferences/seminars These initiatives are significant, wide-ranging, and collectively help build the evidence base, support innovation, and promote good practice. It is envisioned a methodology for routinely collating and sharing information on change and innovation initiatives will be developed, alongside a guidance document on demonstrating the clinical, social, and cost effectiveness of mental health service improvement initiatives. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Methodology for systematically documenting and communicating innovation and new knowledge across Sharing the Vision implementation developed (for example, through an online repository)A guidance document on the clinical, social, and cost effectiveness of service initiatives delivered as part of <i>Sharing the Vision</i>, which focuses on key areas of service improvement, including best practice examples | | | |
| Dependencies <ul style="list-style-type: none">Rollout of innovations nationally is reliant upon funding and resources, as well as national and local infrastructuresChanging of practices and modification/cessation of services superseded by new forms of delivery is challenging and requires the building of trust with staff and service users in new forms of service deliveryBuilding the evidence base for innovative services requires dedicated investment and time, including from staff involved in direct service provision and from people with lived experience | | | |
| Milestones 2025 – 2027 | | | |
| Develop and embed the methodology for systematically documenting and communicating innovation and new knowledge across <i>Sharing the Vision</i> | | | |
| Publish and promote the guidance document on the clinical, social, and cost effectiveness of mental health service initiatives, including best practice examples | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Ongoing and regular review with relevant stakeholders and <i>Sharing the Vision</i> implementation leads with reference to the methodology for communicating innovation and to the guidance document developed | | | |

| Recommendation 97 | | | | | |
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| Within current implementation plan | | | | | |
| Recommendation Mental health services should make use of other non-mental health community-based physical facilities, which are fit for purpose, to facilitate community involvement and support the implementation of the outcomes in this policy. | | | Actions a) Evaluate current and future use of non-mental health community-based facilities and make recommendations on how they could be better used to deliver mental health services. | | |
| Lead HSE Mental Health Engagement and Recovery | Workstream HSE Mental Health Engagement and Recovery | Supporting partner HSE Health and Wellbeing/ HSE Health Regions/VCS/ HSE Estates | Links to other recommendations/external programmes Recommendations 26 and 30 Operating guideline for general adult community mental health teams | | |
| Recommendation delivery status Following a review of community mental health teams' locations and their integration with primary care and use of community settings, it is proposed recommendation 97 is progressed as a separate and additional objective under the guidance for statutory and voluntary mental health service providers to work in partnership (recommendation 26). As outlined elsewhere, the aim of this guidance is to create a network of support for people with lived experience, their families, carers and supporters within the HSE Health Regions, by enhancing cooperation and liaison between community mental health teams and partners in the community and voluntary sector. Upon completion a stakeholder engagement process, this guidance will be made available to HSE Health Regions for local implementation. | | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Guidance for statutory and voluntary mental health service providers to work in partnership finalised, incorporating objective addressing recommendation 97 | | | | | |
| Dependencies <ul style="list-style-type: none">Approval to progress this recommendation as an additional objective under recommendation 26 | | | | | |
| Milestones 2025 – 2027 | | | 2025 | 2026 | 2027 |
| Sign-off of guidance (incorporating objective for recommendation 97), communication and dissemination to all stakeholders | | | | | |
| Support, monitor and report on implementation | | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">Will be set out in guidance for statutory and voluntary mental health service providers to work in partnership (see recommendation 26) | | | | | |

