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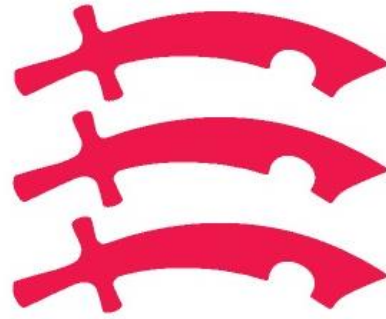


Essex County Council

Co-producing mental health support – leadership, practice and the voice of lived experience

Peter Delvin, Interim director for adult mental health services, Essex County Council

James Satwell, Service manager, social care leadership team, Essex Partnership University Trust



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Dr Lynn Prendergast, Associate Director
Social Care Leadership Team, Essex Partnership University Trust
Email: lynnprendergast@nhs.net
Mobile No: 07876 502628

Peter Devlin, Interim Director for Adult Mental Health Services
Essex County Council email: peter.devlin@essex.gov.uk
Mobile no: 07919 624565

Co-producing mental health support – leadership, practice and the of voice of lived experience.

- Isaac Samuels, has a experience of mental ill health.
- Dr Lynn Prendergast, Associate Director, EPUT.
- Peter Devlin, Interim Director of Adult Mental Health Services, Essex County Council

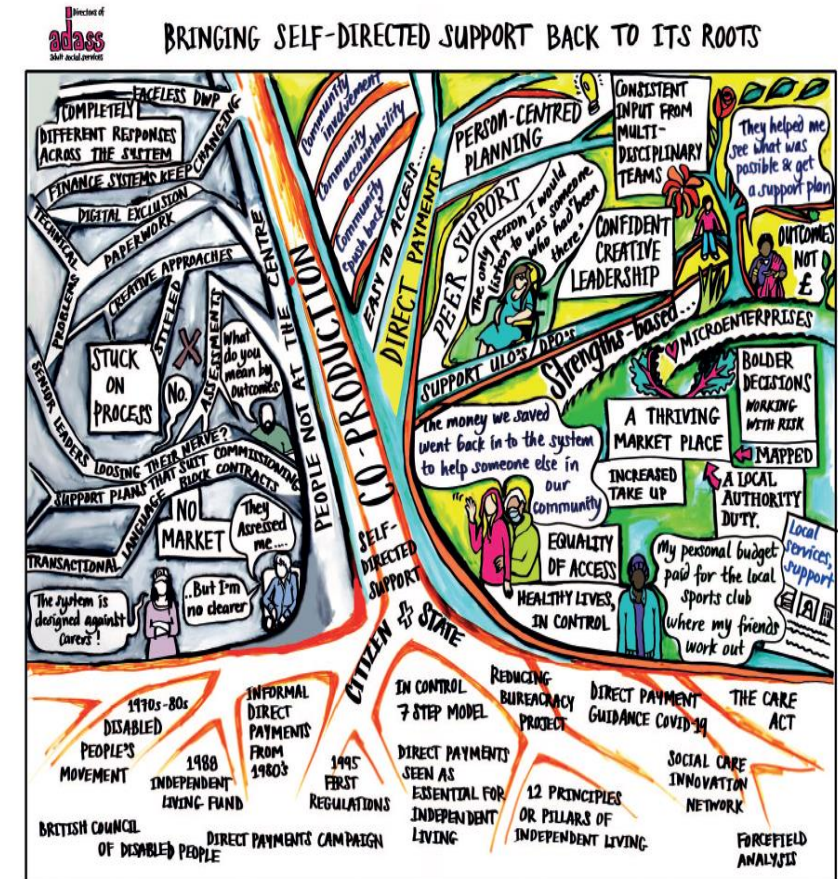
Co-producing mental health support – leadership, practice and the voice of lived experience

- As health and social care services move towards greater integration we have a real opportunity to rethink how mental health support is commissioned, designed and delivered and to address the inequalities that exist in the current system.
- We want to see mental health support achieve the same status as other health and social care support; with a person centred approach that meets individual needs and offers real choice and control at the centre of our offer. To get to this point will require a co-produced vision, leadership and strong person-centred practice.
- This round table will consider what is needed if we are to successfully transform mental health support for the future, in particular;
- Do we have a vision for mental health in an integrated world
- What our roles as practitioners, leaders, commissioners, and people with lived experience is in achieving that vision
- How we can ensure that as we work together to develop our vision and support we embed co-production so the voice of those with lived experience is at the centre of everything we do.

