

An Evaluation of the Innovative Peer-Led, Out-of-Hours  
Galway Community Café Mental Health Service.  
June 2024.

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“Start from the end and work backwards  
Once you know where you need to end up,  
you can then start your journey, knowing  
that when you are done,  
you have created something meaningful.”

– Thom Stewart



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## List of Abbreviations

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<b>AAMHU</b>	Adult Acute Mental Health Unit
<b>CHO</b>	Community Healthcare Organisation
<b>DoH</b>	Department of Health
<b>ED</b>	Emergency Department
<b>HSE</b>	Health Service Executive
<b>MHI</b>	Mental Health Ireland
<b>NMPDU</b>	Nursing and Midwifery Planning and Development Unit
<b>PPI</b>	Public Patient Involvement
<b>SPSS</b>	Statistical Package for the Social Sciences
<b>UL</b>	University of Limerick
<b>WRAP</b>	Wellness Recovery Action Planning

## Glossary of Terms

Term	Explanation
<b>CHIME</b>	The CHIME model is a framework for recovery that puts an emphasis on an individual's needs and sense of self when supporting them in their recovery journey. CHIME consists of five domains including connectedness, hope, optimism, identity, meaning in life, and empowerment (Leamy et al., 2011).
<b>Clinical Governance</b>	A systematic framework through which healthcare teams are accountable for the quality, safety, and satisfaction of service users in the care they deliver (Health Service Executive, 2012).
<b>Community Healthcare Organisation (CHO)</b>	There are 9 CHO regions across Ireland providing services in Primary Care, Social Care, Mental Health, and Health & Wellbeing. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to people's homes (Health Service Executive, 2017).
<b>Co-Production</b>	A strengths-based inclusive process that looks to incorporate the experience and expertise of people as equal participants from the very beginning and throughout the process, planning, development, delivery, and evaluation of projects and services (Mental Health Ireland, 2022).
<b>Crisis Café</b>	An out-of-hours friendly and supportive community crisis prevention and crisis response service with social, peer, and crisis support and information from trained professionals and support staff and volunteers, often provided in the evenings and at weekends in a café-style/non-clinical safe environment (Butler and Hardiman, 2023).
<b>Galway Community Café</b>	A free, peer-led, out-of-hours adult mental health service co-produced and operated by people with lived experience of mental health challenges.
<b>Galway Forum</b>	A local forum that provides a platform for the voice and experiences of people using mental health services, family members, and carers, to bring about positive change within mental health services.
<b>Hearing Voices Meeting</b>	A meeting that offers people who hear voices, see visions, or have similar experiences the chance to meet and support each other.
<b>Lived Experience</b>	Individuals with personal and/or family experience of mental health challenges (Health Service Executive, 2020).
<b>Mental Health</b>	A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community (World Health Organisation, 2004).
<b>Mental Health Challenge</b>	This is when a person experiences distress that results in changes in thinking, feeling, mood, ability to relate to others, and daily functioning. This will vary from person to person as will the supports the person needs for their recovery (Mental Health Ireland, 2022).
<b>Mental Health Policy</b>	An official statement by a government or health authority that provides the overall direction for mental health and mental health services by defining a vision and mission, as well as values, principles, and objectives, E.g., Sharing the Vision: Health Care for Everyone (Department of Health, 2020).
<b>Mental Health Services</b>	A large range of various supports through community and hospital-based settings that focus on recovery from mental health challenges of the person and their family/supporters.





<b>Peer Connector</b>	A skilled individual with lived experience of mental health challenges and the process of recovery and supporting someone with mental health challenges who can respond to human distress in a recovery-orientated way that focuses on listening to values and preferences, signposting and navigation of local services, goal-striving, and finding solutions through dialogue (Mental Health Ireland, 2022).
<b>Personal Recovery</b>	A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within limitations caused by mental health challenges. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental distress (Anthony, 1993).
<b>RE-AIM Framework</b>	A planning and evaluation framework that addresses five dimensions of individual and setting-level outcomes important to programme impact and sustainability: Reach, Effectiveness, Adoption, Implementation, and Maintenance (Glasgow et al., 1999).
<b>Recovery</b>	Recovery is best understood as being about the person in their life. It is about how they want to live a life of their own choosing to achieve self-determined goals, dreams, and ambitions, with or without the presence of mental health challenges and regardless of the severity of those challenges. (Health Service Executive, 2017).
<b>Recovery College</b>	A facility where all stakeholders and the wider community can come together to engage in recovery-promoting education based on an adult education philosophy (Health Service Executive, 2017).
<b>Service User</b>	Either a current or a past user of mental health/addiction services.
<b>Social Saturday</b>	A space for individuals to engage in-group activities in a safe environment within the Galway Community Café. Activities range from recovery-orientated skills and board games to a social space for meeting others within structured groups. E.g., Hearing Voices Group, WRAP Support Group.
<b>Stakeholders</b>	Anyone who has an interest in mental health. E.g., people with lived experience, family members and carers, service providers, community groups, non-governmental organisations, and voluntary organisations.
<b>Sustainability</b>	An approach to creating long-term value by taking into consideration how an organisation operates in the ecological, social, and economic environment. It is built on the assumption that if this approach is adopted, the future of the operations is likely ensured.
<b>Wellness Recovery Action Planning (WRAP)</b>	This is a self-designed prevention and wellness tool that people can use to get well and stay well – in other words, to promote mental health and recovery (Copeland, 2002).



## Foreword

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As Head of the Mental Health Services in Community Healthcare West and sponsor of the Galway Community Café, I would firstly like to commend the Galway Community Café Staff for their diligent work in providing such an excellent, out-of-hours mental health service to the Galway community.



The Galway Community Café is the very first out-of-hours, peer-led mental health service in Ireland, and I am very proud to have been a part of this journey. The service would not have come to fruition without the passion, conviction, and determination of the Galway Forum members who first introduced the model of care to me when we were seeking service improvement initiatives from the community under the Service Reform Fund. Their lived experience of recovery and of utilising existing services ensured an excellent service that was co-produced for their community, which is very much evident in the findings documented in this evaluation report.

A special thanks also to our community champion, Kevin Nugent, Proprietor of Mr. Waffle who has kindly donated the use of his café in the evenings to the Galway Community Café. I would also like to take this opportunity to thank our community partner, Mental Health Ireland, for co-managing this service with us, and to the staff and café customers who took the time to engage in this evaluation.

The Galway Community Café is an exemplar in multi-stakeholder collaboration and co-production, and vitally, clearly demonstrates the value of such in developing recovery-orientated mental health services.

*Charlie Meehan,  
Head of Mental Health Services  
Community Healthcare West,  
Serving the Galway, Mayo  
& Roscommon Communities.*



## Executive Summary

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Ireland has a growing incidence of mental health challenges associated with increased self-harm, depression, suicide rates, and substance misuse (McGorry et al., 2018) and has one of the highest rates (ranked joint-third out of 36 countries) of mental health challenges in Europe (OECD/European Union, 2018). This growing incidence of mental health challenges in Ireland has increased the demand for Irish mental health service provision and support to meet the needs of the population. Currently, 4% of all Emergency Department attendances are from people presenting with mental health challenges, with a third of these due to self-harm or suicidal ideation (Barratt et al., 2016).

One response in recognition of the growth in mental healthcare need is the provision of community-based, out-of-hours Crisis Community Cafés as a new alternative referral option to support people with mental health challenges in immediate crisis as an alternative to presenting to the Emergency Department for urgent care or support to access mental health treatment (Department of Health, 2020). This, in turn, would alleviate the demand on acute mental health services and allow individuals to get one-to-one peer support from peer connectors and staff who use recovery-orientated practices to support their wellbeing and mental health in the community.

The Galway Community Café is an early example of alignment with the principles and recommendations of the ‘Sharing the Vision: A Mental Health Policy for Everyone’ (Department of Health, 2020) and particularly Recommendation 24 of the Implementation Plan 2022-2024 (Department of Health, 2022). The Galway Community Café was designed and delivered by people with lived experience of mental health challenges in co-production with the Health Services Executive, community partners, and Mental Health Ireland (Collins, 2021).

The Galway Community Café opened in December 2020, and is the first such Health Service Executive Café in Ireland and was inspired by the Aldershot Safe Haven Model Café in the United Kingdom. The Service Reform Fund in collaboration with the Health Service Executive Community Healthcare West, Atlantic Philanthropies, and Genio funded the initial 12-month pilot project of the Galway Community Café.

The Health Service Executive Community Healthcare West and Mental Health Ireland on behalf of the Galway Community Café commissioned this evaluation study.

This evaluation sought key stakeholders' experiences and views of Galway Community Café and consisted of four phases.

*The Four Phases of the Evaluation Project:*

- **Phase - One** Online survey of customers attending Galway Community Café, utilising the INSPIRE survey instrument.
- **Phase – Two** Key Stakeholder Convenings and Individual Interviews with the Galway Community Café Operations Team members and HSE Senior Management to gain insight into the governance and oversight of the Galway Community Café initiative.
- **Phase – Three** Focus group interviews and individual interviews with customers attending Galway Community Café (n=2) to gain insight into their experiences of using the Galway Community Café and its perceived impact.
- **Phase – Four** Focus group interviews and individual interviews with local service providers supporting the Galway Community Café (n=2) to gain insight into their experiences of working with the Galway Community Café and its perceived impact.

*Key Recommendations:*

- Based on this evaluation, there are several recommendations for consideration in the support and delivery of Community Cafés in the future:
- There is a need to have a clear understanding of the philosophy and purpose of each Community Café, which clearly defines their aim and intention across health, social, community, and voluntary organisations.
- The model of Community Café being delivered needs to be explicit (community co-produced and/or crisis and/or clinically led).
- The model of co-production for Community Cafés should be promoted at a regional and national level.
- Organisational policies need to reflect the importance of Community Cafés.



- A central community space should be secured for any future Community Cafés that support accessibility to essential services in a non-clinical setting within a functioning Café to mitigate against social stigma.
- While there was a high level of recovery support received by customers using the Galway Community Café from peer connectors or staff members, consideration should be given to ensure equal focus on all aspects of its chosen recovery framework, CHIME. Based on this evaluation study, identity needs to be prioritised within the CHIME framework when delivering peer support to customers in the Community Café.
- The out-of-hours service that the Galway Community Café provides should expand to offer additional evenings/days.
- Hybrid mechanisms (phone, face-to-face, online) of delivery to support people in rural communities should be continued.
- A choice mechanism that supports customers to maintain consistency with a peer connector or staff member at the booking stage should be considered, if feasible. However, the Galway Community Café Operations Team should be cognisant of the potential for co-dependency with customers repeatedly requesting the same person for support. The development of an internal guidance policy on co-dependency should be considered.
- Criteria to become a peer connector should be given due consideration. Clear guidelines, expectations, and support need to be identified and outlined for the role.
- Consideration should be given to the capacity ratio for peer connectors.
- To sustain the peer connector role, a bank of trained peer connectors needs to be established and maintained.
- A clear support system for peer connectors should be evident as a protective mechanism to safeguard and maintain their wellbeing given the nature of the service. Their previous lived experience of mental health challenges and recovery lends itself to greater vulnerability.



- Consideration needs to be given to capturing the effect of the Galway Community Café over time. Peer connectors' role satisfaction as well as customer satisfaction and their recovery journeys should be observed and measured.
- For the future sustainability of the Galway Community Café, a co-produced shared-governance model should be considered.
- Consideration should be given to implementing a crisis resolution service to operate as an additional back-up support/resource to the Galway Community Cafe. This will allow for a collaborative-shared governance structure to ensure a swift and coordinated response to prevent escalation of crises and this may also influence support from clinicians in mental health services.
- Galway Community Cafe staff should consider implementing a targeted in-reach awareness campaign with a particular focus on information sessions with any clinicians and service providers involved in the provision of mental health services locally.
- Health organisations and policies should advocate for the inclusion and connection of acute primary and community care models with the Galway Community Café.



# Chapter 1: Introduction

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## 1.1 Background and Policy Context

Ireland has a growing incidence of mental health challenges associated with increased self-harm, depression, suicide rates, and substance misuse (McGorry et al., 2018). It has one of the highest rates (ranked joint-third out of 36 countries) of mental health challenges in Europe (OECD/European Union, 2018). In particular, among young males, aged under 25 years, suicide was the number one cause of death in Ireland in 2019. More than one-third of suicides in Ireland between 2015 and 2019 were by persons aged 45-64 years, while one in ten deaths from self-harm were by persons aged 65 years and older (Central Statistics Office, 2019). The COVID-19 pandemic, as well as the lockdowns and social restrictions applied in response to it, further accelerated the growing burden of mental health challenges, including fear, worry, stress, anxiety, and depression, in the general population (Alonzi et al., 2020; Asmundson et al., 2020; OECD/European Union, 2020, Central Statistics Office, 2019).

This growing incidence of mental health challenges in Ireland has consequently increased the demand for Irish mental health service provision to meet the care needs of the population. Currently, 4% of all Emergency Department (ED) attendances are from people presenting with mental health challenges, with a third of these due to self-harm or suicidal ideation (Barratt et al., 2016). Approximately 58.1% of attendees had a previous history of mental health challenges and up to 58% were admitted (Barratt et al., 2016).

Locally, the ED in Galway University Hospital refers approximately 2,000 service users to psychiatry (crisis liaison team 9.00-17.00, and an on call system out-of-hours) per annum (Barry et al., 2020). In addition, there are on average 1,100 ward-based consultation requests, resulting in 2,500 ward-based psychiatric reviews (Barry et al., 2020). Thus, mental healthcare services are under more increased pressure, which is further compounded by the increase in ED presentations and the limited number of adult acute mental health unit (AAMHU) beds available.

