State of Psychosis Care in Ireland

A report from surveys of people living with psychosis and families / supporters

September 2026

Shine
support | advocacy | education
for mental illness

HSE

Mental Health Reform

State of Psychosis Care in Ireland

State of Psychosis Care in Ireland 3

Executive Summary 4

What this report is 6

About psychosis 7

How to read the evidence 8

Four-year survey picture 9

What good psychosis care looks like 10

Recommendations for national action 38

Conclusion 42

State of Psychosis Care in Ireland

A four-year public report from national surveys of people living with psychosis and families/supporters, with the 2025 findings presented in the context of the 2022, 2023 and 2024 evidence series.

Over the past four years, Shine, the HSE National Clinical Programme for Early Intervention in Psychosis, and Mental Health Reform have gathered the experiences of people living with psychosis and their families and supporters across Ireland. This report brings those findings together as a public account of what people say helps, what harms, what remains uneven, and what now requires national action.

The report reflects both progress and continuing concern. Many respondents described positive experiences of Early Intervention in Psychosis services, supportive clinicians, family programmes, peer support, and voluntary-sector organisations. Others described long waits, fragmented pathways, limited access to psychological therapies, poor crisis routes, and the continuing effects of stigma in services and in wider society.

Executive summary

Psychosis is too often discussed in Ireland only when something has gone wrong: a crisis, an admission, a frightening family experience, or a media story linking psychosis with danger. This four-year body of survey evidence offers a more accurate starting point. It shows that people living with psychosis and their families are consistently asking for timely, specialist, compassionate, recovery-oriented support rather than fragmented care that depends on geography, persistence, or luck.

The 2025 survey received 228 responses, lower than the 378 responses recorded in 2024, and the survey required more active circulation than in the previous year. That matters for interpretation. Small year-on-year differences should not be over-read; the strongest conclusions are the themes that recur across all four survey cycles.
Those recurring themes are clear. Across 2022, 2023, 2024 and 2025 respondents repeatedly identified wider access to full Early Intervention in Psychosis services as the leading priority; they also repeatedly identified family support, anti-stigma work, community supports, crisis alternatives outside Emergency Departments, and more integrated whole-person care as central to recovery.

Ireland has established policy and models of care that describe many of the components of good psychosis care. The recurring message from these surveys is that the remaining challenge is implementation: making those supports consistently and equitably available to people and families wherever they live.

The next phase should therefore focus on expanding EIP nationally while protecting fidelity to the model, making family-inclusive practice more routine, planning and funding community organisations as part of the care pathway, improving urgent care routes outside Emergency Departments, and addressing stigma as a care issue rather than a communications side issue.

FOUR YEARS. ONE MESSAGE.

National surveys of people living with psychosis and families / supporters (2022 - 2025) consistently identify the same priorities for improvement.

2022	2023	2024	2025
262 RESPONDENTS	296 RESPONDENTS	378 RESPONDENTS	228 RESPONDENTS

01	Early Intervention in Psychosis	Timely access to specialist EIP services is the number one priority. Long waits and uneven availability persist.
02	Family Support	Families and supports are central to recovery and want more guidance, inclusion and practical support.
03	Stigma Reduction	Stigma in services and in society continues to be a major barrier to help-seeking and recovery.
04	Community & Voluntary Supports	Community and voluntary organisations are a lifeline and should be planned and funded as part of the pathway.
05	Crisis Alternatives to Emergency Departments	Too many people still rely on Emergency Departments in crisis. More local, person-centred options are urgently needed.
06	Whole-Person Care	Physical health, housing, addiction supports, education and employment are essential to recovery and ordinary life.

Different survey.
Different respondent.
The same priorities.

The evidence points in one direction. Expand access to high-quality Early Intervention in Psychosis services and build recovery-oriented supports around them.

What this report is

This report is a synthesis of four years of survey evidence gathered by Shine, Mental Health Reform and the HSE National Clinical Programme for Early Intervention in Psychosis. It is intended to support a more informed national conversation about psychosis care in Ireland among policymakers, clinicians, journalists, academics, community organisations, and people and families directly affected.

These surveys are lived-experience and supporter surveys. They are not prevalence studies and should not be read as estimating how many people in Ireland experience psychosis. Their value lies elsewhere: they show what people and families report when asked what helped, what harmed, what was missing, and what should change.

