Mental Health Reform

HSE

HIDDEN IN PLAIN SIGHT

How mental health stigma influences disclosure and social inclusion in Ireland

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Introduction

This report examines how stigma impacts disclosure of mental health difficulties and social inclusion among people living with mental health difficulties in Ireland.

Although national policy increasingly recognises the need to address stigma and promote the participation and social inclusion of people with mental health difficulties, evidence indicates that stigma and discrimination continue to impact access to employment, education, housing, health supports and community life.[1] [2] In a recent survey commissioned by the Mental Health Commission, only 0.6% of respondents reported that they believed stigma is not an issue experienced by those living with mental health difficulties in Ireland, while over 50% of service users who answered the survey rated stigma at the highest severity level (7 on a 1-7 scale).[3] Ireland's legacy of institutionalisation, together with the culture of silence and fear that it contributed to, also remains a significant influence on mental health stigma.[4] [5] Despite growing public awareness and more open discussion of mental health, many people continue to fear judgement, discrimination or social exclusion when disclosing mental health difficulties, particularly in the workplace.[6] [7]

This report brings together a small, exploratory qualitative study involving six people with lived experience alongside a review of Irish policy and relevant

[1] St Patrick's Mental Health Services, *Annual Stigma and Attitudes to Mental Health Survey: 2024 Findings* (St Patrick's Mental Health Services, 2025), https://www.stpatricks.ie/media/4207/2025-spmhs-attitudes-to-mental-health-and-stigma-survey-media-pack.pdf.
[2] Graham Thornicroft et al., "Ending Stigma and Discrimination in Mental Health." *The Lancet* 400, no. 10361 (2022): 1438-1492.https://doi.org/10.1016/commissions-do.2022.10.03.109303
[3] Catherine Carty and Sarah Carney, *Evidence, Consultation and Analysis Report on Mental Health and Human Rights in Ireland* (UNESCO Chair at Munster Technological University, 2024), https://www.aclu.ie/wp-content/uploads/2025/09/Report-on-Evidence-Consultation-and-Analysis-Final.pdf.
[4] Rowena Almeida, "'Pull Yourself Together': Stigma of Mental Illness in Ireland," *Royal College of Surgeons in Ireland*, 5, no. 1 (2012): 89-92, https://hdl.handle.net/10779/rcsi.23301119.
[5] Shine Ireland. "Mental Health Stigma Ireland: Causes, Impact & How to Reduce." *Shine*, 2026. https://www.shine.ie/news/mental-health-stigma-ireland.
[6] St Patrick's Mental Health Services, *Annual Stigma and Attitudes to Mental Health Survey: 2025 Findings* (St Patrick's Mental Health Services, 2025), https://www.stpatricks.ie/media/4207/2025-spmhs-attitudes-to-mental-health-and-stigma-survey-media-pack.pdf.
[7] Martina O. McGrath et al., "Disclosure of Mental Health Problems or Suicidality at Work: A Systematic Review," *International Journal of Environmental Research and Public Health* 20, no. 8 (2023): 5548, https://doi.org/10.3390/ijerph20085548.

research evidence. It explores how mental health stigma influences decisions around disclosure and experiences of social inclusion, with particular attention to employment, education, community participation and the barriers created by fear of judgement and discrimination. The experiences described by participants are considered in the context of the wider evidence base, with the aim of identifying gaps in existing policy and practice and highlighting implications for more inclusive, stigma-informed approaches to mental health support and social participation.

About Mental Health Reform

Mental Health Reform (MHR) is Ireland's leading national coalition on mental health. Our vision is of an Ireland with accessible, effective and inclusive mental health services and supports. We drive the progressive reform of mental health services and supports, through coordination and policy development, research and innovation, accountability and collective advocacy. Together with our 80+ member organisations and thousands of individual supporters, MHR provides a unified voice to the Government, its agencies, the Oireachtas and the general public on mental health issues.

A Note on Language:

While the term "mental health difficulties" is used in our national Mental Health Policy, *Sharing the Vision*, other terms such as "psychosocial disabilities" are employed in the UNCRPD and other international policy. This report aims to use non-medical, person-first language informed by international best practice. Mental Health Reform advocates for the right of people with lived experience to choose what language they use to describe their experiences.

How we define terms used in this document

"**Social Inclusion** is achieved when people have access to sufficient income, resources and services to enable them to play an active part in their communities and participate in activities that are considered the norm for people in society generally."

Social Inclusion Roadmap

Stigma is the negative attitudes, beliefs, assumptions and stereotypes attached to a person or group because of a particular characteristic, identity, experience or circumstance. It can lead to judgement, shame, discrimination, exclusion and unequal treatment, and can operate at an individual, social, organisational or structural level. Stigma can also become internalised, affecting how people see themselves and their sense of belonging, worth and ability to participate fully in society.

Shine

Policy Context

Ireland's policy framework increasingly recognises mental health and social inclusion as cross-sectoral issues extending beyond healthcare to areas including employment and social protection, housing, disability and education. This is reflected in a wide range of legislation and policy frameworks, such as the Employment Equality Act[8] (which prohibits discrimination in employment on the grounds of disability and requires employers to provide reasonable accommodation for employees and prospective employees with disabilities, unless this would impose a disproportionate burden on the employer), the *National Housing Strategy for Disabled People 2022-2027* and the *National Access Plan for Equity of Access to Higher Education 2022-2028*. Importantly, these policy frameworks demonstrate not only growing recognition of the social and structural determinants of mental health and social inclusion, but also the need for

[8] Ireland. Employment Equality Acts 1998-2015. https://www.irishstatutebook.ie/eli/1998/act/21/enacted/en/html

coordinated action across government departments, statutory bodies, and voluntary and community sector organisations to address these issues.

The recently published *Roadmap for Social Inclusion 2026-2030* provides an important broader policy context for this paper. It defines social inclusion as having access to sufficient income, resources and services to enable people to participate in their communities and social activities, with the overarching objective of ensuring that "*everyone can participate fully in society and the economy, regardless of age, income, ability or background*"[9]. The *Roadmap* adopts a "whole-of-Government" approach and identifies disabled people, including those with mental health difficulties, among the groups at increased risk of poverty and social exclusion. It places a particular focus on improving outcomes for these groups. Key recommendations from the *Roadmap* relevant to this paper include improving the inclusion and employment outcomes of disabled people, addressing the additional costs associated with disability, reducing the disability employment gap, and strengthening health and wellbeing by addressing the social determinants of health among people affected by poverty and social exclusion. These priorities are complemented by the *National Human Rights Strategy for Disabled People 2025-2030*, which includes commitments across five key pillars – learning and education; employment; independent living and active participation in society; wellbeing and health; and transport and mobility. Therefore, both frameworks provide important commitments relevant to the social inclusion of people with mental health difficulties. However, while they recognise a range of structural and socioeconomic barriers to inclusion, they do not explicitly address mental health stigma or the particular ways in which it can act as a barrier to participation and social inclusion for people with mental health difficulties.

Within the mental health policy context, Ireland's policy frameworks increasingly recognise the relationship between mental health, social inclusion and the wider social determinants of health, including housing, education, employment and economic circumstances. They also emphasise the need for coordinated action

[9] Department of Social Protection, *Roadmap for Social Inclusion 2026-2030* (Dublin: Government of Ireland, 2026), https://assets.gov.ie/static/documents/c82927b7/20260826_Roadmap_for_Social_Inclusion_2026-2030_WEB_version_FINAL2.pdf.

across Government departments to address these interconnected factors.[10] In 2025, Minister for Mental Health Mary Butler signed the WHO Declaration on 'Mental Health in All Policies' on behalf of Ireland, signalling a commitment to integrating mental health considerations across government policy.[11] These policy commitments are also situated within the context of Ireland's obligations under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), which requires the State to uphold the rights to equality, non-discrimination, participation and independent living in the community for people with disabilities, including those with mental health difficulties [12].

[10]Michael Marmot, *Fair Society, Healthy Lives: The Marmot Review; Strategic Review of Health Inequalities in England Post-2010* (London: The Marmot Review, 2010), https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf.

[11] Department of Health, "Minister for Mental Health Mary Butler Signs WHO Declaration on Integrating Mental Health into All Government Policies," *Government of Ireland*, June 17, 2025, https://www.gov.ie/en/department-of-health/press-releases/minister-for-mental-health-mary-butler-signs-who-declaration-on-integrating-mental-health-into-all-government-policies/.

