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**Issue 9, December 2012**

**Facilitators to support team working on Community Mental Health Teams. A Vision for Change Chapter: 9 and 18**

Some 16 HSE staff members have been trained to act as facilitators as part of a new initiative aimed at enhancing team working on community mental health teams.

Ultimately this new initiative is about improving the experiences of the people who use the service and their families and carers.

The initiative has involved training HSE staff members who volunteered to act as facilitators. They will be assigned to work directly with teams on delivering the teamwork intervention.

The initiative aims to ensure that:

- team members function more cohesively as a team in providing a service;
- service users, family members and carers have a defined role as part of the team;
- better systems/processes are in place;
- teams are more closely networked with the wider environment, e.g. acute services, primary care, community and voluntary services.

#### **Enhancing Team Working Project Team**

Libby Kinneen and Vera Kelly of Organisational Design and Development, HSE West and Catherine Brogan and Tony Leahy from the National Office for Mental Health are on the Enhancing Team Working Project Team. With the support of the National Vision for Change Working Group and HR Succession Management the group designed the teamwork

intervention, identified people to act as facilitators to the process, developed facilitator orientation, identified some teams for the pilot phase of the programme and agreed an evaluation framework.



#### **New facilitators**

Following expressions of interest 30 HSE staff members were selected to undertake orientation prior to being assigned to facilitate teams. In November some 16 facilitators received their orientation and will be available from the beginning of January 2013 to work directly with teams on delivering the teamwork intervention.

The team working intervention provides for the people using the service and their family members/carers to sit down with the teams and discuss their understanding of the mental health service as it is delivered to them. They will also spend time with the mental health team exploring how the service can change for their benefit. From that engagement and dialogue it is planned that teams will develop a work programme for themselves

to help them achieve better outcomes through enhanced team working.

#### **Pilot phase**

To date nine teams have expressed an interest in participating in the pilot phase of the project. These include general adult teams, some specialist teams and an area mental health management team. With 16 facilitators now ready to begin work we are interested in hearing from more Community Mental Health Teams and Area Mental Health Management Teams who wish to be considered for participation in the project during the first 6 months of 2013.

On receipt of an expression of interest teams will be asked to complete a readiness questionnaire, provide some background information and meet (at least three key members of the team) with the assigned facilitators to plan the delivery of the intervention. Should you wish your team to be considered please indicate an expression of interest to [Valerie.doyle1@hse.ie](mailto:Valerie.doyle1@hse.ie) to include the name and contact details of both the clinical lead and one other contact person for the team.

The Assistant National Director for Mental Health, Martin Rogan and the Regional Directors of Operation consider that the initiative is an important enabling intervention in the context of the HSE National Service Plan 2012 commitment on staffing.

**Educating Primary care staff to respond to mental health concerns. A Vision for Change Chapter 7**

A module has run in School of Nursing and Human Sciences, DCU since 2010 to help primary care staff to develop skills in mental health care. This interdisciplinary course was developed by HSE, ICGP



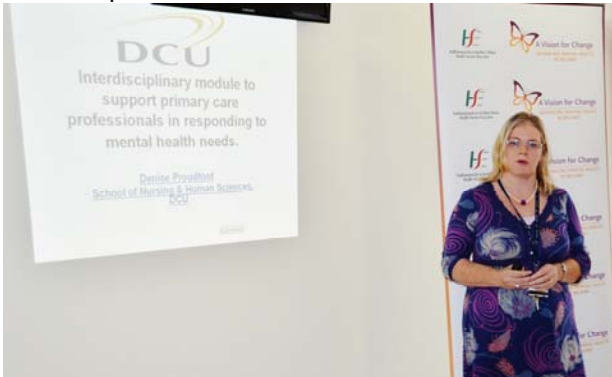
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and DCU and aims to provide opportunities for participants to develop their knowledge and skills for working with people who have mental health issues. It also aims to develop awareness of the nature of mental health issues and needs in primary care contexts. This module compliments the national health strategy to develop primary care services to be more responsive to mental health needs.



It is a 7 day course over a 3 month period and a variety of health professionals including physiotherapists, nurses, social workers and GP's have completed the module. Topics covered include talking therapies, medication, suicide first aid (Safe Talk) and mental health promotion. Over a 100 participants have completed this module and it appears to have an impact on:

- The knowledge & practice of participants.
- Their relationships between primary and secondary services.

Participants have spoken about feeling more confident in responding to mental health concerns in their daily work. They also have reported increased awareness in the link between physical and mental health.

The next courses will run in 2013 in Sligo and Dublin and for further information please contact: Denise Proudfoot, School of Nursing & Human Sciences, Dublin City University 01700 5947.

**Counselling In Primary Care - A Mental Health Initiative  
What Clients Say. A Vision for Change Chapter 7**

In an attempt to address the need for access to psychological therapies a primary care counselling service was developed in the HSE Dublin North East Area by the National Counselling Service in 2007 (Ward 2010).

The North East Primary Care Counselling Service is a professional & confidential service which offers time focused counselling to adults who hold a medical card presenting in primary care with non complex psychological difficulties. The service is provided by 15 counsellors working on a contract basis and available in 59 GP practices & 4 Primary Care Units across the North East (Meath, Louth, Cavan and Monaghan). To date more than 5,500 people have been referred to the service, averaging 120 clients referred each month. Approximately 6,700 counselling hours delivered in a year. The majority of clients referred are female (73%) with anxiety and depression being the most prevalent reasons for seeking counselling.

