

**Title: A democratic approach towards emotional wellbeing: Exploring individuals' experience of a mental health collective through a participatory appraisal approach.**

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### **Participants**

**Abstract: (No more than 200 words) Summary of Article**

### **Introduction**

#### **Clinical/Service Rationale**

The expert model of mental health care, which involved health care professionals defining recovery goals and prescribing treatment for service users, has been criticised for overlooking the role that people experiencing mental health difficulties can play in their own recovery (Boyle, 2013). Service user involvement in the evaluation and development of services has begun to reduce the dominance of the expert model in mental health services and redistribute power and choice to service users (add reference). Co-production is one mechanism for service user involvement, and consist of healthcare professionals and service users working in partnership to develop, deliver and evaluate of services (Realpe & Wallace, 2010). It has been argued that co-production initiatives in mental health services have been suggested to reduce barriers to accessing services (Lwembe, Green, Chigwende, Ojwang & Dennis, 2017), decrease the stigma that can be associated with receiving a mental health diagnosis and increase skills and employability of service users (Slay and Stephens, 2013). Challenges to the implementation of co-production include the potential for co-production to

become a professionally-defined process, resulting in little redistribution of power to service users and resistance to change due to restricted ideas of professional practice in statutory services (National Development Team for Inclusion, 2016).

Service user led organisations also redistribute power and choice to people experiencing mental health difficulties. Service user led organisations have their roots in the mental health survivor and critical psychiatry movement of the 1970s (Rose et al., 2014). They broadly aim to promote activism, shared ownership of the organisation, alternative understandings of mental health difficulties to the illness model and peer support (Ostrow and Adams, 2012). Insights into how service user led organisations operate and impact on service user wellbeing may inform the implementation of co-production initiatives. Ironically, service user led organisations have been identified as vulnerable to funding cuts due to the incompatibility between the goals of service user led organisations and service commissioners (Rose et al., 2014). Therefore, it is timely to explore how service user led organisations may affect service users' wellbeing, both to assist evaluation of their work and to inform the work of professionals seeking to redistribute choice and power to service users within statutory services, through coproduction initiatives.

### **Theoretical Rationale**

Wellbeing is a contested concept that has been largely dominated by biomedical conceptualisation of physical and mental ill health, which assigns physical and mental health status through the absence or allocation of diagnosis (Fisher, 2008). Opponents of this view have advocated for a more holistic conceptualisation of wellbeing and have identified the social and relational factors which contribute to wellbeing (Fisher and Lees,

2016; Keyes, 1998). Keyes (1998) identified 5 forms of social wellbeing; i) Social actualisation, ii) Social acceptance, iii) social integration, iv) social contribution and v) social coherence. Keyes (1998) argues that these social factors underlie the individualistic form of psychological wellbeing that a more biomedical perspective has sought to measure and describe. This more social conceptualisation also introduced the notion that wellbeing is something less located in an individual and moves towards wellbeing defined by the quality of our relationships and the environment that surrounds us an individual (reference). This social understanding of wellbeing is upheld in the field of community psychology, which constructs wellbeing as located within a person's environment, including their relationships and the power (im)balances they experience in these relationships (Orford, 2008). From a community psychology perspective wellbeing can also be constructed at a community level (add reference).

Community psychology would identify the empowerment of an individual within their social context, as a path to wellbeing (Orford, 2008). Empowerment is a frequently discussed, yet often poorly defined concept in community psychology (Aujoulat, I., d'Hoore, W., & Deccache, 2007; Rappaport, 1987). Zimmerman (1990) described three levels of empowerment; i) individual, ii) organisational and iii) community. At an individual level empowerment is described as psychological empowerment involving intrapersonal qualities of perceived self-control and competence, interactional qualities including having a critical awareness and developing skills, understanding and resources to solve problems, and behavioural components such as community involvement, participation and coping behaviours (Zimmerman, 1995). At this level it is possible to see how service user led organisations can provide opportunities for service users to develop the interactional and behavioural aspects of psychological empowerment, through activities such as activism and peer support. At the organisation level empowerment is understood to comprise the

organisational processes and structures which enable individuals to acquire the components of psychological empowerment at an individual level and also begin to make change at a community level of empowerment, for the collective benefit of the community (Zimmerman, Rappaport & Seidman, 2000). This understanding of empowerment identifies the importance of participatory processes in helping individuals and communities move towards empowerment.