"Psychosis is an illness like any other, just affecting the processes in the brain. It is mostly portrayed and referred to as bad, evil, brutish or subhuman."

2025 survey respondent.

About psychosis

Psychosis is an experience in which a person's perception of reality can become altered. A person may hear, see, feel or believe things that others do not, and psychosis may arise in the context of schizophrenia, bipolar disorder, severe depression, trauma, substance use, physical illness, or other mental health difficulties. It can be frightening for the person and for those around them, and it is still frequently misunderstood and sensationalised.

A report on psychosis care has to do two things at once. It has to take psychosis seriously because people and families may face real distress, disruption, uncertainty and risk. It also has to challenge the simplified public narrative that can associate psychosis primarily with violence, danger or hopelessness, because the survey evidence consistently shows that recovery, stability and ordinary life are possible when support is timely, specialist and humane.

"Serious mental health illnesses need to be spoken about more in the public arena. Whilst mental health in general has become a topic, there is still serious stigma attached to mental illness."

2023 survey respondent.

How to read the evidence

The four survey years are not perfectly comparable. The respondent mix changed across years, some reporting formats varied, and the 2025 survey had a lower response count than 2024. A careful reading should therefore avoid exaggerated claims about small annual shifts and instead place most weight on stable findings that recur across years, across personal-experience and supporter responses, and across both ranked priorities and free-text testimony.

That methodological caution does not weaken the report's overall argument. On the contrary, the consistency of the themes across four years strengthens it. Uneven access to EIP, fragmented non-EIP pathways, insufficient family support, enduring stigma, reliance on community and voluntary organisations, and the need for crisis alternatives outside Emergency Departments all appear repeatedly in the evidence series.

Four-year survey picture

2022

Main picture

Respondents with EIP access described keyworkers, full-team support, CBTp, family support and recovery education, while many without EIP described medication-only care, fragmented support or no support.

What matters most

The first survey established the pattern: EIP was valued where available, but many people were outside that model.

2023

Main picture

26% had attended EIP and 74% non-EIP services; 84% of EIP respondents found access easy or very easy compared with 50% without EIP, and 93.5% of EIP respondents reported psychosis-specific psychological interventions compared with 17% without EIP.

What matters most

The evidence sharpened into concrete investment asks: more EIP, stronger voluntary-sector support, anti-stigma work and a psychosis reference group.

2024

Main picture

11% of respondents were using EIP; EIP respondents reported much stronger access to keyworkers, recovery planning, CBTp and family supports than non-EIP respondents, and expanding EIP ranked as the highest improvement priority.

What matters most

The published 2024 report provided the clearest comparative evidence that the model makes a difference but remains unevenly available.

2025

Main picture

More EIP teams again emerged as the leading improvement priority, alongside family support, stigma reduction, community supports and crisis alternatives.

What matters most

The smaller sample should be interpreted cautiously, but the direction remains consistent with the previous three years.

What good psychosis care looks like

Across the evidence series, respondents are not simply asking to be seen more quickly. They are describing a particular model of care. What they value is a named keyworker, a multidisciplinary team that understands psychosis, access to psychosis-specific psychological interventions such as CBTp, family support, recovery planning, physical health monitoring, peer support, and practical help with education or employment.

This distinction matters because it explains why EIP is repeatedly valued. The issue is not speed alone, though speed matters. The issue is that EIP represents a coherent, specialist, recovery-oriented package rather than an isolated assessment or a medication-focused response.

A diluted version of EIP would therefore miss the point of the survey evidence. If expansion means only a new referral label without enough staff, without CBTp, without family intervention, without physical health monitoring, without employment and education support, or without peer and recovery supports, it will not deliver the model respondents are actually asking for.

THEME 1

Access to EIP is the central national issue

Access to EIP is the clearest and most repeated priority across the four-year series. This is not simply an advocacy slogan. It is the most durable lived-experience recommendation in the evidence. Respondents with EIP access described support that felt more coherent, more specialist and more hopeful, while respondents without EIP access more often described gaps, delays, repeated retelling of their story, medication without enough therapeutic support, and heavy reliance on family or voluntary services.

