

GUIDE

Enhancing Mental Health Engagement

with **Seldom-heard** Groups



HSE
Mental Health
Engagement
& Recovery



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Introduction



To note: The term ‘seldom-heard groups’ refers to under-represented people who use or might potentially use mental health services and who are less likely to be heard by mental health professionals and decision-makers. They were often referred to as ‘hard to reach’ groups in the past, though this term has been criticised for implying that there is something about these people that makes their engagement with services difficult. ‘Seldom-heard’ places more of the emphasis on agencies to engage these service users, families, carers, supporters and potential service users, see [Appendix 1](#) for more information.

The National Office for Mental Health Engagement and Recovery (MHER) is providing this guide as a complementary document to the *Mental Health Engagement Framework* and the *Mental Health Engagement Methods Guide*.

It contains a short explanation of why and what staff and facilitators need to consider and be sensitive to when planning to work with people from seldom-heard groups.

It includes examples of good practices for mental health engagement activity and some signposts to community-specific organisations or groups. The signposts are a starting point only and are in no way exhaustive. However, the point is made that working in partnership with organisations that are closer to the seldom-heard groups increases the success of engaging with these groups.

The document closes with an easy to use template to support getting started in engagement with seldom-heard groups around their mental health.

Why do we need to prepare differently to engage with seldom-heard groups?

To begin it is important to note that the HSE through the National Office of Mental Health Engagement and Recovery (MHER) is concerned with equity of access to services and service improvement structures.

To be equitable MHER must support others to see that additional resources and understanding are required when working with groups of people who do not experience equity. In this document, we will refer to these groups as seldom-heard groups.

For some people from seldom-heard groups, perhaps especially for those who are regarded as outsiders or who are marked by differences from the perceived cultural norm, this sociocultural landscape contributes to traumatic experiences, segregation and social exclusion.¹ The prevalence of these potentially traumatic events in the population means that services need to acknowledge them and actively integrate our understanding of the impact of these events into planning for mental health engagement. Please see **Appendix 2** for more on Trauma Informed Principles. The rewards for doing so are improved services, improved recovery for people with lived experiences of mental health challenges and a better experience for the staff themselves.

Irish Context

It is important to acknowledge that discriminatory and racist behaviours exist towards some seldom heard groups including Travellers, LGBTI+ and migrant/asylum seeker communities which is documented in the Irish context. These experiences, along with low levels of social connection and integration, may limit people's agency and self-esteem, which in turn may impact their engagement in society and ultimately their health and wellbeing.

Additionally, workers engaging with seldom-heard groups need to be aware that the members of these groups may face a multitude of barriers in society that can prevent them from

1. Ranjbar et al (2020). Focus 2020; 18:8-15; doi: 10.1176/appi.focus.20190027

engaging positively. For instance, they may have low educational attainments or may not be proficient in English; they may have difficulties accessing meetings due to poor transport, lack of economic resources for digital engagement or challenging living environments.

Workers involved in engagement must create environments or opportunities that break down as many barriers as possible so that everyone can engage constructively with health services. While it is not always possible to tackle these circumstances, being aware of them can help staff and facilitators to be more empathetic towards these communities and therefore improve engagement and access for seldom heard groups.

Engaging with seldom-heard groups and minority communities, including Travellers and Roma, LGBTI+, refugees, migrants and people seeking international protection, requires respecting community protocols, beliefs, and cultural practices and creating an environment that is safe for members of these communities to engage and display vulnerability around their health concerns.

To foster mental health engagement, it is crucial to embed an ethos of cultural safety and humility that is free from prejudice. This requires a critical self-reflection process from all staff about their own unconscious bias and cultural awareness about different minority groups. It also requires interpersonal respect and curiosity to understand the cultural practices of minority service users and how they may impact their meaningful engagement.

Tips for getting started with seldom-heard groups

1.

Building an awareness of trauma-informed principles. Training in trauma-informed care will ensure that all staff has an awareness of trauma, can provide opportunities to collaborate, practice with consistency and continuity, build trust and prioritise good mental health for all people with lived experience.

