

EMPLOYMENT AND SOCIAL SUPPORT

A Survey of Mental Health Service Users in Galway City



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Report Prepared for:

FÁS Galway, Galway Training Centre, and the Occupational
Therapy Department, Galway Mental Health Services
(HSE – West)

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FOREWORD

There is without doubt, a real sense of change, and with it opportunity, emerging within the mental health service in Ireland. And it's about time, because the so-called 'Cinderella Service' has been deprived of investment, initiative, and new thinking for too long. Pivotal to this change has been the combined efforts of two crucial groups of people: first and foremost is the service user movement, and secondly, the increasing number of mental health professionals from all disciplines, who want to facilitate, enable, and support change.

Fascinating times lie ahead, thanks to the increasingly important role of consumer panels, voluntary organisations, the authors of this report, and inspirational groups, such as the Pathways Research Group. This evolving collective will contribute, as advisors, leaders, visionaries and guides to ensure that services, to be used by them, are designed and delivered in a manner and style that suits the consumer or service user first and foremost.

The most exciting aspect of all of this is that a similar shift in the relationship between service user and service provider has already occurred in Ireland. People who live with a physical disability have become leaders – directing and instructing how their service is provided. In the learning disability world the person centred and individual service design agenda is absolutely at the forefront of most voluntary organisations and is shaping organisational culture and service delivery. Service users have become, or are becoming the 'owners' of their services.

This particularly valuable piece of research is more evidence that service users must be at the forefront of service design, delivery, and evaluation. The potential for the relationship between experts by experience – people who have experienced serious mental health problems – and professionals, to collaborate and partner in service design - is limitless and really exciting.

Mark Logan

Western Alliance for Mental Health

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EXECUTIVE SUMMARY

The need for service user involvement in the mental health services is one of the cornerstones of the 'Vision for Change' strategy for Mental Health (Department of Health 2005). The aim of this survey is to assess the needs of mental health service users in the Galway City area. In order to achieve this end, one hundred and ten questionnaires were sent to individuals who have had contact with the mental health service. Forty-one questionnaires were returned. This represents a 37% response rate.

This project is service user lead. The authors of this research paper are participants on a FÁS CE scheme which currently provides ten training places for service users with mental health difficulties at the Galway Training Centre, Merlin Park, Galway.

From the results of the survey the following are the main findings:

- The average age of respondents in the sample was 44.8 years.
- The average length of time that respondents are in contact with the mental health services was 12.3 years.
- The majority of respondents are single (63%). Only 14% are currently married.
- Fifteen percent of the respondents are full time employed with 13% part time employed.
- The majority of respondents were receiving Disability Allowance.
- There were no respondents on the Government sponsored Back to Work Scheme.
- The uptake of Government Employment schemes was low (FÁS/ Community Employment Scheme 17%, Job Initiative 2%).
- Less than half the respondents do not leave their homes everyday.
- Forty percent of the sample had no visit from other people during the week of the survey.

- The most frequent places people visited were 'went shopping' 83% followed by 'the church' at 72%.
- Thirty one percent of respondents were communicating with people with similar experiences every day, 23% communicated 2-3 times a week.
- Fifty percent of respondents would like to communicate 'more often' with other service users.
- Seventy seven percent of the respondents agreed that communication with other service users helped them get better.
- The top three activities in a Peer Support Centre in order of ranking were: a place to meet people with similar experiences, a place to promote recovery and a voice for service users.

The following recommendations have been made:

- 1) There is a need to develop a clearer focus on the importance of employment for mental health service users.
- 2) Employment schemes need to be assessed to establish if they are meeting the needs of mental health service users.
- 3) Consideration should be given to utilising religious institutions to promote positive mental health.
- 4) Social isolation among people with mental health difficulties needs to be urgently addressed by the Community Mental Health Services.
- 5) Information, support and encouragement should be given to service users to use local facilities e.g. Sporting groups, libraries etc.
- 6) Consideration should be given to developing a peer support centre. The core activities of this centre should be to provide a place to meet people with similar experiences, to promote recovery and to give a voice to service users.

(A list of current groups promoting recovery and helping to alleviate social isolation in the Galway City area is given in Appendix 3).

