

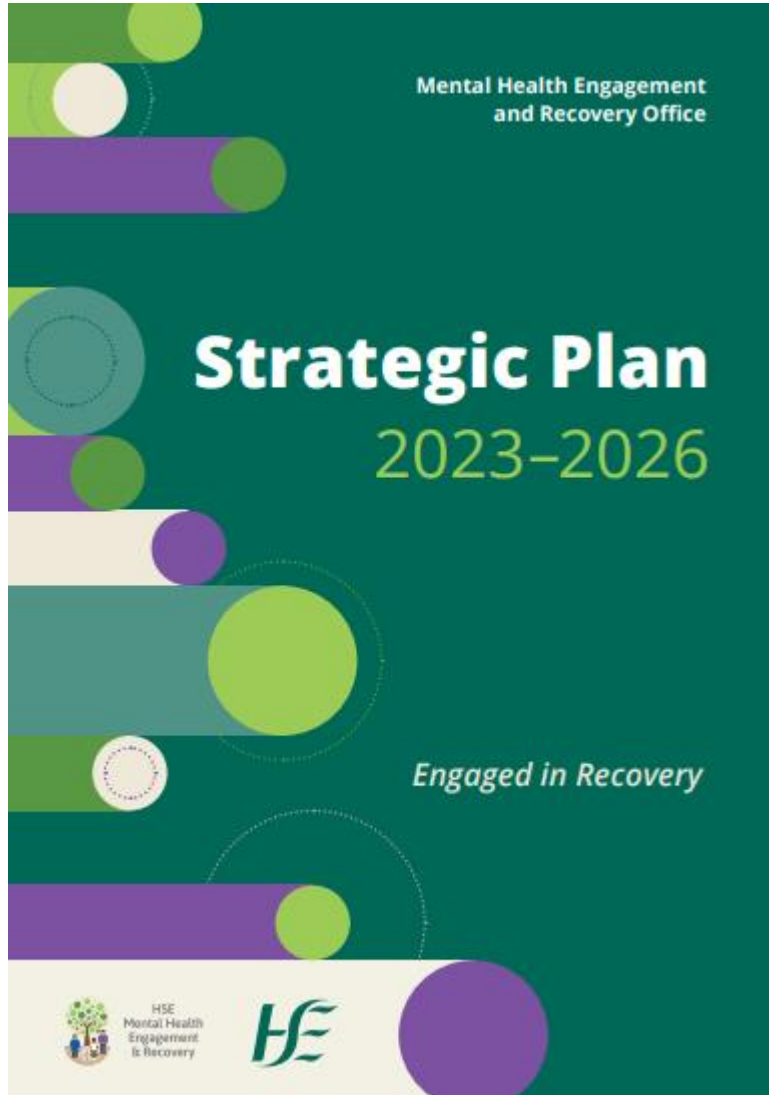


**Una Twomey Strategy Lead**

**Mental Health Engagement & Recovery**



# MHER Strategic Plan 2023 – 2026







# Engaged in Recovery





# MHER Vision

## OUR VISION

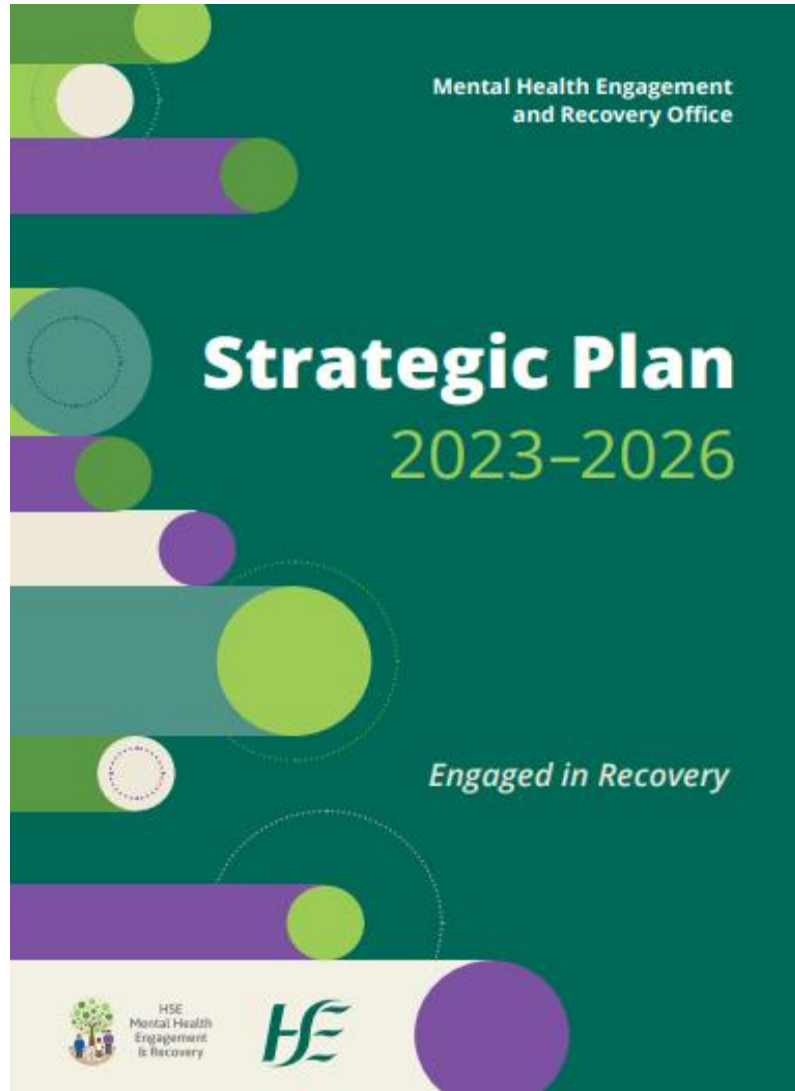
In line with 'Sharing the Vision' is for a recovery focused mental health service which:

- » **Actively involves service users, family members, carers, supporters and staff and takes action to respond to their feedback.**
- » **Is person-centred and demonstrably values the lived experience perspective.**
- » **Has co-production at its core.**
- » **Prioritises and enables the holistic nature of individual recovery, including clinical, social and psychological recovery, underpinned by a human rights approach.**
- » **Ensures that everyone who engages with mental health services feels valued, listened to and understood.**





# Engaged in Recovery



## STRATEGIC OBJECTIVES

1. To co-produce an enhanced good practice model for meaningful engagement in mental health services.
2. To co-produce structures and systems that will ensure recovery education is embedded within mental health services.
3. To support and enhance the role of peer and family support working in mental health services.
4. To lead and support the implementation of recommendations from 'Sharing the Vision'.
5. To embed a sustainable model for Individualised Placement Support (IPS).

## ENABLERS

- |  |   |
|--|---|
| <b>1. Organisational Commitment:</b><br>to secure and advocate for good governance, funding and resources to support the recovery approach | <b>2. Communications:</b><br>to facilitate information flows regarding engagement and the recovery approach           |
| <b>3. Data and Evidence:</b><br>to collect data and evidence about the effectiveness of the recovery approach                              | <b>4. Capacity:</b><br>to build multi-stakeholder capacity to engage with and put into practice the recovery approach |



# Strategic Objective 1:

## STRATEGIC OBJECTIVE 1

### To co-produce an enhanced good practice model for meaningful engagement in mental health services.

In 2016 a National Reference Group produced a document called *Partnership for Change*, with a set of recommendations for engagement in mental health. *Partnership for Change* recommended the establishment of the Mental Health Engagement Office and Area Leads for Engagement in each healthcare area which would support local forums made up of people with lived experience of using services. MHER is currently reviewing how this process of engagement has been working and the potential for it to be improved.



