

# EVALUATION OF THE D10 BE WELL 'SKILLS FOR CHANGE' PROGRAMME



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# 1 INTRODUCTION

## 1.1 BACKGROUND TO THE TRAINING

D10 Be Well was formally established in 2012 when the Community Response to Mental Health Forum (CRMHF) identified a new vision and mission and changed its name to D10 Be Well. Ballyfermot/Chapelizod Partnership has played a key role in relation to the coordination and convening of both groups.

D10 Be Well is an interagency initiative which works to respond to the mental health and well-being needs of the Dublin 10 community. It does this by bringing key stakeholders together to create a space for dialogue. This collaboration has led to the development of a local area action plan, aimed at promoting mental health awareness, skills-sharing and improved service provision.

As part of this process, the lack of participation of persons with self-experience of mental health issues and their supporters in the D10 Be Well forum, as well as in other representative committees throughout the community and in key decision-making fora, was identified as an area of concern. While many factors contribute to these low levels of engagement, capacity-building was identified as an important starting point in the development of meaningful participation.

The project 'Our Service, Our Say' was developed by the D10 Be Well Interagency initiative and funded by Genio for the purposes of developing the confidence, skills, knowledge and experience of people with self-experience of mental health issues and their supporters with a view to them participating effectively in decision-making structures.

The first part of this project was a research study designed to identify the specific needs and experiences of people with self-experience of mental health issues, their supporters and professionals working in the area.



The research, which involved 41 people in the Ballyfermot area, took place over the period December to May 2015. The report entitled: *'A Seat at the Table: A Report on the Views of People with Self-Experience, their Supporters, and Service Providers in the Dublin 10 area, on the Inclusion of People with Self-Experience of Mental Health Difficulties and their Supporters on Decision-Making Bodies'* was published in 2015<sup>1</sup>.

A key recommendation arising from this research was Rec 6.5 'The Development of a Training and Information Programme for People with Self-Experience and Supporters' (p.50).

The report authors went on to recommend that the training and information programme *'should be an applied participators skills module'*, and should be *'accredited (meaning there is an optional assessment for those who want accreditation)'*. They also suggested *that the course may involve:*

- Knowledge on mental health services, structures, roles, and strategies
- Committee skills
- Leadership and communication skills
- Professional negotiation and conflict resolution skills
- Understanding outcomes and impact while assessing success of committees and strategies
- The application of learned knowledge and skills to committees and the development of agreements

- Partner organisations with the HSE/Mental Health Services providing input into the development and/or delivery of the training module:

The report authors suggested that the HSE/Mental Health Services would involve People with Self-Experience/Supporters on their management group for PWSE/Supporters, in line with local agreements and that they would commit one staff member to act as a key contact or support for the Person/People with Self-Experience/Supporter and provide an applied learning environment. The 'Skills for Change' Programme was developed to address this recommendation.

This recommendation is broadly in line with the various recommendations of the Reference Group on Structures and Mechanisms for Service User, Family Member and Carer Engagement published by the HSE on the 3<sup>rd</sup> of July 2015<sup>2</sup>.

<sup>1</sup> Dermody, A., Ní Chaoláin, S., & Gardner, C. (2015) *Our Service, Our Say: A Report on the Views of People with Self-Experience, their Supporters, and Service Providers in the Dublin 10 area, on the Inclusion of People With Self-Experience of Mental Health Difficulties and their Supporters on Decision-Making Bodies*. Dublin; Ballyfermot Partnership.

<sup>2</sup> HSE (2016) Recommendations of the Reference Group on Structures and Mechanisms for Service User, Family Member and Carer Engagement published 3rd July 2015. This can be assessed at [http://www.hse.ie/eng/services/list/4/Mental\\_Health\\_Services/mentalhealthengagement/RefGroupRecommendations.pdf](http://www.hse.ie/eng/services/list/4/Mental_Health_Services/mentalhealthengagement/RefGroupRecommendations.pdf)

## 1.2 THE 'SKILLS FOR CHANGE' TRAINING:

### 1.21 PURPOSE AND OBJECTIVES

The purpose of the 'Skills for Change' training developed was to support participants in developing the knowledge, skills and confidence they require to represent effectively in decision-making fora. The training focused on three main areas: committee skills, professional conduct and interpersonal skills, and understanding the mental health structures. See Table 1.1 for details of the specific aims of the training.

**TABLE 1.1 TRAINING AIMS**

Support participants to understand how committees work and develop their own committee working skills

Support participants to understand the theories of interpersonal working, develop their skills and confidence in working with others, translating their experience into expertise as well as exploring communication strategies

Support participants in understanding the structures of existing mental health services so they can influence the structures more effectively.

### 1.22 TRAINING DELIVERY

The training was delivered over five weeks in November. The training consisted of one five-hour session every week, with lunch and refreshments provided and included as part of each session.

Each participant was also assigned a mentor whose role was to provide support on an individual basis throughout the training and continuing until March 2016. The mentors met to agree a standardised approach for mentoring. At this meeting, a decision was made that responsibility for initial contact with the mentor would rest with the course participants.

## 1.3 EVALUATION PURPOSE AND OBJECTIVES

### 1.31 EVALUATION PURPOSE

The purpose of the evaluation is to provide a qualitative evaluation of the design, delivery, content and outcomes of the 'Skills for Change'.

### 1.32 EVALUATION OBJECTIVES

The specific objectives of the evaluation are to:

- 1 Ensure all phases of the process are documented with a final written report
- 2 Capture the effectiveness of the whole programme including the provision of participation supports, course content and delivery methods, recruitment and selection processes and learner outcomes.
- 3 Document the experience of the participants, tutors, mentors and design group.
- 4 Develop an evaluation tool for the facilitators for use after each session.
- 5 Develop a self-evaluation tool for use by the participants as part of their learning needs analysis.
- 6 Provide lessons to inform the future delivery of similar capacity-building programmes.

## 1.4 EVALUATION METHODOLOGY

The evaluation consultations were conducted through:

- a. Review and analysis of documentation in relation to the course development, recruitment and selection processes.
- b. Meetings with representatives of the Steering Group and the Design Group
- c. Development of various evaluation instruments – include self-evaluation tool for use by training participants<sup>3</sup>
- d. Focus group discussions with training participants (2)
- e. Face-to-face and telephone interviews with trainers and mentors

See Table 1.2 for details of the evaluation consultations undertaken.

