The Galway/ Roscommon Advancing Recovery in Ireland Project Report 2012-2015

A Chairde,

It is with great pleasure that Paula Kerr and I present The Galway/ Roscommon Mental Health Service Advancing Recovery in Ireland (ARI) Report 2012-2015. Fantastic work has taken place across the region since 2012. The report will inform all stake holders about the ARI process and highlight what can be achieved by service users, family members, carers, voluntary and statutory organisation and Health Service Executive (HSE) personnel working in collaboration in assessing service needs, planning, implementing and evaluating recovery initiatives. This ARI report also outlines plans for 2016.

We would like to thank the service users, family members, carers voluntary and statutory group members and HSE staff who shared their views, experiences and expertise often voluntarily in the implementation of this project. All stakeholders contributions go towards delivering a recovery focused mental health service which we can be proud off.

The ARI project is always in need of new members so if anyone is interested in being part of the ARI project please contact either Paula or myself. We look forward working with you all in 2016.

Kind Regards

Signed;

Francis Walsh Paula Kerr

Advancing Recovery in Ireland Co-Leads

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Advancing Recovery in Ireland Project Executive Summary for Galway/ Roscommon Mental Health Services

Galway Roscommon Mental Health services a population size of approximately 300,000 people through established Adult Community Mental Health Teams across 6 sectors, two Rehabilitation and Recovery Teams a Child and Adolescence Mental Health Service and a Psychiatry of Later Life Mental Health Service. Historically the service utilised a traditional model of service delivery. The service is in transition to delivering a recovery model approach.

What is ARI?

Advancing Recovery in Ireland (ARI) is a nationwide project led by the National Office for Mental Health under the director designate for Mental Health, Ms. Anne O'Connor. Essentially ARI is about putting the Recovery Principles at the centre of everything we do in the mental health services. At an organisational level it is about people with lived experience of mental health challenges, carers/ family members, voluntary and statutory organisations together with service providers working collaboratively in order to focus on the 10 organisational challenges outlined below.

Recovery is defined as a "deeply personal, unique process changing one's attitude, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful and contributing life. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of psychiatric disability" (1).

This process of organisational change towards readiness has been primarily driven by our area being selected as one of the seven ARI pilot sites in 2012. The service developed a SENATE approach which brought service user, family member, carers, staff (SUFMC) and other stakeholders in the community together and democratically selected three organisational challenges. The ImROC methodology was utilised as the framework for cultural change. The ImROC methodology focuses on ten organisational challenges (2).

The three challenges chosen were-

1. Establishing a Recovery College
2. Transforming the workforce

   A) To develop a mental health consumer panel

   B) To develop a Peer Support Worker (PSW) role and employ PSW's in Galway/ Roscommon Mental Health Service.
3. Building a life beyond illness

   A) Develop a Trialogue community group

   B) Develop and introduce a service wide recovery policy

From this three working groups were set up, each with a service provider and service user co-lead and out of which Co-production and Co delivery was born. The journey has been enlightening, energising, motivating and indeed humbling for those involved.

At a further SENATE held in 2015 to review progress/achievements over the two year period since establishment of the project, and to set new additional organisational challenges, we reflected with some awe on what has been achieved, i.e.

- A recovery college is established and a peer educator appointed with matching HSE and Genio funding;
- Trialogue is set up, running monthly, and well attended at a Community space in Roscommon town;
- A service wide Recovery Policy has been co-developed and approved by Mental Health Area Management Team (MHAMT).
- A Mental Health Consumer Panel was established and trained [Irish Advocacy Network involved] and links quarterly with the Mental Health Area Management Team.
- SUFMC representative drawn from the consumer panel now sits on the MHAMT;
- Recovery Principles training [4 hours] co-produced and co-delivered across the catchment to all adult teams.

- Appointment of a Recovery Lead for Galway/ Roscommon Mental Health Service to join the Practice Development Coordinator from GR5/6 to further plan, develop, implement and evaluation the project.