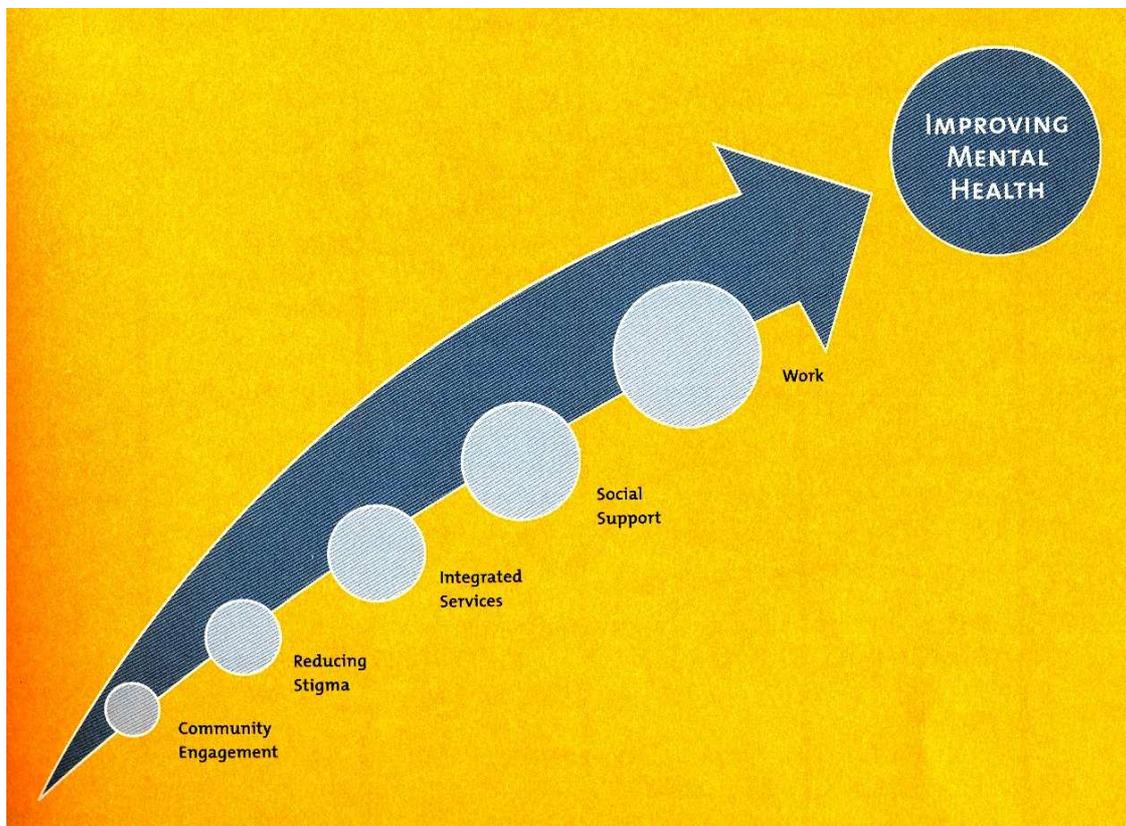
1. INTRODUCTION

1.1 Background

The need for service user involvement in the mental health services is one of the cornerstones of the 'Vision for Change' strategy for Mental Health (Department of Health 2005). In September 2007 two mental health service users were set the task of establishing a forum for service users in Galway City. The two service users were participants on a FÁS scheme at the Galway Training Centre and their starting point was to establish the needs of service users in the Galway City area. They carried out a survey of mental health service users with the assistance of Dr. David Evans, Senior Researcher, Department of Public Health, Merlin Park.

The National Economic and Social Forum (2007) state that there are five key ways to improve mental health (figure 1.0). This report examines these factors, especially social support and work in the life of service users in Galway City area.

Figure 1.0: Ways to Improve Mental Health



Source: National and Economic Social Forum 2007

1.2 Aims and Objectives

The aim of this survey is to assess the needs of mental health service users in the Galway City area.

The objectives are:

- To assess the employment status of people with a mental health disability in the Galway City area.
- To assess the social supports available to this group of people.
- To assess the need for a Peer Support Centre / Service Users Forum for mental health service users in the Galway City area.

2. METHODOLOGY

Two FÁS CE Scheme participants, Louis Maguire and Denis Mockler designed the questionnaire with guidance from:

- Dr. David Evans, Senior Researcher, Department of Public Health, HSE – West.
- Mr. Leo Larkin, Manager, Galway Training Centre.
- Mr. Shane Clerkin, FÁS Supervisor, Galway Training Centre.
- Ms. Liz Brosnan, Research and Resource Officer of Western Alliance for Mental Health.
- Ms. Una Devine, Senior Occupational Therapist, Psychiatric Unit U.H.G.

Questionnaires were sent to facilitators of the following self help groups: Aware, Grow, Schizophrenia Ireland's Phrenz Group, Recovery Inc. Questionnaires were also distributed by staff of Galway Training Centre, Merlin Park Hospital and the Occupational Therapists based in the Psychiatric Department of University Hospital Galway. The facilitators of these groups were asked to distribute the questionnaires among service users who attended these services during the months of January and February, 2008. One hundred and ten questionnaires were sent out. The recipients were asked to complete the questionnaire and return it using a stamped addressed envelope provided for that purpose. There was one reminder made by way of e-mail to the facilitators of the support groups. Forty one questionnaires were returned. This represents a 37% response rate. *(See Appendix 3 for a list of all the self help and voluntary groups active in the Galway City area).*

The areas of research were as follows:

- A profile of the service users.
- Work, training and employment schemes with government support.
- Social interaction of service users within their communities.
- Interaction and communication with people with similar life experiences.
- Views/opinions on the development of a peer support centre/service user forum.

There were 19 questions on the questionnaire. Seventeen of these questions were tick box quantitative questions while the remaining two were qualitative questions. A copy of the questionnaire is given in appendix 1.

A cover letter was circulated with each questionnaire (Appendix 2 Cover Letter). Confidentiality was assured and implemented throughout the entire process of the survey.

3. RESULTS

3.1 Introduction

We outline our results below from the questionnaires returned to us.

3.2 Profile

From the table, it can be seen that the higher proportion of respondents are males at 57%. Furthermore, the survey shows that the majority of respondents are single at 63%. No respondents indicated that they were members of the gay or lesbian community.

Table 3.1: Gender and Marital Status

Gender & Marital Status	Number	Percent
Male	23	57.5%
Female	17	42.5%
Married	6	14.6%
Single	26	63%
Co-habiting	2	4.9%
Separated	2	4.9%
Divorced	5	12.2%

3.3 Age of Participants

The majority of respondents in this survey are between the ages of 41-50 years. This represents 34% of the survey group. The average age of respondent in this survey is 44 years.

Table 3.2: Age of Service Users

Age of service user	Number	Percent
20-30 years	3	7.3%
31- 40 years	11	26.8%
41-50 years	14	34.1%
51-60 years	8	19.5%
60 + years	4	9.8%

3.4 Length of Contact with Mental Health Services

Figure 3.3 shows 36% of respondents had contact for periods between 1-5 years. A quarter of the sample had contact with the mental health services for over 20 years. The average length of time that respondents are in contact with the mental health services is 12.3 years.