[12]United Nations, *Convention on the Rights of Persons with Disabilities*, December 13, 2006, *United Nations Treaty Series*, vol. 2515, No. 44910, un.org.; Department of Health, *Sharing the Vision: A Mental Health Policy for Everyone* (Dublin: Department of Health, 2020), https://www.gov.ie/en/department-of-health/publications/sharing-the-vision-a-mental-health-policy-for-everyone/

Ireland's national mental health policy, *Sharing the Vision: A Mental Health Policy for Everyone,* places a strong emphasis on recovery, social inclusion, and intersectionality, recognising the impact of stigma in these areas. It recognises that some people may experience multiple and intersecting forms of exclusion, including Travellers, migrants, people who come in contact with the criminal justice system, sex workers, LGBTQIA+ people, and people experiencing homelessness (referred to in the policy as "priority groups")[13]. This intersectional perspective is particularly relevant to mental health stigma, as discrimination associated with mental health difficulties may compound existing social and structural inequalities and create additional barriers to disclosure, service access and participation in employment, education and community life. [14]

For example, a recent study by the National Office of Suicide Prevention and the HSE Mental Health Engagement & Recovery (MHER) Office examining mental health promotion in the Irish Traveller community highlighted the importance of incorporating lived experience and community researchers in the development of interventions for marginalised communities. [15] It also highlighted the need for targeted services and initiatives to reduce stigma and promote mental wellbeing amongst communities where stigma is high and access to primary care is limited. Current efforts to co-develop a Traveller Mental Health Action Plan, which is due to be published in 2026, represent an opportunity to put lived experience and community participation at the centre of developing a targeted mental health response.[16] The approach could also provide a useful model for developing other responsive mental health policies and services for other marginalised groups experiencing multiple and intersecting forms of disadvantage.

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[13] Department of Health, *Sharing the Vision: A Mental Health Policy for Everyone* (Dublin: Department of Health, 2020), https://www.gov.ie/en/department-of-health/publications/sharing-the-vision-a-mental-health-policy-for-everyone/

[14] 1. Nathalie Oexle and Patrick W. Corrigan, "Understanding Mental Illness Stigma Toward Persons With Multiple Stigmatized Conditions: Implications of Intersectionality Theory," Psychiatric Services 69, no. 5 (2018), https://doi.org/10.1176/appi.ps.201700312.

[15] Jacopo Villani et al., "A mental health promotion approach to Irish Traveller's mental health: A peer led research study", Mental Health & Prevention, 43 (2026) Article: 200542, https://doi.org/10.1016/j.mhp.2026.200542

[16] Department of Health, "Minister for Mental Health Mary Butler Announces a New Consultation Process to Inform the Development of the Traveller Mental Health Action Plan," *Government of Ireland*, June 17, 2026, https://www.gov.ie/en/department-of-health/press-releases/minister-for-mental-health-mary-butler-announces-a-new-consultation-process-to-inform-the-development-of-the-traveller-mental-health-action-plan/

The recovery-oriented approach underpinning *Sharing the Vision* is also particularly relevant to social inclusion.[17] While stigma can undermine agency, reinforce social exclusion and limit opportunities for participation, as outlined in the *National Framework for Recovery in Mental Health 2024-2028*, recovery approaches emphasise autonomy, meaningful relationships and participation in community life, supported through mechanisms such as peer support, co-production, Recovery Education and employment support. Therefore, recovery is not limited to clinical improvement but encompasses opportunities for people to exercise agency, build meaningful relationships and participate in the communities and services and systems that can have significant impacts on their lives.

Sharing the Vision also explicitly addresses social inclusion through a dedicated Social Inclusion Domain, with recommendations spanning equality of access, housing supports, employment supports, training and vocational education, income protection and social welfare, and peer-led, peer-run and community development projects. This provides a broad policy basis for addressing the social and economic conditions that influence people's opportunities for social inclusion. These commitments sit alongside the wider policy and legislative framework outlined above.

The recognition of stigma as a barrier to inclusion is reflected in specific policy commitments across Ireland's mental health policy frameworks. For example, Recommendation 7 of the *Sharing the Vision Implementation Plan 2025-2027* calls for a National Stigma-Reduction Programme to establish a "whole community" approach to reducing stigma and discrimination experienced by people with mental health difficulties. Furthermore, Recommendation 66 calls for measures across relevant government departments to ensure that people with mental health difficulties can access employment, housing and education opportunities without discrimination and have an adequate income. The need for a national stigma-reduction programme is also reflected in Objective 2 of *Pathways to Wellbeing 2024-2030*, Ireland's national mental health promotion plan, which includes a separate action to review the impact of social exclusion on mental health and develop an appropriate policy response. Similarly, *Connecting for Life*

[17] Mike Slade, "The Contribution of Mental Health Services to Recovery," *Journal of Mental Health* 18, no. 5 (2009): 367–371. https://doi.org/10.3109/09638230903191256.

2026-2035, Ireland's national strategy to reduce suicide and self-harm, identifies stigma reduction as a priority within its first domain on suicide and self-harm prevention. Recommendation 1.10 specifically calls for a national suicide and self-harm stigma-reduction programme informed by evidence and lived experience. These commitments demonstrate that stigma is recognised within national mental health policies not only as an issue affecting attitudes towards mental health, but also as a potential barrier to participation and access to social and economic opportunities.

At the same time, implementation efforts illustrate the challenges of translating policy commitments into sustained, evidence-based action. The *Sharing the Vision Implementation Progress Report November 2026* notes that Recommendation 7 was initially paused, following an unsuccessful application to the Health Research Board Applied Partnership Awards for research funding to assist in designing an evidence-based national stigma reduction programme. To mitigate, once-off funding has been sought through the estimates process for a policy consultant to lead on the co-design of such a programme in collaboration with all relevant stakeholders. In parallel, discussions have taken place with HSE Public Health to align the delivery of Recommendation 7 with the Public Health Action Plan that is currently in development. Nonetheless, the issues in the implementation process for Recommendation 7 highlight the disconnect that can arise between the recognition of stigma as a policy priority and the provision of the resources and structures required to tackle it.

More broadly, longstanding challenges – including fragmentation across and within services, shortages in the mental health workforce, challenges in key areas affecting the wider social determinants of health, such as housing, employment and education, and reliance on limited or short-term funding arrangements – continue to constrain the implementation of commitments relating to mental health and social inclusion.[18] Nevertheless, as demonstrated in the examples outlined below, a range of statutory and community-based initiatives have been

[18]National Implementation and Monitoring Committee. *Sharing the Vision: A Mental Health Policy for Everyone; Policy Implementation Progress Report*. Dublin: Department of Health, 2025. https://assets.gov.ie/static/documents/eddbfb66/Sharing_the_Vision_Policy_Implementation_Progress_Report_November_2025.pdf.

developed to support social inclusion and translate commitments into practice across health and other areas of social policy.

Sample of Social Inclusion Initiatives and Supports

Social inclusion is recognised as a key consideration for those working with people with mental health difficulties, given the strong links between meaningful relationships, access to employment, education and housing, participation in community life, and people's wellbeing, autonomy and recovery. A range of statutory and community-based initiatives and supports seek to promote these different dimensions of social inclusion and a few examples of these are outlined below.

HEALTH

Within the HSE, the Social Inclusion Office works to reduce health inequalities and improve access to mainstream and targeted health services for vulnerable and excluded groups. A key aspect of this mandate is addressing the stigma and discrimination that create barriers to accessing healthcare. The Mental Health Commission has also published *Guidance for Irish mental health services on the adoption and implementation of a human rights-based approach to care and treatment*, which includes practical actions for service providers and practitioners to tackle stigma. Additionally, HSE MHER has responsibilities relating to the promotion of social inclusion through the integration of lived experience and co-production within mental health services. This includes supporting roles such as Peer Support Workers, Recovery Education Facilitators and Area Leads for Engagement, as well as efforts to embed co-production in service design, development and evaluation. HSE MHER's *Mental Health Engagement Framework 2024-2028* sets out an approach to working in partnership with people with lived experience to support mental health service reform, outcomes and accountability. In addition, the Department of Health is developing an Inclusion Health Framework, which will aim to address severe health inequalities and access barriers faced by those who experience social exclusion.