TABLE 1.2 CONSULTATIONS UNDERTAKEN		
GROUP	INDIVIDUAL/GROUP	DATE IN 2015
Steering Group	Two members of the group attended	22 <sup>nd</sup> of October
Training Participants	Focus Group 1 at Training Session 2	10th of November
	Focus Group 2 at Training Session 5	1st of December
	Eleven participants completed self-evaluation form 1	3rd of November
	Seven participants completed self-evaluation form 2	1st of December
Mentors	Telephone interviews with two mentors	9th and 21st of December
Trainers	In-person joint interview attended by both trainers	16th of December
Design Group	Focus Group (five members attended)	1st of December

<sup>3</sup> The evaluator provided the course tutors with tailored evaluation questions for each training session. The evaluator also developed a self-evaluation template which was completed by the course participants a) upon course commencement and b) upon course completion.

# 2 FINDINGS

## 2.1 INTRODUCTION

This section examines the course design, recruitment and selection processes (2.2). It also examines the course content and delivery methods (2.3) as well as the supports for participants. The final part of this section concludes with learner and wider outcomes (2.5 & 2.6).

## 2.2 DESIGN, RECRUITMENT, SELECTION AND ATTENDANCE

### 2.2.1 OVERVIEW

The training course design, recruitment and selection process took place over the period June 2015 –October 2015. See Table 2.1 for details of the different elements of this process.

**TABLE 2.1 OUTLINE OF THE DESIGN/RECRUITMENT AND SELECTION PROCESS**

TIME FRAME	ACTIVITY	DATES/DETAILS
Earlier in 2015	<b>Publication of 'A Seat at the Table'</b> . Steering Group progresses the recommendation in relation to the development and design of a training programme that will build the capacity of people with self-experience of mental health issues and their supporters in order to equip them with the skills to enable them to participate and engage in representative committees.	Meetings took place on the 7th of May, 29th of June, 20th of July and 24th of August.
4th of June	<b>First Design Group meeting</b> . This group was established (by the Steering Group) for the purposes of designing the broad content <sup>4</sup> of the training programme.  Group membership included representatives from the HSE Mental Health Services, Ballyfermot/Chapelizod Partnership and Threshold Training Network. The group met regularly throughout the design process with meetings lasting between 1.5 and 2 hours.	Meetings took place on the 4th of June,  16th of June, 23rd of June, 21st of July, 7th of July, 27th of July, 4th of August  1st of Sept, 10th of Sept, 7th of Oct, 13th of Oct, 1st of December.
14th of July	<b>Workshop with organisations delivering similar training</b> , service users/supporters, steering group members and design team.  The purpose of this workshop was to gather feedback on the draft learning outcomes.  See Appendix 1 for details of the feedback from this Workshop.	Organisations invited included Gateway, Threshold, INOU, CAN, Partners for Transformation, Irish Advocacy Network Carmichael Centre, ARI, and EVE with a total of 15 individuals from these organisations in attendance

<sup>4</sup> The specific content of each training session was identified by the two tutors.



**TABLE 2.1 OUTLINE OF THE DESIGN/RECRUITMENT AND SELECTION PROCESS**

<p><b>25<sup>th</sup> August</b></p>	<p><b>Recruitment Information Evening</b> – This took place in Ballyfermot Library from 6 to 7.30pm and included a brief presentation on the training and a screening of Comedian Ruby Wax’s Ted Talk: ‘What’s so funny about mental health?’ and other short films with popcorn and soda available for all those who attended.</p> <p>The recruitment information evening was advertised through leaflets left in local libraries, the mental health services team offices and local GPs’ practices (See Appendix 2 for a copy of the leaflet). The course was also promoted by members of the design group within the Mental Health Services Team and by the Partnership using its social media pages and through its community database.</p>	<p>Approximately 40 individuals attended</p>
<p><b>10<sup>th</sup> September</b></p>	<p><b>Deadline for the submission of applications</b></p>	<p>29 applications received (15 from men and 14 from women)<sup>5</sup></p>
<p><b>15<sup>th</sup> &amp; 24<sup>th</sup> September</b></p>	<p><b>Interviews/meetings with potential participants</b></p>	<p>16 potential participants were identified (four of whom plan to attend the training to be held in February 2016)</p>
<p><b>September</b></p>	<p><b>Identification of Mentors</b> who would work with the participants. These mentors were drawn from the HSE Mental Health Services Team, Ballyfermot/Chapelizod Partnership and Threshold. Some of the mentors had been involved in the development of the ‘Skills for Change’ training, while others were new to the programme but had various skills in working with/supporting individuals with mental health issues.</p> <p>The Mentors applied the GROW mentoring model as the guide for their mentoring work, which included the drawing of clear boundaries between the mentors and the course tutors. The mentor’s relationship was to be with the course participant only.</p>	<p>Mentor meetings took place in Sept, Oct and Nov.</p>
<p><b>21<sup>st</sup> of October</b></p>	<p><b>Induction evening for the recruited participants</b></p>	<p>11 participants attended</p>

<sup>5</sup> This may be a reflection of the fact that more males than females use mental health services.

## 2.2.2 SELECTION & PROFILING PARTICIPANTS

See Table 2.2 for details of the criteria used to select the Skills for Change applicants

TABLE 2.2 CRITERIA USED TO SELECT THE 'SKILLS FOR CHANGE' APPLICANTS
Age
Gender
Geography
Experience of mental health services; a mix of PWSE, Family member, Carer
Experience of Groups/Committees
Reasons for the individual wanting to do the training
Commitment and motivation to attend
How the applicant planned to use the training (Representative? Peer Group?)
Level of support required during and post-training

*As an ordinary patient you are not listened to, I see this as a way of getting involved in decision-making; I want to learn how to put my point across better'*

Using these criteria, a total of 16 potentially suitable participants were identified through the interview process, with 11 (four females and seven males) across a wide age range (none appeared to be under 30 years), attending the first training session.

10 of these 11 individuals had self-experience of mental health issues (across a wide and diverse spectrum of needs and experiences). Five of these 10 individuals also had experience of supporting at least one other individual who accessed the mental health services. One individual had acted exclusively as a supporter of an individual who accesses the mental health services. All 11 individuals had significant engagement with the mental health services.

The participants were drawn from the wider HSE catchment area (which includes Dublin 10, Chapelizod, Clondalkin and Tallaght (There were no participants from within the Ballyfermot area).

A total of 11 individuals commenced the training, with 10 individuals completing more than 40% of the course (one individual withdrew for personal reasons). The majority of those who commenced the course had found out about it either through their attendance at the Mental Health Services Clinic (where they picked up the flier) or through a direct referral from their Occupational Therapist, who had suggested that it might be something that they would benefit from.

