

Mental Health Engagement
and Recovery Office

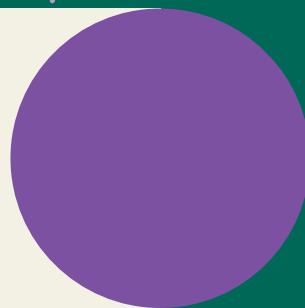
Strategic Plan

2023–2026

Engaged in Recovery



HSE
Mental Health
Engagement
& Recovery



COMMON ACRONYMS

CAMHS – Children and Adolescent Mental Health Services

HSE – Health Service Executive

IPS – Individual Placement Support. IPS is an internationally evidence-based programme to support people with mental health challenges returning or commencing work.

(**IPS Fidelity** refers to 'The Fidelity Scale' which is the translation of the 8 principles of IPS into 25 items that a service can be scored against. The higher the score, the greater the quality of the IPS service and the higher the expected job outcomes.)

KPI – Key Performance indicator. A KPI is a quantifiable measure of performance over time for a specific objective. KPIs are designed to provide insights that can help people across an organisation make better decisions.

MHER – Mental Health Engagement and Recovery Office

MHS – Mental Health Services

NGO – Non-governmental organisation

WHO – World Health Organisation

UNCRPD – United Nations Convention on the Rights of People with Disabilities

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MINISTER'S FOREWORD

I am pleased to write this foreword for the Mental Health Engagement and Recovery Office Strategy Engaged in Recovery 2023-2026 which speaks to a key focus of mine as Minister for Mental Health and Older People: that of the centrality of lived experience to the enhancement and provision of quality mental health services.

This Strategy builds on the success of the Mental Health Engagement and Recovery Office and related programmes over the past decade. It clearly sets out the Office's next steps in achieving its goal of a person-centred, holistic and recovery-focused mental health service. I note the positive focus on peer-support and recovery education as part of this strategic vision, one which aligns with the progressive steps being taken in mental health policy implementation at a national level. It is a vision I am proud to support.

The Mental Health Engagement and Recovery Office is committed to ensuring that the voices of people with lived experience inform service delivery, development, and improvement. It is working to support an on-going process of change in mental health services, towards services that prioritise recovery and ensure that those requiring their supports feel respected, valued and understood.

The strategic vision of the Office is aligned with our national mental health policy Sharing the Vision in that it envisions a wholly recovery-focused mental health service that actively involves service users, family members, carers, supporters, community partners, and staff in service improvement. The Office's strategic mission and objectives also resonate with the Sláintecare Action Plan aim to have patient engagement play an essential role in its successful implementation. I welcome the HSE's commitment to this work as demonstrated by the development and resourcing of the Mental Health Engagement and Recovery Office and related initiatives to date.

In particular I note the Strategy's strategic goal to embed recovery education in mental health services, which is vital for ensuring that our services embody best practice and provide the best supports possible to all who require them.

The work of the Mental Health Engagement and Recovery Office has supported a welcome step change in mental health services by promoting and supporting a recovery approach. It offers engagement opportunities for service users, family members, carers and staff alike to improve services and recovery education. Importantly, it highlights the value and expertise of lived experience as an equal and essential partner in a recovery-focused mental health service alongside its clinical, social, and community partners. Central to this is the support for the development of peer and family support working within mental health services, which are both vital components of supporting recovery in mental health services.

I look forward to seeing this Strategy implemented in the coming years, in the knowledge of the positive and real impact it will have on people's lives and recovery journeys.

Mary Butler, TD

Minister for Mental Health and Older People

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I believe that the work that the Office for Mental Health Engagement and Recovery does is crucial to ensuring real success in policy implementation and service delivery. Their commitment to ensuring that the voice of the people with lived experience and their supporters informs the design delivery and evaluation of services makes all the difference to ensuring real change.” —CEO, MH NGO

EXECUTIVE SUMMARY

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.

OUR MISSION

is to ensure that lived experience expertise and staff inform the design, development, evaluation, and delivery, and therefore the improvement of mental health services. We do this by:

- » Offering support, guidance and regular engagement
 - » Developing and supporting engagement mechanisms and recovery education
 - » Sustaining the implementation of the National Framework for Recovery
 - » Helping to build the capacity of those who wish to participate in service improvement
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OUR VALUES

EMPOWERMENT

We facilitate an inclusive, strengths-based, and person-centred approach. We seek to ensure that no-one is left behind and all stakeholders are given the space to grow within the recovery approach

CO-PRODUCTION

We work in respectful partnerships with others to improve services through design, development and delivery

CHANGE

We are always seeking to learn from experience. We gather and share evidence of good practice, so that good practice may spread

COURAGE

We are ambitious in what we seek to achieve and do not shy away from innovation and difficult conversations

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

1. Organisational Commitment:

to secure and advocate for good governance, funding and resources to support the recovery approach

2. Communications:

to facilitate information flows regarding engagement and the recovery approach

3. Data and Evidence:

to collect data and evidence about the effectiveness of the recovery approach

4. Capacity:

to build multi-stakeholder capacity to engage with and put into practice the recovery approach

ENGAGEMENT AND RECOVERY CONTEXT

Internationally, there has been an increased focus on working in partnership with service users, family members and carers in mental health settings, and recovery principles have emerged as a driving force behind public mental health policies.