The democratic model of service user participation also promotes choice of services for service users, but does so with the intention of redistributing power and promoting change at a wider community level (Beresford, 2005). Hickey and Kipping (1998) suggested that the democratic model of service user participation enables service users to be involved in making decisions the content and availability of service. They conclude that the democratic model is therefore more likely to redistribute control, a core component of Zimmerman's (1995) model of psychological empowerment, to service users in comparison to more expert-led models of service user involvement (Hickey and Kipping, 1998).

### **Empirical Rationale**

Research has explored the influence of service user led organisations on wellbeing. Service user led organisations have enabled peer support as a method of promoting mental wellbeing (Nelson et al., 2006b). Peer support describes the support people experiencing mental health difficulties provide each other, including guidance on coping strategies and normalisation of mental health difficulties through sharing experiences (Davidson et al., 1999). Huynh (2014, p37) defined service user led mental health organisations as a “democratic, patient empowerment and recovery paradigm”. The democratic process, in this context, is the redistribution of power to service users, enabling them to choose in the content of the services they access and the running of an organisation (Hickey and Kipping, 1998).

Service user led organisations have also been reported to be empowering to mental health service users (Nelson et al., 2006a).

Researchers exploring the democratic processes of service user involvement in mental health services have identified the importance of commitment to this process at a values, as well as structural level, in order to maximise the benefits of this approach in organisations (Tambuyzer, Pieters and Audenhove, 2011; Rose et al., 2002). Although democratic processes have been suggested to increase the scope and quantity of service user involvement in service user led mental health organisations (Baldwin, 2008), little research has been carried out exploring the impact of the democratic approach of service user led organisations on individuals' wellbeing.

Insights into the potential impact of democratic processes on wellbeing are provided by research which has focussed on the link between political democracy and health (Haller and Hadler, 2006; Frey and Stutzer, 2006). Wise and Sainsbury (2007) conducted a review of 34 papers which explored the relationship between democracy and health. They concluded that participation in political democratic processes was positively associated with higher levels of life satisfaction (Wise and Sainsbury, 2007). They argued that participation in democratic processes “leads to an increased sense of individual and social respect, decreased feelings of alienation, an increased sense of personal and collective control and self-efficacy, a greater purpose in life and hence greater happiness and healthier behaviours. Increased collective action also builds stronger social networks with their attendant health benefits.” (Wise and Sainsbury, 2007, p101).

## **Research aims**

The research explored participants' experiences of democratic processes with a service user led organisation, the Bridge Collective, which provides support for people who have experienced mental health difficulties. The research aimed to answer the following questions:

How do participants feel their participation in the Bridge Collective's democratic processes impacts on both their individual and the collective wellbeing of the community?

What are participants' experiences of the advantages and challenges of participating in the Bridge Collective's democratic processes?

How can the Bridge Collective develop their democratic processes to overcome the challenges participants face in participating?

### **Methodological Rationale (Approximately 200-300 words)**

This section will include:

- Information about the research method: Participatory Appraisal, how it was developed and its aims.
- Why this method was included in this study, including reflexivity around first authors' position and community psychology perspective.

## **Method**

### **Design**

This was a participatory appraisal study, conducted in partnership with participants of the Bridge Collective, a service user-led organisation offering support to adults who have experienced mental health difficulties and those who have cared for them.

I approached the Bridge Collective with the suggestion of undertaking a participatory appraisal study. I had previously attended Bridge Collective events and was aware that many participatory appraisal visual tools were used in the Bridge Collective meetings and decision making processes. I was also aware that some Bridge Collective participants and staff had received participatory appraisal training, along with my research supervisor, some years ago. As part of increasing my competence in research methods I attended a day's training in participatory appraisal methodology in November 2015.

