



Rialtas na hÉireann
Government of Ireland



National Mental Health Research Strategy



Sharing the Vision
A Mental Health
Policy for Everyone

Published by the Health Research Board for the Government of Ireland

© Health Research Board 2024

Table of Contents

Foreword	2
Summary	4
Background	7
Mental health research in Ireland	8
The mental health research system	8
Sharing the Vision – A Mental Health Policy for Everyone	9
Sláintecare	9
Research priorities of the Department of Health	10
Findings from Creating Our Future	11
The European Union’s approach to mental health	12
Human rights context	12
Evolving landscape	13
How we developed this strategy	15
National Mental Health Research Strategy Expert Group	15
Public consultation	15
Scope of the strategy	17
What do we mean by ‘mental health’ in this strategy?	18
What do we mean by ‘research’ in this strategy?	21
Mental health research strategy for Ireland	25
Vision	26
Mission	26
Values	26
Mental health research strategy framework	27
Funding	28
Research priority areas	30
Pillars of mental health research	34
Pillar 1: Infrastructure	34
Pillar 2: Capacity	36
Pillar 3: Co-production	38
Pillar 4: Collaboration	40
Impact	42
Strategy implementation	44
Glossary of terms	45
References	48
Appendices	53

Foreword



Our first national mental health research strategy marks a transformative step in Ireland’s commitment to enhancing mental health services and supports through research and evidence. This strategy, developed in alignment with our national mental health policy, *Sharing the Vision – A Mental Health Policy for Everyone*, represents an unprecedented opportunity to advance mental health research and bring Ireland to the forefront of mental health evidence and innovation.

Mental health touches every aspect of our lives, affecting individuals, families, and communities. It is fundamental to our wellbeing, yet it is often overlooked and underfunded. The development of this strategy is a testament to our dedication to addressing this imbalance and ensuring that mental health research receives the attention and resources it deserves.

The development of the strategy was led by the National Mental Health Research Strategy Expert Group and was informed by a public consultation. The strategy is designed to be a national framework for all funders, uniting diverse stakeholders across sectors towards an ambitious but achievable vision: an Ireland with a thriving mental health research system that strengthens our understanding of mental health and positively impacts mental health and wellbeing for all. The strategy strives to develop a comprehensive, integrated mental health research system that not only addresses current challenges but also anticipates future needs.

It identifies priority areas for mental health research and aims to build a robust research system that supports innovation and excellence. This will be achieved by investing in research infrastructure, developing research workforce capacity, fostering co-production, facilitating collaboration, and working strategically to maximise the impact of mental health research. The strategy calls for increased and sustained funding to support these efforts and to fund research in the priority areas. Investing in the mental health research system will allow us to generate the evidence base needed to deliver tangible benefits.

As we move forward, it is crucial that policymakers, funders, researchers, people with lived experience, families, supporters, and service providers across the public, private, voluntary, and community sectors come together to support this strategy. Collectively, we can make a real difference. By prioritising mental health research, we are laying the foundation for a healthier, more resilient Ireland. Let us seize this opportunity to transform our mental health research landscape.

A handwritten signature in black ink, appearing to read 'Fiona Keogh'.

Fiona Keogh
Chair, National Mental Health Research Strategy Expert Group



I would like to extend my deepest thanks to Fiona Keogh, Chair of the National Mental Health Research Strategy Expert Group, and to all members of the group for their dedication and hard work in developing this transformative strategy. As part of the Sharing the Vision Implementation Plan 2022–2024, the Health Research Board was tasked with developing a national mental health research strategy aligned with Sharing the Vision. We are proud to have played a leading role in this important initiative by convening and providing secretariat support to the National Mental Health Research Strategy Expert Group and assisting them in their deliberations.

This strategy sets a new direction for mental health research in Ireland. It lays out a comprehensive framework that aims to address current challenges, foster innovation, and build a future where mental health research drives policy and practice. We at the Health Research Board look forward to working closely with partners to implement the strategy's recommendations. We have a unique opportunity to shape the future of mental health research in Ireland. Together we can create lasting impact for generations to come.

A handwritten signature in black ink that reads "Mairéad O'Driscoll".

Mairéad O'Driscoll
Chief Executive Officer, Health Research Board



The development of this Strategy represents a landmark in the implementation of mental health policy in Ireland. It provides a comprehensive and detailed framework for guiding mental health research in the coming years which will in turn enable evidence-based implementation of policy.

I commend the National Mental Health Research Strategy Expert Group and the Health Research Board for their efforts and invaluable expertise in developing this excellent piece of work.

The delivery of this Strategy is one of the key commitments of our national mental health policy, Sharing the Vision – A Mental Health Policy for Everyone (2020-2030), a comprehensive policy which takes a whole-of-population and whole-of-government approach to enhancing the mental health of our population, through mental health promotion, early intervention, the delivery of high quality specialist mental health services, and supporting recovery.

The Strategy presents a framework for guiding and enhancing mental health research in Ireland with the Service Delivery Principles of Sharing the Vision at its core – namely Recovery, Trauma-Informed, Human Rights, and Valuing & Learning.

The oversight of the delivery of this Strategy will be a joint undertaking by the Department of the Health and the Health Research Board. I look forward to the tremendous impact this Strategy will have on the enhancement of mental health research and the delivery of evidence-based policy, for years to come.

A handwritten signature in black ink that reads "Siobhán McArdle".

Siobhán McArdle
Assistant Secretary, Social Care, Mental Health, Drugs Policy
and Unscheduled Care

Summary

Mental health is a universal concern, touching every life and transcending our diverse characteristics and identities. It is essential to health and wellbeing, enabling individuals, communities, and society to thrive. There is growing awareness of the importance of our mental health, and research will play a central role in transforming this awareness into improved wellbeing and quality of life in Ireland and beyond.

Research aims to deepen our understanding of mental health, uncovering the factors that affect it and discovering what services and supports work, for whom, under what circumstances, and at what cost. Improving mental health is a complex and multifaceted challenge, and research provides the evidence we need to tackle this challenge together. Implementing this research strategy will be integral to promoting mental health; preventing mental health difficulties; addressing the social determinants of mental health; and providing accessible, acceptable, and effective mental health care across the life course.

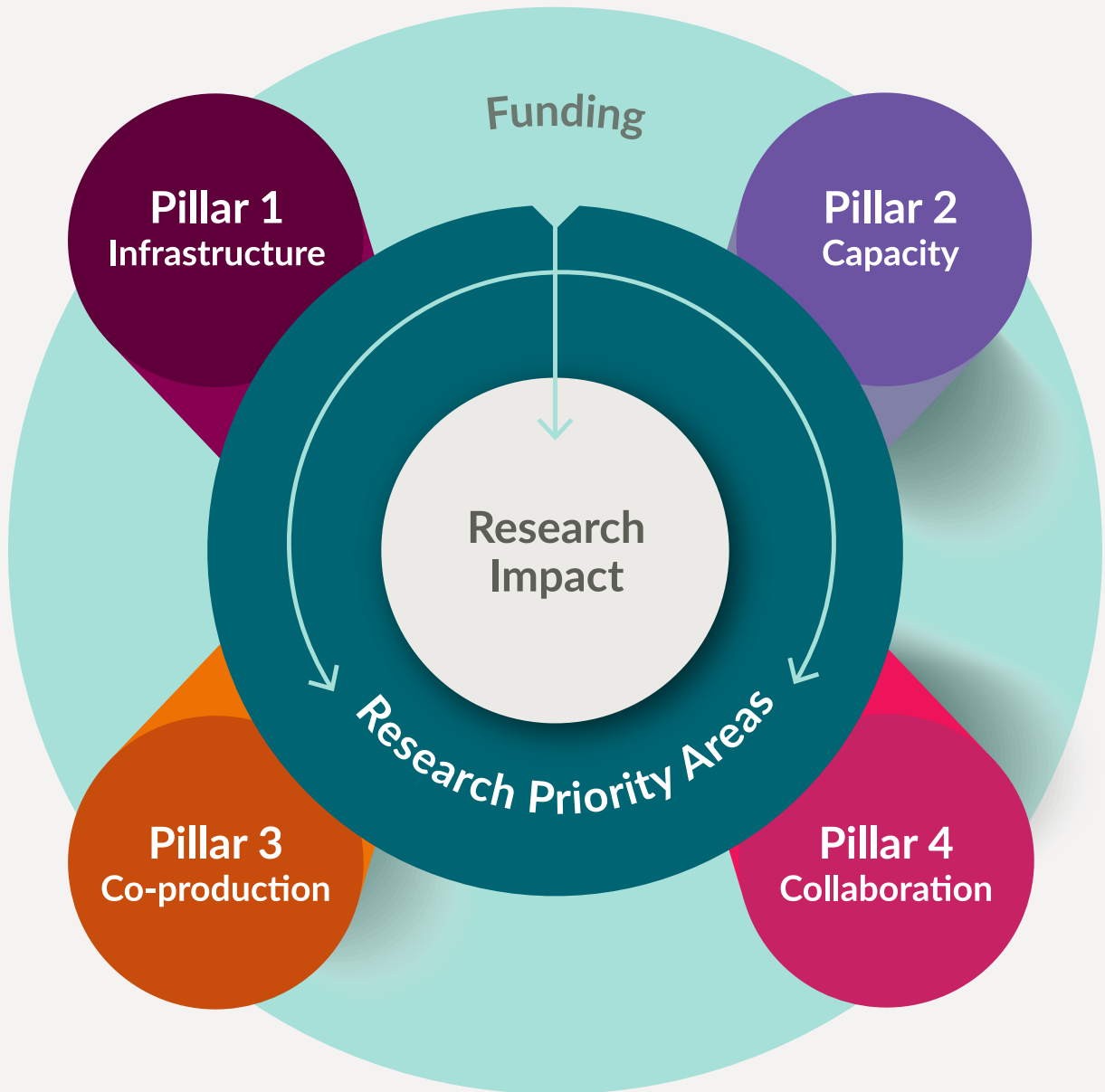
[Sharing the Vision - A Mental Health Policy for Everyone](#)¹ is Ireland's national mental health policy for the period 2020–2030. It aims to shift Ireland's mental health services towards more population-focused, community-based, and recovery-oriented approaches and practices. Mental health research is crucial to the implementation of this national policy and the evaluation of its impact. As part of the [Sharing the Vision Implementation Plan 2022–2024](#),² the Health Research Board was tasked with developing a national mental health research strategy aligned with Sharing the Vision. The development of the strategy was led by the National Mental Health Research Strategy Expert Group and was informed by a public consultation.

This first national mental health research strategy for Ireland presents a unique opportunity to create a thriving mental health research system that can support mental health and wellbeing for all. The strategy seeks to transform how mental health research is conducted so that knowledge users and people with lived experience, their families, supporters, and communities are meaningfully involved throughout the research process, from when research ideas and questions are conceived through to the implementation and application of research findings in real-life settings.

The aim of this whole-of-government strategy is to build on progress to date and develop a comprehensive, integrated mental health research system across funders and stakeholders. It will advance mental health research in Ireland through a strategic focus on 15 research priority areas, and it will develop a capable and robust research system by enhancing four key pillars of research – infrastructure, capacity, co-production, and collaboration. To ensure that the strategy is enacted a series of implementation plans will be developed, the first of which will cover 2025-2027. Recent increases in funding for mental health research need to be enhanced and sustained in order for these implementation plans and the strategy as a whole to be successful. Ultimately, our aim is to ensure that research has a real impact and improves the lives and wellbeing of people across Ireland.



Mental Health Research Strategy Framework



Vision

An Ireland with a thriving mental health research system that strengthens our understanding of mental health and positively impacts mental health and wellbeing for all.

Mission

Build a collaborative and engaged research system that co-produces knowledge with a diverse range of stakeholders – including researchers, people with lived experience, health and social care practitioners, policymakers, and the voluntary and community sector – working together to generate world-class research that:

- Enhances our understanding of mental health
- Supports the development of more accessible, acceptable, and effective services and supports
- Improves the lives and recovery of all people with mental health difficulties and their families, supporters, and communities, and
- Promotes positive population mental health and wellbeing.

Values

The following values should be used to guide and inform decision-making and action in mental health research.

Ambitious

The production of high-quality research that aims to achieve transformative breakthroughs and is rigorously applied in order to strengthen mental health services and policies.

Collaborative

Research that engages stakeholders across disciplines and sectors, is integrated into service delivery in all settings, and embeds participation, education, and co-production.

Excellent

Research that meets the highest standards of quality and research integrity in its governance, methodology, and application.

Inclusive

The creation of a non-discriminatory research system that actively addresses and mitigates biases and stigma, integrates intersectional perspectives, and meaningfully involves people with lived experience, minority populations, and marginalised groups.

Respectful

Honouring each person who participates in research by recognising their rights, valuing their unique contribution and experience, and treating them with dignity.

Transparent

Ensuring that research that is freely accessible to all, including participants; people with lived experience and their families and supporters; members of the public; health and social care practitioners; and policymakers.

