Beyond the therapeutic alliance: Co-Production In Compulsory Mental Health Settings

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What is 'co-production'?

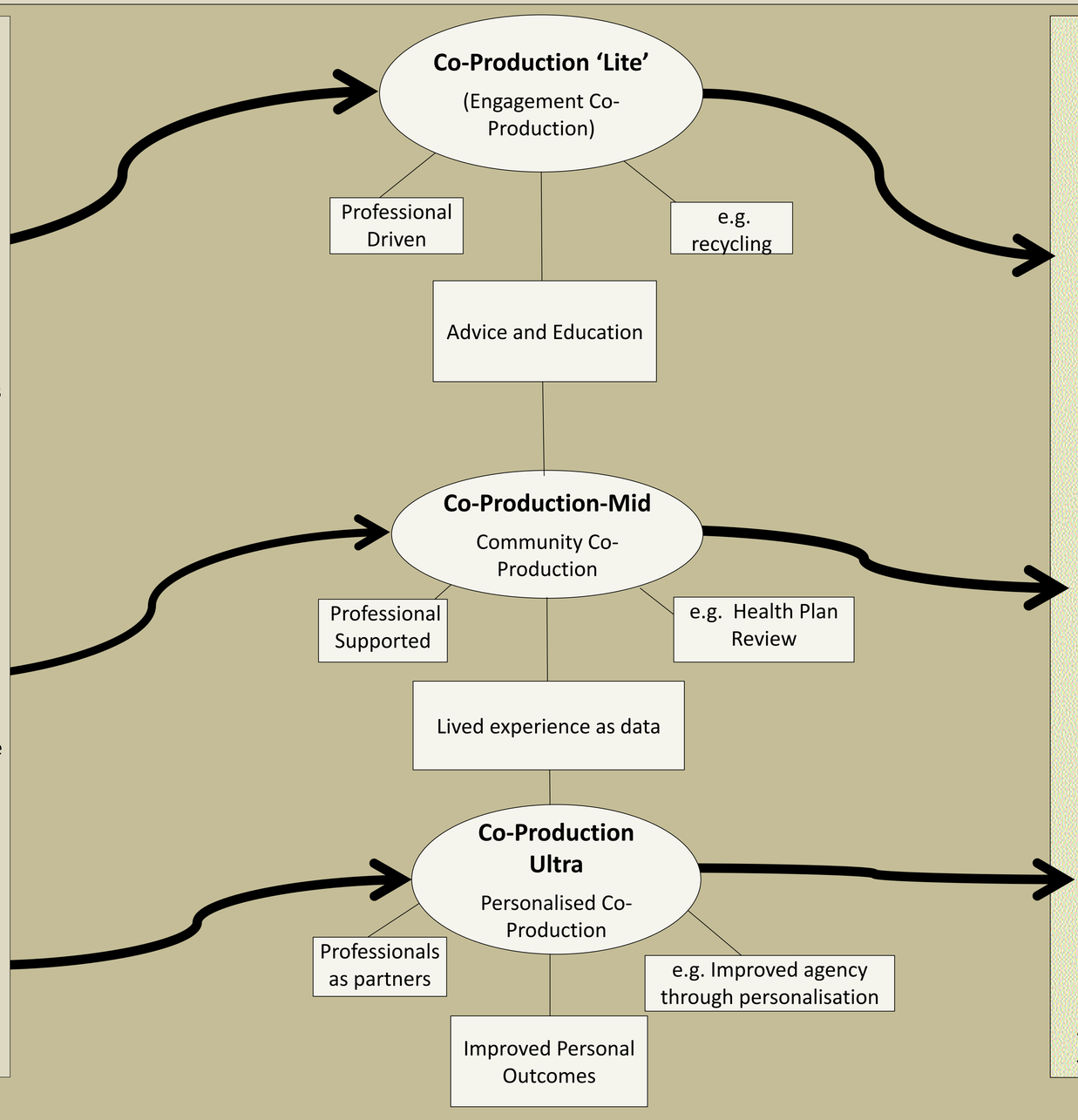
'Collaborative co-production requires users to be experts in their own circumstances and capable of making decisions, while professionals must move from being fixers to facilitators. To be truly transformative, co-production requires a relocation of power towards service users. This necessitates new relationships with front-line professionals who need training to be empowered to take on these new roles.' Ralphe,A, Wallace, L.M. (2010), 'What is Co-Production?', The Health Foundation, London, p3

