

SHIFTING SANDS OR:
HOW I LEARNED TO
STOP WORRYING AND
LOVE CO-PRODUCTION

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PRESENTATION OUTLINE

- Co-production: Main principles
- Background to the Piki Pilot
- The Evaluation
- Theme 1: What we believed
- Theme 2: Co-production within academia
- Theme 3: Challenges and learning
- Advice for future research
- Conclusions

WHAT IS CO- PRODUCTION?



“THE MOST IMPORTANT PART OF CO-PRODUCTION IS SHIFTING MINDSETS AND ESTABLISHING A CULTURE THAT EMBRACES EXPLORATION AND LEARNING, AND GENUINELY VALUES CONSUMER KNOWLEDGE AND EXPERTISE.”

PROFESSIONAL LEADERSHIP

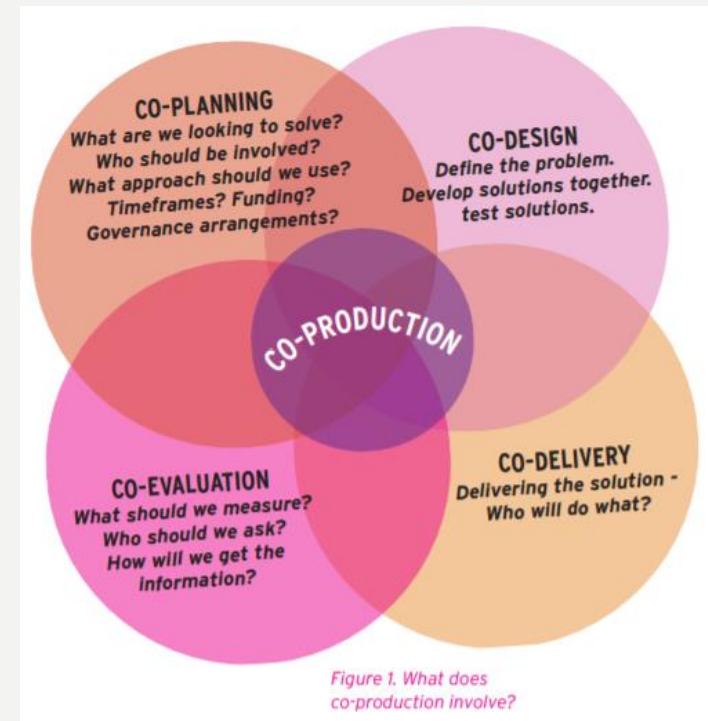
- Professionals identify problem for a specific group
- Talk to other professionals
- Research prior work done by other professionals
- Read literature by other professionals
- Create an intervention for a group

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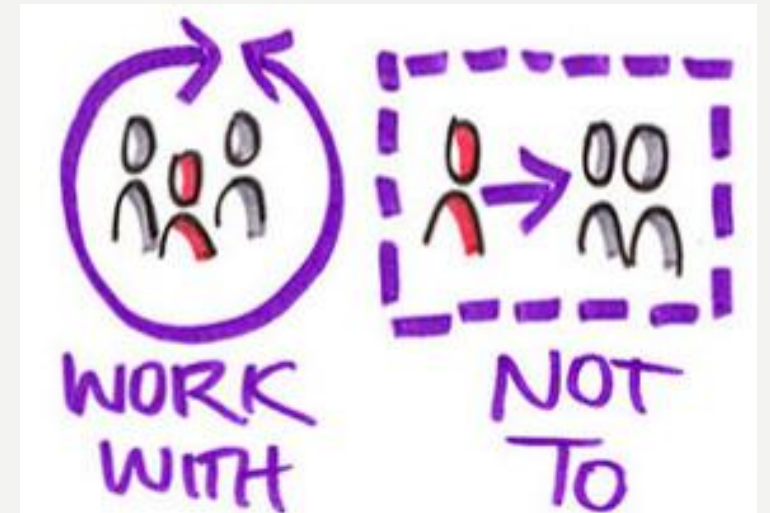
Group of people are not given the opportunity to voice concerns and are told what's best for them