At the 2015 Senate, goals were set regarding maintaining and developing on the progress of the above to date and in addition further challenges were selected as follows;

1. Changing the way we approach RISK Assessment and Management - this is a service wide project with a representative working group focusing on current and best practice with an emphasis on positive risk taking and safety planning.
2. Increasing personalisation and choice - here the focus is on person-centered individualised care planning/ audit/ choice/ improving information flow and seeking SUFMC involvement in all service development.
3. Ensuring organisational commitment, creating the culture - this is a thread to be pulled through all our activities. It will include an oversight group to monitor and advise to ensure that a recovery ethos is reflected in service policy and practice.

Furthermore, West Galway became an ARI site in 2015 and has set 3 organisational challenges.

1. Develop a recovery college (which may become a spoke from REGARI Recovery College).
2. Changing the nature of day to day interactions and quality of experience
    - Working group developing a service user feedback survey which will include questionnaire bases approach with consumer panel facilitating focus groups re same.
    - Development of a feedback /action framework for consumer box comments ;
    - Development of recovery focused information leaflets for GP's re local mental health teams.

- Development of information leaflets on recovery from a service user and family member perspective.

3. Increasing opportunity for building a life beyond illness - here the focus is on connecting people locally including

- Development of employment opportunity;
- Linking with NLN employability;
- Department of Social Protection and Individual Placement Service strand.

The process has brought myriad stakeholders, Service User, Family members, Carers, staff, outside voluntary and statutory group's including. National University of Ireland Galway /Athlone Institute Technology to the table and provided a voice and mechanism to effect change and service improvement.

Plans for 2016

Governance	**Timeline**
1. Amalgamate as one ARI site. 2. Meet with AMT/ Area Manager 6 monthly. 3. Get ARI project on the agenda at clinical governance level and on the agenda at local GR business meetings. 4. Contract with AMT on specific pieces of work. **5.** Have a person with lived experience representation on all team business meetings and all clinical governance meetings.	Second quarter 2016 Six monthly First quarter 2016 Annually Fourth quarter 2016
Communication and Promotion	
1. Circulate ARI report to all clinical areas, copies to be made available to people that use the services, family members/ carers and voluntary group members. 2. Circulate ARI newsletter quarterly to all stakeholders. 3. Circulate posters advertising local and national events to all stakeholder	First quarter 2016 Second Quarter 2016 As required

Capacity Building	
1. Continue with capacity building with HSE staff, people that attend the services, family, carers and voluntary groups with the aim of joining the project and bring about meaningful change in clinical practice. 2. Enrol HSE Recovery champions within each Community Mental Health Team. 3. Provide training and support for recovery champions. 4. Develop a structure to support recovery champions.	Continuous In place Ongoing First quarter 2016
Recovery Training	
1. Continue Recovery training with Community Mental Health Teams. 2. Introduce co-produced recovery principles training workshops into the Approved Centres. 3. Recovery presentation at NCHD induction days. 4. Peer Recovery Training for consultants.	Ongoing Second Quarter 2016 Third Quarter 2016 Third Quarter 2016
Audit/ Evaluation	
1. Continue with research in relation to the outcome of the recovery principles training and keep data base of participants. 2. Participants that attend the recovery principles training evaluate each training session. 3. Commence research into qualitative effects of working with a co-production methodology and philosophy. 4. Audit Recovery Care Planning process within the service. 5. Pilot of Team Recovery Audit Tool with CMHT's. The audit will incorporate working with individual teams, service users and carers from the team auditing clinical recovery work and developing recovery service plans and evaluation. 6. Evaluate each project within Galway Roscommon Mental Health Service annually. This evaluation will be made available to all stakeholders.	Ongoing Ongoing Second Quarter Second Quarter Third Quarter Fourth Quarter

Local and National ARI work	
1. Continue to work with all working groups developing and implementing ARI projects.	
(a) Service user quality of experience survey	Third quarter 2016
(b) Development of Galway Recovery College	Ongoing
(c) Plan meeting with Department of Social Protection	Second Quarter 2016
(d) Dissemination of Recovery Policy	Second quarter 2016
(e) Increasing 'personalisation' and choice. A co-produced working group will form	Third quarter 2016
(f) Changing the way we approach risk assessment, risk management and safety planning. The aim will be to promote a positive therapeutic risk taking culture within service delivery.	Second quarter of 2016.
(g) Ensuring organisational commitment creating the culture. A working group will form	Third quarter of 2016
2. Participate and organise national learning sets	Ongoing
3. Arrange future senates which will focus on voting on selecting new challenges.	Six monthly
4. Continue to work at Action Committee level e.g. REGARI Recovery College, Galway/ Roscommon Consumer Panel.	Monthly
5. Work with the National ARI office developing and supporting new ARI sites across the country.	Ongoing

The AMHMT strongly endorse all recovery initiatives to date and demonstrate openness and thirst for momentum with regard to development of integrated evidence based recovery focused services. The AMT have agreed on all the plans outlined above for 2016.