*'My OT told me about it and she does not put me wrong'*

*'I picked up the flier in the Clinic and brought it into the OT and we talked it through, we agreed it would be a good idea for me to do it and so far so good'*

*Those who commenced the course chose to participate for a variety of reasons:*

*'I want to have my voice heard'*

*'The OT said it would be a good idea'*

*'It is something to do; it is good to learn new things'*

*'The mental health services are not really working; we need to change the way things are done and I want to help the change'*

*'As an ordinary patient you are not listened to, I see this as a way of getting involved in decision-making; I want to learn how to put my point across better'*

*'I am doing this for my own personal development; I am hoping it will help me become more confident'*

*'I am interested in alternative, especially alternative medicines; I want to challenge the status quo and see this as a way of doing that'*

Seven participants had previous experience of attending/being part of a committee<sup>6</sup>, four of whom indicated that they were largely confident about their capacity to participate in the meetings. The remainder of this group and the wider group were significantly less confident, speaking as they did about how difficult it was/they thought it might be for them to participate on a committee.

*'I would be very nervous, afraid that I might say something stupid'*

*'I have trouble remembering things and would worry that would hold me back on a committee'*

The majority (eight) of the participants were confident about their abilities to express their views in general, while 10 participants indicated that they could listen to the views of others

At least two of the male participants had undertaken training previously with one of the tutors. It was also the case that the male participants generally had more experience of attending programmes than the female participants had.

### 2.2.3 THE ROLE OF THE INDUCTION EVENING

The induction evening held for participants before they started the formal training programme was identified as a very useful way of a) breaking the ice and dealing with the nervousness and sense of uncertainty and b) getting the participants interested in what was to come.

*'I was nervous walking into that room where I knew no one, but everyone was very friendly and it was relaxed, and that made me more relaxed'*

*'I knew at the end of that evening that it would be OK'*

*'I found I knew one other person in the room, so I had company and after that I was fine.'*

*'This was very useful in terms of breaking the ice and reducing my anxieties about doing the course'*

*'I liked the session; it got me interested'*

*'I was nervous walking into that room where I knew no one, but everyone was very friendly and it was relaxed, and that made me more relaxed'*

<sup>6</sup> Analysis of the Participant Self-Evaluation Forms Completed on the 3/11/15

## 2.3 COURSE CONTENT, DELIVERY AND ATTENDANCE

### 2.3.1 COURSE CONTENT

See Table 2.3 for an overview of the various training sessions' aims and learning outcomes.

TABLE 2.3 OVERVIEW OF TRAINING SESSION AIMS AND INTENDED LEARNING OUTCOMES		
SESSION	AIM	INTENDED LEARNING OUTCOMES
<b>1 Group-Building</b> Nov 3 <sup>rd</sup> 2015	Create a safe and comfortable working environment and introduce concepts of learning styles	Participants will: <ul style="list-style-type: none"> <li>• Have the experience of working together as a group</li> <li>• Agree a group working document</li> <li>• Identify and explore their own learning needs and styles</li> <li>• Explore committees and how they work</li> </ul>
<b>What do committees look like and what are their functions?</b> Nov 10 <sup>th</sup> 2015	Understand committee structures and use this information to make decisions	Participants will: <ul style="list-style-type: none"> <li>• Be able to identify roles within committees</li> <li>• Explore qualities and skills they bring to a committee</li> <li>• Identify the impact of different perspectives</li> <li>• Experience group decision through a scenario</li> <li>• Review and feedback</li> </ul>
<b>Translating experience to expertise (Part 1)</b> Nov 17 <sup>th</sup> 2015	Understand and apply advocacy skills in mental health-specific committee scenarios	Participants will: <ul style="list-style-type: none"> <li>• Be able to differentiate between fact and feeling in order to influence perspective of committee</li> <li>• Be able to explore their own perspectives and translate experience to useable learning</li> <li>• Be able to identify the importance of, the role of and some practical tips for self-advocacy</li> <li>• Experience group decision- and representation- making through a scenario</li> <li>• Explore using the representative group for support</li> <li>• Review and feedback</li> </ul>
<b>Translating experience to expertise (Part 2)</b> Nov 24 <sup>th</sup> 2015	Develop skills in differentiating between personal and representative group experiences	Participants will: <ul style="list-style-type: none"> <li>• Identify how to analyse and communicate personal experiences</li> <li>• Explore language and how to inquire or open dialogue</li> <li>• Practice a 'listening survey' with feedback and presentation using a template</li> </ul>
<b>Understanding Mental Health Services</b> Dec 1 <sup>st</sup> 2015	To understand the structures within the area committees of the mental health services and the leadership roles that they can take up or to which they can contribute. To evaluate the training course	Participants will: <ul style="list-style-type: none"> <li>• Identify the aims of a HSE mental health service</li> <li>• Describe the structure of a Multidisciplinary team and local mental health structures and policies</li> <li>• Understand the origins of the recovery movement</li> <li>• Explore their personal contribution to enhancing and influencing the mental health services</li> <li>• Evaluate their learning</li> </ul>

Each session included a brief evaluation of the session (with some of the evaluation questions provided by the evaluator) including course content. The notes from these session-level evaluations coupled with the feedback provided by the participants in their review of the training course journey (a Session 5 activity) are useful in terms of highlighting which sessions/which sections of the different sessions were considered positively/useful by the participants and which were challenging. See Table 2.4 for an evaluation of the course content from the participant's perspective.