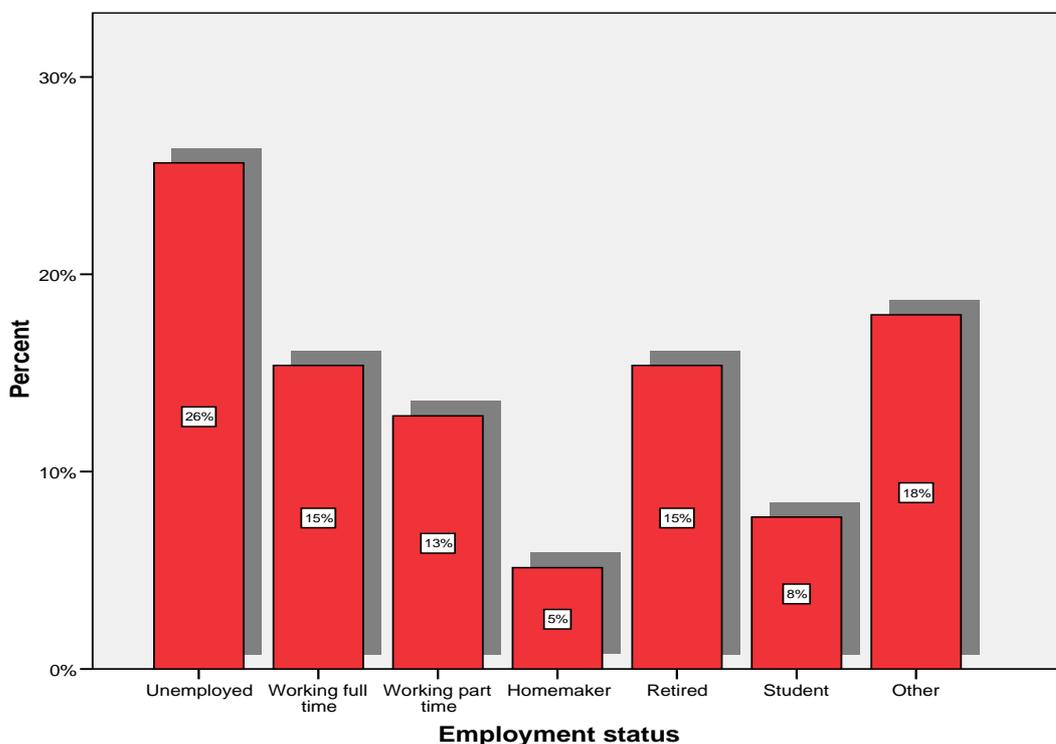
Table 3.3: Length of Contact with Mental Health Services

Contact time	Number	Percent
1-5 years	15	36.5%
6-10 years	5	12.2%
11-20 years	11	26.8%
20+ years	9	22.5%

3.5 Employment

In relation to employment, figure 3.1 shows that over a quarter of respondents were unemployed at the time of the survey (26%). There are 15% of respondents in full time employment and 13% in part time employment. Of those on C.E. Schemes, it should be noted that three considered themselves as employed part time, and one described him/herself as a student.

Figure 3.1 Employment Status



3.6 Allowances and Benefits

There are 75% of respondents receiving a disability allowance from the Department of Social and Family Affairs. Table 3.4 also shows that there are no respondents currently on Back to Work Schemes.

Table 3.4 Allowance and Benefits

Allowances or benefits	Number	Percent
Disability Allowance	24	75%
Disability Benefit	2	12.5%
Back to Work	0	0%
Pension	2	12.5%
Invalidity Pension	5	26%
Other	4	25%

Multiple responses may not add up to a 100%

3.7 Employment Schemes and Training

The highest single uptake in this area is in Community Employment Schemes. There were 32% of respondents enrolled on a training programme of one type or another in the last year.

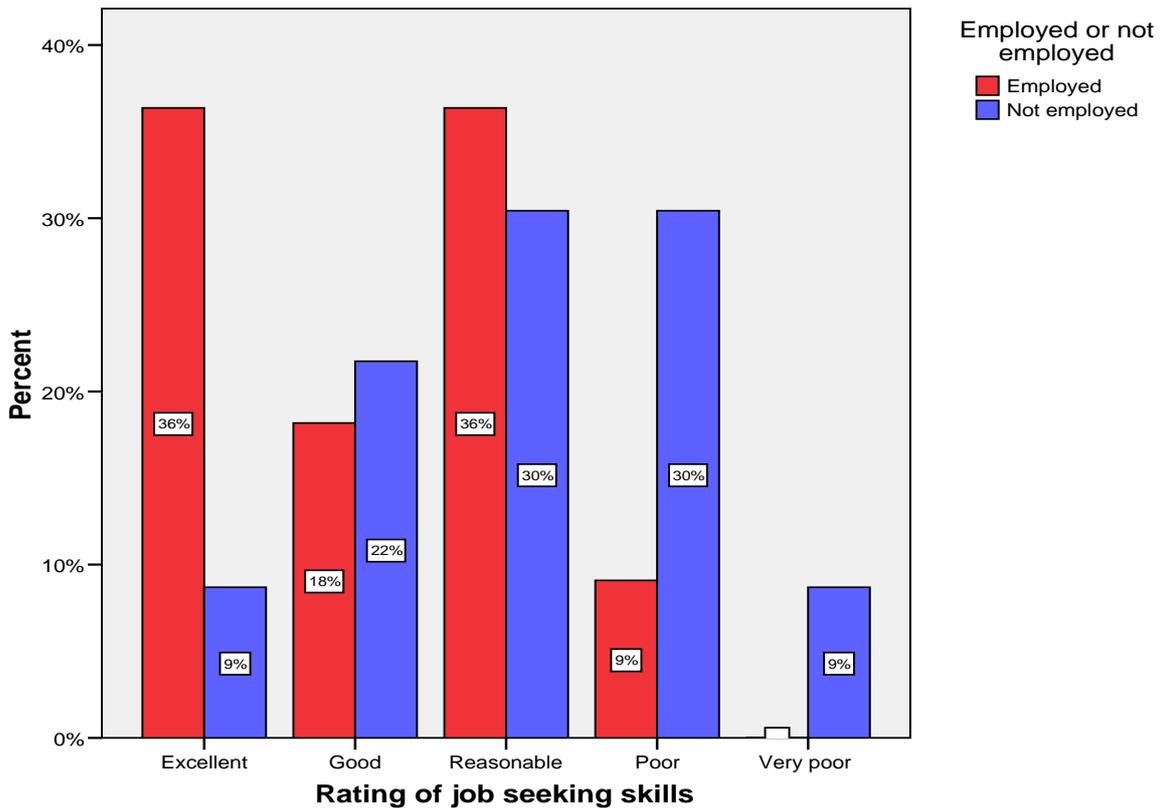
Table 3.5 Employment Schemes

Employment Training Scheme	Number	Percent
FÁS Scheme/community employment	7	17.1%
Back to work scheme	0	0%
Job Initiative	1	2.4%
Other	5	12.2%

3.8 Job Seeking Skills

From figure 3.2, it can be seen that people who are employed rated their job seeking skills far higher than those of the unemployed group: 36% of those currently employed rated their job seeking skills as excellent.

