Sharing the Vision

A Mental Health Policy for Everyone

MAY 2026

Policy Implementation Progress Report

Message from Catherine Brogan, Chairperson, National Implementation and Monitoring Committee (NIMC)

It is my pleasure as Chair of the National Implementation and Monitoring Committee (NIMC) to introduce the May 2026 *Sharing the Vision – A Mental Health Policy for Everyone* Implementation Progress Report, following on from the previous comprehensive report of November 2025.

I would like to acknowledge and thank all of those who contributed to the development of this document – including the HSE Mental Health Policy Implementation Team, the HSE Implementation Group (HIG), the Reference Group, the NIMC Steering Committee, NIMC and HIG Secretariats, and all policy implementation leads and their teams – for their excellent work, as ever, in producing a report of great detail and clarity, as we continue to build on and advance our reporting processes for *Sharing the Vision*.

I would like to note the recent changes in NIMC membership, as a number of NIMC members came to the end of their terms. I would like to express my sincere thanks to Ms Aisling Culhane, Ms Kerry Cuskelly, Dr Joseph Duffy, Professor Daniel Flynn and Dr Brian Osborne, for their excellent work in their contributions and overseeing of the implementation of *Sharing the Vision*. Their professionalism and dedication was essential to delivering the progress we have achieved to date.

I would like to extend a warm welcome to the new NIMC members who took up their tenure in January 2026. Ms Kasia Nolan, Dr Katarina Timulakova, Ms Harriet Parsons, Ms Helen Gillespie Brown, Ms Anne Byrne, Ms Elaine Gahan, Ms Sarah Cullinan and Professor Tadgh Crowley. I am confident that you will ensure the continuity of the work of the outgoing members, and that your guidance, experience and insight will be of great benefit to the NIMC as we move forward with delivering on the second Implementation Plan of *Sharing the Vision*, and the ambitious programme of system wide change it represents.

Before I go into detail about items of note and interest to the NIMC in this implementation period, I would like to draw your attention to **Section 1 – Implementation Highlights** (page 9). This section provides an overview of

some key areas of progress since our last report issued. Any and all progress highlighted as part of this report is due to the commitment of all those who work in the mental health services, policy implementers, cross-sectoral colleagues, lived and living experience experts and advocates, and all stakeholders who continue to drive improvements and enhancements to our mental health system.

As NIMC Chair, I present commentary on the following areas of interest identified by Steering Committee members and the Reference Group:

1. **Focusing on Mental Health in the new HSE Regions**

A key focus for the NIMC and the HIG will continue to be to build strong relationships between HSE national and regional implementation structures within the context of the HSE Health Regions and Integrated Healthcare Areas. The regional engagement events undertaken by the NIMC have been valuable in terms of showcasing good practice, making connections and discussing challenges. The first series of regional engagement events concluded with a visit to HSE Mid-West in November 2025. In May 2026, NIMC began the second phase of visits and were very pleased to have been warmly welcomed to HSE Dublin and North-East and heard about good practices on translating the policy recommendations into practical application within the 3 IHA areas.

The reorganisation of the HSE presents opportunities for closer integration, both nationally and regionally, in the delivery of *Sharing the Vision*, the National Strategy to Reduce Suicide and Self Harm (2026-2035), the *Pathways to Wellbeing* Mental Health Promotion Plan (2024-2030), the HSE's key transformational programmes: the development of a national mental health operating framework, general adult community mental health teams operating guidelines, and the HSE Child and Youth Mental Health Action Plan.

We will continue to coproduce and embed strategic alignment between national and regional structures through our work as the NIMC, and through continuing our programme of regional engagements in 2026 and 2027.

2. **The Mental Health Act 2026**

The passing and signing into law of the Mental Health Bill – now the Mental Health Act 2026 – in May 2026 was a momentous occasion for the modernisation, development and improvement of our mental health system, and the legislation underpinning it. This work marks the delivery of a key Recommendation in *Sharing the Vision*, namely number 92. The NIMC sends its warmest congratulations to everyone who worked on, contributed to, suggested amendments on, and ultimately drove this huge legislative process to completion. We look forward now to the significant work of enactment, and ensuring that the processes of legislation, regulation, policy and its implementation can continue to inform and support each other in this new phase and improve the lives of people with lived and living experience & their family members / supporter when accessing mental health services.

3. **Traveller Mental Health Specialist Group**

The NIMC established a Traveller Mental Health Specialist Group in January 2026 to co-produce a Traveller Mental Health Action Plan. The composition of the group includes Traveller organisations and members of the Traveller community with lived and living experience, NIMC Representatives and service providers. The timeline

for completion of this Mental Health Action Plan is the end-2026. The Specialist Group is being chaired by Dr Fiona Keogh and supported by a dedicated Lived Experience Reference Group (LERG).

This Group is tasked with delivering targeted improvements for mental health services and supports for Travellers, as well as addressing the social determinants of mental health through cross-Government actions. This work is vital to delivering on commitments to Travellers as a priority group under *Sharing the Vision*. It is both welcome and necessary that Travellers themselves are guiding this work – and I'm pleased to note that there continues to be strong engagement and consultation with the Traveller community by the Group as part to ensure the process is as robust as possible.

The NIMC will be monitoring progress on the delivery of this necessary and important piece of work, aligned with *Sharing the Vision* Recommendation 61, as the year progresses.

4. Lived and Living Experience

As we continue to work to embed lived and living experience, collaboration and co-production in all the work that we do, the inclusion of the first Case Study from a lived and living experience perspective, on Page 20 sees further demonstration of the commitment in policy implementation of the value of the lived and living experience in service improvements. The NIMC has a leadership role in ensuring that lived and living experience is central to, informs and enriches all the work that we do across mental health services and supports – from the HSE Office of Mental Health Engagement and Recovery, the national volunteer co-production panel, to the Reference Group for *Sharing the Vision* – and we continue to see welcome and demonstrable progress in this area.

In association with Ireland's Presidency of the Council of Europe which commences in July, I am delighted to see a that a world awareness day for lived and living experience of mental health challenges is due to be launched later this year.

5. Paused Recommendations

The NIMC continues to monitor progress in relation to three *Sharing the Vision* Recommendations which are currently marked as "Paused":

- Recommendation 7 relating to Stigma Reduction,
- Recommendation 37 relating to Individual Support Packages and
- Recommendation 44 relating to Polypharmacy.

While there are issues impacting the delivery of these Recommendations within the implementation environment, there remains key mitigating measures being pursued to ensure that work remains ongoing.

For more details, see page 18 of this report, the *Sharing the Vision* Implementation Plan, and the published NIMC Steering Committee minutes on the Department of Health website.

6. Reference Group feedback

This report is strengthened, from the input and commentary of the Reference Group, who provide observations, feedback, advice and guidance from a lived/living experience perspective on the implementation of *Sharing the Vision*. I would like to thank the Reference Group for their considered and welcome feedback on this report, which covers a number of key areas.

- **Communication.** The Reference Group noted their approval of efforts in recent months to further enhance communication and information sharing pathways between themselves and other parts of the *Sharing the Vision* implementation structures. The Group also stressed the importance of outwards communication of *Sharing the Vision* to the public and internally in the HSE itself, an area which the NIMC and HIG have agreed to work to further develop in this implementation cycle.
- **Resourcing**. The Reference Group have welcomed the continued investment in workforce and on training; while also noting concerns in relation to shortages across key staff disciplines and the impact this has on service access. On this item, the NIMC is in full agreement, and will continue to advocate for the resourcing of mental health services as a key enabler of delivering on policy commitments.
- **Diversity and Inclusion** The Reference Group re-emphasised the importance of ensuring that the needs of specific groups, including Traveller and Roma communities, asylum seekers, LGBTQ+ individuals, people living in rural areas, and those experiencing socioeconomic disadvantage are addressed – we will continue to work with the HSE and Voluntary, Community Sector partners to deliver on our commitments to the wider community, including priority groups. The work of the Traveller Mental Health Specialist Group will be essential to delivering better outcomes for Travellers, in the context of the overall reform of mental health services to be culturally inclusive, appropriate and centred around the needs of the people who use them, from all backgrounds and groups.
- **Policy Implementation**. The Reference Group also commended the progress, commitment, and sustained collaborative effort of all involved in advancing the implementation of *Sharing the Vision*. The Group noted that the Report reflects considerable collective achievement across policy, service delivery, and governance structures, underpinned by strong engagement, expertise, and shared purpose. Examples of good progress included Social Prescribing, Dual Diagnosis, Suicide Registry Steering Group, Community Access Support Team (CAST) and Prison In-Reach Courts Liaison Service (PICLS) initiatives, the expansion of the Solace Cafes and digital mental health supports. In addition, the positive additional focus on lived and living experience and the development of the work of the Interdepartmental Steering Group for Mental Health were highlighted by the Group.
- **Concerns**. At the same time, the Reference Group highlighted concerns about Recommendations marked as paused; stating that additional focus should be placed on developing a co-produced national stigma reduction programme (Recommendation 7); and to address the poor physical health outcomes that have been noted for people with severe mental health difficulties. The NIMC welcomed the opportunity to discuss these items with the Reference Group and in particular emphasise the importance of embedding

a shared & integrated care approach to the delivery of health services, to address the latter point of concern about physical health outcomes. We will continue to monitor developments in this space.

The Reference Group's feedback is critical to informing the deliberations of the NIMC and we are extremely grateful to the Group who give so much of their time to provide their considered and reflective feedback. We will continue to work to ensure that the feedback received Is included in our ongoing work overseeing the implementation of policy. The NIMC will continue to work with the Reference Group to ensure that feedback is captured, communicated and the feedback loop closed, as part of our role in monitoring and implementing *Sharing the Vision.*

Finally, thank you, for your interest in the implementation of *Sharing the Vision*. I hope this report is gives you an insight into the rigorous process that ensures that policy is translated into practice to improve our mental health services and systems

Catherine Brogan

Chairperson, National Implementation and Monitoring Committee

Sharing the Vision – A Mental Health Policy for Everyone

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List of acronyms

ADHD – Attention Deficit Hyperactivity Disorder
CAMHS – Child and Adolescent Mental Health Services
CAMHS-ID - Child and Adolescent Mental Health Services for Children with Intellectual Disability
CBT – Cognitive Behavioural Therapy
CiPC – Counselling in Primary Care
CMHT – Community Mental Health Team
DoH – Department of Health
ED – Emergency Department
EIP - Early Intervention in Psychosis
FCS – Family, Carers and Supporters
GP – General Practitioner
HIG – HSE Implementation Group
HSE – Health Service Executive
IPS – Individualised Placement Support
KPIs – Key Performance Indicators
MHC – Mental Health Commission
MHSOP – Mental Health Services for Older People
NCAGL – National Clinical Advisor and Group Lead (For Mental Health)
NCP – National Clinical Programmes
NGO – Non-Governmental Organisation
NIMC – National Implementation and Monitoring Committee
NOSP – National Office for Suicide Prevention
NSP – National Service Plan
PICU – Psychiatric Intensive Care Unit
SPMH – Specialist Perinatal Mental Health
StV – Sharing the Vision
VCS – Voluntary and Community Sector
WTE – Whole Time Equivalent

1. Implementation highlights

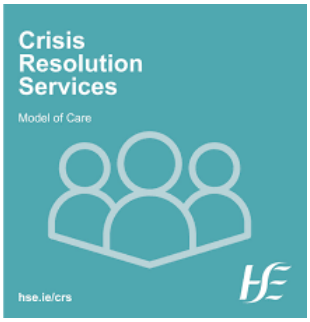
This report provides an overview of progress on *Sharing the Vision – A Mental Health Policy for Everyone* (2020). It summarises highlights across all 100 policy recommendations within the context of the *2025 – 2027 Implementation Plan*, including:

The Mental Health Act 2026 was signed into law by the President on 7 May 2026, after years of drafting, debate, and consultation. The new Act will introduce a more person-centred approach to mental health legislation and will provide for the regulation of community mental health services for the first time (Recommendation 92).

Ireland's first Digital Mental Health Strategy 2026 – 2030 was launched by Minister Mary Butler at the third annual Digital Mental Health Conference in Limerick on the 20th of February 2026. The strategy will enhance mental health for all through digital technologies that improve infrastructure and provide safe, effective, and accessible supports (Recommendation 31)

The HSE has expanded its partnership with Togetherall to provide free, online, peer-to-peer mental health support for young people aged 16 to 30 across Ireland. Togetherall is a clinically moderated, anonymous online community that offers a safe, non-judgmental space for people to share experiences, connect with others, and access immediate support for mental health challenges (Recommendation 31)

The HSE has on 26 May 2026 launched a new Autism Assessment and Intervention Pathway Protocol. This protocol will provide a standardised assessment process across disability, primary care and mental health services, and these assessments will be supported by new in-reach teams, where necessary, to support community teams and promote a more effective and coherent service for autistic people (Recommendation 20)



In line with the Model of Care for Crisis Resolution Services, an additional crisis resolution team has been rolled out in Limerick, so there are now seven teams delivering services across Ireland. Crisis resolution teams play a vital role in providing rapid and intensive support to people in a mental health crisis, within the community or in their own homes (Recommendation 40)

In collaboration with community and voluntary sector partners, a further two HSE-funded Solace Cafés have been established in Waterford and Limerick. An integrated component of the Model of Care for Crisis Resolution Services, Solace Cafés provide out-of-hours supports and signposting in non-clinical settings for people over the age of 18. There are now six operational Solace Cafés with an additional two services planned before year-end in 2026 (Recommendation 24)

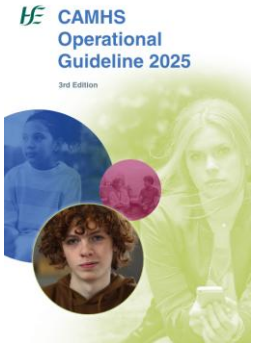
Solace CAFÉ
Hope · Comfort · Support

In collaboration between the HSE and An Garda Síochána, a one-year pilot of the Community Access Support Team (CAST) has now been successfully completed in Limerick. An evaluation of the pilot will now commence. CAST is an innovative initiative designed to improve responses to individuals in crisis, particularly those experiencing mental health difficulties. It ensures clinical assessment, risk guidance and pathways into care that would not otherwise have been available to frontline policing (Recommendation 55)

A new Prison in Reach and Court Liaison Service (PICLS) is now operational in Limerick and will be further enhanced through targeted recruitment. This important service diverts people with mental health difficulties from the criminal justice system to appropriate care, including those on remand and people who are being released from prison (Recommendation 55)

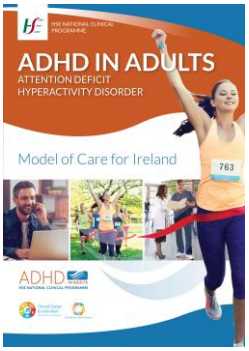
The Act Belong Commit (ABC) initiative has been rolled out in Limerick with funding secured to extend this pilot to a further three Integrated Healthcare Areas. ABC is a community based mental wellbeing programme that encourages people to engage in activities to promote their mental wellbeing (Recommendation 5)

As part of the Traveller Counselling Service, a new hub has been established in Galway, complementing the existing hubs in Kildare, Ballina, Cork City, Dublin and Bray, where members of the Traveller community can access in-person and culturally inclusive counselling services. Online and phone counselling is available to members of the Traveller Community and their loved ones from anywhere in the Republic of Ireland (Recommendation 61)



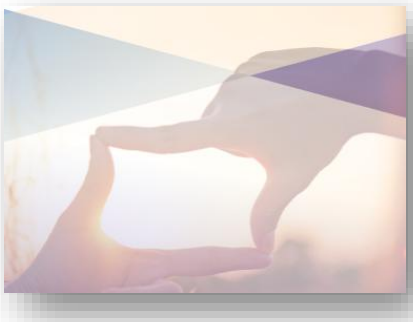
In December 2025, an updated CAMHS Operational Guideline was published. A key output from the HSE's Child and Youth Mental Health Action Plan 2024 – 2027, this guideline sets standards for high-quality care and will guide consistency in service delivery throughout the country (Recommendation 36)

A new CAMHS hub for Louth-Meath was launched in March 2026, with five hubs now operational. These hubs are staffed by multi-disciplinary teams, which 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 (Recommendation 35)



Building on the Model of Care for ADHD in adults, a new team commenced service in November 2025 covering the areas of Cavan-Monaghan and Louth-Meath. There are now eight teams in place across Ireland with an additional three teams funded and in recruitment (Recommendation 53b)

A training programme accompanying the HSE's Sexual Safety Framework is now available on HSeLanD. Work is underway to prepare a revised HSE Safeguarding Policy, which will incorporate mental health. In the meantime, an interim safeguarding framework specifically for mental health services has been developed, which aligns with relevant regulatory standards (Recommendation 89).