The comparative evidence is especially strong in the 2023 and 2024 data. In 2023, 84% of respondents with EIP access reported access to services as easy or very easy, compared with 50% of those without EIP, and 93.5% of EIP respondents reported access to psychosis-specific psychological interventions compared with 17% without EIP. In 2024, 81% of EIP users reported a named keyworker compared with 30.3% of non-EIP users, 88.1% reported recovery planning support compared with 34.8%, 78.6% reported psychosis-specific psychological interventions compared with 23.5%, and 83.3% reported family supports compared with 17.4%.

The 2025 survey did not overturn this picture. Instead, it repeated the same priority: more EIP teams, more equitable access to the full model, and a stronger pathway into psychosis-specific care.

“

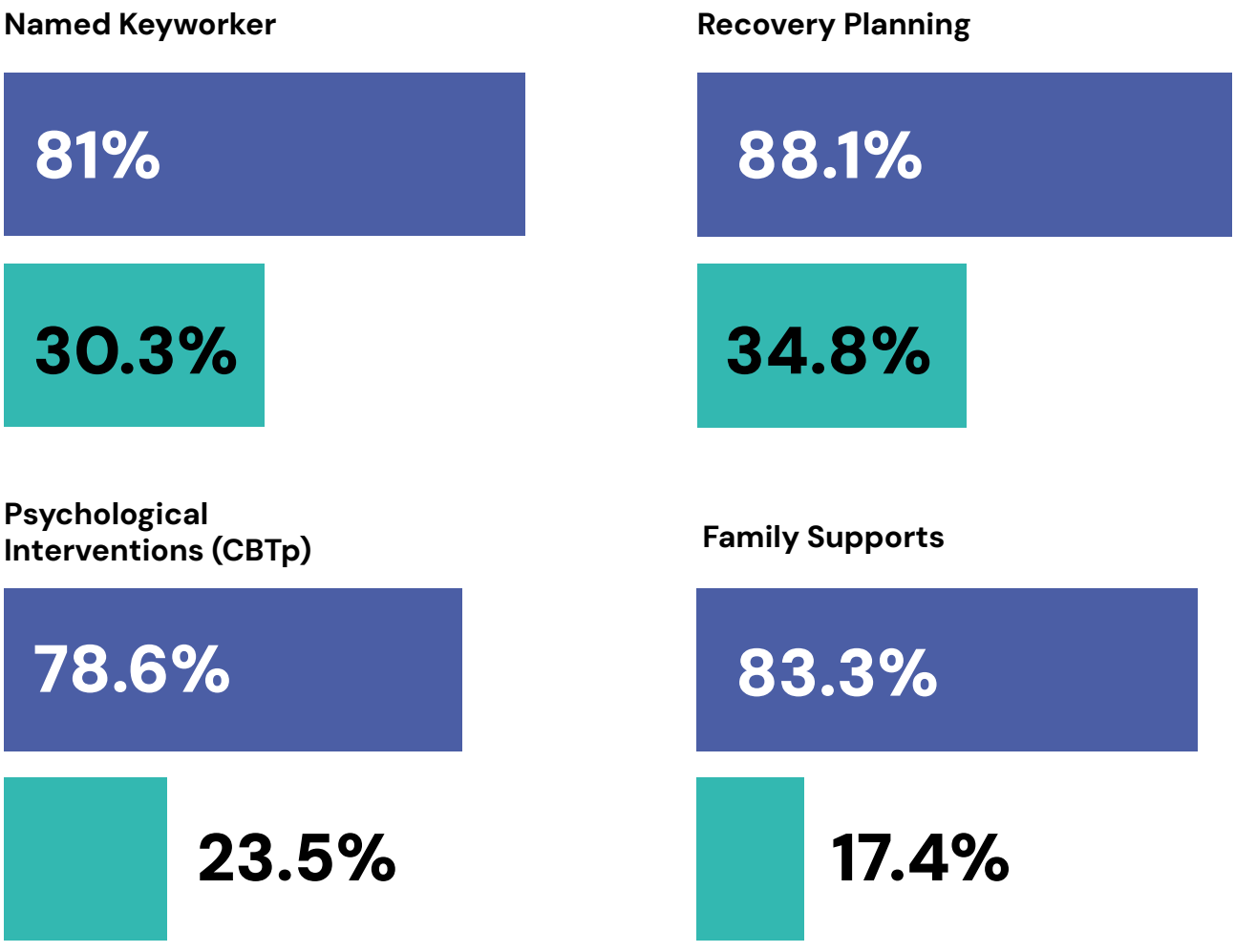
Everyone should have access to early intervention services. The services and the interactions we got instead of this were poor and damaging.

