



CONSUMER PANEL
TRAINING PROGRAMME
TUTOR GUIDANCE MANUALS

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Introduction to the three phase training manuals for the establishment, sustainability and maintenance of Consumer Panels and partnership working with HSE mental health services

The three training manuals you find here have been developed in response to growing requests to support and enable service user and carer/family member involvement in the development of local mental health services. The content was heavily influenced by the authors' initial experience in designing and delivering Consumer Panel training to a group of service users from the Cavan/Monaghan mental health services, first half of 2014 (See appendix 1 for summary background information on the concept of Consumer Panel's in Ireland.) The authors were so inspired by this experience they decided to seek funding to 'trial', refine and augment the initial training with the aim to develop a number of manuals that could be delivered in local areas. We were fortunate to receive funding from Genio, 2015, to achieve this end goal. The manuals have gone through extensive evaluation as part of the Genio proposal: 1) feedback from participants 2) feedback from independent reviewers.

We have done our best to design each manual according to feedback received. Addressing the communication and learning needs of a diverse group of people with varying experiences of committee work, policy development and levels of confidence is always going to be a challenge. Given the variability of responses received we were unable to satisfy all suggestions made. For example, it was suggested that we move forward the team building session (10) in the capacity building manual. The majority of feedback received indicated approval with the order of sessions presented. Participants found ample time for informal team building during fun exercises, group tasks, tea breaks and lunches. This 'easing' into the group was important for participants as many of them had met for the first time. That said, in response, we did decide to move forward what was session 5 to replace session 3. This session (the Role of the Consumer Panel) has team building components incorporated in its delivery. Another comment highlighted the need for a training programme to assist children and young people in finding their voice to influence

services they are receiving. We agree that this is a priority and an essential requirement to improve services for this vulnerable group of people in Irish society. However, we are not experienced in this area and therefore feel that this is beyond our remit and expertise. We do however hope that someone reading this introduction will decide to address this discernible need.

There are three phases to the training programme. The first phase involves capacity building (10 sessions) and has been developed to enable a group of service user, carers/family members (to become the Consumer Panel) to garner skills, knowledge and competencies to be meaningfully involved in shaping local services. This phase also enables participants to understand group dynamics and to begin to form their own identity.

The second phase involves team building between the newly formed peer group (Consumer Panel) and local services pathing the way for them to go on and make arrangements for the maintenance and sustainability of an Alliance made up of service users, carers/family member and local HSE. This culminates in 'how to' tips and an agreement to develop terms of reference for the Alliance to function successfully.

The third and final phase (Mentoring) was developed to support the Consumer Panel in becoming sustainable and potentially thrive over time. Our experience has taught us that peer groups such as these often flounder due to dwindling numbers and recognition of an absence of a particular expertise, experience or skills. This third phase of training is designed to enable the Consumer Panel to use some of the training from the first phase capacity building sessions, develop recruitment strategies; transfer skills, knowledge and information onto new members as is necessary to support the future of the Consumer Panel. It provides guidance, knowledge and introductory skills that helps volunteer mentors to fulfil these tasks. We suggest that the Consumer Panel use the Mentoring manual only when they are confident of their own identity, internal structures, functions etc and feel ready to incorporate a mentoring role. We have tried to make the training as exploratory as possible as each Consumer Panel will have its own identity, skills mix etc and will have to make some decisions how they might best facilitate a mentoring role within their structures.

We also acknowledge that not every session will be appropriate to each group that decides to use the training. Consumer Panels (and indeed any peer led group or partnership venture) are at liberty to use any of the training sessions picking and choosing which bits they would like to use. Though the training has a particular focus on groups that are being

newly established, some of the content may also be useful to those whose existence has been long standing yet feel they have identified a skills or knowledge gap or would benefit from skills or knowledge enhancement of what they already have. In essence, the training can be delivered as a whole or alternatively groups are at liberty to choose which parts of the manual they think applicable and relevant to their needs.

The manual has been developed to be as clear, accessible and user friendly as possible. However, with regards to delivering content, we recommend that competent, confident, appropriately skilled and experienced trainers coordinate and deliver each session. The training can be delivered by group leaders, outside facilitators or local HSE staff. A number of resources will have to be sourced before proceeding. We propose that service users, carers/family members influence or decide who will deliver this training, including using people within their own ranks. Material resources required for the training includes, markers, flip chart paper, access to laptop and projector, pen, paper, folders for participant packs and of course an appropriately sized and furnished room. Our learning informs us that tea and coffee is welcomed before each session begins, once during a break about half way through, with lunch provided at the end. We also recommend that arrangements for reimbursement of travel, parking and any other foreseeable cost to participants be determined before proceeding.

