

# TRANSITIONING: STAFF PERSPECTIVES OF SERVICE USER INVOLVEMENT IN MENTAL HEALTH SERVICES

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## Abstract

Mental Health Service User involvement is widely recognised as important and beneficial, for the services and the service users. Since the publication of A Vision for Change (Ireland Department of Health and Children, 2006), mental health services have had increasing service user involvement as one of their focuses. Now, in the penultimate year of A Vision for Change, this research asks how far we have come. This exploratory qualitative study of the staff perception of service user involvement was completed three years ago, and is now updated to capture recent progress. It was found that service user involvement can be seen on a spectrum from fully supported by staff to being resisted by them. Positively, efforts are moving the mental health service towards a modern service where service users are encouraged to participate.

**Keywords: Service User involvement, mental health services, participation**

This exploratory study was completed, almost three years ago, as part of the requirements of a Masters in Social Research Skills at the University of Ulster. The project aimed to explore staff perceptions of service user involvement in one mental health unit. Its objective was to begin to develop a theory, grounded in the gathered data, which depicts how this way of working manifests within the interactions of those working in the system. The project took the form of conversations with three staff members from different disciplines; nursing, social work, and psychology. In writing this article the member-checking (a process whereby participants are given the result of a study and provide feedback as to their accuracy) stage was repeated, and participants were given the opportunity to comment on progress within the past three years.

## Introduction

Since the publication of 'A Vision for Change: Report of the Expert Group on Mental Health Policy' (Ireland Department of Health and Children, 2006), the mental health services are tasked with engaging in a meaningful way, with the promotion of service user involvement. This mirrors international trends, where there is recognition of the 'expert by experience'. Summers (2003) states that there is a dialogue regarding the positive contribution of service users, however, this has failed to translate into adopting the practice. Other research has identified power imbalances as a barrier to service user involvement, and a perceived threat to the professions that comprise the multi-disciplinary teams within the mental health services (Roberts, 2010; Tait & Lester, 2005).

While service user involvement continues to be at the forefront of discussions regarding innovation and change, has practice moved beyond a superficial level? I have chosen to look at service user involvement from the perspective of staff because they are the gatekeepers to the services. In this study a pattern emerged from the interview data whereby interactions regarding service user involvement appear to be on a spectrum. This ranged from staff being fully supportive of service user involvement and active in its establishment to where staff, or indeed service users themselves, appeared resistant to change.

This article will begin with a description of the methods used to collect and analyse the data, it will then take a look at the findings and emerging theory of service user involvement from a staff perspective. Then it will discuss these findings, in particular in comparison with a review of the literature. The project ends with a conclusion and update from participants.

## Methodology

This study aims to explore the staff perceptions of service user involvement in the daily life of a mental health service. Its objective is to begin to develop a theory, grounded in the gathered data, which depicts how this new way of working is viewed. In order to ascertain the subjective experiences of Mental Health Services staff interactions within, and creating, a context of service user involvement a symbolic interactionist approach was chosen for the qualitative data collection and analysis.

Within the symbolic interactionist tradition, individuals are thought to choose actions on the basis of meanings that they have ascribed to aspects of their social 'reality'. These meanings are arrived at through interactions with the world and the people within it (Flick, 2009). The meanings that the individual has for the various aspects of their world are in constant flux, as each interaction prompts the individual to renegotiate their understandings of their world (Flick, 2009). This research looks for the meanings that staff attach to their interactions in regard to service user involvement. It is interested in how these meanings have led to staff behaviour.



Only a small number of staff members were interviewed (three) (given the purpose and scope of the project). This has meant that not all of the professions on the multi-disciplinary teams were represented. The informants include a nurse, a psychologist and a social worker. Also given the small number of informants, the findings of this study should be considered exploratory rather than conclusive. One of the main shortcomings of this project is that it was conducted using 'Backyard' research. This meant that the researcher had a prior relationship with each of the informants, while this has helped in having a ready-made rapport with each of them, it may reduce the likelihood that they disclosed information that they felt the researcher would disagree with.

With this in mind a number of strategies were employed to improve the validity of the research, as described by Creswell (2009). By comparing this study's findings with previously published research a level of triangulation was achieved. Member-checking was completed by showing informants the results and receiving their feedback.

Data collection was by means of semi-structured interviews. Each interview took between 10 to 23 minutes

The analysis process took the form of thematic coding. Codes generated were either in-vivo or sociologically constructed (Strauss, 1987). Data analysis was assisted by Nvivo9 software.

