





# Extending Hospitality to All Our Journey to a Neuroaffirmative Approach in Service Delivery

Project Summary and Roadmap
November 2024

#### **Contents**

| Executive Summary                                     | 3  |
|---|----|
| Acknowledgements                                      | 4  |
| Project Working Group - Who are we?                   | 5  |
| Introduction to Our Service                           | 8  |
| Project Background                                    | 11 |
| Project Plan  | 14 |
| Project Team - Multidisciplinary and Collaborative    | 16 |
| Starting the Project                                  | 17 |
| Sensory Environmental Audits                          | 19 |
| Audit Recommendations                                 | 20 |
| Implementing Audit Recommendations                    | 22 |
| Charter of Inclusion                                  | 31 |
| Focus Groups with Young People                        | 33 |
| Accreditation and Project Timeline                    | 34 |
| Next Phase  | 35 |
| Lessons Learned                                       | 36 |
| Conclusions   | 37 |
| References  | 38 |
| Appendices  |    |
| <ul> <li>Appendix 1: AslAm Autism Friendly</li> </ul> | 43 |
| Accreditation   |    |
| <ul> <li>Appendix 2: Press Release</li> </ul>         | 44 |
| <ul> <li>Appendix 3: Useful Resources</li> </ul>      | 47 |

#### **Executive Summary**

Saint John of God Community Mental Health Services is committed to creating a neurodivergent inclusive environment at Lucena Clinic Child and Adolescent Mental Health Service (CAMHS). We were awarded funding from Saint John of God Hospitaller Services Group and a grant from the Saint John of God Better Life programme in 2023, in support of our project 'Extending Hospitality to the Neurodivergent Community'. The project aims to extend hospitality to neurodivergent service users and families and to improve the experience and engagement of all those involved in the service. The initial planning phase happened over 12 months. We recruited a Project Coordinator and established a staff working group to drive the work. Critical to the success of the project is collaboration and consultation with the young people who use our service, their families, our staff across all departments, and the wider neurodivergent community including the organisations AsIAm, ADHD Ireland and the National Adult Literacy Agency (NALA). We have taken important first steps by implementing several recommended universal accessibility measures guided by a comprehensive sensory environmental audit conducted by AsIAm, Ireland's autism charity. The project is an ongoing journey, and we will continue to work towards achieving our medium and long-term goals. This document is a summary of the work completed to date along with our plans. Our ambition is that it might act as a roadmap to support other Saint John of God services

and external organisations seeking to implement universal accessibility

practices.

#### **Acknowledgements**

We would like to thank our partner organisations working with on us on this project, AsIAm, ADHD Ireland and NALA.

We would like to thank the young people who engaged in the focus groups, as well as the staff who participated in training and implemented practice changes.

We are very grateful to the Saint John of God Hospitaller Services Group together with the Saint John of God Foundation Better Life grants programme for their very generous support of this project. We would also like to acknowledge the guidance of the Saint John of God Group and Saint John of God Community Mental Health Services communications departments.

We would like to pay special thanks to Zarah Doyle, Training Manager, AslAm, our auditor and assessor, who went above and beyond to support us in our learning, development and implementation of the audit recommendations. Her guidance has been invaluable in the success of this project to date.

We would like to thank Laura Holloway (Artwork ©Laura Holloway, 2024) for her artistic contributions to this document.

And finally, thank you to Niamh Doody for designing this roadmap document.

## Project Working Group - Who are we?

**Fiona O'Donnell**, Project Coordinator, Rathgar Clinic **Sarah Burns**, Project Lead, Speech & Language Therapy Manager,
Wicklow/Arklow Clinic

**Sonia Morris**, Senior Clinical Psychologist & COG Coordinator, Rathgar Clinic

**Maria Migone**, Consultant Child & Adolescent Psychiatrist & Clinical Director, Rathgar Clinic

**Kevin Madigan**, Regional Director, Community Mental Health Services, Rathgar Clinic

**Paul Hawkins**, Assistant Director of Nursing, Bray and Dun Laoghaire Clinics

**Harriet O'Connell**, Senior Speech & Language Therapist, Wicklow/Arklow Clinic

Holly Corboy, Senior Clinical Psychologist, Dun Laoghaire ClinicHelen Kavanagh, Senior Social Worker, Tallaght ClinicLisa Hurson, Senior Social Worker, Eating Disorders Team, Rathgar

**Clare Verdon**, Senior Occupational Therapist, HUB, Rathgar Clinic

Fiona Murray, Social Care Leader, Rathgar Clinic

Therese Dempsey, Advanced Nurse Practitioner, Wicklow/Arklow Clinic

Fiona Tuite, Senior Speech & Language Therapist, Rathgar Clinic

Niamh Doody, Clinical Psychologist, Rathgar Clinic

Sadhbh O'Hanrahan, Assistant Psychologist, Dun Laoghaire Clinic

Niall Torris, Assistant Psychologist, Rathgar Clinic

Katie Herbert, Psychology Intern, Rathgar Clinic

**Caitlin McDonald**, Senior Speech & Language Therapist, Tallaght Clinic (replacing **Helen Kavanagh** who retired August 2024)



Image 1 (Above). Members of the project working group with Adam Harris, Chief Executive Officer, AslAm, July 2024



Image 2 (Right). Members of the project working group





Why would Lucena CAMHS need to adopt neuoaffirmative practices to service delivery? I thought they were a mental health service.

Lucena Clinic, is specifically a mental health service and not an autism service but at least 50% of young people who attend may also have a co-occurring diagnosis of autism or other neurodivergence. Therefore, the service needs to show leadership in neuroaffirmative practices.

Source: Press Release (see Page 44)

#### Introduction to Our Service

## Saint John of God Community Mental Health Services CAMHS at Lucena Clinic (Lucena Clinic)

Lucena Clinic, operating since the 1950s, was the first Child and Family Centre established in Ireland. Today, we are a Child and Adolescent Mental Health Service (CAMHS) and part of Saint John of God Community Mental Health Services. We provide tier 2 mental health services to a total catchment of 172,585 young people up to the age of 18 years of age residing in south Dublin city and county and Co. Wicklow. We run multidisciplinary teams (MDTs) out of Rathgar, Tallaght, Dun Laoghaire, Bray and Wicklow/Arklow. Our teams usually include Consultant Child and Adolescent Psychiatrists, Registrars, Clinical Psychologists, Occupational Therapists, Speech and Language Therapists, Social Workers, Social Care Workers and Nursing staff.

The Saint John of God values of hospitality, compassion and respect underpin our work. We follow the guidelines and procedures set by the Health Service Executive (HSE) for all CAMHS teams across the country. The HSE guidance includes the Standard Operating Procedures (SOPs) (HSE, 2015) and the CAMHS Operational Guideline (COG) (HSE, 2019).