As the first author, my own identity and experience shaped my approach to the research. I have lived experience of mental health difficulties and have been in a privileged position to make some choices about therapies and activities to support my journey to wellbeing. This personal experience has led to my interest in service user-led services, including the Bridge Collective, that provide social support and a range of life enhancing activities, without imposing the dominant medicalised discourse of distress.

The study was conducted in 4 phases: consultation and recruitment of co-researchers; data collection; data analysis and validation; community feedback and future planning.

## **Service Setting**

The Bridge Collective is a Community Interest Company, which was established in 2007. The Bridge Collective mission statement defines the organisation as “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). In this democratic community participants may hold multiple roles including participant, volunteer, director and paid staff member. Decisions about the running of the organisation are made at monthly communities meetings which are open to anyone who wishes to attend and where all attendees have the opportunity to share their views and vote on actions relevant to the running of the organisation. Participants also have the opportunity to put themselves forward to be voted in to positions of increased power, such as a director role. The Bridge Collective also offers a number of open access groups including a women’s art group, an open afternoon, a woodland craft and activity group, a music group and LGBT+ support group. Between April 2015-April 2016 between 150 and 250 people were estimated to have participated in the Bridge Collective’s groups and activities.

## **Consultation and Recruitment of Co-researchers**

A number of consultation events were conducted with participants at the Bridge Collective. Table 1. lists the consultation events held and the outcomes of each consultation meeting. Each consultation was held during the Bridge Collective’s monthly meeting and visual tools were used to increase accessibility and engagement with the consultation process.

The process of consultation was intended to shape the research process and to invite Bridge Collective participants and staff to collaborate with me as co-researchers taking decisions about the research.

| <b>Consultation Event</b>                         | <b>Date of Consultation</b> | <b>Consultation Participants</b> | <b>Consultation Outcome</b>                                                                                                                                     |
|---------------------------------------------------|-----------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Proposing a research Collaboration                | September 2015              | 10 participants                  | Research collaboration agreed. Broad focus of Exploring the experience of working in a collective: The advantages and challenges of this way of working agreed. |
| Refining the research focus                       | February 2016               | 8 participants                   | Focus refined to the topic of: The impact of democracy and openness of people's wellbeing at the Bridge Collective                                              |
| Developing a research method                      | August 2016                 | 8 participants                   | Research method involving greater level of participation selected                                                                                               |
| Refining the research method at Community Meeting | December 2016               | 11 participants                  | Interviews and documents added to focus groups to increase engagement with research                                                                             |
| Selecting Community Documents for Analysis        | March 2017                  | 12 participants                  | 3 community documents selected for analysis                                                                                                                     |
| Planning for date of research feedback meeting    | April 2017                  | 10 participants                  | 2 <sup>nd</sup> June and venue agreed for research feedback meeting                                                                                             |

Table 1. Consultation events held during development and execution of research process

**Recruitment of Co-researchers** Bridge Collective participants took up roles as co-researchers in the consultation process above and two community-based co-analysts were recruited to collaborate with the first author in the analysis of the focus group data. Funding was secured from the first author's research budget to pay community-based co-analysts for their contribution with broad-use shopping vouchers at the rate of Bridge Collective paid staff. This payment was intended to acknowledge the skill and commitment of community-based co-analysts in this work.

Community-based co-analysts Terry Rampling and Patrick Downs were recruited through the Bridge Collective's email list and social media accounts about the research. Terry brought his experience of working as a peer support worker and his skills in qualitative data analysis to this role. Patrick brings transferrable skills from his career as a police officer and comes from the perspective of being a man who wants to let other men know it's ok to talk about mental health. Patrick wanted to give something back by his contribution to this project.

## **Data Collection**

Data was collected through two focus groups, 7 individual interviews and an analysis of three community documents (see table 2).