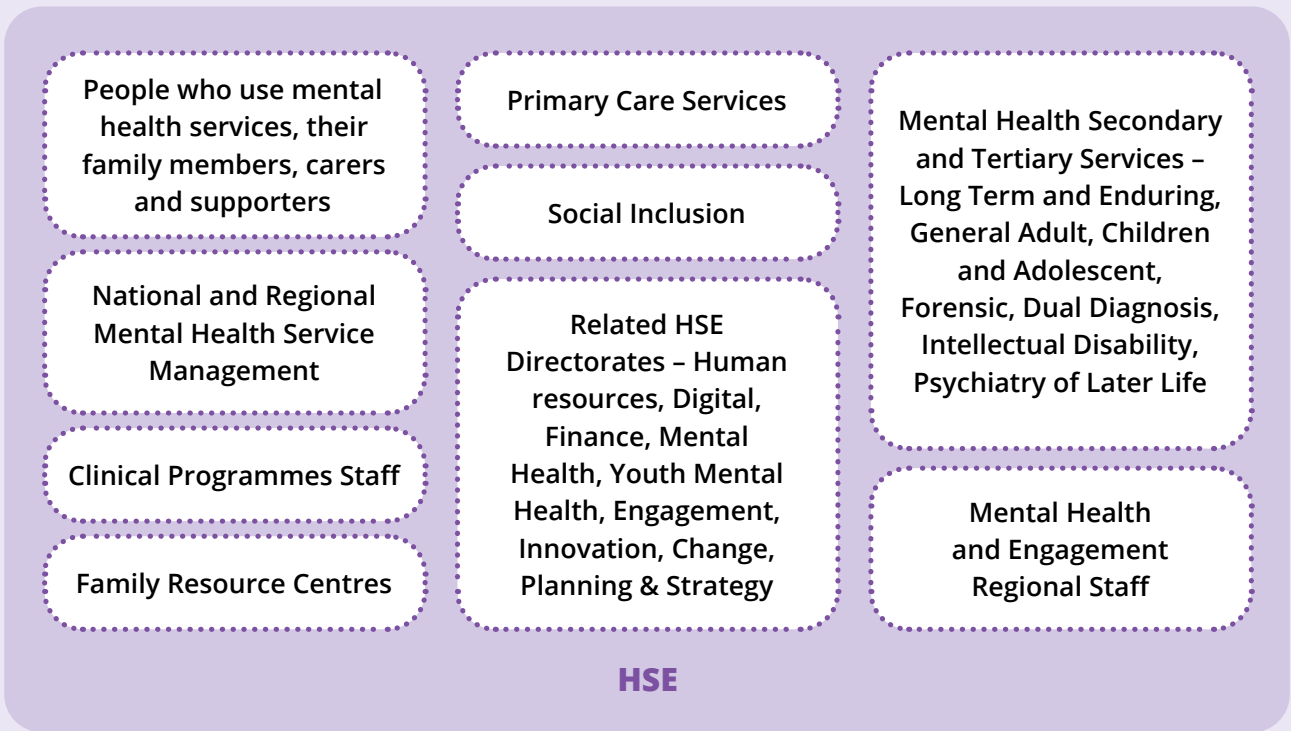
The World Health Organisation published guidance on mental health services in 2021 that calls for a focus on scaling up community-based mental health services that promote person-centred, recovery-oriented and rights-based health services. Relatedly, Article 21 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) - which Ireland adopted in 2018 - asserts that persons with disabilities have a right to freedom of expression and opinion. This includes *the freedom to look for, receive and send information and ideas on an equal basis with others.*

In Ireland, this focus has been driven by our national policies for mental health services, initially 'A Vision for Change' (Department of Health, 2006) and the HSE National Strategy for Service User Involvement in the Health Service 2008- 2013. Currently 'Sharing the Vision - a mental health policy for all', (Department of Health, 2020), moves to integrate service user, family member, carer and supporter experience into the design, delivery and evaluation of services through various initiatives centralised under the Mental Health Engagement and Recovery Office. In 2018, the first version of 'A National Framework for Recovery in Mental Health 2018-2020' (HSE) was produced to support the development of recovery focused services in a standardised, measurable manner. This co-produced framework provided a platform for services to embed the lived experience of recovery throughout the organisation. An implementation plan for 'Sharing the Vision' was published in 2023. There are 100 recommendations which are being implemented by multistakeholder working groups chaired by leaders in mental health services with partners with lived experience as members of every group.

