

# Good Practice for Mental Health Engagement



HSE  
Mental Health  
Engagement  
& Recovery



# Contents

<b>Introduction</b>	<b>3</b>
<b>Good Practice Examples in the HSE</b>	<b>6</b>
<b>Inform:</b>	<b>7</b>
<b>Educate:</b>	<b>8</b>
<b>Consult:</b>	<b>10</b>
<b>Involve:</b>	<b>13</b>
<b>Co-design:</b>	<b>16</b>
<b>Co-produce:</b>	<b>18</b>
<b>Lived Experience-led:</b>	<b>20</b>
<b>Community Collaborations for Mental Health Engagement and Innovation</b>	<b>21</b>
<b>National Mental Health Engagement Projects</b>	<b>24</b>
<b>Appendix</b>	<b>27</b>

## Glossary

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<b>AMHS</b>	Adult Mental Health Services
<b>CAMHS</b>	Children and Adolescent Mental Health Services
<b>HSE</b>	Health Service Executive
<b>MHER</b>	National Office of Mental Health Engagement & Recovery
<b>NFMHS</b>	National Forensic Mental Health Service
<b>NGO</b>	Non Governmental Organisation
<b>PWLE</b>	People with Lived Experience (of using Mental Health Services)
<b>RHA</b>	Regional Health Area

# Introduction

**This document supports and complements the *Mental Health Engagement Framework 2024 - 2028*.**

**Good Practice for Engagement can involve a single or a combination of a few of the activities described in the engagement diagram (see diagram below). One activity for engagement can move back and forth across the diagram depending on the individuals involved or the nature of the activity. For example, if a group of people are asked to co-design a project but get stuck, they may request to be educated on the method of co-design and then return to the design process. Due to the natural power imbalances between people who use services and people who provide services, some practice and learning may have to occur for all parties to be fully invested and skilled at co-production which is an equal and reciprocal process.**

It is important to be aware that engagement has to start somewhere and that every type of engagement has value with the ideal long-term aim of moving towards co-production in mental health services. This document will explore what those combinations might look like as well as provide some concrete examples from mental health services and their allies.



### **Case Study (combination):**

A hospital manager tells their staff and people who use their services that they have received funding for a new mental health wing (**inform**), the staff is provided with a talk by the architect, they are shown drawings and asked to consider the pros and cons of these (**educate**). Then the staff host a session with people who use their services and ask for feedback on these plans, the feedback is brought back to the architects (**consult**), and the architects request that a group of interested people with lived experience join their design team once per month to support decision-making (**involvement**). It is noted by this group that an entire portion of the wing has no natural light or seating area so the group is invited to re-design the space with the architect (**co-design**).

## Irish Mental Health Services

Examples of Good Practice for Mental Health Engagement have been gathered from across the mental health services in Ireland. Within this document are a few examples to inspire decision-making on the mental health engagement journey.

Remember there is a guide with ideas for engagement methods provided by the National Office of Mental Health Engagement and Recovery (MHER) that can be found [here](#).

It is realistic to acknowledge that not all stakeholders are ready to work this way and that sometimes with new initiatives we may need to start with information provision and work towards co-production. There are challenges to co-production in that it is difficult to establish a transparently equal and reciprocal relationship within a hierarchical system, with historical wounds and additional power imbalances due to as yet unresolved remuneration or other challenges.

MHER recognises the value of lived experience expertise. In the current environment (2024) where remuneration for engagement activity is not yet available, the MHER Office offers alternative value in exchange for expertise. This includes, but is not limited to, training opportunities, supervision, and support. For more information contact [mhengage@hse.ie](mailto:mhengage@hse.ie)

We have endeavoured to categorise examples of engagement activity that we have gathered according to their point on the Mental Health Engagemnet diagram (p.4). As you will see most initiatives have a mix of the different types of engagement.

# Good Practice Examples in the HSE



# Inform:

**Provide information to people, let them know what has been decided and what is going to happen.**

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## Project

### Staff Information Sessions

**RHA:** HSE Dublin and South East

**Objective:** It is a simple introduction to the concepts and to the national and regional structures for engagement and recovery.

