# Exploring the Design, Development, and Implementation of a Peer-Led Community Café in Mental Health Service Provision: A Qualitative Descriptive Study

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# Exploring the Design, Development, and Implementation of a Peer-Led Community Café in Mental Health Service Provision: A Qualitative Descriptive Study

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## ABSTRACT

**Aims:** To explore the design, development, and implementation of a peer-led community café to support people in mental health crisis from the perspectives of key stakeholders in Ireland.

**Design:** Qualitative descriptive study.

**Methods:** Twelve individuals representing the Community Café Operations Team and Senior Healthcare Management took part in a stakeholder convening or individual interview between February and July 2023 in Ireland. Data was analysed using Burnard's thematic content analysis framework, and findings were mapped onto the RE-AIM framework. This process was supported by the involvement of a person with lived experience who had previously utilised the Community Café as a customer.

**Results:** Key findings identified in relation to the design, development and implementation of the Community Café included: person centredness, co-production, alternative service provision (out-of-hours), staff supports, challenges affecting sustainability, and governance issues.

**Conclusion:** Close collaboration among healthcare services, practitioners, service users and community partners is essential in developing mental health services, prioritising co-production and person-centred service delivery. Key components include out-of-hours service provision, staff support, sustainability, and governance. By addressing these areas, healthcare systems can better meet the needs of service users on their recovery journey.

**Implications for the Profession and/or Patient Care:** The findings generate new knowledge to inform the development of community and crisis cafes, improve service user outcomes, and support recovery. The results provide valuable insights into key stakeholder perspectives guiding the design, development, and implementation of peer-led community cafes, highlighting best practices to shape future initiatives.

**Impact:** The study provides valuable insights for policy makers, service developers, and care recipients by highlighting lessons learned from designing, developing, and implementing a peer-led Community Café. It showcases best practice in co-producing a peer-led service to address both service user and service needs.

**Reporting Method:** We used the COREQ guidelines for reporting qualitative studies.

**Patient or Public Contribution:** The study design was co-created with the Community Café Operations team, who contributed to the methods, interview schedule, and interpretation of findings. One team member (D.B.) worked in the Community Café, and a customer with lived experience of mental health difficulties helped contextualise and interpret the results.

## 1 | Introduction

There is a growing incidence of mental health challenges worldwide associated with self-harm, depression, suicide, and substance use (McGorry et al. 2018). Ireland has one of the highest rates (ranked joint third out of 26 countries) of mental health challenges in Europe (OECD/European Union 2020). 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 were from self-harm by persons aged 65 years and older (Central Statistics Office 2019). The COVID-19 pandemic and associated lockdowns and social restrictions 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 and other countries has consequently increased the demand for 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 ED attendees had a previous history of mental health challenges (Barratt et al. 2016). Despite the high prevalence, many people do not receive necessary care, highlighting the need for improved resources and alternative mental health services (World Health Organisation (WHO) 2019). 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). One proposed solution is the implementation of community-based, out-of-hours Crisis Cafés in Ireland and other countries including the UK and Australia and the further development of peer roles, as guided and advocated by national and international mental health policies (Dalton-Locke et al. 2021). The operation of crisis cafés relies on government support through the national healthcare budget in Ireland and this is similar in other countries such as the United Kingdom (UK), and Australia which implemented the safe haven model. In Ireland, crisis cafes are implemented through a partnership and collaborative approach with the health service executive, mental health non-government organisations (NGOs) and a service level agreement is agreed at a local level. In the context of the community café in this study, the NGO partner was Mental Health Ireland and initial funding for this pilot project was secured from Genio Service Reform Funding in Ireland which supports the reform of social services, focusing on health, disability, mental health, and dementia care (Lally et al. 2022). This partnership approach is essential in order to maintain the feasibility of crisis cafes as an alternative out of hours mental health service provision. These Cafés offer an alternative option to ED for those in immediate mental health crisis, providing one-to-one peer support and recovery orientated practices (Department of Health (DoH) 2020). This approach aims to subsequently reduce the burden on the ED and acute mental health services and improve access to care in the community and align with the World Health Organisation (WHO) (2013) Mental Health Action Plan 2013–2030. The WHO's plan calls for commitment, effective leadership, integrated care, early intervention, ongoing research and a person-centred approach, addressing the broader goal of reducing stigma and enhancing public understanding of mental health issues.

### 1.1 | Background

Crisis/community cafés are out-of-hours community services offering friendly, supportive environments for mental health crisis prevention and response. They provide social, peer, and professional support in a non-clinical, café-style setting, typically in the evenings and weekends (Butler and Hardiman 2023). The terminology of these services has been used interchangeably throughout the literature, and variations include the terms: crisis café, crisis centre, solace café, and community café. In addition, similar places and environments for recovery exist in Europe, such as recovery cafés (Parkins 2016) and recovery community centres (Owens et al. 2021). All approaches/models share the core principles of emphasising a safe physical space for people to go and offering resources for recovery. These centres/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, which ultimately improves qualityoflife and self-esteem and reduces psychological distress (Kelly et al. 2021; Owens et al. 2021).