| Recommendation 98 | | | | |
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| Within current and next implementation plan | | | | |
| Recommendation Capital investment should be made available to redesign or build psychiatric units in acute hospitals which create a therapeutic and recovery supportive environment. It is essential that all stakeholders are involved in a structured service design process for all redesigns or new builds. | | | Actions a) Invest in co-produced redesign and/ or building of psychiatric units in acute hospitals. b) Include in all future primary care new building developments appropriate settings for delivery of a mental health service. | |
| Lead HSE Mental Health | Workstream Mental Health Planning | Supporting partner HSE Estates/HSE Acute Hospitals/HSE Health Regions/HSE Primary Care | Links to other recommendations/external programmes | |
| Recommendation delivery status Through a Mental Health Capital Planning Group, work is underway to complete initial stages of implementation. This group has been tasked with: <ul style="list-style-type: none">Identifying and prioritising mental health capital requirements over the next five to ten years based on existing and future service need, and on regulatory requirementsProviding advice on the development of the future financial architecture of HSE mental health services in terms of capital expenditure, including design of capital programmes and changes to the approach to pricingCreating an initial three-year plan outlining infrastructural works required to achieve infrastructural regulatory compliance to all registered mental health facilitiesCompleting a medium- and long-term strategic mental health capital estates plan aligned to the HSE Health Regions, which supports the implementation of Sharing the Vision | | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Capital plan outlining five priority approved centres completed and accepted by the Mental Health Commission (stage 1)Ten-year mental health capital plan completed (stage 2) | | | | |
| Dependencies <ul style="list-style-type: none">HSE Health Region/Integrated Healthcare Area representationProgramme support resources | | | | |
| Milestones 2025 – 2027 | | | 2025 | 2026 |
| Development of initial three-year mental health capital plan, prioritising identified approved centres | | | | |
| Development of ten-year mental health capital plan | | | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">A monitoring, audit and reporting framework will be developed, as part of the capital plan. This will include a suite of metrics/performance indicators to measure its delivery | | | | |

| Recommendation 99 | | |
|---|----------------------------------|---|
| Has transitioned to business as usual | | |
| Recommendation A national 'whole-of-government' Implementation Committee should be established with strong service user and VCS representation to oversee the implementation of the recommendations in this policy and to monitor progress. | | Actions a) Establish 'whole of government' Implementation Committee with service user and VCS representation to oversee the implementation of the recommendations in <i>Sharing the Vision</i> . b) Prioritise sustainable, continuous investment and financial resourcing over the 10-year life of this policy to ensure that the wider mental health system can deliver optimum outcomes for people with mental health difficulties. c) Ensure that, throughout the lifetime of this policy, ongoing communication and engagement take place to ensure that implementation plans are consistent with the priorities identified by multiple stakeholders. d) Conduct and publicly report an independent review of the implementation of <i>Sharing the Vision</i> every three years over the lifetime of this policy. |
| Lead Department of Health | Supporting partner HSE | Links to other recommendations/external programmes |
| BAU owner The NIMC secretariat (Department of Health) is responsible for the ongoing work of supporting the NIMC and associated publication of reports, minutes, and facilitating reviews as appropriate. | | |
| Outputs <ul style="list-style-type: none">Establishment of the NIMC<ul style="list-style-type: none">The NIMC was established in December 2020. The NIMC comprises a steering committee, the HIG, the Reference Group (of service users, family members and carers) and associated specialist groups. NIMC steering committee membership is drawn from across the Department of Health, the HSE, and the voluntary and community sector. The NIMC is independently chairedThe NIMC meets regularly as scheduled, and drives and oversees the implementation of Sharing the Vision according to its terms of reference. The NIMC secretariat supports the ongoing work of the NIMC. Minutes of all NIMC meetings are published on the Department of Health websiteThe NIMC entered its second term in January 2024, with a refreshed membership and new ChairpersonA new lived experience member of the NIMC was recruited in October 2024Implementation plan<ul style="list-style-type: none">The implementation of <i>Sharing the Vision</i> is guided by an implementation plan, developed in consultation with and including the substantive input of all relevant stakeholders. The next plan (2025 - 2027) is reflected in this document which has been developed with the input of NIMC members, policy implementers, Reference Group members and implementation science expertsIndependent review<ul style="list-style-type: none">An independent process review of the NIMC was undertaken by an external contractor in Quarter 3/ Quarter 4, 2023, including input and engagement with key stakeholders (NIMC steering committee members, Reference Group, HIG and Minister) with a summary report published on the Department of Health websiteFurther reviews will be scheduled throughout the lifetime of the policyProcess for reporting and engagement with Minister<ul style="list-style-type: none">The NIMC publishes regular implementation status reports on the Department of Health website, incorporating the substantive feedback and input of the Reference GroupThe NIMC Chairperson has regular scheduled meetings with the Minister for Mental Health to discuss the implementation of policy, opportunities, challenges, risks, barriers and enablers to delivery. These meetings are informed by feedback and input from NIMC steering committee members, the Reference Group, discussions at business meetings and analysis published as part of implementation status report documentation. | | |
| How outputs and outcomes will be measured <ul style="list-style-type: none">The work of the NIMC steering committee and associated structures will continue to be reported on as part of the published implementation status reports for <i>Sharing the Vision</i>Reporting and engagement structures and processes are fully embedded in business as usual | | |