**Description:** These sessions are jointly delivered by the Area Lead for Engagement and the Recovery Coordinator.

**Outcome:** An informed staff team who understands where to start and improve their engagement and recovery activities.

# Educate:

**Provide opportunities to learn more about plans, proposals, and processes to assist people to understand problems, alternatives and solutions.**

## Project



**Note:** Nominated for an HSE Excellence Award.

The booklet can be found [here](#)

## CAMHS Made Simple Booklet

**RHA:** HSE Dublin and North East

**Objective:** To decrease apprehension and make young people and their parents or guardians more comfortable and knowledgeable about their journey through the Child and Adolescent Mental Health Services (CAMHS).

**Description:** This project was developed by staff. A booklet describing child and adolescent mental health services was sent out to people after their initial assessment appointment. Young people who use the services were asked to contribute artwork to the booklet.

It was created to increase young people, parents, and guardians' understanding and awareness of the local CAMHS.

**Outcome:** Provided a straightforward understanding of what CAMHS services are, how to access the service, and what to expect.

**Measure of effectiveness:** A baseline survey was distributed to all teams to assess the impact of the booklet on increasing awareness of CAMHS amongst young people, parents, teams and stakeholders. Results are being analysed.



## Project

# Understanding Acute Mental Health Services

**RHA:** HSE Mid West

**Objective:** To increase familiarity with services, to broaden understanding of acute services in the Midwest.

**Description:** This project was co-produced by the **Midwest ARIES** recovery education team at the request of family members and people with lived experiences of mental health services.

**Outcome:** Created an accessible award-winning module that arms participants with practical useable knowledge of how local services work and reduced the stigma around services at the same time.

**MID WEST ARIES**  
Recovery & Well-Being Education

**FREE ONLINE COURSE**  
**Understanding Acute Mental Health Services**  
for Families, Carers & Supporters

This course provides families, carers and supporters with everything they need to know about their loved one's admission to an Acute Psychiatric Unit.

**AVAILABLE NOW 24/7**  
Learn Your Way

**EASY TO ACCESS**  
WITH SIZE LESSONS

**SCAN ME**

**LEARN**  
on Your Own Time  
At Your Own Pace

**Click & Go**  
<https://www.gov.ie/en/understanding-acute-116>

**Learn**

**01 Practical Information**

- Walk through the acute psychiatric unit, University Hospital Limerick
- Meet the people who work there
- How admission works
- Inpatient facilities
- Care Planning
- Getting ready for discharge

**02 How You Can Support Your Loved One**

- Information sharing & confidentiality
- Supports & resources

**03 How You Can Support Yourself**

- Self-care
- Family Recovery
- Hear from others supporting their loved ones

**HSE** **FREE MID WEST RECOVERY EDUCATION INITIATIVE** **HSE Mid West Recovery Education Initiative**

**HSE** Mental Health Engagement & Recovery

A Mid West ARIES Recovery Education Initiative  
Course content: Margaret O'Shea,  
Education Training & Development Officer  
Email: [margaret.oshea@hse.ie](mailto:margaret.oshea@hse.ie)

# Consult:

**Obtain feedback on plans, proposals, and processes that may influence current and future decisions and assist with the development of alternative solutions.**

## Project

### Recovery Consultation Panel

**Service:** National Forensic Mental Health Services (NFMHS)

**Description:** A representative group of service users meet monthly with service leaders regarding initiatives under development. Projects that the service users have consulted on include the Patient Information Booklet and improving the quality of catering. Community Meetings: Once a month service users from each ward partake in a forum to provide feedback on the quality of services. Information from each of the ward community meetings is collated and themes are derived that prioritise the direction of the Recovery Consultation Panel.

## Project



This survey was co-produced by a team of people with lived experience of using and working in mental health services.

### My Experience – a co-produced survey of mental health services

**RHA:** HSE Dublin South East co-hosted the pilot study with MHER

**Objective:** To gather online feedback, to compile a report for the Mental Health Services Executive Management Team with recommendations for service improvement.