Overview of National Project Development

Definition of Recovery

There are numerous definitions of recovery. These two definitions are commonly used in the literature

- Recovery is a deeply personal, unique process changing one's attitude, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful and contributing life. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of psychiatric disability (1).
- Recovery is remembering who you are and your strengths to become all that you were meant to be (2).
- Clinical Recovery.

What does the ARI project mean for our region?

Essentially the ARI project offers us a huge opportunity to bring about a cultural shift in how we work together to plan and developed a Recovery Orientated Service, that aims to ensure that the philosophy and the process of 'recovery' is embedded within Galway Roscommon Mental Health Services. For health care professionals it will mean we are working towards best practices guidelines and policies locally, nationally and adhering to standards set by all governing bodies. For people that use the services and family members it will mean enhancing the service that you are currently receiving to incorporate personal recovery and quality of life outcomes as the goal. Since 2012 the Roscommon and East Galway areas of the service (REGARI) were selected as one of the seven national ARI pilot sites chosen to implement the ImROC methodology.

THE ImROC Methodology for Organisational change

The Implementing Recovery through Organisational Change (ImROC) methodology has developed "10 Key Challenges" which provide a framework to guide services in developing a culture of recovery in mental health in Ireland. The challenges provide a roadmap for organizational changes as well as affording the opportunity for services to incorporate an evaluation process as a means of measuring progress. ImROC promotes active engagement with all

stakeholders as equal partners who all bring their own unique experience and expertise to the project (See table 1).

Table 1.

POLICY

SAINSBURY CENTRE for MENTAL HEALTH

removing barriers achieving change

Implementing Recovery

A methodology for organisational change

Geoff Shepherd, Jed Boardman and Maurice Burns

1. **Changing the nature of day-to-day interactions and the quality of experience.**
2. **Delivering comprehensive, 'co-produced' learning programmes.**
3. **Establishing a 'Recovery Education Centre' to drive the programmes forward.**
4. **Ensuring organisational commitment, creating the 'culture'.**
5. **Increasing 'personalisation' and choice.**
6. **Transforming the workforce.**
7. **Changing the way we approach risk assessment and management.**
8. **Redefining user '*involvement'* to create genuine '*partnerships*'.**
9. **Supporting staff in their recovery journeys.**
10. **Increasing opportunities for building a life 'beyond illness'**

The Development of a Local Framework

Phase 1

Capacity building

This crucial phase is the cornerstone of this project to ensure genuine partnership is nurtured and developed between all stakeholders. This involved and continues to require a huge investment of time and commitment to ensure there is meaningful engagement. This involved facilitating information sessions on the ARI project to all CMHT's, Service user groups, family support groups and to voluntary organisations. This opportunity was utilised to support the development of new relationships and this method continues to be of great value to the project and to ensure sustainability.

Phase 2

Developing a Shared Recovery Vision

The recovery Vision is an agreed way of working together through, using recovery conversations in order to develop a shared recovery language; treating each other with respect; acknowledging that each person is an expert by experience, whatever that may be; that no one is more important than anyone else; that no one is less important than anyone else; to listen to each other; to agree to disagree; to work in partnership; to be ambitious for one another but realistic. The reality is that the vision is developed as the relationships between stakeholders grows and evolves. Having a shared vision is vital in ensuring that everyone is putting their energy towards achieving the same goals. Once a shared vision has been developed and agreed it then becomes possible to begin the process of developing focused services.

Phase 3

Establishing Governance Structures

The ARI project leads and Co-leads are accountable to the Area Management Team (AMT) and report to the National ARI Office. All stakeholder involved in the ARI project are responsible to the HSE leads and Co leads. The Health Service Executive (HSE) ARI leads have a responsibility to inform the Area Management Team (AMT) of progress and challenges encountered.

