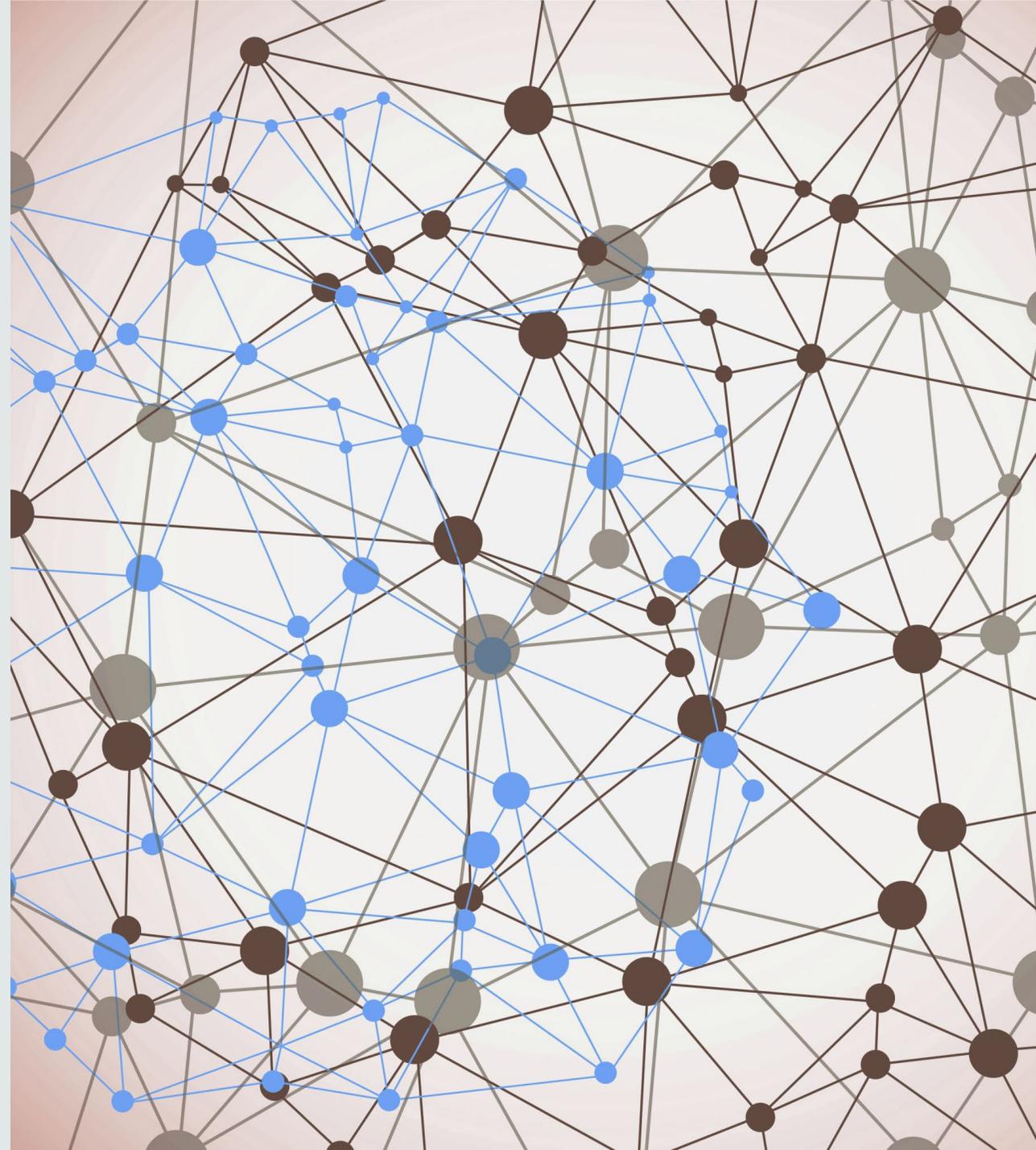


# BEYOND TOKENISM: CREATING INCLUSIVE MENTAL HEALTHCARE SERVICES

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# OUTLINE

- My background
- Why these approaches are important?
- Practical considerations
- A practical example: A project to increase co-production in care planning
- Engagement = impact
- Take home messages

# MY BACKGROUND



## WHO I AM

- Applied psychologist/embedded researcher
- Improvement and implementation science
- Generalist/broker of knowledge
- Varied background

