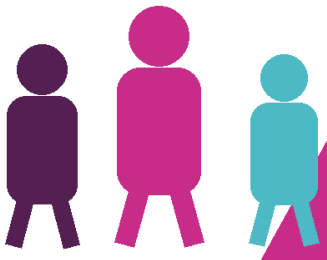
PEER ADVOCACY IN MENTAL HEALTH
FINDING YOUR VOICE, DISCOVERING HOPE

ANNUAL REPORT 2025

PEER ADVOCACY IN MENTAL HEALTH

Finding your voice. Discovering hope.





PEOPLE • VOICE • CHOICE

Contents

Who We Are & What We Do 2
How We Work and Our Impact 3
Our Purpose: Vision, Mission & Values 4
Some of our Collaborators & Supporters 5
Chairperson's Foreword – Christopher Stapelton 6
CEO Report – James McGuirk 7
Our Services Across Ireland 8
Republic of Ireland: Service Overview 9
ROI Service Breakdown and Regional Impact 10
Northern Ireland: Service Overview 22
NI Service Breakdown 23
Peer Advocacy in Practice 24
Our People 28
Internal Training 29
Learning & Collaboration 30
Looking Ahead — 2026 34

Who We Are & What We Do

1 Who We Are

People with lived experience supporting you

PEER ADVOCACY IN MENTAL HEALTH
FINDING YOUR VOICE, DISCOVERING HOPE

Our Peer Advocates

Our Peer Advocates have experienced mental health challenges themselves. They use their lived experience of recovery to listen, offer support and information, and help others understand their rights, explore their options and build confidence to advocate for themselves.



25+ Years of Service

Providing a free, independent peer advocacy service to mental health service users for over 25 years.

Our Purpose

To ensure people are heard, informed, and supported to have a stronger voice in their mental health care.

2 What We Do

Listen | Support | Inform | Empower

PEER ADVOCACY IN MENTAL HEALTH
FINDING YOUR VOICE, DISCOVERING HOPE

Listen

We provide a safe, confidential space to talk about your experiences and concerns.

Rights & Information

We provide clear information about your rights under the Mental Health Act 2001 and other relevant legislation.

Support Self-Advocacy

We help you understand your options, build confidence and support you to speak up for yourself.

Signpost & Connect

We can link you with other services and supports in your community to help with your recovery journey.

How We Work and Our Impact





Our Purpose: Vision, Mission & Values



Some of our Collaborators & Supporters



Chairperson's Foreword – Christopher Stapelton

As we reach the conclusion of another year, we can reflect on our journey to date, making sure people's voices are heard where it matters most. In the last 12 months, we have worked hard to shift the conversation around mental health. Instead of just talking about challenges, and there are many, we have focused on making practical, lasting improvements to how people are supported.

By working with local communities and sharing real, lived experiences, we are building a mental health response formed on awareness of changing culture and fast-growing technical development. In such a world, people can experience a disconnect, alienated from community, or indeed support systems. In response, PAMH seeks new and innovative ways to be a 'voice' in our communities. By streaming our focus, expanding our network, and consistently championing the dignity of individuals negotiating mental health challenges, we address systematic stigmas and influence key policy discussions. Working to build a more equitable mental health framework.

Mental health advocacy is not just a service – it's a commitment to ensure that every individual navigating mental health struggles is heard, respected and valued. Our organisation has, in this regard, tried to bridge gaps in statutory care and amplify the voices of those who need it most on a local and national level. Our team is dedicated to such and seeks to be transparent in their work, leading with example those individuals who trust us to stand alongside them.

I would like to express my thanks to all who make this goal of our shared vision possible. Those who work behind the scenes, Board Members past and present, our management, our staff, and all seeking to embody a belief in a reality where every person is valued for who they are.

I would also like to briefly acknowledge our prudent financial management over the past year. We remain in a stable financial position, and our resources have been allocated responsibly to ensure maximum impact. We are grateful to our funding partners, the HSE and the Belfast Health and Social Care Trust. Their support has enabled us to continue our work and plan for a sustainable future.

As we look to the year ahead, our commitment to advocating for the dignity and inclusion of people with mental health diagnosis remains central. While progress has been made, there is much to do to ensure PAMH is a vibrant community, adapting in an informed, professional way, ensuring that every person is heard, respected and supported to live their life, free from social stigma and discrimination.

I am sure all would agree to be part of this journey is an ongoing learning experience, where the common thread is the value of the person and an authentic response to stand with them. To each of you may I express a wish for the new year, that it be one of well-being, serenity and new discoveries.

CEO Report – James McGuirk

Peer advocacy is fundamental to ensuring that people experiencing mental health challenges have a voice, their rights are upheld and their lived experience informs decisions about their care and treatment. Throughout 2025, Peer Advocacy in Mental Health (PAMH) continued to deliver this essential service across the Republic of Ireland and Northern Ireland, supporting people across a range of mental health settings and demonstrating the reach and continued importance of independent, peer-led advocacy.

PAMH supported 11,150 clients across the Republic of Ireland and 4,818 within Belfast Trust during the year. These figures demonstrate the scale of service delivery across both jurisdictions. The regional breakdowns and case studies in this report illustrate the breadth of advocacy provided and its practical importance to the people supported, including within approved centres, Belfast Trust's adult mental health services and the Dóchas Centre. Delivering accessible, high-quality peer advocacy within available resources remains an important consideration for PAMH. Sustainable funding is essential to maintaining services, supporting organisational capacity and responding to the needs of the people who rely on our support. While financial constraints can affect the level and reach of services we can provide, PAMH remains committed to using resources responsibly, strengthening partnerships and exploring opportunities to sustain and develop its work.

Alongside direct advocacy, PAMH delivered Learning and Personal Development programmes with partner organisations, supporting self-advocacy, participation and skills development among people with lived experience. The organisation also contributed to external committees and collaborative initiatives addressing restrictive practices, inpatient experience, digital monitoring technologies and rights-based care planning. This work brought lived-experience perspectives into wider discussions about mental health services.

Community enquiries continued to indicate demand for advocacy beyond established service settings. Understanding this demand will be important in informing future service development. Remote advocacy also presents an opportunity to improve access, and PAMH intends to explore how this provision can be further developed in 2026 and beyond, in collaboration with sites and partners.

