



Increasing Understanding of Mental Health

Phase 1 Report July 2021

The views of service users on what would help increase awareness on matters relating to mental health



“ The motivation for this work is to match appropriate staff training within the projects, to the areas identified by the service users, particularly in the area of mental health.

Marie Lynch, Independent Consultant

The South Inner City Drugs and Alcohol Task Force (SICDATF) is a voluntary, statutory and community services partnership, implementing the National Drug Strategy

[*Reducing Harm; Supporting Recovery DOH 2017*](#) on a local level.

Over the past few years, the SICDATF subgroup Strategic Support for Service Users and Services has been working on the [*Organisational Cultures of Quality Care*](#) concept. One of the work plan actions was to explore service user involvement mechanisms that are creative, interactive, respectful of personal autonomy, and allow for ongoing engagement with service users to be active stakeholders in their treatment journey. Parallel to this, services identify the increasing mental health needs of clients every year with a request for staff training to improve responses. The motivation for this work is to match appropriate staff

training within the projects, to the areas identified by the service users, particularly in the area of mental health. By involving service users in every phase of this work, the outcomes have provided significant direction and guidance for services and staff training.

Marie Lynch, Independent Consultant, was appointed to carry out this work on behalf of SICDATF.





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‘I was very happy to have been asked and included. I felt comfortable in the group and was happy to contribute to the discussion. It is an important topic.’

Quote from participant

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Mental health can be a very sensitive subject as some people are unaware that they are suffering from it, or know they are and feel they might be judged if they talk about it; more people sharing their story and people talking about it, and having campaigns to support it or drop-in service cannot only help and support the individual but also help break the stigma of mental health’.

Quote from participant

Key Points

Firstly, a big thank you to the 141 service users who contributed to this project across five sites. Thank you for sharing your insights, wisdom and experience so openly and honestly. Without your commitment, this project wouldn't have happened. Thanks also to the key contacts in the four participating organisations for enabling such engagement.

The following three pages summarise the findings of the report, list out the recommendations and the next steps.



Findings

Living with mental health is a work in progress.

- » Living with mental health issues is a work in progress, and for some, every day is a struggle. People are often afraid to talk about their mental health, and when people are in distress, they don't often know how to ask for help.
- » There is a stigma attached to living with mental health issues and a sense of being judged by others. Those who live with mental health issues do not always have a good relationship with their family, which poses additional challenges.
- » There is an energy and willingness amongst people who have lived experience of mental health to build awareness and understanding of the impact of mental health on people.

Having a safe place and regular mental health 'check-ins.'

- » It is very important to have a person to go to that you can trust, feel safe and not judged. It would also help to have regular mental health check-ins with service users.
- » People will be at different stages in understanding their mental health issues, and so services need to adapt their response based on each assessment.
- » There needs to be an improved response for young adolescents and people in crisis or distress – and this would include better access outside 9 am to 5 pm.

Openness and involvement

- » There needs to be more openness about mental health. The openness and engagement need to be at every level in society, from education in schools, employment, community services, television and social media and within health services.
- » Most importantly, the involvement of people who have experience with mental health issues in creating awareness is vital.

Recommendations

Valued partners

1. People who have lived experience (direct or indirect) of mental health matters want to and need to be involved in the design and delivery of initiatives to improve mental health awareness and service response. The range of initiatives will vary depending on the individual service objectives and operations.

Building understanding within services

2. Mental Health Awareness initiatives need to be introduced, so people (staff and clients) become familiar with and comfortable using mental health terminology – this needs to be at every level in the organisation, and using a variety of formats.

Service response within SICDATF funded projects

3. Mental health 'check-ins' with clients should be part of routine 1:1 reviews that are carried out.
4. Where possible, service responses should build in flexibility to recognise that mental health supports may be needed outside the 9 – 5 working hours
5. Mental health supports should be provided in a variety of ways, including counselling, groups, online sessions, one-to-one sessions and websites. Posters and leaflets should be used to reinforce the more direct provision of mental health information and awareness programmes.
6. Methods to support the information and support needs of families need to be considered.
7. Peer support programmes should be considered as part of a range of responses to increasing mental health awareness

Advocacy, Education and Awareness

8. Mental health awareness sessions need to be incorporated into the school curriculum from primary school level upwards, and community groups (for children, adolescents, and adults) should have regular sessions on mental health awareness
9. People with mental health needs who are accessing Health Services need a holistic assessment and regular reviews
10. The Mental Health Services need to improve access for those experiencing a mental health crisis, ensuring comprehensive service is available on a 24-hour basis and more opportunities for counselling.

Next Steps

A further series of consultations are planned for other SICDATF projects. The report will be shared with relevant stakeholders of the SICDATF.