CO-PRODUCTION

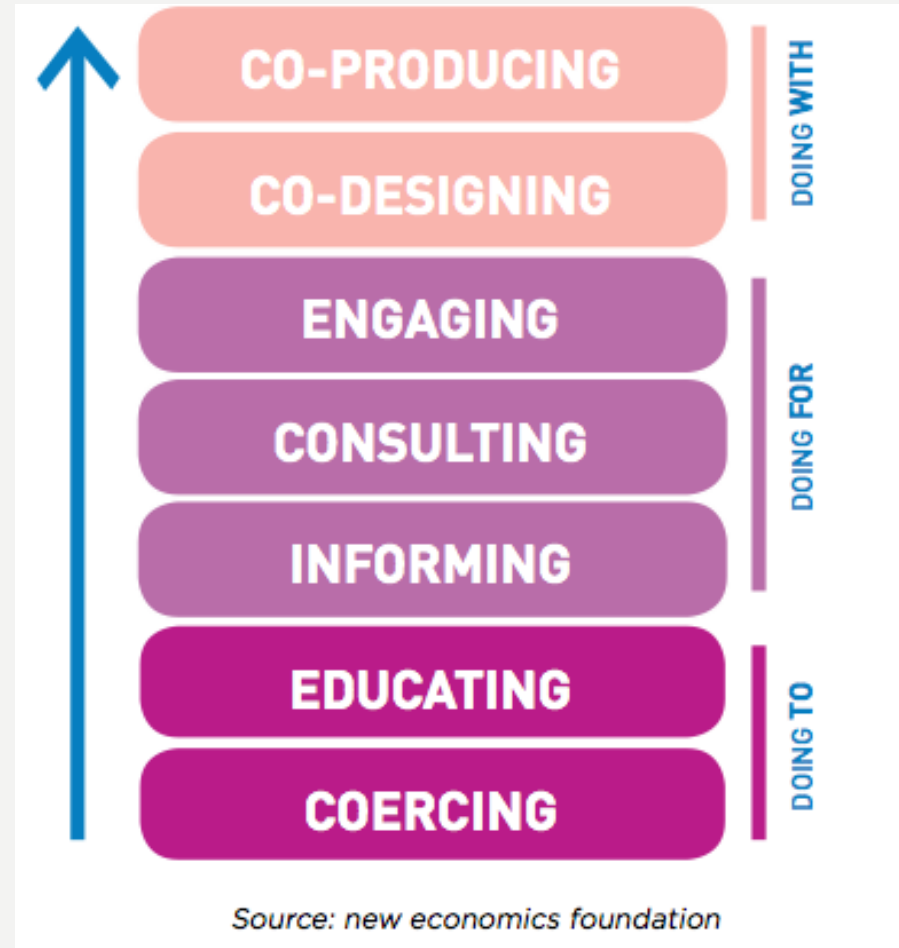
- Professionals and specific group meet and discuss what the problem is
- Everyone brainstorms how to help
- Everyone is respected equally



1. *Taking an assets-based approach*
2. *Building on people's existing capabilities*
3. *Reciprocity and mutuality*
4. *Peer support networks*
5. *Blurring distinctions*
6. *Facilitating rather than delivering*



ALTERNATIVE LADDER OF PARTICIPATION



Slay, J., & Stephens, L. (2013). Co-production in mental health: A literature review. *New Economics Foundation*.

THE PIKI PILOT

The logo for 'piki' is displayed in a stylized, lowercase, orange font. The letters are bold and rounded, with a slight slant. The 'p' has a distinctive curved top, and the 'i' has a small dot. The logo is centered within a dark purple rectangular background.



We're here to support you.

Piki empowers and supports young adults towards better health and wellbeing.

Through specifically selected peers, professionals and technology, Piki aims to equip you with tools to help overcome adversity and strengthen your wellbeing.

