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The National Quality Framework:

Driving Excellence in Mental Health Services

Consultation report

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Promoting Quality, Safety and Human Rights in Mental Health

November 2022

RCSI FACULTY OF NURSING & MIDWIFERY

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On behalf of

The Faculty of Nursing and Midwifery, RCSI

For

The Mental Health Commission of Ireland

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GLOSSARY OF TERMS

Approved Centre: A "centre" is a hospital or other in-patient facility for the care and treatment of persons with a mental health illness. An "Approved Centre" is a centre that is registered pursuant to the Mental Health Acts 2001-2018. The Mental Health Commission establishes and maintains the register of Approved Centres pursuant to the Act.

Assisted Decision-Making (Capacity) Act 2015: The 2015 Act is a significant piece of reforming human rights legislation which provides a modern statutory framework for supported decision-making. The Act reforms Ireland's capacity legislation by establishing a modern statutory framework to support decision-making by adults who have difficulty in making decisions without help (Saunders, 2020).

Decision Support Service: The Decision Support Service is a service for all adults who have difficulties with their decision-making capacity. The Decision Support Service is a public body established within the Mental Health Commission by the Assisted Decision-Making (Capacity) Act 2015.

General Data Protection Regulation (GDPR): In May 2018, the EU General Data Protection Regulation (GDPR) came into effect across all member states. This regulation applies to how personal information is used and protected and a person's rights in relation to this.

Health Information and Quality Authority (HIQA): HIQA is the statutory body established under the Health Act (2007) to drive high-quality and safe care in health and social care services.

Human rights-based approach: In supporting a human rights-based approach, the evidence emphasises the importance of services and staff creating a culture of dignity and respect by treating service users in a non-discriminatory manner so that persons with a mental health disability and their family can participate in decisions about their care and support, and that their views are acted upon.

Individual Care Plan: A documented set of goals developed, regularly reviewed, and updated by the person's multidisciplinary team, so far as practicable in consultation with each person receiving care and treatment. The individual care plan must specify the treatment and care required which must be in accordance with best practice, must identify necessary resources, and must specify appropriate goals for the person.

CAMHS: Child and adolescent mental health service.

Responsiveness: A responsive mental health service ensures that persons with a mental health disability are cared for and supported by staff who are skilled, trained, and experienced to ensure that persons receive the care and support that they need and support families to act as advocates to ensure their needs are met (Mental Health Commission, 2022).

Trauma-informed care: An approach which acknowledges that many people who experience mental health difficulties may have experienced some form of trauma in their life. A trauma-informed approach seeks to resist traumatising or re-traumatising service users and staff (Department of Health, 2020).

1. INTRODUCTION

1.1 BACKGROUND

The Mental Health Commission (The MHC) is the regulator for mental health services in Ireland. The MHC is an independent statutory body that was established in 2002, and its main purpose is to promote, encourage, and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to protect the interests of persons admitted and detained under the Mental Health Act 2001-2018 (the '2001 Act'). The MHC's remit was extended in 2015 to include the establishment of the Decision Support Service, which promotes the rights and interests of people who may need support with decision-making. One of the core elements of the MHC's statutory function is to independently monitor the quality and safety of mental health services in Ireland.

The Decision Support Service is a service for all adults who have difficulties with their decision-making capacity. The Decision Support Service is a public body established within the MHC by the Assisted Decision-Making (Capacity) Act 2015. The Assisted Decision-Making (Capacity) Act 2015 is a significant piece of reforming human rights legislation which provides a modern statutory framework that supports decision-making by adults who have difficulty in making decisions without help.

The publication of The National Quality Framework: Driving Excellence in Mental Health Services Consultation Report (the Consultation Report) follows an extensive consultation process aimed at finding out from people with an interest in mental health services their views on quality across the spectrum of mental health services from perinatal care through to psychiatry of later life. Along with consideration of national and international legislation, policy and best practice, and having regard to the in-depth National Quality Framework: Driving Excellence in Mental Health Services Evidence Review carried out by the Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland (RCSI) in 2021, the MHC, in collaboration with the RCSI, undertook an extensive stakeholder engagement process to inform the revision of the 2007 Quality Framework.

1.2 ACKNOWLEDGEMENTS

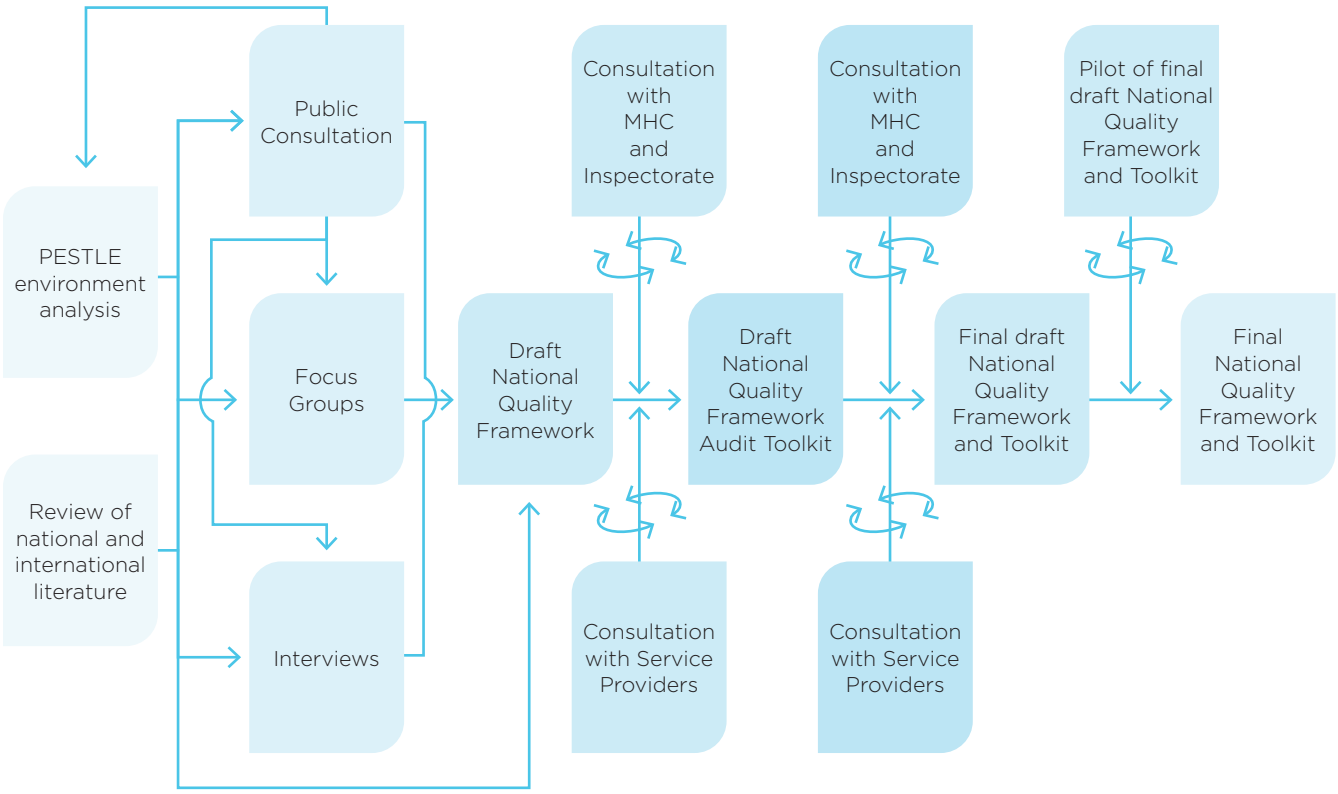
The MHC wishes to acknowledge the contributions of everyone who was involved in the consultation which informed the revision of the 2007 MHC Quality Framework. The MHC wishes to acknowledge the individuals and services who contributed so freely of their time, expertise, and experiences in the development of this Consultation Report, The National Quality Framework, and the Self-Appraisal Toolkit and to having their voices heard and listened to. The MHC is grateful to those who took the time to complete the public questionnaire, or to attend a focus group, individual interview or pilot interview. The constructive feedback provided was much appreciated. There is no doubt that the valuable contributions made by those submitting responses has helped the MHC identify the essential elements of the National Quality Framework and Self-Appraisal Toolkit and what professionals and the people that the mental health service serves consider necessary for the delivery of a high-quality mental health service in Ireland.

2. CONSULTATION PROCESS

2.1 OVERVIEW

The MHC places the service user at its core and in doing so has developed The National Quality Framework: Driving Excellence in Mental Health Services (The National Quality Framework) to inform the regulation and delivery of mental health services in Ireland. Prior to the consultation process, a PESTLE analysis was performed and an extensive Evidence Review undertaken. The findings from the PESTLE analysis and the Evidence Review informed the public consultation process, which in turn informed the focus group and interview discussions, which ultimately informed the development of draft themes, standards, and criteria to be included in the National Quality Framework. These draft themes, standards, and criteria were then subject to a pilot testing phase which informed the drafting of the final National Quality Framework and its associated themes, standards and criteria. All along this journey, consultation with the MHC, the Inspectorate, and service providers continued to ensure that the National Quality Framework was informed by international best evidence, was up to date, forward looking, and reflective of the contemporary and future needs of the mental health profession, the professionals within it, and critically, the people served (Figure 1).

Figure 1: *Development of The National Quality Framework: Driving Excellence in Mental Health Services and Self-Apprasial Toolkit*



Details of the review process are included in this document. The review process, comprising of six distinct study areas, informed the development of The National Quality Framework and its associated Self-Appraisal Toolkit with evidence provided by participants through comments and recommendations. The six areas include the review of evidence relating to mental health services and a review of evidence related to the PESTLE environment analysis of the Quality Framework (2007) and these are presented in the Evidence Review document. The other four study areas presented in this report relate to a review of evidence relating to the public consultation, focus group interviews, individual interviews, and the pilot study.

Over the 12-month period February 2021 to February 2022, the Project Team consulted with a wide range of stakeholders to inform the content of the National Quality Framework and Self-Appraisal Toolkit, and subsequently, to obtain feedback on the draft National Quality Framework and Self-Appraisal Toolkit. The consultation process is summarised in Table 1 below.

Table 1: *Summary of the consultation process*

MHC Advisory Group	Seven meetings February 2021 and February 2022	Comprised of 4 members from MHC and 2 members from RCSI Faculty of Nursing and Midwifery. The Executive Director of Faculty attended 3 meetings.
Public Consultation Questionnaire	May – July 2021	156 responses from individuals and organisations involved in delivering mental health services.
Focus Groups	August – November 2021	Six focus groups comprised of 39 participants (individuals and organisation representatives). An additional focus group was subsequently held with representatives of the MHC.
Individual Interviews	September 2021	Interviews with 6 individuals from 5 mental health service organisations.
Pilot group	July 2022 Feedback on National Quality Framework and Self- Appraisal Toolkit draft documents	10 participants representing 8 mental health service organisations.

A large number of individuals and organisations were involved in providing information for the development of the National Quality Framework and Self-Appraisal Toolkit, including persons who avail of the mental health service, families, carers, advocacy and representative groups, and voluntary organisations. Also involved in its development were statutory and independent providers and government agencies. Professionals involved in mental health and social care services formed a large part of the consultative process. The general public were also involved through a public consultation call from the MHC. The comments from participants involved in the consultation process are represented in this document and in the themes, standards, and criteria within the National Quality Framework and Self-Appraisal Toolkit.