## SUCCESSFUL TRACK RECORD IN MENTAL HEALTH SERVICES

- Taught leadership for improvement, supervised many teams
- Reducing use/duration of seclusions in a medium secured unit (forensic)
- Reduced observed eating disorders behaviour in a specialist eating disorders unit
- Integrated nature-based approaches in a CAMHS inpatient and forensic settings
- Developed CQC/National Mental Health and Learning Disabilities Nursing Director's Forum on the topics of ligature harm minimisation and therapeutic use of enhanced observations
- Recent (and future) focus on men's mental health

TOPIC FOR TODAY

CO-DESIGNING A TREATMENT PLAN TO INCREASE CO-PRODUCTION IN CARE  
PLANNING

# BEYOND ACADEMIA

- Developed the first iteration of the benefits realisation plan for HDR UK (ten-funder investment in excess of £100M)
- A multi-partner, mixed methods intervention for increasing access to social welfare law information and advice across North Somerset
- Developed and evaluated a series of initiatives across ten schools in North Somerset for underprivileged children and their families

WHEN I SAID  
VARIED, I  
REALLY MEANT  
VARIED!

However, there are two core principles that drives the research that I do...

1. Ensuring that we have the right people engaged in healthcare research and innovation and that they actively contribute to any changes made
2. A focus on individualised, person-centred approaches to healthcare services that engage and empower individuals to take an active role in their recovery

Why does this particularly matter to me?

1. I have lived experience and have an intrinsic drive to support those that need it
2. I have seen the power of these approaches through my professional work and my charity work as a Samaritan and Befriender

WHY THESE APPROACHES ARE IMPORTANT?

HAVE YOU EVER BEEN TO A MEETING AND  
COME OUT NOT KNOWING WHY YOU WERE  
INVITED?

HOW DOES THIS MAKE YOU FEEL?

# THINGS THAT MIGHT COME TO OUR MIND...

- Did they mean to invite me?
- I didn't really understand what they were talking about. I mustn't be that good at what I do
- Was I meant to say something?
- Do they want me involved at this point?
- I don't think I'll go back as I don't want them thinking that I don't know what I'm doing
- I don't think that I'll volunteer for future projects...



HAVE YOU EVER BEEN TO AN EVENT WHERE  
YOU FEEL REALLY HYPED ABOUT WHAT WAS  
DISCUSSED AND THEN NOTHING HAPPENS?

HAVE YOU THEN BEEN TO A SIMILAR  
MEETING WITH SIMILAR PEOPLE SAYING  
SIMILAR THINGS?

HOW DOES THIS MAKE YOU FEEL?

IS IT LIKELY THAT YOU WILL CONTINUE TO  
GO TO MEETINGS/EVENTS THAT GO  
NOWHERE?

IS YOUR LEVEL OF INTEREST GOING TO BE  
MAINTAINED IF YOU DO?

NOW, IMAGINE YOU ARE NOT USED TO  
ATTENDING SUCH MEETINGS...

YOU MIGHT BE SOMEONE WITH LIVED  
EXPERIENCE

YOU MIGHT BE A NEWLY QUALIFIED TEAM  
MEMBER

YOU MIGHT BE A JUNIOR MEMBER, AND THIS  
IS YOUR FIRST PROJECT

# ETHICAL CONSIDERATIONS FOR PARTICIPATION [1]

- Goodwill and time is a currency that should be spent wisely
- Consider...
  - Practical burdens (e.g., time away from other activities/commitments)
  - Emotions burdens (e.g., promoting positive/therapeutic risk taking & the act of putting yourself out there to contribute)
- Particularly for innovation – stepping into the unknown



# PRACTICAL CONSIDERATIONS

*Don't just do something....*

*stand there....*

*and listen*

# PSYCHOLOGICAL SAFETY - PRACTICAL QUESTIONS [2,3]



Do you know what you want to achieve? Have you conveyed this clearly?



Have you been explicit about their level of involvement and why? (not everyone needs to be involved in everything)



Do people understand why they have been invited and how they may contribute?



Have you considered group dynamics? What are the different lenses?



Do you have an **explicit** expectation for behaviours? (e.g. equal airtime, confidentiality, no judgement, active listening, right to pass).



Have you considered issues of accessibility?

