

HSE Mental Health Division

Report on the Listening Meetings



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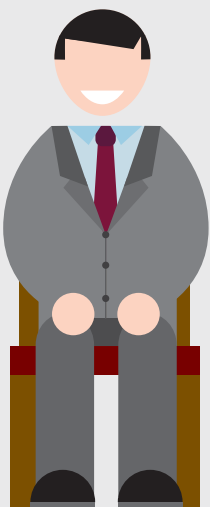
HSE Mental Health Vision, Mission and Strategic Priorities

Mental Health Vision

Support the population to achieve their optimal mental health

Mental Health Mission

Promote and protect the mental health of the population, to provide effective services to those who need them making the best use of existing resources and to seek to continuously improve those services making best use of the resources available



HSE Mental Health Services

Mental Health Strategic Priorities

1

Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide.

2

Design integrated, evidence based and recovery focussed mental health services.

Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.

3

Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.

4

Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

5

Demonstrating maximum value for available resources.

Foreword

It is with great pleasure that I present the Mental Health Division's Report on the Listening Meetings held throughout the country in 2014. The Listening Meetings represented one of the largest consultations ever undertaken by the HSE's Mental Health Division with service users, family members and carers. This focused on what we were doing well as a Division and what areas required improvement. A team from the Mental Health Division held open forums across the country, seeking the views of 1,100 people. Attendees were invited to give their views in an open, transparent and respectful manner in an unstructured format. Responses were recorded and themes emerged. Many of the comments are included as examples in the body of the report. The responses were not validated and were not ordered in terms of importance. Our aim as a Division, as set out in the Mental Health Policy "A Vision for Change" 2006, is to ensure collaboration and partnership with services users in designing, planning, delivering, monitoring and evaluating our services. The Mental Health Division welcomes this feedback and have taken the responses seriously. The feedback has informed our Service and Operational Plans for 2015 and 2016.

These views and experiences have and will continue to help inform the design and development of Mental Health Services. As a Division, we acknowledge the delay in publishing this report but have established the governance required to ensure that the issues highlighted within the report have been actioned.

On a personal level, I would like to thank Mr. Paddy McGowan, Interim Head of Services, Family Member and Carer Engagement and his team, HSE local services, area management teams and their representatives and voluntary organisations, who assisted with and promoted the Listening Meetings.

Most importantly, I would like to thank all of the service users, family members, carers and their friends who shared their views and experiences of the Mental Health Services. I recognise that people showed tremendous openness, courage and trust in sharing their experiences. Your contributions are part of our journey in delivering safe and quality mental health services to those who need them. We want to deliver the best outcomes for people attending our services and provide a service of which we can all be proud.

Ms Anne O'Connor

National Director
HSE Mental Health Division

March 2016

Purpose of the Listening Meetings

The HSE's Mental Health Division is committed to ensuring that the views of service users, family members and carers are central to the design and delivery of Mental Health Services. The national mental health policy, "A Vision for Change" 2006, has challenged us to ensure that services users, family members and carers are partners in designing, planning, monitoring and evaluating our services.

In building this partnership, we are developing and designing initiatives and programmes that include the views and input of our service users and our staff.

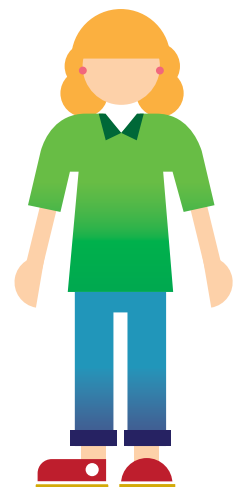
A priority for us was the appointment of Mr Paddy McGowan, Interim Head of Service User, Family Member and Carer engagement to the national Mental Health Management Team to inform discussion and decision-making at that table. Our ambition is to ensure that this perspective is at the table for all of the area mental health management teams, embedding this approach as a way of working.

Hearing the views and experiences of service users, family members and carers is important to us. As a new Division, we wanted to hear the experiences of those using our services and the Listening Meetings initiative was chosen as a way to do that.

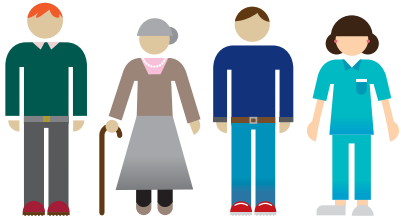
The HSE's Mental Health Division is committed to working with these views and experiences and ensuring that we use them in our operational plans.

For further information on useful resources and links or to make contact with us regarding the report, see