This over-pressured system in turn can lead to negative experiences for individuals accessing mental health services due to longer waiting periods and limited bed capacity for admission. Furthermore, recent studies on negative experiences of individuals in mental health distress attending ED's have described the guilt and shame felt, and their experience of being perceived

as misusing the ED, together with poor outcomes of leaving due to wait times (Roennfeldt et al., 2021). Currently, there is a 50-bed (AAMHU) on the Galway University Hospital Site.

One response in recognition of the growth in mental healthcare needs is the provision of community-based, out-of-hours Crisis Cafés and the development of peer connector posts; as guided and advocated by mental health policies such as the Connecting for Life 2015-2024 (HSE, 2015), Connecting for Life Implementation Plan 2023-2024 (HSE, 2023), Sharing the Vision: A Mental Health Policy for Everyone 2020-2030 (Department of Health, 2020) and Sharing the Vision Implementation Plan 2022-2024 (HSE and Department of Health, 2022).

Specifically, Recommendation 24 of the Sharing the Vision Implementation Plan (2022-2024) outlines that: *“Out-of-hours crisis cafés should be piloted and operated based on identified good practice, and such cafés should function as a partnership between the Health Service Executive and other providers or organisations”* (HSE and Department of Health, 2022, page 52). This provision of out-of-hours supports for individual’s in immediate mental health crisis through the development of crisis resolution services is closely linked to Recommendation 40: *“Sufficient resourcing of home-based crisis resolution teams should be provided to offer an alternative response to in-patient admission when appropriate”* (HSE and Department of Health, 2022, page 68). The Crisis Resolution Services Model of Care (Butler and Hardiman, 2023) was developed in alignment with these recommendations and arose from the recognition that those experiencing mental health crisis need specialist services to provide brief intensive supports in a timely way to assist the individual service user in their recovery journey. The Sláintecare Implementation Strategy and Action Plan 2021-2023 (Government of Ireland, 2021) for equitable access to the right care, right place, and right time concerning service provision further reinforce this.

Out-of-hours Crisis Community Cafés are proposed as a new alternative referral option to support people with mental health challenges in immediate crisis as an alternative to presenting to the ED for urgent care to access mental health treatment (Department of Health, 2020). This in turn would reduce the burden on acute mental health services and enable people to access one-to-one peer support by peer connectors and staff who use recovery-orientated practices to help them manage their mental health and well-being in the community. It is worth noting that, peer expertise, informed by lived experience of mental health challenges and recovery, can be regarded as a third domain of expertise in mental health care, in addition to scientific evidence and practical knowledge and skill (World Health Organisation, 2019).





Similar places and environments for recovery exist in Europe (e.g., “recovery Cafés” Parkins, 2016, and Shortt et al., 2017; “recovery community centres” Owens et al., 2021) and appear to share core principles of emphasising a safe physical space for people to go to and offering resources for recovery. These recovery community centres and cafés are reported to contribute to long-term recovery by supporting individuals to work towards recovery capital, which includes personal and social resources and providing access to social supports for recovery. Ultimately, this all improves quality-of-life and self-esteem and reduces psychological distress (Kelly et al., 2021; Owens et al., 2021).

## **1.2 Establishment of the Galway Community Café: Where the Idea Came From**

The Galway Community Café is the first of its kind in Ireland that emerged prior to the publication of *Sharing the Vision: A Mental Health Policy for Everyone* (Department of Health, 2020), showcasing the innovative nature of the initiative. Galway Community Café is also an early example of aligning with the principles and recommendations of *Sharing the Vision: A Mental Health Policy for Everyone*, and particularly Recommendation 24 of the subsequently published *Implementation Plan 2022-2024* (Department of Health, 2022). The development of this initiative was especially timely given the increased demand for mental health service provision and support, especially during the COVID-19 pandemic.

The Galway Community Café represents a forward-thinking approach to mental health support, emphasising collaboration, peer support, and community-based services. It aligns with the evolving understanding of mental health services, highlighting the active involvement of individuals with lived experience in designing and delivering the support people need from the outset. The Galway Community Café is a health service with a difference that has harnessed the resources of the Health Service Executive (HSE), Mental Health Ireland, the Voluntary Community Sector, and private businesses.

The Galway Community Café is the product of a multi-stakeholder co-production model from the very start, whereby people with lived experience of mental health challenges and recovery, and mental health professionals with healthcare knowledge and experience worked together as equals to design, build, and lead the initiative. Now a key concept for HSE services under its *National Framework for Recovery 2018-2020* (Health Service Executive, 2018), co-production here involves service users, family/carers, and mental health professionals working together on an equal footing to improve services, involving stakeholders from early in the process, and



using local assets. This innovative collaboration between the HSE and members of the Galway Forum came about as part of service reform taking place across Community Healthcare West Mental Health Services whereby service users, staff, and relevant stakeholders identified the need to change the way services are provided to people, especially out-of-hours. The impetus for the initiative came from people with lived experience of mental health challenges and recovery and informed by their lived experience of using mental health services and their desire to have another option to the ED pathway in times of crisis. They proposed to collaborate with a local business owner who was willing to pledge evening space in a commercial café, Mr. Waffle, to champion the model. In addition, the National Office of Mental Health Engagement and Recovery (MHER) and Community Healthcare West supported a variety of workshops and events that were group-facilitated with multi-stakeholder groups and user-led service design workshops were organised directly by people with lived experience.

The Galway Community Café opened its doors in December 2020, and is the first such HSE mental health Café in Ireland. The Café was inspired by the Aldershot Safe Haven Model Café in the United Kingdom, an international best practice format. While Aldershot grew out of institutions and services and has on-site medical assessment, the Galway Community Café was designed and delivered by people with lived experience of mental health challenges in co-production with the HSE, community partners, and Mental Health Ireland (Collins, 2021). The Service Reform Fund in collaboration with the HSE, Community Healthcare West, Atlantic Philanthropies, and Genio funded the initial 12-month pilot project of the Galway Community Café.

### **1.3 Galway Community Café: How it Operates**

The Galway Community Café is staffed and managed in a partnership approach by Community Healthcare West and Mental Health Ireland and operates under the Operational Governance of Community Healthcare West. It provides a safe physical place for people seeking mental health support in a non-clinical setting and its service is free of charge. Operating on a self-referral basis, the Galway Community Café is available to people in the community seeking emotional and social support and provides a connection for people in the community. This innovative service provides peer support from peer connectors and aims to support and guide individuals in distress, loneliness, or disorientation when regular or typical supports are unavailable. The Café peer connectors are trained skilled individuals with first-hand lived experience of mental health challenges, or have lived experience in supporting someone with mental health



challenges. They support individual's experiencing mental health distress in a recovery-oriented way, and focus on listening to values and preferences, signposting and navigation of local services, goal-striving, and exploring solutions through dialogue.

The development and implementation of the Galway Community Café is timely, given the rise in service user first-time referrals and relapses following COVID-19 and its related restrictions (Murphy et al., 2021) as well as the subsequent pressures on hospital staff and resources.

The Galway Community Café is an open space for individuals to attend within an existing commercial café premises (Mr. Waffle) in a central location in Galway City, and is situated opposite Galway University Hospital. The current staffing model of the Galway Community Café consists of one team leader, two assistant team leaders, and three core peer connectors including two peer connector relief staff. The Galway Community Café's hours of business are Thursday to Sunday 18.30 to 23.30. Customers can book an appointment online or by phone and choose to chat with a member of the Community Café in person at the Café, by phone, or by video call.

In keeping with the ethos of co-production and responding to customer needs, the Galway Community Café implemented a regular Social Saturday event. The Social Saturdays are a way to meet others in a safe space and engage in-group activities ranging from board games to recovery-orientated skills, education, and structured groups e.g., Hearing Voices Group and Wellness Recovery Action Planning (WRAP) Support Group.

When a customer arrives at the Galway Community Café for their appointment, they are greeted at the door by a member of the team, welcomed in, and invited to choose a space within the Café. The Galway Community Café supports customers across various support levels, which can be described as low, medium, or high support. The predominant level of support received is low support (58.2%), with medium support (34.5%) and high support (7.3%) (See Figure 1.1):

- *Low Level of Support Need* – customers who require general recovery support and customers looking for social connection.
- *Medium Level of Support Need* – customers who are experiencing emotional distress and/or who are at crisis point. The individual has not disclosed suicidal ideation or self-harm during their appointment.



- *High Level of Support Need* – customers in crisis who have informed the Galway Community Café staff they are experiencing self-harm or suicidal ideation during their appointment.
- During High Level of Support Need appointments, where the customer has disclosed to a member of staff self-harm or suicidal ideation a standardised internal welfare report is completed by Café staff. Information gathered on the report includes observations of how the customer interacted, their presentation (self-harm, suicidal ideation, or welfare concern), whether they attended alone or were accompanied, and if the emergency services were contacted (Collins, 2021). Furthermore, when supporting customers with high support need Café staff use their Assist and/or STORM training and support the customer through active engagement and collaborate with the customer to work towards securing their own safety.

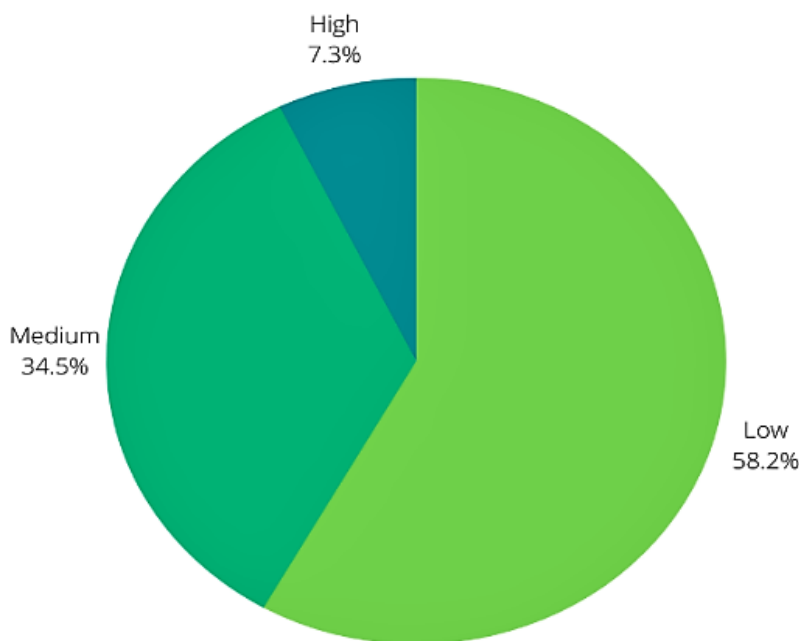


Figure 1.1 Galway Community Café Customer Level of Support

At present, there is no formalised agreement with a clinical team to provide crisis support to customers within the Galway Community Café.

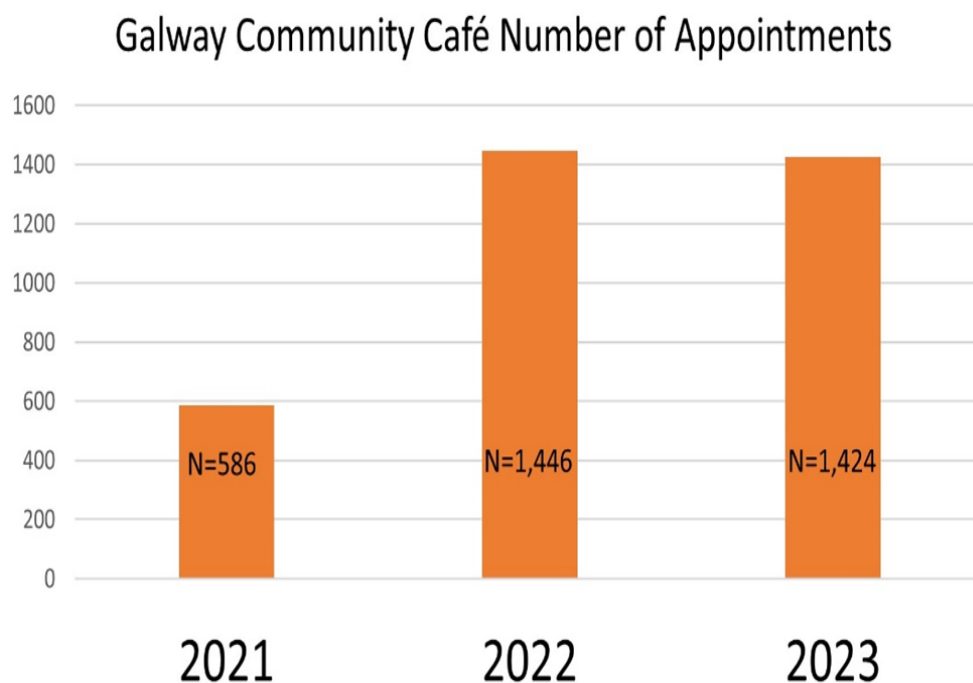


## 1.4 Aims and Objectives of the Galway Community Café

The Galway Community Café aims to increase access to out-of-hours adult community mental health peer support in a safe space that is peer-designed and peer-led. The Galway Community Café extends the choice of support available and increases mental health support access for people in mental health distress. The objective of the Café is to deliver practical recovery-orientated support within the CHIME (Connectedness, Hope, Identity, Meaning, Empowerment) recovery framework, and demonstrate proof of concept for co-produced mental health services.