These centres/cafés have evolved globally to offer more accessible, immediate support for those in mental health crises, reducing pressure on EDs (Bateson et al. 2021; Collins 2021; Consumers of Mental Health Western Australia (CoMHWA) 2019; Workhouse Union 2019). Offering an alternative to ED on a self-referral basis, providing therapeutic activities and peer support from individuals with lived experience of mental distress (Mancini 2018; Reeves et al. 2024; Healthwatch Wandsworth 2019; Workhouse Union 2019). The benefits of peer support extend beyond individuals to families, service providers and the wider community (Bellamy et al. 2017). National and international policies and literature support the establishment of these centers and cafés as essential components of future mental health service provision, especially for out-of-hours support (Bateson et al. 2021; Department of Health 2020; CoMHWA 2019). In this context, Wood (2017) observed that the National Health Service in the UK offers limited out-of-hours assistance for individuals facing mental health challenges, leading many to seek help in ED's during non-standard hours. In response, several crisis cafés have emerged across the UK in recent years, offering a

**Summary**

- What does this paper contribute to the wider global clinical community?
  - Demonstrates best practices in co-producing an out-of-hours peer-led Community Café service and serves as a model for developing community-based support systems worldwide.
  - Provides valuable insights for policymakers, service developers, and care recipients on designing and implementing a peer-led Community Café.
  - Generates new knowledge to inform the development of future Community and Crisis Cafes in mental health service provision.

non-clinical, safe environment for compassionate peer support outside standard operating hours. However, limited research has been done in relation to evaluating the effectiveness of these Cafés to date (Andrew et al. 2023; Perkins et al. 2015).

Ireland's mental health service policy Sharing the Vision: A Mental Health Policy for Everyone Implementation Plan 2022–2024 (Health Service Executive and Department of Health 2022) aligns with key recommendations to enhance mental health service delivery. Recommendation 24 of this Implementation Plan specifically outlines that 'Out-of-hours crisis cafes should be piloted and operated based on identified good practice and such cafes should function as a partnership between the Health Service Executive (HSE) and other providers or organisations' (Health Service Executive and Department of Health 2022, 52). It also highlights the importance of evaluating crisis cafés effectiveness, utilising data for care improvement, best practices, and patient safety. It encourages co-production, involving professionals, service users, and the community in service development to ensure inclusive decision-making and that everyone's voice is heard. Co-production entails delivering public services in an equal and reciprocal relationship among professionals, service users, families, and communities (Health Service Executive 2018a, 2018b). This provision of out-of-hours supports to those 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' (Health Service Executive and Department of Health 2022). The role of the mental health nurse and other members of the multidisciplinary team including social workers, medics and psychologists are instrumental in providing crisis assessment and support within crisis resolution teams to those in immediate crisis in the community as an alternative response to in-patient admission. In particular, mental health nurses working within crisis resolution teams play a pivotal role in clinical risk assessment to ensure appropriate referrals to crisis cafes and the provision of ongoing clinical support. In May 2023, the Crisis Resolution Services Model of Care (Butler and Hardiman 2023) was developed in alignment with these recommendations and arose from recognition that those experiencing mental health crisis need specialist services to provide brief intensive supports in a timely manner to assist the individual service user in their recovery journey. It aims to offer person-centred and recovery support to individuals with mental health challenges by providing an alternative to hospitalisation when suitable. This new model will undergo a pilot phase in five learning sites over 2 years. These services aim to reduce unnecessary visits to EDs or crisis services.

Crisis resolution services have identified some elements for effective crisis cafés, including integrating peer supporters as a core part of provision and creating a welcoming non-clinical environment. Involving peer supporters with lived experience in care delivery fosters connection and demonstrates that recovery is achievable (Bateson et al. 2021; Collins 2021). They support individuals in managing their own mental health challenges through peer support and resilience building (Wessex Academic Health Science Network 2017). However, despite policy support, there is limited evidence on Community/Crisis Café development and implementation impact, with only two studies directly discussing the impact of Community Cafés (Andrew et al. 2023; Perkins et al. 2015). In order to develop and deliver person-centred and recovery-orientated care approaches in out-of-hours mental health services, it is important to learn from the design, development, and implementation of peer-led Community Cafés, incorporating insights from key stakeholders. To achieve this, there is a need for research, and this paper aims to present a qualitative study with a Community Café Operations Team and Senior Healthcare Management team directly involved in the development and implementation of a Community Café. This research is particularly timely, as this is the first HSE Community Café of its kind implemented in Ireland prior to a national mental health policy being developed (Department of Health 2020). It is anticipated that this study will inform the implementation and rollout of future Community/Crisis Cafés in mental health services.

## 2 | The Study

### 2.1 | Aim

To explore the perspectives and experiences of key stakeholders directly involved in the design, development, and implementation of a peer-led Community Café in Ireland.