In January 2026, a Traveller Mental Health Specialist Group was established with Traveller community and lived experience representatives. Chaired by Dr Fiona Keogh, this group has been tasked with developing a Traveller Mental Health Action Plan. The purpose of this plan is to meet the complex needs of the Traveller community, address the wider social determinants of mental health, and ensure equity, inclusion and cultural understanding are central to all mental health services (Recommendation 61)

Access to Services

- **26,286** new General Adult CMHT cases seen
- **11,790** new CAMHS CMHT cases seen
- **7,701** new Psychiatry of Later Life CMHT cases seen

Recovery and Co-production

- **38** people with lived and living experience are part of the national co-production panel
- **5,627** people attended mental health engagement events
- **13,000+** engagements with recovery education
- **2,000+** people supported by the IPS

Building Capacity

- **81** CAMHS CMHTs
- **112** General Adult CMHTs
- **33** MHSOP CMHTs

Early Intervention and Prevention

- **77,469** counselling appointments offered by CiPC
- **15,833** HSE-funded counselling appointments offered through MyMind
- **9,124** people activated online guided CBT programmes
- **11,116** children and young people referred to Jigsaw
- **2,174** people registered for the Aware Life Skills programme
- **637** young people registering with Togetherall since launch
- **652** schools engaged and **2,887** school staff registered with the NEART programme by Q1 2026
- **10,269** users of balancing stress programme in Q1 2026
- **1,537** new users of social prescribing in Q1 2026

Crisis Supports

- **1,456,656** crisis text messages and **52,768** supportive conversations exchanged (Text 50808)
- **4** operational CAMHS Hubs
- **45** funded Suicide Crisis Assessment Nurse (SCAN) posts
- National Clinical Programme for self-harm and suicide-related ideation provided in **26 EDs** with 24 hour service and **1** paediatric hospital
- **7** Crisis Resolution Teams
- **2,196** accepted referrals across all Crisis Resolution Teams of which **96%** were offered appointment within **72** hours
- **6** Solace Cafés

Specialist Interventions

- **11** eating disorder teams, including **5** CAMHS and **6** adult teams
- **8** adult ADHD teams
- **6** EIP teams, including **1** adolescent team
- **4** dual diagnosis teams, including **2** adolescent teams
- **5** specialist acute hospital and nursing home liaison teams
- **19** specialist perinatal teams, including **6** hub sites and **13** spoke sites
- **20** adult and **10** CAMHS-ID baseline teams

Trusted information on available supports

- SpunOut information resources accessed **1,612,987** times
- **1,037,807** visitors to yourmentalhealth.ie
- **10,857** My Mental Health Plan completions
- Navigator accessed by **34,251** users

Testimonials

'Everyone should do WRAP. Both facilitators were excellent. They explained everything so well and both are so passionate. The two days flew by. Everything was run through at an ideal pace. They made us feel at ease. You could open up. Personally, I have taken so much from this course that I believe will make a positive impact on my life'

[Participant in Wellness Recovery Action Planning (WRAP) training]

'I found Togetherall when I was struggling and found it so helpful to be able to communicate with others in the same situation'

[Irish student accessing Togetherall]

'I'm grateful that there's people out there who are willing to help young people like myself. It helped me a lot to understand the situation I was currently in, thanks a lot!'

[Young person supported by Jigsaw]

'Thanks for your message and words of encouragement. The programme has helped me to focus and pay more attention to these small items/steps to do for myself which I have found helpful'

[Person accessing the Aware life skills programme]

'Thanks for the ongoing support and the new modules [...] This course is proving to be a positive influence for me. The structure it provides, and taking some reflection time daily, is very helpful'

[Person who has availed of online guided CBT-based programmes]

'I think the counselling has been transformative. For years I struggled with issues of identity and belonging, which caused serious issues with relationships and my general wellbeing [...] I would definitely recommend it to anyone'

[Person availing of Counselling in Primary Care]

'Everyone in the team were so friendly and helpful, which put us at ease. They listened to everything we said and came with useful tools for us to use to help'

[Persons accessing CAMHS Hub]

2. Report overview

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. The policy contains one-hundred recommendations for the development of Irish mental health services to be delivered over a ten-year period from 2020 to 2030.

This report provides an overview of progress against the *2025 – 2027 Implementation Plan*, which was launched in April 2025 by Minister Mary Butler. Prepared by the joint NIMC steering committee and the HSE Implementation Group secretariats, it is the first implementation progress report to be published this year.

In line with previous reports, named implementation leads have returned reporting templates, indicating the status for each policy recommendation. To inform this report, data provided in these regular reporting templates have been complemented by information gathered through qualitative engagements with implementation leads. These engagements were conducted between March - April 2026, based on a semi-structured discussion guide. Themes covered in the guide included progress achieved and emerging developments, implementation barriers and mitigating actions, as well as planned next steps.

The remainder of this report is structured as follows:

Section 3
Summarises the reported status of policy recommendations and provides an analysis of influencing factors and expected timelines for delivery.

Section 4
Contains an overview of the current implementation environment, including some of the key factors influencing policy implementation.

Section 5
Sets out progress made in terms of policy-related staff recruitment.

Section 6
Outlines priorities for the next phase of implementation.

Appendix
Provides detail on the reported status of each recommendation.

This report will assist the NIMC steering committee in assessing delivery of the current implementation plan, including priorities for the remainder of 2026.

3. Status of policy recommendations

In line with previous implementation progress reports, named leads in the *2025 – 2027 Implementation Plan* have been asked to provide a status report for their relevant recommendations, based on overall progress made: 'On Track', 'Minor Delivery Issue', 'Major Delivery Issue', 'Paused' or 'Not Started Yet'. Recommendations that have been approved by the NIMC steering committee for transitioning to business as usual, building on what was set out to be achieved in the policy, are reported as 'Complete'.

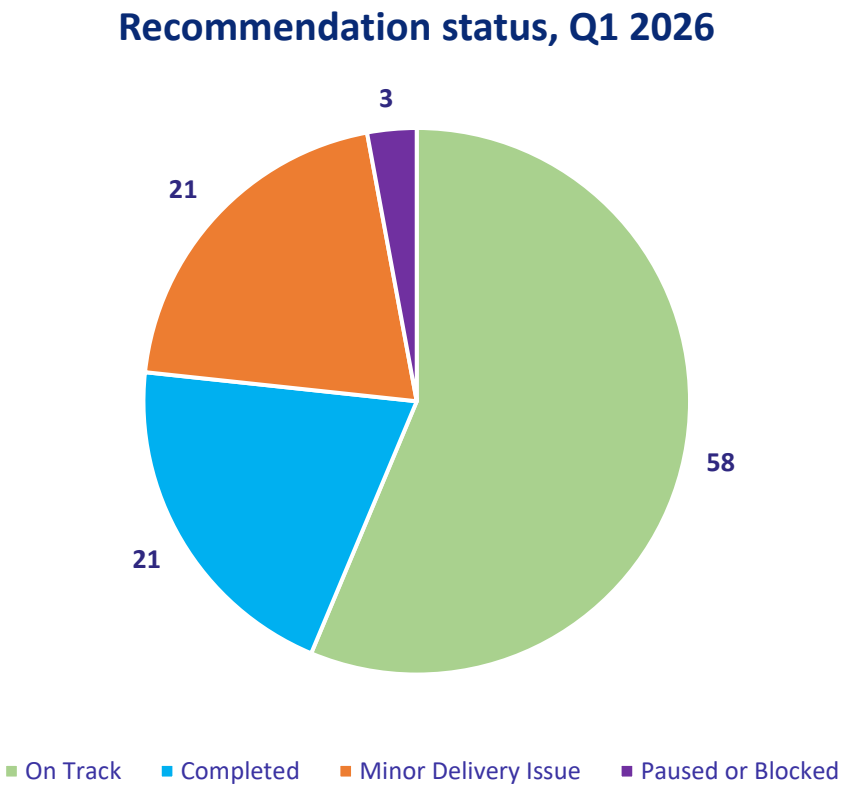
When first published, the policy assigned a short-, medium- or long-term timeline to each recommendation. Since these timelines were first identified, the programme has gained a better understanding of the required change and level of complexity associated with individual recommendations. To provide clarity as to what is to be delivered within the *2025 – 2027 Implementation Plan*, recommendations were therefore assigned one of the following timelines:

Within current implementation plan: The recommendation is expected to transition to business as usual in this implementation phase.

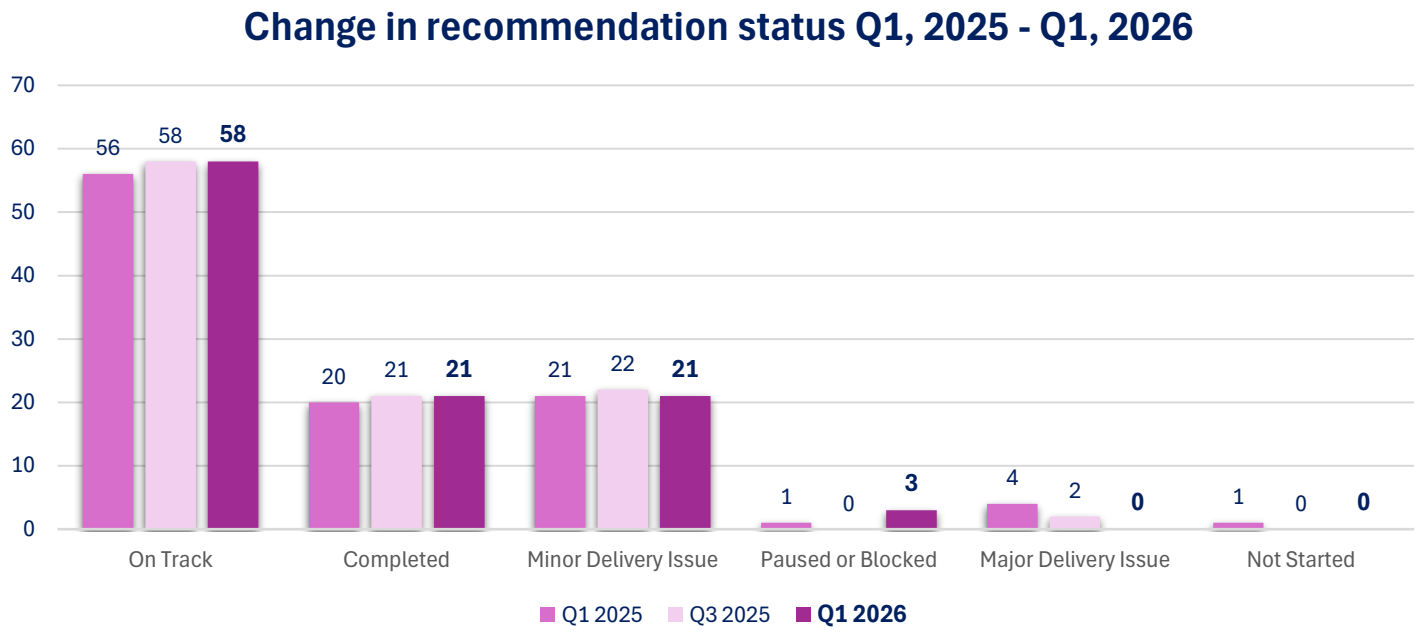
Within current and next implementation plan: Work on this recommendation will be ongoing throughout the current implementation phase with an expectation that it will transition to business as usual by the end of the next plan.

Building on this approach and the milestones set out in the new implementation plan, a status has been reported for each policy recommendation. As can be seen from the chart below, as of Q1, 2026, 58 recommendations are reported as 'On Track', whereas 21 are experiencing 'Minor Delivery Issues'.

21 recommendations have to date been approved as 'Complete' and transitioned to business as usual. These business as usual recommendations will continue to be monitored and reported on as part of the processes outlined in the *2025 – 2027 Implementation Plan*.



Compared to Q3, 2025, 3 recommendations are now being reported as 'Paused', which is reflected in a slight reduction in the number of recommendations experiencing 'Major Delivery Issues'. The specific factors impacting on the paused recommendations are detailed later in this section.



As outlined in section 2, the development of this progress report involved qualitative engagements with implementation leads. Through these engagements, further information was gathered to provide context and to better understand the reasons for each recommendation status.

The three recommendations that are paused (7, 37 and 44) are of particular concern:

i) Recommendation 7 (National stigma-reduction programme)

This recommendation relates to the development and implementation of a comprehensive, whole community stigma reduction programme. In addition to public messaging and awareness raising, such a programme will require targeted actions to address institutional stigma experienced by people with mental health difficulties.

As set out in the November 2025 progress report, recommendation 7 was paused following an unsuccessful application to the Health Research Board Applied Partnership Awards to assist in designing an evidence-based national stigma reduction programme. To mitigate, the HSE is engaging with the Royal College of Surgeons Ireland to develop a revised and scaled down research proposal so that this work can be progressed. It has also become clear that there are considerable synergies with other areas of *Sharing the Vision*, including recommendation 66, which will help address institutional stigma and ensure equitable access to employment, housing and education opportunities. Established in July 2025, the Interdepartmental Steering Group for Mental Health will provide a platform for deeper interdepartmental collaboration and cooperation on these issues, as well as a formal structure for ensuring that mental health is embedded across the Government policy spectrum.

ii) Recommendation 37 (Individualised support packages for children and young people with complex needs)

Recommendation 37 requires the development of nationally agreed criteria to govern and resource individualised support packages for a small cohort of children and young people with complex needs. This recommendation requires an integrated response across mental health and disability services, which has presented challenges.

As part of the HSE's reorganisation, any funding previously held centrally by national disability services has transferred to the Health Regions to support ongoing service delivery. The reason this recommendation is paused is therefore not related to resources and local service provision, but a need to establish an approach for the development of nationally agreed criteria, including action owners. To that end, the HSE's policy implementation team will engage with relevant leads within the HSE to prepare a position paper, setting out an agreed approach for the delivery of outstanding actions related to this recommendation.

iii) Recommendation 44 (Polypharmacy)

This recommendation concerns polypharmacy and the need for GPs, mental health service prescribers and other relevant stakeholders to collaborate to actively manage polypharmacy. Considering the complexity of this policy recommendation, there is a need to plan a programme of work to effectively manage polypharmacy, which aligns with initiatives already underway. This will likely involve guidance to support collaboration between prescribers/clinicians and pharmacists involved in the care of people experiencing mental health difficulties. As outlined the November 2025 progress report, a steering committee had been formed to oversee this work.