Social prescribing also provides an important mechanism for connecting statutory health and mental health services with community-based sources of support. By linking people with activities, groups and services, often provided by community and voluntary sector organisations, social prescribing can help reduce social

isolation, strengthen social connections and support mental health and recovery. It also provides opportunities for people experiencing mental health difficulties to participate more fully in community life and access sources of support beyond formal health services. A broad range of community and voluntary sector organisations play a wider role in this regard, providing services, activities and other forms of support that enable people experiencing mental health difficulties to access supports and participate in their communities.

EMPLOYMENT

Employment inclusion is another component of MHER's remit that is particularly relevant to social inclusion. MHER manages the national Individual Placement and Support (IPS) programme. IPS is a key evidence-based model that supports people with mental health difficulties to access and sustain competitive employment as part of their recovery by building collaboration between mental health teams, employment specialists, and community partners at a local level.[19] [20] The National IPS Steering Group is currently developing a new national IPS data-reporting system to enhance consistency, transparency, and outcome tracking across services. A cross-departmental group has been established with the Department of Social Protection (DSP) and Pobal to strengthen interdepartmental coordination and communication around employment supports. Community and voluntary organisations also contribute to employment inclusion through initiatives such as the DSP-funded WorkAbility programme, as well as through their involvement in delivering supported employment services, such as through the DSP-funded EmployAbility Service. These initiatives complement statutory mental health and employment supports and demonstrate the contribution of cross-sector collaboration to improving employment opportunities for people with mental health difficulties.

HOUSING

Housing and independent living are also important dimensions of social inclusion. Mental health difficulties can be both a contributing factor, and a result of housing difficulty and homelessness.[21] Housing First provides an evidence-informed approach to promoting housing stability and independent living among people experiencing homelessness, including people with complex mental health needs, and is explicitly underpinned by principles of participant choice, recovery and

[19]Robert E. Drake, Gary R. Bond, and Deborah R. Becker, *Individual Placement and Support: An Evidence-Based Approach to Supported Employment* (Oxford: Oxford University Press, 2012), https://doi.org/10.1093/acprof:oso/9780199734016.001.0001;

[20] Health Service Executive Social Inclusion Office, *Second National Intercultural Health Strategy 2018–2023* (Dublin: Health Service Executive, 2018), https://www.drugsandalcohol.ie/30767/1/intercultural-health-strategy.pdf.

[21] Rebecca Barry et al., "Prevalence of Mental Health Disorders Among Individuals Experiencing Homelessness: A Systematic Review and Meta-Analysis," JAMA Psychiatry 81, no. 7 (2024): 691-99. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2817602.

social inclusion.[22] By the end of Q3 2025, more than 1,000 people were living in Housing First tenancies nationally, and the Government has set a target to create 2,000 additional tenancies.[23] However, while the programme has expanded relatively rapidly in recent years, this expansion has taken place against a backdrop of an ongoing housing and homelessness crisis. The Department of Housing also funds the Capital Assistance Scheme (CAS), a capital funding scheme for approved housing bodies (AHBs) to deliver housing for priority groups, including disabled people.

The community and voluntary sector also plays an important role in responding to homelessness and housing insecurity, providing a range of accommodation, tenancy sustainment, advocacy, and community-based supports. One example of these services is HAIL, the Housing Association for Integrated Living, which provides supported housing services to people with mental health needs. These and other VCS services complement statutory provision and play an important role in enabling people to sustain independent living and participate more fully in their communities. Further expansion of Housing First and provision of CAS funding, alongside funding for other housing and homelessness supports across the statutory and community and voluntary sectors, is urgently needed to respond to the scale and diversity of housing need. A comprehensive approach should therefore recognise that secure housing is not only a fundamental need but also a key foundation for social participation, wellbeing, and meaningful social inclusion.[24] [25]

[22] Department of Housing, Local Government and Heritage, *Housing First National Implementation Plan 2022-2026 (*Dublin: Government of Ireland, 2021), https://www.gov.ie/en/department-of-housing-local-government-and-heritage/publications/housing-first-national-implementation-plan-2022-2026/

[23] Department of Housing, Local Government and Heritage, *Housing First* (Government of Ireland, 13 November 2025), https://www.gov.ie/en/department-of-housing-local-government-and-heritage/publications/housing-first/.

[24] Mike Allen and Emma Byrne, "Housing First and Structural Change in Ireland." European Journal of Homelessness 17, no. 2 (2023): 75-86. https://www.feantsa.org/files/Observatory/Journals/Volume-17/V17-2/Feantsa-2023-17-2_A06.pdf

[25] Social Justice Ireland, "Homelessness and the New Housing Plan: Encouraging Developments," *Social Justice Ireland,* December 1, 2025, https://www.socialjustice.ie/article/homelessness-and-new-housing-plan-encouraging-developments

EDUCATION

Education provides another important context for participation and inclusion. The National Educational Psychological Service (NEPS) provides assessment, guidance, and crisis support to help schools respond appropriately to emotional and behavioural needs. Special Educational Needs (SEN) frameworks aim to support students experiencing mental health-related challenges to access structured supports to support their inclusion in learning, such as resource teaching, individualised plans, and adjustments to the learning environment. In further and higher education, reasonable accommodations, including exam supports, flexible deadlines, reduced course loads, and access to disability services, can help remove barriers and improve participation of students with mental health difficulties.[26] Furthermore, voluntary and community sector organisations such as AHEAD work with students with disabilities and mental health difficulties in higher education to secure placements and advocate for their rights throughout their education, including through initiatives such as the Willing Able Mentoring (WAM) programme which helps graduate students with disabilities to find paid placements.[27]

The Critical Role of the Voluntary & Community Sector

Across the different dimensions of social inclusion, community and voluntary organisations play a critical role in providing both practical and community-based supports that promote participation and inclusion.[28] [29] Their work also includes initiatives like peer support, advocacy and Recovery Education, often reaching marginalised groups who may be less likely to engage with statutory services and addressing wider social determinants of mental health, including

[26] AHEAD and DAWN, Inclusive Learning and the Provision of Reasonable Accommodations to Students with Disabilities in Higher Education in Ireland (Dublin: AHEAD Educational Press, 2018), https://www.ahead.ie/userfiles/files/roadmap/Inclusive%20Learning%20and%20RA%20-%20final.pdf

[27] AHEAD. "The WAM Programme – For Graduates." *AHEAD*, accessed September 1, 2026. https://www.ahead.ie/wamgraduates.

[28] Department of Health, *Sharing the Vision: A Mental Health Policy for Everyone* (Dublin: Government of Ireland, 2020), https://www.gov.ie/en/department-of-health/publications/sharing-the-vision-a-mental-health-policy-for-everyone/.

[29] Department of Social Protection, *Roadmap for Social Inclusion 2026-2030* (Dublin: Government of Ireland, 2026), https://assets.gov.ie/static/documents/c82927b7/20260826_Roadmap_for_Social_Inclusion_2026-2030_WEB_version_FINAL2.pdf.

social isolation, poverty and discrimination. This is particularly relevant for people experiencing intersectional forms of disadvantage, who may face multiple and overlapping forms of discrimination associated with mental health difficulties and other aspects of their identity.

Community and voluntary organisations can provide culturally responsive, trauma-informed and community-embedded supports that bridge gaps in formal mental health provision and promote early intervention, empowerment and sustained recovery. However, their ability to plan and deliver high-impact programmes over the longer term is constrained by reliance on short-term or annualised funding cycles. This limits workforce stability, service continuity, strategic development, and long-term planning[30] [31].

