

RIGHT CARE • RIGHT TIME • RIGHT PLACE • RIGHT PERSON

PARTNERING FOR WELLBEING AND ENABLING RECOVERY

Annex 8: Lived Experience Focus Group Report



Contents

1.0	Introduction	1
2.0	Background and Purpose	1
3.0	Methodology	2
4.0	Findings	3
5.0	Areas for Development	8
6.0	Conclusion	9
	Appendix 1: Focused Group Guided Discussion	10



1.0 Introduction

In 2025, the Northern Ireland Practice and Education Council (NIPEC) led a mental health nursing review, aimed at developing a new regional Mental Health Nursing Model for Northern Ireland (NI). As part of this work, meaningful engagement and contributions from people with lived experience were essential, providing a cornerstone for informing service improvement and ensuring that future approaches are grounded in the needs, experiences and perspectives of those who use mental health services. Service users and carers offer unique insights into the effectiveness, accessibility, and quality of care that cannot be captured through clinical measures alone.

This report presents the findings from a lived experience focus group discussion held in the Autumn 2025. This involved mental health service users and carers, exploring their experiences of mental health nursing and identifying opportunities for service improvement. A lived experience focus group approach was used to provide a safe inclusive space for participants to share their perspectives and reflections on mental health nursing.

It must be noted that the findings presented are interpreted within the context of this focus group, and are reflective views and experiences expressed by the participants during discussion. As such, they are not intended to be representative of, or generalisable to, the wider population or stakeholder group.

2.0 Background and Purpose

Mental health nursing plays a central role in supporting service users and carers throughout their care journey. Understanding how nursing care is experienced from the perspective of those receiving support is essential to ensuring services remain person-centred, recovery-focused, and responsive to need.

The purpose of the lived experience focus group was to provide a greater understanding of their individual experiences, of how mental health nurses have been involved and contributed within their journeys through mental health services. In addition, it is important to amplify the voices of people with lived experience and explore factors that may have contributed to their positive and negative experiences of mental health nursing. This approach enabled participants to explore issues collectively, building on and responding to one another's experiences.



The exercise sought to identify strengths within current mental health nursing practice, explore barriers that may impact effective engagement, and generate evidence-informed recommendations for service improvement.

3.0 Methodology

Participants were invited to the focus group in Autumn 2025 through established service user and carer networks. This approach supported meaningful engagement and reinforced the principle of co-design in service development, facilitating participants in sharing their experiences to inform future development and policy decisions for mental health nursing.

The focus group methodology enabled participants to share their experiences in a supportive environment, while facilitating discussion around key themes relating to mental health nursing practice. The group was kindly co-facilitated by the regional service user consultant and a senior advocacy lead.

A qualitative focus group discussion was conducted with eight participants, comprising four service users and four carers. This balanced representation ensured equal consideration of both perspectives and enabled exploration of shared and distinct experiences of mental health services.

Participants reflected on their interactions with mental health nurses across various stages of their journey through the mental health care system, including hospital and community settings. Focus group discussions were structured around participants' experiences of involvement, communication, care planning, recovery, and service delivery. The discussion was guided through a range of pre-set questions, as outlined in Appendix 1.

Data was thematically analysed using Braun and Clarke's¹ 6-phase model of thematic analysis. This method is used in identifying, analysing and interpreting patterns of meaning and themes within qualitative data. According to Braun and Clarke (2021)² this offers a flexible, step by step approach which facilitates an exploration to make sense of participants' experiences, while emphasising transparency, reflexivity and theoretical clarity. With the aim of identifying recurring issues, critical success factors, and priorities for change. The findings represent collective experiences and perceptions rather than statistically generalisable results.

¹ Braun, V. and Clarke, V. (2021) *One size fits all? What counts as quality practice in (reflexive)thematic analysis?* Qualitative Research in Psychology, 18(3), pp. 328-352.

² Braun, V. and Clarke, V. (2021) *Thematic Analysis: A Practical Guide*. London: Sage.



4.0 Findings

Lived experience perspectives reported by the group included a number of key findings which they highlighted as being highly valued within their personal experiences of mental health nursing roles.

