

GUIDE

Mental Health Engagement Methods



HSE
Mental Health
Engagement
& Recovery



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Foreword

We are delighted to present this guide as a significant support for the application of mental health engagement.

The Enhancing Engagement Steering Group and Project Manager of the Framework and its support guides completed extensive research and consultation to bring this table of options together. Some options are well worn and proven to work well and others are new ideas we have developed or included because they work well elsewhere. We have also added examples from some of our NGO partners.

We hope that the guide and its partner documents will support everyone who is interested in mental health engagement to get involved in a way that works best for them.

The National Office of Mental Health Engagement and Recovery

Glossary

MHER	Mental Health Engagement and Recovery Office
HSE	Health Service Executive
PWLE	People with Lived Experience (of using Mental Health Services)
WHO	World Health Organisation
TOR	Terms of Reference
LMT	Local Management Team
EMT	Executive Management Team
AMT	Area Management Team

The background story

Introduction to this Mental Health Engagement Methods Guide

The *Mental Health Engagement Methods Guide* is a complementary document to the *Mental Health Engagement Framework*. It has been developed by the National Office of Mental Health Engagement and Recovery (MHER) with a multi-stakeholder steering group. It will support people interested in mental health engagement to explore the different engagement methods that work best for them. The methods range from minimal involvement in a public or clinical setting to a sustained involvement through volunteer panels or forums. It also signposts to existing useful materials co-produced by other organisations.



Note: MHER recognises the value of lived experience expertise. In the current environment (2024) where remuneration for volunteer 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

Mental health engagement activity is for the purpose of continuously improving our mental health services. As such, engagement methods are ways that we can learn from, and with, people who use our mental health services, their families, carers and their supporters. We also learn from vital staff perspectives and other mental health agencies to enhance engagement skills and to promote service-user staff partnerships that can lead to improved services.

The guide itself supports and encourages the practice of mental health engagement, it puts the theory of engagement into practice. It can build capacity and confidence for both facilitating and being involved in mental health engagement activities. It can support engagement to happen incrementally and imaginatively and lends itself to improved practice for existing participants and practitioners.



Purpose of Mental Health Engagement

The purpose of mental health engagement is to improve mental health services by working in partnership with people with lived experience of those services.

This guide offers support for anyone interested in implementing the framework. The long-term impacts of strong mental health engagement activity are better mental health outcomes for individuals due to improved services that are satisfying places to work.

Mental health engagement is not a complaints mechanism. It is a purposeful attempt to work in reciprocal, respected relationships with people with lived experience of mental health services to **improve** those services.

The mental health engagement methods described in this guide aim to influence decision-making about mental health service improvement at a strategic and local level.

The **benefits** of Mental Health Engagement

Substantial and important benefits flow to all stakeholders, including people with lived experience (PWLE), when mental health services meaningfully engage with staff, carers and family members.

Mental health engagement activities are essential approaches that **honour human rights** and represent genuine partnerships to deliver the best outcomes at individual, service, organisation and system level.

The World Health Organisation has recognised that the empowerment of PWLE **'leads to tangible biological, psychological and societal benefits'**.¹

PWLE hold **vital knowledge** about what is needed from the system, both for individual care and at broader levels.

Engagement of PWLE in recovery-focused services can lead to the healing of **historical traumatisation** within services and promote **cultural change**.

Full and meaningful participation by PWLE can support more effective and efficient services, **delivering benefits for clinicians, policymakers and funders, as well as for people with lived experience, their families, carers and supporters.**

Engaging with people who are most directly affected by mental health services, policies and programmes is essential to understanding whether these different components of the system are achieving their aims and opportunities for **continuous improvement**.

1. World Health Organization Regional Office for Europe. User empowerment in mental health: A statement by the WHO regional office for Europe. Copenhagen: World Health Organisation; 2010. http://www.euro.who.int/_data/assets/pdf_file/0020/113834/E93430.pdf

Policy and Responsibility

Government policies around the world support inclusiveness however health service engagement with family and carers remains sporadic, possibly because how best to engage is unclear.²

This guide provides the opportunity to explore what is the best way to engage and will support staff to meet their legal and policy obligations.

In Ireland, HSE staff are obligated to foster a culture that is honest, transparent and accountable. As part of the HSE's legal accountability with the Department of Health through the National Service Plan (NSP), each staff member has a professional responsibility to maximise performance to meet these organisational targets.



2. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-07104-w>

Mental Health Engagement

– **First step**

Early tasks:

One of the early tasks of the Area Lead for Mental Health Engagement or Head of Service nominee for mental health engagement is to review any structures and mechanisms for engagement that already exist and to develop a plan with all stakeholders to support the development of these, in line with local needs. When initiating, developing and supporting local engagement with PWLE, family members and carers consideration should be given to:

Pre-existing mechanisms or structures for local engagement.

Positive or negative experiences of engagement to date.

The number of stakeholder organisations in the area, both statutory and voluntary, and their level of commitment to engaging with PWLE, their families, carers and supporters.

What level of skill building opportunities might be required to support and build confidence in engagement activities.