***Recommendation 1**. A formal robust process needs to be developed and agreed between the AMT and the HSE ARI leads to enable them share and exchange information in a formalized timely manner.*

Phase 4- Putting the vision into action

Step 1

We advertised and promoted the project by using e mails; posters; information leaflets and by having conversations at any available forum with all stakeholders.

Step 2

Various meetings were organised with health care professionals through team meetings; information sharing sessions with people with lived experience; family members; voluntary and statutory agencies. These sessions enabled people to listen to each other's experiences and in particular gave us a forum to ensure the people with lived experience were central to the conversations.

After the project was extended into 'West Galway' there was huge value in that people involved in the REGARI project were provided with the opportunity to share their experience and knowledge of their recovery journey within the project. The aim of this process is to enable 'recovery champions' to emerge locally who are willing to push the recovery agenda in their area. A Recovery Champion is a person with or without lived experience; the essential requirement is enthusiasm and a desire to promote recovery so as to contribute to cultural change within the service.

Step 3

In order to remain true to the ImROC methodology the decision was made to enroll two colleagues with lived experience to work in partnership with the two HSE project leads.

Step 4

For the REGARI project a planning discussion took place between the leads and the Co Leads to agree and establish a framework for the project. This essentially resulted in the idea of using a senate model as the decision making forum for the project. The senate enables all stakeholders to meet, to debate as equals and make decisions using a democratic process of voting on which of the 10 ImROC Challenges to priortise.

Step 5

Forming of working groups for each winning challenge- Each group then aims to identify a Lead (HSE member) and a Co lead (person with lived experience/family member) to facilitating the conversations in order to enable the group to identify what they practically want to achieve. It is essential that the chosen project(s) are relevant and in keeping with the identified challenge. The group develops a 'Terms of Reference' and a time line for the project.

Step 6

The group develops a project plan that may or may not include a business proposal. The plan/proposal must be based on national and/or international best practice and furthermore must adhere to local and national policies and strategic frameworks. These plans include associated costs and benefits to the organization and an evaluation of the project.

In Galway Roscommon MHS we aim to then bring all the planned proposals back to the Senate. This is to enable the wider group to hear the presentation of the project; to debate the issues; identify any areas of concern and then vote on the proposal. If the vote is carried we then follow the agreed national protocol, which is that these plans/proposals are forwarded to the local AMT for discussion/ratification and feedback to the working group. In instances where funding is being sought it will be necessary to engage in dialogue with the AMT.

Recommendations

1. When projects are ratified, leaders will have to be selected so a clear protocol is identified to ensure that projects are developed, managed and evaluated within a specified time frame.
2. The working group lead and co lead, in partnership with the AMT will identify a project Implementation lead and co lead for each initiative.

The HSE ARI Leads and Co. Leads will be responsible for ensuring that the process of development for each initiative is in keeping with the recovery principals and philosophy.