The model of service utilises a client opt in referral system which requires the client to confirm their interest in the service. A standardised assessment process helps to establish if the service is suitable for each client's needs. A time limited therapeutic approach is offered (clients avail of up to 6 sessions

on average) which incorporates short term interventions from a range of therapeutic modalities which include: Integrative, Person Centred, Solution Focused and Cognitive Behavioural approaches. A core element of the service is ongoing evaluation of outcomes and feedback to GPs/referrers at all stages of the process.

All clients who attend the service are sent a questionnaire regarding their experience of the counselling service. Between August 2007 and October 2011 2,359 evaluations forms were sent. 908 forms were returned up to Oct 2011 yielding a response rate of 38%.

These questionnaires give a valuable insight into client views of counselling and the service. 97% of clients reported being satisfied with their counsellor's ability to listen, understand and work with the client on their issues:  
*"It was wonderful having someone to talk to and to listen properly to me...I have not had so many panicky feelings and life seems a lot better and I do not feel so depressed"*

Most clients (94%) perceived that their counsellor dealt successfully with the issues that led them to seek counselling and that it provided coping skills for the future: *"I was pleased that she could help me to deal with and make sense of my feelings in such a way that I now feel I have the ability to help myself if a similar situation arises in the future."*

92% Clients stated they benefited overall from counselling:  
*"It was the best thing that has happened to me. I found out the reasons for me, feeling depressed and stressed. It really is like I have got a new life."*



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For most clients (90%) counselling was effective or very effective in addressing their primary reason for seeking counselling:

*"I found my counselling to be very effective, I even felt better after my second session... This counselling has made me get my life back on track"*

Counselling however is not for everyone and for a very small percentage of clients (1.5%) counselling was too painful:

*"I am not ready for counselling, my problems are far too painful to talk about..."*

The Programme for Government (2011) emphasised improving access to counselling in Primary Care and the need to invest in services which can respond to this need. As a result plans are in place to expand the North East model of service thereby establishing a national Counselling in Primary Care Service (CIPC). CIPC will be a national replication of the primary care counselling service in the North East and will be provided under the governance of the HSE National Counselling Service.

Significant steps have been taken to progress the implementation of this important initiative which, when fully rolled out, should dramatically enhance the availability of counselling to Irish Adults. It is hoped that the service will be available across the country early in 2013.

*Queries regarding this article should be addressed to: Fiona Ward, Director of Counselling NCS, HSE DNE. [Fiona.ward@hse.ie](mailto:Fiona.ward@hse.ie)*

### **'Stepping up' Primary Care Mental Health Services A Vision for Change Chapter 7**

A Vision for Change (VFC) proposed the provision of community-based mental health care, including shared care whereby primary and specialist services work in a more integrated manner to ensure seamless service provision. Additionally, given that up to 90% of adult mental health presentations are treated in primary care, health service managers are investing in improving the capacity of primary care services to also provide psychological interventions. For example, some psychology departments strengthened their presence in GP surgeries, and counselling is soon-to-be rolled out across many areas.

Building on a 3-year pilot by the Psychology Department in Roscommon, a slightly different stepped care service provision model for adults (see Figure 1) is being rolled out in Roscommon mental health services. Serving as the lead Heads of Psychology Services Ireland (HPSI) pilot site, this evidence-based and value-for-money model is informed by both the Improving Access to Psychological Therapies (IAPT) project (that the UK government is investing up to £70 million per year in from 2008-2015) and the National Institute for Health and Clinical Excellence (NICE) guidelines for the treatment of common mental health presentations. Indeed, much research has demonstrated that lower intensity interventions such as online therapy and guided self-help can be effective.

Stepped care is a broad and responsive service provision model that aims to maximise efficiency in terms of resources and costs. This may be achieved by providing as a first treatment option the least intensive (and most accessible) intervention that is likely to result in a significant health gain. However, if lower intensity interventions are not suitable and/or effective, higher intensity (and less accessible) interventions are then provided.

At the base of Roscommon's stepped care model are low-intensity and easily-accessible 'whole population' interventions that focus on the prevention of mental health problems. These include public talks on mental health issues (e.g., 'How to manage stress'), health promotion initiatives, online 'self-help' therapy programmes, and providing mental health training to health service staff.

While GPs are encouraged to refer those with moderate-to-severe mental health problems directly to the local secondary care mental health services, those with mild-to-moderate problems (e.g., mood and anxiety disorders) who engaged with our services (e.g., self-referral, walk-in clinic, GP referral) are quickly assessed. They are then offered self-help reading materials or books (i.e. biblio-therapy) specific to their problem, supplemented by brief telephone consultations made on a weekly basis to monitor progress. They may also be offered online therapy programmes that are tailored to their individual needs.

If required, service users are then offered 'group work' that consists of problem-specific group therapy and support groups. The highest intensity intervention is one-to-one psychotherapy that is provided in collaboration with local stakeholders such



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as the National Counselling Service and Jigsaw. If service users are still in distress having completed the above steps, there is either consultation with or referral onto the local secondary care mental health services, again exemplifying the importance of shared care.



Figure 1: Roscommon stepped-care model.

### Deirdre's Story, Recovery Group, Rathgar, Dublin. A Vision for Change Chapter

I have only been committed to Recovery for three months but already I have noticed a shift in my way of thinking and I have had two important breakthroughs.