2.

Holding engagement activities in culturally appropriate venues, at convenient times, and in ways that are comfortable for that community to participate; as well as being mindful of important cultural days, events, and ceremonies relevant to specific groups or communities.

3.

Creating multilingual communication materials in ways that will help people to understand the issues and express their views, such as different language formats, easy English, audiovisual and pictorial aides, face-to-face meetings and engaging bi-cultural interpreters if required.

4.

Connecting with community networks, recognising that ethnic and religious differences exist within the same community or country of origin and may result in the formation of many different groups within a community.

5.

Allowing time for leaders to increase the participation of community members, for trusting relationships to grow and for information to circulate.

6.

Host gender-sensitive engagement opportunities.

7.

Vary mental health engagement methods.

Examples of working with seldom-heard groups

Partnering with organisations that engage with culturally and linguistically diverse backgrounds, including those who recently arrived as refugees, is a key strategy to foster engagement with members of these communities. For example, MHER has started to collaborate with LGBT Ireland, Mental Health Service Coordinators for Travellers, Cairde and Women's Groups to include these important perspectives in the improvement of the engagement process.

Travellers

Type of Engagement: Involvement

The **Traveller Mental Wellness Continuum** study was conducted by the Health Promotion Research Centre, University of Galway, in collaboration with the network of HSE Mental Health Service Coordinators for Travellers and the Offaly Traveller Movement. This research project was co-funded by the National Office for Suicide Prevention and MHER. It aimed to collect the views of Travellers on the factors and strategies needed for them to achieve optimal mental well-being and on the meaning of culturally appropriate services from the perspective of the community.

The study employed 17 Traveller Peer Researchers who conducted workshops and interviews in 10 counties across Ireland with members of their community. One Traveller Research Assistant was also employed to help the research team in the data analysis. This project had a strong Public Patient Involvement (PPI) component as members of the group that was being investigated were involved in all the stages of the research.

The following quote from the study speaks to the importance of working directly with members of the Traveller community to improve services.



Listening to the Traveller community and designing services with the Traveller community and not for the Traveller community. I think then only will we be able to tackle this problem of mental health.²

Signpost: Offaly Traveller Movement, Network of HSE Mental Health Service Coordinators for Travellers.

2. Villani, J., Kuosmanen T., McDonagh M., Barry, M.M. (2023) Traveller mental Wellness Continuum: A qualitative peer research study of Travellers' views. Health Promotion Research Centre, University of Galway.

LGBTI+

Type of Engagement: Consultation

Mental Health Reform (MHR) conducted a large survey of people who accessed mental health services. In the analysis of the data, MHR noted that 19% of the cohort identified with the LGBTI+ community so MHR secured funding and worked in partnership with specialist organisations to further analyse the data for this specific cohort.

The Mental Health Reform report *My LGBTI+ Voice Matters*³ highlights potential disparities between the experiences of LGBTI+ and non-LGBTI+ mental health services users. It found that disparities are likely due to the additional issues and challenges faced by LGBTI+ mental health service users, not least a perceived lack of LGBTI+ competence and sensitivity among some mental health service providers. Many steps can be taken but, at a minimum, building the capacity of mental health service providers through education and training, coupled with regular consultation with LGBTI+ mental health service users to evaluate progress, is key to the delivery of LGBTI+ competent and sensitive mental health services that meet the needs of LGBTI+ people. It is important to co-design some mental health engagement activities with a trusted LGBTI+ community group or organisations.



The threat [is] the kind of the lack of mental health professionals that have knowledge on our community because there's a lot of unintended-like, unintended issues, that can arise from people making assumptions about a community rather than listening or, you know, being kind of, like, patient-informed.

P06 FG2

Signpost: Mental Health Reform LGBT Ireland

3. <https://www.mentalhealthreform.ie/my-voice-matters/>

Women

Type of Engagement: Consultation

MHER worked with Mental Health Reform to engage with over 300 women in nationwide consultations to ascertain 1) what their mental health services experiences were like and 2) what impact perimenopause and menopause have on their mental health.

