My travels (and travails) with the medical model: towards co-production

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- Dr Sarah Carr Service user researcher
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Aims of Presentation

My reflections and experience of:

- From the medical
- To Recovery
- To Co-Production as a power shift
- Local experiments

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Where I started: The medical model

- Diagnosis and medical treatment Disturbances in bodily function, pathology, physiology, biochemistry
- Treatment, drugs or somatic therapies
- Restoration of ‘normal’ function

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Power Relations in mental health services

- Treatment: specialists (all of them but in particular the psychiatrist) on top, not on tap as a supporting resource

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The diagnosis

Eg. Schizophrenia is:

'Dementia praecox consists of a series of clinical states which have as their common characteristic a peculiar destruction of the internal connections of the psychic personality with the most marked damage of the emotional life and volition.'

Emil Kraepelin, 1913

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All hope abandon ye who enter here

Four ways that 'the system' silences schizophrenia

- Individual – narrative loss, loss of personhood and madness (McCabe *et al*, 2002)
- Institutional - meaninglessness of psychosis in psychiatry (Bracken, P. & Thomas, P., 2005)
- Social – stigma and social distance lead to isolation and powerlessness (Read *et al, 2006)*
- Political – the power of psychiatry to speak about madness (Foucault)

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Moving from a Chronicity to a Recovery Paradigm

- Diagnostic groupings; "Case"; Lumped and labeled as "chronics"/ SPMI/ CMI
- Pessimistic Prognosis; "Broken Brain"
- Pathology/ Deficits; Vulnerabilities Emphasized; Problem-Orientation
- Fragmented Biological/ Psychosocial/ Oppression Models
- Professional Assessment of "Best Interests" and Needs/ Paternalism

- Unique identity; Person orientated; Person First Language
- Hope and Realistic Optimism
- Strengths/ Hardiness/ Resilience; Self-Righting Capacities Emphasized
- Integrated Bio-Psycho-Social-Spiritual Holism; Life-context
- Self-Definition of Needs and Goals/ Voice/ Consumer-Driven/ Self-determination

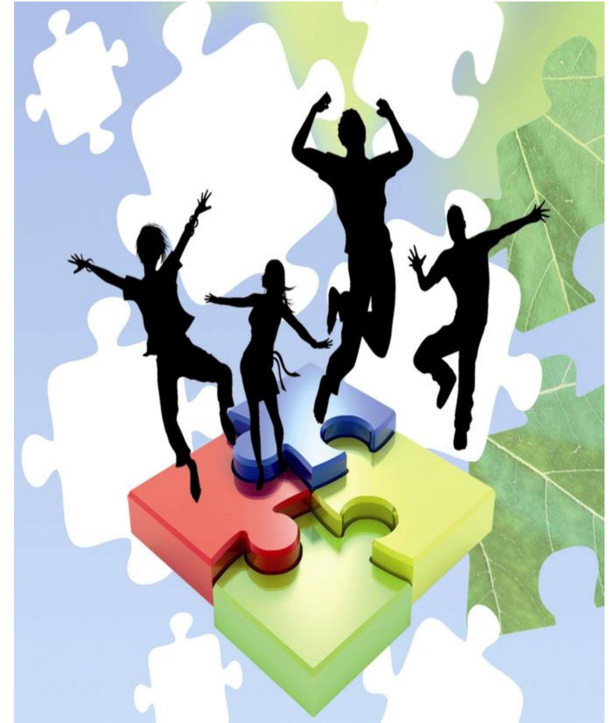
Paradigm Shift: Towards Recovery

- Patient/ Client/ Consumer Role
- Resource Limitations/ Poverty
- Helplessness/ Passivity/ Adaptive Dependency

- Normative Roles/ Natural Life Rhythms
- Asset building/ Opportunities
- Self-Efficacy/ Self-Sufficiency/Self-Reliance

The Personal

Live your life, not your diagnosis!