Sample of Stigma-Reduction Initiatives

Public education, media-based approaches and anti-stigma initiatives can improve mental health knowledge

The social inclusion initiatives outlined above are also important mechanisms for reducing stigma and discrimination. In fact, the Lancet Commission on Ending Stigma and Discrimination in Mental Health, in its comprehensive review of the evidence on effective stigma reduction initiatives, identified contact-based interventions as among the most effective approaches to changing stigmatising attitudes and behaviours.[32] Initiatives that support people with mental health difficulties to participate in education, employment, community life and decision-making can contribute to stigma reduction not only by improving inclusion, but also by

[30] Mental Health Reform, *Pre-Budget Submission 2026: Pay the Bill* (Dublin: Mental Health Reform, 2025), https://mentalhealthreform.ie/wp-content/uploads/2025/09/PBS-2026-report.pdf.
[31] Mental Health Reform, *Invest in Hope: Pre-Budget Submission; Mental Health Budget 2027* (Dublin: Mental Health Reform, 2026), https://mentalhealthreform.ie/wp-content/uploads/2026/07/PBS-2027-Final.pdf.
[32] Graham Thornicroft et al., "Ending Stigma and Discrimination in Mental Health." *The Lancet* 400, no. 10361 (2022): 1438-1492.https://doi.org/10.1016/commissions-do.2022.10.03.109303

increasing opportunities for meaningful social contact and challenging stereotypes about mental health.

In addition to embedding stigma reduction within social inclusion initiatives, a number of more targeted initiatives seek to improve public understanding of mental health and challenge stereotypes in the media and wider public discourse. National awareness efforts such as the Green Ribbon campaign[33], led by Shine, encourage open conversations about mental health and challenge negative stereotypes through public engagement and partnerships with media outlets. Alongside this, Shine's media monitoring and information programme works with journalists, policymakers, and students to promote responsible reporting on mental health and suicide, improve public understanding, and encourage more accurate and compassionate coverage through workshops, research collaborations, and media awards. A number of other organisations also contribute to this area through a variety of initiatives to challenge mental health stigma. For example, First Fortnight uses arts and cultural action to address mental health prejudice and stigma.

Youth-focused initiatives provide another important avenue for stigma reduction. Examples of these include Jigsaw, the national centre for youth mental health, which works with young people aged 12-25 to promote early intervention, mental-health literacy, and open conversations in schools and communities. Additionally, youth-led platforms such as SpunOut.ie share lived-experience stories, accessible information, and social-media content that challenge stereotypes and encourage help-seeking behaviour among adolescents and young adults.

These initiatives are consistent with international evidence that public education, media-based approaches and anti-stigma initiatives can improve mental health knowledge, attitudes and willingness to seek support, particularly where they incorporate lived experience and recovery narratives and reflect World Health Organization guidance on responsible reporting and public education. [34] [35] While

[33] Shine. "Green Ribbon Campaign," *Shine*, 2026, https://www.shine.ie/advocacy/green-ribbon-campaign.
[34] World Health Organization, *Preventing Suicide: A Resource for Media Professionals, Update 2023* (Geneva: World Health Organization, 2023), https://www.who.int/publications/i/item/9789240076846.
[35] World Health Organization, *World Mental Health Report: Transforming Mental Health for All* (Geneva: World Health Organization, 2022), https://iris.who.int/server/api/core/bitstreams/40e5a13a-fe50-4efa-b56d-6e8cf00d5bfa/content.

these examples illustrate efforts to challenge stigma in different settings, the continued prevalence of stigma and discrimination highlights the scale and persistence of the issue and the need for sustained action. Ultimately, achieving sustained changes in discriminatory attitudes and behaviour is likely to depend on the reach, continuity and evaluation of stigma-reduction efforts. Ensuring that stigma reduction remains a sustained policy and practice priority will be important in progressing the social inclusion of people with mental health difficulties in Ireland.

Method

This work comprised a review of national policy and legislation relevant to mental health stigma and social inclusion in Ireland, an examination of relevant research evidence, and in-depth interviews with individuals who identified as having direct experience of mental health difficulties.

The review of policy and legislation considered the extent to which existing policy and legislative frameworks recognise and address barriers to social inclusion and stigma related to mental health difficulties, while the review of research examined the wider evidence on how stigma influences experiences of disclosure, participation and access to opportunities and support. These strands of work provided the context for exploring participants' experiences and considering how these relate to the wider policy framework and existing research evidence.

Six people who identify as having direct experience of mental health difficulties and mental health services in Ireland were interviewed by MHR staff members.

A purposive sampling method was used to recruit individuals from Mental Health Reform's lived experience network and from other mental health advocacy fora. This method allowed for the collection of rich qualitative information on the experiences of disclosure, stigma and social inclusion.

The examples presented are not intended to represent the entire population of people with mental health difficulties. Rather they illustrate a range of possible experiences and opinions from some experts by experience.

Prior to their interview, each participant received an information sheet detailing the nature of the research and was asked to complete a consent form. They also had the option to withdraw consent at any point during the interview.

Interviews were conducted via video conferencing software and lasted between 33 minutes and 1 hour 2 minutes in length. They followed a semi-structured interview guide including the topics of disclosure, public stigma, and self-stigma.

Interviews were recorded with consent of participants and following each interview the audio recording was transcribed. Subsequently thematic analysis was conducted on all transcripts. In this process, interview data was coded by two researchers, and common themes were constructed through discussion by the research team.

All interview data was anonymised to protect the privacy of research contributors.

Findings

Key Themes



1. Stigma as a Structural Barrier to Social Inclusion

The policy, legislation, research, and experiences discussed in this paper reflect the continued prominence of mental health stigma in Ireland. Research consistently

shows that stigma remains a significant barrier to help-seeking both nationally and internationally[36] [37]. Previous Irish studies have described a culture of concealment and judgement toward people with mental health difficulties, rooted in historical patterns of exclusion and institutionalisation[38]. The *St Patrick's Mental Health Services 2025 Annual Stigma and Attitudes to Mental Health Survey* found that, while 77% of respondents believe that people with mental health difficulties experience less stigma and discrimination than ten years ago, 52% believed being treated for a mental health difficulty is seen as a sign of personal failure by Irish society[39]. Participants' perceptions that stigma remains deeply embedded in society are therefore consistent with existing evidence.

Internationally, the World Health Organization has also identified stigma as a major barrier to recovery and social participation[40], linking it to discrimination in relationships, employment, and education. Similarly, the 2022 Lancet Commission Report highlighted how stigma can compound the difficulties experienced by people with mental health difficulties. The report noted that many people with lived experience described stigma as "worse than the condition itself" and highlighted how stigma can be used to justify the denial of human rights.[41]

"even still people are not accessing the services that are available… because of shame or what other people will say."

[36]Sarah Clement et al., "What Is the Impact of Mental Health-Related Stigma on Help-Seeking? A Systematic Review of Quantitative and Qualitative Studies," Psychological Medicine 45, no. 1 (2015): 11-27. https://doi.org/10.1017/S0033291714000129

[37] Graham Thornicroft et al., "Evidence for Effective Interventions to Reduce Mental-Health-Related Stigma and Discrimination," The Lancet 387, no. 10023 (2016): 1123-1132, https://doi.org/10.1016/S0140-6736(15)00298-6 .

[38]Rowena Almeida, "'Pull Yourself Together': Stigma of Mental Illness in Ireland," *Royal College of Surgeons in Ireland*, 5, no. 1 (2012): 89-92, https://hdl.handle.net/10779/rcsi.23301119.

[39]St Patrick's Mental Health Services, *Annual Stigma and Attitudes to Mental Health Survey: 2025 Findings* (St Patrick's Mental Health Services, 2025), https://www.stpatricks.ie/media/4207/2025-spmhs-attitudes-to-mental-health-and-stigma-survey-media-pack.pdf.

[40]World Health Organization. 2024. "The Overwhelming Case for Ending Stigma and Discrimination in Mental Health." *WHO Regional Office for Europe*, June 26. https://www.who.int/europe/news/item/26-06-2024-the-overwhelming-case-for-ending-stigma-and-discrimination-in-mental-health.

[41] Graham Thornicroft et al., "Ending Stigma and Discrimination in Mental Health." *The Lancet* 400, no. 10361 (2022): 1438-1492. https://doi.org/10.1016/commissions-do.2022.10.03.109303

Participants in our study similarly described experiences of stigma as contributing to social withdrawal and disconnection from others, with fear of judgement preventing people from accessing available supports.

"if we could talk about mental health the way we talk about the weather…"

"by me being open and honest… other people feel comfortable coming to talk…"

Participants emphasised that stigma was particularly visible during periods of hospitalisation or acute mental health difficulties, reinforcing feelings of being treated differently or excluded when supports and inclusion are most needed. Participants also generally viewed stigma as culturally embedded rather than arising from isolated individual attitudes.