Figure 3.2 Rating of Job Seeking Skills



3.9 Getting Back to Work

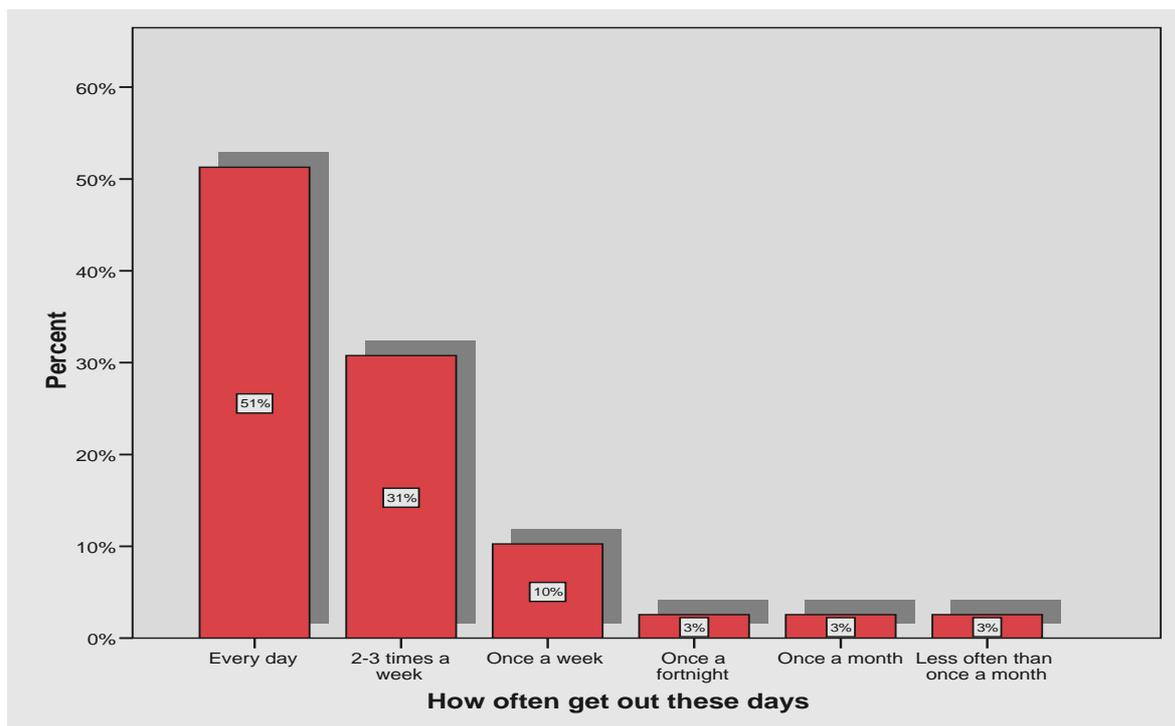
The respondents were asked to answer an open ended question as to what supports they believe would help them get back to work. 25 respondents replied to this question. There are broadly five areas in which service users felt that improvement is needed. These are:

- Better skills and education (6).
- Health improvement (7).
- Peer support and support generally (6).
- Suitable employment (4).
- Dealing with stigma associated with mental illness (2).

3.10 Getting Out and About

From figure 3.3, we see that over 50% of respondents leave their house everyday. Nineteen percent of respondents leave their homes once a week or less often.

Figure 3.3 how often do you get out these days



3.11 Visitors

More than a third of the respondents did not have any visitors during the past week.

3.12 Visiting Places

Table 3.6 shows the places most often visited; these are shops, church and post office/social welfare. The least visited places are sport/leisure facilities.

Table 3.6: Visiting Places in the Community

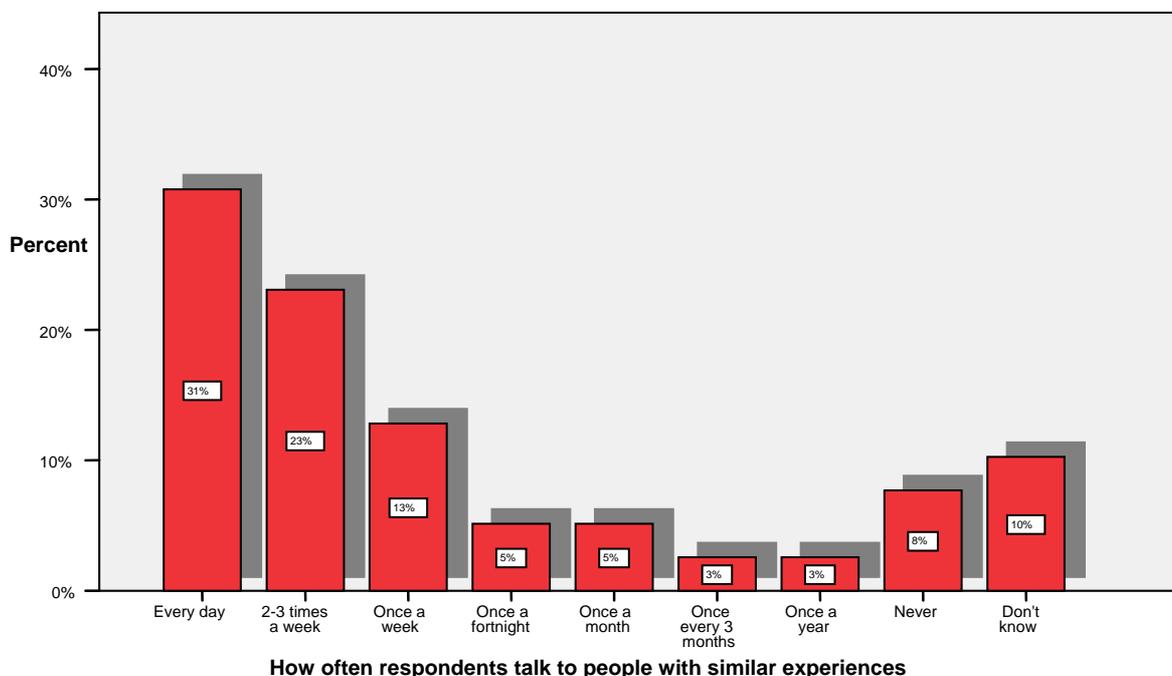
Visiting places in the community in the last week	Number	Percent
Went Shopping	29	83%
Visited a Church	23	72%
Visited a Post Office/ Social Welfare	21	70%
Attended Physical Activities	19	70%
Visited Friends	19	56%
Visited Pub/Club/Restaurant	16	55%
Visited Relatives	14	54%
Attended Workplace	15	48%
Attended Training Centre	13	46%
Visited Health Facility	10	38%
Visited Library	7	27%
Visited Other Facilities	5	26%
Visited Sport/Leisure Activities	2	9%

Multiple responses may not add up to 100%

3.13 Communication between people with similar life experiences

Thirty one percent of respondents talk to people with similar life experiences every day, 23% talk 2-3 times a week.

