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**“It kind of fosters a culture of interdependence”: A Participatory Appraisal study exploring participants’ experiences of the democratic processes of a survivor-led organisation.**

**Abstract:**

Survivor-led mental health organisations operate through participatory democracy, enabling participants to take an active role in decision making about the running of these organisations (Segal, Silverman and Temkin, 2010). UK national policy advocates increasing involvement of people accessing statutory mental health services in decision making about these services, for example through co-production initiatives (NHS England, 2017). This study employed a participatory action research method to explore participants’ perspectives of the democratic processes of a UK-based survivor-led mental health organisation, the Bridge Collective, and their influence on participant wellbeing. A range of data collection methods were used to gather the perspectives of 16 participants. A participatory thematic analysis identified how the organisations democratic processes both nurtured and challenged participants’ wellbeing. Three first level themes: i) Negotiating relationships, ii) Feeling the responsibility of involvement, and iii) Sharing power, captured the influences of the democratic processes on participant wellbeing. The findings identify the value of democratic processes in enabling meaningful social support and empowerment, and also provide insight into the challenges of inclusion and workload management in participatory democracy. These insights may inform the development of co-production methods and provide an opportunity for the Bridge Collective to further develop their processes.

**Key words:** Survivor-led mental health organisations, co-production , participatory democracy, participatory action research.

### **Introduction**

The expert model of mental health care, in which healthcare professionals define recovery goals and prescribe treatment, has been criticised for overlooking the role that survivors can take in their own recovery (Boyle, 2014). Survivor-led organisations enable survivors to define their own recovery goals and make choices in the activities undertaken to nurture their wellbeing (Social Care Institute for Excellence, 2013). Survivor-led organisations often operate through a democratic process, which enables participants to influence the running of the organisation (Segal, Silverman and Temkin, 2010). Cuts to public services funding in the UK have threatened the continuation of survivor-led organisations (Doughty and Tse, 2010; Rose et al., 2014), despite a national drive to increase survivor influence in statutory services (Rose, Fleischmann, Tonkiss, Campbell and Wykes, 2004; Slay and Stephens, 2013). UK national policy currently encourages partnership working between healthcare professional and survivors in developing, implementing and evaluating services, such as in co-production initiatives (NHS England, 2017; National Development Team for Inclusion, 2016a). Methods of partnership working require further development to inform the implementation of co-production initiatives (Boyle, 2014; Filipe, Renedo and Marston, 2017). Therefore, research exploring the democratic processes of survivor-led organisations and the influence of these processes on participant wellbeing may inform the development of co-production initiatives and survivor-led organisations.

### **A note on language**

The term “survivor” developed from the 1970’s critical psychiatry movement (Ostrow and Adams, 2012) and has been used in this article to acknowledge the historic oppression

that people with mental health difficulties have experienced in accessing services and their ongoing strength in living a life challenged by distress and stigma that can accompany mental health difficulties in the 21st century.

The term participant is used to describe both survivors and stakeholders who are involved with the Bridge Collective. “Research participant” is used to describe people who contributed directly to this study.

### **Co-production and survivor-led organisations**

Research into existing co-production initiatives in mental health services has demonstrated the value of this model. A literature review conducted by Slay and Stephens (2013) identified a number of positive outcomes for survivors accessing co-produced services including reduced social isolation, reduced sense of stigma around receiving a mental health diagnosis, increased employment-related skills, crisis prevention and improved emotional wellbeing outcomes. Therefore, co-production initiatives have been identified as an important development in the improvement of mental health care services in the UK (National Development Team for Inclusion, 2016b). Challenges in the implementation of co-production initiatives, include ambiguity around what constitutes good practice in co-production (Filipe et al, 2017) and the potential for co-production to become a professionally-defined process, resulting in little redistribution of power to survivors (National Development Team for Inclusion, 2016c).

During the critical psychiatry movement of the 1970s, survivor-led organisations pioneered the redistribution of power to survivors (Ostrow and Adams, 2012). Their broad aims included promoting peer support, alternative understandings of mental health difficulties to the biomedical model, and activism (Ostrow and Adams, 2012). The Social Care Institute

for Excellence (2013) identified that survivor-led organisations may support the development of co-production initiatives. US based research by Segal, Silver and Temkin (2010) found that partnership working between statutory mental health services and survivor-led organisations led to improved outcomes for survivors.

