Rialtas na hÉireann
Government of Ireland

National Mental Health Research Strategy

Implementation Plan 2026-2027



Table of Contents

Foreword from co-chairs of Implementation and Oversight Group

1. Introduction

2. Policy context

3. Governance structures

   3.1 The Implementation and Oversight Group

4. Development of the 2026–2027 implementation plan

5. Monitoring and reporting

6. The implementation plan

   6.1 Domain 1: Impact

      6.1.1 Prioritised actions for the 2026–2027 implementation period

      6.1.2 Enabling actions: Impact domain actions and sub-actions

   6.2 Domain 2: Infrastructure

      6.2.1 Prioritised actions for the 2026–2027 implementation period

      6.2.2 Infrastructure domain actions and sub-actions

   6.3 Domain 3: Capacity

      6.3.1 Prioritised actions for the 2026–2027 implementation period

      6.3.2 Capacity domain actions and sub-actions

   6.4 Domain 4: Co-production

      6.4.1 Prioritised actions for the 2026–2027 implementation period

      6.4.2 Co-production domain actions and sub-actions

   6.5 Domain 5: Collaboration

      6.5.1 Prioritised actions for the 2026–2027 implementation period

      6.5.2 Collaboration domain actions and sub-actions

   6.6 Domain 6: Funding

      6.6.1 Prioritised actions for the 2026–2027 implementation period

      6.6.2 Funding domain actions and sub-actions

Foreword from co-chairs of Implementation and Oversight Group

I am pleased to present the first Implementation Plan for Ireland's National Mental Health Research Strategy, covering the period 2025 to 2027. The publication of this plan is a milestone in strengthening the role of research within a more integrated, evidence-informed mental health system.

This Implementation Plan signals a shift from strategy development to structured delivery. It sets out a clear framework for progressing priority actions across six core domains: funding, infrastructure, capacity, co-production, collaboration, and impact, reflecting the key components required to support a modern, connected, and sustainable mental health research system.

Important progress has already been made across 2025 in strengthening the enabling environment for research. This includes the resourcing and establishment of additional Reference Research Ethics Committees, the approval of a pilot Single REC model, and the rollout of the National Electronic Research Management System. These developments represent tangible steps towards a more streamlined, efficient, and coordinated research system.

A central focus of this Implementation Plan is to improve the coherence and effectiveness of the research system, as it pertains to mental health. This includes addressing fragmentation, strengthening national coordination, and supporting more integrated engagement between researchers, policymakers, clinicians, and people with lived experience.

In doing so, the plan supports a more strategic and aligned approach to research investment and activity.

The period to 2027 will be an important in building on these foundations and delivering progress across priority actions. This will require sustained collaboration across Government, the health service, academia, and the wider research and community sectors, underpinned by strong implementation and effective oversight.

Ultimately, the ambition of this work is to ensure that mental health research in Ireland is better positioned to inform policy, improve services, and deliver meaningful outcomes for individuals and communities. This Implementation Plan represents an important step in advancing that ambition.



Muiris O'Connor
Assistant Secretary for Research & Development and Health Analytics

Ireland's first National Mental Health Research Strategy represents a significant step forward in strengthening the role of research in improving mental health outcomes, informing policy, and enhancing service delivery. This Implementation Plan for 2025–2027 sets out the initial phase of delivery, providing a structured and collaborative framework to translate strategic ambition into tangible action.

The Strategy is grounded in a vision of a robust, inclusive, and impactfocused mental health research system—one that is underpinned by strong governance, sustained investment, and meaningful collaboration across sectors. It reflects a shared commitment to ensuring that research is not only of the highest quality, but also relevant, accessible, and responsive to the needs of people with lived experience, practitioners, and policymakers.

During 2025, important foundational work was undertaken to enable the effective implementation of the Strategy. The Implementation and Oversight Group worked throughout 2025 to develop this Implementation Plan, including agreeing the strategic approach to monitoring and reporting on implementation progress; determining the actions to be implemented during the 2025–2027 period; and developing, refining, and finalising the scope and wording of subactions under each action. The Group also identified appropriate crosssectoral partners to lead the delivery of actions.

As reflected in this report, progress across domains during 2025 has primarily focused on planning and preparation. While many subactions are scheduled to commence from 2026 onwards, the focus in this initial phase has been on setting a clear direction for the Strategy, establishing supporting structures, and fostering collaboration.

The focus will now shift towards the active implementation of prioritised actions across all domains, supported by ongoing monitoring, reporting, and collaboration. The commitment of partners across government, health services, academia, and the community and voluntary sector will be central to achieving the ambitions of the Strategy.

Together, we have an opportunity to build a stronger, more connected mental health research system—one that is directly linked to policy, generates highquality evidence, supports innovation, and ultimately contributes to better mental health and wellbeing for all.



Siobhán McArdle
National Mental Health Research Strategy Implementation Plan

1. Introduction



This implementation plan outlines the initial delivery schedule for implementing Ireland's first **National Mental Health Research Strategy,** covering the period 2026–2027. The publication of this document marks an important milestone in advancing mental health research nationally and establishes a baseline for achievements over the coming years. The second implementation plan will be developed for the 2028–2030 period.



Section 1

Introduction and overview of sections.

Section 2

Policy context summarises background information on the development of the National Mental Health Research Strategy; its vision, mission, and values; and organising framework.

Section 3

Governance structures describes the governance arrangements that will guide and oversee implementation

Section 4

Development of the 2026–2027 implementation plan sets out the methods adopted to develop this implementation plan.

Section 5

Monitoring and reporting sets out how progress will be tracked and reported over the course of both implementation periods (2026–2027 and 2028–2030).

Section 6

The implementation plan details the actions and sub-actions to be commenced or delivered in the 2026–2027 implementation period, the organisations responsible for implementation, milestones, and expected outputs.

2. Policy context



Ireland's first National Mental Health Research Strategy, published in December 2024, provides a comprehensive, whole-of-government framework to strengthen mental health research and ensure that policy and practice are informed by high-quality evidence. The Strategy was developed by the National Mental Health Research Strategy Expert Group, which was established by the Health Research Board (HRB) and included public consultation.

The development of the Strategy fulfils recommendation 93 of Ireland's national mental health policy. *Sharing the Vision* calls for the publication of a national mental health research strategy, supported by two three-year implementation plans.

