

Mental Health Engagement Review Process

2022–2024



HSE
Mental Health
Engagement
& Recovery



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Glossary

MHER	National Office of Mental Health Engagement & Recovery
KPI	Key Performance Indicator
CAMHS	Children and Adolescent Mental Health Services
CHO	Community Healthcare Organisation
Q1-4	Quarter of the year, for example Q1 = January to March
SUFMC	Service Users, Family Members and Carers
PSW	Peer Support Worker
PWLE	People with Lived Experience (of Mental Health Services)
HSE	Health Service Executive



Summary of the Mental Health Engagement Review Process 2022–2024

This document outlines the National Office of Mental Health Engagement and Recovery Office’s review of mental health engagement processes and structures and the recommendations and outputs that emerged from this review.

The full Project was called *Enhancing Engagement*. The project originated in 2021. A National Steering Group was established with multiple stakeholder perspectives. A National Project Manager was appointed in February 2022. The group met monthly from February 2022 to March 2024.

The project produced a National Framework for Mental Health Engagement, accompanying guides, several pilot projects and examples of good practice. The documents were launched in April 2024 by the Minister for Mental Health and Older People, Mary Butler T.D., and can be found on the links across.

Mental Health Engagement Framework

Mental Health Engagement Methods Guide

Creative Ideas for Engagement

Good Practice for Mental Health Engagement

Engaging with Seldom Heard Groups

Mental Health Engagement Policy Alignment

Community of Practice Guide (staff)

My Experience Guide (staff)



Reminder: What is Mental Health Engagement?

It is a purposeful attempt to work in reciprocal, respected relationships with people with lived experience of mental health challenges who have used services, and their families, carers and supporters, to improve those services.

Policy Background

The *Enhancing Engagement Project* is underpinned by multiple Irish and international policies including the **World Health Organisation's Framework for Meaningful Engagement, Sharing the Vision: A Mental Health Policy for Everyone** and the **Slaintecare Action Plan 2023**.

The resulting framework reflects the principles, values and actions of several government programmes, policies and strategies both nationally and internationally. It encourages personal responsibility and compassion across all stakeholder groups. There is an increased focus

on working in partnership with people with lived experience, family members and carers in mental health settings, and recovery principles have emerged as a driving force behind public mental health policies. The Health Service Executive, along with healthcare systems around the world are responding to the demand of **"nothing about me, without me"** and the requirement to shift from **"what's the matter"** to **"what matters to me"**.¹

For more information on the process's alignment with policies and reports please read this **document**.

1. Roseman, D., Osborne-Stafsnes, J., Amy, C.H., Boslaugh, S., Slate-Miller, K. (2013). Early Lessons From Four 'Aligning Forces for Quality' Communities Bolster The Case For Patient-Centered Care. *Health Affairs* 32,NO 2.(2013);232-241. DOI:10.1377/hlthaff.2012.1085

Members of the National Steering Group and Subgroups for Enhancing Engagement 2022–2024

Enhancing Engagement Steering Group

- > Chair: Michael Ryan (Head of Mental Health Engagement & Recovery)
- > Jessica Curtis (National Project Manager, MHER)
- > Linda Moore (Head of Mental Health Services, CHO 6)
- > Niall O' Baoill (Volunteer, person with lived experience expertise)
- > Patricia Fallon (Volunteer, person with lived experience expertise)
- > Sushil Teji (Volunteer, person with lived experience expertise)
- > Pat Smyth (Recovery Coordinator (retired), CHO 2)
- > Bridget Harney (Service Improvement Lead, CHO7)
- > Emma Maguire/Sean O'Connell/Fionn Fitzpatrick (Area Leads for Engagement)
- > John Healy (CEO, Genio)
- > Jacopo Villani (Programme Manager, MHER)
- > Louise Conlon (Programme Associate, Genio)

KPI subgroup Jessica Curtis (Chair), Susan Moy (Business Manager, CHO6), Sushil Teji, Philip Flanagan (Service Improvement Lead, Mental Health Operations)

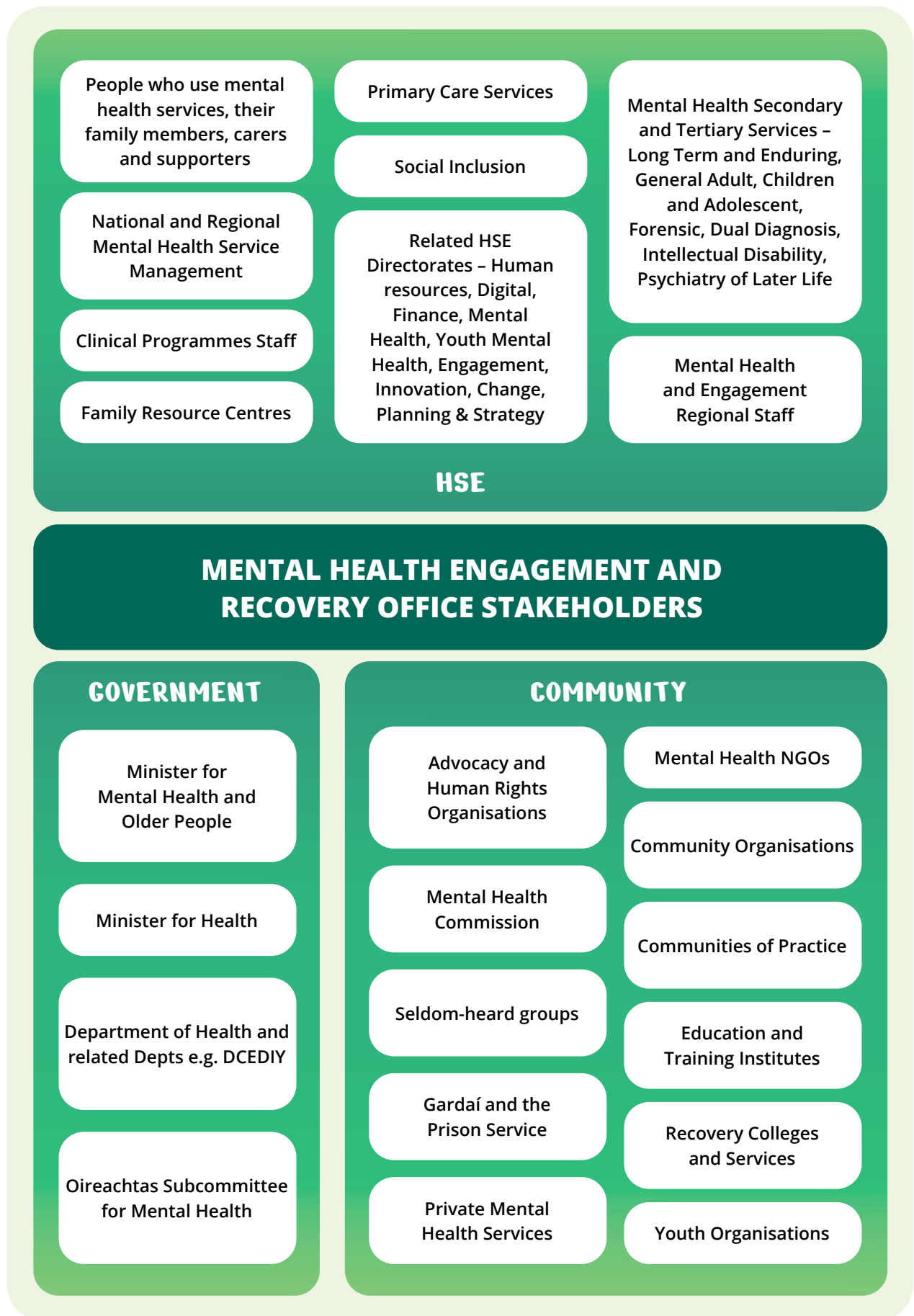
CAMHS engagement subgroup Jessica Curtis (Chair), Sarah Hennessy (General Manager, Children and Youth Mental Health Operations), Emma Maguire, Nicole Troy (Recovery Education Facilitator, National Forensics Mental Health Service), Sylvia Campbell (former Youth Advocacy Programme), Sylvia Cahill (Principal Social Worker, CHO 9), Sarah Donnelly (Director of Nursing, Lucena), Margaret Gallagher (Legal and Policy Manager, Children's Rights Alliance), Chloe Costello (Recovery Educator, Discovery College, CHO 2)