### **Constructing wellbeing**

Wellbeing is a contested concept that has been dominated by a biomedical, diagnostic conceptualisation of ill health (Fisher, 2008). The field of community psychology advocates a more social understanding of wellbeing, emphasising environmental factors including power (im)balances and access to material and social resources (Cromby et al., 2014; Psychologists Against Austerity, 2015). Community psychology theory has identified the empowerment of individuals within their social context as a determinant of their wellbeing (Orford, 2008). Empowerment has roots in the 1960s civil rights movement and is a process which enables people to achieve agency within their social context and work towards their desired aims (Genard, 2015). At an individual level empowerment comprises intrapersonal qualities including perceived self-control and a sense of agency and interactional qualities including critical awareness, and problem-solving skills (Zimmerman, 1995). Empowerment at an organisational level requires opportunities for participants to influence the running of the organisation, gain social support and take collective action (Peterson and Zimmerman, 2005). The aims of survivor-led organisations, in redistributing power to survivors, (Hickey and Kipping, 1998) have parallels with Peterson and Zimmerman's (2005) organisational level of empowerment.

## **Democracy and wellbeing**

Wise and Sainsbury (2007) reviewed studies examining the relationship between democracy and health and concluded that participation in political democratic processes was positively associated with higher levels of life satisfaction. They argued that participation in democratic processes produced “an increased sense of personal and collective control and self-efficacy, a greater purpose in life and hence greater happiness and healthier behaviours.” (Wise and Sainsbury, 2007, p101). The democratic processes of survivor-led organisations have been described as participatory democracy (Segal, Silverman and Temkin, 2010), which advocates the direct involvement of participants in decision making. Previous research has identified empowerment benefits of participatory democracy at an international level (Boulding and Wampler, 2010) and therefore calls have been made to increase the prevalence of participatory democracy at a local level in the UK (Democratic Community Foundation, 2015).

Paxton (2017) identified the need for psychologists to conduct research connecting democratic processes and psychological wellbeing. Therefore, investigating the democratic processes of survivor-led organisations may present an opportunity to explore the impact of democratic processes on wellbeing at a local level. Although there is a rich evidence base exploring the wellbeing outcomes for participants of survivor-led organisations, particularly in the USA (Doughty and Tse; 2010; Rogers et al., 2007; Segal, Silverman and Temkin, 2010), a literature review carried for this project identified an absence of research focussing on participants’ experiences of the democratic processes in survivor-led organisations and how participants perceive these processes to influence their wellbeing.

### **Participatory Action Research**

Participatory Action Research (PAR) involves research participants in the planning and implementation of the research, and in taking action based on research findings (Kagan, 2012). The development of PAR was influenced by empowerment theory and literature (Schneider, 2012). PAR it has many shared values with survivor-led organisations, including promoting social change (Nelson, Ochocka, Griffin and Lord, 1998). One form of PAR is Participatory Appraisal (PA), a method developed through community development work in the developing world (Chambers, 2008). PA employs a range of data collection methods, including qualitative research methods, such as interviews and focus group, and visual methods, such as recording activities on a calendar (Chambers, 2008). Redistributing power to marginalised groups is a central aim of PA and is achieved through inviting participants to contribute in planning, data collection, analysis and action resulting from the research (Chambers, 2008).

### **Research aims**

This research used PA to explore participants' experiences of democratic processes within a survivor-led organisation, the Bridge Collective. The research aimed to answer the following questions:

- How do participants feel their participation in the Bridge Collective's democratic processes influences their individual wellbeing and the wellbeing of the community?
- What are participants' experiences of the advantages and challenges of participating in the Bridge Collective's democratic processes?

## **Method**

### **Design**

This PA study was conducted in partnership with participants of the Bridge Collective. Qualitative data was collected which were analysed using thematic analysis. The study was conducted in 4 phases: consultation and recruitment of co-researchers; data collection; data analysis and member checking; community feedback and future planning.

### **Reflexivity**

My identity influenced my approach to the research. I have lived experience of mental health difficulties and defining my own recovery goals and valuing self-definition has shaped my interest in survivor-led organisations. I engaged in reflexivity throughout the research through keeping a reflective journal (Appendix B) and bracketing interviews (Appendix C) informed by Rolls and Relf (2006).

Annie Mitchell (AM) as supervisor has a long standing interest in participatory research processes and previously worked with the Bridge Collective to develop a participatory research network following publication of a research report (Baxter, Thorne and Mitchell, 2001) on how to actively engage with lay people in health research.