Diagnostic assessment and therapeutic intervention are offered to young people experiencing moderate to severe mental health disorders including anxiety disorders, eating disorders, depression, obsessive-compulsive disorder, post-traumatic stress disorder, and psychotic illness. Moderate to severe means the mental health problem is serious enough to cause a lot of distress to the young person, their family, or others and results in difficulties in many areas of the young person's life, such as development, family and peer relationships, school, self-care, and play or leisure activities. Other support services might not have fully resolved the issue.

We also assess and support attention deficit hyperactivity disorder (ADHD) young people up until age 18. As a service, we monitor young people taking medication for ADHD (classified as moderate/severe ADHD).

Recent figures for 2023 and for the first half of 2024 indicate that we support between 3000 - 3,800 young people and their families. We have seen a dramatic increase in demand for our service and in referrals over the last couple of years and particularly since the beginning of the Covid-19 pandemic. The Vision for Change (Department of Health and Children, 2006) document outlined a model of mental health provision for Ireland. It recommended that 11 full time clinical staff per 50,000 population would be necessary to meet the needs of young people.

In the years following its publication, referrals to the Lucena service increased from 1116 in 2006 to 2500 in 2016. Since the Covid-19 pandemic, they have increased exponentially to 3432 referrals in 2023. The core staffing is still at 49% of the Vision for Change recommended figures. There has been a change in the typical profile of those attending with far more teenagers with complex needs than in the past. Young people and their families are facing more difficulties while staff are under pressure to manage numbers and waiting lists and are working to capacity.

While we are a mental health service and not an autism specific service, we estimate that at least half of the young people we support are neurodivergent. Given the co-occurrence rates of mental health with neurodivergence more generally, it is not surprising we have a large autistic and ADHD population availing of CAMHS. Other types of neurodivergence, including many young people who have differences in spoken and written language, also access our service.

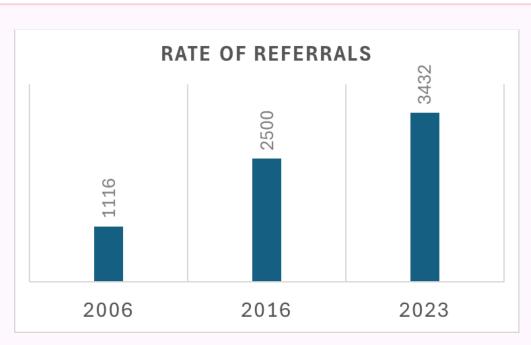


Figure 1. Referral rates to Lucena CAMHS for 2006, 2016 and 2023.



## Project Background

Our community is neurodiverse meaning that everyone's brain works in different ways. Neurodiversity is the view that these differences are natural and important for humankind in the same way that a variety of ecosystems is crucial for the planet (Blume, 1998; Singer, 1999; 2019). Brains which are broadly like the majority are sometimes referred to as neurotypical. When an individual's brain is different from the majority, they can be considered neurodivergent. There are different types of neurodivergence, the most common being autism, ADHD, Developmental Language Disorder (DLD), and specific learning differences like Dyslexia and Dyscalculia (Doyle, 2020; Metz & Walls, 2022).

The neurodivergent-affirmative or neuroaffirmative approach believes that there are significant strengths associated with being neurodivergent and seeks to highlight these strengths (Armstrong, 2010; 2015; Astle & Fletcher-Watson, 2020). However, autism, ADHD and other neurodivergences have also been linked to challenges with emotion regulation and mental health difficulties (Soler-Gutiérrez et al, 2023, Hartman et al, 2023), many of which are related to stigma and lack of understanding and acceptance (Masuch, 2019). Neurodivergent individuals often face challenges as a result of their environments not meeting their needs and not being inclusive of how their brains work (Chpaman & Botha, 2023; Doyle, 2020). These challenges are not because neurodivergent people are at fault.

A growing number of organisations are seeking to adopt a neuroaffirmative approach in which they acknowledge and recognise the differences in brain types, such as autism and ADHD, and strive to become more inclusive. Examples in Ireland from the business, education and retail sectors include Dublin Airport, SuperValu, Irish Jobs, National Gallery of Ireland, EY, Accenture, Facebook, Primark and many more.

Recently, Dublin City University became the world's first autism-Friendly University (Burke et al., 2018), and Clonakilty became Ireland's first autism-Friendly Community. University College Dublin (UCD) have completed a report about making their campus neurodiversity friendly (UCD EDI Neurodiversity Working Group, 2024). Shops, cinemas and libraries are all working to do their part in creating a hospitable environment for the neurodivergent community.

We know that there are barriers to engagement in healthcare when you are neurodivergent. Common barriers identified most notably include communication differences, sensory aversions, and lack of understanding and acceptance of neurodivergent presentations, needs and preferences. The problem is that healthcare clinics and services have been designed and created with the neurotypical community in mind. For example, healthcare services often communicate through lengthy reports using complex medical terminology without explanation, and the sensory environment can be challenging for neurodivergent people with harsh lights and limited noise insulation (Raymaker et al, 2017, Mason et al, 2019).

A further barrier to engagement of neurodivergent individuals with healthcare is staff knowledge of neurodivergence in general (French et al, 2020, Raymaker et al, 2017, Nicolaidis et al, 2015). Difficulties identified in the literature include staff making assumptions about neurodivergence and lacking confidence in working with these service users. Considering relevant skills and knowledge are a prerequisite for identifying neurodivergence, implementing effective accommodations and supporting these populations therapeutically without stigma is of critical importance (Sciutto et al., 2016; Roy, 2021).

Recommendations around healthcare by the neurodivergent community include adaptations to the sensory environment, the clinical and service context, and improved clinician knowledge and understanding (Brice et al, 2021). However, healthcare services have been slow to introduce changes that make their services and buildings more inclusive. There are a few examples of projects in the UK that helped health professionals to think about the healthcare environment and how to make it more accessible for autistic patients (Kirby & Smith, 2021; Simpson, 2020, Crompton & Riach, 2019).

Prior to this project, no CAMHS or mental health service in Ireland was considered neuroaffirmative or autism-Friendly. We set out with the objective for Lucena Clinic to be the first recognised neuroaffirmative mental health service in Ireland. We want to reduce adverse or less than ideal experiences that many of the children and young people referred to our service experience. Our project is about making our service more inclusive.

Underpinning the project is the concept of universal accessibility that goes beyond the removal of physical barriers alone and promotes a truly inclusive society. This model asserts that all individuals, regardless of their cognitive or physical abilities, can access and use the same environments and services. Universal accessibility promotes access for all and goes beyond specific adaptations for disabled people (Maslin, 2021).