Phase 5- Sustainability-

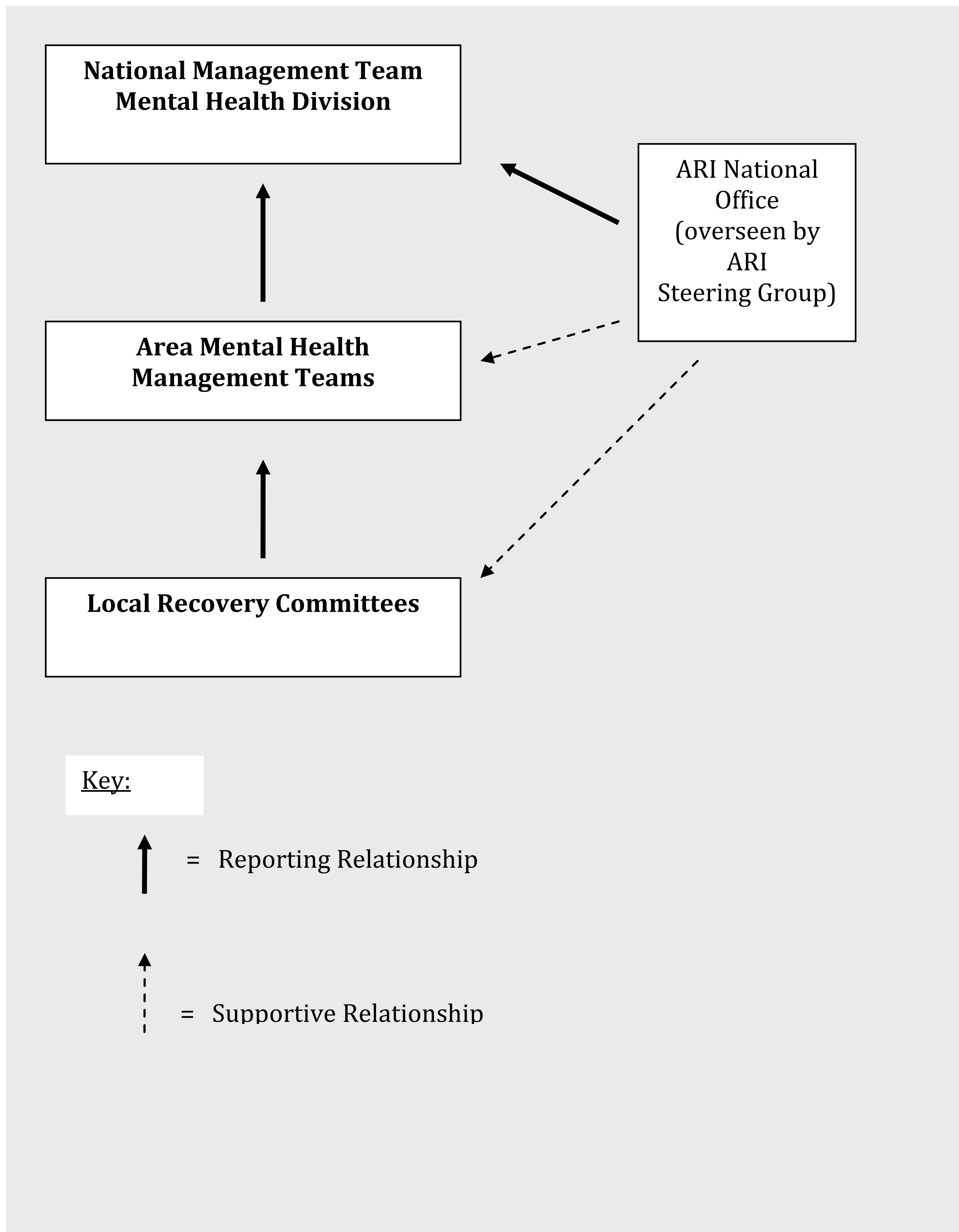
This project is still in its infancy given that its aim is to bring about a cultural change within a large and diverse organisation. However, sustainability can only

be achieved with ongoing managerial, practical and financial support for the local AMT.

Furthermore, it s critical that we continue to build relationships with people with lived experience; family members; staff and other organisations to ensure we are able to build capacity in the project. Ensuring that 'Recovery Conversations' become part of the day to day focus within clinical teams together with the implementation of the ARI Projects across GR1 -6, will ensure that sustainability and will ultimately bring about a cultural change within the mental health service.

Wilryx, G et al (5) identified that in order to sustain a recovery model of service delivery on going co produced and co delivered training is an essential element of cultural change. The ARI project needs to ensure that evaluation for specific projects within ARI are embedded into the planning stage of any proposals to evaluate the process, impact and outcome of all initiatives at a cultural level.

Governance Structures



Roscommon Galway Project ARI Project 2012 -2015

In September 2012 the first ARI Recovery Senate was convened. During this meeting there was a vote on the ImROC 10 key challenges and the following three were voted in as priorities for the service:

1. **Development of a Recovery College-** Funding has been secured through Genio and the HSE. The recovery college is based in Roscommon and will have satellite areas developed across East Galway and Roscommon communities. The aim of the recovery college is to offer training and educational programmes developed and delivered collaboratively by people with lived experience, family members/ carers, voluntary groups, statutory groups and HSE staff co-producing and co-delivering educational modules. All modules will be delivered in the community for the community. The structures to support the framework of the REGARI Recovery College and Peer Educator include the formation of an Action Group and Quality Assurance Group. Both of these groups include people with lived experience, academics and people working with the voluntary and statutory sector. The aim is to ensure that a robust process of fidelity, evaluation and governance are adhered too.