1. Introduction

- » As part of its commitment to improving information and understanding on matters relating to mental health, SICDATF sought to find out from service users what would help increase mental health awareness based on their experiences and insights.
- » It is envisaged that the findings from this consultation would inform how SICDATF's funded projects could be adapted to enhance their response to the mental health needs of their clients.
- » In addition, it anticipated that participating organisations would gain insight into what changes they could make to respond to the needs identified.
- » Following a tender for the work, a consultant (Marie Lynch – referred to as ML in this report) was employed by SICDAFT to carry out the consultation process. The project commenced in January 2021.
- » Four organisations (Community Response, Exchange House, Ruhama and Coolmine) participated in this initial phase of this project, with five sites participating (one organisation had two sites engaged). One other organisation indicated their intent to participate; however, they deferred their involvement to a later stage.
- » Future phases of this consultation are planned to allow for other SICDATF funded projects to participate.
- » Assurances were given to all participants and organisations that the information they shared would remain confidential and anonymous. Consequently, this report does not identify any data or information from participating organisations.
- » Co-production¹ was a key foundation to the approach to the project, so service users and contact points in the organisations and SICDATF were involved in the design and planning of the consultations, and they also were invited to comment on and input the draft version of this report.



Four organisations (Community Response, Exchange House, Ruhama and Coolmine) participated in this initial phase of this project, with five sites participating (one organisation had two sites engaged). One other organisation indicated their intent to participate; however, they deferred their involvement to a later stage.

1 Co-production in practice requires each stakeholder to understand and offer the distinctive contribution that they bring to the process. It also requires them to be generous in facilitating the other stakeholders in making their distinctive contributions to the process. When all parties come to the table with that approach then co-production can happen. HSE Co-production in Practice Guidance Document 2018 - 2020

Pic/s from
report/s below

2. Relevant reports and literature

The following reports and policy documents provided the context and framework for this work:

- » [*Sharing the Vision – A mental health policy for everyone.*](#)
DOH 2020
- » [*The Role of Mental Health in Public Policy Document*](#)
UCD March 2021
- » [*HSE Co-production in Practice Guidance Document*](#)
[*2018 - 2020*](#)
- » [*HSE Addiction Services Co-Production Framework 2018*](#)
- » [*National Framework for Recovery in Mental Health 2018 - 2020*](#) HSE
- » SICDATF Quality Framework for the (HSE) National Standards for Safer Better Health Care (SBHC) (May 2020)

3. Methodology

This section outlines the five key mechanisms which were utilised to gather information on what would help increase mental health awareness

- A.** Engagement with staff contact points in each site to enable co-production
- B.** Consultation meetings with service users, with the staff contact present
- C.** Survey development and distribution, via staff contact person
- D.** Participant feedback
- E.** Consent and confidentiality

A. Engagement with Staff Contact points

- » Staff contact points were appointed in each participating organisation.
- » Initial meetings were held with ML and each organisation's contact person to discuss and outline the project objectives, and the commitment required. These meetings addressed the principle of and use of co-production methods as part of the project process, as well as the need to ensure consent is sought from each service user prior to their participation².
- » The timelines and coordination required from the contact points within each organisation were also clarified.
- » Recruitment of service users was open to people interested in participating, and it was not a requirement that they had direct experience of mental health issues.
- » Contact persons were asked to do a 'safe and well' check/debrief with services users following their participation.

Initial meetings were held with ML and each organisation's contact person to discuss and outline the project objectives, and the commitment required.

- » Service user policies from each organisation were shared with the ML.
- » Co-production steps were agreed upon to maximise input from the service users in the design and implementation of the project as indicated in the text box below.

Co-production steps

- » Preplanning meetings were held with service user and contact person from each organisation to discuss how to maximise engagement with the service users in the consultation meeting, considering timing of the meeting, language used, what information people would receive in advance, what assurances and information service users would like to encourage their participation.
- » Information was shared with the service users ahead of the consultation meeting, which were adapted to meet the needs of each group.
- » Themes gathered from the consultation groups were shared with the service users for their comments or changes
- » Draft survey was shared with service users for their feedback via the contact point. Feedback re wording, language and format was received and survey was updated

B. Consultation Meetings

- » The prompts for discussion for the consultation meetings were based on guidance within the tender as well as a review of desktop literature. The consultation meeting was entitled 'what mental health means to me, and the prompts for discussion included what helps, what's hard, what works, tips to cope, and would you do anything differently. The video link on [Five Ways to Wellbeing](#) was shared with participants, and the contact point in each organisation did a check-in with each participant following the meeting.
- » At the start of each meeting, the confidentiality code was reiterated, and participants were reassured that they could leave the meeting at any time.

² Consent records were stored by each organisation



- » A total of 6 consultation meetings were held, four online via Zoom and two on-site (keeping with Covid Protocols). One organisation opted for a second follow-up consultation meeting.
- » The total number of service users who participated in the consultation meetings was 27, and the attendance ranged from 2 to 9. See table 1 below for the breakdown of responses per site.
- » A summary of themes from each consultation meeting was shared with the organisation's contact point, who subsequently shared it with a selection of the service users to sense check for accuracy and omissions. Any feedback was incorporated into the final version.

