Galway/ Roscommon Mental Health Service ARI Site Development
Reflections

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Aim

• Share with you my experience of developing an ARI site.
• Explore what went well.
• Discuss the impact on services.
• Examine the challenges and how these can be overcome.
• Share key principles to success.
Overview of Galway/Roscommon Mental Health Services
Develop a Strategy/ Plan

Formed ARI Steering Group (SU and HSE Leads)

1. Capacity building.
2. Developing a shared vision.
3. Establish governance structures.
4. Putting the vision into action.
5. ImROC Methodology.
7. Sustainability.
1. Capacity Building

• Information session with all Teams.
• Visited health care settings.
• Engaged with local voluntary groups.
• Engage with the community.
• Utilised all forms of media to connect with all stakeholders.
• N.B Plan this stage carefully ensuring you are inclusive of all.
2. Develop A Shared Vision

• Develop a shared recovery language.
• Treat each other with respect.
• Acknowledge that each person is an expert by experience.
• No one is more important than anyone else.
• No one is less important than anyone else.
• Listen to each other.
• Agree to disagree.
• Work in partnership.
• Be ambitious but realistic.

• N.B. Agree a shared Vision for the ARI project (Ensures all are heading in the one direction)
Traditional Model

- Psychopathology
- Disorder Centred
- Anti Disease
- Treatment Based
- Doctor and Patient
- Diagnosis
- Recognition
- Compliance
- Treatment
- Return to Normal
- Expert Care coordinator
- Professional Accountability

Recovery Model

- Distressing Experience
- Person Centred
- Pro Health
- Strengths Based
- Experts by Experience
- Personal Meaning
- Understanding
- Choice
- Growth and Discovery
- Transformation
- Self Management
- Personal Responsibility
Recovery Narrative

Values
Meaning
Power
Relationships

Persons lived experience
Hopes, dreams and wishes

All aspects of persons life

Social Inclusion
Challenge barriers to recovery
Self
Services
Society

Build connectedness
‘ME’
Family
Peers
Community

Wellness
Recovery plans
Advanced directives

Existing skills and strengths
Therapeutic risk

Collaborative relationships
Giving back power, control, choices
shared decision making

Dialogue with our demons
Finding meaning
Hope

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3. Governance Structure

**Key-** Reporting Relationship ➔ Supportive Relationship

- National Management Team Mental Health Division
- Mental Health Area Management Team
- Local ARI Steering Group
- National ARI Office (Overseen by ARI Steering Group)
4. Put the Vision into Action

Local ARI Lead
Coordinates the process

ARI Steering Group
(Service Users Lead and HSE Lead)

Senate (Vote on challenges)

ImROC Methodology

Area Management Team

Working Groups
Business cases

Working Groups
Business Cases

Recovery Champions
ARI Co-produced Working Groups

1. Open discussion about the challenge
2. Best practice national and international
3. Draw on lived experience of all
4. Knowledge of group members
5. Develop Business Case
6. Present business case to area management team
5. Methodology

1. Changing the nature of day-to-day interactions and the quality of experience.
2. Delivering user-led education and training programs.
3. Establishing a ‘Recovery Education Centre’ (Recovery College) to drive the programmes forward using a co-produced, educational model.
4. Ensuring organisational commitment, creating the ‘culture’ the importance of leadership.
5. Increasing personalisation and choice.
6. Transforming the workforce – peers in a variety of positions.
7. Changing the way we approach risk assessment and management.
8. Redefining user ‘involvement’ to create genuine ‘partnerships’.
9. Supporting staff in their recovery journey.
10. Increasing opportunities for building, ‘a life ‘beyond illness’.

Implementing Recovery

A methodology for organisational change

Geoff Shepherd, Ed Boardman, and Maurice Burns
6. Evaluation

- Process
- Impact
- Outcome
7. Sustainability

• Project management (HSE Lead given protected time to bring the project to life.
• Resources and investment.
• Value, support and work with all stakeholders.
• Ongoing recovery training and education.
• Stay true to recovery philosophy.
• Evaluation.
• Audit.
• Outcome measures (write up outcomes).
• Prove its value.
What has been achieved

1. Changing the nature of day-to-day interactions and the quality of experience.
2. Delivering user-led education and training programs.
3. Establishing a ‘Recovery Education Centre’ (Recovery College) to drive the programmes forward using a co-produced, educational model.
4. Ensuring organisational commitment, creating the ‘culture’ the importance of leadership.
5. Increasing personalisation and choice.
6. Transforming the workforce – peers in a variety of positions.
7. Changing the way we approach risk assessment and management.
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10. Increasing opportunities for building, ‘a life ‘beyond illness’.
What went well

• Kept loyal to the co production and co delivery process.
• Selected projects would bring about a cultural change.
• No power in balance within working groups
• Collaborative approach.
• Built relationship and contracted with AMT.
• Expert by experience approach.
• Grounding and empowering.
• Each working group achieved majority of their goals.
What are the challenges

- Capacity building
- Ensuring projects would bring about a cultural change
- Establishing working relationship with AMT
- Working without a budget
- Managing expectations
- Supporting stakeholders
- Staying loyal to the process
- Expecting service users and family to give of their time voluntarily
- Communication
- Evaluation
- Sustainability
- Meaningful change in clinical practice
• Develop your local strategy.

• Develop communication strategy.

• Invest time in promotion of the project.

• Invest time in capacity building - HSE staff, Service Users, Family members, Voluntary Groups and the community.

• Work with AMT on planned initiatives.

• Contract with AMT.

• Develop robust business cases.

• Ensure all work is co produced.

• Invest in evaluation

• Celebrate wins

• REMAIN LOYAL TO THE PROCESS.
What was the experience like for me.

- Met amazing people
- Saw the truth strengths of service users and family members.
- Have a different relationship with all stakeholders
- Challenging to work in a new way.
- Stressful and frustrating.
- Grounded me in what really matters.
- Feel proud of what I and the service has achieved.
- Encourages me to reflect.
- Encourages me to evaluate.
- I know this way is making a difference.
- Positive, humbling and supportive.
Remember........
Rome was not built in a day!!
• Francis Walsh
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