### **Service setting**

The Bridge Collective is a Community Interest Company, established in 2007 in the south west of England. The Bridge Collective is a “democratic community where people who have experiences, beliefs, and feelings that have sometimes been labelled as mental illness are welcomed and can talk about these experiences freely, safely and without judgement; a place to participate in friendship, support, learning, teaching, discussion, being active, and

making a valid contribution both within the collective and the wider community” (Bridge Collective, 2017). Decisions about the organisation are made at monthly community meetings, which are open to anyone and where everyone has opportunity to speak and vote. Participants hold multiple roles including participant, volunteer, and paid staff member; they may put themselves forward for positions of increased responsibility, such as a director. The Bridge Collective offers a number of open access groups including a women’s art group, an open afternoon, a woodland group, a music group and offers mental health training. Between April 2015- April 2016 between 150 and 250 people were estimated to have participated in the Bridge Collective.

### **Consultation and recruitment of co-researchers**

We held a number of consultation events (Table 1) at Bridge Collective monthly community meetings. Visual tools were used to increase accessibility and engagement (Appendix D)

Table 1. List of research consultation events

<b>Consultation Event</b>	<b>Number of Consultation Participants</b>	<b>Consultation Outcome</b>
Forming a research collaboration	10	Research collaboration agreed. Broad focus of “exploring the experience of working in a collective” agreed.
Refining the research focus	8	Selected focus: “The impact of democracy and on people’s wellbeing”
Developing a research method	8	Participatory research with focus groups selected
Refining the research method	11	Interviews and document included to increase participation
Selecting community documents	12	3 community documents selected for analysis

Planning for research  
feedback

10

Date and venue agreed

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**Recruitment of co-researchers** Two community-based co-analysts collaborated in the focus group data analysis. To acknowledge the skill of this role community-based co-analysts were paid at the rate of Bridge Collective staff, using shopping vouchers.

Terry Rampling (TR) has worked in peer support for a homelessness charity with people experiencing psychological difficulties. He has also worked under a consultant clinical psychologist in a medium security, forensic mental health hospital. He is part-trained to becoming a systemic family therapist and has skills in data analysis. He has a preference for working both systemically and qualitatively. Patrick Down (PD) brings transferrable skills from his career as a police officer and left the police force due to his experience of post-traumatic stress disorder. He offered the perspective of being a man who wants to let other men know that it's ok to talk about mental health. PD wanted to give something back by his contribution to this project and also brought his strong Christian faith to the role.

### **Data Collection**

Data were collected through focus groups, individual interviews and analysis of community documents (see table 2).

**Participants** Participants were recruited on an opt-in basis from three groups: a) participants who attend the Bridge Collective, b) Bridge Collective paid staff, who also hold participant roles and c) external stakeholders. Stakeholders were professionals who had collaborated with the Bridge Collective in in facilitating reflective spaces, visiting the Bridge Collective in

order to support participants, organising talks and conferences and monitoring the Bridge Collective's funding.

Potential participants and co-researchers were sent information about the focus of the research and the research information sheet (Appendix E) through the Bridge Collective's email list, social media and posters at the Bridge Collective (Appendix F). Participants were given the choice of participating in a focus group or interview and were invited to contact either myself or two staff participants at the Bridge Collective about the research. In keeping with the Bridge Collectives working principles demographic data about participants was not collected.

Table 2. Data collected in the research.

<b>Data Collection Method</b>	<b>Number of Participants</b>	<b>Data Produced</b>
Focus Group	Focus group 1: 5 participants	2 transcripts 10 Post-it notes
	Focus group 2: 4 participants	1 set of notes typed by a participant
Interview with participants	2 participants	2 transcripts
Interview with stakeholders	5 participants	5 transcripts
Selected community documents	N/A	3 documents

### **Procedure**

All participants were provided an information sheet prior to their participation which contained information about the research focus, their right to withdraw, secure storage of research data and the contact details of the first two authors. The information sheet also

informed participants of their choice in whether to use a pseudonym or their own name in the research report. A verbal explanation of the information sheet was also provided at each focus group and interview and participants were invited to ask questions or share concerns about the research. All participants signed a consent form (Appendix G). Interview participants were asked if they would be willing to participate in member checking of the analysis resulting from their interview.

A semi-structured interview schedule was developed for focus groups (Appendix H) and interviews (Appendix I). The questions enquired about participants' experiences of the Bridge Collective's democratic processes, how these democratic processes may have affected their wellbeing and the advantages and challenges of the democratic process.

I conducted the focus groups through reading aloud and displaying the research questions on flip chart paper, for participants to attach post it notes with written responses. Focus groups were approximately an hour and a half in duration.