## 1.5 Galway Community Café Current Customer Profile

Since the Galway Community Café opened in December 2020, there has been a steady increase in the number of customer appointments facilitated year on year, with 586 appointments in 2021, 1,446 in 2022, and 1,424 in 2023 (see Figure 1.2). There is a variety of new customers and existing customers who continue to engage and re-engage with the Galway Community Café in times of need.



*Figure 1.2: Galway Community Café Number of Appointments by year, 2021 to 2023*



As illustrated in Figure 1.3, during a twelve-month period from July 2022 to July 2023, the gender profile of customers utilising the service was mainly females (61%), with 39% male and 1% other.

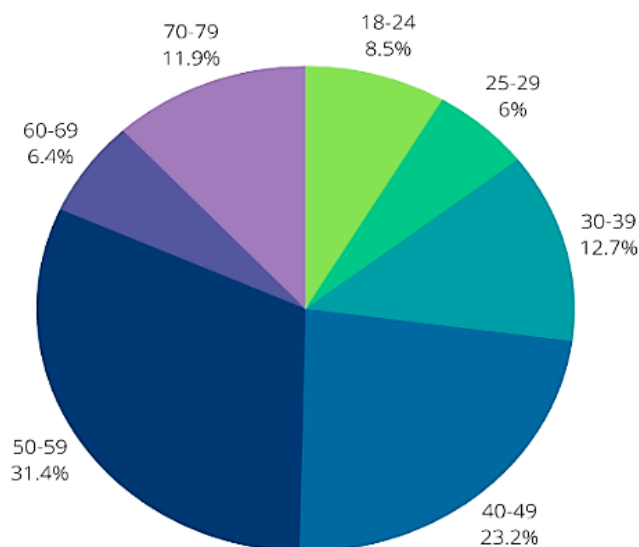


**61% Female, 39% Male, >1% Other**

We acknowledge that some individuals identify outside of the male/female gender binary. We have had one customer express that they identify otherwise, and this is something we are mindful and respectful of, and factor into our keeping of statistics

*Figure 1.3 Gender Profile of Galway Community Café Customers*

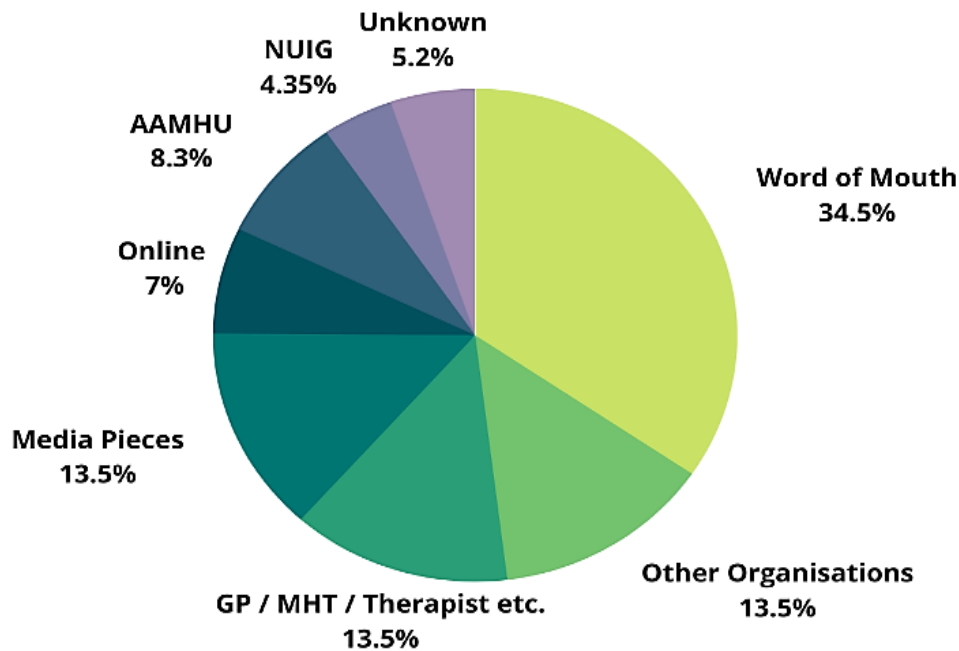
As illustrated in Figure 1.4, the highest percentage of customers attending the cafe are from the 50-59 age group (31.4%) and the 40-49 age group (23.2%). The lowest percentage of customers are in the 18-24 (8.5%) and the 25-29 (6%) age groups.



*Figure 1.4 Age Profile of Galway Community Café Customers.*



As illustrated in Figure 1.5, Café customer intake pathway. The highest percentage is word-of-mouth (34.5%), a referral from other organisations (13.5%), or a referral by their GP or mental health team (13.5%) and 8.3% AAMHU.



Other Organisations include: Simon Community, Citizens Information, No.4 Youth Services, Local Support Groups (Aware, Grow, Cosain etc.), Let's Get Talking, Rehabcare, Galway Traveller Movement, Employability, GAP, Galway Recovery College, Local Mental Health Forum

*Figure 1.5 Galway Community Café Customer Intake Pathway.*



## 1.6 Aim and Objectives of the Evaluation

The overall aim of this study was to explore the experiences, perceived impact, and effectiveness of the Galway Community Café from the perspective of key stakeholders, including customers availing of the Café, the Galway Community Café Operations Team, HSE Senior Management, and service providers. To achieve this, the commissioning brief was agreed between the research team and the Galway Community Café Operations Team. The main objectives of the study were as follows:

- i. To ascertain how well the Galway Community Café is achieving its current aims and objectives from the perspective of all key stakeholders.
- ii. To capture the experience of customers who avail of the Galway Community Café and the impact the Galway Community Café has had on their recovery journey.
- iii. To capture the experience of all key stakeholders, including the Galway Community Café Operations Team, HSE Senior Management, and service providers in supporting the Galway Community Café.
- iv. To describe the different pathways for the Galway Community Café to integrate with primary and secondary mental health services.
- v. To identify learnings for the optimal future development and operation of the Galway Community Café.

Four phases were specified to inform the evaluation and meet its objectives:

1. Collect and analyse data from a validated online survey instrument (INSPIRE) to identify customers' perceptions of the Galway Community Café and the impact engagement with the Galway Community Café has had on their recovery journey.
2. Facilitate and analyse focus groups and individual interviews with customers availing of the Galway Community Café.
3. Facilitate and analyse key stakeholder convenings and individual interviews with the Galway Community Café Operations Team and HSE Senior Management.





4. Facilitate and analyse focus groups and individual interviews with service providers involved with supporting the Galway Community Café.

## 1.7 Outline of the Report

- **Chapter One:** Presents the background and context of mental health challenges, mental health policy and service provision, Community Cafés, and the aim of the evaluation.
- **Chapter Two:** Presents a narrative literature review on mental health and Community Cafés.
- **Chapter Three:** Presents the methods adopted for this evaluation.
- **Chapter Four:** Presents an overview of the quantitative findings.
- **Chapter Five:** Presents an overview of the qualitative findings.
- **Chapter Six:** Presents integration of qualitative and quantitative findings.
- **Chapter Seven:** Presents the recommendations and conclusions of the evaluation.

## 1.8 Chapter Summary

The growing rates of mental health challenges have increased the demand on mental health services to provide the necessary care and accessible service provision. This pressure on existing mental healthcare services in addition to the right to accessible service provision indicates a need for the development and implementation of out-of-hours mental health services and supports within the community to promote positive mental health, foster well-being, and support recovery. The development of out-of-hours Crisis Cafés is part of a broader effort to create more accessible and community-based mental health support services, which aligns with international models that emphasise physical safe spaces and resources for mental health recovery.

The Community Café established in Galway is the first of its kind in Ireland. It is the product of a multi-stakeholder co-production model, whereby people with lived experience of mental health challenges and mental health professionals have worked together as equals to design, build, and lead the initiative from the outset.



This report presents an evaluation of the Galway Community Café along with findings from a survey, key stakeholder convenings, focus group interviews, and individual interviews with all key stakeholders, including customers of the Café, the Galway Community Café Operations Team, HSE Senior Management, and service providers.

These findings are contextualised within the existing Irish mental healthcare landscape to make recommendations for future service provision.



## Chapter 2: Narrative Literature Review

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### 2.1 Introduction

This chapter presents a summative report of the findings of a review of the literature on Crisis Cafés, offering an overview and broad perspective as there is little published literature on the topic. An interpretive narrative overview approach (Greenhaigh et al., 2018) was adopted to present the information under four themes. From an Irish perspective, Crisis Cafés are developing based on the recommendations from *Sharing the Vision - A Mental Health Policy for Everyone Implementation Plan 2022-2024* (HSE and Department of Health, 2022) to support individuals and their family members/carers to deal with an immediate crisis, and to plan safely drawing on their strengths, resilience and coping mechanisms to manage their mental health and well-being. This literature review, while focused on Community Cafés, incorporates literature on Crisis Cafés, Recovery Cafés, and Solace Cafés, as the literature pertaining to each is sparse and no study was identified specific to Community Cafés.

### 2.2 Defining Crisis Cafés (Community Cafés)

Based on the HSE Crisis Resolution Services Model of Care (Butler and Hardiman, 2023), Crisis Cafés and Community Cafés provide an out-of-hours friendly and supportive community crisis prevention and response service, often in the evenings and at weekends, in a café-style, non-clinical safe environment. The Café service supports ‘customers’ individuals with mental health challenges, and their family members and carers to deal with an immediate crisis, and to plan their response safely, drawing on their strengths, resilience, and coping mechanisms to manage their mental health and well-being (Butler and Hardiman, 2023). Those using the Café can access coping strategies, one-to-one peer support, and psychosocial and recovery supports provided by paid core staff, assisted by a team of appropriately trained volunteers, working on a pro-rata basis, and signposting to relevant services and community supports as required (Butler and Hardiman 2023).

### 2.3 Purpose of Crisis Cafés

The purpose of the Cafés is for experienced staff and volunteers to provide a non-clinical, creative recovery model support aimed at reducing crisis presentation and, when appropriate, directing people away from clinical services such as ED’s. Furthermore, Crisis Cafés provide



a source of immediate support for people experiencing mental health distress in a non-clinical setting. People in crisis can usually access them without a referral, which may prevent a crisis from escalating to a point where ED attendance or admission is needed (Johnson et al., 2022).

Crisis Cafés have emerged in the redesign of mental health services as a transformative element of recovery-oriented care. They have been found to engage the experience, capabilities, and compassion of people who have themselves experienced mental health crises. The main remit of a Crisis Café is to provide a place other than hospital ED's for people in crisis to go to for support and signposting to other crisis services (Dalton-Locke et al., 2021). They generally open for at least four hours each day, typically during out-of-office hours (i.e. 5.00 pm to 9.00 am). People can attend without an appointment and the Cafés are service-user-led (i.e. peer-led). They aim to provide an environment that is safe and welcoming and to support people feel less isolated in their community. They can provide timely access to mental health support and advice, including signposting to appropriate services, if helpful or necessary.

Crisis Cafés are intended to de-escalate distress and support people to identify the triggers for crisis and personal strategies for preventing and resolving crisis (Johnson, 2018). Including individuals with lived experience (peers) as core members of a Crisis Café team support engagement efforts through the unique power of bonding over common experiences while adding the benefits of the peer modelling that recovery is possible (Dalton-Locke et al, 2021). The recommended components, which are important in the development of Crisis Cafés include (Johnson 2018; Dalton-Locke et al, 2021):

- Crisis Cafés should create a secure and inviting space for individuals experiencing emotional distress, complete with clear pathways for connecting them to clinical crisis teams and community mental health teams.
- Non-governmental organisations (NGOs) should assume a pivotal role in both the establishment and management of Crisis Cafés.
- Peer supporters and educators should be integral contributors to the services offered at Crisis Cafés.
- Prioritising the psychosocial model of care should be a core element of the approach taken in Crisis Cafés.



- Establishing a memorandum of understanding between NGO operators of Crisis Cafés and public sector services is essential, ensuring a swift and coordinated response to prevent the escalation of crises.
- Cafés are often referred to as ‘Safe Havens’ or ‘Recovery Cafes’ and deliver the following key outcomes while focusing on the person’s situation and seeking to empower them in dealing with their crisis (Newbigging et al, 2020). Key aspects of these include:
  - Mitigate the progression of mental health issues to avert the onset of a mental health emergency.
  - Minimise unnecessary referrals to mental health facilities, ED’s, and other emergency or after-hours services.
  - Enhance mental health and overall well-being.
  - Offer a secure and restorative haven in times of crisis.
  - Alleviate feelings of isolation.

## 2.4 Key Attributes and Roles

The importance of lived experience input for the development of a Crisis/Community Café and for its delivery is essential, with co-production and co-delivery fundamental to its acceptability and sustainability among service users (Foye et al., 2023). This co-production and co-delivery ensure Cafés reduce stigma, offer support, make connections, and support positive outcomes.

- *Reducing stigma:* Cafés aim to reduce the stigma associated with mental health challenges by providing a welcoming and non-judgmental environment.
- *Immediate support:* Cafés offer immediate support to individuals in distress, potentially preventing the escalation of crises.
- *Peer support:* Cafés incorporate peer support workers who have lived experience with mental health challenges.



- *Connection to resources:* Cafés connect individuals with appropriate community resources, including mental health professionals and social services.
- *Outcomes:* Changes in mental health symptoms, coping strategies, and overall well-being.