#### **Project Plan**

#### There are six distinct parts to our project:

Sensory and environmental audit of our buildings by auditors from the autism charity, AsIAm, using universal accessibility principles.

Staff training to increase acceptance of neurodivergence and awareness around our practice with this population, by the organisations AsIAm, ADHD Ireland and NALA.

Review of print and digital communication (including correspondence, information leaflets and our website) which our service users engage with, in collaboration with NALA and neurodivergent representative bodies.

Service evaluation consultation with the neurodivergent young people and families we support through focus groups, as well as collaboration with the wider community through partner neurodivergent organisations, autistic auditors, and staff to determine areas of prioritisation.

Roadmap guide to record the process and share the accreditation process as autism friendly by AsIAm and the steps and learnings of the project as a whole.

> Interior architecture consultation and design for the front entrance, reception and waiting area space in the Rathgar clinic.

This design, alongside the audit and consultation process, will inform a blueprint of what a neurodivergent friendly environment should look like in mental healthcare. The Rathgar reception area will be used as the initial showcase. All changes made to the space will be informed by neurodivergent sensory differences, highlighted in the audit report by AsIAm.

## Project Team – Multidisciplinary and Collaborative

Key to the success of this project is the involvement of many different stakeholders. The project is a multidisciplinary and collaborative partnership.

A staff working group, with representation from all departments (administrative as well as clinical staff) and clinic locations, has worked with a Project Coordinator.

Consultants from the neurodivergent community and the organisations AslAm, ADHD Ireland and NALA have been involved.





We conducted focus groups with neurodivergent adolescents to gather their feedback and experiences with our service and clinic environment.

Separately, another project also funded by a Saint John of God Foundation Better Life grant, invited almost 3,000 families to participate in a service user experience survey. Over 500 families replied with feedback about their experience of attending Lucena Clinic CAMHS and many of the young people involved are likely neurodivergent.



#### **Starting the Project**

#### **Grant Application**

The first step in the project was to source funding. A scoping exercise and grant application was written and submitted by the Speech and Language Therapy, Psychology and Occupational Therapy departments during 2022. The Saint John of God Hospitaller Services Group together with the Saint John of God Foundation Better Life Programme provided generous grant funding that gave the project credibility and enabled the work to start.

#### **Appointment of Project Coordinator**

It took twelve months to recruit a project coordinator to lead the project. Fiona O'Donnell was appointed to the post in December 2023 on a 9-month contract. She began by visiting the six Lucena clinic locations, meeting staff, meeting the new working group and with stakeholders including AsIAm, ADHD Ireland and NALA.

#### **Multidisciplinary Working Group created**

A working group had been assembled before the Project Coordinator started and their first meeting took place in January 2024. The eighteen members of the group represent all the Lucena Clinic locations and departments (clinical and administrative). Members have been actively engaged in tasks rather than just working on an advisory capacity. Each committee member has given their commitment to sustaining and building on the work to ensure it reflects best practice and accessibility guidelines. The working group will continue to meet regularly to monitor progress and champion further change.

#### **Collaboration and Consultation**

Collaboration with key organisations started as far back as 2022, when the project was a concept and before the grant application had been submitted. The service already had a relationship with AslAm and ADHD Ireland from working collaboratively on previous projects. Working alongside partner organisations is crucial to the success of this project. AslAm, ADHD Ireland and NALA are providing staff training, support and consultation, as well as other specific supports, for example, AslAm completing the audit and NALA editing communication documentation.

The Project Coordinator visited the six Lucena Clinic locations with the working group local representative to meet staff and see the clinics in advance of the sensory audits. Emails were sent to all staff to introduce the project and the Project Coordinator and have been followed up with regular updates as the project progresses. The communications teams at Saint John of God Group and Saint John of God Community Mental Health Services are very involved in the project and have provided valuable advice and support around communication and in circulating information about our progress internally (for example, in our newsletter) as well as further afield.

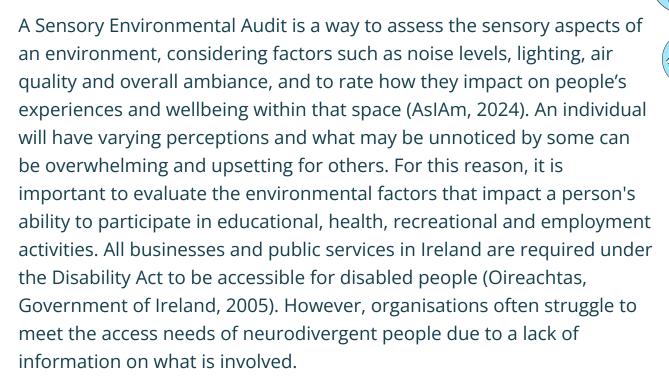








#### **Sensory Environmental Audits**



AsIAm have a well-established Sensory Environmental Audit system in place developed in 2017. It is based on universal accessibility practices and UDL principles (Universal Design for Learning). After initial meetings, dates were confirmed for audit inspections in the six Lucena Clinic locations and were carried out in spring 2024.

The initial objective of this project was to have one clinic accredited by AsIAm as autism-friendly but as work got underway, there was the opportunity to expand the goal to the six clinics with ongoing commitment to staff training and improvements in each.

A local representative from the working group met the auditor from AsIAm and the Project Coordinator in each clinic. The audits lasted between 1-2 hours depending on the size of the clinic. The intention was to cause as little disruption to service users and the clinic staff as possible. Emails were sent to each clinic in advance of the audits to notify staff. AsIAm followed up with a detailed report for each of the clinics with recommendations.



#### **Audit Recommendations**

The AsIAm audit reports made comments specific to each clinic building under the headings: visuals (lighting and visual communication), smells, noise and hearing, balance and co-ordination, exiting and withdrawal options and touch and feel (Doyle, 2024). To achieve accreditation as autism-Friendly the following key recommendations were made:

- Staff training in neuroaffirmative practices
- Creation of visual guides
- Creation of a comprehensive wayfinding system including signage for doors and visual supports
- Creation of infographics or visual guides for procedures such as recording of vitals (taking bloods, height, weight, blood pressure)
- Creation of a charter of inclusion

In addition, each clinic was required to implement at least one of three sensory accommodations from a list of three options. A sensory regulation kit in each clinical space was chosen as the best option for our service.

To maintain the accreditation status the sensory environment will need to be regularly monitored and reviewed:

'It is essential to revisit and reassess the sensory environment periodically to ensure that any implemented changes continue to meet the evolving needs of the community or individuals using the space. This report serves as a foundation for future initiatives aimed at creating an inclusive, comfortable, and enjoyable sensory environment. By addressing the identified areas for improvement, we can contribute to a more positive and enriching experience for all individuals interacting with the environment' (Doyle, 2024).