### 2.2 | Design

A descriptive qualitative design was used due to the limited research on Community Cafés as it allows for detailed descriptive accounts of experiences and acknowledges potential diversity among participant groups. A descriptive qualitative design is a research methodology that provides an in-depth account of a phenomenon, event, or experience. It focuses on exploring the "what" of a situation, offering a rich understanding of participants' experiences, perceptions, or behaviours (Bradshaw et al. 2017). Furthermore, findings from this design could potentially inform the development and implementation of new Community Cafés and subsequent health policy (Willis et al. 2016). The study design was underpinned by the RE-AIM implementation framework (Glasgow et al. 1999) as

an organising model to examine the Reach, Effectiveness, Adoption, Implementation, and Maintenance of the role of the Community Café (Figure 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. 1999) and is a suitable tool for evaluating the impact of programmes in community settings (Shaw et al. 2019). The study incorporated key stakeholder convenings and individual interviews to address the study's aim and objectives, and the overall findings. Convenings are meetings where key stakeholders gather to discuss, collaborate, and make decisions on specific issues or projects. They aim to ensure diverse perspectives are heard and promote communication, problem-solving, and strategic planning among interested groups.

### 2.3 | Sample/Participants

We used purposive sampling to access and recruit individuals from the Community Café Operations Team ($n=8$) and Senior Healthcare Management ($n=4$) over a six-month period from February to July 2023. The inclusion criteria for participation in the study included: members of the Community Café Operations Team and/or HSE Senior Healthcare Management, age 18 years and over with the ability to give full informed consent, and directly involved with the design, development and implementation of the Community Café. A description of participant roles and responsibilities is outlined in Table 1. Access to potential participants was through the co-production researchers (MMcG and DB) who provided potential participants with the information sheet, consent form and invitation to participate in the study.

### 2.4 | Data Collection

The lead and last author (both Associate Professors with PhDs) conducted two online key stakeholder convenings and three semi-structured telephone interviews via the Microsoft Teams platform with 12 participants. Individual interviews were offered to members who could not attend the key stakeholder convenings to provide additional information and contextualise findings. The Microsoft Teams platform enabled both audio and visual recordings, which allowed for both verbal and non-verbal cues to be read and analysed by the research team. An interview guide (Table S1) developed by the research team in collaboration with the Community Café Operations team was pilot tested for clarity and comprehension before use. The duration range of interviews was 45–90 min in length. The mean interview duration was 30 min for individual interviews and 90 min for the key stakeholder convenings. All data collected was digitally recorded and transcribed verbatim, and verified by participants.