**Description:** MHER and HSE Dublin South East commissioned a co-produced engagement survey. A co-production team was formed and led by a family member in a paid role working on this project. The membership consisted of people with lived experience of services, people with lived experience of services from a seldom-heard voices cohort, people with lived experience working in mental health services, and mental health service staff. The group met

and formulated a lengthy questionnaire that covered Primary Care as well as Mental Health Services, Recovery education and mental health engagement functions.

Service Users, Family members, Carers & Supporters, and Staff employed by the HSE were then invited to participate in the survey to give feedback on their experience of using the service, supporting someone using the service, or providing the service. A QR code for the survey was shared via email lists (permissions obtained), and posters in all relevant clinical and education settings.

**National Outcome:** A co-produced survey that can be rolled out regionally and/or nationally. Email [mhengage@hse.ie](mailto:mhengage@hse.ie) for more information.

**Local Outcome:** An Executive Management Team that can create and implement an informed service improvement plan informed by all stakeholders who engage with their services.

**Notes for future use:** The key benefit is “being heard” and hopefully from the actions taken an improvement in delivered services. Where feedback was positive, this should also be fed back to staff to recognise good practice where it exists. Close the feedback loop! Communicate publicly any actions taken by the Executive Management Team via an engagement newsletter or public meeting.



A version of the survey can be previewed by clicking on the link below or by scanning the QR code.

<https://www.smartsurvey.co.uk/s/MyExperienceCH0/>

## Project



**Note:** Great example of a local service improvement process!

## Weekly Admissions Unit Feedback Group

**RHA:** HSE West and North West

**Objective:** Continuous feedback loop to improve service user experience of mental health services.

**Description:** This project facilitates a weekly feedback group to improve practice, improve experience, and learn from the lived experience of service users. Changes are made by the Business Group. The group offers an opportunity for minor complaints to be voiced which are documented in a minor complaints log and actioned and closed out by nurse management on the ward. It also acts as an opportunity to review schedules for recreational activities and adjust them according to the current client profile. It is also a space for communicating changes made or upcoming challenges to address, for example, Covid-19 policy and practices. Residents also raise items that are fed back to other disciplines such as groups on offer.

**Outcome:** Real time local feedback and action and reaction based on current service user group's needs. Changes include simple examples of comfort, for example, providing more bins, and redesigning the dining area to eliminate a feeling of intrusion. Other service changes include involving services in the redesign of the resident's induction pack and a family leaflet. Service users highlighting the need for community connection and recovery information resulted in the inclusion of a social prescribing initiative and the development of a recovery education programme.

# Involve:

**Work with people throughout a process to ensure their concerns and opinions are included in the decision-making process and in the development of solutions.**

## Project

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### Enhancing Outpatient Department (OPD) Appointment Letters

**RHA:** HSE West and North West

**Objective:** Make OPD appointment letters more informative with links to the RHA [choiceandmedications.org/Ireland](https://choiceandmedications.org/Ireland) website and a Careopinion forum.

**Description:** These projects came out of discussions between representatives of the Local Area Forum and the Area Mental Health Management Teams. The population engaged were service users of the Sligo Leitrim Mental Health Service (SLMHS) who attend OPD clinics (catchment population 109,000). There has been much discussion and feedback to and from Local Area Forum throughout the process.

**Outcome:** Service users are signposted to access independent information about psychotropic medications and are encouraged to give feedback about their experiences, both good and bad, through Careopinion. The mental health management team then make the changes.

## Project

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### Distribution of medication fact sheets at appointments

**RHA:** HSE West and North West

**Objective:** Ensure that service users have independent information regarding medications available to them at the point of meeting with a doctor to discuss options for prescribing.

**Description:** The information given is printed from the [choiceandmedications.org/Ireland](http://choiceandmedications.org/Ireland) website for their appointment and is in easy readable language.

**Outcome:** Service Users are given independent information about psychotropic medications and are encouraged to consider the information and address any queries or concerns to the doctors or other management team members.

## Project

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### Bespoke pamphlet for guidance on what to expect at an appointment

**RHA:** HSE West and North West

**Objective:** Inform service users about what to expect and how to prepare for an appointment. Hopefully, reducing any fear of the unknown and anxieties.