*Engagement is important for me as a service user to get my opinions across independently about the services I attended. It is important to have a place to share aspects of my care in a safe way and to feel heard. I only just heard of forums, they sound great, but I wouldn't have time to do all that. How can I share my improvement ideas in an easy way that feels safe for me?"*

—Service User

#### **i** Meaningful engagement:

– respectful, dignified, and equitable inclusion of individuals with lived experience in a range of processes and activities within an enabling environment where power is transferred to people; valuing lived experience as a form of expertise and applying it to improve health outcomes. (WHO Framework for Meaningful Engagement, 2023)

## PRIORITY ACTIONS

By the end of 2026 the MHER Office will have provided an overarching framework for Engagement across MHS to sustain, measure and ensure consistency of approaches nationwide. It will have:

- ➔ Agreed a set of key performance indicators (KPIs) for all healthcare organisations
- ➔ Continued to develop strong and practical partnerships with our community partners, in particular mental health organisations
- ➔ Commissioned and evaluated a CAMHS engagement process in partnership with regional MH management
- ➔ Reviewed and agreed upon a consistent regional Engagement Work Plan
- ➔ Published guidance documents to support a variety of engagement methods
- ➔ Published and implemented good practice for working with seldom-heard groups
- ➔ Created a National Volunteer Panel as a model for Regional Areas
- ➔ Hosted 4 Recovery and Engagement Alignment events per annum
- ➔ Completed and evaluated the following pilots:
  - » Lived Experience paid consultancy
  - » An Open Social platform for digital mental health engagement and recovery education
  - » A Smart Survey digital engagement mechanism

