



# Exploring Professional and Organisational Resistances to User Involvement in Mental Health Services

Tim Moore: [tim.moore@sussexpartnership.nhs.uk](mailto:tim.moore@sussexpartnership.nhs.uk)



**University of Brighton**



Sussex Partnership  
NHS Foundation Trust



National Institute for  
Health Research

# Overview

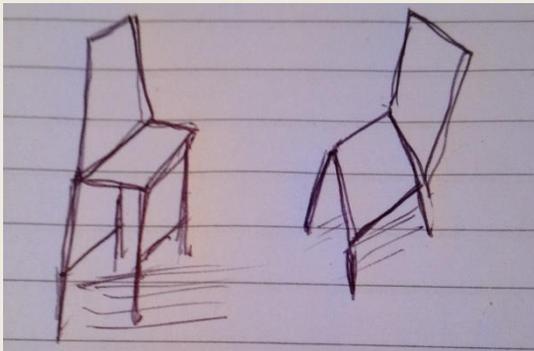
---

- Description of my project.
- Why is it needed?
- Some thoughts about ‘insider’ research & why, on balance, it is a good thing in this instance.

- Early Clinical Experience: Therapeutic Communities and Counselling Psychology.
- Move to Community Mental Health Services.
- Service User Involvement Projects and *Resistance*.
- Opportunity to get back to research.

# The Project

---



- Interview staff about their experience of involvement work.
- What feels 'meaningful'? What difficulties have you encountered? How do you make sense of these? What was the emotional impact on you? Do you feel tensions with other values/professional codes/aspects of organisational culture?
- Interviewer to facilitate descriptive narrative.
- A range of professions and settings.
- Two interviews: For data, and then to get participant's response to my interpretation.
- Aim is to better understand resistances, tensions, frustrations.

# Why is this Important?

---

- Policy/practice gap (e.g. Bee et al. 2015).
- User involvement is transformative, ethical, sustainable.... essential.
- Some locate blocks in MH staff (e.g. Van der Ham et al. 2015), others in 'entrenched' cultures (e.g. Rush, 2004).
- The interaction of these needs to be understood.

Both Bee et al. (2015) and Forbat (2006) call for a deeper understanding of staff experiences, especially emotional aspects, which are neglected (and a likely source of resistance).

# Why Me?

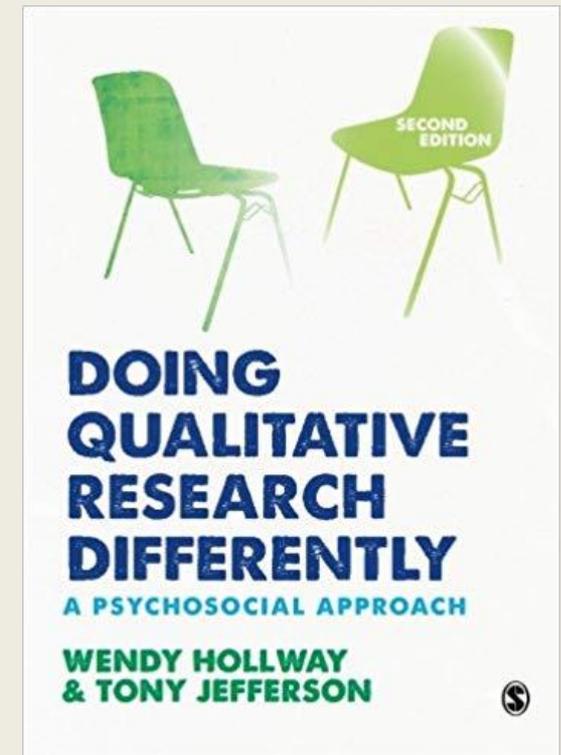
---

- Berger (2015) describes her experiences of ‘insider’ research, and how relative positions of researcher and participant affect the data produced.
- *Benefits:* Access. Faster, more nuanced understanding. Trust. Empathy.
- *Drawbacks:* Assuming understanding → Poor data. Over-identification & projection of researcher’s own views. Lack of criticality.
- Requires rigorous reflexivity.
- User involvement is about enhancing the role of experiential (‘insider’) knowledge, so it feels appropriate that I study something I have experience of.

# The Research Relationship

---

- ‘Defended subject’ (Hollway & Jefferson, 2013) has to manage inevitable anxieties generated by threats to self.
- We construct an acceptable self in our narratives, using available discourses to do so (e.g. ‘I am a ....’, ‘I am not a .....’).
- Participant’s perception of my identity and the research relationship will influence data construction.





I could be perceived as hostile to views which interfere with user-involvement. If so participants are unlikely to lower defences to talk about what I am interested in!

Relationship, empathy and my attitudes are significant in giving permission to express such views. Being seen as 'on the same side' might be a start.

# Therapy Parallel

---



- Resistance and its causes need to be heard and understood, and judgment suspended if they are to be worked with meaningfully and effectively.
- As an 'insider', in a similar position to participants, I believe I am well positioned to do this, just as (in groups, therapeutic communities....) those with shared lived experience are well positioned to listen and understand one another.



National Institute for  
Health Research



University of Brighton



Sussex Partnership  
NHS Foundation Trust

# References and Acknowledgments

---

Bee, P., O. Price, J. Baker and K. Lovell. 2015. Systematic synthesis of barriers and facilitators to service user-led care planning. *British Journal of Psychiatry*, 207: 104-114.

Berger, R. 2015. Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research*. 15(2): 219-234.

Forbat, L. 2003. Practitioner views on service user involvement: rhetoric and contradictions. *The Journal of Mental Health Workforce Development*. 1(3): 24-31.

Hollway, W. and T. Jefferson . 2013. *Doing Qualitative Research Differently: A Psychosocial Approach*. London: Sage.

Rush, B. 2004. Mental health service user involvement in England: lessons from history. *Journal of Psychiatric and Mental Health Nursing*. 11: 313-318.

Van der Ham, A. J., L. S. Shields, R. van der Horst, J. E. W. Broerse and M. W. van Tulder. 2014. Facilitators and Barriers to Service User Involvement in Mental Health Guidelines: Lessons from the Netherlands. *Administration and Policy in Mental Health and Mental Health Services Research*. 41(6): 712-723.

Thanks to: Dr. Laetitia Zeeman (University of Brighton), Harriette Cusdin & Joanna Stevens (Sussex Partnership), Hastings Working Together Group and Bluebell House staff.