The vision, mission, and values of the Strategy centre on building a robust, collaborative, and person centred, human rights based mental health research system in Ireland that improves mental health outcomes for Irish people. The Strategy also ensures that mental health researchers respect the rights, dignity and well-being of people who participate in the research whilst ensuring the rights, dignity, well-being and self-determination of research participants at the fore of mental health research are safeguarded.



To achieve its vision and goals, the National Mental Health Research Strategy sets out a national research framework structured around six domains. These domains focus on impact, infrastructure, capacity, coproduction, collaboration and funding. A total of 40 targeted actions sit within and across these domains to support delivery of the Strategy (Figure 1).

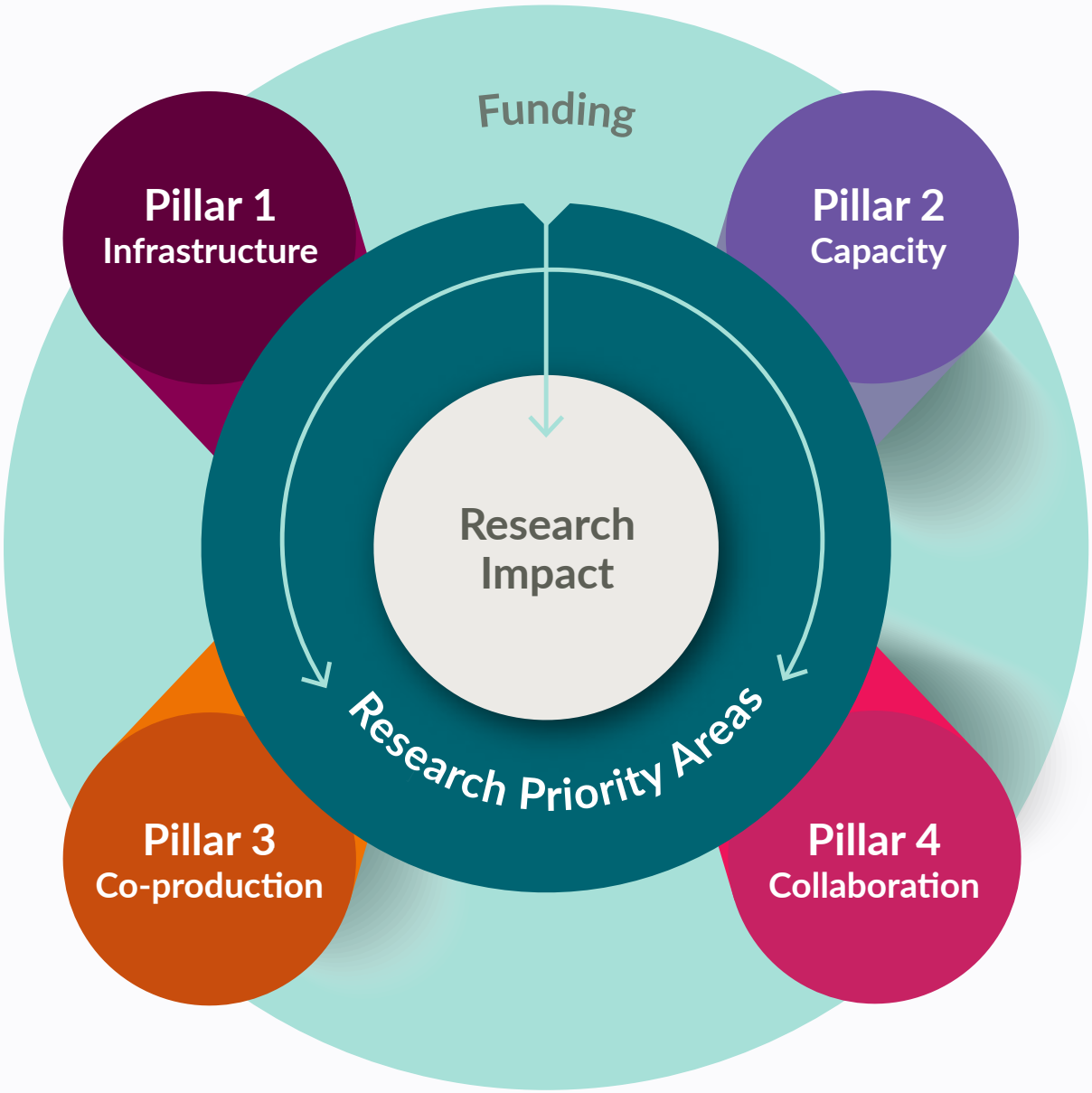


Figure 1: The national research framework set out in the National Mental Health Research Strategy.

In addition, the Strategy identifies 15 priority areas in mental health research, which are categorised under the following four domains of *Sharing the Vision*:

1. **Promotion, prevention, and early intervention area.** For example, research to identify population mental health trends, inequalities, and key life-course risk and protective factors.
2. **Service access, coordination, and continuity of care.** For example, research priority area research on new and emerging forms of service delivery and interventions.
3. **Social inclusion.** For example, research on interventions that enhance personal recovery across the life course.
4. **Accountability and continuous improvement.** For example, research into structures that can deliver optimal integrated mental health and social care.



The National Mental Health Research Strategy is situated within a wider policy environment that prioritises integrated, rights based, and outcomes focused mental health and healthcare reform. *Sharing the Vision* emphasises mental health promotion, and prevention; trauma-informed practice; community based support; recovery; and whole of government collaboration. Meanwhile, Sláintecare, Ireland's programme to transform health and social care, provides the wider system context for the National Mental Health Research Strategy.

Sláintecare's ambition to deliver universal, equitable and integrated care, grounded in population health, prevention, early intervention, and strengthened community and primary care, aligns directly with mental health priorities. Its focus on social determinants, integration of mental and physical health, and system wide research and innovation highlights the need for robust mental health evidence. The National Mental Health Research Strategy builds on these principles by promoting evidence informed policy, cross sector collaboration, and a more integrated, person centred approach to mental health.

3. Governance structures



The National Mental Health Research Strategy operates within the wider governance framework established by *Sharing the Vision*. Under this framework, the National Implementation Monitoring Committee (NIMC) provides overarching national oversight for the implementation of *Sharing the Vision* and plays a key role in ensuring coherence across the mental health system.