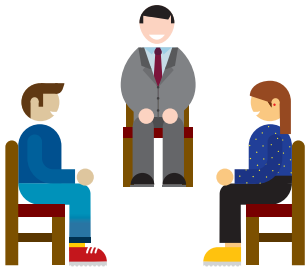
www.hse.ie/mentalhealthengagement



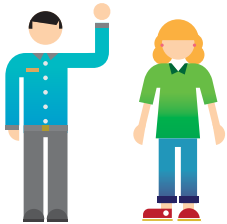
Locations of Listening Meetings



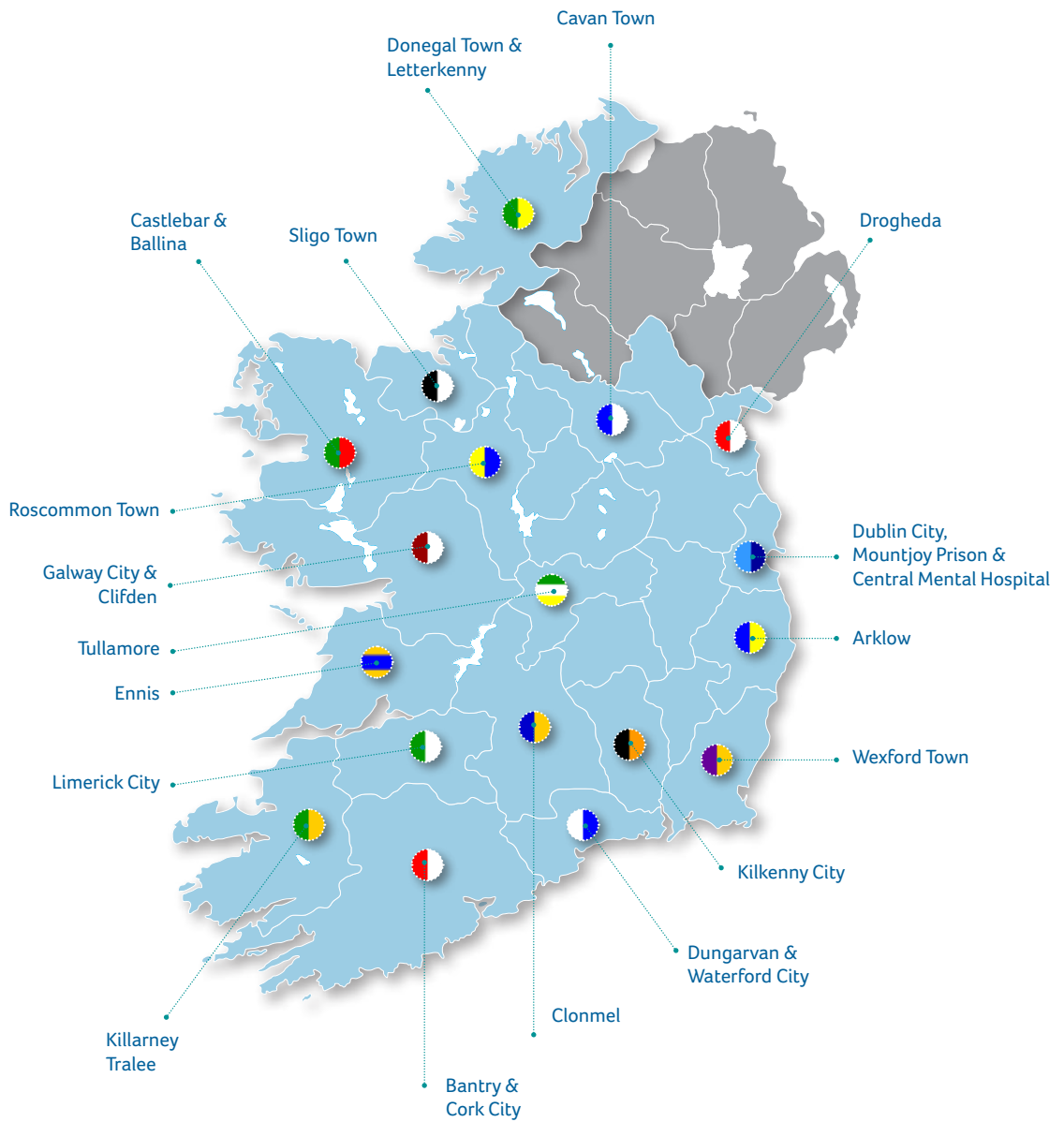
1,100 People attended



27 Meetings held throughout the country



75 Staff attended



Themes identified from the Listening Meetings

In this report from our Listening Meetings, we present the opinions and views that were discussed at the meetings, in a thematic way.

These themes encompass a wide range of personal opinions that were expressed by those who attended and participated in the Listening Meetings. Those views and opinions have been collated and developed into ten key themes.



Theme 1

Developing Respectful and Empathetic Relationships

Theme 2

Service User, Family and Carer Involvement

Theme 3

Challenging Societal Attitudes

Theme 4

Providing Continuity of Care and Supporting People in their Recovery

Theme 5

Providing Specialist Services

Theme 6

Accessing Helpful Information

Theme 7

Peer Support

Theme 8

Providing the Full Range of Interventions

Theme 9

Access to Out-of-Hours Care

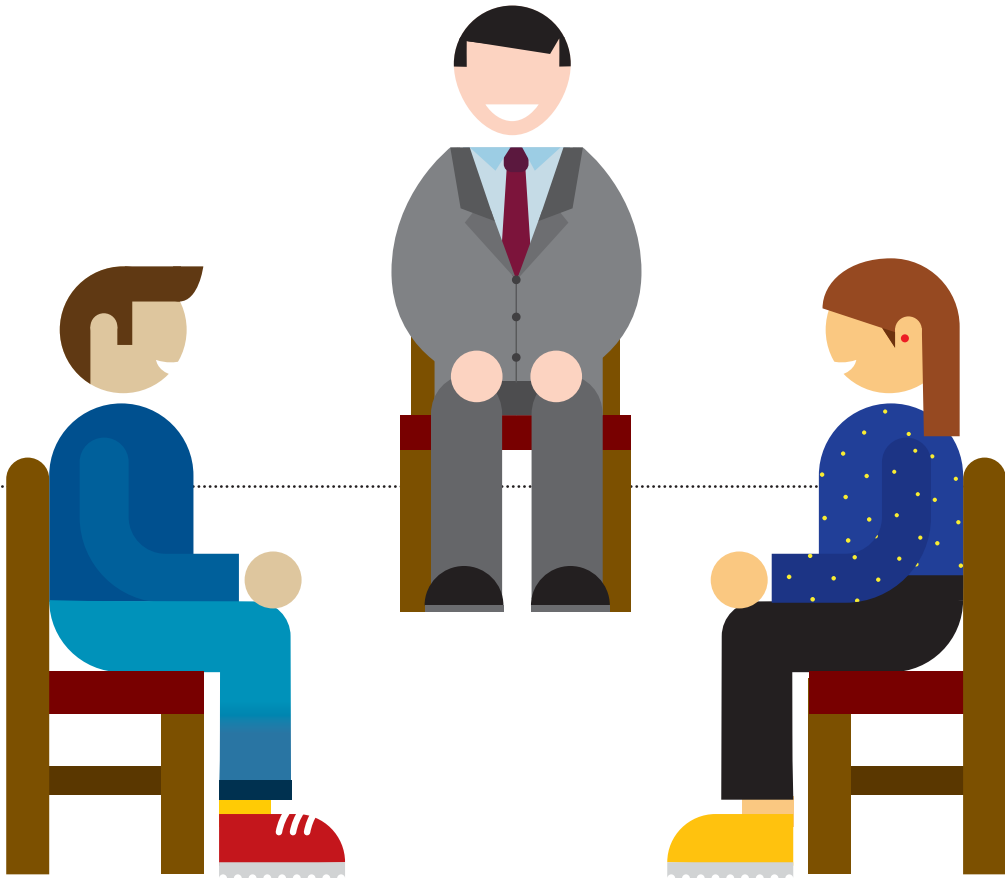
Theme 10

Avenues for Assessment and Admission

Theme

1

Developing Respectful and Empathetic Relationships



“Most of the shortcomings are not to do with money they are about respect”



“Carers are picking up slack”



“People need time to be listened to and only then can a sense of what is going on be identified”



“People should be seen and listened to as a person – not as symptoms and illness”



“It is important to listen to peoples' stories”



“People have a right to expect to be treated well”



“Most nursing staff were viewed as brilliant and very approachable”



“I wanted to be treated with dignity and respect”



“People should be treated respectfully and politely”



“Some staff attitudes need to improve”



“People only seen as a number in a file”



“The services sometimes over care and people lose their independence and can’t see their potential as a result”



“Listen to families, really listen”



“People left in the home to deal with the issues –it’s not a one person situation”



“There is very little human and personal understanding from staff”



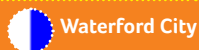
“What affects the person receiving care also affects the children at home”



“Services are more open to listening – there has been a shift – depends in Ireland where you are”



“We need to work alongside professionals”



“Families and carers not listened to”



“A kind word softens the blow”



