D12 COMMUNITY MENTAL HEALTH FORUM

SURVEY OF SERVICE USERS' VIEWS

D12 Community
Mental Health Forum

Acknowledgements

The Research Working Group of the Dublin 12 Community Mental Health Forum would like to thank all of the participants who agreed to take part in this survey and who gave freely of their time in completing the questionnaire. The Research Working Group would also like to acknowledge the help and support of the members of the Forum, and in particular, the organisations and services which assisted with the recruitment of the survey participants and the administration of the survey questionnaire.

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Executive Summary

This report outlines the findings of a survey of mental health service users' views on mental health services and supports which was carried out by the D12 Community Mental Health Forum's Research Working Group in the period 2016-2017. The findings indicate that many service users view positively the services with which they have had or continue to contact. The survey also reveals how service users believe local provision could be improved, in particular, in relation to the provision of information, the access routes into service usage, and certain gaps in service provision. There are 9 key recommendations which arise from the analysis of the survey and these listed below.

Key Recommendations

Recommendation 1	Launch a Local Information Campaign to ensure that there is wide dissemination of information on local mental health services and supports.
Recommendation 2	Appointment waiting times should be capped in order to ensure that people receive the support they need promptly and efficiently
Recommendation 3	The hours during which appointments are offered should take into account the need to make appointments available at hours suitable for people who work or have family/caring responsibilities.
Recommendation 4	It is important to ensure that local health, education and social service providers are sufficiently informed on the mental health services and supports available within the local community.
Recommendation 5	Establish a local mental health drop-in centre for the Dublin 12 community
Recommendation 6	Services must endeavour to be service user focused in terms of flexible availability and resourced so that sufficient time is available during appointments for service users to discuss their mental health issues with the service providers responsible for their treatment and support.
Recommendation 7	Frequent rotation of staff is unhelpful for service users and should be minimised where possible.
Recommendation 8	Future service development should include developments of services and supports designed to cater for services users with complex diagnoses or dual diagnoses.
Recommendation 9	The development of mental health services for the Dublin 12 area should aim to increase the provision of services in the locality taking into account the expressed views of service users on the need for more support in the areas of prevention, crisis support, recovery, respite and the needs of people with complex or dual diagnoses.

CHAPTER 1. THE D12 SURVEY OF SERVICE USERS' VIEWS: CONTEXT AND BACKGROUND

INTRODUCTION

The Dublin 12 Community Mental Health Forum (D12CMHF) was set up in 2014 for organisations and services located within the Forum's catchment area or providing services to its residents living within its geographical boundaries. It offers a structure through which the member organisations and services can work together to highlight and address the mental health support needs of people living or attending services in the Dublin 12 locality. Its stated aims are to promote positive mental health and advance recovery in the local community through a collaborative approach involving mainstream mental health services, local community services and individuals or families who are in need of information, support or help in relation to mental health issues.

The D12CMHF was formally launched in Dublin in 2015. Since its establishment, the D12CMHF has been active on a number of fronts, such as the creation of a blog and the convening of a Research Working Group[1]. In 2016, the Research Working Group initiated a multi-agency research project to identify local service users' views on current and future mental health service provision relevant to the Forum's catchment area. Over a period of two months in 2016 the Research Working Group conducted a process of data collection aimed at gathering the views of service users living locally or using local services, who were recruited through a sample of the D12CMHF member organisations and services. This exercise succeeded in generating a substantial amount of data which was collated, analysed and written up over a period of months from 2016 to 2017. The key results from the survey are presented in this document.

In this survey, participants were invited to share their views on current and future needs related to the development of mental health services and supports in the D12CMHF catchment area. The participants were asked to express their opinions on the fit between current service provision in the Dublin 12 locality and the needs of mental health service users residing or using services delivered in the locality. The survey invited participants to identify what they regard as helpful in terms of the services available to them and also what gaps in services they believe currently exist in this locality. The D12CMHF Research Working Group undertook this survey in order to bring the views of local mental health service users to a wider audience and also to inform the D12CMHF on the issues which should be included in its work going forward.

This report is organised in sections beginning with a short history of the establishment of the D12CMHF, an overview of its current membership, its work to date and its motivation for undertaking this research study. Later chapters set out the survey design including the methodology adopted to gather data and its analysis. The findings of the survey are presented and the recommendations drawn from these findings are discussed. A final chapter concludes this report and sets out the final set of recommendations that arise from the research findings.

1: The D12CMHF blog address is www.d12mh.blogspot.ie

THE DUBLIN 12 COMMUNITY MENTAL HEALTH FORUM: ORIGINS AND AIMS

The D12CMHF has its origins in the Dublin 12 postal district and this section provides a short demographic profile of this geographical locality. The background to the establishment of the D12CMHF is also outlined. The D12MHF membership profile is outlined and as will be seen a range of statutory and voluntary organisations and services located in and/or serving the Dublin 12 population are affiliated to it (see Appendix A for details of the members affiliated to the D12CMHF). An overview of the work of the D12MHF to date is also provided in this section.

DUBLIN 12: A DEMOGRAPHIC OVERVIEW

The Dublin 12 postal district is the locality which marks out the catchment area of the D12CMHF. This geographical area is located on the south side of Dublin City and stretches from a section of the central district of Dublin to where it meets the suburban areas of Dublin at the foothills of the Dublin Mountains. It includes the localities of Drimnagh, Crumlin, Walkinstown, Greenhills, Kimmage and parts of Terenure and Templeogue Limekiln. The Dublin 12 area is served by two sectors within the Health Service Executive Dublin South Central Mental Health Service, namely, The Crumlin Mental Health Service and the Drimnagh Mental Health Service. Within the Dublin 12 area there are a number of premises and centres from which different mental health services and community supports are provided. These include a wide variety of therapeutic, counselling and group support services as well offices of the members of the wider multi-disciplinary mental health team. Within the area are also found Day Hospital services, the Home-Based Treatment service, the Psychiatry of Old Age Team and the Mental Rehabilitation Team. The services are not static but continue to grow and develop.

An analysis of census data compiled for the Dublin 12 Local Area Drugs Task Force and reported in its Strategic Plan 2016-2019 (D12LADTF, 2016) reveals that the Dublin 12 population totals approximately 55 thousand residents living in over 21 thousand households.

The demographical breakdown of the area varies between the different districts, some with higher than average populations of older people or younger people, and some with higher than average numbers of lone parent households. Rates of unemployment vary from one neighbourhood district to another and are spread unevenly across the total geographical map of the area.

Certain districts within the catchment area record educational levels in line with or higher than the national average but other districts reveal low rates of primary school completion. The increasing diversity within Irish society is reflected in some neighbourhood districts but the general population of this catchment area was recorded as predominantly White Irish in the 2011 Census figures. Average household incomes varied considerably from one district to another within the area and certain districts are economically disadvantaged within the national context.

Overall, the profile of the D12CMHF catchment area is, therefore, subject to variation from one neighbourhood district to another. It can be concluded that the total geographical area encompasses a diverse and varied demographic landscape which includes both advantaged and disadvantaged districts in near proximity to each other as well as concentrations of older people, younger people, lone parent families, unemployed adults, and new migrant populations within some Dublin 12 neighbourhoods.

THE ESTABLISHMENT OF THE DUBLIN 12 COMMUNITY MENTAL HEALTH FORUM

The initiative to set up the Dublin 12 Community Health Forum (D12CMHF) can be traced to meetings which took place from early 2014 onwards and which were attended by organisations and services involved in the field of mental health services and support. The services involved in this early phase included the Crumlin Community Mental Health Services (HSE), the Gateway Mental Health Project via Rathmines Pembroke Community Partnership and the Dublin 12 Local Drugs Task Force. The aim of these meetings was to explore the scope for collaboration at a community level to address mental health support needs arising in the Dublin 12 locality.

On foot of these exploratory discussions, approaches were made to key local community, statutory and voluntary stakeholders, with the aim of building a wider forum in which the mental health support needs relevant to the Dublin 12 community could be identified and addressed. Towards the end of 2014, a total of eight organisations and services came together and agreed to establish the Dublin 12 Community Mental Health Forum (D12CMHF). The Forum quickly attracted additional services and organisations into its membership (See Appendix A for the list of members which are or have been involved in the D12CMHF to date).

Attendees at The Laughter Launch, the event held to mark the official launch of the Dublin 12 Community Mental Health Forum on 25th November 2015 in Crumlin, Dublin 12

The D12CMHF was formally launched on 25th November 2015 at an event in Crumlin titled The Laughter Launch which was attended by the services involved in the Forum, members of the local community, service users (living in the area or travelling into the area to avail of services), service providers and others who wished to signal their support for the initiative. Since the official launch, the Forum membership has continued to grow and to progress its aims of promoting positive mental health and recovery in the local community through a collaborative multi-stakeholder approach.

THE SURVEY PROPOSAL: IDENTIFYING NEEDS AND OPINIONS

In line with the mission objective of the D12CMHF to promote positive mental health in the Dublin 12 catchment area and to advance recovery in the local community through a collaborative inter-agency approach, the Research Working Group identified the usefulness of conducting a survey of mental health service users. By gathering the views of mental health service users (who either reside in the locality or travel into the area to avail of services) on current availability of mental health supports and services, the Forum can deliver informed and evidence-based contributions to discussions on the future potential development of local mental health service provision. This research plan reflected the commitment by the D12CMHF to support and facilitate where possible the participation of the community's residents and service user population in the future design and evaluation of local mental health initiatives. The survey aimed to create a practical opportunity for service users to put forward their views regarding mental health services and to make these views available to a wider audience.