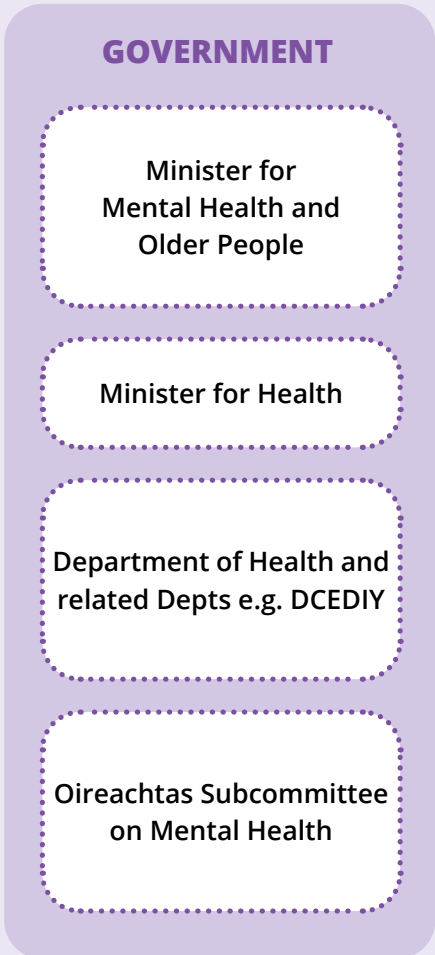
The Sláintecare Action Plan (DOH Ireland, 2019-2023) for Ireland's health services asserts that patient engagement will play an essential role in its successful implementation¹ while the HSE Corporate Plan 2021-2024: Enabler 1 aims to create an environment where patients, families, carers are listened to and actively involved in making our services better and safer.² The Patient Safety Strategy 2019-2024 names as its first commitment *Empower and Engage Patients to improve patient safety.*³ In 2023 the HSE National Service Plan's (Mental Health) objectives included *Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services with commitments to develop a Recovery Education Strategy 2023-2028, expand public engagement and feedback mechanisms and develop a national volunteer co-production panel.* The National Healthcare Charter - You and Your Health Service was published in 2012 and formed part of a wider initiative to engage service users. This strategy promotes the commitments laid out in the Charter through its underpinning principles and values.

MHC Quality Framework (2023)⁴ established a standard (Standard 1.3) that states that the mental health service values and actively seeks feedback from service users by, for instance, auditing the experience of service users, family members and carers across the continuum of care and planning services. A key theme of the framework is a *compassionate, holistic, non-discriminatory, and person-centred service responsive to the needs of the service user (including their families, carers, and representatives).*

The HSE has since developed policies, roadmaps and pathways to innovation, for example, HSE Office of Quality and Improvement recently published its own patient engagement roadmap *Better Together*. It is within this context that MHER presents its first strategic plan.



MENTAL HEALTH ENGAGEMENT AND RECOVERY OFFICE STAKEHOLDERS



ABOUT THE MHER OFFICE

The Mental Health Engagement and Recovery Office (MHER) was established in 2019 by the coming together of the Advancing Recovery Ireland project (ARI) and the Mental Health Engagement Office (MHE). ARI and MHE were the initial drivers of cultural change for the recovery approach.

MHER is working to support this continuing process of change in mental health services, towards services that recognise that **recovery is a life worth living, with or without mental health difficulties, and a life that is possible for everyone.**

The MHER Office is part of the Health Service Executive (HSE) Mental Health Community Operations team. The larger team has responsibility for all mental health services, including:

- » Area-based mental health services (i.e., approved in-patient residential centres and all community-based teams)
- » Child and Adolescent Mental Health, General Adult Mental Health and Psychiatry of Later Life
- » National Forensic Mental Health Service
- » National Counselling Service
- » 'Sharing' the Vision Implementation

The work of the MHER Office itself is focused on guidance and support for recovery approaches and meaningful engagement.

MHER is guided by the national mental health policy, *Sharing the Vision - a mental health policy for everyone* (2020-2030) and the *Sláintecare Action Plan* which emphasises the importance of engagement. MHER's work plan is part of the annual National Mental Health Service Plan.

MHER is also guided by the *National Framework for Recovery*, a new version of which will be published by the Office in late 2023. The Office complements the *Mental Health Commission Quality Framework* by offering support and guidance to mental health services about the recovery approach.

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The Mental Health Engagement and Recovery Office has been at the forefront of driving the agenda of co-production and lived-experience within the service response of the HSE. The strategic influence of the MHER has been crucial to the effective mainstreaming of a range of programmes and training. Working with the MHER in partnership has been fostered by a mutual respect and a successful track record of collaboration that has delivered change on a national scale, despite the complex challenges of change, innovation and reform.”