Figure 3.3 Communication with others of similar experiences



3.14 Communication in the Future

We found that 50% of respondents in the sample would like to talk 'more often' to other service users in the future.

Table 3.7 Future Communications with other Service Users

Talking to other service users	Number	Percent
More Often	20	50%
About the same	14	35%
Less Often	2	5%
Don't Know	4	10%

3.15 Communication Producing Better Health

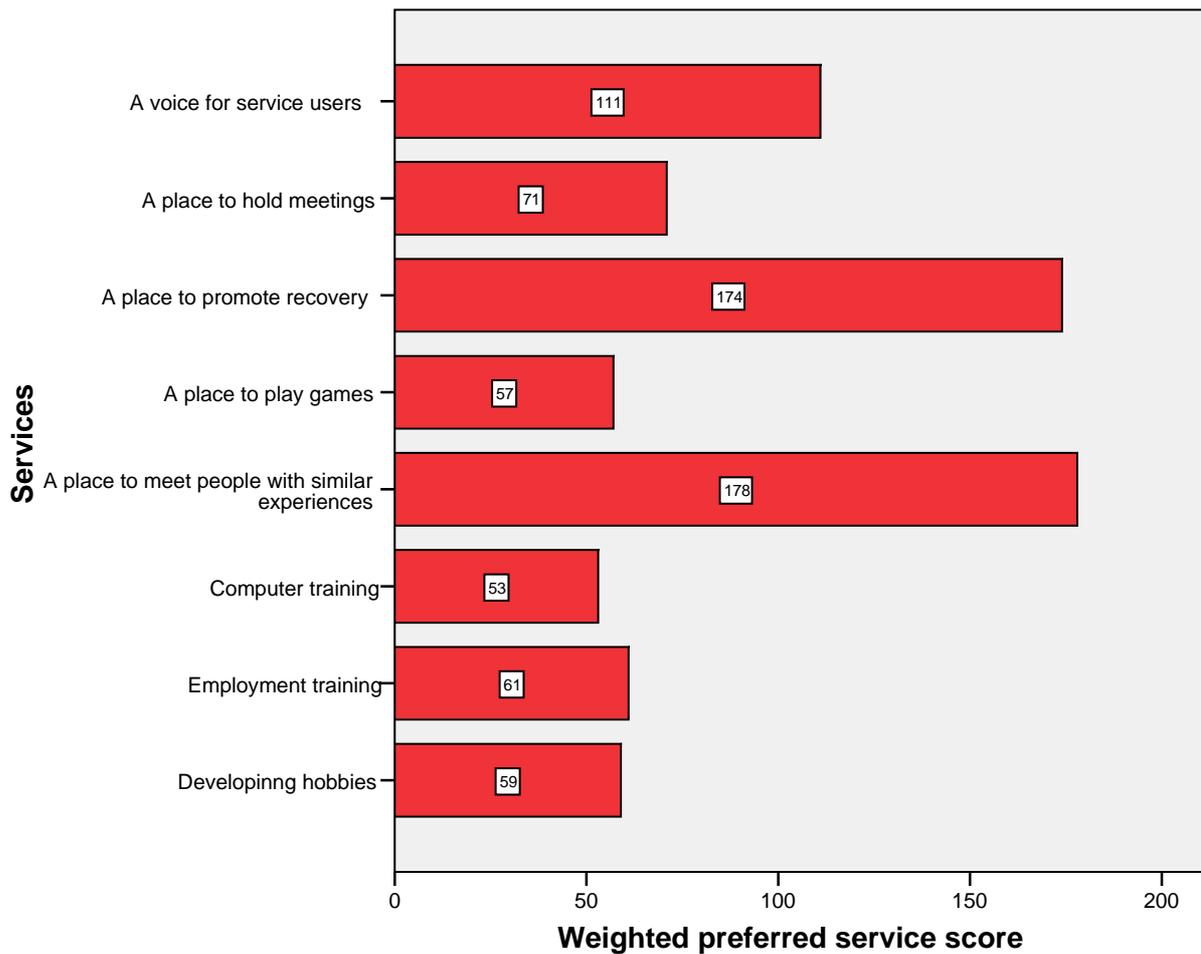
Of the respondents, 77% agreed they would feel better by talking with other service users.

3.16 Suggested Activities for a Peer Support Centre

Respondents were given a list of eight activities and asked to rank them in order of preference, in terms of activities to be offered at a peer support centre. From this list, a preferred activity score was calculated which took into consideration the number of times an activity was chosen and its ranking score (mean). This gave a weighted preference score for each activity and is show in figure 3.4.

Figure 3.4 show that half of the respondents want the centre to be a place to meet people with similar experiences. Furthermore, half the respondents want the centre to be a place to promote recovery and a third of respondents would like an advocacy service.

Figure 3.4 Preferred Activities Score



3.17 Further Comments and Suggestions

The respondents were asked to give further comments/suggestions in the last question of the survey. There were 12 comments received in response to this qualitative question. These comments can be broadly divided into the categories below. Some respondents made more than one comment in this section.

- Employment (3).
- Establishing a peer support centre (2).
- Peer support (2).
- Self help groups (1).
- Feelings of isolation (3).
- Three respondents stated that they did not need any assistance.

4. DISCUSSION

4.1 Introduction

The key issues from the survey will be discussed below.

4.2 Profile

Almost two thirds of respondents are single, and a large proportion 34%, are aged from 40 to 50. The survey shows that few people below the age of thirty replied to this survey. Furthermore, it can be seen that the majority of respondents are over ten years availing of mental health services. This shows the long-term nature of mental illness as well as reflecting comparative studies (Brosnan et al 2002, Wynne et al 2004).