“People didn't look at me as a person but instead looked at the diagnosis and the symptoms”



“There’s willingness for everyone – the inmates, the staff and the agencies to work together”



“Services extremely good with a great key worker system that links in with psychiatrist”



“Feel like a bad parent as I am not being listened to”



“Nurses need to be more humane”



“Key worker system is good”



“Staff should not be using their phones when dealing with service users”



“It is a good system and I got good help”



“Too many forms and not enough love”



“I’m delighted and I am on first name basis with all my carers and doctors so its all good news from me”



“Psychologist, nurses and doctors I met along the way are fabulous – I would not be here today only for them”



“Psychiatrists do not listen”



“Tribunals are terrifying – people did not listen to me”



“Communication is key if we use it well, we will get there”

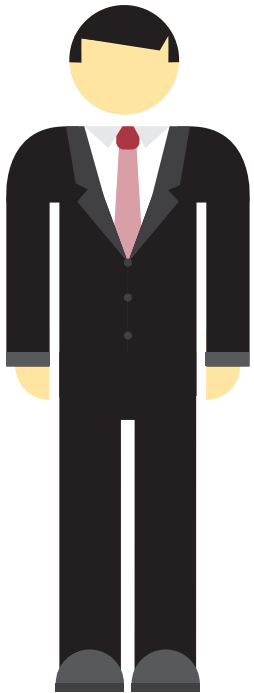


Theme

2

Service User, Family and Carer Involvement





“Families not being listened to – families need support”

 Limerick, Roscommon

“Carers for children with serious mental health issues feel very alone and very isolated”

 Sligo

“The system is failing families”

 Limerick

“Families find it impossible to access information as regards loved ones”

 West Cork, Tullamore

“Being left out – service users and carers want our voice heard”

 Cork City

“Professionals should listen to relatives as not every service user can give an accurate picture”

 Ballina

“Families and carers are not being heard – all we want to do is work together”

 Dublin

“Family support needed as services not dealing with the whole picture”

 West Cork

“Never asked to talk to anyone about my parents' care plan”

 Ennis

“Confidentiality is a challenge for families”

 Galway City

“Confidentiality should be broken with family if it helps suffering person”

 Galway City

“Decisions made when client was not present”

 Galway City

“Has a person the right to bring in a person of their choice to the consultation or MDT meeting?”

 Ballina

“It is difficult for carers today”

 Letterkenny

“Social worker won’t talk to us because of confidentiality issues – we are not heard”

 Tullamore

“Families are central to recovery”

 Galway City, Tralee

“Carers need to be understood more”

 Galway City

“The service is brilliant in Galway”

 Clifden

“Parents should be informed as carers particularly when people have mental disability”

 Letterkenny

“Family members want to be able to access information from service providers”

 Tullamore


“Carers need support as they can get depressed and anxious, as always caring”

 Sligo


“Families and carers need to be included in every step of the process”

 Dublin City


“Family member not listened to by mental health services”

 Drogheda


“Encourage the person nearest to service users to be involved”

 Cavan


“Family meetings with service users could be more structured and less informal”

 Cavan


“Preparation is needed for family members when service user is being discharged”

 Cavan


“I was never asked if my mum could speak to the psychiatrist”

 Cavan

“Doctors do not listen to us as a family”

 Waterford


“Families are dismissed and they themselves suffer depression”

 Tralee

“My family member had a poor understanding of mental health”

 Kilkenny


“Services haven’t got better – I am a carer”

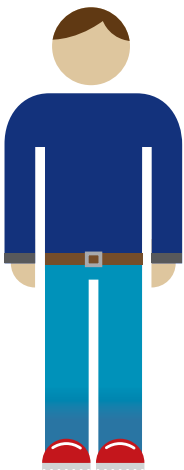
 Clonmel

“Need for supports, as carers can get burnt out”


 Clonmel

“Medical people hold themselves a little bit away because of legislative issues re confidentiality”


 Arklow




“Families should be sat down with the service user and should be given advice”

 Arklow


“Political correctness gone to extremes when people are so unwell they are not capable of making a decision, yet we could not be kept abreast of the situation because of confidentiality”

 Arklow

“Families got no support I educated myself on the illness”

 West Cork


“Families are being left out”

 Cork City


“Services not the same in all areas, this is not fair”

 West Cork


“Need structures in place to hear points of view”

 Cork City

“Shocked at lack of family support services”

 Dublin City


“Confidentiality as an issue needs to be explored”

 Castlebar


“Person was allowed home despite being unwell”

 Dublin City


“Families are not allowed information”

 Limerick City

“Clondalkin has no support group for patients. I would like to see one set up”

 Dublin

“The adherence to absolute confidentiality means that parents and siblings are not listened to”

 Central Mental Hospital

“Parents were given no tools on how to help me”



“Day centre staff are excellent”



“Jigsaw is a great resource”



“Great support given to a service user and their family by the rehabilitation team”



“I am 40 years in the service, they have done everything they can to help me”



“I have lived in the area for a number of years and the mental health care is excellent locally”