I Background



Mental health research in Ireland

Mental health is fundamental to wellbeing at both an individual and population level. Yet, our mental health is increasingly challenged. There is growing evidence of the mental health impacts of global events such as the COVID-19 pandemic³ and climate change⁴ and of national issues such as homelessness⁵ and loneliness.⁶

According to the World Health Organization, mental ill health is the leading cause of disability in Europe and the third leading cause of overall disease burden.⁷ In Ireland, it is particularly difficult to establish the proportion of the population with mental health difficulties due to the lack of a comprehensive health information system. Estimates vary depending on who is included and what criteria are used to define a mental health difficulty. For example, the Institute for Health Metrics and Evaluation estimated that in 2021, 18.3% of the Irish population had one of 12 diagnosable mental health difficulties.⁸ Based on this data, Ireland had the third highest rate of mental health difficulties in Europe in 2021. However, another study carried out in 2021 estimated a much high prevalence using screening tools for a range of conditions, rather than requiring a diagnosis – it reported that an estimated 42.5% of adults in Ireland had a mental health difficulty.⁹ These differences highlight the methodological challenges related to estimating the prevalence of mental difficulties, which often result in undercounting their true burden in Ireland and internationally.¹⁰

Recent estimates suggest that the cost to society of mental ill health amounts to €600 billion per year in the European Union.¹¹ A wide variety of factors shape mental health outcomes, including social isolation, socioeconomic background, education, community support, and the natural and built environment. Therefore, a collaborative and engaged approach to mental health research across disciplines, fields, and sectors is essential to help us better understand and address key issues in mental health promotion and to identify effective approaches to prevention, treatment, and recovery. From an ethical and human rights perspective, it is especially important that people with lived experience are closely involved in determining how their own care and support can be improved. Moreover, the use of a life course approach, which considers the impact of experiences from pre-natal development through to older adulthood, is crucial to understanding the determinants of mental

health and informing the delivery of effective services across stages of life.

Research plays a central role in improving mental health and wellbeing. It helps us to identify the factors that influence mental health and mental health difficulties, and it aims to find out what works where, for whom, under what circumstances, and at what cost, so that we can improve mental health outcomes across Ireland and develop effective services and supports. High-quality research is critical to promotion, prevention, treatment, and recovery in mental health. It generates knowledge; informs service planning, practice, and policy decisions; and helps us to address complex challenges.

The mental health research system

Research does not occur in isolation, and this strategy highlights the importance of developing a robust mental health research system. This concept draws on the health research system outlined by the World Health Organization in [The WHO strategy on research for health](#).¹² The mental health research system comprises a number of components that support research, including information and data; governance and support structures such as training, ethics committees, and funding; and a wide range of stakeholders. Stakeholders include:

- Funding bodies and donors;
- Researchers and peer researchers from universities;
- Research institutions, and other organisations;
- People with lived experience and their families, supporters, and communities;
- People working in the voluntary and community sector;
- Health and social care practitioners; and
- Policymakers.

These actors work to address complex societal challenges and create knowledge and evidence that aim to inform policy and practice, with the ultimate goal of improving lives.

Sharing the Vision – A Mental Health Policy for Everyone

[Sharing the Vision – A Mental Health Policy for Everyone](#)¹ is Ireland’s national mental health policy for the period 2020–2030. It builds on its predecessor, [A Vision for Change: Report of the Expert Group on Mental Health Policy](#),¹³ by adopting a whole-of-population approach, emphasising inclusivity, and aiming to create a continuum of care and support throughout the life course. Sharing the Vision strives to shift Ireland’s mental health services towards more population-focused, community-based, and recovery-oriented approaches and practices. It envisions a society where mental health is recognised as fundamental to wellbeing, and it advocates for substantial improvements in supports and services and increased accessibility for all. The policy describes key outcomes across the following priority areas:

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

The implementation of the Sharing the Vision policy is overseen by the National Implementation and Monitoring Committee, with guidance and input from people with lived experience of mental health difficulties and their family members. Mental health research is included as a key enabler for the implementation of this national policy and for the evaluation of its impact. As part of the [Sharing the Vision Implementation Plan 2022–2024](#),² the Health Research Board was tasked with developing and delivering a national mental health research strategy aligned with Sharing the Vision, as per Recommendation 93 of the policy.

Sharing the Vision emphasises the crucial role of research in advancing mental health services and

supports in Ireland. It specifically highlights the equal importance of research on mental health and research on other health conditions. This aligns with global calls for increased funding for mental health. In the context of disease burden, across countries mental health research is underfunded compared with physical health research.¹⁴ Moreover, the majority of mental health research funding is invested in studies examining the underlying biological and psychological mechanisms of mental health difficulties, rather than population mental health and mental health services.¹⁴

In line with the findings of Sharing the Vision’s consultation process, the policy highlights the need for mental health research that focuses on population health and health service provision. The emphasis in Sharing the Vision on mental health services research also aligns with Sláintecare’s focus on providing all people in Ireland with the right care, in the right place, at the right time.

Sláintecare

[Sláintecare](#)¹⁵ is Ireland’s programme to transform health and social care services, covering 2017–2027. It aims to create a universal healthcare system that offers integrated, patient-centred services that are underpinned by a commitment to equity and quality. Sláintecare is highly relevant to mental health and mental health research, as it focuses on addressing systemic issues that impact the delivery and effectiveness of mental health services.

A core principle of Sláintecare is the integration of health and social care services, which is essential for effective mental health services and supports. By promoting integrated care, Sláintecare aims to break down barriers between mental and physical health services, ensuring that mental health is considered an integral part of health and wellbeing.

Sláintecare’s focus on population health emphasises the importance of addressing the social determinants of health, which is particularly important for improving mental health. It advocates for prevention and early intervention, which can reduce the prevalence of mental health conditions. Strengthening community and primary care services is also a pivotal part of Sláintecare, and these services are crucial to mental health care and support.

Sláintecare highlights the role of research and innovation in driving health system improvements and fostering a culture of research and evidence-based practice. Collaborative efforts across sectors, involving policymakers, health and social care practitioners, researchers, and the public are crucial for advancing mental health research and improving health outcomes, and this is reaffirmed in the strategy presented here.

Research priorities of the Department of Health

The Department of Health's [Statement of Priorities: Health & Social Care Research 2023–2025](#)¹⁶ emphasises the importance of research and evidence informing policy decisions. It aims to facilitate a clearer pathway for research into healthcare policy by clarifying the Department of Health's research needs and building dialogue between researchers and policymakers. It also highlights the importance of addressing underserved populations and balancing targeted priorities with open calls for transformative discoveries. The research priorities were identified through a synthesis of Irish, European, and international strategies.

The Statement of Priorities identifies five topics as key areas for research, three of which are directly relevant to mental health research. The first is population health, under which mental health is called out as a key priority. Health system reform and productivity is the second key research area and specifies the need for research in areas such as the efficiency of healthcare service delivery, integrated healthcare delivery, enhanced community care, digital health, and population-based allocation. All of these are important topics for mental health research. Finally, the ageing well research priority area notes the need for policy-relevant research in areas such as eHealth and assistive technologies, talk therapies, and loneliness and isolation, among others. Mental health research can make a valuable contribution to all of these areas, and indeed to many other health and social care research areas identified in the Department of Health's Statement of Priorities. For example, mental health affects and is affected by climate change and pandemics, and supporting the mental wellbeing of the healthcare workforce and of those with chronic diseases are also crucial.



Findings from Creating Our Future

[Creating Our Future](#)¹⁷ was a whole-of-government endeavour led by the Department of Further and Higher Education, Research, Innovation and Science. It was launched in 2021 to create an opportunity for people to have their say and contribute to the future direction of Irish research and innovation. Members of the public were invited to submit their ideas about what they would like researchers in Ireland to explore in order to create a better future for all. Extensive efforts were made to engage people who are not usually involved in research prioritisation. Over 18,000 submissions were received from people of all ages and from communities across the country. The submissions showed a desire for a future founded on the values of inclusion, social justice, and environmental sustainability. Research was seen as being able to make a vital contribution to the creation of such a future, with a significant number of submissions highlighting the urgent need for research-informed policymaking across all sectors of society.

Five areas were identified from the consultation, one of which was mental health, where accelerated research is required to improve quality of life. Mental health was a key concern for respondents, who called for a greater emphasis on early intervention and early detection, for additional services to be delivered in the community, and for a more compassionate and nuanced understanding of, and approach to, mental health and wellbeing.

The report on the submissions noted that Irish research on mental health would “greatly benefit from the development of a coordinated, national effort involving multiple disciplines and stakeholders to address the complex issues of mental health, including the socio-economic determinants”.^{18 p61} The need to more effectively embed research within the healthcare system in Ireland was also noted, as well as a desire for greater public and patient participation and engagement in health research.

A second set of recommendations was directed at Government, focusing on systemic actions and investments that are essential to enable the research system in Ireland to flourish.

These included:¹⁹

- Increased investment in research excellence across all disciplines and in interdisciplinary initiatives
- Public engagement initiatives that focus on communicating the nature of the research process itself as well as the outcomes of research projects
- The development of the research-policy interface to harness research in support of more effective policymaking, and
- The creation of an independent multidisciplinary Research Advisory Council to support national research strategy.



The European Union's approach to mental health research

The European Union's 2015 [Roadmap for Mental Health Research in Europe](#)²⁰ identified six high-level priorities for mental health research:

1. Research into mental health prevention, promotion, and interventions in children, adolescents, and young adults
2. A focus on the development and causal mechanisms of mental health symptoms, syndromes, and wellbeing across the life course (including older populations)
3. Developing and maintaining international and interdisciplinary research networks and shared databases
4. Developing and implementing better interventions using new scientific and technological advances
5. Reducing stigma and empowering people with mental health difficulties and carers in decisions about mental health research
6. Health and social systems research that addresses quality of care and takes account of socio-cultural and socioeconomic contexts and approaches

In 2023, the European Union (EU) launched its comprehensive approach to mental health,²¹ which aims to place mental health on par with physical health by helping member states put people and their mental health first. It strives to achieve this by focusing on the following priority areas:

- Integrating mental health across policies
- Promoting good mental health, prevention, and early intervention for mental health problems
- Improving the mental health of children and young people
- Supporting those most in need
- Tackling psychosocial risks at work
- Reinforcing mental health systems and improving access to treatment and care

- Breaking through stigma
- Fostering mental health globally

The launch of the EU's comprehensive approach to mental health also involved a €1.23 billion investment in mental health from 2023 to 2027.²² This includes the provision of EU4Health annual work programmes for member states and stakeholders to implement activities to prevent and manage mental health difficulties. For example, the EU4Health work programme for 2024 included a call for comprehensive, prevention-oriented approaches to supporting the mental health of vulnerable groups.²³ The EU4Health work programmes present Ireland with opportunities for funding, collaborations, building shared agendas, and delivering collective impact. Moreover, by aligning its national mental health research priorities with those of the EU, Ireland can help to ensure a cohesive approach across sectors and borders.

Human rights context

The World Health Organization's constitution, which was written in 1946, states that the highest attainable standard of health is a fundamental right of every human being, without distinction of race, religion, political belief, economic status, or social condition.²⁴ More recently, in 2006 the United Nations Convention on the Rights of Persons with Disabilities mandated that persons with all types of disabilities must enjoy all human rights and fundamental freedoms.²⁵ The Convention states that persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which, in combination with various barriers, can hinder their full and effective participation in society on an equal basis. As a signatory to the United Nations Convention on the Rights of Persons with Disabilities, Ireland is committed to protecting and supporting human rights of people with mental health difficulties. Ireland is also a signatory to the Sustainable Development Goals, which include a target to promote mental health and wellbeing through appropriate prevention and treatment (target 3.4 under Sustainable Development Goal 3 on health and wellbeing).²⁶ Ireland's commitments to the United Nations Convention on the Rights of Persons with Disabilities and the Sustainable Development

Goals underline the need to adopt a human rights-based approach to mental health that proactively protects and promotes wellbeing for all. This includes addressing stigma and discrimination and ensuring rapid and equitable access to acceptable and effective mental health services and supports. Thus, it is imperative that human rights are embedded in both mental health care and mental health research.

Evolving landscape

A strategy is a future-focused plan, so it is essential that our approach to mental health research in Ireland takes into account the evolving context in which this strategy will be implemented. The moves towards regionalisation,²⁷ population-based resourcing,²⁸ and integrated care in the Health Service Executive (HSE)²⁹ will lead to significant restructuring of health services across Ireland. These changes will also change the data landscape. For example as part of the shift towards integrated care, the HSE is developing an Integrated Community Case Management System,³⁰ which will include mental health indicators. It will maintain a single record for service users and aims to bridge the gap between community care, hospitals, and general practitioners (GPs).

At the EU level, the introduction of the European Health Data Space, the EU's first health data regulation, represents a major shift towards integrated data.³¹ It will facilitate the creation of linked EU health records and provide a system for sharing health data. It aims to be operational by 2029, and its implementation will have a transformative effect by promoting and supporting impactful cross-country mental health research and secondary data analysis. The forthcoming Health Information Bill³² represents the first stage in addressing the requirements of the European Health Data Space in Ireland. This will ensure that Ireland has a fit-for-purpose national health information system that enhances patient care and supports better delivery of health services into the future.³³ The Health Information Bill aims to facilitate the effective use of health information for health service management, policy development, planning, and research.



The forthcoming reform of the Mental Health Act from 2001³⁴ will also significantly change the regulation of mental health services in Ireland. The proposed reforms aim to incorporate person-centred and rights-based approaches into existing legislation, while also clarifying processes and aligning them more closely to current human rights standards. As these reforms advance, they intersect with broader trends in mental health research, particularly in relation to expanding the involvement of people with lived experience.

Health research has seen a strong movement in recent years to increase co-production through engagement with people with lived experience of mental health difficulties. This has been driven by several factors, including ethical concerns, fundamental rights around involvement and participation, pragmatic concerns regarding research relevance, and an increasing appetite among the general public to be more involved in research affecting them, as evidenced by the findings of the [Creating Our Future](#)¹⁷ initiative. Public and patient involvement (PPI) is the term generally used for this approach. Encouraged by peer advocates, mental health researchers have been early adopters of PPI, and co-production is increasingly being used to support meaningful involvement at all stages of research, although much remains to be achieved in this space.