2. **Transforming the Work Force-** this initiative focuses on the employment of peer support workers and the development of a local mental health consumer panel across Galway and Roscommon. Given the huge interest in this challenge the group was divided into two.

   Group 1- Peer support workers are people with lived experience of mental health issues that work within community mental health teams. . Their role will be one of support to other service users and families. A business case for the employment of Peer Support Workers into the HSE was researched, developed and costed. This business case was forwarded to the AMT and then forwarded to the National Office for Mental Health. This business case informed the national plan for the employment of Peer Support Workers in Ireland. Peer Support Workers will be employed

into the HSE Mental Health Services in 2016 and will work as an equal member of the CMHT.

Group 2- In relation to the development of a Consumer panel again a business proposal was researched, developed and forwarded to the AMT. A recruitment process was initiated across the region and individuals with lived experience were appointed to a panel. Following this a ten week certified training programme was organised and delivered by The Irish Advocacy Network. The Role of the Consumer Panel is to consult with people who use the services to ascertain their views on the quality of the mental health services they are currently using. To ensure there were local links an agreement was reached that the AMT would meet with the Consumer panel on a quarterly basis. The aim of the meeting was for the AMT to hear what is working well within the service as well as things that may not be working well. Following these meetings the agreement is that the AMT will put a plan in place to address any issues arising.

To ensure sustainability of the consumer panel a six week mentoring programme was established and again delivered by The Irish Advocacy Network. The aim of this training was that Consumer panel members would be trained to be mentors to new recruits.

Currently we have established a consultation strategy and this will be implemented in 2016. This process will include public meetings, focus groups as well as the option of individual face to face meetings. This valuable work is currently being carried out on a voluntary basis.

3. **Building A Life Beyond Illness -** Again there was a lot of interest in this Challenge and again the group was divided into two.

   Group 1 Following discussion there was strong feeling that unless the organisation was willing to acknowledge and support the development and implementation of a Recovery Policy across Galway and Roscommon it would be extremely difficult to implement cultural change. The Recovery Policy will give guidance to the implementation of recovery for all stakeholders. A Draft policy was researched, developed and submitted to the AMT for consideration in 2014. It was sent to the Regional policy

Committee in 2015 for discussion. The policy group reviewed the policy and the recovery policy was recently approved at a clinical governance level. The Recovery Policy will be uploaded onto Qpulse.

Group 2- This group developed a Trialogue group based in Roscommon. Trialogue is a conversation between three or more people or groups using a form of open communication known as Open Dialogue. The Trialogue uses open dialogue as a means to allow everyone to participate in the conversation. It enables the creation of a common language and a mutual understanding around the given topic. The Trialogue meetings are held monthly.

Galway ARI Project 2015

The ARI project extended to include the team in GR1, GR2 and GR3. The process of introduction mirrored the Roscommon and East Galway implementation process.

Galway Projects

Three challenges were chosen democratically utilizing the senate process.

1. Development of a Recovery College in Galway.
2. Changing the nature of the day to day interaction and quality of experience.
3. Building a life beyond illness.

Group 1- Development of a Recovery College in Galway

The working group consists of colleagues with a huge amount of experience and expertise in the educational field as well as experience of co producing and co delivering training to both people with lived experience and family/ carers. A business case was developed collaboratively and forwarded to the AMT for funding approval. The working group have met with faculty members from National University of Ireland Galway (NUIG) who have agreed to work in partnership on this project. Currently a national committee is working on a national framework for the development of recovery colleges in Ireland. The working group are researching all funding options.

Group 2- Changing the nature of the day to day interaction and quality of experience-

This working group agreed to work in collaboration with Galway Roscommon Consumer Panel as the project is focused on increasing the voice of people with lived experience, family and carers. The plan is to introduce a service user and carer survey into the Galway/ Roscommon Mental Health Service. The survey will ask people to feedback on the quality of experience they receive from clinicians and from their community mental health team (CMHT). This information will be collated and findings presented to the ATM. Plans can be then put in place to address the quality gaps and to promote good practice within the services. . The plans are to complete this survey annually. The questionnaire will be paper based and sent to service users and carers for completion on a voluntary basis.