**TABLE 2.4 TRAINING PARTICIPANTS' EVALUATION OF THE VARIOUS TRAINING SESSIONS**

SESSION	CONSIDERED POSITIVELY/USEFUL	CHALLENGES
1	<ul style="list-style-type: none"> <li>• Ice-breakers</li> <li>• Float the boat exercise (even though it did not work)</li> <li>• Identifying what type of learner I am - Learning styles</li> <li>• Learning the difference between minutes and an agenda</li> <li>• Learning that not all committees are voluntary</li> </ul>	<ul style="list-style-type: none"> <li>• Trying to figure out my learning style</li> <li>• Concentrating for that length of time</li> <li>• Remembering and recall of what I learnt</li> <li>• Getting used to a different language was a culture shock</li> <li>• Getting and keeping clarity in my brain; I hear voices and sometimes it is hard to hear past them</li> </ul>
2	<ul style="list-style-type: none"> <li>• Learning about mindfulness</li> <li>• Skills for committees/groups</li> <li>• Learning methods</li> <li>• Good to see others' perspectives (Smiley face exercise)</li> <li>• A different person (the evaluator did a focus group with the participants)</li> <li>• Role playing scenarios (where the group had a fictional €100,000 to spend)</li> </ul>	<ul style="list-style-type: none"> <li>• Having to read was a challenge</li> <li>• Listening/Listening survey was hard</li> <li>• The minutes exercise was a challenge</li> <li>• Need the first hour to be more active</li> <li>• My concentration was challenged by all the new information</li> <li>• Would have to avoid the role of secretary if I was on a committee</li> </ul>
3	<ul style="list-style-type: none"> <li>• Looking at our own stories and engaging with the stories of others</li> <li>• Difference between facts and feelings</li> <li>• Abbreviations; getting a handout</li> <li>• The mindful walking</li> <li>• Template for the minutes</li> <li>• Understanding everyone's motivation</li> </ul>	<ul style="list-style-type: none"> <li>• Trying to stay unemotional and detached - deciphering facts from feelings</li> <li>• Being blinded by abbreviations</li> <li>• Learning about the challenges of being a representative on a committee</li> <li>• The abbreviations</li> <li>• Dealing with everyone's motivations while keeping your own perspective</li> <li>• Holding back on acting out my own stuff</li> </ul>
4	<ul style="list-style-type: none"> <li>• Role playing committee work</li> <li>• Learning how to question things, to make a clear case</li> <li>• Learning how to communicate</li> <li>• Developing a better understanding of the role of psychiatrists within the health system</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding how the peer group might work and what it might do (Frank who will support the group when the training ends but the majority of the group were unclear about what was planned)</li> </ul>
5	<ul style="list-style-type: none"> <li>• Structures in the HSE (what committees exist and what they do)</li> <li>• How the system works</li> <li>• Leadership skills</li> </ul>	<ul style="list-style-type: none"> <li>• Where we can take our own power</li> <li>• Believing we can do this</li> <li>• Recognising that on a committee we are speaking for others not just ourselves</li> <li>• Increasingly aware of what we have let ourselves in for</li> </ul>
<p><b>General Comments</b> (from the participants and the tutors)</p>	<ul style="list-style-type: none"> <li>• The group exercises were great</li> <li>• The refresher at the start of every session was great</li> <li>• The checking in and mindful minute were both useful</li> <li>• We were all in the same boat, we are all survivors of the mental health services</li> <li>• It was the first time I got to have a voice</li> <li>• The notes from each session were useful to have, as was the other materials.</li> </ul>	<ul style="list-style-type: none"> <li>• Remembering and recalling what has gone before</li> <li>• Keeping my concentration</li> <li>• Would love not to be afraid</li> <li>• Reading on my own in real time</li> </ul>

### 2.3.2 COURSE DELIVERY

The course was jointly delivered by two female tutors, (one with a background in mental health and training and the other with a background in community development and training) once a week (from 10am-3pm, with a 45 minute break for lunch which was supplied) over five weeks in the parish centre, 199 Kylemore Road. The course was delivered using a combination of formal inputs and team/group exercises. The style was informal and open, with lots of space for interaction among the participants and between the participants and the tutors. This style of delivery and the extensive use of group work was commented on very favourably by the participants.

*‘I had not done group work in 20 years; I had forgotten how much I enjoy it’*

*‘The exercises helped us to bond as a group and that was what made it all work, we were all there together’*

*‘Through the group work we got to know one another and we helped one another along’*

*‘The training worked and I kept going because we were learning but also it was a bit of fun’*

*‘The tutors were great, nothing was a stupid question’*

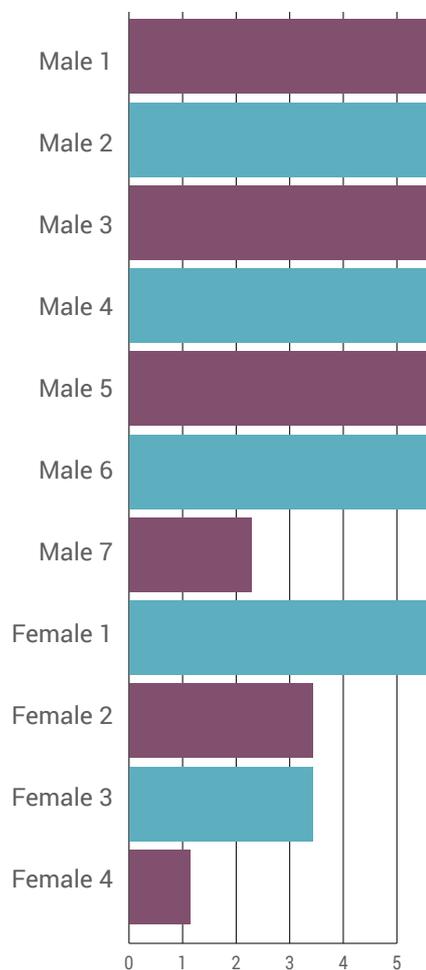
*‘They (the tutors) didn’t gloss over the challenges, they kept it real’*

### 2.3.3 COURSE ATTENDANCE & PARTICIPATION

Seven participants had 100% attendance which is very positive, while two participants attend three sessions, one participant attended two sessions and another just one. See Figure 2.1 for a pictorial representation of this information broken down by gender.

*‘I had not done group work in 20 years; I had forgotten how much I enjoy it’*

FIGURE 2.1 ATTENDANCE LEVELS AT NOVEMBER 2016 ‘SKILLS FOR CHANGE’ TRAINING COURSE



Analysis of this figure shows that there was significantly more male than female attendance at the training programme. In terms of participation at the various training sessions, the male participants were both more numerous and more vocal. According to the tutors, the *‘women tended to row in as the peacemakers, where there was a disagreement’*.

### 2.4 SUPPORT FOR PARTICIPANTS

Each training course participant was allocated a mentor according to their particular needs and situation. This mentor was available to the participants throughout the training programme and up until March 2016. The application of the Grow Mentor Model meant it was the responsibility of each training participant to contact their mentor; not all did. One participant sought support from one of the course tutors to help them script the initial conversation

with their mentor. The individuals who had not made contact with their mentors indicated that they had not made contact because *'they did not believe they needed the support'* although when questioned further, it was not clear whether they were clear about what support the mentor could offer them.

Of the seven participants who made contact with their mentors, most found the mentor input useful. Although according to some of the mentors the individuals were *'not clear why they were meeting'*.

*'My mentor was great; I am not sure I would have stuck at it without them'*

*'My mentor helped me work through my anxieties; I might not have made it to any of the sessions otherwise'*

Interestingly, the tutors were of the opinion that 'the most critical questions came from the participants who had mentors' because the mentors had given them the permission and the confidence they needed to ask the questions.