Additionally, [Impact 2030: Ireland's Research and Innovation Strategy](#)³⁵ has important implications for mental health research. One of its recommended actions is to support research on mental health and wellbeing in order to inform decision-making and practice. Impact 2030 also highlights the importance of fostering interdisciplinary research and innovation, which are crucial in the field of mental health.

Collectively, these national policies and legislative changes aim to provide a more comprehensive, integrated, rights-based, and person-centred approach to mental health services and supports. Research will play a crucial role in supporting the implementation and evaluation of all of these policies.

Many evolving global shifts and national trends are also likely to impact mental health services and research in the coming decade and beyond. While living standards and the overall health of the population in Ireland have improved, significant inequalities remain. Homelessness, poverty,

emigration and immigration, social media, chronic physical health problems, and the lingering effects of the COVID-19 pandemic all impact mental health. Moreover, climate change, conflict, geopolitics, and demographic changes pose significant challenges both in Ireland and across the world. The advent of artificial intelligence is transformative, and while its long term impacts are still largely unknown, it is likely to have both positive and negative effects on mental health and on how research is carried out. The increasing emphasis on promoting wellbeing and preventing physical diseases and mental health difficulties could have transformative effects on population health. Many positive changes in leisure and work patterns that emerged during the COVID-19 pandemic continue to be maintained. Research will play a crucial role in understanding how these societal changes will impact mental health and in harnessing the potential benefits of technological advancements.



How this strategy was developed

The Health Research Board, as the lead research funding agency for health and social care research in Ireland, was tasked by the National Implementation and Monitoring Committee for Sharing the Vision and by the Department of Health with developing Ireland's first national mental health research strategy. This strategy is a key deliverable under the [Sharing the Vision Implementation Plan 2022–2024](#).²

National Mental Health Research Strategy Expert Group

The Health Research Board established an expert group in June of 2023 to develop the National Mental Health Research Strategy. The National Mental Health Research Strategy Expert Group convened monthly for 1 year and worked according to agreed Terms of Reference (see [Appendix A](#)). The independent Chair of the Expert Group was Dr Fiona Keogh, and membership included people with lived experience, national and international academic research leaders, chief executive officers of non-profit organisations, and public sector experts (see [Appendix B](#)).

The National Mental Health Research Strategy Expert Group examined the international context of mental health research strategy development. Notably, very few countries appear to have published strategies that were designed to inform and guide mental health research at a national level. For example, as of 2024, Australia was identified as the only country with a [National Mental Health Research Strategy](#),³⁶ which was published in 2022. It laid out clear principles along with key actions required to achieve them, and it provided details regarding the implementation of the strategy, including the roles and responsibilities of key stakeholders.

To our knowledge, no other countries have published formal mental health research strategies; although as of 2024, several countries were in the process of developing a strategy and had published relevant documents, albeit not yet full strategies. For instance, in 2019 the Scottish Government published a working paper titled [Developing the Mental Health Research Landscape in Scotland: Mental Health Directorate Working Paper](#).³⁷ In 2017, the United Kingdom published [A Framework for Mental Health Research](#).³⁸ Additionally, Wellcome is a major funder of health research in the United Kingdom, and while it does not

have a specific mental health strategy, mental health is one of its four strategic funding priorities.³⁹ In the United States, the [White House Report on Mental Health Research Priorities](#) was published in 2023.⁴⁰ In all cases, expert groups were pivotal to document development, and both Australia and the United Kingdom hosted stakeholder workshops. All of these documents provided the National Mental Health Research Strategy Expert Group with a useful basis on which to identify key areas to consider in developing a mental health research strategy for Ireland.

Additionally, the Health Research Board is a member of the International Alliance of Mental Health Research Funders, which aims to increase and accelerate the impact of mental health research by supporting collaboration across a global network of research funders. In 2020, the Health Research Board contributed to a global report by the International Alliance of Mental Health Research Funders,¹⁴ and the findings of this report informed the work of the National Mental Health Research Strategy Expert Group.

Public consultation

To ensure that this strategy incorporated the voices and views of those it aims to support, a public consultation was carried out. The consultation gathered feedback, insights, and suggestions from a wide range of people, including those with lived experience, health and social care practitioners, researchers, and members of the public.

The public consultation included a national survey and workshops with key stakeholders. The survey was piloted with 12 members of the public to ensure comprehensibility and accessibility. It remained open from 21 March to 12 April 2024, and active efforts were made to encourage and facilitate participation from a diverse range of respondents. There was a particularly strong emphasis on capturing the voices of people with lived experience, which aligns with the focus in Sharing the Vision on person-centred policies and services.

A total of 233 people completed the survey, providing open-ended responses regarding mental health research in Ireland. Key priorities among survey participants for improving mental health research in Ireland included increasing funding, enhancing collaboration and coordination, modernising data collection techniques, streamlining ethics approval,

and increasing involvement of those with lived experience in research. Participants also prioritised achieving parity between mental and physical health research, improving service impact, promoting population mental health, and ensuring accessibility and inclusivity. They emphasised the importance of multidisciplinary approaches, leveraging technology, and fostering international collaboration in order to enhance mental health research outcomes.

In addition to the survey, three online workshops were held in May 2024 with the following key stakeholder groups:

1. People with lived experience
2. Researchers
3. Health and social care practitioners (from the statutory, voluntary, and independent sectors) and policymakers

The workshops provided an opportunity to seek more in depth feedback, which supplemented and amplified the survey findings. These workshops were convened separately with each of the above three groups to encourage and facilitate open and honest expression of views.

Participants across all three workshops consistently highlighted the importance of including people with lived experience in research, particularly in the early stages of developing priorities and research questions. The need for increased and sustained funding for mental health research was also emphasised across workshops, as well as the importance of collaboration among researchers, health and social care practitioners, and those with lived experience to enhance research relevance and impact.

The need for research focusing on effective approaches to early intervention and reducing stigma was also a common theme. Additionally, there was a shared call for a holistic, multidisciplinary approach to mental health that considers the social, psychological, and physical factors that influence it. Participants also consistently called for Ireland to use relevant findings from international mental health research and to build a national evidence base that contributes to global best practice. Finally, participants in all three workshops called for better translation of research findings into policy and practice.

The findings of both the survey and the workshops were carefully considered by the National Mental Health Research Strategy Expert Group and substantially informed the content of this strategy.



Scope of the strategy

What do we mean by ‘mental health’ in this strategy?

It is widely accepted that good mental health is more than simply the absence of mental health difficulties, but there is no single universally agreed definition. In this strategy, we define mental health as follows:

Mental health refers to a person’s emotional, psychological, and social wellbeing. It relates to how we think, feel, and behave. It can determine how we make choices, handle stress, and relate to others. Mental health is affected by a multitude of factors, and good mental health is essential for personal wellbeing and healthy relationships.

In its factsheet on mental health, the World Health Organization describes mental health as:⁴¹

A state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right and it is crucial to personal, community and socio-economic development.

Mental health difficulties

This strategy uses the definition of mental health difficulties that was set out in Sharing the Vision: “The full range of mental health difficulties that might be encountered, from the psychological distress experienced by many people to severe mental disorders that affect a smaller population”.^{1p7}

Sharing the Vision recognises that drug and alcohol challenges frequently coexist with mental health difficulties, and that once drug and alcohol challenges become established, they are closely interrelated with mental health difficulties. Given this significant overlap, drug and alcohol challenges and their relationship with mental health are included within the scope of this strategy.

Wellbeing

The concept of wellbeing is also central to most definitions of good mental health, but this too can be conceptualised and defined in different ways. For example, one of the 11 priority areas included in [Understanding Life in Ireland: The Wellbeing Framework 2023](#)⁴² is subjective wellbeing, which includes life satisfaction, emotional state, and meaning/purpose, all of which relate to mental health.

Psychological studies of wellbeing often describe three separate but related elements that collectively contribute to mental wellbeing.⁴³ Each of these elements themselves have several dimensions, demonstrating the complexity of describing and defining these concepts in a way that reflects the reality of daily living. The three elements that have been described as contributing to mental wellbeing are:

1. Emotional wellbeing, which involves feelings of happiness, satisfaction, and interest in life
2. Psychological wellbeing, which involves feelings of self-acceptance, autonomy, purpose, and realising one’s potential, and
3. Social wellbeing, which describes a sense of social acceptance and social integration.



This is a complex area, but it is essential that there are clear and shared understandings of the concepts of good mental health, mental health difficulties, and mental wellbeing. This is important not only for research purposes but also in understanding the need for mental health services and supports. Sharing the Vision describes a comprehensive, population-based array of mental health services and supports, including actions to promote population-wide mental health and wellbeing, enhancement of services in community-level and primary care settings, and specialist residential care.

Confusion in how terms such as mental health and mental wellbeing are used can be a factor leading some people to over-medicalise mental health and seek help from specialist services when community-level

and primary care supports may be more appropriate. Robust mental health promotion and prevention initiatives have an important role to play here.

In order to provide clarity around these terms, this strategy adopts the dual continuum model of wellbeing and mental health (Figure 1). This model captures and illustrates the separate but interrelated dimensions of mental health and mental wellbeing and how they can coexist and present in different ways at the same time.^{44,45,46} For example, an individual might have a severe mental health difficulty but still function very well in terms of their overall wellbeing. Thus, we may move back and forth on the continuum at different points in life, depending on a range of external and personal factors.

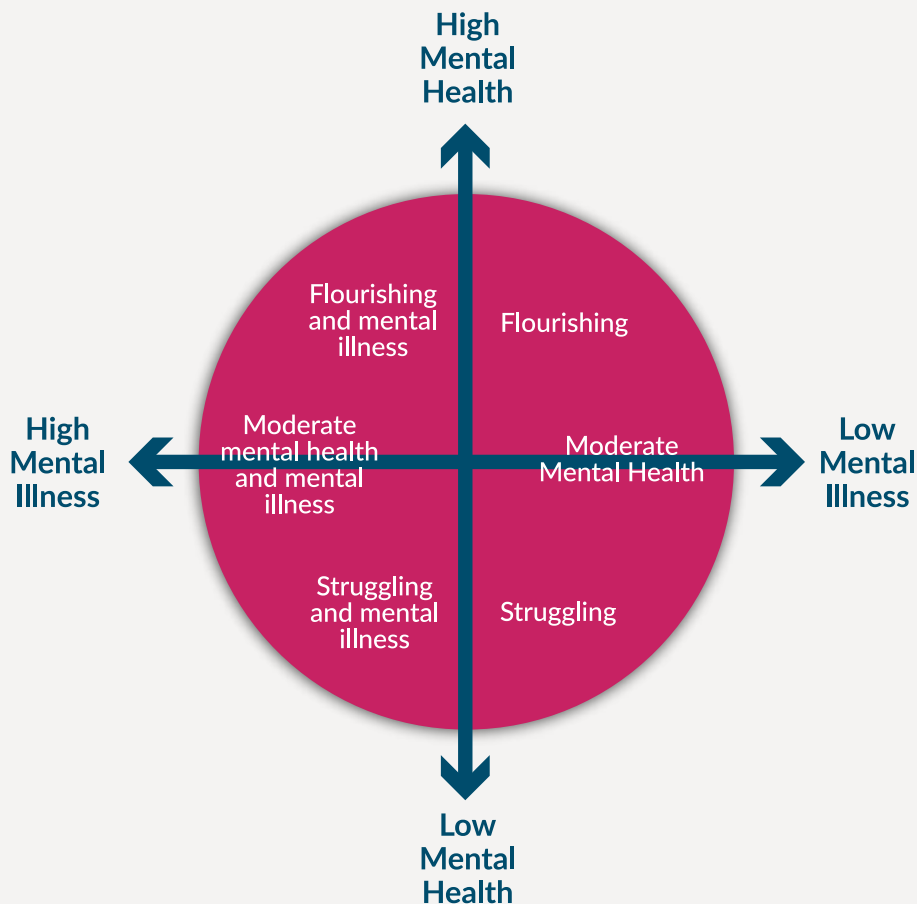


Figure 1: Dual continuum model of wellbeing and mental health (Adapted from Keyes 2002⁴⁷ with permission from the author)

Determinants of mental health and wellbeing

Individual mental health is inextricably linked with structural, political, economic, environmental, commercial, and cultural influences. Understanding and addressing these dynamics is crucial for policy and practice to make a real difference in people's lives. These broader factors combine with individual biological and psychological factors to shape mental health and wellbeing, as noted in Sharing the Vision (Figure 2). By considering the full spectrum of influences, we can develop more effective and comprehensive mental health policies, services, and supports.

This strategy also emphasises the cumulative impact of biopsychosocial influences on mental health over time, from the prenatal period through to the end of life. As a result, the interrelated determinants of mental health illustrated in Figure 2 can lead to the development of mental health difficulties at any stage, from childhood into adolescence, adulthood, and older adulthood. Therefore, this strategy adopts a life course approach and calls for research to address the unique needs of individuals at each stage of life.