Digital subgroup Sushil Teji (Chair), Jacopo Villani, Margaret Keane (Recovery Educator, ARIES Recovery Education service, CHO 3). With the support of the MyExperience co-production team in CHO 6.

Thank You

Thank you to the former Chair Niamh Wallace, (Head of Health & Wellbeing, Mid-West) and Claire Bergin (formerly Genio) for their support.

Broad Stakeholder Group identified by the Enhancing Engagement Steering Group



Background to the Project and its Origin

Since 2019 the National Office of Mental Health Engagement and Recovery (MHER) has consulted with its multiple stakeholders about the success of its engagement structures. Responses to these consultations led to the establishment of the multi-stakeholder National Enhancing Engagement Steering Group in Q4 2021.

The group comprised members of the MHER national team, one Head of Service (Mental Health), People with Lived Experience of Mental Health Services, a Family Member with Lived Experience, Area Leads for Mental Health Engagement and a Recovery Coordinator. MHER secured funding from Genio for this project.

A Project Manger was appointed to the *Enhancing Engagement Project* in February 2022. She collated information from reports and surveys pre-2022 and brought them together with additional interview information gathered in Q1 2022. The analysis of this information led to a themed focus for the Steering Group. The themes resulted in several recommendations that formed the basis of a new co-designed mental health engagement framework and its supporting guides and documents.

While feedback and ideas for improvement have been gathered from people who use our services, their families, carers and supporters since the introduction of the first Engagement Structures in 2016 *Partnership for Change*, this information was not always put to practical use. As a result, the *Enhancing Engagement Project* spent 24 months working together:

- > gathering and sharing good practice for engagement
- > figuring out how to offer choice in the ways we engage
- > developing key performance indicators so that engagement is plugged into the mental health system
- > figuring out how to collect data under the current governance structure
- > supporting the role of the area leads for mental health engagement
- > clarifying the support and guidance role of MHER

Origin: Mental Health Engagement Framework

Listen

Commissioned report and other consultations indicated dissatisfaction with existing engagement structures and outcomes (Pre-2022)

Work Together

Established the multi-stakeholder enhancing engagement steering group (October 2021)

Funding

Secured funding from NGO partner Genio (Q4 2021)

Leadership

Appointed a national project manager (Q1 2022)

Process

Enhancing engagement project (Q1 2022 - Q1 2024)

Outcome

Framework, support documents and renewed activity in mental health engagement including grants, measurement and pilots underway. (Q2 2024)

Objectives of the Project

Data Gather

To collate learning from various engagement initiatives, participants and practices

Capacity

To identify training needs for all stakeholders around engagement²

Governance Structure

To make clear the role of engagement in service improvement

Resource and Structure

Recommendations on an implementation plan for the model of engagement

Measurement

To define performance indicators for engagement

Communication

To communicate and connect nationally regarding engagement activity and opportunity

Improvement

To identify and scale existing engagement mechanisms that work well

Accountability

Review/evaluate achievements

2. MHER will co-design an in-person/online capacity building programme for volunteers with lived experience in Q3-4 2024

What is the Value of Mental Health Engagement?

- Real and lasting change that supports people on the ground
- Experience of using mental health services is positive and person centred
- Experiences and thoughts of all stakeholders are heard and listened to
- Not about time or quota
- Individual recovery journeys are enhanced

Engagement is not just an aspiration for good interactions between people with lived experience of mental health services, their families, carers, supporters and those who work within the mental health system. It consists of vital approaches that **honour human rights** and represent genuine partnerships to deliver the best outcomes on an individual, organisational and systems level.

The benefits are experienced by all stakeholders and range from individual recovery benefits through to moral and legal benefits within systems. The World Health Organisation has recognised that the empowerment of mental health service users and carers **leads to tangible biological, psychological and societal benefits.**³

People with Lived Experience (PWLE), their families, carers and supporters have **important knowledge and insight**. They know their own needs and can play an active role in decisions that impact them. What others think matters to a person with lived experience or family member may not matter to them. Engagement findings help services and staff use this information for the **continuous improvement** of our mental health services. Engagement of people with lived

experience in recovery-focused services can also lead to the **healing of historical traumatisation** within services for both users of the services and providers of the services. It can promote **cultural change.**⁴ Full and meaningful participation by PWLE, their families, carers and supporters can support **more effective and efficient services**, delivering benefits for clinicians, policy makers and funders, as well as for people with lived experience and their families, carers and supporters. Including **creative engagement** methods offers significant benefits for PWLE from an individual through to a cultural level.⁵

Additionally, Mental Health Engagement offers staff a process for living up to **contractual requirements** to work in partnership with PWLE to improve health outcomes.

Furthermore, in October 2023, Bernard Gloster, HSE CEO, said:

“We recognise that partnership initiatives are currently taking place across the Irish health sector, but in different ways and with varying degrees of success. We know that common approaches are needed to ensure shared expectations are realised and agreed goals are met. Partnership with patients and service users (and their families, carers, and supporters) will be a cornerstone of how we work across our health system and broader health sector. This requires a cultural shift, but this move is in line with international best practices and offers numerous opportunities. The HSE is committed to partnering with patients to ensure more and more patients will influence decisions on the design, delivery, and evaluation of health services.”⁶

3. 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

4. <https://www.mentalhealthcommission.gov.au/getmedia/afef7eba-866f-4775-a386-57645bfb3453/NMHC-Consumer-and-Carer-engagement-a-practical-guide>

5. <https://journals.sagepub.com/doi/10.1177/2752535X231175072>

6. <https://www.hse.ie/eng/about/our-health-service/making-it-better/hse-promotes-patient-partnership.html>

Process Map

for the Enhancing Engagement Project

Process: Mental Health Engagement Framework 2022-2024



Desk Research

The National Project Manager reviewed existing formal and informal material that pertained to perspectives on mental health engagement structures, activities and outcomes dating from 2019 to 2022.