Having taken up the role of Interim Chief Executive in 2026, my focus is on building PAMH's established work and strengthening the organisation for the future. Priorities include sustainable service development, closer collaboration and data-sharing with sites, and progressing a new data system to improve recording, reporting and oversight. This will support more consistent information, better-informed planning and a clearer understanding of service activity and emerging needs.

PAMH's work in 2025 provides a strong foundation for its next phase of development, with a continued focus on accessible advocacy, effective collaboration and ensuring that people's voices and lived experience remain central to mental health services.

Our Services Across Ireland

Peer Advocacy in Mental Health (PAMH) provides independent, peer-led advocacy to people experiencing mental health challenges across the Republic of Ireland and Northern Ireland. Our work supports people to understand and exercise their rights, communicate their views, and participate in decisions about their care, treatment and recovery.

Our services operate across different mental health settings, adapting to the needs of the people we support and the environments in which care is delivered. In the Republic of Ireland, our work focuses primarily on approved centres, while also responding to enquiries from people in the wider community. In Northern Ireland, our service operates across Belfast Trust's adult mental health services.

The following sections outline our service models and regional activity during 2025.

Republic of Ireland: Service Overview

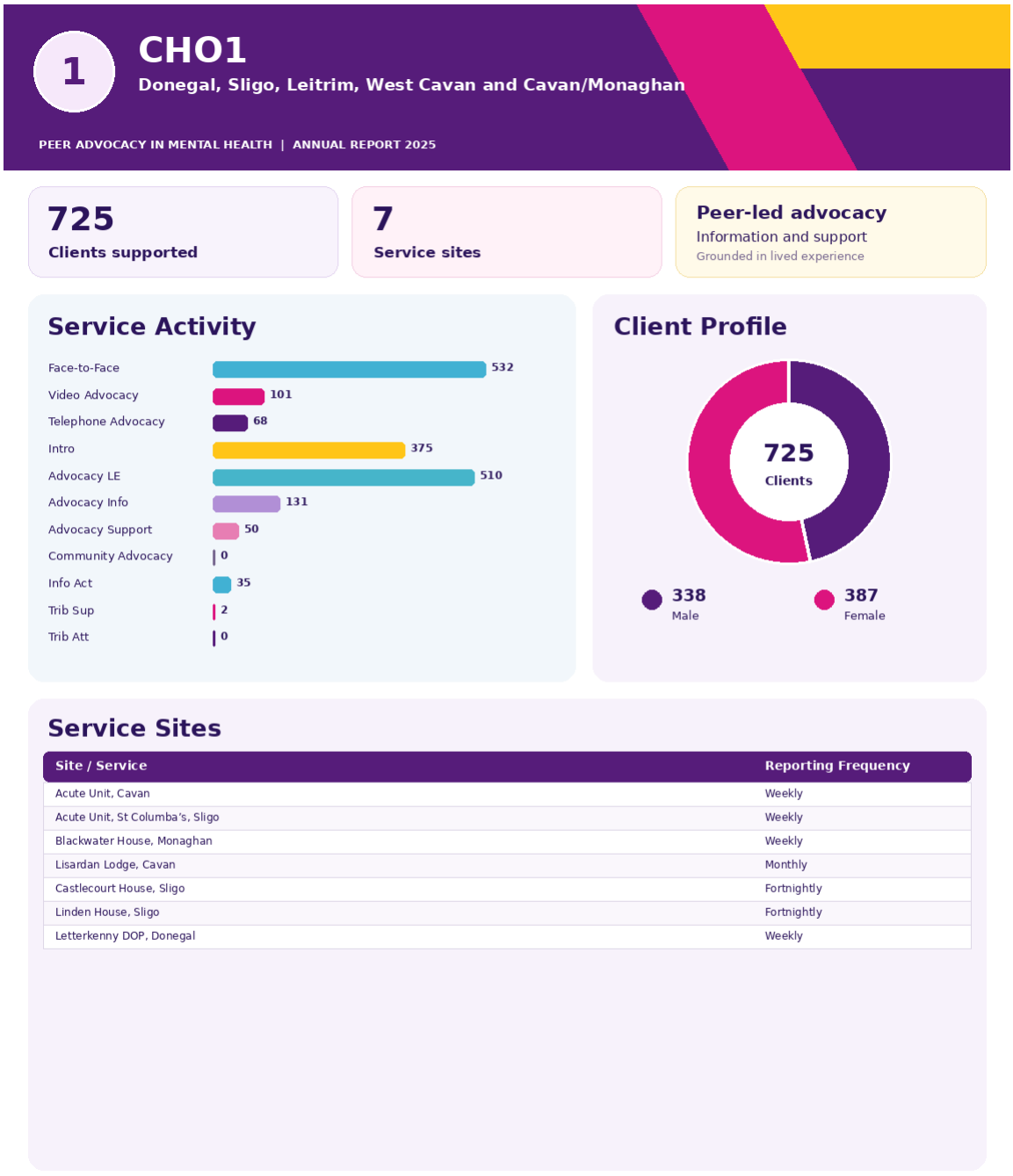
Across the Republic of Ireland, PAMH delivers peer advocacy primarily within approved centres, providing people receiving inpatient mental health care with opportunities to raise concerns, understand their rights and have their views heard. Advocacy is delivered through direct engagement and remote provision, supporting access to the service across participating locations.

PAMH also responds to telephone enquiries from people in the wider community who seek information, guidance or assistance with mental health-related concerns. While the service prioritises people receiving care in approved centres, these enquiries demonstrate a broader need for accessible peer advocacy. PAMH seeks to respond to callers within available capacity, recognising the importance of helping people identify their rights, options and potential sources of support.

The regional breakdown that follows outlines PAMH's activity across Healthcare/Partner Organisation areas during 2025.