2.2 REVIEW OF EVIDENCE RELATING TO THE PUBLIC CONSULTATION

2.2.1 Summary of public consultation responses

A public consultation questionnaire comprised of 13 questions was developed at an early stage in the process (January-February 2021) by the MHC and the project team from the Faculty of Nursing and Midwifery RCSI to obtain as wide a range of feedback as possible to inform the drafting of the revised National Quality Framework (2007). The survey ran for approximately eight weeks during the period May to July 2021 and was widely advertised including on the MHC website and social media channels. Advertisements were placed in the Irish Independent newspaper and on radio. The questionnaire was hosted on the 'EasyFeedback' online survey tool. In addition, hard copies of the survey were available on request. During the timeframe for completion, the MHC and the project team responded to stakeholders' queries on how they could respond. A total of 156 submissions were received of which of 81% were from individuals presenting their own experiences or on behalf of their organisation and 19% from or on behalf of an organisation. A list of contributors is detailed in Appendix 1. Data from the 13 questions were content analysed based on the method defined by Krippendorff (2004).

Participants identified 54 elements of a high-quality mental health service that were in some cases present in the Quality Framework (2007) but were perceived to be understated in many instances, were too vague, or not representative of the reality of the delivery of mental health services in Ireland today. They also identified elements they believe to be missing altogether in the Quality Framework (2007). A summary of responses per question is provided below.

2.2.2 Public consultation questions and analysis

Responses to Question 1

All participants responded to the first question which asked, *"Are you providing us feedback as…?"* Participants indicated that they were responding as individuals, carers, representing an organisation, or other.

Responses to Question 2

A total of 151 participants provided 181 responses to Question 2 which asked *"Are you commenting as…?"* Five groupings were identified from this analysis (See Table 2).

Table 2: *Source of response to public consultation survey**

Comprising individual submissions by current or past service users of mental health services	61 submissions
Staff members or others delivering mental health services in Ireland	32 submissions
A staff member who is a representative of an organisation delivering mental health services in Ireland including associations/non-governmental agencies (NGO's) and regulators delivering or supporting mental health services in Ireland	20 submissions
A friend, family member, carer who has used mental health services in Ireland	56 submissions
Others	18 submissions

* *Total source of submission is more than 156 as some respondents indicated that they were responding in more than one category (e.g. a past service user that is now a carer or service provider).*

Responses to Question 3

146 participants responded to Question 3 which asked, *"Are you aware of the Quality Framework?"* Of those responding, 47% or 68 participants replied "Yes", they were aware of the Quality Framework while 53% or 78 participants replied "No".

Responses to Question 4

A total of 76 participants responded to Question 4 asking *"How frequently do you use or refer to the Quality Framework?."* A summary of themes extracted from the thematic analysis undertaken through Easy feedback™ analysis focused on 5 main themes (Table 3).

Table 3: *Frequency of use of Quality Framework*

Theme	Reference to
Access to Quality Framework (QF)	• Variable level of knowledge relating to the QF. • Standards when examining the quality of care provided to a service user. • Association of Occupational Therapists in Ireland members being very familiar with the QF. • Social workers referring to the QF as encouraging best practice guidance within MDT's.
Reasons why QF was not used	• Disparity between QF and lack of knowledge relating to practice. • Lack of awareness by homeless people with mental health difficulties.
Use of Judgement Support document	• Belief that the current quality framework was less used than the newer Judgement Support Framework (JSF). • QF ideals as being undeliverable in clinical practice and the JSF being viewed as more useful to modern practice. • Greater use of JSF usage as this is what centres are inspected against.
Use of the QF for educational, clinical, family, and Traveller use.	• The QF was used more frequently in education in the past but is now rarely used by individuals contributing to this submission. • HSE Best Practice Guidance for Mental Health Services (2017) and the GAIT - self assessment tool are viewed as beneficial to self-assessment especially in the Approved Centre. • Deficiencies in the QF as dominating their lives in a negative manner. • Positive Traveller views relating to cultural sensitivity and how and where Traveller mental health fits within the QF.
Advocacy	• The QF as being too aspirational and not a reflection of mental health services in Ireland today. • The National Advocacy Service for People with Disabilities as being an independent, free and confidential service, funded and supported by the Citizens Information Board.

Responses to Question 5

A total of 95 participants responded to Question 5 asking to *'Please outline particular strengths of the existing Quality Framework'*. Sixty seven participants had used or were currently using mental health services, 18 were staff members or others working in the mental health services and 10 presented as other (Table 4).

Table 4: *Strengths of the 2007 Quality Framework from Question 5 of the Public Consultation*

Themes emerging from public consultation process	How Themes informed revision of QF and Toolkit
NQF Framework has clearly laid out principles that are thorough, comprehensive and progressive. Service delivery and treatment plans that consider all aspects of services from hospital to community. Integrated and holistic approaches for adults and children delivered in inpatient settings, service user's home, community settings both residential and non-residential, or within in-patient facilities.	The themes identified from the public submission process informed the revised National Quality Framework and its associated Self-Appraisal Toolkit Themes, treatment plans and concepts of equality and service delivery in all settings and contexts. The framework composition of eight themes enables services to deliver a quality mental health service that takes a holistic approach
Integrated quality service through inclusive processes. Presents outcomes to evaluate and monitor quality that is evidenced based. Demonstrates recovery that is linked to National Mental Health Policy.	By identifying quality themes respondents informed the NQF and Toolkit by stating that integrated services continuously improve quality of services.
Family involvement and community services in three main stakeholder groups (service users, family/carers, service providers).	Respondents acknowledged the importance of respectful relations, family involvement, community services and advocate involvement.
Values. Reference to the values as being holistic in vision with aspirations of fairness and client focus.	Respondents emphasised the values of respect, dignity and empathy, empowerment, confidentiality, equality and autonomy for service users.
Patient centred, focus on the individual, advocacy.	Respondents emphasised the need to share the treatment plan with a person's family, if they consent, and the need for patient advocacy and user participation in their care planning.
Empowering and multidisciplinary approach to service delivery, richness of service users' experience, staff skills, expertise and morale as key influencers in the delivery of a quality mental health service.	A number of respondents highlighted the need for service user forums to support staff in using their professional judgement in delivering care through a multidisciplinary approach to mental health care and treatment.

Themes emerging from public consultation process	How Themes informed revision of QF and Toolkit
Best practice standards and ethnicity.	It was acknowledged by most respondents that best practice standards include care that considers ethnicity. This includes equality monitoring that is disaggregated by ethnicity, gender and other equality grounds, and by recognising ethnicity in service and care delivery.
Co-production with service users and organisations	Respondents highlighted support for families and carers, the democratic processes required for multi-disciplinary teams and dual diagnosis as important mental health focus areas.
Regulations: The framework refers directly to the regulations of the Mental Health Act 2001.	Respondents recognised regulations that refer to rights and to advocacy organisations that recognises self-advocacy, personal development, assertiveness, self-esteem and the rights of the individual.

Responses to Question 6

Question 6 asked participants to *"Please indicate what you believe to be missing, if anything, from the existing Quality Framework"*. Sixty eight participants made submissions in this regard (Table 5). Themes identified by respondents have been used to inform the National Quality Framework and the Self-Appraisal Toolkit.

Table 5: *Elements considered as missing from the Quality Framework (2007)*

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit or the digitalisation process.
Recovery and lack of explicit standards of governance	Respondents promoted the need for explicit standards of governance. Greater emphasis on recovery models of practice is also needed.
Lack of mention of continuity of care and family involvement.	A large number of respondents highlighted the need for greater emphasis on family involvement. Participants believed Theme 6 and sub-theme 6.1 of the Quality Framework 2007 are inadequate in terms of family involvement across a range of domains such as information exchange, decision making, advocacy and care planning and recommend these be extended in the NQF.

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit or the digitalisation process.
Lack of resources including technology in place to deliver on ideals of framework.	Respondents considered data gathering mechanisms to inform future planning of service delivery necessary. Respondents believed that sub-theme 8.2 (QF 2007) does not adequately address the changes in information needs, nor the technology now available to harness, collate and disseminate information to requisite personnel in an efficient format and timely manner. They stressed the need for this integrated information system in planning future services.
Lack of specific standards for child and adolescent mental health services.	It was acknowledged by most participants that specific standards for child and adolescent mental health services are needed. Standards for communications from service providers to wider stakeholders are also necessary.
Community services funding not prioritised enough in framework and lack of action planning for execution of framework.	Respondents identified the need for the revised framework to include specific outputs, outcomes, and measurable deliverables and for the document to be written in broad terms.
Standards for I.T. Infrastructure. Lack of rights-based standards.	Respondents highlighted the need for standards for I.T. Infrastructure. Also identified was the lack of rights-based standards.
Lack of emphasis on ethnic minorities and on restrictive practices.	Respondents highlighted the need to place greater emphasis on the needs of ethnic minorities. The need for restrictive practices to have a broader approach was recommended.
Lack of triage system to prioritise access and lack of mention of Out of Hours Services.	Respondents identified the lack of triage system to prioritise access and lack of mention of Out of Hours Services.
Complexity of a modern multi-faceted mental health service.	Respondents suggested that the 2007 Quality Framework does not reflect the complexity of the contemporary multi-faceted mental health service and this needs to be reviewed in the revised framework.

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit or the digitalisation process.
Judgement Support Framework, standards, CPD deliverables, GP connectivity	The following themes were mentioned by a small number of respondents as being necessary for a revised framework: Greater alignment with Judgement Support Framework, standards for reporting of outcomes, lack of specifics of CPD deliverables, lack of trust building elements, framework too aspirational - does not reflect reality of service delivery and lack of emphasis on connectivity with GP services.
Action planning for family involvement	Respondents placed emphasis on the need for action planning as they believed that Theme 6 and sub-theme 6.1 (QF 2007) are inadequate in terms of family involvement across a range of domains such as information exchange, decision making, advocacy and care planning.

Responses to Question 7

A total of 139 individuals responded to question 7 which asked, *'Please indicate what documents we should look at to inform the revised Quality Framework'*. This figure breaks down to 93 persons who had used or were currently using mental health services, 31 were staff members or others working in the mental health services and 15 were identified as other (Table 6).

Table 6: *Documents that should inform a revised Quality Framework*

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit
Informing the new framework	Respondents informed The National Quality Framework and its associated Self-Appraisal Toolkit by identifying the national and international documents relevant to the development of the new framework.
Legislation	Respondents identified the need to update the Mental Health Act (2001), on the importance of rights legislation including Human Rights and Equality acts and the Assisted Decision-making legislation.
Risk and safeguarding	Respondents acknowledged Health Service Executive documents including Incident management and Patient Safety Strategy (2019-24) that they believe are needed to inform future planning of services.

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit
Future of mental health services in Ireland, Trauma documents	It was recognised by respondents that the revised Quality Framework needs specific action plans to deliver on aspirations. Respondents identified the need to bring Ireland's mental health services in line with the rest of the western world. They acknowledged the importance of trauma documents to inform on the underlying factors of addiction, and in turn mental health conditions. It was recommended that several reports on cultural, clinical programmes for paediatrics and neonatal care are important in the future. Co-production was also mentioned.
Specialist areas of mental health care including CAMHS and maternity/ perinatal.	Respondents recommended the Health Service Executive's National Standards in Bereavement Standards following pregnancy loss and perinatal death in relation to loss and bereavement as an important document in maternity care. Respondents commented on the Department of Health's Consultation on the development of a National Maternity Strategy seeking greater access to counselling services and follow up supports. A wide range of specialist mental areas including suicide and best practice guidance for suicide prevention, CAMHS, mothers and perinatal care are identified.
Recovery Practices, Wellness and Recovery Action lack of information	Respondents recommended several areas needing inclusion in the revised NQF. These are the need for recovery-based programmes for all users that incorporate Wellness and Recovery Action Plans, to develop new and updated alternate forms of therapy in mindfulness and meditation, for funding into women's health and for more information for the service user when under the care of community mental health services.