**Participants** Participants were recruited on an opt-in basis and were drawn from 3 groups of people involved in the Bridge Collective: a) participants who attend the Bridge Collective's groups and activities, b) paid staff, who also hold the role of participant and c) external stakeholders. Stakeholders are professionals who have collaborated with the Bridge Collective in a variety of ways including in facilitating reflective spaces at the Bridge Collective, visiting the Bridge Collective in order to support participants attending,

organising talks and conferences in collaboration with the Bridge Collective and monitoring the Bridge Collective’s funding.

Participants were recruited through the Bridge Collective’s email list and social media accounts about the research. Potential participants were sent information about the focus of the research and the research information sheet through these mediums. Participants were asked to contact the two staff member participants at the Bridge Collective or the researcher directly, either by email or telephone, to ask any questions or to communicate that they would like to participate. Where participants contacted a staff member participant at the Bridge Collective these participants gained verbal consent from the potential participants to pass on their contact details to the first author.

| <b>Data Collection Method</b>                                           | <b>Number of Participants</b>                                                                                                              | <b>Data Produced</b>                                                                                                                                                         |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Focus Group                                                             | Focus group 1: 5 participants<br>(2 participants also paid staff)<br><br>Focus group 2: 4 participants<br>(2 participants also paid staff) | 2 transcripts<br><br>12 Post-it notes<br><br>1 set of notes                                                                                                                  |
| Interview with Bridge Collective Participants                           | 2 participants                                                                                                                             | 2 transcripts                                                                                                                                                                |
| Interview with Bridge Collective Stakeholders                           | 5 participants                                                                                                                             | 5 transcripts                                                                                                                                                                |
| Selection of Community Documents through consultation with participants | N/A or 12 participants selected                                                                                                            | 3 community documents:<br><br>1. “How the Bridge Collective works”<br>2. “Creating a Community” Article for Asylum Magazine<br>3. “Gathering Views of the Bridge Collective: |

Table 2. Details of the data collection methods, number of participants and resulting data for the study.

## **Procedure**

All participants attending research focus groups or interviews were provided with an information sheet at minimum of a week prior to their participation. This information sheet detailed the focus and purpose of the research, the right to withdraw and the contact details of the first two authors. The information sheet also informed participants that they had the choice of whether to use a pseudonym or their own name in the research report. This was done with the intention of increasing participants’ ownership of the research should participants wish it to be known that it was them that participated in the research. A verbal explanation of the research sheet was also provided at each focus group and interview and I invited participants to ask any questions or share any concerns they may have about their participation in the research. Participants were also asked if they would like to be contacted about the research feedback meeting after the data collection stage. Interview participants were asked if they would be willing to validate the analysis resulting from their individual interview.

A semi-structured interview schedule was developed for both focus groups and interviews and the first author asked participants about their experiences of the Bridge Collective’s democratic processes, how these democratic processes may have affected their wellbeing, the advantages and challenges to this democratic working style. After consultation with the Bridge Collective about the cut in funding the organisation was facing we reflected

on the value of acknowledging this context in the interview questions. Questions were added to the interview schedule about the functioning of the Bridge Collective's democratic working processes at times of crisis and participants ideas about how this way of working could be maintained in the face of current threats.

The two focus groups were conducted by the first author. I was guided by my previous experience of facilitating research and clinical groups and good practice guidance on facilitating focus groups (Stewart and Shamdasani, 1990). Focus group questions were read aloud, but were also displayed on a flip chart as each question was discussed. Participants were invited to write their ideas on post-it notes and attach these too the flip chart paper, to increase engagement for those who prefer communicating in written form, or where participants were unable to share their idea in the allocated time for the question. Both 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. Both the focus groups and interviews were audio recorded using a dictaphone. These recordings were stored in a password protected electronic filespace at the Plymouth University

### **Ethical Considerations**

This section will include:

- Details of ethical approval being granted by Plymouth University
- Some brief reflections on efforts to share power within the research project

## **Data Analysis and Validation**

### **Data Analysis Method**

Braun and Clarke's (2006) thematic analysis was used to analyse the research data. This method was selected due to its' epistemological flexibility and it's adaptability to being used as a participatory data analysis method (Braun and Clarke, 2006; further references). The analysis was guided by an inductive approach, where the resulting themes were tied closely to the data, as opposed to a deductive approach guided by pre-existing theory. The author selected a semantic approach to analysis in keeping with the aims of participatory research of giving voice to participants, as opposed to a latent analysis where the researcher interprets the underlying messages in what participants have said. The analysis was undertaken from a critical realist epistemology, which defines reality as derived from material, social and socially constructed artefacts (reference). Through this lens the analysis sought to explore the lived experience of participants interacting with the mechanisms of the Bridge Collective's democratic processes.