(2023 survey respondent)

”

THE DIFFERENCE IS NOT SMALL

People receiving Early Intervention in Psychosis (EIP) consistently report greater access to core recovery supports.



When people receive EIP, they are much more likely to get the supports that make recovery possible.

Expanding access to high-quality EIP services is a key opportunity to improve psychosis care.

“

Having a keyworker in the EIP programme that actually listened to me and was a consistent person in my care.

(2022 survey respondent)

”

THEME 2

The model matters, not just faster entry

A superficial reading of the findings might suggest that respondents simply want faster access. That is true, but incomplete. What people repeatedly describe as helpful is the whole model of care held together: named workers, continuity, psychosis-specific psychological support, family work, physical health attention, peer connection, recovery education and practical support that helps people keep or rebuild an ordinary life outside services.

The value of EIP lies in the combination of timeliness, specialism, continuity and recovery orientation.

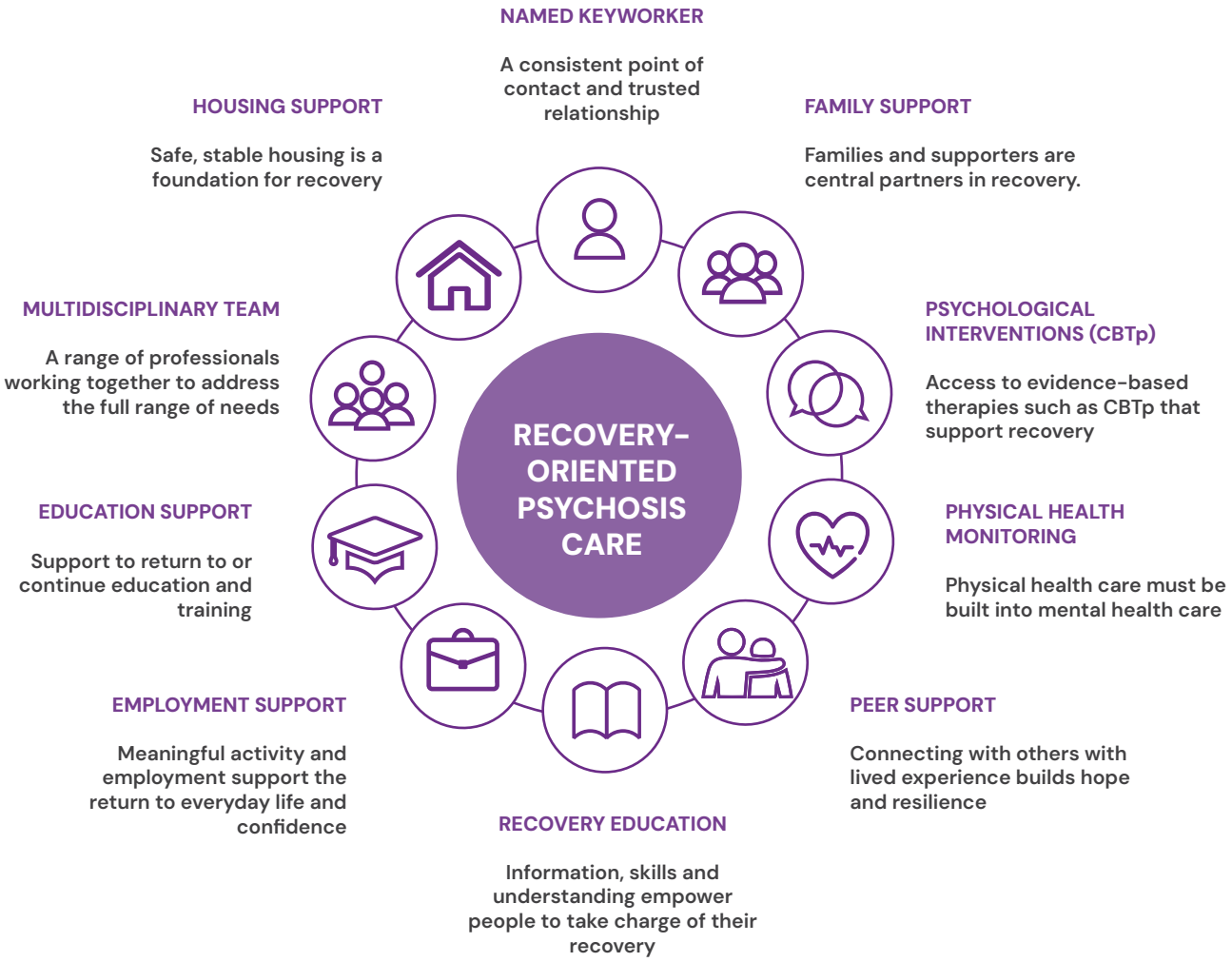
This is why fidelity to the EIP model matters. A quicker initial contact that leads back into the same fragmented pathway will not answer the core issues respondents are raising. The value of EIP lies in the combination of timeliness, specialism, continuity and recovery orientation.