Theme

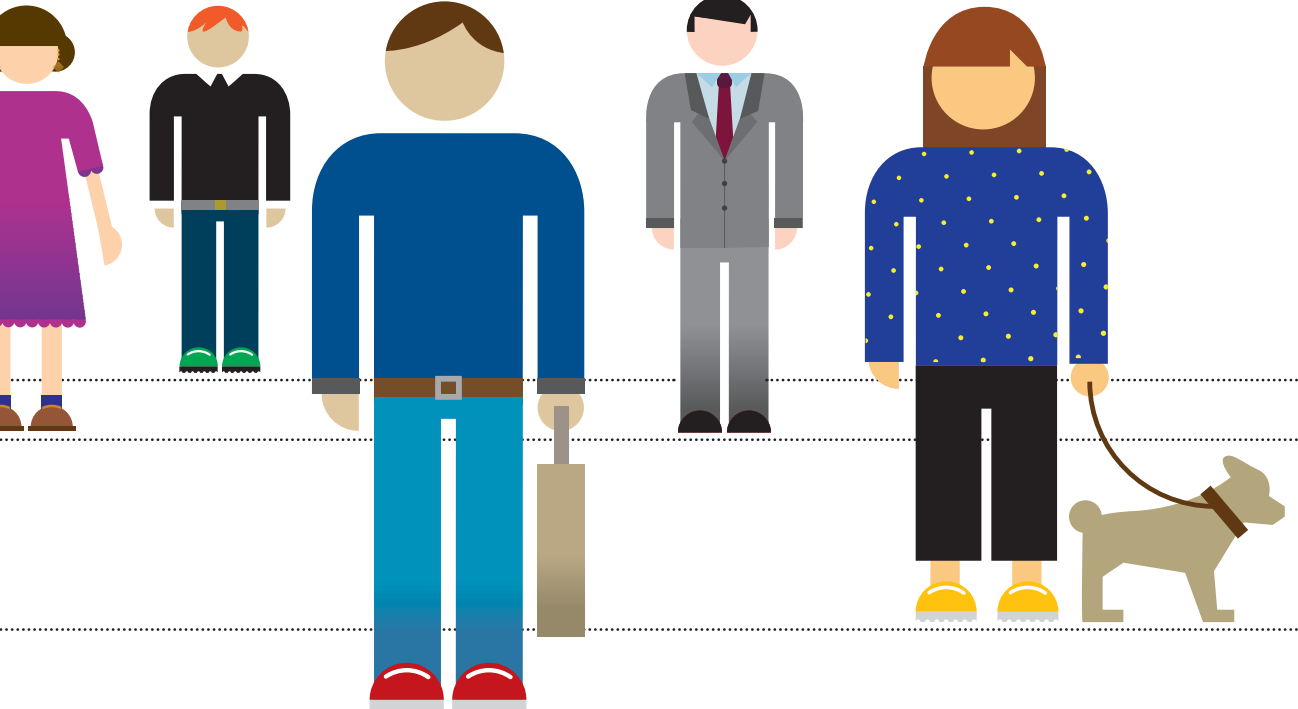
3

Challenging Societal Attitudes

I have a mental health difficulty

So do I

Me too



“Stigma is an issue”

 Cork City, Limerick

“Stigma is attached to mental health and stops people finding work”

 Galway

“There is a stigma to having a mental health issue and being a Traveller”

 Letterkenny

“Refused admission to 3 gyms as a result of disclosing mental health issues on form”

 West Cork


“Garda cars best not seen as causes stigma”

 Cork City

“Community development projects are vital and need to be recognised”

 Roscommon

“Stigma is still present”

 Ennis, Letterkenny, Tralee, Kilkenny

“Admission and assessment through A&E creates stigma and increases the anxiety of person waiting”

 Ballina


“There should be no stigma in relation to using services”

 Dublin

“Set up a user group to look at stigma and isolation”

 West Cork

“Go back to schools and teach young people”

 Limerick City



"We need to deal with mental health problems as a community and change how we think about supports"



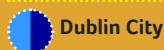
"The taboo with mental health persists"



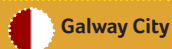
"Support staff recovery, it's the elephant in the room"



"Services should be culturally appropriate"



"In psychiatric wards the doors are locked, it's like a prison service"



"Stigma is a big thing, friends drop away when they hear people have mental health issues"



"You must be open and ready to embrace the service"



"There is stigma in this country in relation to mental health"



"Still huge stigma in Ireland when talking about mental illness"



"Stigma around mental health is still there in society"



“People should get together for the purpose of taking a more collaborative community responsibility for mental health care”



Sligo

“There is a nationwide campaign running by See Change working on decreasing stigma”



Tralee

“Mental Health is taboo, we have to change the mindset of people”



Wexford

“The Traveller community finds it problematic getting into services”



Killarney

“Anything that opens debate on mental health is good”



Ennis

“Stigma attached to having mental health issues - less visits than someone with other physical illnesses”



Central Mental Hospital

“Mental Health has a stigma, now it is fashionable to have a bi-polar illness”



Kilkenny

“A stigma goes with mental health I don't want my son labelled”

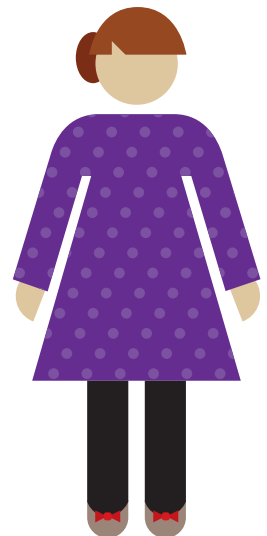
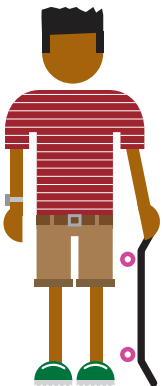


Dublin

“Vision for Change is here but attitudes are not changing there is still a lot of stigma around”



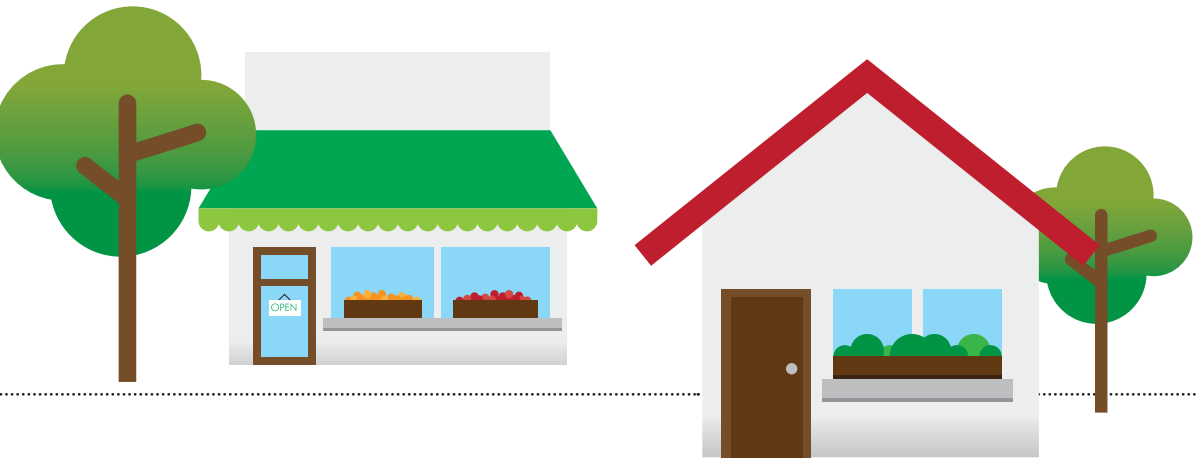
Dublin



Theme

4

Providing Continuity of Care and Supporting People in their Recovery



“Discharge planning is important”



“Need for continuity in care and more transparency”



“People can’t find work”



“People need proper employment and social rehabilitation”



“Community Development projects are vital and need to be recognised”



“People need support with life skills and how to cope”



“Travellers need supports and culturally appropriate services”



“Should be more support services when one leaves hospital”



“The service is under resourced in terms of Community Mental Health Teams”



“Had to move my son as better facilities in other catchment services, not the same in all areas”



“Families not happy with the transition from child and adolescent to adult services”



“Having to see a different psychiatrist every 6 months is unhelpful”



“My son should have been supported in finishing and achieving qualifications”



“Carers for children with serious mental health issues feel very alone and very isolated”

 Sligo

“Mental Health not good at discharging people from the service”

 Sligo

“6 psychiatrists have been and gone in the area recently”

 Letterkenny

“Frustrating when you go to a doctor and they keep changing”