The first author transcribed the audio recordings of focus groups and individual interviews. The first author read these twice, along with written documents selected for analysis to familiarise herself with the data.

A selective coding method was used for all of the data produced. Only data relating to participants experience of the Bridge Collective's democratic processes and it's impact on wellbeing were coded.

**Focus Group Data Analysis** The first author worked in collaboration with the Terry and Patrick to analyse the focus group data. Gemma met with Terry and Patrick individually for 6 hours each to complete this analysis. Due to timetable and geographical constraints the three analysts were not able to meet together as a group.

Patrick and Gemma read the two transcripts resulting from the focus groups. Whilst reading they made notes of data relevant to the research focus of the impact of the Bridge Collective's democratic processes on wellbeing and engaged in reflexive discussion about their experiences of the Bridge Collective and their own wellbeing in relation to the data. These notes and discussions were used to inform Gemma's coding of the focus group transcripts outside of these meetings.

Terry and Gemma worked together to develop the criteria for including data in analysis and devised initial codes together. Gemma integrated this work, along with the notes from her meetings with Patrick, in her coding of the focus group transcripts outside of these meetings. Terry then worked with Gemma to verify and refine the codes. In discussions at their meetings Terry offered a critical perspective on the analysis from his own experience of qualitative data analysis.

The research feedback meeting offered focus group participants the opportunity to comment on the draft thematic framework and validate the analysis.

**Interview Data Analysis and Validation** The first author independently analysed the transcripts resulting from individual interviews. Participants were asked to check the interview transcript for accuracy and provide feedback on a summary sheet containing the codes developed from their interview transcript. 2 participants and 3 stakeholder participants completed this validation. Bridge Collective participant validation was conducted in person and stakeholder validation was conducted via email. At this stage participants added further information and assisted the first author in refining the code names.

**Document Analysis** The first author independently analysed the three documents selected for the analysis by Bridge Collective participants. The three documents were: 3 community documents:

1. “How the Bridge Collective works”
2. “Creating a Community” Article for Asylum Magazine
3. “Gathering Views of the Bridge Collective: Survey December 2015”

**Integrating the Analysis** The first author worked independently to develop the codes into groups and produce a draft thematic framework of themes and subthemes.

Themes will be reviewed following research feedback meeting and addition detail of this meeting will be added below here.

### **Community Feedback and Future Planning**

The draft thematic framework was presented to participants at a research feedback meeting for their feedback. Write up research feedback meeting and future planning activities/dissemination here.

## Results/Findings

Figure 1 shows the draft thematic framework resulting from the thematic analysis over the research data. Overall the themes and subthemes developed described the influence of different aspects the democratic process at the Bridge Collective in both enhancing and challenging participants' wellbeing.