## Findings

Informants were asked to describe their experiences of service user involvement in their professional life. There was variance in responses from optimism to pessimism regarding the development of service user involvement in the service in which they work. All agreed that service users should be involved in the service but reported mixed experiences of same.

## Transitioning

The core category that emerged from the data indicated that the staff, in their interactions, were negotiating a balance between full control staying with professionals and handing over power to service users, as the modernisation process takes hold. Different aspects of the informants' work were viewed in different ways. For example, care planning was seen as a progressive step towards service user involvement, however, the manner in which the service was developed was seen to be less progressive and tended to promote the power of the professional over that of the service user.

## Professionalising

'Professionalising', here, means that decisions are made regarding the care of patients and service development etc according to the needs and wants of the professionals/staff. It represents the 'traditional' model of working in mental health services. This was remarked on by informants, and a picture was drawn of a stagnating situation that has not changed, and shows no sign of

change. Some actions/beliefs of the staff are interpreted as 'anti-modernising';

*'... things become routine, it becomes the practice. We do things a certain way because that's the way we do them.'* (Informant2).

Informants reported how some of the practices within the service appear to maintain power imbalances;

*'There is such a power differential for clients... With a consultant who they go to and depend on to prescribe medication or whatever ...it's such a gulf for clients... to suddenly see themselves in having an active role in shaping mental health services'* (Informant1).

Traditionally, training has reinforced this status quo;

*'...in college you were taught that 'these are the mad people these are insane and we are there to help them'* (Informant3).

Informants spoke about the resistance of individual staff members and their reactions to suggestions that service user involvement be incorporated into their practice. There is a fear of handing over power to the service users, amongst the staff and the service users;

*'I think everybody on the team would say 'yes yes yes, service users should be involved' but then, I don't know, is that really what people would want'* (Informant1).

## Acquiescing

'Acquiescing' refers to occasions where staff do not actively block the involvement of service users, but are not fully behind the changes. There is a real sense of transition in this category. Something is happening, but this may be slow. Some of the initiatives, such as care planning meetings including service users have the aim of increasing their involvement. However, there is a sense that the involvement is tokenistic and that the real decision-making power rests with the professionals. Many of the initiatives that the informants saw within their workplace were lip-service to involvement.

*'I think, it isn't sufficient for a team of people to be saying 'we work under the recovery model and are guided by that', if the clients are not aware, if they are not facilitated in being able to articulate their voices'* (Informant1).

## Modernising

In this category, service user involvement is becoming the natural way of working. Interactions in the service are conscious of service user collaboration and staff are active in promoting it;

*'What we want is people that are in the service becoming more active, or feeling that they can become more active...Part of the ethos of the service'* (Informant1).

Informants note wellness and service users' choices as impacting on their abilities or desires to be involved. They feel that involvement should be at the service users' level.

*'I suppose, not all of our patients want to be involved in their treatment. Especially the older ones who have been admitted to hospital many times. ...have always come in, have left their care and treatment up to staff, and they just sit back and rest and hope to get well...'* (Informant3).

*'so it has been at different levels. At their levels not are ours'* (Informant2).

Informants spoke about how their practice has adapted to the new way of working, and the benefits of listening to the expertise of the service user. Informant3 notes attending classes that are taught by service users. Informant3 claims that this has been a large learning experience;

*'...it made me think differently...their experience has taught me more than any book has'* (Informant3).

Service users have been providing a service themselves, and staff have enjoyed and welcomed this. Staff feel that having service users involved in service delivery lends weight to their message;

*'...it was great having the service users involved because nobody listens to me. But if I have two service users...and they are telling the group that it's a really good thing to do...it just has more meaning for the other participants'* (Informant2).

There is a move, in staff training, to promote this way of thinking/working;

*'...trainees have to do a service user piece...I think it's something that is out there and becoming more and more open, and it's being more and more discussed as being something that is important'* (Informant1).

There is a sense in the interview data that some staff, in some interactions, are prioritising and valuing the involvement of the service users. There is excitement about the process and a commitment to change;

*'...I suppose now it's becoming more conscious. We are actually planning on how to do things better rather than just saying we should do things better'* (Informant2).

It appears that awareness and training are the key items that brought about this change. Each of the informants mentioned having attended training or changes in professional training that has impacted on the staff's way of thinking about service user involvement. It is a very conscious effort that has brought about change; not a passive product of modernisation.