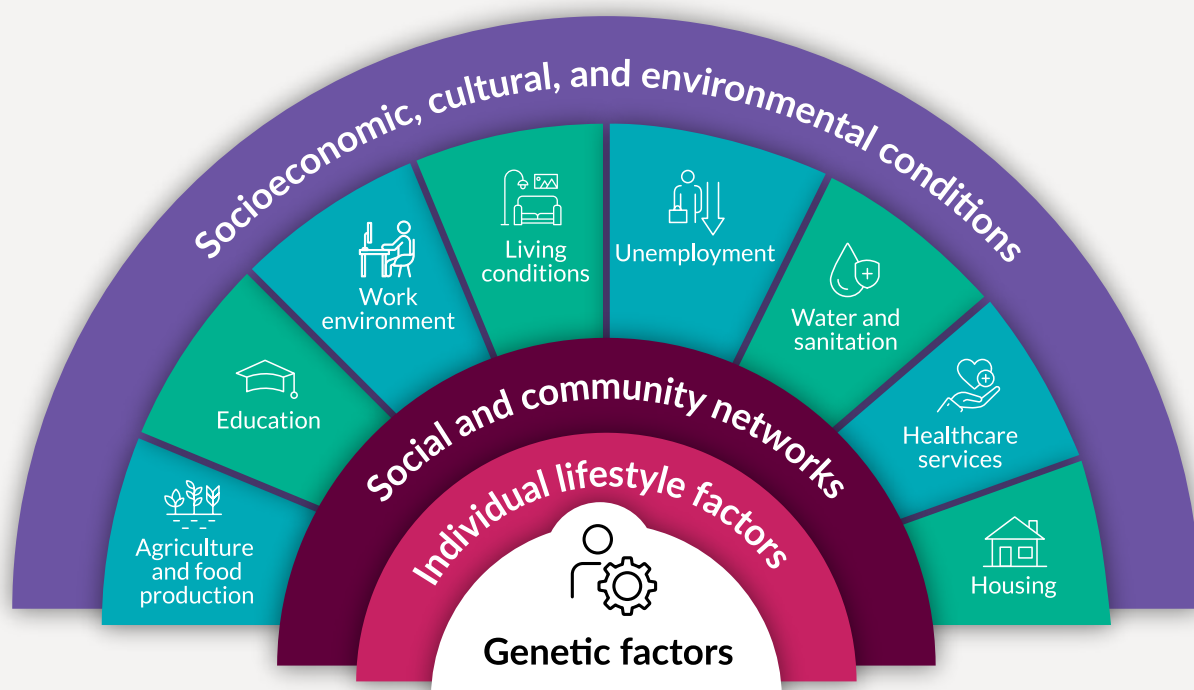


Figure 2: Determinants of mental health and wellbeing (Adapted from Sharing the Vision – A Mental Health Policy for Everyone¹)

The importance of language

The language used in mental health research can significantly influence how we perceive, address, and investigate mental health difficulties. For example, the use of language and specific terms can help to foster inclusive and non-stigmatising dialogue in research, or, conversely, can be hurtful, stigmatising, or exclusionary.

While care has been taken to use terms throughout this strategy that are considerate and as neutral as possible, it is important to acknowledge that some individuals and communities might prefer different terminology based on their own experiences, perspectives, and contexts.

The process of conducting research and disseminating findings requires a level of precision in language and terminology to ensure that findings can be clearly described. Therefore, the approach to language taken in this strategy is to carefully define and explain relevant terms throughout. A [glossary of terms](#) is also included.

The language used in the strategy is not intended to be in any way prescriptive; we recognise and respect the diversity of viewpoints and research environments within the Irish mental health research

system. Thus, we have endeavoured to adopt an inclusive approach that encourages an empathetic understanding of mental health. We consider this to be essential for the conduct of high-quality research and for the effective translation of findings into policy and practice. It is open to individuals to continue to use terms that best fit their experiences and needs, although we ask that they also respect the need for others to use different terms that fit their own contexts.

What do we mean by 'research' in this strategy?

In the context of this strategy, research encompasses a broad spectrum of activities aimed at generating, translating, and disseminating new knowledge and insights that can drive improvements and innovations in our understanding of mental health. This includes studying the underlying mechanisms and factors leading to mental health difficulties, the promotion of mental health, the prevention of mental health difficulties, and the systems that provide mental health services and supports. This definition of research is deliberately broad and includes epidemiological studies, health services research, secondary analysis of existing datasets, evidence synthesis, health systems and policy



research, implementation science, and evaluation. It also includes studies of the structural, political, economic, environmental, commercial, biological, and psychosocial factors that affect mental health.

This strategy also takes an inclusive approach to defining the term 'researcher'. A researcher is anyone engaged in systematic studies to develop knowledge and reach new conclusions. Researchers include academics, service providers, public sector actors, peer researchers, and people working in the voluntary and community sector, among others.

Research continuum

The research continuum describes the progression from basic research to population wide application of research findings. It provides a useful way of connecting the various categories of mental health research and the various types of evidence produced within them.

Many types of research contribute to our understanding of mental health and to the development of interventions, supports, and services that can lead to better outcomes. These include epidemiological studies, clinical research, qualitative research, implementation research, evaluation studies, evidence synthesis, and health services research.

The research continuum presented in this strategy includes four phases of research (Figure 3):

1. **Basic research:** This describes fundamental investigations that enhance our understanding of the underlying biological, psychological, and social mechanisms of mental health difficulties.
2. **Initial translation into practice:** Depending on the type of intervention under study, this phase of the continuum may involve establishing the safety and efficacy of an intervention, or research that determines the practical applications and potential benefits of the findings from basic research in highly controlled settings.
3. **Implementation in practice settings:** This phase typically involves clinical, population, and applied implementation research, as well as evaluation in wider service or community settings. It establishes effectiveness, acceptability, and accessibility in everyday settings to improve service delivery and to enhance the experiences of those receiving services and supports. It also assesses scaling and adapting services and supports to different contexts.
4. **Wider implementation and impact:** This refers to applying validated interventions in public health initiatives, evaluating population-level impacts, and informing policies to enhance mental health at an individual and population level.



Figure 3: Research continuum

While this strategy encompasses the entire continuum of research, it focuses on the translation of research findings into policy and practice, in order to meaningfully improve services and supports for individuals and communities. This aligns with the emphasis in Sharing the Vision on public health impacts and community-based support. Therefore, both population mental health research and mental health services research are central to this strategy. [Population mental health research](#) focuses on understanding the health outcomes of groups of individuals, including the determinants of health within these populations. [Mental health services research](#) examines how mental health care is accessed and delivered, in order to enhance experiences and outcomes for people who need support.

The role of evaluation

Evaluation is a critical form of systematic enquiry that may be conducted as part of both population health research and health services research. Evaluation is also part of routine health service quality assurance

and improvement activities, both of which are essential to health service provision. While research aims to expand knowledge and understanding, evaluation is typically focused on assessing the worth, quality, or effectiveness of a specific programme, product, or activity. With this focus, evaluation also makes a critical contribution to expanding knowledge and understanding, particularly in real world settings. When evaluation is done as part of quality improvement activities within health services, it has different governance requirements than research. It generally does not require ethical approval and is therefore typically easier to execute and potentially more agile than research studies.

Evaluation generally involves systematically assessing the development, design, implementation, and short- or long-term outcomes or impacts of an intervention, service, or programme. Some evaluations also include economic appraisals that examine cost-effectiveness. An evaluation may involve assessment and measurement of outcomes as part of an impact evaluation or assessment of



implementation, context, and mechanisms as part of a process evaluation. Process and impact evaluations are typically conducted in parallel. Both approaches are recommended for the evaluation of complex interventions – those that have multiple interacting components – and both are commonly used in health and social care services and public health practice.⁴⁸ Evaluation results are invaluable for decision-making and strategic planning. They also help to refine, improve, and roll out interventions that can lead to better mental health and wellbeing outcomes.

In this strategy, evaluation and other forms of scientific inquiry and assessment are recognised as vital and equally important components of mental health research.



Mental health research strategy for Ireland



Vision

An Ireland with a thriving mental health research system that strengthens our understanding of mental health and positively impacts mental health and wellbeing for all.

Mission

Build a collaborative and engaged research system that co-produces knowledge with a diverse range of stakeholders – including researchers, people with lived experience, health and social care practitioners, policymakers, and the voluntary and community sector – working together to generate world-class research that:

- Enhances our understanding of mental health
- Supports the development of more accessible, acceptable, and effective services and supports
- Improves the lives and recovery of all people with mental health difficulties and their families, supporters, and communities, and
- Promotes positive population mental health and wellbeing.

Values

The following values should be used to guide and inform decision-making and action in mental health research.

Ambitious

The production of high-quality research that aims to achieve transformative breakthroughs and is rigorously applied in order to strengthen mental health services and policies.

Collaborative

Research that engages stakeholders across disciplines and sectors, is integrated into service delivery in all settings, and embeds participation, education, and co-production.

Excellent

Research that meets the highest standards of quality and research integrity in its governance, methodology, and application.

Inclusive

The creation of a non-discriminatory research system that actively addresses and mitigates biases and stigma, integrates intersectional perspectives, and meaningfully involves people with lived experience, minority populations, and marginalised groups.

Respectful

Honouring each person who participates in research by recognising their rights, valuing their unique contribution and experience, and treating them with dignity.

Transparent

Ensuring that research that is freely accessible to all, including participants; people with lived experience and their families and supporters; members of the public; health and social care practitioners; and policymakers.

Mental health research strategy framework

This strategy aims to build a comprehensive, integrated mental health research system that improves the lives of everyone in Ireland (Figure 4). To achieve this, first we call for increased and sustained funding across the mental health research system. We then outline 15 research priority areas designed to advance mental health research in

Ireland. The key pillars underpinning mental health research – infrastructure, capacity, co-production, and collaboration – are introduced, along with specific actions that will strengthen them. Actions aiming to maximise the impact of mental health research are also outlined. Finally, we describe the planned approach to strategy implementation. By working together to make this strategy a reality, we can create a sustainable and innovative research system that enhances wellbeing and resilience across Ireland.

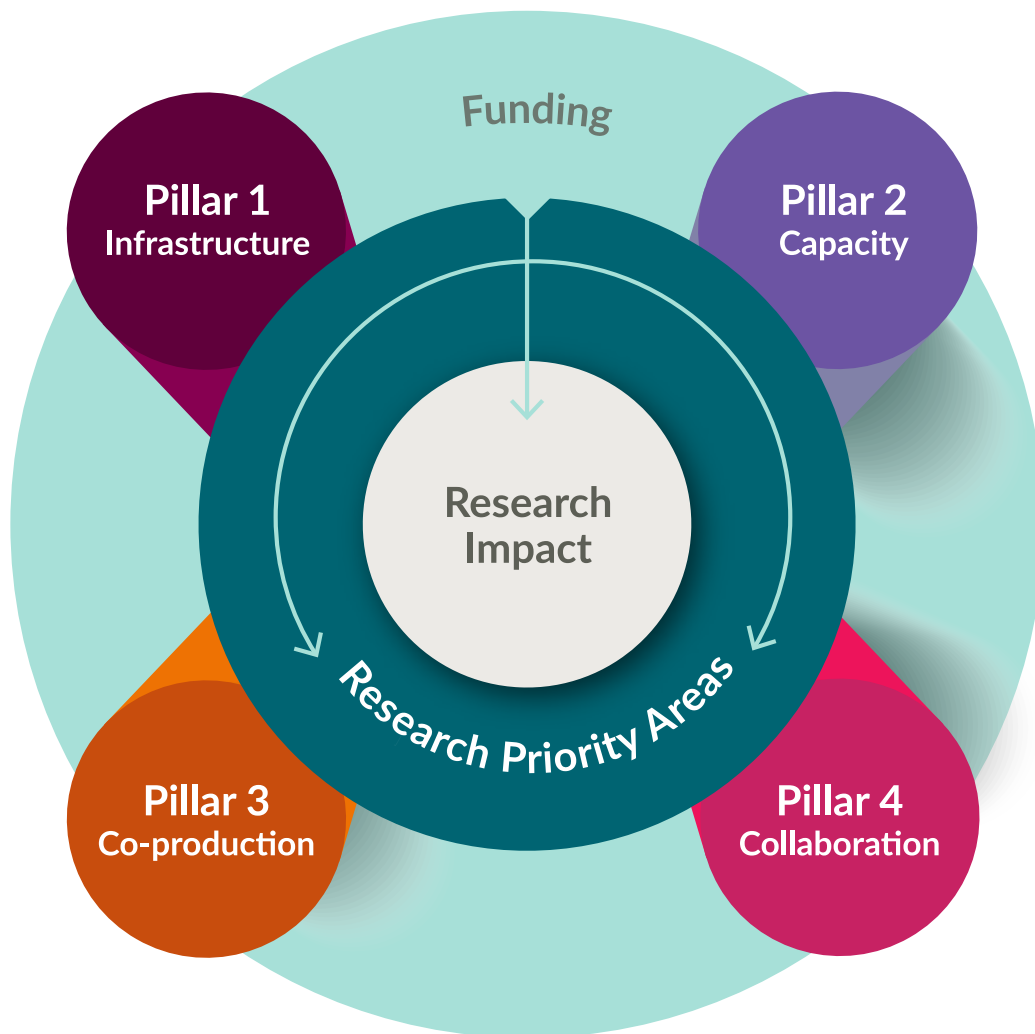


Figure 4: Mental health research strategy framework for Ireland

Funding

GOAL

Increase and sustain funding for mental health research and the mental health research system.

Context

Sharing the Vision calls for research funding to reflect the equal importance of mental health compared with other health conditions. This equal prioritisation is crucial for balancing health outcomes and ensuring comprehensive health strategies that recognise mental health as integral to overall health. Achieving this will require significant increases in funding for mental health research across all research funders in Ireland. Globally, it is widely recognised that in the context of disease burden, mental health research is underfunded compared with research on physical health.¹⁴ Not only is increased funding for mental health research imperative, we also need to shift to more strategic investments in mental health research based on the priority areas identified in this strategy, while continuing to welcome investigator-led projects.

In addition to the need for further dedicated funding for research projects, funding is also required to resource the pillars of mental health research – infrastructure, capacity, co-production, and collaboration. We also need to invest in actions aiming to maximise the impact of this strategy.