The review included:

- Mental Health Engagement Conference Feedback 2019 and 2022
- Informal survey with Forum Members nationwide 2019
- Survey with Area Leads for Engagement in 2019
- Just Economics commissioned report on mental health engagement 2020
- Action Research with Mental Health Service Leaders Genio 2021
- Area Leads for Engagement meeting minutes 2022-2024
- Engagement and Recovery Alignment Meetings with nationwide staff 2022-2024

Interviews and Surveys

The National Project Manager completed contemporary interviews with staff in 2022 and additional surveys with staff and volunteer forum members.

- 1:1 interviews with 20+ HSE staff and aligned professionals in mental health services
- This included current and former members of the National MHER Teams and Area Leads for Engagement & Recovery Coordinators
- Forum Members and Staff Surveys in 2023

The themes that emerged from the engagement material were as follows:

- Clarity of the role of the National Office of MHER,
- Options and new methods for engagement,
- Connect the engagement and recovery community,
- Measure and monitor engagement activity,
- Incentivise and support staff and people with lived experience to get involved,
- More voices in the engagement structures,
- Close the feedback loop.

Selection of quotes from the interviews and surveys:



“Looking for a National Office Plan that has sustainability at its core. Needs a clear strategic methodology that everyone is following nationally. Looking for a framework led by the National Office.”

— Senior Leader, HSE Mental Health

“The same KPIs should be put in place for every CHO. The system values numbers but stakeholders value quality and changes in practice. Maybe KPIs that require one action per meeting?”

— Former Area Lead for Engagement

“The opportunity to use my experiences to hopefully improve the service for generations to come. The forum is a valuable opportunity to engage positively with Senior Management with the intention to improve MH services from sharing our experiences and suggest ideas that the service provider might not even be aware that there is a need for without the service users and their carer’s feedback.”

— Volunteer Forum Member

“We cannot keep relying on the same people who attend forums for our lived experience input. If forums are to continue, I suggest membership be time-limited to ensure we are providing an open and accessible opportunity that is reflective of recent experiences accessing mental health services.”

— Current Area Lead for Engagement

“SUFMC value having a voice, getting transparent responses (even if not what we want to hear), receiving information, being consulted.”

— Volunteer Forum Member

Enhancing Engagement Steering Group Meetings

The group met 9 times in 2022, eight times in 2023 and twice in 2024. The meetings were primarily online for 2 hours at a time with three in-person full day meetings.

The Steering Group agreed a set of recommendations in mid 2022 based on the analysis of the themes of the consultation review.

Here are those recommendations:

- 1.** Co-create a set of principles/values to underpin mental health engagement
- 2.** A strategic plan for the National Office of Mental Health Engagement & Recovery (MHER)
- 3.** A new model and framework for mental health engagement
- 4.** A local/regional action plan to support Local and National Service Planning and the role of Area Lead for Engagement
- 5.** Key performance indicators for engagement Activity
- 6.** Establish an engagement and recovery alignment process
- 7.** Community of Practice for people who work in recovery and engagement roles
- 8.** Co-create a children and youth model/process for engagement
- 9.** Digital engagement opportunities
- 10.** Guidance in a variety of methods of engagement
- 11.** Gather and promote existing good practice for engagement
- 12.** Establish policy alignment for mental health engagement
- 13.** Proposed governance model for engagement and recovery roles
- 14.** *Engagement is Everybody's Business Campaign*⁷
- 15.** A new National Engagement Mechanism which ensures that the National Mental Health Operations team operationalises one recommendation from a national engagement meeting per annum. For example, this MH Ops working group is currently looking at alternative access to MH services other than A & E, a topic of importance at the National Engagement Conference in Q4 2022.

The project managed to achieve 90% of the recommendations in the following 18 months.

7. MHER plans to explore this campaign with partners in 2025

Engagement and Recovery Alignment with the wider Staff Group

MHER established and hosted quarterly national meetings of staff with specific roles in mental health engagement and recovery for sharing information and inputting into service recommendations. The meetings began in Q3 2022 and are ongoing.

The purpose of these meetings was agreed by the attendees in Sept 2022. In response to multiple expressions of interest from across recovery and engagement paid roles as well as SUFMC requests, MHER and the wider staff group will, through these meetings, proactively **listen** and:

- > **Connect** as a community
- > Instill **hope** in future partnership working
- > **Identify** realistic ways in which we can align
- > Start **planning** for meaningful alignment that works for everybody
- > **Empower** and offer support to each other
- > Identify our collective **needs** to build alignment for strategic action

See appendix for further detail on the alignment meetings to date.

Subgroups

As part of the overall Mental Health Enhancing Engagement Programme a number of sub groups were created to drive the creation and implementation of engagement methods across mental health services. The subgroups met at a similar frequency to the Steering Group during their lifetimes (2023-2024).

CAMHS Engagement subgroup

In 2022, a CAMHS Subgroup was formed with the main objective to:

“Ensure that youth and children’s voices are heard consistently in CAMHS services and that it contributes to service development and to provide a consistent opportunity for parents/guardians to feedback on services.”

The publication of the **Look Back Review into Child & Adolescent Mental Health Services** by Dr. Sean Maskey in 2022 highlighted the necessity for engagement mechanisms while the more recent **Mental Health Commission Independent Review** on CAMHS further referenced engagement methods required across all CAMHS settings:

47. Each young person and their family should be offered the opportunity to provide feedback on their experience in CAMHS. This information should be collected using standardised templates and used to improve quality of services both within the individual CAMHS Teams and across each CHO.

48. The HSE must make information about help and treatment for all levels of mental illness, widely available to the public, more coherent and more user friendly.

49. Young people and parents must be involved at every level of CAMHS service planning⁸

Both *Sharing the Vision* and the *Slaintecare Action Plan* also speak to this need for engagement while the *CAMHS Operational Guidelines* also outline a number of guidance recommendations on how CAMHS should involve young people and adolescents in service design and delivery. Despite this guidance, there remains no overall structured model of engagement that can be used across all services, currently engagement methods are undertaken under various approaches across regions. The aforementioned policies and reports speak to the need for engagement with people who use services, their families, and their supporters and it is under this context that this sub group recommended a pilot to fund external engagement processes with a youth organisation in one pilot sites. Following this pilot programme it is envisaged that there will be a standardised coproduced engagement model in place which can be scaled across all CAMHS settings.

CAMHS subgroup objectives that have been achieved:

- > Form a subgroup of stakeholders with expertise in youth voice, CAMHS operations, the legal role of parent/guardian and engagement
- > Agree principles and purpose of CAMHS engagement
- > Research and collate good mechanisms for engagement
- > Collate examples of national and international best practice for inclusion in framework
- > Commission surveys of young people (spunout) and parents/guardians (Children's Rights Alliance)
- > Secure funding from Genio
- > Propose pilot to Heads of Mental Health Services
- > Co-produced pilot with mental health service and youth organisation (underway Q1 2024, CHO 9 and Foroige)

NEXT PHASE: Implementation Q4 2024

The Terms of Reference for this Group can be found in the appendix.

8. Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services; Finnerty S, Mental Health Commission, July 2023

Digital subgroup

It was clear from analysis of the consultation data that an alternative, anonymous means of engagement was a necessary element of enhancing mental health engagement. Digital engagement was a way to address this need.

Digital Subgroup objectives that have been achieved:

- Form a subgroup of stakeholders with expertise and interest in digital engagement
- Explore different types of digital engagement for both people with lived experience and staff
- Form a coproduction group to develop an online survey
- Pilot the online survey
- Co-design an online platform for staff

The Terms of Reference for this Group can be found in the appendix.