#### First breakthrough.

I am having problems with my voice and about 8 weeks ago I had a voice therapy session. This session was hard and subsequently when I went to pay, I could not remember the pin number for my Visa card. My first thought was "Oh God, this person thinks I am

a thief". She will refuse to see me again, I am never coming back etc.

Then I spotted that I was physically worked up, my shoulders had tensed up and my breathing was laboured. I also spotted that I was foreign spotting the teacher, that I did not actually know what she was thinking, I realised that I had speeded things up and was ready to run off, that I would have to slow down, but the main thing I spotted was that I had made a MISTAKE and that it is average to MAKE A MISTAKE. Based on this I was able to communicate properly with the therapist, arrange to pay twice the next week and walk out of there without anxiety, without beating myself up and most importantly still be able to get the treatment I actually need.

Before Recovery, I would have been mortified, I would have ensured that I pay the fee certainly, but out of shame, I would never have come back. This despite it having taken considerable time for me to find a therapist.

#### Second breakthrough.

The second example was a week ago. I have changed doctors and the new doctor has changed my medication. During the night I got extremely worked up, tossing and turning, racing thoughts, my legs were shaking with agitation.

I got out of bed intending to take a tablet to relax me and discovered the new doctor had not given me any. I promptly got worked up, was angry at the doctor, raging in fact, "I knew he was no good, how dare he do this to me".

I also started searching through the house for a spare tablet. Then I began spotting while I was going

through suitcases that I was totally worked up, totally angry and that it was getting me nowhere, just aggravating the situation. So I took a deep breath and spotted my emotions and I spotted I was going to have to control my muscles, get back into bed and not move a muscle. I heard of this technique a few weeks ago in Recovery and had serious doubts about same, especially at the level of agitation I was at in this moment.

However I got back into bed and when my legs started going and my body was trying to toss and turn, I took control and said "you are not allowed to move the MUSCLES!", so I stuck to it and within minutes fell asleep.

Normally to calm down I would have to go for a long angry walk (even though it was three in the morning), I would be shattered the next day and have worked up more anger against the doctor again, someone whose help I need. Now I use the techniques I have learned attending a weekly Recovery meeting and these are helping to change my life for the better.

Deirdre attends weekly Recovery International meeting in Parish Centre, 52 Grosvenor Road, Rathgar, Dublin 6. Meetings are on Mon 8pm, Tue, 8pm, Thu, 8pm.

To find a Recovery meeting in your area which are free to attend, go to:

- [www.recovery-inc-ireland.ie](http://www.recovery-inc-ireland.ie) or [www.LowSelfHelpSystems.org](http://www.LowSelfHelpSystems.org).
- E-mail: [info@recovery-inc-ireland.ie](mailto:info@recovery-inc-ireland.ie)
- Tel: 01-6260775.

About Recovery International Ireland-Community Self Help Mental Health Organisation.



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Recovery International is an organisation that has been in Ireland for 30 years but is not widely known. Professor Patricia Casey of the Mater speaks highly of the Recovery programme for living. Professor Ivor Browne does too; likewise Dr A. Flaherty, a psychiatrist at St Patrick's Hospital.

It allows the person to take over the management of their lives once again. It teaches coping skills. It benefits those who have fear, anxiety or physical problems with a psychological cause. It hastens recuperation and leads to insight.

Recovery meetings offer acceptance, support and guidance and a way forward for those with symptoms of anxiety and depression.

**The Recovery International method was founded by American neuro-psychiatrist Dr Abraham Lowe in 1937 and began with his first book *Mental Health Through Will Training*.**

Groups using his technique now meet all over the world. The first Recovery meeting was held in Ireland in 1971 and there are now 27 groups across the country. Recovery International Ireland is run from Cherry Orchard Hospital in Dublin.

Attending the meetings does not cost much more than the price of a cup of coffee or whatever you can afford. You also continue to attend your doctor as you go.

There are similarities to the AA 12 step programme in that each person at a Recovery meeting is given time to speak uninterrupted. Recovery involves only four steps, however, and a cognitive behavioural approach that is aimed at helping you control your thoughts rather than be controlled by them. Following the

Recovery method involves three things: attending Recovery meetings, reading Dr Lowe's books and practicing the Recovery tools that you have learned.

#### Recovery Tools

This is a list of some of the basic Recovery International tools (slogans). They are quoted or adapted from Dr Lowe's books-*Mental Health through Will Training* and *Manage your Fears, Manage your Anger*.

- If you can't change a situation, you can change your attitude towards it.
- Be self-led, not symptoms-led.
- Nervous symptoms and sensations are distressing but not dangerous.
- Temper is, among other things, blindness to the other side of the story.
- Helplessness is not hopelessness.
- Calm begets calm, temper begets temper.
- Do things in part acts.
- Endorse or praise yourself for the effort, not only the performance.
- Feelings are not facts.
- Fear is a belief, beliefs can be changed.
- Decide, plan and act.
- Replace an insecure thought with secure thoughts.
- Bear the discomfort in order to gain comfort.
- People do things that annoy us, not necessarily to annoy us.
- Muscles can be commanded to do what one fears to do.

**If you or someone you know is struggling with:** Stress, tension, anxiety, mood disorders, worry, anger, fear, sleeplessness, helplessness,

hopelessness, you are not alone! Recovery International can help.