However, the chair for this committee has since retired from the HSE and no replacement has yet been identified. Given the need for an integrated whole of system response across the wider health service, an alternative delivery structure is now being explored, including the potential for standing up a specialist group.

Embedding lived and living experience in policy implementation

The active participation of people with lived / living experience, 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 to ensure lived and living experience informs the design, development, delivery, integration and evaluation of mental health services.

The HSE's Office for Mental Health Engagement and Recovery continues to deliver its *strategic plan for 2023–2026* through promotion of peer-led and supported services, individual placement supports, recovery education and co-production. As the strategy approaches its final year, the Mental Health Engagement and Recovery team has commenced a review to evaluate awareness, accessibility, relevance, and impact to date. This will also help ensure the next strategy is meaningful, responsive, and informed by lived and living experience.

Launched in April 2024, the *Mental Health Engagement Framework 2024 – 2028* sets out supports and opportunities for enhanced engagement so lived and living experience is fully embedded in mental health service delivery. This framework offers guidance for the governance and continued work of the Area Leads for Mental Health Engagement. It also provides a resource for regional areas to map out their mental health engagement activities, underpinned by a co-produced set of performance indicators. Over 5,600 people participated in mental health engagement events last year.

In parallel, the Mental Health Engagement and Recovery Office has established a National Volunteer Lived and Living Experience Panel to support policy implementation at a national level. There are currently 38 active volunteers involved in this panel, which provides a lived and living experience perspective by reviewing proposals, providing input to focus groups or surveys, joining working groups or through other forms of meaningful engagement and co-production. The panel is playing an active role across the policy programme with recent examples including the development of an operating guideline for general adult community mental health teams, a framework for shared physical healthcare and a national policy for the co-production of individual recovery care plans. The example below illustrates the important role played by the National Volunteer Lived and Living Experience Panel in influencing how policy is being implemented.

Case Study:

Lived and living experience involvement in development of guideline for community mental health teams

Background

The *Sharing the Vision* Mental Health Services Workstream identified a number of linked recommendations that could be addressed together. To do this efficiently, it was decided that a **national operational guideline for general adult community mental health teams** would be developed. The guideline will build on existing **good practice and recovery principles** and will provide clear information on what a person can expect at every stage of their mental health care, from first contact through to ongoing support. It will also explain the roles of different team members and how community mental health teams work with other mental health services. The document will also provide practical guidance for general adult community mental health teams in Ireland.

Involvement of lived and living experience

Early in the process, the working group identified that input from people with lived and living experience of mental health services was essential to developing the guideline. In collaboration with colleagues in **HSE Mental Health Engagement and Recovery** office, a presentation was made to their **Lived and Living Experience Panel** on what the project was trying to achieve. Seven panel members volunteered to take part in the work.

How engagement took place

From June to October 2025, **four focus groups** were held with the volunteers. The aim was to capture their views on what compassionate, trauma-informed, recovery-oriented care looks and feels like for people who use mental health services.

An **experienced external facilitator** led each group and recorded the key insights. Volunteers were asked "what does good look like to you in each step of the journey through mental health services". This led to a valuable and productive group discussion with key learnings captured by the facilitator. Notes were shared with all participants after each session to make sure the content was accurate. Sessions were held in the evening to allow those who work or study during the day to take part.

Outcomes

As a result of this engagement, each key section of the guideline (currently in draft, due to be finalised in Q3 2026) will include a section called "***What people with lived and living experience told us***." The insights gathered will also be used to develop a **partner resource for service users, carers, and family members** outlining key information about general adult community mental health teams in a clear and accessible way.

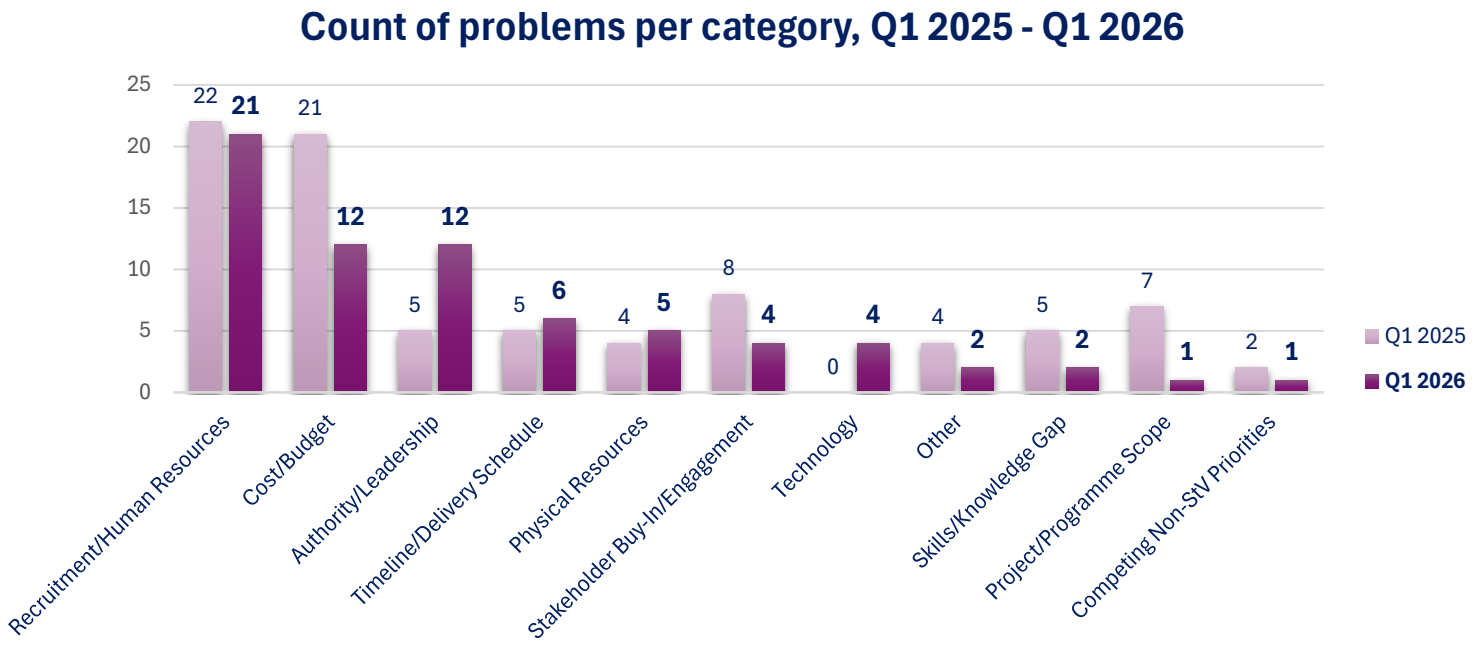
In November 2024, the NIMC steering committee was expanded to include a member with lived/ living experience to strengthen the voice of those who use services in the governance and oversight of the policy.

The NIMC steering committee, HSE Implementation Group and Reference Group secretariats have continued to work closely together to enhance communication, interaction and cooperation. As part of this process, the NIMC steering committee commissioned the Centre for Effective Services to conduct a review of the Reference Group and its relationships with the wider policy implementation structures. The purpose of this review was to gather learning and identify ways to further strengthen the Reference Group, as part of the delivery of the *2025 – 2027 Implementation Plan*.

A final report was presented to the NIMC in July 2025, and its recommendations are now being rolled out. A coproduction group was established with members of the NIMC, and the Reference Group and its terms of reference have been revised and approved by the NIMC in March 2026. In line with the review report, work is now underway to explore opportunities for highlighting the various ways in which lived and living experience is influencing policy implementation, among them advice provided by the Reference Group.

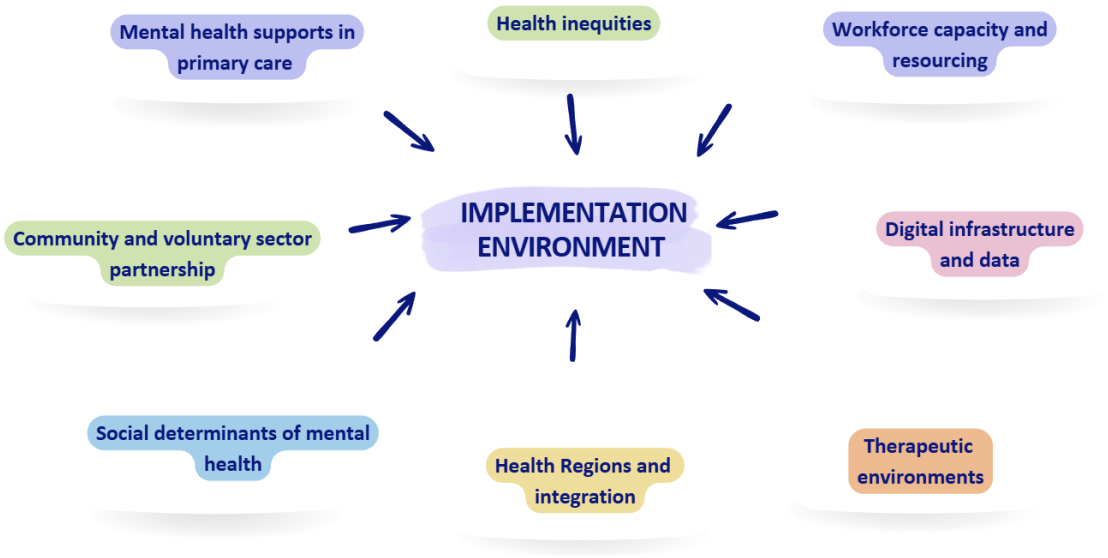
4. Implementation environment

Over the last number of reporting cycles, tracking of implementation problems and mitigation plans has been continuously developed and refined. As part of the qualitative engagements with implementation leads in preparing this report, focus has been given to reported problems, including their impact and mitigation actions. Information provided by implementation leads shows that most problems reported in Q1, 2026, were related to either recruitment/human resources or budget.



As shown in the chart above, this is a continuing trend over the last number of quarters. It is notable that while still a barrier, cost/budget is not as dominant a problem as before. This should be seen within the context of investments in mental health as part of the budget for 2026. There is also a slight increase in problems relating to authority / leadership, which is likely related to the regional re-organisation of the HSE, including changing roles and a need to identify 'business as usual' owners of national outputs.

Through qualitative engagements with implementation leads, further information has been collated on what characterises the current implementation environment and how it influences the delivery of policy recommendations. As indicated in section 3 of this report, a number of key factors can be identified:



- As raised in previous progress reports, **supports at primary care level for people with mental health difficulties remain underdeveloped**, despite the fact that most mental health difficulties initially present at primary care level, usually through general practitioners. As part of the 2026 mental health budget, an additional €1m was provided for a community talk therapies fund, alongside investment in an expansion of the suicide crisis assessment nurse (SCAN) service. These developments complement the €2m allocated in 2025 for men's mental health, including counselling. Notwithstanding these important initiatives, there is a need for long-term investment in primary care mental health, including to enable a clear path to universal access to counselling and talk therapies.

- Life expectancy among adults with severe mental difficulties is 10 – 20 years shorter compared with the general population. These health inequalities are mainly due to preventable physical health issues and chronic diseases. *Sharing the Vision* recognises the **importance of appropriate access to physical healthcare for people with mental health difficulties**, and further that their physical healthcare should be led by their general practitioner. There is a need for an integrated response involving the Chronic Disease Management Programme and Primary Care Reimbursement Scheme, which has presented challenges. A whole of health service approach is required to address the specific risk factors faced by people with mental health difficulties and ensure equitable access to physical healthcare.

- **Many policy recommendations are resource and staffing dependent**. Since December 2023, mental health staffing has increased by 46 whole time equivalent (WTE) posts with increases in medical and student nurse categories masking decreases in other staff categories. An additional 300 WTE have been ring-fenced for prioritised service improvements in mental health this year. Meanwhile, Health Regions have significant autonomy to determine how to prioritise resources to meet population health needs. While this may lead to other areas of the health service being prioritised over mental health, it also presents a shift away from new funding streams as the only way to improve or enhance services.

- Continuity of care is particularly important in mental health services, especially for people who are experiencing enduring mental health difficulties. Access to a **fit for purpose digital infrastructure** is fundamental to ensuring an integrated lived / living experience journey, as well as ensuring the most efficient use of available resources. A number of policy recommendations also require access to appropriate data systems and staff expertise in order to track delivery of particular programmes and guide service planning. When rolled out, the Community Care Record will provide a single integrated solution delivering patient administration and some clinical functionalities across community services in Ireland, including in CAMHS.

- In order 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**, aligned 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 that. This work is now progressing through a dedicated Capital Planning Group for Mental Health Services, which has been tasked with mapping existing infrastructure and identifying short-, medium- and long-term priorities.

- The **establishment of Health Regions** will enable better integration of services at the point of delivery. An Integrated Service Delivery Model has been designed and is now being embedded into regional governance structures, alongside agreed ways of working with the HSE National Centre. From the qualitative engagements with implementation leads, there are indications that the necessary organisational focus on reorganisation within Health Regions has had a knock-on impact on the pace of policy implementation. It will be important to now seize opportunities for closer integration in the delivery of *Sharing the Vision*, the successor suicide reduction strategy to *Connecting for Life*, the *Child and Youth Mental Health Action Plan* and other policy frameworks, both nationally and regionally, for example through the establishment of service improvement programme boards within Health Regions and / or Integrated Healthcare Areas.

- *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, play, work and age are important for 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 mental health and ensure equal access to services for those who need them. As set out above, the Interdepartmental Steering Group established by the Department of Health is helping to embed mental health and consideration of the needs of people with mental health difficulties in the delivery of all policy on a whole-of-government basis.

- The **voluntary and community sector** plays a core role in the provision of supports for people with mental health difficulties. The HSE funds a range of partner organisations, which deliver critical services, ranging from information and awareness raising, through to training, advocacy, counselling and other targeted therapeutic interventions. It is important that these organisations are fully integrated in the mental health system to provide effective and seamless clinical pathways resulting in better experiences and outcomes for people with livid and living experience. To that end, work has been undertaken to explicitly align service level agreements with policy recommendations, underpinned by structured engagements with funded partner organisations.

5. Human resources and policy-related recruitment

As highlighted in this report, human resources, recruitment and workforce planning are essential enablers for policy implementation. While resourcing and workforce planning are two separate strands to addressing recruitment and retention challenges, it is important that they work in tandem to drive improvements. The HSE is focusing on recruitment and resourcing, while the Department of Health is focusing on workforce planning.

The NIMC has dedicated significant time to this area, informed by staffing and recruitment data. As part of this process, a number of reports have been prepared, which provide detailed insights into mental health resourcing and workforce planning. This work will continue over the course of the *2025 – 2027 Implementation Plan*.

As of February 2026, HSE mental health services employed 11,857 (headcount), equating to 10,884 whole time equivalent posts (WTEs) across all areas.

Table 1 - Mental Health Workforce, Dec 2023 – Feb 2026

	Dec 2023	Dec 2024	Feb 2026	WTE change Dec 2023 to Feb 2026	% Change Dec 2023 to Feb 2026
Total (WTE)	**10,838**	**10,646**	**10,884**	**46**	**0.42%**
Medical & Dental	1,069	1,133	1,161	**92**	**8.65%**
Nursing & Midwifery	4,965	4,977	5,224	**259**	**5.21%**
Health & Social Care Professionals	1,586	1,508	1,543	**-43**	**-2.70%**
Management & Administrative	1,223	1,153	1,150	**-73**	**-5.99%**
General Support	655	622	579	**-76**	**-11.64%**
Patient & Client Care	1,340	1,253	1,227	**-113**	**-8.42%**

Mental health staffing has increased by 46 WTE over the period December 2023 to February 2026 with increases in medical and student nurse categories masking decreases in other staff categories (table 1). While mental health services have been effective in filling new development posts, the recruitment and resourcing landscape of the broader health service remains challenging. Services are experiencing a range of social, environmental and service developments that are significantly increasing the demand for a qualified healthcare workforce, while simultaneously managing a tightening of the supply of this workforce in local and international markets.

