**Co-production in mental health**

**A call for practice examples**

The National Development Team for Inclusion (NDTi) has been funded by the Esmee Fairbairn Foundation to demonstrably increase understanding of co-production in mental health.

This project builds on earlier work undertaken by the [New Economics Foundation (NEF) and MIND](http://www.neweconomics.org/publications/entry/co-production-in-mental-health-a-literature-review) and a subsequent survey of interested stakeholders conducted on social media. The survey identified two major barriers to coproduction being widely adopted; namely a lack of understanding of the concept in mental health and a lack of engagement from people managing and/or delivering mainstream mental health services. In response to these findings a collaborative group of service users, carers, practitioners, policy and research experts has been established to:

* Articulate the unique challenges for and responses to co-production in mental health services
* Develop a practical, evidence-based resource on how co-production can be understood and implemented in mental health.

A position paper looking at some of the research evidence on co-productive approaches in mental health has identified a number of unique challenges and set out some key markers for co-production in mainstream mental health services.

In order to gather evidence from practice, we are very keen to hear about examples of successful co-production and attempts that did not work, from within and outside statutory or mainstream mental health services. We would welcome feedback from:

* People who identify as having a mental health problem, or as service users/survivors
* User-led organisations (ULOs)
* Non-user led mental health campaigning organisations
* Local authority or NHS commissioners (including Clinical Commissioning Groups)
* NHS Trusts
* Local authorities
* Voluntary and community sector mental health providers
* Specialist voluntary and community sector groups/organisations (such as those supporting BAME or LGB & T people).

You can tell us about your work using the attached template, which can be returned by email to [Louise.apps@ndti.org.uk](mailto:Louise.apps@ndti.org.uk) or post to Lou at NDTi, First Floor, 30-32 Westgate Buildings, Bath BA1 1EF. If you would prefer to call us and tell us about your work, please contact Louise Apps on 01225 789135 to arrange a time to do this. **Please let us have your responses by Friday 15th January 2016.**

**Name: Organisation:**

**Email Address: Contact Number:**

**May we contact in future with further information? Y/N**

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| **Type or nature of activity**:  ***Who Initiated and/or led the activity?***  ***What was it that you were coming together to co-produce? (Individual care & support or wider community and or service commission & planning)***  ***Who defined the issues, or problem to be tackled****?* | **Why & how was it decided that a co-production approach was the best way to do what was needed?**  ***What was envisaged would be achieved by using this approach?*** |
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| **Developing a common shared understanding:**  ***Briefly describe the process of coming to a shared understanding among service users, frontline staff and clinicians/professionals, including how those involved defined the changes needed? Were staff and service users able to express their stories & use their lived experience in developing a shared understanding?* *How did the process feel for staff and for service users? How were any disagreements dealt with? How did those involved define the changes needed and agree on the process?*** | **Outcomes & process:**  ***Were all the right people together from the outset? If not, what was done to ensure they were? Was there an explicit recognition of the knowledge, expertise, assets, strengths and contribution of everyone involved? (Please give examples). If it arose, what was the response to any challenges, or emotional expression from people with lived experience and how was that integrated into learning about what needed to change and how? Were staff able to be honest about their own personal and frontline experience? Were people with lived experience expected to conform mental health service or formal meeting rules and use a particular language to be heard, or was a different kind of relationship and communication forged? How were other practical issues such as access (information, timing of sessions, location and choice of venues for meetings), payment and expenses (with regard to welfare benefits) and facilitation of meetings considered? What outcomes were achieved for individuals and service system? How was change demonstrated and communicated to all those involved and more widely?*** |
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| **Tracking progress:**  ***How was progress tracked?***  ***This includes towards achieving the desired outcomes for service users & service systems and the process itself looking at what was working and not working including: shift in power dynamic and increase in trust between professional and service users; openness & capacity for challenge; recognition of assets & expertise; changing relationships, growing confidence & skills development for all parties*** | **Barriers and challenges:**  ***Please describe the main barriers & challenges and how they were overcome. Were there any challenges & barriers that could not be overcome? Why was that?*** |
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| **What was Learnt & by whom? What would you do differently next time?**  *Please add any further comments.* | |

**Many thanks. Please return the completed template to** [**Louise.apps@ndti.org.uk**](mailto:Louise.apps@ndti.org.uk) **or post to Lou at NDTi, First Floor, 30-32 Westgate Buildings, Bath BA1 1EF, by Friday 15th January 2016.**