The development of the National Mental Health Research Strategy is one of the key deliverables under the Sharing the Vision Implementation Plan 2022–2024.

Because implementation of *Sharing the Vision* depends on coordinated action across multiple government and public sector actors, the NIMC's oversight helps maintain alignment between mental health policy, service delivery, and the research agenda set out in the National Mental Health Research Strategy. The governance arrangements for the Strategy are therefore designed to integrate with and complement the NIMC's broader oversight role.

The NIMC will also receive the annual progress report on the implementation of the National Mental Health Research Strategy prior to publication, ensuring ongoing accountability and alignment with national priorities.

3.1 The Implementation and Oversight Group

The central governance mechanism for the National Mental Health Research Strategy is the Implementation and Oversight Group, established by the Department of Health to oversee delivery of the Strategy, ensure accountability for its progress, and coordinate efforts across the mental health research system. The three primary objectives of the Group are to:

1. **Develop and agree implementation plans** outlining lead responsibilities and timelines for actions. The first implementation plan will cover the period 2026–2027.
2. **Monitor the delivery of actions** against agreed timeframes by reviewing progress reports.
3. **Review an annual progress report** on implementation of the National Mental Health Research Strategy prior to submission to the NIMC for Sharing the Vision.

The Group is co-chaired by the Department of Health's Assistant Secretary for Research & Development and Health Analytics, and the Department of Health's Assistant Secretary for Social Care, Mental Health and Unscheduled Care. To reflect the principle of cross-sectoral, evidence-informed governance set out in the Strategy, and ensure that research priorities and implementation pathways are shaped by a diverse set of stakeholders, the Implementation and Oversight Group includes representation from:

- Government departments
- State agencies
- Service provision
- Clinical practice
- Academic research, and
- Lived experience experts
- Civil society and charity sector.

For each sub-action under the 40 actions set out in the National Mental Health Research Strategy, an implementation lead with representation on the Implementation and Oversight Group has been identified and will be responsible for achieving the sub-action(s). Those partners taking a lead role include the Department of Health, the Health Service Executive (HSE), the Health Research Board, and Research Ireland.



4. Development of the 2026–2027 implementation plan



The lifecycle of this implementation plan is between Q1 2026 and Q4 2027 inclusive (three years). It is the first of two implementation plans to cover the expected 2025–2030 timeline for the National Mental Health Research Strategy.

This plan is a high-level outline of the intended milestones and outputs to be delivered within its lifecycle. It will continue to evolve as the implementation of the Strategy gathers momentum. Engagement with implementation leads and supporting partners will be ongoing throughout the lifecycle of the Strategy.

Between August 2025 and February 2026, the Implementation and Oversight Group convened on five occasions to:

1. Agree the strategic approach for monitoring and reporting on implementation progress
2. Agree the actions to be implemented in the 2026–2027 period
3. Generate, refine, and agree the scope and wording of sub-actions under each action to be implemented in the 2026–2027 period
4. Agree the sub-actions to be implemented in the 2026–2027 period
5. Identify the most appropriate implementation lead for each sub-action
6. Consider action-specific dependencies that may influence the coordination and timely delivery of actions and sub-actions, and
7. Consider emerging issues, resource constraints, or system level challenges that may impact delivery

Bilateral engagements were held with all implementation leads to finalise the scope, wording, and delivery details for their respective sub-actions, before the Group finalised the plan.

5. Monitoring and reporting



The approach to monitoring and reporting on the implementation of the National Mental Health Research Strategy reflects the established good practice in monitoring and reporting by the *Sharing the Vision* and *Connecting for Life* implementation teams. The Department of Health will lead the monitoring process in collaboration with implementation leads across organisations responsible for delivering actions and sub-actions.

The Department of Health will hold two meetings per year with each implementation lead to review progress on all open actions. These meetings will provide an opportunity for implementation leads to:

- Provide a verbal update on key activity and progress since the previous reporting point
- Highlight any risks of issues that may impact implementation
- Indicate current delivery status (e.g. on track, not started)
- Engage in troubleshooting, problem-solving, and joint planning with the Department of Health, where needed, and
- Provide an outline of activity planned over the following 6 months.

In one of these two meetings each year, there will also be a structured check-in on actions marked as completed to ensure outputs remain accessible, follow-on dependencies are addressed, and learning is captured for future implementation planning.

Progress on each sub-action will be monitored formally using the RAG-B framework, with status assessed against agreed milestones and outputs. This approach will enable consistent tracking of:

- Actions at risk or experiencing significant delivery issues (Red)
- Actions with minor delivery issues requiring attention or intervention (Amber)
- On-track delivery (Green), and
- Completed actions (Blue).

Implementation leads will be responsible for maintaining up-to-date internal records on progress and for preparing updates in advance of six-monthly meetings using an online progress reporting platform.

Based on information received in meetings with implementation leads and on the online progress reporting platform, the Department of Health will draft an annual progress report covering all open actions and summarising progress against milestones, outputs, and timelines. The report will also highlight emerging risks, cross-cutting challenges, and areas where coordinated action is required. The draft will be reviewed and agreed by the members of the Implementation and Oversight Group. A final report will be submitted to the NIMC for *Sharing the Vision* and subsequently published on the Department of Health website.

6. The implementation plan



This plan is structured around the six core domains of the National Mental Health Research Strategy – funding, infrastructure, capacity, co-production, collaboration, and impact. Under each domain, the plan first summarises the purpose and ambition of that domain within the wider strategy.

It then identifies the actions within the domain to be prioritised during the implementation period (2026–2027), as determined by the Implementation and Oversight Group. Progress achieved throughout 2025, since the publication of the National Mental Health Research Strategy at the end of 2024, is then described. Finally, for each strategy action relevant to the 2026–2027 implementation period, a detailed implementation plan is presented in tabular format under the following headings:

Table 1 Implementation plan action sub-headings

Sub-action	The specific activity required to deliver the action.
Implementation lead	The implementation lead identified as responsible for leading and delivering on the sub-action.
Contributing partners	Other stakeholders that will need to be involved or consulted to support the delivery of the sub-action.
Year of completion	The expected year in which full implementation of the sub-action will be achieved.
Dependencies	Any prerequisites or enabling conditions required to deliver the sub-action.
Status	A short descriptor of progress at the time of this publication: • To be commenced • On track • Minor delivery issue • Major delivery issue • Complete
Milestone(s)	Annual milestones leading to delivery of the action and resulting output(s).
Output(s)	The tangible deliverables or products resulting from implementation of the sub-action.