ROI Service Breakdown and Regional Impact



2

CHO2

Galway, Mayo and Roscommon

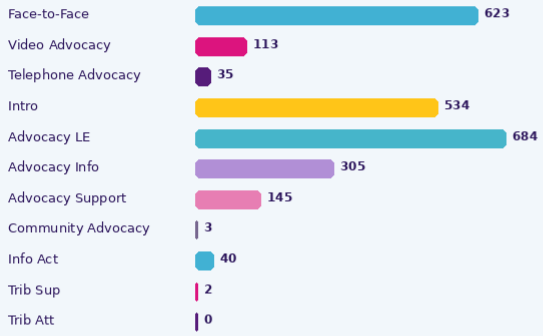
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1,033
Clients supported

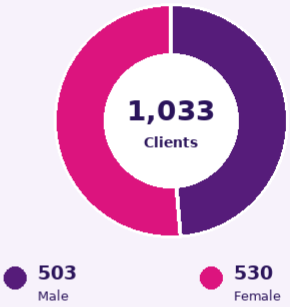
7
Service sites

Peer-led advocacy
Information and support
Grounded in lived experience

Service Activity



Client Profile



503 Male

530 Female

Service Sites

Site / Service	Reporting Frequency
Acute Mental Health Unit, Galway	Weekly
Acute Mental Health Unit, Castlebar, Mayo	Weekly
Acute Mental Health Unit, Roscommon	Weekly
An Coillin, Mayo	Weekly
Teach Aisling, Mayo	Weekly
Woodview, Merlin Park, Mayo	Monthly
St Anne's Unit, Mayo	Monthly/Bi Monthly

PAMH • 2025 STATISTICS

3

CHO3

Clare, Limerick and North Tipperary/East Limerick

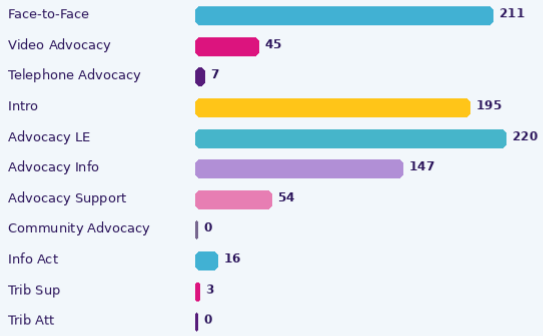
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271
Clients supported

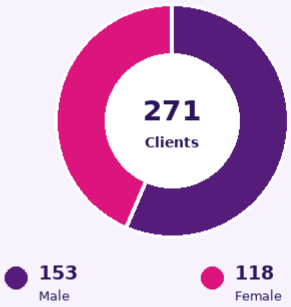
2
Service sites

Peer-led advocacy
Information and support
Grounded in lived experience

Service Activity



Client Profile



153 Male

118 Female

Service Sites

Site / Service	Reporting Frequency
Acute Mental Health Unit, Ennis, Clare	Weekly
5B Acute Mental Health Unit, Limerick	Weekly

PAMH • 2025 STATISTICS

4

CHO4

Kerry, North Cork, North Lee, South Lee and West Cork

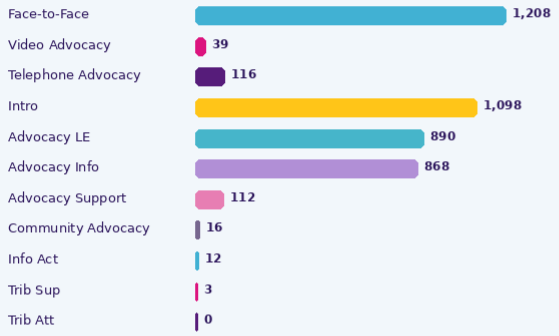
PEER ADVOCACY IN MENTAL HEALTH | ANNUAL REPORT 2025

1,367
Clients supported

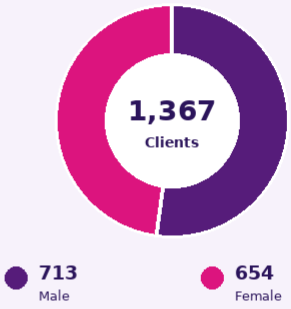
17
Service sites

Peer-led advocacy
Information and support
Grounded in lived experience

Service Activity



Client Profile



713 Male

654 Female

Service Sites

Site / Service	Reporting Frequency
South Lee Mental Health Unit, Cork	Weekly
St Michael's Unit, Cork	Weekly
Carraig Mor , Cork	Weekly
Centre for Mental Health and Recovery Bantry, Cork	Bi Monthly
Owenacurra, Cork	As required
St Catherine's, Cork	Monthly
Gougannebarra House, Cork	As required
Millfield House, Cork	As required
Glenmalure House, Blackrock, Cork	As required
St Stephen's Acute, Cork	Weekly
St Stephen's Long Stay, Cork	As required
Sliabh Mis, Kerry	Weekly
Deer Lodge, Kerry	Weekly
Fiachra Unit, Kerry	As required
Writers Grove, Kerry	Bi Monthly
Fertha View, Kerry	As required
Teach Mhuire, Rathmore, Kerry	Fortnightly

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5

CHO5

South Tipperary, Carlow/Kilkenny, Waterford and Wexford

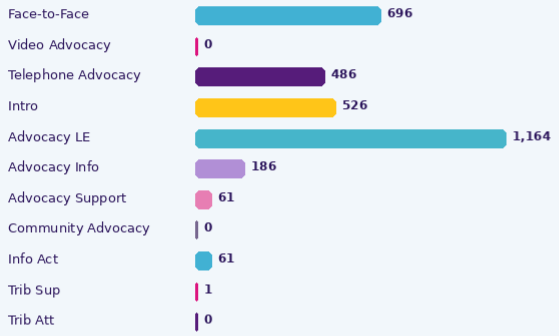
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1,187
Clients supported

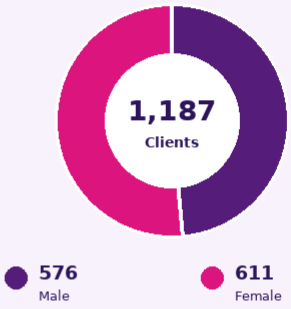
8
Service sites

Peer-led advocacy
Information and support
Grounded in lived experience

Service Activity



Client Profile



576 Male

611 Female

Service Sites

Site / Service	Reporting Frequency
DOP Kilkenny	Weekly
DOP Waterford	Weekly
Heywood Lodge, South Tipperary	Weekly
Grangemore, Waterford	Weekly
St Aidan's , Waterford	As Required
Kincora Hostel, Kilkenny	Fortnightly
Glenville Crisis House, South Tipperary	As Required
Millview, Wexford	Fortnightly