The findings identified several interconnecting themes that illustrate the experience of service users and carers in relation to mental health nursing. While participants consistently recognised the compassion, dedication and professionalism of nurses, they also highlighted systemic barriers that can impede meaningful engagement, recovery focused care, and collaborative partnership working. Collectively, the findings suggest that positive experiences are often driven by individual staff commitment rather than being consistently enabled by service structures and processes. The key findings highlighted a range of findings under the identified topics.

4.1 Early Engagement and Service Journey

Participants consistently described meaningful involvement as something that developed gradually over time during their mental health journey. Effective engagement was identified as often dependent upon learning mental health terminology, understanding service systems, building trusting relationships, and gaining confidence to self-advocate. However, participants reported that the earliest stages of crises were frequently characterised by confusion, insufficient communication, and feelings of exclusion. One carer described being "still traumatised by the lack of communication in those early days," highlighting the lasting impact of poor initial engagement especially at times of heightened personal distress.

4.2 Compassion as a Strength Amid System Pressures

Mental health nurses were widely praised for demonstrating kindness, compassion, and commitment to care. Participants described experiences of "overwhelming kindness" and acknowledged that nurses often appeared to "have the will" to provide good care despite organisational constraints. However, experiences varied considerably, ranging from "awful to amazing." Participants noted that, on occasions, insensitive comments or perceived rushed interactions left service users and carers feeling like a burden.

4.3 Care Planning and Collaborative Practice

Care planning emerged within discussion as an area of identified concern. Some participants were unaware that they had a care plan, while others described care plans as being viewed once at the outset and unaware of further subsequent reviews. From the group discussions, care plans were not widely perceived as



dynamic or collaborative tools to support recovery. Participants recognised the potential for digital solutions to improve accessibility and engagement, but considered current approaches as failing to fully recognise them as partners in care.

4.4 Communication and Relationship Building

Communication was identified as a foundational aspect of effective mental health nursing care. Participants valued nurses who communicated honestly, listened attentively, and balanced realism with hope. Non-verbal communication, including body language and facial expressions, was also considered important. Nevertheless, communication failures were frequently reported, particularly during crisis type situations and within hospital settings affected by staff shortages and staff shift patterns. Participants highlighted inconsistent implementation of the Triangle of Care framework as a missed opportunity to strengthen collaboration with families and carers (Carers Trust, 2023³ ; and Hannan, 2013⁴).

4.5 Protected Time for Therapeutic Engagement

The most frequently cited area for improvement was the need for protected time to enable meaningful patient, family contact and therapeutic engagement. Participants perceived mental health nurses as increasingly constrained by administrative demands, resulting in reduced opportunities for therapeutic interactions. Monitoring activities were often described as routine and task-focused rather than contributing to recovery-oriented care. Participants consistently advocated for greater direct therapeutic engagement and relationship-based interventions.

4.6 Workforce Stability and Continuity

Participants recognised the challenges associated with workforce shortages and increasing reliance on agency staff. While the usage of agency nurses was acknowledged for providing respectful care, concerns were also raised regarding continuity, therapeutic relationship building, and consistency of support. The issue was framed as a systemic workforce challenge rather than a reflection on individual practitioners.

³ Carers Trust (2023) *The Triangle of care: Carers Included: A Guide to Best Practice in Mental Health Care in England*. 2nd ed. London: Carers Trust

⁴ Hanna, R. (2013) *The Triangle of Care: Carers Included*. Journal of Public Mental Health, 12(3), pp.171-172.



4.7 Education and Professional Development

Several educational priorities were identified. Participants highlighted the need for enhanced training in co-occurring substance misuse, reflective practice, empathy development, and family-inclusive care. Psychoeducation was highly valued, particularly by carers, but was considered by the group as being variable and inconsistently available. Participants advocated for ongoing psychoeducation regarding the nature and long-term impact of severe mental health conditions.

4.8 Recovery-Focused Practice

A strong preference emerged for recovery-oriented approaches that emphasise goal setting, social inclusion, therapeutic engagement, and personal growth. Participants expressed concern that an excessive focus on monitoring of medication adherence, and risk management could undermine opportunities for meaningful recovery work. They advocated for a greater emphasis on strengths, hope, and progression throughout their mental health care journey.