The reports were shared with the Working Group, the local Management Team and with the consultants and MDTs in each clinic. An audit implementation sub-committee was set up to start implementing the recommendations.

## Implementing Audit Recommendations

#### **Communication Materials**

A correspondence sub-committee was tasked with reviewing the letters sent to families before their first appointment, as well as other regularly used communication material. Separately, work was underway to standardise letter templates in line with the CAMHS Operational Guideline (HSE, 2019), and the two pieces of work dove-tailed well, making the content of these letters more neuroaffirmative. There was local Management Team, Clinical Governance and Medical Board (committee of Consultant Child and Adolescent Psychiatrists) involvement with the edits which were discussed and finalised. We also worked on an information booklet about CAMHS for young people and

their guardians. The correspondence subcommittee then worked closely with NALA to make the communications easier to read. The project was awarded the Plain English Mark for the Acceptance Letter Easy Read versions and the 'Understanding CAMHS: A Guide for Parents and Young People' booklet. There is a plan to produce an ADHD information booklet for families that will also be edited to receive the Plain English Mark in the next phase of the project. Both booklets will be accessible on our website as well as in hard copy form.





Child and Adolescent Mental Health Services at Lucena Clinic

Understanding CAMHS:
A Guide for Parents and Young People



Image 3 (Above). The cover page of the Understanding CAMHS booklet.





The Lucena Clinic in Rathgar was the first Child and Family Centre in Ireland founded by the Hospitaller Order of St John of God in 1955. Since 1995, Lucena Clinic expanded and developed into a Child and Adolescent Mental Health Service (CAMHS) providing mental health services to a total catchment of approximately 170.000

#### Website

Image 4 (Above). Homepage of new website

A website sub-committee was established to review content on the existing site which was out of date and not neuroaffirmative. A focus group comprised of service users was completed to ensure their views were represented. Support was offered from the Saint John of God Hospitaller Services Group ICT Department as well as Community Services Communication Department and an internal web developer agreed to build a new website. The goal is to incorporate accessible Universal Design for Learning (UDL) aligned features like text-to-speech, high-contrast modes, and the availability of the content in multiple languages. In a very short time (less than a month), the content update was largely completed, and the website is currently under construction. The content review happened through the following steps:

- Existing content gathered onto one Word document
- Document reviewed
- Afternoon brainstorming workshop held in person
- Roles allocated to follow up and review content with tasks assigned using a shared document
- Head of Departments emailed with a 3-week timeframe to edit their page content
- Follow up meetings between members of website sub-committee and ICT web developer and the communications team
- Design colours agreed to be in line with the colour palette of Saint John of God branding
- Art donated by a young artist for the website instead of using stock images



#### **Energy Committee (Lighting)**

A member of the working group joined the Saint John of God Community Mental Health Services Energy Committee and has been able to advise from a neuroaffirmative perspective in the planned lighting changes happening across the organisation. A medium to long term goal is to have all fluorescent lighting removed from our clinic buildings and replaced with universally accessible LED lighting with dimmable and on/off switches.

#### **Staff Training**

A key requirement of the AslAm audit was that at least 80% of staff would complete Autistic and Neurodivergent training delivered by AslAm, with a commitment to 100% of staff completing it. Training sessions were offered to all staff (clinical and non-clinical) across the service. To date, we have reached over 85% of staff trained and this is ongoing.



Two other trainings were offered to staff to support neuroaffirmative practices at Lucena: ADHD Training with ADHD Ireland, and Dyslexia and Plain English Training with NALA.

Two opportunities were provided for staff to attend each of the three different training sessions. Initially, it was planned to have the first hybrid and the second online, however staff feedback suggested that the online option was preferable. Further trainings were moved to fully remote with a recording of each that was circulated for anyone who could not make the live version.

A comprehensive and consistent staff training approach is a key strategy for our service in fostering a workplace culture of inclusion. As part of new staff induction training, the AsIAm Understanding autism and Neuroaffirmative Best Practice training video will be mandatory. The ADHD Ireland and NALA training videos will also be available to new staff. Regular training updates will be offered to existing staff (at least once per year) and a session on DLD will be added to the programme.

#### **Wayfinding and Signage**

A short-term goal is to implement a new wayfinding system in each clinic with the name of each clinician and the room number on the door. We are starting with the Dun Laoghaire clinic as the pilot site. Signs will include universally accessible fonts, directional arrows, and graphics where possible (see examples in Image 5, Right). A longer-term goal is to have site maps of each building in reception areas as a colour-coded visual guide.



Image 5 (Above). An example of one of the new graphics



Image 6 (Above). An example of the 'My name is' graphic.

#### **CAMHS**



#### Lucena Clinic Rathgar;

59 Orwell Road, Rathgar, Dublin 6, D06 HX93'

Google Maps: Type in Eircode 'D06 HX93' or 'Lucena Clinic, Rathgar' or use link: https://maps.app.goo.gl/iUmqPnbJS5bSwdQHA

Free Parking is available at clinic. Phone Number: 01-4923596



Directions

From our site entrance: Please proceed straight down the long drive and follow the signage to reception. The clinic reception is to the left of the carpark with the Lucena Clinic sign above the double doors. The picture above is of the main reception area entrance.

By Car: There is free parking at the clinic.

By Public Transport: The clinic is well served by bus links including the 14 and 15B (nearest stops are 2914 and 3001). Rathgar village is less than 7 minutes' walk away.

By Bicycle: There is bicycle parking outside the clinic in the courtyard pictured above.

Take a Virtual Tour; from street to reception: use your mobile phone camera or QR Code scanner app to view a virtual tour showing you how to get from the street to reception.



Supplementary direction sheets for each of our six clinic locations have been created for families and visitors. Our direction information sheets (see Image 7, Left, for Rathgar example) include a QR code with a link to a 360-video guide from the street to reception. These virtual video-guides will also be accessible from our website.

Image 7 (Left). The Rathgar clinic visitor information sheets





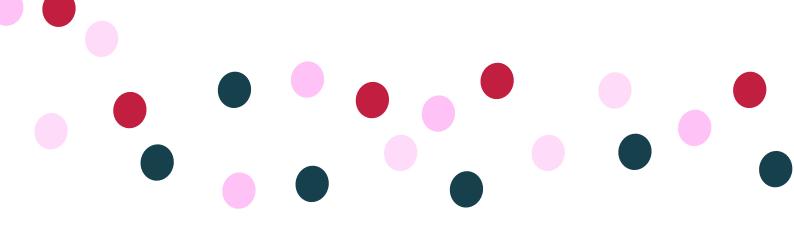
#### Sensory Regulation Kits

We have ordered sensory regulation kits for each clinical room in the service (see Image 8). These kits contain materials that help with both hyperarousal and hypoarousal. We are preparing a memo for staff on how to use the kits to support neurodivergent young people. We will have over 100 kits and they include the following items: glitter keyring, fidget spinner, squeezy ball, scented tin candle, popper ball, retractable pen, notebook, eye mask, wooden beads, ear defenders and Just a Minute (JAM) cards.