 Dublin City, Castlebar

“Unhappy with child and adolescent service – my daughter could not get a bed”

 Drogheda

“One should see same person rather than different psychiatrist all the time”

 Tralee

“I lost faith in the system and doctors due to the rotation of same”

 Tralee

“There is a gap between leaving hospital and living in the community”

 Tralee


“A lot of support at the start – not so much at the end of my stay”

 Dungarvan

“Needs to be a lot of education and we need to encourage people to ask for support”

 Dungarvan

“People with mental health difficulties need a job – they have nothing to do mentally or physically”

 Waterford

“Co-ordination of the voluntary organisational supports would prove helpful”

 Killarney



“The service after you have been treated needs to be improved 100% - the person needs to be told where to go and what services are available”



“There is difficulty in accessing services in the city as there are transport difficulties when coming from the country”



“Waiting times to be seen need improving”



“Waiting rooms were found to be depressing – no music”



“Transport important for people in rural areas”



“Services are positive and advanced in West Cork”



“People have had bad experiences when presenting to GPs”



“Do GPs think of alternative methods of treatment – they need education.”



“Low rates of suicide in the area and we consider ourselves very lucky”,



“Huge gap between practitioners and administration”



“The last two times I was discharged there were no exit meetings”



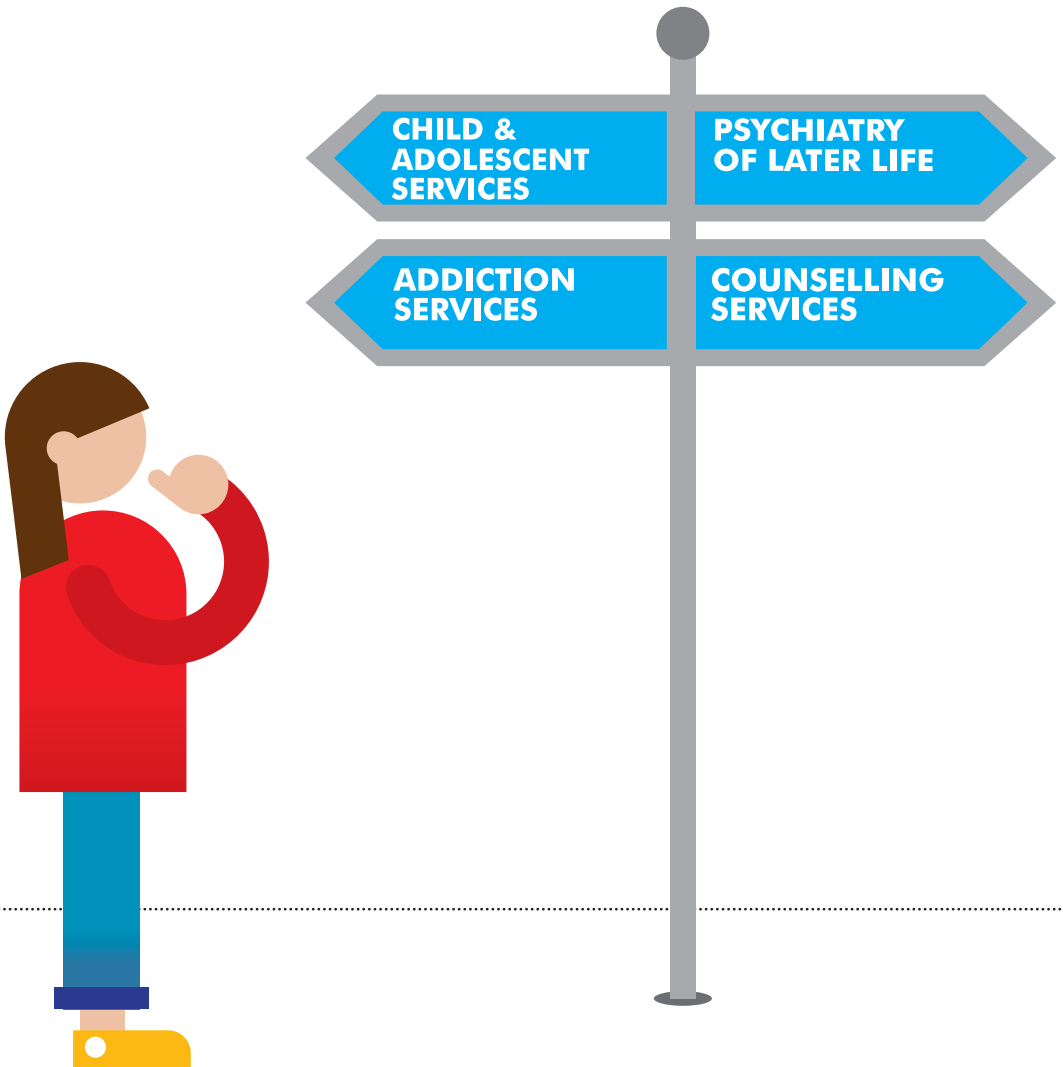
“More hostels should be available for people in recovery to assist reintegration into the community”



Theme

5

Providing Specialist Services



“Should be more dual diagnosis services”

 Dublin City, Limerick, Letterkenny, Wexford & Kilkenny

“Dual diagnosis and supports for teenagers around this need to be developed”

 Killarney, Dungarvan & Clonmel.

“Dual diagnosis services need to be resourced”

 Arklow

“People with a dual diagnosis are not being supported enough”

 Wexford

“Vulnerable men with addiction need to be helped”

 Cork City

“Addiction treatment centres won’t take people on anti-psychotics”

 Limerick City

“Services should be equally dispersed and available in all areas”

 Galway City

“Child and Adult Mental Health services criteria is different throughout the country”

 Tullamore

“Not enough dual diagnosis services – where are people going to go if they have no home?”

 Dublin City

“Once there is a drug addiction issue the mental health services seem not to want to engage”

 Killarney

“It is difficult to get people accepted by the mental health service if there are addiction issues”

 Killarney

“There is a need for more psychotherapy and dialectical behavioural therapy programmes”

 Drogheda

"I get phone calls that people fall between two stools, addiction services and mental health services"

 Arklow

"Housing associations are very useful, they should be integrated more with the council housing and protected tenancy given to people with mental health needs"

 Letterkenny

"There is difficulty with substance abuse and mental health in the county"

 Dungarvan

"Two children attend child and adolescent mental health services, one child is waiting six months for a play therapist"

 Sligo

"No dual diagnosis service – there is a need for same"

 Kilkenny

"Squashy Couch is a good service in the city and its working well"

 Dungarvan

"There are men here who should be in Dundrum"

 Mountjoy

"You could be 10 weeks waiting to see a psychologist"

 Mountjoy Prison

"There are no real services for people with Aspergers Syndrome or Autism apart from Inspire. I would like the HSE to do more for people with Autism"