**Recovery International Meetings offer;**

- Reassurance and fellowship through meeting friendly people with similar problems who have found a way to live happier, healthier lives.
- An understanding of your situation.
- A safe place to express your feelings without being judged.
- Hope from others who have bettered their lives.
- Support and acceptance that maybe lacking at home, school or work.
- Help through learning and practicing a simple set of living skills which encourage and improve personal growth.
- Encouragement to keep trying.

#### **Going to your first meeting**

Although all meetings are confidential and you don't have to give your name. There is no required fee to attend meetings, but there is a voluntary collection at each one. Proceeds support the meeting and our international organisation.

If there isn't a meeting near you, we will help you start one or you can join a phone meeting.

If you know someone who can benefit from Recovery International, lead by example. Bring them to a meeting or listen in on a phone meeting. Look forward to seeing you at your first Recovery meeting. It could change your life!



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**Suicide or Survive - an update! A Vision for Change Chapter 15.7**

Many of you will be aware of the work of Irish charity, Suicide or Survive (SOS), which is focussed on breaking down the stigma associated with mental health issues and ensuring that those affected have access to quality recovery services that are right for the individual.

2012 has been another challenging year for SOS as it works towards building a society where people embrace their mental health wellness and those with difficulties are treated with dignity and respect, and experience a service that offers them hope, a safe place and a positive future.

Over 2012, SOS continued to lead the way through active collaboration. By partnering with SHINE, the organisation was able to bring its *Eden Programme* to Dublin while a second collaboration with Mental Health Ireland enabled SOS to bring the programme to Dun Laoghaire. The *Eden Programme* was set up by Suicide or Survive in order to provide people who have attempted or contemplated suicide with an opportunity to explore their own experiences, develop their personal skills, and source avenues of support and assistance. The guiding philosophy of the programme is that espoused by the Recovery model, which of course is a central tenet of the National Policy Framework document for Mental Health - 'Vision for Change'!!

The *Eden Programme* was first piloted in 2007. It has been the subject of external and internal evaluation and has evolved over the years. This year, work has commenced on manualising the programme and this will continue into 2013. Alongside this work, SOS will bring shortly announce details of an *Eden Programme* that will run in Tallaght, Dublin in early 2013.

SOS's collaborative approach has also had a positive influence on their *Wellness Workshops*. These workshops were developed by drawing on the organisation's unique experience and expertise in the corporate, community and voluntary sectors. Each one-day workshop aims to give participants a greater understanding of mental health, encourage greater usage of mental health strategies for improved wellness together with maintenance of improvements over time. Overall the objective of the *Wellness Workshops* is to reduce the stigma associated with suicide and mental illnesses.

In 2012, the National Office of Suicide Prevention provided funding to SOS to undertake an evaluation of their *Wellness Workshops*. SOS commissioned Trinity College Dublin to evaluate the workshops. The aim of the evaluation was to consider whether the key objectives outlined and the methodologies used have contributed to the achievement of these objectives and to highlight any unintended benefits of the workshops. The results of their evaluation were very positive and the findings will be distributed shortly.

In the meantime, the initial success of the *Wellness Workshops* led to the Vodafone Ireland Foundation joining with SOS as a strategic partner through to mid-2012. This success also led to interest by other community groups including Navan Lions Club and Darndale Belcamp Village Centre, as well as national

organisations including the Irish Countywomen's Association. The cost of each event is shared with the community groups and together they can offer free places at the workshop to their community. These partnerships have been key to SOS being in a position to deliver its 50<sup>th</sup> *Wellness Workshop* in 2012 and the organisation is looking forward to rolling out more workshops across Ireland in 2013.

SOS is interested in working with any group (community, parent, etc) who would like to run a "*Wellness Workshop*" in their area. Organisations are invited to contact Louise at SOS - 1890 577 577 or visit [www.suicideorsurvive.ie](http://www.suicideorsurvive.ie).

**Mental Health and ICT A Vision for Change Chapter 19**

As in other areas of healthcare, information technology can bring many benefits to our mental health services. Service users are looking to the internet for information and an increasing number of online mental health resources are becoming available. While there are many excellent sites and services, this is an unregulated area and some caution is required.

The recent morning seminar (5<sup>th</sup> November) was designed to provide an insight into emerging thinking and technologies and an exploration of the opportunities afforded by technology, and how it can contribute to innovative, accessible mental health care. This seminar was hosted by Genio, our innovation partners, and a number of international



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and Irish speakers gave a fascinating insight into the potential of ICT in mental health care.



Dr Denny Morrison and Kevin Scalia of NetSmart, a US based provider, demonstrated the potential of ICT in mental health services to better target therapies and treatments by using pooled anonymous data across large populations. Dr Morrison and Mr Scalia were contacts that were made through Irish involvement in the International Initiative on Mental Health Leadership (IIMHL) [www.iimhl.com](http://www.iimhl.com). Dr Ronan Hearne of the St John of God Cluain Mhuire service described the comprehensive MHIS (*Mental Health Information System*) developed in South Dublin which has facilitated the community and inpatient mental health services to communicate in real time, without paper-based case notes.

Individual and group therapies can be augmented using online supports developed here in Dublin by *SilverCloud*. Dr. John Sharry and Ken Cahill of *SilverCloud* introduced this online facility which allows the service user to engage with mental health promoting and protecting strategies in a personally tailored way. The service user can determine the pace at which they wish to progress through the tasks

and programmes on SilverCloud. These exciting tools can be used on handheld (*iPhone & Android*) devices which are now quite commonplace, especially among younger service users.