PAMH • 2025 STATISTICS

6

CHO6

Wicklow Region

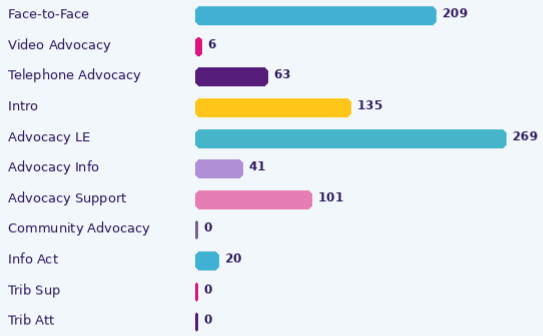
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287
Clients supported

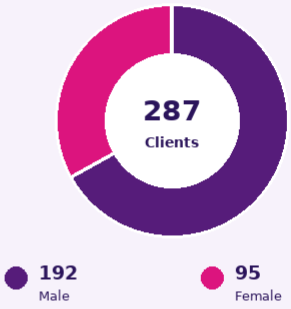
1
Service sites

Peer-led advocacy
Information and support
Grounded in lived experience

Service Activity



Client Profile



192 Male

95 Female

Service Sites

Site / Service	Reporting Frequency
Newcastle Hospital, Wicklow	Weekly

PAMH • 2025 STATISTICS

7

CHO7

HSE Dublin Region (excluding St Patrick's)

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2,244
Clients supported

11
Service sites

Peer-led advocacy
Information and support
Grounded in lived experience

Service Activity



Client Profile



1,154 Male

1,090 Female

Service Sites

Site / Service	Reporting Frequency
St Vincent's University Hospital, Dublin	Weekly
St James' Hospital, Dublin	Weekly
Connolly Hospital, Dublin	Weekly
St Vincent's Hospital, Fairview, Dublin	Weekly
Phoenix Care Centre, Dublin	Weekly
Mater Hospital , Dublin	Weekly
St John of God's , Dublin	Weekly
Tallaght Hospital, Dublin	Weekly
Ashlin Centre, Beaumont, Dublin	Weekly
Bloomfield Hospital, Dublin	Weekly
Lakeview Unit, Naas General Hospital, Kildare	Weekly

PAMH • 2025 STATISTICS

8

CHO8

Laois/Offaly, Longford/Westmeath, Louth and Meath

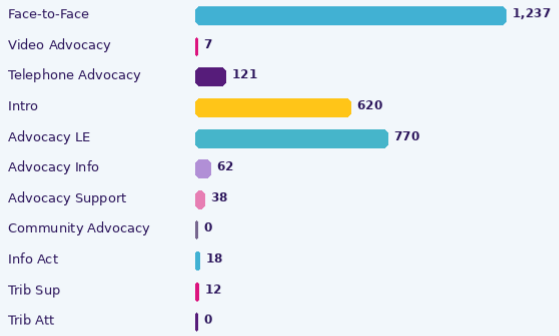
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1,286
Clients supported

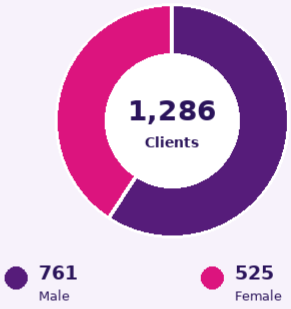
6
Service sites

Peer-led advocacy
Information and support
Grounded in lived experience

Service Activity



Client Profile



761 Male

525 Female

Service Sites

Site / Service	Reporting Frequency
Department of Psychiatry Portlaoise General hospital, Laois	Weekly
Ardee, Louth	Weekly
Drogheda Department of Psychiatry, Crosslanes, Drogheda, Louth	Weekly
Mullingar, Cluain Lir, Westmeath	As Required
Mullingar, St Loman's Hospital, Admission Unit & St Edna's Unit , Westmeath	Weekly
Offaly	As Required

PAMH • 2025 STATISTICS

National Forensic Mental Health Services

Peer advocacy in forensic mental health services

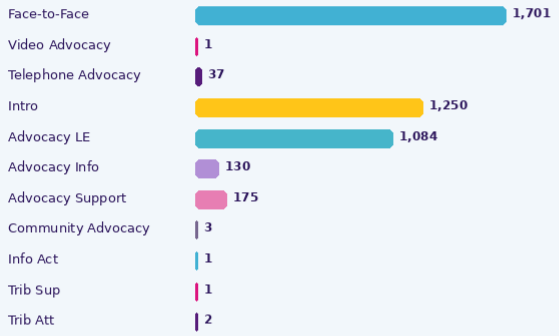
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1,786
Clients supported

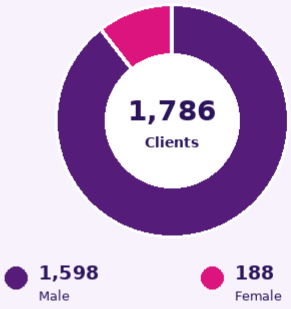
1
Service sites

Peer-led advocacy
Information and support
Grounded in lived experience

Service Activity



Client Profile



1,598 Male

188 Female

Service Sites

Site / Service	Reporting Frequency
National Forensics,Portrane Dublin	Daily

PAMH • 2025 STATISTICS

Dóchas Centre

Mountjoy Prison

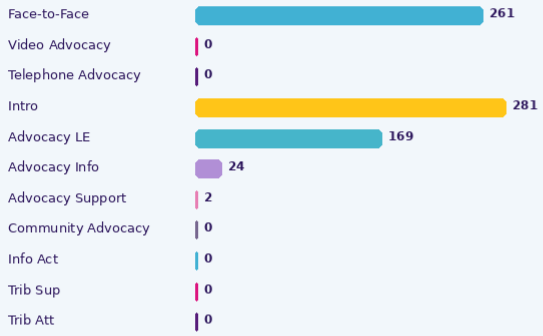
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283
Clients supported