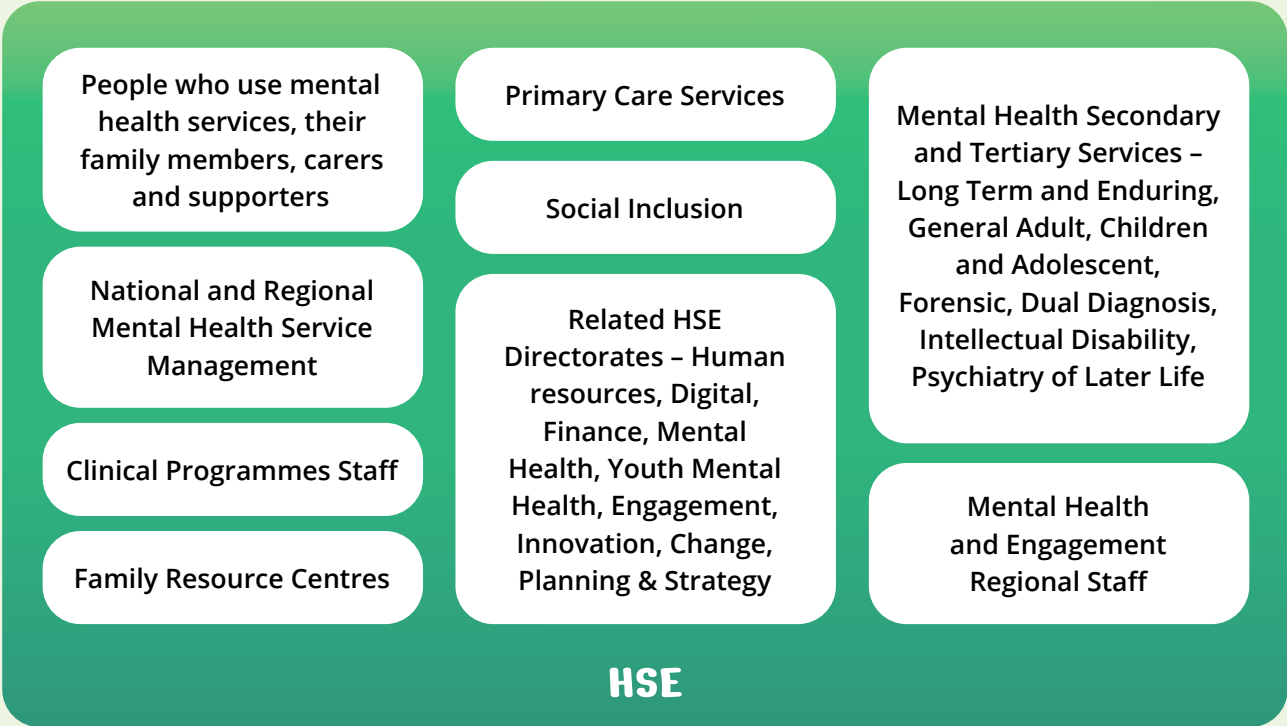
Mental Health Engagement Stakeholders

Who is involved in Mental Health Engagement?

The essential insights and service improvement ideas come from people with lived experience but multiple stakeholders can contribute their experiential and operational insights and ideas. MHER has developed the graphic below to support thinking on who these stakeholders might be.

The relationship between stakeholders is key to good engagement and is built on good communication and developing trust. The sharing of resources and informing stakeholders, often framed as the least collaborative type of engagement³ is actually an essential part of building that relationship and evolving forms of mental health engagement.

3. Arnstein, S. (1969.) [A ladder of citizen participation](#). Journal of the American Planning Association, 35(4), 216–224.



MENTAL HEALTH ENGAGEMENT AND RECOVERY OFFICE STAKEHOLDERS



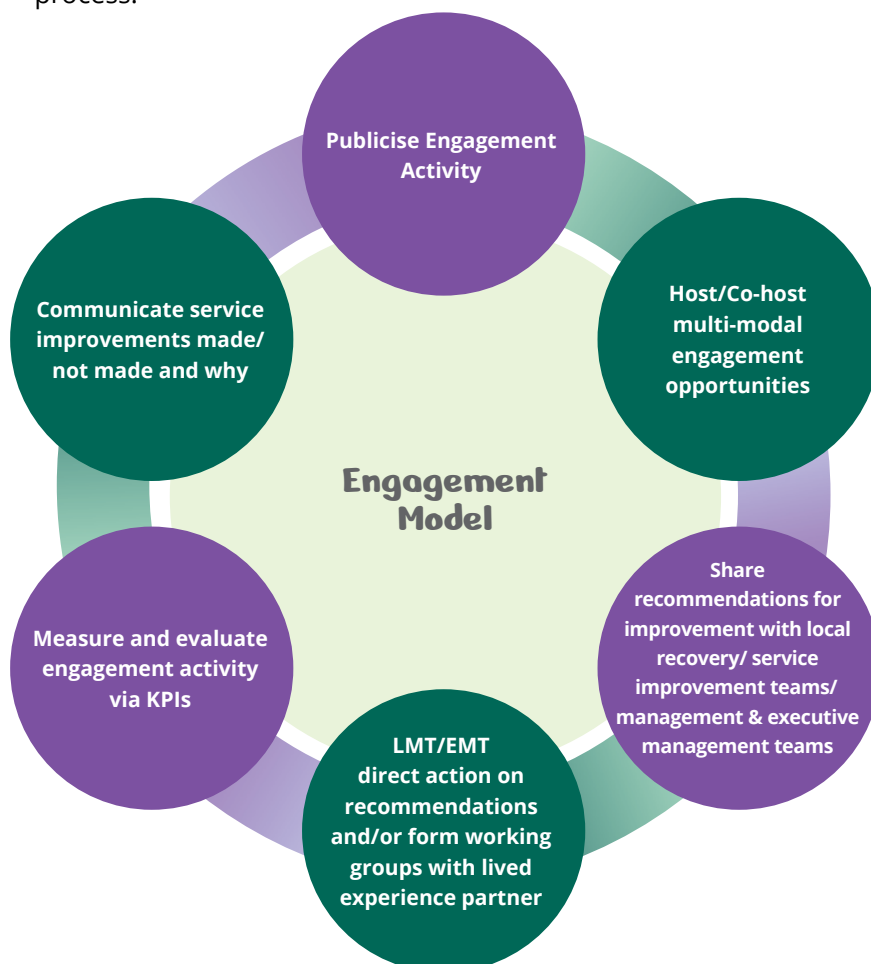
The **Model** of Mental Health Engagement

The Mental Health Engagement Model and Framework were developed to answer the expressed needs of stakeholders including people with lived experience of using mental health services, their families, carers and supporters, senior leaders in mental health services and mental health engagement and recovery workers.

In brief, these needs are

- > clarity of the role of the National Office of Mental Health Engagement and Recovery (MHER)
- > clarity on the types of mental health engagement
- > optional ways of being involved in mental health engagement
- > measurement of mental health engagement
- > closing the feedback loop in mental health engagement

The most important elements of this model are that recommendations for service improvement are heard and acted or collaborated upon wherever possible. And whether recommendations are possible or not the reason is clearly communicated to all stakeholders involved in the engagement process.



The Mental Health Engagement Diagram

The National Office of Mental Health Engagement and Recovery has developed a way of understanding and describing mental health engagement using the diagram below.





Note: The development of MHER's diagram on p.13 was informed by Arnstein's Ladder of Participation,⁶ Rocha's Ladder of Empowerment,⁷ Lundy⁸ and Harts⁹ models for children and youth engagement, and Western Australia's Mental Health and Alcohol and Drug Engagement Framework.¹⁰

Different points on this diagram will be relevant to stakeholders at different times, for example, a new staff member may need to be **informed** about recovery principles at the start of their career and may be in a position to **co-produce** a policy at a later stage, or a volunteer with lived experience may want to build their capacity to engage with service improvement by **educating** themselves further before working in **co-design**. Similarly, people with lived experience of services may also have a great knowledge of systems and peer support and may lead a project altogether. There is also the possibility of people being out of practice with engagement and therefore wanting to **involve** themselves in different ways to refresh their knowledge and practice.

The relationship between stakeholders is key to good engagement and is built on good communication and developing trust. The sharing of resources and informing stakeholders, often framed as the least collaborative type of engagement⁴ is actually an essential part of building that relationship and moving towards other forms of engagement such as co-design, for example.

Also of importance is understanding that co-production and co-design have important similarities in their efforts to enable PWLE, families, supporters and staff to work together in new ways. For example, the principles of co-production (such as equality, diversity, accessibility and reciprocity) and the principles of co-design are both enacted through similar mechanisms, such as dialogue, empathy, creativity and self-efficacy.⁵

In our mental health services, it is a multi-level process by which:

1. Service users, family members and carers engage with their mental health service providers for their recovery journey and beyond (individual and interpersonal)
2. It also relates to integrating PWLE, family members and carer perspectives in the design, development and delivery of services (community and organisational)

This framework is primarily concerned with level two of the engagement process but promotes that **engagement is everybody's business** and so can also support thinking and action on an individual and interpersonal level.