Image 8. Sensory Regulation Kit

Some items, like the eye mask, ear defenders, and notebook, help young people who are over stimulated. Other items, like the keyring, fidget spinner, squeezy ball, and popper ball, help those who are under stimulated.



#### **Visuals**

A **short-term goal** is to remove all extra signage from the walls and have just one noticeboard for announcements and, where appropriate, one noticeboard for young people's art. Our objective is to create a visually calm, uncluttered environment that minimises distractions and enhances wayfinding.

A **medium-term goal** is to provide images of a tranquil nature on clinicians' walls and part of waiting room walls where appropriate.

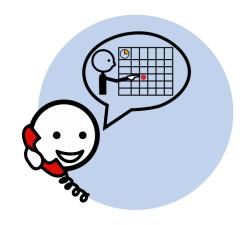
Six infographics or visual guides/body maps (on the next page for example) have been developed that outline what to expect at an appointment, for recording height-weight, taking bloods, measuring blood pressure, having an ECG and attending a Qb test (a computerised measure of ADHD features).

We have also adapted existing infographics (HSE, 2019) to suit our own service and added our logo and colour scheme. These infographics describe the pathway through CAMHS for mental health and ADHD referrals as well as the tiers of mental healthcare in Ireland (see Figures 2 and 3, on pages 29-30, regarding ADHD referral and clinical pathway). They are included in communication sent to families and will be accessible on our website.



### **My Appointment**

#### A visual guide



- When you arrive, you or your parent or guardian will sign in at the reception.
- You may be invited to relax in the waiting room, where you're free to listen to music, read a book, or chat with your parent or guardian while you wait.



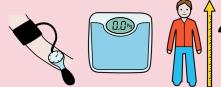
- We will meet you in the waiting room when it is your turn for your appointment.
- We will walk with you to another room to have the appointment.



- During the appointment, we'll ask, how are you feeling today?
- Good, okay, or not so good?
- We are here to help you.
- Also, there may be times when your parent or guardian will participate.



- During this appointment you may be asked for the following to be recorded:
- blood pressure, weight, and or height.



At the end of the appointment we may arrange when we will see you next.



Let us know if you need any help or have any questions. We are happy to help.



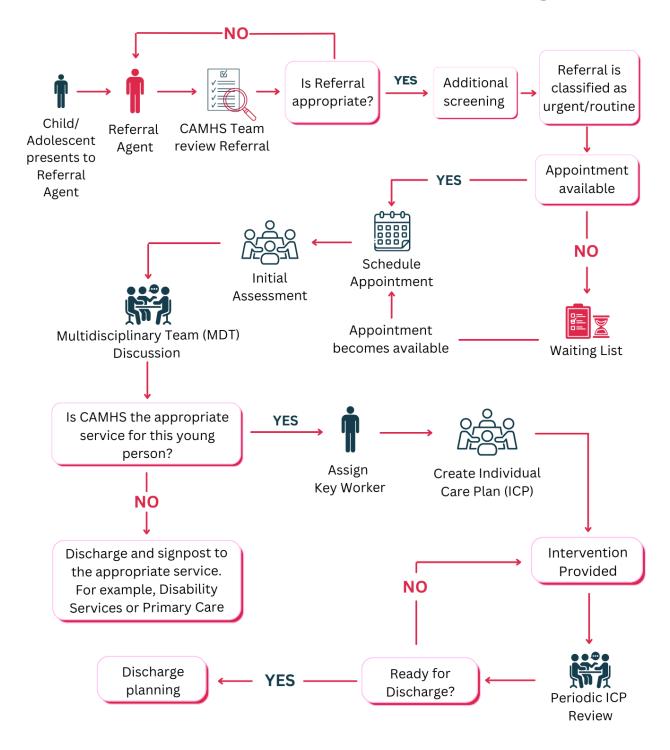








#### Mental Health Referral & Clinical Pathway



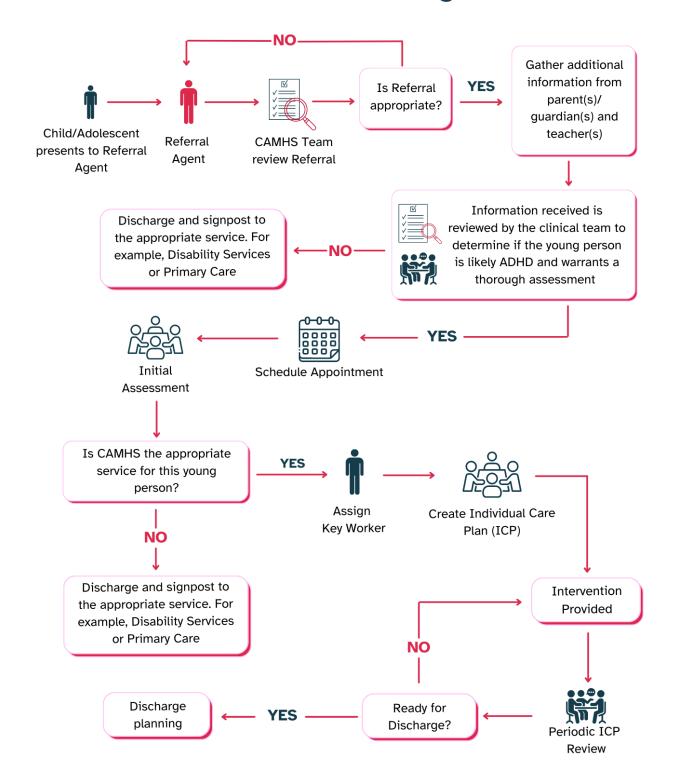
NOTE: Continue to assess at every stage whether CAMHS is the right service for the child or adolescent.

Figure 2. Mental Health Referral & Clinical Pathway





#### **ADHD Referral & Clinical Pathway**



NOTE: Continue to assess at every stage whether CAMHS is the right service for the child or adolescent.

#### **Charter of Inclusion**

An essential element of accreditation by AsIAm as autism-Friendly is the development of a charter of inclusion. This document is essentially a contract that sets out what the organisation commits itself to doing in the journey to becoming neuroaffirmative.

With support from AsIAm and having reviewed examples of charters developed by other organisations, we developed our own charter of inclusion focusing on the sensory environment, communication and judgements and attitudes.