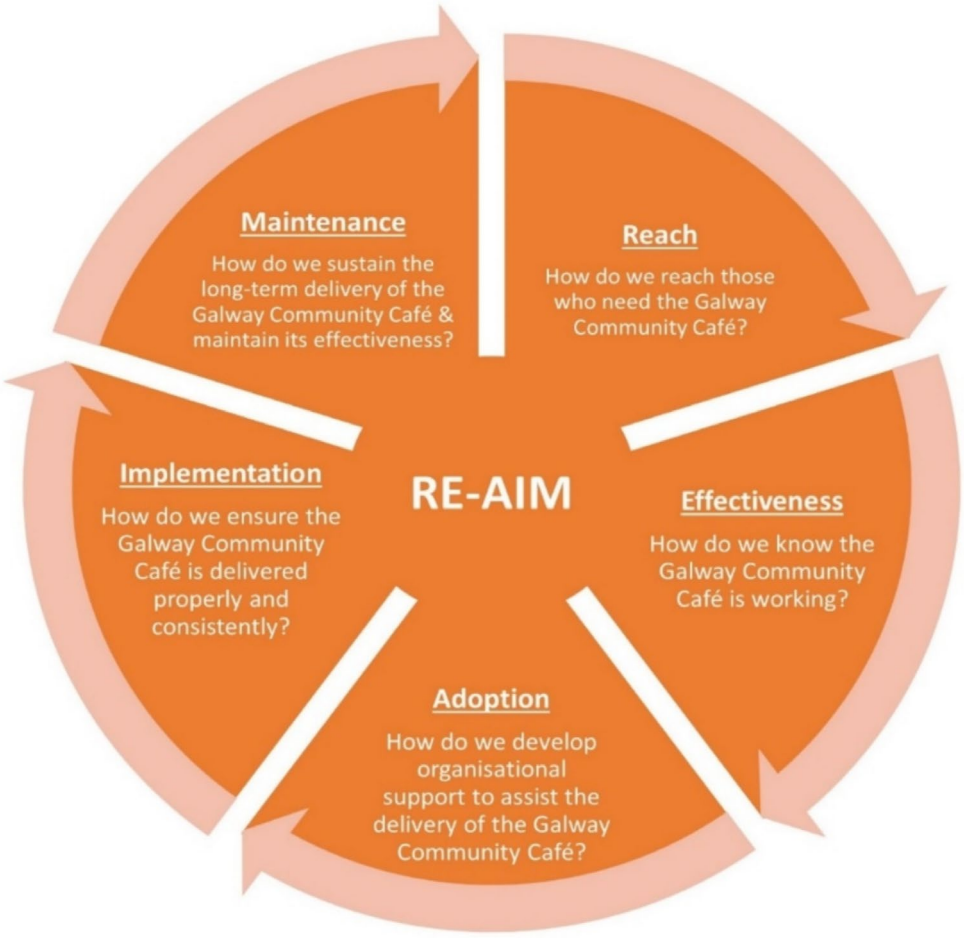


**FIGURE 1** | Components of the RE-AIM Framework as applied to the Community Café.

**TABLE 1** | Description of participant roles and responsibilities.

| Participant roles | Participant responsibilities | *N* |
|---|---|---|
| Community Café Operations Team | | 8 |
| (MHER) Area Lead[a] | Oversight of café at an organisational level | |
| Café Team Leader | Supports the coordination and management of the café | |
| Business Manager (HSE) | Oversight of café budget | |
| Project Manager (HSE) | Oversight of café scope, risks and ensuring café delivers the expected outcomes and benefits | |
| Development Officer (Mental Health Ireland)[b] | Auxiliary support for café team | |
| Community Activist | Key to the establishment of the café and operational team. Visited Safe Heaven Café (NHS, UK) during café planning process | |
| Lived Experience Member | Key to the establishment of the café and operational team. Co design of café and visited Safe Heaven Café (NHS, UK) during café planning process | |
| Deputy CEO, Mental Health Ireland | Oversight and responsibility for Service Level Agreement between HSE & MHI | |
| Senior Management | | 4 |
| Executive Clinical Director | Visited Safe Heaven Café (NHS, UK) during the planning process of the café | |
| Head of Service | Sponsor of the café and allocation of café budget | |
| Principal Social Worker | Auxiliary support to café | |
| Quality and Patient Safety Advisor | Quality and safety improvement auxiliary support to café | |

[a]Mental Health Engagement and Recovery (MHER) is part of the Health Service Executive (HSE) and provides guidance and support for recovery approaches and meaningful engagement. Area Leads have lived experience/supporter experience leading on the strategic development of services.
[b]Mental Health Ireland (MHI) is a charity and partners with the HSE and MHER in employing people in peer-led community services. Their Development Officer delivers mental health and recovery initiatives in partnership with statutory and voluntary organisations.

## 2.5 | Ethical Considerations

The principles of the Declaration of Helsinki and the Belmont Report guided this study. Ethical approval was obtained from the Clinical Research Ethics Committee, Galway University Hospital on 10.11.2022 (Ref: C. A. 2898). Recorded verbal consent was obtained from all participants prior to participating in the study. Anonymity and confidentiality of participants were maintained by deleting digital audio recordings following transcription and masking used on transcripts. A distress protocol was utilised by the research team to guide the interviews in the event of potential participant distress.

## 2.6 | Data Analysis

Data was collected from the entire target population ($n = 12$) and individual interviews via the Microsoft Teams platform were utilised with individuals who could not attend the key stakeholder convening. The Microsoft Teams platform enabled both audio and visual recordings, which allowed for both verbal and non-verbal cues to be read and analysed by the research team, e.g., tone of voice and variations in pitch or stress can indicate emotional states like excitement, hesitation, or frustration; pauses and hesitations: these can signal uncertainty, discomfort, or the need for more time to process thoughts; pacing and speed: speaking quickly may indicate nervousness or excitement, while slower speech could suggest reflection or a more thoughtful response; volume: a change in volume may indicate emotions like enthusiasm or sadness. Data saturation was achieved, and no new data emerged from additional interviews (Kerr et al. 2010). Data analysis was conducted by two researchers (LM and OD) using Burnard's (2011) framework for thematic content analysis which is an inductive process involving: (1) taking memos reflective notes after each interview, (2) reading transcripts and making notes on initial impressions (3) re-reading transcripts and open coding, (4) developing initial category codes and higher order codes, (5) returning to transcripts to confirm codes, (6) writing up findings—synthesis utilising direct participant quotations. In addition, the overall findings were mapped according to the RE-AIM components outlined below (Figure 1). 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 and two authors (D.B. and M.M.), 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. Burnard's (2011) framework is a valuable method for

analysing data in descriptive qualitative research due to its clear, structured process, flexibility, and focus on preserving the richness of the data. It is particularly useful when the research goal is to provide a comprehensive, accurate description of participants' experiences without engaging in complex theory-building. By allowing researchers to systematically move through the stages of coding and theming while maintaining the authenticity of participants' voices, it helps ensure rigour, transparency, and participant-centeredness in the analysis process.