4.3 Gaining employment

“Work is at the very core of contemporary life for most people, providing financial security, personal identity, and an opportunity to make a meaningful contribution to community life” (NAMI, 1999). The workplace is one of the key environments that affect our mental well being and health. Although it is difficult to quantify the impact of work alone on personal identity, self-esteem and social recognition, most mental health professionals agree that the workplace environment can have a significant impact on an individual’s mental well being (WHO Mental Health and Work, 2000). People with severe mental disorders have higher unemployment rates than people with physical disabilities (WHO, 2001). Employment is one of the best routes to Recovery, (National Economic and Social Forum (NESF): Mental Health and Social Inclusion, 2007), yet only one fifth of people with severe and enduring mental ill-health in Ireland are employed (NESF 2007). Research evidence on employment has repeatedly shown that, if provided with the supports they need, as many as 60% of people with more serious mental health problems can gain and sustain open employment (Bond et al 1997, 2001).

It is therefore disappointing that in this sample, there were only 28% of respondents employed and that 75% of the respondents are receiving Disability Allowance.

The fact that unemployed respondents rated their job seeking skills lower than the employed respondents highlights the need for targeted intervention in this area. An approach by health professionals towards addressing this issue is the Pathways to Work Initiative in the U.K. (Department of Work and Pensions, 2002). Here, highly skilled experienced employment advisors and condition management practitioners based in GP surgeries offer advice about finding work, returning to work and job retention. Six pilot schemes commenced in April 2006 and are being independently assessed (NESF, 2007).

In relation to training, the survey shows that only a minority of respondents were attending specific employment schemes (Job Initiative 2.4% and Community Employment/ FÁS 17.1%). These statistics are disappointing in view of the low level of respondents who are currently employed. At the present time, most training is organised independent of the workplace. It has been shown in Canada and the U.S.A. that mental health service users are better off if the training occurs while in the work environment, rather than separating training and work (Leff and Warner 2006). Similar programmes should be considered for Ireland.

Currently in Ireland, the government gives grants to employers to assist a person with a disability in the workplace. In Galway there is a new initiative to make FÁS supervisors aware of the need to accommodate service users in CE Schemes and other types of training. This training is provided by the Occupational Therapy Department of Psychiatric Services (HSE West). At the moment there are only ten places occupied by service users on a scheme that caters for 20 participants in the Galway Training Centre. These schemes should be promoted and extra places made available on them for service users.

4.4 Getting 'out and about'

"One of the consequences of a diagnosis of mental illness is a reduction in existing social networks and an increase in social isolation" (Wright et al, 2000, Goldberg et al, 2003). In the results of our survey, almost half of the respondents only left their homes 2-3 times a week. A third of respondents had no visitors in the previous week.

It is worrying that 19% of respondents leave their home only once a week or less. This shows a major lack of any community involvement by these

people with adverse implications for their quality of life. Service users who are isolated do not have the social networks and support that are fundamental to recovery.

For those who get out and about, visiting a church was the second highest activity. The role of the church in helping to reduce isolation deserves closer analysis. One of the seven principles of health promotion adopted by WHO is that of 'holism' which aims to 'foster physical, mental, social and spiritual health' (WHO 1998). Spiritual health promotion is now being discussed seriously and is being used as a way for better health in healthcare, with a holistic vision of person care in mind (Fleming and Evans 2008).

There are few respondents partaking in sport and leisure pursuits or going to libraries as shown in the survey results. Richardson et al (2005) demonstrates that it is beneficial for service users to partake in physical activity. There is a need for mental health services to make service users aware of these facilities and to encourage participation in sports/leisure activities.

Overall, these findings show the isolation of a large proportion of respondents. Community mental health services need to address this issue. Supports need to be developed to help reduce the social isolation experienced by those currently using mental health services. The development of a peer support centre and a befriending service are ways in which these difficulties can be overcome. It appears that such a service is already established in Roscommon town "The Melting Pot". This facility helps people with all types of disabilities. They also have a second-hand clothing shop, internet café and meetings rooms, all in the same premises. A similar scheme could be considered for Galway.

4.5 Development of Peer Support

Peer support is not just a drop in centre. It should provide social support where activities and outings are organised. It also includes support groups, recovery education, coping skills, leadership opportunities and a place for personal development.

From our results, we know that almost half of the respondents talk to other service users less than twice to three times weekly. In addition,

when questioned, half of the respondents would like to meet other service users in the future 'more often'. "Ideally mental health workers should aim to help people to maintain or resume existing friendships, but there are times when these have already been lost, or cannot be sustained. Repeated surveys testify to the loneliness and isolation of many people with mental health problems, and to the importance they attach to finding friendships and intimate relationships. It is not uncommon for mental health practitioners to feel unable to meet peoples' needs for friends and partners. Some see it as beyond their professional remit (I'm not a dating agency) but friendships and relationships are central to recovery and therefore do constitute part of the work of a psychiatric team" (Repper and Perkins 2003). This may help to explain why, over three quarters of respondents in our survey agreed that these meetings with other service users will 'help them get better'. Development of peer support may help bring service users together.

In this survey, we asked a question regarding the type of activities service users would like to have in a peer support centre/service user forum. The top three activities suggested by respondents were:

- Place to meet people with similar experience 50%.
- Place to promote recovery 50%.
- Voice for service users 32%.

In relation to a voice for service users, there is an advocacy service in Galway run by Irish Advocacy Network. This Network empowers service users. The Galway County Mental Health Service User Consumer Panel has also been set up during this research period. Its function is outlined in the Quality and Fairness Legislation 2001. This panel's function is to highlight local issues of concern for service users of Galway. It reports to the Galway County Manager for mental health. It is hoped that a representative of this panel will be a member of the National Service User Executive which is called upon to advise on mental health policy at a national level. Advocacy and service user involvement in policy development are important elements in the delivery of a modern mental health service.