For those working toward establishing a new Consumer Panel, we recommend a recruitment strategy be agreed between key persons working within local health services; key service users, carers and family members in order to gather appropriate persons to participate in the training. Feedback from the evaluations indicates that approximately 10 – 14 participants is the critical number to achieve the best from training sessions. This number is manageable and due to potential drop out during or after the 10 sessions you will most likely end up with a core group of motivated individuals.

The training can be initiated by local groups or local health services. Either way, the training will not come to a successful conclusion unless local health services support and engage in the process at the outset. The objective of establishing meaningful service user, carer and family involvement in shaping local health services will never come to fruition unless services have 'bought into' the concept. This is also important given that the second stage of this training initiative consisting of 2 collaborative team building sessions between local health service representatives and the newly formed Consumer Panel.

We must add that the manuals provide a framework to initiate the formation of a Consumer Panel, the formation of the Alliance and supports the development of support roles to help the sustainability of the Consumer Panel. We therefore do not claim that this is the definitive answer to those seeking to establish service user, carer/family involvement in their area and develop working relations with local services. We do however believe that the general content and format to achieve the aforementioned is appropriate and relevant, as validated during the review process. If however you feel that there is a need to deliver the training in a different format, say make it more interactive or introduce some creative intervention (as suggested by one of our reviewers) by all means do so. The options to adapt or improve training sessions is open to those making use of the manuals. Finally, we hope that this becomes a learning and capacity building resource for your group that can be built upon by adding your own resources and updating some of the documentation therein. You will find resources in appendices 3, 4, 5, 7 and 8 that may help newly established Consumer Panels in deciding how they should operate. These are there to complement training sessions and for future reference for Consumer Panels working to put together their own internal structures.

Finally, below you will find a list of values and principles that we recommend to the group/participants of the training programme. This will help focus training sessions; nurture the ethos and future arrangements of the Consumer Panel. Note, you will find more on values and principles developed to encourage good practice in regards to group processes between service user, carers/family members in Appendix 7. At time of writing, 12th October 2016 we are aware that the office for Mental Health Engagement, HSE [http://www.hse.ie/eng/services/list/4/Mental Health Services/mentalhealthengagement/](http://www.hse.ie/eng/services/list/4/Mental_Health_Services/mentalhealthengagement/) is working on a Charter for service user and carer/family engagement which will also help with developing good practice. This will hopefully be available in the near future.

An Effective Consumer Panel Member would have the following qualities:

- ✓ An ability to appreciate the common good
- ✓ Understand the need to work as a team
- ✓ Addresses issues from the perspective of the service user, family member/carer
- ✓ Has good communication skills and will be assertive and persistent if necessary
- ✓ An ability to listen and respect the views of others as well as putting their own opinions forward
- ✓ Be patient
- ✓ Communicates effectively and finds solutions and common ground with others
- ✓ Exercises good judgement
- ✓ Respects cultural differences
- ✓ Has an openness to engage in constructive dialogue

- ✓ Demonstrates a comprehensive understanding of confidentiality

An Effective Consumer Panel should:

- ✓ Champion the provision of high quality services by encouraging consumer involvement and providing an opportunity to reflect, listen and learn from the experiences of people using the services;
- ✓ Be understanding and compassionate; and encourage diversity of participation so that the Panel is a just, open, non-discriminatory and equal forum.
- ✓ Be open, accountable, transparent and democratic.
- ✓ Have the ability to build trust and understanding among the parties involved.
- ✓ should work to include all members with dignity and respect.
- ✓ Try to work as a collective.
- ✓ Contact other forums.
- ✓ Rotate the roles.
- ✓ Be supportive and encouraging.
- ✓ Have a clear directive on dealing with conflict.
- ✓ Personal conflicts should be resolved outside the meeting.
- ✓ Personal agendas should be left outside the meeting room door.

For enquiries/clarity on any of the sessions please contact:

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CONSUMER PANEL TRAINING

Phase 1 – Capacity Building

Phase 2 – Alliance Team Building

Phase 3 - Mentoring

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We would like, first and foremost, to acknowledge the enormous work and commitment of all the Service Users, Family Members and Carers who participated in this Training Programme. Participants came from towns and cities across the counties of Mayo, Roscommon, Westmeath, Limerick and Galway. Members of the Mayo Consumer Panel supported this initiative from the outset, while the determination involved in establishing the Galway & Roscommon Consumer Panels, following the training, must also be noted.