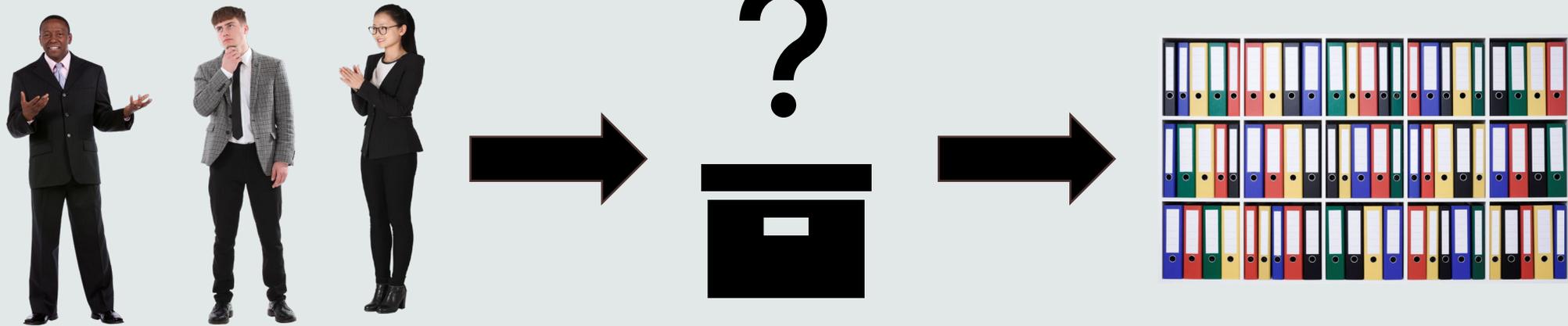
*Don't just stand there....*

*do something....*

*and bring people along with you*

# HOW ARE YOU GOING TO TRANSLATE INSIGHTS INTO RESEARCH?

- How many of us have given time and not known what has happened with our input?
- Questionnaires? Workshops? Meetings?
- How co-design can look...



# HOW TO AVOID SUCH ISSUES...

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Have a clear methodology for how you will record, analyse, and act on these insights

---

Consider how you will disseminate back what has happened at different stages? What are the logistics? Is it accessible?

---

Have a **CLEAR** and **EXPLICIT** sense of who will be carrying this work forward – build a core team

---

Foster reciprocal/well meaning involvement, and be open about what you can and cannot take forward

---

**ACKNOWLEDGE** and **CELEBRATE** involvement throughout in a sincere way

YOU MIGHT BE THINKING, 'THIS ALL SOUNDS INTERESTING, BUT HOW ON EARTH WOULD YOU DO THIS?'

IF YOU ARE, IT'S A GOOD POINT!

NEXT, I'LL DESCRIBE A PROJECT THAT FOCUSED ON MEANINGFUL ENGAGEMENT, LEADING TO ACTIONABLE CHANGE



# A PRACTICAL EXAMPLE: A PROJECT TO INCREASE CO-PRODUCTION IN CARE PLANNING



# Why co-produced care planning important? [4-6]

Opportunities to understand the complexity of mental health and what this means in terms of day-to-day living

Positive outcomes, including patient engagement, experience and relationship with the service

Lack of co-production with a focus on meeting assurances of the organisation can have a negative impact

Vital for recovery-oriented practice that helps patients take an active role in their recovery

# OUR FRAMEWORK

[7]

## THE THREE-LEGGED STOOL OF APPRECIATIVE INQUIRY

### Making participation meaningful

***Appreciation:*** To appreciate is to recognise the best in people, or the world around us. Appreciative Inquiry draws on the strengths of individuals and organisations. These strengths become the foundation on which the future can be built

***Inquiry:*** To inquire is to ask questions. The 4-D Cycle invites participants to ask questions so they can learn from one another and together identify a shared vision of the future. Participating in an AI process requires an attitude of curiosity and a hunger for discovery

***Wholeness:*** The final AI tenant of wholeness encourages participation from all levels of an organisation, knowing that the best ideas often emerge from unexpected places. Additionally, AI encourages seeking outside perspectives. It is a whole-system process

# OUR FRAMEWORK

[7]

4-D CYCLE

*Discovery:* Positive experience of good collaboration and/or co-production with a patient or staff member

*Dream:* Envisage a future where you have the decision-making power. What would maximise opportunities for co-produced care planning?