1
Service sites

Peer-led advocacy
Information and support
Grounded in lived experience

Service Activity



Client Profile



283
Female

Service Sites

Site / Service	Reporting Frequency
Mountjoy Prison, North Circular Road, Dublin	Weekly

PAMH • 2025 STATISTICS

Highfield Healthcare

Peer advocacy service

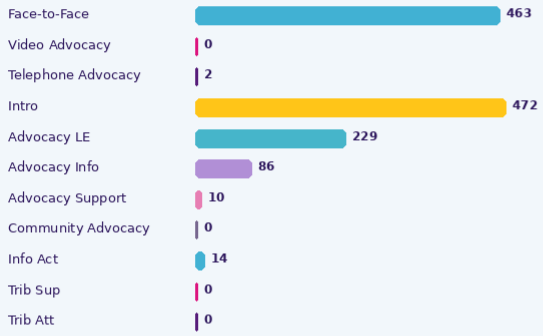
PEER ADVOCACY IN MENTAL HEALTH | ANNUAL REPORT 2025

473
Clients supported

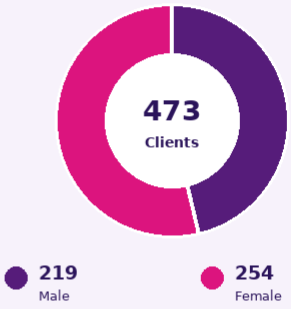
1
Service sites

Peer-led advocacy
Information and support
Grounded in lived experience

Service Activity



Client Profile



219 Male

254 Female

Service Sites

Site / Service	Reporting Frequency
Highfield Healthcare	Weekly

PAMH • 2025 STATISTICS

St Patrick's Mental Health Service

Dublin

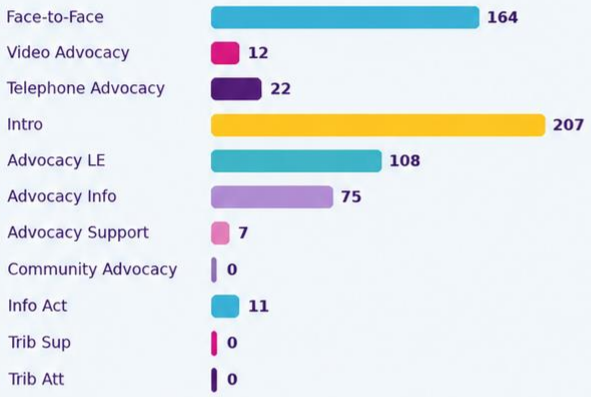
PEER ADVOCACY IN MENTAL HEALTH | ANNUAL REPORT 2025

208
Clients supported

1
Service site

Peer-led advocacy
Information and support
Grounded in lived experience

Service Activity



Client Profile



Service Sites

Site / Service	Reporting Frequency
St Patrick's Mental Health Service, Dublin	Weekly

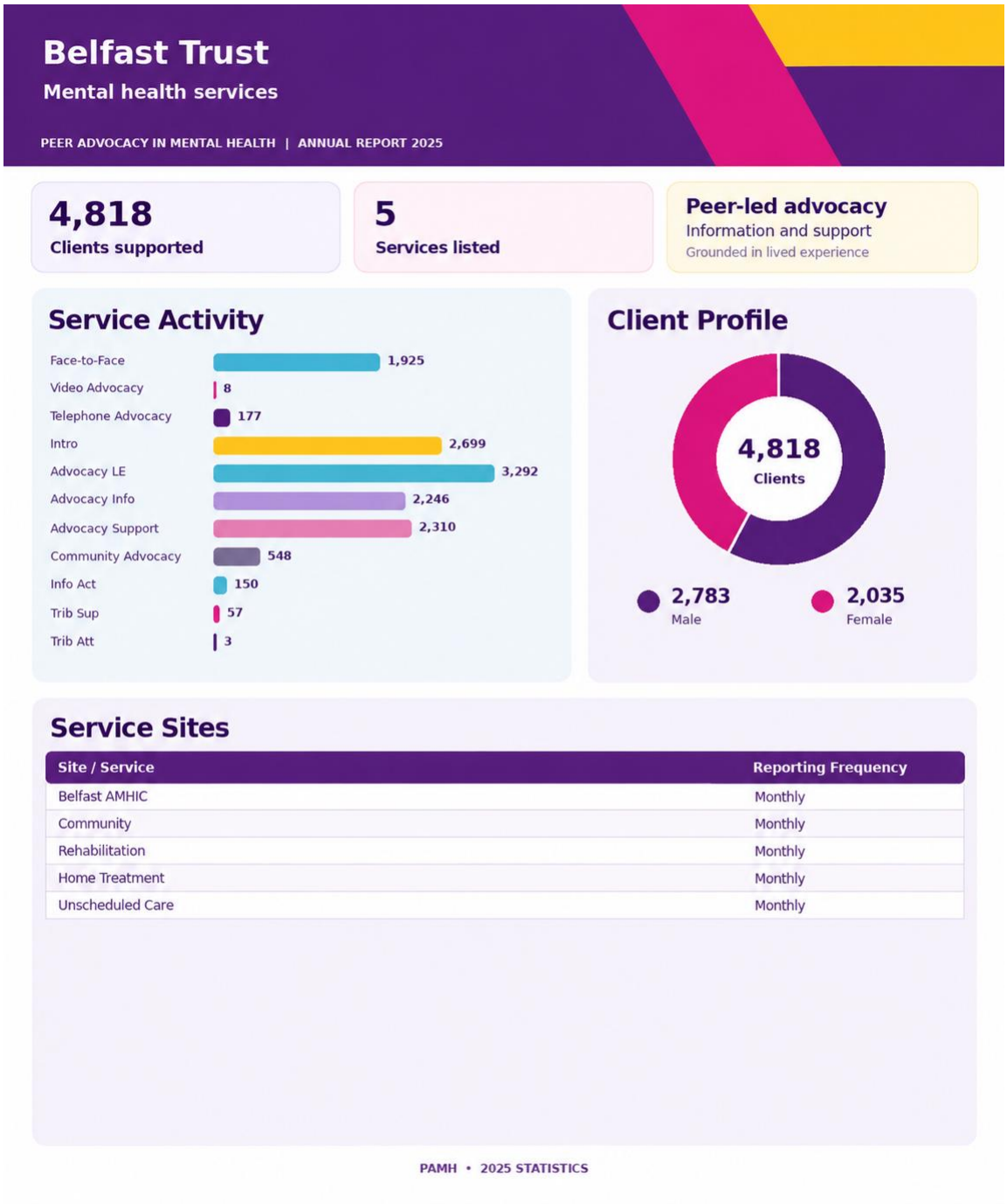
PAMH • 2025 STATISTICS

Northern Ireland: Service Overview

In Northern Ireland, PAMH delivers peer advocacy across Belfast Trust's adult mental health services, providing support across a range of care pathways and settings. This includes the Acute Mental Health Inpatient Centre, community mental health services, rehabilitation, home treatment and unscheduled care.