KPIs subgroup

All consulted groups consistently referred to the need to enhance the value of mental health engagement. One of the ways to do this is to measure engagement.

The KPI subgroup achieved all of their objectives:

- Form a subgroup with stakeholders with operational and measurement expertise
- Design multiple qualitative and quantitative KPIs
- Seek approval of the KPIs from the Heads of Mental Health service
- Secure agreement from data collectors in the regions and at a national level
- Launch KPIs with the Mental Health Engagement Framework actions.

The Terms of Reference for this subgroup can be found in the appendix.

Mental Health Engagement and Recovery Strategic Plan

In response to the expressed need for clarity from the National Office of Mental Health Engagement and Recovery the Office team co-produced a strategic Plan *Engaged in Recovery* in Q2 2023.

MHER held a one-day consultation with the wider staff group at a newly established alignment meeting before presenting to the Assistant National Director for Mental Health for approval. It was launched at an MHER conference in June 2023. It has made the purpose of the office clearer to all within and without mental health services and it is now the structure on which all MHER activity is based and reported upon.

The National Office of Mental Health Engagement and Recovery Strategic Plan **Engaged in Recovery 2023–2026** commits to co-producing an enhanced good practice model for meaningful engagement in mental health services. It identifies the following priority actions:

- Agree a set of key performance indicators (KPIs) for all healthcare organisations
- Publish guidance documents to support a variety of engagement methods
- Create a National Volunteer Panel as a model for Regional Areas
- Complete and evaluate the following pilots:
 - A Smart Survey digital engagement mechanism
 - An Open Social digital platform engagement and recovery staff
- Commission and evaluate a CAMHS engagement process in partnership with regional Mental Health management
- Continue to develop strong and practical partnerships with our community partners, in particular mental health organisations
- Review and agree upon a consistent regional Engagement Work Plan
- Publish and implement good practice for working with seldom heard groups

The majority of these actions have been achieved through the *Enhancing Engagement Project*.

Additional Surveys

Surveys were carried out online with mental health engagement and recovery staff in 2023 to sense check interest in the development of a community of practice model that it is hoped will develop connection and an opportunity for reflective practice for the different roles involved in this work.

An additional survey was conducted with volunteer forum members in 2023 to sense check how people with lived experience were feeling about mental health engagement at that point in time.

See appendix for examples of questions posed and responses received in both surveys.

Heads of Mental Health Service Meetings

The Chair and National Project Manager began meeting with a Heads of Service subgroup in August 2023 to secure endorsement of the various outcomes of the project specifically the mental health engagement action plan which will align with regional and national service plans and their associated key performance indicators as well as securing approval for the CAMHS engagement pilot.



Assistant National Director Meeting

The proposed outcomes of the *Enhancing Engagement Project* were proposed, and approved, by the Assistant National Director for Mental Health Operations in February 2024.

“This reflects the insights and experience gathered by the National Office of Mental Health Engagement (MHER) and its commitment to ensuring that the voices of people with lived experience inform service delivery, design, development and improvement. The Office is continually learning how to best learn from, and with, experts by experience to enable the production of such contemporary and useful documents. For the first time in Mental Health Engagement in the HSE, this framework introduces measurement via co-produced Key Performance Indicators. This builds on the MHER’s commitment to collecting data and providing evidence for the efficacy of its approaches.”

— *Dervila Eyres, Assistant National Director, Mental Health Operations*

Documents and Actions

The Mental Health Engagement Framework and its support guides and documents were officially launched on 16th April 2024 by the Minister for Mental Health and Older People, Mary Butler, T.D. See all documents linked on [page 4](#).

Additional incentivisation is offered to staff in the form of small grants of €10,000 to support each health regions to improve mental health engagement in line with the new framework. These grants can be applied for through MHER on mhengage@hse.ie

Socialisation Plan

The Project Manager worked with the new Programme Manager for mental health engagement in the National Office of Mental Health Engagement and Recovery to create a socialisation plan for the new framework actions, measurement and supports in April 2024. The plan includes information sessions with different teams across mental health services, a refresh

session for Heads of Service, data gathering, promoting service plan inclusion and continuous exposure and acknowledgment of good practice in engagement.

Request a copy of the Socialisation Plan from mhengage@hse.ie

Enhancing Engagement Project Pilots

Children and Youth Mental Health Engagement Pilot

The co-design of a Children and Youth Engagement Process was informed by the CAMHS subgroup research and the survey responses from the spunout led survey with young people who engage with mental health services and a Children's Rights Alliance

The pilot is underway in CHO9 in partnership with Foróige. The Oversight Group for this pilot is led by MHER and includes many of the original subgroup members as well as 2 people with lived experience of using CAMHS services and associate membership of CHO 9 CAMHS and Foróige staff.

It is expected that the outcome of this pilot will be a standardised offering that can be rolled out in all CAMHS sites nationwide.

MyExperience Survey

The Digital engagement subgroup was set up to explore and devise new forms of mental health engagement for all stakeholders to address a need for anonymity and reduce the need to travel to be part of engagement.

The subgroup set up a co production team in CHO 6 to devise a fully co-produced digital survey for engagement.

This survey, the *MyExperience* survey, has been piloted and evaluated and is now available for any region to use through the Smart Survey platform with the support of MHER.

Contact mhengage@hse.ie

Open Social Pilot

Open Social is a Facebook-like platform. A full site was developed by the *Enhancing Engagement Project* to share programmes of work, current research and potential for online fora within a secure HSE-backed system. Unfortunately despite the interest in this platform from MHER staff nationwide the HSE made a decision to stop using this platform, so the pilot did not continue for implementation.

Closing Remarks

Documenting this process is something from which HSE offices can benefit. It ensures that the know-how of the process is not lost at the close of a project and it can support future improvement initiatives.

This paper shares good practice examples of working in partnership with multiple stakeholders who each have their own valued expertise. Patience and time are paramount when co-creating something new within a system, it allows for multiple perspectives to be heard, for commonalities to be found and it gives space for realistic and respectful dialogue about challenges. The paper also highlights valuable incentives that promote change such as introducing measurement tools and offering start-up grants.

It is hoped that this process document will provide an opportunity for reflection on partnership working and offer some ideas on how to work creatively with others to problem solve to improve service delivery.

Appendix 1:

Interview questions and responses

Telephone and in-person interview Questions Q1 2022:

1. What has worked well in mental health engagement thus far?
2. What has not worked well?
3. What are the structural barriers to engagement?
4. What are the opportunities for enhancing engagement?