6.1 Domain 1: Impact

The Impact domain aims to ensure that mental health research in Ireland leads to real and measurable improvements in people's lives, services, and policies. While high-quality research is essential, it does not automatically translate into meaningful change.

The actions under this domain focus on embedding impact-focused practices throughout the research process. This approach is called integrated knowledge translation, and it includes activities and processes such as co-production, early engagement with policymakers and other knowledge users, and ongoing collaboration to ensure that research questions, findings, and outputs are relevant, timely, and well-positioned to inform decision-making. The domain also highlights the broad range of potential impacts that mental health research can achieve, from influencing policy and improving services to strengthening human capacity and contributing to cultural or economic wellbeing. To achieve this, researchers need support and skills to plan for impact from the outset, and the system needs stronger structures to enable evidence to be synthesised, shared, and used.

Because impact often emerges over long timeframes and involves many actors, better approaches to capturing, measuring, and reporting impact are also needed to strengthen accountability and learning across the mental health research system.

6.1.1 Prioritised actions for the 2026–2027 implementation period

The National Mental Health Research Strategy outlines six actions under the Impact domain, four of which the Implementation and Oversight Group agreed should be implemented (or implementation initiated) during the 2026–2027 implementation period. These are actions 1 and 3-5, which are outlined in the tables below.



6.1.2 Impact domain actions and sub-actions

Table 2: Action 1 under Impact domain

Action 1. Engage with high-level, cross-government, and cross-agency structures to support early collaboration between researchers, senior health service managers, and policymakers in mental health research in order to facilitate proactive and timely planning for policy-relevant mental health research, the identification of national- and policy-level research priorities, and the translation and adoption of research findings at the national policy level.						
Sub-action 1.1 Establish a support structure to engage with cross-departmental groups, such as the Interdepartmental Steering Committee for Mental Health, the Civil Service Research Network, the Shared Island Unit (Dept of Taoiseach), Impact 2030 Forum, and others.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Department of Health (Mental Health Strategy Unit)	Interdepartmental Steering Committee for Mental Health The Civil Service Research Network The Shared Island Unit (Dept of Taoiseach) Impact 2030 Forum HSE Health Research Board (HRB) Research Ireland Department of Further and Higher Education, Research, Innovation and Science	**2026**	Engagement from relevant stakeholders	To be commenced	N/A	Support structure to facilitate engagement established.

Table 3: Action 3 under Impact domain

Action 3. Support cross-departmental decision-makers in policy and practice in translating mental health policy needs into actionable research agendas by developing a framework and specific tools for framing evidence needs as research questions.						
Sub-action 3.1 Develop a guide to support decision-makers in translating policy needs into research questions.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Department of Health (Mental Health Strategy Unit)	HSE Health Research Board (HRB) Evidence Synthesis Ireland (via the Health Research Board)	**2027**	Subject to resources/staffing	To be commenced	**2026** Scoping	Support guide developed
Sub-action 3.2 Propose processes for supporting decision-makers in translating policy needs into research projects.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Department of Health (Mental Health Strategy Unit)	Health Research Board (HRB)	**2027**		To be commenced	**2026** Scoping	Position paper outlining proposed processes.

Table 4 Action 4 under Impact domain

Action 4. Leverage expertise in evidence synthesis in order to reduce duplication, assess the quality of existing evidence, and identify evidence gaps for policy and practice.						
Sub-action 4.1 Engage with national stakeholders to identify areas in mental health where evidence synthesis is lacking or insufficient to support policy and practice.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Department of Health (Mental Health Strategy Unit)	HSE Health Research Board (HRB) HRB funded Evidence Synthesis Ireland via the Health Research Board Institute of Public Health	**2027**	Stakeholder engagement; subject to resources/staffing	To be commenced	**2026** Engagement with national stakeholders **2027** Gap analysis and review	Paper setting out opportunities for enhanced evidence synthesis

Table 5: Action 5 under Impact domain

Action 5. Maximise access to mental health research findings among people with lived experience, their families, supporters, communities, and the wider public so that individuals can understand and interpret findings that are relevant to them.						
Sub-action 5.1 Identify needs of people with lived experience, their families, supporters, communities, and the wider public in terms of maximising their access to mental health research findings (e.g. preferred formats for research output(s), access channels).						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Department of Health (Mental Health Strategy Unit)	HSE Health Research Board (HRB) Research Ireland Mental Health Reform HRB-funded mental health research network CO-PRIME Health Research Charities Ireland	**2027**	Stakeholder engagement	To be commenced	**2026** Working group (including people with lived experience) established to identify best practice in mental health research accessibility. **2027** Guidance document produced.	Guidance document on accessible mental health research findings produced and shared with relevant stakeholder.

Action 5. Maximise access to mental health research findings among people with lived experience, their families, supporters, communities, and the wider public so that individuals can understand and interpret findings that are relevant to them.

Sub-action 5.2 Require that recipients of mental health research grants create plain English summaries of key research outputs.

Implementation lead	Contributing partners	Year of completion	Dependencies	Status	Milestone(s)	Output(s)
Health Research Board (HRB)	Research Ireland; NALA	**2027**	Feasibility; implementation; accessibility of research outputs	To start in 2026	**2026** Scope feasibility of this and whether it is implementable by 2027. Investigate the accessibility of research outputs. **2027** Guidance produced.	New awardees will receive guidance on providing plain language summaries of key research findings.

6.2 Domain 2: Infrastructure

The Infrastructure domain aims to build the strong, coherent, and sustainable foundations needed for a high-quality mental health research system in Ireland.

The actions under this domain aim to ensure that researchers have access to streamlined governance processes, efficient and coordinated research ethics committee (REC) systems and other approval processes as required such as consent declarations (made by the Health Research Consent Declaration Committee), and robust data infrastructures that enable secure, timely, and cost effective use of routine health and administrative data for research. This domain also seeks to support interoperability through common tools, approaches, and measures, strengthen national leadership and coordination, and bring together the diverse stakeholders involved in mental health research. By addressing fragmented processes, improving data access and linkage, and fostering long-term collaboration and research leadership, this domain ensures that Ireland's research system can generate impactful evidence, reduce inefficiencies for researchers, and contribute to both national priorities and globally significant mental health research.