The D12CMHF's commitment to highlighting the views of mental health service users living or using services in the D12 locality reflects the increasing recognition in the field of mental healthcare at local, national and international levels regarding the benefits that flow from partnership approaches involving mental health service providers and service users. Heeding the views of service users provides invaluable information on what works well, what can be improved and to ensuring that services are meeting local needs effectively and efficiently. Service user surveys are also helpful in identifying aspects of service provision which, from the service user perspective, need to adapt, change or improve. At the international level, the World Health Organisation's Mental Health Action Plan 2013-2020 (WHO, 2013) has highlighted the benefits for health service delivery of incorporating the knowledge carried by service users (individually and collectively) gained through their direct experience of service usage. There is a similar acknowledgement within Irish health and mental health policy that service user knowledge can usefully inform the improved delivery of services. This is recognised in documents such as the National Strategy of Service User Involvement in the Irish Health Service 2008-2013 (Department of Health & Children, 2009) and specifically in the mental health context the valuable contribution that service user knowledge can provide to service development is emphasised in A Vision for Change (2006) (AVFC). The strategy outlined in AVFC aims to support positive mental health across the Irish population through the provision of accessible, community-based and recovery-oriented services. Service user participation at all levels of service delivery is identified in AVFC as a central element in the work to achieve these policy objectives.

The present study carried out by the D12CMHF is an example of community-based research which harnesses the skills and knowledge located within local communities. Surveys, such as the one carried out by the D12CMHF, provide direct access to the views of service users on mental health supports and service provision available within their local community. The information yielded by community-based research, such as the survey reported here, helps connect those who design and deliver services with the views of those who use or need those services and thus, findings from local studies can provide an important and rich

source of information for all stakeholders involved in the field of mental health. For service providers and policy makers the benefits of obtaining the views of local mental health service users include gaining insights into the felt needs of the local population, feedback on how well services are meeting those perceived needs as well as information on local priorities for service development. There is increased recognition in Ireland and abroad that service users can illuminate important aspects of service effectiveness as well as gaps in service provision. Thus, service planning which is service user informed is highly relevant to advancing an inclusive and equality-based agenda in health service delivery (Brämberg, Nyström & Dahlberg, 2010). The survey carried out by D12CMHF provided a practical process through which mental health service users residing or using services in the D12 locality could actively express their views on the current provision of local mental health services and supports as well as the potential for development of those services and supports into the future.

Over a series of meetings, the Research Working Group drew up a draft proposal for the survey design and this was discussed within the wider Forum and within the relevant member agencies. The proposal outlined the aim of the survey and defined the target research population. It stated that the purpose of the project was to identify what was working well in meeting local mental health needs as well as identifying any gaps in mental health service provision in the Dublin 12 area. The Research Working Group decided to target recruitment of survey participants among people who had used mental health services within the last 5 years as this would represent a sufficiently diverse participant sample including those with short-term or long-term histories of service usage. This sampling strategy also incorporated into the research sample individuals who were starting to use services and those who had completed a period of service usage from enrolment to discharge.

The draft survey proposal was discussed by the wider membership of the D12CMHF and agreement was reached to proceed with the study. As it involved working with current and/or recent mental health service users, formal approval was required from each participating agency and ethical approval was also sought and granted by the Health Service Executive (HSE) through the Ethical Approval Committee based in Tallaght Hospital (also known as The Adelaide, Meath and National Children's Hospital), which was the relevant ethical approval committee for the Dublin 12 catchment area and for the Forum members who were also HSE staff and who wished to participate in the roll out of the survey.

The analysis of data and compilation of findings was assisted on a voluntary basis by Dr Gloria Kirwan, who also obtained ethical approval to work on the anonymised dataset from the Research Ethics Committee in her place of work, Trinity College Dublin. All data which she viewed was completely anonymised before she had access to it. The next chapter outlines the methodology and design of the survey.

REPORT STRUCTURE

Chapter 1 has provided an overview of the background to the establishment of the D12CMHF and the rationale for undertaking the survey of service users' views. Chapter 2 outlines the methodology employed in conducting and analysing this survey. Chapters 3, 4 and 5 set out the findings of the survey. Chapter 6 discusses the implications of the findings and presents the final list of recommendations arising from the overall exercise.

CHAPTER 2. SURVEY METHODOLOGY: DATA COLLECTION AND ANALYSIS

INTRODUCTION

This chapter describes the design of the survey and outlines the process of data collection and analysis that was employed. It also provides a short demographic description of the survey population. Throughout the course of conducting this survey careful attention was paid to ethical issues and these are discussed in this chapter. The approach to data analysis is also discussed. There are benefits and limitations flowing from the design of the present study which are also noted in this chapter.

SURVEY AIMS

As outlined in Chapter 1, the aim of the survey was to provide mental health service users residing in the D12CMHF catchment area, as well as those living outside that area but travelling into D12 to access services, with an opportunity to record their views on the current level of support and services available to them as well as their views on the potential for future development. The survey set out to capture these views through the use of a systematic approach to data collection which was informed by recognised research practices.

TARGET POPULATION

While the availability of National Census data provides information on the population numbers in the D12CMHF catchment area, as well as other demographic details, it does not indicate or provide any information on the numbers living in the area who were current or former mental health service users. Therefore, it is difficult to calculate with precision the numbers of people living in the catchment area who are or have been in contact with mental health services or related supports, be they services provided locally or provided elsewhere. It is also difficult to identify the numbers of service users travelling into the locality in order to access services and the number of local residents who travel outside the locality in order to access the mental health services or supports they require. Working within these data limitations, the Research Working Group aimed to define a target research population which included both sets of service users (those residing in the area and those travelling into the area for services or support) and the following criteria for inclusion in the study were laid down:

A. Being a mental health service user residing in or using services in D12CMHF catchment area, and
B. Being a mental health service user within the last 5 years, and
C. Aged 18 years or over.

RECRUITMENT OF SURVEY PARTICIPANTS

The Research Working Group considered different strategies of participant recruitment. The major challenges of participant recruitment for this survey were related to the lack of knowledge of total numbers in the target research population as outlined in the last section. The Research Working Group had to decide how best to identify and recruit potential participants in a context where there was no single point of contact with the total target participant group.

As a practical solution to this recruitment conundrum it was decided to enlist the assistance of agencies and services affiliated to the D12CMHF which would act as gatekeepers of potential participants. Forum member agencies advertised the call for volunteer survey participants to their service users (among whom were individuals who were also mental health service users). It was accepted that this means of recruitment would inevitably exclude some local residents who met the criteria for inclusion in the survey but who were not active service users in any of the participating organisations and services. It would also make it difficult to recruit people travelling into the D12 locality to use services which were not affiliated members of the D12CMHF. However, this recruitment process provided a practical solution to the problem of reaching a relatively hard to identify and hard to reach target population. Recruiting through the Forum's member organisations and services also offered additional advantages for research participants, including ease of access to the members of the researcher team if any participant had queries in the time period after their participation in the survey.

Following discussion within the D12CMHF, it was agreed that 7 member organisations and services would act as recruitment gatekeepers and would each aim to recruit up to a maximum of 20 participants per organisation, thus providing a potential maximum total of 140 participants. The approach worked will and succeeded in yielding a total of 92 volunteer research participants who met the participant inclusion criteria and who completed the survey within the designated data collection time period.

SURVEY PARTICIPANT PROFILE

The individuals who participated in this survey were recruited through the D12CMHF member organisations and services in 2016. The final sample (n=92) included participants from 7 different services and organisations affiliated to the D12CMHF.

The age breakdown of the participant sample is outlined in Table 1 below. The breakdown of participant ages in Table 1 indicates that one quarter (25%) of all the participants were aged between 45-54 years (n=22). The age ranges of 25-34 years (n=19) and 35-44 years (n=19) each represented slightly above one fifth (21%) of the total sample population. There were 14 participants (15%) in both the 18-24 and the 55-64 age ranges and the lowest number of participants (3%) was recorded in the 65-75 age range (n=3). Therefore, the total sample population represents a spread of age groups between 18 to 75 years of age. However, no participants were recruited in the 75 years and over age range, an outcome which can be viewed as a limitation of this survey.