The consultation approach used was the Recovery Conversation Café (learn more in the *Guide to Mental Health Engagement Methods* [here](#)) as well as an online survey. The in-person Recovery Café Conversation is appreciative in style asking participants to discuss what's working, what would make it a better experience for you and how could services and supports be improved? The survey followed the same thread of questioning.

The insights gathered from these reports and others (for example, the National Women's Council report on gender-sensitive mental health care⁴) helped MHER to understand how rich the feedback is when gender sensitivity was employed. The information was shared with the Women's Health Taskforce.

The reports on the Women's consultations can be found [here](#).

Signpost: [National Women's Council](#)

4. https://www.nwci.ie/images/uploads/NWC_GenderSensitiveMHReport_V3_%281%29.pdf



Migrant Groups

Type of Engagement:
Co-design

MHER co-designed a proposal with CAIRDE, aimed at creating a *National Mental Health Engagement structure for People with Ethnic Minority background*. This project proposal aims to strengthen engagement with members of minority ethnic groups in Ireland making sure that the perspectives of seldom-heard groups are recorded and valued to make the mental health services more suitable for these communities. One of the outputs of the proposed MHER-CAIRDE collaborative project is a report with a recommendation to create more culturally appropriate mental health services which aligns with *Sharing the Vision* Recommendation 61.

Signpost: CAIRDE is an NGO working to tackle health inequalities in Ireland.



The project addresses a significant gap by capturing the voices of a previously underrepresented cohort within the office of MHER. It facilitates the inclusion of lived experiences, allowing for valuable insights to improve the design, delivery, and evaluation of services for this specific group of people.

- CAIRDE proposal

Young People

Type of Engagement:
Consultation

MHER commissioned two external community organisations that have strong youth expertise to consult with young people and their parents and guardians about mental health engagement. Spun out surveyed young people online who had experience of using mental health services and the Children's Rights Alliance used both focus groups and an online survey to gather the perspectives of parents and guardians among their membership.

These insights led to the co-design of a pilot for developing Mental Health Engagement in Children and Youth Services with Foroige and a Children and Youth Mental Health Service in the Dublin North East Regional Health Area.

Signpost: spun out Children's Rights Alliance Foroige

Ideas for improved engagement from young people include:

"Holding regular interactive conferences in which young people can voice their experiences in real time to the people of CAHMS"

"Online works, group discussions allow for slight anonymity and once one person makes a point it may be easier for others to develop that point. I think speaking to your therapist directly about how they lack as a therapist often causes tension"

"Maybe a town hall like event"

(spun out report for MHER, 2023)

Taking Action:

Ideas for getting started

This is a template for an Action Plan to enhance engagement with seldom-heard groups. The plan has a list of suggested actions that can support the development of enhanced mental health engagement opportunities with seldom-heard groups. It is a starting point to think about what the opportunities and potential barriers are, with some mitigating suggestions. Please feel free to add, amend, or change as you see fit.

Action	Risk	Mitigation suggestion
Map the organisations in your area that are led by or represent people whose voices are seldom heard	<ul style="list-style-type: none"> • Time • Lack of community knowledge 	<ul style="list-style-type: none"> • Partner with/source information from a community development organisation or your Local Community Development Committee (LCDC)
Create a contact list for invitations to Mental Health Engagement activities in your regional health area	<ul style="list-style-type: none"> • Contacts change regularly 	<ul style="list-style-type: none"> • Plan an annual review of the contact list • Liaise with your local HSE Social Inclusion Team
Establish a relationship with key contacts	<ul style="list-style-type: none"> • Difficulty establishing trust and understanding 	<ul style="list-style-type: none"> • Offer an education session about mental health engagement to community groups
Co-produce a list of accommodations necessary to fully engage with groups	<ul style="list-style-type: none"> • May not be able to meet all accommodations (such as translator, environment, gender specific groups etc) 	<ul style="list-style-type: none"> • Seek support from the National Office of Mental Health Engagement and Recovery (MHER) • Be transparent about the challenges you face and co-design solutions together
Promote engagement opportunities at culturally specific events	<ul style="list-style-type: none"> • Community may not be receptive to promotion during these events 	<ul style="list-style-type: none"> • Create a calendar of events and reach out to your established contact in advance of an event to see if there is an appropriate opportunity to engage at some of these events
Educate yourself and others about Intercultural Awareness		<ul style="list-style-type: none"> • Intercultural e-learning programmes and 'Introduction to Traveller Health' can be accessed on HSELand