The HSE is focused on good quality engagement which involves relationships between all people involved with mental health services as well as the feedback process and the accountability structure that acts upon it. It is central to other lived experience led programmes and with recovery education. Recovery education enhances learning opportunities for people who are interested in learning about and contributing to meaningful engagement. For further information about Recovery Education, please click **here**.

4. Arnstein, S. (1969.) [A ladder of citizen participation.](#) *Journal of the American Planning Association*, 35(4), 216–224.

5. <https://www.cambridge.org/core/elements/coproducing-and-codesigning/157832BBAE1448211365D396CD110900>

6. Arnstein, S. (1969.) [A ladder of citizen participation.](#) *Journal of the American Planning Association*, 35(4), 216–224.

7. Rocha, E. M. (1997). [A ladder of empowerment.](#) *Journal of Planning Education and Research*, 17, 31–44.

8. <https://www.qub.ac.uk/Research/case-studies/childrens-participation-lundy-model.html>

9. Hart, R. A. (1992). [Children's participation: From tokenism to citizenship.](#) Florence, Italy: United Nations Children's Fund International Child Development Centre.

10. <https://www.mhc.wa.gov.au/media/2532/170876-menheac-engagement-framework-web.pdf>



Mental health engagement activities are essential approaches that honour human rights and represent genuine partnerships to deliver the best outcomes at individual, service, organisation and system level.

Important Mental Health Engagement Planning Considerations

Trust is key to mental health engagement.

Be very careful not to set up, run, or establish an engagement activity unless you are sure it has the potential to have an impact. Senior and local management must agree to consider and act on the recommendations arising from mental health engagement activity before you begin. This is essential for building trust with people with lived experiences.

A key tenet throughout the process of engagement is **communication**. Inform all participants **of the purpose** of this process e.g. to influence policy, to improve a particular service plan, to design a space.

Have **decision-makers onboard** before you plan the engagement activity.

Co-produce a **Terms of Reference** for each engagement mechanism. It will go a long way to assisting everyone gaining an understating of expectations, behaviour etc.

Some recommend creating a **Relational Agreement** in advance of the event/activity due to the natural tensions of this work. See example in [Appendix 1](#).

Understand **where you are working from on the mental health engagement diagram**, share this and explain why you are using this type of engagement.

Manage expectations, be **transparent**. Be clear, *'this will happen'*, *'we will do this'* as opposed to *'this may happen'*. Transparency will lead to greater buy in from stakeholders.



Be very careful not to set up, run, or establish an engagement activity unless you are sure it has the potential to have an impact.

Confirm the **feedback loop** in advance. How you will communicate outcomes or impact to people involved in the engagement activity.

An essential element of this work is to communicate very clearly with participants about **remuneration and expense** policies and procedures.

These HSE policies are evolving at present:

- > Reimbursement policy for service users (2017)
- > Volunteer Policy

Consider **providing support** at any engagement opportunity because people with lived experience and their families, supporters and carers are likely to have experienced trauma. It is important that they can access an independent support resource if they experience a challenge. Local **Samaritans** are an example of a support resource.

Potential Purpose of Engagement Activities

The purpose of the mental health engagement activity could be any of the following (not an exhaustive list):

- > Providing information,
- > Legal or standards compliance,
- > Behaviour change,
- > Relationship development,
- > Generating support for change,
- > Capacity and capability building,
- > Drafting or reviewing a policy/ Strategy/ Service plans,
- > Identifying problems or opportunities to address,
- > Generating alternatives, new ideas or further propositions,
- > Understanding reactions, or implications or consequences of a proposal,
- > Delivering a new service.

For additional inspiration about good practice for engagement across HSE mental health services please read this document on **Good Practice for Engagement.**

Putting plans into **action**

Methods of Mental Health Engagement

This chapter focuses on the types of activities that can encourage and facilitate engagement for service improvement.

Public Meetings

Public meetings ensure that mental health engagement opportunities reach as wide an audience as possible. It ensures that a broad section of the stakeholder population can engage in a way that suits them. It is particularly helpful for those who have ideas but do not have the time or inclination to join a volunteer forum or a panel.

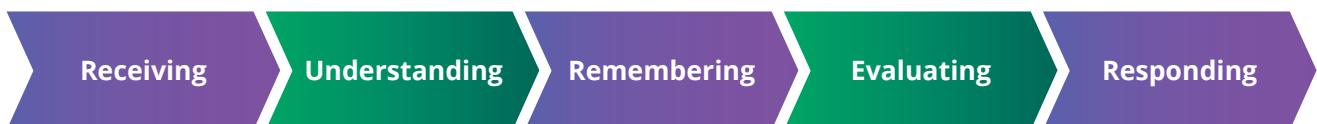
Running a Listening Meeting

Purpose

To gather information on a specific topic in a consistent manner spanning geographic locations.

Listening meetings can be underpinned by a clear and simple listening theory outlined by the diagram below. It follows a simple pattern that moves through 5 stages.

Author Joseph DeVito has divided the listening process into five stages: receiving, understanding, remembering, evaluating and responding (DeVito, 2000).¹¹



Planning

- > Identify stakeholder focus (who do we want to listen to and what do we want to know?)
- > Publicise in mental health and community settings via posters, newsletters, email blasts, recovery colleges, appointment letters. Include topics in publication.
- > Include link to complaints mechanism **Your Service Your Say** and indicate that the meeting focus is service improvement.
- > Book a public space convenient to public transport routes.

11. <https://open.lib.umn.edu/publicspeaking/chapter/4-4-stages-of-listening/> (retrieved 19 July 2023)

- Consider hearing, sight, literacy, cultural and language challenges (see guide on seldom heard voices).
- Ensure the meeting is no longer than 2.5 hours (with tea break).
- Appoint colleagues for note-taking, time-keeping.
- Dedicate time allowance for each point. Start with the items that will take the least time and allowing the most time for items later in the meeting.

Stage 1: Receiving

- Decide upon areas for discussion as a result of a previous session where topics were agreed in advance or complete a simple survey in advance (HSE digital recommends using Smart Survey). Ensure that the facilitator is clear that this is the topic for discussion and keep the group on topic.
- Dedicate time allocation for each area of discussion. Start with the items that will take the least time and allowing the most time for items later in the meeting.
- Devise general areas for open discussion at each of the meetings relevant to your local mental health service provision (see some examples below):
 - discuss the Adult Acute Mental Health Unit in GUH
 - discuss the community mental health facilities in Clifden
 - discuss referral and access to services
 - discuss assessment and care planning in this region
 - discuss intervention and discharge
 - discuss alternative support systems for mental health

Stage 2: Understanding

- This is the stage during which the listener/facilitator determines the context and meanings of the words he or she hears and creates a consensus with the group.