AGE DISTRIBUTION OF SURVEY PARTICIPANTS

Figure 1. Age Distribution of Survey Participants
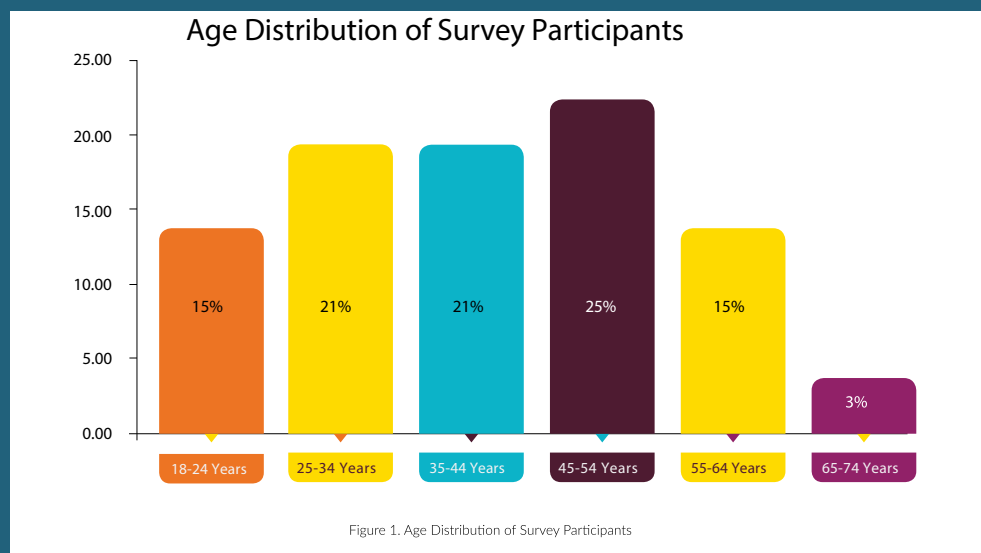
The questionnaire did not ask for details regarding employment status, country of origin or other demographic details such as education levels and, therefore, details related to these particular demographic variables are not available in relation to the participants who completed the survey questionnaire.

DATA COLLECTION

A standardised questionnaire was adopted as the appropriate method of data collection in this survey. The short survey invited participants to answer a short series of questions which combined tick-box type questions with comment-style boxes into which participants could insert comments related to their ticked answer if they so wished. Therefore, the survey instrument maintained the integrity of a standardised questionnaire but also facilitated free comments from the survey participants. These free-style comments were analysed thematically.

Each survey questionnaire was anonymised and no personal identifiers, including names or other identifying details, were requested in the survey instrument.

The data for this survey was collected in 2016. A small team of researchers, all members of the D12CMHF Research Working Group, collected the data in one to one interviews with 92 voluntary participants. All participant answers were electronically recorded and stored using SurveyMonkey software. All confidential information, including participant consent forms, was stored securely and separately from the completed surveys. To ensure standardisation of the questionnaire, the Research Working Group recruited researchers from within the membership of the Research Working Group itself and this small group worked together to ensure that the information was collected in as standardised a procedure as possible across the different data collection sites.

In terms of reporting the findings of the survey, statistical information is presented in this report at the aggregate level only. Direct quotes from the free comment boxes in the survey questionnaire are included in this report in the presentation of the findings but all direct participant quotes are anonymised and are not attributed to any named individual. Care has been taken to ensure that any potentially identifying details related to the data produced in this survey are not presented in this report.

DATA ANALYSIS

The data collected from each individual participant was recorded on SurveyMonkey software and stored electronically under secure password protection. Each survey response contained both quantitative and qualitative data and therefore the analysis required a mixed methods approach. The software provides the facility to conduct statistical calculations of uploaded data and this facility was used to generate descriptive statistical analysis. The Research Working Group recruited the voluntary assistance of an experienced researcher who carried out an independent analysis of the quantitative and qualitative data contained in the individual participant responses to the questionnaire. Her work involved conducting a statistical analysis of the responses to the standardised question contained within the questionnaire and a thematic analysis of the responses recorded in the free comment sections within the questionnaire. A significant amount of qualitative data was recorded by participants in their use of the free comment boxes contained within the survey questionnaire. For the purposes of analysis, the free comments were organised and explored using a form of template analysis (Crabtree & Miller, 1999; King, 1998) which facilitated the identification of themes within the dataset. This approach required repeated re-readings of the free comments followed by topic classification so that points of agreement

and contradiction within the dataset could be identified and reviewed. This process allowed for the identification and ordering of both general and specific themes, as well as insight into issues on which there is either concurrence or differences of opinion among the survey population.

ETHICAL CONSIDERATIONS

Throughout all stages of the research study, the Research Working Group was careful to attend to ethical issues which needed to be addressed. In particular, careful attention was paid to how the confidentiality and identity of the voluntary survey participants could be guarded. This involved devising strategies for confidential data collection, secure data storage and the anonymization of data held for the purposes of analysis. Each participant was asked to sign a consent form in order to ensure that participants agreed that they understood their involvement in the study was completely voluntary in nature. The signed consent forms were stored under secure conditions.

Ethical approval to conduct this survey was sought from and granted by the Health Services Executive Ethics Committee based in Tallaght Hospital. Permission was also granted to Dr Kirwan to participate in the analysis of the anonymised data from the Research Ethics Committee of the School of Social Work and Social Policy, Trinity College Dublin.

BENEFITS AND LIMITATIONS OF THE SURVEY DESIGN

The survey, as designed and administered by the Research Working Group, succeeded in recruiting 92 voluntary participants who completed the survey questionnaire. This is a significant achievement given that all of the work involved in conducting this survey was carried out without any additional financial support. The high level of participation in the survey suggests that the way in which the survey was conducted made it accessible for a wide range of participants. Also, the level of response to the call for survey participants suggests that the survey topic was of interest to and regarded as relevant by the target participant population.

The limitations of the survey relate in the main to the reliance on the voluntary input of the research team. The data collection, data analysis and results reporting were carried out by people who performed these tasks in addition to their normal workload. This curtailed the size of the survey which could be planned and also it prolonged the timeframe within which the findings were reported as no-one involved was employed to work on the study on a full-time basis. Despite these limitations, the Research Working Group has succeeded in producing a comprehensive survey of mental health service users' views related specifically to mental health needs and services in the Dublin 12 catchment area.

CHAPTER SUMMARY

The D12CMHF survey adopted a survey questionnaire approach to data collection which contained both standardised questions and also the opportunity for participants to record their views and opinions on aspects of mental health support and care available to them in the local community. Consideration of ethical issues such as voluntary participation, confidentiality and anonymity were respected at every stage of data collection and analysis. The survey questionnaire was administered in 2016 and analysis of the data took place during the period 2016 to 2017. The findings presented in the next chapter are based on a mixed methods approach to data analysis and all information presented in this report has been anonymised.

CHAPTER 3.
ACCESSING SERVICES

INTRODUCTION

This chapter reports on the first category of results from the survey conducted by the Dublin 12 Community Mental Health Forum (D12CMHF) in 2016. This category deals with the views expressed by participants regarding the accessibility of local mental health and support services, and the extent to which people who need support with mental health issues find it possible to connect with the services they require. The findings provide a number of insights into the factors which support or inhibit local people in their efforts to make connections with the correct service for them and thus the findings throw a spotlight on what is working well and what could be improved regarding access routes into appropriate services.

In the total sample of respondents who took part in this study (n = 92), all had accessed mental health services at some point. Participants were asked to indicate the frequency with which they had needed to access services within the previous 5 year period. Of those who answered this question on the survey questionnaire (n=86), more than half (n = 46) reported a need to access services 'Often' and a further 38% (n=30) indicated a need to access services 'Sometimes'. The remainder of the sample (n=10) recorded that they seldom needed to access services for help with their mental health. From these figures, it is clear that the overall sample contained a majority of participants who had direct experience of needing to access services in relation to their own mental health either often or sometimes in the 5 years prior to taking part in the survey.

The analysis of the survey questionnaire, including the comments provided in it by participants, helps shed light on the factors which support or inhibit service users to access services when they need them. The following sections provide more detail on how those factors operate to assist or obstruct access to local services.

POSITIVE EXPERIENCES OF ACCESSING SERVICES

The analysis revealed that many participants recalled that their attempt(s) to access the help and support they needed as a positive experience. From the comments provided by the survey respondents it was clear that in many instances, participants had been assisted to access services by another service provider such as a GP or hospital staff.

The positive views expressed within the study underpin the value which service users attach to gaining smooth access to the services they need. It was notable in the analysis that many participants who reported a good experience of gaining access to services (be they mainstream public mental health services or community and voluntary supports) went on to report good experiences of getting help from those services – although this was not a universal trend and a small group of service users who reported that they found it easy to make contact with the relevant service then went on to report less positive experiences such as waiting a long time for a first or follow up appointment. The next section outlines the negative experiences of trying to access services as reported by respondents to the survey.

"I found it easy to access here because I got help from my GP"

"Easy to access service. Not too far to travel, flexible appointment times. Adequate for my needs"

"It was easy to access the service. Before I left the hospital I made an appointment"

"It was easy to access the service. The services at X (names a facility) made it easy – they linked me in with the services"

"Easily accessible when I need them, both doctor and nurse, including home visits by the nurse"

NEGATIVE EXPERIENCES OF ACCESSING SERVICES

The results of the survey reveal that a range of factors influence the experience of individuals when they attempt to access help with mental health problems. These are presented here under the following headings:

1. Information on services
2. Availability of suitable services
3. Referrals and Appointments
4. Approachability of services.

The findings related to each of these categories are outlined below along with the suggestions offered by some participants on how to address these factors.

INFORMATION ON SERVICES

There was repeated mention by participants in the survey about their perceived lack of information on services for those needing help and support with mental health issues. A number of participants stated that people do not always know about the available services and then are unsure where to contact when they require assistance. There were suggestions from participants about how information dissemination could be improved. Some participants made observations related to the lack of information, including the following:

"I don't know what is out there… there is not enough information"

"Not easy to access information on services, lack of GP knowledge about psychiatric care in hospital"

Participants offered specific suggestions on how to improve the reach of information about the range of available services, including the use of advertisements on local transport or in local facilities.