There is also potential to leverage greater impacts from existing research funding through shared funding models across a range of actors. There are several agencies in Ireland and internationally that already directly fund health and social care research. However, there is also a diverse range of national

and international organisations and agencies whose work indirectly affects mental health and who also, on occasion, fund research in the area of mental health. This includes research on housing, justice, employment, welfare, and education, among others. In addition, the HSE and the voluntary and community sector conduct a significant amount of mental health evaluation and research. There are other actors who can potentially play a much larger role in funding mental health research, and it has been recognised that Exchequer investment in the research system can generate a multiplier effect, increasing both private sector investment and international funding.⁴⁹ Ethical engagement with philanthropy, industry, and the private sector more broadly can also enable us to maximise funding streams and systematically leverage non-Exchequer funds for mental health research.

Actions

Funding is required for the entire framework presented in this strategy. This includes investments in the 15 research priority areas and in the four foundational pillars of the mental health research system – infrastructure, capacity, co-production, and collaboration – as well as funding for actions designed to maximise research impact, all of which are described in detail later in the strategy. The following actions outline funding initiatives that are essential across these areas.

1. Conduct an analysis of national investments to establish who is funding mental health research, how much they are funding, and to identify the balance of investments across research areas.
2. Invest additional dedicated funding over time in mental health research to address the 15 research priority areas identified in this strategy (see [Research priority areas](#)).
3. 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 (see [Pillar 1: Infrastructure](#)).

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

5. 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 (see [Pillar 3: Co-production](#)).

6. 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 (see [Pillar 4: Collaboration](#)).

7. 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 (see [Impact](#)).

8. 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.

9. 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 to enhance the funding available for mental health research in Ireland.

10. Create mechanisms to facilitate shared funding models that bring together investments from the diverse range of Irish organisations and agencies whose work indirectly affects mental health in areas such as housing, justice, employment, welfare, education, and others; shared funding models should also include the voluntary and community sector, employers, EU funding, other collaborative international funding opportunities, and ethical engagement with philanthropy, industry, and the private sector more broadly in order to maximise funding streams and systematically leverage non-exchequer funds to expand mental health research in Ireland.



Research Priority Areas



Research should support the mental health of the whole population and create tangible and positive changes at individual, societal, service, and policy levels. The identification of the research priority areas was guided and informed by several sources, including: the Department of Health’s [Statement of Priorities: Health & Social Care Research 2023-2025](#),¹⁶ the findings of the [Creating Our Future](#)¹⁷ initiative, the findings of the consultation conducted as part of the development of this strategy, and, most importantly, Ireland’s current mental health policy, [Sharing the Vision – A Mental Health Policy for Everyone](#).¹

The research priority areas presented in this strategy are categorised under the four key domains from Sharing the Vision:

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

Promotion, prevention, and early intervention research priority areas

1. The identification of patterns and trends in population mental health and how these change throughout the life course, including the prevalence of mental health difficulties, indicators of population mental wellbeing, demographic differences, risk and protective factors, and the impact of socioeconomic and other structural factors.
2. Research on promoting mental wellbeing and preventing mental health difficulties.
3. Research on developing, implementing, and evaluating interventions that can promote mental health and help reduce the prevalence and impacts of mental health difficulties across the life course.
4. Research examining the structural, political, economic, environmental, commercial, biological, and psychosocial determinants and mechanisms of mental health and mental health difficulties and how their influence changes throughout the life course.
5. Research exploring the relationship between mental and physical health, focusing on the interrelationships between the two and how support for both may be better integrated.

Service access, coordination, and continuity of care research priority areas

6. Mental health services research that informs service planning and delivery across all settings and aims to improve accessibility, acceptability, effectiveness, and efficiency to enable personal recovery and optimal outcomes.
7. Research that focuses on new and emerging forms of service delivery and interventions such as digital mental health and peer support services.
8. Research focused on how to scale up access to evidence-informed interventions across all service settings, with a particular focus on local community and primary care, but also including specialist mental health teams, residential services, and acute services.

Social inclusion research priority areas

9. Research into interventions and forms of support that enhance personal recovery across the life course.
10. Research with a specific focus on targeted promotion, prevention, and support services among priority groups (See list on following page).
11. Research on how wellbeing for people with mental health difficulties can be improved through intersectoral, whole-of-government collaboration across areas such as education, employment, housing, and justice.



Priority groups

This strategy aims to improve mental health for everyone in Ireland. Priority groups are people with increased vulnerability and marginalisation who may have a higher risk of experiencing mental health difficulties. The following priority groups are based on those included in [Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020](#),⁵⁰ [Sharing the Vision – A Mental Health Policy for Everyone](#),¹ and a scoping review carried out in 2024 by Gilmartin et al. which identified groups at risk of poor mental health outcomes.⁵¹

- Caregivers
- Children and young people in care
- Children and young people of parents with a mental health difficulty
- Children and young people who have experienced bullying
- Children and young people who have experienced family conflict
- Irish Travellers and Roma
- LGBTQI+ people
- Minority groups
- Older people experiencing loneliness and social isolation
- People experiencing discrimination and human rights violations
- People experiencing homelessness
- People exposed to abuse (domestic, clerical, sexual, or physical)
- People exposed to conflict, natural disasters, and other humanitarian emergencies
- People living in poverty
- People who are recently bereaved
- People struggling with drug and alcohol use as well as other addictions
- People with chronic health conditions
- People with disabilities
- People with severe to profound deafness
- Prisoners
- Refugees, migrants, and asylum seekers
- Sex workers



Accountability and continuous improvement research priority areas

12. Research into the implementation of a national mental health outcomes framework and relevant performance indicators, which will provide visibility of the performance and impact of Sharing the Vision and will inform continuous improvement.
13. Research with a focus on assessing the nature and quality of supports and services from the perspective of people with lived experience and their families and supporters, with the aim of improving services across the life course.
14. Research into structures that can deliver optimal integrated mental health and social care that is inclusive of the range of cross-sectoral providers and actors in the mental health landscape.
15. Research on the enablers of mental health policy and service delivery, including, but not limited to, regionalisation, population-based funding, and health information systems.

These 15 research priority areas have been identified as the key areas of focus for mental health research and evaluation in Ireland. They are high-level priorities within which organisations and agencies can determine their own specific mental health research objectives and formulate research questions aligned with these areas.

Sharing the Vision highlights the importance of person-centred, recovery-oriented approaches and practices that offer accessibility, equity, and quality of care for all. In alignment with Sharing the Vision, the research priority areas presented in this strategy emphasise mental health services research and population mental health research. However, this does not preclude other important forms of research along the research continuum, as described in Figure 3.

Pillar 1 Infrastructure

GOAL

Strengthen leadership and coordination in the mental health research system through the development of supportive infrastructure and processes.

Context

The infrastructure of the mental health research system refers to the processes, systems, and structures that are essential for high-quality research. Processes include governance structures, ethics committees, and systems to ensure research quality and integrity. Datasets and the processes to ensure data access, linkages, and management are also part of research infrastructure. The ability to bring together and engage a wide range of stakeholders and to provide leadership, training, and collaboration opportunities for researcher activities nationally and internationally also require a well-resourced and sustainable infrastructure.

Several key aspects of the mental health research system in Ireland need improvement. The lack of a streamlined and harmonious mental health research system means that individual researchers spend a large amount of time securing research ethics approval (sometimes multiple approvals if the research is conducted across multiple sites). Additionally, researchers devote significant time ensuring research integrity and quality, gaining access to secondary data sources, managing data governance, identifying opportunities for integrated knowledge translation, and navigating the important work of co-production and engaging people with lived

experience in research.

A research ethics system that avoids the need for multiple approvals across sites is essential. The HSE has been engaged in significant work to reform the research ethics committee landscape for HSE and HSE-funded organisations in order to establish a cohesive and sustainable approach to research ethics review.⁵² In addition, the HSE has been developing systems for research governance, management, and support.⁵³ The National Mental Health Research Strategy Expert Group is strongly supportive of these efforts. Furthermore, the work of the National Office for Research Ethics Committees is to be commended for developing a national system of research ethics review for regulated clinical areas.⁵⁴

There is a considerable amount of data within the health system and within other systems such as public service agencies, universities, and others which could potentially be very useful for mental health research. For example, we have a long-standing information system that records inpatient mental health data. Data that are available to researchers and data systems that are linked would facilitate more cost-effective, timely, and relevant research. There is already work underway to deliver on the policy goals of the upcoming Health Information Bill and the European Health Data Space regulation. The secondary use of routine health data for research purposes is imperative, and likewise the establishment of a health data access body is crucial to facilitate secure access to data for research within Ireland and across international borders. It will be important to leverage the legislation and infrastructure that will be put in place upon the enactment of the Health Information Bill and the European Health Data Space regulation in order to support secondary and shared data analysis by researchers from all regions and institutions to address relevant mental health research questions.

While there is a wealth of data which potentially can be harnessed, the use of disparate tools and instruments across research studies and data sets is a further challenge that inhibits interoperability and the pooling of research results. Developing and validating common tools, approaches, and measures is crucial. This should be undertaken in close collaboration with international mental health research partners to ensure consistency and comparability across studies.⁵⁵

Ireland is a small country with an active mental health research community producing high-quality research. However, the advantages offered by our population size and highly skilled research community have perhaps not been harnessed sufficiently to conduct large scale, globally important, complex research questions, including, for example, research focusing on the biopsychosocial determinants of mental health. The provision of long-term leadership, collaboration, and focus in mental health research has the potential to significantly amplify the efforts of single researchers and small research teams. The establishment of a national mental health research centre, whether physical or virtual, would be an important enabler in terms of providing thought leadership and engagement over the longer term.

A centre would increase the impact of mental health research by bringing together the wide range of stakeholders in mental health research, contributing to capacity building, coordinating the streamlining of research governance, and facilitating knowledge sharing. Ireland also has the potential to make substantial contributions to mental health research globally when expertise is effectively brought together in this way and supported over a number of years. The National Suicide Research Foundation, as a World Health Organization Collaborating Centre, is a good example of what can be achieved through sustained collaboration, international partnerships, and a clear focus on specific research goals. By leveraging these strengths, similar initiatives could drive significant advancements in understanding and addressing mental health challenges both within Ireland and on a global scale.



Actions

The following actions will strengthen leadership and coordination in the mental health research system through the development of supportive infrastructure and processes.

1. Develop a national centre for mental health research in Ireland that crosses institutional and organisational boundaries and provides leadership and coordination; promotes research in the 15 priority areas identified; builds research capacity, capability, and co-production; and positions Ireland as a global leader in mental health research.
2. In the context of ongoing and future reforms of ethics committee processes in Ireland, ensure that research ethics committees are attentive to 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](#)⁵⁶ and the progression of the necessary legislation for a national research ethics committee bill.
3. Ensure that research ethics guidelines and processes are informed by the particular needs of the mental health research community and the perspectives of people with lived experience, and ensure that research ethics committees are accessible to researchers across academia, service provision, and the voluntary and community sector.
4. Promote and prioritise the development of a national data landscape and governance framework that enables secure data sharing and linkage for research purposes, including datasets outside of the health sector.
5. Support the development and use of common measures, research methodologies, and research tools in collaboration with national and international partners to facilitate data sharing and comparative studies.

Pillar 2 Capacity

GOAL

Grow, strengthen, and diversify the mental health research workforce.

Context

People are at the centre of the mental health research system, and capacity building is vital to their success. A thriving research ecosystem requires a robust and inclusive support system for researchers at all stages of their careers and from a diverse range of backgrounds and sectors. This includes academia, the voluntary and community sector, health and social care practitioners in the public and private sectors, and others. Moreover, in all of these settings, peer researchers with lived experience of mental health difficulties bring a unique and invaluable perspective to the research process, bridging the gap between theoretical knowledge and practical, experiential insights.

This strategy recognises the importance of nurturing research talent – from early career researchers to established researchers – to develop and maintain a long-term commitment to mental health research. A sustainable researcher pipeline with stable funding, training, mentorship, and clear career pathways is integral to any research system,⁴⁹ including mental health. According to the Organisation for Economic Co-operation and Development (OECD), the precarity of academic research careers is a widespread challenge across countries, which endangers rights and subjects researchers to difficult working conditions and attendant work-related stress.⁵⁷ As a result, the OECD has called for “systemic change in how research careers are structured and supported in order to attract and retain a diversity of talent”.^{57 p9} The OECD notes that this systemic change should involve the creation of new career paths that offer more security and a variety of options for mobility

between academia and other sectors, in order to increase flexibility and resilience in research systems.

Moreover, advanced technologies such as generative artificial intelligence (AI) and data analytics have considerable potential to transform the ways in which research is designed and conducted and the kinds of questions and issues that researchers can address. Mental health researchers need to have the skills to harness these and other methods and technologies.

It is also important to build capacity at an organisational level to support research at the levels of practice, policy, and leadership in universities and in the HSE. Universities have a critical role to play in education, training, and research across all disciplines and sectors, and in providing leadership and direction. This leadership can be increased by creating academic positions in mental health research and continuing to fill existing academic positions in psychology, psychiatry, mental health nursing, mental health social work, mental health promotion and prevention, peer support, and other fields.

On the service delivery side, it is essential that research is integrated into all settings where mental health services and supports are delivered. This includes voluntary and community sector services, primary care and community-based mental health teams, and hospital-based and other specialist mental health services. However, international evidence suggests that a variety of factors, particularly unstable career pathways, can undermine efforts to support practitioners in dual roles as researchers and providers.⁵⁸ Effectively embedding research into health and social care delivery will require the development of capacity at the organisational and regional levels in the HSE in order to provide the governance, management, support, and protected time necessary for high-quality mental health research to be conducted. It will also require the recognition of time for practitioners to develop research skills and to be involved in research. This is important for providers across career stages, from early career health and social care practitioners to those who are well-established in their field.