In 2024, mental health was allocated 73 WTE development posts under the National Service Plan. A further 64.5 WTE development posts were approved under Ministerial funding (€10m), bringing a total of 137.5 WTE

developments approved in 2024. For 2025, mental health was allocated a further 210 WTEs for new service developments of which 98 WTE have been on-boarded as of April 2026.

A further 300 WTE were provided under budget 2026, as detailed in below table:

Table 2 - National Service Plan 2026

Initiatives	Total WTE
Child & Youth Mental Health	52.5
Crisis Resolution Teams	30
Crisis Support Nurses for Model 4 Hospitals	40
Expansion of Peer Support worker service	1
General Adult Community Mental Health	23.5
Integrated Crisis Response CAMHS ED Liaison	12
National Clinical Programmes	98
National Forensic Mental Health Services	30
Peer Support	5
Grand Total	**292**
Centre	8
Final Total	**300**

Health Regions

The transition to population-based funding aims to align resources with need and empowers Health Regions to deliver integrated, responsive care, with the ultimate goal of achieving better health outcomes. Effective from January 2026, all existing resources are therefore available for determination by the new Health Regions on their utilisation, distribution and deployment. This represents a significant shift away from new funding streams as the only way to improve or enhance services. Health Regions have significant autonomy to use all resources available to them, provided they are in line with national strategies and remain within budget and overall WTE limit.

HSE Recruitment, Reform and Resourcing (RRR) Programme

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 to maximise the delivery of healthcare services. As part of this programme, the HSE has collated data to better understand the reasons for leaving a position with the health service. Table 3 below shows data collected for 2024, also Q1, Q2, Q3 and Q4, 2025.

Table 3 - Leaver reason, 2024 and 2025

Leaver reason	2024 Total	Q1, 2025	Q2, 2025	Q3, 2025	Q4, 2025	2025 Total
Resignation/other	459	145	110	147	99	**501**
Retirement	257	63	87	74	68	**292**
Other Health Board/Agency	3	3	2	5	0	**10**
Total	**719**	**211**	**199**	**226**	**167**	**803**

As can be seen from table 3, the majority of those leaving mental health services resign, as opposed to retire. Through the Department of Health, work is ongoing to develop strategies that will improve working conditions and in turn positively impact recruitment and retention. Table 4 below sets out the overall numbers of leavers for 2020 to 2025 per staff category. The majority leaving are nurses, which is proportionate to the overall workforce.

Table 4 - Leavers, 2020-2025

Leavers by Mental Health Care Group - Headcount	2020	2021	2022	2023	2024	2025
Medical & Dental	24	31	55	48	42	50
Nursing & Midwifery	226	299	458	387	322	366
Health & Social Care Professionals	98	126	223	136	120	128
Management & Administrative	44	59	113	109	75	93
General Support	33	38	57	52	55	56
Patient & Client Care	44	61	83	99	105	110
Total	**469**	**614**	**989**	**831**	**719**	**803**

Work continues on the HSE Recruitment Reform, and Resourcing Programme and its core aim to increase capability and capacity across services. Some notable achievements up to the end of 2025 include:

- The next iteration of the resourcing strategy is currently being co designed with the six Health Regions
- Considerable work has been conducted in the marketing of difficult to fill medical consultant posts.
- 'Project Home' (December 2025), an initiative by the HSE to engage and support Irish graduates who have travelled abroad to return to opportunities in Ireland.
- A series of targeted webinars have been conducted both for international candidates and our own domestic pool to support and encourage employment in the HSE.
- Considerable work has been conducted with the Irish Career Guidance Network and 750 secondary schools to inspire an interest among 16+ year olds to consider the broad range of training and careers available in the health services. This has been supported by a number of engagement events.
- A comprehensive Retention Tool Kit was developed and launched which is providing a suite of supports aid hiring managers in the retention of their teams.

Workforce supply

The HSE continues to proactively invest in additional undergraduate training places, including nurse training capacity, higher specialist training places for consultant psychiatrists and recruitment into assistant psychology posts. Work is ongoing in developing tertiary pathways to education with the National Tertiary Office for nursing and health & social care professionals (HSCP) grades. In parallel, significant capacity has also been built into primary care and community provided services, such as Counselling in Primary Care, assistant psychology posts, Jigsaw and social prescribing, to reduce pressures on specialist mental health services.

HSE People Strategy 2025 – 2027

The HSE People Strategy 2025 – 2027, launched in July 2025, supports the delivery of priorities set out in the HSE's Corporate Plan and sets out a further focus on workforce planning and resourcing, as well as retention, development and deployment of our existing resources. The strategy aims to:

- Support strategic workforce planning and resourcing.
- Improve both individual and organisational performance.
- Create a diverse and inclusive culture.
- Support a safe and healthy workplace.
- Encourage open feedback and innovation.

A further area of potential in relation to human resource challenges is the area of skills mix and diversity of approach to mental health service provision. *Sharing the Vision* requires that community teams be resourced based on population-need to potentially include dieticians, peer support workers, outreach workers, job coaches and others in addition to the current core disciplines. However, there has not yet been significant progress achieved in the area of skills mix or in developing a different approach to staffing mental health teams.

6. Focus for next phase of implementation

Building on the objectives set out in *Sharing the Vision*, and arising from the assessment of progress outlined in this report, priorities for the next implementation phase will include:

- A key focus will be to **build strong relationships between HSE national and regional implementation structures** within the context of the HSE Health Regions and Integrated Healthcare Areas. The regional engagement events arranged by the NIMC were valuable in terms of showcasing good practice, making connections and discussing challenges. The first series of regional engagement events concluded with a visit to HSE Mid-West in November 2025 and the NIMC will continue to engage regularly with the HSE Health Regions this year. As set out above, the reorganisation of the HSE presents opportunities for closer integration, both nationally and regionally, in the delivery of *Sharing the Vision*, the successor suicide reduction strategy to *Connecting for Life*, *Child and Youth Mental Health Action Plan* and other policy frameworks. In the next implementation phase, a proposed model for an integrated national policy structure will be designed, in collaboration with Health Region representatives.

- The *2025 – 2027 Implementation Plan* identifies **three transformational programmes**, namely i) the design of an operating guideline for general adult community mental health services, ii) delivery of the *Child and Youth Mental Health Office Action Plan 2024 - 2027* and iii) the development of an overarching operating framework for mental health. These programmes are all in delivery with significant progress being made and will remain a key focus for the next implementation phase. Informed by stakeholder engagement, including with people with lived and living experience, it is expected the operating guideline will be finalised by Q4 this year.

- When people are experiencing a mental health crisis, they will often attend emergency departments to access mental health care. While individuals are in some cases appropriately seen in an emergency department, it can be a challenging environment for people with mental health difficulties. As a result, the HSE has prioritised development of alternative crisis response pathways, as well as improvement of services in acute settings, with significant additional funding made available for 2026. Mandated by the HSE Implementation Group, a service improvement project has been established, which will see **development of an overarching crisis response pathway**. This will involve a review of how the different service components integrate and complement each other, which will be a further priority for the next implementation phase.

Appendix - Status of all 100 recommendations

Status Key	On Track	Minor Delivery Issue	Major Delivery Issue	Paused	Not Started Yet	Completed

Domain 1 | Promotion, Prevention and Early Intervention				
	Recommendation	**Quarter 1, 2026 Update**	**Lead**	**Status**
1 **BAU**	Healthy Ireland 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 Healthy Ireland implementation frameworks, with appropriate resourcing. The plan should be based on the principles and scope described in Chapter 2 of *Sharing the Vision*.	A phased implementation plan for Pathways to Wellbeing has been developed in partnership with relevant Government Departments and Agencies. This plan sets out a sequenced programme of delivery, outlining priority actions to be progressed over the next two years (2026 – 2207) with a strong emphasis on cross-government coordination and measurable outcomes.	DoH Health and Wellbeing Unit	Completed
2 **Within current implementation plan**	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.	A number of actions are underway to ensure people have easy access to reliable and trusted information about mental health and available supports: Navigator, the digital signposting tool to support the mental health of young people has been accessed by 8,888 users so far in 2026. Developed in collaboration with spunout, and co-designed with young people, this tool offers anonymous, immediate and personalised mental health information, resources and supports. The National Steering Group for Navigator met twice in Q1 2026 to identify and plan actions for this year. My Mental Health Plan is an online tool with personalised advice on stress, anxiety, low mood and sleep and signposting to further mental health supports and services, if required. Over the course of 2025,	HSE Mental Health	On Track

		10,857 people accessed the tool and completed their mental health plan. Ongoing rollout of the HSE's Mental Health Literacy campaign, including radio adverts, podcasts and social media. Over the course of 2025, there have been 1.6m+ views of content on yourmentalhealth.ie A Digital Mental Health Think Tank took place on March 31 2026 in Dublin. Colleagues from the electronic mental health international collaborative (eMHIC) joined senior representatives from the HSE, the Department of Health and research/academia to discuss national and international developments in digital mental health.		
3 **BAU**	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.	In collaboration with the National Women's Council, work has progressed on the development of a Gender-Sensitive Toolkit with a researcher appointed and next steps agreed. The toolkit is due to be published in 2026 and will provide practical guidance for mental health professionals and services in embedding gender-sensitive and trauma-informed approaches in the implementation of *Sharing the Vision*.	DoH Mental Health Unit / HSE Implementation Group	Completed
4 **Within current implementation plan**	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.	Following a review, it was determined there is a need for dedicated mental health promotion human resources to fully support the implementation of national mental health programmes, including *Sharing the Vision, Connecting for Life* and *Pathways to Wellbeing.* The minor delivery issues relate to difficulties recruiting a mental health promotion officer role for HSE Mid-West, which had been identified as a pilot site. Meetings held with key stakeholders to discuss the development of a business case for dedicated mental health promotion leads to deliver	HSE Health and Wellbeing	Minor Delivery Issue

		on mental health promotion actions across these programmes. A small number of health promotion and improvement officers across the country have been allocated to mental health promotion work as part of their overall workload.		
5 **Within current implementation plan**	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.	The implementation of Act Belong Commit progressed with the establishment of a National Steering Group and a National Research Advisory Group. Act Belong Commit is a community based mental wellbeing programme that encourages people to engage in activities to promote their mental wellbeing. Following a co-design workshop to develop a community implementation plan, Act Belong Commit has now been rolled out in Limerick. Through the Sláintecare Innovation and Integration Fund, funding has been secured for a scale-up of the Act Belong Commit initiative across three Integrated Health Areas. The Minding Your Wellbeing with Older People Programme was delivered in three Integrated Healthcare Areas in Q1, 2026. As part of the equality proofing study for social prescribing, which is being conducted in partnership with the National Women's Council, six demonstration initiatives commenced delivery in Q1, 2026.	HSE Health and Wellbeing	On Track
6 **BAU**	The proposed National Mental Health Promotion Plan and the existing work of Connecting for Life should incorporate targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups.	A phased implementation plan for *Pathways to Wellbeing* has been developed in partnership with relevant Government Departments and Agencies. This plan sets out a sequenced programme of delivery, outlining priority actions to be progressed over the next two years (2026 – 2027) with a strong emphasis on cross-government coordination and measurable outcomes. Goal 4 (Strengthen community belonging and connectedness) and Goal 6 (Address the social and structural determinants of mental health and reduce mental health inequalities for disadvantaged and vulnerable groups) include a suite of targeted actions designed to improve mental health and wellbeing outcomes for priority groups.	DoH Health and Wellbeing Unit	Completed

		These include members of the Traveller community, migrant community, older people, carers and individuals within the prison service. In addition, a dedicated action has been included to design a model for enhancing mental health outcomes within *Slaintécare Healthy Communities*, ensuring alignment with place-based prevention and early intervention approaches. The Pathway to Wellbeing implementation plan is scheduled for publication in Q2 2026 and will provide a roadmap for delivery, governance and monitoring, supporting progress on commitments set out in *Sharing the Vision*. Details on the implementation plan along with the priority actions focused on improving mental health outcomes for the Traveller Community were presented to the Traveller Mental Health Specialist Group in March 2026. This engagement provided an opportunity to outline planned deliverables, gather expert input and ensure that the perspectives of Traveller representatives are embedded in delivery of the plan.		
7 **Within current and next implementation plan**	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.	Recommendation 7 relates to the development and implementation of a comprehensive stigma reduction programme. In addition to public messaging and awareness raising, such a programme will require targeted actions to address institutional stigma experienced by people with mental health difficulties. As set out earlier in this report this recommendation was paused following an unsuccessful application to the Health Research Board Applied Partnership Awards to assist in designing an evidence-based national stigma reduction programme. To mitigate, the HSE is engaging with the Royal College of Surgeons Ireland to explore the feasibility of a revised research proposal so that this work can be progressed. It has also become clear that there are considerable synergies with other areas of *Sharing the Vision*, including recommendation 66, which will help address institutional stigma and ensure equitable access to employment, housing and	HSE Mental Health	Paused

		education opportunities. Meanwhile, the Interdepartmental Steering Group for Mental Health will provide a platform for deeper interdepartmental collaboration and cooperation on these issues.		
8 **Within current implementation plan**	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 Tusla's Area Based Childhood (ABC) and Prevention, Partnership and Family Support (PPFS) Programme as well as cross-border programmes addressing the impact of Adverse Childhood Experiences (ACEs).	Several strands of work are underway as part of the *Child and Youth Mental Health Office Action Plan 2024 – 2027*, which will contribute to this recommendation: Development of child and youth mental health outcomes framework The development of a national child and youth mental health outcomes framework has been completed and operationalised by the HSE's Child and Youth Mental Health Office. This will support measurement of impact and will be a core enabler of innovation and quality improvement across child and youth mental health services. Embedding a learning health system As set out in the November 2025 report, a detailed approach paper has been finalised, rooted in best practice and aligned with the child and youth mental health outcomes framework project. This paper outlines mechanisms for identifying research gaps, embedding continuous quality improvement, and enabling services to make evidence-informed decisions using timely data and feedback loops. In Q1, 2026, a report was completed by the Child Outcomes Research Consortium, which sets out a recommended approach for identifying and agreeing routine outcome monitoring for CAMHS, and for embedding this into practice. Model of care for child and youth mental health services A draft model of care has been developed, which is under internal review. It incorporates learnings from implementation experience and service innovation Single Point of Access Significant progress was made with real-time learning events arranged across pilot sites in Q1, 2026. The approach taken reflects a strong emphasis on ensuring scalability, sustainability, and responsiveness to local context.	HSE Child and Youth Mental Health Office	On Track