There has been much public debate about the use and misuse of social media and the need for standards in the provision of online supports. Mr. Derek Chambers of *ReachOut.com* and Inspire Ireland Foundation described the work being done by his agency on behalf of the National Office for Suicide Prevention to provide guidance and propose standards for the mental health online community.

Dr Tony Bates demonstrated the benefits of *Infographics*, where live data on service usage and uptake can be displayed in a graphical form, making it much easier to interpret. This can be a powerful management tool for assessing service use and resource requirements.

Modern mental health services work with service users in their own homes and communities and are beginning to explore opportunities in the virtual world providing people with good quality information and support online. The National Office for Suicide Prevention has been very active in this arena with two excellent websites - [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie) and for young people [www.letsomeoneknow.ie](http://www.letsomeoneknow.ie).

The morning was attended by senior clinicians, mental health professionals, service managers, service users and NGO partners and presentations are now available online at [www.genio.ie](http://www.genio.ie)

Certificate in Application of Mental Health Legislation to Practice  
HETAC Accredited Level 8 Special Purpose Award  
10 ECTS Credits A Vision for Change Chapter 18

Members of the Mental Health Act Training Group (MHATG) in collaboration with colleagues from the Regional Centre for Nursing & Midwifery Education, Tullamore, Co. Offaly have developed a professional development programme to facilitate participants in furthering their knowledge and understanding of mental health legislation and its application to practice. This programme is a stand alone module which leads to a 10 credit Special Purpose Award at Level 8 on the National Framework of Qualifications. Validation with the Higher Education and Training Awards Council (HETAC), Ireland, occurred following completion of a rigorous validation process. HETAC is the qualifications awarding body for third-level education and training institutions outside the university sector. Service user input to programme delivery, membership of the Programme Board and involvement in programme evaluation is viewed as a critical success factor for this programme. Meaningful involvement of service users in programmes of education for mental health staff is advocated by the Department of Health & Children (2006) and the Mental Health Commission (2010) in line with international trends. This increased involvement is part of a wider commitment to service user involvement in all aspects of health care (Department of Health, 2012).

It is planned that the first programme will commence in autumn 2012 October 2<sup>nd</sup> and is open to



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professionals working in mental health services nationwide.

### Programme Aim

The aim of this professional development programme is to facilitate participants to further develop their knowledge and understanding of mental health legislation and its application to practice, thus enhancing the provision of safe, person-centred care which is legislation compliant and responsive to the needs of service users in the mental health services.

### Learning Outcomes

*On successful completion of the programme, participants should be able to:*

1. Critically review national and international policy developments underpinning contemporary mental health services;
2. Critically examine mental health legislation, including Regulations, Rules, Codes of Practice and Addenda;
3. Apply knowledge of mental health legislation to the admission of persons to approved centres;
4. Critically evaluate the risk management process required to ensure the safety of the patient, staff and other stakeholders involved in the admission of a patient to an approved centre;
5. Critically appraise the professional and legal requirements pertaining to documentation and patient records, including all communication and consultation with other members of the multidisciplinary team;
6. Critically examine the protection of the rights and interests of the service user, as identified under mental health legislation.

### Programme Structure

The programme is of five days duration provided over 10 - 12 weeks.

### Entry Requirements

Applicants must be currently working as part of the multidisciplinary team in the mental health services i.e. registered nurses actively registered with An Bord Altranais, registered medical practitioners actively registered with the Irish Medical Council, clinical psychologists, social workers and occupational therapists actively registered with their respective Registration Boards.

### Further Information

Further information is available from Mary Doolan, Programme Co-ordinator  
Telephone: 057 9358752 / 50  
Email: [mary.doolan@hse.ie](mailto:mary.doolan@hse.ie) or [secretary.cne@hse.ie](mailto:secretary.cne@hse.ie)

**Introduction of a new Peer Support Worker accredited course in Ireland. A Vision for Change Chapter 3 and 12**

Peer support workers have been introduced into Mayo mental health services provision as part of a Genio Trust funded initiative. "PROSPER is an initiative undertaken by the Mayo Recovery Consortium, a collaborative working group of Mayo Advocacy Group (service user) and voluntary sector service provider (Mayo Mental Health Association) in association with the Recovery Team, Mayo Mental Health Services. The Mayo Recovery Consortium provides strategic direction for recovery policy to Mayo Mental Health Services"

"PROSPER is a significant service development initiative informed by A Vision for Change and the work of the Mental Health Commission and facilitated by the participation of Mayo Mental Health services in the 'Implementing Recovery, Organisational Change' project in collaboration with the Centre for Mental Health, UK. The development of peer support was also identified as a priority by Mayo participants in the Dublin City University /National Office for Mental Health Leadership programme.



Peer Support Workers are people with their own self experience. In many countries peer workers are seen as a vital component of recovery in a modern service. PROSPER have incorporated the proposal from the Mayo leadership team and have brought the project to life. In preparation for peer support working, PROSPER approached DCU, School of Nursing and Human Sciences to develop an accredited course for Peer Support Workers. In association with PROSPER and partnership with Irish Advocacy Network a 10 ECT's level 8 NFO course was designed.