The Consumer Panel (CP) members will be facilitating consultation sessions with the aim of meeting people that uses the services, family members and carers in 2016. The CP will also be facilitating public meeting across the regions to ascertain the public's views on the service. A senior researcher from the Department of Public Health is supporting the group with this project.

This working group also developed a protocol for the management of comments/ feedback left in comment boxes in clinical areas. The aim is to embed this protocol into clinical practice by CMHT's.

International and national literature identified that people that use the mental health service do not receive enough information on the service offered prior to attending. The working group wants to address this gap by developing a draft team CMHT information leaflet that each individual Mental Health Team can adapt. This information leaflet will be sent to all new referrals when they receive their first appointment.

Group 3. Building a life beyond illness-

This group focused on three topics:

1. Developing a business plan to extend a genio project that ended in 2015. The project was called a "Community Connector Project" the project focused on employing, training and supporting a "Community Connector Facilitator" This

role involves working with individuals who, due to the negative impact of mental health, have lost connection with their communities. The "Community Connector Facilitator" would work with adult teams in GR1, GR2, and GR3. A business case was developed and forwarded to AMT. No new posts will be funded, reconfigured posts will be explored with the aim of creating this post within adult mental health teams.

2. Members of the working group identified that it can be a struggle for people that attend the services to return to work. Often the challenge is the fear of losing their social welfare entitlements or the challenge of navigating the social welfare system. The working group is currently working with Employability Galway, The National Learning Network Galway, Mental Health Ireland and Mental Health Reform with the aim of putting a case forward to the Department of Social Protection. The group plans to meet with members of the Department of Social Protection in Galway in early 2016 to develop working relationships and put plans in place to support the people of Galway.
3. Members of the working group identified that the Mental Health Services should have a greater role in supporting people currently in the work place. This topic will be discussed and will be explored further in 2016.

Roscommon and East Galway ARI 2015-

A senate was convened in November 2015. Three new challenges were voted on by participants.

1. Increasing 'personalisation' and choice. A co-produced working group will form in the second quarter of 2016.
2. Changing the way we approach risk assessment and management. A co produced working group will be convening in early March 2016. The aim will be to promote a positive risk taking culture within service delivery.
3. Ensuring organisational commitment creating the culture. A working group will form in the third quarter of 2016.

Recovery Training

The national service plan 2015 directed that all CMHT's should receive 4 hours recovery principles training. The national ARI office organized training in facilitation skills in December 2015. A training team was formed for Galway/ Roscommon Mental Health Services which consisted of people with lived

experience, family member/ carer and HSE staff. Following the facilitation skills training, the training team developed a training program collaboratively. The training program was piloted and amended. Training sessions began in April 2015. To date seven training sessions have been delivered (147 people). All participants evaluate each training session to enable facilitators to learn and amend the training program if required. The training received category 2 approval from the Nursing Midwifery Board of Ireland (NMBI)

Recovery Training Research-

The training team believed it was important to measure the effects of training on clinical practice. The Nursing Midwifery planning development Unit (NMPDU) have funded a piece of research titled "Recovery based training in mental health; effects on knowledge and attitudes to recovery" This co produced piece of research will be carried out in conjunction with NUIG. The aim is to publish and disseminate the findings to inform other trainers on the benefits of recovery training nationally and internationally.

Recovery Child and Adolescence Mental Health Services-

The CAMHS in Galway requested to meet with member from the National ARI office and leads from Galway Roscommon Mental Health Services. The ARI team facilitated a discussion and a presentation to the Consultant Psychiatrists present. The CAMHS team will focus on recovery initiatives in the coming year.

National ARI Evaluation-

The Galway/ Roscommon participated in the National ARI Evaluation in 2015. Results are due for publication in early 2016. The evaluation included a qualitative and quantitative approach.

ARI Leads, Service users and family members attended an ARI project evaluation day held in Dublin in January 2016.