—Deputy Executive Director, NGO

OUR SCOPE AND HOW WE WORK

It is important that the MHER Office is understood as an office that can **guide and support** people who use services, their families, carers, supporters, community partners and service providers.

MHER's overarching job is to **promote mental health recovery and recovery approaches**.

The team is dedicated to integrating the expertise of **lived experience** with that of service providers in clinical, educational, employment, and public settings. The Office is aware that lived experience is varied, and as such, MHER is committed to working inclusively, by being aware of the broad social contexts of individuals with lived experience. MHER is committed to Irish equality legislation which offers protection to individuals under nine specific grounds: Age, civil status, disability, family status, gender, membership of the Traveller Community, race, religion/no religion and sexual orientation.

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 (with and without lived experience), the people who use our mental health services, and their supporters and carers. This mutual learning approach helps the HSE to continuously improve, design, develop, evaluate and deliver high-quality services that work well for the people who use them.

Examples of working with community partners include; information provision events such as the Mental Health Act Roadshow and a Women's Mental Health Consultation in 2023 with Mental Health Reform, gathering perspectives on CAMHS Engagement with spunout and Children's Rights Alliance in 2023, Project work with Genio, and ongoing employment in Recovery Education with Mental Health Ireland.

While MHER has established its own succinct set of values in this document (see page 6), our work is also very much guided by the co-produced principles of **Recovery and Engagement**, set out in Appendix 3.

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The MHER office has such an important function in the HSE and mental health landscape. It has been, and is, wonderful to meet people so dedicated to listening to the feedback from people with lived experience of mental health difficulties and their family, friends, carers and supporters. The team is small and yet somehow manages to deliver on so much.”

—Advocacy & Policy Manager, NGO

THIS DOCUMENT

This document outlines the strategy and priority activities for the MHER Office for the period 2023 to 2026.

This first strategic plan has been created in order to communicate clearly how the team approaches its work, what it has done to date, and what it intends to do for the next three years.

The strategy was co-produced by the MHER National Office team. The internal team work on the vision, mission and values began in June 2022 and we progressed to working with an external facilitator in January 2023, met with a representative group of the wider team of mental health and engagement workers in May 2023 and finally sought input from the mental health operations team in late May 2023.

The team can be contacted via this email address: mhengage@hse.ie

ACHIEVEMENTS OF THE MHER OFFICE TO DATE

The MHER Office has built on the work of three innovative projects – Mental Health Engagement, Advancing Recovery in Ireland, and the Service Reform Fund – by centring lived mental health experience as a core expertise in recovery-focused services.

There is an increased understanding within our services that services designed, delivered, and

evaluated with lived experience expertise provide better quality and recovery outcomes than services delivered by clinical excellence alone. MHER follows through on our national policy's commitment to recovery and applies it in our services through our Recovery Education, Peer and Family Support, Engagement, and Individual Placement Support (IPS) projects.

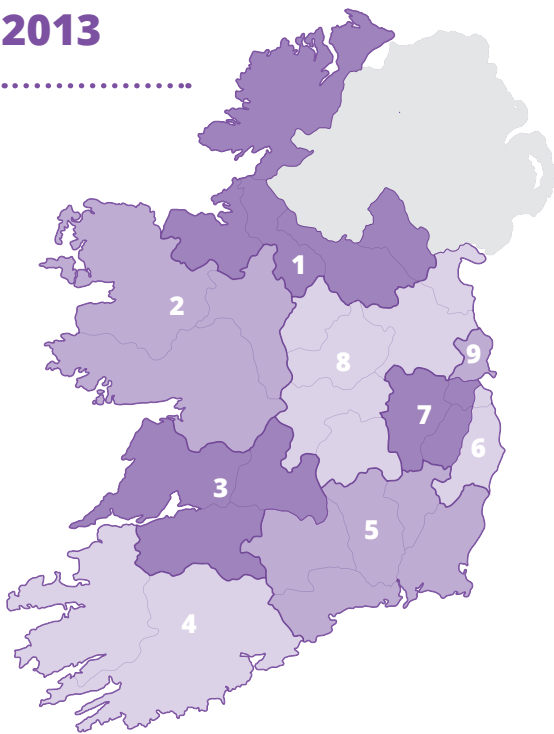
ENGAGEMENT

- » **10 area leads for engagement have been appointed (one in each regional healthcare organisation and one in the National Forensic Mental Health Service).**
- » **Forums were established in local areas, made up of people with lived experience, family members, and supporters (at one point over 150 people were forum members feeding their thoughts and perspectives into the mental health services).**
- » **A National Enhancing Engagement Steering Group was established in early 2022 which is currently co-creating an Enhanced Framework for Engagement with multiple supporting documents and pilot projects.**