Many roles are evident within the mental health Café model in Ireland, such as the operations manager, service coordinator, peer connectors, and administrator, which is the current staffing model of Solace Cafés. The Solace Café operations manager manages all planning and operational functions of the Café, provides oversight on day-to-day operations, and provides leadership. The operations manager works to ensure the service is of a high quality and supports the growth and development of the service. The operations manager leads their team in providing support and practical assistance to service users/customers, facilitates, and supports information sharing to promote choice, self-determination, opportunities, and connection with local services and supports as required. The operations manager manages relevant links with other HSE mental health services and community-based support programmes, and works alongside service users on a one-to-one and/or group basis.

The Café service co-ordinator supports the Café operations manager with the planning and operational functions of the Café, the day-to-day operations, and the provision of a high-quality service. The Café service co-ordinator provides leadership, supervises, and supports Café staff and volunteers to ensure ongoing growth and development of the service.

The Café peer connectors are individuals who have had personal lived experience of mental health issues/challenges or experience in supporting someone with mental health challenges, who can respond to human distress in a recovery-oriented way. The role of the peer connector is to support service users/customers including family members/significant others who are experiencing mental health challenges and who require help, connection, and reassurance.

The Café administrator provides administrative support for the Café and manages administrative and functional requirements to support the day-to-day delivery of the service.

The Solace Café roles are similar to those utilised in the staffing model in the Galway Community Café, but here the roles are denoted as team leader, two assistant team leaders, and peer connectors. The Galway Community Café preceded the Crisis Resolution Model of Care and Solace Cafés and established similar roles, except for a Café administrator. The Galway



Community Café will in the future align the staffing roles as per the Crisis Resolution Service Model of Care.

## 2.5 Meeting Needs and Individual Experiences

Mental health care and services are often reported as poor and difficult to access and the issue of availability of care has been highlighted (Lloyd-Evans et al., 2018). In-patient and emergency mental health care are recognised as costly and often related to poor service user experiences (Wood and Alsawy, 2016). Furthermore, traditional mental health services run the risk of rights and freedoms infringement, stigma, institutionalisation, and the development of ineffective coping strategies (Johnson et al., 2022). To address this issue, innovative service models have been designed to improve the quality and effectiveness of care, flexibility, and integration in local care systems. Such developments have included Crisis Cafés, which have gained support in national and international policies. However, such innovative models have minimal evidence to date.

People with mental health challenges have very limited options to go to a safe physical place to get support, and therefore many people present at hospital ED's looking for support and a safe place (Digel Vandyk et al, 2018). Wood (2016) found that what would be helpful for people instead of going to the ED would be knowing that there is a place to go where there will be someone who can provide a safe space to sit and calm down with the option to talk things through if they want to (Wood, 2016).

Negative attitudes to mental health challenges can exist within ED's (Mind, 2011) and combined with high work pressures and a focus on physical illness, presenting to ED often results in people with mental health challenges not receiving appropriate responses such as safety planning, negotiation of responsibility with service users and carers, and minimising distress (Smith et al., 2015). Furthermore, the overcrowded, overstimulating, and time-pressured nature of ED's, coupled with a shortage of mental health staff; increasingly ensure that ED's may not be an optimal setting for individuals experiencing a mental health crisis to receive care (Roennfeldt et al., 2021). This creates the sense that there is nowhere to go when you are in crisis and a feeling that one needs to jump through hoops to get support (Woods, 2016).

There is a clear need for a more compassionate and human-centred approach to supporting individuals in crisis or emotional distress, where empathy, peer support, and consideration for



both those in crisis and their supporters, are integral components of supporting someone (Wood, 2016).

## **2.6 Chapter Summary**

This chapter presented a summary of the literature, highlighting the broad perspective on the formation, purpose, roles, and contribution of Cafés in mental health service provision. The development of mental health Cafés is in line with Irish Mental Health Policy.

Mental health Cafés provide a support service out-of-hours that is friendly and assistive to individuals on their recovery journey and in managing their mental health challenges, recovery, and well-being. These Cafés have emerged in the redesign of mental health services as a transformative element of recovery-oriented support that is very much aimed at reducing crisis presentation and directing people to further appropriate supports.





## Chapter 3: Methods

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### 3.1 Introduction

This chapter presents an overview of the methods used within the evaluation, which are comprised of four different modalities: surveys, key stakeholder convenings, focus group interviews, and one-to-one interviews. All stakeholder groups were included in this evaluation process to ensure that data from various perspectives and contexts were collected. This enhanced the rigour of the overall evaluation by bringing more depth and meaning to facilitate understanding of the Community Café (Holtrop et al., 2018).

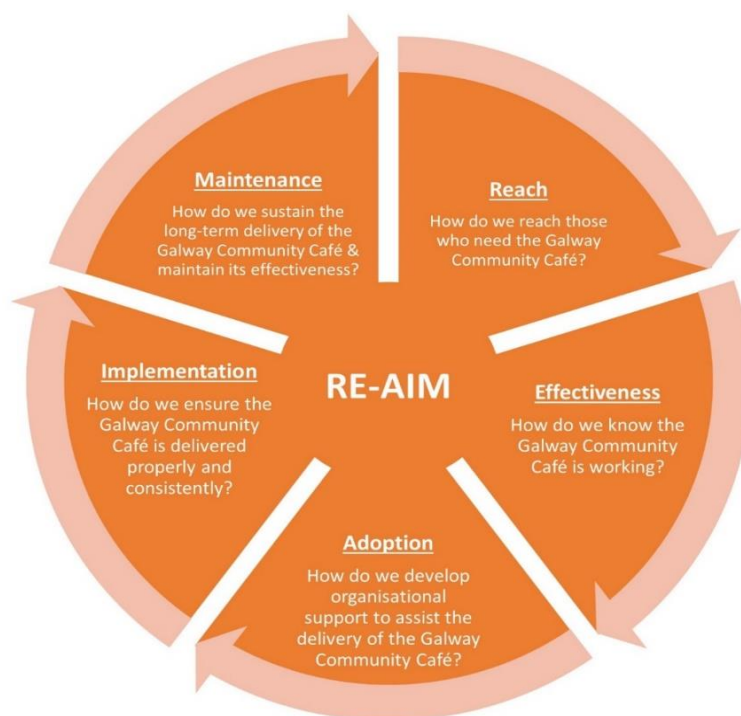
### 3.2 Design and Outline of Evaluation Framework

This study adopted a mixed methods design. It was co-produced with members of the Galway Community Café Operations Team, who provided guidance and input at all stages of the research process, alongside people with lived experience of mental health challenges and recovery, the staff in the Galway Community Café, other service providers and family/carers of customers. Input from all groups fed into the overall design and approach used in the study. This engagement in mixed methods design was always consistent with the core principles of co-production. Quantitative and qualitative data were collected to provide a representative overview of the Galway Community Café experience from the perspective of all stakeholders.

The combination of qualitative and quantitative inquiry in a mixed-method design permits a comprehensive approach to a research question that is based on the complexity and context of practice (Shaw et al., 2010). In addition, it enabled the researchers to explore differing perspectives and seek a more in-depth understanding of the Galway Community Café, its operations, and its effectiveness (Bradshaw et al., 2017; Kim et al., 2017).

The study design was underpinned by the RE-AIM implementation framework (Glasgow et al., 2019) as an organising model to examine the Reach, Effectiveness, Adoption, Implementation, and Maintenance of the role of the Galway Community Café (see Figure 3.1). RE-AIM has been applied most often in public health and health behaviour change research, and increasingly more so in clinical, community, and corporate settings (Glasgow et al., 2019). The RE-AIM framework is a suitable tool for evaluating the impact of programmes in community settings (Shaw et al., 2019).

This study incorporated a validated survey, evaluation, demographic questionnaire, focus groups, key stakeholder convenings, and individual interviews to address the study’s aim and objectives. The overall findings are mapped according to the RE-AIM components outlined below.



*Figure 3.1: Components of the RE-AIM Framework as applied to the Galway Community Café.*

### 3.3 Research Site

The Galway Community Café in the HSE’s Community Healthcare West area was used as the research site.

### 3.4 Sample

Purposeful convenience sampling was selected for the study to enable the researchers to focus on an accessible population that was readily available and relevant to the research aims and objectives within the available six-month timeframe. As this was a new mental health service, the exact number of customers attending the Galway Community Café was unknown prior to data collection. It was anticipated that at least 100 customers would attend the Galway Community Café during the data collection period. Invites to the survey, focus group interviews, and individual interviews were sent to the customers who availed of the Galway Community Café prior to July 2023 over a six-month data collection period from February to



July 2023 (n=79). In the quantitative survey component of the evaluation, the sample size consisted of 52 customers. In the qualitative component (key stakeholder convenings, focus group interviews, and individual interviews), the sample size consisted of Customers (n=9), Galway Community Café Operations Team (n=8), HSE Senior Management (n=4), and Service Providers (n=9).

### 3.4.1 Inclusion Criteria

Criteria for inclusion were:

- All key stakeholders involved with the Galway Community Café in the Community Healthcare West area prior to July 2023. These stakeholder groups included the Galway Community Café Operations Team; HSE Senior Management; Customers attending the Galway Community Café; Carers/Supporters of people attending the Galway Community Café; Service Providers involved with supporting the Galway Community Café over a six-month data collection period from February to July 2023.
- All participants aged 18 years or over with the ability to give full consent will be included.

### 3.4.2 Exclusion Criteria

Criteria for exclusion were:

- All stakeholders (including service providers, customers of the Galway Community Café, their carers, and service providers) who were not involved with the Galway Community Café prior to July 2023.
- All participants who are under the age of 18 years with the inability to give full consent will be excluded also.

## 3.5 Recruitment

The Galway Community Café Project Leader, Team Leader, and Assistant Team Leader acted as gatekeepers for the distribution of information to potential participants. A ‘recruitment pack’ was emailed to all potential participants, which included an invitation letter, information sheet, link to the survey, and email address to express interest in participating in focus groups or individual interviews.



In addition, the Galway Community Café staff informed potential participants attending the Galway Community Café of the study and provided paper copies of the information sheet if needed. A QR code and anonymous link were provided on poster advertisements via social media and displayed in the Galway Community Café and by gatekeepers to customers of the Galway Community Café. A poster advertisement for the study was also shared by the gatekeepers through their social media and network associations.

### 3.6 Data Collection

Instead of using one strategy, the data collection methods (survey, stakeholder convening, focus group interviews, and individual interviews) selected were tailored to the setting, study aim and resources available. In addition, the variety of methods selected were conducive to qualitative work in exploration of the RE-AIM dimensions (Holtrop et al., 2018). An outline of the specific data collection methods for each phase of the study is provided below.

**Phase One** used a survey approach via an online self-reporting questionnaire on Qualtrics to collect data on customer demographics and experiences of the recovery support they received from the peer connectors and staff when attending the Galway Community Café using the INSPIRE instrument (Williams et al., 2015). All customers attending the Galway Community Café prior to July 2023 were asked to complete an INSPIRE instrument to explore their experience of support in their recovery journey.

The INSPIRE survey is a validated instrument with good psychometric properties and internal reliability with a Cronbach's alpha coefficient of  $\alpha = 0.89$  (Williams et al., 2015). The INSPIRE survey is a self-report survey which comprises of 27 items across two subscales, Support (20 items) and Relationship (7 items). The Support subscale identifies the level of support provided by peer connectors for the items rated by the service user as important for their recovery. The Support subscale is comprised of the five CHIME domains (outlined in Table 3.1): Connectedness, Hope, Identity, Meaning, and Empowerment. The Relationship subscale measures the quality of the relationship between the service user and the peer connector or staff members, which is key for the support received to be of value for the user.



**Table 3.1: Description of Subscales within the INSPIRE Instrument**

Subscales	Number of Items (n=); Related Questions	Interpretation
<b>Support</b>	<b>n=20; S1-S20</b>	Measures the level of support provided by peer support workers for the items rated by the service user as important for their recovery.
Connectedness	n=4; S1-S4	
Hope	n=4; S5-S8	
Identity	n=4; S9-S12	
Meaning & Purpose	n=4; S13-S16	
Empowerment	n=4; S17-S20	
<b>Relationship</b>	<b>n=7; R1-R7</b>	Measures the quality of the relationship between the service user and peer support worker.

**Phase Two** utilised focus group interviews and individual interviews with customers who availed of the Galway Community Café prior to July 2023 to further explore their experiences and perceived impact and effectiveness of the Galway Community Café.

**Phase Three** utilised online key stakeholder convenings with the Galway Community Café Operations Team and HSE Senior Management to explore in a focused manner the collective perspectives of stakeholders on the perceived impact of the Galway Community Café, future developments, and possibilities for change. Individual interviews were offered to members of each group who could not attend the key stakeholder convenings to provide additional information and contextualise findings (Doody and Noonan, 2013).

**Phase Four** utilised focus group interviews and semi-structured individual interviews to explore the perspectives of service providers involved with supporting the Galway Community Café on their experiences and perception of the impact and effectiveness of the Galway Community Café service. These were guided by separate co-produced semi-structured focus group schedules, informed by findings from the key stakeholder convenings, literature, and input from the Galway Community Café Operations Team.



## 3.7 Data Analysis

### Phase One

The data was analysed using data analysis software package Statistical Package for the Social Sciences (SPSS), IBM version 27 (SPSS Inc., Chicago, IL, USA). Descriptive statistics using means, frequencies, and percentages were used to report participant demographic characteristics and INSPIRE survey scores.