Stage 3: Remembering

- Paraphrase. Link to previous discussions/findings/changes.

Stage 4: Evaluating

- Create a report and share and present it to the local area management team or your regional area lead for engagement.

Stage 5: Feedback

- Request a timeline for feedback from management teams on the report/actions taken as a result of the report.
- Publicise the service feedback through the same channels used for the recruitment of participants.

Running a Recovery Conversation Café

Purpose

A move from passive responder to active participant where people identify what is important to them, their community and their services.

This process is borrowed from the Scottish Recovery Network¹² and has been successfully used in Ireland by MHER in 2023.

This approach creates an environment that facilitates discussion and works towards identifying key priorities. This can make it a valuable part of a wider co-production process by:

- > Creating a welcoming and empowering environment.
- > Enabling equal participation.
- > Facilitating curiosity and dialogue.
- > Ensuring equality of voice and experience as part of any planning process.

This process leads to a more engaged process where people feel heard and their views valued.

The approach comes with a number of excellent guides linked below.

- > [Recovery Café Conversation Guide](#)
- > [Planning Checklist for Facilitator](#)
- > [Guide for table hosts](#)
- > [Group reflection](#)
- > [Taking Recovery Café Conversation online](#)

Note: Remember to evaluate! And agree next steps.



12. <https://www.scottishrecovery.net/about-us/>



World Café Method

Purpose

A large group format.

Drawing on seven integrated design principles, the World Café methodology is a simple, effective and flexible format for hosting large group dialogue. Each element of the method has a specific purpose and corresponds to one or more of the design principles.

World Café can be modified to meet a wide variety of needs. Specifics of context, numbers, purpose, location and other circumstances are factored into each event's unique invitation, design and question choice, but the following five components comprise the basic model:

1: Setting

- Create a "special" environment, often modelled after a café, i.e., round tables covered with a checkered or white linen tablecloth, paper, coloured pens, a vase of flowers and optional "talking stick" item. There should be four chairs at each table (optimally) – and no more than five.

2: Welcome and Introduction

- The host begins with a warm welcome and an introduction to the World Café process, setting the context, sharing the Café Etiquette and putting participants at ease.

3: Small-Group Rounds

- The process begins with the first of three or more twenty-minute rounds of conversation for small groups of people seated around a table. At the end of the twenty minutes, each member of the group moves to a different new table. They may or may not choose to leave one person as the "table host" for the next round, who welcomes the next group and briefly fills them in on what happened in the previous round.

4: Questions

- Each round is prefaced with a question specially crafted for the specific context and desired purpose of the World Café. The same questions can be used for more than one round, or they may build upon each other to focus the conversation or guide its direction. For example, what works well for you in X service? What do you think could improve your experience of X service?

5: Harvest

- After the small groups (and/or in between rounds, as needed), individuals are invited to share insights or other results from their conversations with the rest of the large group. These results are reflected visually in a variety of ways, most often using graphic recording in the front of the room.

The basic process is simple and simple to learn, but complexities and nuances of context, numbers, question crafting and purpose can make it optimal to bring in an experienced host to help.

There are many resources available for new World Cafe hosts, including a free [hosting tool kit](#).

Note: Complete the feedback loop. Please remember to report back to participants on your findings!

Triologue

Purpose

A neutral gathering format for people and communities interested in transforming thinking on mental health.

A 'Triologue' group takes place in a neutral location where communities can gather to develop their understanding of mental health issues and the challenges of maintaining mental health and to transform thinking on developing better services and healthy communities.

A Mental Health Triologue Meeting is a community forum where everyone with an interest in mental health participates in an open dialogue. Triologue meetings are welcoming and inclusive of all community members, including people with lived experience of mental health services, carers, families, friends, professionals and anyone with an interest in mental health in the community. They can help communities to change the perception that only those who work in the field of mental health are experts in mental health.

For more information you can read the [Triologue Guide](#).

Sometimes confused with Open Dialogue which is a type of mental health service approach. To learn more about Open Dialogue please click [here](#).

Community Engagement Network

Purpose

A networking and community-building format.

This model was formerly known as an Area Forum and is an alternative option to an Area Forum. It is an opportunity for networking, building community, getting to know people in the mental health space, sharing ideas and themed discussions chosen by the network itself. It offers solution-focused meet and greet opportunities.

It is a themed twice yearly network event for mental health organisations, HSE mental health services and people with lived experience of mental health services.

To get started the Area Lead for Mental Health Engagement/ Head of Service nominee maps the local mental health community services and supports and invites relevant parties. Look at page 17 and page 20 for potential topics for the Network events.

Sample mental health organisation attendees from a network event in the Mid-West included:

- > Novas
- > Bedford Row Family Project
- > National Learning Network
- > Tenancy Sustainment Service Mental Health
- > Focus Ireland
- > Limerick Youth Service
- > Focus Ireland
- > Samaritans Limerick
- > Limerick Mental Health Association
- > Haven Hub
- > Aware

Connect Café

Purpose

An online or in-person format for less formal conversations about chosen topic.

Work with community partners to host a Connect Café to explore particular questions about service improvement. Please see some sample questions below.

- Are you familiar with Mental Health Engagement and how it works?
- Have you any ideas for improving mental health services locally?

Make sure you have the pathway to feed back the perspectives gathered before you host one of these. The Mental Health Ireland Connect Cafe Toolkit can be found [here](#).



Additional supports for public meetings:

Mental Health Reform has developed useful guidance for public consultation underpinned by the United Nations Convention for the Rights of People with Disabilities. [Link here](#)

Digital Formats

My Experience Survey



Note: It can also be shared via a QR code on posters or appointment letters.

The My Experience Survey was co-produced by a team from Community Healthcare East in 2023. It is an in-depth online engagement survey powered by Smart Survey Technology. A generic version of this survey is available from the MHER Office along with a guide for its implementation. The survey can be shared via a database of people who use services who have agreed to be contacted.

What is important is that there is a nominated person (usually the Area Lead for Mental Health Engagement) to collate and analyse the returned information and report it to senior leaders in order that service improvement can be considered.

QR Codes

Examples of good use of QR codes for health information [here](#).



Panel Formats

Establishing a Volunteer Lived Experience Panel

What is a volunteer panel?

A volunteer panel is a panel of volunteers with lived experience of mental health services, or family members and supporters of people who use services. The panel can consist of up to 20 people who have expressed interest in volunteering their expertise to help improve the design, development and delivery of services, plans, and policies. The volunteers select a specific area of interest, for example, quality control, recovery education, training services or clinical approaches. The local mental health services then offer them the opportunity to collaborate on developments in that area as they arise.

Steps to take:

- > Develop a regional rationale for a volunteer panel.
- > Secure interest in lived experience volunteers across the region. Talk with heads of discipline, senior managers, recovery colleges, Policies, procedures, protocols and guidelines (PPPG), etc.
- > Identify a lead for the panel. It might be worth having a regional committee or a couple of professionals overseeing the panel.
- > Create a volunteer recruitment campaign on Activelink, The National Volunteer Database, local newsletters etc. A sample Expression of Interest (EOI) for a volunteer panel in Appendix 2.
- > Select volunteers via panel (check references).
- > Provide interested parties with a Volunteer Request form, see Appendix 3.
- > Match volunteers' skills/interests with working group requests through volunteer interest form, see Appendix 4.