Seven interviews were conducted by the first author and were on average 45 minutes duration. Focus groups and interviews were audio recorded.

### **Ethical considerations**

Ethical approval for this study was granted by Plymouth University's Faculty of Health and Human Science's Research Ethics Committee (Appendix J). All research data was stored in a password protected electronic file-space at the Plymouth University. Where participants showed signs of distress during the research I asked them if they would like to take a break, was informed by my clinical skills in containing distress, in addition to respecting participants' ability to offer each other support.

I considered my power in my access to university resources and funding, and my attempts to share this; enabling participants to name themselves, and through the research development and data analysis. I reflected on limitations to my ability to enable participants' involvement due to time and resources restrictions as an early career researcher. Alongside power, building trust and valuing participants' contributions informed my approach to the research.

## **Data analysis and member checking**

### **Data analysis method**

Braun and Clarke's (2006) thematic analysis was used to analyse the data. This method was selected due to its epistemological flexibility and adaptability as a participatory analysis method (Braun and Clarke's (2006)). The analysis adopted an inductive approach, where the themes were shaped from the data. I selected a semantic approach to analysis, consistent with the aims of participatory research in giving voice to participants. The analysis was undertaken from a critical realist epistemology, which defines reality as derived from material, social and socially constructed artefacts (Fleetwood, 2005). Through this lens the analysis explored the experience of participants interacting with the Bridge Collective's democratic processes.

I transcribed (Appendix K) the audio recordings of focus groups and interviews. I read transcripts and community documents twice. NVIVO research software was used to analyse the data. A selective coding method was used and data relating to participants experience of the Bridge Collective's democratic processes and their impact on wellbeing were coded.

**Focus group data analysis and member checking** I met with TR and PD individually for 6 hours each to analyse the focus group data (Appendix L). Due to timetable constraints the three analysts did not meet together.

PD and I read the focus group transcripts and noted the data relevant to the research focus. We engaged in reflexive discussion about our experiences of the Bridge Collective and wellbeing in relation to the data. These notes and discussions informed my coding of the transcripts outside the meetings.

TR and I worked together to develop the criteria for including data in the analysis and devised initial codes together. I integrated this work, with notes from my meetings with PD, in coding of the focus group transcripts outside the meetings. TR then worked with me to verify and refine the codes. TR offered a critical perspective on the analysis from his experience of qualitative data analysis.

The research feedback meeting offered focus group participants the opportunity to comment on the draft thematic framework and enabled member checking of the analysis.

**Interview data analysis and member checking** I independently analysed the transcripts resulting from individual interviews. Interview participants were asked to check the transcripts for accuracy and provide feedback on a summary sheet (Appendix M) containing the codes developed from their transcript. Two participants and four stakeholder participants completed member checking.

**Document Analysis** I independently analysed the following community documents:

1. “How the Bridge Collective works” A description of the Bridge Collective’s working processes written by Bridge Collective participants.

2. “Creating a Community” Article written by Bridge Collective participants for Asylum Magazine.
3. “Gathering Views of the Bridge Collective: Survey December 2015” A report summarising the views of 65 Bridge Collective participants.

**Integrating the analysis** I worked independently to develop the codes into groups and produce a draft thematic framework (Appendix N).

### **Community feedback and future planning**

The draft thematic framework was presented, by AM and myself, to Bridge Collective participants at a research feedback meeting. 15 participants, including 11 research participants, and both co-researchers attended. Participants provided feedback on the analysis using visual tools, including spoke and wheel tools and a thought bubble exercise (Appendix O). Through these activities participants helped refine and name the themes. Participants were also provided a rough draft of the research report and were invited to contact me with feedback.

Based on feedback from the meeting I reviewed and refined both the codes and themes to insure internal consistency and coherence within the overall thematic framework. AM conducted a credibility check of the final analysis and thematic framework (Appendix P).

A community action and future planning meeting is planned following the research write up to enable Bridge Collective participants to take action based on the research findings and plan research dissemination.