C. Surveys

- » The themes were combined from each of the consultation meetings, and they informed the development of the draft survey.
- » A draft survey was circulated to the contact person in each of the five participating sites, and they tested it with a selection of service users and gave constructive feedback on rewording and question design.
- » The final version accommodated feedback, and two organisations opted for additional questions specific to their organisation.
- » A separate web link was created for each organisation, and this was shared with the contact persons in each organisation, so they could circulate it to their service users for completion over a period of two weeks.
- » Two organisations requested PDF versions to facilitate completion.

- » A copy of the final survey is in appendix 1.
- » A total of 114 surveys were returned from the 5 participating sites – see table 1 below for a breakdown of responses per site.
- » Each organisation received a report on the survey returns from their site.

TABLE 1

SITE	# Participating in consultations	# Returned Surveys
A	4	34
B	2	18
C	6	34
D	6	11
E	9	17
TOTAL	27	114

D. Participant feedback

Following the consultation meetings, the contact points were asked to carry out a debrief with the participants and to seek feedback from them on the process of engagement.

E. Confidentiality and Consent

As well as adhering to the organisation's confidentiality policy and service user engagement policy, protocols were applied to ensure the approach was following [HSE Privacy Statement](#) and [HSE Data Protection Policy](#) 2019 (meeting General Data Protection Regulations).

4. Findings from Consultation meetings, surveys and feedback from participants

4.1 Consultation findings

Of the six consultation meetings that took place, the recurring themes were the need to feel safe and more understood, coping techniques, the need for increased awareness and that the health service would be more sensitively geared to supporting people with mental health issues. These themes are explained and expanded on below.

Many mentioned having good mental health was a work in progress, in that they had to work at staying well every day and that not everyone understood the struggle.

‘Mental health issues are with me every day – it’s a struggle.’

Quote from participant

In terms of coping, many participants noted that being able to speak about your feelings, and having a structure in the day, including regular exercise, helped.

‘Exercise and meditating – they are my tricks. Helps when I am feeling isolated. Gets me through a lot’.

Quote from participant

When discussing the hard part of living with mental health issues, participants spoke about dealing with stigma and getting labelled and not being respected or believed, and this prevented them from speaking up. There was also agreement about how hard it can be to talk to family about the issues being faced and that, for some, this compounded the problem.

There was consensus among many that knowing there was someone to talk with that can be trusted, feel safe and not judged is also important in living with mental health issues.

‘It’s very hard to talk about pain to family.’

Quote from participant

‘My family had a lot of fear around my situation – there was shame.’

Quote from participant

‘Knowing that you can go back to a service for counselling if things build up is very important to me’.

Quote from participant

In addition, people mentioned that gaining the knowledge and understanding of the impact of medications and understanding the types of illness helped gain insight and broader understanding and supported their well-being.

‘Before coming here (x), I didn’t relate to my mental health problem. I just thought I was mad. I never understood before I came here.’

Quote from participant

However, several people mentioned that they cope by not talking about it.

‘Keeping it to myself as I don’t want to get judged’

Quote from participant

When considering what people would like to see changed for the future, there was general agreement that there needs to be increased public awareness on matters relating to mental health, which would help address the shame and stigma and so make it easier for people to talk about the issues they are experiencing. There was also a suggestion that the language used to talk about mental health should be easy to understand so as to reduce fear and not make it intimidating.

‘Addressing shame and stigma – if we all get a better understanding it would be easier to talk’

Quote from participant

The need for education on mental health from a young age was suggested by all the participating sites, and several participants spoke about observing how mental health had affected them when they were young, and they didn’t understand what was happening to them.



“

Consistent across the three consultation meetings was the need for a greater understanding of the link between addiction and mental health. Participants reported that too often people put mental health struggles down to addiction, rather than it being the other way round.

‘More needs to be done to help young adolescents..... They are put on medications too easily.... Very frightening’

Quote from participant

‘Give more education to children and adolescents about understanding mental health’

Quote from participant

‘My kids should be learning about this in school’

Quote from participant

The final theme related to access to services. The difficulty in accessing Mental Health services when you are in a crisis was cited as challenging by many participants, and this is compounded if the crisis takes place after hours. Many spoke about the need for services to be more integrated, flexible and less hierarchical and that ED services are not the ideal place to go when you have distress relating to mental health.

‘Hospitals are not always good when you are in a crisis – they don’t have the expertise 24/7’.

Quote from participant

There were occasional differing opinions amongst participants – of note was the view on the use of language and terminology. Some prefer the use of mental health terms to slang, and others find mental health terminology intimidating and could reinforce the stigma. Also, some participants found value in talking to peers about their situation, whilst this didn’t work for others.

For many of the participants, this was the first opportunity they had to discuss mental health within a group setting or as part of a service. Their energy and enthusiasm to open up more opportunities about this topic were very evident.

4.2 Survey findings

The responses from the 114 service users linked to the five participating sites are detailed in Appendix 2. The key findings from each of the questions are outlined below.