**Description:** Through collaboration with users of the outpatient clinics and the local lived experience forum a document was produced and refined before approval changes were signed off by the Area Management Team and implemented by secretaries.

**Outcome:** *“Working with a cross-sectional group towards improving Service User experience in Mental Health services has been a rewarding experience and one which is proving to be pivotal in my recovery journey.”* - Forum member

## Project

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### Carers Event

**Service:** National Forensic Mental Health Services (NFMHS)

**Objective:** The event was an information exchange event and a networking opportunity for carers.

**Description:** A conference hosted by the NFMHS to give carers a greater opportunity to get involved in service design and delivery.

The day began by providing information about development and innovation within the service. As the day progressed carers provided feedback about their experiences of engaging with the service. The closing event involved staff and carers collaborating on solutions to the challenges that carers face.

**Outcome:** Evaluation underway.

## Project

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### Dochas Service Engagement Process

**RHA:** HSE West and North West (Sligo, Leitrim)

**Objective:** Service improvement process based on feedback from people with lived experience.

**Description:** The Dochas Clubhouse<sup>1</sup> members were engaged in a multi-layered engagement process to identify matters arising within the service, a report was then co-designed and endorsed by Dochas members.

**Outcome:** The Dochas Report recommendations are a standing item on the joint Local Forum-Area Management Team. Its recommendations are informing the search for new premises and the future direction of the service.

## Project

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### Bespoke booklet on community-based Mental Health supports for GPs and Primary Care

**RHA:** HSE Dublin and North East

**Objective:** Improve GP and primary care knowledge of and referral to, relevant community-based mental health services/resources.

**Description:** In response to a request from the local lived experience forum, staff put together a working group to strengthen the pathways to, and referrals from, primary care/GPs to community-based services.

**Outcome:** Improved efficiency and effectiveness of referrals to community-based support for mental health presentations in primary care. Increased likelihood of patients being referred to community-based services from primary care.

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1. The Dochas Clubhouse is a resource for people experiencing mental ill health, supporting members to access employment social, and other opportunities (Sligo).

# Co-design:

**Identify and create a plan, initiative, or service that meets the needs, expectations, and requirements of all those who participate in, and are affected by the plan.**

## Project



**Important to note:** This booklet is not yet available because the carers group did not approve the first draft, a second draft is currently under review by the collaborators. This is a true sign of reciprocal respect between the collaborators!

## Project

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### **An information toolkit for carers, family and friends**

**RHA:** National Forensic Mental Health Services

**Objective:** To provide a comprehensive understanding of the NFMHS for carers of people using the service.

**Description:** This project was a collaboration between social workers and carers. The group co-designed a toolkit for carers.

**Expected Outcome:** Increased knowledge and understanding of the service to support their role as carers.

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### **Photovoice**

**RHA:** HSE Dublin and Midlands

**Objective:** To capture the experiences of people with lived experiences (PWLE) and staff who live and work in HSE residences. To engage with different perspectives, as part of a programme to improve service provision, based on the insights shared.

**Description:** This is a project involving approximately 100 PWLE living in 24-hour supported accommodation. They are a group of service users who sometimes experience difficulty communicating their needs or advocating for themselves. PhotoVoice is a



methodology in which everybody has the opportunity to represent themselves and tell their own story. The project is tailor-made participatory photography for socially excluded groups. **Photovoice.org** worked in partnership with the Service Improvement Team to provide training on this method.

Photovoice will contribute to a larger service improvement piece, which will use the images and stories as a starting point for further engagement. The information gathered will be used to inform service provision and is governed by the multi-perspective Service Improvement Group.

**Outcome:** This is an ongoing process. The overall project is to support service improvement particularly to move towards alternative living environments and away from congregated settings. The project can be viewed **here**.

Feedback from the people with lived experience and staff who have taken part in the project so far has been overwhelmingly positive. This will be part of a larger project, its effectiveness will be measured by the change it brings about.