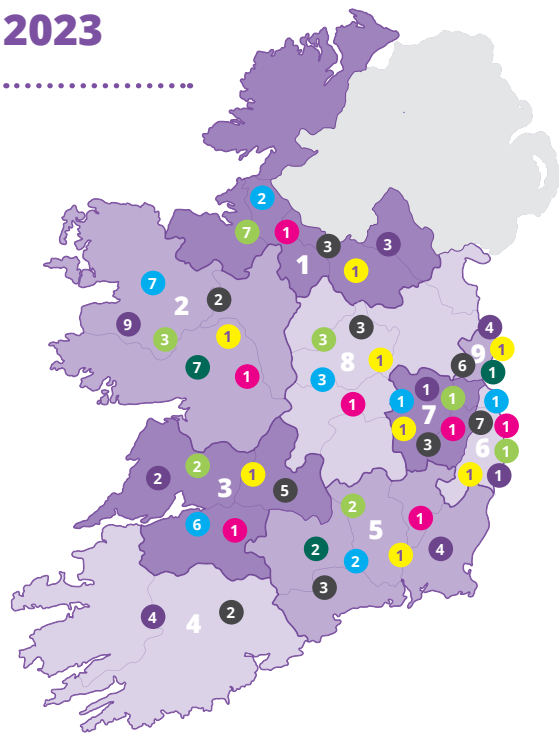
RECOVERY EDUCATION

- » **MHER supports the establishment of nine Recovery Colleges and 2 Recovery Education Services across seven Community Health Organisations and the National Forensic Mental Health Service.**
- » **By the end of 2022 Recovery Education supported the employment of over 50 people on a full and part-time basis.**
- » **Comprehensive guidance and recovery education documents have been co-produced to support the development and implementation of recovery education structures.**

2013



2023



Growth of recovery and engagement roles in HSE CHO Areas 2013 → March 2023

- Family Peer Support Workers
- Area Leads for Engagement
- Recovery Coordinators/Managers
- IPS Workers
- Peer Educators
- Recovery education Facilitators
- Peer Support workers

PEER SUPPORT WORKING

- » Since 2017, a total of 30 Peer Support Workers and 11 Family Peer Support Workers have been employed.
- » In 2022, MHER secured a specific grade code for Peer Support Workers and Peer Support Team Leaders.
- » Working groups have been established to further develop peer support, they are working on a 5-year strategy, guidance to protect lived experience as a knowledge set and a toolkit for Family Peer Support Workers.

INDIVIDUAL PLACEMENT SUPPORT

- » 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.

CORE CONCEPTS OF THE WORK OF MHER OFFICE

MHER acknowledges the ever-changing use of respectful and clear language in the field of mental health recovery. The changing use of language can, at times, make communication difficult. It is our intention to minimise such difficulties.

Core concepts in the work of MHER include: Recovery; Lived Experience; Peer and Family Support; Co-Production; Capacity Building and Engagement.

Recovery is difficult to define and there is no one agreed-upon definition which reflects the diversity of people's experiences. MHER currently defines recovery as: being about the unique experience and process of people with mental health challenges and using that experience and personal strengths to build a full and meaningful life, regardless of the severity or presence of mental health difficulties.

A recovery approach is built on a culture of hope and expectation that people can and do recover from a mental health difficulty and create a full life of their choosing. Within this approach, the role of service providers is evolving to be one that empowers and facilitates the recovery process for individuals, through the involvement of people with lived experience in all aspects of service design, development and delivery.

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Great change equals great opportunity and being in a link role from which tangible improvement to services can be progressed is also very motivating. The best part is certainly the opportunities Area Leads have to engage directly with service users and their network of family, carers and supporters. We aim for a better mental health service, which is achievable only through cooperative efforts of all interested parties.”

—Area Lead for Engagement, HSE

Lived Experience is defined as what someone has experienced first-hand, especially when it gives the individual knowledge or understanding that people who have only heard or learned about such experiences do not have. Related terms that are sometimes used include: experts by experience, lived expertise, living experience, patient expert (WHO, 2023).

Lived Experience in this context is the expertise and knowledge that comes from living with, and managing a mental health difficulty periodically or on an ongoing basis, including the experience of using mental health services. Lived experience may have both a therapeutic and service improvement value and is unique to each service user, family member, carer and supporter. It has a range of applications including, service improvement, recovery education, peer support working, peer leadership, management and service planning and evaluation.



Lived Experience:

- 1.** Lived experience of having a mental health challenge and managing it on a day-to-day basis, this may include using mental health services. This experience is unique to each person and must be respected and valued in all interactions with that person in terms of care treatment and recovery.
- 2.** Recovery experience is the process by which a person manages their mental health difficulty and achieves personal goals and ambitions in their life regardless of the ongoing presence or severity of that difficulty. Recovery experience has value in supporting others in recovery and in informing service improvement.
- 3.** Expert by experience is when a person has reconciled and integrated their lived and recovery experience into their lives and can look objectively at those experiences. Experts by experience are essential to inform service improvement.