9 **Within current implementation plan**	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 Wellbeing Framework for practice and Wellbeing Resources which have been developed by the Department of Education and Skills	Work on the updated Wellbeing Policy and new Implementation Plan progressed throughout Q1, 2026. A first meeting of a wide stakeholder advisory group that will oversee the consultation was appointed and met for a kick-off meeting on 12 March 2026. A series of support seminars for student support teams and leaders were delivered in Dublin West, Athlone, Donegal and Cork, as part of the roll out of the Neart programme. Delivered by Jigsaw in collaboration with the National Educational Psychology Service and the Department of Education, this initiative 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. Ongoing contact with wellbeing in Northern Ireland with planning underway for a joint event later in 2026. The evaluation of the counselling in schools pilot programme by the Centre for Effective Services has been completed. The Minister for Education and Youth, Hildegarde Naughton TD published a *New Delivering Equality of Opportunity in Schools (DEIS) Strategy to 2035* and DEIS Implementation Plan 2026 - 2028 on 26 March 2026 The Economic and Social Research Institute published new commissioned research *Supporting Student Wellbeing in School Contexts: A Narrative Review* on 20 January 2026	Department of Education	On Track
10 **Within current implementation plan**	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, general practitioners (GPs), primary care services and specialist mental health services. This is needed to facilitate referral pathways to	As set out in the November 2025 progress report, it has been agreed to operationalise the protocol alongside the single point of access model currently being rolling out. The wellbeing office within the Department of Education and Youth met with the HSE's Child & Youth Mental Health Office on 13 February 2026 to discuss progress for the single point of access.	Department of Education / DoH	Completed

	local services and signposting to such services, as necessary	Members of the wellbeing office also attended and presented at the single point of access stakeholder engagement day in Sligo on 26 February 2026.		
11 **Within current implementation plan**	The National Mental Health Promotion Plan integrated with the Healthy Workplace Framework 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.	Phase 1 Implementation Plan Pathways to Wellbeing drafted and due for publication in Q2 2026 Healthy Ireland Workplace Framework: Final edits completed on the research report on workplace health and wellbeing. Report will be published in April 2026	DoH / Healthy Ireland	Minor Delivery Issue
12 **Within current implementation plan**	A range of actions designed to achieve the goals of the National Positive Ageing Strategy for the mental health of older people should be developed and implemented, supported by the inclusion of mental health indicators in the Healthy and Positive Ageing Initiative's research programme	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. Over the course of Q1, 2026, the Commission met on three occasions, beginning its work on Module 2. In Module 2 the Commission is charged with the development of a costed and detailed implementation plan for the strategic development of health and social care services and supports for older people. The secretariat to the Commission has engaged services for the design and translation of the Module 1 report. It is expected that the Module 1 report will be published in Q2 2026. Following the publication of the report, the Commission plans to hold a webinar for the NIMC Reference Group. The Commission is scheduled to meet on two occasions during Q2 to progress its work on Module 2.	DoH / Older Persons' Strategy Unit	On Track
Domain 2 | Service access, Coordination and Continuity of care				
	Recommendation	**Quarter 1, 2026 Update**	**Lead**	**Current status**

13 **BAU**	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	Mandated by the HSE Implementation Group, the Mental Health Promotion and Digital Workstream has been tasked with monitoring implementation and instigating reviews of the directories as required. Following discussion with the workstream, it has been agreed that a review would be conducted by the end of 2026.	HSE Mental Health	Completed
14 **Within current implementation plan**	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	A webinar on *Sharing the Vision*, organised by Mental Health Reform and with input from the Reference Group took place in Q1, 2026. A follow up meeting with Mental Health Reform took place in Q1, 2026 to further discuss activity for 2026, as aligned with *Sharing the Vision*, and to discuss planned events for member organisations this year.	HSE Mental Health / National Office for Suicide Prevention	On Track
15 **BAU**	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.	There were 1,537 new social prescribing service users in Q1, 2026. Four new social prescribing services commenced delivery as part of the Sláintecare Healthy Communities Initiative. A realist evaluation conducted in partnership with the University of Galway was completed and the evaluation report was finalised.	HSE Health and Wellbeing	Completed
16 **Within current implementation plan**	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.	A number of actions are underway to enhance access to counselling and talk therapies in community/primary care: • Ongoing delivery of men's mental health initiative through Counselling in Primary Care and in collaboration with funded partner organisations. Launched in September 2025, this initiative provides access to a range of talk therapies, counselling and mental health supports with a focus on men. Over 15,000 free counselling sessions will be offered annually. An additional €1m for a community talk therapies fund was provided as part of budget 2026.	HSE Primary Care HSE Mental Health	On Track

		• Recruitment of project management resource and part time talk therapy programme director progressed. Once in place, these posts will support the development of an integrated talk therapies programme board. • Multi-agency planning is ongoing for a routine outcome measurement programme of work to support clinical practice in talk therapies, to commence in Q3 2026.		
17 **Within current implementation plan**	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.	As set out in the November progress report, a consultation document was developed in 2025 setting out principles underpinning a consistent implementation of the consultation / liaison model. Over the course of Q1, 2026, an initial round of stakeholder engagement has been completed, including with Heads of Service for mental health and primary care. The feedback that has been received highlights a need to clarify certain aspects of the document, as well as whether the intended end-product is an operational guideline or potentially a toolkit / guidance document. In collaboration with a multi-disciplinary working group, which includes lived experience, work is now underway to revise the document in preparation of a second round of stakeholder engagement.	HSE Primary Care HSE Mental Health	On Track
18 **BAU**	An implementation plan should be developed for the remaining relevant recommendations in *Advancing the Shared Care Approach between Primary Care and Specialist Mental Health Services* (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.	Building on the approved shared care implementation plan 2025 – 2027, a work plan was developed covering planned activity for 2026. In addition to activity detailed under recommendations 17 and 19, a number of actions are underway to promote shared care, including ongoing efforts to prepare for the inclusion of mental health information onto the HSE Area Finder, as well as a focus group with key stakeholders to establish the most meaningful way forward in progressing GP registration of all users of mental health services. Work has also been undertaken to support development of the latest draft Make Every Contact Count (MECC) module in mental health, currently being reduced in length for HSeLanD and staff training purposes.	HSE Primary Care HSE Mental Health	Completed

19 **Within current implementation plan**	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.	As detailed earlier in this report, life expectancy among adults with severe mental difficulties is 10 – 20 years shorter compared with the general population. There are currently three main strands to the delivery of this recommendation: <u>Optimising uptake of existing pathways to screening and physical health care</u> In collaboration with national programme leads, the focus for this project is to raise awareness of existing pathways to physical healthcare, screening services and healthy living programmes. The project will see the development of practical supports for community mental health teams, general practitioners and people with lived / living experience on how to access relevant programmes. As a first step, work is underway to collate and validate information on pathways for the purposes of an easy-to-read directory. In Q1, 2026 a series of meetings have been held with the National Screening Service and Healthy Living Programmes. Further meetings are also being arranged with national leads for the chronic disease programme to validate information for inclusion in the directory. <u>Development of framework for shared physical healthcare</u> Building on a draft national framework for shared physical healthcare, a potential demonstration of the framework was costed to inform the 2026 estimates process. However, this proposal was unsuccessful, and work is now underway to review the document with a view to explore repackaging as a guidance document or position paper in the absence of development funding. <u>Proposal for extension of the preventative programme for chronic diseases</u> As previously reported, a proposal for an extension of the preventative programme for chronic diseases has been developed for the inclusion of adults with severe and enduring mental health difficulties. The context for this proposal is the shorter life expectancy	HSE Primary Care HSE Mental Health	Minor Delivery Issue

		for this cohort of the population, which in the main is caused by physical health issues, most notably preventable chronic diseases. The development of a fully costed business case will require input from relevant national stakeholders, including HSE National Services and Schemes, building on current target populations under the preventative programme, the overall model of service for chronic disease management, and wider service priorities. The minor delivery issue relates to a continued delay in scheduling a meeting with HSE National Services and Schemes. An initial meeting was held in September 2025, and a follow-up meeting is yet to be arranged. To mitigate, this issue will be escalated to the Assistant National Director, HSE Access & Integration - Adult Mental Health.		
20 (a) **Within current implementation plan**	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 community mental health team where necessary. **(ADHD Only)**	Work on the development of the model of care for ADHD in children and young people has continued in Q1, 2026. Engagement with key stakeholders is ongoing, including a recent consultation with public health colleagues to support alignment with population health and early intervention approaches. In parallel, a single point of access model is currently being trialled at Summerhill Primary Care Centre. Learning from this pilot is informing the development of referral pathways and service access arrangements within the emerging model of care. Development work has focused on refining service pathways and strengthening cross-sector engagement to support a coordinated national approach to assessment and intervention for children with ADHD. The ongoing pilot of the single point of access model is providing practical insights to support implementation planning. The minor delivery relates to a slight delay in completion of the model of care due to a decision to strengthen alignment with population health and early intervention approaches. To mitigate, an agreement has been reached to extent the contract of the clinical lead.	HSE National Mental Health Clinical Programmes	Minor Delivery Issue

20 (b) **Within current implementation plan**	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. **(Autism Only)**	As part of the national service improvement programme for the autistic community, the autism assessment and interventions pathways protocol was presented to the HSE's clinical forum in Q4, 2025 and again in Q1, 2026 and has now been approved. Alongside funding to establish 11 in-reach teams this year, this protocol will further clarify and enhance pathways to services for children and young people with a suspected autism diagnosis. Webinars with Health Regions and Integrated Healthcare Areas are being arranged for Q2, 2026 in preparation of regional rollout. In parallel, planning is underway for a national launch of the protocol. In collaboration with a consultative group, work has also been undertaken to prepare a competency framework.	HSE Primary Care HSE Mental Health HSE Disability / Service Improvement Board for the Autistic Community	On Track
21 **Within current implementation plan**	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.	As previously reported, an initial position paper was drafted setting out a proposed approach for the delivery of this recommendation, informed by findings from engagements with key informants and service providers. The minor delivery issues relate to continuing challenges in identifying an implementation lead and resource constraints in aligned programmes. To mitigate, it has now been decided to revisit the position paper and design an alternative approach for progressing this recommendation.	HSE	Minor Delivery Issue
22 **Within current implementation plan**	The provision of appropriate environments for those presenting at emergency departments who additionally require an emergency mental health assessment should be prioritised.	Following the national audit completed by the National Clinical Programme for Self-Harm and Suicide-related Ideation (NCPSHI) in 2022, which identified eight emergency departments without a dedicated mental health assessment room at that time, joint site visits were undertaken in Q4 2024 and Q1 2025 in collaboration with the Emergency Medicine Programme. These visits confirmed that progress has been made in the majority of sites, with allocation of appropriate spaces and advancement of refurbishment works to meet recommended standards. A small number of locations continue to experience infrastructure and space constraints, and engagement is ongoing with hospital groups, regional services and	HSE National Clinical Programme for self-harm and suicide related ideation	Minor Delivery Issue

		estates teams to address these issues. A national re-audit of emergency department assessment spaces is planned for 2026. The minor delivery issue arises from infrastructure and physical space constraints in a small number of locations.		
23 **Within current implementation plan**	There should be continued investment in, and implementation of, the National Clinical Care Programme for the Assessment and Management of Patients Presenting to Emergency Departments Following Self-Harm.	Individual hospital emergency department data report for 2023 has been issued. Suicide crisis assessment nurse (SCAN) data was closed off in March 2026. Funding has been secured to use the CASTOR electronic data management system in emergency departments. Spring webinar was well attended in Feb 2026. An introductory meeting for new SCAN services was held online and well attended.	HSE National Clinical Programme for self-harm and suicide related ideation	On Track
24 **BAU**	Out-of-hours crisis cafes should be piloted and operated based on identified good practice. Such cafes should function as a partnership between the HSE and other providers/organisations.	In collaboration with community and voluntary sector partners, a further two HSE-funded Solace Crisis Café have opened in Waterford and Limerick. In Q1, 2026 there have been bi-weekly Solace Café data metrics meetings to establish a standardised data set for Solace Cafés, and a data specification sheet has been finalised. In Q1, 2026, there was a learning site meeting for Solace Cafés to share learnings across the teams. In Q2, roll out of the Solace Café reporting process will commence, which will involve monthly data collection.	HSE Mental Health	Completed
25 **Within current implementation plan**	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.	As outlined in the November 2025 progress report, this recommendation will be progressed through the development of a national operational guideline for general adult community mental health teams. Building on existing good pratice 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.	HSE Mental Health	On Track

		During Q1, 2026, the multi-disciplinary working group tasked with developing this guideline met to agree key elements (namely key working and team coordination) and received approval from the HSE Implementation Group and the National Implementation Monitoring Committee for those components. Planning for next phase of stakeholder engagement is now underway. It is expected the operating guideline will be completed by Q4, 2026. The development of the guideline for general adult community mental health teams has been co-designed with and informed by lived and living experience, as detailed earlier in this report.		
26 **Within current implementation plan**	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.	Through the Mental Health Engagement and Recovery Workstream, guidance for statutory and voluntary mental health service providers to work in partnership has been developed. As set out in the *2025 – 2027 Implementation Plan*, an additional objective has been incorporated into the guidance document to align with recommendations 30 and 97. The minor delivery issue associated with this recommendation is arising from a delay in transitioning this recommendation to business as usual and establishment of mental health networks. This will require discussion with relevant business as usual owners in the Health Regions and Integrated Healthcare Areas. To mitigate, engagement with Health Region management teams is sought now in conjunction with the delivery and review of the HSE's mental health engagement and recovery strategic plan.	HSE Mental Health Engagement and Recovery	Minor Delivery Issue
27 **Within current implementation plan**	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.	A multi-stakeholder working group has developed a national policy for the co-production of individual recovery care plans, in line with HSE guidelines. The working group met four times in Q1, 2026, to progress the draft for further consultation. The minor delivery issue relates to a slight delay in reaching Q1 milestones and it is expected the recommendation will be back on track in Q2, 2026.	HSE Mental Health Engagement and Recovery	Minor Delivery Issue
28	All service users should have a mutually agreed key worker from the CMHT to	Alongside recommendations 25, 32, 33, 34 and 39, this recommendation will be progressed through the development of a	HSE Mental Health	On Track