The theory that emerged from the data during analysis and write-up was one of a staggered spectrum of service user involvement. The traditional service, where the staff have all of the power and set all agendas, steps up to be one where service users are involved in a limited way, to a modern service where staff and service user work together to achieve mutual aims.

## Discussion and Review of Literature

Arnstein (1969) and Irvin and Stansbury (2004) declare that it is uncommon for involvement to be considered as anything other than positive. However, it is asserted that participation without real power is futile and tokenistic (Arnstein, 1969). Arnstein (1969) asserts; once the dialogue surrounding participation turns to the handing over power from the dominant group to the powerless a variety of oppositions appear. Irvin and Stansbury (2004:55) comment on the benefit of participation. They note that decisions made are more 'realistically grounded in citizen preferences'. As Informant3 demonstrated, service users are the experts on the service user experience. Irvin and Stansbury (2004) note that, where there is collaboration, decisions are more supported by the general population. Evidence of how service user involvement can enhance acceptance within the population can be seen where Informant2 spoke about how having a service user involved in service provision lent credence to the service message.

## Transitioning: Models of Service User Involvement

Peck et al (2002), in their mixed method study of service user involvement in Somerset's mental health services, give a clear description of a number of models of service user involvement. The models are used to describe citizen or community participation in governance in general but can easily be applied to mental health systems. Each of the models Peck et al (2002:443) discuss defines involvement as being on a spectrum from the traditional position where service users are seen as 'passive recipients' to having their views heard to being viewed as having power/control.

Hirschman (1970) claims that within institutions there are three broad levels of consumer involvement; loyalty (consumers are informed of decisions), voice (consumers are consulted with) and exit (consumers are in control). Hirschman (1970) asserts that institutions can attempt to make consultation the natural way of working in an attempt to discourage 'exit'. In this sense, tokenistic service user involvement may be offered as a distraction from service user control.

Arnstein's (1969) ladder arranges types of community involvement according to the level of input afforded to the community members. There are eight rungs ranging from non-involvement to community control. The lower rungs, labelled non-participation, allow no real power for the community. They are used merely as tools to educate and shape communities. Next, Arnstein (1969) describes a situation where community participation takes on the



form of ‘degrees of tokenism’. At this level community members are informed of developments and consulted on same. At the top level of Arnstein’s (1969) ladder, is the stage of ‘degrees of citizen power’. This ranges from partnership to citizen control. Arnstein (1969) notes that barriers to the development of citizen control lie both with the dominant group and with the powerless.

Both of these models echo the findings of this study, as demonstrated in table 1 below.

	Professionalising	Acquiescing	Modernising
<b>Arnstein (1969)</b>	Non-participation	Degrees of Tokenism	Degrees of Citizen Power
<b>Hirschman (1970)</b>	Loyalty	Voice	Exit

Peck et al (2002) maintain that it is appropriate that services would have initiatives at all levels of service user involvement to reflect abilities and choices of service users. Or, as Informant2 notes involvement should be ‘at their levels, not are ours’.

### Professionalising

The traditional way of working in mental health services prioritises the ‘professional’ opinion over and above that of the service users (Tait & Lester, 2005; Roberts, 2010). Foucault suggested that ‘madness’, as he refers to mental illness, is not an objective fact but a discourse in society. He writes that ‘patients’ have come to be seen, by the patient and by the professional, as objects to be ‘cured’ (Foucault, 1961). This is in contrast to the notion of service user involvement where the service user is an active participant; things are done with the service user not to the service user. This was commented in the interviews, particularly with reference to traditional styles of training.

Roberts (2010) maintains that the process of diagnosing a service user is one method that services use to exert power over the service user and thereby limit their involvement. Roberts (2010) notes that service users themselves come to identify with these diagnoses and become enslaved by them. In this sense, participation is restricted by both the professionals and the service user, as the service user is placed into the ‘sick role’ (Roberts, 2010:292). The switch to a recovery orientation within the mental health services challenges this power-base, where that focus moves from service user deficits to capabilities; wellness rather than illness (Mental Health Commission, 2005)