5. CONCLUSIONS AND RECOMMENDATIONS

In setting up service users' peer support/mental health forum, it is essential that the key issues emerging from this survey of service users are addressed. The main findings can be summarised as follows:

- The average age of respondents in the sample was 44.8 years.
- The average length of time that respondents have contact with the mental health services is 12.3 years.
- The majority of respondents are single (63%). Only 14% are currently married.
- Fifteen percent of the respondents are full time employed with 13% part time employed.
- The majority of respondents were receiving Disability Allowance.
- There were no respondents on the Government sponsored Back to Work Scheme.
- The uptake of Government Employment schemes was low (FÁS/Community Employment Scheme 17.1%, Job Initiative 2.4%).
- Less than half the respondents do not leave their homes everyday.
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- The most frequent places people visited were 'went shopping' 83% followed by the church at 72%.
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- Seventy seven percent of the respondents agreed that communication with other service users helped them get better.
- The top three activities in a Peer Support Centre in order of ranking were: a place to meet people with similar experiences, a place to promote recovery and a voice for service users.

The following recommendations have been made:

1. There is a need to develop a clearer focus on the importance of employment for mental health service users.
2. Employment schemes need to be assessed to establish if they are meeting the needs of mental health service users.
3. Consideration should be given to utilising religious institutions to promote positive mental health.
4. Social isolation among people with mental health difficulties needs to be urgently addressed by Community Mental Health Services.
5. Information, support and encouragement should be given to service users to use local facilities e.g. sporting groups, libraries etc.
6. Consideration should be given to developing a peer support centre. The core activities of this centre should be to provide a place for service users to meet people with similar life experiences, to promote recovery and to give a voice to service users.

THE END

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APPENDIX 1 QUESTIONNAIRE

CONFIDENTIAL

MENTAL HEALTH SERVICE USER SURVEY

We are conducting a survey about people that have used mental health services in Galway. The research will help us to improve the services. Your opinion will be greatly appreciated. The survey is completely confidential and anonymous. Your name will not appear anywhere on the form. Please complete the questions by putting a circle around the appropriate number e.g. (2). The questionnaire should be returned as soon as possible using the envelope provided. If you have any queries about the questionnaire or about the survey in general please contact us (091 741755). Thank you very much for your help.

Q1 HOW LONG HAVE YOU BEEN IN CONTACT WITH MENTAL HEALTH SERVICES? _____ YEARS

Q2 WHAT IS YOUR AGE? _____ YEARS

Q3 ARE YOU:

Male	1
Female	2

Q4 MARITAL STATUS

Married	1
Single	2
Co-habiting	3
Widow (er)	4
Separated	5
Divorced	7

Q5 ARE YOU A MEMBER OF THE GAY AND LESBIAN COMMUNITY:

Yes	No
1	2

Q6 ARE YOU:

Unemployed	1
Working full time	2
Working part time	3
Homemaker	4
Retired	5
Student	6
Other (specify) _____	7

Q7 ARE YOU GETTING ANY OF THE FOLLOWING ALLOWANCE:

Disability Allowance	1
Disability Benefit	2
Back to work allowance	3
Pension	4
Invalidity allowance	5
Other (Specify) _____	6

Q8 ARE YOU CURRENTLY ON ANY OF THE FOLLOWING SCHEMES:

FÁS Scheme	1
C/E Scheme	2
Job Initiative Scheme	3
Other	4

Q9 HAVE YOU BEEN ON A TRAINING PROGRAMME IN THE LAST YEAR?

Yes	1
No	2

Q10 WHAT DO YOU THINK WOULD GET YOU BACK TO WORK EITHER FULL TIME OR PART TIME?

Q11 HOW WOULD YOU RATE YOUR JOB SEEKING SKILLS?

Excellent	1
Good	2
Reasonable	3
Poor	4
Very poor	5

Q 12 HOW OFTEN DO YOU GET OUT THESE DAYS?

Every day	1
2-3 times a week	2
Once a week	3
Once a fortnight	4
Once a month	5
Less often than once a month	6
Never go out of the house	7

Q 13 WHICH OF THE FOLLOWING HAVE YOU

Undertaken in the last week?
(Circle 1 or 2: yes or no: as many activities as you wish)

	Yes	No
Visit friends	1	2
Visit relatives	1	2
Visit Pubs/clubs/restaurant	1	2
Visit Post office/social security office	1	2
Taken part in physical activity	1	2
Attended training centre	1	2
Attended workplace	1	2
Went shopping	1	2
Attended a sporting/leisure activity (e.g. watch a local GAA/soccer match)	1	2
Visit health facility	1	2
Visit library	1	2
Visit church	1	2
Visit other facility (specify)	1	2

Q 14 HAS ANYONE VISITED YOU IN LAST WEEK?

Yes	No
1	2

Q15 HOW OFTEN DO YOU TALK TO PEOPLE WITH SIMILAR EXPERIENCES TO YOURSELF?
(PLEASE CIRCLE ONE NUMBER ONLY)

Every day	1
2-3 times a week	2
Once a week	3
Once a fortnight	4
Once a month	5
Once every 3 months	6
Once in 6 months	7
Once a year	8
Once in 2 years	9
Less often than once in two years	10
Never	11
Don't know	12

Q16 IN THE FUTURE WOULD YOU LIKE TO TALK TO PEOPLE WITH SIMILAR EXPERIENCES AS YOURSELF MORE OFTEN, ABOUT THE SAME, OR LESS OFTEN?

More often	1
About the same	2
Less often	3
Don't know	4

Q17 DO YOU FEEL THAT TALKING TO PEOPLE WITH SIMILAR EXPERIENCES AS YOURSELF WOULD MAKE YOU FEEL BETTER?

Yes	1
No	2
Don't know	3

Q18

FROM THIS RESEARCH, WE ARE GOING TO CONSIDER DEVELOPING A PEER SUPPORT CENTRE FOR HEALTH SERVICE USERS. What are the top 3 services you feel the centre should offer? Indicate your order of importance 1,2,or 3 in the ranking boxes

	(top 3 services)
A voice for service users	
A place to hold meetings	
A place to promote recovery	
A place to play games (e.g. pool, cards, video)	
A place to meet people with similar experiences	
Computer training	
Employment training	
Developing hobbies	
Others (specify)	

Q19 Further comments or suggestions

THANK YOU FOR YOUR ASSISTANCE

Please post this questionnaire when it is completed no later than the 15th of February in the free postal envelope provided.