We see the charter as a working document that will need to be regularly updated. A summary version has been shared with staff and will be displayed on the noticeboard in the reception area of all our clinic buildings and available on our website.

Our Charter of Inclusion can be found on the next page.









#### **Charter of Inclusion**

#### **Extending Hospitality to the Neurodivergent Community at Lucena Clinic**

We are dedicated to creating an autism-friendly and neurodivergent-inclusive environment at every Lucena Clinic. We collaborated with children, young people, families, staff, and the neurodivergent community, including organizations like AsIAm, ADHD Ireland, and the National Adult Literacy Agency (NALA).

We have implemented universal accessibility measures based on a comprehensive sensory audit conducted by AsIAm, Ireland's autism charity. This project is an ongoing journey, and we remain committed to achieving our goals and continuing to adapt our environment and practices to best ensure a neurodivergent inclusive welcome for all. We pledge to;

#### **The Sensory Environment**

- · Provide a visually calm, uncluttered environment that minimises distractions and enhances wayfinding.
- Replace all fluorescent lighting with universally accessible LED lighting with dimmable switches.
- Provide a sensory regulation kit for every clinical room.
- Use only essential signage and display important notices on a noticeboard.
- Display tranquil nature images on clinicians' walls and in the waiting rooms, and include a gallery area for our young people's art.
- Try to keep noise to a minimum.

#### Communication

- Install a way finding system, that includes universally accessible fonts, directional arrows (where appropriate), and infographics in each clinic.
- Display the clinician's name on their door.
- Provide direction information sheets with QR code links to a video guide from the street to reception and make them available on our website.
  - Write our letter templates and information booklets in Plain English and certified by NALA.
- Provide infographics and visual guides outlining what to expect at an appointment.
- Build a new website that is fully accessible, and hosts information about what to expect, how to find us
- and other orientation materials.

#### **Judgements and Attitudes**

- Commit to elevating the voices and experiences of neurodivergent service users and their families through regular feedback, collaboration, and co-creation of solutions.
- Provide regular staff induction and training on Autism, ADHD, Developmental Language Disorder (DLD) and use of plain English to foster a workplace culture of neurodivergent inclusion.
- Continue to innovate and work together to respond to the feedback we receive to further enhance and
- plan for best practice in extending hospitality to the neurodivergent community.
- Share our learnings on the steps we took to modify our organisation to be neuroaffirmative in a
- summary roadmap document.

#### **Focus Groups with Young People**

We are committed to elevating the voices and experiences of neurodivergent service users through regular feedback, collaboration, and co-creation of solutions. Focus groups were conducted, as part of a service evaluation, with adolescent neurodivergent service users to capture their thoughts and experiences of the service and clinic environment and to explore modifications that can be made to support their individual needs.

An information letter and consent and assent forms were created and sent to the local working group representative who contacted young people and their parents who might be interested in attending a focus group. The age range was between 13 – 17 years. Over 100 young people were offered the opportunity to participate across the six locations with 22 attending. This piece of work was classified as a service evaluation rather than research; therefore ethics approval was not required. The information from the edited themed focus groups has been written up separately. Significantly, the opinions of the young people and their recommendations mirrored those of the AslAm audit reports. Several of the same issues highlighted were raised by the young people who had not had access to or read these reports.



#### **Accreditation and Project Timeline**

The planning phase of this project took over 12 months. The work began in earnest after the Project Coordinator was appointed in December 2023. To date, we have taken important first steps by implementing several recommended universal accessibility measures in the sensory audit conducted by AsIAm. The project is an ongoing journey, and we will continue to work towards achieving our medium and long-term goals. The figure below (Figure 4) attempts to illustrate the timeline for the project.

However, a very important milestone was achieved when we were accredited by AslAm as autism-Friendly in July 2024. The accreditation was based on the work done to date and a commitment to continuing the work outlined in the charter of inclusion. The charter will be reviewed in 12 months when further progress will be assessed along with updated staff training. Lucena Clinic was awarded a certificate (see 'Charter of Inclusion' on page 29) from AslAm and Adam Harris, Chief Executive Officer, visited the Rathgar clinic on 29 July 2024 to celebrate this special achievement by everyone involved (see Image 1 and 2 on page 6).

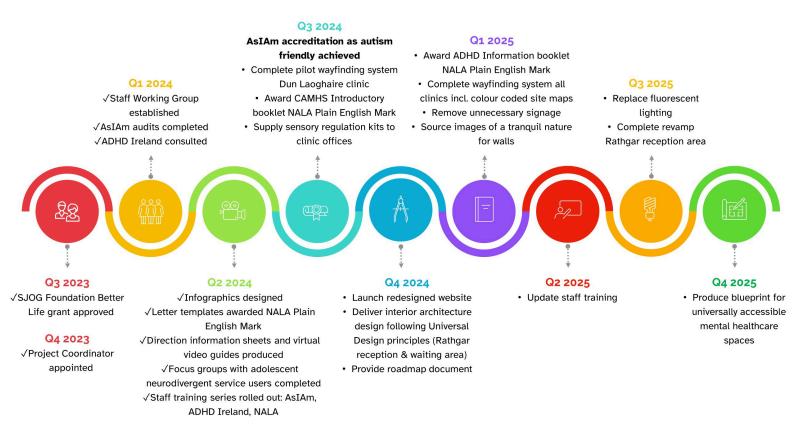


Figure 4 (Above). The Project Journey



#### **Next Phase**

We are completing an architect tender process for an interior architecture consultation and design for the front entrance, reception and waiting area space in the Rathgar clinic. We plan to develop a blueprint of what a neurodivergent friendly environment should look like in mental healthcare for others to copy. The Rathgar reception area will be used as the initial showcase. All changes made to the space will be informed by neurodivergent sensory differences, many of which are highlighted in the audit reports provided by AsIAm. The long-term goal is to utilise this blueprint to amend the space in other Lucena Clinic buildings.



#### **Lessons Learned**



## Working Group and Sub Committees

The importance of having a committed working group and sub-committees cannot be overstated. We have been able to delegate tasks to people with the relevant skills and interests. It has also been crucial to have members representing all departments, disciplines and clinic locations with local knowledge who acted as liaisons. The first phase of the project could not have been moved along by the Project Coordinator as quickly without the work and commitment of the working group and sub-committees.

#### **Seeing Opportunities**

There have been several opportunities presented to us by serendipitous timing. The Community Mental Health Services Energy Committee were already working on lighting and our Project Coordinator was able to join in that work. The Saint John of God Order recently completed a rebranding project. By sharing our neuroaffirmative project plans with the wider Saint John of God Group Communications and ICT departments, we were fortunate to get the commitment of a new website being built internally as well as support with internal design for our wayfinding signage project.