6.2.3 Prioritised actions for the 2026–2027 implementation period

The National Mental Health Research Strategy outlines five actions under the Infrastructure domain, one of which the Implementation and Oversight Group agreed should be implemented (or implementation initiated) during the 2026–2027 implementation period. This is action 8, which is outlined in the table below.



6.2.4 Infrastructure domain actions and sub-actions

Table 6: Action 8 under Infrastructure domain

Action 8. In the context of ongoing and future reforms of research ethics committee systems in Ireland, ensure that the most appropriate and efficient research ethics committee pathways are available to meet the needs of mental health researchers, particularly with the implementation of the HSE Roadmap for the Reform of Health and Social Care Research Ethics Committees and the progression of the necessary legislation for the national research ethics committee (NREC) bill.

Sub-action 8.1 Secure full implementation and resourcing of the HSE REC Reform Roadmap as a foundational requirement for ethics review in mental health research.

Implementation lead	Contributing partners	Year of completion	Dependencies	Status	Milestone(s)	Output(s)
HSE Research & Development	Department of Health (Research Policy & Innovation Unit) Higher Education Institutions (HEIs)	**2027**	Funding; headcount; legislation.	Commenced in 2022.	**2026** Approval in principle obtained from National Research Governance Committee to progress establishment of one Reference REC per Region and a Single REC model. Business case developed and submitted; funding formally approved. Recruitment process initiated for Reference REC roles, ensuring requisite expertise and PPI representatives with lived experiences are appointed. Agreements developed. Pilot framework for Single REC model designed and approved. Pilot commenced and evaluated, with recommendations submitted for national decision. Governance review of Regional REC membership completed and recommendations approved.	6 x RREC in place S38/HSE Agreements HEI/HSE Agreements

Action 8. In the context of ongoing and future reforms of research ethics committee systems in Ireland, ensure that the most appropriate and efficient research ethics committee pathways are available to meet the needs of mental health researchers, particularly with the implementation of the HSE Roadmap for the Reform of Health and Social Care Research Ethics Committees and the progression of the necessary legislation for the national research ethics committee (NREC) bill.

Sub-action 8.2 Develop and deliver mental health-specific training for REC members.

Implementation lead	Contributing partners	Year of completion	Dependencies	Status	Milestone(s)	Output(s)
HSE Research & Development	The National Office for Research Ethics Committees	**2027**	Establishment of HSE REC; funding (needs to be commissioned)	Not started	**2026** Project Initiation Document approved and funding secured. Project Manager recruited and Chair formally appointed. Terms of Reference and membership approved; Steering Group convened. Procurement process completed and contract award approved. Co-development workplan agreed and draft module content approved by Steering Group. Technical integration plan agreed and modules signed off for deployment. Training implementation plan approved (including blended delivery model).	RFT brief developed Supplier & SteerCo in place to produce training Training modules developed (e.g. HSELand)

Action 8. In the context of ongoing and future reforms of research ethics committee systems in Ireland, ensure that the most appropriate and efficient research ethics committee pathways are available to meet the needs of mental health researchers, particularly with the implementation of the HSE Roadmap for the Reform of Health and Social Care Research Ethics Committees and the progression of the necessary legislation for the national research ethics committee (NREC) bill.

Sub-action 8.3 Progress the primary legislation to support the necessary reform of REC systems in Ireland, taking into consideration the national research ethics committee requirements of the mental health research sector.

Implementation lead	Contributing partners	Year of completion	Dependencies	Status	Milestone(s)	Output(s)
Department of Health (Research Policy & Innovation Unit)	HSE Research & Development The National Office for Research Ethics Committees	**2027**	Engagement with mental health research sector with expertise of RECs.	Not started	**2026** Under development Engage in consultation with mental health research stakeholders.	Recognition of mental health research sector in development of documents for primary legislation.

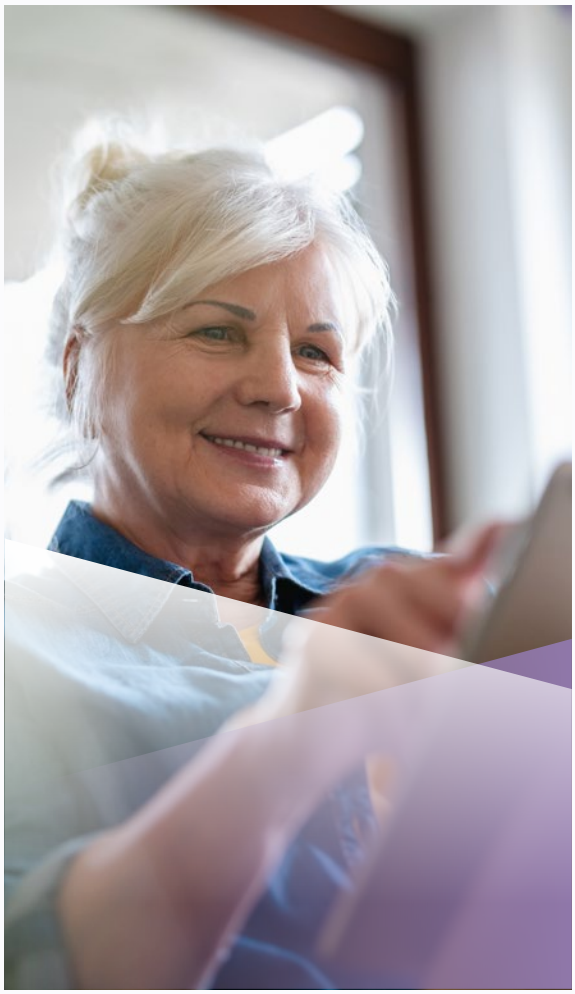
6.3 Domain 3: Capacity

The Capacity domain focuses on growing, strengthening, and diversifying Ireland's mental health research workforce so that the system has the people, skills, and career structures needed to deliver high-quality, impactful research.