APPENDIX 2 ACCOMPANYING LETTER

Galway Peer Support Project,
La Nua,
HSE Buildings,
Ballybane,
Galway.

Phone number: 091 741755

Date 01/2008

Hello,

We are mental health service users on a FÁS Scheme; we are working on the scheme in order to improve the mental health services here in Galway for service users. Please find enclosed a short questionnaire for Mental Health Service Users. We would be delighted if you would fill out the questionnaire. The more people who respond to the questionnaire, the better the results will be. The questionnaire is completely confidential, neither your name nor address will appear on the form. Select your answers by circling the appropriate number in the boxes. This survey will help improve services. It has been written by service users in order to benefit service users.

Should you have any queries please do not hesitate to contact us on 091 741755

Yours Faithfully,

Denis Mockler & Louie Maguire

APPENDIX 3 LOCAL COMMUNITY BASED MENTAL HEALTH SUPPORTS

1) GALWAY TRAINING CENTRE

Galway Training Centre (HSE – West) provides a rehabilitation training programme and sheltered occupational services for people with disabilities in the Galway city area. The Centre is currently sponsoring a FAS CE scheme which provides training and employment opportunities for 20 participants. For further information, contact Leo Larkin on 091 775692 or E-mail: l.larkin@hse.ie

2) AR NGLÓR / ADVOCACY

Ár ngór (our voice) runs a community advocacy service which aims to empower people with mental health difficulties to claim their rights and entitlements. Contact person: Andrea Farrell, Unit 6, Town Park Centre, Tuam Road, Galway. Phone number 091 761746, E-mail Afarrell@sirl.ie Website www.sirl.ie

3) AWARE

Aware is a voluntary organisation whose aims are to assist the section of the population whose lives are affected by depression. Venue for Aware Galway: Danesfield house, Sea Road, Galway. Website www.aware.ie E-mail: Wecanhelp@aware.ie Aware helpline 1890303303

4) BODYWHYS

Bodywhys is the name of the Eating Disorder Association of Ireland's national support organisation for people affected by eating disorders. Website www.bodywhys.ie E-mail: info@bodywhys.ie lo-call helpline number 1890200444

5) CONSOLE

Console was established in 2002 by families who experienced the grief of losing a loved one through suicide. Console respects each individual's unique journey through the grieving process. Console Galway: Marie Whyte Counselling & Centre www.console.ie E-mail marie.whyte@console.ie Helpline 1800201890

6) GROW

Grow mutual help organisation was found in Australia by a group of people suffering from mental health problems. It has a network of 145 groups in Ireland nationwide. Grow offers programmes of Prevention,

Rehabilitation and Personal Growth through the mutual self help of the group members. Grow Galway E-mail: aideenlovet@grow.ie Website: www.grow.ie Grow Galway phone number 0868032731. Grow Info line 1890474474

7) IRISH ADVOCACY NETWORK

The Irish Advocacy Network (I.A.N.) is a nationwide organisation wholly run and led by people who are using the mental health services or have overcome a mental health problem in the past. They provide an advocacy service to mental health service users. Phone number: 047 38918 Website: www.irishadvocacynetwork.com Galway Advocate, Denis Waters E-mail: Denismartina@eircom.net

8) MENTAL HEALTH IRELAND

Mental Health Ireland is a national voluntary organisation which aims to promote positive mental health and to actively support persons with a mental illness, their families and carers by identifying their needs and advocating their rights.

Development officer post vacant, Danesfield House, Sea Road, Galway E-mail galway@mentalhealthireland.ie Phone number 091584059

9) NATIONAL LEARNING NETWORK

National Learning Network is a Training, Education, Rehabilitation and Employment Access division of Rehab Group, offering services to people who are marginalized, have disabilities or mental health recovery needs.

For further information or to visit our services please contact: Richard Casburn, Area manager 091756650. E-mail: Richard.Casburn@nln.ie Website: www.rehab.ie/nln/

10) RECOVERY INTERNATIONAL

Recovery International offers hope, reassurance, encouragement and acceptance in a peer-led, self-help mental health programme. Members are required to follow the treatment prescribed by their doctor or therapist. Recovery is an aftercare programme. Phone number 01 6260775

Galway Friday 7.30 pm Small meeting room, rear of Knocknacarra Church. Website: www.recovery-inc-ireland.ie E-mail: info@recoveryy-inc-ireland.ie

11) REHABCARE WEST

Rehabcare is the health and social care division of the Rehab Group. Rehabcare provides a range of centre based and community services to people with disabilities and mental health issues.

For more information or an informal, confidential chat call Mark Logan Regional manager 091 755686 E-mail: mark.logan@rehabcare.ie
Website: www.rehab.ie

12) SAMARITANS

The Samaritans are a volunteer organisation available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide. Galway Samaritans 14 Nuns Island, Galway: Contact by phone 1850609090 Website: www.samaritans.org. E-mail: jo@samaritans.org

13) SCHIZOPHRENIA IRELAND

Schizophrenia Ireland is the National organisation dedicated to upholding the rights and addressing the needs of those affected by schizophrenia and related illnesses. This is achieved through the promotion and the provision of high quality services and working to ensure the continual enhancement of the quality of life of the people it serves. Contact Christina Burke Regional Development Officer at: 091 761746 or Townpark Centre, Tuam Rd, Galway. E-mail cburke@sirl.ie. Website www.sirl.ie

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SUPPORT SERVICES AVAILABLE FROM THE OCCUPATIONAL THERAPY DEPARTMENT OF THE PSYCHIATRIC SERVICES GALWAY.

1) *Out and About Club*

This is a social group run by the occupational therapy department at the Psychiatric Unit in U.C.H.G. and occurs in the community on a fortnightly basis. Typical outings include bowling, cinema, meeting for a drink/coffee, theatre, art exhibitions, picnics etc.

The aim of this group is to encourage socialisation and provide service users with an outlet to develop social skills and friendships. Service users can join the Out & About mailing list through referral by your doctor or by contacting the occupational therapy department on 091-544504.

2) ***Community Art***

The community art/creative writing groups meet in The Art's Centre on Dominick Street. These groups provide on-going support to service users through the use of art and creative writing within a community setting.