#### Conclusion

This project highlights that the journey towards creating a neuroaffirmative CAMHS service is just as important as the destination. Collaboration and consultation have been key to our progress, involving young people, their families, our staff, and the wider neurodivergent community, including valued organisations like AsIAm, ADHD Ireland, and NALA. With their support, we have made significant strides, particularly in implementing universal accessibility measures based on AsIAm's sensory environmental audit.



While we have achieved some of our goals, this is just the beginning. The work will continue as we strive to meet our medium and long-term objectives. We hope this document can serve as a guide for other services and organisations on their own journeys towards greater accessibility.

#### References

Armstrong, T. (2010). Neurodiversity: Discovering the extraordinary gifts of autism, ADHD, dyslexia, and other brain differences. Cambridge, MA: Da Capo Lifelong Books.

Armstrong, T. (2015). The myth of the normal brain: Embracing neurodiversity. AMA journal of ethics, 17(4), 348-352.

AsIAm. (2024). Autism Friendly Accreditation. What changes are necessary to receive accreditation? <u>As I Am | Ireland's Autism Charity | Training & Accreditation</u>.

Astle, D. E., & Fletcher-Watson, S. (2020). Beyond the core-deficit hypothesis in developmental disorders. Current Directions in Psychological Science, 29(5), 431-437.

Blume, H. (1998). Neurodiversity. The Atlantic, 30, pp. 09–90.

Brice, S., Rodgers, J., Ingham, B., Mason, D., Wilson, C., Freeston, M., ... & Parr, J. R. (2021). The importance and availability of adjustments to improve access for autistic adults who need mental and physical healthcare: findings from UK surveys. BMJ open, 11(3), e043336.

Burke, T., Harris, A., Sweeney, M. R. & Quinn, K. (2018). Living with Autism as a university Student in Dublin City University: Developing on Autism Friendly University. Dublin City University & AslAm. <a href="https://www.dcu.ie/sites/default/files/president/autsim\_friendly\_report\_no\_crops.pdf">https://www.dcu.ie/sites/default/files/president/autsim\_friendly\_report\_no\_crops.pdf</a>

Chapman, R., & Botha, M. (2023). Neurodivergence-informed therapy. Developmental Medicine & Child Neurology, 65(3), 310-317.

Crompton, C., & Riach, C. (2019). Assessing The Suitability Of The Hospital Environment For Children Aged 4-12 With Autism Spectrum Disorder. In The University of Edinburgh Neurological Society's 7th Annual Conference: Neuroscience to Neurology.

Department of Health and Children. (2006). A Vision for Change, Report of the Expert Group on Mental Health Policy. gov - A Vision for Change (www.gov.ie).

Department of Housing, Planning and Local Government. (2010). Technical Guidance Document M – Access and Use. Government of Ireland. gov - Technical Guidance Document M - Access and Use (www.gov.ie).

Doyle, N. (2020). Neurodiversity at work: a biopsychosocial model and the impact on working adults. British medical bulletin, 135(1), 108-125.

Doyle, Z. (2024). Sensory Environmental Audit Report: Survey of sensory environment as part of the AslAm training and accreditation programme 2023/4 in Lucena, Rathgar. AslAm.

French, B., Hall, C., Vallejos, E. P., Sayal, K., & Daley, D. (2020). Evaluation of a web-based ADHD awareness training in primary care: pilot randomized controlled trial with nested interviews. JMIR Medical Education, 6(2), e19871.

Hartman, C. A., Larsson, H., Vos, M., Bellato, A., Libutzki, B., Solberg, B. S., ... & Reif, A. (2023). Anxiety, mood, and substance use disorders in adult men and women with and without attention-deficit/hyperactivity disorder: a substantive and methodological overview. Neuroscience & Biobehavioral Reviews, 151, 105209.

Health Service Executive: HSE. (2015). Child and Adolescent Mental Health Services, Standard Operating Procedure. Health Service Executive. <a href="mailto:camhssop.pdf">camhssop.pdf</a> (hse.ie).

HSE. (2018). Health Services Change Guide. People's Needs Defining Change. Health Service Executive. <u>HSE Change Guide</u>.

HSE. (2019). Child and Adolescent Mental Health Services, Operational Guidance, Second Edition. Health Service Executive. <u>CAMHS Operational Guideline 2019</u> - HSE.ie.

Irish Wheelchair Association. (2020). Best Practice Access Guidelines 4: Designing Accessible Environments. Irish Wheelchair Association. <u>Best Practice Access Guidelines 4 - Irish Wheelchair Association (iwa.ie)</u>.

Kirby, A., & Smith, T. (2021). Neurodiversity at work: Drive innovation, performance and productivity with a neurodiverse workforce. Kogan Page Publishers.

Maslin, S. (2021). Designing Mind-Friendly Environments: Architecture and Design for Everyone. Jessica Kingsley Publishers.

Mason, D., Ingham, B., Urbanowicz, A., Michael, C., Birtles, H., Woodbury-Smith, M., ... & Parr, J. R. (2019). A systematic review of what barriers and facilitators prevent and enable physical healthcare services access for autistic adults. Journal of autism and developmental disorders, 49, 3387-3400.

Masuch, T. V., Bea, M., Alm, B., Deibler, P., & Sobanski, E. (2019). Internalized stigma, anticipated discrimination and perceived public stigma in adults with ADHD. ADHD attention deficit and hyperactivity disorders, 11, 211-220.

Metz, G. Walz, J. (2022). Learning from Biodiversity to support Neurodiversity in the Workplace. Innovation Incubator Fall 2021. Perkins & Will. P 8-15.

Mostafa, M. (2021). The Autism Friendly University Design Guide. Dublin City University. The Autism Friendly University Design Guide by magda mostafa - Issue

Nicolaidis, C., Raymaker, D. M., Ashkenazy, E., McDonald, K. E., Dern, S., Baggs, A. E., ... & Boisclair, W. C. (2015). "Respect the way I need to communicate with you": Healthcare experiences of adults on the autism spectrum. Autism, 19(7), 824-831.

Norton. (2018). Co-Production in Practice Guidance Document 2018 – 2020. Supporting the Implementation of "A National Framework for Recovery in Mental Health 2018-2020." Health Service Executive. CoProductioninPractice.indd (hse.ie).

Oireachtas, Government of Ireland (2005). Disability Act 2005. Disability Act 2005, Section 1 (irishstatutebook.ie).

Raymaker, D. M., McDonald, K. E., Ashkenazy, E., Gerrity, M., Baggs, A. M., Kripke, C., ... & Nicolaidis, C. (2017). Barriers to healthcare: Instrument development and comparison between autistic adults and adults with and without other disabilities. Autism, 21(8), 972-984.