Working across these settings enables peer advocates to support people at different stages of their experience of mental health services. Through a lived-experience approach, advocates help people communicate their concerns, understand their rights and participate in decisions affecting their care and support.

NI Service Breakdown



Peer Advocacy in Practice

CASE 1 | Restoring Access to Leave	
ISSUE	A service user disagreed with a decision to withdraw their leave and wanted clarification from their treating doctor. The restriction also affected their ability to attend appointments.
ADVOCACY ACTION	The advocate raised the service user's concerns with nursing staff and sought clarification about communication with the treating doctor.
OUTCOME	The service user was subsequently granted leave by their doctor.

CASE 2 | Improving the Environment for Rest	
ISSUE	A service user was struggling to sleep because a broken window blind had been removed and not replaced.
ADVOCACY ACTION	At the service user's request, the advocate raised the issue with nursing staff and explained how the missing blind was affecting their sleep.
OUTCOME	The blind was repaired, resolving the practical issue affecting the service user's room.

CASE 3 | Supporting Participation in Discharge Planning	
ISSUE	A service user wanted to return home to attend a memorial service for someone close to them. They sought support around their upcoming multidisciplinary team meeting and discharge arrangements.
ADVOCACY ACTION	The advocate discussed the request with the service user and supported them in preparing for the meeting. The advocate also sought clarification about the arrangements for advocacy attendance at multidisciplinary team meetings.
OUTCOME	The service user attended the meeting and achieved the outcome they had hoped for. Discharge home was planned for later that week.

CASE 4 | Addressing Personal Care Needs	
ISSUE	A service user had no clean clothes available and felt unable to shower without something clean to wear afterwards.
ADVOCACY ACTION	The advocate raised the issue with the service user's nurse and explained the practical support required.
OUTCOME	Clean clothes were obtained, and the service user was supported to shower.

CASE 5 | Accommodating Individual Dietary Needs	
ISSUE	A service user was unhappy with the food available and wanted changes to address their concerns.
ADVOCACY ACTION	At the service user's request, the advocate discussed the concerns with their key nurse and communicated the changes the service user wanted.
OUTCOME	The requested changes were made, resolving the reported food issues.

CASE 6 | Providing Access to Sensory Equipment	
ISSUE	A service user wanted specific sensory equipment to support their needs.
ADVOCACY ACTION	The advocate contacted the activities nurse on the service user's behalf and requested the equipment.
OUTCOME	The requested sensory equipment was provided.

CASE 7 | Supporting Access to Leave for Essential Needs	
ISSUE	A service user who was detained needed urgent leave to collect a social welfare payment and had no money available. They required support to understand the process and communicate their request.
ADVOCACY ACTION	The advocate explained the process of requesting leave and supported the service user to approach their key nurse. They also practiced the conversation together so the service user could clearly explain their circumstances and identify suitable support for the leave.
OUTCOME	The request for accompanied leave was granted. The service user reported increased confidence and was pleased with the outcome.

CASE 8 | Helping a Person Manage Medication Side Effects	
ISSUE	A service user was experiencing medication side effects they found intolerable. They felt unheard and believed communication with their consultant had reached an impasse.
ADVOCACY ACTION	The advocate worked with the service user to identify another way to communicate their concerns. They focused on explaining the impact of the side effects and asking whether these could be reduced.
OUTCOME	The consultant adjusted the medication dosage. The service user subsequently reported that the side effects had reduced to a tolerable level and that they felt listened to.

CASE 9 | Supporting Access to Health Information	
ISSUE	A service user was anxious about blood test results and felt their repeated requests for information had not been addressed. This was causing unnecessary worry.
ADVOCACY ACTION	At the service user's request, the advocate accompanied them to speak with their key nurse and explained the impact the lack of information was having.
OUTCOME	The nurse undertook to relay the request to the consultant. The service user reported feeling heard and reassured.

CASE 10 | Supporting Understanding of Rights	
ISSUE	A service user subject to involuntary detention did not fully understand the tribunal process or their rights under mental health legislation.
ADVOCACY ACTION	The advocate explained the process in accessible language and supported the service user to request written information about their rights to read in their own time.
OUTCOME	The service user reported feeling better informed and reassured about their rights.

CASE 11 | Restoring Access to Communication	
ISSUE	A service user was distressed because they could not locate their mobile phone and needed to contact family and friends to let them know where they were.
ADVOCACY ACTION	The advocate explained that personal belongings were securely stored and supported the service user to approach staff about locating the phone.
OUTCOME	The phone was located. The service user was also supported to record important contact numbers and make the necessary calls using the unit's phone.

CASE 12 | Supporting Safer Transition from Hospital	
ISSUE	A service user was approaching discharge with outstanding therapy sessions and a recent medication change. They and their family were concerned that discharge was premature and could affect recovery.
ADVOCACY ACTION	The advocate met with the service user and family to understand their concerns, then attended a discharge planning meeting with the multidisciplinary team. The advocate raised the concerns and sought an arrangement that better reflected the service user's recovery needs. Connections with community-based recovery activities were also explored.
OUTCOME	The service user was allowed to remain in hospital for an additional week and continue therapy as an outpatient. They were also connected with community mental health groups and recovery college activities to support their transition into the community.