### 2.7 | Validity and Reliability/Rigour

The COREQ EQUATOR guidelines (Table S2) were utilised to ensure the rigour of the study and reporting (Tong et al. 2007), and the trustworthiness criteria for qualitative research outlined by Lincoln and Guba (1985) were adhered to. Meticulous documentation of the entire research process through an audit and process trail was ensured and enabled the authors to reach dependability and allowed adjustments to be made during data collection and analysis. To address and enhance credibility, the analysis of all data was triangulated by two authors working independently (LM and OD) and validated by the experts by experience. We addressed and ensured the confirmability of the findings by including direct participant quotes to support the interpretation of the findings. In addition, the findings were further verified and contextualised through participant feedback. Transferability of the findings was addressed and upheld by providing the context, circumstances, and setting for the reader and through thick description.

## 3 | Findings

A brief overview of participant characteristics and a synopsis of the findings supported by participant quotations are presented. Findings are then mapped onto the RE-AIM Framework in a table format to explore Reach, Effectiveness, Adoption, Implementation, and Maintenance (Table 2). Quotations are presented using codes where the letters I represent individual interviews, C represents the convenings, OT represents the operations team, and SM represents senior management.

### 3.1 | Participant Characteristics

Two key stakeholder convenings took place with the Community Café Operations Team and Senior Healthcare Management who were involved with the Community Café ($n=9$). Individual interviews were held with members of the Community Café Operations Team ($n=2$) and Senior Healthcare Management ($n=1$) who could not attend the key stakeholder convenings. Roles within the 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 Community Café, HSE Mental Health Services, HSE Project and Business Management, and Mental Health Ireland (See Table 1).

### 3.2 | Synopsis of Findings

The results were organised into three themes. Theme one addressed service design and incorporated person and recovery centredness and co-production. Theme two addressed service delivery incorporating out-of-hours service provision and staff support. The third theme addressed service planning and incorporated sustainability and governance of the Community Café.

#### 3.2.1 | Service Design

This theme service design highlighted the key issues of the service being person/recovery-centred and developed through co-production.

**3.2.1.1 | Person and Recovery Centeredness.** 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 Community Café to ensure a person-centred and recovery-orientated service. This inclusiveness stemmed from the philosophies of recovery and co-production embedded within Irish mental health policy. The Community Café was designed to deliver recovery-orientated peer support to customers within the CHIME framework. The CHIME Framework (Leamy et al. 2011) emphasises the holistic nature of mental health recovery, focusing on the personal experiences and growth of individuals. CHIME serves as a guide for services to adopt recovery-oriented practices, ensuring care is person-centred and focused on individual strengths and aspirations. CHIME stands for five key elements that contribute to recovery: Connectedness, Hope, Identity, Meaning and Empowerment.

> It's about recovery in its purest form, which means having choices and knowing that one size doesn't fit all … the unique contribution is that this is a café in the community that operates as a café and then offers really valuable support in a non-clinical directive way, it sees everyone as just a human being, its destigmatising, and its actually doing what it says on the tin, the number one goal is that it allows people to vocalise their human experience and what's going on in their lives that's causing them mental distress and it's not coming from the symptoms and a diagnosis, its allowing people a platform with the added benefit of being in a normal environment like a café.
>
> C, OT

The importance of recognising peoples individualised recovery journeys and seeing people as autonomous human beings were central to the service design of the Community Café, ensuring support met people where they were in their journey. The importance of customers taking ownership of their own care and support was perceived as very empowering for the individual.

**TABLE 2** | RE-AIM dimensions and their application to this study.

| RE-AIM dimension | Application to this study |
|---|---|
| Reach | Is the Café reaching its target population? Reasons why or why not?<br>• The Community Café is reaching its target population. People experiencing mental health distress continue to engage and re-engage with the Café in times of need.<br>• The level of support needed by various customers are categorised as low (customers requiring general recovery support and customers looking for social engagement), medium (customers experiencing emotional distress and/or who are at crisis point) and high (customers in crisis who informed Café staff that they are experiencing self-harm or suicidal ideation). The predominant level of support received is low support, with medium support and high support.<br>What types of customers are availing of the Café and what are the factors affecting access to and use of the Café?<br>• The central location of the Café, the fact that it is embedded in an existing commercial Café, peer support provided, and the out of hours service provision were recognised as the main factors affecting customer access to the Café. |
| Effectiveness (efficacy) | Is the Community Café accomplishing its goals?<br>• Yes – the overall goal of the Community Café is 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 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.<br>What is the impact of attending the Community Café on important positive individual outcomes, for example, recovery, quality of life, access to service provision, etc. as well as any negative effects?<br>• The Café extends the choice of support available and increases mental health support access for people in mental health distress out of hours in a safe physical environment. Customers experience increased recovery orientated support and peer support delivered within the CHIME framework in times of mental health distress in a non-clinical environment.<br>Is there any discussion on how attendance at the Community Café has impacted the customer and how this is perceived by service providers/family members/carers/supporters?<br>• Some customers have reported to staff in the Café that they have had less hospital admissions and presentations to the ED since attending the Community Café. They also find it less stigmatising attending an existing commercial café out of hours. The social activities and groups are viewed as beneficial and accommodate longer-term users of services as well as being community focused. The café is perceived as being complementary to existing mental health service provision due to level of engagement with the Community Café.<br>• The importance of ongoing development and support for peer connectors was emphasised as a key factor in the delivery of an effective service. |
| Adoption | To what extent are those targeted to support the delivery of the Community Café participating?, for example, Community Café workers/peer connectors, local mental health services, service providers, voluntary organisations, etc.?<br>• There is good adoption of the Community Café, however, it was viewed by all stakeholders that there is an opportunity for a deeper level of integration between the Community Café and the local mental health services and clinicians. Ongoing promotion and awareness of the Community Café and the need for champions both within the community and local community and mental health services to raise awareness was highlighted.<br>Are there any discussions of the setting or people involved in raising awareness of the Community Café to individuals, and the factors involved in the uptake of the Community Café for individuals?<br>• Local champions within services and staff from the Community Café should be involved in raising awareness of the Community Café to individuals in the community.<br>• Integration of risk and governance were highlighted as factors that need to be addressed in relation to uptake of the Community Café. |