When asked to consider why mental health awareness is important, the majority of participants (n71) agreed that it was **because people are afraid to talk about their own mental health**; and the next most important reason is that some **people in distress don't know how to ask for help** (n66).

When asked to consider the range of mental health supports that should be more readily available, there was consensus amongst the participants that **counselling** (n61) and **access to 24-hour support** (n60) should be prioritised, with advice about staying well (n35) ranked least important.

The next question asked participants to rank which format would be ideal for receiving information on mental health. The participants indicated that their preferred method would be via a 1:1 session or as part of counselling (score of 18), and this was closely followed by phone or online support (score of 17). Leaflets and posters were the least preferred option (each with a score of 13).

Question 4 sought to clarify views on what initiatives would benefit the family and friends of those experiencing mental health issues. **Providing information on how to support people who are living with mental illness** was most popular (n77), closely followed by access to counselling for support (n75).

When asked to rank what would help increase public awareness on matters relating to mental health, the most popular score was given to having **mental health information sessions in secondary schools and youth clubs** (n22), and this was followed by more mental health awareness campaigns on the radio, television and social media (n18).

The survey then asked participants to tick which initiatives would help improve everyone's mental health. The most popular initiative was **to have more openness about mental health** (n76), with peer-led support receiving the least responses (n33).

The final section asked participants if they would like to remain involved in helping increase people's awareness of

mental health. **The vast majority of participants said that they would like to remain involved** (n88) and with the responses quite evenly ranked between talking to young people (n44), sharing my story to increase understanding (n42), contributing content to mental health leaflets and posters (n41) and peer support initiatives (n41).

4.3 Feedback from participants

Three sites provided service user feedback on their views of being involved in the consultations and surveys, and they all indicated that they felt safe and comfortable sharing their thoughts and connected to service improvement.

Whilst some indicated that they were nervous and anxious at the beginning, they reflected afterwards that their voice was heard and their voice mattered.

'I was very happy to have been asked and included. I felt comfortable in the group and was happy to contribute to the discussion. It is an important topic.'

Quote from participant

A few acknowledged that their participation triggered things for them; however, they felt supported, and the process helped them reflect on their journey.

'I can't deny that it did trigger things. But I am lucky now to have coping mechanisms and supports available to me.'

Quote from participant

Most importantly, the participants valued that their contribution would shape how services might be improved in the future.

'I loved being involved in the sessions. It was great being heard. I felt delighted. I liked that I was being taken seriously, that what I had to say mattered. It is good to think that services might be improved in the future, for ourselves and for other people; that we could feed into this happening.'

Quote from participant



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As a parent, you often blame yourself for what did you do, what didn't you do, when they were young. I think that initially stops parents going for support or some kind of help.

5. Discussion

In considering the topics that surfaced during the consultation meetings and the survey responses, comments and participant feedback, some salient themes surfaced, which are outlined below. This section also references some learning points to take from this phase of the work.

5.1 Work in Progress

Living with mental health issues is a work in progress, and for some, every day is a struggle.

It's hard to talk about mental health matters. When you are living with mental illness, it is not always easy to understand what is going on in your own head, very hard to explain to others, and this is compounded when you do explain, and people don't believe you. People are often afraid to talk about their own mental health, and when people are in distress, they don't often know how to ask for help.

There is a stigma attached to living with mental health issues and a sense of being judged by others and labelled. It was also acknowledged that those who live with mental health issues do not always have a good relationship with their family, and this can challenge their path to recovery.

For all these reasons, there is a lack of awareness as to how hard it is to live with mental health issues. However,

there is an energy and willingness amongst people who have lived experience of mental health to get involved in the movement to build awareness and understanding of the impact of mental health on people.

5.2 Mental health framework

From a service provision perspective, the participants noted how helpful it is to have a person to go to that you can trust, feel safe and not judged, and it was suggested that services should build mental health awareness as part of their service provision and regular mental health check-ins with service users. It was noted that there needs to be an improved response for young adolescents and for people who are in crisis or distress – and this would include better access outside 9 am to 5 pm.

The mental health framework approach needs to acknowledge that people will be at different stages in understanding their own mental health issues, and so services need to adapt their response based on each individual assessment, which needs to be regularly revisited.

5.3 Openness and involvement

From a broad societal perspective, there was agreement that there needs to be more openness about mental health. The openness and engagement need to be at every level in society, from education in schools, employment, community services, television and social media and within health services.

Most importantly the involvement of people who have experience with mental health issues in creating awareness is vital. The lived experience needs to inform and shape how to increase awareness at all levels.