*'Remembering was the key challenge'* identified by a number of mentors. As a consequence, most participants appear to have used their meeting with their mentor as a way of reviewing what they had learned. Interestingly in this context, during the course of the evaluation the course tutors questioned the extent to which the participants did remember. Their view was that *'the participants generally remember more that they think they do, but because they lack confidence in their remembering and in general they run the risk of perpetuating the experience of not remembering'*. One of the tutors referred to this as *'an anxiety of memory which is the cause of stress, which in turn can cause the mind to go temporarily blank'*. Strategies used within the training to aid memory included: regular re-caps, mentoring, the provision of notes of the sessions and the use of physical prompts.

At least one mentor broke the agreed 'Mentor Guidelines' and approached the course tutors because they were concerned that their mentee had significantly wider clinical support needs than they (as a mentor) or the individual involved could address.

## 2.5 LEARNER OUTCOMES

### 2.5.1 QUANTITATIVE OUTCOMES<sup>7</sup>

The self-evaluation questionnaires enabled a quantitative review of the outcomes from the participants' perspective across a number of areas as follows:

- Knowledge of committees and their functions
- Confidence in relation to expressing views in an organised and constructive way
- Listening skills
- Knowledge and understanding of mental health structures

Across all four areas, participants indicated that their knowledge and skills levels had increased (significantly for some individuals) as a result of participating in the training course. See below for details.

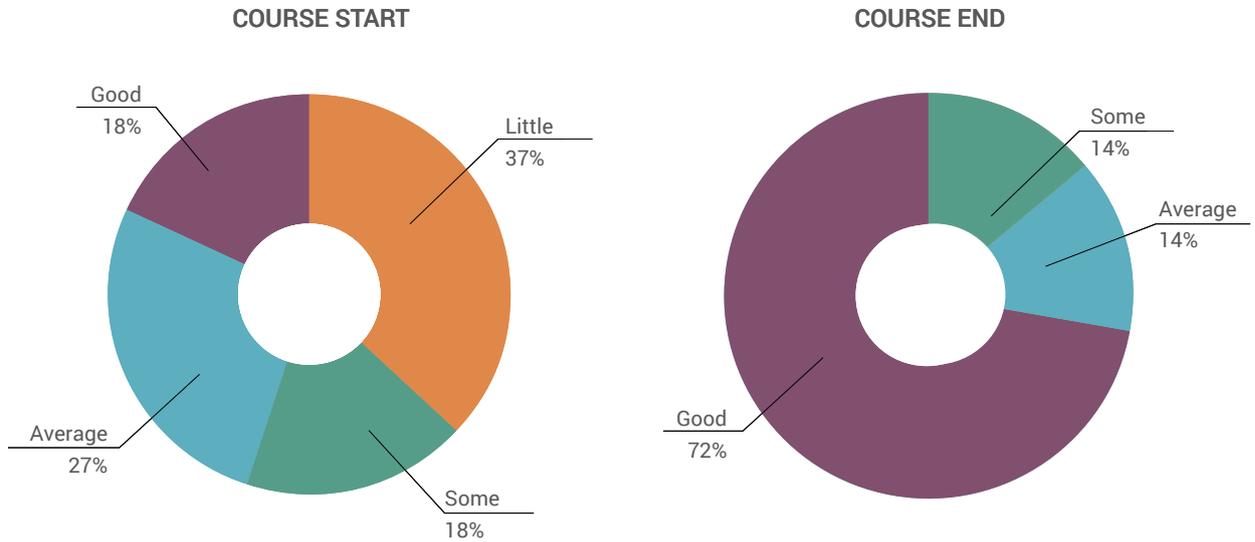
#### KNOWLEDGE LEVELS IN RELATION TO COMMITTEES AND THEIR FUNCTIONS

A comparison of course participants' self-rated knowledge levels in relation to committees and their functions at the start and end of the training programme shows the participation in the training programme has clearly increased participants' knowledge in this area; see Figure 2.2 for details.

*'My mentor helped me work through my anxieties; I might not have made it to any of the sessions otherwise'*

<sup>7</sup> This information is drawn from the two self-evaluation questionnaires completed by the course participants a) at the commencement of the course (3/11/15 by 11 participants) and at the end of the course (1/12/14 by seven participants.)

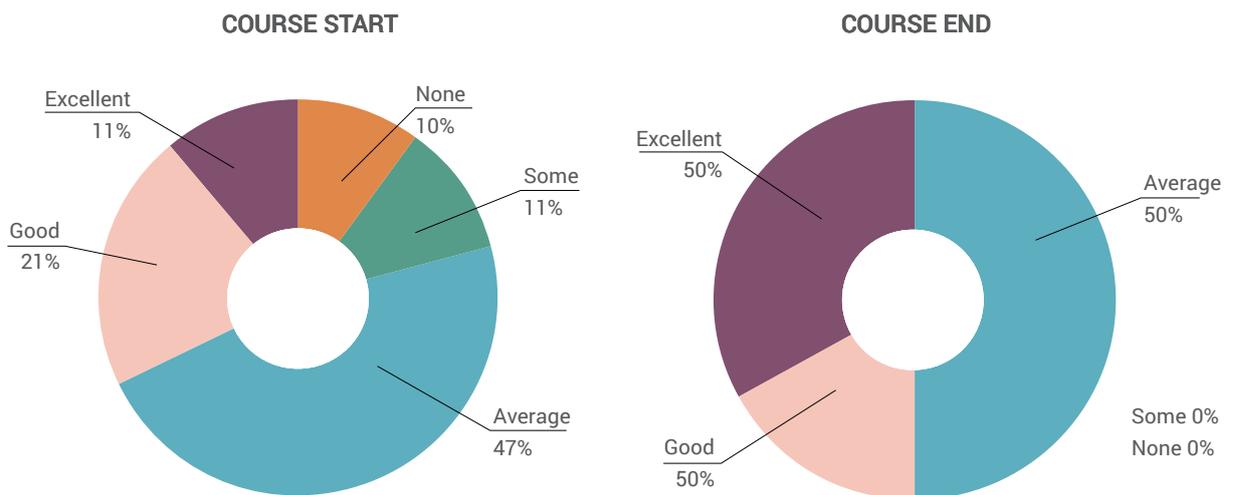
FIGURE 2.2 COMPARISON OF KNOWLEDGE LEVELS (IN RELATION TO COMMITTEES AND THEIR FUNCTIONS) AT THE START AND END OF THE TRAINING COURSE.



Confidence levels in relation to expressing views in an organised and constructive way

A comparison shows that course participants' self-rated abilities to express their views in an organised and constructive way can be seen to have improved as a result of participating in the training programme, see Figure 2.3 for details.