(Continues)

**TABLE 2** | (Continued)

| RE-AIM dimension | Application to this study |
|---|---|
| Implementation | Is there any discussion of implementation factors, including how individuals experienced being made aware of the Community Café and attending the Community Café or its components?<br>• COVID-19 pandemic, service delivery and offerings, local community champions and champions within local services, support and partnership approach with healthcare services were implementing factors highlighted in the study.<br>To what extent are the Community Café staff consistently delivering peer support to people in crisis?<br>• Peer support and recovery-orientated support are continuously delivered by staff and peer connectors working in the Community Café within the CHIME framework with customers.<br>What adaptations have been made to the Community Café and what are the implementation strategies for delivering support?<br>• 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 Cafe 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 Community Café.<br>• The Community Café opened during COVID-19 pandemic, and everything was moved to online video or telephone calls instead of in person appointments. Both options now remain since the COVID-19 pandemic restrictions were lifted.<br>• In terms of raising awareness of the Community Café, there appears to be good knowledge of the service as there are some customers attending the Community Café from rural areas. 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.<br>• Future integration of risk management and support from a crisis resolution team may enhance and increase engagement from service providers. |
| Maintenance | Is there any discussion about continuing attending the Community Café and the factors that influence attendance at the Community Café?<br>• The high level of engagement and re-engagement of customers with the Community Café was discussed and how the service is continuously evolving to meet the needs of customers, for example, social Saturdays and structured groups on Wellness Recovery Action Planning (WRAP) Wellness Recovery Action Planning and Hearing Voices meetings. It was noted that customers engagement and re-engagement with the Community Café was dependent on where the person is in their individual recovery journey and if support was needed.<br>To what extent has the Community Café become part of routine organisational practice and service provision?<br>• The Community Café is perceived as complementary to existing mental health service provision and provides an out of hours service to support individuals in times of crisis. It has been referred to as one cog in the bigger wheel of service delivery. It has good links with community-based organisations including the recovery colleges and voluntary organisations.<br>To what extent is the Community Café maintaining its effectiveness in the long term?<br>• Long term funding is needed to ensure the sustainability of the Café in the future.<br>• There is an increased level of engagement and re-engagement with the Community Café from customers and the service delivery has adapted to the needs of customers attending the Community Café.<br>What are the long-term effects of the Community Café on individual outcomes after attending the service?<br>• The Community Café provides peer and recovery support to individuals in the community, reduces the burden on the ED by reducing ED presentations, and improves quality of life and sense of engagement in the community. |

> In a way you're giving people the autonomy to take control of their own wellbeing and their own mental health and start on their own recovery journey, everybody is on their own recovery journey, some people are on different stages of their recovery journey and the Café meets people where they are at, whether people are in crisis or just looking for support in recovery, just that connection in the community, and the café provides that space for people with mental health challenges.
>
> C, OT

The Community Café service design continuously evolves to meet the individual needs of the customers who engage and

re-engage with the service. The self-referral method was perceived as crucial for maintaining a person-centred approach and empowering individuals on their recovery journey. In addition, offerings made to customers have evolved in response to customer need, to include group activities on Social Saturdays. Social Saturdays enable a safe space to engage with others and structured groups like Wellness Recovery Action Planning (WRAP) facilitation and hearing voices meetings with the aim of preventing a point of crisis and alleviate mental health distress.

> If we were to rely on a referral service, I think we would have been a very different service, it was really important that it was simple, clear, self-referral methods and we worked very hard at promoting the service, getting on the radio and stuff and listening to what people who are presenting at the café asked for, bringing in things like the WRAP programme, the Hearing voices group, the social activities, having that as an add-on particularly for people who might be longer term users and to stop the café going down in the rabbit hole of becoming a day centre.
>
> I, OT

The broad range of stakeholders involved in the development of the Community Café from the start ensured a person-centred approach allowing for 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 phase '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. 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.

