Qualitative Evaluation of Service User Perspectives on a Service-User Involvement Register (IR)

Aim

The aim was to explore service users' perspectives of being involved in mental health services through the SLAM Service User Involvement Register (IR).

Background

Service user involvement is a valued part of the planning, provision and evaluation of mental health services and the Department of Health (2000; 2001) has made user involvement a requirement at a national and local level. Systematic reviews of user involvement suggest that it can reduce hospital admissions, increase face time with clients, change staff perceptions, and enhance the validity of research outcomes (e.g. Simpson & House, 2003). Service user involvement is particularly important in mental health settings, where stigma can contribute to "them and us" power dynamics between professionals and clients (Richards, 2010) and where involvement can serve two purposes in improving services as well as benefiting service users. The current evaluation takes place within the SLAM Service User IR, which provides payment, training and administrative support to services users working in the Trust. The purpose of this evaluation is to explore service users' perspectives on involvement, why they become involved and what aspects of being involved are most important and/or of personal value to them.

Method

All active members of the IR (n=120) were invited answer a questionnaire exploring their reasons for joining the register and their experiences of involvement. Thematic analysis of the questionnaire data informed a focus group interview schedule, which 7 members attended. The focus group was audio-recorded and transcribed by XX. Participants discussed their reasons for joining the IR and what they felt they had gained/was of value to them from their experiences. The focus group transcript was analysed for emergent themes which best reflected their views (Boyatiz, 1998).

Results

Overall participants reported positive experiences of involvement and felt that the IR was an important part of the Trust's work and should be expanded. Participants felt they had been able to make a valuable impact on services and had also gained in confidence, skills and self-esteem. However members also felt that involvement should lead to opportunities outside of mental health services, such as full time employment.

1. **Control and Empowerment**

Participants felt they had been able to use their expertise make changes in services. There were different conceptualisations of power, with some embracing a "militant" political-activist approach, whilst others were empowered by making changes in one-to-one interactions with service users. Implicit was the principle of changing one's role from a patient to an expert from experience and the development of new coping skills.

2. **Self-worth and Positive identity**

An increased sense of confidence and self-worth was a strong theme throughout and captured some of the therapeutic aspects of being involved and its contribution to personal development. Moving out of the "patient role" and adopting new roles and skills led to a

positive self-image as someone with capacity and value. This was related to how people were valued and appreciated in Reciprocal Relationships.

3. Social Inclusion
Loss of careers and finance as a result of mental health problems, as well as the lack of contact with others, were reasons for becoming involved. Returning to work was very important for some people, although payment was less important. Implicit was the development of new meaning and purpose in individuals' lives and re-integration into smaller groups and society as a whole was central to recovery.

4. Reciprocal relationships
Working alongside professionals as equals was important as well as working with service users. Being involved was a two way learning process that included training professionals and changing their perceptions of mental health, as well as learning from professionals and developing new skills.

5. Obstruction
Participants identified many obstacles to being involved effectively in services, including staff prejudice, as well as the lengthy process of becoming registered. Obstruction also included discrimination outside the mental health context.

Recommendations
The IR should be continued and expanded to involve more service users more widely across the Trust. A number of actions may facilitate this:

- The continued expansion of the register, requiring balance of recruitment and creation of opportunities for involvement.
- Developing education programmes for staff about the role of service users in services to combat prejudices within mental health services.
- Building relationships and linking with local communities and employers to create opportunities for users outside the system as well as within.
- Sharing learning with other Trusts so as to develop own practice as well as contribute to similar initiatives across the NHS.

References:

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