Within current implementation plan	facilitate coordination and personalisation of services in line with their co-produced recovery care plan.	national operational guideline for general adult community mental health teams. Building on existing good pratice 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. During Q1, 2026, the multi-disciplinary working group tasked with developing this guideline met to agree key elements (namely key working and team coordination) and received approval from the HSE Implementation Group and the National Implementation Monitoring Committee for those components. Planning for next phase of stakeholder engagement is now underway. It is expected the operating guideline will be completed by Q4, 2026. The development of the guideline for general adult community mental health teams has been co-designed with and informed by lived and living experience, as detailed earlier in this report.		
29 **BAU**	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.	Over the course of 2025, there were more than 13,000 engagements overall in recovery education (all recovery education, not exclusively Recovery Principles Practice Workshops).	HSE Mental Health Engagement and Recovery	Completed
30 **Within current implementation plan**	CMHTs and sessional contacts should be located, where possible and appropriate, in a variety of suitable settings in the community, including non-health settings	Through the Mental Health Engagement and Recovery Workstream, guidance for statutory and voluntary mental health service providers to work in partnership has been developed. As set out in the *2025 – 2027 Implementation Plan*, an additional objective has been incorporated into the guidance document to align with recommendations 30 and 97. The minor delivery issue associated with this recommendation is arising from a delay in transitioning this recommendation to business as usual and establishment of mental health networks. This will require discussion with relevant business as usual owners in the Health Regions and Integrated Healthcare Areas. To mitigate, engagement with Health Region management teams is sought now in	HSE Mental Health HSE Mental Health Engagement and Recovery	Minor Delivery Issue

		conjunction with the delivery and review of the HSEs Mental Health Engagement and Recovery strategic plan.		
31 **Within current implementation plan**	The potential for digital health solutions to enhance service delivery and empower service users should be developed.	Ireland's first *Digital Mental Health Strategy 2026 – 2030* was launched by Minister Mary Butler at the third annual Digital Mental Health Conference in Limerick on the 20th of February 2026. The strategy will enhance mental health for all through digital technologies that improve infrastructure and provide safe, effective, and accessible mental health information, tools, and services. The HSE has expanded its partnership with Togetherall to provide free, online, peer-to-peer mental health support for young people aged 16 to 30 across Ireland. Togetherall is a clinically moderated, anonymous online community that offers a safe, non-judgmental space for people to share experiences, connect with others, and access immediate support for mental health challenges. Since its launch, the service has seen 637 registrations. Two podcasts on balancing stress have been accessed between 2,300 and 3,800 times. In Q1, 2026, there has been 10,269 users of the balancing stress online programme. Text About It (Text 50808) saw 1,456,656 text exchanges and 52,768 supportive text conversations over the course of 2025.	HSE Mental Health	On Track
32 **Within current implementation plan**	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,	Alongside recommendations 25, 28, 33, 34 and 39, this recommendation will be progressed through the development of a national operational guideline for general adult community mental health teams. Building on existing good pratice 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. During Q1, 2026, the multi-disciplinary working group tasked with developing this guideline met to agree key elements (namely key working and team coordination) and received approval from the HSE	HSE Mental Health	On Track

	where there is strong population-based needs assessment data.	Implementation Group and the National Implementation Monitoring Committee for those components. Planning for next phase of stakeholder engagement is now underway. It is expected the operating guideline will be completed by Q4, 2026. The development of the guideline for general adult community mental health teams has been co-designed with and informed by lived and living experience, as detailed earlier in this report.		
33 **Within current implementation plan**	The shared governance arrangements for CMHTs as outlined in AVFC 2006–16 should be progressed, including further rollout of Team Coordinators.	Alongside recommendations 25, 28, 32, 34 and 39, this recommendation will be progressed through the development of a national operational guideline for general adult community mental health teams. Building on existing good pratice 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. During Q1, 2026, the multi-disciplinary working group tasked with developing this guideline met to agree key elements (namely key working and team coordination) and received approval from the HSE Implementation Group and the National Implementation Monitoring Committee for those components. Planning for next phase of stakeholder engagement is now underway. It is expected the operating guideline will be completed by Q4, 2026. The development of the guideline for general adult community mental health teams has been co-designed with and informed by lived and living experience, as detailed earlier in this report.	HSE Mental Health	On Track
34 **Within current implementation plan**	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	Alongside recommendations 25, 28, 32, 33 and 39, this recommendation will be progressed through the development of a national operational guideline for general adult community mental health teams. Building on existing good pratice 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.	HSE Mental Health	On Track

		During Q1, 2026, the multi-disciplinary working group tasked with developing this guideline met to agree key elements (namely key working and team coordination) and received approval from the HSE Implementation Group and the National Implementation Monitoring Committee for those components. Planning for next phase of stakeholder engagement is now underway. It is expected the operating guideline will be completed by Q4, 2026. The development of the guideline for general adult community mental health teams has been co-designed with and informed by lived and living experience, as detailed earlier in this report.		
35 **Within current implementation plan**	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.	Informed by stakeholder engagement, significant progress has been made on the design of an integrated crisis response pathway, incorporating 24/7 end-to-end service delivery components for children and young people with crisis response support needs. A new CAMHS hub for Louth Meath was launched in March 2026, with four hubs currently operational. Recruitment of CAMHS Liaison posts under way and the service specification is in development with key stakeholders. Work progressing with CAMHS Clinical Directors to further progress out of hours CAMHS on-call development and roll out across all regional areas.	HSE Child and Youth Mental Health Office	On Track
36 **BAU**	Appropriate supports should be provided for on an interim basis to service users transitioning from CAMHS to General Adult Mental Health Services (GAMHS). The age of transition should be moved from 18 to 25 and future supports should reflect this	In December 2025, an updated CAMHS Operational Guideline was published. It sets standards for high-quality care and will guide consistency in service delivery throughout the country. Further funding has been made available by the HSE for 20 places for general practitioners and psychiatry registrars to attend the Professional Certificate in Youth Psychiatry delivered by Orygen in 2026 (1 year programme).	HSE Mental Health	Completed

37 **Within current implementation plan**	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.	As part of the HSE's reorganisation, any funding previously held centrally by national disability services has transferred to the Health Regions to support ongoing service delivery. The reason this recommendation is paused is therefore not related to resources and local service provision, but a need to establish an approach for the development of nationally agreed criteria, including action owners. To that end, the HSE's policy implementation team will engage with relevant leads within the HSE to prepare a position paper, setting out an agreed approach for the delivery of outstanding actions related to this recommendation.	HSE Mental Health	Paused
38 **BAU**	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.	There has been a continuing reduction in the number of young people admitted to adult units. In 2025, there were 5 admissions of young people (all 17 years old) to adult units. So far this year, one admission has been reported.	HSE Mental Health	Completed
39 **Within current implementation plan**	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.	Alongside recommendations 25, 28, 32, 33 and 34, this recommendation will be progressed through the development of a national operational guideline for general adult community mental health teams. Building on existing good pratice 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. During Q1, 2026, the multi-disciplinary working group tasked with developing this guideline met to agree key elements (namely key working and team coordination) and received approval from the HSE Implementation Group and the National Implementation Monitoring Committee for those components. Planning for next phase of stakeholder engagement is now underway. It is expected the operating guideline will be completed by Q4, 2026. The development of the guideline for general adult community mental health teams has been co-designed with and informed by lived and living experience, as detailed earlier in this report.	HSE Mental Health	On Track

40 **Within current implementation plan**	Sufficient resourcing of home-based crisis resolution teams should be provided to offer an alternative response to inpatient admission, when appropriate.	The evaluation of the Crisis Resolution Services Model of Care has been completed. Meanwhile, the Limerick crisis resolution team is now operational, so there are now seven teams delivering services across Ireland. In Q1, 2026 there have been bi-weekly data metrics meetings to establish a standardised data set, and a data specification sheet has been finalised.	HSE Mental Health	On Track
41 **Within current implementation plan**	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.	Following stakeholder engagement, desk-based discovery work and a facilitated workshop, it has been decided to progress recommendations 41 (standard operating guideline for day hospitals), 45 (data on delayed discharges), 47 (psychiatric intensive care units) and 49 (intensive recovery support teams) as an integrated work programme. In Q1, 2026, the following has taken place: • Data collection underway to i) identify sources of data available, ii) establish data gaps and iii) plan for a survey to gather data unknown • A proposal for a system mapping workshop has been prepared to include day hospitals, informed by the data collected, and input from subject matter experts • A proposal to conduct a population-based mental health needs assessment is being progressed, which will include consideration of requirements for day hospital provision • A list of subject matter experts is being created, to participate in a working group, including representation from day hospitals. Terms of Reference for the working group have been drafted.	HSE Mental Health	On Track
42 **Within current and next**	Individuals who require specialist Mental Health Services for Older People (MHSOP) should receive that service regardless of their past or current mental health	Work has continued in Q1 2026 to support implementation of the *Model of Care for Specialist Mental Health Services for Older People*:	HSE Mental Health Clinical Programmes	Minor Delivery Issue

implementation plan	history. People with early onset dementia should also have access to MHSOP.	A national gap analysis of community mental health teams benchmarked against the Model of Care has been completed and is currently undergoing final validation. Demonstration sites established to support development of psychiatry of old age liaison services continue to operate and provide learning to inform service development. National oversight and demonstration site meetings have also continued to support operational implementation and address service issues as they arise. Engagement with older persons services nationally has continued through established governance and working group structures, including collaboration with dementia services and other relevant programmes to support integrated service planning. Two additional teams have been approved for 2026 in Cork and Kilkenny, with further posts approved to support delivery of programme and Executive Clinical Director priorities. Ongoing national engagement is supporting alignment of services and development of pathways across acute, community and nursing home settings. The minor delivery issue relates to a lack of dedicated programme management support, which has caused some delays. Administrative support has been provided through the office of the National Clinical and Group Lead – Mental Health to support the work of the National Oversight Group and maintain continuity of key activities. Options to strengthen programme management support are continuing to be explored through appropriate senior management.		
43 **Within current and next implementation plan**	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	As previously reported, the delivery of recommendation 43 will require 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	HSE Mental Health Clinical Programmes	On Track

	individuals who require the expertise of both.	across other areas of the health service, to support integrated service delivery. A position paper has been prepared, which sets out a proposed approach for progressing this recommendation, which was shared with the NIMC for consideration.		
44 **Within current implementation plan**	GPs, mental health service prescribers and relevant stakeholders should collaborate to actively manage polypharmacy.	This recommendation concerns polypharmacy and the need for GPs, mental health service prescribers and other relevant stakeholders to collaborate to actively manage polypharmacy. An analysis of data on people prescribed two or more psychotropic medications has been completed, based on information provided by the Central Statistics Office. Considering the complexity of this policy recommendation, there is a need to plan a programme of work to effectively manage polypharmacy, which aligns with initiatives already underway. This will likely involve guidance to support collaboration between prescribers and pharmacists involved in the care of people experiencing mental health difficulties. As outlined the November 2025 progress report, a steering committee had been formed to oversee this work. However, the chair for this committee has since retired from the HSE and no replacement has yet been identified. Given the need for an integrated whole of system response across the wider health service, an alternative delivery structure is now being explored, including the potential for standing up a specialist group.	HSE	Paused
45 **Within current implementation plan**	HSE should collate data on the number and profile of delayed discharges in acute mental health inpatient units and develop appropriately funded responses.	A delayed discharges survey report is in final draft, with recommendations for approval by the HSE's mental health services workstream. A report on recommended changes to the Community Care Record to capture information on delayed discharges is in final draft, for approval by the workstream. A number of subject matter experts have been consulted on the recommendations. As stated above, it has been decided to progress recommendations 41 (standard operating guideline for day hospitals), 45 (data on delayed discharges), 47 (psychiatric intensive care units) and	HSE Mental Health	On Track

		49 (intensive recovery support teams) as an integrated work programme. In Q1, 2026, the following has taken place: • Data collection underway to i) identify sources of data available, ii) establish data gaps and iii) plan for a survey to gather data unknown • A proposal for a system mapping workshop has been prepared to include day hospitals, informed by the data collected, and input from subject matter experts. This will highlight reasons for delays in discharging patients and inform next steps • A proposal to conduct a population-based mental health needs assessment is being progressed • A list of subject matter experts is being created, to participate in a working group, including representation from acute units. Terms of Reference for the working group have been drafted.		
46 **BAU**	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 Sláintecare.	Findings from the Acute Bed Capacity Report have been incorporated into the work of the National Mental Health Capital Planning Group. As referenced earlier, this group has been tasked with mapping existing infrastructure, identifying priorities for the next three years and overseeing the development of a ten-year mental health capital plan (see also recommendation 98)	HSE Mental Health	Completed
47 **Within current and next implementation plan**	Sufficient 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.	As stated above, it has been decided to progress recommendations 41 (standard operating guideline for day hospitals), 45 (data on delayed discharges), 47 (psychiatric intensive care units) and 49 (intensive recovery support teams) as an integrated work programme. In Q1, 2026, the following has taken place:	HSE Mental Health	On Track

		• Data collection underway to i) identify sources of data available, ii) establish data gaps and iii) plan for a survey to gather data unknown • A proposal for a system mapping workshop has been prepared to include psychiatric intensive care units, informed by the data collected, and input from subject matter experts. • A proposal to conduct a population-based mental health needs assessment is being progressed, which will include consideration of requirements for psychiatric intensive care unit provision. • A list of subject matter experts is being created, to participate in a working group, including representation from psychiatric intensive care units. Terms of Reference for the working group have been drafted.		
48 **BAU**	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.	The National Placement Oversight and Review Team (NPORT) has been supporting regional health services in their decision-making on external residential placements for people with complex mental health difficulties and intellectual disabilities. Since March 2026 NPORT has ceased operating as a national structure with the responsibility for managing and monitoring complex placements now transferred to the six Health Regions. The HSEs policy implementation team will now engage with national care group leads in HSE Access & Integration to establish a process for ongoing monitoring and reporting on the delivery of recommendation 48. A report has been completed on NPORT activity and progress achieved, however, due to the sensitive nature of this information, this report will not be published or widely disseminated.	HSE Mental Health Clinical Programmes	Completed
49 **Within current and next implementation plan**	Intensive Recovery Support (IRS) teams should be provided on a national basis to support people with complex mental health needs in order to avoid	As stated above, it has been decided to progress recommendations 41 (standard operating guideline for day hospitals), 45 (data on delayed discharges), 47 (psychiatric intensive care units) and 49 (intensive recovery support teams) as an integrated work programme. In Q1, 2026, the following has taken place:	HSE Mental Health	On Track

	inappropriate, restrictive and non-recovery-oriented settings.	• Data collection underway to i) identify sources of data available, ii) establish data gaps and iii) plan for a survey to gather data unknown • A proposal for a system mapping workshop has been prepared to include intensive recovery support teams, informed by the data collected, and input from subject matter experts. • A proposal to conduct a population-based mental health needs assessment is being progressed, which will include consideration of intensive recovery support teams A list of subject matter experts is being created, to participate in a working group. Terms of Reference for the working group have been drafted.		
50 **Within current and next implementation plan**	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.	As part of budget 2026, funding was provided for an additional 11 CAMHS intellectual disability posts and 4 adult mental health intellectual disability posts. Notification of these posts were sent to the Regional Executive Officers in the Health Regions to progress to the recruitment phase. Meanwhile, there is ongoing communication with Integrated Healthcare Areas in relation to posts funded in 2024/25. Most posts now recruited. Some areas are experiencing some difficulties in terms of recruitment with posts on hold due to career progression. MOSS PAS training workshops were delivered to teams in January and February 2026. This is a specialist training programme for clinicians working with people who have mental health and intellectual disabilities (developed by Dr Moss) including through the use of interview formats in mental health assessments. Training rolled out to all mental health and intellectual disability teams nationally. Meetings are underway with Integrated Healthcare Areas to ensure implementation of MOSS across adult and CAMHS services.	HSE Mental Health Clinical Programmes	On Track

51 **Within current and next implementation plan**	Speech and Language Therapists should be core members of the Adult-ID and CAMHS-ID teams.	As part of the 2026 budget, funding was provided for two speech and language therapist (SLT) posts in two Integrated Healthcare Areas. There are now 6 SLT posts funded on CAMHS intellectual disability teams nationally. Some of these posts are on hold due to career progression. There is ongoing communication with Integrated Healthcare Areas around these recruitment difficulties.	HSE Mental Health	On Track
52 **Within current and next implementation plan**	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.	Continuing meetings with 2025 funded sites every 6-8 weeks. Progress has been slow in 2 sites especially in North County Dublin where the consultant post is yet to be submitted to the Consultant Appointments Advisory Committee for approval. An initial meeting with 2026 funded service in Longford/Westmeath. All routine data 2025 was received. Open call to providers interested in secondary data analysis of our routine data. National Clinical Audit of Psychosis data was prepared in an infographic. National Clinical Programme for Early Intervention in Psychosis presented to National Clinical Audit Group on the National Clinical Audit of Psychosis, including the need for recurring budget to fund teams to participate in this audit. Supported sites to introduce early intervention in psychosis key worker grade codes by hosting information meetings and guiding existing key workers to transition to new grade codes. Webinar hosted in March 2026 with over 150 people attendees.	HSE Mental Health Clinical Programmes	On Track
53 (a) **Within current implementation plan**	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.	Clinical Lead interviews were held and post was accepted. No start date agreed as yet awaiting backfill. Successful online webinar was held as part of Eating Disorders Awareness week. 2025 national data from 11 teams was published. External evaluation was completed on adult team and report awaited.	HSE HSE Mental Health Clinical Programmes	On Track