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This is a peer led course delivered for peer support workers. The same course with adjusted learning outcomes can also be provided as a peer advocacy course. The first course was delivered over a ten week period of which two weeks were in the classroom, the other eight weeks were spent in practice and community involvement, inclusive of an interim workshop day and group support sessions. The peer learners were required to build a practice portfolio for the course which involved their work with their peers and the peers they came into contact with. They had to show and be able to critique the learning they undertook. They were introduced into the many perspectives involved in the mental health field both from a medical model and also the recovery movement. They also learnt a lot from their own and others on the course with them.

All of the workers were successful in completing the course and they are all now employed and working as peer support workers in Mayo.

We are looking forward to delivering the course to other people or groups interested in becoming peer support workers.

For further information contact [patrick.mcgowan@dcu.ie](mailto:patrick.mcgowan@dcu.ie) or [liam.macgabhan@dcu.ie](mailto:liam.macgabhan@dcu.ie)

**Social Prescribing for Mental Health - 'Prescriptions for Wellbeing' A Vision for Change Chapter 15.7**

A new Social Prescribing Pilot Scheme in Sligo town is being launched in association with HSE Health Promotion Sligo/Leitrim and the National Office of

Suicide Prevention. The social prescribing programme identifies non-clinical community and voluntary based supports for people suffering from mild to moderate anxiety or depression. Common supports include skills development, exercise, arts and creativity, green activity and volunteering. Research has found that through social prescribing people experience a reduction in their levels of distress and an increase in their mental health resiliency.

The social prescribing initiative represents a broader, less stigmatised response to mental distress and will provide GPs with a variety of non-medical supports whilst relieving the demand on existing specialist services.

In order to support the social prescribing agenda a research study was commissioned and has recently been launched. This report identifies evidenced based best practice guidelines for social prescribing both nationally and internationally. The report may act as a guidance document for local services interested in developing social prescribing in their communities. This resource is available electronically on the National Office for Suicide prevention website: [www.nosp.ie](http://www.nosp.ie)

**Preventing Depression and Improving Awareness through Networking in the EU (PREDI-NU) A Vision for Change Chapter 15.7**

The internet is increasingly being recognised as a valuable platform for the treatment of mental health problems, with benefits including lower cost, better access, and increased privacy. Cognitive-behavioural

therapy (CBT) is one effective approach to treating mild to moderate depression and there is emerging evidence that it can be effectively delivered in computerised form (cCBT). The aim of PREDI-NU is to develop, optimise, and evaluate an evidence-based CBT-based self-management tool for mild to moderate depression that is standardised across several European countries.

The project involves eleven centres across ten European countries, including the National Suicide Research Foundation in Ireland. The consortium has previously collaborated in several successful multi-level suicide prevention initiatives, including the *European Alliance Against Depression (EAAD)* and *Optimizing Suicide Prevention Programs and Their Implementation in Europe (OSPI Europe)*. The current project, *Preventing Depression and Improving Awareness through Networking in the EU (PREDI-NU)* is intended to complement the multi-level approach to suicide prevention by providing an additional tool for patients and practitioners in the treatment of mild to moderate depression, in an effort to prevent escalation to more severe depression and acute suicidality. PREDI-NU is funded by the European Union in the framework of the Health Programme. The project began in September 2011 and will continue until August 2014.

In the first project year, using an evidence-based and best-practice approach, the consortium has developed iFightDepression, an internet-based self-management tool derived from a cognitive-behavioural therapy approach. The tool focuses on the associations between thoughts, feelings, and behaviour, increasing daily activity, identifying and challenging unhelpful thoughts, monitoring sleep, enhancing social relations, and healthy lifestyle habits. The tool includes exercises and self-



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monitoring to allow users to consolidate learning and practise new skills.

From January 2013, the iFightDepression tool will be implemented in six intervention regions through GPs and youth- and adult-focussed mental health professionals, who will receive training in how best to support users. In summer 2013, the feasibility and acceptability of the tool will be evaluated and an optimised version of the tool will be rolled out in seven intervention regions from September 2013 using a "train-the-trainer" model.

As well as developing a self-management tool, the consortium will soon launch a freely available informational website ([www.iFight-depression.com](http://www.iFight-depression.com)) in eleven European languages to provide increase awareness and provide information on depression.

*Project details available at [www.prednu.eu](http://www.prednu.eu). If you are a GP or mental health professional who would like to be involved, please email Celine Larkin at [c.larkin@ucc.ie](mailto:c.larkin@ucc.ie)*

Prof. Ella Arensman & Ms. Celine Larkin  
National Suicide Research Foundation  
Department of Epidemiology and Public Health  
University College Cork



*iFightDepression self-management tool logo*



*PREDI-NU project logo*



*The PREDI-NU consortium during the 2nd project meeting at the European Commission in Luxembourg, February 201*

**Launch of EOLAS Project: A Mental Health Information and Learning Programme for people with severe mental Health difficulties was launched on Thursday November 28<sup>th</sup> A Vision for Change Chapter 3**

The EOLAS project , a mental Health information and learning programme for people with severe mental Health difficulties was launched by Ms. Kathleen Lynch, TD, Minister of State, Department of Health

and Department of Justice, Equality and Defence with responsibility for Disability, Equality, Mental Health and Older People in MaCauley Place, Sallins Road, Naas, Co. Kildare.



- The EOLAS project is a localised venture between the HSE Kildare/West Wicklow Mental Health Service, service users and family members, Shine, the Irish Advocacy Network, Kildare Youth Services, and Trinity College Dublin.
- The content of the EOLAS programme was decided in collaboration with service users and family members.
- EOLAS consists of two parallel programmes, each lasting 8 weeks (one for service users and the other for families/close friends).
- Each programme is delivered by two co-facilitators, one of whom is a peer facilitator (i.e. a service user or family member) and the other a clinician.