5.4 Learning Points from Phase 1

- » The role of the contact person in each organisation was critical to facilitating the engagement with the service users, enabling the co-production process and following through with the project consultant (ML) with tasks related to consultation.
- » The contact person needed to set the scene for service users to understand what the consultation was seeking to achieve and set up an environment where they would feel safe about sharing their experiences.
- » As the subject matter of mental health often relates

“From a broad societal perspective, there was agreement that there needs to be more openness about mental health. The openness and engagement need to be at every level in society, from education in schools, employment, community services, television and social media and within health services”.

to emotional, personal and sensitive experiences, it took a lot of courage for service users to volunteer to participate and share their perspectives. The challenge of enabling service users to participate meaningfully should not be understated, particularly for those who have had traumatic lived experiences of mental health issues, and debriefing for participants is an essential component of this process.

- » The subject matter for discussion is broad and, by its nature, has various interpretations, depending on the participant's experience and the nature of the organisation that is participating. This variation can also lead to challenges for meaningful participation, and future consultations will benefit from clear communication of objectives and outputs.
- » The co-production element added real strength to the process, and participants really valued being asked to share their views on this topic. However,

it was apparent that some organisations varied in terms of their experience of using co-production, and consequently harder for some service users to understand the concept.

- » As each organisation had to commit expertise and time to support this consultation, it is helpful to ensure they receive useful information as part of their engagement. The sharing of the reports surveys was a useful means of achieving this.
- » The restrictions imposed by COVID required the majority of consultation meetings to take place virtually. Although this posed some technical issues in some instances, there were some advantages – for example, people didn't have to commute, people could keep their cameras off to protect their anonymity, and people could leave meetings early without causing undue attention.





‘Normalising it [Mental Health] to make people more comfortable that they are not alone’

Quote from participant

6. Recommendations

This quote is taken from a comment on the survey from a service user, and I think it aptly captures what needs to happen to build awareness. The recommendations below outline the action points required to assist in building more awareness of matters relating to mental health.

Valued partners

1. People who have lived experience (direct or indirect) of mental health matters want to and need to be involved in the design and delivery of initiatives to improve mental health awareness and service response. The range of initiatives will vary depending on the individual service objectives and operations.

Building understanding within services

2. Mental Health Awareness initiatives need to be introduced so people (staff and clients) become familiar with and comfortable using mental health terminology – this needs to be at every level in the organisation and using a variety of formats.

Service response within SICDATF funded projects

3. Mental health ‘check-ins’ with clients should form part of a routine 1:1 review that is carried out.
4. Where possible, service responses should build in flexibility to recognise that mental health supports may be needed outside the 9 – 5 working hours

5. Mental health supports should be provided in a variety of ways, including counselling, groups, online sessions, one-to-one sessions and websites. Posters and leaflets should be used to reinforce the more direct provision of mental health information and awareness programmes.
6. Methods to support the information and support needs of families need to be considered.
7. Peer support programmes should be considered as part of a range of responses to increasing mental health awareness

Advocacy, Education and Awareness

8. Mental health awareness sessions need to be incorporated into the school curriculum from primary school level upwards, and Community groups (for children, adolescents, and adults) should have regular sessions on mental health awareness
9. People with mental health needs who are accessing Health Services need a holistic assessment and regular reviews
10. Mental Health Services need to improve access for those who are experiencing a mental health crisis, ensuring comprehensive service is available on a 24-hour basis and more opportunities for counselling.

7. Next Steps

- 7.1 A further series of consultations are planned for other SICDATF projects, using a similar methodology, taking account of the learning points. Consideration will also be given to including the voices of family members on this topic.
- 7.2 The findings and recommendations from the report will be shared with relevant stakeholders of the SICDATF, including the appropriate funding bodies.
- 7.3 Opportunities will be sought to share the findings of the report at relevant seminars and events.



A sincere thanks to the service users who participated in this project. Thank you for sharing your insights, wisdom and experience so openly and honestly. Without your commitment, this project would not have taken place.



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A sincere thanks to the service users who participated in this project. Thank you for sharing your insights, wisdom and experience so openly and honestly. Without your commitment, this project would not have taken place.

Deep gratitude is also extended to the key contacts in the participating organisations. Your investment in increasing awareness of mental health is evident from the participant engagement and high response rate achieved.

Thanks also to RDRD Spellman Ringsend, who participated in the early stages, and have deferred their involvement to the next phase.

Appendix 1 Survey Questions

The nine questions used for the survey are detailed on the next four pages.

Increasing Awareness of Mental Health Matters.

Your Opinion Matters

South Inner City Drugs Task Force (SICDATF) wants to increase awareness on matters relating to Mental Health.

We are asking you, and other people who avail of the services funded by SICDATF, on ways that we can do this, based on your experience, insights and expertise.

We have prepared a short (5 minute) survey to get your views, and the survey is completely anonymous.

The answers will give guidance and direction to service providers of the changes that should be made, in order that the mental health needs of service users get more recognition and mental health services are improved.

The questions focus on the general public.