		Continue to link with 2025 funded teams to progress recruitment. National Clinical Lead attended the Joint Health Committee in January 2026.		
53 (b) **Within current implementation plan**	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.	The clinical lead has held meetings with two of the three sites new adult ADHD teams funded in 2025. These will be located in HSE West / North West, HSE Dublin South East and HSE Dublin North East. Engagement continues with services in Dublin North Dity & County, with ongoing discussions underway with local management to support implementation. Clinical Lead has followed up with the Executive Clinical Director for the National Forensic Mental Health Service and relevant Integrated Healthcare Area manager. Clinical Lead visited Kerry West Cork site to meet the management team, adult ADHD team and newly appointed consultant. The National Clinical and Group Lead for mental health has provided funding for the Irish College of General Practitioners to develop 2 podcasts on ADHD in adults, as a support for general practitioners. The minor delivery issues primarily relate to the high number of referrals and service capacity. An integrated stepped care programme has been developed to help meet an increased service demand. A report in this programme was formally presented to the HSEs Clinical Forum for their consideration and is awaiting decision. A national oversight group tasked with refreshing the model of care held its first meeting in February 2026.	HSE Mental Health Clinical Programmes	Minor Delivery Issue
53 (c) **Within current and next implementation plan**	The National Mental Health Clinical Programmes for Eating Disorders, Adults with ADHD and the Model of Care for **Specialist Perinatal Mental Health**	Clinical lead returned in January 2026 and recommenced development of a refreshed model of care. This is expected to be completed end of Q2, 2026.	HSE Mental Health Clinical Programmes	On Track

	Services should continue to have phased implementation and evaluation.	Engagements continue with the senior management team in Dublin South East and St Vincents University Hospital to finalise a site for the unit for mothers and babies. Data collection ongoing with a draft report for the first six months of 2025 produced. Data advisory group meets regularly to refine processes and optimise compliance. Negotiations ongoing with regard to a framework for the development of a training, education and research centre.		
54 **Within current and next implementation plan**	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.	As set out in the *2025 – 2027 Implementation Plan*, a key focus for this recommendation has been to progress a needs analysis of the Irish prison population. Following a procurement process, the successful tenderer was selected in Q1, 2026, and notified of their selection. A contract is now being finalised. The justice workstream reviewed its terms of reference and refreshed its membership for 2026	HSE Mental Health / National Forensic Mental Health Service (NFMHS)	On Track
55 **Within current implementation plan**	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 non-forensic mental health settings.	The Limerick prison in-reach and court liaison team is now operational. Social work and nursing positions have been filled. The National Forensic Mental Health Service is providing remote support, while the local consultant position is still in recruitment. To strengthen relationships with the High-Level Taskforce on the mental health and addiction challenges of persons interacting with the criminal justice system, the HSE is standing up a committee, which will liaise closely with the Health Regions to support cross-departmental engagements. The Head of Service with responsibility for the National Forensic Mental Health Service, who co-chairs the Justice Workstream, will co-chair this new committee, to ensure streamlined partnership with the workstream. The Cork prison in-reach and court liaison service is now aligned under the National Forensic Mental Health Service for streamlined governance arrangements with other teams nationally.	HSE Mental Health / National Forensic Mental Health Service	On Track

56 **Within current and next implementation plan**	The development of further ICRUs should be prioritised following successful evaluation of operation of the new ICRU on the Portrane Campus.	The focus for this recommendation is to develop a plan for a phased opening of the Intensive Care Rehabilitation Unit (ICRU) for adults on the Portrane Campus. Building on funding provided as part of budget 2026, there is on-going engagement within the region to support standing up the ICRU, including preparing for recruitment and registration with the Mental Health Commission as an approved centre. Model of Care development and evaluation will dovetail with the standing up of new staff and development of processes. The minor delivery issue mainly relate to challenges associated with recruitment and the fact that the funding provided this year only allows a part of the unit to be opened. To mitigate, there are continuing discussions around required investment to fully open the Intensive Care Rehabilitation Unit.	HSE Mental Health / National Forensic Mental Health Service	Minor Delivery Issue
57 **Within current and next implementation plan**	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.	Continued progress is being made to rollout the *Model of Care for Dual Diagnosis*: Recruitment activity has continued across dual diagnosis services in Q1 2026. Recruitment for the third adult dual diagnosis team in HSE Mid-West has progressed, with two posts filled and the recruitment of a consultant advancing. Work to enhance the Substance Abuse Service Specific to Youth (SASSY) team in Dublin North City and County to become an adolescent dual diagnosis hub team is nearing completion. Discussions regarding clinical governance arrangements for the Cork prison in-reach dual diagnosis post are ongoing. Further national progress includes continued development of dual diagnosis services, with additional posts approved to support expansion of service capacity. The Seeking Safety Ireland Strategic Plan was launched in April 2026, supporting continued rollout of evidence-based interventions across partner organisations.	HSE Mental Health Clinical Programmes	Minor Delivery Issue

58 **Within current implementation plan**	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.	The key aim for the *2025 – 2027 Implementation Plan* is to develop a guidance document on integrated mental health service provision for people experiencing homelessness. As part of this process, a mapping of current service provision was completed. In Q1, 2026, a working group has begun drafting the guidelines, which includes a person with lived experience of homelessness and mental health. Discussions have also taken place with Mental Health Reform to conduct an international best practice review of mental health supports for people experiencing homelessness.	HSE Mental Health HSE Primary Care HSE Social Inclusion	On Track
59 **Within current and next implementation plan**	Assertive outreach teams should be expanded so that specialist mental healthcare is accessible to people experiencing homelessness.	As referenced above under recommendation 58, a mapping of current service provision was completed. In Q1, 2026, a working group has begun drafting the guidelines, which includes a person with lived experience of homelessness and mental health. Discussions have also taken place with Mental Health Reform to conduct an international best practice review of mental health supports for people experiencing homelessness.	HSE Mental Health	On Track
60 **Within current and next implementation plan**	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.	Implementation of the *Liaison Psychiatry Model of Care* has continued in Q1 2026 through ongoing planning and coordination with hospital and service leadership. Additional funding was provided as part of budget 2026, including the allocation of five additional adult liaison psychiatry posts to strengthen service capacity. Recruitment and service planning have progressed across acute hospital settings in line with the phased rollout of the model of care. Further staffing has been approved across model 4 hospitals to support emergency department and liaison pathways, including multidisciplinary roles such as advanced nurse practitioners and clinical nurse specialists. While these roles sit within broader service development initiatives, they provide important system-wide support for implementation of the Liaison Psychiatry Model of Care and improved access to timely mental health assessment and intervention in acute hospital settings.	HSE Mental Health Clinical Programmes	On Track

61 **Within current implementation plan**	The HSE should maximise the delivery of diverse and culturally competent mental health supports throughout all services.	Traveller Cultural Awareness and Anti-Racism Framework published and disseminated. Resources and supports for implementation of the Framework available here Meeting held with the Chair of the Heads of Psychology Services Ireland on results of a training and support needs survey (for psychologists working with refugees and applicants seeking international protection). Recommendations arising from domestic, sexual and gender-based violence (DSGBV) survey on protocols of enquiry and response discussed with Access & Integration – Mental Health to identify next steps. DSGBV simulation videos developed for the skills-based sessions. Work ongoing in relation to scheduling the in-person skills-based session. The National Suicide Research Foundation has conducted and completed additional research on effective interventions of the social determinants of suicide, which will be published with the new strategy. The work of the Traveller Specialist Mental Health Group has commenced, which incorporates a lived experience structure to assist the work of the group. The aim is to develop a Traveller Mental health Action Plan by year end with an interim plan to be prepared by June to inform the estimates process. As part of the Traveller Counselling Service, a new hub has been established in Galway, complementing the existing hubs in Kildare, Ballina, Cork City, Dublin and Bray, where members of the Traveller community can access in-person and culturally inclusive counselling services. The HSE continued to contribute to and support the cultural humility in mental health services (CHUMS) project via membership of the	HSE Social Inclusion HSE Mental Health	On Track

		project advisory board and assisting with the distribution of surveys and interview requests. Ethics approval for the Roma Mental Health Research project in process. Survey questionnaire and focus group questions signed off by the working group. Representation on the Expert Advisory Board of the EQUICARES project in Ireland. This project aims to identify key challenges faced by LGBTQIA+ individuals, such as high rates of self-harm and suicide attempts, exacerbated by both external factors (e.g., societal rejection and discrimination) and internal struggles (e.g., shame and fear). Cairde, in partnership with the HSEs Mental Health Engagement and Recovery Office, and lived experience experts has launched a launched a report on enhancing ethnic minority mental health engagement. The research explores understandings of mental health engagement, barriers, and pathways to equity. Alongside the report video content has been co-created with community members with lived and supportive experience, offering real insights into accessing mental health services and participating in decision-making. Range of supports provided by migrant health teams, including psychological interventions, development and delivery of training programmes, and access to trusted information on available services and resources.		
62 **Within current implementation plan**	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.	A draft outline of the quality improvement plan of service for people with mental health difficulties who are deaf is under development. This will contain actions related to training, awareness raising and mental health promotion. Engagement continued in Q1, 2026, with relevant non-governmental organisations and HSE internal stakeholders. This has included discussion around the adaptation of existing mental health promotion resources into Irish sign language	HSE Mental Health	On track

63 **Within current implementation plan**	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.	Meeting held with the Chair of the Heads of Psychology Services Ireland on results of a training and support needs survey (for psychologists working with refugees and applicants seeking international protection). Delivery of Compassion without Compromise: Managing Exposure to Vicarious Trauma for Practitioners Webinar in March 2026 and Compassion without Compromise: Managing Exposure to Vicarious Trauma for Managers - Interactive Online Workshop in April 2026 The HSE continued to contribute to and support the cultural humility in mental health services (CHUMS) project via membership of the project advisory board and assisting with the distribution of surveys and interview requests. Cairde, in partnership with the HSE's Mental Health Engagement and Recovery Office and lived experience experts has launched a launched a report on enhancing ethnic minority mental health engagement. The research explores understandings of mental health engagement, barriers, and pathways to equity. Alongside the report video content has been co-created with community members with lived and supportive experience, offering real insights into accessing mental health services and participating in decision-making. Range of supports provided by migrant health teams, including psychological interventions, development and delivery of training programmes, and access to trusted information on available services and resources.	HSE Social Inclusion HSE Mental Health	On Track
64 **Within current implementation plan**	Appropriately qualified interpreters should be made available within the mental health service and operate at no cost to the service user.	Awaiting guidance from HSE National Finance to be issued to the Health Regions, advising them to continue using the existing arrangements for interpretation services. Any issues arising during the establishment of the framework should be escalated through a single designated regional lead to the HSE National Social Inclusion Office (NSIO). The NSIO will collate and direct issues to the Office of Government Procurement and, in conjunction with the Health	HSE Mental Health HSE Social Inclusion HSE Procurement	On Track

		Regions, assess whether the framework meets the needs of HSE services, patients, and service users. While awaiting guidance from National Finance, engagements are taking place with mental health services to ascertain current access to interpreters.		
65 **Within current implementation plan**	The HSE should ensure that access to appropriate advocacy supports can be provided in all mental health services.	Work is underway with national providers of advocacy services to establish consistent data collection and standardised service level agreements. The HSE's Office for Mental Health Engagement and Recovery is supporting providers to expand reach using existing resources, including enhanced digital service delivery. A governance framework for advocacy across mental health services is being developed, aligned with engagement and recovery planning within new regional structures. In collaboration with Genio, planning is underway to launch a pilot exploring advocacy support for individuals with a confirmed mental health diagnosis from entry into the criminal justice system through to court conclusion. The minor delivery issues are arising from a delay in engaging with the Health Regions and a need to address data quality and consistency of service level agreements. To mitigate there are ongoing engagements with providers as outlined above.	HSE Mental Health Engagement and Recovery	Minor Delivery Issue
Domain 3 | Social Inclusion				
	Recommendation	**Quarter 1, 2026 Update**	**Lead**	**Current status**
66 **Within current and next implementation plan**	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	A progress report on actions associated with recommendation 66 is being compiled, which brings together updates on relevant work programmes across a number of stakeholder Departments. Additional narrative was included in the report following feedback from the Interdepartmental Steering Group for Mental Health. While	DoH	On Track

	and education opportunities and have an adequate income.	the report was originally scheduled to be presented to NIMC at its November meeting it was moved to the March 2026 meeting due to time constraints. In the meantime, significant progress was made in sourcing appropriate metrics to strengthen the report following meetings between the Mental Health Policy Unit and the Central Statistics Office. The Department's Data and Analytics Unit have agreed to support the Unit in sourcing appropriate metrics from the Irish Health Survey and other data sources held by the Central Statistics Office.		
67 **Within current implementation plan**	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.	A tender for mental health training to housing and disability steering groups was issued in Q1, 2026. It is expected this training will be delivered in Q3 and Q4, 2026.	Housing Agency / Local Authorities	On Track
68 **Within current implementation plan**	Department of Health and Department of Housing, Planning and Local Government, in consultation with relevant stakeholders, should develop a joint protocol to guide the effective transition of individuals from HSE-supported accommodation to community living.	Final consultation on a joint protocol to guide the effective transition of individuals from HSE-supported accommodation to community living has been completed. The protocol is now being incorporated into the upcoming revised National Guidelines for the Assessment and Allocation Process for Social Housing Provision for People with a Disability.	Department of Housing	On Track
69 **Within current implementation plan**	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.	A key output for this recommendation is ensuring housing coordinators are in place in each of the six Health Regions. There are currently five Housing Coordinators in place. As part of the mental health budget for 2025, funding was allocated for an additional five housing coordinators. Recruitment remains underway and is at various stages in the different Health Regions. The Mental Health Commission is currently developing regulations for inspections of community housing. Feedback has been provided to inform this work with the standards now at a final draft stage.	HSE Mental Health	On Track

		The national service planning process is responsible for addressing holistic care for service users.		
70 **BAU**	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.	This recommendation has transitioned to business as usual and is now being progressed through implementation of the Housing Strategy for People with Disabilities.	HSE Mental Health	Completed
71 **Within current implementation plan**	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.	As set out in the *2025 – 2027 Implementation Plan*, an evaluation and fidelity review of individualised placement support will be undertaken with a view to assess and demonstrate the effectiveness of the service. The tendering process for this work is complete, with a provisional commencement date of June 2026. Revisions of the individualised placement support data system is still underway with a re-run of testing is planned. A Community of Practice is required, and in-person approval has been submitted.	HSE Mental Health Engagement and Recovery	On Track
72 **Within current implementation plan**	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 New Directions policy.	This recommendation is being progressed through the Mental Health Engagement and Recovery Workstream, which is undertaking an evaluation of day centres/services. In Q1, 2026, planning was undertaken for site visits to New Directions services. Meanwhile, terms of reference and proposed membership of programme board were developed. A high-level project plan has been designed for approval by the programme board once convened. The minor delivery issues relate to a delay in engaging with Health Regions and lack of clarity around engagement structures. To	HSE Mental Health Engagement and Recovery	Minor Delivery Issue

		mitigate, efforts are focusing on progressing elements of the work that does require input from the Health Regions.		
73 **Within current and next implementation plan**	In line with the strategic priorities of the Comprehensive Employment Strategy for People with Disabilities, 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	Since the commencement of early engagement, Intreo have reached out to more than 42,750 customers to offer them an employment service. Approximately 66% of those contacted agree to speak with a Designated Disability Employment Personal Adviser (DDEPA) about the services available. To date almost 4,100 customers were referred to just under 5,500 further education & training, Employability, job vacancies and employment support schemes. The strategic priorities set out in the comprehensive employment strategy have been achieved and are embedded. Change will now be driven by commitments set out in the new Human Rights Strategy for Disabled People - Pillar 2 Employment.	Department of Social Protection	On Track
74 **Within current implementation plan**	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.	As previously reported, work is underway to develop a toolkit for peer-led/peer-run services. The development of this document is being led by a working group under the Mental Health Engagement and Recovery Workstream. In Q1, 2026, a draft structure of the toolkit has been agreed, along with responsibility for drafting the various sections in the document.	HSE Mental Health Engagement and Recovery	On Track
Domain 4 | Accountability and Continuous Improvement				
	Recommendation	**Quarter 1, 2026 Update**	**Lead**	**Current status**
75 **Within current implementation plan**	The organisation of mental health services should be aligned with emerging integrated care structures under Sláintecare reforms including the proposed six Regional Health Areas (RHA's) and within these the Community Health Networks corresponding to populations of about 50,000	A framework for the Integrated Service Delivery (ISD) Model has been developed and agreed following extensive collaboration with key stakeholders, including patients and service users, internal clinical and operational representatives, heads of service, hospital managers and voluntary providers. This ISD model (which sets out service arrangements within and across the IHAs) provides the blueprint for the integrated delivery of services with teams working differently and working together in delivering integrated care.	HSE Mental Health	On Track