- > Induction of new volunteers. Contact MHER to set each volunteer up with volunteer panel support and a capacity building package.
- > MHER will also provide an 'Induction Pack' which includes information about the reimbursement process, how to register for HSELand, useful HSE policies, volunteer request forms and a HSE vendor form.
- > First meeting; Agree the Terms of Reference for the panel and agree on the frequency of meetings. A sample TOR for a panel can be found in [Appendix 4](#).
- > Review panel annually.

Establishing and Managing Mental Health Engagement Forums

What is a local forum?

The local forum is a volunteer forum, it can provide a space and opportunity for local service users, family members and carers to voice their experiences and raise issues. They facilitate the local mental health stakeholders to work collaboratively to resolve issues and to improve the experience of all parties. Where appropriate, these forums also provide input to mental health teams from the service user, family member and carer perspective. Such forums will also advocate on behalf of service users, family members and carers to the area management team and make suggestions for service improvement and ensure that ideas are addressed by local services, wherever possible. At the same time, they can promote communication and information sharing.

Governance of local forums:

To help ensure good governance, every local forum has a terms of reference which outlines how members of the group are expected to work with each other to promote respect, non-discrimination and inclusion; how conflict and differences of opinion should be managed and how the views of members are to be represented. Local forums will need a chair, a secretary and someone to coordinate the activities of the forum.

- > The role of the **chairperson** is to ensure that the forum functions well, with full participation of all members and effective meetings in accordance with the terms of reference and code of practice.
- > The role of the **secretary** is to take the minutes of meetings, to keep a contacts list for all members and to support the chairperson in convening and running effective meetings.

- The role of the **coordinator** is to support the chairperson and secretary in the ongoing running of the forum. The coordinator should support the chair to ensure that the local forums are supported to raise issues through the proper channels. A coordinator may need to be a HSE employee. Who is most suited to take on the role will depend on the circumstances in each area. If the coordinator is a HSE employee, he or she will not be a forum member but will be welcome to contribute to discussions at meetings.

Ethos and values of local forums:

The forum must be open, accountable, transparent and democratic in terms of formal roles such as chair and the appointment and selection of members to attend the area forum. It will be important to build trust and mutual understanding amongst the different interest groups.

Communication, accessibility and link to the area lead and forum:

The local forum should be accessible and open to all service users, family members and carers and its existence should be promoted within the local communities. The area lead will need to build a relationship and communication channels with the local forums. They should be in regular and frequent communication with the local forum chair and should return regular and updated information. Minutes of local forum meetings should go to the area lead and minutes of area forum meetings should go to the local forums. For more information on the development of forums please see the document **Partnership for Change**.

Establishing and Managing a Consumer Panel

What is a consumer panel?

This style of panel predates both local forums and co-production panels. Consultation with people who have been involved in engagement structures tell us that this is a process that works best in some areas. A consumer panel is a specific group of people who come together with health service staff to share ideas around health care services provided by the HSE for a client group.

Terms and Conditions for a Consumer Panel in **Appendix 6**.

Small Group Sessions

Running an In-service Engagement Clinic

Like a focus group but personalised to the location of the clinic/ day hospital and the approximate length of stay. Usually run by a clinician within the clinic and improvements are resolved locally. Can involve an Area Lead for Engagement if system-based improvements are recommended.

Make it interesting! Would it be useful to have additional visual aids or plan some creative communication activities? See chapter on **Creativity** on page 34.

Open with explaining what engagement is. Manage expectations. Check for understanding.

- What works for you every day?
- What could be better?

Give a commitment and timeline to return and report on what you did with their information.

Running a Focus Group

To be successful, a focus group needs to be run professionally and thoughtfully. That means you'll need to plan ahead to make sure you have the right questions, the right environment and the right facilitator. Before you even begin asking people to join your focus group, you'll want to:

Topic

> **Choose a single topic for the group discussion.**

It's called a focus group for a reason. The goal is to get nuanced, valuable feedback on one thing - whether it's a new strategy or a new service. Remember, a focus group is not a meeting. The point is to elicit useful, honest opinions, not reach a consensus.

Prompts

> **Carefully choose questions or prompts.**

Keeping the single topic in mind, develop a set of open-ended questions. Typically begin with more general questions to get participants thinking in a broad way about the topic before exploring more specific questions. Try to frame the initial questions positively.

Audience

> **Choose your audience.**

As with the focus group discussion topic, define the audience. Make sure to target specific groups of people with particular characteristics or needs, think in terms of “women aged 25-34 who use HSE mental health services”. Ideal size would be between 5 and 8 people maximum.

Venue

> **Choose an appropriate venue.**

The point is to get participants to feel comfortable and open up, so make sure you’ve chosen someplace comfortable and private for your focus group. You can also host an online focus group. When it comes to recording, it’s usually better to rely on a combination of notetaking and audio recording, as video recorders may make participants uncomfortable.

Atmosphere

> **Create a welcoming and supportive atmosphere.**

People tend to be more open if they know at least a little bit about the other people in the room. Even if you’ve prepared nametags in advance, make sure everyone has a chance to introduce themselves. An icebreaker question also be a good way to get people talking before the discussion begins in earnest, see [Appendix 8](#). Providing refreshments can also set a welcoming tone.

Guidance

> **Guide the discussion so that all voices are being heard.**

The facilitator’s job is to lead the discussion without letting the conversation get sidetracked or overwhelmed by one or two participants. Start with a prepared question and be prepared to ask follow-up questions like “Could you say more about that?” or “Can you give everyone an example of what you’re describing?” If you feel like the conversation is starting to lag, change the topic and pull from one of your prepared questions. The facilitator should also avoid asking leading questions that might push participants to provide specific, desirable answers.

Timekeeping

> **Don't let the group run too long.**

An hour and a half is more than enough time for most focus groups. Pay attention to the body language of the participants - if they seem bored or fidgety, it's probably time to wrap up. Be clear about how much time you'll expect from participants and don't keep them longer than you said you would.

Feedback

> **Provide opportunities for feedback.**

Be sure to thank your participants and make sure they have a chance to submit anonymous feedback, especially if the focus group didn't go as you expected. Make sure they also have your contact information in case they want to provide any additional feedback after the group adjourns.

Debrief

> **Debrief.**

If the focus group was recorded, create a transcript of the discussion. If not, prepare detailed notes based on what was said. If the conversation is not recorded it is advisable to have a note taker. If there was a dedicated notetaker along with the facilitator, they should compare notes to make sure that all the key points are covered.

Comment Cards

Comment cards can be placed in clinic waiting rooms, community and hospital settings to allow people to anonymously share ideas for service improvement.

See sample comment card in [Appendix 7](#).