## Results

Figure 1 displays the final thematic framework resulting from the analysis of the data. The analysis produced one central organising theme; Growing and challenging wellbeing through the democratic process. This central theme comprised three first level subthemes; i) Negotiating relationships, ii) Feeling the responsibility of involvement and iii) Sharing power. These subthemes captured how participants wellbeing had both grown and been challenged through their involvement in the Bridge Collective's democratic processes. Each of these subthemes contains three second level subthemes which are italicised in text below. Through negotiating relationships participants received *respectful support* and achieved a *supportive interdependence* with each other, in addition to opportunities to engage in *talking about dissent*. Through feeling the responsibility of involvement some participants experienced a sense of *personal revolution*, of both *shouldering and sharing the burden* and through their involvement and came to see *participation as form of wellbeing*. Through sharing power participants found themselves *valuing choice and flexibility* in the nature of their involvement and appreciated the need to be *making room for all kinds of voices within the democratic process*. Finally, through sharing power within the democratic process participants identified both *the value and challenge of leadership roles* to their wellbeing. Each theme and subtheme is defined below, illuminated by quotes chosen to exemplify each theme and provide a range of voices.

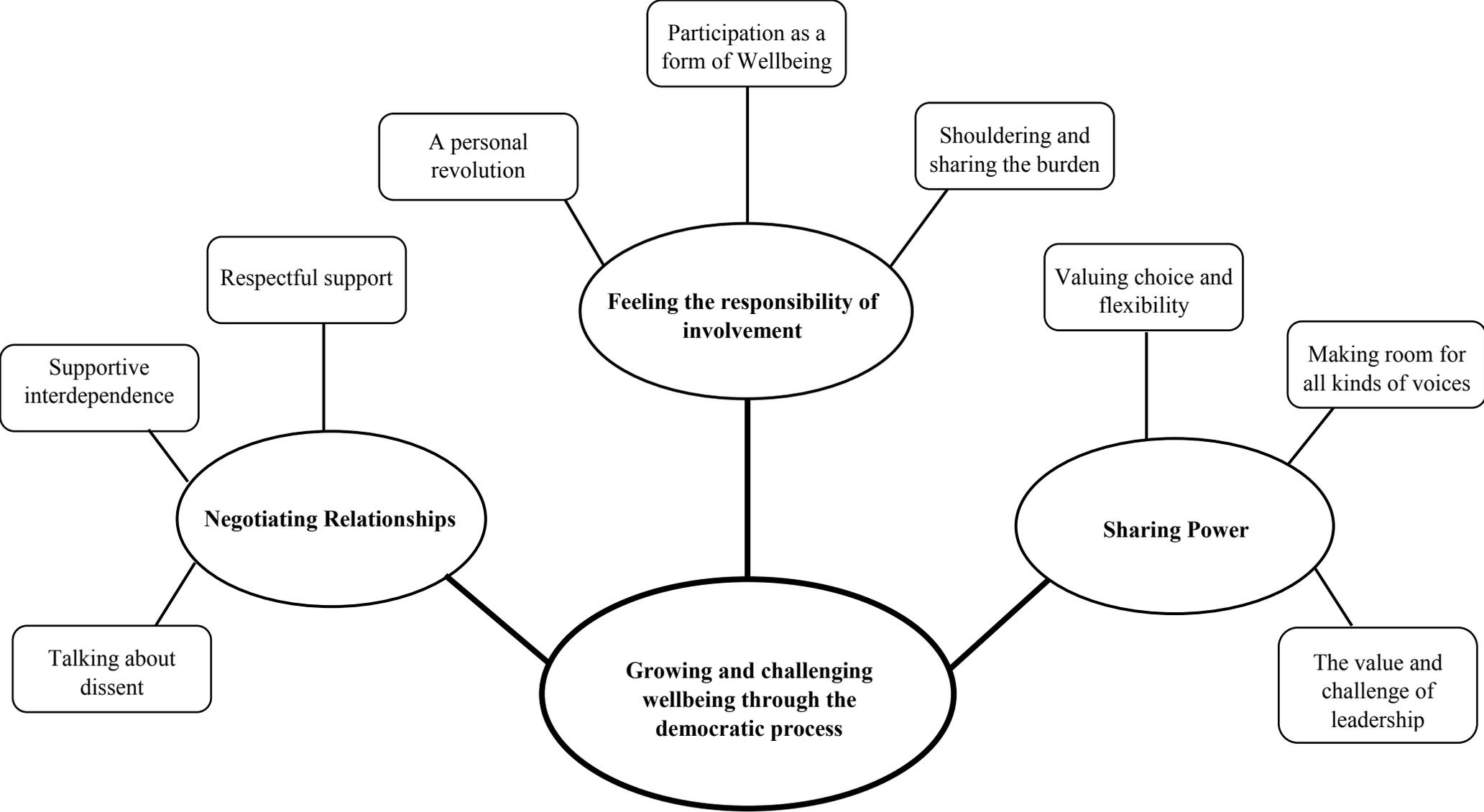


Figure 1. Final thematic framework.