WHAT GOOD PSYCHOSIS CARE LOOKS LIKE

People are not simply asking for faster access. They are asking for a complete model of care that supports recovery in every area of life.

Recovery happens when all the right supports work together, around the person.

Good psychosis care is more than treatment. It is a whole system of connected supports that promotes recovery, independence and a meaningful life.



This model reflects what people living with psychosis and families/supporters told us they need to support recovery and live the life they choose.

THEME 3

General services contain good people, but the pathway is too variable

The survey evidence is not an attack on mental health professionals. Many respondents spoke warmly about individual clinicians, nurses, occupational therapists, peer workers, social workers, community mental health nurses and voluntary-sector staff. The problem described is structural: good care too often appears to depend on geography, chance, family advocacy or one committed professional rather than a reliable national pathway.

This distinction matters in public debate. The question is not whether services contain skilled and compassionate staff; many clearly do. The question is whether people and families can predictably access the right care at the right time regardless of where they live or who happens to be on duty.

Respondents repeatedly described familiar system problems: long waits, staff rotation, repeated retelling of painful experiences, overstretched teams, and treatment options that feel too narrowly medication-focused. Those are design problems rather than simply individual failings.

“

Some kind staff in the service, but no treatment options other than medication. Hard to retell your story over and over at clinic to a different doctor all the time.

(2022 survey respondent)

”

“

Various staff were kind over the years but there are not enough of them and they are too busy.

(2022 family/supporter respondent)

”

FROM CRISIS MANAGEMENT TO RECOVERY SUPPORT

People experiencing psychosis should have a clear, timely and supportive pathway.
Today, too many fall through the gaps.

PERSON DEVELOPS PSYCHOSIS SYMPTOMS

SEEKS HELP

THE GAP IS NOT PEOPLE'S FAULT.

It is a system that is too often not fit for purpose.

THE CURRENT REALITY

Too many barriers. Too much delay.

LONG WAITS

- Long waits for assessment and treatment
- Geographic inequality and postcode lottery

FRAGMENTED PATHWAYS

- Multiple services with unclear roles
- Repeated retelling of distressing experiences

RELIANCE ON FAMILIES AND SUPPORTERS

- Carrying the burden
- Limited information and guidance

CRISIS DRIVEN

- Emergency Departments become the default option
- Inpatient admission often the only available response

THE RESULT:

Missed opportunities, distress, crisis and poorer outcomes.

THE PATHWAY WE NEED

Timely, coordinated, recovery-focused care.

RAPID ACCESS

- **Prompt assessment and support**
- **No long waits**

SPECIALIST EIP TEAM

- Coordinated, multidisciplinary care
- One team, clear roles, smooth transitions

FAMILY-INCLUSIVE PRACTICE

- Families and supporters included
- Information, guidance and support

RECOVERY-FOCUSED SUPPORTS

- Evidence-based interventions
- Recovery planning
- Community supports and follow-up

THE RESULT:

Better experiences, stronger recovery and a better quality of life.

People are asking for a system that helps early, stays with them, and supports a life in their community.

EARLY HELP
Prevents crisis.

COORDINATED CARE
Builds recovery.

WHOLE-PERSON SUPPORT
Changes lives.