"Have posters up around the area"

"Out of hours service contacts to be advertised. More visibility of what is available"

"More information on the buses"

The point was also made by some survey participants that it was important to have people located within local services who knew about the range of mental health services and supports that are available so that they could signpost people, or possibly make referrals, as appropriate.

RECOMMENDATION 1

Launch a Local Information Campaign to ensure that there is wide dissemination of information on the available mental health services and supports.

AVAILABILITY OF SUITABLE SERVICES

The participants noted in some of their comments that services may be difficult to access because they are not available or because they have long waiting lists.

"Sometimes it is hard to get access to them"

Participants distinguished between services that they find easy to access from those which are more difficult. Services were regarded by participants as more difficult to access if the journey time to and from their locations involves a long commute, or if the opening hours were not compatible with other demands on the time of the service user, such as employment. The survey recorded suggestions from participants that a more flexible approach to opening times or appointment times should be factored in to how services are delivered. When someone is working they will most likely have to take time off to attend services that only operate usual business hours on weekdays and some participants considered this as an inhibitor preventing them from seeking out help from certain services.

"A weekend service would be a great help"

"24 hour nursing service as I have no-one to contact on a Saturday or Sunday if something goes wrong"

REFERRALS AND APPOINTMENTS

The findings revealed a mixed response in terms of the ease with which individuals reported being able to get referrals to relevant services and appointments within a reasonable timeframe.

Some service users reported positive experiences in relation to referrals and appointments.

"I have been very happy with how accessible it is now"

"I was referred by my GP – all happened easily and quickly"

However, some participants made comments which indicate that not all service users experienced the referral and appointment process as efficient or responsive to their needs. The suggestions made by participants included the following comments:

There should be faster waits and more consistent treatment"
Quicker appointments after initial referral is made by GP"

Some participants expressed clearly how delays in getting appointments can impact negatively on the overall experience of trying to access a service:

"Their initial contacts should happen quickly to meet people's needs. Contact with a social worker has not happened yet despite referral since last July (now February) – have not access a psychologist yet"

"Sometimes it is hard to get access to them. It would be nice to be able to just walk in when you need help"

Allied to the issue of when services are available and the demands on service users' time, there is a further point about how appointments are operated. Some participants pointed out that sitting in waiting rooms for long periods waiting to be seen can act as a disincentive to people to access services in the first place. Participants also noted the difficulties related to long waits and unsuitable waiting areas for parents who have to bring their children to appointments and who find it difficult to entertain their children while they wait in what are often non-child-friendly waiting room environments.

"Less waiting time before appointments."

RECOMMENDATION 2

Appointment waiting times should be capped in order to ensure that people receive the support they need promptly and efficiently

Participants also highlighted the lack of round-the-clock provision of support and emergency advice which could help link people with the relevant services quickly when they need them:

"More voluntary services to provide counselling and support over 24 hours – 7 days, more centres in the area. More visibility of what is available"

"Key workers should be able to make referrals"

RECOMMENDATION 3

The hours during which appointments are offered should take into account the need to make appointments available at hours suitable for people who work or have family/caring responsibilities

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The pressure on service providers was noted in some of the participant comments and they related this to the problem for them of being able to access help when they need it.

"More staff as the teams are under-resourced and the existing staff team have huge amount of patients"

"More availability at times when services are needed. More doctors available in the clinics, so less waiting times for appointments"

"More access when needed, more available doctors, drop in clinic hours"

"More clinics, doctors, psychologists, drop-ins, WRAP[2]"

Some participants also mentioned that it was sometimes difficult to access services aimed at their specific mental health issue. These respondents highlight the additional difficulties for some people in gaining access to services which can offer specific and tailored help for some people whose mental health difficulties are severe and enduring in nature.

"No programme for xxx (names a particular condition). No help when in crisis…. No proper services for xxx"

APPROACHABILITY OF SERVICES

Participants noted the importance of people being able to approach services for help when they are trying to deal with mental health issues. It was indicated in some of the responses that, at times, approaching services can be a daunting experience for some people.

"Some people want these services so making them less intimidating for people who need them would also be an improvement"

For some participants, making services more approachable would involve bringing a reasonable level of consistency in staffing levels so that service users would have some possibility of meeting the same staff over time at their scheduled appointments. The rotation of staff and the turnover of staff create an interactional dynamic between services and service users which some participants noted as off-putting for service users in general.

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[2] *WRAP is the abbreviated name for the Wellness Recovery Action Program developed by Mary Ellen Copeland. Information on WRAP is available at https://copelandcenter.com/wellness-recovery-action-plan-wrap*

"Same doctor as they change often and I cannot build a trusting relationship"

The availability of local drop-in centres was proposed by many participants as a solution to helping individuals make contact with and approach the services they require. The suggestion was made by some participants that it would be useful to have available a local specialist information and support service which could help people in crisis or who could direct people towards the correct services as needed. Some participants envisaged this type of service as a local community group or drop in centre, others suggested a local specialist doctor or a designated member of the local GP or primary care team and there was also a suggestion on the merits of providing a hotline telephone service.

"Designated counsellor/nurse in the GP surgery. Designated office."

"Hotline, call service 24 hours just for D12 to cover all aspects of addiction and mental health"

"A community rep would help. A specific doctor dealing with mental crises and more counselling services"

"A local mental health group that can provide local services and can provide information to parents and individuals"

"Since there are a number of schools located in the area of Dublin 12, there should be a counsellor in every school. It would be brilliant if more students were aware of mental health and the services available"

"MORE SERVICES FOR TEENAGERS"

RECOMMENDATION 4

Ensure that local health, education and social service providers are sufficiently informed on the mental health services and supports available within the local community.

The pressure on services was noted by the survey participants including the shortages of staff, the brevity of some GP consultations and being able to properly explain to time-pressured GPs that a referral to a specialist service was needed.

"I would like to be able to talk to my GP but he always seems busy"

The provision of a local drop in centre was named repeatedly by participants as a service outlet which they felt would be of significant benefit to individuals, families and the community because it would provide an easy and accessible point of contact for people, it could be flexible in its opening hours and it would be comfortable for most people to approach.

"A drop in centre would be of great value"

"A drop in café would be cool for Dublin 12. I would go for that"

"People who can't get a day service - they could have a drop in centre to go to and have a cup of tea or a chat"

"Open up a drop in centre"

"It would be nice and beneficial to have a place or service I could visit or someone to talk to over a cup of tea and a chat if I was having a bad day and had poor mental health"

"Drop in and have a cup of tea and chat with people I could talk to them about my problems and maybe help others"

RECOMMENDATION 5

Establish a local mental health drop-in centre for the Dublin 12 community

CHAPTER SUMMARY

This chapter details the views of mental health services users on the accessibility of mental health services and supports in the D12 catchment area. While some service user participants reported mainly positive experiences of gaining access to the services they needed, others highlighted problems of access and made suggestions about how access to services could be improved. A set of recommendations arises from the analysis which highlights the usefulness of a local information campaign, the need for flexible appointment times and out-of-hours services as well as the call for a local specialist service or services which could include a drop-in time facility as well as specialists within local GP and primary care services.

D12 CMHF supporting the Green Ribbon Campaign in Crumlin
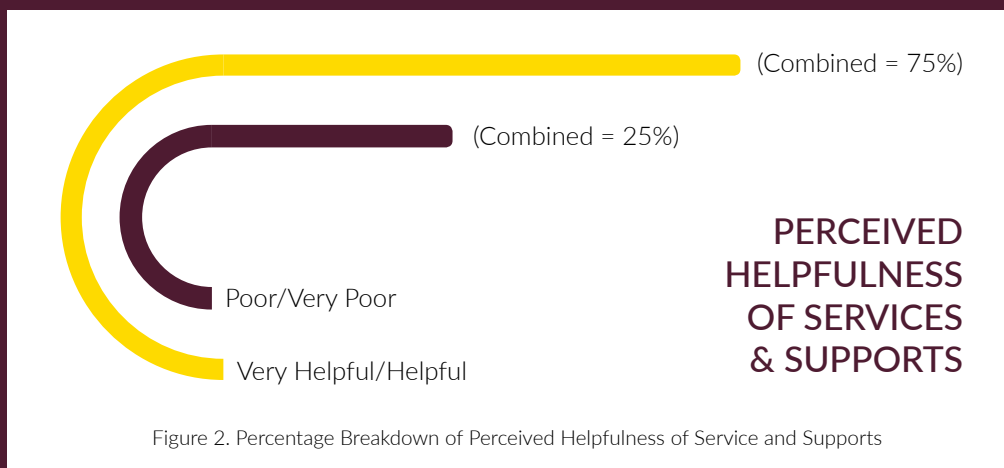
CHAPTER 4. ACCESSING SERVICES

INTRODUCTION

The survey participants were invited to indicate their views on the helpfulness of the services and supports which they had been in contact with regarding their mental health. The questionnaire first invited participants to indicate how helpful they perceived services in general. It then went on to ask participants to rate their perceptions of the helpfulness of specific types of services and supports. Lastly, it invited the survey participants to record in the free comment box any observations they wished to make related to the helpfulness of services. This chapter presents the analysis of the participants' responses to all parts of the question on helpfulness. It sets out the main findings in relation to both positive and negative experiences of seeking and receiving help. Recommendations are noted within relevant sections of this chapter.