CASE 13 | Supporting Family Reunification Planning	
ISSUE	A service user needed support to understand information from mental health and social work professionals while working towards the possibility of their children returning to their care.
ADVOCACY ACTION	The advocate met with the service user to discuss their concerns and help them understand information provided by professionals. The advocate also liaised with the relevant teams to clarify the information required to inform planning.
OUTCOME	A three-month plan was established, subject to the required criteria being met, with the possibility of the children returning home within that period. Ongoing contact was planned to support the service user through the process.

CASE 14 | Supporting Access to Medication Information	
ISSUE	A service user felt that their communication needs were not understood. They wanted a written list of their prescribed medication so they could understand and research what they were taking. They were concerned that this request had been interpreted as refusing medication.
ADVOCACY ACTION	At the service user's request, the advocate explained their preference to the key nurse and clarified that they were seeking information to support their understanding of treatment.
OUTCOME	The nurse provided a written list of the service user's medication. The service user subsequently reported that things were better and that discharge was planned.

CASE 15 | Supporting Individual Needs and Access to Complaints	
ISSUE	A service user felt that their individual needs were not being recognised. They raised concerns about dietary requirements, access to private space and communication with staff.
ADVOCACY ACTION	The advocate provided a private opportunity to discuss the concerns, supported the service user to identify the changes they wanted, and explained the complaints process. The advocate also supported them in progressing their concerns through the appropriate channels.
OUTCOME	The service user reported feeling heard and supported, and their dietary needs were accommodated. A formal complaint was submitted; a response was still awaited at the time of reporting.

CASE 16 | Supporting Access to Medical Care in Custody	
ISSUE	A person in custody reported experiencing mental health difficulties and frustration at being unable to obtain a medical appointment.
ADVOCACY ACTION	With the person's consent, the advocate raised the concern with relevant staff. Although staff could not intervene directly, they suggested another route through which the person could seek support.
OUTCOME	The person subsequently reported that the suggested approach had been successful in helping them obtain support.

CASE 17 | Supporting Access to Religious Practice	
ISSUE	A service user was distressed after being told they could attend a religious service but subsequently being unable to do so. They wanted clarification and assistance resolving the issue.
ADVOCACY ACTION	The advocate contacted staff on the service user's behalf to seek an explanation and clarify the arrangements for attending the service.
OUTCOME	The service user later confirmed that they had received an explanation they considered satisfactory and had been escorted to attend religious worship.

CASE 18 | Supporting Access to Housing and Practical Advice	
ISSUE	A service user needed information about housing, social welfare and legal advice. Returning home after discharge was not an option, creating uncertainty about their next steps.
ADVOCACY ACTION	The advocate provided contact details for a free legal advice service, discussed possible social welfare supports and explained how the service user could seek assistance from a social worker and explore emergency accommodation options through the relevant local authority.
OUTCOME	The service user reported being very satisfied with the support received and had clearer information about the services and options available to them.

CASE 19 | Supporting a Transition to Community Mental Health Care	
ISSUE	A service user was anxious about transferring from a home treatment service to a community mental health team. Previous difficulties had affected their confidence in the transition.
ADVOCACY ACTION	The advocate discussed the concerns with the service user before their first appointment and agreed to attend for support. They identified the issues the service user wanted addressed and supported them to communicate their experience during the meeting. The advocate also attended two subsequent appointments.
OUTCOME	The community mental health nurse acknowledged the concerns and provided assurances about the ongoing therapeutic relationship. The service user reported feeling more comfortable and reassured. By the end of the advocate's involvement, they reported being settled and satisfied with the care being provided.

CASE 20 | Supporting the Right to Challenge Detention	
ISSUE	A service user was unhappy with their detention and wanted to challenge the decision. They required practical assistance to access the tribunal process.
ADVOCACY ACTION	The advocate provided the relevant tribunal application forms and a list of solicitors, supported the service user to complete the paperwork and accompanied them to the hearing. Reassurance and support were provided throughout the process.
OUTCOME	Following the tribunal, the service user's legal status changed from involuntary to voluntary. They chose to remain in hospital briefly to arrange medication and referrals before discharging themselves.

CASE 21 | Supporting Safe Discharge and Improved Accommodation	
ISSUE	A client approaching discharge expressed concerns about returning to their previous accommodation, fearing that the environment could negatively affect their recovery.
ADVOCACY ACTION	The peer advocate supported the client to consider their concerns and identify the need for appropriate support with discharge planning. The client was encouraged to raise these concerns with the relevant professionals involved in their care.
OUTCOME	The client was subsequently discharged to alternative accommodation that better suited their needs. They later secured independent accommodation and expressed feelings of happiness and relieved.

Our People

Our People

Building a skilled, supported and values-driven team

Our people are at the heart of our work. In 2025, Peer Advocacy in Mental Health continued to invest in a skilled and supportive workforce, ensuring that Peer Advocates are equipped, valued and supported to deliver high-quality, person-centred services.

Our Workforce in 2025

24
Staff employed
(as at 31 December 2025)

19
Whole-time equivalents (WTE)

6
New staff recruited in 2025

4
Peer Advocates recruited

Also recruited:
1 Team Leader and 1 Office Administrator.

The Peer Advocacy Difference

Our Peer Advocates bring lived experience of mental health challenges and a level of recovery that enables others a unique perspective. This helps them to understand the issues people face and to provide support that is empathetic, practical and empowering.

Peer Advocates support people by:

- Listening and providing a supportive ear
- Signposting to appropriate resources
- Supporting people through tribunal processes
- Advocating for and encouraging people to advocate for themselves

Induction and Training

New frontline employees complete a 9-week training programme before delivering services independently.

1. Induction
Comprehensive introduction to the organisation

→

2. Training
Mental Health Act 2001 – 2018 and relevant HSeLanD modules

→

3. Shadowing
6 weeks of face-to-face, on-the-ground shadowing with experienced Peer Advocates

→

4. Independent Practice
Begin delivering Peer Advocacy services on their own

Training includes:

- Mental Health Act 2001 – 2018
- Applying a Human Rights Based approach to Health and Social Care
- Becoming Trauma Aware
- HSE Best Practice Guidance for Mental Health Services

Wellbeing and Supervision

The ongoing wellbeing of our employees is of paramount importance to the organisation and is integral to how we deliver services to people experiencing challenges to their mental health.