Please contact Anne in

Thank you for taking the

Please provide high
res file for survey

Marie Lynch

on behalf of SICDATF

1. Why do you think increasing Mental Health Awareness is important? Please tick which ones you agree with.

- ☐ Because some people in distress don't know how to ask for help
- ☐ Because people are afraid to talk about their own mental health
- ☐ Because people are isolated and need more support
- ☐ Because people need more information about how to look after their own mental health
- ☐ Other (please specify)

2. Please tick which of these mental health supports you think should be more readily available

- ☐ Talking to people who have similar experience
- ☐ Counselling services
- ☐ Advice about staying well
- ☐ Information on signs and symptoms to look out for
- ☐ Explanation on the side effects of drugs and medication
- ☐ Access to 24 hour support
- ☐ Information on services available
- ☐ Other (please specify)

- ☐ None of the above

3. What is your preferred format for receiving information on mental health?

Please list 1 being your *first preference* and 5 *least preferred*

☐

Leaflets

☐

Poster

☐

Website

☐

Phone/Online support

☐

As part of 1:1 session or counselling

Please provide high
res file for survey

4. Please tick which of these initiatives that you think would be of benefit to **family members or friends** of those experiencing mental health issues.

- ☐ Information how to support people who are living with mental illness
- ☐ Specific information that is relevant to the person they want to support
- ☐ Access to counselling for support
- ☐ Access to group sessions for families/friends
- ☐ Information on mental health services
- ☐ Other (please specify)

5. Which of these initiatives do you think would help increase **Public Awareness** on matters relating to mental health?

Please rank in order of 1 being the most important and 5 least important.

☐

Mental Health Awareness Campaigns on the Radio, Television and Social Media

☐

Mental Health Awareness posters

☐

Mental Health information sessions in secondary schools and in Youth clubs

☐

Tips and suggestions on what to say/how to help people who are in emotional distress

☐

Information Leaflets about how to look after their own mental health

Please provide high
res file for survey

6. In order to improve **everyone's mental health**, please tick which of these initiatives you think are important?

☐ Including mental health topics as part of routine conversation

☐ Regular groups on mental health

☐ Sensitive use of language to avoid being labelled

☐ Increasing staff expertise in mental health

☐ More flexible services

☐ More services for adolescents

☐ More openness about mental health

☐ Swift mental health assessments

☐ More peer led support

☐ Better access for crisis situations

☐ More 'drop-in' type services

☐ Make services more joined-up

Other (please specify)

7. Would you like to remain involved in helping increase people's awareness of mental health?

☐ Yes

☐ Maybe

☐ No

8. If you answered **yes** or **maybe** to question 7, please tick which you would like to get involved.

☐ Peer support initiatives

☐ Contribute content for media

☐ Sharing my story to increase awareness

☐ Talking to young people

☐ Other (please specify)

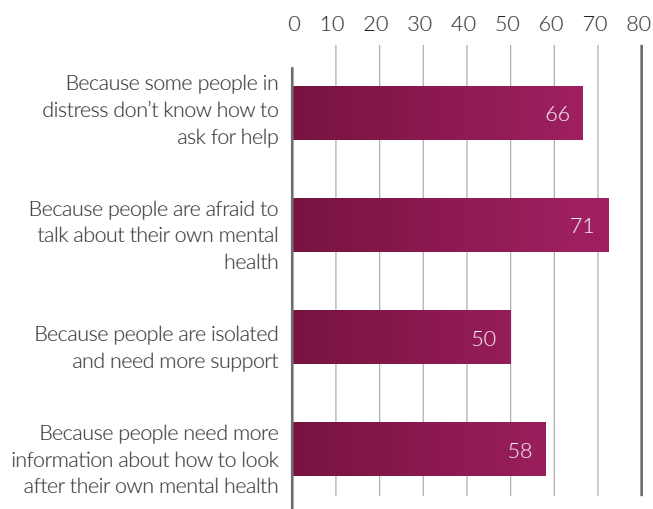
9. Please use the box below for any more thoughts or suggestions you have on this topic.

Please provide high
res file for survey

Appendix 2 Survey responses

The following four pages outline the 114 survey responses from the 5 participant organisations of 8 questions. (Appendix 3 references question 9).

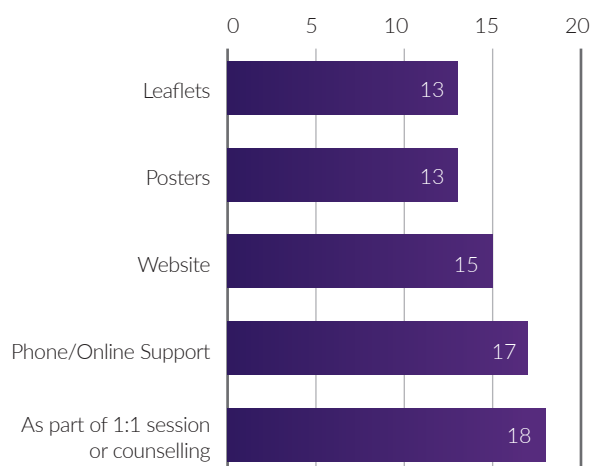
Q.1 Why is Mental Health Awareness important