PERCEIVED HELPFULNESS OF SERVICES AND SUPPORTS

The questionnaire invited participants to rate on a likert-type scale their views on the helpfulness of services they had accessed. A total of 90 participants provided an answer to this section of the question.

The results reveal that 26% (n=23) of the respondents who answered this question regarded their experience of receiving help as 'Very Good' with a further 42% (n=38) indicating that they perceived their experience of receiving help from services as 'Good'. On the other hand, 17% (n=15) rated their experience of help-receiving as 'Poor' and 3% (n=3) of those who answered this question indicated that their experience was perceived by them as 'Very Poor'. A total of 11 participants selected the 'No Comment' facility in relation to this question, although why such a high number (1 in 8) would opt to withhold their views in relation to this question is unclear. When the breakdown is adjusted to take out the 11 non-replies to this question, the results reveal that of the participants who provided an answer to this question, 75% report service and supports as either 'Very Helpful' or 'Helpful' and 25% report their experience of receiving help as 'Poor' or 'Very Poor'. This breakdown is illustrated in Figure 2 below.

(Combined = 75%)

(Combined = 25%)

Poor/Very Poor

Very Helpful/Helpful

PERCEIVED HELPFULNESS OF SERVICES & SUPPORTS

Figure 2. Percentage Breakdown of Perceived Helpfulness of Service and Supports

Therefore, the survey reveals that the majority of participants who responded to the question on the helpfulness of services rated positively their experiences of receiving help. This positive rating stands in contrast to the negative reports from one in four participants who answered this part of the survey and who indicated that they perceived their help-receiving experience(s) negatively.

The survey went on to ask participants their views in relation to a list of service types. The results reveal that the participants who answered this section of the questionnaire identified a range of services and activities which they perceive as helpful sources of support in relation to their mental health needs.

The most frequently identified form of positive support was medical support, either from a GP or Psychiatrist, with a total of 79 participants indicating that they viewed this type of service as either 'A Lot of Help' (n=42) or 'Some Help' (n=37). This is a strong endorsement by the survey participants of support they perceive as available to them from both GP and mental health services.

The positive perception of mental health services was also reflected in the rating of Community Mental Health Nursing services and the Day Service both of which attracted high positive scores with more participants indicating that they viewed these two services as helpful compared to those who indicated that these services were not, from their viewpoint, helpful to them.

The survey also asked participants to indicate how helpful they find a range of other services. In the interpretation of the answers provided by participants in this section of the survey, it is vital to note that not all those who took part in the survey have all of these services available to them. Therefore, it is important to accurately interpret what the data reveals in this regard. For example, in the participant responses regarding professional disciplines such as Psychology, Social Work, Occupational Therapy, Speech and Language Therapy and Dietician services, all of these disciplines attracted positive ratings from some participants, including ratings in the 'A Lot of Help' category. However, as not all participants have access to or opt to avail of such services, there were some participants who did not offer a rating for these professional groups.

The data analysis also revealed that the participants regard a range of community-based services as useful, although the same issue regarding analysis arises also in this category as not all participants involved in the survey are involved with such services. Positive ratings were offered by many participants regarding Addiction Support and Treatment services, Counselling Services or services which helped deal with emotions, and Holistic type services. Furthermore, the rating scale reveals that survey participants rated peer support type services quite highly. A number of different categories were available to the participants such as 'Peer Support', 'Advocacy Support', 'Drop In', and 'Making Friends and Socialising', all of which attracted majority positive ratings.

As already stated, it is important to interpret cautiously the ratings in this section of the survey and to do so with due regard for the service landscape within which not all services are used by every service user. For example, it is possible that some respondents indicated a negative or poor rating of certain service categories based on their personal negative experiences with those services. However, it is also possible that some of the respondents ticked the 'No Help' rating for certain service categories because they had never encountered particular services categories or because those service categories were not operational in their local area at the time the survey was carried out. More targeted research on this particular issue would be helpful in order to clarify why participants regarded some services as more helpful than others.

In a separate question in the survey, participants were asked to identify supports that they used or relied on regularly or some of the time. The responses reveal that service users perceive a range of formal and informal sources of help and support as useful or important in helping them maintain their mental wellbeing. In terms of formal services, the survey participants identified public and voluntary services and organisations as sources of important help and support. The services identified by the survey participants included members of the community mental health team, addiction services and local GP services as well as educational courses or drop in services run by voluntary services (some of which are located outside the D12 locality) as well as fellowship style meetings. Informal supports noted by the participants in the survey included family, friends, the community, and education services. The importance of being able to take time to relax and think was also noted as a helpful factor by some of the survey participants.

The survey also invited participants to use the optional free comment facility in the questionnaire to share their views on the issue of service helpfulness. A total of 76 participant comments were recorded in relation to this issue. The free comments inserted by the survey participants help to shed some light on the factors that influenced their positive and negative perceptions of service helpfulness. The comments illuminate the types of experiences that the participants recalled in relation to their attempts at help-seeking for mental health problems and reflect both positive and negative experiences. The analysis further reveals that both positive and negative experiences of seeking help can be influenced by a range of factors.

The next section sets out in more detail the analysis of the free comments from participants commencing with positive observations on help-seeking from services.

POSITIVE EXPERIENCES OF HELP-SEEKING

Many participants in the survey reported positively on the help they received either at a particular time in their lives or over the course of many years of service usage. The following are a selection of positive statements entered into the free comment boxes:

"Any time I needed assistance, help, etc it has always been there for me"

"Dr A (names doctor) was very nice and easy to talk to. He treated me respectfully"

"Dr B (names doctor) was really nice and I was treated with respect"

"Nurses and doctors great. Psychologist – very beneficial. Day hospital – helpful for short attendance… Good experience for last 25 years"

"My experience with counselling has benefitted me in some ways. The main thing is that I can talk to someone who has experience in my mental illness and I can learn from them as they are not to judge anything I say… they have helped so much"

"My experience has been good to date with an open and friendly service"

In terms of positive experiences, the survey participants highlighted the extent to which they value being responded to promptly when making contact with services either at the first point of contact or in subsequent contacts.

"Attend to any needs required without hesitating. Found within the last 5 years anytime I need them I can contact Y (names facility). Very good experience of gaining help"

The analysis also revealed the importance for service users of being treated with respect and kindness, and being welcomed by service providers and listened to by them:

"Initial consultation lasted 2.5 hours with consultant. Took a detailed life history,. listened very well. Voiced any concerns, fed back to me, was very honest with me. I trusted him"

"I often attend a mental health service, the people there are very helpful and friendly. I have never had a bad experience there".

"Good experience with hospital and doctors. Found staff to be caring and understanding. Had good psychiatrist and follow up care in community and GP."

"Great – got assessed, treatment and counsellor…had repeat appointments (in local facility). Good information and support. Would recommend X (names facility) to friends and family"

There are some services which cannot be accessed directly by members of the public but which require a letter of referral from another professional such as the GP. Service users highlighted that a willingness to refer to relevant services and knowledge of those services on the part of local gatekeepers was an important factor which influenced their overall experience of seeking and receiving help for mental health issues.

"When I approached my GP with my symptoms he gave me contact information for help. That day I had an appointment booked and saw a counsellor a week later"

In some of the responses, the participants revealed that they had had mixed experiences when trying to access services. This included situations where an initial request for help was responded to but the service user reported waiting long periods for either an initial assessment appointment or follow up appointments:

"Did not have to wait too long for an appointment. Initial assessment took 2 hours and I felt that they took the time to listen to me. I am still waiting for a follow up appointment"

Delays in being referred to or transferred from one service provider to another were highlighted as disappointing by service users who were able to isolate these types of negative experiences within an overall context of positive experiences of help and support.

"Once I got to the mental health service I was treated well by staff, but there was too long a delay between under 18 mental health services and adult services"

The survey revealed that some participants are unsure about what to expect and can find the experience of taking up appointments with services somewhat daunting. For some participants, they indicated that over time they became more comfortable attending services or they managed to connect with the service type which best met their needs despite encountering initial obstacles in finding the right service or in being comfortable attending a particular service:

"I would have found the service a bit overwhelming and intimidating, but after a few months I found the experience so helpful to my life from the secretary who is always polite and helpful to the social workers who have treated me brilliant and ….the doctors who are very understanding and positive"

"I went to the doctor who didn't help but the hospital did, who sent me to a key-worker"

Lastly, this comment from one survey participant highlights the interplay between different issues in a person's life and their ability to fully utilise the help that may be available to them. The following quote illuminates the need for services to understand that engaging with any particular service may be difficult for service users – depending on the other demands and challenges which that person is dealing with during their search for help in relation to their mental health.

"It took a long time for me to get help because so many things were happening to me. There were a lot of things happening in my life"

The survey thus revealed a range of positive experiences related to seeking and receiving help as experienced and reported by the survey participants. However, in contrast to the survey participants who reported a mainly positive experience when trying to access help and support in relation to their mental health, the survey also recorded a set of responses from participants which highlighted the types of negative experiences that accessing services can sometimes involve.

The factors contributing to the negative experiences of seeking and receiving help as reported by the survey respondents are identified and discussed in the next section.