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Towards a Co-Production model

- Service Users as equal partners in collaboration
- Involvement through choice agenda in own care
- Service users as collaborators in provision of care, audit, review and purchasing?

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Civil Rights and Citizenship

- Social Relationships/ Connectiveness
  - Families
  - Friends
  - Intimacy
- Meaningful Activities
  - Educational Advancement
  - Real Jobs and Meaningful Careers
  - Volunteer Opportunities
  - Community and Organizational Advocacy
  - Role in Mental Health Service Decision Making

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Co-Production as a power shift

- ‘valuing all human capacity, honouring all contributions, generating reciprocity’ (Cahn 2004)

- ‘Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change’ (Boyle & Harris 2009 p11)

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Implications

- ‘a potentially transformative way of thinking about power, resources, partnerships, risks and outcomes, not an off-the-shelf model of service provision or a single magic solution.’ (Needham & Carr 2009 p.1)

- co-productive approaches provide ‘a way in which the professional’s knowledge can be converted into a catalyst that empowers’

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Levels

- **Individual Level**: ‘we all need to be needed regardless of age, formal credentials, marketable skills or barriers’ and that co-production ‘entails the fulfilment of that need [where] one’s contribution is acknowledged, recorded and externally validated’

- **Societal level**: a shift in relationships between professionals and service user/citizens or communities which moves from ‘one of subordination and dependency to parity, mutuality and reciprocity’

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Co-Production Indicators

Co-production indicators Level	Indicator
Individual	The service/treatment goals are jointly set by professionals and service users
Operational	Service users deliver training in partnership with professionals
	Service users contribute to a professionally led training session
	Service users contribute to the production of official information
	The service has a regular meeting that service users can attend to get involved
Strategic	New services are jointly designed or co-produced by service users and professionals
	Several service users sit on the governing body

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Local Experiments

- Centre for Co-Production being established by Middlesex University

- Barnet, Enfield and Haringey Enablement programme

- **Lee Bojtor & Linda Stannard**

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Centre for Co-Production: Aims

- Provide an umbrella framework for networks, individuals and organisations committed to developing and advocating for co-production
- Aim to provide a national, regional and local consultancy, research and training resource promoting the application and evaluation of co-production principles and practice
- ‘Provide opportunities for personal growth and development to people, so that they are treated as assets, not burdens on an overstretched system

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Centre for Co-Production (cnt'd)

- Invest in strategies that develop the emotional intelligence and capacity of local communities
- Use peer support networks instead of just professionals as the best means of transferring knowledge and capabilities
- Reduce or blur the distinction between producers and consumers of services, by reconfiguring the ways in which services are developed and delivered: services can be most effective when people get to act in both roles – providers as well as recipients
- Allow public service agencies to become catalysts and facilitators rather than simply providers
- Devolve real responsibility, leadership and authority to 'users', and encourage self-organisation rather than direction from above

The Enablement Programme

There are a number of outcomes that are expected to be delivered as a result of this programme including:-

- A decreased bed base
- Less admissions
- More people moving through the pathway to discharge within shorter timeframes.
- An enabling focus to recovery adopted and supported along the clients journey.
- Fewer people on care coordinated caseloads at any one time.
- Enablement is the first point of contact for people accessing the organisation
- The organisation has a good reputation
- There is excellent feedback from both staff and people accessing the organisation

Enablement – the values

Three key principles:

- The continuing presence of hope, that it is possible to pursue one’s goals and ambitions
- The need to maintain a sense of control over one’s life and one’s symptoms
- The importance of having the opportunity to build a life beyond illness

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Any other community support/service

Secondary Care

Pre-enablement

Enablement

Lifelong learning recovery education

Peer Support Training

Apprenticeships

Peer Support worker

Triage/Choice Appointment

Primary Care + Peer Support (MH + PH)

Patient Activation (PAM

Co-production

Thank you !

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