For an easy to print Action Plan template see **Appendix 3.**

Appendices

Appendix 1: Seldom-heard Groups

'Seldom-heard' is a term used to describe people who have fewer opportunities to engage/or who encounter more obstacles when attempting to engage, including but not limited to:

- > experiencing domestic abuse
- > from a minority ethnic background
- > homeless or at risk of losing their home / living in temporary / unsuitable accommodation
- > in hospital (with mental health challenges)
- > lesbian, gay, bisexual, transgender + (LGBT+)
- > living in poverty
- > living in rural isolation
- > living with mental health challenges
- > living with addiction
- > living with strained family relationships
- > persons with physical and intellectual disabilities
- > refugees and asylum-seekers
- > Travellers
- > unemployed

Appendix 2:

Trauma-informed Practice (TIP)

'Trauma-informed Practice' is a model that is grounded in and directed by an understanding of how trauma exposure can affect a service user's neurological, biological, psychological and social development.⁵ TIP is applicable across all sectors of public service including mental health engagement. Trauma can inform how people present and engage with services. The processes entailed by this engagement, such as listening, understanding and responding, are not unique to trauma-informed practice but synonymous with good practice in any service, in any setting.

Key principles of trauma-informed practice:

- 1. Safety** – efforts are made to ensure the safety of clients and staff.
- 2. Trustworthiness** – transparency in policies and procedures, with the objective of building trust among staff, clients and the wider community.
- 3. Choice** – clients and staff have meaningful choice and a voice in the decision-making process
- 4. Collaboration** – recognise the value of staff and clients' experience in overcoming challenges and improving the system as a whole.
- 5. Empowerment** – efforts are made to share power and give clients and staff a strong voice in decision-making

5. <https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/>

Appendix 3:

Action Plan Template

Action	Risk	Mitigation suggestion	Notes
Map the organisations in your area that are led by or represent people whose voices are seldom heard	<ul style="list-style-type: none"> • Time • Lack of community knowledge 	<ul style="list-style-type: none"> • Partner with/source information from a community development organisation or your Local Area Development Committee (LADC) 	
Create a contact list for invitations to Mental Health Engagement activities in your regional health area	<ul style="list-style-type: none"> • Contacts change regularly 	<ul style="list-style-type: none"> • Plan an annual review of the contact list • Liaise with your local HSE Social Inclusion Team 	
Establish a relationship with key contacts	<ul style="list-style-type: none"> • Difficulty establishing trust and understanding 	<ul style="list-style-type: none"> • Offer an education session about mental health engagement to community groups 	
Co-produce a list of accommodations necessary to fully engage with groups	<ul style="list-style-type: none"> • May not be able to meet all accommodations (such as translator, environment, gender specific groups etc) 	<ul style="list-style-type: none"> • Seek support from the national Office of Mental Health Engagement and Recovery (MHER) • Be transparent about the challenges you face and co-design solutions together 	
Promote engagement opportunities at culturally specific events	<ul style="list-style-type: none"> • Community may not be receptive to promotion during these events 	<ul style="list-style-type: none"> • Create a calendar of events and reach out to your established contact in advance of an event to see if there is an appropriate opportunity to engage at these events 	
Educate yourself and others about Intercultural Awareness		<ul style="list-style-type: none"> • Intercultural e-learning programmes and 'Introduction to Travellers Health' can be accessed on HSEland 	



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