Sample of Senior Leadership responses

- " Looking for a National Office plan that has sustainability at its core. Needs a clear strategic methodology that everyone is following nationally. Looking for a framework led by the National Office
- " Facilitating [engagement] in different ways, offering options
- " Roles need to be better connected
- " Bring together all staff working on Recovery and Engagement nationally
- " Sustainability plan and evidence are important so that roles are sustained
- " Important to have ongoing monitoring agreed between HOMHs and MHER office – financial and qualitative
- " Need to generate evidence
- " Incentivise champions of engagement

Sample of Area Leads for Mental Health Engagement responses

- " The same KPIs should be put in place for every CHO.
- " The system values numbers but stakeholders value quality and changes in practice. Maybe KPIs that require one action per meeting.
- " Priority needs to be given to opening up engagement to everyone. Failure to do so just perpetuates the tokenistic nature of engagement.
- " There are ample people out there who will be able to contribute meaningfully without the need for capacity skills training, they just need to be allowed to share their experience. Others may need to be supported to enhance their skills so that they can contribute. Both have valuable experiences that we need to hear about.
- " We cannot keep relying on the same people who attend forums for our SUFMC input. If forums are to continue, I suggest membership be time-limited to ensure we are providing an open and accessible opportunity that is reflective of recent experiences accessing mental health services.
- " SUFMC value having a voice, getting transparent responses (even if not what we want to hear), receiving information, being consulted.
- " Look at new ways to engage – perhaps through creativity/sport/nature (might be a good way to capture feedback).
- " The lack of clear strategic guidance and support (locally and nationally) around what engagement could and should look like.
- " Before attempts are made to develop engagement exercises I think the MHER National Office & Heads of Service need to regroup and collectively decide what they want from engagement and what is feasible.
- " There are a lot of opportunities for engagement, but it is all meaningless if the information gathered is little more than a box-ticking exercise and there isn't support from all staff for it to influence change.

Appendix 2:

Final Report on the MHER Community of Practice Survey with staff (2023)

Survey Introduction on Wufoo:

What is a Community of Practice?

A community of practice is defined as a group of people who care about or are passionate about similar sorts of things and learn how to do it better as they interact frequently. It also refers to communities of people who share a common interest in a particular topic, issue or problem and who interact regularly to discuss their ideas, experiences and best practices.

On that note, we ask that you share your thoughts on this by completing the survey linked here.

What is Reflective Practice?

Reflective practice is when practitioners engage in a continuous cycle of self-observation and self-evaluation in order to understand their own actions and the reactions, they prompt in themselves and others. The goal is not necessarily to address a specific problem or question defined at the outset but to observe and refine practice in general on an ongoing basis.

Many thanks for your cooperation and insights.

Results of the survey broken down per question:

What is the title of your role?

Family Support Worker (3)

Peer Support Worker (12)

Area Led for Engagement (4)

Recovery Coordinator (4)

Peer Educator (4)

Recovery Ed Facilitators (2)

Other (4)

Total respondents: (33)

What do you think the makeup of a Community of Practice should look like?

All paid engagement and recovery Roles regionally (6)

All paid engagement and recovery roles nationally (5)

Specific groupings of paid engagement and recovery roles nationally (3)

Other (1)

All of the above (18)

Which of the following do you think is the most important element of a Community of Practice?

Mutual learning and external learning opportunities (10)

Sharing information and problem-solving (8)

Reflective practice (6)

Defined specific areas to work on together (4)

Getting to know each other (4)

If time was no issue, how often do you think a community of practice should meet?

Quarterly (14)

Monthly (13)

Fortnightly (5)

Other (1)

What benefits do you think a Community of Practice would bring to your role?

- " *Understand and incorporate international best practices to make sure our work is more effective and follows evidence-based strategies*
- " *Think that a Community of Practice would enable the services to become more aware of my role as it is relatively new and also help me to work collaboratively with others in a constructive way that would benefit us all.*
- " *If they shared what they learned with others this could be a benefit to everyone and improve practice*
- " *Identifying ways we can help each other achieve our aims, ways we can form and achieve aims together, unify our efforts around shared strategic objectives, share recovery education content so we stop reinventing the wheel in every CHO, map out and develop a shared vision for recovery education content, standardise practices and policies across CHOS!*
- " *Collaborative working*
- " *Understand and incorporate international best practices to make sure our work is more effective and follows evidence-based strategies.*
- " *It would give the opportunity to learn from each other and learn about the work being done in other areas - what works and what doesn't. It would help strategically as we could all plan together rather than in silos, it would lead to a greater sense of identity under one office. It would also lend more credibility to the office in general if we brought recommendations etc forward as one cohesive group. It would lead to greater consistency across the country. For those that work on national work groups etc, they could report back to the larger group in this forum. NB: I do think that if such a COP existed, it would be in lieu of some of the other meetings that are currently in existence to avoid duplication. IE, I don't think we'd need a monthly Area Lead Meeting, a monthly Alignment Meeting, a COP, and a monthly regional meeting with Michael Ryan then. I think the COP could replace at the very least replace the Alignment meeting, and leave the COP meeting plus the monthly 1:1s with Michael Ryan*
- " *Think a Community of Practice would improve my practice as a Peer Support Worker. It would reconnect me with other Peer Support Workers. It would reduce the isolation I feel within my role. It would give me an opportunity to learn how other Peer Support Workers are doing within their role. I would learn from other Peer Support Workers which would help me when supporting myself and clients.*
- " *Increase the effectiveness of learning, decrease double tasking, bring everyone up to speed more efficiently and safely. enhance my ability to navigate the recovery network authentically and therefore to better deliver high quality recovery education.*
- " *Being kept informed of what's going on in each CHO and receiving updates on national strategies etc.*
- " *Bringing different knowledge and skills together to achieve and improve on recovery focused practices Shared knowledge reduces repetition, increases productivity and generates positivity Development of shared good quality community practice, where all views are respected and included.*
- " *Role can feel like lone worker, limited opportunity to reflect on and refine and develop skills so a COP space with others who work in Engagement and Recovery would provide that missing resource or professional space. It is too easy to feel cut adrift and can be working ineffectively as a result.*
- " *In addition to providing the opportunity to work on specific areas for continuous improvement, it provides a useful platform for reflective practice on the way we do things.*
- " *Clarity in our roles and discovering ways to progress all peer and engagement roles both professionally and financially. Clearer communication from all stakeholders.*
- " *Learning from others and the pooling of ideas/ best practices.*

- " *I have recently left the Acute setting for Rehab. The benefits of a community of practice would include all the organic knowledge collected since the employment of peer support workers: the emotional support extended by colleagues: the sharing of resources developed along the way: and differing perspectives on how things could be done etc,*
- " *Learning from one another and inspiring one another*
- " *It would bring a much better understanding of the role and remove any "ignorance" around what the role is or, maybe more importantly, what it is NOT.*
- " *I think the structured approach to engaging would be beneficial in addition to providing a systematic approach to engaging and meetings nationally. It is nice to know your role on service is aligned to that of your counterparts nationally. It is a good initiative to ensure we run a quality service and continually improve our practice and learn from each other, ensuring all stakeholders' views are present in this.*
- " *Strengthen the streamlining of best practice initiatives across the country Reduce the doubling up of work Idea Generating/shared learning.*
- " *Sharing ideas, support from others in similar roles, mutual learning, a safe reflective space*
- " *Clarify. At the moment our roles are defined by either our supervisor or Line Manager*
- " *Fresh thinking, different views, different ways of doing things, a sense of belonging and support.*
- " *Sharing ideas and learning from each other's experiences. Exploring new ideas and exchanging views. Gaining a deeper understanding of practices. Having a different outlook.*
- " *A good sharing of ideas and experiences among each other. Helping and supporting everyone. A good understanding of all the roles. I would learn from other people and be able to share my own thoughts and experiences.*
- " *More awareness of what other services do. Be able to learn and go and opportunities to learn new ways of operating and interacting in our own roles.*
- " *I currently work as the sole peer in my region with nearest practising peers located 100kms away. This can be quite professionally isolating and the opportunity to connect with a community of practice with fellow lived experience practitioners would help in addressing that isolation. Participating in a community of practise would help to enthuse me in the role, champion recovery orientated practice in my area as well as identifying future plans/projects to work on collectively.*
- " *Mutual support for lone workers. Encouragement to stay true to recovery principles. Shared learning. Regional & national feedback for evaluation purposes - what's working well locally. External learning about recovery developments. Morale boost.*

In 12 months what would you like your Community of Practice to have achieved?