To examine internal consistency, Cronbach's alpha coefficients were calculated (Pallant, 2020) and Cronbach's alpha coefficient scores of 0.7 or above were considered to indicate good internal consistency. Scoring of the INSPIRE instrument entailed separate scores for the two subscales (Support and Relationship), with each subscale score ranging from 0% (lowest support for recovery) to 100% (highest support for recovery) (Slade et al., 2015). An INSPIRE Support subscale score lower than 72% would indicate that support might not be perceived as helpful by the customer. An INSPIRE Relationship subscale score lower than 78% would indicate that the quality for the relationship between the peer support worker and user was perceived as insufficient and could be improved (Williams et al., 2015; Slade et al., 2015).

### Phases Two, Three and Four

All key stakeholder convenings, focus group interviews, and individual interviews were guided by a co-produced semi-structured interview guide. They were audio-recorded with permission from participants and transcribed verbatim. Data was analysed using Elo and Kyngas' (2008) content analysis framework. The findings were then mapped onto the dimensions of the RE-AIM framework (Glasgow et al., 1999), supporting the triangulation of findings from the data analysis of all stakeholders. This enabled the integration and synthesis of the data produced and findings were discussed, where appropriate, under each dimension of the framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance) (Coffey et al., 2018) (Table 3.2).



**Table 3.2: RE-AIM Dimensions and their Application to this Study**

RE-AIM Dimension	Application to this study
<b>Reach</b>	<ul style="list-style-type: none"> <li>• Is the Galway Community Café reaching its target population? Reasons why or why not?</li> <li>• What types of customers are availing of the Galway Community Café and what are the factors affecting access to and use of the Galway Community Café by individuals?</li> </ul>
<b>Effectiveness (Efficacy)</b>	<ul style="list-style-type: none"> <li>• Is the Galway Community Café accomplishing its goals?</li> <li>• What is the impact of attending the Galway Community Café on important positive individual outcomes, e.g. recovery, quality of life, access to service provision, etc. as well as any negative effects?</li> <li>• Is there any discussion on how attendance at the Galway Community Café has impacted the customer and how this is perceived by service providers/family members/carers/supporters?</li> </ul>
<b>Adoption</b>	<ul style="list-style-type: none"> <li>• To what extent are those targeted to support the delivery of the Galway Community Café participating? e.g. Galway Community Café workers/peer connectors, local mental health services, service providers, voluntary organisations, etc.?</li> <li>• Are there any discussions of the setting or people involved in raising awareness of the Galway Community Café to individuals, and the factors involved in the uptake of the Galway Community Café for individuals?</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>• At a practice level, implementation refers to service providers and staff who provide peer support in the Galway Community Café and their fidelity to the key elements and how they work.</li> <li>• This includes:               <ol style="list-style-type: none"> <li>1. Consistency of delivery as intended.</li> <li>2. The time and cost of delivering support in the Galway Community Café.</li> <li>3. Adaptations made to the Galway Community Café and implementation strategies to make them happen.</li> </ol> </li> <li>• Is there any discussion of these factors, including how individuals experienced being made aware of the Galway Community Café and attending the Galway Community Café or its components?</li> <li>• To what extent are the Galway Community Café staff consistently delivering peer support to people in crisis?</li> <li>• What adaptations have been made to the Galway Community Café and what are the implementation strategies for delivering support?</li> </ul>
<b>Maintenance</b>	<ul style="list-style-type: none"> <li>• At a settings level, maintenance refers to the extent to which the Galway Community Café has become part of the routine organisational practices and policies. It also applies to the extent to which the individual regularly attends the Galway Community Café.</li> <li>• Is there any discussion about continuing attending the Galway Community Café and the factors that influence attendance at the Galway Community Café?</li> <li>• To what extent has the Galway Community Café become part of routine organisational practice and service provision?</li> <li>• To what extent is the Galway Community Café maintaining its effectiveness in the long term?</li> <li>• What are the long-term effects of the Galway Community Café on individual outcomes after attending the service?</li> </ul>



### **3.8 Integration**

Findings from each phase of the study were integrated by mapping all findings onto the RE-AIM framework. This process was supported by the involvement of a person with lived experience who had previously utilised the Galway Community Café as a customer, along with the Galway Community Café Operations Team members, who had the opportunity to validate, refine or suggest interpretations or misinterpretations and consider findings in terms of relevance to practice, recovery, management, and policy.

### **3.9 Ethical Considerations**

Ethical approval was granted from the relevant Health Service Executive Ethics Committee (Health Service Executive, Galway University Hospital Ethics Committee [Ref: C.A. 2898]) in consultation and collaboration with the Galway Community Café Operations Team once the approach to the evaluation was agreed. Ethical principles for conducting research were applied to ensure the rights and dignity of participants were upheld and in place throughout this evaluation (The Nursing and Midwifery Board of Ireland, NMBI, 2015). Of note, customers were informed that it was not mandatory to participate in any aspect of the study and this would not impact on the support they received in the Galway Community Café if they chose not to participate. Recorded and/or written consent was obtained prior to participating in the study and at no stage were individuals identifiable from the data to protect their confidentiality.

### **3.10 Chapter Summary**

This chapter presented an overview of the methods utilised in this evaluation. It details the mixed methods approach adopted, incorporating both qualitative and quantitative designs across the four phases of the evaluation. At all stages of the research process, the Galway Community Café Operations Team and Galway Community Café staff were consulted and they provided input regarding design, data collection, and recruitment methods, the content of surveys, and wording of interview guides and schedules for the key stakeholder convenings, focus group interviews, and individual interviews.





## Chapter 4: INSPIRE Survey Findings

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### 4.1 Introduction

This chapter presents the quantitative findings from the INSPIRE survey completed by customers who attended the Galway Community Café prior to July 2023 over a six-month data collection period from February to July 2023. The INSPIRE survey (Williams et al., 2015) was used to measure customers' experiences of the recovery support they received from the peer connectors and staff members in the Galway Community Café. The survey was sent to a total of 143 customers who had attended the Galway Community Café prior to July 2023 during the six-month data collection period. Results are presented with participant demographic information outlined first to provide context. This is followed by a narrative of descriptive statistics that include frequencies and percentages for the sections of the INSPIRE survey individually and overall, in tabular representation.

### 4.2 Results

Fifty-two of the one-hundred-and-forty-three customers attending the Galway Community Café responded to the INSPIRE survey online via Qualtrics (response rate of 36.36%).

#### *4.2.1 Participant Characteristics*

As illustrated in Table 4.1, female and male participants were almost equally represented in the study (50% and 46.2%), with one non-binary individual and one individual who did not wish to disclose their gender. Participants had a mean age of 39.35 years (S.D. 14.38), ranging from 20 to 72 years. Most participants (n=19, 36.5%) were in employment, with thirteen participants unemployed (25%), six retired (11.5%), and fourteen were students (26.9%). Approximately 88.5% of participants (n=46) had previously engaged with mental health services (n=24). The main types of mental health services utilised included community mental health services (n=9, 17.3%), a combination of acute and community mental health services (n=6, 11.5%), counselling and support groups (n=3, 5.8%), and a combination of voluntary organisations, local support groups, and community mental health services (n=4, 7.7%). Full participant characteristics are presented in Table 4.1.



**Table 4.1: Participant Sociodemographic Characteristics (n=52)**

Participant Characteristic	N	%
<b>Gender</b>		
Female	26	50
Male	24	46.2
Non-binary	1	1.9
Prefer not to say	1	1.9
<b>Age mean (SD)</b>		
Mean (SD) age in years	39.35 (14.38)	
Range (minimum-maximum)	20-72 years	
<b>Occupation</b>		
Employed	19	36.5
Unemployed	13	25.0
Retired	6	11.5
Student	14	26.9
<b>Previous Engagement with Mental Health Services</b>		
Yes	46	88.5
No	6	11.5
<b>Types of Mental Health Services Previously Engaged with</b>		
Community Mental Health Services	9	17.3
Acute and Community Mental Health Services	6	11.5
Counselling and Support Groups	3	5.8
Voluntary Organisations, Local Support Groups, and Community Mental Health Services	4	7.7

Many participants had attended the Galway Community Café as customers for a duration of 6-12 months (n=20, 38.4%), with others equally attending for less than six months (n=16, 30.8%) and between 12-24 months (n=16, 30.8%). It is important to note that customers attend the Galway Community Café as needed and come and go in points of crisis. Thus, their first appointment may have been one year previous, but they might attend as needed or have a weekly maintenance session.

The main reasons for attending the Galway Community Café were for an out-of-hours mental health service (n=15, 28.8%), emotional support (n= 8, 15.4%), needing someone to talk to (n=8, 15.4%), recovery support (n=6, 11.5%) and needing a safe space (n=5, 9.6%). Most participants availed of one-to-one chats with a member of the team in the Galway Community Café (n=45, 86.5%) and Social Saturdays (n=4, 7.7%) or a combination of both one-to-one



chats and Social Saturdays (n=3, 5.8%). Please note also, that Social Saturdays refer to an alternative option provided in the Galway Community Café on Saturdays, where the Café provides the space for individuals to engage in-group activities in a safe environment, for recovery-orientated skills development, board games, social space to meet others and structured groups.

Further characteristics of participants who engaged with the Galway Community Café are summarised in Table 4.2. As illustrated in Table 4.2, approximately 36.5% of participants (n=19) would have used another out-of-hours mental health service if the Galway Community Café were not there. This was closely followed by ‘availing of nowhere’ (n=9, 17.4%), the Accident and Emergency Department (n=8, 15.4%), and a general practitioner (n=7, 13.5%). Participants mainly heard about the Galway Community Café from word-of-mouth/social media (n=23, 44.2%), a family/friend/carer/supporter (n=9, 17.3%), or mental health provider (n=5, 9.6%).



**Table 4.2: Participants' Engagement with the Galway Community Café (n=52)**

<b>Characteristic</b>	<b>n</b>	<b>%</b>
<b>Length of time attending Galway Community Café</b>		
< 6 Months	16	30.8
6-12 Months	20	38.4
12-24 Months	16	30.8
<b>Services availed of when attending Galway Community Café</b>		
One-to-One Chat with Member of Team	45	86.5
Social Saturdays	4	7.7
One-to-One Chat and Social Saturdays	3	5.8
<b>Reasons for attending Galway Community Café</b>		
Recovery Support	6	11.5
Emotional Support	8	15.4
Needing a Safe Space	5	9.6
Out-of-Hours Mental Health Support	15	28.8
Needing Someone to Talk to	8	15.4
All of the Above	3	5.8
Other (specified below)	7	13.5
<ul style="list-style-type: none"> <li>• <i>Recovery support, emotional support, out-of-hours mental health support, and needed someone to talk to</i></li> </ul>	4	7.8
<ul style="list-style-type: none"> <li>• <i>Peer support from people with similar experiences</i></li> </ul>	1	1.9
<ul style="list-style-type: none"> <li>• <i>Needed someone to talk to that would not report back to mental health services</i></li> </ul>	1	1.9
<ul style="list-style-type: none"> <li>• <i>Loneliness during COVID-19</i></li> </ul>	1	1.9
<b>Where I would have gone if Galway Community Café were not available</b>		
Accident and Emergency Department	8	15.4
Another Out-of-Hours Mental Health Service	19	36.5
Local Mental Health Services	6	11.5
General Practitioner	7	13.5
Other (specified below)	12	23.1
<ul style="list-style-type: none"> <li>• <i>Nowhere</i></li> </ul>	9	17.4
<ul style="list-style-type: none"> <li>• <i>The Samaritans</i></li> </ul>	2	3.8
<ul style="list-style-type: none"> <li>• <i>'The Water'</i></li> </ul>	1	1.9
<b>How did you hear about Galway Community Café</b>		
Word-of-Mouth/Social Media	23	44.2
Newspapers/Magazines	4	7.7
Mental Health Care Provider	5	9.6
Friend/Family/Carer/Supporter	9	17.3
Someone Working at/attending Galway Community Café	3	5.8
Other (specified below)	8	15.4
<ul style="list-style-type: none"> <li>• <i>Student Union email</i></li> </ul>	2	3.8
<ul style="list-style-type: none"> <li>• <i>HSE Peer Support Worker</i></li> </ul>	2	3.8
<ul style="list-style-type: none"> <li>• <i>Hospital/Acute Psychiatric Unit</i></li> </ul>	2	3.8
<ul style="list-style-type: none"> <li>• <i>Youth Service</i></li> </ul>	1	1.9
<ul style="list-style-type: none"> <li>• <i>Involved in the initial setup of Galway Community Café</i></li> </ul>	1	1.9



### 4.2.2 Perceived Support and Relationship

The INSPIRE survey instrument addresses two key subscales: Support and Relationship. The subscale rating of the Support score is structured under the categories of the CHIME domains and recovery process. The INSPIRE survey could indicate areas that need to be improved if the support provided is not perceived well. The average Support score of the INSPIRE survey amongst participants was 73.72%, indicating that the support provided by peer support workers in the Galway Community Café was above the threshold of being supportive towards participants' recovery. However, of note was that the Identity subscale scored lowest (54.06%) in comparison to the other four CHIME domains, which all scored above the threshold, as illustrated in Table 4.3. The Relationship score consists of only one subscale that includes seven questions. The Relationship score of the INSPIRE survey for the Galway Community Café was 92.7%, indicating that customers highly valued the relationships formed with the peer support workers in the Galway Community Café.