### Acquiescing

The task of the mental health services is to reduce the power imbalance between the service user and the professionals. In order to do this staff must become

aware of their practices and of the abilities of service users (Roberts, 2010). It is noted that this is happening across mental health services, however, it remains tokenistic or superficial (Tait & Lester, 2005; Thornicroft & Tansella, 2005). Peck et al (2002) list some of the initiatives that are considered service user involvement at various levels. They state that the majority of initiatives seem to remain within the level of consultation rather than control. This would echo the assertion made by Hirschman (1970) that institutions prioritise consultation in order to evade handing over power to the consumer. This was well reported in this project’s findings. There was a variety of settings that hint at service user involvement, but limit this to what Hirschman (1970) terms ‘voice’. Care plans at times seemed to focus on telling the ‘patients’ what will be happening rather than asking what they would like to happen, for example. This would be in contrast with the Mental Health Commission (2012: 15) guidance on care planning, which advocates for a recovery orientated process, one that includes the wishes and need of the service user, and, crucially, their involvement;

*“The service user must be a partner in his/her own mental health care... If services are to deliver a recovery oriented service, practice should always be directed towards facilitation or resumption of the person’s own decision making in all aspects of his/her life.”*

### Modernising

Modernising services is about handing over power and control from the professionals to the service users. Tait & Lester (2005) note that this can happen through the involvement of service users in research, staff recruitment, training, staff teams and in the development and delivery of services. This involves a shift in thinking and interaction patterns within the service. According to the informants, there was an increasing level of service user involvement in training and in service development. Informants mentioned initiatives that involved a service user providing the services. There is an attitude shift, albeit in its infancy, within the research setting. The idea of handing over power is slowly taking hold. Even where service user involvement is an explicit policy of a service, service users can find the jump to partnership to be difficult. Broer et al (2014) studied a Dutch mental health service, where service user representation on a programme development team, was a new attempt to balance out power between professionals and service users. One service user was asked to participate in an ‘expert by experience’ role on this team, this role was unclear in its definition, making it difficult for her to feel that she truly represented service users other than herself. Broer et al (2014) conclude that under development of her role was within the context of the newness of the initiative and the reluctance of professionals to define the role for fear that this may be perceived as exerting power. In this sense, the service was so aware of the issues with the balance of

power, that the awareness itself became a barrier to full involvement

## Conclusion

Service user involvement is a topic that is at the forefront of discussion regarding the development of mental health services (Peck et al, 2002; Tait & Lester, 2005; Thornicraft & Tansella, 2005; Roberts, 2010), and has been identified as one of the core principles guiding the development of mental health services in Ireland (Ireland. Department of Health and Children, 2006). The staff perspective of service user involvement is ambiguous and ranges from full support to full resistance. Without the staff being on board for rolling out service user involvement initiatives, it is difficult to see how service users will become fully involved in their services.

A theory emerged from the data that depicts staff perceptions of service user involvement on a staggered spectrum. At the bottom of the spectrum there is stagnation and resistance to change and service user involvement (professionalising). In the next step the staff are not actively blocking service user involvement but are not too involved in promoting it either (acquiescing). At the top step service user involvement is encouraged and prioritised (modernising). It is only at the top step that the power really begins to change hands from the professionals to the service users. These findings echoed those of previously published literature.

## Update from the Informants

Of the original informants, two were offered the opportunity to give an update on their experience (the third informant has since left the service).

One of the informants, in response to reading the results from the research stated that while care plans might, at times, remain tokenistic, they create achievable goals for both the staff and the service users. At the very least they allow the service users to learn more about their illness and the staff, this is likely to arm them for future involvement.

This informant also spoke about a new initiative within the service; community meetings. These are meetings held between staff and service users and allow for a real opportunity for service users to voice their opinion on the service and ways to improve it. It has also been a way for service users to support each other, and offer each other advice.

The second informant spoke about how her team have been making concerted efforts to improve service user involvement since the original study. Service Users are meaningfully supported to participate in care planning to such an extent that it moves beyond tokenism; the team uses a key-worker system (where an individual professional on the team is assigned to co-ordinate the care planning process), jargonistic terms are removed from the relevant documents, the service users are involved from the start in deciding when and where the meeting will take place, and who will attend etc.

*"The care plan meetings are much more focused to the clients' agenda rather than on a team plan and the feedback from most clients has been really positive."*

The professional's role has become that of facilitator rather than director. Involving service users has become the natural way of working. The team have now tasked themselves with increasing the level of peer support in the recovery journey of their service users. The project of service user involvement on this team has been greatly progressed by fact that each individual on the team are totally invested.

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