NEGATIVE EXPERIENCES OF SEEKING AND RECEIVING HELP

The free comment facility in the survey questionnaire provided a deep level insight into the reasons why some participants rated their experiences of help-seeking in negative terms. A range of comments were provided in the survey which were critical of the manner in which some local services or supports are offered (including when they are not available when needed). Further negative observations were made on aspects of how some services interact with or are experienced by service users. These negative experiences of help-seeking are found through the analysis to relate to firstly, the organisation of service delivery, secondly to the difficulties of building relationships with service providers that some of the survey respondents reported and thirdly, a sub-group of the survey participants shared their difficulties of accessing help for their mental health problems because of their complex diagnosis.

THE ORGANISATION OF SERVICE DELIVERY

The comments from the survey participants which related to negative experiences of seeking help included observations on the obstacles which some participants had encountered arising from the way in which services are organised or the pressures on services to accommodate appropriate referrals. The issue of delay in getting appointments with some services, already highlighted as an issue related to the accessibility of services in the previous chapter, features again as an obstacle to receiving help in the opinion of service users. A number of participants highlighted the problem of delays in getting referrals or appointments:

"There was a very long wait from referral to being seen (almost a year) by a psychiatrist"

Some respondent comments, quoted below, illuminate the frustrations experienced by some service users who are waiting on appointments but who cannot get to speak to service providers to ascertain how long they can expect to wait:

"Delay in getting help with GP … who wouldn't refer me on to hospital. Delay in hospital appointment when referred by primary care centre. Still waiting for appointment, 6 months waiting….still on waiting list 6 months. No contact, phones in hospital not answered, staff not knowing your name or referral details, no call back"

The following quote suggests that difficulties in making contact with service providers are not confined only to people waiting on their initial appointment:

"Very hard to get them to answer phone or come out to you when in stress"

"Long waiting list. No time with doctors. No respite or long-term stays. No explanation for family members. No aftercare or follow up"

"I don't always get time with my consultant. It's very rushed. My medication gets changed and I'm not always sure why"

RECOMMENDATION 6

Services must endeavour to be service user focused in terms of flexible availability and resourced so that sufficient time is available during appointments for service users to discuss their mental health issues with the service providers responsible for their treatment and support.

DIFFICULTIES BUILDING RELATIONSHIPS WITH SERVICE PROVIDERS

Participants in the survey also described negative experiences related not to delays in receiving appointments but related also to the way services are organised and delivered. The issue of short consultation times and frequent rotation of staff or staff turnover was commented on negatively by a cohort of participants. The impact on service users of constant turnover of staff was highlighted strongly by participants to be an impediment to them in their efforts to engage with service providers and to receive the help they perceive they need. Staff changes place burdens on some service users who have to retell their history and symptoms to each new professional they encounter. For some service users this is a recurring problem which they experience at every appointment they attend. While some participants reported very positive interactions with staff, others were more critical:

"GP was excellent – very understanding. The recommended service was beyond useless. Never saw the same psychiatrist twice. Just a succession of strangers accompanied by a student. Exacerbated problems rather than helping"

"I don't like going to Z (names service). There is always a different doctor, they change them all the time and I don't think that's right. …. Sometimes you are waiting up to an hour in the waiting room"

"Almost every repeat visit was a new doctor. I understand their time is valuable and limited, but I found it extremely disruptive and detrimental to my treatment and recovery. Even today, God knows who I will talk to. I have to re-explain EVERYTHING, every time I come in. Unacceptable"

In addition to the factors cited above, the analysis also reveals that issues such as lack of preparedness for using services or the experience of stigma can make it difficult for service users to approach and engage with the help on offer from services.

"[At the start] I would have found the service a bit overwhelming and intimidating…"

"Time off from work, shame in accessing services, didn't want friends to know, child minding and visitation an issue, no clear path to service, no community knowledge of services"

"Only so much they can do – it's not their fault. Some things I will not talk about"

> ## RECOMMENDATION 7
>
> **Frequent rotation of staff is unhelpful for service users and should be minimised where possible.**

Demotivation to approach or continue with service contact can also arise in contexts where service users feel their needs and mental health challenges are not appreciated by service providers.

"Didn't think I received the help I needed or was listened to. Asked the same stuff at every appointment. Was constantly given prescriptions instead of time and empathy. Side effects of medication were never explained to me"

"Different doctors each day, no continuity of care"

BARRIERS TO HELP-SEEKING RELATED TO COMPLEX NEEDS OF SERVICE USER

The analysis illuminated the difficulties experienced in seeking and getting help within the sub-sample of participants who reported being diagnosed with a complex diagnosis or a dual diagnosis. It is important to note that not all participants who self-disclosed a dual diagnosis offered negative comments regarding being able to access the help they needed. However, the analysis suggests that, for some participants, accessing services to get help with their particular mental health needs was experienced by them as difficult, often because they had to resort to seeking help from services which were not designed to offer specialist support relevant to their particular set of needs. The frustrations expressed by some participants who had complex mental health diagnoses included the following:

"As I am xxx (names diagnosis), I stay linked into the mental health service ZZZ (names service). I take medications and meet with a doc every few months, depending on how I am doing. Having to be seen by different doctors who are only doing a placement for 6 months- 1 year is not useful. I think we service users should be able to see 1 doctor or nurse over the long term – better"

Participants who reported a dual diagnosis also offered insights into their negative experiences of help-seeking and service usage:

"Was treated badly because of my substance abuse, my mental health issues were put down to drug use"

"Attitude that my poor mental health was self-inflicted because I had a history of drug use…"

"I was a patient in Z (names service) but was discharged for having xxx in my urine. I was left without a psychiatrist when I really needed one and my mental health got worse. I felt that there was a lack of resources … even though I had a history of depression and suicide attempts"

"No follow-up from an A & E visit. Was not taken seriously because of past addiction. Being left without answers as to why I feel like I do"

RECOMMENDATION 8

Future service development should include developments of services and supports designed to cater for services users with complex diagnoses or dual diagnoses.

INTERVENTIONS, SUPPORTS AND TREATMENTS

There were mixed views on the helpfulness of how mental health interventions, treatments and supports are offered and the extent to which these responses are perceived by service users as helpful or effective. In their responses, survey participants referred to treatments received from mainstream mental health services as well as voluntary sector, private or non-medical services. Before presenting the critical comments related to treatment experiences it is important to note that a range of participants provided positive observations on the helpfulness of the interventions, supports and treatments they have experienced or continue to receive:

"I had help with my medication and payment and also with managing my thoughts"

"Counselling has helped…Holistics, mindfulness also good"

"My counsellor gave me breathing exercises and tips on how to overcome my anxiety and they have helped so much"

D12 Community Mental Forum members at a mental health awareness event in Killinarden Community Centre, Tallaght.

In contrast, some participants highlighted negative viewpoints relating to aspects of the help and treatment they receive:

"My medication gets changed and I'm not always sure why"

"No follow up by psychiatrist, suicide risk but was allowed to leave psychiatric ward"

"Was constantly given prescriptions instead of time and empathy. Side effects of medication were never explained to me"

"Didn't explain to me my treatment. No follow up appointments. Medication didn't agree with me and stopped taking it, got sick from meds"

Some participants commented on the extent to which personal issues in their lives sometimes impeded their capacity to fully engage with services. This point was also raised in relation to accessing services but it was viewed by some participants as relevant also to the issue of help-seeking and being ready to receive help from services or supports.

"Only so much they can do – it's not their fault. Some things I will not talk about"

The information provided by participants also highlighted how impediments to help-seeking and help receiving were not always attributable to one single factor but could arise from the interplay of a number of factors. This relates to the cumulative effect of negative factors related to issues such as staff shortages and lack of specialist services as well as the complexity of issues which some service users experience. The following quote illustrates how different factors can combine to produce an overall negative experience of service usage and help-seeking:

"No appointment in 9 months for assessment of A and B (Names 2 specific diagnostic terms). No clear information on assessment or treatment… in hospital got discharged before I was ready to leave. Didn't feel supported at all…."

CHAPTER SUMMARY

The findings from the survey reveal that many service users report positively on the helpfulness of local services and supports and the majority regarded service usage as a positive experience. However, almost one in four participants reported negative experiences when trying to get the help they need including delays between referral and first appointments or follow up appointments. Some participants highlighted how certain factors which they associate with service usage leave them with a negative view of trying to access or avail of services. These include appointments which are rushed in terms of time, or where building relationships with service providers is problematic because of frequent changes in personnel. The turnover of staff, including the rotation of doctors in public mental health services was highlighted by some participants as a factor which negatively affects their experiences of help-seeking.

It is beyond the limits of this study to ascertain why some services are organised in ways which lead to short appointment consultations or frequent staff changeover but it is clear that many service users are critical of such practices and find it leaves them with a negative recollection of their attempts to seek help for their mental health problems.

The results presented in this chapter indicate a number of factors which obstruct individual service users in their efforts to seek or receive appropriate help in relation to their mental wellbeing.

CHAPTER 5. GAPS IN CURRENT SERVICES AND FUTURE DEVELOPMENT POTENTIAL

INTRODUCTION

This chapter reports the survey findings related to service users' perceptions of gaps in service provision in the D12 area as well as their views on how services could be developed and improved into the future. Recommendations which flow from the survey findings are outlined within the relevant sections of the chapter.