Its core purpose is to ensure that researchers across all career stages – and across sectors including academia, health and social care, the voluntary and community sector, and peer researchers with lived experience – are supported through stable career pathways, training, mentorship, and opportunities for development. Building capacity also means equipping researchers with emerging skills in areas such as data analytics and artificial intelligence, strengthening organisational leadership for mental health research within universities and the HSE, and embedding research within service delivery settings by ensuring practitioners have the time, governance support, and systems required to participate in and conduct research. By investing in people, skills, and supportive structures across sectors, the actions under the Capacity domain aim to create a resilient, diverse, and future-focused research workforce capable of advancing mental health knowledge and improving services and outcomes over the long term.

6.3.1 Prioritised actions for the 2026–2027 implementation period

The National Mental Health Research Strategy outlines seven actions under the Capacity domain, three of which the Implementation and Oversight Group agreed should be implemented (or implementation initiated) during the 2026–2027 implementation period. These are actions 12, 17 and 18, which are outlined in the tables below.



6.3.2 Capacity domain actions and sub-actions

Table 7: Action 12 under Capacity domain

Action 12. Increase the number of training fellowships, partnership schemes, and PhD qualifications in mental health research, ensuring that they are flexible and supportive enough to meet the needs of researchers from a wide variety of backgrounds (including health and social care practitioners and peer researchers) and along the career pathway, including early career researchers, established researchers, senior researchers, and research leaders.						
Sub-action 12.1 Host annual early career event focussed on funding opportunities and grant writing skills.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Health Research Board (HRB)	Research Ireland; HRB-funded mental health research network CO-PRIME; IUA; Charities	**2027**	Stakeholder engagement	To start in 2026	**2026** Career Day held by end of year. **2027** Career Day held by end of year.	Annual early career day held in 2026 and 2027.

Action 12. Increase the number of training fellowships, partnership schemes, and PhD qualifications in mental health research, ensuring that they are flexible and supportive enough to meet the needs of researchers from a wide variety of backgrounds (including health and social care practitioners and peer researchers) and along the career pathway, including early career researchers, established researchers, senior researchers, and research leaders.						
Sub-action 12.2 Integrate analysis of researchers working on funded projects into Funding Action 1: Conduct an analysis of national investments in mental health research.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Health Research Board (HRB)	Research Ireland, national funders, mental health charities, relevant government departments and HSE.	**2027**	Subset of funding sub-action 1.1 Availability and accessibility of data on researchers supported by the contributing research funders.	To start in 2026	**2026** Project scoped and planned, data collection completed. **2027** Analysis completed for available and feasible data, report published and disseminated.	Data collection and analysis concluded for researchers involved in funded research. Report published and disseminated (as part of sub-action 1.1)

Action 12. Increase the number of training fellowships, partnership schemes, and PhD qualifications in mental health research, ensuring that they are flexible and supportive enough to meet the needs of researchers from a wide variety of backgrounds (including health and social care practitioners and peer researchers) and along the career pathway, including early career researchers, established researchers, senior researchers, and research leaders.

Sub-action 12.3 Conduct an assessment of the research workforce in Ireland. This will include identifying barriers to accessing research careers and recommendations for how training fellowships, partnership schemes, PhD qualifications and career pathways can be best structured to meet the needs of researchers from a variety of backgrounds.

Implementation lead	Contributing partners	Year of completion	Dependencies	Status	Milestone(s)	Output(s)
Department of Further and Higher Education, Research, Innovation and Science		**2027**	Funding, staffing	To start in 2026	**2026** Scoping of the project. **2027** Assessment conducted and report produced.	Report on the research workforce in Ireland.

Action 12. Increase the number of training fellowships, partnership schemes, and PhD qualifications in mental health research, ensuring that they are flexible and supportive enough to meet the needs of researchers from a wide variety of backgrounds (including health and social care practitioners and peer researchers) and along the career pathway, including early career researchers, established researchers, senior researchers, and research leaders.						
Sub-action 12.4 Identify mental health researchers and research activities in HSE regions.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
HSE Research & Development	HSE Mental Health	**2027**	Roll out of National Electronic Research Management System (NERMS)	Not started	**2026** Roll out of NERMS to the Reference RECs. Roll out of NERMS to the large S38 academic teaching Hospital RECs. Develop and build the reporting capability of NERMS.	Report on mental health research activity per region as NERMS is rolled out in regions.

Table 8: Action 17 under Capacity domain

Action 17. Provide appropriate financial and organisational support to facilitate career pathways for clinicians and providers in mental health services in all settings, allowing them to develop research and evaluation skills and combine their clinical and other duties with mental health research.						
Sub-action 17.1 Commission a review of international policy and practice models to inform the development of a model of financial and organisational supports for clinician and provider career pathways in mental health services could be feasibly and effectively applied within the Irish context.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Department of Health (Mental Health Strategy Unit)	HSE	**2027**	Funding	To be commenced	**2026** Identify service provider Finalise research scope	Review completed and shared with relevant stakeholders

Table 9: Action 18 under Capacity domain

Action 18. Embed mental health research into service delivery through the provision of funding to develop organisational capacity to support and engage in research activity.						
Sub-action 18.1 Commission a review of approaches to developing organisational capacity to support and engage in mental health research to assess how such models could be feasibly and sustainably applied within the Irish context.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Department of Health (Mental Health Strategy Unit)	HSE	**2027**	Funding	To be commenced	**2026** Identify service provider Finalise research scope	Review completed and shared with relevant stakeholders

6.4 Domain 4: Co-production

The Co-Production domain aims to strengthen and expand meaningful collaboration with people who have lived experience, ensuring they are active partners in shaping mental health research throughout the entire research process. Co-production is grounded in shared decision-making, power-sharing, and valuing experiential knowledge alongside academic and clinical expertise.

It improves the relevance, ethics, and impact of research by ensuring that questions, methods, and outputs reflect the needs and priorities of those most affected by mental health difficulties. While public and patient involvement (PPI) structures exist in the mental health research system, much of what is described as PPI consists of lower levels of involvement, such as consultation. The actions under this domain seek to move towards deeper, more authentic co-production, supported by available national resources and mindful of the power imbalances that can be particularly significant in mental health contexts. Strengthening co-production will help ensure that mental health research in Ireland is inclusive, transparent, grounded in human rights, and responsive to real-world experiences.

6.4.1 Prioritised actions for the 2026–2027 implementation period

The National Mental Health Research Strategy outlines eight actions under the Co-production domain, three of which the Implementation and Oversight Group agreed should be implemented (or implementation initiated) during the 2026–2027 implementation period. These are actions 19, 21 and 23, which are outlined in the tables below.