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit
Legislation, communication, recovery services	Respondents recommended reports and resources from comparable jurisdictions in terms of population and health services structure, such as Wales and Scotland which they said are very useful. One respondent seeks to include people who are developing and using new services such as Recovery Colleges / Recovery Education Services, and to include peer educators from the Recovery Colleges including stigma specialists and holistic therapists.

Responses to Question 8

A total of 124 participants responded to Question 8 which asked, *"What key organisations or individuals, within the mental healthcare sector should we engage with when developing the revised Quality Framework?"* 13 key themes were identified (Table 7). These themes informed the development of The National Quality Framework and its associated Self-Appraisal Toolkit.

Table 7: *Engagement with key organisations and individuals*

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit
Carers and family.	Several respondents identified the need for information to inform family members about the mental health service available and for family and carers to have their voices heard.
LGBTQ+ and Quality Framework to be informed by psycho-analytics and psychotherapy.	Public consultation respondents recommended that the MHC inform key organisations and individuals delivering psycho-analytic and psychotherapy of the quality framework. Respondents also recommended that LGBTQ+ persons are informed of the quality framework.

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit
Ethnic minorities and Travellers.	Respondents informed the revised Framework and Toolkit by identifying Roma and Traveller communities' needs. They suggested that Traveller cultural competence should be specifically mentioned and advocated for. This will ensure that more Travellers are employed in its delivery and policy development. Some respondents referenced the National Traveller Mental Health Network Strategic Plan 2019 -2021. Mention was also made of the Public Appointment Service Diversity and Inclusion Strategy, the Public Sector Equality and Human Rights Duty in Section 42 of the Irish Human Rights and Equality Commission Act 2014 as important MHC references.
Point of contact	Respondents identified GPs as being the first point of contact for patients. They recommended engaging with practice nurses and ward-based mental health nurses and nurses in Emergency Departments for first contact. It was highlighted that engaging with psychiatric, general, medical unions and front-line mental health services was needed. The framework needs to include these disciplines and organisations. Engaging maternity hospital personnel caring for post -partum related mental health issues and the Irish Neonatal Health Alliance for bereaved parents and parents who have experienced pre-term birth were mentioned as important in maternity services. Also mentioned was the Oversight Group on the Implementation of the Health Service Executive's National Standards in Bereavement Standards following Pregnancy Loss or Perinatal Death. Respondents also recommended contact with those working in psychiatry of old age, occupational therapists, psychotherapists and counsellors, mental health reform housing organisations, primary care, advocates, social work, and social care work.

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit
Gardaí, Social Workers, Occupational Therapists consults and awareness of quality framework.	Respondents recognised Gardaí for the important work they do and of their need for specific training. It was acknowledged that persons with a mental health disability may consult with Gardaí, homeless services and prison services when needed and respondents identified the need for people with experience of imprisonment and mental health problems to be available to them. Respondents recognised the support offered by social workers and occupational therapists as being core MDT members. The MHC needs to engage with other relevant professional bodies, including nursing and midwifery to ensure all disciplines have equal awareness and understanding of the Quality Framework.
CAMHS primary care, TUSLA	Respondents recognised the need to talk to staff providing medical psychiatric services to children in EDs and to parents and children attending services in crisis to prevent them from reaching such a crisis. They recommended a CAMHS outpatient consult with outpatient teams and paediatricians. They further recommended the need for all family members to get the support and/or attention required from TUSLA.
Health Service Executive Supports and Governmental Agencies, Data systems	Respondents recognised that families need to be updated. They mentioned the need for the promotion and resourcing of mental health services by the Health Service Executive. They also want prioritising of data collection systems for measuring outcomes.

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit
Patient Advisory groups, women's advisory groups, alliances, support groups and Bereavement.	Respondents recognised the importance of engaging with Jigsaw, ADHD association, Mental Health Reform and Pieta Critical Voices Network. They recognised the importance of gaining timely access to appropriate services if a family member presents with suicide ideation or is in crisis. Respondents also made recommendations for increased contact with non-profit organisations, support groups and independent advocacy services for patients and ex-patients. The need to maintain contact with women's national and regional mental health forums was recognised.
Who to consult with Local forums	Respondents recognised the importance of: • Contacting service providers from statutory and voluntary sectors. • Making full use of the membership of regional and local forums during the consultation process. • Consulting with representatives of mental health care disciplines. • Consulting with organisations in the state sector and with providers from the independent sector.

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit
Education and research for students/staff	Respondents considered as important to schools, students and parents the need to: • Consult with the NUIG group behind the redevelopment of the MindOut programme for secondary school students and NUIG Disability Rights Centre. • Increase awareness of support groups and group therapies to allow change the stigma of feeling alone with your health issues. • Consult with vulnerable people who face intersectional discrimination when accessing mental health services (for example LGBTQ+ people living in direct provision system, LGBTQ+ members of the Traveller and Roma community). • Improve communication between medical and psychological professionals when working with people with anorexia and trauma specialists. • Examine how progressive countries are dealing with serious mental issues in a humane manner. • Benchmark the Health Service Executive mental health staff survey against other internationally recognised leaders in mental health.
Traveller addiction services	Respondents made recommendations relating to engaging and working in partnership with Pavee Point Traveller and Roma Centre and other Traveller organisations to improve assess and education. They recommended engaging with, and working with Traveller organisations working in communities, social inclusion teams across Ireland, Traveller networks, Traveller Men working in health of Travellers and with Traveller addiction and suicide services. Those who responded to this question stressed the importance of working with Traveller advocacy groups and individual from non-Irish backgrounds.

Responses to Question 9

Question 9 asked participants to describe what a high-quality mental health service looked like for those using the service. 137 participants made submissions under this heading. Table 8 below presents the themes emerging from the public submission responses. Digital Technology is also explored.

Table 8: *What a high-quality mental health service would look like for service users.*

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit and the digitalisation process for service users.
Responses indicated that a mental health service that is responsive and accessible at the point of need was seen as the number one priority in delivering a high-quality mental health service.	Theme: Service is responsive, accessible and available.
Respondents acknowledged that a high-quality mental health service must be delivered by staff who are kind and caring. This is the second most cited element required for service delivery.	Theme: Caring staff provide end-to-end journey.
Respondents recommended that mental health services should be adequately funded to support the needs of persons living with mental health illness.	Theme: Service adequately funded, responsive and accessible.
Respondents expressed the importance of being connected to the community and voluntary sector. This was seen as critical to success for delivering a high-quality mental health service. Respondents described the most essential deliverables for a high-quality mental health service as being a system that is responsive, accessible at the point it is needed, and is delivered by kind and caring staff at appropriate staffing levels. It was indicated by respondents the staff should be well connected to the wider charity and voluntary sector and community-based services.	Theme: Multi-disciplinary holistic approach from medicine to talk therapies.
Respondents expressed the need for maintaining appropriate staffing levels that fall into several domains, such as having the right skills mix, filling vacancies, having cover for leave, planning graduate levels to meet current and future needs, and setting standards for staffing levels to ensure patient and staff safety across a range of mental health services. Changing the physical environment was also considered.	Themes: Modern well-designed facilities appropriate staffing levels.
Respondents want technology to harness, collate and disseminate information to requisite personnel in an efficient format and timely manner. Respondents considered integrated information systems as needed in planning future services.	Theme: Technology, information needs and integrated information systems.

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit and the digitalisation process for service users.
Respondents also commented on the following areas: They want to be listened to and want to include families or advocates in the consultation process. They expressed the need to uphold dignity and respect for human rights. They want a safe service that is not overly reliant on the medical model yet one which upholds human rights, ethics, and is affordable and confidential.	Themes: Accountability, dignity, respect, ethical, evidence based, advocacy, human rights, trustworthy, patient centric, confidentiality.

Responses from Question 10

A total of 132 participants responded to Question 10, which asked *"What does a quality mental health service look like for friends, family and carers?"* Table 9 below presents the themes emerging from the public submission process. Themes identified have been used to inform the National Quality Framework and the Self-Appraisal Toolkit.

Table 9: *Summary of content analysis for Question 10*

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit in relation to friends, family and carers
Theme: A visible and easy to access service	Respondents identified what a quality mental health service would look like for friends, family and carers. They referred to the need for: • Multiple entry points to mental health services that are visible and accessible by the public. • Ongoing support after discharge. • Drop-in services where counselling is available. • Peer-to-peer support reducing delay in accessing services during crisis. • Clarity on the steps required to secure support in navigating assessment services.
Theme: A compassionate and supportive service	Respondents referred to the need for: • Valuing a kinder, supportive and informative service that treats people with mental health difficulties with empathy, understanding and respect. • Physical environments that reflect a welcoming atmosphere full of compassion. This would require change to existing physical environments in some cases. • Staff offering warm and friendly support to relatives and friends.

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit in relation to friends, family and carers
Theme: A compassionate, holistic and person-centred service	Respondents referenced: • Values of person-centeredness, empathy, equity, individuality and co-production as being important. • A service that listens to friends and family and responds to their concerns. • A service that promotes dignity, inclusion, and independence and that is open and transparent when things go wrong.
Theme: An adequately resourced, well led and governed service.	Respondents referenced the: • Need for an integrated approach to service design and delivery. • Importance of a holistic model that assesses and provides intervention through a biopsychosocial model. • Concern by families of the need for a high-quality service that is placed on a statutory basis and with family members involved in the process.
Theme: A service that is responsive to the needs of the service user, family, carer, and support persons.	Respondents referenced the: • Experience of being an unsupported family member and that more could be done to support friends and family members. • Perception of staff being unaware of information about support services available to friends and families. • Need for readily available information regarding the stages a service user goes through. • Value of education for family and carers regarding how to support themselves and those they care for. • Need for friends, family and carers to have access to training through seminars, online training or workshops. • Need to better resource home care and day centres.
Theme: A compassionate, holistic, non-discriminatory and person-centred service.	Respondents considered it as important for a good service to: • Adapt and change depending on the person using the service. • Be culturally sensitive and culturally responsive and to take consideration of the literacy needs of an individual. • Provide a workforce representative of the clients. • Understand Traveller families and how their support system works within their cultural setting. • Have sensitivity training to the specific issues and needs of minority groups such as LGBTQ+.

Themes emerging from public submission process	How Themes informed revision of QF and Toolkit in relation to friends, family and carers
Theme: A service that focuses on recovery and wellbeing	It was acknowledged by respondents that a quality mental health service: • Places significant emphasis on recovery. • Is underpinned by individual risk and safety planning practices. • Has resources needed to provide a broad range of psychosocial interventions. • Understands that psychosocial interventions will aid recovery and wellbeing as will a service of hope that is recovery focused.
Theme: A well-staffed and well-educated workforce	It was acknowledged by respondents that a quality mental health service for friends, family and carers is one which: • Values all staff at all levels and in all respects. • Has the ability of staff to provide the services that they are qualified to provide. • Has stable, competent workforce and an appropriate level of staffing to care. • Supports and supervises staff to prevent stress and burnt out. • Provides ongoing training in communication and evidence-based interventions. • Understands the importance of engaging with the service user's care givers.
Theme: A service that respects confidentiality and consent	It was acknowledged by respondents that a quality mental health service for friends, family and carers is one which: • Respects confidentiality, consent and family involvement. • Liaises closely with family members when necessary while respecting patient confidentiality. • Ensures the involvement of family, friends, and carers, with the consent of service users, to the maximum extent possible. • Respects an individual's right to privacy while also acknowledging that loved ones need to know certain information at times. • Acknowledges the concerns of family and carers regarding consent, confidentiality, risks of harm and data protection.

Responses to Question 11

Question 11 asked *"What is needed to deliver a quality mental health service?"*. A summary of responses received is presented in Table 10 which demonstrates the most frequently used words by participants when describing essential deliverables for a high-quality mental health service. Responses provided informed the development of the National Quality Framework and Self-appraisal Toolkit.