 Arklow

"There is a huge deficit for services as regards to children"

 Clonmel

"If you have a dual diagnosis you go from one service to another – there are no links"

 Clonmel

"Jigsaw and Headstrong are doing good work"

 Wexford

"Friends of mine with Autism feel abandoned – they feel depressed and alone"

 Arklow

"GROW mental health group gave me the tools to help"

 Letterkenny

"Wellness Recovery Action Plan training should be available everywhere"

 Donegal

"The Recovery Bus and Triologue are helpful"

 Cork

"There is a lack of groups and centres in rural areas"

 Galway City

"Early intervention services are needed"

 Ennis


"I was admitted to hospital when I was 17 – I had no VHI at the time and there was a waiting list of 2,000 to get into the adolescent services"

 Kilkenny

"More integration between Child and Adult Services is needed"

 Kilkenny

"Children have been admitted to adult units"

 Waterford

"Large gap in the system for people aged 16 -18 years"

 Tullamore

"More supported accommodation needed especially in the area of dual diagnosis"

 Tralee

"More support groups needed for young people aged 18 -19 years"

 Tralee

"Allow access to alternative therapies"

 Central Mental Hospital

"It is difficult when young people in the country go to their GP and are referred to services in the city"

 Waterford

CHILD & ADOLESCENT SERVICES

ADDICTION SERVICES

Theme

6

Accessing Helpful Information



“Information poor from services”



West Cork

“No information for families on outside services”



Roscommon & Cavan

“No family support or education around mental health illnesses”



Dublin

“Got no support – educated myself”



Cork City

“Voluntary services in the area need to link in with each other”



Ennis

“How do people get people into hospital?”



Castlebar

“Information not recorded and passed on”



Sligo

“GPs should be aware of authorised officers available locally”



Ballina

“GPs need to know what services are out there”



Ennis

“More information around medication management needed”



Castlebar

“We are not aware of any local services, my family member goes up to Dublin for an hour of treatment”



Tralee

“Coordination of the voluntary organisational supports would prove really helpful”



Killarney

“Knowledge banishes fear”



Galway City

“Is there any document that will give information on medication?”



Ballina

“Hostels and day services are closed and people have not been informed and consulted”



Letterkenny

"There should be a list displayed of names and contact details for people and resources that can help locally"



"Education around mental health is what is needed"



"There should be a list of the names with contacts of people and resources on display in the units"



"Law can be unhelpful at times as regards mental health"



"All gloss on leaflets in GP's surgery but when you go for help it is not there"



"With AWARE and Pieta House people are talking about mental health issues"



"Communication is not there"



"While in hospital no explanation was given of groups like SHINE"



"Trying to access information regarding my daughter was impossible"



"People should be made aware of voluntary organisations for service users and families"



"Olanzapine made my daughter pile on weight – person needs educating re living in a healthy way"



"A new person coming into services needs to know where to access supports"



"We need service users / carers involved in Advancing Recovery Ireland (ARI) and consumer panels"



"I dealt with 20 psychiatrists – only one talked to me about Recovery – he told me I would get better"



“I googled mental health services in Tipperary – there is nothing about services or where they are, I got nothing either about services from the Citizens Advice Bureau”



“There should be a website where people can log on to get some advice on mental health issues”



“I am a carer and I need information – when I am not here there should be good supports in Arklow for my loved one”



“An umbrella group for family supports would be a good idea”



“Spunout.ie is a good website”



“A DVD from people with mental health experiences would be helpful”



“Mental Health Ireland is constantly hearing from families that there is a need for family groups in communities”



“Eolas is a fantastic information programme that people can do for 8 weeks”



“The National Learning Network and Employability help bridge employment issues”



“I could not find anything for Child and Adolescent services on a website”



“Information is poor from services as notice of appointments not been given out in time”



“Little information available with regard to where to go for help”



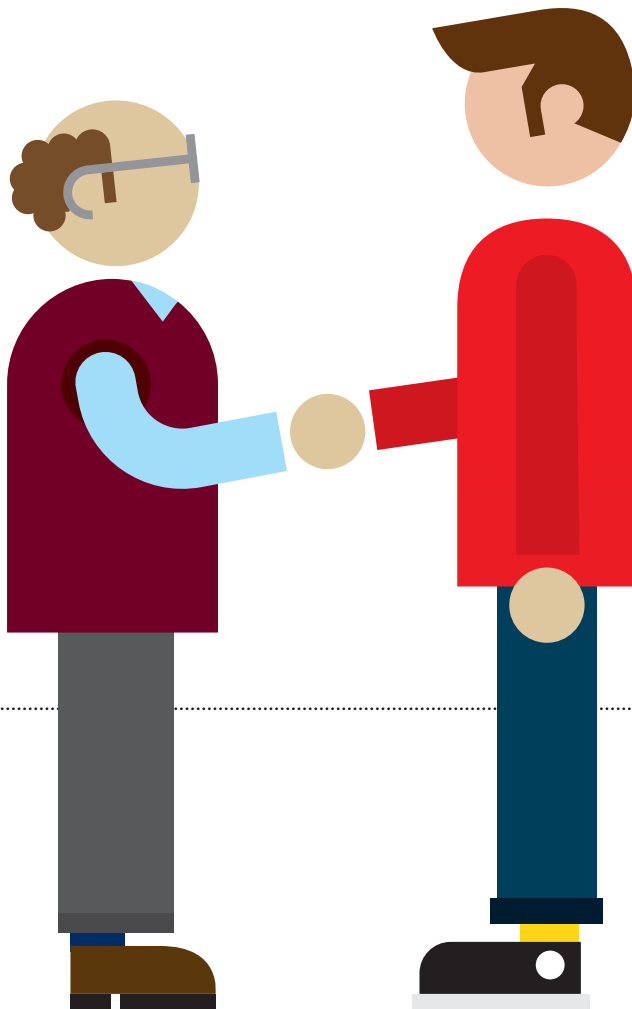
“Should be better communication between HSE and Dept. of Justice”



Theme

7

Peer Support



“Service Users needed with good recovery to talk to people and offer honest appraisal”



Cork

“There is a gap between leaving hospital and living in the community, peer support network helps bridge this gap”



Tralee

“Clubhouses that are non medical are very good and they are a positive side to the HSE”



Dublin City

“There should be a support worker like a liaison officer”



Waterford City

“It is important when you are in hospital that people come in who are experts by experience – they give you hope”



Tralee

“We do recovery groups in Kells, I was asked my opinion and its helpful to talk to other patients and tell your story”



Drogheda

“Help for families needed – a resource where people can talk to other families that have experience”



Sligo

“A mental health advocate would have helped me – there was no need for ambulance and police – no need for drama”



Roscommon

“A group and peers give people hope”



Drogheda

“Peer support is an excellent idea”



Drogheda, Dublin City

“Peer to peer support is not available”



“How can a doctor or a nurse understand where you are coming from if they have not been through it?”