- " *Working together and more understanding of each other's roles*
- " *A 3-5-year action plan aims/objectives/actions to be agreed upon by members.*
- " *Support and confidence building with in the community have sheared insights with other people outside community.*
- " *Development of a shared strategic plan, consistent standardised resourcing of that plan in every CHO, a national volunteering policy*
- for MHER, the launching and utilising of an online platform to share recovery education content among recovery colleagues, a research programme evaluating MHERs activities, integration of recovery education roles into the HSE to address the fact that MHI employment contracts are less favourable than HSE ones (especially regarding the implementation of the reversal of Haddington road 37 to 35 hours and aligning MHI contracts up to date HSE salary scales).*

- " *Cohesion*
- " *A 3–5-year action plan aims/objectives/actions to be agreed upon by members.*
- " *Closer connection with all MHER participants and a clear idea of where we are all headed from a national perspective and applied to a local level.*
- " *To create a stronger connection between Peer Support Workers.*
- " *A coherent and cohesive structure, explicit goals, effective communication mechanism to incorporate all voices, and organizational transparency.*
- " *Opportunities to engage as stated above.*
- " *A defined, practical and measurable set of objectives that will enhance the development of co-produced mental health services, in line with sharing the vision, values in action, etc.*
- " *Met regularly, defined problems and solutions/ approaches that form a resource for new incoming staff and a space for continued reflection and professional improvement.*
- " *To have identified 3 common priority issues that require evaluation and improvement and to have set out an action plan for a rolling 12-month period that supports the achievement of objectives set out for the improvement of those priority issues. The purpose of 12-month rolling is to ensure that as one priority area is resolved another can be added so there are always 3 live issues.*
- " *Career progression pathways and adequate remuneration for lived experience.*
- " *Rather than a fixed set of standards a list of aims or goals that all should be working towards.*
- " *Some achievable goal with an action plan and a review to check if the goals were reached.*
- " *At least some semblance of knowledge of other roles in the community.*
- " *I would hope the community of practice is established. Guidance on advertising, EOI fairly, how many people should there be (is there a max number for this to run optimally). Also if there should be a nationally agreed TOR for this for standardize nationally ensuring the scope is clear. Space for reflective practice initially (should reflectively practice time/space be provided within these meetings or is it for members to do in their own time prior to meeting). Reviewing current practices and making a clear plan on what can be improved, actions, timelines etc.*
- " *Understanding and respect of the role we play*
- " *Sharing of what is happening in other CHOs, sharing of recovery education materials.*
- " *To achieve change and reform. To have new ideas, new roles, a new support network. Achieve a positive collaboration. Built up a strong network. Development and advanced structure and co-operation.*
- " *Agree among our community goals that we want to achieve. Hoping some of our goals have been achieved in 12 months. That we have built a good team building Community and that it's a safe place for us all to put forward thoughts and ideas of our own.*
- " *All participants to feel energised & valued for their contributions Ability to see real positive change in services, no matter how small (e.g. success stories of varied projects) Develop supportive & accessible network of likeminded people.*
- " *More awareness of the strengths out there*
 1. *A specific project, event or similar initiative.*
 2. *Getting to know other lived experience practitioners and their roles.*
 3. *Feeling supported professionally.*
 4. *A regular space for reflective practice to nurture my work.*

What support would you need to attend a quarterly Community of Practice in your region, if any?

- " None (6)
- " A central location if meetings are in person, with 3-4 weeks of advance notice.
- " Supervisor agreement (REF)
- " Adequate budget to give all staff members ability to travel to meetings and adequate notice as rosters are planned at least two months in advance, short notice doesn't work for part time staff. (other)
- " A term of reference, and a definite strategic plan with practical measurable actions in line with sharing the vision, values in action, recovery frameworks
- " Just meeting space
- " Active leadership from senior management and a 12-month calendar to ensure meetings are in the diary and maintained.
- " Clear accountability to all stakeholders who commit and provide input. E.G it would need to be different to area forums where there is little clarity around where information is shared or used.
- " Someone to manage the logistics of arranging and reminding of the events plus the taking of minutes/resolutions if required.
- " It would be great if the meetings rotated from county to county. I'm not a confident driver. I'd like meetings closer to home....
- " Not sure, but this would become clear once COP started.
- " Support from my line manager (PSW)
- " Clear TOR. Clarify on if voluntary membership may be paid. Consideration to increasing staffing levels in recovery education services if needed to complete additional works and ensuring this addition does not impact current services. Administrative support.
- " That it is facilitated online if possible as our workloads are considerable
- " Support and go ahead from management.
- " Protected time
- " That someone else organises the meetings/ activities and that the dates and times of meetings don't clash with recovery education sessions in our college (peer ed)
- " To be provided with advance notice and details of the upcoming meetings. Feedback afterwards about the entire event. Lunch provided to everyone. Directions given.
- " A good location. Advanced notice of meetings. Guide time of the length of meetings. Comfort breaks.
- " Support from line manager.
- " In order to attend I will need for my Line Management to be clearly informed in advance and supportive of this initiative. I will require travel expenses to attend and depending on location overnight accommodation costs.
- " Someone to co-ordinate it & maintain good communication with participants E.g., Recovery Lead Involvement of service providers passionate about recovery.

If you are not likely to take part in a Community of Practice, why not?

- " Do not have time for a COP (REF)
- " Do not have time for a COP (Peer Ed)
- " I would attend for sure.
- " I do not have time for a COP (PSW)
- " Do not have time for a COP (Rec Coord)
- " Do not have time for a COP (Peer Ed)
- " Satisfied with Recovery and Engagement community as it is (PSW)
- " It's badly needed. Developing a sense of community is vital.