Table 10: *What is needed to deliver a quality mental health service?*

Themes/words identified as essential deliverables to deliver a quality mental health service?	Theme
Respondents stated that what is needed to deliver a quality mental health service for service users from ethnic minorities is one that provides information for staff.	Themes: Access to information for service users from ethnic minorities.
Respondents referred to the need for accountability in providing leadership.	Theme: Accountability.
Respondents referenced the need for kind and caring and well-trained staff.	Theme: Well trained staff
Respondents referenced the need to be listened to and for family to be included.	Theme: Advocacy.
Respondents referenced the need for modern well-designed facilities. Reference was also made to the need for appropriate staffing levels and funding. Continuity of staffing was also regarded as important.	Themes: Modern facilities, Appropriate staffing and funding, continuity of staff, Avoid re-admissions.
Respondents referred to the need for a multi-disciplinary holistic approach to care. Continuous improvement systems, enhanced patient centricity and holistic approaches to care, and connectivity to communities / voluntary sectors are required.	Themes: Multi-disciplinary holistic approach. Need for not being over-reliant on the medical model, Patient-centric, CQI, connected to communities / voluntary sector, trustworthy.

Responses to Question 12

In Question 12, participants were asked *"Would you like to hear about opportunities to engage with the MHC on the development of the revised Quality Framework or on other future projects?"* A total of 138 responded to this question with 81% (113 participants) replying in the affirmative.

Responses to Question 13

In Question 13, participants were asked *"How did you hear about the public consultation?".* A total of 142 responded to this question. The largest number reported hearing about the consultation through the social media (34%), radio was next (24%) with recommendations and other sources next ahead of newspapers (online and in print). Thirteen participants indicated that they had heard about the consultation either through email, post, social media, the MHC webpage, or work colleagues.

2.3 REVIEW OF EVIDENCE RELATING TO FOCUS GROUPS INTERVIEWS

2.3.1 Focus group process

This section sets out the result of an analysis of six focus group discussions designed to address the single research question: *"What are the most important areas that need to be presented or emphasised to a greater extent in The National Quality Framework and its associated Self-Appraisal Toolkit?"* Follow up probing questions were asked based on the content or theme of response.

Six focus group consultations were held between August 6th and 18th 2021. One further focus group was held on the 19th of November with 10 members of the MHC Inspectorate who were unable to attend previous focus groups. In total, 39 participants took part in the initial six focus groups. Three hundred and fifty-three comments were analysed. Each interview was conducted by an experienced interviewer supported by an invigilator/technology expert. Content analysis was used to identify themes from the transcribed evidence. Focus group discussions were semi-structured in nature. The consent of each participant to be recorded was sought and gained. Participants were also informed that their comments would be included in anonymous form, in that reference would only be made to their organisation or service. Interviews lasted from 35 minutes to 75 minutes in duration.

2.3.2 Data collection and analysis

Data were collected by means of multi-person focus group discussions with stakeholders. There were challenges recruiting busy health professionals who were still immersed in managing a pandemic. The original target of eight focus groups had to be reduced to six for this reason. A seventh focus group was subsequently held with representatives of the MHC.

Discussions were digitally recorded and transcribed verbatim. The topic guide was designed to address the single research question as previously set out. Data were analysed according to the content analysis method as defined by Krippendorff (2004) in Parahoo (2014) (Appendix 2). The emergent codes created during the encoding process was conducted line-by-line on every contribution made in the focus groups. Each cycle of coding, retrieval, analysis, and reporting was supported by a codebook and other evidence. Many of the comments were also reflected in the evidence accessed from the literature review.

The eight phases of this study included importing focus group transcripts into a table for NVivo analysis. Codes were assigned clear labels which contained the text segments (Maykut & Morehouse 1994, pp.126-149). 54 open codes were developed at this phase of coding. Data reduction occurred resulting in a final framework of codes. The next phase involved writing analytical memos against the higher-level codes to accurately summarise the content of each category and its codes and to propose empirical findings against such categories in order to create a narrative into a story which is structured and can be expressed as a coherent and cohesive set of outcome statements or findings report. Validation involved testing and revising analytical memos by seeking evidence in the data beyond textual quotes to support the stated findings and seeking to expand on deeper meanings embedded in the data. This process involved interrogation of data resulting in evidence-based findings. The final phase involved synthesising analytical memos into a coherent, cohesive, and well supported outcome statement or findings report offering a descriptive account of participants perceptions of what is needed to deliver a quality mental health service. These are important areas that need to be represented in The National Quality Framework.

2.3.3 Results from Focus Group Analysis

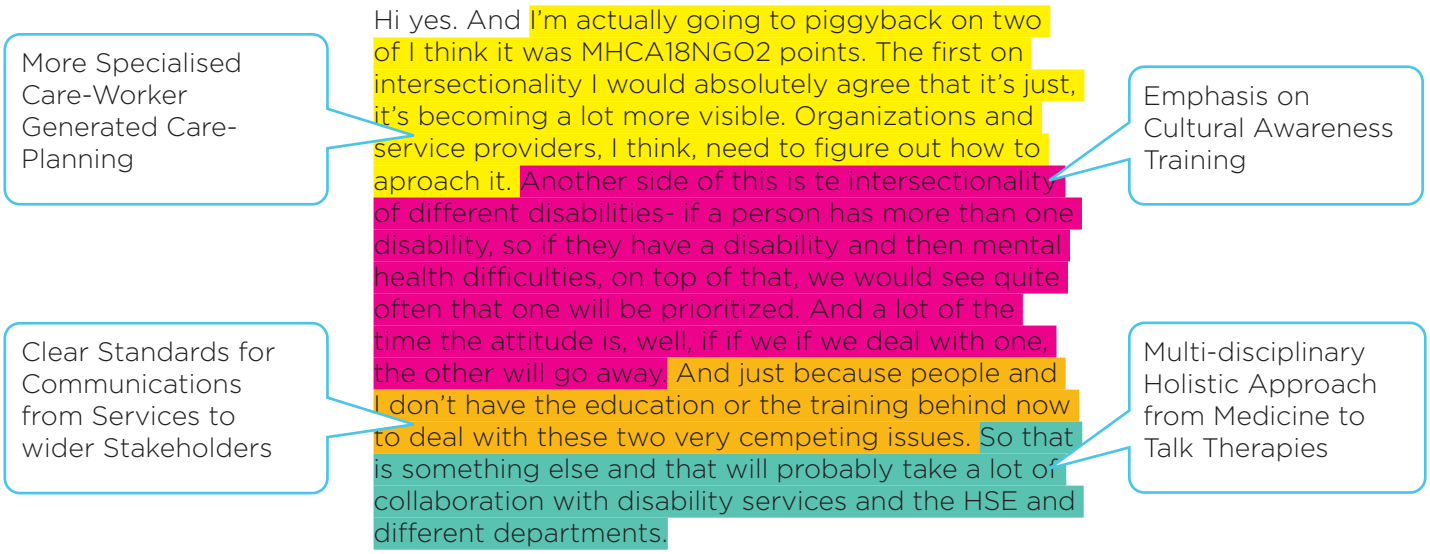
There were seven headings under which 353 comments were analysed (Table 11). These seven categories which served as prompts in the six focus groups were designed to address both research question and to explore participants' beliefs concerning what is needed to deliver a quality health service and what are the most important areas that need to be included or be emphasised to a greater extent in the new MHC Quality Framework.

Table 11: *Core categories x Focus Group (FG) responses*

Core Categories x Focus Group Responses	FG1	FG2	FG3	FG4	FG5	FG6	Total Comments Recorded
Governance	9	14	14	14	9	10	**70**
Continuous Professional Development and Training	4	15	6	9	20	6	**60**
The Role of Care Plans	6	12	11	11	6	11	**57**
Culture and Values	3	8	5	9	10	11	**46**
Gathering and Dissemination of Information	4	8	7	9	8	10	**46**
The Role of advocacy	4	7	6	6	7	10	**40**
Resources and Funding	6	6	3	6	9	4	**34**
Total Comments Recorded	**36**	**70**	**52**	**64**	**69**	**62**	**353**

While there were 353 comments recorded against seven core categories, the tables below showing coded content under these categories may accrue to many times that number. This is because submissions may be coded to multiple codes as a unitised text segment may contain several units of meaning. For example, the submission from one participant was coded to four codes under three separate categories as shown Figure 2:

Figure 2: *Example of how response may match to multiple codes*



The study findings are presented in seven parts that correspond to the research question, and these core categories are now set out below. The seven parts are listed in order from those most frequently discussed during the focus group to those least frequently discussed:

- Part 1 – The Role of Governance
- Part 2 – Continuous Professional Development (CPD)
- Part 3 – The Role of Care Plans
- Part 4 – Culture and Values
- Part 5 – Gathering and Dissemination of Information
- Part 6 – The Role of Advocacy
- Part 7 – Resources and Funding

Part 1: The Role of Governance

All six focus groups raised governance with 93 separate comments recorded under this category. In Table 12 presented below six of six focus groups identified the importance of KPIs required to measure outcomes and four groups identified the need for clear standards for specific services. Four groups identified that clear standards of governance were required, and the same number want governance to be outcomes rather than process driven. Greater emphasis on accountability and on the need for rights based standards were mentioned by three of six groups. The reality of service delivery and frameworks having clear objectives were mentioned by two groups and just one group mentioned the legislation framework as being overly constraining and the need for political will accountability.

Table 12: *Elements of governance*

Elements of governance	Number of focus groups contributing
Key performance indicators required to measure outcomes	6
Targeted standards for specific services	4
Clear standards of governance required	4
Outcomes rather than process driven	4
Greater emphasis on accountability	3
Rights based standards	3
Should reflect reality of service delivery	2
Framework has clear objectives	2
Legislative framework overly constraining	1
Political will required for accountability	1

Key performance indicators

There were 25 contributions coming from all six focus groups that raised key performance indicators as being a necessary component of any revised Quality Framework as this element is absent in the 2007 document. Participants articulated the argument for inclusion of key performance indicators in any quality framework and argued that outcome, rather than process measurements are needed and that quality frameworks work only if those subscribing to it are audited. A Consultant Psychiatrist commented:

> *So, one of the things that I would notice as a psychiatrist is there's very little attempt to say, you know, someone's care plan has got an MDT input and it's all signed off, and the fact that it's an awful care plan and it's completely inappropriate and it's the worst possible thing this person could have for them is irrelevant. That's not judged. That's not what's assessed- as long as all the boxes are ticked in and the things are signed.*

Targeted standards for specific services

There were eighteen comments related to targeted standards for specific services coming from four focus groups. Participants believed there should be targeted standards for specific services:

> *I think the broad parameters of quality are applicable to any service be it a counselling service, a cancer service, etc. But what that looks like on the ground in terms of how you measure it is going to be different depending on the type of service...One of the difficulties is referring to mental health services as a generic entity, as it were. And I suppose psychiatry fits within a particular part. And in many ways, we should nearly really be rebranded as the mental illness services. I'm not sure what the best name would be, but, you know, there are different levels of mental health care. And it would seem to me that in having an umbrella term such as mental health services, it causes confusion because what I work in is very different to where the previous speakers work. And we have different goals, different structures and different remits.*
>
> *Consultant Psychiatrist*

So, I'm working in the children's mental health service … we have lots of children coming in, say with anorexia who might have been in the hospital because they're medically unwell or who have quite a lot of, you know, quite significant depression or anxiety, those kinds of symptoms. But it's quite different to an inpatient setting, which I think the framework document referenced the last time… And I suppose I just felt that it would be very useful if they did a pilot of how the framework would be relevant or how to change some of the framework when it relates to children's mental health services, because they're quite different to adult mental health services.