Information Sessions

Running a Staff Information Session

Many staff will associate engagement with their day to day role and that interpersonal interaction is indeed an important layer of engagement called personal engagement.

But staff also need to understand engagement from a service improvement point of view.

As such providing an introductory session to mental health engagement is important.

Running an Information Session about Engagement

Create an introductory session to Mental Health Engagement Opportunities using a presentation. Please contact MHER for a sample presentation at mhengage@hse.ie

Creativity in Mental Health Engagement

**Why approach
engagement from
a creative mindset?**

Creative methods that evoke stories and encourage groups of people to see positive images of the future grounded in the best of the past have the potential to produce sustainable change and inspire action. We can create only what we can imagine.

To regenerate mental health services, stakeholders with differing perspectives need to reflect on and articulate ideas of what they want and are willing to work for. Imagining the future in concrete terms places us in a realm of possibility.

To live in hope can be a choice, not just a feeling. It can be transformative to express hopes publicly, to invite others to express themselves, so that hope gains a greater hold in our public life. With articulated hope, we can move together toward a meaningful place.

We know that by working this way Creative Engagement can¹³ help us to:

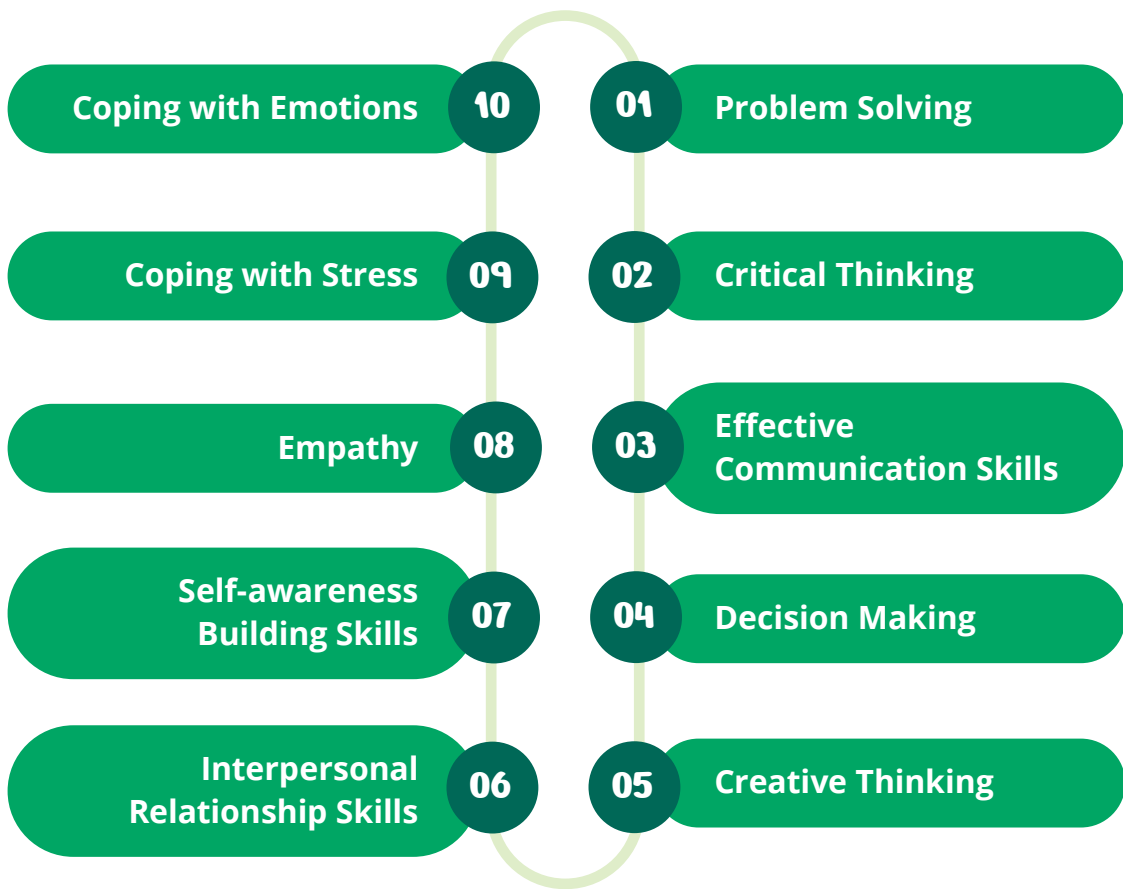
- > **Provide** spaces and opportunities for people to share information that they would not otherwise share. Creative expression, such as art-making, dancing, or acting, can offer participants a unique way to share thoughts or feelings about an issue.
- > **Reinvigorate** a process that has grown stale or been unsuccessful.
- > **Offer** new ways for people to be involved in framing questions and problems together, rather than “inserting” their thoughts into an existing dialogue or responding to pre-determined questions.
- > **Transform** negative perceptions of engagement by providing avenues for meaningful engagement and distinguishing the process from previous processes.
- > **Make** a process fun and attract people to a project.
- > Build the capacity of communities to address unforeseeable issues by forming new relationships and strengthening existing ones.
- > **Expand** the horizon of what is possible and desirable in a process by situating engagement as a creative and political pursuit, rather than a technical discipline.
- > **Connect** every day and lived experiences to systemic issues in order to make complex concepts accessible to a range of community members.
- > **Help** services navigate different and/or competing interests and perspectives
- > **Uncover** new and previously unheard perspectives on an issue, in turn paving the way for novel or unanticipated solutions.

The World Health Organisation’s literature review¹⁴ describes the role of the arts in improving health and well-being, so using creative methods for mental health engagement can act as an enabler for personal and service improvement given creativity’s ability to increase self-esteem, self-acceptance, self-worth and confidence. UNICEF, UNESCO and WHO list *Creative Thinking* as one of ten core life skill strategies and techniques so using creative muscles can benefit both the individual and an organisation’s engagement aspirations.

13. Adapted from <https://artsandplanning.mapc.org/creative-engagement/#:~:text=Creative%20engagement%20is%20an,aspect%20of%20the%20planning%20process>

14. What is the evidence on the role of the arts in improving health and well-being? - NCBI Bookshelf (nih.gov)

Top 10 core life skills recommended by WHO



There is much evidence to show that creative engagement holds benefits beyond service improvement outcomes. It has multi-layered benefits for the individual through Policy and Cultural levels.¹⁵

Further Ideas for Creative Mental Health Engagement can be found at this [link](#).

15. <https://phhp.ufl.edu/2023/06/12/tips-for-adding-arts-into-your-wellness-routine/>

Appendices

Appendix 1: Relational Agreement Example

As attendees of the X Event, we are all agreeing to support the following values of co-production to ensure we create a safe and inclusive environment for all:

Mutuality and Reciprocity

We will respect each other and treat each other with courtesy, kindness and understanding. We are here to listen and learn from each other's experience through co-creating an environment of respect and shared learning.