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- Each facilitator underwent training in facilitation skills and in the content of the EOLAS Programme.
- The project was funded by the Genio Trust and evaluated by a research team at the School of Nursing and Midwifery of Trinity College Dublin, led by Professor Agnes Higgins.

**Minister of State for Older People Kathleen Lynch TD** in her comments said: "this is a unique and innovative project that is another positive step forward in achieving the targets set out in Vision for Change Policy and promoting a partnership approach between service users, families and practitioners within an ethos of recovery'.

**Sean, a service user participant, commented that the programme was 'an empowering experience, as it gives you confidence to ask questions from the doctors and nurses. It was also great to be in a group with other people who had similar experiences'.**

**Dr Pat Gibbons Consultant Psychiatrist and chairperson of the EOLAS project group, said that the programme was an attempt to respond to service users and family needs for information relating to rights, diagnosis, treatment options, recovery strategies and knowledge of the mental health system. He pointed out that the programme was unique in that it was developed and implemented in collaboration with service users, family member and clinical practitioners, and was different to traditional information and learning programmes as the programme was co-facilitated by service users, family members and clinical facilitators, and has a specific focus on 'Recovery'.**

**Professor Agnes Higgins of Trinity College Dublin, who conducted the research commented that**

"although peer-to-peer approaches have been well developed and successful in other health contexts, they are under-developed in mental health care and the findings of the evaluation clearly demonstrated that the peer and clinician led programme had positive outcomes, including enhanced knowledge, empowerment and support for participants. In addition, she highlighted the benefits that service users and family members experienced in having a space where they could meet people in similar circumstances and share their personal experiences, learn from each other, and form social bonds which reduced a sense of isolation. The findings also indicated the need for this or a similar programme to be rolled out in other services". *For Further Information, contact:*

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**Community central to mental health support and promotion in the Midlands A Vision for Change Chapter 15.7**

The prevention of suicide is everyone's concern. No one individual, organisation or indeed initiative will successfully reduce the number of deaths by suicide.

The aim of 'Reach Out - The National Strategy for Action on Suicide Prevention' is to foster community ownership and responsibility for action to prevent suicide. Laois CONNECTS Week and the Offaly Mental Health Week, with the emphasis on the promotion of positive mental health and highlighting the importance of communities engaging with each other is an excellent way in which 'community capacity and ownership' can be fostered.



It is essential that we encourage the community to get involved and foster within the community that mental health is everybody's concern and not only the HSE. By coming together the community define a support network which will enable a cohesive response to people in distress.

In 2010 the HSE Midlands launched a 'Community Mental Health Initiative' which is a partnership model between voluntary and other statutory organisations. The initiative set out to enhance the focus and co-ordination of how services are delivered across the Midland Counties of Laois, Offaly, Longford and Westmeath. Funding is provided to voluntary bodies



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(Grow, Shine, Mental Health Ireland, Midland Living Links) to deliver community wide, specifically targeted suicide prevention programmes such as the Gatekeepers Community Education Project, Mental Health Matters for secondary schools and programmes for those unemployed and in the workplace. This model of partnership provides vital platforms for the HSE to reach those most in need of support and intervention.

In addition, programmes in suicide awareness and prevention skills training are also delivered on an ongoing basis throughout the HSE Midlands and in 2012 over 1,000 people attended both the SafeTALK (Suicide Alertness) Programme and A.S.I.S.T. (Applied Suicide Intervention Skills Training) workshops. The aim of these programmes is to improve participants understanding of suicide and to raise awareness of the appropriate ways of responding to people considering taking their own life.



Community initiatives such as Laois CONNECTS and Offaly Mental Health TALK week demonstrate the effectiveness of community action. In support of these initiatives HSE services such as psychology, adult mental health services and suicide prevention

resource services deliver responsive talks and presentations on topics such as how to manage stress, parenting teenagers, assertiveness and positive health after having your baby. Providing these talks within the community in settings which are not intimidating is crucial to the engagement and ultimate success of the initiatives. It also provides a positive space to promote the availability of SafeTALK and ASIST training programmes and this has generated interest and attracted participants.

Josephine Rigney, Acting Suicide Prevention Resource Officer said, " The problem of suicide in our society can only meaningfully be tackled by adopting an integrated approach whereby communities and organisations work together and the HSE Midlands is delighted to be involved with Laois and Offaly Community Forum in organising Laois CONNECTS week and Offaly Mental Health TALK week thereby increasing the capacity of individuals and communities to promote positive mental health and to be in a position to identify and respond appropriately, effectively and in a timely manner when difficulties may arise either for themselves or for their loved ones."

**Bereavement Counselling Services Available Through Regional Suicide Resource Office. A Vision for Change Chapter 15.7**

The Regional Suicide Resource Office, which covers the two integrated service areas of Waterford/Wexford, and Carlow/Kilkenny/Tipperary S.R., provides bereavement counselling for persons over 16 years of age who have been bereaved by sudden traumatic deaths in the south eastern area of

Ireland. To date over 300 people have accessed the service.

The service is provided by contracted counsellors who are fully accredited and have Garda clearance, professional indemnity insurance and attend regular supervision of their work. They also work within the "Children's First" Guidelines in relation to the protection of children.