4.9. Stigma and Social Exclusion

Participants reported that stigma remains pervasive and continues to affect individuals long after engagement with mental health services has begun. Experiences included perceived discrimination in employment, social exclusion, and negative attitudes from wider society. Participants also suggested that stigma may indirectly affect mental health professionals. Peer support roles, openness regarding lived experience, and greater public awareness were proposed as strategies to challenge stigma.

4.10 Physical Health Integration

Participants demonstrated an awareness of the physical health risks associated with severe mental illness and psychotropic medication. Positive examples included routine monitoring and physical health screening. However, concerns were raised regarding fragmented communication between primary and secondary care services, limited health promotion activity, and insufficient support for lifestyle interventions involving service users, carers and families.

4.11 Thematic Findings

The thematic analysis identified ten interconnected themes that describe the experiences of service users and carers in relation to mental health nursing practice. These themes highlight both the strengths of current services and areas requiring further development. Across all findings, an overarching theme emerged of **"person-centred care constrained by systemic pressures"**.

Thematic findings are presented in Table 1.

Table 1: Thematic Findings

Theme 1: The Journey Towards Meaningful Involvement
Participants described involvement in care as a process that developed gradually rather than being present from initial contact with services. Meaningful participation often occurred only after individuals had learned how the system worked, understood professional terminology, developed trusting relationships with staff, and gained confidence to advocate for themselves. The findings suggest that those newly entering services or experiencing a mental health crisis may be particularly disadvantaged during a time when support and engagement are most needed.
Theme 2: Compassion Amidst Systemic Constraints
A consistent strength identified by participants was the kindness, empathy, and compassion demonstrated by mental health nurses. "Overwhelming kindness" was frequently described as central to positive care experiences. However, participants also highlighted considerable variability in care quality, ranging from "awful to amazing." The findings suggest that positive experiences are often dependent upon the commitment and personal dedication of individual nurses despite significant organisational pressures and resource constraints.
Theme 3: Communication
Communication emerged as a cornerstone of effective nursing care. Participants valued nurses who communicated openly, honestly, and respectfully, while also recognising the importance of non-verbal communication such as body language and facial expressions. Poor communication, particularly during periods of crisis, was associated with long-lasting negative consequences for both service users and carers. Although the Triangle of Care framework was viewed positively, its implementation was perceived as inconsistent.
Theme 4: Care Planning as a Missed Opportunity for Collaboration
Many participants reported limited awareness, understanding, or involvement in care planning processes. Care plans were frequently viewed as static documents that lacked ongoing relevance or meaningful collaboration. Participants described care plans as being reviewed briefly before effectively being forgotten, resulting in limited ownership or engagement with service users and carers. This finding highlights a disconnect between the intended purpose of care planning and its practical implementation.
Theme 5: The Need for Protected Time and Therapeutic Engagement
The strongest and most consistent message across the consultation related to the need for protected time for direct patient and family contact. Participants perceived that administrative responsibilities and documentation requirements often reduced opportunities for therapeutic interactions. There was a clear preference for nurses to spend more time engaging directly with service users rather than completing paperwork, with participants advocating for relationship-based and recovery-focused interventions.

Theme 6: Recovery-Focused Practice Versus Monitoring

Participants expressed concern that mental health nursing can become overly focused on monitoring risk and medication adherence. While recognising the importance of these responsibilities, participants emphasised the need for greater attention to recovery goals, social participation, therapeutic interventions, and personal growth. Recovery was viewed as an active process requiring meaningful engagement rather than passive observation and monitoring.

Theme 7: Workforce Stability and Continuity of Care

The importance of consistent therapeutic relationships was evident throughout the discussions. Named nurses and key workers were regarded as critical to building trust and promoting continuity of care. However, participants identified workforce instability and increasing reliance on agency staff as barriers to relationship development. Although agency staff were acknowledged for delivering respectful and compassionate care, concerns remained regarding continuity and long-term engagement.

Theme 8: Education, Knowledge and Support

Participants highlighted the importance of ongoing education for both healthcare professionals and families. Training needs included substance misuse, dual diagnosis, reflective practice, empathy development, and family-inclusive approaches. Psychoeducation was highly valued, particularly among carers, who reported that information and education helped them better understand and support their loved ones. Participants advocated for greater availability of psychoeducation throughout the care journey.

