

ELCMHT Guidance on: Involving service users and carers in mental health services

East London and the City Mental Health Trust believes that service users and informal carers have a lot to contribute to mental health services through their experience of severe mental illness and mental health services, personally or in a caring role. This expertise is not available from any other source.

Therefore service users and informal carers should be involved in:

- Planning services;
- Running services;
- Training, education and recruitment of mental health staff; and
- Quality issues such as setting and monitoring standards across all agencies providing services for people with a mental illness.

Planning services and policy development

Service users and informal carers should be involved as equal partners with professionals in planning and reviewing mental health services, including:

1. Running the services they use, including devising local policies;
2. In quality issues such as setting quality standards, monitoring and evaluating services,
3. In creating local charters;
4. In the recruitment and development of staff;
5. In the delivery and evaluation of educational and training programmes for staff, including managers, of agencies providing services for people with a mental illness;
6. In contributing to the development of local and national policies and procedures; and
7. As members of local boards and committees such as the Trust Board, the Healthcare Governance Committee, Locality Governance Committees, Psychological Therapies Management Committee, CMHT and Ward business meetings etc.

It is a prerequisite to effective involvement that:

- Meetings are held in places and at times convenient to service users and informal carers;
- Service users and informal carers are given advance notice of meetings, and told who will be attending and what will be discussed; and
- Service users and informal carers are trained or briefed so as to make an effective contribution, eg by the agencies involving them.

When service users and informal carers are involved, their expenses should always be reimbursed promptly. When they are involved in activities for which other people are paid, eg as lecturers, they should be paid for their services.

A better structure for meetings – better meetings for all

User involvement does not have to be focused on a formal process of meetings, but as this is how most developments are planned and discussed, meetings will inevitably be part of it. As part of a wider structure, the following may help to make meetings more constructive and attractive to service users.

- Time and resources (space, money and administrative/personal support) to organise and consult prior to meetings, including the opportunity to convene meetings of users groups or forums, meet with managers for initial discussions of any proposals to be tabled, and to propose agenda items of their own. This will include the opportunity to seek clarification - from a named individual - of any obscure points (or language) in papers to be tabled (which must be circulated in good time) and to submit proactive proposals.
- Full background briefings on the purpose or purposes of the group. Managers will (or should) be familiar with the national and local policy agenda, the financial and other constraints within which the system operates and similar. Users (and the groups they are representing) may well not be and active steps should be taken to convey this information through face-to-face meetings, question and answer sessions and briefing papers. At crucial stages in a development process, relevant managers and clinicians should attend meetings of user groups (rather than vice versa) to outline their thinking and progress (or otherwise) to date.
- There should always be more than one service user present at all but the smallest meetings. NO meeting should be convened without user reps being involved. This may suggest practical difficulties, but it is an essential means of demonstrating commitment to the ideal.
- Formal meetings are not natural processes. We will provide training in meeting skills for potential user members. We will revisit the structure of meetings to make them more 'user friendly' - it won't just be the users that benefit.
- Users will be enabled to feedback the outcome(s) of the meetings to their constituencies and have the opportunity to communicate any discrepancies between the opinions they expressed at the meeting and significant numbers of members of the groups involved.

Training, education and recruitment

In order to work towards aims that are meaningful to service users, being positive about change and promoting social inclusion, the principles of the Recovery Approach should be incorporated into every aspect of practice, care and treatment. These principles need to be reflected in the recruitment, retention and training of all staff.

Suitably trained service users and carers need to be part of:

- The commissioning of education
- Training of all staff
- All of the Trust's recruitment processes

It's not just committees, though....

Although formal meetings and groups are perhaps where most significant decisions are made, the process of engaging with service users is of course much wider than that. Effective mental health services are those that actively engage clients in the planning and delivery of their own care, but many service users could contribute constructively to service development that would never want to attend formal meetings.

We believe it is possible for service users to engage constructively with services on a local and national level and make meaningful changes - changes that have a real and positive impact on people's lives now and in the future. This involves compromise, negotiation and debate.

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Acknowledgements:

Rethink Policy Statement 20
Involving service users and carers in mental health services

The Sainsbury Centre for Mental Health
Introduction to user involvement (2001) Mike Bryant, Senior Consultant

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References

April 2006 Recruitment and Retention of Mental Health nurses- Good Practice Guide – Chief Nursing Officers review
April 2006 Review of Mental Health Nursing – Chief Nursing Officer

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