Evidence indicates that contact-based interventions incorporating lived-experience narratives are among the most effective ways to reduce stigma, particularly among younger populations[42] [43]. This aligns with participants' calls for more open and everyday conversations about mental health as a means to encourage people with mental health difficulties to feel comfortable to speak about their experiences and encourage greater opportunities for connection and participation.

"It's a hard, hard fight because that's ingrained in people."

Although none of the participants spoke extensively about discrimination they may have faced in educational settings, organisations in the voluntary and community sector have highlighted the need for further initiatives to address mental health stigma in educational settings. This is consistent with the wider literature identifying educational settings as important

[42]Patrick W. Corrigan et al., "Challenging the Public Stigma of Mental Illness: A Meta-Analysis of Outcome Studies," *Psychiatric Services* 63, no. 10 (2012): 963-973, https://doi.org/10.1176/appi.ps.201100529

[43] Graham Thornicroft et al., "Ending Stigma and Discrimination in Mental Health." *The Lancet* 400, no. 10361 (2022): 1438-1492. https://doi.org/10.1016/commissions-do.2022.10.03.109303

Stigma operates not only through direct experiences of discrimination, but also through anticipated judgement and internalised beliefs about mental health

environments for challenging stigma and promoting more inclusive attitudes towards mental health[44] [45] [46].

Overall, our analysis suggests that stigma continues to shape the experiences of people with mental health difficulties in relation to services, social participation, and wellbeing in Ireland. Importantly, stigma operates not only through direct experiences of discrimination, but also through anticipated judgement and internalised beliefs about mental health. These processes can influence whether individuals disclose their experiences, seek support, maintain social relationships, or participate fully in community, educational, and employment settings. Stigma therefore represents a significant structural barrier to social inclusion, extending beyond individual attitudes to shape people's experiences of services and their opportunities for participation within society.

Addressing stigma requires coordinated action across policy, services, workplaces, educational settings, and communities, alongside sustained public dialogue that normalises mental health experiences and reduces fear of disclosure. Participants specifically identified stigma as a barrier to social participation, highlighting the need for further targeted interventions and for social inclusion policies to explicitly recognise and address its impact.

These findings reinforce the importance of progressing Recommendation 7 of *Sharing the Vision*, which calls for the development of a coordinated anti-stigma programme. Ultimately, the findings underline the importance of

[44] Shine, "Why Does Mental Health Stigma Persist in Ireland?" *Shine*, August 5, 2026, https://www.shine.ie/news/mental-health-stigma-ireland.
[45] Eibhlin H. Walsh, Matthew P. Herring, and Jennifer McMahon, "Perspectives of Youth in Ireland on School-Based Mental Health and Suicide Prevention: The MYSTORY Study," *Health Promotion International* 38, no. 3 (2023): 1-13, https://doi.org/10.1093/heapro/daad049
[46] A. Kenneally, T. Begley, and G. Donohue, "A Study of Irish Secondary School Student's Views on Mental Health Supports in School," *Irish Journal of Psychological Medicine* 41, no. 2 (2024): 227-232, https://doi.org/10.1017/ipm.2023.34

addressing institutional stigma as part of the national programme. Participants' accounts illustrate how stigma can shape people's experiences of services and their opportunities to participate in work, education and community life.

"I spent an awful lot of my life fighting with myself."

2. *Self-Stigma and Disclosure as Barriers to Social Participation*

Self-Stigma

Participants described experiences of self-stigma that contributed to low self-esteem, internal conflict, and social withdrawal. For some, self-stigma was perceived as being as significant as stigma experienced from others. Public stigma has also been shown to increase self-stigma, as individuals internalise prevailing negative attitudes[47].

Several participants described withdrawing from relationships and community life as a result of shame and negative self-beliefs. Participants also perceived self-stigma to be common among people with mental health difficulties more broadly. Others spoke about deeply internalised feelings of defectiveness and prolonged inner struggle.

"I isolated myself for years, and there are other people in the groups I'm in who would have done the same."

Participants noted that self-stigma can shape a person's identity and beliefs about what they are capable of achieving. These findings reflect established research demonstrating that internalised stigma is associated with reduced self-esteem, diminished hope, and decreased social participation[48].

"There's as much self-stigma out there as there is stigma from other people."

[47]Patrick W. Corrigan, "How Stigma Interferes with Mental Health Care," *American Psychologist* 59, no. 7 (2004):): 614-625. 10.1037/0003-066X.59.7.614.

[48]Philip T. Yanos et al., "The Impact of Illness Identity on Recovery from Severe Mental Illness: A Review of the Evidence," *Psychiatry Research* 288 (2020): Article 112950, 10.1016/j.psychres.2020.112950; Philip T. Yanos, David Roe, and Paul H. Lysaker, "The Impact of Illness Identity on Recovery from Severe Mental Illness," *American Journal of Psychiatric Rehabilitation* 13, no. 2 (2010): 73-93, https://doi.org/10.1080/15487761003756860.

At the same time, some participants described a gradual reduction in self-stigma over time, often linked to greater self-understanding and supportive environments.

This suggests that self-stigma, while prevalent, is not necessarily fixed. Supportive environments that promote acceptance, understanding and positive self-identity may help reduce its impact. The findings therefore indicate both the potential value of interventions addressing self-stigma and the need for greater attention to this dimension of stigma within mental health and social inclusion policy.

"It forms your belief about yourself, and it takes a long time to unpack that and get rid of it."

"There is sometimes self-stigma, but over the years it's got less and less."

Disclosure

Disclosure of mental health difficulties was primarily described by participants within the context of the workplace and educational setting. The majority of participants provided examples of instances where they chose not to disclose their mental health difficulties due to fear of judgement or because they did not feel there was a safe space to do so. Some participants noted how the experience of depression itself limited their ability to communicate openly.

Participants largely recognised that reactions to disclosure are shaped by others' attitudes and biases, which are largely beyond their control. A number of participants described multiple instances where disclosure was followed by visible discomfort, distancing or avoidance.

These findings are consistent with research indicating that anticipated or experienced discrimination reduces willingness to disclose and reinforces concealment[49].

Disclosure as a Multi-Factor Decision

Disclosure was described as a complex and context-dependent decision shaped by perceived risk, past experiences, awareness of rights and the potential need for supports or reasonable accommodations. Some participants stated they preferred or felt they had to demonstrate competence before disclosing, while others would only disclose if absolutely necessary.

"Unless you ask I don't tell you."

"The reaction when you're depressed is not to communicate… you go back into your shell… you withdraw. And it's much harder to communicate when you're like that than it is when you're feeling normal."

"Sometimes people's reaction to your disclosure regarding mental health issues…can be largely to do with their self."

"I can actually see somebody close down. I'm not hearing this. I don't want to know."

"I remember opening up to somebody… and they were terrified of having anything to do with me after that."

[49]Patrick W. Corrigan, Benjamin G. Druss, and Deborah A. Perlick, "The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care," *Psychological Science in the Public Interest* 15, no. 2 (2014): 37-70. https://doi.org/10.1177/1529100614531398.

Not having to hide the bad days

These accounts align with conceptual frameworks suggesting that individuals assess both personal and relational factors when deciding whether to disclose a mental health difficulty[50].

For those who did make the decision to disclose, the relief associated with no longer having to conceal difficulties and of working in environments where communication felt safe was emphasised. The importance of having a trusted and supportive person in the environment was also frequently highlighted.

Research indicates that disclosure is more likely in environments that actively address stigma, train managers and educators to respond supportively, and cultivate inclusive cultures[51]. Participants' accounts similarly suggest that facilitating disclosure requires organisational change and broader cultural shifts rather than placing responsibility solely on individual managers or workers.

"Not having to hide the bad days."

"The door is always open."

"Being given space and time."

"I went back to him and said, 'I can't do half days. I need to take the week off.' He said, 'Fine, do that, but there'll be repercussions.'"

Participant experiences suggest that disclosure is not simply a procedural act, but an interpersonal exchange shaped by trust, empathy, and psychological safety. Creating environments in which people can disclose safely therefore requires action at structural and organisational levels, alongside protecting individuals' autonomy and choice over whether, when and to whom they disclose. This also requires greater awareness of people's rights when making a disclosure and of the resources available to support them, including through signposting to materials such as Mental Health Reform's "*Mental Health in the Workplace: A Guide to Your Rights*".