“There is a peer support initiative in Nenagh and we are hopeful”



“The message needs to be given that recovery is possible”



“Peer relationships are very helpful – we have one in Bray”



“More experts by experience needed and they should be valued more”



“Peer led training is needed”



“Peer supports are a great help to family members”



“No supports for people out of hours – support worker needed for same”



“More clubhouses are a good idea”



“Services in the community should be run by people with self experience of mental health”



“More peer support groups needed”



“Peer advocates are coming into roles in Kerry”



“Peer advocates should be on every multi-disciplinary team”



“More carers needed on teams, they have a voice and need to be listened to”



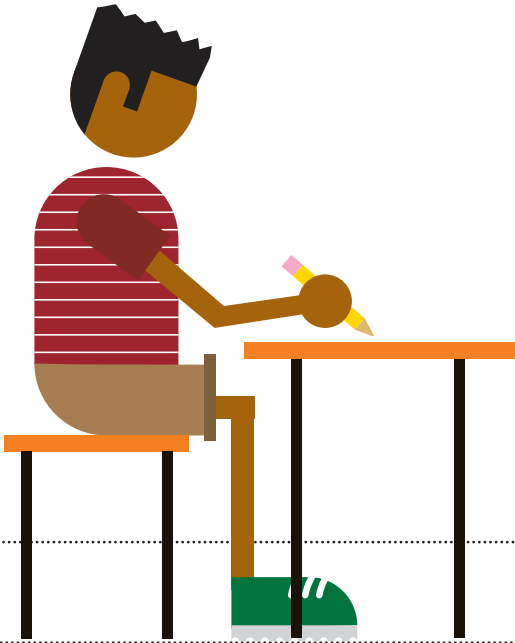
“Peer-to-peer support training should be offered in the prison service”



Theme

8

Providing the Full
Range of Interventions



“Shift needed from medical model towards recovery model”



Tralee

“Is recovery based solely on medication?”



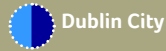
Tullamore

“Got side effects from my tablets”



Dublin

“Heavily medicated – on too much medication to take part in activities”



Dublin City

“More therapists needed”
“Need for more psychotherapy”



Drogheda, Dublin, Cork

“I want empathy not someone who will overmedicate me”



Tralee

“Talking therapy helped me”



Killarney

“More alternative therapies needed in health centres”



Donegal

“Arts are an alternative medium to help people with healing”



Kilkenny

“Alternative systems good such as Slí Eile and nutrition helps”



Cork City

“Comasu Recovery bus and Triologue are helpful as is the family resource centre”



West Cork

“Camden Place a great example of supporting people through the arts”



"Tablets are not for everyone"



“Give treatment choices”



“Make more options available - possibly psychology led”



“Therapist got me well”



“Over-reliance on medications”



“Information needed about other options of treatment - alternatives”



“Seems like therapies are being ignored”



“Wellness Recovery Action Plan (WRAP) and occupational therapy services very good”



“Too much emphasis on drugs – I’m on 14-16 tablets a day”



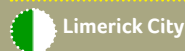
“I went through counselling and used medication and found the service really good”



“More Triologue and open dialogue meetings needed”



"People need support with life skills and how to cope"



“Wanted access to psychological services but never happened”

 Ballina

“Sometimes people feel they are being given too much medication”

 Ballina

“Psychiatrists and psychologists don’t listen to each other”

 Sligo

“Sitting all day in a day hospital does not help people”

 Letterkenny

“Psychiatric units are like prisons - is there an alternative?”

 Letterkenny

“Waited 6 months for cognitive behaviour therapy – occupational therapist was amazing”

 Donegal

“Impossible to get counselling and psychotherapy – was waiting 4 weeks”

 Donegal

“More discussion groups in hospital needed chaired by a leader or nurse”

 Sligo

“Psychiatrists have too much power – who do they report to?”

 Tullamore


“More therapies such as art needed”

 Galway

“A local advocacy course for personal potential (APP) is really good”

 Donegal

“Clients need activities not just medication”

 Castlebar



“There is not enough emphasis being put on physical exercise as a treatment”

 Waterford

“Arts – are an alternative medium to help people with healing”

 Kilkenny, Cork

“I am still waiting to see a psychologist – 18 months”

 Kilkenny

“I was treated for depression after domestic abuse – I was treated with tablets”

 Clonmel

“I have been trying to get counselling but no-one is listening”

 Clonmel

“Tablets have a limited use”

 Clonmel

“HSE provides huge funding, a lot of that is on the medical side of things, but when you get down on the ground the vision becomes very thin”

 Arklow

“Community centred approach is good”

 Cork

“There is a resistance to move away from the medical model”

 Cork

“Talking alone greatly helped – should be possible not to go on to medication”

 Ennis

“Alternative and constructive ways of supporting people needs to be offered such as mindfulness and nutrition”



Cork

“An internet service for support groups would be helpful”



Ennis

“People telling their story is so important”



Limerick

“More educational opportunities should be made available”



Central Mental Hospital

“Improve and repair physical infrastructure and facilities”



Central Mental Hospital

“Programme called So Fab is fabulous, farming projects, crafts and outdoor activities working with animals, should be continued and funded”



Donegal, Cork City

“More access to physical exercise and fitness classes to aid with weight management, etc”



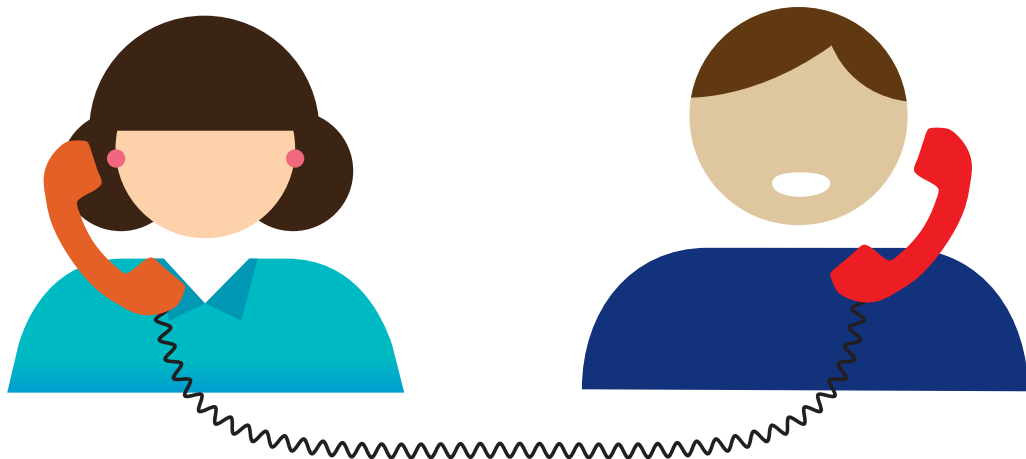
Central Mental Hospital



Theme

9

Access to
Out-of-Hours Care



“Need for out-of-hours service”