Peer and Family Support refers to an intentional support where those who have lived experiences use their experiences in a mutual and reciprocal manner to support others in their own recovery journey.

Co-production is defined by The New Economic Foundation (2009) as “delivering public services in an equal and reciprocal relationship between professionals, people using the services, their families, and their neighbours.” Co-creation is an emerging accessible term with a similar meaning, described as ‘active engagement of diverse stakeholders in understanding and solving complex problems to design, implement, monitor, and evaluate relevant solutions together. (WHO, 2023).

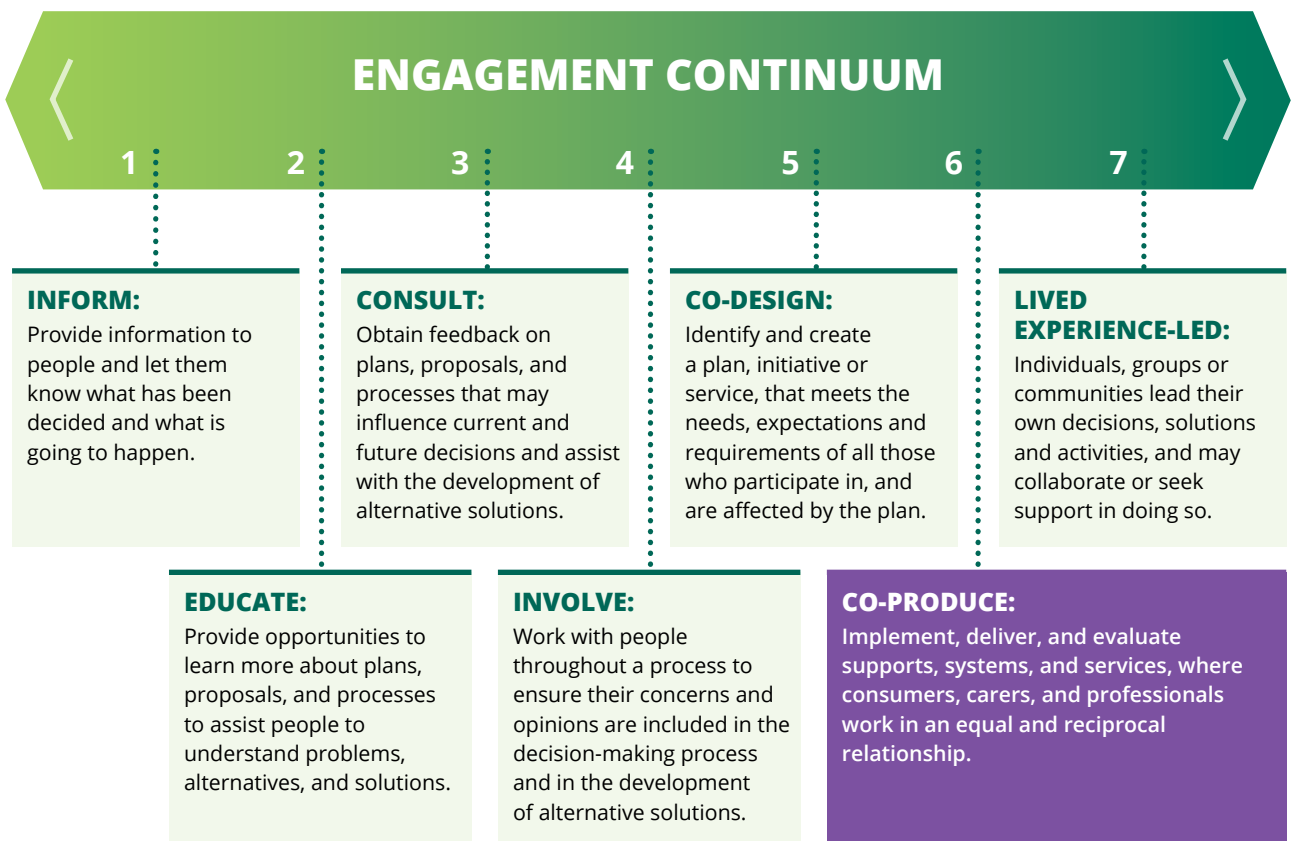
Capacity-building relates to the provision of knowledge, skills, commitment, partnerships, structures, systems, and leadership to enable effective involvement in service improvement.

Engagement within the context of recovery

In mental health services, engagement is a two-fold process by which:

- 1— Service users, family members, and carers engage with their mental health service providers in a partnership approach to support them in achieving personal recovery, utilising lived experience, and clinical excellence.
- 2— The perspectives of service users, family members, and carers are integrated into the design, development and delivery of services to inform service improvement and help achieve better quality outcomes and experiences for all.

MHER works with an understanding that engagement exists along a continuum from information provision to lived-experience-led activity (see graph below). MHER aims to complete the majority of its work in co-production.