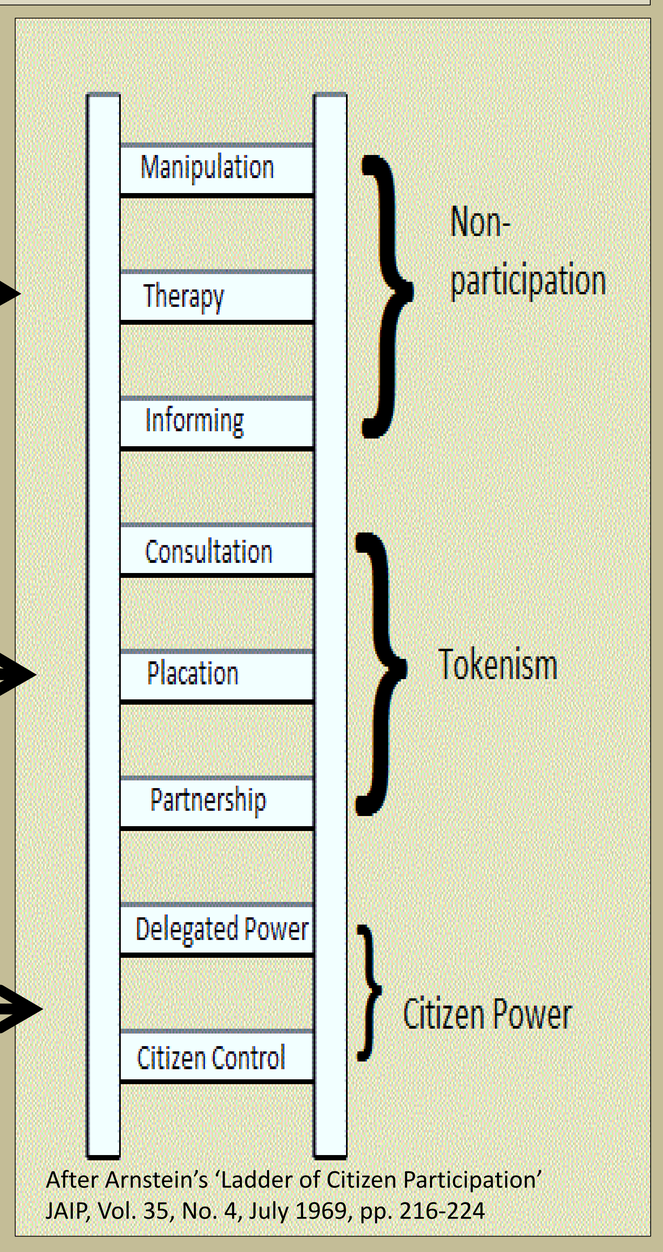
The Range of Co-Production

Coproduction lite:
Coproduction at this end is 'lite' because it relies on people undertaking small tasks for the larger community: separating recycling, putting litter in bins, obeying speed restrictions etc. At this end the objective is not about agency as much as about community regeneration. Power is retained by the council/professional (the potential to fine households for mixing recyclables [although this has never happened due to community resistance!]). The community has not 'agreed' the objectives but the majority acquiesces in the development

Co-Production Mid:
This assumes that patients 'need' to learn how to manage their conditions (long term in the main) to reduce reliance on health service resources. The underlying assumptions are that better treatment outcomes and reduced use of resources are likely. This type of 'coproduction' seeks to train patients in their condition, as well as providing training to enable them to take part in meetings as 'expert patients'.

Co-Production Ultra:
The jointly agreed endeavour between a person, a social and health care worker to meet their goals and aspirations. At this end of the spectrum power is shared between the professionals and the person – perhaps even that there is more power with the person than with the professional (e.g. self directed care).