Appendix 3:

Summary Report of the Forum Member Survey 2023

January - February 2023

25 individuals responded to questionnaire

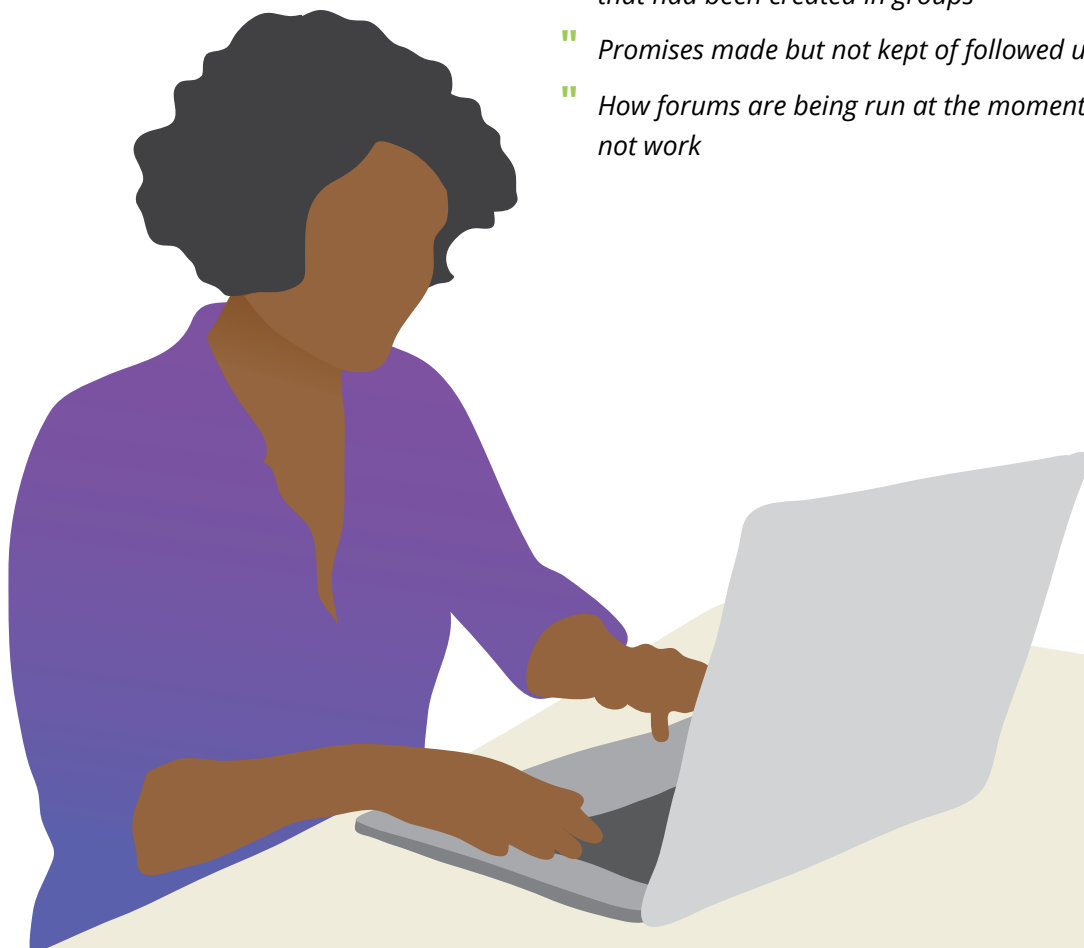
(19 online and 6 written submissions)

1. In your experience what works well in Mental Health Engagement?

- " *When all stakeholders are at the table*
- " *When there is compensation for work done*
- " *When there is open communication*
- " *Giving groups time to talk and give their point of view*
- " *Ensuring interaction between staff and service users at all levels*
- " *Face to face meetings*
- " *Talking to others that have mental health issues*
- " *Listening to people and what they need*
- " *Consistent committed leadership*

2. In your experience what does not work well in Mental Health Engagement?

- " *Hierarchal structures within HSE, system is too rigid and less capacity for co-production*
- " *Items are agreed for action logs but not action/ change occurs – this is disempowering and discouraging.*
- " *When not being listened to, most groups do not achieve any desirable outcomes*
- " *Lack of consultation with families*
- " *Individuals take control based on position within mental health authorities*
- " *Lack of variety in types of engagement*
- " *Lack of communication*
- " *Takeover of HSE by groups broke links and bonds that had been created in groups*
- " *Promises made but not kept or followed up on*
- " *How forums are being run at the moment does not work*



3. Please share specific examples of problems resolved or ideas embedded using the Mental Health Engagement forum structure.

- " *Community café benefited from strong user support in its development*
- " *Co-production of a discharge booklet*
- " *Group day trips*
- " *Communication at local level*
- " *Structure and change to appointment letters (3)*
- " *Hearing voices support group*
- " *Forums give space to be heard*

Other respondents signalled no good examples to mention. Ideas and feedback not actioned, not feeling listened to and problems are therefore not resolved.

4. Please share specific examples where problems and ideas shared did NOT progress through the Mental Health Engagement forum structure.

- " *Too many to count – forums lack feedback loops*
- " *Action log is unworkable*
- " *Ideas did not progress anywhere*
- " *Mental health cafe*
- " *Appointment letters sent to some people using the old template after this action item had been closed by the forum. Some members left after this as they felt forum was ineffective and lost faith that forum taking seriously be management*
- " *Cannot remember as so long since a last meeting took place*

One respondent spoke about feeling bullied from committee members and middle management when discussion arose as to why they had stopped being paid as a centre coordinator. Felt they had nobody to go to.

5. Will you attend future Engagement Meetings?

- " *Not at all likely (6)*
- " *between likely/moderately likely/slightly likely (19)*

6. If you are not likely to attend, why not?

- " *No energy to engage regularly (2)*
- " *No time*
- " *Traumatised by previous experience*
- " *Lack of technology*
- " *Do not like crowd settings*

7. What would make you more likely to share your feedback and ideas with the Mental Health Service? Please share the type of meeting/way of gathering feedback/frequency etc you would prefer

- " *Realistic goals and results published to show actions happening*
- " *Group meetings at a café*
- " *HSE staff to be better informed of the role and purpose of engagement*
- " *Quarterly meetings with option for more*
- " *Gather feedback*
- " *Hear positive stories*
- " *List of meeting dates on HSE website*
- " *More frequent meetings and face to face*

Appendix 4:

Engagement and Recovery Alignment Meetings

6 September 2022, Glenroyal Hotel, Maynooth

- > Established purpose of Alignment meetings
- > Clarified role of the National Office of MHER
- > Identified the most important elements via discussion

29 November 2022, Sheraton, Athlone

- > National Mental Health Updates
- > Highlights and requests presented per region
- > Collaborative activities – Agendas, Engagement,
- > Explore Values and Principles

28 February 2023, 9:30-12:30, MS Teams online

- > National updates /Traveller Mental Health Coordinators to present their role
- > Update on Engagement Activity - Women's Health Fund Consultation, Enhancing Engagement updates

18 May 2023, Radisson, Athlone

- > MHER Strategy Perspectives Consultation

20 September 2023, Sheraton, Athlone

- > National Framework for MH Recovery Consultation

27 March 2024, Sheraton, Athlone

- > National Updates
- > Introduction to MH Engagement Framework, Guides and Documents
- > Consult on socialisation plan for Mental Health Engagement Framework

Next meeting: 19 June 2024, online

Terms of Reference – Subgroups

CAMHS Subgroup

Project Teams Terms of Reference

MHER & Supporting Partners

Name of Project Team: CAMHS Sub Group (Enhancing Engagement Project)

1.0 Aim or Purpose:

To ensure that youth and children's voices are heard consistently in CAMHS services and that it contributes to service development. To provide a consistent opportunity for parents/guardians to feedback on services.