### **Negotiating relationships**

This theme described how the relationships that Bridge Collective participants developed with each other, through participation in the democratic process, influenced their wellbeing.

**Respectful support** This subtheme identified how involvement in the democratic processes enabled participants to develop meaningful social connections, at benefit to their wellbeing.

Participants commented on how these relationships reduced isolation. For example, Claire spoke of the value of connecting with others with similar lived experience of mental health difficulties and in feeling understood by with them:

*“One of my favourite things at the Bridge is when people are having that conversation... and going oh have you had this? ... and people being able to find a kindred spirit”*

Participants connected the respectful support in the relationships they developed through the democratic process with their wellbeing. Participants valued spending time together talking and taking action and one participant, Margaret, described her feeling that participants wellbeing is improved by these relationships:

*“It's a group of people who get to know each other and who and listen and talk and do things together. A lot of that can come umm, I think people feeling more... I think it enhances people's wellbeing all round.”*

**Supportive interdependence** This subtheme captures the interconnected nature of the wellbeing of the participants' of the Bridge Collective's democratic processes. Participants

described feeling invested in each other's wellbeing and deriving a sense of strength through standing alongside other participants.

Ruth commented on how she had found benefit in knowing that her involvement was benefitting other participants:

*"I was giving, causing benefit to other people and it was, that sort of real change for me and people sort of trusting me and saying the stuff I've done is benefiting them you know, that was so important for me and you know really helpful for my wellbeing"*

Ben commented on how the interconnectedness of participants' wellbeing in the democratic processes felt supportive:

*"It kind of fosters a culture of interdependence, you know rather than independence, where we, we depend on each other, where the dependence... that structure is collectively very supportive."*

**Talking about dissent** This subtheme explores the challenge that interpersonal conflict, as part of involvement in the democratic processes, sometimes presented to participants' wellbeing. Participants described how conflict expressed within the democratic process could cause hurt and emotional discomfort, but also present as a learning opportunity.

In community document 2, the authors described their experience of dissent within the Bridge Collective's democratic processes:

*"When going through internal conflict - as inevitably we have done - it has both been deeply painful and hugely empowering to be in a place where talking about dissent and hurt has been the business of the whole community"*

Another participant, Michael, described how resolving conflict, particularly where participants were less in favour of the democratic way of working, had previously been a challenge to the collective:

*“I suppose that’s the way it can be a problem, when you want to do it democratically and get everybody on board, but if not everybody wants to be for whatever reason, then it has definitely given us challenges”*

### **Feeling the responsibility of involvement**

This theme illuminates how participation in the Bridge Collective’s democratic processes increased participants wellbeing, through enabling feelings of empowerment and confidence. This theme also identifies how participation in the democratic processes sometimes challenged participants’ wellbeing, leaving some feeling frustrated and overloaded.

**A personal revolution** This subtheme contains participants’ comments that their involvement in the Bridge Collective’s democratic process positively influenced their wellbeing through bringing about a change in their sense of self. Participants described how their participation enabled them to view themselves as people worth trusting, with the agency and confidence to take meaningful action, and with equal rights to influencing the environment around them.

Stakeholder participant, Ralph, commented on how he felt the democratic processes enabled empowerment:

*“I think an organisation that actually begins to give people a bit more, I don't know sense kind of taking responsibility and feeling in control, again it's kind of a word that probably is overused over the years, empowered, it makes a huge difference really in*

*terms of people's recovery.”*

Another participant, Mark, talked about how involvement in the democratic process had affected his wellbeing:

*“Also you know my confidence has just grown.”*

**Participation as of form of wellbeing** This subtheme comprises participants’ comments which directly connected their participation in the Bridge Collective’s democratic processes with their wellbeing. Therefore, increased participation was viewed as a marker of increased wellbeing. For example, one account from community document 3 described how one participant linked their increasing wellbeing with their increasing involvement:

*“I found it difficult to speak to people. The Bridge was somewhere I could come and be alongside other people without feeling under pressure to speak. Over time my confidence came back and I started to get more involved.”* (Community Document 3)

Another participant, Mark, also linked his recovery and his increased participation:

*“Mark: A few years ago it was just a case of coming in having a coffee, having a chat, listening to what was going on and going away again, going back and forward*

*Gemma: And how is it different now?*

*Mark: Now I actually participate in more and more of the groups. As I say, I'm an actual director and being a director I've got that interest in wanting to know how it works. So I'm always learning and I'm trying to gain the confidence...”*