THEME 4

Families and supporters are central but still under-supported

Psychosis affects individuals, but the surveys repeatedly show that families and supporters are deeply involved in the reality of care. They are often the people who first notice changes, try to secure help, navigate services, manage fear and uncertainty, and help recovery continue at home. That makes them central to psychosis care, not peripheral to it.

The evidence also shows a sharp divide between supporters who encountered EIP and those who did not. In the 2022 survey, supporters with EIP access identified named contacts, family support and full-team input as especially helpful, while supporters without EIP more often described exclusion, poor communication and little formal support. In the 2023 survey, more than 40% of family members and supporters identified the need for increased dedicated support, and in the 2025 survey the supporter-weighted sample again highlighted family support as a central issue.

The policy implication should be framed carefully. This is not a call to disregard autonomy, consent or confidentiality. It is a call for lawful, consent-aware, respectful family-inclusive practice in which families can receive information, psychoeducation, signposting and support even where specific clinical details cannot be shared.

“

Having a named contact with the early intervention service. He was a most wonderful support to me and my family, always available and always tried his best in very difficult circumstances.

(2022 family/supporter respondent)

”

“

Did not receive much support as a supporter of a person experiencing psychosis. Had to seek help as personal mental health was impacted.

(2022 family/supporter respondent)

”

THEME 5

Stigma shapes care, help-seeking and recovery

The surveys repeatedly show stigma in media representation, workplaces, education, health services, families, communities and public systems. This is not a side issue. Stigma affects whether people seek help, how early they seek it, how families speak about psychosis, whether physical symptoms are taken seriously, and whether recovery feels socially possible.

The 2023 survey found that respondents with personal experience of psychosis reported stigma and discrimination in media representation at 75%, in the workplace at 71%, from friends and family at 61%, and in their local community at 60%. The 2024 survey similarly found that 70.9% agreed that representations of psychosis in media were stigmatising or discriminatory, with stigma also reported in general health settings, workplaces and education.

The 2025 responses continue this picture, with particular concern about news and fictional portrayals that may unintentionally reinforce associations between psychosis, violence, crisis and hopelessness. Respondents also highlight the importance of more balanced representation that reflects recovery, stability and ordinary life. This gives the report a wider public role.

Journalists, broadcasters and other storytellers have an important role in shaping public understanding of psychosis. Balanced and responsible reporting can help reduce stigma by avoiding unnecessary or unverified diagnostic labels, providing appropriate context where mental illness is mentioned, and ensuring that stories of recovery, stability and ordinary life are also part of the public narrative.

There is already strong practice across Irish media, with many journalists and broadcasters approaching mental illness with sensitivity, accuracy and care. The opportunity now is to build on that progress and ensure that psychosis is represented with the same nuance and humanity increasingly seen in wider mental health reporting.

“

There should be more support around stigma as I face a lot of discrimination in the community due to my mental illness and medication side effects. I have no one to go to.

(2023 survey respondent)

Some respondents described particular concerns about the way mental illness can be referenced in reporting of serious incidents. These comments reflect lived experience perceptions and highlight the importance of context and balance

”

“

There was a news item where a man committed a violent crime in Dublin and the news reporter named his condition without elaborating on the fact that the vast majority of people with schizophrenia do not commit violence but rather are often the victims of crime instead.

(2025 survey respondent)

Some respondents described particular concerns about the way mental illness can be referenced in reporting of serious incidents. These comments reflect lived experience perceptions and highlight the importance of context and balance

”

“

Whenever there is a serious crime, the first thing the media say is that a mental health assessment is being done. While that may be true, it gives the very much incorrect impression that all violent crimes are being committed by people with mental health difficulties.

(2025 survey respondent)

Some respondents described particular concerns about the way mental illness can be referenced in reporting of serious incidents. These comments reflect lived experience perceptions and highlight the importance of context and balance

”

THEME 6

Community and voluntary organisations are part of the real pathway

Across four years, respondents repeatedly mentioned Shine, Grow, Aware, Eolas, Recovery Colleges, Hearing Voices groups, local counselling and peer support. These services are not optional extras in people's lives. They often provide information, understanding, recovery education, family support and connection that statutory services do not reliably provide.