GAPS IN SERVICE PROVISION

This section of the chapter outlines the findings related to perceived gaps in service provision in the D12 locality. Some of the issues noted in this section have already been referenced in previous chapters but are included again here so that the complete overview can be presented on the topic of gaps in services as perceived by the participants in this survey. In this section, the findings on gaps are organised under the following headings:

- Gaps in Information on Mental Health and on Mental Health Services and Supports
- Gaps in Mental Health Services and Supports
- General Needs
- Gaps in Mental Health Services and Supports
- Complex Mental Health Needs

GAPS IN INFORMATION ON MENTAL HEALTH AND ON MENTAL HEALTH SERVICES AND SUPPORTS

In Chapter 3, the views of service users on the gaps related to dissemination of mental health information and information on available services was reported in detail. The need for increased visibility and availability of this type of information was highlighted strongly again when participants were asked to identify gaps in services. The need for enhanced information dissemination on available resources was highlighted as was the need for this type of information dissemination to feature as an ongoing part of the mental health strategy for the community. It was also noted again by some participants that some service providers needed to improve their knowledge on the services that they could link people with. Participants' comments emphasised the importance of delivering information in different ways so that it directly reached the whole community including individuals experiencing mental health problems and their families. The comments also highlight gaps in relation to information about mental wellbeing as well as gaps in the provision of information and resources aimed at tackling stigma, prejudice and negative attitudes aimed at people with mental health problems. Comments related to gaps in information provision included the following:

"No-one in the community [is] going out to tell people about positive mental health"

"Not enough information in the community on services"

"Needs to be more awareness about mental health and more information on how to access the mental health services"

"Not enough being said in the schools and being aware of the services"

"No direct information on supports, no details in local papers that people read"

GAPS IN MENTAL HEALTH SERVICES AND SUPPORTS – GENERAL NEEDS

The questionnaire asked participants to indicate their views on gaps in current mental health service provision in the D12CMHF locality. This question did not provide pre-determined categories and participants were invited to express their views in their own words. A total of 85 responses were provided to this question and it revealed a wide range of views on current gaps in services and how services could be developed into the future to meet these perceived unmet needs. Similar to the issue of information dissemination, some of the gaps identified by participants regarding currently available mental health services have already been noted in earlier chapters including issues such as the delays experienced by some participants in getting appointments within reasonable timeframes or being able to access help and support specific to their needs. The difficulties experienced by some participants who self-reported on the survey that they suffer with complex mental health problems or dual diagnoses were also noted in the previous chapter. These issues were identified again in responses from participants to the question asking their views on service gaps. In addition, respondents also highlighted difficulties which some of them had encountered in trying to access counselling-type services and recovery oriented services such as the Wellness Recovery Action Programme (WRAP). Furthermore, some participants highlighted difficulties getting assistance to reduce or come off their medications, and the issue of over-reliance on medication as the main treatment option was highlighted also by a cohort of participants.

The question on service gaps also elicited a number of comments from participants which suggest that getting help outside normal office hours can be problematic and there were repeated calls throughout the survey for some form of 24/7 support or referral service to be made available in the D12 area.

Apart from the need for improved crisis intervention and respite services, participants also highlighted a dearth of therapeutic groups in the community, and the need to make such services accessible to people before they reached crisis point. Therefore, the survey revealed a concern about gaps in prevention services and different respondents suggested there was scope for more work to be done with young people through schools and local services to help build awareness about mental health in general as well as about the services that are available in times of stress. In particular, the lack of sufficient suicide prevention and accessible suicide intervention services was raised as a gap in service provision, such as in this comment:

"There should be more mental health support for young men as the suicide rate is appalling"

The lack of provision of alternatives to hospital care for people in need of residential-type care was also noted by participants. Some responses highlighted the lack of community care, respite care, weekend care and care services to support people when they are leaving hospital. The lack of employment support services was also noted by some participants who highlighted the need for either job-finding support services or ongoing support services designed to enable people with mental health issues to take up or stay in employment.

Respondents also highlighted the lack of other forms of community-based support and highlighted gaps in the provision of prevention and support services such as the following:

- Drop-in Centres
- Peer Services – responses noted the lack of facilities where people could meet others suffering similar mental health problems,
- Telephone Helpline
- Recovery-oriented Services
- Support Groups
- Men's Sheds
- Respite Care
- Weekend Services and Crisis Support Services
- Community-based Psychological Services
- Physical Exercise Supports to encourage physical wellbeing such as walking, gardening, etc
- Outreach Services targeting specific groups such as younger or older people
- Employment Support Services
- Holistic Services(such as acupuncture, physical exercise and yoga)
- Aftercare Services such as post-hospital discharge support

The desire for local drop-in type facilities has been noted in previous chapters but it is emphasised here again as many participants who took part in this survey suggested it as a current gap and an important need within the local community which to date remains unmet. Repeatedly respondents raised the absence of any place for people in need of support with mental health problems to go in their local community where they could meet others informally over a cup of tea and get advice and help with whatever was troubling them. This survey reveals the lack of such facilities as a strongly perceived gap in local provision. Recommendation 5 in this report calls for the provision of such a facility.

GAPS IN MENTAL HEALTH SERVICES AND SUPPORTS – COMPLEX MENTAL HEALTH NEEDS

The previous chapters have already outlined the types of problems experienced by a cohort of survey participants whose conditions are complex when trying to access services or get the help they require. The needs of this group as articulated by them in this survey reveal the difficulties and obstacles which some service users encounter when trying to get help in the context of complex conditions or dual diagnosis.

In addition to the points raised in earlier chapters, participants highlighted the lack of services for specific groups such as teenagers with eating disorders, anxiety or

suicidal ideation. Also, highlighting the lack of dedicated support services for families which are dealing with mental health-related issues (such as parental mental illness), there was also a call for family clinics or services which would help parents and children get help as a family group when one member was unwell or in need of help.

FUTURE DEVELOPMENT OF SERVICES

This section draws on the analysis of the data, and the findings presented in this and earlier chapters, to identify the main issues which the survey participants wish to see addressed within the future planning and development of mental health services in the D12 locality. The discussion of potential future developments of services in the D12 locality is presented here under the following three headings:

1. Improving Access to Information
2. Improving Access to Services
3. Matching Service Developments to Community Needs

The key issues highlighted by the survey findings which relate to each of these categories are outlined below.

IMPROVING ACCESS TO INFORMATION

The gaps in information which exist within the local community were identified in the analysis of findings and found to relate to gaps in information on the types of mental health services which are available, and how to access them when needed. The survey revealed that the provision of more information on prevention of mental health problems would be welcomed and should be made more accessible to the local community through the use of various community outlets such as newspapers, advertising space and other media. The potential for using schools as one method of information dissemination was also proposed.

"Tell people what is there for them, because most do not know about services"

"Making it known to people that they are available to people would be a big improvement"

IMPROVING ACCESS TO SERVICES

The survey analysis highlighted a number of issues which relate to the issue of service accessibility. Firstly, participants indicated that lack of information on existing services impedes access to services as it is impossible for an individual to approach a service if they do not know it exists, or are unsure about how to access it.

The travel distance required by some participants to access services was highlighted as an obstacle to service usage. As previously noted, the D12CMHF catchment area covers a wide geographical space, and travel distance to and from services could possibly discourage service usage if the travel distance is perceived as onerous by the individual service user. The importance of local or proximate availability of services was reflected in the participant comments, as indicated by the following example:

"There is not enough services in the Crumlin area"

The issue of availability of services was also highlighted as an access issue, in particular, the problem of waiting lists for appointments. The experience of waiting weeks (or longer) for an appointment was repeatedly mentioned by the survey participants, as exampled here:

"The waiting lists are very long, it can take a few weeks to get an appointment…"

The findings related to delays in getting access to service providers have been outlined in detail in earlier chapters. From a service user perspective, long waiting lists and delays in getting a response to referrals are unhelpful and can act as a further burden in an already difficult situation. There is clearly an urgency to addressing the issue of the. This will benefit the local by ensuring that existing and future services are properly resourced and delivered in a way that best meets the needs of the local population.

Gaps in service delivery were also identified by this survey and the planning of service developments should take into account the list of unmet or inadequately met needs which this survey has helped to highlight. In particular, the provision of a drop-in facility as well as the provision of out-of-hours support services (preferably 24/7 access) is emphasised throughout the responses from many of the survey participants. The survey analysis indicates that the provision of a local go-to support or drop-in service (which is perceived as accessible and service-user friendly in its approach) would enable more people to efficiently access appropriate help and support in times of mental health difficulties.

MATCHING SERVICE DEVELOPMENTS TO COMMUNITY NEEDS

The survey analysis has succeeded in highlighting aspects of mental health service provision which are working well in the D12 locality as well as issues which require further attention and action. A major benefit of this survey has been its ability to draw attention to issues within the community that are not satisfactorily addressed within the context of local service provision. The findings highlight the need for some services which would benefit many of the area's mental health service user population, such as improved information, local crisis supports and drop in facilities. In addition, the survey highlights specific needs of particular cohorts of service users such as those with complex mental health needs or dual diagnosis. The need for improved support around the issue of suicide was also noted.

Therefore, the survey has proved itself to be a useful method of illuminating and amplifying issues of relevance to the local community. Furthermore, it has shown that it is possible to access the views and opinions of the local community on the mental health needs which exist within the area and it is vital that this survey is not regarded as an end in itself but rather the beginning of ongoing dialogue and engagement between the community and service providers on how best to meet the mental health needs within the D12 locality.