During 2025, we continued to support our Peer Advocates in maintaining their own mental health and wellbeing through induction, ongoing training, quarterly external supervision and access to our Employee Assistance Programme (EAP).

External Supervision
Quarterly supervision sessions provided by a professional who is also a peer, ensuring guidance is grounded in lived experience alongside professional supervision practice.

Employee Assistance Programme (EAP)
All staff have access to EAP services to support their mental health and wellbeing.

Internal Training

Throughout 2025, PAMH continued to strengthen staff knowledge and skills through essential and role-specific training. This included safeguarding children and adults at risk, human rights, mental health legislation, data protection, cyber security, communication, open disclosure, trauma awareness and recovery-focused practice.

Training also addressed the practical requirements of service delivery, including data recording and reporting, supporting accurate documentation and consistent oversight across our services. Staff delivering peer advocacy within the Belfast Trust completed additional training on the Mental Capacity Act (Northern Ireland) 2016, reflecting the legislative requirements of that jurisdiction.

Personal Safety and Breakaway Skills certification also remained up to date across the staff team.

This ongoing investment in training supports PAMH's commitment to safe, ethical and person-centred advocacy, ensuring staff have the knowledge and skills to deliver high-quality services and respond appropriately to the needs and rights of the people they support.



Learning & Collaboration

Learning and Personal Development

Peer Advocacy in Mental Health's (PAMH) Learning and Personal Development (LPD) programmes support recovery-oriented practice, human rights and meaningful partnership, in line with national mental health policy. These approaches recognise the importance of genuine collaboration in achieving positive outcomes at individual, organisational and system levels.[1,2]

PAMH's LPD programmes aim to empower people with lived experience of mental health challenges to develop their skills, strengthen personal autonomy and participate more actively in decision-making. This includes decisions relating to everyday life, care and treatment, rights and entitlements. At a collective level, the programmes support capacity building within mental health services, enabling participants to take greater ownership of activities and initiatives within their settings.

During 2025, PAMH delivered LPD programmes in collaboration with partner organisations, focusing on self-advocacy, peer-led initiatives, capacity building and participation. These programmes provided opportunities for participants to develop skills, contribute to local initiatives and strengthen their involvement in decisions affecting their lives and services. The accompanying graphic summarises the programmes delivered and the participation and activity figures reported for the year.

LEARNING & PERSONAL DEVELOPMENT

PROGRAMMES DELIVERED IN 2025

Delivered in collaboration with partner organisations

88
participant places*

5
programme areas

2025
delivery year

01

Self-advocacy & peer-led initiatives

Self-advocacy, personal development and member participation within HSE, EVE Clubhouses and Hubs; co-delivered with EVE. Three HSE venues involving four EVE sites (New Horizons, Gortin, Harvest and Larine), April–May; and Tuiscan, July–August.

37 participants • 18 sessions at three venues

8 participants • 6 sessions at Tuiscan

02

Peer-led project — EVE Estuary

Guidance for members and staff to plan, lead and complete an in-house project. September.

8 participants • 2 half-days

03

Capacity building — New Pathways

Committee skills and support for the local user/carer/family mental health forum, Tus Nua, Kildare. November.

10 participants • 2 sessions

04

Capacity building — St James's

Foundational knowledge, skills and practices for a local forum for families and friends.

9 participants • 1 session

05

Education & information — Tuiscint

Introducing peer-led initiatives and member participation projects within EVE, Dublin. December.

16 participants • 1 session

*Sum of activity-level participant counts; not a count of unique individuals.

Collaboration and External Engagement

PAMH also contributes to collaborative initiatives, committees and working groups where the perspectives of Experts by Experience and people using mental health services are sought. This engagement enables lived-experience knowledge and peer advocacy perspectives to inform service development, policy and approaches to care and support.[1,]

Throughout 2025, PAMH participated in five areas of external engagement, covering restrictive practices, advocacy provision, inpatient experience, digital monitoring technologies and UNCRPD-informed care planning. These activities provided opportunities to contribute to discussions and initiatives intended to improve services for people experiencing significant challenges to their mental health.

PAMH also continued to provide peer-group supervision and academic support to students undertaking Dublin City University's Certificate in Peer Support in Mental Health.

PAMH will continue to pursue opportunities to contribute its expertise in lived experience, peer support and advocacy through training partnerships, collaborative initiatives and engagement with organisations, professional bodies and other stakeholders across mental health services.

COLLABORATION & EXTERNAL ENGAGEMENT

PAMH contributed peer advocacy expertise to service development and rights-based practice.

During 2025, PAMH participated in external committees, working groups and collaborative projects, bringing lived-experience perspectives into discussions on service quality, advocacy, restrictive practices, digital monitoring and care planning.

01

Oversight Committee

Reviewing, analysing and addressing restrictive-practice incidents and reporting.

Aloysius Ward, Mater Hospital • Ongoing

02

Sharing the Vision — Recommendation 65

Assessing advocacy needs, availability, accessibility and quality across Ireland.

Ongoing

03

HIQA National Inpatient Experience Survey

Supporting survey development and arranging focus groups to inform HIQA's strategy.

Ongoing

04

Mental Health Commission Expert Advisory Group

Contributing to a Code of Practice on the use of digital monitoring technologies.

Summer 2025 • Ongoing

05

Independent Living Movement of Ireland

Developing and submitting a position paper on UNCRPD-informed care planning; presented at Leinster House.

Summer–November 2025

[1] Mental Health Engagement Framework 2024–2028. Health Service Executive, National Office of Mental Health Engagement and Recovery.

[2] A National Framework for Recovery in Mental Health 2024–2028. Health Service Executive, National Office of Mental Health Engagement and Recovery.

Data note: The LPD graphic reports 88 participant places, calculated by adding the activity-level counts in the source table. This should not be interpreted as 88 unique individuals.

Looking Ahead — 2026



PAMH continues to focus on strengthening the organisation and developing its services to meet the needs of people with lived experience of mental health challenges. Our priorities span strategic development, service delivery, data management, collaboration, governance, staff development, and organisational sustainability.

The areas outlined above reflect our commitment to continuous improvement, accountable governance, meaningful partnerships and high-quality, person-centered peer advocacy. Together, they provide a framework for guiding organisational development and shaping PAMH's priorities for the period ahead.