Persons must be bereaved through one of the following circumstances to access the service, Suicide, Homicide, Road Traffic Accident, Industrial/Agricultural/Domestic Accident, Drowning. Referral to the service is by written referral from the following General Practitioners, Psychiatrist, Psychologist, Social Worker, Employee Assistance Programme, National Counselling Service, Self Harm Intervention Programme or the Suicide Crisis Assessment Nursing Service.

Initially the client will be offered up to six bereavement counselling sessions, which will then be reviewed between the Counsellor and the Health Service Executive Designated Officer as appropriate. Up to two further blocks of six sessions may be availed of depending on the individual clients needs. This service is free of charge to anyone wishing to access same. Group bereavement support is also available and support groups are currently available in Waterford, Wexford, Tipperary S.R and Kilkenny/Carlow facilitated locally and supported by the HSE through trained facilitators.

The service has also responded in providing support to a number of schools, sporting organisations, community groups, workplaces following deaths by suicides.



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The service also provides a wide range of bereavement information in the form of leaflets and booklets, the following are available through the service;

- Grieving the Death of a Spouse/Partner
- Anticipatory Grief
- Talking with Children about Traumatic Death
- Grieving the Death of A Child
- Understanding Grief
- Children's Grief
- Losing Someone to Suicide
- Bereavement Counselling Service for Traumatic Death
- You are not Alone (information booklet)
- You are not Alone (Directory of services)

Another aspect of the service is the provision of training in the area of bereavement and loss. Funding was secured in 2011 to develop a training programme, working with our international partners the Salvation Army in Australia we developed a one day programme which is available to all people interested in developing their knowledge specifically around the area of suicide bereavement and loss. This training is supported with a workbook and a facilitator guide which were specifically developed for the training.

**ASIST Programme delivered to Undergraduate Mental Health Nurses W.I.T A Vision for Change Chapter 15.7**

The growing prevalence and incidence of suicide and deliberate self harm in Ireland demands innovative

interventions that provide healthcare professionals with the knowledge, skills and attitudes to deal



effectively with this challenge. In keeping with the action areas identified in Reach Out (4.4, 2005), providing innovative responses through third level education and mental health services, the Department of Nursing at Waterford Institute of Technology has collaborated with the Regional Suicide Resource Office in Waterford, HSE-South to deliver ASIST training to undergraduate mental health nurses. This innovative approach started in 2009 and now the Nursing Department has integrated ASIST into the undergraduate curriculum and it has become a mandatory component of mental health nursing education. These measurable interventions provide, evidence based clinical outcomes by undergraduate mental health nurses to society in terms of prevention and early detection of suicide. To date, 113 students have completed safeTALK in the third

year of their studies and the ASIST workshop in their fourth year of studies. This picture shows current 4<sup>th</sup> year mental health nursing students with WIT staff and ASIST trainers, who have just completed their ASIST workshop in preparation for their internship next January.

Contact person Agatha Lawless 051 874013

85 people from the South East have attended the STORM self-injury training since it's introduction this year. A Vision for Change Chapter 15.7

The Regional Suicide Resource Office recently provided a **STORM® (Skills Training on Risk Management)** self-injury training to 13 people from the Wexford area. The STORM project based in the University of Manchester recently developed this training based on the success of it's Suicide Prevention Package developed in 1996. The aim of the **STORM®** self-injury training is to develop skills and confidence in assessment and management of self-injury. **STORM®** utilizes the gold standard methods of rehearsal, filmed role-rehearsal with self-reflection and structured feedback. The training is divided into 3 modules delivered over 1.5 days by 2 trainers.

*Module 1: Assessment*

This module includes addressing attitudes towards self-injury, interview skills, understanding the self-injury behaviour and assessment of the recent event

*Module 2: Crisis Management*



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Crisis Management concentrates on the skills needed to ensure safety, build a network of support and identify coping mechanisms. Self-help coping strategies help the person take control of thoughts and emotions. They include non-harmful coping strategies, distraction techniques, breathing exercises and the Emotional First Aid Kit

#### *Module 3: Problem solving*

Problem Solving is a popular self-help technique that is easily learned. It addresses interpersonal and practical problems that precipitate many crises. The technique encourages the person to generate his or her own solutions to problems.

The Regional Suicide Resource Office has 5 STORM facilitators and provides 8 of these trainings each year. The training is offered to staff from the HSE, social care, education, counselling, community and voluntary agencies. Prior to attending the STORM training participants are invited to attend self-harm awareness training to prepare them for the challenge of the skills training. Over 1700 participants from the South East have attended this half day self-harm awareness training since 2007. 85 people have attended the STORM self-injury training since its introduction this year.

The STORM Suicide Prevention package was initially developed in 1996 and since that time it has undergone detailed evaluation. The STORM self-injury package evaluation is in progress by the developers at Manchester University, Gask, Burrows and Lever-Green. Initial evaluation results suggest significant improvement in attitudes towards self-injury and overall satisfaction for the training was high.

Objective 12.4 of Reach Out (HSE, 2005) addressing self-harm behaviour clearly states the need for "basic awareness training for all levels of hospital staff on suicidal behaviour," and the development of a "specialist intervention, skills-based training for the appropriate staff as part of a national training programme. These objectives are met through the provision of both of these trainings



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All articles must be submitted in word format, with 150 words per article, photos and contact person for further information.

If you would like to advertise an upcoming event in your area or organisation please email [catherine.brogan@hse.ie](mailto:catherine.brogan@hse.ie)