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

**3.2.1.2 | Co-Production.** The stakeholders' intentions of getting it right from the start were 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 and people had negative experiences of using ED previously. They proposed to partner 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 (Wessex Academic Health Science Network 2017). With the support of HSE Mental Health Engagement and Recovery Office, 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 the cultural aspects of the recovery movement, such as a conventional 'ordinary' environment and a non-clinical user experience for people experiencing mental health distress.

> 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.
>
> C, SM

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. The Genio Service Reform Fund in Ireland supports the reform of social services, focusing on health, disability, mental health, and dementia care (Lally et al. 2022). It promotes innovative, person-centered, community-based care, shifting away from institutional models to help individuals live more independently. 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 Community Café was very much a collaborative approach of 'coming together' following consultation with services. This ethos of coproduction/design and community care model followed through when the 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 (Ferreira and Li 2023; Maspul 2024). 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 Community Café.

> The level of joint management and working together between the HSE and community has been very powerful, it's an interesting project from my side because I have learned a new language, new way of working as well as how this whole co-production is a reality, I've never seen a more genuine co-production than this, I've been involved in plenty of health projects and I've never seen co-production the way it's done here, it's really inspiring and very powerful.
>
> C, OT

### 3.2.2 | Service Delivery

This theme Service Delivery captures the nature of service delivery, specifically the need for out of hours mental health peer-led services and staff support.

**3.2.2.1 | Out of Hours Peer Led Service (Location).** In terms of service delivery, the Community Café is an open space for individuals to attend within an existing commercial café premises (Mr. Waffle) in a central location in a city and is situated opposite a University Hospital. This location was perceived as less stigmatising and more accessible for customers to engage with as it was in an existing commercial café (non-clinical setting) and close to the hospital if needed within the city. The Community Café operates on an out-of-hours basis, with hours of business Thursday to Sunday 18.30 to 23.30 h and these were established and guided by both research on suicide and self-harm and previous lived experience of presenting to ED's for mental health service provision. The Community Café was viewed as a complementary service to existing mental health service provision and 'one cog in the wheel of a bigger service' by all stakeholders. It was seen as an effective and economical low barrier of care entry due to its location, relaxed non-clinical atmosphere, and out-of-hours service provision.

> It wasn't just a decision that the Café would open from Thursday until Sunday, this was well researched and even if you look at the whole area of suicide and look at the presentations at ED's for self-harm and when people turn up, the highest are like the Thursday, Friday, Saturday and Sunday into Monday morning, having some place to go that prevents that Monday morning load of people from ED because people have presented there.
>
> I, OT

> I think there are people that would never come to the ED who are accessing the Community Café and getting support, they are not going to be turned away at the door if they are in real crisis, where that is the case with other services.
>
> C, SM

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 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 WRAP Support Group.

> Based on learnings and feedback, it's not a stagnant model of service delivery, 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 is the lived experience, that co-production organisation, commitment and then recovery and learning.
>
> C, SM

The value of peer support from people with lived experience of mental health services and challenges and the overall peer led approach within the Community Café service delivery was highlighted by all stakeholders. It was perceived that it enabled more of an equal relationship with customers and allowed for more shared learning and shared understanding in their recovery journey.

> The fact that customers continue to engage with the Community Café when they are in high levels of crisis, is that there's nobody there that can take their power in the Café and that's something that has been fed back. We don't have the power to make them do anything against their will and that is something we are very precious about and want to retain as a service as it's a peer led developed service.
>
> C, OP

**3.2.2.2 | Staff Support.** The importance of having support provisions in place for staff working in the Community Café was discussed, considering the acuity and complexities of presentations to the Community Café compared to what had been originally anticipated, as well as peer connectors' lived experience and the subsequent role sustainability. The current staffing model of the Community Café consists of one team leader, two assistant team leaders, and three core peer connectors, including two peer connector relief staff who provide peer and recovery orientated support to individuals experiencing mental health challenges or crisis. 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.

> 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.
>
> C, OT

### 3.2.3 | Service Planning

The challenges of opening and operating the Community Café during the COVID-19 pandemic were emphasised. Service planning and delivery adapted to COVID-19 pandemic government restrictions by offering online video and telephone appointments to customers instead of in-person appointments. The option of both online video/telephone and in-person appointments remained after the COVID-19 government restrictions were lifted. Additionally, stakeholders highlighted challenges to the continued growth and success

of the 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 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 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 Community Café and the HSE mental health services.

> The level of engagement and re-engagement with the Café is fantastic, there are more people presenting with more complex need, it's all about getting the balance right between peer led recovery orientations and services, the danger is you have them too clinically-led that you might lose the essence of some of that, we haven't really worked that out yet we're lobbying heavily to get an actual clinical team and the concept is kind of 'front of house, back of house.
>
> I, SM

It was viewed that having a link with a crisis resolution team as an additional back-up resource to the Community Café would influence long-term funding and sustainability of the service as it evolves. In Ireland, the implementation of the new Crisis Resolution Services Model of Care could impact long-term funding, as it aligns with national policy recommendations for the rollout of crisis cafés as alternative out of hours mental health service provision with the support of crisis resolution teams. This model aims to minimise unnecessary visits to ED's and crisis services by offering timely, brief, and intensive support to assist individuals on their recovery journey. 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 Community Café.