76 **Within current and next implementation plan**	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.	A national steering group is working on the development of the population-based reallocation formula and an implementation plan: The model has three strategic objectives: i) Fairly distribute available healthcare funding to regions according to their populations' health needs and the cost of providing services to meet those needs. ii) Address health inequalities by providing each region with the resources to meet the health needs of their populations equally. iii) Facilitate the efficient and effective use of resources to support the delivery of person-centred integrated care.	HSE Mental Health	On Track
77 **Within current implementation plan**	A standardised set of performance indicators (PIs) directly aligned with the desired outcomes in *StV* 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.	Significant progress was made in the development of a mechanism for monitoring mental health indicators with the Central Statistics Office and with internal data and analytics colleagues in the Department of Health. It was agreed to collaborate with mental health policy colleagues in scoping enhancements to Census 2027 and collecting relevant data from the European Union Statistics on Income and Living Conditions (EU-SILC). In parallel, work is advancing on the roll out of an outcomes framework for *Sharing the Vision*, as set out in the 2025 – 2027 implementation plan. In Q1, further engagements were held with relevant implementation leads to identify proxy indicators aligned to the seven principal policy outcomes, aligned dataset and a mechanism for routinely collecting outcome measures.	DoH	On Track
78 **Within current implementation plan**	Regular surveys of service users and FCS should be independently conducted to inform assessments of performance against PIs and target outcomes in *StV*.	• The Mental Health Commission and the National Care Experience Programme engaged with Health Regions and Integrated Healthcare Areas on the rollout of a National Mental Health Experience Survey. • Data sharing agreements in place with providers. • Ethical approval from Royal College of Physicians of Ireland received.	HSE Mental Health Engagement and Recovery	On Track

		• Information sessions and training provided to participating private/independent providers with ongoing sessions taking place in April 2026 for HSE providers. • Promotional material distributed to participating providers. • The National Mental Health Experience Survey has commenced the sampling period for service users, and the administration of the survey will commence in June.		
79 **Within current implementation plan**	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.	Discussions remain ongoing both at the HSE Centre and at Health Region level in relation to the mapping of complaints and associated staffing. This is having an ongoing impact on development work at national level requiring Health Region input, which is the main reason for reported delivery issues. In the interim, and to mitigate this issue, all elements that can be progressed are attended to.	HSE National Complaints Governance and Learning Team (NCGLT)	Minor Delivery Issue
80 **BAU**	A culture of open disclosure to support patient safety is embedded in mental health services.	This recommendation has transitioned to business as usual. 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 mandatory open disclosure training by staff in mental health services. HSE Access & Integration – Mental Health has connected with HSeLanD to develop an account to ensure access to general reporting on number of participants by Health Region.	HSE Quality Patient Safety HSE Open Disclosure Team HSE Mental Health	Completed
81 **Within current implementation plan**	Training should be provided for services users and staff on making and dealing with complaints.	As previously reported, this recommendation is experiencing delays. Discussions remain ongoing both at the HSE Centre and at Health Region level in relation to the mapping of complaints and associated staffing. This is having an ongoing impact on development work at national level requiring Health Region input. In the interim, all elements that can be progressed are attended to.	HSE Mental Health HSE Mental Health Engagement and Recovery HSE National Complaints Governance and Learning Team	Minor Delivery Issue

82 **BAU**	Mental health services should ensure that the principles set out in the National Healthcare Charter, You and Your Health Service, are embedded in all service delivery.	The work of the HSE Mental Health Engagement and Recovery (MHER) office has supported mental health services to embed principles outlined in the National Healthcare Charter in service delivery. As outlined earlier in this report, the MHER team has commenced a review of the *Mental Health Engagement and Recovery Strategic Plan 2023 - 2026* to evaluate its awareness, accessibility, relevance, and impact to date. This work will incorporate the overarching principles in the National Healthcare Charter.	HSE Mental Health HSE Quality and Patient Safety HSE Mental Health Engagement and Recovery	Completed
83 **Within current implementation plan**	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 *Sharing the Vision*.	In line with the *2025 – 2027 Implementation Plan*, a situational analysis and agreed action plan was completed. Building on this analysis, the Quality Assurance Framework Workstream has concluded that that promoting a revised Best Practice Guidelines (potentially under a different name) in partnership with the Mental Health Commission and in alignment with *Sharing the Vision* is the best route forward.	HSE Mental Health	On Track
84 **Within current implementation plan**	The relevant bodies should come together to ensure that the measures for the Quality Framework, the Judgement Support Framework, the Best Practice Guidance, *Sharing the Vision* PIs 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.	As outlined above under recommendation 83, a situational analysis and agreed action plan was completed. This work will also inform the single data set for recommendation 84.	HSE Mental Health	On Track
85 **Within current implementation plan**	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.	The migration of Section 38 organisations financial data onto the Integrated Financial Management System through an online portal process is still ongoing - there have been issues with Citrix IT access as these organisations are external to HSE's IT systems which has delayed this part of the migration. While some organisations' financial data have migrated across there are delays with a number of organisations which is been expedited through IT to resolve, this has pushed out timelines correspondingly.	HSE	Minor Delivery Issue

86 **Within current and next implementation plan**	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.	The implementation phase of the Community Care Record has now commenced, and work has also continued on building the blueprint for the end-state solution. Training and change management activities have progressed in preparation for the first deployment, the 'Single Point of Access', which will be implemented nationally for child and adolescent services, providing the system for children disability network teams and primary care. In parallel, full technical delivery of the first deployment is now underway, alongside preparations for the second deployment, which will cover the Midwest Region 1 and two Specialist Palliative Care services: Milford Care Centre and Our Lady's Hospice & Care Services.	HSE Mental Health	Minor Delivery Issue
87 **Within current and next implementation plan**	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 meeting was held with the National Forensic Mental Health Service (NFMHS) in January 2026 to discuss the regular exchange of data on NFMHS waiting lists, services and performance and to put in place regularised structured updates for the High-Level Task Force. Two further meetings of the High-Level Task Force Steering Committee also took place, one meeting on 5 January 2026 and one meeting on 9 March 2026.	Department of Justice	On Track
88 **BAU**	Training and guidance should be provided to staff on the practice of positive risk-taking, based on the principles of the Assisted Decision-Making (Capacity) Act 2015, where the value of promoting positive risk-taking is recognised by the regulator.	HSE Access & Integration – Mental Health has connected with HSeLanD to develop an account to ensure access to general reporting on number of participants by Health Region.	HSE Mental Health	Completed
89 **Within current and next implementation plan**	Access to safeguarding teams and training should be provided for staff working in statutory and non-statutory mental health services in order to apply the national safeguarding policy.	In Q1, 2026, the Safeguarding Action Plan working group was established with the aim for this plan to be completed by June 2026. There have been ongoing meetings to progress this work, with the inclusion of a representative from HSE Access & Integration.	HSE Mental Health HSE National Safeguarding Office	On Track

90 **BAU**	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	The Central Statistics office (CSO) Suicide Mortality Statistics Liaison Working Group continues to meet, with a first meeting of 2026 held on 28 January. At this meeting the CSO updated on data linkage work to address late registered deaths in suicide statistics. The National Suicide Research Foundation updated on the evaluation of the implementation of the Suicide Observatory in Cork and Kerry which demonstrated positive results. Next steps were discussed. Work continues on the National Probable Suicide Monitoring System. To date, two meetings of the expert review group have been held. An additional staff member was recruited, and the team is currently collecting information on deaths for 2023/2024. Second Advisory Committee meeting to be held later this year. Worked closely with the CSO to enhance suicide statistics for Ministerial briefings and to support drafting of the new suicide and self-harm reduction strategy. Good progress has been made on the development of the new suicide and self-harm reduction strategy, the successor strategy to *Connecting for Life*, with launch expected in Q2 2026. This strategy will include a domain focused on the development of data systems and research.	Department of Justice / DoH	Completed
91 **Within current implementation plan**	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.	The National Mental Health Services Probable Suicide Registry Steering Group was convened in December 2025 to examine feasibility, establish membership, and agree governance. The group includes representatives from the National Office for Suicide Prevention, the National Suicide Research Foundation (NSRF), HSE Mental Health, HSE Public Health, and will include lived experience representation from the NSRF Lived Experience Panel. Terms of Reference were drafted and formally approved. Across three meetings held in Q1, 2026, the steering group discussed the proposed implementation plan for progressing Recommendations 1–7 of the feasibility study, with a particular focus on case ascertainment, data governance, and developing a pilot approach. Work has also begun on	HSE Mental Health HSE National Office for Suicide Prevention	On Track

		shared learning mechanisms, staff and family support pathways, and lived-experience involvement. Further foundational work was completed during the quarter, including early engagement with the Community Care Record team and initial planning for a small pilot. The group also discussed current staff support systems and progressed the design of the lived experience involvement model. This model will involve 2–3 lived experience members working in partnership with the project team, holding full membership rights at steering group level, participating on a rotational basis, and receiving structured supports including access to the Employee Assistance Programme and the NSRF clinical facilitator. This model aims to achieve meaningful co-production from the outset. In Q2, 2026, the steering group will continue monthly meetings to advance planned work and will draft a Memorandum of Understanding with the Central Statistics Office to secure access to data to begin the pilot.		
92 **Within current implementation plan**	In keeping with the evolving understanding of human rights, particularly the UN Convention on the Rights of Persons with Disabilities, it is recommended that involuntary detention should be used on a minimal basis. 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	The Mental Health Act 2026 was signed into law by the President on 7 May 2026, after years of drafting, debate, and consultation. The new Act will introduce a more person-centred approach to mental health legislation and will provide for the regulation of community mental health services for the first time	DoH	On Track
93 **BAU**	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	Convened by the Department of Health, the National Mental Health Research Strategy Implementation and Oversight Group has met in July, September, November and December 2025 and March 2026, to progress an implementation plan for the period 2025-2027.	DoH	Completed

	accordance with priorities identified in the research strategy			
94 **BAU**	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.	This recommendation has transitioned to business as usual. As part of the ongoing work to embed and support a structured approach to change management, the HSEs policy implementation team has since March 2025 facilitated a project management support forum to promote best practice, share learning and provide peer support for those involved in policy implementation. In collaboration with the Centre for Effective Services, the HSEs policy implementation team has also developed a comprehensive training programme covering a broad range of project and change management topics, which is now being rolled out in HSE Access & Integration.	HSE Mental Health	Completed
95 **Within current implementation plan**	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.	A report summarising outputs and learning from initiatives under the former Mental Health Division Strategic Portfolio and Programme Management Office and the Service Reform Fund is being finalised. The minor delivery issues relate to a delay in preparing this report for sign-off, which is a result of other more urgent priorities. To mitigate, dedicated project management time will be set aside to conclude this work so it can be considered for transition for business as usual.	HSE Mental Health	Minor delivery issue
96 **Within current implementation plan**	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.	A key focus for the *2025 – 2027 Implementation Plan* will be to devise a methodology for routinely collating and sharing information on change and innovation initiatives in mental health. This should include a repository of innovations / posters showcased as part of the regional *Sharing the Vision* engagement events. Building in a previously completed project brief, a meeting has been arranged with the Centre for Effective Services to clarify deliverables, identify a project management resource and agree a delivery structure.	HSE Mental Health	On Track
97	Mental health services should make use of other non-mental health community-based physical facilities, which are fit for	Through the Mental Health Engagement and Recovery Workstream, guidance for statutory and voluntary mental health service providers to work in partnership has been developed. As set out in the *2025 – 2027*	HSE Mental Health Engagement and Recovery	Minor Delivery Issue

Within current implementation plan	purpose, to facilitate community involvement and support the implementation of the outcomes in this policy.	*Implementation Plan*, an additional objective has been incorporated into the guidance document to align with recommendations 30 and 97. The minor delivery issue associated with this recommendation is arising from a delay in transition this recommendation to business as usual and establishment of mental health networks. This will require discussion with relevant business as usual owners in the Health Regions and Integrated Healthcare Areas. To mitigate, engagement with Health Region management teams is sought now in conjunction with the delivery and review of the HSEs Mental Health Engagement and Recovery strategic plan.		
98 **Within current and next implementation plan**	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.	This recommendation is being progressed by a Mental Health Capital Planning Group, which has been tasked with mapping existing infrastructure, identifying priorities for the next three years and overseeing the development of a 10-year mental health capital plan. Progress has been made in the development of the capital plan, characterised by strong engagement across all stakeholders. Key achievements to report include: Comprehensive Regional Engagement: The Capital Group has successfully concluded individual engagement meetings with all six HSE Health Regions. Completion of Facility Mapping: Each region has completed a detailed facility mapping exercise. This has provided an inventory of all existing mental health facilities, their current general conditions, and the specific infrastructural works required to meet regulatory compliance. Data Consolidation: Mapping templates have been received from all six regions and are currently undergoing final review to ensure a robust foundation for the national plan. Strengthened Governance: Strategic alignment continues to grow, marked by the inaugural meeting of the Department of Health led group in April. This collaborative effort ensures that we are well-	HSE Mental Health	Minor Delivery Issue

		positioned to identify investment priorities and deliver therapeutic, recovery-supportive environments across the national infrastructure as part of the overall 10-year plan. As reported in the November 2025 progress report, the minor delivery issues relate to previous delays in receiving information from HSE Health Regions on existing infrastructure. However, progress has been made in Q1, 2026, through the mitigating actions noted above.		
99 **BAU**	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.	Minister Butler appointed eight new members to the NIMC Steering Committee in January 2026. An onboarding meeting of new and old members took place on 16 February 2026. The November policy implementation progress report was published following its approval by NIMC and a meeting between Minister Butler and NIMC Chair to discuss the issues highlighted in the report. The subgroup of NIMC tasked with implementing the findings of the independent review of the Reference Group concluded its work. Their progress was discussed and approved at the March NIMC meeting.	DoH	Completed
100 **Within current implementation plan**	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.	Engagement has continued in Q1, 2026 between the HSE, the College of Psychiatrists of Ireland and the Irish College of General Practitioners to support alignment on implementation arrangements. Recent discussions have been constructive, with agreement reached to work collaboratively to explore practical options to support implementation of this recommendation. Ongoing liaison with key professional stakeholders has helped maintain progress and strengthen collaborative working arrangements. This engagement has supported a shared understanding of implementation requirements and next steps to progress the recommendation. Work in the next quarter will focus on continuing engagement with the College of Psychiatrists of Ireland and the Irish College of General Practitioners to further explore implementation options and agree practical arrangements to support delivery of the recommendation.	DoH	On Track