The provision of a range of training and other learning opportunities to enable mental health researchers who are not health and social care practitioners to work in different agencies will widen their experience and deepen their knowledge of the mental health service system and related organisations. Training

opportunities that enable researchers to gain practical experience in diverse mental health service settings can help them to conduct impactful, service-driven research.

Actions

The actions under the capacity pillar focus on providing education, training, and skills for researchers and enhancing mental health research capacity at a systemic level.

1. 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.

2. Develop funded training opportunities in innovative research methods with a focus on health services research, implementation and translational research, and co-production, for academic, practitioner, and voluntary and community sector mental health researchers.

3. Provide funded training opportunities on methods and skills for research using data analytics, generative AI, and other emerging research tools and technologies.

4. Invest in a range of training and learning opportunities for mental health researchers to work in mental health services and other practice settings, to facilitate real-life exposure to service settings and deepen their knowledge of the mental health service system and related organisations.

5. Identify and support career pathways into research for people from a diverse variety of backgrounds and fields, including peer researchers and people from disadvantaged backgrounds and from minority and marginalised groups.

6. Provide appropriate financial and organisational support to facilitate career pathways for clinicians and practitioners in mental health services in all settings, allowing them to develop research and evaluation skills and combine their work with mental health research.

7. Embed mental health research into service delivery by developing organisational capacity to support and engage in research activity.



Pillar 3 Co-production

GOAL

Enhance and expand co-production in mental health research.

Context

Co-production in research refers to collaborative and engaged ways of working that actively involve people with lived experience as well as their families, supporters, and communities, in order to identify and address research problems or challenges that affect them. It involves participation, shared decision-making, and meaningful contribution throughout the research process, from identifying research questions and research design to conducting research, disseminating results, and translating findings into policy and practice.

Co-production is fundamentally value-driven and based on the principle that those who are affected by a service are best placed to help design it.⁵⁹ The value of lived experience is increasingly recognised, including in mental health policy, with Sharing the Vision specifically acknowledging the importance of lived experience in mental health service development and delivery. From an ethical and human rights perspective, it is essential that people with lived experience are engaged throughout the research process, in order to ensure that their perspectives meaningfully inform and influence research. Co-production can also make research more relevant, transparent, and impactful.⁶⁰

Co-production emphasises relationship building⁶¹ and recognises the importance of power-sharing in promoting inclusive research practices while valuing and respecting knowledge from different sources. Public and patient involvement (PPI) in research is a process whereby researchers actively seek out, collaborate with, and work in partnership with people who have direct, lived experience of the topic being researched. PPI is beneficial in many ways, helping to ensure that what is being researched is of relevance and that appropriate methodologies are used in order to maximise engagement from participants while also enhancing cost and time effectiveness.

A number of resources have been developed by the PPI Ignite Network⁶² and Mental Health Engagement and Recovery in the HSE⁶³ to facilitate PPI and co-production. However, challenging issues remain, such as the significant power imbalances that exist in attempting to co-produce research. This is especially true in mental health, where there is legislation that can mandate treatment against the wishes of the person being treated.⁶⁴

Much of what is described as PPI consists of lower levels of involvement, such as consultation. There is considerable scope, therefore, to shift PPI towards more authentic power-sharing through co-production.^{65,66} In addition, more progress needs to be made in developing methods to meaningfully involve the general public in mental health research. The [Creating Our Future](#)¹⁷ initiative had considerable success in this regard, and we can learn from this and similar approaches.

Actions

The following actions will enhance and expand co-production in mental health research.

1. Conduct a mapping exercise of the existing infrastructure and initiatives in the co-production and public and patient involvement space related to mental health, to avoid duplication of effort.
2. Build on existing initiatives through targeted funding to support and grow co-production and PPI in mental health research and to increase the impact and outcomes of the involvement of people with lived experience across the life course.
3. 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.
4. Support the establishment of a diverse network of people with lived experience and their family members, who reflect the wider population and can contribute to research in mental health.
5. 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.
6. Design co-facilitated training for people with lived experience so that they can develop the skills necessary to become and remain engaged throughout the research process.
7. Provide training, support, and resources for researchers on how to meaningfully engage people with lived experience across the research life cycle.
8. Support culture change within the mental health research system so that it is more inclusive and supportive of people with lived experience, and encourage the adoption of processes that facilitate co-production.



Pillar 4 Collaboration

GOAL

Build a collaborative and engaged mental health research community that integrates stakeholders across disciplines and sectors, from research to practice and policy.

Context

The multifaceted nature of the determinants of mental health points to the need for mental health research to be multidisciplinary and collaborative and to use methods of co-production. This can facilitate the contribution of expertise across a range of disciplines and backgrounds, including people with lived experience. Collaboration can also improve integration across the mental health research system and multiply the effects of researchers and research teams. Existing research centres and groups focusing on mental health tend to be institution-specific or topic-specific. There is a lack of a broad-based, integrated mental health research network that could provide an important focus and impetus for cross-institutional and interdisciplinary collaboration on a national and all-island basis.

The mental health research community is very broad, encompassing many disciplines and sectors. Mental health support and care is delivered across a wide variety of settings, including local communities,

primary care settings, voluntary organisations, advocacy services, specialist community mental health teams, residential settings, acute settings, independent providers, and other non-mental health settings (e.g. acute general hospitals, prisons, workplaces, schools and universities, and housing associations). A broad range of people provide mental health support and care, including family and friends; peer supporters; GPs and other health and social care practitioners in primary care; mental health professionals in statutory and non-statutory mental health services; and clinicians working in acute hospitals. The National Clinical Programmes in the HSE,⁶⁷ while primarily service delivery initiatives, also have a strong focus on data-gathering, routine evaluation, and research.

Mental health researchers can come from all of the above-mentioned backgrounds and settings, as well as from academic disciplines outside of healthcare. Moreover, the multifaceted nature of the determinants of mental health, wellbeing, and mental health difficulties brings researchers from many other sectors into the fold.⁶⁸

Irish researchers also contribute to mental health research internationally through a wide range of networks. These collaborations are essential for sharing best practices, leveraging diverse expertise, and shaping a comprehensive international research agenda that benefits mental health outcomes in Ireland and globally.

In order to maximise impact, it is essential that policymakers from the Department of Health and other government departments, as well as senior managers and policymakers from the HSE, also have opportunities for collaboration with the wide range of mental health researchers. Collaboration should take place throughout the research process, from identifying research questions to achieving impact.

Actions

The following actions will support the development of a collaborative and engaged mental health research community.

1. Develop an all-island, collaborative, interdisciplinary mental health research network that brings together researchers from academia, the voluntary and community sector, and the range of mental health service providers, as well as researchers working in diverse fields and agencies that relate to mental health, including justice, employment, welfare, education, housing, and others, along with knowledge users.
2. Facilitate and provide practical support to increase collaboration among mental health researchers and knowledge users, including policymakers and decision makers in health and social care.

3. Enhance and facilitate national and international research partnerships, knowledge sharing, and training opportunities to expand the opportunities available to Irish researchers and to increase the international impact of Irish mental health research.

4. Provide collaborative training opportunities in mental health research so that researchers from a range of sectors, backgrounds, and experiences can train together, in order to encourage the sharing of skills and perspectives.



Impact



Context

It is essential that mental health research in Ireland makes a real difference in people's lives. However, we know that the creation of new knowledge often does not, on its own, lead to widespread implementation or impacts on wellbeing. It is not sufficient to have high-quality research and to widely communicate research findings; it is also recognised that a more structured approach to creating impact is required on the part of the research community and policymakers.⁴⁹

Impact in research is broadly defined as “a change or a benefit to the economy, society, culture, public policy or services, health, the environment or quality of life”.⁶⁹ Creating impact beyond research outputs is about building purposeful activities into the entire research process. This approach is called integrated knowledge translation, which has been identified as a successful method for optimising the impacts of health research.⁷⁰ Integrated knowledge translation includes activities and processes incorporated into this strategy, such as co-production, involving knowledge users throughout the research process, and engaging with key stakeholders in order to generate relevant and timely research questions. These activities create pathways to research impacts (see Figure 5).

The Campus Engage initiative has developed a useful guide titled Engaged Research Planning for Impact: Society and higher education addressing grand societal challenges together.⁷¹ It illustrates the range of potential impacts of research and is designed

to help researchers maximise the impact of their research. The guide gives a detailed description of 10 impact categories for researchers to consider when they are planning research:

1. New knowledge creation and mobilisation
2. Health and wellbeing
3. Public policy, practice, and service
4. Economic
5. Environmental
6. Human capacity
7. Industry innovation
8. Internationalisation
9. Cultural
10. Partnerships for change

Mental health research can potentially create impacts, to varying degrees, in all of these categories.

Mental health researchers need skills and support to allow them to plan for and engage in effective knowledge translation and related activities as early as possible in the lifetime of a project. This can facilitate research leading to, or informing, tangible and positive change at individual, societal, service, and policy levels. Pillar 3: Co-production and Pillar 4: Collaboration in this strategy set out the actions necessary to develop structures which aim to enhance and expand co-production and facilitate and improve collaboration more broadly in mental health research. These activities are integral to integrated knowledge translation. Specific structures focused exclusively on research, such as multi-stakeholder forums, can also be helpful in facilitating the involvement of policy makers. Another model is the What Works Network in the United Kingdom, which aims to improve the ways in which government and other public sector organisations create, share, and use high-quality evidence in decision-making.⁷² Evidence synthesis plays a crucial role in this process, providing a range of outputs, from systematic reviews to policy briefings, that facilitate the use of evidence in policy-making and practice.

Impact is a diffuse phenomenon which usually occurs over a long time frame, with many actors typically involved in its generation. This poses considerable

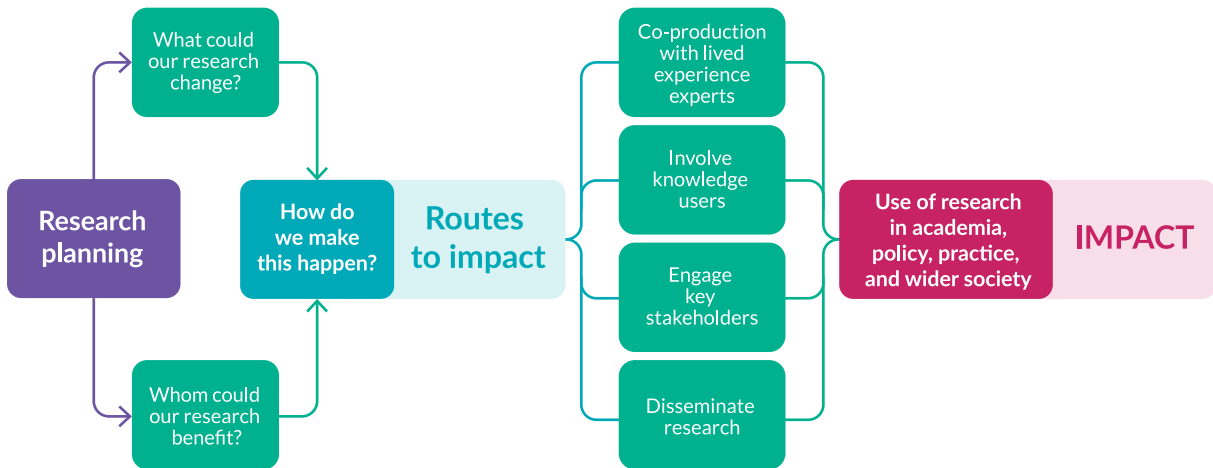


Figure 5: Research impact (Adapted from [University of York](#))

challenges in terms of its effective and comprehensive measurement. Indeed, it has been acknowledged that more structured and systematic reporting is needed in relation to most of the impact categories identified by the Campus Engage initiative and that the systems do not currently exist for consistent and reliable measurement of progress.⁴⁹ Further work on developing effective impact statements for mental health research and the identification of useful ways of measuring its impact is required in order to progress this area.

Actions

To maximise impact, the following actions are required:

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.

2. Develop a systematic approach to integrated knowledge translation, including training, the

development of guidelines, continued funding for knowledge translation activities, and brokerage events encouraging the alignment and sharing of information between mental health researchers, policymakers, health and social care practitioners, and other key stakeholders.

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.

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.

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.

6. Develop methods and measures to assess and describe the diverse impacts of mental health research.

Implementing this strategy

While the Health Research Board will play a pivotal role in delivering many of the actions set out in this strategy, implementation will require interdepartmental and interagency collaboration that goes beyond the remit of the Health Research Board and beyond that of other health sector agencies. Therefore, the implementation of this strategy will be led by an implementation and oversight group with representation from key stakeholders, including research funders, cross-departmental policymakers, leaders in the voluntary and community sector, and people with lived experience. The implementation and oversight group will be chaired by the Department of Health.

The first implementation plan for this strategy will cover 2025–2027, aligning with the next implementation phase of *Sharing the Vision*. Annual progress reports on the strategy's implementation will be published to keep track of progress and maintain transparency.

Public consultations will be conducted approximately every three years, before each subsequent implementation period, to ensure that the strategy remains relevant and inclusive. These public consultations may be timed to coincide with wider consultations on mental health policy as appropriate.

The implementation of this whole-of-government strategy aims to be dynamic, responsive, and impactful, driving continuous improvement in mental health research in Ireland. Implementation plans will take account of evolving developments in areas such as digital mental health services and national clinical mental health programmes. They will also align with planned changes in the research and innovation system in Ireland more broadly that relate to the actions set out in this mental health research strategy.

A comprehensive review of this strategy will be conducted at the end of the *Sharing the Vision* 2020–2030 policy period.

Glossary of terms

Co-production

A collaborative process which actively involves people with lived experience as well as their families, supporters, and communities in the research process. Co-production involves shared decision-making and equal contribution throughout the research process, from planning through to dissemination. This can make research more relevant, empathetic, and impactful.