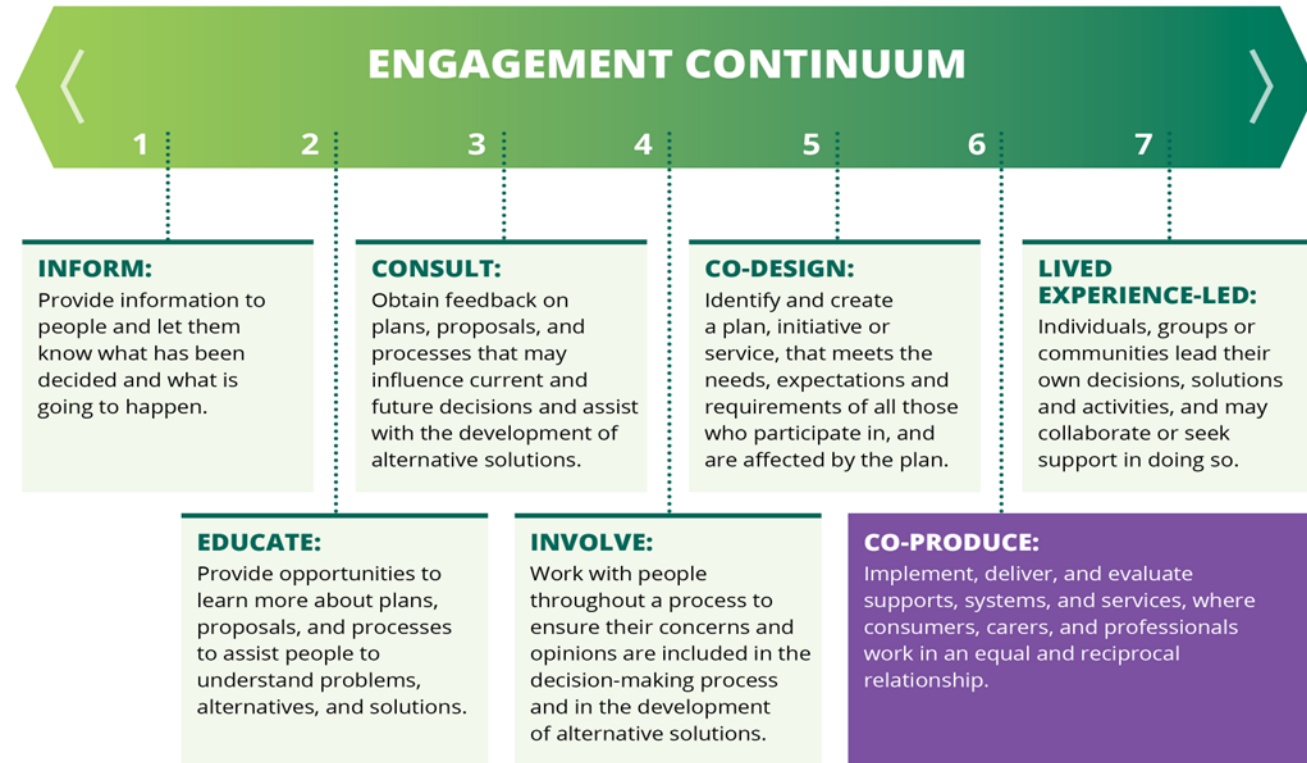


#### **What works in Engagement?** *(Forum Members Survey, 2023)*

- "Communication at the local level."*
- "Structure and change to appointment letters."*
- "The setting up of a Hearing Voices support group."*
- "Forums give space to be heard."*
- "The co-production of a discharge booklet."*
- "The Community café benefited from strong user support."*



# Mental Health Engagement Continuum







# Strategic Objective 2:

## STRATEGIC OBJECTIVE 2

**To co-produce the structures and systems that will ensure recovery education is embedded within mental health services.**

Recovery education is a vital component in the transformation of mental health services. It is an educational response to the recovery needs of service users, family members, carers, supporters, and service providers. Recovery Education programmes are underpinned by the values and principles of both recovery and adult education.

”

*The messages I get from persons attending recovery education in ARCHES recovery college, demonstrate that they have been transformed in some way by the experience. This demonstrates that peer recovery education really is making a difference for the good and betterment of all.”*

—Recovery Education Facilitator

## PRIORITY ACTIONS

By the end of 2026, the MHER Office will have:

- Implemented a new Recovery Education Strategy
- Provided resources for the delivery of national core recovery education programmes e.g., Recovery Principles and Practice
- Collaborated with service providers and partners to embed agreed models of Recovery Education across all HSE health organisations
- Increased the number of WRAP® facilitators in recovery education services
- Significantly progressed the reach of Recovery Education roles within the HSE including specialist areas e.g. CAMHS
- Co-produced KPIs to support Regional Health Areas to monitor Recovery Education service progression
- Overseen the co-production of a series of Recovery Education programmes for all service providers
- Created pathways for those working in recovery education to support and progress this area in mental health services



# Recovery Education

## Sharing the Vision Recommendation 29

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

## Recovery Principles and Practice Workshop



An Introduction to Our National Framework  
for Recovery in Mental Health





# Strategic Objective 3:

## STRATEGIC OBJECTIVE 3

### To support and elevate the role of family and peer support working in mental health services.

The MHER Office is committed to supporting the expansion of lived expertise in the form of peer and family support work across mental health services. The Office is also committed to developing opportunities for progression, as well as supporting high quality education for this cohort.

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*I have worked as a family peer support worker since 2020 and I have been employed by HSE since 2022. I love the ethos of the family peer service, it's in partnership 'with' rather than 'delivered to' family members, listening to each other in a respectful way. I'm mindful when I use parts of my own story to ensure it's shared in a way that is healing to the person I'm supporting- I get what the person is experiencing and going through. It's a wonderful thing to see the relief on a family member's face when they feel heard and understood.”*

—Family Peer Support Worker

## PRIORITY ACTIONS

By end of 2026, the MHER Office will have:

- Secured the funding to bring the number of peer and family support workers up to 60 posts
- Educated service provider teams about the evidence for peer support
- Worked with the regional management to identify teams who are ready to embed peer support in their team
- Advanced plans for peer support in other populations e.g., CAMHS
- Developed new peer support team leader and principal peer support worker grades
- Provided advice and recommendations with educational institutions to ensure that quality peer education is standardised across the country
- Agreed a new governance structure for peer and family support work





# Strategic Objective 4:

## STRATEGIC OBJECTIVE 4

### To support the implementation of relevant recommendations from 'Sharing the Vision'.

The National Office of Mental Health Engagement and Recovery will ensure that all recommendations assigned within 'Sharing the Vision' are implemented.