[50]Patrick W. Corrigan "How Stigma Interferes with Mental Health Care." American Psychologist 59, no. 7 (2004): 614-625. https://doi.org/10.1037/0003-066X.59.7.614.

[51]Organisation for Economic Co-operation and Development, *Development Co-operation Report 2015: Making Partnerships Effective Coalitions for Action* (Paris: OECD Publishing, 2015), http://dx.doi.org/10.1787/dcr-2015-en.

3. *Workplace Culture, Stigma, and Inclusive Employment*

Participants described encountering stigma in the workplace, ranging from subtle changes in treatment to explicit warnings about negative consequences, including the risk of job loss. One participant described how work-related concerns they highlighted were dismissed as symptoms of mental health issues rather than recognised as legitimate workplace issues.

"My concerns were effectively put down to my mental health issues rather than somebody else was behaving in an inappropriate way."

Another described being warned of repercussions after requesting leave from a manager when they were struggling with mental health difficulties.

"By me being open and honest about my struggles… other people feel comfortable coming to me."

Employer Knowledge and Understanding

A consistent theme across interviews was the need to build greater awareness and understanding of mental health difficulties within workplaces. Participants noted that, while many organisations are increasingly comfortable promoting general wellbeing initiatives, conversations about severe or enduring mental health difficulties remain far less accepted. Interviewees suggested that this perceived gap may contribute to a workplace culture in which employees may fear judgement, career repercussions, or being perceived as less capable if they disclose that they have severe or enduring mental health difficulties.

Participants emphasised the potential value of visible role-modelling. Seeing colleagues or leaders speak openly about their own mental health challenges was viewed as an important way to normalise disclosure and challenge and reduce stigma.

Research similarly indicates that leadership openness and lived experience narratives can reduce stigma and improve workplace attitudes toward mental health.[52] [53]

"My friends go off on holiday regularly. I don't have the money… it is the financial aspect of it."

The fear and consequences of losing employment were also highlighted by participants. The *St Patrick's Mental Health Services 2025 Annual Stigma and Attitudes to Mental Health Survey* reports that 32% of respondents experienced workplace or community stigma[54], while fewer than half believed Irish workplaces are open to employing people with mental health difficulties. Participant experiences also reflect wider evidence that unemployment and economic precarity both stem from and exacerbate mental health difficulties, creating a cyclical relationship between poverty and psychological distress[55]. Participants' accounts vividly illustrated the lived consequences of this dynamic. Employment was described as more than a source of income or stimulation; it was viewed as a foundation for financial stability, housing security, and social participation.

"Work is probably the most important one because…that determines your financial situation which affects everything else."

These accounts demonstrate how exclusion from employment can intensify both social and economic marginalisation, with consequences that may further undermine mental health and wellbeing. In this context, stigma, unemployment, and financial precarity cannot be understood as discrete issues but as interconnected factors shaping people's wellbeing and opportunities for social inclusion. Financial strain, in turn, could restrict opportunities for social engagement and reinforce isolation.

[52]Graham Thornicroft et al., "Evidence for Effective Interventions to Reduce Mental-Health-Related Stigma and Discrimination," The Lancet 387, no. 10023 (2016): 1123-1132, https://doi.org/10.1016/S0140-6736(15)00298-6 .

[53] Patrick W. Corrigan et al., "Challenging the Public Stigma of Mental Illness: A Meta-Analysis of Outcome Studies," *Psychiatric Services* 63, no. 10 (2012): 963-973, 10.1176/appi.ps.201100529

[54]St Patrick's Mental Health Services, *Annual Stigma and Attitudes to Mental Health Survey: 2025 Findings* (St Patrick's Mental Health Services, 2025), https://www.stpatricks.ie/media/4207/2025-spmhs-attitudes-to-mental-health-and-stigma-survey-media-pack.pdf.

[55]Sara Evans-Lacko et al., "The Mental Health Consequences of the Recession: Economic Hardship and Employment of People with Mental Health Problems in 27 European Countries," *PLoS ONE* 8, no. 7 (2013): e69792, https://doi.org/10.1371/journal.pone.0069792.

Employer knowledge gaps were also brought up as a consistent theme. Participants felt that severe or enduring mental health difficulties were often poorly understood, and employers lacked clarity about how to provide appropriate support. One participant described how disclosures can be dismissed in the workplace and the impact this can have on the individual.

"...things that are going on with their life... just brushed off... that pushes the person further back down into themselves."

As highlighted in a 2021 study on employer perspectives, organisations may themselves face challenges in facilitating access to employment for people with mental health difficulties and require appropriate guidance and training[56]. Employers reported uncertainty about their obligations and supports, particularly compared with clearer guidance available for physical disabilities[57]. Participants suggested that making existing resources more visible would help address some of these challenges. One interviewee spoke positively about the IBEC Guide to Mental Health in the Workplace, suggesting that wider awareness of such guidance could improve employer confidence.[58] This aligns with research showing employers often lack mental health literacy, while workplace training improves knowledge, attitudes, and supportive behaviours.[59] [60]

Structural workplace norms may also contribute to exclusion. Research on organisational culture highlights how the dominant "ideal worker" model, expecting constant productivity, availability, and emotional stability can embed structural stigma and marginalise workers with mental health difficulties[61].

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[56]Margaret Tighe and Caroline Murphy, "Facilitating the Employment of People with Mental Health Difficulties in Ireland," *The Irish Journal of Management* 40, no. 1 (2021): 13-26, https://doi.org/10.2478/ijm-2021-0003.

[57]Andrea Lettieri, Antonio Iudici, and Elena Faccio, "Employability with Mental Illness: The Perspective of Employers and Mental Health Workers," *Rehabilitation Counseling Bulletin* 64, no. 4 (2020): 195-207, https://doi.org/10.1177/0034355220922607.

[58] Ibec. *An Employer's Guide to Mental Health in the Workplace*. Dublin: Ibec, 2026. https://www.ibec.ie/employer-hub/corporate-wellness/an-employers-guide-to-mental-health-in-the-workplace.

[59]Jennifer K. Dimoff and Kevin E. Kelloway, "With a Little Help from my Boss: The Impact of Workplace Mental Health Training on Leader Behaviours and Employee Resource Utilization," *Journal of Occupational Health Psychology* 24, no. 1 (2019): 4-19, https://doi.org/10.1037/ocp0000126

[60] Sadhbh Joyce et al., "Workplace Interventions for Common Mental Disorders: A Systematic Meta-Review," Psychological Medicine 46, no. 4 (2016): 683-697, https://doi.org/10.1017/S0033291715002408.

[61]Gary M. Williams and Andrew P. Smith, "Measuring Wellbeing in the Workplace: Single-Item Scales of Depression and Anxiety," in Contemporary Ergonomics and Human Factors 2013, ed. Martin Anderson (London: CRC Press, 2013): 87-94, https://doi.org/10.1201/b13826.

Participants' disclosure decisions were similarly shaped by concerns about competence, stigma, and relational trust, consistent with evidence that anticipated discrimination influences disclosure and employment outcomes.[62] [63] [64]

Reasonable Accommodations

Reasonable accommodations played an important role in participants' experiences of workplace inclusion. Participants emphasised that supports were most effective when they were collaborative and tailored to individualised circumstances, rather than imposed or standardised.

"Accommodations without discussion were really negative… it's not appropriate to just make decisions for people."

This reflects wider evidence that negotiated and individualised workplace accommodations can improve job retention, satisfaction, and wellbeing among employees with mental health difficulties[65].

"The person themselves are their own best expert".

Overall, participants described how stigma, structural workplace norms, and inconsistent workplace practices shaped their ability to access, sustain, and thrive in employment, with significant implications for social inclusion. While some reported experiences of supportive environments, there were also a number of examples shared of discrimination, fear of repercussions, repercussions and uncertainty about disclosure. These findings highlight the need for sustained efforts to improve workplace awareness, strengthen leadership role-modelling, increase employer confidence and training and ensure access to appropriate individualised supports.