Connection & Presence

We will refrain from using digital devices unless needed, or if it forms part of the event. If we need to take a phone call, we will leave the room to do so. We will aim to give our full attention to the workshops and speaker sessions by being present during the sessions, placing our phones on silent; agreeing to leave quietly for a time if we need a break.

X World View

We will listen respectfully to each other's point of view. While we may differ in our worldviews, experiences and opinions, we will be respectful of and towards how we have come to know what we know.

Dignity and Respect

We will not use racist, sexist, homophobic, discriminatory, sexually explicit or abusive terms or images.

We will not behave in an intimidating, bullying or inappropriate manner towards any X Event attendees.

We will treat with respect and due consideration any content about the X Event that/if we share on social media channels, to ensure it does not hurt or harm anyone attending the event.

Moving Toward

We will help each other to move towards a shared understanding of (purpose of the event) with vision and action.

People as Assets

No one group or person is more important than any other.

Everyone is equal and has assets to bring to the process

We will treat any information shared by other participants in the X Event confidentially, not sharing it with others outside the event, without their consent. Our X Event aims to be a safe, brave and empowering place where everyone feels respected. If at any stage you do not feel safe or empowered with an interaction that is taking place, please let us know We will listen and work to resolve the matter as quickly as possible. In the unlikely event that an attendee engages in harassing behaviour, we will take an agreed appropriate response, which may include supporting the person to leave the event temporarily, so they can have space for self-reflection and regulation of emotions. If the person does not agree to this request or if there is a more serious breakdown of the relational agreement, the person will be supported to leave the event altogether.

At the core of this event, and to this Relational Agreement, is the creation of a shared and brave space for learning and action. We look forward to sharing this space with you. We would like to thank you for reading and agreeing to play a part in this co-production event.

X Event Disclaimer

This event uses a method called 'Collaborative or Facilitated Conversation' This approach is rooted in empowerment and collaboration. Women attending expressed that they did not want to be lectured to or talked about and they wanted to have a conversation that led to change. Our desire is to host a conversation where services, advocates, lived experience and researchers can share as peers and their wisdom is valued as an

opportunity to create change. Principles and practices of trauma-informed care are at the centre of co-production and this X event. We aim to seek collective agreement on change actions going forward and we invite all those participating to treat each other with respect and dignity in our efforts to bring about change. This event is not the appropriate place or space to name individual experiences or raise personal grievances. This is a place that honours our individual experiences and asks each person to articulate that in a manner that creates opportunity for change.

Embracing Vulnerability

We are inviting each panelist and delegate attending this event to champion and create an environment where people feel safe and brave enough to be vulnerable. This will require each of us to be aware of our emotional state and communicate that state to others in a regulated way. To create this environment, we invite you to become aware of the following factors.

Communication

We want to support two-way conversation and communication. We are asking people to share what has worked for them and what can be done to improve practice, policy and services. We ask that we listen without judgment and act on feedback given to improve the lives of people we work for. Trust We invite you to trust the process of co-production and the values it upholds. While trust takes time to build, we can together create an environment that is conducive to vulnerability.

Respect

Respect comes in many forms and is lived in the language we use, the actions we perform and the attitudes we display. We ask you to cultivate respect by listening deeply, to be curious and open about the different perspectives that exist within this event.

Sharing Power and Decision Making We invite our panelists and delegates to be aware of the use of their own power and refrain from ways of helping e.g. Teaching, Telling, Diagnosing, Mis-gendering or Speaking Over someone. This event designed as a partnership of equals, a meeting of minds to create and improve care and support for PWLE.

With thanks to the *Mna le Cheile Change Event 2024* for sharing this example with MHER.

Appendix 2:

EOI for Volunteer Lived Experience Panel



**Do you use, or have you used the
Irish Mental Health Services?**



HSE
Mental Health
Engagement
& Recovery

Or

**Have you a family member who has used
or is using the Irish Mental Health Services?**

If yes, we are seeking your support.

We are the National Office of Mental Health Engagement and Recovery (MHER) and are a part of the Health Service Executive (HSE) Mental Health Community Operations team.

The MHER's job is to promote mental health recovery and recovery approaches and to ensure that the voices of people with lived experience, family members and carers inform the design delivery and evaluation of all types of mental health services. MHER is innovative in how it supports mental health service providers and people with lived experience of mental health services to work together to improve those services. We co-produce support documents, training opportunities, events and frameworks to support the collaborative learning of service providers, the people who use the mental health services and their supporters and carers.

In 2022 we established a national panel of volunteers who are using their personal lived mental health and recovery experience to support us in this work. We wish to expand this pool with additional volunteers who have this interest.

As a member of this panel you will have the opportunity to share your expertise with those working in the HSE and other agencies in a joint effort to improve and develop the Mental Health Services and inform research projects. You will have the chance to attend different working groups, depending on your interests and you will contribute with your expertise to their efforts to improve the mental health services.

Applications are welcome from all perspectives and experience as we want to ensure we have as diverse and inclusive panel as possible.

**If you are interested in finding out more, please contact _____,
at: _____ by _____**

**For more information on our office please go to
[The National Office of Mental Health Engagement and Recovery \(MHER\) - HSE.ie](https://www.hse.ie/nomher)**

Appendix 3:

Request form for lived experience representation on panels

We are committed to engaging in the process of co-production to ensure the perspective of people with lived experience, their families, carers and supporters are represented at all levels of mental health service development and delivery. We wish to request the representation of a person(s) with lived experience to support us in this.

See sample form on the following page:

Name of committee/working group:

National Enhancing Engagement Project

Support person contact details:

Name: Jessica Curtis

Job title: National Senior Project Manager (HSE/Genio)

Email: Jessica.Curtis@genio.ie

Phone: 087 000 0000

What is the aim of the committee or working group?

This group is creating enhanced opportunities for service users, family members, supporters and staff to engage meaningfully with mental health services in order to improve them.

The group is creating a framework and multiple tools to make engagement more accessible and services more accountable for engagement activity.

We want this project to listen, learn and close the loop!

At what stage is the project?

Final 6 months to launch.

Please give an outline of the duration, frequency and location of meetings:

Expected duration of committee/working group: approx. 6 months

Frequency of meetings: monthly online meetings

Length of meetings: 1.5 hour

Location of meetings: online, plus 2 in-person sessions in St Loman's /other venue tbc. Plus some online group work reviewing documents for usability.

Please outline how someone with lived experience can enhance your committee/working group:

People with lived experience can provide vital insights into how engagement practices can be enhanced and whether the proposed framework is equally meaningful and useful for mental health service users and providers. They will review the activities and literature created to enhance engagement with MH service

What information and support will you provide to the participant prior to commencement? E.g. Terms of Reference of group, code of conduct, minutes from previous meetings etc

ToR, minutes of meetings, draft documents, list of sub-groups

Signature: _____

Date: _____

Appendix 4:

Volunteer Area of Interest Form



HSE
Mental Health
Engagement
& Recovery

Main Area of Interest

Please select more than one if appropriate:

- General Adult** Yes / No
- CAMHS** Yes / No
- Psychiatry of Later Life** Yes / No
- Mental Health Intellectual Disability** Yes / No
- Marginalised Groups** Yes / No
- Long-term and Enduring MH Challenges** Yes / No
- Other** Yes / No
(if other selected please give details below)

Other (details):

Signature: _____

Date: _____

Appendix 5:

TOR template for Volunteer Lived Experience Panel

1. Aim or Purpose

To support service improvement at a strategic level.