RECOMMENDATION 9

The development of mental health services for the Dublin 12 area should aim to increase the provision of services in the locality taking into account the expressed views of service users on the need for more support in the areas of prevention, crisis support, recovery, respite and the needs of people with complex or dual diagnoses.

CHAPTER SUMMARY

This chapter has drawn together the messages from the survey data regarding gaps in service provision relevant to the D12 locality. It has also drawn on the survey findings to highlight important messages relevant to the future planning and development of mental health services in this area.
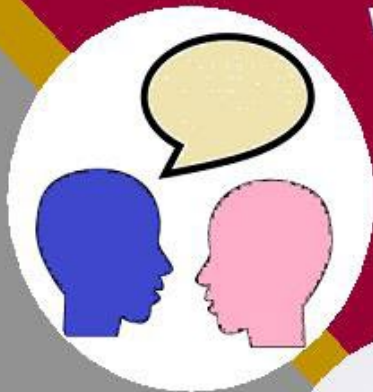
D12 Well Connected Drop In

Every Tuesday 10am-12pm

Addiction Response Crumlin, 101 Cashel Road, Crumlin.

Every Thursday 12pm-2pm

WGRC, 16 Bridgecourt Office Park, Walkinstown.

If you or someone you know are concerned about their mental health please feel free to drop in or ring Mairead on 0857679750 for more information.

D12 Well Connnect is a new project spearheaded by community, voluntary and statutory groups called the D12 Community Mental Health Forum.

Our aim is to provide a welcoming space for people to meet others, receive information and relax in a space dedicated to promoting positive mental health in the Dublin 12 Communities.

D12 Community Mental Health Forum

CHAPTER 6. GAPS IN CURRENT SERVICES AND FUTURE DEVELOPMENT POTENTIAL

INTRODUCTION

This chapter concludes this report on the findings from the survey of mental health participants' views of service provision which was carried out and analysed by the D12CMHF in the period spanning 2016 to 2017. This chapter provides a summary of the survey and an overview of its main findings. Drawing on this overview, the chapter identifies the main benefits and limitations of the survey. It concludes with the full list of recommendations flowing from this study.

SURVEY OVERVIEW: RESEARCH DESIGN AND RESULTS

The study reported here achieved its aim of gathering the views of a cohort of mental health service users living in or accessing services in the locality covered by the D12CMHF. The Research Working Group of the D12CMHF administered a standardised questionnaire to 92 participants (all mental health service users living in or using services in the D12 locality) during 2016 and the data which was gathered was analysed and written up in the period 2016-2017. Although, the survey was conducted with limited resources it has succeeded in producing a valid dataset which has yielded important information from the target research population on their views and experiences of local mental health service provision.

The results of the analysis indicate that many service users hold positive opinions on how local mental health services are delivered as well as the help and support they have been able to access. It is important that service planners and providers are able to access information on what is working well for local service users and this survey has highlighted that many service users perceive the services they receive to be adequate in meeting their needs, respectful in how they are treated and generally viewed in a positive light.

However, the survey also succeeded in highlighting issues which could be improved. Areas for improvement or development include how information on mental health issues and available services is disseminated. The results also highlighted problems encountered by some respondents regarding the appointment system, the frequent rotation of staff in some services, and the lack of supports available for people with particular mental health issues such as dual diagnosis or complex mental health conditions. The survey results indicate strong support for the provision of additional local supports including community based prevention and recovery-oriented services such as a drop-in centre and more peer support outlets, as well as locally available

out-of-hours crisis support services, improved respite and aftercare support as well as services designed to meet the needs of those with complex or dual diagnoses.

The key messages from the findings have been compiled into a set of recommendations which are summarised at the end of this chapter.

BENEFITS AND LIMITATIONS OF THE SURVEY

The survey carried out by the Research Working Group of the D12CMHF provides a vital insight into the views of local mental health service users on how they perceive services arising from their service usage experiences. This type of information and knowledge is inherently difficult to collect and the Research Working Group has succeeded in harnessing the skills and knowledge available within the local community organisations and services in order to carry out a survey of this scale and depth. It has also succeeded in illuminating the voice and opinions of this service user population and bringing those views to a wider and relevant audience.

The limitations of the survey arise mainly from the lack of resources available to carry out this important research. Conducting a survey of this nature requires careful planning, ethical approval, standardised data collecting methods and skilled analysis. The Research Working Group has been highly effective in carrying out this survey without the assistance of a full-time researcher to aid it in this endeavour.

The analysis reveals the absence of any participants above the age of 75 years. The study was designed to gather the views of adults only and, therefore, the views of young people under the age of 18 years are also absent from this report. Research on the views of older service users and of young people on local service provision is an issue which the D12CMHF could consider addressing in the future.

KEY RECOMMENDATIONS

This report has reported on the views and opinions of mental health service users regarding mental health services in the Dublin 12 locality. The survey has provided a means of accessing important information from service users on the effectiveness of services in meeting their perceived needs. A set of 9 key recommendations arises from this survey and these are summarised below.

Recommendation 1

Launch a Local Information Campaign to ensure that there is wide dissemination of information on the available mental health services and supports.

Recommendation 2

Appointment waiting times should be capped in order to ensure that people receive the support they need promptly and efficiently.

Recommendation 3

The hours during which appointments are offered should take into account the need to make appointments available at hours suitable for people who work or have family/caring responsibilities

Recommendation 4

It is important to ensure that local health, education and social service providers are sufficiently informed on the mental health services and supports available within the local community.

Recommendation 5

Establish a local mental health drop-in centre for the Dublin 12 community

Recommendation 6

Services must endeavour to be service user focused in terms of flexible availability and resourced so that sufficient time is available during appointments for service users to discuss their mental health issues with the service providers responsible for their treatment and support.

Recommendation 7

Frequent rotation of staff is unhelpful for service users and should be minimised where possible.

Recommendation 8

Future service development should include developments of services and supports designed to cater for services users with complex diagnoses or dual diagnoses.

Recommendation 9

The development of mental health services for the Dublin 12 area should aim to increase the provision of services in the locality taking into account the expressed views of service users on the need for more support in the areas of prevention, crisis support, recovery, respite and the needs of people with complex or dual diagnoses.

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APPENDIX A

DUBLIN 12 COMMUNITY MENTAL HEALTH FORUM MEMBER ORGANISATIONS

Past and present services and organisations affiliated to the Dublin 12 Community Mental Health Form are listed below.

- Walkinstown Greenhills Resource Centre
- Addiction Response Crumlin (ARC)
- Crumlin Mental Health Services (HSE)
- St James's/ Drimnagh Mental Health Team (HSE)
- Dublin 12 Local Drug & Alcohol Task Force
- Gateway Mental Health Project
- EVE Cherryfield (HSE)
- Mojo Project
- Threshold Training Network
- Let's Get Talking (Dublin)
- St John Bosco Youth Service
- Crumlin & District Mental Health Association (Mental Health Ireland)
- Tusla Child and Family Agency
- Dublin City Council
- South Dublin City Partnership
- An Garda Siochana (Dublin 12 Community Garda)

D12 CMHF Mental Health Supports & Services Guide

D12 Community
Mental Health Forum

Local Mental Health Supports & Services Guide

Support
- Walkinstown Gr... Resource Centre: ... 4198630
- Strengthening Fam... Programme...
- ...41...
  Sup...
  ...0148
  ...89
  ...ort
  ...7277
  ...for

Affordable Counselling
- Walkinstown Greenhil... Resource Centre: 01 4198630
- Let's Get Talking: 01 4569158/ 086 1021...
- The Loretto Centre... 4541078
- Kairos: 01 40997...
- Access Counsell... 5240708
- MyMind (mul... counselling a... psychothera... 7810747
- CKU Polish... Walkinsto... 4198630
- Traveller Counselling Service: 086 3081476

Alcohol Support
- Addiction Response Crumlin: 01 4563131
- Walkinstown Greenhills Resource Centre: 01 4198630
- Rialto CDT Alcohol Programme: 01 4540021
- Community Response: 01 4549772
- AA: 01 8420700

Drug Use Support
- Addiction Res... Crumlin: 01 4563131
- Walkinstown Greenhills Resource Centre: 01 4198630
- Rialto Community Drug Team: 01 4540021
- Inchicore Bluebell Community Addicti... Team: 01 4736502
- NA: 01 6728000
- CA: 087 3174989
- SMART Recovery... www.smartrecovery...

HSE Mental Heal...
- ...2: Day ...mecare... ...mlin: 01 ...nnagh: ... ...r Patient ...utpatient C... 4059362.
- Tallaght: Day ... Day Centre: 01... 4635200. New ... Outpatient Clinic ... 4585744
- Dublin South City... Inchicore: 01 4716300/4716320... James's Hospital (Jonathan Swift Clin... 01 4162621

Social & Wellness
- D12 Well Connect... Project: 085 767...
- Gateway Ment... Health Associ... 4977005/085...
- Threshold T... Network:...
- TTN Well... 086 203...
- TTN H... 01 49...
- F2 C...
- Lo... 4...

Alcohol Support
- Addiction Response Crumlin: 01 4563131
- Walkinstown Greenhills Resource Centre: 01 4198630
- Rialto CDT Alcohol Programme: 01 4540021
- Community Response: 01 4549772
- AA: 01 8420700

D12 Community
Mental Health Forum

SURVEY OF SERVICE
USERS' VIEWS