# Co-produce:

**Implement, deliver, and evaluate supports, systems, and services, where consumers, carers, and professionals work in an equal and reciprocal relationship.**

## Project



### **An example of a Passport from Mind UK**

<https://www.mind.org.uk/media-a/4449/template-transition-passport-moving-to-adult-services-2020.pdf>

## Passport CAMHS to AMHS

**RHA:** HSE Dublin and North East

**Objective:** The passport provides information about a young person's healthcare requirements and can be used as a way to communicate their story when moving to Adult Mental Health Services (AMHS).

**Description:** Developed through the Dublin City University *Co-operative Learning: Service Improvement Leadership for Mental Health Service Users, Carers and Service Providers* course. This project was co-produced by young people with lived experience, key workers, and clinical teams in CAMHS.

**Outcome:** The passport is available across CAMHS and is used by clinicians and young people as they prepare to transition to Adult Mental Health Services, contributing to both service user empowerment and improved awareness of health requirements.

## Project



**Important:** An external evaluation was completed after the first operational year of Galway Community Café. The external evaluation suggests the service is a critical and a core support to a range of individuals on a continuum from emotional distress to active suicide intention.

## Community Café Galway City<sup>2</sup>

**RHA:** HSE West and North West

**Objective:** Establish a Crisis Alternative Community Café

**Description:** The project serves the population of Galway City. As part of service reform taking place across Mental Health Services, all stakeholders identified the need to change the way services provide to people out of hours who may be in crisis. The Galway Community Café is a free out-of-hours adult mental health service designed and provided by people with lived experience of mental health challenges. The Café was designed and delivered by family members, service users, and carers in co-production with the HSE, community partners, and Mental Health Ireland.

**Outcome:** An alternative option to the A&E Department of Galway University Hospital when a person may be experiencing a crisis with their mental health. It provides a safe space to talk and listen. <https://galwaycommunitycafe.ie/>

## Project



Strategic Priority 1 of the strategy is **Person Centred Care** and includes:

***Value and affirm the lived experience and expertise of individuals to co-produce care planning.***

## Galway Roscommon Mental Health Nursing Services Strategy 2022-2027: leading the way forward - advancing a professional co-produced recovery service

**RHA:** HSE West and North West

**Objective:** Galway Roscommon's first co-produced mental health nursing strategy.

**Description:** The Mental Health Area Engagement Lead supported the engagement of people with lived experience and their families, carers, and supporters to inform the above strategy. Focus groups and engagement with forum members were co-facilitated regularly and fed back to the strategy group to ensure the strategy reflected the needs of the community.

**Outcome:** A working strategy that has been fine-tuned to meet the priorities identified by the community it serves. You can find it [here](#).

2. This project combines the characteristics of Co-production and Lived Experience-led in the Mental Health Engagement

# Lived Experience-led:

**People with Lived Experience lead their own decisions, solutions and activities, and may collaborate or seek support in doing so.**

Examples of peer-led organisations that operate outside Irish mental health services include:

**Better Together**

**Gateway Mental Health Project Dublin**

**Kerry Peer Support Network**

**Tipperary Involvement Centre**

**Solace Cafe project Cork**

# Community Collaborations

## for Mental Health Engagement and Innovation

**In this chapter we share some innovative mental health engagement activity that involves services and NGOs working together.**

### Project

#### Online Traveller Peer Mental Health Forum

**RHA:** HSE West and North West

**Objective:** To bring the community together to have their voices heard; share their fears and concerns about the pandemic and their mental health.

To collectively provide support for each other.

To break down barriers of stigma and fears about mental health and mental health services.

**Description:** The Traveller Mental Health forum went online during the COVID-19 pandemic to provide enhanced mental health support, advice and guidance to and from the Traveller Community.

The online format encouraged more Travellers to engage. The sessions addressed the expressed fear about accessing services. Information about training and development for Traveller Community and service providers was shared.

**Outcome:** Improved engagement with and trust in services. Improved understanding of mental health challenges. Improved access to information and training. Understanding changes. People with lived experience of mental health services from the Traveller Community and service providers starting to make changes together.