Health and social care practitioners

An umbrella term that includes individuals from medicine and dentistry (medical practitioners); pharmacy; nursing and midwifery; and health and social care professions. The HSE recognises 26 health and social care professions providing interventions in therapeutic, rehabilitative, re-enablement, health and social care, and diagnostic services. Health and social care practitioners work across settings, including acute, community, disability, specialist, mental health, and primary care settings, as well as in residential services and services for older people.

Integrated knowledge translation

A model whereby researchers partner with knowledge users throughout the research process. By facilitating ongoing engagement between researchers and individuals or groups who can apply research findings in policy or practice, integrated knowledge translation aims to increase the relevance and impact of research.

Interventions

A variety of strategies – including services, programmes, and community supports – that are designed to improve mental health and wellbeing. Interventions can include therapeutic approaches, early interventions and prevention programmes, rehabilitation programmes, and other support services.

Mental health

Mental health refers to a person's emotional, psychological, and social wellbeing. It relates to how we think, feel, and behave. It can determine how we handle stress, relate to others, and make choices.

Mental health is affected by a multitude of factors, and good mental health is essential for personal wellbeing and healthy relationships.

Mental health difficulties

This strategy adopts the definition of mental health difficulties presented in *Sharing the Vision*: “the full range of mental health difficulties that might be encountered, from the psychological distress experienced by many people to severe mental disorders that affect a smaller population”.^{1p7}

Mental health research

A wide spectrum of activities aimed at generating new knowledge and insights that can drive improvements and innovations in our understanding of mental health. This includes studying mental health promotion, prevention of mental health difficulties, and the systems that provide mental health services and supports. This is a deliberately broad definition that includes epidemiological studies, health services research, health systems and policy research, and evaluation, as well as studies of the structural, political, economic, environmental, commercial, biological, and psychosocial factors that affect mental health.

Mental health research system

A system comprising a number of different elements that support mental health research, including data, governance, training, ethics, and funding. Diverse stakeholders are involved, including funders, researchers, people with lived experience, their families and supporters, voluntary sector workers, health and social care practitioners, and policymakers.

Mental health services research

Research that examines how mental health services are accessed and delivered. It evaluates the efficiency, effectiveness, and equity of the mental health care system. By analysing practices, policies, and structures, mental health services research strives to improve care and inform decision-making and policy development, with the ultimate aim of improving mental health and wellbeing.

Peer researcher

We have adapted the Young Foundation's definition of peer researchers,⁷³ and we define peer researchers as those with lived experience of the issues being studied who takes part in directing and/or conducting the research. Peer researchers play a pivotal role in ensuring that research is grounded in real-world experiences.

People with lived experience

People with experience of, involvement in, or engagement with mental health difficulties, providing them with unique insights and perspectives. This includes family members and loved ones of those with mental health difficulties. Giving voice to people with lived experience can help to ensure that the research is relevant and impactful.

Policymakers

Individuals or groups responsible for creating, shaping, and implementing policies that govern public life. They work within governments and public sector organisations to develop regulations, laws, and strategies that address societal issues. Their decisions impact sectors such as health, social welfare, education, and the economy, all of which are integral to mental health.

Population mental health research

Research examining the mental health outcomes of groups of people, focusing on the factors influencing these outcomes. This includes studying physical and mental health, quality of life, and health behaviours. The factors that influence mental health outcomes span structural, political, economic, environmental, commercial, biological, and psychosocial variables. The aim of population mental health research is to improve wellbeing and reduce disparities among diverse populations.

Public and patient involvement

Public and patient involvement (PPI) involves patients, service users, carers, and the public working alongside researchers throughout the research process. This collaboration can include setting research priorities, designing and planning studies, conducting and managing research, and disseminating results. The goal is to ensure that research is conducted with or

by people with lived experience and members of the public, rather than to, about, or for them.

Recovery

An individual's ability to live an enriching and fulfilling life while living with mental health difficulties. The most widely used definition is that of Anthony (1993):^{74 p15}

A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

Five processes have been identified as essential to recovery – connectedness; hope and optimism about the future; identity; meaning in life; and empowerment.⁷⁵

Research

A systematic process of collecting, analysing, and interpreting information to increase understanding of a topic or issue. Research involves defining a question, gathering relevant data, using appropriate methodologies, and drawing evidence-based conclusions. It encompasses a broad spectrum of activities aimed at generating new knowledge and insights that can drive improvements and innovations.

Researcher

Anyone engaged in systematic studies to develop knowledge and reach new conclusions. Researchers include academics, service providers, public sector actors, peer researchers, and people working in the voluntary and community sector, among others.

Stigma

The discrimination experienced by people with mental health difficulties, caused by negative attitudes, beliefs, and behaviours directed towards them. It manifests as prejudice, inequity, and social exclusion, often based on misconceptions and fear. Stigma can stop people from seeking help, can negatively impact treatment outcomes, and can cause feelings of shame and isolation.

Voluntary and community sector

Organisations and groups that operate independently from the government and the private sector, often driven by social, charitable, or community objectives. The voluntary and community sector is integral to delivering a wide range of mental health services in Ireland, and its role extends beyond service provision to include community engagement, support, and advocacy activities.

Wellbeing

Wellbeing encompasses physical health, an emotionally regulated state, psychological resilience, and the ability to develop meaningful social connections. It is about comfort, happiness, and life satisfaction. Wellbeing allows an individual to realise their own abilities, cope with life's stresses, and contribute to their community in a rewarding way.



References

- 1 Department of Health. *Sharing the Vision: A Mental Health Policy for Everyone*. 2020. <https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/>
- 2 Department of Health. *Sharing the Vision Implementation Plan 2022–2024*. 2022. <https://assets.gov.ie/219435/7a8c78e1-98ad-4542-9a61-a13195a727d6.pdf>
- 3 Bower M, Smout S, Donohoe-Bales A, et al. A hidden pandemic? An umbrella review of global evidence on mental health in the time of COVID-19. *Front Psychiatry*. 2023;14. doi:10.3389/fpsyt.2023.1107560
- 4 Hwong AR, Wang M, Khan H, et al. Climate change and mental health research methods, gaps, and priorities: a scoping review. *Lancet Planet Health*. 2022;6(3):e281-e291. doi:10.1016/S2542-5196(22)00012-2
- 5 Ingram C, Buggy C, Elabbasy D, Perrotta C. Homelessness and health-related outcomes in the Republic of Ireland: a systematic review, meta-analysis and evidence map. *J Public Health*. 2024;32(10):1855-1876. doi:10.1007/s10389-023-01934-0
- 6 Loneliness Taskforce. *A Connected Island: An Ireland Free From Loneliness*. 2018. <https://alone.ie/wp-content/uploads/2018/06/The-Loneliness-Taskforce-A-Connected-Island.pdf>
- 7 World Health Organization Regional Office for Europe. *Fact Sheet on Sustainable Development Goals Health Targets - Mental Health*. 2018. <https://iris.who.int/bitstream/handle/10665/340847/WHO-EURO-2018-2364-42119-58012-eng.pdf>
- 8 Institute for Health Metrics and Evaluation. *Mental Health*. 2021. <https://www.healthdata.org/research-analysis/health-risks-issues/mental-health>
- 9 Hyland P, Vallières F, Shevlin M, et al. State of Ireland's mental health: findings from a nationally representative survey. *Epidemiol Psychiatr Sci*. 2022;31:e47. doi:10.1017/S2045796022000312
- 10 OECD/European Observatory on Health Systems and Policies. *Ireland: Country Health Profile 2023*. 2023. https://www.oecd.org/en/publications/ireland-country-health-profile-2023_3abe906b-en.html
- 11 European Parliamentary Research Service. *Mental Health in the EU*. 2023. [https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/751416/EPRS_BRI\(2023\)751416_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/751416/EPRS_BRI(2023)751416_EN.pdf)
- 12 World Health Organization. *The WHO Strategy on Research for Health*. 2012. https://iris.who.int/bitstream/handle/10665/77935/9789241503259_eng.pdf?sequence=1
- 13 Department of Health. *A Vision for Change*. 2006. <https://www.gov.ie/en/publication/999b0e-a-vision-for-change/>
- 14 International Alliance of Mental Health Research Funders. *The Inequities of Mental Health Research*. 2020. https://digitalscience.figshare.com/articles/report/The_Inequities_of_Mental_Health_Research_IAMHRF_/13055897
- 15 Department of Health. *Sláintecare*. 2018. <https://www.gov.ie/en/campaigns/slaintecare-implementation-strategy>

- 16 Department of Health. *Statement of Priorities Health & Social Care Research 2023-2025*. 2023. <https://www.gov.ie/pdf/?file=https://assets.gov.ie/286101/bcd30e07-992b-41d6-98a1-bf8d5933fcde.pdf>
- 17 Government of Ireland. *Creating Our Future*. 2022. <https://www.creatingourfuture.ie/>
- 18 Department of Further and Higher Education, Research, Innovation and Science. *Creating Our Future Expert Committee Report*. 2022. <https://www.creatingourfuture.ie/wp-content/uploads/2022/07/Creating-Our-Future-EXPERT-Report.pdf>
- 19 Hogan, L. *You Were Asked to Create the Future – This Is What You Said*. 2022. <https://www.creatingourfuture.ie/2022/08/you-were-asked-to-create-the-future-this-is-what-you-said/>
- 20 European Commission. *A Roadmap for Mental Health Research in Europe*. 2015. <https://cordis.europa.eu/project/id/282586/reporting>
- 21 European Commission. *A Comprehensive Approach to Mental Health*. 2023. https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-life/european-health-union/comprehensive-approach-mental-health_en
- 22 European Commission. *EU Comprehensive Approach to Mental Health*. 2023. https://health.ec.europa.eu/non-communicable-diseases/mental-health_en
- 23 European Commission. *Annex to the Commission Implementing Decision on the Financing of the Programme for the Union's Action in the Field of Health ('EU4Health Programme') and the Adoption of the Work Programme for 2024*. 2023. https://hadea.ec.europa.eu/system/files/2023-12/EU4Health%20programme%202024_0.pdf
- 24 World Health Organization. *Health Is a Fundamental Human Right*. 2017. <https://www.who.int/news-room/commentaries/detail/health-is-a-fundamental-human-right>
- 25 United Nations Office of the High Commissioner for Human Rights. *Convention on the Rights of Persons with Disabilities*. 2006. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>
- 26 United Nations Department of Economic and Social Affairs. *Sustainable Development Goals*. 2015. <https://sdgs.un.org/goals>
- 27 Health Service Executive. *The New HSE Health Regions*. 2024. <https://about.hse.ie/our-work/hse-health-regions/>
- 28 Department of Health. *Towards Population-Based Funding for Health: Evidence Review & Regional Profiles*. 2022. <https://assets.gov.ie/233689/57e2174e-39da-4474-bd56-87b269375918.pdf>
- 29 Health Service Executive. *Integrated Care (Chronic Disease)*. 2024. <https://www.hse.ie/eng/about/who/cspd/icp/>
- 30 Health Service Executive. *Integrated Community Technology and Transformation and ICT Programme*. 2024. <https://healthservice.hse.ie/staff/procedures-guidelines/integrated-community-ehealth-and-ict-programme/> European Commission. *European Health Data Space*. 2024. https://health.ec.europa.eu/ehealth-digital-health-and-care/european-health-data-space_en

- 31 European Commission. *European Health Data Space*. 2024. https://health.ec.europa.eu/ehealth-digital-health-and-care/european-health-data-space_en
- 32 Houses of the Oireachtas. *Health Information Bill 2024*. 2024. <https://www.oireachtas.ie/en/bills/bill/2024/61/>
- 33 Government of Ireland. *Minister Donnelly Receives Cabinet Approval for the General Scheme of a Health Information Bill*. 2023. <https://www.gov.ie/en/press-release/13b1f-minister-donnelly-receives-cabinet-approval-for-the-general-scheme-of-a-health-information-bill/>
- 34 Government of Ireland. *Mental Health Act, 2001*. 2001. <https://www.irishstatutebook.ie/eli/2001/act/25/enacted/en/html>
- 35 Government of Ireland. *Impact 2030: Ireland's Research and Innovation Strategy*. 2022. <https://www.gov.ie/en/publication/27c78-impact-2030-irelands-new-research-and-innovation-strategy/>
- 36 National Mental Health Commission, Australia. *National Mental Health Research Strategy*. 2022. https://www.mentalhealthcommission.gov.au/sites/default/files/2024-03/national-mental-health-research-strategy_0.pdf
- 37 Directorate for Population Health Mental Health Directorate, Scottish Government. *Developing the Mental Health Research Landscape in Scotland: Working Paper*. 2019. <https://www.gov.scot/publications/developing-the-mental-health-research-landscape-in-scotland-working-paper/>
- 38 Department of Health, United Kingdom. *A Framework for Mental Health Research*. 2017. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/665576/A_framework_for_mental_health_research.pdf
- 39 Wellcome. *Mental Health*. 2024. <https://wellcome.org/what-we-do/mental-health#our-approach-421c>
- 40 The White House. *White House Report on Mental Health Research Priorities*. 2023. <https://www.whitehouse.gov/wp-content/uploads/2023/02/White-House-Report-on-Mental-Health-Research-Priorities.pdf>
- 41 World Health Organization. *Mental Health*. 2022. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- 42 Department of the Taoiseach. *Understanding Life in Ireland: The Well-Being Framework 2023*. 2023. <https://www.gov.ie/en/publication/b2e0f-understanding-life-in-ireland-the-well-being-framework-2023/>
- 43 Westerhof GJ, Keyes CLM. Mental Illness and Mental Health: The Two Continua Model Across the Lifespan. *J Adult Dev*. 2010;17(2):110-119. doi:10.1007/s10804-009-9082-y
- 44 Tudor K. *Mental Health Promotion: Paradigms and Practice*. Routledge; 1996.
- 45 Keyes CLM. Mental illness and/or mental health? Investigating axioms of the complete state model of health. *J Consult Clin Psychol*. 2005;73(3):539-548. doi:10.1037/0022-006X.73.3.539
- 46 Scutt K, Ali K, Rieger E, et al. An investigation of the dual continua model of mental health in the context of eating disorder symptomatology using latent profile analysis. *Br J Clin Psychol*. 2023;62(4):782-799. doi:10.1111/bjc.12439