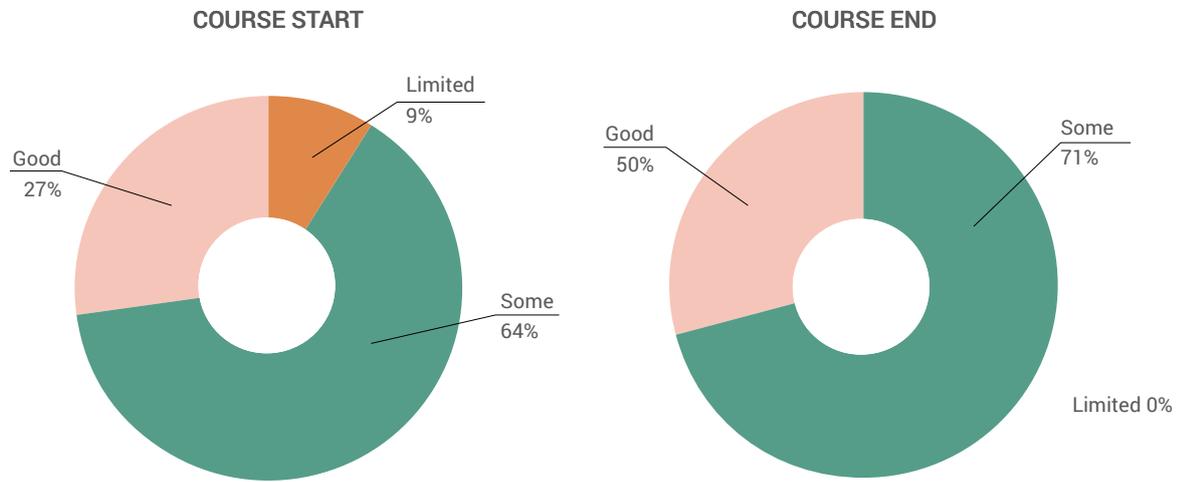
FIGURE 2.3. COMPARISON OF CONFIDENCE LEVELS AT THE START AND END OF THE TRAINING PROGRAMME



### Listening Skills

Course participants' self-rated listening skills can also be seen to have improved as a result of participating in the training programme. See Figure 2.4 for details.

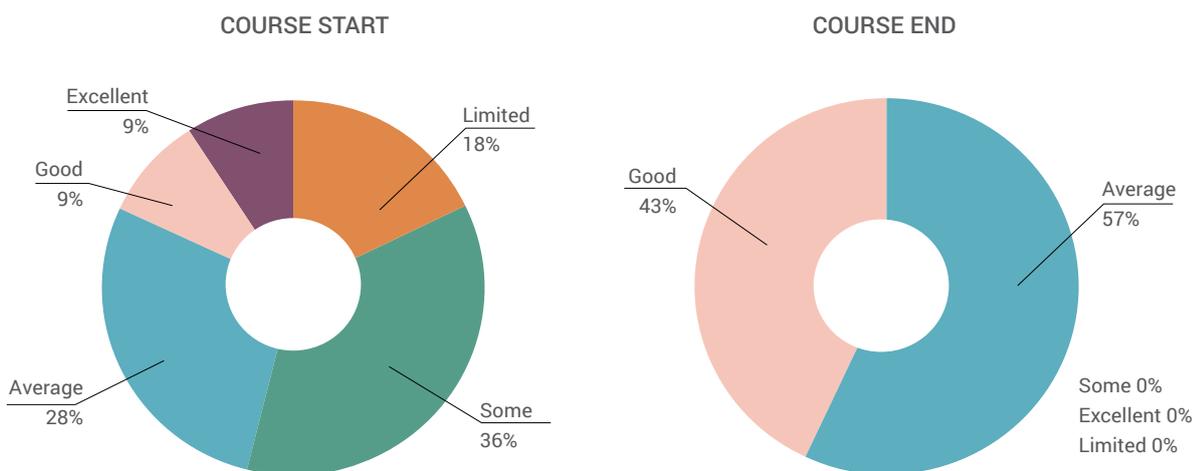
FIGURE 2.4. COMPARISON OF SELF-RATED LISTENING SKILLS AT THE START AND END OF THE TRAINING



*Knowledge and Understanding of Mental Health Structures*

Course participants' self-rated *knowledge and understanding of mental health structures* also improved as a result of participating in the training programme. See Figure 2.5 for details.

FIGURE 2.5. COMPARISON OF SELF-RATED KNOWLEDGE LEVELS OF MENTAL HEALTH STRUCTURES AT THE START AND END OF THE TRAINING PROGRAMME.



## 2.5.2 QUALITATIVE OUTCOMES

Capturing the qualitative outcomes for the course participants is a challenge. See Table 2.5 for a review of what seven participants said they wanted to get from the training and what they actually reported getting as a result of participating in the training.

TABLE 2.5. COMPARISON BETWEEN WHAT PARTICIPANTS (7) WANTED FROM THE TRAINING AND WHAT THEY GOT.

PARTICIPANT	WHAT THEY WANTED FROM PARTICIPATION IN THE TRAINING (Source: 1st Self-Evaluation Questionnaire completed at course start)	WHAT THEY GOT FROM PARTICIPATING IN THE TRAINING (Source: 2nd Self-Evaluation Questionnaire completed at course end)
1 Female	'To be professional in handling myself in relation to mental health issues'	'A lot of confidence in my person. Thinking I am of value and can help other people'
2 Male	'A greater understanding of the workings of the mental health services'	'A confidence in what lies ahead'
3 Male	'not sure'	'Knowledge of what it is like to be on a committee, confidence from being part of a group of a group'
4 Male	'To help myself and other and hopefully express other people's points of view'	'Being able to talk to and understand people's points of views different to my own'
5 Male	'Confidence to be much more compos mentis, to improve my memory and speed up my recall'	'Insight, confidence and how much and great was my ignorance of the situation'
6 Male	'Friendship and knowledge'	'More confident'
7 Male	'Confidence'	'Education, fun, friendship, knowledge and confidence'

One of the key outcomes for the trainees appeared to be an increase in levels of confidence and positivity.

*'I am more confident and less fearful but need more confidence, more training and support'*

*'Have confidence because of the course to sit on a committee'*

*'Course has given me strength to say yes or no and know that is ok'*

*'Very glad I stuck with it, didn't think I would see it through, I got a lot of confidence and a big energy boost from doing the training'*

*'As a result of doing the course I believe that we might be able to bring about change, we are on the right road, the course also gave me insights into the limitations of what we can do and that was good too.'*

*'The experience was positive and informative'*

Notwithstanding this increase in confidence levels, the majority of training participants were of the view that while their confidence had increased as a result of the participating in the training, they had some way to go before they would be fully confident in their abilities and knowledge.