*Design:* What actions would be required to realise the vision created in the dream phase?

*Deploy.* Decide and begin to change/test one or more of the ideas acknowledged in the design phase. Arrange all the logistics and practicalities

# Appreciative Inquiry how we did it

A model that is used to engage stake holders in  
Self-determined change



## Discovery and Dream Phases

Separate Experts by Experience (EsbE) and AMHT Workshops  
Framework analysis to inform Design Phase [8]

## Design Phase

Brought together both EsBE and AMHT  
Went through each theme  
Focused on action-oriented change - prioritised

## Destiny Phase – Pilot

Template created to improve coproduction in care planning  
South AMHT, Hubs and perinatal teams  
Final template to be agreed after feedback session

# Themes

Theme 1: Understanding the individual and helping the individual to understand themselves

Theme 2: Collaborative engagement and agency

Theme 3: Harnessing the wider community

# PRIORITISATION MATRIX

IMPORTANT AND URGENT	IMPORTANT AND NOT URGENT
NOT IMPORTANT AND URGENT	NOT IMPORTANT AND NOT URGENT

# Change ideas generated at Workshop

## Important and urgent

- Which parts are shared and with who? Grid\*
- Whole section on aims and goals achievement = confidence
- Wants, interests, crisis section, aims and goals in care plan
- Make platform for digital access
- Able to upload physical health data
- Allocate steps or actions to take to different people e.g. patient, family, nurse, wellbeing worker etc. and review at next meeting
- Have a system so that individual can prioritise what they want to focus on first
- Something in care plan that helps 'bring back' or remind us what was said in session
- Each dialog question can be used as a sub heading to identify areas of focus and can be rated to help prioritise.
- Make possible mock up of what care planning prompts / template could look like
- Link it to all the work that is done, can we link to clinicians notes, can we input to the care plan rather than have a clinical note section?

## Important and urgent

Simulation training for teams

Experts by experience involved in training

Example care plans

A care plan that provides advice for family members

A care plan that helps us to know the person and their base line including knowing their family and friends, listening to advocates.

Make aims person centred by always asking the patient

A care plan that is person centred even when acuity is high

Somewhere for family insight to be shared with patient

Questionnaire to be completed before assessment, family could also complete

A care plan that helps explain the benefits of involving family and helps patient to open up

Consider patients processing skills - what will be helpful, how do we need to communicate information

Level of acuity will inform the level of coproduction possible

Know the service users baseline

Talk to family and friends

Encourage patients to lead their sessions

Using images to engage patient

# Incorporated in template

## Important and urgent

- Have a section for social prescribing and signposting and support to attend
- For patients and partner orgs and clinicians to have access to EPR
- Make sure the tech barriers are not there, like not being able to print off the care plan
- Don't make the care a document that can be 'finished and all the useful info lost'
- Add a digital function that 'forces' aims to be set before being able to move on
- Co design the education around care planning
- Use the right language around aims and explain why it matter
- Set explicit expectations
- Allow time in sessions for unstructured rapport building
- Focus language around hope, control and opportunity
- Training based on understanding service users needs
- Tracking and celebrating progress
- Get outside orgs involved in review meetings and care planning

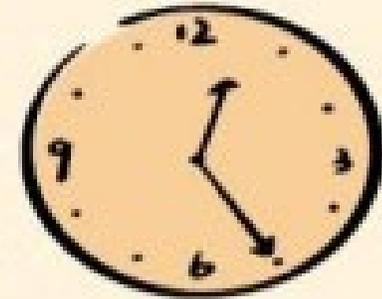
# Care planning

Working together  
towards your recovery





**Care planning that is created together with you, your clinician and your wider support network will be more effective for you.**



There is no right or wrong! Follow the steps in the care plan which guide you through a conversation about each area of your life. This will help you decide what area is most important for you to think about first.

When you know which areas you want to prioritise first you can identify some goals or steps on the ladder to work on together with your clinician and your family and friends. It is important to be able to see when you are making progress and to see when things aren't working. Recovery is not always in a straight line! So, you can rate each area from 0-10 when we meet to talk about your care plan and goals.



# TEMPLATE

WORKING TOGETHER  
TOWARDS YOUR  
RECOVERY

THEME 1:  
UNDERSTANDING  
THE INDIVIDUAL  
AND HELPING THE  
INDIVIDUAL TO  
UNDERSTAND  
THEMSELVES

What is the personal history of the service user?