- 47 Keyes CLM. The mental health continuum: from languishing to flourishing in life. *J Health Soc Behav.* 2002;43(2):207-222.
- 48 Skivington K, Matthews L, Simpson SA, et al. A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *BMJ.* 2021;374. doi:10.1136/bmj.n2061
- 49 Department of Further and Higher Education, Research, Innovation and Science. *Review of Ireland's Higher Education Research System - Higher Education Research Group.* 2021. <https://www.gov.ie/en/publication/36a37-review-of-irelands-higher-education-research-system-higher-education-research-group/>
- 50 Government of Ireland. *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2024.* 2015. <https://www.gov.ie/en/publication/7dfe4c-connecting-for-life-irelands-national-strategy-to-reduce-suicide-201>
- 51 Gilmartin D, Mercado-Garrido E, Harte P, Keppler T & Barry MM. *Evidence Review of Community-Based Mental Health Promotion Interventions for Priority Groups in Ireland. A report prepared for the Health Service Executive, Ireland.* 2024. Health Promotion Research Centre, University of Galway. Accessible from hprc@universityofgalway.ie
- 52 Health Service Executive. *Reform of the HSE Research Ethics Committee System.* 2022. <https://hseresearch.ie/rec-system-reform/>
- 53 Health Service Executive. *Development of Institutional Capacity for Research Governance, Management, and Support Services for Research.* 2021. <https://hseresearch.ie/development-of-institutional-capacity-for-research-governance-and-support-services-for-research/>
- 54 National Office for Research Ethics Committees. *About.* 2024. <https://www.nrecoffice.ie/about/national-office/>
- 55 International Alliance of Mental Health Research Funders. *Driving the Adoption of Common Measures.* 2024. <https://iamhrf.org/projects/driving-adoption-common-measures>
- 56 Health Service Executive. *HSE Roadmap for the Reform of Health and Social Care Research Ethics Committees.* 2022. <https://www.lenus.ie/handle/10147/635470>
- 57 Organisation for Economic Co-operation and Development. *Reducing the Precarity of Academic Researcher Careers.* 2021. <https://www.oecd-ilibrary.org/deliver/Of8bd468-en.pdf?itemId=%2Fcontent%2Fpaper%2FOf8bd468-en&mimeType=pdf>
- 58 Brandenburg C, Ward EC. "There hasn't been a career structure to step into": a qualitative study on perceptions of allied health clinician researcher careers. *Health Res Policy Syst.* 2022;20(1):6. doi:10.1186/s12961-021-00801-2
- 59 Involve. *Co-Production.* 2011. <https://www.involve.org.uk/resource/co-production>
- 60 Brett J, Staniszewska S, Mockford C, et al. Mapping the impact of patient and public involvement on health and social care research: a systematic review. *Health Expect.* 2014;17(5):637-650. doi:10.1111/j.1369-7625.2012.00795.x

- 61 Allen D, Cree L, Dawson P, et al. Exploring patient and public involvement (PPI) and co-production approaches in mental health research: learning from the PARTNERS2 research programme. *Res Involv Engagem*. 2020;6(1):56. doi:10.1186/s40900-020-00224-3
- 62 PPI Ignite. *Resources*. 2024. <https://ppinetwork.ie/resource/>
- 63 Health Service Executive. *Mental Health Engagement and Recovery: Guidance and Support Documents*. 2024. <https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/guidance-and-support-documents/>
- 64 Roper C., Grey F., Cadogan E. *Co-Production: Putting Principles into Practice in Mental Health Contexts*. 2018. https://healthsciences.unimelb.edu.au/_data/assets/pdf_file/0007/3392215/Coproduction_putting-principles-into-practice.pdf
- 65 Arnstein SR. A Ladder Of Citizen Participation. *J Am Inst Plann*. 1969;35(4):216-224. doi:10.1080/01944366908977225
- 66 Hart R. Stepping Back from "The Ladder": Reflections on a Model of Participatory Work with Children. In: *Participation and Learning. Perspectives on Education and the Environment*. Springer; 2008. https://www.researchgate.net/profile/Roger-Hart-2/publication/338607840_Stepping_Back_from_%27The_Ladder%27_Reflections_on_a_Model_of_Participatory_Work_with_Children/links/5e1f2af992851c4df3ffac23/Stepping-Back-from-The-Ladder-Reflections-on-a-Model-of-Participatory-Work-with-Children.pdf
- 67 Health Service Executive. *National Clinical Programmes: Mental Health*. 2024. <https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/>
- 68 Public Health England. *Psychosocial Pathways and Health Outcomes: Informing Action on Health Inequalities*. 2017. https://assets.publishing.service.gov.uk/media/5a74d3e440f0b65f613228d7/Psychosocial_pathways_and_health_equity.pdf
- 69 European Commission. *Increase Your Chances of Success by Adequately Addressing 'Impacts.'* 2020. <https://cordis.europa.eu/article/id/422365-horizon-2020-grant-proposals-increase-your-chances-of-success-by-adequately-addressing-impact>
- 70 Canadian Institutes of Health Research. *Integrated Knowledge Translation (iKT)*. 2015. <https://cihr-irsc.gc.ca/e/45321.html#a3>
- 71 Irish Universities Association. *Engaged Research Planning for Impact: Society and Higher Education Addressing Grand Societal Challenges Together*. 2022. https://www.iua.ie/wp-content/uploads/2023/12/Guide-IUA-Engaged-Research-Planning-for-Impact-Framework-2022-Update_V5-25.pdf
- 72 Government of the United Kingdom Evaluation Task Force. *What Works Network*. 2013. <https://www.gov.uk/guidance/what-works-network>
- 73 The Young Foundation. *What Is Peer Research?* 2024. <https://www.youngfoundation.org/peer-research-network/about/what-is-peer-research/>
- 74 Anthony WA. Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosoc Rehabil J*. 1993;16(4):11-23. doi:10.1037/h0095655
- 75 Leamy M, Bird V, Le Boutillier C, Williams J, Slade M. Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *Br J Psychiatry J Ment Sci*. 2011;199(6):445-452. doi:10.1192/bjp.bp.110.083733

I Appendices

Appendix A: Terms of Reference for the National Mental Health Research Strategy Expert Group

These Terms of Reference were used to guide the National Mental Health Research Strategy Expert Group during strategy development (from June 2023 to June 2024).

Background

The Health Research Board (HRB) has been tasked with the responsibility of developing a national mental health research strategy, aligned with the national mental health policy – *Sharing the Vision: A Mental Health Policy for Everyone*. This research strategy is an HRB-led deliverable under the *Sharing the Vision Implementation Plan 2022–2024*. Recommendation 93 of the implementation plan outlines that:

A National Population Mental Health and Mental Health Services Research and Evaluation Strategy should be developed and resourced to support a portfolio of research and evaluation activity in accordance with priorities identified in the research strategy.

This document outlines the terms of reference for an Expert Group that will provide independent advice and guidance to the HRB regarding the development of the national mental health research strategy. The Expert Group is bound by and subject to these terms of reference.

Purpose

The purpose of the Expert Group is to support the development of a national mental health research strategy through:

- Sharing relevant information, perspectives and expertise regarding the development of a national mental health research strategy. The timeline for the strategy will not be predefined and will be expected to emerge from the considerations of the group. There is potential to align with the implementation timelines of *Sharing the Vision* if deemed appropriate.
- Drawing on international best practice in national research strategies, with support from the HRB's Programme Manager for Mental Health.
- Drawing on the perspectives of national and international stakeholders, with support from the HRB's Programme Manager for Mental Health.
- Drawing on overviews of the existing mental health research landscape in Ireland, with support from the HRB's Programme Manager for Mental Health.
- Identifying key objectives and high-level actions for a mental health research strategy.
- Identifying research priority areas for mental health in Ireland, ensuring that these align with the priorities outlined in *Sharing the Vision*.
- Providing guidance regarding an implementation plan for the research strategy and identification of required resources.
- Reviewing and providing comments on iterative versions of the national research strategy.
- Endorsing the final national mental health research strategy.

Governance

While the Expert Group will endorse the research strategy, the HRB is ultimately responsible for the drafting and publication of the national mental health research strategy. Thus, the Expert Group will report to the Board of the HRB. The HRB will in turn report to the Minister for Mental Health and Older People and to the National Implementation and Monitoring Committee for *Sharing the Vision* in fulfilling its responsibility for Action 93 of the *Sharing the Vision Implementation Plan 2022–2024*. The Board of the HRB will approve the final research strategy in advance of its submission to the National Implementation and Monitoring Committee.

Membership

The Expert Group will have approximately 20 members. Members will be appointed by the HRB and will represent a diverse range of perspectives in mental health research. Public and patient involvement in the Expert Group will be crucial to ensuring that the research strategy meets the needs of those it aims to serve. Additional experts may

be invited to attend meetings to provide specific guidance, and observers may be invited to attend meetings as and when needed.

Responsibilities

The Expert Group has an obligation to conduct its activities in an open and ethical manner. Members are expected to:

- Work collaboratively to achieve consensus in developing the mental health research strategy.
- Work cooperatively and respect the views of others.
- Act, as a collective group, in the best interests of the success of the mental health research strategy.
- Make every effort to attend meetings and devote sufficient time to reading supporting information that will be provided to inform this work.
- Identify and declare any conflicts of interest and proactively manage any conflicts in accordance with the HRB's policy on conflicts of interest.

The Chair may also be called upon to:

- Provide updates to the Board of the HRB regarding progress.
- Contribute to quarterly reports for submission to the Department of Health.
- Engage with the National Implementation and Monitoring Committee and its specialist subgroups to advance the strategy's development and to ensure its relevance to the broader mental health arena.

Processes

- Time frame – The Expert Group will be in place for approximately 12 months to allow members sufficient time to develop and endorse the national mental health research strategy.
- Meetings – Formal meetings of the Expert Group will take place monthly. Meetings will be held in the HRB's Dublin office or online. Additional

meetings may be held as necessary. A quorum of five members will be required to hold a meeting.

- Administrative arrangements – Agendas and background documents will be circulated at least 1 week before each meeting. Meeting minutes will be circulated within 2 weeks of each meeting.
- Compensation – The Chair will be compensated, and public and patient representatives will also be compensated. Other group members will not be compensated. However, all group members will be entitled to payment for travel and subsistence expenses related to meeting attendance.

Once the national mental health research strategy has been approved by the Board of the HRB and presented to the National Implementation and Monitoring Committee, the Expert Group will be deemed to have met its terms of reference and its responsibilities.

Appendix B: National Mental Health Research Strategy Expert Group

Fiona Keogh – Chair, National Mental Health Research Strategy Expert Group

Camille Boostrom – Programme Manager for Mental Health, Health Research Board (HRB)

Members

Margaret Barry – Established Chair in Health Promotion and Public Health, University of Galway

Mary Cannon – Professor of Psychiatric Epidemiology and Youth Mental Health, Royal College of Surgeons in Ireland RCSI University of Medicine and Health Sciences

David Cotter – Professor of Psychiatry, RCSI University of Medicine and Health Sciences

Belinda Coyle – Lived Experience Expert, Family Peer Support Worker, Department of Psychiatry, St Luke's General Hospital, Carlow/Kilkenny

Fiona Coyle – Chief Executive Officer, Mental Health Reform

Sarah Craig – Head of National Health Information Systems, Health Research Board

Walter Cullen – Professor of Urban General Practice, University College Dublin

Gary Donohoe – Established Professor of Psychology, University of Galway

Barbara Dooley – Vice President and Professor of Psychology, University College Dublin

Jo Henderson – Scientific Director, Margaret and Wallace McCain Centre for Child, Youth and Family Mental Health at the Centre for Addiction and Mental Health, Canada

Agnes Higgins – Professor in Mental Health Nursing in the School of Nursing and Midwifery, Trinity College Dublin

Brendan Kennelly – Senior Lecturer and Health Economist, University of Galway

Sinéad McGilloway – Professor of Family and Community Mental Health and Founder Director of the Centre for Mental Health and Community Research, Department of Psychology and Social Sciences Institute, Maynooth University

Ciaran Mulholland – Mental Health Clinical Lead, Northern Ireland Clinical Research Network

Patrick O'Donnell – Associate Professor of General Practice, School of Medicine, University of Limerick

Marysia Pachowicz – Lived Experience Expert, Researcher on Health and Health Inequalities

Ian Power – Chief Executive Officer, spunout and Adjunct Associate Professor, School of Psychology, University College Dublin

Derek Richards – Head of Research, Amwell

Ana Terres – Head of Research and Evidence, Assistant National Director, Health Service Executive

Frédérique Vallieres – Associate Professor in Global Health and Psychology, Director of the Trinity Centre for Global Health, Trinity College Dublin

For more information contact:

Department of Health,
Block 1, Miesian Plaza,
50 – 58 Lower Baggot Street,
D02 XW14

Website: www.gov.ie/health
Email: info@health.gov.ie
Phone: (01) 6354000



Rialtas na hÉireann
Government of Ireland