Other outcomes include feelings of acceptance and understanding as well as a challenging of long-held views

*'I feel more accepted and interested; would like to give something back'*

*'Useful challenging of my view of psychiatrists and psychiatry'*

There was also a strong view among over half of the participants that they were keen to put what they had learnt into action.

*'It was worth doing- now need to apply what we learnt and get on committees'*

*'Ready to move on to working with Frank and getting a group started'*

*'I am ready and up for the challenge of sitting on a committee'*

*'We need representatives from the groups we work with to be involved (in a meaningful way) in the committees that make decisions about them'.*

## 2.6 WIDER OUTCOMES

### 2.6.1 THE MENTOR EXPERIENCE

The mentors (who were contacted by their mentee) reported learning a lot from the experience of mentoring:

*'We need representatives from the groups we work with to be involved (in a meaningful way) in the committees that make decisions about them'.*

*'I was not aware of how disempowering the health system is, it was not something I had really thought about before'*

### 2.6.2 COLLABORATION & PARTNERSHIP

The interdisciplinary and interagency nature of the training can be seen to be integral to its success with a particular value to be placed on the fact that tutors from different disciplines worked together to refine and deliver the training. For the HSE personnel involved there was learning in relation to working with people outside the HSE.

Meanwhile, the Ballyfermot/Chapelizod Partnership staff involved in the training programme, increased their understanding of the needs and challenges facing individuals with mental health difficulties. They also built positive working relationships with HSE personnel. It is also the case that working outside the formal education sector kept the course accessible.

# 3 CONCLUSIONS AND RECOMMENDATIONS

## 3.1 OVERALL CONCLUSIONS

The 'Skills for Change' Training Programme was successfully designed and developed through a partnership initiative between the Local HSE Mental Health Services Team and the staff of the Ballyfermot/Chapelizod Partnership.

A total of 10 individuals successfully completed the November 2015 training programme and derived significant benefit from their participation in terms of their confidence, their ability to listen and put their views together in a coherent way and in terms of their knowledge of how committees and mental health structures work. In this way the training programme can be clearly seen to have met both its purpose and its aims.

The programme has also generated a number of questions for the HSE Mental Health Services Team and indeed for the staff of the Ballyfermot/Chapelizod Partnership in terms of:

- 1 The delivery of the spring 2016 training
- 2 Providing ongoing support for the November 2015 trainees
- 3 The challenges (ethical and practical) of finding committees open to participation by people with self-experience of mental health issues

## 3.2 SPECIFIC OBSERVATIONS AND RECOMMENDATIONS

### 3.2.1 WHO IS TARGETED FOR PARTICIPATION IN THE SPRING 2016 TRAINING?

The choice of target participants on the next training has implications in relation to when and where the next training programme is run and what training and mentoring supports need to be provided. The November intake included individuals with higher levels of support needs not all of whom could be met by the trainers or mentors and which posed significant challenges to their participation in the training.

#### **RECOMMENDATION 1: FUTURE PARTICIPANTS AND THEIR NEEDS**

Target individuals with self-experience of mental health issues with support needs, commensurate with the mentoring and support resources available<sup>8</sup>. Consider the issue of gender balance throughout the training both in terms of both the recruitment and delivery of the training.

Targeting these individuals will require a wide community recruitment process across the entire D10 area, involving local GP practices and other local services including public health nurses.

The role of the mentor needs to be made very clear to the participants from the outset. Where low levels of confidence are identified as an issue for a participant, it may be useful if the mentor makes the initial contact with their mentees (meets them informally at the first training session), in an effort to breakdown any barriers and encourage the mentee to avail of the

<sup>8</sup> These individuals may be in the workforce which will mean that the training may need to be provided outside office hours



support of their mentor as early as possible in the training process.

### 3.2.2 COURSE CONTENT AND DELIVERY METHODS

The November 2015 participants were very complimentary about both the course content and the delivery methods and the introductory session was also found to be very useful at a number of levels.

Visual cues in particular proved both very useful and important for the participants with memory and recall issues. These visual cues were strongest in sessions 1, 2 and 5. Sessions 3 and 4 appeared to become somewhat confused in the minds of some of the participants. The joint delivery of the training by two tutors from different backgrounds was thought to be very useful.

#### **RECOMMENDATION 2:** SPRING 2016 COURSE CONTENT AND DELIVERY

Continue with the joint delivery of the training course, with some additional differentiation to be made between sessions 3 and 4. Ensure the continued use of regular re-caps, mentoring, and the provision of notes of the sessions. Expand the use of physical prompts to assist memory and recall, especially in relation to sessions 3 and 4.

Where 'reading in real time' is an issue for participants, consider providing the participants with the relevant reading materials in advance of the training. Add additional confidence-building tools and comment favourably where increased confidence levels are visible. Consider the role of co-production in the next course.

### 3.2.3 CONTINUING TO SUPPORT THE NOVEMBER 2015 TRAINING PARTICIPANTS

With the majority of these individuals indicating that they still believed they lack confidence at the end of the training, it is important to continue to build their confidence. These individuals are currently working with a facilitator to assist them in putting the learning from the training course into practice.

#### **RECOMMENDATION 3:** CONTINUING TO SUPPORT THE NOVEMBER 2015 PARTICIPANTS

The facilitator continues to work to build the confidence of the individuals within the group. The work of the facilitator with the group needs to be monitored on a regular basis to ensure it is as effective as possible

### 3.2.4 THE CHALLENGES (ETHICAL AND PRACTICAL) OF FINDING COMMITTEES OPEN TO PARTICIPATION BY PEOPLE WITH SELF-EXPERIENCE OF MENTAL HEALTH ISSUES

While the issues and the challenges (ethical and practical) associated with the placement of individuals with self-experience of mental health needs (with a range of support needs) have been discussed in some detail by the design group and the wider steering group, they have yet to be fully addressed.

**RECOMMENDATION 4:  
SOURCING MEANINGFUL AND  
SUPPORTIVE ACCESS TO DECISION-  
MAKING COMMITTEES**

There is a need to identify a small number of mental health-related decision-making committees that would be open to and that would benefit from the inclusion of representation from individuals with self-experience of mental health issues and their supporters within the committee structure.

Any committee which is open to and which ultimately requests the inclusion of an individual/s with self-experience of mental health issues (and their supporters) within their structure will have to be prepared to adapt their practices in order to ensure that the individual in question can participate in a meaningful way. What the committee could and could not do to facilitate this process should be discussed and agreed by the committee members prior to the individual/s becoming involved.

Where an individual with self-experience of mental health issues (and/or their supporters) who has successfully completed the training volunteers to participate on a committee, they will need to be supported in their role, particularly over the first few meetings. They may also require ongoing mentoring.