Isaac's story

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- Co production in mental health is about the progression towards the transformation of power and control
- Creating the right conditions!
- No single model
- Specific to task, context and people involved – collaboration and partnerships
- Requires thinking about people, power, partnerships, resources and risk in ways that are very different to what has gone before
- It is about working as equals
- Social justice and inclusion



East of England Building Positive Futures Programme, ADASS and TLAP. Online, 2020-2021. Graphics by www.penmendocna.com @MendoncaPen

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What are the benefits of coproduction?

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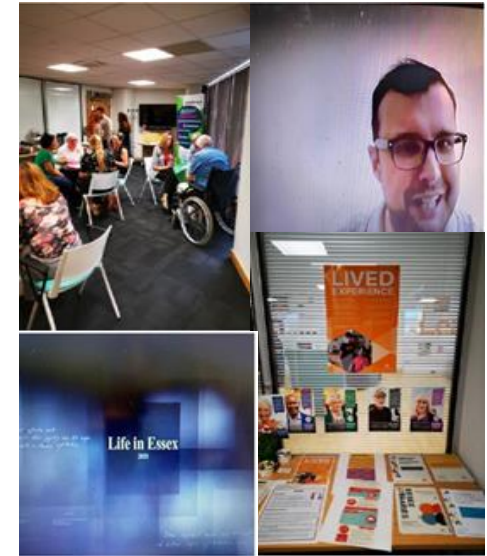
- **Why do we want to embrace coproduction?**
- Utilise peoples strengths
- Transformative
- Addresses stigma
- Improved skills, employability
- Better outcomes for individuals, carers, organisations and professionals

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- *Is coproduction difficult to achieve and if so why?*

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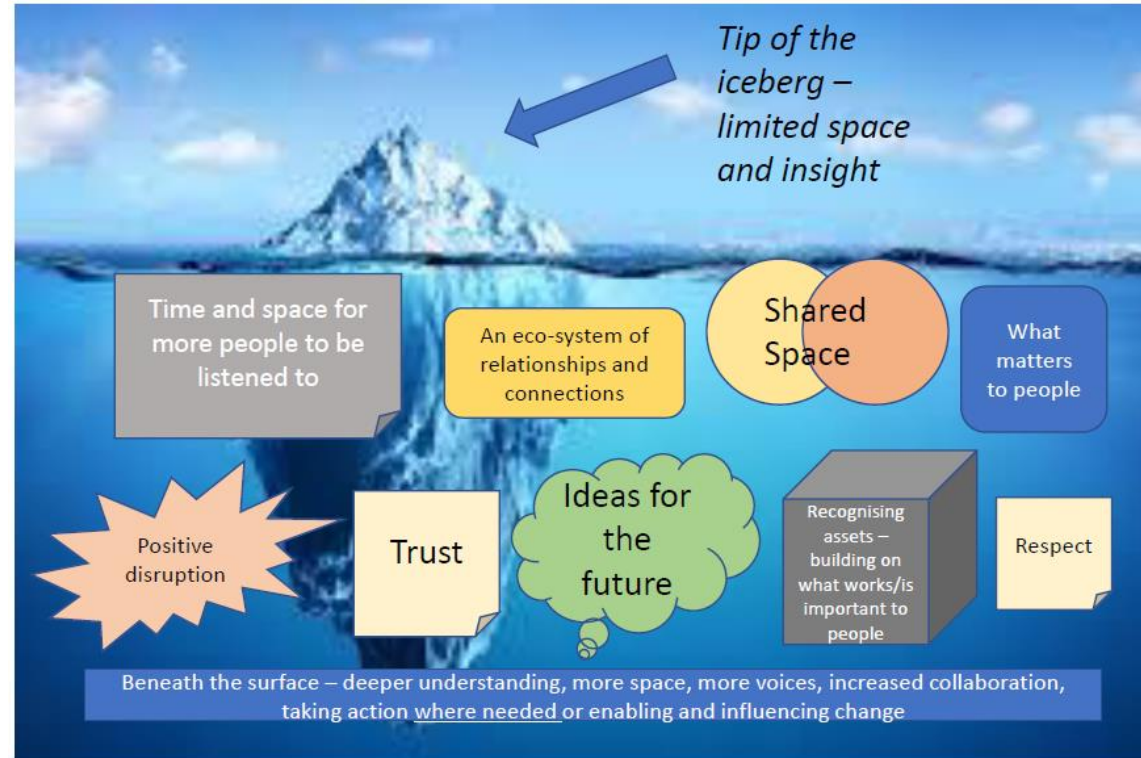
- **Why is it difficult to achieve?**
- Mental health services grounded in a history of containment and compulsion
- Mental Health Act 1983/2007, legal and medical controls
- Entrenched stigmatisation of those using mental health services
- Difficult for care teams to accommodate a multiplicity of individuals experiences
- Fear and pathologisation