[62] Elaine Brohan et al., "Employees with Mental Health Problems: Survey of U.K. Employers' Knowledge, Attitudes and Workplace Practices," Epidemiology and Psychiatric Sciences 19, no. 4 (2010): 326-332. doi:10.1017/S1121189X0000066X

[63] Elaine Brohan et al., "Systematic Review of Beliefs, Behaviours and Influencing Factors Associated with Disclosure of a Mental Health Problem in the Workplace," *BMC Psychiatry* 12, no. 1 (2012): 11. http://www.biomedcentral.com/1471-244X/12/11

[64] Claire Henderson, Sara Evans-Lacko, and Graham Thornicroft, "Mental Illness Stigma, Help Seeking, and Public Health Programs," *American Journal of Public Health* 103, no. 5 (2013): 777-780, 10.2105/AJPH.2012.301056.

[65] Organisation for Economic Co-operation and Development, *Development Co-operation Report 2015: Making Partnerships Effective Coalitions for Action* (Paris: OECD Publishing, 2015), http://dx.doi.org/10.1787/dcr-2015-en.

4. *Media Narratives and the Construction of Mental Health Stigma*

As highlighted in recent Irish research, media coverage plays an important role in shaping public attitudes toward mental health.[66] While the majority of mainstream Irish news articles now adopt a more supportive or factual tone, sensationalist or judgemental reporting continues to occur. Furthermore, only a small proportion of articles discussing psychosis were found to do so without reference to violence[67]. Participants' reflections closely mirrored these findings, particularly in relation to the persistent association between severe mental health difficulties and violent crime.

Interviewees described being highly aware of media portrayals and expressed deep concerns about the impact of headline framing. Participants reflected on the impact of everyday exposure to sensationalist reporting and their belief that it poses a real risk to people with severe and enduring mental health difficulties.

Participants were particularly concerned about the way diagnoses were referenced in reports of violent crime, where they felt a diagnosis could often appear to be presented as a causal explanation. One interviewee particularly commented on reporting of course cases and judicial language.

These experiences align with research demonstrating that media framing of mental health

"You know when you're passing a shop… do you look at the headlines on the paper? I do it anyway myself and as long as this kind of stuff continues it's just… it's dangerous."

"I actually am concerned about the courts sometimes… if there's a murder or something like that and there's a report like, 'oh, they were bipolar and that's basically why they killed that person'… I think judges should be very, very careful about what terms they're using for somebody who's murdered somebody."

"It certainly adds to the stigma. I mean if you hear on the news 'A murdered B person and A was bipolar,' you're kind of going, 'Oh god, I'm not going to befriend anybody who's bipolar. They might murder me.'"

[66] Margaret Gallagher et al., "The Portrayal of Mental Health in Irish Mainstream News Media," *International Journal of Social Psychiatry* 69, no. 2 (2023): 467-475, https://doi.org/10.1177/00207640221111756.
[67] Margaret Gallagher et al., "The Portrayal of Mental Health in Irish Mainstream News Media," *International Journal of Social Psychiatry* 69, no. 2 (2023): 467-475, https://doi.org/10.1177/00207640221111756.

difficulties as associated with dangerousness can increase public stigma and social distancing[68]. Participants described how they believe such portrayals directly shape public fear of all people with mental health diagnoses.

Participants also linked negative media portrayals to reluctance to disclose mental health diagnoses. Diagnoses such as schizophrenia were described as particularly difficult to disclose because of their strong association with violence in press coverage. This also aligns with findings from the Psychosis Survey 2024, which found that 70.9% of respondents agreed media representations of psychosis were stigmatising or discriminatory.[69]

"I don't think people are ever comfortable disclosing schizophrenia in particular because there's so much violence associated with it due to the press."

"In the media at the moment, we talk about mental health… but mental health is—how is your mental health? There are different levels… of depression and people sometimes don't understand that. They just think it's all in the one category."

This reflects wider evidence that anticipated stigma and fear of discrimination influence disclosure decisions and social participation[70].

Another concern raised by participants was the oversimplified way in which mental health is conceptualised in media discourse. Interviewees suggested that in a lot of cases reporting treats mental health (and particularly experiences of enduring mental health difficulties) as a singular, uniformly negative concept, failing to communicate its spectrum and variability and the diversity of people who experience mental health difficulties.

A few participants also highlighted a perceived lack of recovery-oriented and positive narratives, particularly in relation to people with more severe and

[68]Hao Zhang and Amira Firdaus, "What Does Media Say About Mental Health: A Literature Review of Media Coverage on Mental Health," *Journalism and Media* 5, no. 3 (2024): 967-979, https://doi.org/10.3390/journalmedia5030061.

[69] Shine, Mental Health Reform, and HSE National Clinical Programme for Early Intervention in Psychosis, *Psychosis Survey 2024: Perspectives on Breaking Stigma & Improving Support* (2024), https://cdn.prod.website-files.com/673f286b1a067754c839b7bd/6819daa9350276104eddde6e_Early%20Intervention%20in%20Psychosis%20Report%202024%20-%20Final%206.5.2024.pdf.

[70]Miri Gnainsky, David Roe, and Philip T. Yanos, "To Disclose or Not to Disclose: A Systematic Review of Factors Associated with Disclosure and Concealment of Mental Illness," *Clinical Psychology Review* 122 (2025): Article 102660, https://doi.org/10.1016/j.cpr.2025.102660.

enduring mental health diagnoses, which were viewed as being more heavily stigmatised.

Research on media framing supports this perception, demonstrating that selective coverage reinforces stereotypes and obscures the complexity and diversity of mental health experiences[71].

Despite these concerns, participants recognised the potential for efforts to improve reporting standards to contribute to stigma reduction.

Some spoke positively about Irish media-monitoring initiatives promoting responsible and accurate journalism. As noted previously, in Ireland, organisations such as Shine work with journalists and students through media-monitoring programmes and training to promote accurate and compassionate reporting, recognising the role of media framing in shaping public attitudes. Such initiatives align with guidance from the World Health Organization, which identifies responsible reporting as a key strategy for reducing discrimination and encouraging help-seeking.[72] This aligns with evidence suggesting that media guidelines and journalist training can improve reporting practices and reduce stigma.[73]

"It's the bad stuff in mental health is what they hear—you don't hear the good stories about mental health."

Additionally, while participants primarily reflected on traditional news media, social media also represents an important contemporary context in which mental health narratives are produced, shared and contested. Unlike traditional media, as noted in research, social media provides opportunities for people with lived experience to share their own experiences directly and to promote diverse and recovery-oriented narratives.[74] However, it can also facilitate the rapid dissemination of stereotypes, misinformation and stigmatising

[71]Otto Wahl, "Depictions of Mental Illnesses in Children's Media," *Journal of Mental Health* 12, no. 3 (2003): 249-258, https://doi.org/10.1080/0963823031000118230.

[72] World Health Organization, *World Mental Health Report: Transforming Mental Health for All* (Geneva: World Health Organization, 2022), https://iris.who.int/server/api/core/bitstreams/40e5a13a-fe50-4efa-b56d-6e8cf00d5bfa/content.

[73]Jane Pirkis et al., "On-Screen Portrayals of Mental Illness: Extent, Nature and Impacts," *Journal of Health Communication* 11, no. 5 (2006): 523-541, https://doi.org/10.1080/10810730600755889.

[74] Zhongjie Zhang et al., "Public Mental Illness Disclosure on Social Media and the Effects on Stigma Toward People with Mental Illness: A Systematic Review," *Stigma and Health* 11, no. 3 (2026): 18-30. https://doi.org/10.1037/sah0000531

content.[75] [76] The Psychosis Survey 2024 Report also noted that while some progress has been made in improving the accuracy of depictions of psychosis in factual media, non-professional social media content and fictional media representations can be very inaccurate.[77] Future anti-stigma initiatives should therefore also consider the risks and opportunities presented by social media, particularly in relation to the visibility of lived experience and the development of more diverse representations of mental health. More targeted interventions may also be necessary to address inaccurate fictional representations of mental health difficulties.

Overall, participants' accounts illustrate how media narratives may influence whether people with mental health difficulties are represented and perceived as dangerous outsiders or as diverse, multi-faceted human beings. Sensationalist reporting was perceived as reinforcing stigma, discouraging disclosure, and limiting social inclusion, while responsible and recovery-oriented coverage was seen as having the potential to normalise mental health experiences and challenge stereotypes. These findings highlight the importance of media-focused stigma-reduction initiatives and recovery-oriented narratives.