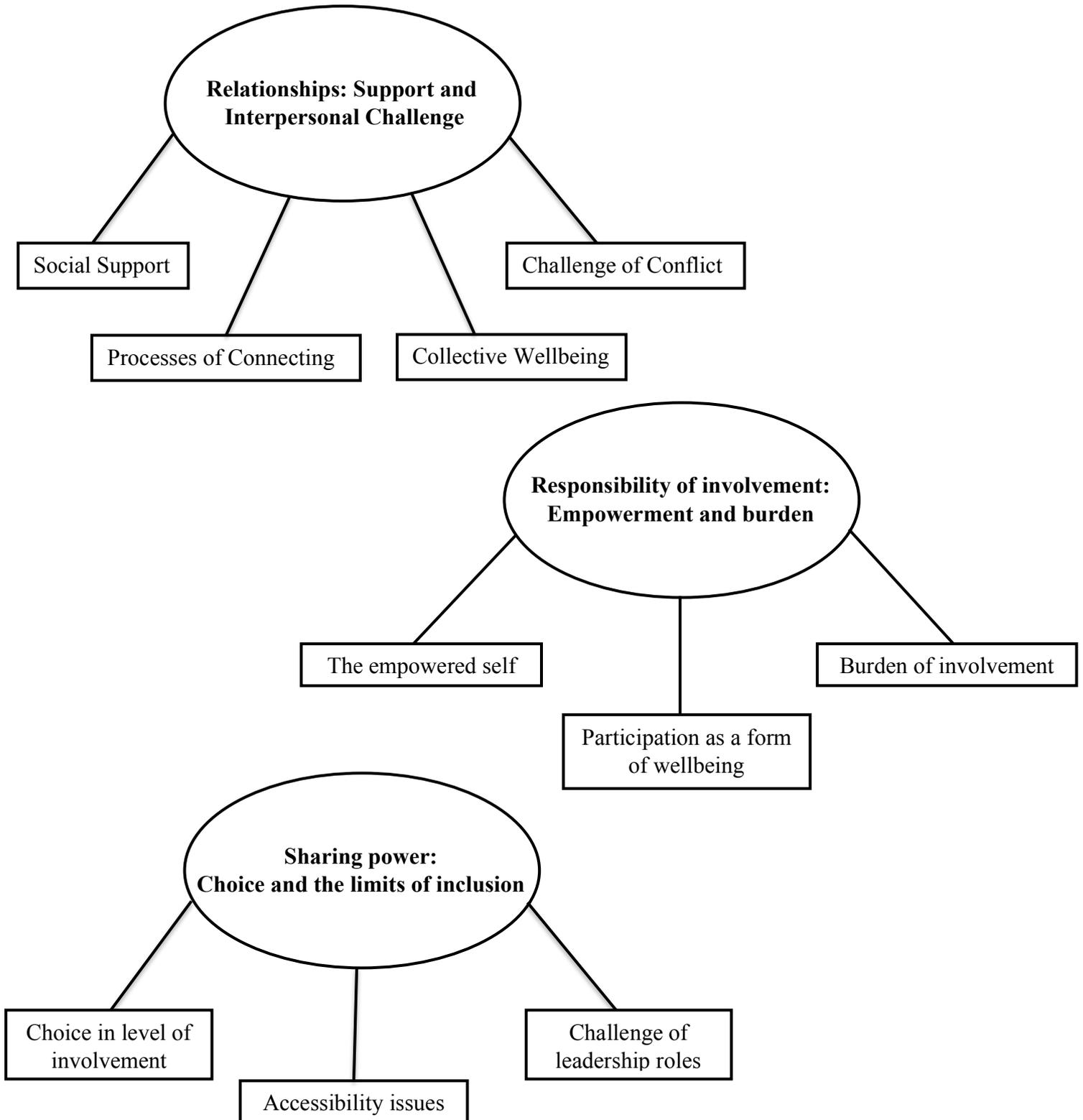


Figure 1. Draft Thematic Framework

### **Relationships: Support and Interpersonal Challenge**

The theme “Relationships: Support and Interpersonal Challenge” described how the relationships that Bridge Collective participants develop with each other, through participation in the democratic process, influence their wellbeing.

**Social Support** The first subtheme social support describes how involvement in the democratic processes at the Bridge Collective has enabled participants to increase their social connections with others, at benefit to their wellbeing.