2. Objectives

- 2.1 To provide support to members of the panel.
- 2.2 To review existing protocols with requestors and to ensure that these are being adhered to.
- 2.3 Create code of conduct/group agreement for the lifespan of this group.

3. Roles and Responsibilities

- 3.1 The group will be chaired by X initially (Chair to be rotated).
- 3.2 Administration support will be provided by X who will act as secretary at each meeting.
- 3.3 The group will meet every six weeks. Additional meetings can be called by the Chairperson or Acting Chairperson (in the absence of the Chairperson) to deal with arising issues.
- 3.4 The Secretary is responsible for setting the agenda in consultation with the other members. It is open to any member of the group to place an item on the agenda and this will be done in advance through the Secretary.
- 3.5 The agenda for the meeting will issue from the Secretary not less than 5 working days before the scheduled meeting and will use a standard template.
- 3.6 A meeting quorum will be 8 of the working group team.
- 3.7 It is the responsibility of all members to uphold code of conduct/group agreement.
- 3.8 Individual members of the group inform chair/secretary of any decisions to withdraw membership of panel.
- 3.9 It is the responsibility of the individual to uphold and respect matters arising in a confidential manner.

4. Frequency of Meetings

- Every 6 weeks
- Held at compatible times and suitable venue/platform – every 4th meeting face to face location to rotate (twice per year)
- Duration: lifespan of National Volunteer group

5. Performance and Report

Describe how the performance of the Team will be measured and how progress will be reported:

- Members to complete reflective form at the end of all working groups.

Continued on next page

6. Project Team Membership

Names of members:	Title/Role:
	Mental Health Engagement Lead or nominated person
	Lived Experience Volunteer Panel member
	Lived Experience Volunteer Panel member
	Lived Experience Volunteer Panel member
	Lived Experience Volunteer Panel member
	Lived Experience Volunteer Panel member
	Lived Experience Volunteer Panel member
	Lived Experience Volunteer Panel member

7. Terms of Reference Approved by

Name and Title: _____

Signature: _____

Date of Approval: _____

Appendix 6:

Sample TOR for a Consumer panel

What is a Consumer panel?

A consumer panel is a specific group of people who come together with health service staff to share ideas around health care services provided by the HSE for a client group.

Possible Functions of a Consumer Panel

- Participate in service reviews
- Propose and arrange user surveys
- Act as a point of contact for people who wish to raise a concern about the service
- Advise the HSE on its public information and awareness strategies
- Hold public meetings and focus groups
- Meet regularly with HSE management to provide feedback.
- Assess reports from voluntary sector agencies
- Contribute to the HSE annual reports and direct communication between the HSE and members of the public
- Liaise between the public and the HSE

Aim

Involving service users, family members and/or friends, as a consumer panel working in conjunction with the staff to provide information. To improve the delivery and quality of services through feedback and participation with the HSE and to help find solutions.

Objectives

- To take actions and suggest solutions to improve Mental Health services.
- To consult with, and represent, the views of service users.
- To encourage and assist service users and their families and friends to have an input into the on-going developments within the mental health services.
- To help to identify inefficiencies and define best practices for the future development of the health services.
- To promote understanding, respect and co-operation between the mental health services and service users and family members.
- A partnership approach should be taken to the planning, development, delivery, evaluation and monitoring of mental health services.

Membership

Committee includes family members, service users, advisory professionals and interested parties in mental health.

Continued on next page

Quorum

50% of membership + 1

Selection

Open, public advertisement, word of mouth.

Chairperson — Name

Vice Chairperson — Name

Secretary — Name

Treasurer — Name

However these roles can be rotated to let others chair and become secretary etc. if they wish.

Meetings

Second Tuesday of every month at 6.15pm for one hour.

What is the role and function of a chair person?

- They are a facilitator and a leader.
- Responsibilities include:
 - To open the meeting
 - Get through agenda in good time
 - Ensure everyone's view is heard
 - Ensure clear decisions are taken and agreed
- Remain neutral
- Announce agenda item
- Seek opinions
- Uphold the rules of the committee
- Summarise discussion and suggest decision

Role of Vice Chair

- The substitute chair

Role of Secretary

- Takes minutes
- Circulates agenda and documentation
- Gives reminders to other members about next meeting

Role of Ordinary Members


- Be informed and prepared
- contribute to discussions in an orderly manner
- Listen to other members views
- Take on tasks

The Meeting Process

- Confirm the agenda
- Review and agree the minutes
- "Matters Arising" from the minutes
- Discussion of agenda items
- Agree decisions - delegate tasks
- Any other business A.O.B.
- Date of next meeting

Appendix 7: Comment Card

Here is an example of a comment card from a mental health setting in Ireland.



White:

Irish

Irish Traveller

Roma

Any other White background

Black/Black Irish:

African

Any other Black background

Asian/Asian Irish:

Chinese

Indian/Pakistani/Bangladeshi

Any other Asian

Other, including mixed group/background:

Arabic

Mixed, write a comment _____

Other, write a comment _____

Other categories not used, write a comment _____

COMMENT CARD

Mental Health Service, Community Healthcare East

Please assist us in continuing our mission to ensure we provide patient satisfaction and quality services.

	Poor	Fair	Good	Very Good	Excellent
Waiting Time for your admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful attitude of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful Attitude of Other Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard of Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Environment / Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of your bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information given / available to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: _____ Age: _____

Comments: _____

Mental Health Team you are linked in with: _____

If you would like to take part in future Service User Experience online surveys please provide your email address below. Your email will be stored securely and only used for the purpose of these feedback surveys. Thank You.

Yes, I would like to be involved, here's my email address: _____

Thank you. Your opinion counts.
Please drop this in the comment box on the unit.

Appendix 8:

Ice Breakers

What is one present you will never forget?

Tell us one thing that you have really liked about yourself.

How would you spend your time if you had a time machine that could only be used once? Which point in history or the future would you choose to visit?

What would you change if you only had the chance to change ONE thing in the world today?

When you wake up in the morning, what is your favourite thing to do?

Who is your favourite movie character, and why?

Do you have a favourite place in the world?

Which of your senses would you give up if you had to (hearing, seeing, feeling, smelling, tasting)?

What animal would you be and why?

Would you prefer a cat or a dog as a pet?

If you find a dead insect in your salad at a friend's or relative's house for dinner, what would you do?

This past week, what was the best thing that happened to you?

What movie, book, or video did you watch/read recently that you would recommend?

If a genie could grant you three wishes, what would they be?

If you could give one million euros to one charity, which one would you choose and why?



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

@MHER_Ireland @HSELive