The 2023 survey found that over 28% of respondents had accessed support through Shine. The 2024 report found that 40% of respondents with lived experience had accessed community or charitable organisations such as local counselling services, Shine, Grow and Aware. The 2025 responses again showed substantial use of professional and charity supports.

This creates a practical policy challenge. If community and voluntary organisations are carrying work that the system depends on in practice, they should be treated as partners in planning, referral, discharge and evaluation rather than as peripheral add-ons funded through uncertainty.

“Shine has been the most helpful place for me to find my feet and to flourish and thrive. The staff there are so patient and kind.

(2023 survey respondent)

“

Shine was a life saver. I collapsed on their doorstep in floods of tears. I was given support.

(2022 family/supporter respondent)

”

“

Aware and Shine. Someone to talk to and information on support.

(2025 family/supporter respondent)

”

THEME 7

Crisis pathways remain too dependent on Emergency Departments

A recurring message across the evidence series is the difficulty of getting help before a situation becomes an acute crisis. Respondents repeatedly identify the need for urgent support outside Emergency Departments, especially in psychosis where noise, waiting, fear, confusion and overload can make an already frightening experience much worse.

The 2024 ranking exercise identified crisis support outside the Emergency Department as a major improvement priority, and the 2025 survey again placed crisis alternatives among the key improvements sought. Families described trying to secure help through A&E when beds were unavailable, when staff were overstretched, or when the environment was plainly unsuited to someone experiencing psychosis.

The public question is not whether Emergency Departments will ever be involved; sometimes they will be. The question is whether they should remain the default urgent route into psychosis care. The survey evidence suggests that too often they still are, and that this can add substantially to distress for people and families.

"Support for the person in psychosis and needing immediate hospitalisation is appalling and extraordinarily difficult. Our daughter had to be committed by the State to a mental health facility after undergoing unnecessary hours of trauma in our local emergency hospital department."

(2025 family/supporter respondent)

“

My son was having a psychotic episode and we had to wait for a mental-health assessment between patients on trolleys in a hallway.

(2024 family/supporter respondent)

”

“

Once I got them into the system the support and communication is good. Getting the initial help and support via A&E was extremely difficult.

(2025 family/supporter respondent)

”

THEME 8

Whole-person care must include physical health, housing, addiction and ordinary life

Psychosis care does not happen in isolation from the rest of life. Respondents repeatedly spoke about sleep, medication side effects, physical health, addiction, trauma, accommodation, employment, education, social welfare, family strain and community belonging. These are not peripheral issues; they shape whether recovery is sustainable.

The 2023 survey found a marked difference in reported physical health screening between EIP and non-EIP respondents, with 79% of those with EIP access reporting physical health screening compared with 20% of those without EIP. In the 2024 and 2025 ranking exercises, respondents continued to prioritise physical health care, accommodation supports, addiction support, peer support and employment or education support.

This is fully consistent with the EIP model of care. Recovery cannot be judged only by appointment counts or waiting times. It should also be judged by access to psychological interventions, family support, physical health monitoring, education and employment support, accommodation stability, continuity of care and the person's experience of dignity and inclusion.

What appears to have improved

Across the four years, respondents appear to have developed a clearer understanding of the components of EIP. Respondents increasingly use more specific language about keyworkers, CBTp, family intervention, recovery education, physical health monitoring and peer support, suggesting a clearer shared understanding of what good psychosis care should include.

The surveys also contain more visible accounts of good care than a purely deficit-focused reading might suggest. Respondents described supportive EIP teams, compassionate clinicians, family therapy, peer groups, Recovery Colleges, Shine supports and local programmes that helped them regain confidence, connection and hope. That matters because it shows that improvement is not theoretical: good practice already exists within Ireland and can be expanded.

What still needs to be delivered consistently

What remains missing is not clarity about the desired direction of travel but consistency of delivery. The repeated gaps in the evidence are:

- Equitable national access to full EIP services rather than patchy geographic provision.
- Family-inclusive practice that is routine, lawful, respectful and properly resourced.
- Crisis alternatives outside Emergency Departments and clearer urgent psychosis pathways.
- Integrated support for physical health, addiction, accommodation, education and employment.
- Sustainable planning and funding for community and voluntary organisations that are already part of the real care pathway.
- A more sustained, collaborative approach to reducing stigma across media, communities and public services.