 Sligo, Offaly, Waterford

“Crisis team with triage co-ordinator would work well”

 Mayo, Ballina

“Person-to-person phone line services for out-of-hours needed”

 Ballina

“Why only 9 - 4.30? We need 24 hour services”

 Limerick, City, Donegal

“Lack of crisis services in the area – many services overlapping”

 Mayo

“Develop home-based crisis team”

 Galway

“Set up equivalent to Slí Eile/Crisis House”

 West Cork

“There is a need for crisis houses”

 Dublin, Limerick, Tralee, Ballina, Sligo

“No supports for people out-of-hours after 9-5.30pm – Support worker needed for same”

 Roscommon

“A professional should be designated to work out-of-hours”

 Ballina

“There should be a counsellor on call in the area”



“No-out-of-hours services available – nothing after 5pm or at 3am in the morning”



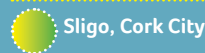
“There should be a support worker like a liaison officer”



“Mental health does not stop at 5pm on a Friday – we need services outside 9-5”



“Should be open houses where people can go when in crisis”



“We went to the service at 19.15 – I was told to come back in the morning at 9”



“What services are available at 7pm at night or at weekends in the community?”



“9 to 5 services are great in Gorey, but there is nothing in the evening after hours”



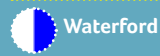
“Services only 9-5pm – should be psychiatrists on call”



"SCAN initiative piloted first in Wexford, this is now rolled out to 8 other areas around the country. We also need to adopt other things that are good from elsewhere"



"Liaison service in A & E is now 7 days a week"



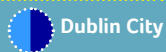
"Should be 24 hour multidisciplinary teams in the area"



"Heartening to hear of such things as crisis houses"



"Should be better on call service"



"There is a Nurse Liaison Service now in A & E"



Theme

10

Avenues for Assessment and Admission

Welcome



“Process of waiting in A & E is not on”



Limerick

“A & E is seen as a disaster for people to be admitted through”



Castlebar

“Accessing the services is deplorable – told my husband is on a waiting list”



Dublin City

“When one is in crisis that admission unit is seen as daunting”



Ennis

“Person turned away from A & E twice – not safe”



Castlebar

“A & E not appropriate for many referrals”



Sligo

“A & E do great job but no quiet rooms available”



Galway

“A & E was packed – told to sit down and wait”



Cavan

“A & E is not a good experience”



Arklow

“Waiting time in A & E too long”



Galway City

“Admissions through A & E not satisfactory as there is a long waiting time”



Ballina

“There is a nursing service in A & E – but they seem to be working from a medical model”



“Gardaí being asked to make decisions on detaining people with mental health issues not equipped fully to carry out same”



“A & E not appropriate for people with mental health problems, there needs to be a separate unit for people to go to”



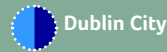
A & E does not work, that is the feedback out there – it is not working”



“I waited 4-5 hours in reception in Portlaoise Hospital to be seen”



“My son had to go to A & E and wait for hours, no need for this as it is embarrassing for him and people”



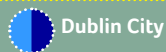
“Son had to wait 12 hours in A & E told by security staff would be put out if misbehaves”



“In a consumer panel forum A & E issues keep coming up, crisis houses are good and are not costly”



“To go through A & E, waiting 4-6 hours is no place for someone with anxiety”



“Mental health hospitals should have their own A & E. Families are peoples' assets and should be treated as so”



“Young daughter attended A & E, no bed available, sent home”



“On admission and discharge things could be improved, when a person is an inpatient it was very good and could not fault it”



“24 hour cover is needed – A & E isn’t ideal to be going through”



“Admission procedure very distressing for family member and I – Gardaí being with them was upsetting”



“I had a good experience in A & E”



“Communication between inpatient and out-patient needs to improve”



“Was a family member in A & E and was offered a cup of tea – this is a nice gesture it is basic care”



“I have had bad experiences being admitted to hospital, no compassion from A & E professionals”



“Waiting in A & E not acceptable and should be eliminated as not appropriate for mental health presentations”



“The Gardaí should be trained to deal with people with mental health difficulties and on how to deal with people who require assisted admissions”



“A & E is not appropriate for mental health – I was left sitting on my own in A & E and then I was moved to a room. The psychiatrist who saw me had no file and did not know me”



Conclusion



The feedback from the Listening Meetings and participation by service users, family members and carers was and will continue to be important and helpful for the Mental Health Division. There was an acknowledgement of good work within the Mental Health Services but also recognition that more can be achieved. We are fully committed to listening to the views and voices of those who use our services and their families and carers. What was heard at the meetings informed our work during 2014 and 2015. It was and will continue to be reflected in our priorities and plans for the services. Into 2016, we will continue to work to ensure that those views remain central to the design and delivery of our services. They are reflected in the HSE's Service Plan and the Mental Health Division's Operational Plan for 2016.

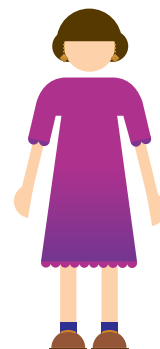
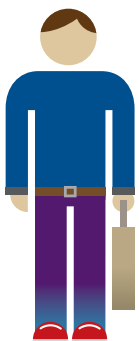
In August 2014, a Reference Group was set up comprising of nine service users and four family and carer representatives. The Group made recommendations for promoting widespread and regular engagement and consultation with service users, family members and carers at local and national level and completed its work in July 2015. These recommendations have been approved by the national Mental Health Division Management Team and are now being implemented.

Our priorities for 2016 have included the appointment of a National Head of Service User, Family Member and Carer Engagement, who is a full member of the national Mental Health Management Team. We will appoint nine leads of user, family member and carer engagement in each of the Community Health Organisations (CHO). They will be full members of the CHO's Mental Health Management Teams.

We have reviewed the effectiveness of the Listening Meetings and have enhanced how we engage with service users, family members and carers. In light of the delay in publishing this Listening Report, there will be alternative engagement approaches used when listening to the views and experiences of those who use the Mental Health Services and those who support and care for them. We are engaging in an independent consultation process through the Mental Health Reform. This process will enable the sharing of experiences about our services.

We will gather your views and analyse the data in a way that is in-keeping with ethical consultation practice. We will endeavour to ensure that they are incorporated into the design, planning, delivery, monitoring and evaluation of Mental Health Services.

For further HSE links and resources and/or access to an online version of the report go to
<http://www.hse.ie/mentalhealthengagement>





**Health Service Executive
Dr Steevens' Hospital
Dublin 8**

Tel: +353 (0)1 635 2000

Web: www.hse.ie/mentalhealthengagement

March 2016



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



HSE Mental Health Services