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

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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.
Me

• 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 $\rightarrow$ 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.
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.
References and Acknowledgments


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