**Table 4.3: INSPIRE Subscale Scores (n=52): Raw Scores and Percentages**

INSPIRE Subscale Scores & Support Domains	No. of Items	Mean	Percentage (%) Mean out of 100
<b>Support Score*</b>	20	2.94	73.72%
Connectedness	4	3.18	79.56%
Hope	4	3.16	78.88%
Identity	4	2.16	54.06%
Meaning and Purpose	4	3.21	80.25%
Empowerment	4	3.03	75.75%
<b>Relationship Score*</b>	7	3.7	92.7%

*\*Support subscale scores over 72% indicate that support provided is perceived as helpful; Relationship subscale scores over 78% indicate that the relationship is perceived as valuable to the service user; reported are mean and standard deviation.*

### 4.3 Reliability of INSPIRE Survey

Each individual subscale of the INSPIRE survey and the instrument overall was assessed for internal consistency reliability. The two individual subscales (Support and Relationship) are outlined in Table 4.4 in addition to the number of items and related questions for each, and Cronbach's alpha. Internal reliability was good for both the Support and Relationship subscales



( $\alpha$  ranged from .906 - .941). Three of the CHIME domains covered under the Support subscale had acceptable reliability ( $\alpha$  ranged from .772 - .871), while Connectedness was on the threshold of being acceptable ( $\alpha$  .699) and the Identity domain had poor reliability ( $\alpha$  .585).

The INSPIRE survey's overall internal consistency reliability was very good ( $\alpha = .910$ ).

All Cronbach's alpha for the subscales in this study are compared to benchmark data from the Cronbach's alpha scores in the original Williams et al. (2015) paper in Table 4.4. All Cronbach's alpha scores for the individual INSPIRE subscales (Support and Relationship) had a higher internal consistency in comparison to the developers' Cronbach's alpha scores, except for the CHIME domains covered under the Support subscale of the INSPIRE survey.

**Table 4.4: Internal Consistency Reliability for INSPIRE Survey**

INSPIRE Subscales and associated CHIME domains	No. of Items	Related Questions	Current Study's Cronbach's Alpha, $\alpha$	Benchmark data from Williams et al. (2015) Cronbach's Alpha, $\alpha$
<b>Support</b>	20	S1-S20	.906	.740
Connectedness	4	S1-S4	.699	.85
Hope	4	S5-S8	.788	.83
Identity	4	S9-S12	.585*	.82
Meaning and Purpose	4	S13-S16	.772	.85
Empowerment	4	S17-S20	.871	.83
<b>Relationship</b>	7	R1-R7	.941	.89
<b>Total INSPIRE</b>	27	S1-S20 + R1-R7	.910	Not reported

\*= *poor internal reliability*.

#### 4.4 Chapter Summary

This chapter presented the quantitative findings from the INSPIRE survey on the overall experience of recovery support provided by peer connectors and staff in the Galway Community Café from the customers' perspective. There was an acceptable response rate (36.36%) to the survey, with fifty-two participants completing the survey. It is evident from the findings that participants had a generally positive experience of receiving support for their recovery journey and placed a high value on the support received and the relationships



developed with the peer connectors in the Galway Community Café. There was good internal reliability of the INSPIRE survey reported in this study, which was like the Williams et al. (2015) original study and other recent research that also used the INSPIRE instrument. The next chapter will present the findings of the key stakeholder convenings, including HSE Senior Management and the Galway Community Café's Operations Team, as well as focus groups and individual interviews with both customers and service providers.



# Chapter 5: Findings from Interviews & Key Stakeholder Convenings

## 5.1 Introduction

This chapter presents an overview of the study's qualitative findings. It explores all key stakeholders' perspectives of the Galway Community Café, including Customers (n=9), the Galway Community Café Operations Team (n=8), HSE Senior Management (n=4) and Service Providers (n=9). Data was collected through key stakeholder convenings (Community Café Operations Team and HSE Senior Management), focus group interviews, and individual interviews (Customers and Service Providers). All key stakeholders consulted were involved with the Galway Community Café prior to July 2023 and over the six-month data collection period from February to July 2023. A brief overview of participant demographic characteristics and a synopsis of the findings is presented for each of the key stakeholder groups (Customers, Galway Community Café Operations Team, HSE Senior Management, and Service Providers) and quotations from stakeholders are presented in quote illustrations in this chapter to support a user-friendly presentation of findings.

## 5.2 Findings

### 5.2.1 Customers

The demographic characteristics of the customers who took part in the focus group interview (n=3) and individual interviews (n=6) are outlined in this section. Out of the 9 customers that took part in the qualitative part of the study, male and female participants were almost equally represented in the study (55.6% and 44.4%) with an age range of 31 to 76. Many customers were in employment (44.4%) with others unemployed (33.3%) or retired (22.2%). While the average length of time attending the Galway Community Café was over one and a half years (20.11 months), it is important to note that certain customers did not actively pursue weekly support from the Galway Community Café. While their initial interaction may have taken place over a year ago, some customers only sought assistance during times of crisis only. On the other hand, some customers integrated the café support into their comprehensive wellness plan, some of which encompassed Social Saturday activities.





The main services availed of were a one-to-one chat with members of staff (77.8%) or a combination of one-to-one chats and Social Saturdays (22.2%). Customers mainly attended the Galway Community Café for either recovery support (44.4%), emotional support (33.3%), or someone to talk to (22.2%). All customers (100%) had previously engaged with mental health services, including community and/or acute services. Customers reported that they would have used either local mental health services (33.3%), another out-of-hours mental health service (33.3%), or nowhere/peer support worker (22.2%) if the Galway Community Café were not available. Interestingly, the ED was only identified by one customer (11.1%) as an alternative service that they would avail of if the Galway Community Café were not available. Customers had heard about the Galway Community Café mainly from a mental health service provider (33.3%), word-of-mouth (22.2%), a friend/family/carer/supporter (11.1%), the newspaper (11.1%), someone working in the Galway Community Café (11.1%) or the Galway Recovery College (11.1%).

#### 5.2.1.1 Synopsis of Findings from Customer Interviews

The customer experience revolved around the benefits and supports received from the Galway Community Café. At the forefront of their mind was what services would be available if the Galway Community Café were not in operation. This sense of vulnerability stemmed from their own awareness that mental health is not a 9.00-5.00 system, and the ED was not seen as an appropriate service due to lack of capacity, negative attitudes, lack of awareness and knowledge, and lack of confidence in the system. These were often based on negative first-hand experiences, as some customers reported that they would only use the ED in extreme cases as a last resort as they found it intimidating. In addition, customers reported that there was no alternative to the Galway Community Café as an out-of-hours evening mental health service. They particularly liked the location of the Galway Community Café, which is situated across from the hospital and within an existing local commercial café service that is operational during the day, which they felt reduced the stigma of attending the Galway Community Café.

The significance of peer experience and peer support provided by staff in the Galway Community Café was highly valued by the customers. Customers described experiencing a trusting and empowering environment in the Galway Community Café and outlined the importance of lived experience as a shared currency that contributed to the relaxed and non-judgemental environment. Customers felt that they were able to build a good rapport with staff, talk on their own level, and engage in meaningful connection and conversation.



They also felt that there was more of a collegial community relationship based on mutual respect and trust, rather than previous clinician-client relationships, which they had found, were more hierarchical relationships. In essence, they were referring to an equal relationship with shared power within the Galway Community Café experience. Customers appreciated the continuity, flexibility, first-hand lived experience, and mental health awareness of staff in the Galway Community Café. Some customers enjoyed the variety of talking with multiple members of staff, whilst others enjoyed the consistency of talking with the same person each time. There were customer concerns regarding the importance of caring for and looking after the staff in the Galway Community Café were also highlighted, due to the complexities of mental health challenges people attending the Galway Community Café may present with.

Overall, Café customers reported that the Galway Community Café was working well, and had a positive impact on their recovery in a variety of ways. The positive impact of the Galway Community Café on customers included: social connection and engagement in an informal, non-clinical setting; a sense of empowerment and belonging; peer support; emotional and recovery support; and a sense of community. The availability and reliability of the Galway Community Café service out-of-hours when it was most needed for customers seeking support, was also highly valued. Furthermore, some customers reported a reduction in hospital admissions and utilisation of existing mental health services, since engaging with the Galway Community Café.

Café customers suggested numerous ways to improve the Galway Community Café. This included extended opening hours on more evenings, having more peer connectors in the Galway Community Café, and further promotion and awareness of the Galway Community Café so everyone is aware of the service.





Figure 5.1 Illustrative quotes from Galway Community Café Customers

### 5.2.2 Operations Team & HSE Senior Management

Two key stakeholder convenings took place with the Galway Community Café Operations Team and HSE Senior Management who were involved with the Galway Community Café (n=9). Individual interviews were held with members of the Galway Community Café Operations Team (n=2) and HSE Senior Management (n=1) who could not attend the key stakeholder convenings. Roles within these two key stakeholder groups consisted of representation from Mental Health Engagement and Recovery, HSE Executive Clinical Personnel, Quality and Patient Safety, Expert by Experience in Mental Health, Lead Roles within Galway Community Café, HSE Mental Health Services, HSE Project and Business Management, and Mental Health Ireland.



### 5.2.2.1 Synopsis of Findings from Operations Team & HSE Senior Management Key Stakeholder Convenings

The key stakeholders' experiences revolved around getting it right from the start in the sense of both the process and inclusiveness of all stakeholders in the design and development of the Galway Community Café. This inclusiveness stemmed from the philosophies of recovery and co-production embedded within Irish mental health policy. The broad range of stakeholders involved in the development of the Galway Community Café from the start ensured a shared vision and shared learning journey coupled with shared ownership and autonomy as everything was co-produced and co-designed from the outset, and where the use of the phrase 'co-production' was not just tokenistic. The importance of having strong champions of the model both internal and external to the HSE was emphasised as, without this, trust was not possible, and the project could not have existed. In particular, people with lived experience were resourced and empowered to act independently as a champion of the model and this extended into the broader community with the owner of the Mr. Waffle café 'championing' the model also from a local community perspective.

The stakeholders' intentions of getting it right from the start is very much supported by lived experience, research, and evidence, brought together in multi-stakeholder co-production. The initial impetus for the project came from people with lived experience to have another option to the ED pathway, as there was a lack of options for people in crisis. They proposed to collaborate with a local business owner who was willing to pledge evening space in a commercial café, Mr. Waffle, and to champion the model. The proposal was supported by international best practice evidence for the 'Safe Haven' models of intervention. With the support of MHER, a variety of workshops and events were carried out, both group-facilitated with a multi-stakeholder group and through user-led service design workshops that were organised by people with lived experience. This emphasised the environmental and cultural aspects of the recovery movement, such as a conventional 'ordinary' environment and a non-clinical user experience for people experiencing mental health distress. Throughout the whole process, people with lived experience were resourced to continuously mature and develop the concept before funding was sought from the Genio Service Reform Fund. They were engaged in all aspects of the project, from proposal writing to service design, recruitment, promotion, and operational planning and governance of the Café. Hence, the creation of the Galway Community Café was very much a collaborative approach of 'coming together' following



consultation with services. This ethos followed through when the Galway Community Café structure was being put in place, which was supported by research evidence so that the service was being offered at the times when people really needed it, and when traditional services were not operational. The importance of engaging both service users and clinicians and involving them in the process from the outset was deemed key for effective multi-stakeholder co-production which has inevitably led to better outcomes and the success of the Galway Community Café.

The importance of having support provisions in place for staff working in the Galway Community Café was discussed, considering the acuity and complexities of presentations to the Galway Community Café compared to what had been originally anticipated, as well as peer connectors' lived experience and the subsequent role sustainability. A range of support provisions are in place for staff to avail of including debriefing after a difficult engagement, time out, employment assistance programme, reflective practice sessions, and the option of attending an independent psychotherapist service. In addition, the importance of sustainability of the peer connector role and the ability to take over roles, and continuity of service if people need to take a step back or decide to move on was also highlighted in this context.

The challenges of opening and operating the Galway Community Café during the COVID-19 pandemic were emphasised. Additionally, stakeholders highlighted challenges to the continued growth and success of the Galway Community Café in terms of customer engagement/re-engagement and meeting the needs of service users and of the service itself, and how all of this is continuously evolving. Above all, sustainability was forefront in the minds of all stakeholders. While all stakeholders perceived a clear value, relevance, and evidence of a service meeting a need, there were concerns about future funding as well as reliance on a new model, which utilises peer support as the fundamental service delivery design. Striking the balance between peer support and recovery-oriented services within a community setting and under clinical governance (social-medical model) and integration with other mental health services, all without losing the essence of the Galway Community Café moving forward was highlighted.

They further emphasised the lack of clinical governance and associated assessment and management of risk, along with questions around how this may be influencing engagement with, and input from clinicians in mental health services. The subsequent challenges these issues raise for the Galway Community Café's future and evolution were brought up.



It was viewed by all stakeholders that there was an opportunity for a deeper level of integration between the Galway Community Café and the HSE mental health services.

It was viewed that having a link with a crisis resolution team as an additional backup resource to the Galway Community Café would influence long-term funding and sustainability of the service as it evolves. This was described as the concept of front-of-house, back-of-house. A shared collaborative governance model was suggested going forward for addressing and navigating the integration of risk within the Galway Community Café.