Consultant Psychiatrist

Ten participants from four focus groups raised the need for the revised Quality Framework to embed clear standards of governance. There were ten comments from four focus groups that centred on current governance practices being too process driven and consequently, the revised Quality Framework should focus more on outcomes. There were nine contributions from participants in three focus groups that believed the revised Quality Framework must be designed to hold people at all levels in the system to greater account.

Accountability:

One comment refers to accountability:

I think someone needs to take the lead in these things and someone needs to be held accountable for final decision making. And someone needs to be able, the senior clinician needs to be able to make a decision, when it comes to decision making time in relation to care and treatment… I'm working with other nurses, will have different points of view. And neither one of us may be right or wrong or whatever. And I think that that needs to be heard within it, within the multidisciplinary team….And I think that if they are poor practitioners, there has to be an easy way of reporting.

Advanced Nurse Practitioner

Rights based standards

There were eight comments recorded from three focus groups where participants cited the need for rights-based standards to be included in any revised Quality Framework and further backed up by legislation:

When I read the quality framework from 2007, the biggest thing that jumped out at me was that it didn't take into account the UN Convention on the Rights of Persons with Disabilities, which has since been ratified. So, it was fair enough that it didn't take it into account when in 2007, when it was only ratified by Ireland in 2018. So, I know there is quite a significant move across all government departments and public bodies to contextualise all work done on disability in the UNCRPD. So, I would suggest that the framework is grounded in that as well.

Government body

Just a brief point in relation to the advocacy point as well, I suppose what might be helpful as well and kind of unifying things, for reference to human rights standards as well in the document, and such as maybe a clear and explicit statement about culturally inclusive practice, about anti oppressive anti-racist practice as well. And in the framework, I know as well, there is plenty of references that we need to be all tying in together the housing, social welfare and so it's kind of alluding to the evidence of psychosocial determinants. But I think what would be helpful as well is if that's iron-clad a bit more that service users have a right to a social worker, psychosocial assessments by a professional qualified social worker to really get that early on into their recovery.

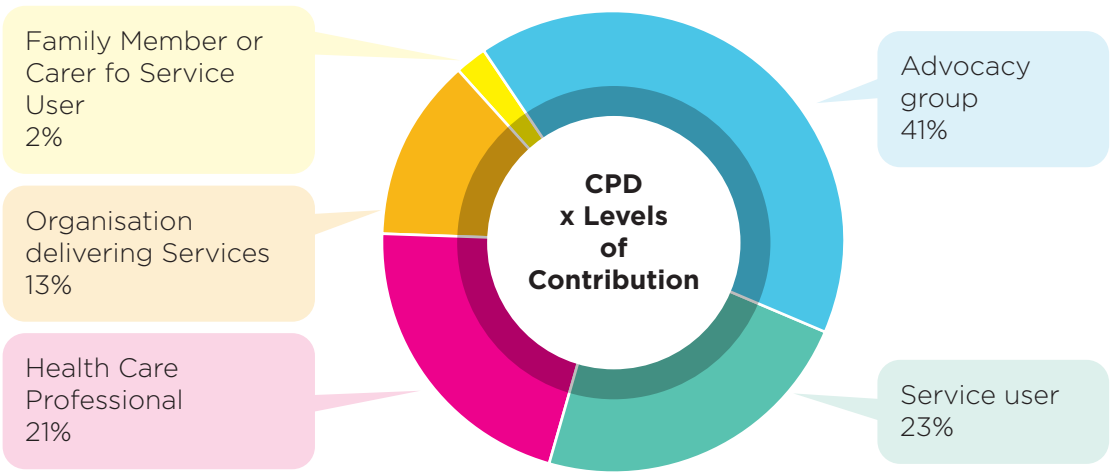
Private provider

Focus group participants want providers to continually review their arrangements for compliance and promote continuous improvement of the quality of services provided to residents of Approved Centres. It was acknowledged that while the Judgement Support Framework has been developed to support Approved Centres in complying with statutory regulations, its scope does not encompass all aspects of quality in mental health services. Approved Centres are the only mental health services currently required to comply with statutory regulations. In contrast, The National Quality Framework has a much broader scope and promotes a focus on quality outcomes for people who use any mental health service.

Part 2: Elements of CPD

The importance of all staff being empathetic, kind, caring and well trained should not be understated because it was raised by every represented group. There were 61 comments from six focus groups that centred on the need for greater emphasis on CPD in any revised Quality Framework. Service users were proportionally overrepresented in discussions concerning CPD and empathetic therapeutic relationships. Service users represented 3% of the study population but 23% of comments recorded. When advocacy groups are added to service users, these two groups contributed 64% of all contributions. Healthcare professional represented 38% of the population but 21% of contributions concluded that CPD and staff with empathy were of the greatest significance to those using the service or advocates of service users. See Figure 3 for CPD by levels of contribution.

Figure 3: *CPD x levels of Contribution*



There were 61 comments from six focus groups that centred on the need for greater emphasis on CPD in The National Quality Framework. One service user argued that the growth in online training as a result of Covid-19 should open up greater opportunities and efficiencies to increase access and frequencies of CPD on offer to HCPs:

> *I do forty hours CPD a year as an accountant and it's all done online. You know, it's a way of life now because of Covid. And I think it enables even more training to be done. … like you're talking about forty-five people; I've been on training courses where there's a couple of hundred and they're so well organised and they did breakout rooms and they come back…. I think everyone now has gotten used to technology like it's on our phones and computers. It's on everything; you can have it on your TV if you want, so, if people have access to any sort of broadband at all, they can get training, and you can have your one-to-ones as well because GPs are doing one-to-ones. So, it is there. It reduces costs, so you don't have to hire a room… And then the people who are delivering it will from the answers, pinpoint who needs further care. I think it's the way forward.*
>
> *Service user*

CPD was not only discussed in the context of HCPs, but wider stakeholders who may not deliver direct mental health services but support service users through their roles as advocates or related professions such as social work. This argument was well made by one such contributor:

> *It isn't that complicated. Again, with four years, I'm working on this as a social worker for 25 years, and we've always felt ill equipped to deal with mental health and children with either suicidal ideation or people who are… and we have parents coming into us every day very, very stressed and very traumatised, and what we got was two workshops from our local primary care psychologist and one for Barnardo's, just giving us basic information around not to panic because this training is very good. That helps you really well around not being afraid to manage or talk about mental health with people and normalises it, but just to be there and listen and know that you're not going to make things worse.*
>
> *Regulatory body*

> *Health care staff are now the first organisation to provide training online to health care professionals, not only to midwives who work with bereaved parents … neonatal nurses, it's anyone who comes in contact … it's just about the funding hasn't been there. And I think there is a demand for that because there has been a huge uptake of that training and to … so, this particular training is online, I think it works best because with Covid….*
>
> *Support service*

Emphasis on kind and caring and well-trained staff

There were 24 comments from six focus groups that centred on the need for greater emphasis on staff having empathetic therapeutic relations with service users and their families and carers backed up with quality training in any revised Quality Framework. Service users, healthcare professionals, advocacy groups and organisations delivering services all raised the need for emphasis on kind and caring and well-trained staff. Professionals working with acute and community mental health services were mentioned as important contributors to the revised Quality Framework. Professionals and advocacy groups were mentioned mainly in a positive light. Comments made include:

> *The one thing we look for more than staffing and anything else is interpersonal skills? Yeah, this I'm not sure if we concentrate enough on those interpersonal skills and we need to really look at the quality of those; what they look like.*
>
> *Support service*

> *I think it's critically important that anyone working within a mental health service be at a primary care level, wellness orientated or within the area that I work in are able to formulate someone's lived experience within a psychosocial formulation. So, to be interpersonally effective, it's not about telling people in a didactic way, it's about hearing them, listening to them, conceptualising with them where they're coming from, what's happening for them at the moment, and most importantly, what they're being well, may look like in a psychosocial context.*
>
> *Consultant psychiatrist*

> *There's training of the health professionals and everybody involved in delivering mental health services. And I'm still, I suppose, taken aback and I'm not just talking about mental health, just the breadth of health services and how they're... we seem to almost educate out the empathy in a lot of our health professionals and how to maintain that core of kind of human, humanity humanness, a human relatedness that that almost everybody who comes into the sector comes in with that in mind. That's why they're there in the first place. And it seems to be lost in different ways along the way.*
>
> *Non-governmental body*

Part 3: Care Planning

The third most discussed element of the Quality Framework (2007) concerned the role of care plans. Six focus groups discussed care plans with 67 separate comments recorded under this category. Twenty seven comments made by six groups emphasised service user inclusivity in care planning. Twenty four comments from six groups identified the need for multidisciplinary holistic approach from medicine to talk therapies. Seven comments from four groups highlighted the need for more specialised care worker generated care planning.

There were six contributions from three focus groups that centred on the need for a greater emphasis on the recovery model in care planning and six comments from three groups focused on recovery models. Three comments from three groups identified the need for standardised care plan structure. Just two comments from one group required the need for political accountability.

Service users, HCPs, family member or carer of service users and advocacy groups all raised the need for The National Quality Framework to place emphasis on multi-disciplinary holistic approach from medicine to talk therapies.

Service User Inclusivity in Care Planning

There were 27 comments from six focus groups that centred on the need for greater emphasis on service user inclusivity in care planning and delivery in The National Quality Framework. Comments included:

I suppose one of the less tangible things that's needed is the kind of orientation and the inclusion of people with lived experience more directly. So, I suppose in [name of advocacy support group] we emphasise a lot the kind of process of co-production. So that's really working alongside and not in a top-down way, but alongside people with lived experience and their family members and actually, at the very beginning, designing and developing mental health services so that they are as responsive and appropriate, and person centred as they can be.

Non-government body- Advocacy group

But what's essential then for a staff on the floor is that there are individualized person-centred care plans which are based on a comprehensive assessment, identify the individual needs of the service users, whether they're homeless or from an ethnic minority, or have specific religious practices or what have you. And that's as part of the care plan whatever actions that are required to be taken to meet the service users' needs are taken in and with individuals who are responsible for delivering on those actions.

Private provider

But in relation to co-production … I'm in agreement with it. I suppose it's we're coming from a very paternalistic background in a very kind of medical model background, and I think that that's perhaps very slowly changing. And I suppose that that's kind of the basis that we're starting on. So, I think that as time progresses and even within my career, I can see that we're starting to do a little bit more co-production; probably not enough. And it's, I suppose, within some certain circumstances, I think that we continue to have to be a little bit paternalistic regarding keeping some people safe and whatnot, and maybe they're not able to engage with a co-production at certain points of their illness. But I absolutely think that it's an essential component going forward across kind of all services and not just kind of big ones.

Advanced Nurse Practitioner

Multi-disciplinary Holistic Approach from Medicine to Talk Therapies

There were 24 comments from six focus groups that centred on the need for greater emphasis on the importance of a multi-disciplinary approach to care planning that included a range of supports from medicine to talk therapies:

When I read the policy framework, I have two concerns. One of them is that it really focuses on mental health services, and it doesn't focus on wider health services. One of the things that we see a lot of is outright abject discrimination against people who are attending mental health services. You can't see a dietician. You can't access a physiotherapist like you can't see a speech and language therapist purely because of your status as a mental health patient. Because that's one thing, I think. I think the focus on mental health services is being obliged to do this separation from the rest of the health service is in itself discriminatory because it silos people and it's removes obligations on other services to do things.

Consultant Psychiatrist

I think any psychiatrists work where we're very clear that, you know, as it is for physical health, you know, what is health in general, it's a spectrum from being globally well to being unwell or sick. And I suppose all mental health is physical health. And I think what needs to be addressed is a broader public health perspective that incorporates mental and emotional wellbeing, health and illness within its remit.