Theme 9: Stigma and Social Exclusion

Experiences of stigma remained a significant concern for participants. Stigma was described as a persistent challenge affecting social relationships, employment opportunities, and interactions with wider society. Some participants believed that stigma extended beyond service users and could also impact mental health professionals. Suggestions for addressing stigma included greater use of peer support workers, sharing lived experience, and promoting increased public understanding of mental health conditions.

Theme 10: Holistic Care and Physical Health Integration

Participants demonstrated awareness of the physical health inequalities experienced by people with severe mental illness and recognised the positive role nurses play in monitoring physical health needs. Nevertheless, concerns were raised regarding fragmented communication between primary and secondary care services, limited access to health-promoting interventions, and insufficient integration of physical and mental healthcare. The findings indicate a need for a more holistic approach that includes lifestyle support, social prescribing, and family involvement in health promotion activities.

5.0 Areas for Development

Drawing on participant feedback, four priority areas for improvement were identified in Table 2. Lived Experience Focus Group quotes are illustrated in Figure 1.

Table 2: Lived Experience Focus Group Identified Areas for Development

Lived Experience Identified Areas for Development
The need for protected therapeutic time in all care settings to enable consistent delivery of therapeutic engagement.
Strengthen collaborative, person-centred and dynamic care planning, which is individualised and recovery focused.
Enhance clinical supervision and reflective practice to provide nurses with accessible, supportive environments that foster continuous professional growth and personal self-care.
Embedding lived-experience partnerships into nursing curricula, to ensure that students learn directly from those who receive care. This will help to ground clinical training in human realities, cultivating practitioners who deliver compassionate, person-centred support.

Figure 1: Lived Experience Focus Group Quotes





6.0 Conclusion

The lived experience focus group participants highly valued the compassion, commitment, and interpersonal skills of mental health nurses. However, the consultation also highlighted significant systemic barriers that limit opportunities for effective engagement, recovery-focused practice, and collaborative care. The experiences shared by participants suggest that service users and carers often face barriers to feeling empowered to participate meaningfully in their care, particularly during periods of crisis when support is most needed at times of heightened distress.

Across all themes, participants consistently advocated for greater protected time for mental health nurses to facilitate therapeutic engagement, improved communication, meaningful involvement in care planning, enhanced support for carers, and a stronger focus on their recovery.

Addressing these priorities will require organisational commitment to strengthen partnership working approaches in service redesign. By implementing these changes, mental health services can better harness the strengths of nursing practice and ensure that the voices of lived experience remain central to service improvement and delivery.

Lived Experience Focus Group Discussion

Prioritising the Voices of Experience
1.0 Can you tell us about your, (or your family members) assessment and the development of your treatment or support plan:
○ Did you have various care or treatment options discussed with you? ○ And do you believe you were actively involved in decision-making?
2.0 What do you consider to be the primary role of a mental health nurse?
• What are your expectations of the mental health nurse? ○ (past) Were these expectations met? Or being met currently? • How have you found the communication provided to you by your mental health nurse? ○ Has the communication met your or your family member's needs? • Has the care/treatment/intervention provided by your mental health nurse make a positive difference to your life? ○ If yes, in what ways?
3.0 Family and Friends' Role:
• Where/are your family involved in the assessment and care planning? ○ How was/is their experience of this? ○ How do you perceive the role of your family and friends in managing your/your family members mental health?
4.0 We will now ask you about Helpful and Unhelpful Aspects of you experience within mental health services
• What aspects of the mental health nursing services were particularly: ○ helpful ○ or unhelpful?

5.0 Areas for Improvement:
What aspects of the services could be improved to better meet your needs?
6.0 Role of Technology:
What role do you envision for technology in your mental health journey?
7.0 Experiences with Stigma and Discrimination:
What are your experiences with stigma or discrimination related to your mental health?
8.0 Physical Health and Mental Health:
Can you tell us about your views on the importance of physical health in relation to mental health?
9.0 Finally what changes would you like to see:
If you could change three things about the role of the mental health nurse, what would these be?



For further Information, please contact:

NIPEC

4th Floor James House
2-4 Cromac Avenue
BELFAST
BT7 2JB

Tel: 0300 3000066

Email: enquiries@nipec.hscni.net

October 2026