## Project

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### Wicklow Wellbeing Website and Boards

**RHA:** HSE Dublin and the South East

**Objective:** To raise awareness of the mental health and wellbeing supports available to everyone within County Wicklow. Webpage/board posters in a number of GAA Health Clubs in Wicklow.

**Description:** A collaboration between HSE Mental Health Engagement, Mental Health Ireland, and the GAA resulted in a mental health support website page for the area.

**Outcome:** The website below provides contact details for the 24/7 national crisis helplines on the boards, 'Numbers When You Need Them' support services.

<https://officialwicklowgaa.ie/supportsinwicklow/>

## Project

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### Coffee and Connection online

**RHA:** HSE Mid West

**Objective:** To promote social connection and counteract the negative impact of reduced opportunities during the pandemic, as requested by people with lived experiences of the services.

**Description:** The Area Lead for Mental Health Engagement coordinated and hosted an informal online group meeting for mental health service staff, area forum and local forum members. Staff promoted the weekly meeting within the service and local service providers. The agenda was decided by the attendees

through weekly feedback. The host guides the meeting to maintain an open, informal structure for all attendees to be engaged.

**Outcome:** The online gathering provided a regular opportunity to connect virtually, and share conversation and connection. Attendees from the acute unit and community residences reported that they looked forward to the meetings. The informal structure allowed creative expression and included open chats, poetry reading, songs, and story-telling.



# National Mental Health Engagement Projects

**In this chapter we share two examples of Mental Health Engagement facilitated by the National Office of Mental Health Engagement and Recovery in collaboration with external and internal stakeholders.**

## Consultation

### Project

#### What Women Said, What Women Want

**Objective:** To gather women's perspectives on their experience of mental health services and the mental health impact of menopause and perimenopause.

To share the information with Mental Health Services and the Public to influence change.

**Description:** A nationwide consultation was hosted and co-facilitated in public spaces by the MHER Office and Mental Health Reform (MHR). Methods used include in-person sessions in Galway and Kilkenny, a nationwide online facilitated consultation, and a survey disseminated online by Mental Health Reform with the support of the Women's Mental Health Network.



**Outcome:** The two reports **Women’s Experience of Mental Health Services** and **Exploring the Mental Health Impact of Menopause and Perimenopause** were launched by the Minister for Mental Health & Older People, published on the HSE MHER and MHR websites, shared with the Women’s Health Taskforce, and shared at a National Women’s Council Event on Gender-Sensitive Care. Subsequently, a booklet on **Menopause and Mental Health** inspired by these reports was produced by Mental Health Ireland.

## Project



*“The range of skills, expertise and experience of the working group combined, created something special, not just a product. Working in a co-productive process may take a little longer but where it leads can be transformative.”*

Process facilitator

# Co-Production

## Recovery Principles and Practice

**Objective:** To meet what is asked in Recommendation 29 of *Sharing the Vision* Mental Health Policy:

*“Further training and support should be put in place to embed a recovery ethos among mental health professionals working in the CMHTs as well as those delivering services elsewhere in the continuum of services.”*

To review and re-design the existing Recovery Principles and Practice Module 1 (2016) to support the promotion and implementation of the National Framework for Recovery in Mental Health.

**Description:** A national co-production working group for this project was established by the MHER Office. The full membership consisted of those with personal lived experience, family member experience and service provider experience as well as partners in recovery education. All members of the group were actively involved in the co-production and co-facilitation of recovery education programmes across mental health services. The group met four times for full-day sessions to co-produce a new Recovery Principles and Practice workshop/module.

**Outcome:** The co-production working group created a Recovery Principles and Practice workshop for staff in mental health services that offers opportunities for reflection, discussion, and creativity to cultivate and to be put into practice by individuals, teams, and the organisation. The workshop will support a recovery-focused culture embedded in everything we do and say in mental health services.