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*It's a pleasure working in a group led by MHER. Well chaired, always keeping the group focused on aims & allowing for discussion and reflection. I've enjoyed the opportunity to be part of service developments where children, young people and their families' voices are at the centre of decision-making.*

—MHER Working Group Member, Clinician

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*There is terrific representation. The group is super-engaged. Being part of this group is energising and makes me really hopeful for what we can achieve.*

—Working Group Member, Deputy CEO, NGO

## PRIORITY ACTIONS

By 2026, the MHER Office will have:

- ➔ Successfully led and implemented 11 of the MHER recommendations
- ➔ Worked to embed lived experience across all 'Sharing the Vision' recommendations
- ➔ Successfully supported 9 further recommendations

### The 'Sharing the Vision' Recommendations Assigned to the MHER Workstream:

NUMBER	RECOMMENDATION
26	CMHTs' outreach and liaison activities with Voluntary and Community Sector partners in the local community should be enhanced to help create a connected network of appropriate supports for each service user and their FCS.
27	An individualised recovery care plan, co-produced with service users and/or FCS, where appropriate, should be in place for, and accessible to, all users of specialist mental health services.
29	Further training and support should be put in place to embed a recovery ethos among mental health professionals working in the CMHT as well as those delivering services elsewhere in the continuum of services.
30	CMHTs and sessional contacts should be located, where possible and appropriate, in a variety of suitable settings in the community, including non-health settings.
39	The HSE should consult with service users, FCS, staff, and those supporting priority groups to develop a standardised access pathway to timely mental health and related care in line with the individual's needs and preferences.
65	The HSE should ensure access to appropriate advocacy supports in all mental health services.
71	A sustainable funding stream should be developed to ensure agencies can work effectively together to get the best outcomes for the individual using the Individualised Placement Support model, which is an evidence-based, effective method of supporting people with complex mental health difficulties to achieve sustainable, competitive employment where they choose to do so.
72	The current HSE funding provided for day centres should be reconfigured to provide individualised supports for people with mental health difficulties and be consistent with the New Directions policy.
74	The HSE should continue to develop, fund and periodically evaluate existing and new peer-led/peer run services provided to people with mental health difficulties across the country.
78	Regular surveys of service users and FCS should be independently conducted to inform assessments of performance against PIs and target outcomes in this Sharing the Vision.
97	Mental health services should make use of other non-mental health community-based physical facilities, which are fit for purpose, to facilitate community involvement and support the implementation of the outcomes in this policy.

Link to [Sharing the Vision Implementation Plan](#).



# Strategic Objective 5:

## STRATEGIC OBJECTIVE 5

### To embed a sustainable model for Individualised Placement Support (IPS).

The National Office of Mental Health Engagement and Recovery will continue to support the integration of the IPS model. IPS was mainstreamed in the HSE in 2021 under the MHER Office. IPS is a recommendation of Sharing the Vision.



*Working directly with the MHER office as an IPS Employment Specialist to successfully improve and expand the (IPS) Individual Placement and Support service has had a tremendously positive outcome nationally.*

—IPS Coordinator

## PRIORITY ACTIONS

By 2026, the MHER Office will have:

- Collected data to measure IPS activity and make business cases for ongoing funding
- Educated service providers on the role of IPS and the evidence for its success
- Co-produced Standard Operating Procedures and fidelity reviews to ensure ongoing best practice and quality implementation of IPS
- Supported ongoing learning through a community of practice & fidelity training



# Individualised Placement Support

- Evidence-based, effective method of supporting people with complex mental health difficulties to achieve sustainable, competitive employment where they choose to do so
- IPS was mainstreamed in the HSE in 2021 under the MHER Office with the intention of making access to IPS available to all adult mental health service users by 2030.
- There is currently funding for 60 IPS posts.





**Thank You**

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