| Recommendation 100 | | | |
|---|---|---|---|
| Within current implementation plan | | | |
| Recommendation A joint review of the two specialist training programmes by the College of Psychiatrists of Ireland and the Irish College of General Practitioners should be undertaken to develop an exemplar model of mental health medical training and integrated care. | | Actions a) Undertake a joint review of mental health medical training and integrated care to ensure registered practitioners who have attained approved Mental Health Education are provided with specialist psychiatric training to increase capacity. | |
| Lead Department of Health | Workstream Department of Health | Supporting partner National Doctors Training and Planning/Irish College of General Practitioners/ College of Psychiatrists of Ireland | Links to other recommendations/external programmes |
| Recommendation delivery status Significant progress has been made towards aligning training for general practitioners and psychiatrists to reflect the importance of integrated care. This work is collaborative in approach, in consultation with the College of Psychiatrists of Ireland's recovery experience forum of carers and users of services, as well as the College's lived experience panel. The first phase (2022 - 2024) focused on setting up the foundation for collaboration between the College of Psychiatrists of Ireland and the Irish College of General Practitioners. Key activities during this phase included the joint review of specialist training programmes, discussions with stakeholders, and aligning training approaches. As of 2024, specialist mental health medical training for general practitioners and psychiatrists is being delivered within appropriate programmes by relevant bodies. However, the full implementation of integrated care training will continue into the next phase (2025 - 2027), with ongoing collaboration to ensure training programmes are fully aligned with mental health service needs and broader healthcare reforms. The second phase will build on the progress made, with a focus on further embedding the agreed training approach, expanding participation, and refining content based on feedback from pilot initiatives. | | | |
| Outputs 2025 - 2027 <ul style="list-style-type: none">Development and implementation of an updated curriculum for mental health training that incorporates feedback from the Irish College of General Practitioners and the College of Psychiatrists of Ireland, ensuring it meets the evolving needs of general practitioners and psychiatristsA comprehensive guidance document that provides clear protocols and resources for handling psychiatric emergencies, available to all relevant stakeholders in primary care and mental health settingsEstablishment of a robust network of Balint groups across multiple general practice training schemes, fostering a culture of support and reflective practice among trainees | | | |
| Note: A Balint Group is a purposeful, regular meeting among clinicians, facilitated by trained leaders, who discuss the doctor-patient relationship and provide peer support. It is a tool for personal and professional resilience. These groups provide an opportunity to meet with other colleagues who are interested in Balint from many different disciplines including general practice, hospital medicine, psychotherapy, psychiatry, psychology, nursing, and other related disciplines. | | | |

continued overleaf ➞

Dependencies

- Effective communication and collaboration between the College of Psychiatrists of Ireland and the Irish College of General Practitioners is essential; any challenges in aligning objectives or coordinating efforts could adversely affect timelines
- Additionally, the current staffing structure is critical to maintaining momentum in this initiative. Changes in personnel may disrupt continuity and impact the delivery schedule of the recommendation
- Ongoing engagement with stakeholders is vital to ensure that the training programmes developed effectively address the needs of both general practitioners and psychiatrists. Furthermore, the implementation of the recommendation must align with broader health policy developments and reforms, as these factors will influence resource allocation and programme focus

| Milestones 2025 – 2027 | 2025 | 2026 | 2027 |
|--|------|------|------|
| Collaborate with the Irish College of General Practitioners to share relevant survey data that will inform the development and refinement of new curricula/training programmes for general practitioners and psychiatrists | | | |
| Complete the consultation process for the guidance document on psychiatric emergencies and disseminate it to relevant stakeholders | | | |
| Implement the expansion of Balint groups to additional general practice training schemes, enhancing peer support and reflective practice for trainees | | | |

How outputs and outcomes will be measured

- Improved training in mental health for general practitioners
- More training places for general practitioners on College of Psychiatrist of Ireland training programmes
- Joint collaborative approach to future training opportunities, for example, webinars, workshops and presentations at college meetings

Notes

Notes

For more information contact:

Sharing the Vision Policy Implementation Team,
National Mental Health, HSE Access and Integration,
St. Loman's Hospital, Palmerstown, Dublin 20, D20 HK69

Website: hse.ie/sharingthevision

Email: sharingthevision@hse.ie



Rialtas na hÉireann
Government of Ireland