**Shouldering and sharing the burden** This subtheme represents the how participation in the Bridge Collective’s democratic processes challenged wellbeing through stress, frustration and worries that participants can sometimes feel as part of their involvement. This subtheme also encompasses how at times the burden of involvement feels shared and at other times participants feel more alone with this burden. For example, Ben described feeling overwhelmed by his involvement at times:

*“I get very, very enthusiastic and that I say yes I’ll do that and yes I’ll do that and that at some point I’ll, I’ll realise that I’ve just accepted far too many things and that I’m about to collapse.”*

This subtheme also captures the desires of some participants to share their burden of responsibility. Stakeholder participant Michelle, described the frustrations that participants may feel:

*“There is sometimes a sense that amongst those who are democratically engaged in that process, that they would like more people to be more involved in that, but there is an imbalance of participation in that process; and there is a sense of both frustration at their sense of inability to reach out...”*

### **Sharing Power**

This subtheme explores of how having choice in the nature and level of involvement in the Bridge Collective’s democratic processes enabled participants to share power and participate in a way which enhances their wellbeing. This subtheme also outlines the limits to who is included in sharing power within the democratic process, and therefore the limitations to accessing some of the wellbeing benefits of involvement.

**Valuing choice and flexibility** This subtheme identifies how the flexibility of the democratic processes enabled participants to choose how they would like to participate. Participants described how this had positively influenced their wellbeing. One participant, Chris, commented on how having choice enabled participants to relax:

*“...if people want to contribute or not in the sense that what you say, it’s just as fine to contribute or not, or what you say is not silly. There’s no silly answer or question and I think it, it gives you possibilities for saying well actually you can sort of relax a bit”*

Another participant, John, commented on how having choice in involvement took pressure off participants:

*“That ‘what we can, where we can’ thing, whilst not explicitly stated, is an essential part of the ‘non-structure’ of the Bridge, giving people a relative lack of expectations (and this is important, since expectations lead to pressure and anxiety, and many of us are sensitive and vulnerable to these...”*

**Making room for all kinds of voices** This subtheme captures participants’ observations of the inclusivity of the Bridge Collective’s democratic processes. Some participants noted how inclusivity of the democratic processes enabled a broad range of people to experience the wellbeing benefits of involvement. This subtheme also identifies the limits of this inclusivity and the challenges for some in accessing the democratic processes and accompanying wellbeing benefits. One stakeholder participant Rob, commented on how the monthly community meetings enabled participation:

*“The meetings have felt inclusive and very well facilitated in order to try and give as many people as possible a chance to speak and contribute, despite some of the challenges that some of those people might face to do with confidence or anxiety, or the barriers to making a full participation”*

Participants also described how meetings may be accessible to those who chose, or are able to contribute by speaking, but may be less effective in sharing power with participants who are less able to contribute in this way. For example, Ben described the challenge of sharing power with quieter participants:

*“It poses a risk of the loudest voice gets heard, but there is uhh always that understanding that just because somebody hasn't said something it doesn't mean they haven't got an opinion, but it's how, how is that opinion going to be heard? You know operating from a democratic point of view in the meetings.”*

**The value and challenge of leadership** This subtheme describes how taking on the challenge of a leadership role can be enabling, but feel too overwhelming for some participants. For those who may find leadership overwhelming it may leave them without the potential of sharing power at this level and the accompanying wellbeing benefits.

Participants spoke about the pride they had felt taking on leadership roles within the democratic process. For example, Michael spoke about how he valued his role as director and would have liked to shared his success:

*“I did I was really sorry I never got to tell my dad about it, he might have been slightly impressed because he was a managing director, but I never got to tell him, it was a shame.”*

One participant, Ceri described how despite her initial interest in becoming a director, that she felt the role would have been too much pressure:

*“I considered being a director and then I dropped out. It seemed too much at the time because I was looking after my mum and I just felt like it was too much pressure at the time which is why I pulled out.”*

### **Discussion**

This study explored participants’ experiences of the democratic working processes of a survivor-led organisation and participants’ perceptions of the influence of these processes on their wellbeing. The findings demonstrated a number of ways in which the democratic processes of the Bridge Collective both improved and challenged the wellbeing of participants, as demonstrated by the overarching theme “Growing and challenging wellbeing through the democratic process”.