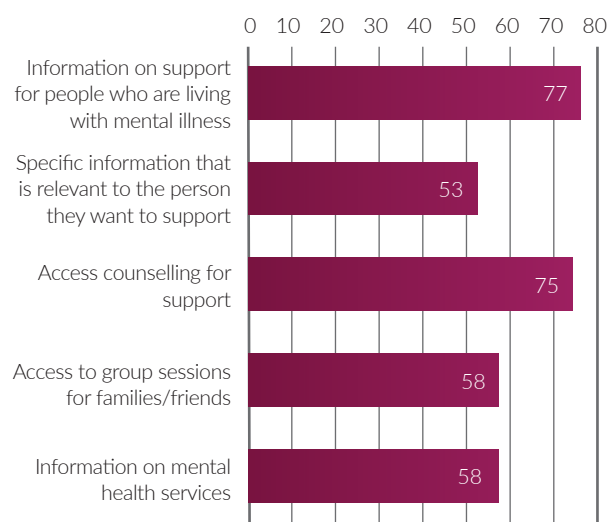
Q.2 Which mental health supports do you think should be more readily available



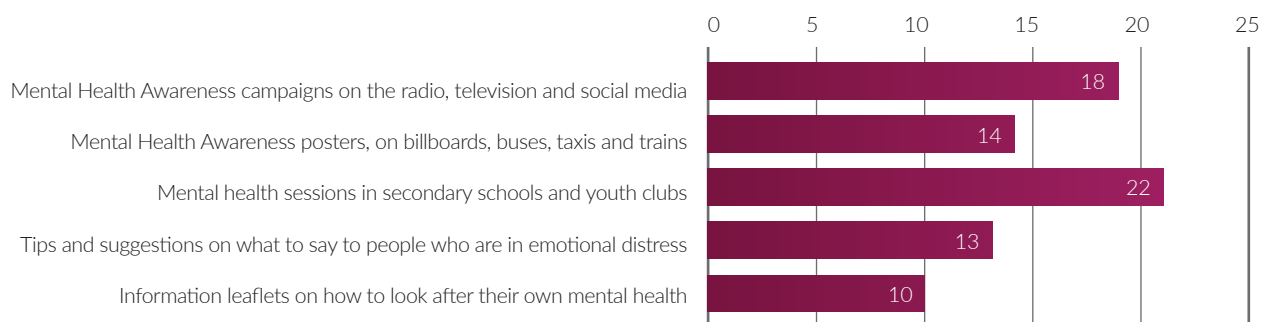
Q.3 What is your preferred format for receiving information on mental health



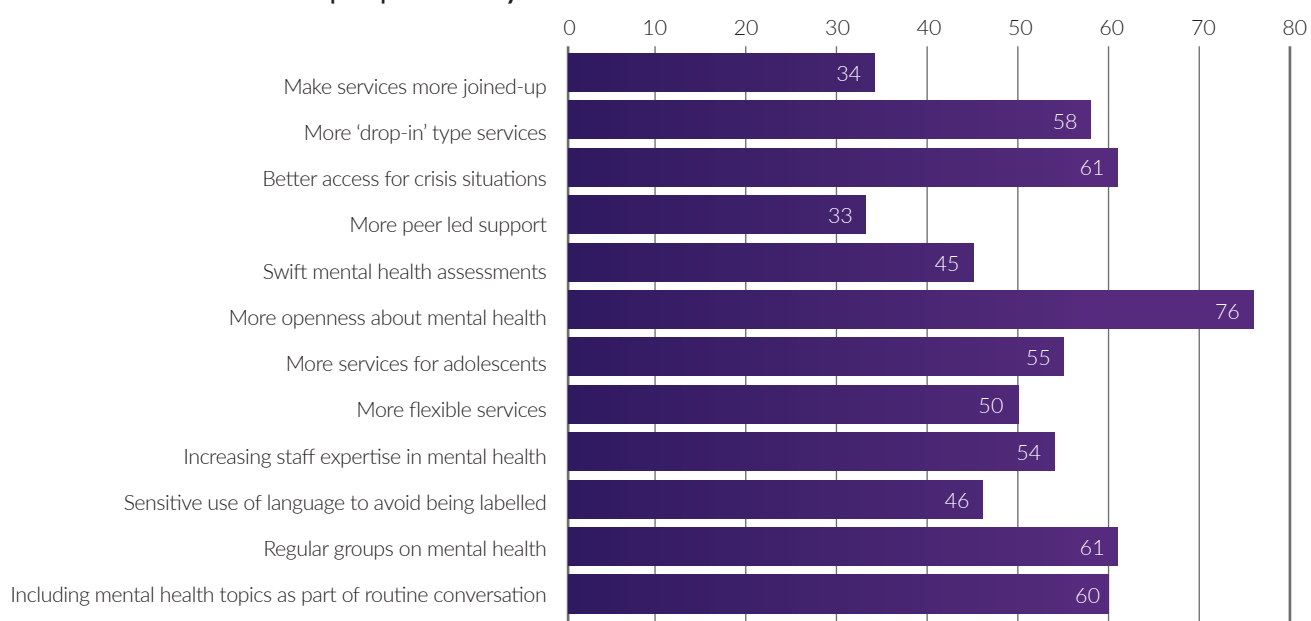
Q.4 Which of these initiatives would be of benefit to family members/friends of those experiencing mental health issues?