Consultant Psychiatrist

We're trying to look at a one stop shop in the … and somebody to coordinate that. And we're very lucky to have recently had [project name] and a multidisciplinary team pilot project here, which is actually giving us much better access because each school now has a team based there which would have their primary care psychologist, speech therapist, occupational therapists and NEP psychologists working together, which is fantastic. And that's the model we're looking at developing.

Independent statutory body

More specialised care-worker generated care-planning

There were seven contributions from four focus groups that centred on the need for more specialised care-worker generated care planning. One health care professional made a cogent argument for change in care planning that would lead to greater quality in service provision:

> *We have key workers, and that concept has proved to be really effective in early intervention teams. So, the key worker is the point of contact, a single contact for a family service user so they can contact that person. That person knows exactly what should be happening, where it's happening or can find that out for the person. It's very difficult to navigate health services in Ireland, even if I'm trying to access things myself or family members. It's really hard unless you know the system. So having a single point of contact and the person that's dedicated to that role that has the time to do that is really important in terms of supporting family, supporting the team and then making the quality of that service much better....*
>
> *Healthcare professional*

Notwithstanding the argument of individualised care worker plans, others nevertheless supported the concept of more specialist care planning as a hallmark of quality in the delivery of mental health services:

> *I think the question is configuration of services. And again, this generic idea of a mental health service, it may be, and I'd welcome the opinion of others, but I think we need to be talking about primary care based mental health services being very different from secondary care based mental health services, which should be specialist. ...And what you can't get in primary care. . And I think it's really helpful to hear people talking about mental health but what we hear less of is mental illness.*
>
> *Consultant psychiatrist*

Greater emphasis on recovery model

There were six contributions from three focus groups that centred on the need for a greater emphasis on the recovery model in care planning. One participant argued that what is referred to as 'co-production' is often a nod to inclusivity of service users and that true recovery models begin at the care planning stage and do not involve bringing in the service user after the fact meaning that The National Quality Framework must have a greater emphasis on proper use of recovery models built in, is given in the following comment:

> *I think you can look at, the strategy for recovery and we need to talk about sort of mental wellness in the context of the quality framework.*
>
> *Healthcare professional*

Standardised care plan structure required

Participants described the role of care plans in The National Quality Framework as one that emphasises service user inclusivity in a multi-disciplinary approach inculcating medicine and talk therapies with care plans that are more specialised and involve key care workers and which place great emphasis on recovery models and care plans that are drawn from specialised, yet standardised templates. There were three contributions from three focus groups that centred on the need for a standardised care plan structure:

> *Given the fact that there is there isn't a standardised care plan template and each service or each service provider within the service in certain circumstances use different versions of a care plan. And so, the idea of a care plan is hugely valuable and it's hugely valuable to service users. And when you give a presentation or talk to service users about what a care plan is and their ownership of the care plan and their involvement in the care plan, they perceive it to be hugely valuable and their family members perceive it to be hugely valuable as well. So ultimately, I think there is huge value in a care plan....*
>
> *Private provider*

Part 4: Information and information systems

The fourth most discussed element of a Quality Framework concerned the role of information and information systems. All six focus groups discussed this topic with 66 separate comments recorded under this category. Twenty six comments from six focus groups raised the issue of gathering mechanisms to inform future planning of service. Public participants spoke of the lack of action planning for executing the existing Quality Framework. Just over one in every six submissions cited a lack of planning for execution of aspirations set out in the Quality Framework (2007). Participants believed that the framework urgently needed specific outputs, outcomes, and measurable deliverables. Twenty three comments from six groups identified the need for clear communication between services and the wider stakeholder. Twelve comments from three groups identified the need for standards for IT infrastructure. Five comments from three groups expressed the importance of having research led evidence-based policies and procedures.

There are three standards for information gathering and dissemination in the current MHC Quality Framework. Twenty five of 33 participants from six focus groups raised the issue of gathering and disseminating information in some form during focus group discussions. Participants described the gathering and dissemination of information as an element that is understated in the current MHC Quality Framework and one that has failed to translate to practice. They suggest that any new quality standards must embed standards for gathering data to plan future service delivery and have clear standards for communicating with wider stakeholder groups supported by standards for IT infrastructure - all serving to inform evidence-based practices that are grounded in research.

Part 5: Culture and values

The fifth most discussed element of MHC Quality Framework concerned the role of culture and values. All six focus groups discussed this topic with 53 separate comments recorded under this category. Service users, HCPs, advocacy groups and organisations delivering services all raised the need for emphasis on cultural awareness and training. Advocacy groups spoke more about culture and values than any other group represented in the focus groups. Participants described the role of culture and values in The National Quality Framework as one with a strong emphasis

on cultural awareness and training that is patient centric with an emphasis on continuity of staff and care.

Emphasis on cultural awareness training

There were 27 contributions from five focus groups that centred on the need for an emphasis on cultural awareness and training because the service user base has changed considerably since 2007. Cogent comments were made:

> *I suppose we have individualised care plans, but how deep do we really go? How deep can we go I guess in terms of some things are a box ticking and we may understand somebody's availing of halal food because of a religious belief. But I think really deep down in terms of culture and how do we look at that social interaction? You know, when you're dealing with members of the Traveling community and other service users are bringing their prejudice and don't want to share a room because somebody might smell, or they have a perception somebody's going to steal something or somebody who can't really express themselves and how we book interpreters. And you can only have an interpreter every Tuesday from the hours of two, two and four o'clock or four and six o'clock. And you may have somebody that on that particular Tuesdays is quite unwell. And also, I think social workers get landed with a huge amount. And I often find myself talking to our own team and saying, what is your role? Because we seem to think social workers just do everything.*
>
> *Healthcare professional*

> *There are the Travellers; whether it's the GP referral or onward referral to mental health services and equally then working with the mental health services to be able to work in a culturally appropriate way. And I think, there is a saying that I hear a lot no one size fits all for mental health services. I've been a mental health service provider for many, many years before I took on this particular role. I suppose the service is often very much in a way that, you know, people come in, they are referred in and there is a there's an onus on service user to engage and to participate. And there's many, many barriers from the Traveller's point of view in relation to attending a service. And equally from a service providers point of view, it's really understanding how best to engage with Travellers. And a lot of it then is maybe that lack of cultural awareness. And I suppose what I would really like to see going forward is that services would be more culturally competent to work with Travellers. And there is training being developed-, you know, service providers within services would have that training, would have access to it, and would have, I suppose, an openness and a willingness to engage in training that's going to actually make that connection and bridge that gap because there's a massive gap as it stands.*
>
> *And I suppose the other thing that I'd be really interested in as well, I'm actually currently doing a bit of work on this, is trauma informed practices. And I think that's very, very relevant to our Travelling community and other minority groups, and particularly for Travellers, where a lot of Travellers would have experience of trauma. And if a service then is trauma informed, that's actually, again, going to be another way to support bridging gaps. And I suppose the one size fits all, it's very much a clinical model as well and sometimes it's very much around what are the social determinants of mental health as well for Traveller communities. There are a huge number of issues that impact on their mental health.*
>
> *Representative body*

We put a lot of emphasis on evidence based, but we also need to look at values-based practice, which is basically enabling practitioners to kind of negotiate and work with people based on their value systems that comes into play. And if you look at Bill Fulford for instance, a psychiatrist, he's written quite a bit about this. It's really interesting to look at so values based, not just evidence based, because values are very much at play when you work with people.

Support service

Patient centricity

There were 18 contributions from six focus groups that discussed the need for an emphasis on patient centricity so that from service design to delivery, the patient is always placed at the heart of all processes derived from standards in a quality framework:

Look, I think it needs to be people centric. This needs to be centred on people who are suffering. It's not about, like you're speaking about quality and you're speaking about recovery. And [other participant] is correct, you know, certain people, there's not going to be any kind of recovery. It's about dealing with it and being able to take that as part of your life and move forward. It'll never go away. And I honestly believe that you know that the real problem is that you're trying to fit square people into circle holes when it comes to mental health therapies and stuff like that, that everybody needs to be assessed on their own for their own requirements. You know, there'd be no point in me speaking to somebody who is a specialist in something else than what I needed. Now granted, as I said before, when I got into the system, the level of care was awesome, and they were able to do that. But I honestly believe that needs to be put before the whole thing. It needs to be people centred, it needs to be patient centred because mental health is an illness, you know?

Service user

People's responses are related on the sense of how they feel valued or how they feel about themselves. So, for instance, for someone to get a diagnosis and this isn't everybody, but for some people perhaps taking medications, if this happened to them and this is how they're receiving this and by the way, you have a flawed character, there's something just not right that you need to correct it by a tablet or corrected by a piece of electricity or needs corrected and here's what is wrong with you. And you may not recover. That's some of the messages. And I'm not saying I'm not making a judgment. That's how people receive this. So what needs to be understood if we want a qualitative environment for people, good quality social relations and all the rest and the personal skills of staff, as we now understand that people resist services because they feel devalued, because they feel disconnected, because they feel judged, because they've been given a diagnosis, because they've been given medications which they think is there to correct them as an individual. There's something wrong with their character needs correction.... you have to work with that and accept their interpretation, get proper interpersonal skills. You might be able to work better with that person.

Support service

Continuity of staff

There were eight contributions from three focus groups that discussed the need for an emphasis on continuity of staff as an important aspect that should be designed into and emphasised in The National Quality Framework.

Its showing that you care and listening to the person and making sure that they feel that they've been listened to and also a continuity of care as well. I think it's important that possibly if you could at all meet the same person, that they you don't have to retell your story over and over and be asked the same question. We're starting page one again. So, we're seeing the same person again, if at all possible, and building up a relationship with that person. They know your story. They understand where you're coming from and you feel that they actually care about you, your well-being.

Support service

You know, we've had a big increase in referrals. And I think that that's a really good sign because I think people are happier to look for support in general, like young people and families are happier to look for support. And I think the difficulty is that there hasn't been an increase in staffing. So, for example, from 2006 to 2016, the increase in referrals for our area was between 50% and 376%. But zero increase in staffing. And the problem is, like these young people, you can't see them for five minutes, like you need to develop a relationship with them, for them to actually tell you what's going on in their life. A lot of the time when you do that you might find out there's something significant happening, like bullying or abuse. And you're not going to get people to confide in you if you can see them for short periods of time. So, I'm really concerned about that side of things that we need to properly resource these services.

Consultant psychiatrist

While a participant makes the point in relation to continuity of care, the resource issue raised in this contribution will be discussed in-depth in the 'Resources and Funding' part of this document.

Part 6: Advocacy

The sixth most discussed element of a Quality Framework concerned the role of advocacy. Five focus groups discussed this topic with 46 separate comments recorded under this category. Five groups made 29 comments placing emphasis on advocacy in any new Quality Framework and 17 comments placed greater emphasis on family involvement.

Participants described the role of advocacy in The National Quality Framework as one which places emphasis on the concept of advocacy in all its forms and for all stakeholders and which includes the family to the greatest extent possible, notwithstanding the legal and ethical privacy protections for service users to which the framework must adhere.

Part 7: Resources and funding

The seventh most discussed element of a Quality Framework concerned the role of resources and funding. Focus groups discussed this topic with 39 separate comments recorded under this category. Twenty comments from four groups placed emphasis on responsiveness and accessibility at the point of need and three out of every five public consultation participants thought access to mental health services at the point of need was the single most important aspect to delivering a high-quality mental health service. One public participant said:

> *Ease of access. A person with a severe mental illness may not be able to advocate for themselves or have the motivation to do so when at their worst.*
>
> *Public participant*

Six comments from three groups related to the need for appropriate staffing levels and five comments from the same number of groups related to adequate resources such as facilities, training, and well-resourced community supports. Four comments from three groups raised the need for adequate resources and three comments from two groups were related to adequate funding. Three comments from two groups responded on the need for the new Framework to include references to the requirement for modern and well-designed facilities that are fit for purpose. Just one comment from one group raised the need for community services funding to be prioritised in a new framework.