6.4.2 Co-production domain actions and sub-actions

Table 10: Action 19 under Co-production domain

Action 19. Conduct a mapping exercise of the existing infrastructure and initiatives in the Public and Patient Involvement (PPI) co-production space related to mental health to avoid duplication of effort.						
Sub-action 19.1 Initiate a programme of work to map Public and Patient Involvement (PPI)/lived experience and co-production activities in mental health research including barriers and facilitators.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Health Research Board (HRB)	HRB-funded mental health research network CO-PRIME; HRB-funded PPI Ignite; Implementation and Oversight Group members; national funders, mental health charities, relevant government departments, and HSE Mental Health Engagement and Recovery (MHER)	**2027**	Engagement from stakeholders	Not commenced	**2026** Scoping work completed. **2027** Mapping of PPI, lived experience and co-production in mental health research underway.	Structured programme of work underway to map lived experience/PPI and co-production activities in mental health research.

Table 11: Action 21 under Co-production domain

Action 21. Support the development of a framework and guidelines for engaging people with lived experience throughout the research process to ensure that their involvement is meaningful and not tokenistic.						
Sub-action 21.1 Request Health Research Board Evidence Centre to undertake an Evidence Brief on national and international frameworks and guidelines for engaging with lived experience experts in the area of mental health.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Department of Health (Mental Health Strategy Unit)	HSE Patient and Service User Experience (PSUE)/ Mental Health Engagement & Recovery (MHER) Health Research Board Evidence Centre	**2027**	N/A	Not commenced	**2026** Request submitted through SREU Evidence Synthesis Service.	Evidence product completed and shared with stakeholders

Table 12: Action 23 under Co-production domain

Action 23. Support ongoing efforts to develop a user-friendly structure for payment, compensation, and recognition of work completed by people with lived experience and PPI participants, including those with experience of mental health difficulties, informed by the work of the PPI Ignite Network and others in this area.						
Sub-action 23.1 Produce a call to action for government to develop guidelines for payment, compensation, and recognition of work by people with lived experience and PPI participants from a mental health research perspective.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Implementation and Oversight Group	HSE Patient and Service User Experience (PSUE)/ Mental Health Engagement & Recovery (MHER) HRB-funded mental health research network CO-PRIME and HRB-funded PPI Ignite	**2027**	Engagement of Implementation and Oversight Group members and external contributors	To be commenced	**2026** Relevant contributors identified and convened	Call to action produced and distributed to relevant decision-makers.

Action 23. Support ongoing efforts to develop a user-friendly structure for payment, compensation, and recognition of work completed by people with lived experience and PPI participants, including those with experience of mental health difficulties, informed by the work of the PPI Ignite Network and others in this area.						
Sub-action 23.2 Engage with national stakeholders, including cross-departmental stakeholders and people with lived experience, regarding existing structures and challenges regarding compensation of lived experience and PPI participants.						
Implementation lead	Contributing partners	Year of completion	Dependencies	Status	Milestone(s)	Output(s)
Department of Health (Mental Health Strategy Unit)	Government departments civil society organisations Representatives of marginalised groups HRB-funded PPI Ignite HSE The NIMC sub-groups	**2027**	Engagement from relevant stakeholders	To be commenced	**2026** Working group of relevant stakeholders (including people with lived experience) established	Report outlining barriers to compensation produced and distributed to relevant stakeholders.

6.5 Domain 5: Collaboration

The Collaboration domain aims to build a connected, engaged, and interdisciplinary mental health research community by strengthening partnerships across sectors, disciplines, and roles, from lived experience experts and community organisations to clinicians, researchers, policymakers, and international networks.

We know that mental health is shaped by complex social, clinical, and environmental factors. Therefore, effective research requires coordinated input from diverse expertise and settings, and across sectors. The actions under this domain seek to address the current fragmentation of research activity, characterised by institution- or topic-specific research groups, by fostering a more integrated national and all-island research network that enhances cross-institutional learning, shared methodologies, and collective impact. Collaboration is essential not only for generating richer, more relevant evidence but also for ensuring that policymakers and health system leaders can engage with researchers throughout the research process, enabling research that is better aligned with service needs and more likely to influence policy, practice, and population wellbeing.

6.5.1 Prioritised actions for the 2026–2027 implementation period

The National Mental Health Research Strategy outlines four actions under the Collaboration domain, two of which the Implementation and Oversight Group agreed should be implemented (or implementation initiated) during the 2026–2027 implementation period. These are actions 27 and 28, which are outlined in the tables below. Collaboration domain actions and sub-actions.



Table 13: Action 27 under Collaboration domain

Action 27. Develop an all-island collaborative, interdisciplinary mental health research network that brings together researchers from academia and the range of mental health service providers, as well as researchers working in diverse fields and agencies, including justice, employment, welfare, education, housing, and others, along with knowledge users from a wide variety of sectors.						
Sub-action 27.1 Run call for an all-island collaborative, interdisciplinary mental health research network and award contract.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Health Research Board (HRB)	Host institution Research Offices	**2025**	N/A	Complete	N/A	All-Ireland and inclusive mental health research network that has a sustainable governance structure, holds regular meetings and events, and disseminates information to members on mental health research activities across Ireland. Network meaningfully involves people with lived experience, fosters multidisciplinary collaboration, supports early-career researchers, and drives impact by engaging with policymakers and practitioners.

Table 14: Action 28 under Collaboration domain

Action 28. Facilitate and provide practical support to increase collaboration among researchers and knowledge users including policymakers and decision makers in health and social care.						
Sub-action 28.1 Agree a programme of work with key stakeholders to bring together researchers and knowledge users including policymakers and decision makers in mental health.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Health Research Board (HRB)	Department of Health HSE HRB-funded mental health research network CO-PRIME and HRB-funded PPI Ignite Impact 2030 Civil Service Research Network Department of Further and Higher Education, Research, Innovation and Science	**2027**	Capacity of researcher and knowledge users to engage	To be commenced	**2026** Scoping completed by the end of year. **2027** Programme of work developed by end of year.	Pilot events run in 2026–2027 to identify effective formats for strategic engagement. Programme of work.