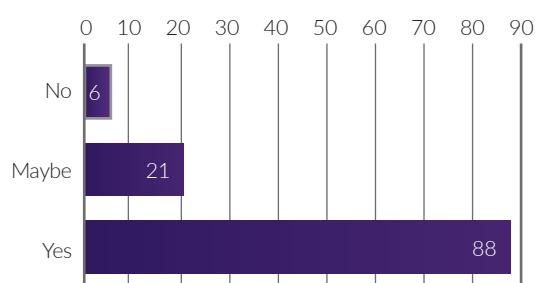
Q.5 What would help increase public awareness on matters relating to mental health?



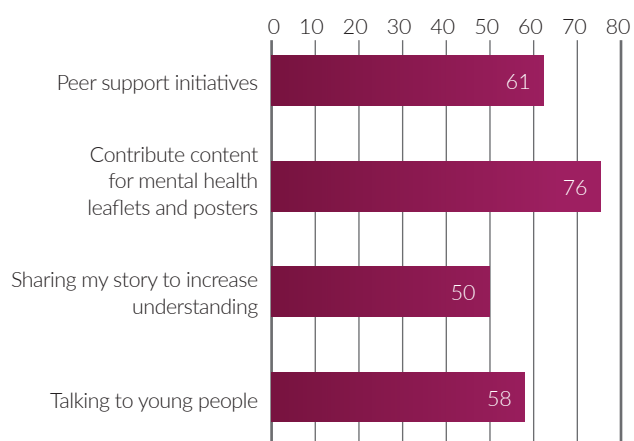
Q.6 What initiatives would help improve everyone's mental health?



Q.7 Would you like to remain involved in helping increase people's awareness of mental health?



Q.8 If you answered yes or maybe to Q7 please indicate how you would like to get involved



Appendix 3: Question 9 - In their own words

The following are extracts from the submissions in the comments box in the survey which have also informed the discussion and recommendations. They have been divided into themes addressed in the discussion.



Openness and involvement

- » Mental health is a disease that has been neglected for so long, it would be a good idea to talk about it from the early stage of life, make the youngest being aware of what life can bring you through as it can be difficult, however, every problem has a solution.
- » Awareness of the difference between mental health and mental illness and the need for outside help or intervention for mental illness. More help for mental illness apart from medication. Also support for families dealing with mental illness.
- » Self-awareness, identifying emotions and feelings, knowing what has made one angry, sad, hyper etc.
- » Speaking in schools, sharing stories, reaching out to people on their own who don't know who to ask for help.
- » Maybe linking into with school the there a high population of travellers in them.
- » I really feel it should be thought from primary school right up to third level. It needs to be thought earlier than teen years.
- » Mental health is something that should be made aware to people, via social media as well.
- » Creating awareness on the major signs to look out for when someone's mental health is deteriorating
- » Mental health awareness is important as it may help save many individuals going through tough experiences. This may also contribute to the reduction of people being diagnosed with later depression
- » People should be informed about mental illness not many take it seriously. Social media is a best way to raise awareness. Most people live with mental illness and have no one to talk to about it because of fear of judgement or rejection. People with mental illness need support and for people to be there for them. Most people with mental illness commit suicide or are suicidal because they have no one to talk and they feel no one would really understand them.
- » Provide workshops with motivational speakers.
- » More awareness on Mental health issues is needed in our society.
- » It is good for someone to know what can trigger them to find themselves in a point that they are depressed, so that they can avoid that ... And also to know what works for u.. to know your tool box.



Work in Progress

- » Mental health can be a very sensitive subject as some people are unaware they are suffering from it, or know they are and feel they might be judged if they talk about it, more people sharing their story and people talking about it, and having campaigns to support it or drop in service can not only help and support the individual but also help break the stigma of mental health.



Mental health Framework

- » More help for teenagers suffering with mental health.
- » Would like to see more help for teenagers in schools about mental health.
- » Speaking more to younger people about mental health so they can spot things like psychosis in themselves or mania
- » Community mental health sessions within the community itself.
- » I feel the government should put a lot more money and time into mental health
- » Good health is the important part of life, providing effective services and support will increase the life quality of individual who are experiencing depression.
- » Introduce zoom meetings or classes on mental health. This will help more people on the information that is needed.
- » Counselling will help everyone including people without mental health problems



Next Steps

- » I think this is a great idea so far, hope to give my support when needed

Increasing
Understanding of
Mental Health

Phase 1 Report July 2021

*The views of service users on what would help increase
awareness on matters relating to mental health*



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