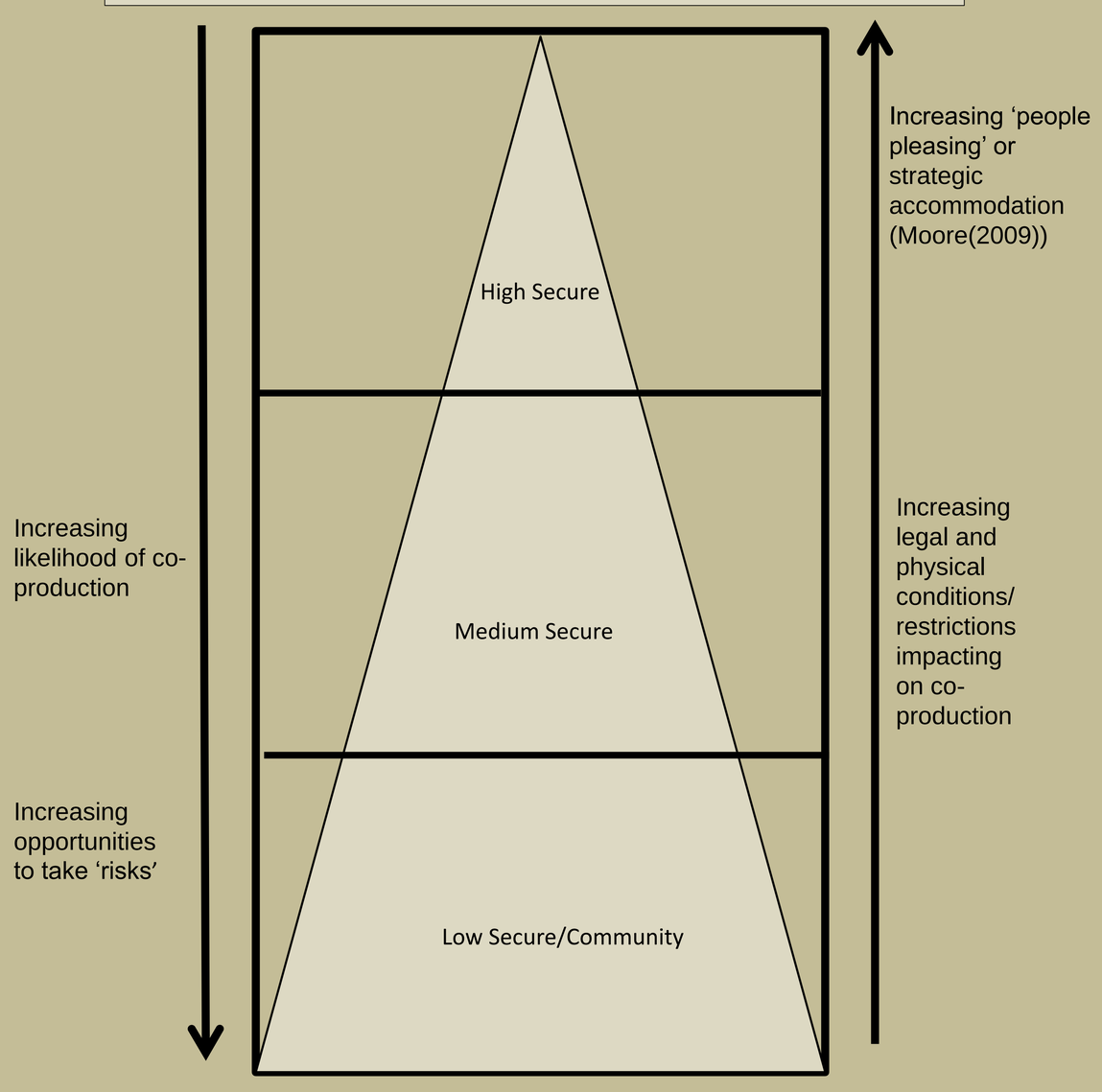


After Arnstein's 'Ladder of Citizen Participation' JAIP, Vol. 35, No. 4, July 1969, pp. 216-224

Core Aspects of Co-Production

- Recognition of the power of the lived experience of the person receiving services
- Acceptance that professionals have the power to facilitate co-operation
- The sharing of power and 'trust'
- Reduced social and professional distance between professionals and people

Secure environments and Co-Production



The Challenge of Co-Production in Secure Settings

- Security vs Risk taking
- Therapeutic Boundaries vs. 'Humanised Relationships' or reduced social distance
- Procedural and Physical Security vs. Relational Security

Key Questions:

- Can co-production exist in secure settings?
- Can co-production reduce the incidence of assault on staff?
- Can co-production enhance recovery approaches to mental health?

Next Steps

• Examine the operation of 'talking groups' in the State Hospital

•Examine the professional challenges of reduced social distance

Selected References

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