The team that developed the recovery principles training attended an national evaluation day held in Dublin in January 2016.

Conference Presentations-

1. ARI co lead presented at the National ARI office new site senate in Kerry in February 2016.
2. An ARI Co Lead and service user presented at a senate for recruiting new sites in Athlone in November 2015.
3. The training team presented at the Irish Institute of Mental Health Nursing International Conference held in Trinity College Dublin in May 2015. The presentation was on “co production”.

National Learning Sets-

Learning sets are a group of workshops on developing recovery-oriented practice. Each region nominates 8 members to attend. The 8 nominees will vary dependant on the learning set. The project will seek to obtain attendance from as widely representative a group as possible over the lifetime of the project. Galway/ Roscommon Mental health Services have played an active part in 12 learning sets nationally.

ARI Project Challenges-

- Shifting from pilot project to mainstream.
- Shifting from creative innovation to consistent practice.
- Shifting from in-service changes to partnerships with mainstream community resources and activities.
- Maintaining momentum in times of staff shortage, re-structuring etc
- Gaining the support and commitment from all professional groups
- Keeping all stakeholders motivated.
- Managing staff, service users, family members and carers expectations.
- Staying loyal to the ARI process.
- Communication- ensuring that all stakeholders are kept updated.

Plans for overcoming challenges-

- Co-produced Recovery Strategy agreed and signed off by the Area Management Team.

- The strategy will identify clear goals, time frame for each, action plan developed.
- Co-produced and co-delivered ethos with input from all levels of the organisation and professions within Galway/ Roscommon Mental Health Service.
- Disseminated ‘loudly’ to ensure the recovery oriented practice is understood at every level of the service and everyone understands what it means for them.
- Reflected in all aspects of service e.g. Documentation, induction, recruitment, care planning, training, supervision and appraisal, leadership training.
- Modelled in relationships between staff and in HR policies and procedures.
- Recovery focused ideas and initiatives are welcomed, encouraged and celebrated.
- Personal success stories of people using services and grassroots workers are published and shared.

Cost Implications

In keeping with the ARI philosophy that recovery is bound up less in the quantity of resources and more in the quality of the service contact, then this project aims wherever possible to be cost-neutral to the organization. Nevertheless, there is a commitment in time and in some travel that may be unavoidable to achieve meaningful change.

Working groups should aim to use group emails/forum, teleconferencing as much as possible and only aim to meet up when an area of work is highly advanced. 90% of the work should take place prior to face-to-face meetings with the last 10% being thrashed out then

ARI Senates will be facilitated six monthly. The majority of the Senate members will not be HSE staff. The HSE staff travel costs should come under the remit of clinical work such that travel expenses are covered.

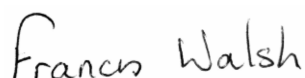
Modeling a partnership approach that runs through the ARI project, we will be liaising with voluntary groups, HSE and with service users and families/carers themselves to pragmatically work out how best to meet the cost

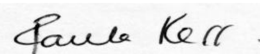
for service users of travel to forums such as the Senate. In general, the ARI leads will be adhering to the HSE policy on "Policy for the reimbursement of expenses for service users participating in the design, development and delivery of services in the Health Service Executive (HSE)"

Conclusion.

The organisational change process identified sets the foundations for change. The project across Galway/ Roscommon Mental Health Services is in its infancy, meaningful change is being made but with these changes come challenges. Utilising the ARI methodology these challenges can be overcome. Recovery is a complex, multifaceted concept; research into this area is only now coming on stream. International research is focusing on the the process of recovery and the individuals personal experience. Also research evidence is being generated that is evaluating the clinical and cost effectiveness of recovery initiatives e.g. recovery colleges and the employment of peer support workers. There is a large evidence base outlining the positive qualitative outcome of recovery oriented practice (4) more research is required regarding the cost benefit of recovery practice but findings suggest that cost saving are emerging in mental health services internationally (5). The process of all stakeholders working together will bring about a positive cultural change within Galway/ Roscommon Mental Health Service., however to ensure sustainable change the project requires further managerial and financial investment.

We are looking forward to working with you all in 2016





Francis Walsh ARI Co-Lead

Paula Kerr ARI Co- Lead

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