A closer look at the

STRATEGIC OBJECTIVES & ENABLERS

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.

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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



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

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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.”

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**

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

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

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.

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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**

ENABLER 1

Organisational Commitment: to secure and advocate for good governance, funding and resources to support the recovery approach

Organisational commitment is key to sustaining mental health services with a recovery approach. MHER Office commits to securing and advocating for the sustainability of organisational commitment to this approach.



As a National Office [MHER] has shown leadership and belief and has supported funding to research and critically evaluate outcomes. Its role is to nurture and influence and this can mean that it has had to be patient with CHOs and Services who have not felt ready to embrace the full potential of recovery and engagement. Being a thoughtful, respectful and authentic partner as well as retaining a sense of perspective and humour have been important assets. Ireland is now recognised as an international leader in this space and many colleagues overseas have looked to Ireland to see how that can improve their own service offerings. This success is due in no small part to the work and progressive outlook of MHER.” —CEO, NGO Partner

PRIORITY ACTIONS

By 2026, the MHER Office will have:

- ➔ Ensured that there is an up-to-date evidence base to secure future funding streams
- ➔ Submitted business cases to secure ongoing funding/support innovation
- ➔ Ensured that lived expertise, is developed, supported and embedded in training, recruitment, governance, practice guidance and service improvement
- ➔ Embedded clear and consistent MHER structures and governance
- ➔ Secured ongoing resourcing of MHER National Office activity
- ➔ Demonstrated continuous development of best practice and evidence base for recovery and engagement activity

ENABLER 2

Communication: to facilitate clear information flows regarding engagement and recovery approach

PRIORITY ACTIONS

By 2026, the MHER Office will have:

➔ **Completed and implemented three consecutive one year communication strategies**

➔ **Hosted one conference every two years promoting and sharing the work of the wider MHER team**

➔ **Reviewed and updated the MHER HSE website**

➔ **Created and shared explainer videos on the concepts of recovery and engagement online**

➔ **Improved MHER's social media presence and audience**

➔ **Publicly reported on findings of any surveys or research we are involved with**

➔ **Followed and shared a clear information pathway to and from our stakeholders**

➔ **Completed three communication campaigns to encourage understanding of recovery and engagement within services**

➔ **Disseminated two information bulletins every year**

ENABLER 3

Data and Evidence: to collect data and evidence about the effectiveness of the recovery approach

To enable us to achieve our strategic objectives, the MHER Office requires data and evidence to 1) help us to continue to innovate within the recovery approach and 2) to secure future funding to support continuous improvement.

PRIORITY ACTIONS

By 2026, the MHER Office will have:

- ➔ Continued to innovate methods of data collection across IPS, Engagement and Recovery Education activities and service user and family experiences
 - ➔ Shared all findings publicly
 - ➔ Used lived experience engagement data to improve services' design, development, and delivery
 - ➔ Commissioned and contributed to academic research on the recovery approach
 - ➔ Completed innovative engagement pilots and analysed and reported on their outcomes
-

ENABLER 4

Capacity: to build multi-stakeholder capacity to engage with and put into practice the recovery approach

The Office is committed to the development of capacity throughout the HSE mental health services in order to bolster the recovery approach.

PRIORITY ACTIONS

By 2026, the MHER Office will have:


- ➔ Worked with human resources on the development of competencies in relation to lived experience
 - ➔ Co-designed and evaluated training for relevant stakeholders, including service users, staff and volunteers
 - ➔ Established quarterly recovery and engagement alignment meetings to build community across mental health and engagement roles
 - ➔ Supported the establishment of regional Communities of Practice that connect mental health and engagement roles
 - ➔ Offered leadership learning opportunities to people working from a lived experience perspective
-



STRATEGIC PLAN REVIEW

The Mental Health Engagement & Recovery Office commits to reviewing this Strategic Plan on an annual basis and communicating any changes to its stakeholders.

The plan will be implemented via MHER workplans and Sharing the Vision recommendations' implementation plans.



APPENDIX 1: USEFUL RESOURCES

For information and advice for your mental health and wellbeing

<https://www.yourmentalhealth.ie>

Recovery Education Resources to Support the Development and Implementation of Recovery Education 2020-2025

<https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/recovery-education/recovery-education-resources.pdf>

Toolkit to Support the Development and Implementation of Recovery Education 2020-2025

<https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/recovery-education/recovery-education-toolkit.pdf>

Peer Support Worker Toolkit

<https://www.hse.ie/eng/services/list/4/mental-health-services/mentalhealthengagement/peer-support-workers-toolkit.pdf>

Healthcare Charter

<https://www.hse.ie/eng/about/who/qid/person-family-engagement/national-healthcare-charter/national-healthcare-charter.pdf>

Mental Health Commission Quality Framework

MHC_The National Quality Framework.pdf (mhcir.ie)