*As an Ops team, we are very mindful that individuals are using their own experience of trauma and difficulties, and to support other individuals, they're using themselves as the therapeutic tool. We have a variety of structures in place to attempt to maintain their wellbeing. - OT P2*

*We're supporting the implementation at the bottom and translating it into practice and valuing what's in the framework for recovery, which is the centrality of the lived experience, that co-production organisation, commitment and then recovery and learning. - OT P1*

*Everybody is on their own journey: people are at different stages of their recovery and the Café meets people where they are at and when people are in crisis. From that comes shared learning and shared understanding. - OT P3*

*The unique contribution is the fact that [the Galway Community Café] is a Café that is in the community that operates as a Café and then offers really valuable support in a non-clinical way. It sees everybody as a human being, it's destigmatising, it's actually doing what it says on the tin. - OT P1*

*I think a collaborative shared governance model that provides safety for the service user [is needed] and I think you can have mental health services present and involved without having to be taken over into the medical model. - SM P2*

*It's not about what it is now, it's about the process that you go through to actually get [there] that is every bit as important. I don't think you'll be able to replicate that without actually going through the [co-production] process. It's very important and that's where you get the buy-in from service users. - SM P1*

*The Galway Community Café is one cog in the wheel of a bigger service. - OT P7*

*It's about getting the balance right between peer-led recovery orientations and services... the danger is if you have them too clinically-led that you might lose the essence of some of that. We haven't really worked it out yet... we're lobbying heavily to get an actual clinical team and the concept is kind of 'front of house, back of house.' - SM P1*

*It's an interesting project from my side because I have learned a new language, new way of working as well and how this whole co-production is a reality. - OT P5*

*The level of joint management and working together between the HSE and community has been very powerful. - OT P6*

*It's about coming together and having a shared vision, but very much putting the service user and the service user's experience central to that design. It's something that's been done particularly well with the Galway Community Café. It's not tokenistic. It's been there from the start and is very transparent. - SM P1*

*The level of engagement and re-engagement in the Café is fantastic. - OT P2*

*It has peer support and also led nationally on family peer support so there's a huge menu to choose from when attending the Café. The piece of the integration and co-ordination now just needs to be tied up so that people who are attending each of those services are also aware of what others have to offer and then building that relationship more with clinical services so that clinicians are now more involved with the Galway Community Café. - OT P1*

Figure 5.2 Illustrative Quotes from Key Stakeholder Convenings



### 5.2.3 Service Providers

Focus group and individual interviews took place with service providers involved with the Galway Community Café (n=12). Roles within the service provider group consisted of representation from Mental Health Engagement and Recovery, Recovery Colleges, HSE Regional Service Personnel, and HSE Mental Health Services, including nurse management, peer support, and occupational therapy.

#### 5.2.3.1 Synopsis of Findings from Service Provider Focus Group and Interviews

The service providers' experiences revolved around the value and importance of co-production, the non-linearity of the individual's recovery journey, and how the Galway Community Café complements existing mental health service provision. Similar to the key stakeholder findings, service providers found that the Galway Community Café was a good example of true multi-stakeholder co-production from the outset with the lived experience of mental health challenges and recovery voices clearly visible in the conception, design, and development of the Galway Community Café. Moreover, they highlighted the importance of reimbursing people with lived experience for their time and area of expertise as equal members of the team. They also recognised the importance of people championing the recovery and peer-led model both within and outside the HSE and the wider community, e.g. the owner of Mr. Waffle, to encourage more interest from people to engage with and support the Galway Community Café.

Access and visibility was highlighted as a key issue within service design and provision, where there should be a clear link with other services or the creation of such links, with self-referral being a key aspect. Service providers reported that the Galway Community Café's real strength lies in its accessibility in terms of out-of-hours and weekend support, along with its ability to connect, redirect, or signpost the customer to other services if helpful or necessary. However, challenges do exist concerning the peer-to-peer process and its overall sustainability. These challenges need to be weighed against the unique nature of the service and the recovery approach underpinned by a positive risk-taking approach. The integration of risk and governance levels was highlighted in terms of the support and participation of clinical staff and the sustainability of the Galway Community Café going forward.

Overall, service providers reported that the Galway Community Café was working well and that there were good links with community initiatives, services, and recovery colleges. Service providers' role in supporting the Galway Community Café involved supporting its operational



setup, supporting the delivery of WRAP support groups and Hearing Voices Meetings, provision of information to people in their care and mental health service more generally, and raising awareness of the Galway Community Café and signposting information. They viewed the Galway Community Café as complementary to existing mental health services to aid people in their recovery journey and stressed that first and foremost, the focus is on the human being, living a life without diagnosis, and personal recovery.

Service providers felt the unique selling points of the Galway Community Café were its community-facing location in an existing commercial café out-of-hours; its co-production and co-design, peer support and shared experience and learning. In addition, the flexibility of peer connectors and support options available; appointments being arranged promptly; the sense of community and belonging it provides; the social space it offers for people to attend; its recognition as a safety net, its ability to be person-centred when a person is in crisis; and its informal non-clinical component.

*[The Galway Community Café] is a cost-effective method for lower-barrier care, which is great. - FG P2*

*The feedback I got from [patients] in the hospital is it's very important to know that there is a place outside there for them. - FG P5*

*It's a very informal, very kind of calm, very relaxed atmosphere and it actually takes pressure off the A&E department in the hospital because you have this place where people can go if they are in a really bad place, crisis, or if they need that extra piece of support out-of-hours. - SP P2*

*Co-production has become an absolute within the realm of contemporary recovery practice. It's a defining characteristic, it's a non-pushable. It's about this amalgamation of lived experience, plus the perspective of professional experience, and getting something real and intelligible and useful and practical for people who are trying to engage in their own recovery. - FG P3*

*It has a very similar function to the Recovery College insofar as you are creating a different space or place where people can connect with others... It's the sense of being connected, having a sense of life beyond diagnosis. - FG P4*

*We are not islands, we're all connected via working with the Galway Community Café and every month, it blends the two services together. - FG P2*

*I think the beauty of the [Galway Community Café] is that it is not tied to any other team. It's strictly for people who use it so it's not a case of stuff going back to their teams, as people self-refer themselves. - FG P4*

*There was difficulty in the start in terms of this as a peer-run piece and yet crisis is a very clinical kind of area... But in actual fact, it seems to have worked quite well. - SP P2*

*The reality of it is crisis is not necessarily going to happen Monday to Friday 9-5, as we all know well... It is usually the darker times... So I think we need to publicize the [Galway Community Café] more in different communities to raise awareness. - SP P3*

*I think it would be really beneficial to attend some of the multidisciplinary teams within the community... I think presenting that every 6 months for 5-10 minutes would be really beneficial because there are many junior doctors rotating in the Emergency Department. - FG P3*

*One of the challenges for all these social innovations, whether it is a recovery college, peer support or work in crisis, is to communicate that this is not an adjunct to a clinical service. This is not a place that people can go as part of the treatment imperative, but these are all community-facing, health-promoting innovative things that are really focused on marshalling all the resources that can help with the person's recovery to build a life beyond illness. - FG P4*

Figure 5.3 Illustrative Quotes from Service Providers.



Suggested improvements for the Galway Community Café included showcasing the model internationally, developing an evidence base around the impact of the Galway Community Café and raising more awareness and promotion of the Galway Community Café within the community, within HSE services, and within primary care settings to get more engagement from services and clinicians.

*It's very cost effective as a low barrier level of care provision for people in crisis or emotional distress out-of-hours. - SP P5*

*Other services say they are recovery-orientated but they are also biomedically-orientated, whereas this service is very much recovery-orientated. - SP P1*

*We've evaluated our community service over the years, and we've seen massive improvements in the reduction of hospital admissions, which is obviously a cost-saving measure. I would expect the Galway Community Café would [have a similar impact]. - SP P3*

*We still have difficulty with clinicians who immediately put on the risk-aversion hat and wonder and think more in terms of patients rather than human beings in recovery. - FG P3*

*If you can't reimburse people monetarily, there may be other ways that people can be reimbursed for their time. It's not ideal because I believe to bring people together, they should be paid for their lived experience and expertise in the area. - SP P4*

*People are presenting with more complex healthcare and mental health issues... It is important people are not left in limbo out-of-hours... The Galway Community Café is a great support service for people out-of-hours. - SP P3*

*The fact is, someone coming in, they have the crisis, and they are met with recovery straight away... I think that enhances the recovery journey: it gives people empowerment and gives people meaning as well... the fact that they can actually be listened to and their opinions are being respected. - SP P2*

*We would have a protocol, but we would walk somebody across [to the hospital] if that's what they wanted, and stay with them until they were triaged... We are trying to work both ways with them and we have done that... I think there is room for more links [with clinical mental health services]... We do need to get buy-in from clinical staff. - FG SP 2*

*We need some sort of recovery champion whom everybody else is going to look to and say, "If they are taking this on board, then it's okay." - FG P5*

*Figure 5.3 (continued) Illustrative Quotes from Service Providers*



### 5.3 Chapter Summary

This chapter presented the qualitative findings from all stakeholders, including customers, the Galway Community Café Operations Team, HSE Senior Management, and service providers. Findings were positive overall, with the fundamental elements of co-production highlighted as a key strength of the Galway Community Café model. While the Galway Community Café design has value, its long-term sustainability will be affected by interest from, and engagement with customers, clinicians, service providers, and policymakers. Key aspects of governance and overall awareness need to be agreed on and addressed for all future development.



## Chapter 6: Integration of Qualitative & Quantitative Findings

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### 6.1 Introduction

This chapter presents an overview of the integration and triangulation of both the quantitative and qualitative findings of the evaluation by mapping them onto the RE-AIM framework (Glasgow et al., 1999) – Reach, Effectiveness, Adoption, Implementation, and Maintenance. Each dimension is discussed separately, reflecting on the overall perspectives of all stakeholders in this evaluation.

### 6.2 Integration and Mapping of Findings onto the RE-AIM Framework

#### 6.2.1 Reach

From the INSPIRE survey and qualitative findings in this evaluation, it is very evident from both a customer and services perspective that there is a strong willingness for customers to participate in and engage with the Galway Community Café, with most customers continuing to re-engage with the Galway Community Café over time. Many customers had attended the Galway Community Café for a duration of 6-12 months (n=20, 38.4%). The survey findings identified that customers reported and valued receiving a high level of recovery support within the CHIME framework from peer connectors in the Galway Community Café and developed high-quality relationships with peer connectors and staff in the Galway Community Café, which is further complemented by the qualitative findings.

The qualitative findings suggest that customers had a positive attitude towards the Galway Community Café due to its user-friendly and peer-led nature, which allowed for peer support, engagement, shared experiences, and learning. They found that it fostered a safe, relaxed, non-judgmental, physical, and social space to connect with others, which subsequently gave a sense of empowerment, community, and belonging. Customers liked the accessibility of the Galway Community Café, which enabled out-of-hours service provision in a central location in Galway and an alternative to the Emergency Department. The Galway Community Café was viewed as less stigmatising, as it was located within an existing commercial café, Mr. Waffle, out-of-hours. Customers appreciated the confidential nature of the service, whereby there was no fear of anything being reported back to the mental health services. Often, customers were sceptical of health services or healthcare providers and from a service point of view, they were willing to engage with the Galway Community Café as they saw it as being more user-friendly and



community-based and more in line with recovery-oriented care. However, they were conscious and aware of the reach in terms of who exactly could utilise the service and that emergency services rather than the Galway Community Café may be more appropriate and a better option for mental health support in certain situations.

Interestingly, the consistent attendance of individuals who had previously engaged with acute mental health services and community mental health services was notable (28.8%), similar to the findings from a pilot evaluation of the Galway Community Café in 2021 (Collins, 2021). Thus, these metrics further reinforce that the Galway Community Café and the supports it provides offer a ‘reverse link’ to consultants in the hospital and community mental health teams in terms of reach (Collins, 2021).

### 6.2.2 Effectiveness

The Galway Community Café’s effectiveness was addressed by its philosophy of being community- and recovery-focused, co-designed, co-produced, and operated by peers with lived experience of mental health challenges, while meeting a gap in current mental health service provision. While *Sharing the Vision A Mental Health Policy for Everyone* (2020) was in development, the original concept for the Galway Community Café was a forward-thinking initiative that preceded mental health policy. The Galway Community Café was established based on an identified service need by people with lived experience, and on best practice evidence gathered by visiting and identifying international services such as the ‘Safe Haven’ Aldershot models of intervention in the UK, and in conjunction with the aforementioned MHER user-led supported workshops and groups, in collaboration with multiple stakeholder groups.

The planning stage in the development of the Galway Community Café, as well as the findings from the INSPIRE survey and key stakeholder convenings within this evaluation study supports the conclusion that Galway Community Café is meeting its objectives. These objectives were to increase access to out-of-hours, adult community mental health peer support in a safe space, which is peer-designed and peer-operated; and demonstrating proof-of-concept for co-produced mental health services.

It is an example of best practice in the methodology of engagement with multi-stakeholder co-production as it outlines the innovative collaboration between people with lived experience, the HSE mental health services, and the community, with all stakeholders engaging in all



aspects of the project, from proposal writing to service design, recruitment, promotion, and operational planning and governance.

From a customer perspective, the impact of this type of service has positively affected outcomes for individuals' recovery, wellbeing, and quality of life in the sense that some customers did not see any other option available to them out-of-hours, apart from the ED. Some customers identified that the Galway Community Café gave them a sense of empowerment and belonging and reduced their hospital admissions and utilisation of mental health services by providing a safe, non-judgement physical space to go to, or to talk with a member of staff. All customers viewed the Galway Community Café as a safe space to engage and, if needed, they could be signposted and supported to link in with additional services. This is further supported by the INSPIRE survey findings, where the average Support Score was 73.2% indicating that the support provided by peer connectors or staff member was above the threshold of being supportive toward customers recovery. However, of note, was the Identity subscale, which scored lowest (54.06%) in comparison to the other four CHIME domains, which all scored above the threshold. It is important to note that in the Identity section of CHIME on the survey, there is a question on spirituality/faith and some customers expressed that this is not something they discuss or focus upon within the Galway Community Café and so they did not positively rate this aspect. This is an aspect that the Galway Community Café team can take into consideration moving forward to ensure peer connectors and staff members are supporting customers around their spirituality where appropriate. Furthermore, the average Relationship Score on the INSPIRE survey was 92.7%, suggesting that customers highly valued the relationships formed with the peer connectors in the Galway Community Café. Taken all together, these results show that the Galway Community Café is meeting its objectives: to increase access to out-of-hours, adult community, mental, health peer support in a safe space that is peer-designed and peer-operated; and to deliver practical, recovery-orientated support within the CHIME framework.