Participants described the importance of the role of resources and funding in The National Quality Framework as one which understands the importance to stakeholders of services being responsive at the point of need and of having appropriate staffing levels as well as other resources such as facilities, training and well-resourced community supports.

2.3.4 Conclusions

The focus groups provided participants an opportunity to discuss the most important areas that need to be presented or emphasised to a greater extent in The National Quality Framework. This added depth to the information gaining in the public consultation survey. Focus group participants identified seven key aspects of a high-quality mental health service that were in some cases present in the current MHC Quality Framework but perceived to be understated in many instances, were too vague, or not representative of the reality of the delivery of mental health services in Ireland today.

They also identified elements they believe to be missing altogether in the current framework. The insights gained from these focus groups build on the findings from the 156 stakeholder submissions previously analysed. Participants believed the role of governance in the current MHC Quality Framework was significantly understated. CPD and the role of care plans needed greater emphasis. Gathering and disseminating information needs to be supported by an up-to-date information and technology. The importance of culture and values, the role of advocacy and having adequate resources and funding concluded the seven key aspects identified by participants.

2.4 REVIEW OF EVIDENCE RELATING TO INDIVIDUAL INTERVIEWS

This section sets out the result of thematic analysis of five interviews designed to address a single research question: "What are the most important areas that need to be presented or emphasised to a greater extent in a new Quality Framework?" The interviews were conducted on behalf of MHC by the Faculty of Nursing and Midwifery, RCSI as part of the consultation process. Five interviews were held with seven participants between 23rd August 2021 and 7th September 2021. These interviews were arranged by the project team as participants had been unable to attend the focus groups for various reasons and had expressed a desire to present their views.

Each interview was conducted by an experienced interviewer supported by an invigilator. Interviews were semi-structured. The format of each interview mirrored that undertaken for the focus group interviews as outlined previously. Each interview was transcribed and checked for accuracy. Thematic analysis was conducted on each transcript with key themes identified.

Analyses indicated that some elements of a high-quality mental health service were found in the Quality Framework (2007). It was also perceived that the Judgement Support Framework (2015) was being more widely used than the Quality Framework. Findings identified many of the elements also found in the public consultation and focus groups. The Quality Framework was recognised as a good document that can be further enhanced. Governance, data gathering, communications and advocacy were mentioned by all participants in a similar vein to that obtained from analysis of the focus groups.

It was considered important that services would be staffed by an educated, culturally aware, multidisciplinary workforce from, and working across, societal and healthcare boundaries. Services would be delivered locally, be reflective of the people they serve, and incorporate holistic approaches within a biopsychosocial philosophy. Again, comments were similar to or enlarged upon those made by focus groups.

It was recommended that it would be a mainstream service for all regardless of one's social, economic, ethnic, or cultural background; but it would be flexible enough to facilitate the needs of specific individuals and groups.

Information was provided in relation to innovative work practices. Comments made included:

> *The service would value innovative approaches to care and non-standard ways of working and would explore opportunities for clinical nurse specialist and advanced nurse practitioner delivered care.*
>
> *Regulator*

> *Issues such as literacy, trust and stigma must be addressed in relation to Travellers and all disadvantaged groups in society.*
>
> *Traveller representative*

The introduction of fundamental human rights for members of ethnic minorities and indigenous groups in other jurisdictions noted.

Traveller representative

Systems needs to allow access by GP's, the hospital staff, and staff in community and acute care along the continuum of care from a quality perspective.

Regulator

Digital technology needs to be developed to enable patient health record viewing within different platforms.

Regulator

The interviewers expressed their gratitude for the time, knowledge, experience, and insight of the participants involved in the interview process and their vision for an equal, efficient and effective quality mental health service that improves access and prevents crisis. Analysis of themes extracted from comments provided by individual interview participants are presented in Table 13.

Table 13: *Summary of analysis of individual interviews*

Laws governing mental health services in Ireland	Greater clarity needed relating to the Mental Health Act Section 16 and the Statutory Instruments pertaining to these regulations. Utility of the Judgement Support Framework noted. The Regulator and the service view quality differently which can result in constructive disagreement which can drive forward care, planning, assisted and involuntary admissions and other areas in a positive manner. The QF was viewed as applying to all mental health services including Approved Centres, yet the focus of the Commission is on regulatory compliance and the Judgement Support Framework.
Legislation needs for National Quality Framework	The Mental Health Act must be operationalised in a way that is sensitive to the service user, their families and community. Suggestion to incorporate the Judgement Support Framework into the Quality Framework with just one document used as part of the inspection process. Issues of confidentiality and consent noted, particularly when consent is not available. This poses difficulties for family and staff as family members are not advised about the patients' condition. The Judgement Support Framework is interpreted by professionals as restricting them to being unable to confirm or deny the patient's condition if the consent of the patient has not been given.
What 2007 Quality Framework contains	QF recognised as a good document that could be improved. QF is a simple to use tool which lists all regulations. QF is accompanied by a fantastic audit tool and audit kit. Provides evidence of a quality service. Takes the same kind of approach as the Judgement Support Framework. The QF audit could be used as part of the Health Service Executive general governance audits.
Needed for inclusion in National Quality Framework	Need for a standard quality improvement approach across services. Integration across various government publications is recommended. Suggestions include incorporation of Sharing the Vision, A Vision for Change and Sláintecare into the revised Quality Framework. Measures being used for inappropriate restraint of patient's needs reviewing. Need to maintain therapeutic relationships with patients and to recognise therapeutic clinician-client boundaries. Quality and recovery are interlinked and while the QF focuses on quality once the person is in the system, more focus should be put on prevention, early intervention, and recovery. Need for the care being delivered to a patient with anorexia should be quality assured by use of the Sharing model where the Clinical Nurse Specialist in charge of the anorexic services comes to the general hospital and provides the care plan and educates staff on the psychiatric care the patient needs, including follow up.

Needed for inclusion in National Quality Framework	Greater use of digital technology with an integrated IT system in place. System needs to allow access by GP's, the hospital staff, and staff in community and acute care along the continuum of care from a quality perspective. Digital technology needs to be developed to enable patient health record viewing within different platforms.
Challenges identified in 2007 framework	Common challenges across many ethnic minority groups, not just Traveller or Roma, so targeted approaches to the delivery of a quality mental health service needed. Issues such as literacy, trust and stigma must be addressed. While recognising the impact of Traveller Health Units, participants noted that these were under-resourced to deal with mental health, their focus being primarily on chronic health conditions. Health and safety policies on building sites were used as an analogy to describe the importance of safety. Fear of pre-judgement and discrimination seen to further mental health issues and decrease accessing of services. The introduction of fundamental human rights for members of ethnic minorities and indigenous groups in other jurisdictions noted.

2.5 ADDITIONAL CONSULTATION PRIOR TO FINALISING THE NATIONAL QUALITY FRAMEWORK AND SELF-APPRAISAL TOOLKIT

Following the public consultation, focus group, and interview process a draft of The National Quality Framework and Self-Appraisal Toolkit was devised by the Faculty of Nursing and Midwifery, RCSI and submitted to the MHC for consideration in advance of a focus group with MHC staff.

Following the focus group conducted with MHC staff on the first draft of the National Quality Framework and Self-Appraisal Toolkit in November 2021, further work on the draft documents was undertaken and a second draft of the National Quality Framework and Self-Appraisal Toolkit was produced by the Faculty of Nursing and Midwifery, RCSI. In late March 2022, these draft documents were circulated for review to staff and organisations that had participated in the previous focus groups. Both documents were sent to staff members/organisations representing staff working in mental health services, while only the draft Framework was sent to advocacy organisations. This was due to previous feedback on the first draft which had indicated that there was a reliance on the examples used in the Toolkit to explain the meaning behind some of the criteria contained within the Framework itself. The MHC was cognisant that the National Quality Framework ought to be a stand-alone document; therefore, separate focus groups were held with advocacy/NGO staff to obtain feedback on the Framework, and with staff employed by providers of mental health services to attain feedback on the Toolkit and the examples used within it.

During the period 11 April to 28 April 2022, six focus group meetings and three individual interviews were held to gather feedback on the draft National Quality Framework and Self-Appraisal Toolkit. The organisations and staff members that provided feedback on the second draft of the documents were:

- Mental Health Reform
- Mental Health Ireland
- Pavee Point
- Children Rights Alliance
- Advocacy Manager, St. Patrick's Hospital
- National Advocacy Service
- National Disability Authority
- Mental Health Nurses
- Psychiatrists
- Mental Health Recovery Coordinator
- Occupational Therapist
- Irish Association of Social Workers (special interest group in mental health)
- Cope
- Irish Advocacy Network
- Mental Health Engagement and Recovery Office, HSE
- Traveller Health Unit, HSE
- Nursing and Midwifery Board of Ireland
- Psychiatric Nurses Association
- Head of Quality & Patient Safety, HSE
- Head of Operations and Service Improvement, HSE

The recommendations and suggestions received during this stage of the consultation process were constructive, and the MHC Advisory Group amended the Framework and Toolkit as a result of the considered feedback to produce a third draft of the documents.

2.6 PILOT OF THE NATIONAL QUALITY FRAMEWORK AND SELF-APPRAISAL TOOLKIT

Following the consultation on the draft documents, it was decided by the MHC to send both the Framework and Toolkit to eight mental health services, with the aim of pilot testing the self-appraisal toolkit. Pilot sites represented acute inpatient mental health services, day hospitals, community residences and hostels, child and adolescent services, as well as independent providers. Pilot sites were asked to provide their experience of using the self-appraisal toolkit in relation to relevance and clarity amongst others. Focused interviews with these organisations were conducted in June and July 2022 during which they provided feedback on the Toolkit, in particular. The services that took part in the pilot were:

- **An Grianán** (high support hostel)
- **Brandon House** (community mental health service providing a coordinated approach to the delivery of substance abuse treatment)
- **Carlton House** (24-hour, high-support, community residence)
- **Ginesa Suite, St, John of God Hospital** (CAMHS service in an independent and Approved Centre)
- **Grove House** (community residence)
- **Highfield** (comprised three pilot sites all of which were independently run: the Hampstead unit of the approved centre, the Hampstead Day Hospital and Home-Based Treatment Team)
- **Phoenix care Centre House** (provides specialist tertiary intensive mental health care and treatment for adult patients with a mental disorder that cannot be managed safely in an open adult admission unit.)
- **St Patricks Mental Health Service** (included three Approved Centres - two adult and one child and adolescent - and a number of community, outpatient and day services)

The insightful feedback received from the pilot sites informed the final draft of the National Quality Framework and Self-Appraisal Toolkit.

3. HOW THE CONSULTATION PROCESS INFORMED THE NATIONAL QUALITY FRAMEWORK AND SELF-APPRAISAL TOOLKIT

3.1 INTRODUCTION

The PESTLE analysis, evidence review, and the consultation process has resulted in the development of an evidence-informed and contemporary National Quality Framework and Self-Appraisal Toolkit. The framework places the service user at the centre and is written in a way that it can be applied to diverse settings and service user populations. The National Quality Framework is comprised of a number of themes, standards, and criteria. The **themes** are stated in the framework with the relevant standards and related criteria. The **standard** is a broad statement of the desired and achievable level of performance against which actual performance can be measured. The standard is the overall goal and relates to the person receiving the mental health service and outlines the objective that is expected. The **criteria** are measurable elements of service provision. Criteria relate to the desired outcome or performance of staff or service. Given the broad nature of the framework some criteria may not apply to some services. To assist in measuring attainment of standards and associated criteria, a toolkit has been developed to accompany the National Quality Framework. The toolkit contains information on quality and safety tools, methods for self-appraisal, and a proposed self-appraisal toolkit for the framework. The toolkit can be used by any mental health service wishing to evaluate its service in accordance with the standards and criteria contained in The National Quality Framework.