Roy, A. (2021). How can psychiatrists make mental health services more accessible for people with autism? British Journal of Psychiatry, 7(197), 1-3.

Sciutto, M. J., Terjesen, M. D., Kučerová, A., Michalová, Z., Schmiedeler, S., Antonopoulou, K., ... & Rossouw, J. (2016). Cross-national comparisons of teachers' knowledge and misconceptions of ADHD. International Perspectives in Psychology, 5(1), 34-50.

Simpson, S. (2020). Creating accessible healthcare environments for people with autism. Nursing Times, 116(1), 48-50.

Singer, J. (1999) Why can't you be normal for once in your life? From a problem with no name to a new category of disability. Disability Discourse, 57-67.

Singer, J. (2019). Neurodiversity 2.0: Reclaiming the Centre. Retrieved from https://neurodiversity2.blo gspot.com/p/what.html

Soler-Gutiérrez, A. M., Pérez-González, J. C., & Mayas, J. (2023). Evidence of emotion dysregulation as a core symptom of adult ADHD: A systematic review. Plos one, 18(1), e0280131.

UCD EDI Neurodiversity Working Group. (2024). Making UCD a Neurodiversity Friendly Campus. University College Dublin, Equality Diversity and Inclusion.

## Appendix 1: AslAm autism Friendly Accreditation Certificate



#### **Appendix 3: Press Release**

St John of God Community Mental Health Services Announces Ireland's First AslAm Accredited autism-Friendly CAMHS at Lucena Clinic

St John of God Community Child and Adolescent Mental Health Services (CAMHS) at Lucena Clinic, a leading provider of mental health services for young people, today announces its formal accreditation as the first mental health service in Ireland to be recognised as autism-Friendly by AslAm.

This prestigious recognition underscores the service's commitment to provide all young people with inclusive, compassionate, and supportive care. The accreditation, awarded by AsIAm, is testament to the service's ongoing dedication to fostering an environment where all those attending feel respected, understood, and valued.

St John of God Community CAMHS at Lucena Clinic, is specifically a mental health service and not an autism service but at least 50% of young people who attend may also have a co-occurring diagnosis of autism or other neurodivergence. Therefore, the service needs to show leadership in neuroaffirmative practices. This new accreditation reflects the continuing efforts to integrate best practice and promote a culture of acceptance and understanding.

This project is funded by a €200k grant from the St John of God "Better Life" Programme. It encompasses six key components: a sensory and environmental audit, an evaluation of written communication, consultation with service users, staff training, a roadmap report, and a blueprint for creating an autistic and neurodivergent-friendly environment in other service settings.

In consultation with the autistic and wider neurodivergent community, this project seeks to extend the renowned St John of God hospitality to neurodivergent service users and their families and to improve the experience and engagement of all those involved in the service.

The project also involved partnering with ADHD Ireland, who contributed with consultation and by delivering staff training. The National Adult Literacy Agency (NALA) collaborated by reviewing communication documents to award the Plain English mark, as well as training staff. The project team at Lucena Clinic will continue to work closely with these organisations to ensure universal accessibility best practice.

The neurodiversity movement highlights the life-long and positive aspects of naturally occurring cognitive 'differences' such as creativity and passions as opposed to a focus on developmental deficits. To date, clinics and services have generally been developed and operated with the neurotypical community in mind and this project is specifically about making CAMHS more inclusive.

Speaking on behalf of St John of God Community Mental Health Services, Fiona O'Donnell, Project Coordinator, said: "Achieving this accreditation is a significant milestone for our clinic and a great endorsement of the team effort that has been put into this project over the past 12 months. Most importantly, this award reflects our commitment to providing high-quality, compassionate care to all individuals, regardless of any neurocognitive differences. We are dedicated to creating a hospitable and supportive environment where everyone feels welcomed and included. This accreditation validates our efforts and inspires us to continue advocating for neuroaffirmative practice."

Adam Harris, founder and CEO of AslAm said: "Neurodivergent people often face barriers to healthcare engagement due to communication differences, sensory aversions, and a lack of understanding and acceptance of their unique needs. This important project, with the St John of God team at Lucena Clinic, is very welcome. Recognising the challenges, the project aims to reduce anxiety and improve experiences for autistic and neurodivergent children and young people by creating a welcoming and inclusive environment within the service. I very much hope the great work underway can act as a template for many other organisations in the mental health space and beyond, going forward."

As part of the initial stage in this project over the past 12 months, important first steps have been taken to implement several recommended universal accessibility measures, guided by a comprehensive sensory audit conducted by AsIAm. A new website will be launched in the coming months. This project is an ongoing journey, and the Saint John of God Community CAMHS team at Lucena Clinic will continue to work towards achieving a set of additional medium- and longer-term goals over an envisaged 5 year period.

#### **ENDS**

About Saint John of God Community CAMHS at Lucena Clinic
The Lucena Clinic in Rathgar was the first Child and Family Centre in
Ireland founded by the Hospitaller Order of Saint John of God in 1955.
Since 1995, Lucena Clinic expanded and developed into a Child and
Adolescent Mental Health Service (CAMHS) providing mental health
services to a total catchment of 172,585 young people up to age 18,
across South Dublin and County Wicklow. Diagnostic assessment and
therapeutic intervention are offered to young people experiencing
moderate to severe mental health disorders including anxiety disorders,
eating disorders, depression, obsessive-compulsive disorder, posttraumatic stress disorder, and psychotic illness. In addition, they assess
and support ADHD young people. Saint John of God Community Mental
Health Services also provide adult mental health services through the
Cluain Mhuire clinic in south county Dublin.

#### **Appendix 3: Useful Resources**

There are several documents that we consulted and are guiding us in the implementation of this project. Included in these are:

- The Health Service Change Guide (HSE, 2018) focuses on people's need defining change. It provides guidance on working with Service Users, Families, Citizens, Communities and Staff to understand their needs better when undertaking change in healthcare.
- Co-Production in Practice Guidance Document 2018-2020 (Norton, 2018) was developed to support mental health services in the implementation of the National Framework for Recovery in Mental Health 2018-2020, to strengthen the delivery of a quality personcentred service and to provide mental health services with a practical guide to co-production in practice. This document is useful as we consult with all the partners involved in the project.
- Both the Best Practice Access Guidelines (Irish Wheelchair Association, 2020) as well as the Irish Building Regulations, Technical Guidance Document accompanying Part M of the Building Regulations, Access and Use (Department of Housing, Planning and Local Government, 2010) guide the physical changes to the building in Rathgar.
- The Dublin City University (DCU) Autism Friendly Design Guide (Mostafa, 2021) as well as the more recent work carried out at University College Dublin (UCD) on making a neurodiversity friendly campus (UCD EDI Neurodiversity Working Group, 2024) have influenced our thinking.