### **Implications for existing research and theory**

In keeping with previous literature attesting to the peer-support benefits provided by survivor-led organisations (Ostrow and Adams, 2012) the theme “Negotiating relationships”, identified that participants developed supportive and wellbeing-enhancing relationships through their participation in the democratic process. In addition, this theme illuminated the hurt and learning participants experienced through conflict within the democratic processes.

The theme “Feeling the responsibility of involvement”, and in particular the subtheme “a personal revolution”, identified that participation in the democratic process brought about feelings of empowerment, agency and ownership, consistent with previous research attesting to the wellbeing outcomes for participants of survivor-led organisations (Doughty and Tse; 2010; Rogers et al., 2007; Segal, Silverman and Temkin, 2010). Participants’ sense of “a personal revolution” through their participation has parallels with the agency and control components of psychological empowerment described by Zimmerman (1995). In addition, this “personal revolution” through participation demonstrates how participatory processes may be one avenue to enable empowerment at an organisational level (Peterson and Zimmerman, 1995). The subthemes “personal revolution” and “participation as a form of wellbeing” are also consistent with previous research findings that participation in democratic processes can enable empowerment (Boulding and Wampler, 2010), personal control and self-efficacy (Wise and Sainsbury, 2007). The theme “Feeling the responsibility of involvement” also described the how involvement sometimes challenged participants’ wellbeing through the stress participants experienced when they felt alone with the workload or frustrations arising from their participation. In addition, both the theme “Negotiating relationships” and “Feeling the responsibility of involvement” identified wellbeing outcomes consistent with a more social and environmentally-based conceptualisation of wellbeing (Cromby et al., 2014; Psychologists against Austerity, 2015).

Finally, the theme “Sharing power” identified how participants valued being able to share power in a way that they could choose, allowing them to relax and be themselves, in keeping with an understanding of wellbeing that incorporate the balance of power in relationships (Cromby et al., 2014; Psychologists against Austerity, 2015). The theme sharing power also highlighted how some participants were able to engage in this power sharing at its wellbeing benefits more readily than others.

**Organisational and community implications**

The action planning stage of the research (Appendix Q), will provide the Bridge Collective with an opportunity to further develop their democratic processes based on the research findings. There may be opportunities to consider communication at times of dissent, new ways of monitoring participant workload and consider methods of increasing the accessibility of the democratic processes.

The findings suggest that through adopting democratic processes co-production initiatives may enable social support and provide a method of genuinely redistributing power to survivors (National Development Team for Inclusion, 2016c). In order to capture the wellbeing outcomes, statutory services may need to alter how they define wellbeing, shifting towards a more social and environmental model. The findings also suggest that to maximise potential engagement in co-production diverse engagement methods are needed, along with a willingness to support participants during conflict. These findings also identify that increasing participatory democracy at a local level in the UK (Democratic Community Foundation, 2015) could enable similar social connection and empowerment outcomes for participants, and challenges around conflict and engagement in the process. Future research into the impact of democratic processes on wellbeing may produce further insights by comparing the democratic processes employed by different organisations and exploring in greater depth the specific mechanisms of these democratic processes, for example the wellbeing implications of voting processes within small organisations.

**Strengths and limitations**

At the research feedback meeting we noted how the participatory nature of PA meant that the democratic values of the Bridge Collective were mirrored in the research process.

Meaningful participation was achieved through the Bridge Collective participants' leading in developing the research focus, taking decisions about the data collection methods and in the data analysis. Areas of lesser participation include in the data collection and write up.

Another strength of the research was the breath of credibility checking conducted as part of the analysis. Credibility checking of the analysis was carried out through interview participant member checking, focus group participant member checking and co-analyst credibility checking, and an overall credibility check carried out by AM. At the research feedback meeting participants how strongly their voices came through in the analysis and this credibility checking also increased the consistency and coherence of the analysis.

A challenge in this research was separating out the impact of participation in the democratic processes of the Bridge Collective on wellbeing and the impact of other aspects of the organisation on wellbeing, such as the specific benefits of activity groups. The boundaries of what can be defined as the democratic process have been challenging to capture, as it is such an integral part of the Bridge Collective. Therefore, despite directly asking about participants' experience of the democratic process, participants may have also spoken about their broader experience of the Bridge Collective.

Another potential limitation of the research was in the recruitment stage. The limitations of this project necessitated a small sample size and as the research was carried out at a time of uncertainty around future funding for the Bridge Collective, those affected by this news may not have felt able to participate. In addition, it is possible that although a diversity of perspectives were present in the data that those who chose to participate felt more favourably towards the Bridge Collective, or more able to engage with the selected data collection methods.

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