2.0 Objectives:

- 2.1 Commission surveys for youth /parents/guardians preferred methods of engagement
- 2.2 Explore best practices nationally and internationally, create a briefing/scoping doc
- 2.3 Explore digital means of feedback for youth cohort (18-25)
- 2.4 Propose an engagement framework pilot for CAMHS
- 2.5 Secure funding for a pilot
- 2.6 Secure approval for a pilot
- 2.7 Source a Youth-led partner to work with HSE CAMHS team
- 2.7 Develop a KPI to ensure value and measurement nationally

OUTPUT: Recommended Framework for CAMHS Engagement, completed pilot

3.0 Accountability:

The Project Team reports through the Chair, to MHER Enhancing engagement steering group

4.0 Roles and Responsibilities:

- 4.1 The sub-group will be chaired by Jessica Curtis MHER or a designated person who will link and provide updates.
- 4.2 The sub group will agree on the meeting schedule at the first meeting. Additional meetings can be called by the Chairperson or Acting Chairperson (in the absence of the Chairperson) to deal with arising issues.
- 4.3 The Chairperson is responsible for setting the agenda in consultation with the other members. It is open to any group member to place an item on the agenda, which will be done in advance through the Chair.
- 4.4 The agenda for the meeting will issue by the Chair not less than 3-5 working days before the scheduled meeting and will use a standard template.
- 4.5 A meeting quorum will be 50 % plus 1 of the subgroup.
- 4.6 It is the responsibility of the subgroup to ensure delivery of the work set out in the Project Work Plan.
- 4.7 The sub-group will engage with stakeholders as appropriate for this project

5.0 Frequency of Meetings:

- Monthly (increase frequency when necessary to move an item along at an appropriate pace)
- Held at times compatible with the efficient operation of the place of work: Meetings will take place online
- Duration: Jan 2023 – Jan 2024 approx

6.0 Performance and Report: Describe how the performance of the Team will be measured and how progress will be reported.

- Progress will be reviewed through minutes and actions and the development of outputs (engagement mechanisms)
- Timed feedback returned on proposals/readings

7.0 Project Team Membership:

Names of members:	Title / Role:
Jessica Curtis	National Project Manager, MHER
Sarah Hennessey	GM, CYMHO, MH Ops
Sylvia Cahill	CAMHs Principal Social Worker
Emma MacGuire	Area Lead for Engt, CHO 7
Margaret Gallagher	Legal and Policy Manager, Children's Rights Alliance
Sarah Donnelly	DON, CHO 6/7, Lucena CAMHs services
Chloe Costello	Peer Educator of REGARI Discovery College

8.0 Terms of Reference Approved by:

Name and Title	Signature	Date of Approval
Michael Ryan, Head of MHER		Jan 2023

Digital Subgroup

Project Teams Terms of Reference

MHER & Supporting Partners

Name of Project Team: Digital Subgroup Group (Enhancing Engagement Project)

1.0 Aim or Purpose:

To create digital offerings for all stakeholders of mental health engagement.

2.0 Objectives:

- Form a subgroup of stakeholders with expertise and interest in digital engagement
- Explore different types of digital engagement for both people with lived experience and staff
- Form a coproduction group to develop an online survey of mental health services
- Pilot the online survey
- Share final product (online survey) with Sharing the Vision Recommendation Group
- Co-design an online platform ready for staff pilot

3.0 Accountability:

The Project Team reports through the Chair, to MHER Enhancing Engagement steering group

4.0 Roles and Responsibilities:

- 4.1 The sub-group will be chaired by Sushil Teji or a designated person who will link and provide updates.
- 4.2 The sub group will agree on the meeting schedule at the first meeting. Additional meetings can be called by the Chairperson or Acting Chairperson (in the absence of the Chairperson) to deal with arising issues.
- 4.3 The Chairperson is responsible for setting the agenda in consultation with the other members. It is open to any group member to place an item on the agenda, which will be done in advance through the Chair.
- 4.4 The agenda for the meeting will issue by the Chair not less than 3-5 working days before the scheduled meeting and will use a standard template.
- 4.5 A meeting quorum will be 50 % plus 1 of the subgroup.
- 4.6 It is the responsibility of the subgroup to ensure delivery of the work set out in the Project Work Plan.
- 4.7 The sub-group will engage with stakeholders as appropriate for this project

5.0 Frequency of Meetings:

- Monthly (increase frequency when necessary to move an item along at an appropriate pace)
- Held at times compatible with the efficient operation of the place of work: Meetings will take place online
- Duration: Dec 2022 – Dec 2023 approx

6.0 Performance and Report: Describe how the performance of the Team will be measured and how progress will be reported.

- Progress will be reviewed through minutes and actions and the development of outputs (engagement mechanisms)
- Timed feedback returned on proposals/readings

7.0 Project Team Membership:

Names of members:	Title / Role:
Sushil Teji	Volunteer/Strategic lead for Engt CHO 6
Jacopo Villani	Programme Manager MHER
Margaret Keane	Recovery Educator CHO 3
Andrea Koenigstorfer	Area Lead, CHO 6

7.1 Associate/Support members:

Jessica Curtis	MHER National Project Mgr
Donal O'Keefe	Recovery Coordinator, CHO 6
Matthew Airlie	Administrator CHO 6

8.0 Terms of Reference Approved by:

Name and Title	Signature	Date of Approval
Michael Ryan, Head of MHER		Jan 2023

KPI Subgroup

Project Teams Terms of Reference

MHER & Supporting Partners

Name of Project Team: KPI Subgroup Group (Enhancing Engagement Project)

1.0 Aim or Purpose:

To create a measurement tool for mental health engagement.

2.0 Objectives:

- Form a subgroup with stakeholders with operational and measurement expertise
- Design multiple qualitative and quantitative KPIs
- Seek approval of the KPIs from the Heads of Mental Health service
- Secure agreement from data collectors in the regions and at a national level
- Launch KPIs with the Mental Health Engagement Framework actions.

3.0 Accountability:

The Project Team reports through the Chair, to MHER Enhancing Engagement steering group

4.0 Roles and Responsibilities:

- 4.1 The sub-group will be chaired by Jessica Curtis or a designated person who will link and provide updates.
- 4.2 The sub group will agree on the meeting schedule at the first meeting. Additional meetings can be called by the Chairperson or Acting Chairperson (in the absence of the Chairperson) to deal with arising issues.
- 4.3 The Chairperson is responsible for setting the agenda in consultation with the other members. It is open to any group member to place an item on the agenda, which will be done in advance through the Chair.
- 4.4 The agenda for the meeting will issue by the Chair not less than 3-5 working days before the scheduled meeting and will use a standard template.
- 4.5 A meeting quorum will be 50 % plus 1 of the subgroup.
- 4.6 It is the responsibility of the subgroup to ensure delivery of the work set out in the Project Work Plan.
- 4.7 The sub-group will engage with stakeholders as appropriate for this project

5.0 Frequency of Meetings:

- Monthly (increase frequency when necessary to move an item along at an appropriate pace)
- Held at times compatible with the efficient operation of the place of work: Meetings will take place online
- Duration: Dec 2022 – Dec 2023 approx

6.0 Performance and Report: Describe how the performance of the Team will be measured and how progress will be reported.

- Progress will be reviewed through minutes and actions and the development of outputs (engagement mechanisms)
- Timed feedback returned on proposals/readings

7.0 Project Team Membership:

Names of members:	Title / Role:
Jessica Curtis	National Project Manager, MHER
Susan Moy	Business Manger, CHO 6
Philip Flanagan	Service Improvement Lead, MH Ops

8.0 Terms of Reference Approved by:

Name and Title	Signature	Date of Approval
Michael Ryan, Head of MHER		10 Dec 2022



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

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