ESRC Seminar series: re-imagining professionalism in mental health: towards co-production

Seminar 6: Co-production in coercive environments

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Seminar 6: Co-production in coercive environments: notes of group discussions

Encouraging debate across boundaries between service users/survivors and carers, academics, and professionals from voluntary and public organisations.

1) Coercion. Have you, (or someone you know), been persuaded or pressurised to do something you didn’t want to do?

- People who need help don’t always get it, and, sometimes people receive ‘help’ when it’s not needed
- If you’re a service user your judgement often doesn’t count for very much – including when care plans are being developed
- People judged irrational when they are being rational
- Mental distress is compounded by not being believed and by the feeling of having ‘lost control’
- There are massive failings in community care that result in high levels of frustration and hopelessness
- Risk of people adapting to ‘losing control’

Key point: Service users are not approached as citizens with legitimate views and judgements.

2) Relationships. What are professionals doing that helps or hinders positive relationships with people in vulnerable positions?

- Authenticity is key to co-production
- Relationships in mental health care are often characterised by a lack of honesty and transparency
- Not helped by the atmosphere of fear that prevails in risk averse organisations that prioritise targets and narrow outputs
- There are wide variations in practice from very good to totally unacceptable
- Definitions of good practice should be defined in partnership with service users
- More focus needs to be place on outcomes (as defined by service users) and less on organisational targets
- People need to feel safe enough to talk and trusted that ‘I know me best’
- Both service users and informal carers are often not believed or heard – learn from findings of Francis Report
- A focus on independence is oppressive and needs to be replaced by one on interdependence that is kind and respectful
- More acknowledgement that roles change. People are able to shape the services because they have been ‘on a journey’
- Are failures in care related to a lack of resources or is wilful mismanagement going on in the interests of preserving the status quo?

Key points: Trust the expertise of service users
Relationships hindered by fear and lack of trust
Start by humanising cultures so that service users and informal carers feel comfortable to express their views
Consistency in relationships required
3) **Co-production.** What are the things we need to put in place to enable co-production?

- Shift the focus from deficits to assets
- Use inclusive language
- Develop a new language around relational wellbeing and a holistic focus on people, including lifestyle, structural challenges and physical health
- Quality of relationships is central
- Identify good practice

*Key message: Hopeful signs of things changing...*