3.2 RECEPTIVE CONTEXT FOR CHANGE

In developing the National Quality Framework and Self-Appraisal Toolkit, the MHC acknowledges the need for change in mental health services in Ireland. The receptive impetus for change is based upon four major contributions that formed The National Quality Framework. The first impetus relates to what participants told us during the consultation process. The second is as a result of the work undertaken by MHC in advocating for change. The third relates to the various organisations who have created the impetus for change through their various publications. The fourth relates to some recent initiatives identified through the evidence review with have the potential to influence change. During the consultation process participants told us clearly that the mental health service needed to change, that it was often not meeting the needs of service users, those delivering services and organisations supporting service delivery.

3.3 ESSENTIAL ELEMENTS OF A NATIONAL QUALITY FRAMEWORK

Participants believed that the link between quality and recovery is recognised and that quality improvements are driven by reliable data. Participants were vocal on the role of governance as a central element of The National Quality Framework, suggesting that services would be planned in consultation with all key stakeholders and that "*clear corporate and clinical governance structures would exist*". When asked if there was anything else that would help further improve governance monitoring within services, organisational wide clinical audit committees to look at national governance standard guidelines and audit groups to close the auditing loop were suggested. The Evidence Review also identified these concepts from the perspectives of quality and quality improvement and regulation of quality improvements (Naughton et al. 2020, National Office of Clinical Audit NOCA 2021).

Three focus groups recommended that The National Quality Framework must be designed to hold people at all levels in the system to greater account. One participant felt that inspections should not be confined to Approved Centres and that community services should also be included. A focus group participant suggested that the lack of community services impacted on the overall quality of the service, and to focus just on Approved Centres was to "*miss a big piece of the jigsaw*". The MHC will use The National Quality Framework to promote the delivery of high-quality mental health services in the public, independent and voluntary sectors. The standards and criteria within the framework will provide a common language for what quality mental health services look like. The framework provides service users and service providers with a transparent mechanism for measuring and evaluating the quality of mental health services provision in Ireland. The MHC will also use this framework as a potential mechanism to aid the implementation of national policies for mental health.

It was considered that The National Quality Framework would facilitate "*dedicated persons to help embed quality and drive quality improvement informed by dependable and disaggregated data.*" Audit and standard committees would be present in each service and benchmarking across services would occur. This would support adoption as sharing of these metrics on a platform would demonstrate where a mental health service was placed versus another institution of the similar size. This information would be "*easily available and consumable to the public.*" Service evaluation would focus "*not just on regulatory requirements but on patient experience across the continuum of care from acute to continuing, and prevention / early detection to recovery.*" Participants were keen that The National Quality Framework would enable a mental health service that "*is networked across governmental and non-governmental agencies with communication enhanced through the deployment of IT solutions.*" These areas mentioned above are now included in The National Quality Framework and Self-Appraisal Toolkit.

The quality of mental health services was discussed by respondents from the perspectives of quality improvement, service users, family and friends, and the need for focus on quality, safety and recovery methods for continuous improvements. Participants expressed the view that quality mental health "*should be well funded and more visible in the community*", that it "would be staffed by an educated, culturally aware, multidisciplinary workforce from, and working across, societal and healthcare boundaries" and that it would "*be delivered locally, be reflective of the people it serves, and incorporate holistic approaches within a biopsychosocial philosophy.*" Participants were vocal that The National Quality Framework would empower

a mental health service that was "*mainstream for all regardless of one's social, economic, ethnic, or cultural background; but it would be flexible enough to facilitate the needs of specific individuals and groups*" and that the service would "*value innovative approaches to care and non-standard ways of working; and would explore opportunities for specialist and advanced nursing and social care delivered care.*" The most frequently reported nature of the concepts reported on the "*importance of having a mental health service that is available to all who seek it, and that is easy to access when needed- including out of hours.*" Analysis indicates that a mental health service that is responsive and accessible at the point of need was seen as the number one priority in delivering a high-quality mental health service. These areas mentioned above are now included in The National Quality Framework and Self-Appraisal Toolkit.

The second most cited need for service users, families and carers is for "*kind and caring and well-trained staff.*" The need for a more compassionate service including "*recognition of those suffering from trauma*" was emphasised. Of importance to participants are values of person-centeredness, empathy, equity, individuality and co-production in service and treatment delivery. Participants viewed empathy and respect as deriving not just from professionals and carers, but from a "*physical environment that reflects welcoming, relaxed, and well decorated and designed spaces.*" The National Quality Framework encourages mental health services to train their staff and develop their organisation to support staff in using modern quality methods to improve their services. These areas are mentioned explicitly in the Evidence Review and also from public consultation and interview comments.

Rights were mentioned in relation to general data protection regulations (GDPR) and how this is used to prevent information being provided to service users, family and carers. One interview participant expressed the need to provide more information that may not breech GDPR rules in for example physical care. Participants from Public Consultations were unhappy about the information and supports offered and voiced the need that: "*more could be done to support friends and family members through information and education regarding the stages a service user goes through.*" It was highlighted that the role of the family in the recovery of their relative would be recognised. This view was expressed by Nardella et al. (2021) in the Evidence Review. Recovery, quality, safety, and risk principles were highlighted by family and carers' responses from public consultations. These areas and responses above from public consultations, focus groups, individual interviews and prior to this gained from the evidence review are now included in The National Quality Framework.

Participants made recommendations regarding the need for targeted standards for specific services with specific reference to specialist areas, for example liaison psychiatry, intellectual disability and CAMHS as reflected in this comment from a focus group participant:

...I think that {the framework} needs to be reflected in it and I think that it needs to cover a lot more specialist services, it needs to stop focusing on acute services only and it needs to broaden its horizons significantly out into primary care and specialist services, into more community services or other kind of specific areas

Integral to the development of a quality mental health service is a holistic approach to care and on the development of the Recovery Framework as typified by comments from one interview participant: "*Recovery is looking at the whole piece of connectedness, meaningful engagement and hope*". Quality and safety could be

enhanced in The National Quality Framework with an "*integrated, holistic approach to service design and delivery that assesses and provides intervention through a biopsychosocial model.*" Implementation of The National Quality Framework will place emphasis on outcomes for people who use services as well as on structure and process and will generate real improvement in mental health services.

4 CONCLUSIONS

The public consultation process allowed participants to discuss the most important areas that need to be presented or emphasised to a greater extent in The National Quality Framework: Driving Excellence in Mental Health Services. In particular, the focus group and interviews facilitated an in-depth discussion of those essential elements as identified via the Public Consultation survey. Focus group participants identified seven key aspects of a high-quality mental health service that were in some cases present in the current MHC Quality Framework but perceived to be understated in many instances. They also identified elements they believe to be missing altogether in the current framework. The insights gained from these focus groups, while broadly in line with previous submissions, built on the findings from the 156 stakeholder submissions previously analysed and from individual interviews responses presented in this report.

Participants believed the role of governance in the current MHC Quality Framework should be more prominent. It was advised that CPD and the role of care plans needed greater emphasis. Focus group and interview comments identified that gathering and disseminating information, while mentioned in the current framework, has failed to translate into an operationalised modern information system supported by an up-to-date IT infrastructure on the ground in mental health services in Ireland today.

The importance of culture and values, the role of advocacy and having adequate resources and funding concluded the seven key aspects identified by focus group participants. Those areas were also mentioned to a greater or lesser extent in public consultation and interview responses. All participants gave generously of their time and considerable expertise and experience and there is no doubt that the valuable contributions made by those participating have helped identify the most important areas that need to be presented or emphasised to a greater extent in The National Quality Framework: Driving Excellence in Mental Health Services.

During the consultation process participants told us clearly that the mental health service needed to change, that it was often not meeting the needs of service users, those delivering services and organisations supporting service delivery. Participants told us that The National Quality Framework should be able to achieve a quality and recovery-oriented mental health service taking into account easily accessible information which includes the family in their relative's recovery and where service evaluations will focus on patient experiences across the care continuum. We have listened and the areas mentioned by service user, family and carers are now included in The National Quality Framework.

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APPENDIX 1 LIST OF CONTRIBUTORS

Mental Health Commission Advisory Group:

- Gary Kiernan, Director of Regulation
- Daniel Costigan, Research and Regulatory Manager
- Aisling Downey, Research Executive
- Elena Hamilton, Head of Regulatory Practice and Standards (January-June 2021)
- Alison Connolly, Acting Head of Regulatory Practice and Standards (June 2021 – March 2022)
- Laurie O Donnell, Research Executive

Faculty of Nursing and Midwifery Project group

- Prof Marie Carney
- Prof Thomas Kearns
- Mr Paul Mahon

Focus groups:

- Service users
- Psychiatrists
- Representative from homeless services
- Early intervention in psychosis professional
- HSE recovery coordinator in Community Health Care West
- Law Society of Ireland, the Education Centre
- St. Patrick's Mental Health Services
- National Advocacy Service for People with Disabilities
- Irish Advocacy Network
- Recovery coordinator
- Portrane MHS
- Acute admissions unit in Naas General Hospital
- Eating disorder unit
- Social workers
- Mental Health Ireland
- School of Psychotherapy in St. Vincent University Hospital
- National Traveller MABS
- North City Mental Health Services
- Traveller mental health coordinator
- Member of the Travelling community
- Public child and adolescent mental health service
- Research executive
- Irish Neonatal Health Alliance
- Representing TUSLA, the local Family Support Network, Youth Mental Health Wellbeing Group

- Representative of CORU, The Health and Social Care Professionals regulator
- Representative of the Children's Rights Alliance
- Representative of LGBTQ+ Ireland
- Representative of Travellers Mental Health
- Representative of the National Occupational Therapy Managers Mental Health Group
- Senior policy adviser with the National Disability Authority
- Carers for service users

INDIVIDUAL INTERVIEWS

- Representative of the Nursing and Midwifery Board of Ireland
- Representative of the Psychiatric Nurses Association
- Two professionals providing community mental health services
- Representative of a Traveller advocacy agency and one Traveller peer support worker
- Professional providing mental health engagement and recovery services.

APPENDIX 2: STAGES AND PROCESSES DEPLOYED IN QUALITATIVE DATA ANALYSIS.

Analytical Process (Krippendorff, 2004).	Krippendorff Practical Application in NVivo	Strategic Objective	Iterative process throughout analysis
What data are analysed. How are they defined? What is the population from which they are drawn? (Source)	Phase 1: Transcribing submissions and formatting demographic and other profiling information into a single table for import into a computer aided qualitative data analysis system (NVivo)	Descriptive Accounts (Open and hierarchal coding through NINVO – participant led) ↓ Interpretive Accounts (Reordering, 'coding on' and annotating through NVIVO – Interpretive researcher and participant led) ↓ Explanatory Accounts (Extrapolating deeper meaning, drafting summary statements and analytical memos through NVIVO – researcher led)	Who said what? ↕ Why did they say it? ↕ How did they say it? ↕ What inferences may be drawn? ↕ To whom did they say it ↕ With what effect?
What is the context relative to which the data are analysed? (Encoding Process)	Phase 2 – Open Coding Phase 3 – Categorisation of Codes Phase 4 – Coding on Phase 5 – Data Reduction/ Consolidation		
Exploring relationships and patterns across categories (Channel, Message, Recipient)	Phase 6: Generating Analytical Memos		
Integrating data to write findings. (Decoding Process)	Phase 7 – Validating analytical memos. Phase 8– synthesising analytical memos		

Adapted from Krippendorff (2004). Analytical Hierarchy to data analysis

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