Participants commented on how forging these meaningful social connections reduced feelings of isolation and aloneness. For example, Ben commented:

*“I'm guessing it's a way of people not feeling alone, like for instance there are an awful lot of times, uhh meeting people, it's nice to be in a place where other people have had similar experiences and that sense of not being alone with it has that, that's an interconnectedness.”*

Ben’s comment also highlights how participants found that through their involvement in the Bridge Collective’s democratic processes they were enabled to connect with others with similar experiences. Claire also spoke of the value of connecting with others with similar lived experience of mental health difficulties in reducing isolation:

*“One of my favourite things at the Bridge is when people are having that conversation, having a conversation and going oh have you had this? have you had that? and people being able to find a kindred spirit, or somebody who gets oh you know what that's like? because the isolation of being on your own with some of the*

*things that people have been on their own with and you have found another human being that oh you've had that too?!"*

Participants also commented on the caring nature of the social support they accessed through participating in the Bridge Collective's democratic processes. They described experiencing deep caring in their relationships with one another, which facilitated their wellbeing. For example, Sally commented that:

*"...it's like genuine connection with people which for me, when I in any healing situation if I've got somebody that genuinely cares about me it makes a huge difference than somebody that just goes oh well you just got to do this, that and the other ok bye, you know yeah. So yeah the genuine connection thing is really important for all of us, because you if you are ill, you know when I've when I've been ill that's been, I've been really wrought about it and really aware of what's genuine, whether connection is genuine or not"*

**Processes of Connecting** The second subtheme for the overarching theme "Relationships: Support and Interpersonal challenge" is "Processes of connecting". This subtheme describes the interpersonal processes, facilitated by the Bridge Collective's democratic processes, which participants described as enhancing their wellbeing. Participants described how their relationships with other Bridge Collective participants were characterised by honest sharing, listening and providing empathy to one another.

One participant, Margaret, described their feeling that through their personal connection participants' wellbeing is improved:

*“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.”*

A stakeholder participant Michelle commented on the nature of acceptance in the Bridge Collective’s participants’ relationships with one another:

*“to deeply respect each other’s strengths and limitations, so that each person feels that their strengths and limitations are deeply accepted”*

This subtheme also describes how participants of the Bridge Collective’s democratic processes come to see wellbeing defined as a relational concept. For example, Andrew described the interpersonal processes he felt contributed to individual wellbeing:

*“It doesn’t seem to me that wellbeing is in any way kind of located in individuals, it seems to me that it has so much to do with context and environment and being heard and being understood and umm expectations”*

**Collective Wellbeing** This subtheme describes the interconnected nature of the wellbeing of 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 in the democratic process.

In particular, one participant Ruth commented on how she had found benefit in the knowledge that her involvement was benefitting other participants at the Bridge Collective:

*“I was doing stuff, 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”*

In addition, Ben commented on how the interconnectedness of participants' wellbeing in the democratic processes at the Bridge Collective was 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.”*

**Challenge of Conflict** This subtheme comprises the challenge that interpersonal conflict within the Bridge Collective's democratic processes can present to participants' wellbeing. Participants described how conflict expressed within the democratic process can cause emotional distress, but also present as an opportunity for learning.

In community document 1, the authors described their experience of conflict within the Bridge Collective's democratic processes:

*“And we are learning about both the power and the challenges of democracy when in a tight spot. 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 had previously been a challenge to collective wellbeing:

*“I think we all agree in the past... some problems with people who are perhaps less keen on what we are doing and it has caused a lot of problems, hasn't it? We can't say it hasn't and 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”*

### **Responsibility of Involvement: Empowerment and Burden**

The theme “Responsibility of Involvement: Empowerment and Burden” described how participants found that the being involved in the Bridge Collective’s democratic processes was enabling, but could also bring about less positive consequences for wellbeing such as frustration and a sense of feeling overloaded at times.

**The Empowered Self** This subtheme contains participants’ comments that their involvement in the democratic process positively influenced their view of themselves. Participants described how participating in the Bridge Collective’s democratic processes enabled them to view themselves as people worth trusting, able to take meaningful action and be effective in influencing the environment around them.