> 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 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 Community Café.
>
> C, OT

### 3.3 | Mapping of Results to RE-AIM Framework

Findings from the key stakeholder convenings and individual interviews were integrated by mapping the findings onto the RE-AIM framework. Overall, the Community Café was perceived by all stakeholders to have good reach, effectiveness, adoption, implementation, and maintenance. Areas of improvement were identified in relation to adoption, implementation, and maintenance of the Community Café in relation to promotion, sustainability, and governance. See Table 2 for an outline of RE-AIM dimensions and their application to the Community Café.

## 4 | Discussion

Given the limited research in this area, the findings of this study highlight the Community Café as an innovative model of mental health service delivery that embodies the principles of recovery and co-production, providing a non-clinical, supportive alternative to traditional ED pathways for individuals in mental health crisis. Key to its success is the inclusiveness and collaboration of a broad range of stakeholders, ensuring shared vision and ownership from the outset. This approach aligns with Irish mental health policy and best practice guidelines, ensuring that co-production is genuine and meaningful (Health Service Executive 2018a, 2018b; Department of Health 2020; Health Service Executive and Department of Health 2022).

Strong community champions, including individuals with lived experience, are essential to building trust and extending advocacy into the wider community. Notably, a local café owner also championed the model from a community perspective. Given the complex and acute nature of cases, staff require robust support, including debriefing sessions, access to reflective practice, and mental health resources (Staples et al. 2024; Bellamy et al. 2017; Dalton-Locke et al. 2021). Ensuring the sustainability of peer connectors is critical, along with a collaborative governance model that integrates crisis and community services. Long-term funding and partnerships between community and health services are also necessary to ensure the ongoing success and evolution of the Café (Health Service Executive and Department of Health 2022).

This study highlights the importance of lived experience in shaping the Crisis/Community Café, with co-production and co-delivery central to its success in reducing stigma and promoting positive outcomes (Foye et al. 2023; Health Service Executive and Department of Health 2022). The Café aligns with the WHO Mental Health Action Plan 2013–2030 by strengthening leadership, providing integrated care, promoting early intervention, and fostering community-based mental health services. Although the focus on data collection for research and service improvement is still developing, the Café demonstrates a clear commitment to the RE-AIM framework.

The World Health Organisation's Framework on Integrated People-Centred Health Services (World Health Organisation 2016) further supports the need for comprehensive, inclusive, and responsive mental health care. This can only be achieved through public awareness, reducing stigma, and involving all relevant stakeholders in decision-making and service design. The Community/Crisis Café effectively operationalises these strategies, ensuring that services meet the real needs of the community while fostering empowerment and ownership among users (Health Service Executive 2018a; Department of Health 2020).

## 5 | Limitations

While qualitative research offers in-depth insights, it has several limitations for this study, including: the small sample size ($n = 12$), the generalisability of the findings, researcher/participant bias, and context-specific findings. However, a strength of this study was the strong co-production and collaborative approach, as the study design was co-created, and input into all aspects of the study was done collaboratively.

## 6 | Conclusion

In conclusion, the Community Café represents a transformative model for mental health service delivery, effectively integrating the principles of recovery and co-production. By offering a supportive, non-clinical environment as an alternative to traditional emergency pathways, it prioritises inclusiveness and collaboration among stakeholders, ensuring that diverse perspectives shape its development. The active involvement of individuals with lived experience has been particularly instrumental in fostering community trust and enhancing the Café's advocacy efforts. Understanding the experiences and insights of key stakeholders in designing, developing, and implementing a peer-led Community Café is crucial for future Community/Cafés in mental health services. As community cafés aligns with the World Health Organisation's Mental Health Action Plan 2013–2030, demonstrating a commitment to effective leadership, integrated care, early intervention, and ongoing research in mental health. By promoting a person-centred approach, the Café not only addresses immediate mental health needs but also contributes to the broader goal of reducing stigma and enhancing public understanding of mental health issues. Overall, the Community Café stands as a vital example of operationalising inclusive, community-driven mental health services that respond to the unique needs of individuals while fostering a sense of ownership and empowerment among users. This innovative approach has the potential to significantly improve mental health outcomes and reshape how services are delivered, making them more accessible and effective for those in need.

### Author Contributions

L.M., D.B., M.M., J.T., and O.D. made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data. Involved in drafting the manuscript or revising it critically for important intellectual content. Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

Data due to privacy, confidentiality and ethical considerations, full data set is not available. Data in the form of direct quotations are used in the presentation of findings and other data upon reasonable request can be provided by the corresponding author.

### Peer Review

The peer review history for this article is available at https://www.webofscience.com/api/gateway/wos/peer-review/10.1111/jan.17001.

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**Supporting Information**

Additional supporting information can be found online in the Supporting Information section.