Sláintecare Action Plan

gov.ie - Sláintecare Action Plan 2023 (www.gov.ie)

The Patient Safety Strategy

Patient Safety Strategy - HSE.ie

Better Together – a roadmap for patient engagement

HSE Better Together Patient Engagement Roadmap Book

Sharing the Vision Implementation Plan

<https://www.hse.ie/eng/services/publications/mentalhealth/sharing-the-vision-implementation-plan-2022.pdf>

APPENDIX 2: SHARING THE VISION SUPPORT RECOMMENDATIONS

NUMBER	RECOMMENDATION
15	Social prescribing should be promoted nationally as an effective means of linking those with mental health difficulties to community-based supports and interventions, including those available through local voluntary and community sector supports and services.
28	Recommendation All service users should have a mutually agreed key worker from the CMHT to facilitate coordination and personalisation of services in line with their co-produced recovery care plan.
61	Recommendation The HSE should maximise delivery of diverse and culturally competent mental health supports throughout all services.
63	Recommendation People in Direct Provision and refugees arriving under the Irish refugee protection programme should have access to appropriate tiered mental health services through primary care and specialist mental health services.
81	Recommendation Training should be provided for services users and staff on making and dealing with complaints.
82	Recommendation Mental health services should ensure that the principles set out in the National Healthcare Charter, You and Your Health Service, are embedded in all service delivery.
83	Recommendation Future updates of the Quality Framework, the Judgement Support Framework and the Best Practice Guidance should be consistent with the ambition and the specific outcomes for the mental health system set out in StV.
84	Recommendation The relevant bodies should come together to ensure that the measures for the Quality Framework, the Judgement Support Framework, the Best Practice Guidance, StV, PIs and performance system and any future measurement systems are aligned and that the required data is derived, where possible, from a single common data set.
98	Recommendation Capital investment should be made available to redesign or build psychiatric units in acute hospitals which create a therapeutic and recovery supportive environment. It is essential that all stakeholders are involved in a structured service design process for all redesigns or new builds.

APPENDIX 3: CO-PRODUCED PRINCIPLES OF RECOVERY & ENGAGEMENT

RECOVERY

PRINCIPLE ONE:

The centrality of lived experience.

PRINCIPLE TWO:

The co-production of recovery-promoting services, between all stakeholders.

PRINCIPLE THREE:

An organisational commitment to the development of recovery-orientated mental health services.

PRINCIPLE FOUR:

Supporting recovery-orientated learning and practice across all stakeholder groups.

ENGAGEMENT

Person-Led – Create an environment that accepts and values the uniqueness of everyone's experiences and perspectives on services. Make people feel like they belong, that they matter. Embrace the curiosity and creativity and expertise of all stakeholders.

Respect – Hold authentic motivation to work together to improve services. Be empathetic, civil, and transparent in all communications. Listen to, learn about, and challenge assumptions. All stakeholders have access to relevant and credible information related to engagement objectives, and practical support to strategically engage in conversations and decision-making.

Collaboration – Aim to work in co-production. Be in genuine, trustworthy partnerships. When co-production is not possible, be clear that you engage to inform, educate consult, involve, and co-design.

Equity – Be inclusive of diverse experiences and perspectives. Give weight and dignity to the specific experiences of people from marginalised/overlooked communities, opposing all forms of discrimination whether based on ability, ethnicity, age, gender, social circumstances, religious belief, or sexual preference.

Response – Take action with the intent to impact the information received, in a timely manner. Where this is not possible, be clear about the reason. Focus on growth and positive change, and develop better outcomes, services, and experiences.

Self-Empowerment – Build relationships where people feel comfortable to discuss their feelings and what they want, focus on strengths and abilities, respecting the decisions a person makes about their own life.

Accountability – This principle expects organisations to live up to their commitments, for instance in the delivery of services and behaviour towards all stakeholders. Close the loop by reporting back to stakeholder groups and evaluating of efforts.

Acknowledgement – Promote and celebrate the value and success of engagement activities to underline its impact and inspire future engagement.

Courage – Hold a willingness and ability to lead and to challenge the status quo when necessary.

ENDNOTES

- 1 <https://www.gov.ie/pdf/?file=https://assets.gov.ie/134746/9b3b6ae9-2d64-4f87-8748-cda27d3193f3.pdf#page=null>
 - 2 <https://www.hse.ie/eng/services/publications/corporate/hse-corporate-plan-2021-24.pdf>
 - 3 <https://www.hse.ie/eng/about/who/nqpsd/patient-safety-strategy-2019-2024.pdf>
 - 4 Farrelly J, Kiernan G, Finnerty S, Stepala P, Costigan D, Chrzanowska P, Carney M, Mahon P (2023) The National Quality Framework: Driving Excellence in Mental Health Services. Dublin: Mental Health Commission.
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**National Office of Mental Health
Engagement and Recovery**

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www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/