# APPENDIX 1

## FEEDBACK FROM WORKSHOP WITH ORGANISATIONS DELIVERING SIMILAR TRAINING (14TH JULY)

### FEEDBACK IN RELATION TO THE DESIGN GROUP

- The design group should include PWSE with experience of representation on committees in the design team
- Do we need other HSE professionals as part of the process?
- What venue do we use?
- Design the training with the trainees.
- Pilot one course before starting another
- DCU Leadership programme was very good and Building Futures from threshold

### RECRUITMENT

- People to be referred to the programme, not first come, first served, it is best to advertise it
- Robust recruitment process- best fit. By Referral -> Option of running a Taster workshop -> Hold Interviews-> that the selection be based on set criteria.
- Recruit up the 16 participants and have a waiting list as there is usually fall off
- Application for Referrers should have a good relationship with the person they refer.
- Have a clear application process and form
- Have an informal interview process
- Individuals on training having different levels of experience.
- Participants need to be clear of the purpose and expected outcomes on what they are taking on during and post the training
- Establish what role individuals on the training want

to take on e.g. advocate, supporter and representative.

- Model content of course/use gatekeepers
- Self-deselection at every stage should be possible
- Intake should not be first come first served but based on set criteria and best fit
- The group should start together
- Process should be accessible
- Importance of buy in from reps from other community mental health teams
- Advertise, locally, active link, social media

### COURSE STRUCTURE

- 2 sessions per week for 5 weeks as 10 weeks may be too long
- One person needs to be constant with the group, coordinator and could do some tutoring also
- Consider day time as people not best in the evenings?
- Neutral setting
- If using different tutors they need to meet, have a clear plan of who is doing what, have an agreed style and approach to the group and all should meet the group on day 1 of the course.
- Ongoing support for participants to stay engaged
- A good structure in place but also flexibility required at times

## TRAINING CONTENT SUGGESTIONS:

- Communication skills
- How to negotiate
- How to put forward my views
- How to represent views of others in an informed way
- Assertiveness
- Challenging others use of jargon
- Letter writing
- Personal effectiveness
- Modules need to be mindful of service user's experience of powerlessness.
- Decision-making, how decisions are made and being able to spot power dynamics.
- What voice am I bringing? Different types of advocacy, important to make that distinction and be clear that the representative is not representing themselves as an individual.
- Clarity on what can be achieved and cannot be achieved, managing expectations.
- Looking at documents and giving feedback.
- Personal development, confidence building and self-management.
- Ideas set in module 2 very useful
- Link content with local area and other supports
- Ensure transferrable skills
- Debriefing- good skill to learn and practice -needed if sitting on a committee
- Self-care and advocacy
- How can people influence meetings? Map out what's happening in the area?
- Champions in different organisations
- Values
- Boundaries and sticking to principles
- How to make the leap from trainee to committee rep

## METHODOLOGY

- Have a good group experience, do it well and don't be afraid to be innovative. Throw out the handbook!
- Sessions are co facilitated
- Co facilitation would be good
- Co-facilitation with service users should be explored in the long-term
- Tutors have good clarity on what they are tutoring on
- Ability to bond the group on supporting each other
- Knowledge and experience of different skills in a group setting
- Use a variety of learning styles
- Be conscious of jargon
- Use participatory and creative methods
- The training should be a discovery process. Not to get bogged down in having set objectives which must be achieved each week? Develop processes and themes to be addressed from which the group works on.
- Consider using different scenarios for the group to tease out.
- Have a portfolio as a resource for trainees.
- Important that this is part of HSE strategic plan in the local area and there is agreement around values and principles.
- Honesty
- Openness
- Understanding
- Support
- Wider view
- Build confidence
- Support from the group
- Accreditation not too important- flexibility and creativity more important
- Replication important
- All learning styles- visual, hands on, kinaesthetic, teach others, group work
- Interpersonal challenges, working together to complete a project- opportunity to practice skills
- Good structure but some flexibility e.g. walks around if necessary. Set start and end times
- Good venue, lots of space for creativity

## MENTORING

- Mentors should not be tutors
- Identify local mentors
- Mentors will need training and support on their role and function
- Clear expectations for mentors and mentees- agree signed contract
- Clarity on boundaries and expectations of each other
- Collective training for mentors, singing of the same hymn sheet

## PEER GROUP

- Clarity needed on role of peer group
- Representative group is crucial- clear roles descriptions, responsibilities
- Independence of the peer group from HSE

## REPRESENTATIVE COMMITTEES

- The need to be very clear on the aim of the training, to identify receptive committees which PWSE/ supporters would be sitting on to bring a focus and clarity to the training.
- Identify the committees that work and don't work
- Training for existing committees they need to be receptive?
- Each committee have a code of conduct
- Teaching committee skills when most of the committees do not run in an ideal way or the way which is thought.
- Use of language/ jargon and acronyms not helpful to new members
- Ensuring a space in each meeting for the rep to make points
- Review how the existing committees are currently working with representatives from PWSE, are they willing to change their processes and ways of working to be inclusive and equal?
- Membership of PWSE- only one aspect of HSE represented. Are HSE receptive to people sitting on committees and supportive of this initiative? There is definitely openness on some groups- example from Bridget.
- Representation needs to be meaningful, representative and safe.

- People may also gain the skills to go on other committees relevant to their lives outside HSE- having a voice
- Suggestion that there should be 2 reps together on a committee, as support
- Support for the reps needs to be ongoing
- What are the professionals' attitudes' to PWSE on the committees
- Are they clear on their purpose, goals etc.?
- This work needs to happen alongside the participants training

## EVALUATION

- How will success be measured? This needs to be considered as not all participants may join committees. Indicators haven't been set yet.
- Having identified roles will help in the evaluation.

## RESOURCES

- What skills are currently in the design team?
- Review the budget for the training cost and evaluation

# APPENDIX 1

## INFORMATION EVENING LEAFLET



**Information and Screening Evening**

Come along for information on how you can have your say and become involved in changing your mental health services

*Skills for Change*  
Sharing ownership in our mental health service

**Screening: Comedian Ruby Wax's Ted Talk "What's So Funny About Mental Health" and other short films**

Popcorn and Soda on Demand

Everybody's welcome so bring your friends and family!

Where: Ballyfermot Library

When:

For further information contact:

D.10 Be Well





D10  
Be Well

Ballyfermot/Chapelizod Partnership,  
4 Drumfinn Park, Ballyfermot,  
Dublin 10.

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WE WOULD LIKE TO THANK OUR PROJECT PARTNERS.



The Social Inclusion and Community Activation Programme (SICAP) 2015-2017 is funded by the Irish Government and co-funded by the European Social Fund and includes a special allocation under the Youth Employment Initiative.