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“ Having a psychiatric diagnosis may (will) have a negative impact on every aspect of an individual’s life, leading to the deprivation or limitation of rights in relation to housing, employment and family life” (Prior, 2007)”

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- A good fit
- Walk in my shoes
- Fits with social work practise/values
- Practitioners can work collaboratively with individuals and not be constrained
- Common values with individuals
- We are all complex individuals with our own mental health difficulties/challenges



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- *Hell raising*
- *Personal story*
- *Challenge*
- *Don't let coproduction be redefined by the institution*
- *Small things matter*
- *Individuals exercising their agency and power*
- *Emotional expression*

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Examples of coproduction?

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- Strategies of user involvement can work to reinforce the power of professionals and managers. This is especially true when the user card is played strategically.
- It is important that coproduction is not absorbed and defined by mental health organisations and become part of professionally defined procedure.
- Facilitated space to open up outside the system to develop common values, aims and co-productive relationships.

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Principles – To meet the Vision.

Health and Social Care Practitioners, Commissioners and Providers will deliver these principles in all they do:

- We will build process and policy around people, in a way that supports their aims
- We will make our decision-making processes transparent and accessible for all
- We will act as enablers to connect you to support and facilitate a good life for you
- We will adopt a “can do” approach and explain why, when something is not possible
- We will work with others to reduce the gaps between services
- We will treat you as an individual and focus on your wants and aspirations as well as your needs.
- We will ask you what is important to you and try to deliver this
- We will get to know you to ensure we can offer a personal service
- We will hear what you say and take action on this
- We will ensure you understand what we are doing by communicating effectively
- We will positively challenge you to achieve your goals and aspirations
- We will not jump to solutions before fully identifying the issue or opportunity
- We will review and measure progress to ensure the vision is being embedded and continually seek feedback



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You can expect the following Principles to be observed

- I will be seen as more than my condition/disability and will be respected and accepted as an individual
- I can have the freedom to spend my personal budget on the things that are important to me, in line with the agreed outcomes in my support plan
- I will be treated with dignity and respect
- I will have choice and control over how I am supported
- I will have flexibility in how I am supported and freedom to choose support that is right for me
- I am trusted and given good information to make choices that are right for me
- I will be treated as an expert in my life
- I will be supported to live a good life, doing things that are important to me with people that are important to me
- I can expect the professionals involved in my care and support to build proactive and mutual relationships with me



References:

- National Development Team for Inclusion, 2016, “Position Paper: Are mainstream mental health services ready to progress transformative co-production?”
- National Development Team for Inclusion, 2016, “Embedding co-production in mental health: A Framework for strategic leads, commissioners and managers.
- Prior, P.M., 2007, “Citizenship and Mental Health Policy in Europe”, Social Work and Society International Online Journal 5 (3)

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