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Training Manuals - Independent External Evaluation:-

We wish to acknowledge the invaluable contribution made by the following:

First and Second Phase Training - Capacity Building and Alliance Team Building:

Ms. Siobhan Coyle – A person who has used the services and is 36 years in recovery! Siobhan has 14 years lived experience of the Donegal mental health services. She is a mental health EXPERT BY EXPERIENCE and a mental health recovery consultant. Siobhan holds a Masters of Arts in Accountancy; she is a DCU 2016 graduate from the Cooperative Learning: Service Improvement Leadership for Mental Health DCU programme. And is a FETAC level 6 Train the Trainer.

Ms. Clare Fitzpatrick – Service provider; Clare is the Advancing Recovery Co-ordinator in Carlow Kilkenny and South Tipperary Mental Health Services. She is also Recovery College South East: Co-ordinator. The role of the Advancing Recovery coordinator is to lead on the design development and promotion of recovery initiatives aimed at the development of recovery orientated services and creating a recovery culture among all stakeholders. The coordinator will act as a recovery champion within the community and an ambassador of recovery with external agencies and partner organizations.

Ms. Sheena Burns Foster – Carer advisor to the Psychosis and Complex Mental Health Faculty – DCP. Sheena is also a Family and Friends Representative for the Forensic Quality Network, RCPsych. She is a Peer Researcher in Mc Pin Foundation. Currently involved with national Programme for secure services and project with NHS England looking at developing a toolkit to enable forensic Carers to navigate the secure care system. Sheena strongly believes that carers should be enabled and empowered, not simply supported.

Ms. Nora Lynch – Mother, Grandmother and Great Grandmother. Nora was House Mother to 15 male youth offenders in Nantwich, Cheshire, UK for 6 years. She was also a Carer in

Co-Action, a centre for physically and mentally disabled young adults. Nora lost her youngest son to murder when he was just 22; her daughter died by suicide in 2004 and Nora became legal guardian to her two grandchildren.

Mr. Liam Hennessy - Head of Service User, Family Member and Carer Engagement, National Mental Health Division; and former mental health service user. Liam has had a number of professional careers including secondary school teacher, civil servant, management consultant and assistant inspector at the Mental Health Commission. He has been involved formally with the service user and carer movement as a member of and, subsequently, Chair of St. Patrick's University Hospital Consumer and Carers' Council and as a member of and, afterwards, joint Chair, of REFOCUS (Recovery Experience Forum of Carers and Users of Services), a committee of the college of Psychiatrists of Ireland.

Third Phase Training – Mentoring Training:

Joan Higgins: - Joan is a family member and carer to her son. She is a member of the Mayo Mental Health Consumer Panel and a former member of the Mental Health Reference Group. Joan was involved in advisory groups, steering groups with the HSE locally and nationally. She was part of a group of carers that campaigned for the Shine family friendly mental health services. Currently she is on the sub group of Family Carers Ireland for family carers of people with mental health issues

Eileen McCluskey: - Eileen is a mental health Service User and is on the Cavan Monaghan Consumer Panel. She is the Service User Representative on the Senior Area Management Team, Cavan Monaghan Mental Health Services. Eileen is a member of the Cavan Monaghan Advancing Recovery Ireland (ARI) Team and the National ARI Steering Committee. She is also a member of REFOCUS with the College of Psychiatrists of Ireland. Eileen is a member of National Peer Support Worker site Evaluation Team and a member of Solas Drop in Centre, Monaghan.

Michelle Kavanagh: - Involvement Co-ordinator. Michele is a Consultant Clinical Psychologist, having received her professional qualification in 2000. Michelle currently works between clinical and academic positions. She is an *independent practitioner* and works clinically with families who have experienced intergenerational cycles of traumas. Her work in recent years has focused on group supervision and development. She is also the Assistant Course Director with the Doctorate in Clinical Psychology programme at Queens University, Belfast. She is Public and Patient Involvement Lead and she Co-ordinated the Personal and Professional Development Curriculum, also in Queens University. Michelle has worked within the committee for the last four years and during that time has secured funding on behalf of the Division to design a capacity building curriculum for service users and carers involved in service improvement. Michelle recently devised a twitter workshop to assist the membership in considering new technologies and networking surrounding key topics of relevance to the Profession. Her aim, as Communications Officer, is to create connection across the various speciality groups within the Division in order that they exchange knowledge and share information about practice delivery and development.