# Other examples of mental health engagement work

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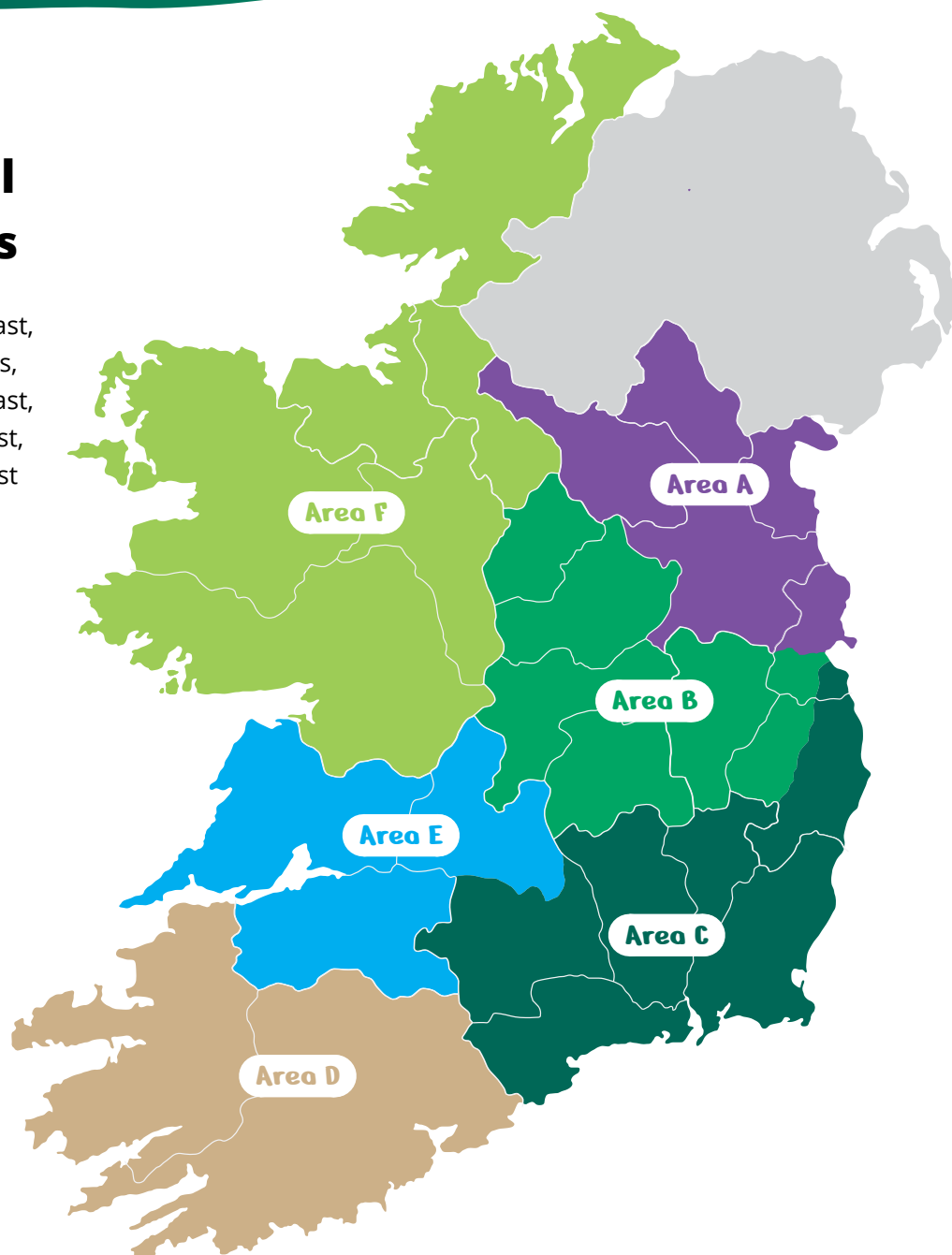
Case Studies from other jurisdictions can often inspire new creative solutions to problems and new ways of working.

MIND, a mental health charity in the UK shares a number of participation case studies on its website [here](#).

# Appendix

## HSE Regional Health Areas

HSE Dublin and North East,  
HSE Dublin and Midlands,  
HSE Dublin and South East,  
HSE South West Mid West,  
HSE West and North West





**National Office of Mental Health  
Engagement and Recovery**

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