Recommendations for national action

1.
Continue and accelerate national EIP expansion and protect fidelity to the model

National expansion should not mean only a faster referral route or a renamed service. It should mean access to a full model that includes named keyworkers, multidisciplinary input, CBTp and other psychosis-specific psychological interventions, family intervention, recovery education, physical health monitoring, peer support, and support with education and employment.

2.
Publish a transparent national EIP implementation map

A public implementation map should show where EIP teams currently operate, which populations they cover, staffing status, referral routes, age ranges, waiting times where available, and planned roll-out timelines. This would improve accountability and also make the system more understandable to people and families trying to find support.

3.
Make family-inclusive practice a standard of care

Every mental health service should have a clear family engagement offer that respects consent and confidentiality while providing general information, psychoeducation, support and signposting. Staff should be supported to revisit consent over time and to recognise families as people who may themselves be carrying substantial strain and risk.

4.
Plan and fund community organisations as part of the pathway

Shine and other community and voluntary organisations already provide recovery education, family support, peer connection, stigma reduction and practical guidance that many people rely on. Funding and planning should recognise that these organisations are part of the real pathway into and through recovery, not optional extras.

Recommendations for national action

5.

Establish a national psychosis anti-stigma programme

A national programme should be co-produced with people with lived experience and families, include media engagement, workplace and education settings, and promote recovery stories as well as crisis awareness. Its purpose should be to improve public understanding, reduce discrimination, and broaden public understanding of psychosis beyond crisis, danger and hopelessness.

6.

Develop crisis alternatives outside Emergency Departments

People experiencing psychosis and their families need humane, urgent and specialist routes to support that do not rely primarily on Emergency Departments, involuntary pathways or Garda involvement. This should include clearer urgent-access routes, out-of-hours responses where feasible, and specialist crisis pathways better suited to the needs of people experiencing psychosis.

7.

Strengthen whole-person supports

Psychosis care should routinely address physical health, medication side effects, trauma, addiction, housing, education, employment and social inclusion. Outcome measurement should reflect those realities rather than focusing narrowly on contact counts or symptom management alone.

RECOVERY HAPPENS ACROSS A WHOLE SYSTEM

Most reports focus only on statutory services. This report repeatedly shows that people rely on a wider ecosystem.

Community organisations are not an optional extra. They are part of the care pathway.

Mental Health Services
Professional assessment, treatment and ongoing clinical care.

Psychological Therapies
Evidence-based therapies to build resilience, manage distress and support recovery.

Family & Supporters
Emotional support, advocacy and understanding from those who matter most.

Employment Supports
Meaningful activity and workplace support build confidence and independence.

Voluntary Sector Partners
Specialist community support that complements statutory care.

Housing Services
Safe, stable and appropriate housing is a foundation for recovery

Peer Support
Connection with others who have lived experience. Hope, understanding and mutual support.

Recovery Colleges
Education, skills and personal development for recovery and growth.

“

I do not have any changes or improvements to suggest. My experience of these services was incredibly supportive and caring.

(2023 survey respondent)

”

Conclusion

After four years, the evidence is no longer simply that people and families have concerns. The same concerns recur with enough consistency to require sustained national action and accelerated implementation. EIP is valued, but unevenly available; families are central, but still too often unsupported; stigma remains damaging; community organisations are indispensable; crisis routes are too often late and traumatic; and recovery requires more than medication and appointments.

The tone of this report is deliberately hopeful, but not complacent. Hope is justified because respondents describe good care when specialist teams, family support, skilled clinicians and community organisations are available. Complacency would be unjustified because those supports are not yet consistently available to everyone who needs them.

A more serious conversation about psychosis care in Ireland should therefore begin with the people and families who contributed to this evidence. Their message is not obscure. They are asking for earlier help, specialist care, family support, public understanding, dignity and a realistic chance of recovery.

These surveys are not intended to provide a nationally representative measure of service performance; their strength lies in the consistency with which people and families have identified the same priorities across four successive surveys.

State of Psychosis Care in Ireland

A report from surveys of people living with psychosis and families / supporters

Shine
support | advocacy | education for mental illness

shine.ie
info@shine.ie
086 013 2238

HSE

yourmentalhealth.ie
Freephone 1800 111 888

Mental Health Reform

mentalhealthreform.ie
01 874 9468
info@mentalhealthreform.ie