Conclusion & Recommendations

Across the interviews, stigma emerged as a structural barrier to disclosure, employment and wider social participation. Fear of negative reactions, internalised stigma, and media portrayals associating mental health difficulties with danger were described as reinforcing silence, discrimination and exclusion.

Although the number of interview participants was small, these findings are supported by the wider literature reviewed throughout this report, providing a broader evidence base for the recommendations arising from them. Moreover, given that participants were recruited primarily through lived-experience and

[75] Sarah K. Competiello, George Y. Bizer, and D. Catherine Walker, "The Power of Social Media: Stigmatizing Content Affects Perceptions of Mental Health Care," *Social Media + Society* 9, no. 4 (2023): Article 20563051231207847, https://doi.org/10.1177/20563051231207847

[76] Anna M. Ross et al., "A Systematic Review of the Impact of Media Reports of Severe Mental Illness on Stigma and Discrimination, and Interventions That Aim to Mitigate Any Adverse Impacts," *Social Psychiatry and Psychiatric Epidemiology* 54, no. 1 (2019): 11-31. https://doi.org/10.1007/s00127-018-1608-9

[77] Shine, Mental Health Reform, and HSE National Clinical Programme for Early Intervention in Psychosis, Psychosis Survey 2024: Perspectives on Breaking Stigma & Improving Support (2024), https://cdn.prod.website-files.com/673f286b1a067754c839b7bd/6819daa9350276104eddde6e_Early%20Intervention%20in%20Psychosis%20Report%202024%20-%20Final%206.5.2024.pdf.

advocacy networks, the work may under-represent people who are less connected to services, advocacy organisations or peer networks, including those experiencing more profound social exclusion.

Taken together, our analysis suggests that, despite increasing emphasis on recovery, inclusion and equality within Irish policy frameworks and the implementation of a range of initiatives to promote social inclusion and reduce stigma, significant gaps remain between policy commitments and people's lived experiences.

Addressing these gaps requires sustained efforts to reduce stigma across workplaces, services, communities and the media, alongside greater attention to the social determinants of mental health and the structural conditions that shape social inclusion. A comprehensive national approach to stigma reduction and social inclusion should therefore be grounded in lived experience, address public and self-stigma, and include mechanisms for monitoring impact.

Further research is also needed to strengthen the evidence base, particularly through larger and more diverse studies examining how stigma is experienced across different groups and contexts and evaluating which interventions are most effective in producing sustained changes in attitudes, behaviour and participation. Additionally, while this work was informed directly by participant accounts, future research should extend lived-experience involvement beyond participation to co-production of research questions, interpretation, of findings and knowledge translation.

Recommendations

1. **Develop and implement a comprehensive national stigma-reduction programme**

   Progress Recommendation 7 of *Sharing the Vision* through a coordinated, adequately resourced national anti-stigma programme (also aligned with Objective 2 of *Pathways to Wellbeing* and Domain 1 of *Connecting for Life*). The programme should build on existing statutory and community-led initiatives, with clear responsibilities across the relevant sectors. It should include sustained, evidence-based involving communities, healthcare providers, workplaces, education, services and the media, with clear mechanisms for monitoring and evaluating impact.

2. **Embed lived experience and contact-based approaches in stigma reduction**

- Ensure that people with lived experience, including people with more severe and enduring mental health difficulties, are meaningfully involved in the design, delivery and evaluation of anti-stigma initiatives.
- Greater visibility of diverse recovery and lived-experience narratives should be promoted.

3. **Strengthen workplace inclusion and employer/employee capacity**

- Develop and strengthen national supports to enable employers to improve mental health literacy, challenge stigma and create psychologically safe, inclusive and supportive working environments. This should include clear information on employers' responsibilities, including under equality legislation, accessible guidance and practical training resources, and greater awareness and promotion of existing supports.
- Ensure that employees and prospective employees (including people experiencing mental health difficulties) have access to clear, accessible information about their employment and education rights, reasonable accommodations and available supports.
- Strengthen workplace and educational policies and practices to promote inclusion, prevent discrimination and enable people to seek support without fear of negative consequences.
- Reasonable accommodations should be developed collaboratively with individuals and tailored to individual circumstances, recognising the person with lived experience as the expert in their own needs.
- Encourage organisational leadership to actively model inclusive practices and foster a culture in which mental health can be discussed openly, while respecting individual autonomy and the right to privacy.

4. **Strengthen Individual Placement and Support (IPS) Services.**

Strengthen the availability, reach and integration of Individual Placement and Support (IPS) services, recognising their important role in supporting people with mental health difficulties to access, sustain and progress in competitive employment. Strengthen collaboration and referral pathways

between IPS services, employers and mental health services to ensure coordinated, ongoing support for both employees and employers.

5. **Strengthen anti-stigma initiatives in education**

   Develop further initiatives within schools, further education and other educational settings to improve mental health literacy, challenge stigma and create environments in which students can discuss mental health safely. Such approaches should move beyond general wellbeing messaging to address misconceptions about more severe and enduring mental health difficulties and the potential consequences of stigma, discrimination and exclusion.

6. **Explicitly integrate mental health into social inclusion policy and practice**

- Recognise mental health as an important dimension of social inclusion and explicitly consider the experiences and needs of people with mental health difficulties within broader social inclusion policies and initiatives.
- Social inclusion strategies should routinely consider how stigma, discrimination, self-stigma and mental health difficulties may create barriers to participation and should ensure that mental health is considered alongside other dimensions of social and economic inclusion.
- Recovery-oriented approaches and Recovery Education services should be explicitly recognised within national social inclusion frameworks as important mechanisms for reducing stigma, strengthening self-determination and supporting sustained participation in community life.

7. **Strengthen action on the wider determinants of mental health and social inclusion (including employment, financial security, housing and independent living)**

- Strengthen action on the wider social and economic determinants that shape mental health and opportunities for social inclusion, including employment, income security, housing, education, relationships and community participation. Policies and programmes should recognise the interconnected relationship between these factors, mental health and social exclusion, and the ways in which they can reinforce one another over time. This should include greater consideration of how experiences of intersectionality and marginalisation may compound stigma,

disadvantage and barriers to participation for people with mental health difficulties.

- Action should include strengthening access to and retention in employment, income security, housing and independent living, as well as poverty reduction initiatives. A coordinated approach is needed to address these interconnected factors and the cyclical relationship between social and economic disadvantage, mental health difficulties and social exclusion, while ensuring that responses reflect the diverse experiences and circumstances of people with mental health difficulties.

8. Strengthen responsible media reporting

- Continue and expand initiatives that promote accurate, nuanced and non-stigmatising reporting of mental health difficulties This should include strengthening and promoting existing initiatives, while developing further opportunities for journalist education, media monitoring and constructive engagement with media organisations. It should also include promoting existing guidance on the responsible reporting of severe mental health difficulties and developing further guidance where needed, particularly to address stigmatising, misleading or unsupported associations between mental health diagnoses and violence. Particular attention should be given to the disproportionate association between severe and enduring mental health difficulties, including diagnoses such as schizophrenia and bipolar disorder, and violence.
- Strengthen initiatives to encourage the media to promote more diverse recovery-oriented narratives that reflect the complexity of people's experiences rather than focusing predominantly on crisis, risk and negative outcomes.
- Anti-stigma initiatives should also seek to promote positive and accurate mental health narratives online and on social media address the spread of misinformation and stigmatising content.

9. Strengthen research, monitoring and evaluation relating to stigma and social inclusion

- Strengthen research on the factors influencing stigma, discrimination, disclosure, employment and social participation, and on the effectiveness of interventions designed to improve these outcomes. This should be

progressed in alignment with the National Mental Health Research Strategy, particularly its priorities relating to social inclusion and accountability and continuous improvement. Research should include larger and more diverse populations, examine differences across settings and groups, and actively involve people with lived experience at every stage of the research process, including identifying research priorities and shaping research design.

- Develop mechanisms to monitor changes in mental health stigma, discrimination, disclosure and social participation over time. Monitoring should also consider access to and uptake of workplace accommodations and employment supports, including outcomes associated with IPS and other supported employment initiatives.
- Relevant social welfare processes should be reviewed to identify whether concerns about loss of income supports create barriers to entering, sustaining or progressing in employment.

HIDDEN IN PLAIN SIGHT

How mental health stigma influences disclosure and social inclusion in Ireland