From a service perspective, the Galway Community Café is fulfilling a policy need while also addressing the issue of a gap in the existing mental services, which are not always seen as the most appropriate or effective way of meeting the needs of someone in crisis. In terms of potential negative effects, the issue around the support for the peer connector with lived experiences of mental health challenges was highlighted and further reinforced by the collegial relationship between peer connectors, staff, and customers, as indicated through the INSPIRE



survey, focus groups and interviews. Their vulnerability was recognised, paired with the flexibility needed to be able to step in and out of the role in order to maintain their own mental health. The Cafe Operations Team has addressed this by putting processes and support in place to support peer connectors in their role. In addition, the vulnerability in relation to risk and the obligation of providing clinical care versus peer-led support was highlighted. This was discussed in terms of balancing that risk concerning responsibility for clinical service provision versus the co-produced responsibility for service provision that adopts and utilises a peer support system. All stakeholders recognised the positive impact of the Galway Community Café on individuals attending concerning their mental health and well-being and engagement with out-of-hours peer support.

### 6.2.3 Adoption

Adoption of the Galway Community Café from all key stakeholders to support the delivery of the Galway Community Café is evident from the outset with the multi-stakeholder co-production philosophy for the design, implementation, and operation of the Galway Community Café. Throughout the process, people with lived experience were resourced to continuously mature and develop the concept before seeking funding from the Genio Service Reform Fund; and were engaged in all aspects of the project, from proposal writing to service design, recruitment, promotion, operational planning, and governance. It was evidently a very collaborative approach of ‘coming together’ following consultation with services and engaging champions of the model both internal and external to the HSE from the start. In particular, people with lived experience of mental health challenges were resourced and empowered to act independently as champions of the model, and this extended into the broader community, with the business owner of the Mr. Waffle café championing the model also and providing an evening space in his commercial café premises for the Galway Community Café to use.

The Galway Community Café has harnessed support from service users and people with lived experience of mental health challenges, the HSE mental health services, the wider voluntary sector, Mental Health Ireland, and local Recovery Colleges. Peer educators from the Recovery Colleges provide support in the delivery and facilitation of WRAP support groups in the Galway Community Café on Social Saturdays.

In terms of raising awareness of the Galway Community Café, there appears to be good knowledge of the service as some customers are attending the Galway Community Café from



rural areas in County Galway. However, this awareness should align even more with meeting the volume of need that exists, as it is highly valued by its existing customers and service connections. Moreover, a balance needs to be made about the number of people the Community Café can provide a service to versus the number of peer connectors and the risk of vulnerability if they need to step out of the role at times. Improvements in relation to raising awareness and promotion of the Galway Community Café is mainly regarding clinical staff and generating more engagement, by providing clinical staff with an understanding of what the role of the Galway Community Café is and the services it provides. Some internal champions within the mental health services promoted the Galway Community Café at multidisciplinary teams to inform colleagues. However, addressing the integration of the risk piece within the Galway Community Café and the support of a crisis resolution team resource in the future, may encourage service providers in terms of engaging with the Galway Community Café.

#### 6.2.4 Implementation

From a service perspective, implementation refers to service providers and staff providing support to the Galway Community Café's customers and the consistency of delivery of this support. From the survey findings, the support provided by Galway Community Café peer connectors was consistently above the threshold of being considered supportive towards customers' recovery (73.2%), and some customers highly rated the relationships formed with the peer connectors in the Galway Community Café (92.7%). However, the Identity subscale on the survey scored lowest (54.06%) in comparison to the other four CHIME domains, indicating that this may be an area that could be focused on in the future implementation of the Galway Community Café. Overall, the survey complements the qualitative findings, which also supports consistency with the delivery of recovery-orientated peer support within the CHIME Framework. However, some customers reported that sometimes there is no consistency in terms of receiving follow-on support from the same peer connector. Some people liked the variety in staff providing support, whilst others preferred the consistency of returning to the same peer connector or staff member delivering support, so as to not have to tell their story all over again. A potential adaption would be that Galway Community Café could provide customers with this as an option going forward if and where feasible. However, while there may be a benefit to having a consistent relationship, Galway Community Café should be cognisant of the potential for co-dependency with customers requesting the same person for support, and consideration should be given to the development of an internal guidance policy on co-dependency.



The main adaptation is that this is a Community Café rather than a crisis Café and this emphasis on recovery and co-production within the Community Café model has led to greater participation and support from all stakeholders involved, from the people with lived experience of mental health challenges, peer connectors, and customers utilising the Galway Community Café.

### 6.2.5 Maintenance

From a service perspective, the maintenance of the Galway Community Café is mainly concerning sustainability and securing long-term funding. Funding is important and while there is no crisis team in place currently, there is a level of funding required to sustain the Galway Community Café going forward. Currently, the funding for the Galway Community Café is being sourced locally; its Operations Team and Community Healthcare West have managed to bid on a once-off basis every year to sustain the service. To date, they have not received any long-term funding for the Galway Community Café. The view of all key stakeholders was that long-term funding may be available when Community Healthcare West is granted funding for a crisis resolution service. However, it will be important to preserve the balance between maintaining the essence of the Galway Community Café and incorporating a collaborative-shared governance and risk integration. From a service perspective, the Galway Community Café was viewed as more complementary to existing mental health services, filling a gap in the existing mental health service infrastructure as there are no out-of-hours alternatives besides the ED.

The supports available in the Galway Community Café for people experiencing emotional or mental health distress has integrated into local practice. This is evident by the number of people using the Galway Community Café. In relation to organisational practice and policies, the maintenance of the Galway Community Café is outside the routine as these are usually developed, led, and designed by the HSE mental health services with some components of co-production.

The Galway Community Café had a different pathway as this initiative was designed, built, and led by people in the community who have lived experience of mental health challenges and recovery through a model called co-production, working in collaboration with the HSE mental health services from the very start. Co-production is a key concept for HSE mental health services under the National Framework for Recovery 2018-2020 and involves service users, family/carers, and mental health professionals working together on an equal footing to





improve services and involving stakeholders from early on and using local assets. However, the term ‘co-production’ in this context can be tokenistic if not fully embraced in a real way from the outset. The Galway Community Café is a good example of multi-stakeholder engagement through co-production that is real and transparent, and where the voice of the person with lived experience of mental health challenges and recovery is central to service development and provision.

### **6.3 Conclusion**

This chapter presented an overview of the integration and triangulation of both quantitative and qualitative findings by mapping them onto the RE-AIM framework (Glasgow et al., 1999) – Reach, Effectiveness, Adoption, Implementation, and Maintenance. The Galway Community Café is a forward-thinking initiative that is operated by people with lived experience of mental health challenges in collaboration with the HSE mental health services. It is continuously evolving and currently meeting its aims and objectives.

The Galway Community Café is highly valued by all stakeholders and is maintaining good reach, adoption, and implementation. Nevertheless, the importance of the maintenance and sustainability of the Galway Community Café is essential in terms of governance and awareness.



## Chapter 7: Conclusions and Recommendations

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### 7.1 Introduction

This chapter provides the conclusions and recommendations arising from the Galway Community Café evaluation. Recommendations are applicable to the ongoing implementation, delivery, and support of the Galway Community Café.

### 7.2 Conclusions

A key factor of the Galway Community Café is the relationship between the customer and peer connector or staff member, which is based on trust and the peer connector or staff members lived experience of mental health challenges and recovery. The latter allows for shared experiences, deeper understanding, and thereby credibility and enhanced empathy. Many benefits of this connection between the customer and peer connector or staff member are evident within this evaluation. They include reducing customers' emotional distress, creating a more supportive environment, having a less stigmatised out-of-hours service, and having peer support, all of which in turn can lead to improved outcomes for the customer and their recovery. There is minimal research on Community Cafés within the literature, as the focus tends to concentrate on Crisis Cafés.

This evaluation highlights the unique contribution of a Community Café, which has been truly co-produced, co-designed, and co-delivered in line with the philosophy of modern mental health care provision and recovery. The co-production element highlights a clear example of international best practice in the engagement methodology of co-production with engagement from multi-stakeholders from initiation of the concept to operationalisation and delivery of a Community Café. This co-production philosophy ensured inclusivity and the empowerment of all stakeholders within the process. In this way, it moved beyond a tokenistic approach to co-produced healthcare design and delivery.

The evaluation highlights positive engagement from the key stakeholders involved who are interested parties and aware of the philosophy and working of the Galway Community Café. However, further work is needed to ensure the wider involvement of clinical staff, service providers, and practitioners who may not be aware of, or have not been exposed to, the Community Café philosophy. It was viewed that if the integration of the risk piece and crisis



resolution resources take place in the future, then this would influence more engagement from clinicians and allow for a stronger collaborative-shared governance approach in the future.

Overall, the Galway Community Cafe was viewed to be clearly meeting an unmet need within existing mental health service provision where out-of-hours services are not available and the only alternative is attending the ED. It is widely recognised that the Emergency Department is not the most appropriate point of contact as customers viewed this as a last resort, due to negative past experiences and enduring long waiting times.

Key to the customers valuing the Galway Community Cafe was the non-clinical environment and its community presence, which was seen as less stigmatising and more socially acceptable within the wider community. However, consideration needs to be given to the integration of risk and governance structures as for some individuals with a more severe level of need may need clinical assessment and intervention. Although, there was evidence in this evaluation that individuals with a more severe level of need did present or could potentially present to the Galway Community Café. In response, the Galway Community Café has put a support structure in place to ensure the person's safety, minimise risk and maintain support for the individual. This highlighted the central location of the Galway Community Café as a major benefit but may have been incidental.

The importance of ongoing development and support for peer connectors was emphasised as a key factor in the delivery of an effective service. This support was also seen as essential in maintaining one's own health, wellbeing, and functioning within the role of peer connector. From a customer perspective, continuity of peer connector is a consideration for some while for others; diversity was seen as a positive. Lastly, while customers reported receiving a high level of recovery support from peer connectors in the Galway Community Café, the CHIME domain of Identity on the INSPIRE survey scored below the threshold for internal consistency. This suggests that consideration should be given to this domain in the future delivery of recovery support to customers of the Galway Community Café.

### **7.3 Recommendations**

Based on this evaluation, there are several recommendations for consideration in the support and delivery of Community Cafés into the future:



- There is a need to have a clear understanding of the philosophy and purpose of each Community Café, which clearly defines their aim and intention across health, social, community, and voluntary organisations.
- The model of Community Café being delivered needs to be explicit (community co-produced and/or crisis and/or clinically led).
- The model of co-production for Community Cafés should be promoted at a regional and national level.
- Organisational policies need to reflect the importance of Community Cafés.
- A central community space should be secured for any future Community Cafés that support accessibility to essential services in a non-clinical setting within a functioning Café to mitigate against social stigma.
- While there was a high level of recovery support received by customers using the Galway Community Café from peer connectors or staff members, consideration should be given to ensure equal focus on all aspects of its chosen recovery framework, CHIME. Based on this evaluation study, identity needs to be prioritised within the CHIME framework when delivering peer support to customers in the Community Café.
- The out-of-hours service that the Galway Community Café provides should expand to offer additional evenings/days.
- Hybrid mechanisms (phone, face-to-face, online) of delivery to support people in rural communities needs to be continued.
- A choice mechanism that supports customers to maintain consistency with a peer connector or staff member at the booking stage should be considered if feasible. However, the Galway Community Café Operations Team should be cognisant of the potential for co-dependency with customers repeatedly requesting the same person for support. The development of an internal guidance policy on co-dependency should be considered.
- Criteria to become a peer connector should be given due consideration. Clear guidelines, expectations, and supports need to be identified and outlined.



- Consideration should be given to the capacity ratio for peer connectors.
- To sustain the peer connector role, a bank of trained peer connectors needs to be established and maintained.
- A clear support system for peer connectors should be evident as a protective mechanism to safeguard and maintain staff members' wellbeing given the nature of the service and their previous lived experience of mental health challenges and recovery, which lends itself to greater vulnerability.
- Consideration needs to be given to capturing the effect of the Galway Community Café over time. Peer connectors' role satisfaction as well as customer satisfaction and their recovery journeys should be observed and measured.
- For the future sustainability of the Galway Community Café, a co-produced shared-governance model should be considered.
- Consideration should be given to implementing a crisis resolution service to operate as an additional backup support/resource to the Galway Community Cafe. This will allow for a collaborative-shared governance structure to ensure a swift and coordinated response to prevent escalation of crises and this may also influence support from clinicians in mental health services.
- Galway Community Cafe staff should consider implementing a targeted in-reach awareness campaign with a particular focus on information sessions with any clinicians and service providers involved in the provision of mental health services locally.
- Health organisations and policies should advocate for the inclusion and connection of acute primary and community care models with the Community Café.

## 7.4 Chapter Summary

This evaluation draws on the experiences of all key stakeholders involved with the Galway Community Café. Overall, the findings from this evaluation are positive. This chapter draws on the study's conclusion to make recommendations for the evolution of the Galway Community Café as well as for the future development and rollout of new Community Cafés, going forward.



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