



Ceannasaí Náisiúnta Oibríochtaí Meabhairshláinte
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Deputy Mark Ward.
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.

31st May 2023

PQ Number: 23319/23

PQ Question: To ask the Minister for Health his views on plans for peer remuneration within an organisation (details supplied); if he will provide an update on the progress of the setting-up of the Steering Committee; and if he will make a statement on the matter. -Mark Ward

Details Supplied: The EOLAS Project

Dear Deputy Ward,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

The involvement of 'Lived Experience' in the design, delivery and evaluation of services is now accepted as essential both internationally and in Ireland if we are to provide clinically excellent, person centred and recovered focused mental health care.

Lived experience involvement of service users, family members and carers is a key concept in our national Policy 'Sharing the Vision' and the HSE has made very significant progress to embed 'Lived Experience' in to the HSE Mental Health Services through the establishment of the office of Mental Health Engagement and Recovery. The office has overseen the introduction of a number of Lived Experience roles into the HSE namely, Area Leads for Engagement in each CHO and the NFMHS, Peer Educators and Recovery Education Facilitators and Peer support workers from both a personal 'lived experience' perspective and a family and supporter perspective. Very significantly Peer support was awarded its own grade code by the DOH in December 2022.

However despite this very impressive progress there remains challenges in how lived experience is engaged and valued by the HSE particularly in relation to the remuneration of people not employed directly by the HSE or through our community partners. The HSE did trial a remuneration programme for non-employees involved in service improvement initiatives, however this was discontinued due to the significant risks it was posing for participants in relation to the loss of benefits and other supports they were receiving.



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The involvement of people with lived experience in services development has a therapeutic benefit to them as well as a benefit to the service and people have the right to be appropriately remunerated for such work should they choose to so in a non-voluntary capacity. It should be noted that volunteering is still a very important and viable option and many people still freely choose to take up voluntary roles.

In an attempt to resolve the issue and resource the ever increasing need to provide patient and service user expertise across the health services, the DOH have commenced a project to examine the feasibility of how people can be paid for such roles. A public consultation was held by the DOH this year and we are awaiting a recommendation from the DOH in relation to this.

Until this recommendation comes from the DOH, it is not possible for the HSE to put any plans in place for the Payment of patients, service users, family members etc. However the office of Mental Health Engagement and Recovery is putting in place a working group to look at the structures required as to how people could be remunerated and what other ways we can ensure that lived experience personnel are valued for their important contributions to service improvement in mental health. This working group is to conclude its work by the end of the year.

I trust this information is of assistance to you. Please do not hesitate to contact me if you have any further queries.

Yours sincerely,

A handwritten signature in black ink that reads 'Derek Chambers'.

Derek Chambers
General Manager HSE Community Operations Mental Health