Action 28. Facilitate and provide practical support to increase collaboration among researchers and knowledge users including policymakers and decision makers in health and social care.						
Sub-action 28.2 Identify opportunities to leverage the Research Ireland Public Service Fellowship Scheme in the mental health space.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Research Ireland	Government departments and agencies	**2027**	Departments and agencies crafting research projects Dedicated funding for mental health fellowships	To be commenced	**2026** Relevant units in government departments and agencies briefed on Public Service Fellowship (PSF) scheme and guidance provided. **2027** Relevant department and agency participation in 2027 PSF call.	Fellowships in place.

6.6 Domain 6: Funding

Increasing and sustaining funding for mental health research is essential to achieving the National Mental Health Research Strategy's vision of parity between mental and physical health.

Mental health research remains significantly underfunded relative to its disease burden, both in Ireland and globally. Addressing this gap requires dedicated investment not only in research projects but also in the pillars that support the research system (infrastructure, capacity, co-production, and collaboration). The Strategy calls for a shift towards more strategic funding aligned with priority areas, while continuing to support investigator-led projects. It also highlights the need to leverage shared funding models and broaden engagement with diverse actors, including government, philanthropy, industry, and international sources. Exchequer investment can act as a catalyst, attracting additional private and international funding, while ethical engagement with non-Exchequer sources will help diversify and strengthen funding streams.

6.6.1 Prioritised actions for the 2026–2027 implementation period

The National Mental Health Research Strategy outlines ten actions under the Funding domain, nine of which the Implementation and Oversight Group agreed should be implemented (or implementation initiated) during the 2026–2027 implementation period. These are actions 31-39, which are outlined in Tables 3–4. Of note, actions 32-37 each call for the provision of sustained, dedicated, and targeted funding to strengthen different components of the mental health research system.

While these actions align with the remaining five domains of the Strategy (infrastructure, capacity, coproduction, collaboration, and impact) and the 15 priority areas in mental health research identified in the Strategy, they represent variations of a single overarching implementation requirement: the systematic identification of (i) funding needs across all domains and research priority areas, and (ii) the relevant agencies across government who can progress mental health research. As the underlying implementation mechanism is common to all six actions, this implementation plan presents these actions and sub-actions collectively rather than in separate action tables.

Actions 32-37 are listed below, and the shared sub-action and accompanying implementation plan are outlined in Table 3.

Action 32:

Invest additional dedicated funding over time in mental health research to address the 15 research priority areas identified in this strategy (aligns with Research Priority Areas).

Action 33:

Strengthen the mental health research system through the provision of sustained funding for the development of supportive infrastructure and processes, including a national centre for mental health research that will provide leadership and coordination (aligns with Pillar 1: Infrastructure).

Action 34:

Grow and diversify the capacity of the mental health research workforce through sustained and targeted funding in order to develop a future-focused and multisectoral workforce with a career pathway that supports a long-term commitment to mental health research (aligns with Pillar 2: Capacity).

Action 35:

Build on existing initiatives and provide targeted funding to further enhance and expand co-production in mental health research so that those who experience and are affected by mental health difficulties can make meaningful and impactful contributions throughout the research process (aligns with Pillar 3: Co-production).

Action 36:

Increase engagement and coordination across the mental health research community, both nationally and internationally, through dedicated funding for collaborative activities to ensure that researchers can work together more effectively, pool their expertise, and amplify their collective efforts to improve mental health in Ireland (aligns with Pillar 4: Collaboration).

Action 37:

Provide funding to maximise the impact of mental health research in Ireland, including efforts to increase the accessibility of research findings to diverse audiences, engage in cross-departmental collaborative initiatives, and organise knowledge exchange events among researchers, policymakers, and health and social care practitioners (aligns with Impact).

6.6.2 Enabling actions: Funding domain actions and sub-actions

Table 15: Action 31 under Funding domain

Action 31. Conduct an analysis of national investments to establish who is funding mental health research, how much they are funding, and identify the balance of investments across research areas.						
Sub-action 31.1 Publish and disseminate report on national investments in mental health research.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Health Research Board (HRB)	Research Ireland, national funders, mental health charities, IOG members, relevant government departments and HSE.	**2027**	Engagement from national funders	To be commenced in 2026	**2026** Project scoped and planned, data collection completed. **2027** Analysis completed, report published and disseminated.	Data collection and analysis concluded. Report published and disseminated.

Table 16: Actions 32-37 under Funding domain

Actions 32-37						
Sub-action 32.1–37.1. Undertake a comprehensive mapping exercise to identify (i) the funding needs for actions across the five Strategy domains and the 15 research priority areas, and (ii) the relevant agencies across government with the mandate and capacity to progress mental health research.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Department of Health	Government Departments Health Service Executive Health Research Board (HRB) Implementation and Oversight Group Members HEI Research Leads	**2027**	Availability of baseline information Engagement from relevant government departments	To be commenced in 2026	**2026** Methodology for mapping exercise agreed and stakeholder engagement commenced. **2027** Mapping exercise complete and shared with relevant stakeholders.	Mapping exercise complete and shared with relevant stakeholders.

Table 17: Action 38 under Funding domain

Action 38. Strengthen coordination among government departments and agencies that have a direct or indirect role in funding mental health research to augment the impact of investments.						
Sub-action 38.1 Establish and act as secretariat for National Mental Health Research Strategy Implementation and Oversight Group.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Department of Health (Mental Health Strategy Unit)	Implementation and Oversight Group members and cross-departmental stakeholders	Group established 2025	Engagement of Implementation and Oversight Group members	On track	2025 milestone(s): Implementation and Oversight Group members identified. Invitations issued. 2026 and 2027. Progress reports produced.	Establishment of Implementation and Oversight Group. Publication of annual progress reports during 2026–2030. Publication of meeting agendas and meeting minutes.

Action 39. Broaden and expand mental health research funding opportunities to include European initiatives, all-island opportunities, partnerships with agencies in the United Kingdom, and international funding opportunities in order to enhance the funding available for mental health research in Ireland.						
Sub-action 39.1 and 39.2 Host workshop to explore funding partnership opportunities with Northern Ireland, UK, and international funders.						
Implementation lead	**Contributing partners**	**Year of completion**	**Dependencies**	**Status**	**Milestone(s)**	**Output(s)**
Health Research Board (HRB)	Research Ireland	**2026**	Stakeholders identified and available	To be commenced	**2026** Workshop held by the end of the year.	Workshop held.

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