Stakeholder participant, Ralph, commented on how he felt the Bridge Collective’s democratic processes contributed to people’s recovery journey:

*“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. So you begin to feel that you're part of something and you're taking that kind of ownership if you like."*

In addition, another participant at a focus group, Emma-Louise, described how being involved in the democratic processes had enabled people to feel better about themselves:

*"For people who have got problems you can just come here to talk and put your problems here and feel better for yourself"*

Another participant, Mark, talked about how involvement in the democratic process affected him personally:

*"Also you know my confidence has just grown"*

**Participation as of Form of Wellbeing** This subtheme comprises participants' comments which connected their wellbeing and levels of involvement, therefore connoting participation as a sign of wellbeing. For example, one account from community document 2 described how as one participants linked their increasing wellbeing with their increasing involvement:

*"When I first came out of hospital 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. The Bridge has supported and encouraged me every step of the way and is an important element in my ongoing recovery."*

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

*“Mark: All the time, particularly now, and I can really see it in operation now because before 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 and learn how to deal with you know the challenges that the Bridge Collective actually faces”.*

This subtheme adds to the “Empowered Self” subtheme, by highlighted that not only has involvement in the Bridge Collective’s democratic processes enabled participants to achieve a more positive view of themselves, as part of their recovery journey, but that increased involvement has come to be a marker of wellbeing.

**Burden of Involvement** This subtheme represents stress, frustration and worries that participants can sometimes feel as part of their involvement in the Bridge Collective’s democratic processes. Where participants take on additional responsibilities as part of the Bridge Collective’s democratic process they sometimes described feeling overwhelmed with work. For example, Ben described:

*“I know that sometimes 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.”*

Another way in which the burden of involvement was described was through the desire for a greater number of people to get involved in the democratic processes of the Bridge Collective. For example, stakeholder participant Michelle, described the frustrations that can arise from this burden:

*“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 and pull others in; and sometimes a sense of responsibility, that they would quite like others to be taking more responsibility.”*

### **Sharing Power: Choice and the Limits of Inclusion**

The theme “Sharing Power: Choice and the Limits of Inclusion” comprises participants descriptions of how choice in their involvement in democratic processes had positively influenced their wellbeing. This theme also outlines the limits to who is included in these processes, and therefore the limitations to accessing some of the wellbeing benefits of involvement.

**Choice in Level of Involvement Enables Wellbeing** This subtheme encompasses participants’ comments that the flexibility of the Bridge Collective’s democratic processes had enabled them to choose how they would like to participate. They described how this had positively influenced their wellbeing. One participant, Chris, commented on how participants having choice in the level of their contribution enabled them to relax:

*“How people feel on the day is actually really important, if people want to contribute or not in the sense that what you say is 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 rather than if you like.... it's less in a sense, one of the ways it works well in it's less focussedness.”*

In addition, another participant, John, commented on how having choice in the level of involvement took pressure of 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, certainly I would describe myself in this way).”*

**Accessibility Issues** This subtheme describes participants’ observations of both the wellbeing benefits of the openness of democratic processes at the Bridge Collective to all and how the mechanisms of the democratic process, and therefore the wellbeing benefits may be less accessible for some. One stakeholder participant Rob, commented on how the monthly community meetings are facilitated to help people overcome some of the challenges that people with mental health difficulties can experience:

*“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”*

However, participants also described how the meetings may prove effective at giving a say 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 describes the challenge of sharing power of participants who do not speak:

*“Some of us have got louder voices uhh and that means that 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. I think that is can bit a bit of a challenge.”*

**Challenge of Leadership Roles** This subtheme describes how taking on the challenge of a leadership role can be both enabling and feel too overwhelming for some participants, leaving 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 have shared his success in this with his family:

*“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 (Approximately 1000 words)**

#### **This section will include:**

- Summarising overall findings e.g wellbeing is something relational
- Linking in themes with theory discussed in introduction e.g link with empowerment theory and relational/community level understandings of wellbeing.
- Implications for the Bridge Collective: e.g ways to diversify ways people access their democratic process, ways off communicating difficulties with workload.
- What statutory services could learn from this study: value of democratic processes in people’s wellbeing, commitment needed to engage in these processes in a meaningful way, challenges they may face e.g. conflict.
- Limitations of the study: Who’s voices haven’t we heard? Especially as recruitment occurred simultaneously with funding news, mainly verbal data collection methods- not so accessible for some.

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