Who are they and what matters to them?

Understanding what people need to make communication work for them

↓

**Title**  
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Praen semper diam risus, ac porttitor ligula.

Name	Role	Phone number	Email address

**Permission**  
Please use this table to record who has been given permission to see this care plan and which parts of it.

	GP	Other organisations	Family or friends	Other
Contacts and communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who I am and what matters to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety / Crisis plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Communication**  
It is really important that we communicate with you in a helpful way.  
Please tell us anything that you want us to know about how you would like us to communicate with you.  
Use this table to tell us what we should and should not do.

Do	Don't
<p>eg please always provide me with written information to take away with me because I can't always remember or process what has been said.</p>	<p>eg please don't use jargon or medical terms that you have not explained.</p>

**Who I am?**  
Knowing who you are and what matters to you will help us build a relationship and be more effective in the way that we support you.  
You could give us an understanding of who you are by telling us about yourself.  
For example: your background, important people or events and your interests or work.  
How would someone who knows you well describe you?

**What matters to me?**  
Please tell us about the things that are important to you at the moment.  
For example: things that are concerning you, what makes you feel better when you are worried or upset, your routines, working patterns, your caring responsibilities.  
What does a good day look like for you?



# TEMPLATE

WORKING TOGETHER  
TOWARDS YOUR  
RECOVERY

THEME 2:  
COLLABORATIVE  
ENGAGEMENT AND  
AGENCY

Providing someone with the opportunity to find out who they are and their strengths as well as their limitations

Language and power dynamics are important; aim to avoid 'right' and 'wrong' ways of progress and recovery

**Personal Safety**

What are your challenges in this area?

What are your strengths?

What would a 10 look like to you?

Goal identified

Overall rating 0-10

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6

Progress towards goal 0-10

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6

# TEMPLATE

WORKING TOGETHER  
TOWARDS YOUR  
RECOVERY

THEME 3:  
HARNESSING THE  
WIDER COMMUNITY

The care planning form has been digitised to allow for information to be fed across, reducing duplication

Inform service users of the options available to them to help foster strengths and ways of working towards recovery'  
'Involving families and helping them to understand and support the individual'

## Crisis and Risk Management Plan

This can be completed with family, friends or carers who you want to be involved in supporting you if you are in crisis.

What warning signs may mean I'm becoming unwell?



What triggers risk or crisis for me?



What are my strengths and protective factors?



What can I do to help prevent a crisis?



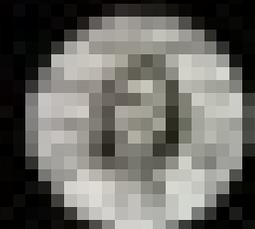
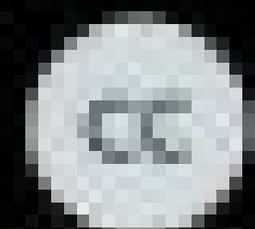


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ENGAGEMENT = IMPACT

## INTERCONNECTEDNESS

- Many efforts of evaluation/impact assessment are 'after the fact'
- Limits implementation/translation
- End users/evidence users should be involved from the early stages
- Engagement sets inroads for translation, which means impact
- Experiential knowledge/insights are invaluable!
- Genuine reciprocity between practice/real world and research – shift away from the Ivory Tower view

IMPORTANT IN  
CURRENT/FUTURE  
FUNDING  
OPPORTUNITIES

- UKRI have a push towards translational research with tangible impacts (e.g., alignment with industry-partnered initiatives)
- NIHR have always had a huge drive to PPIE
- Hopefully, tangible impacts are important to all of us!

TAKE HOME MESSAGES

# A MORE GENERAL THOUGHT FOR APPLIED RESEARCH (ESPECIALLY FOR SERVICES)

Litmus tests are really important in grounding your research

*“How would I feel about this particular intervention?”*

*“Would I want my partner/son/daughter/mum/dad/sister/brother to experience this/receive this care?”*



- The time of people is a finite resource and a blessing, use it wisely
- Always have a clear idea of what you want to achieve and work backwards
- Do not ascribe to the everyone involved for everything narrative – be strategic
- Don't forget to acknowledge and celebrate the involvement of all involved
- There are HUGE benefits to considering meaningful engagement towards action-oriented change

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