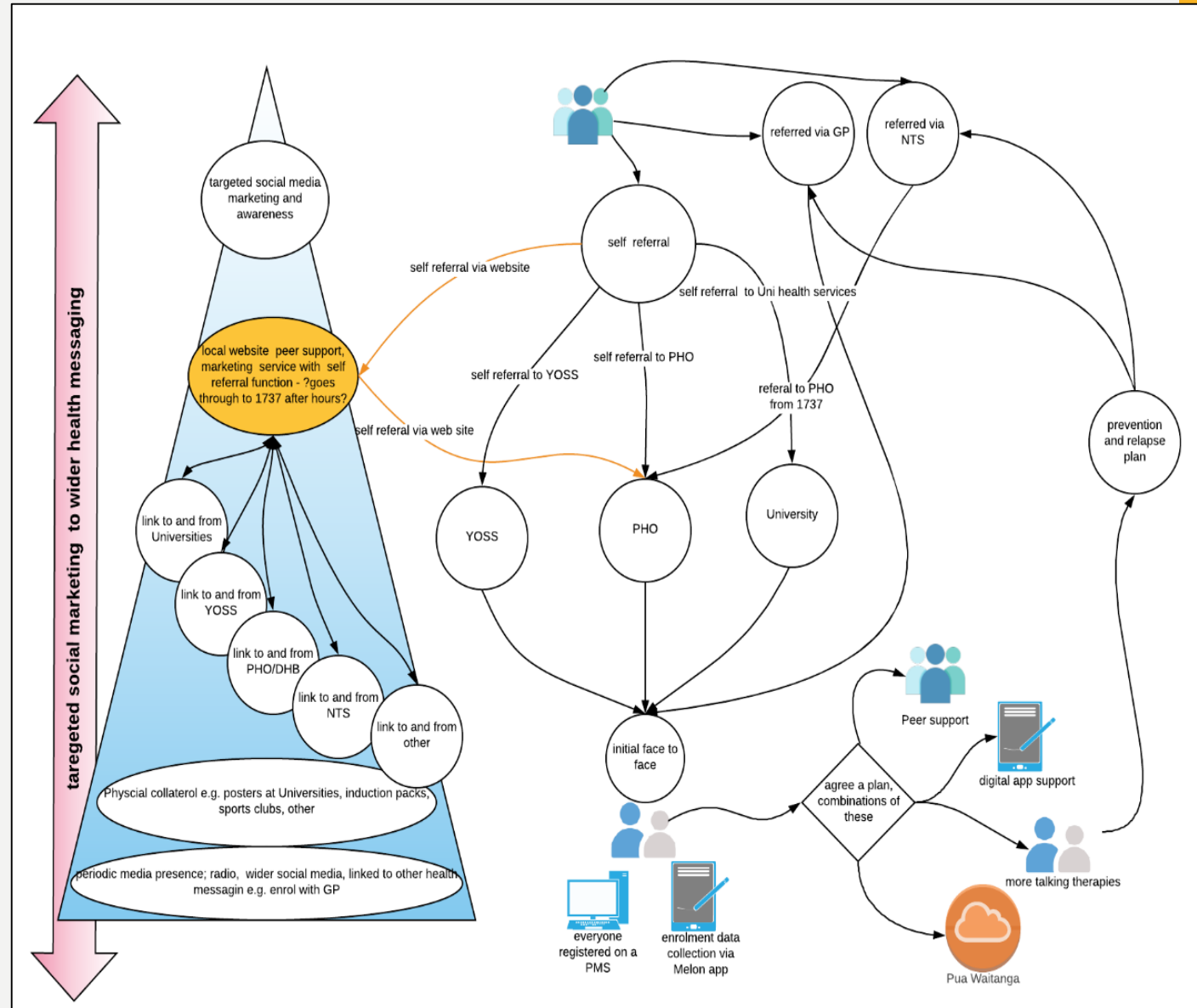
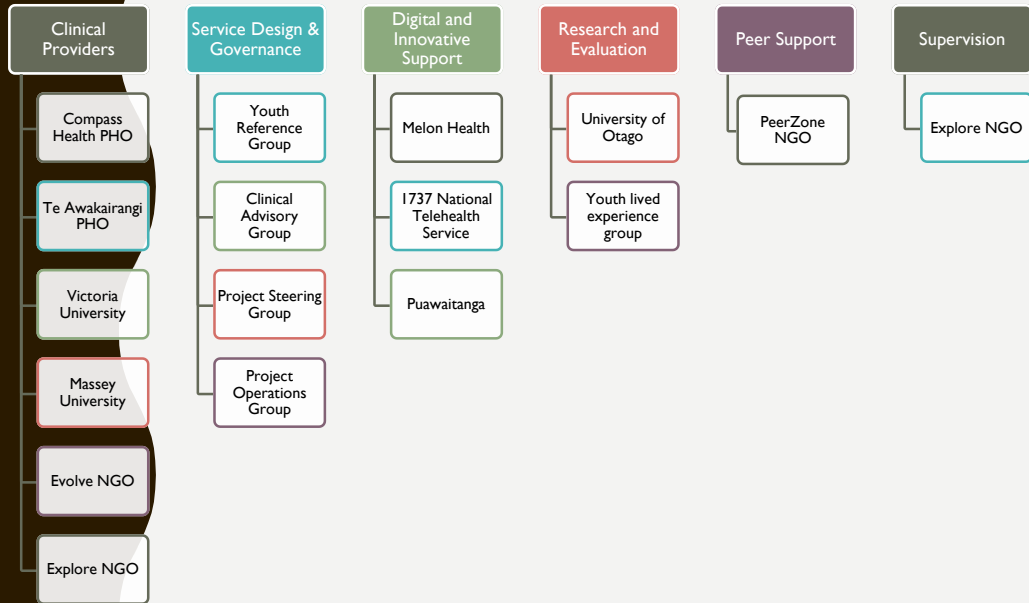
PIKI

- Increase access to psychological therapies for those aged 18-25 years
- For those experiencing mild-to-moderate mental distress and substance misuse
- Targeting underserved communities
- Innovative to Aotearoa and including multiple partners
- Peer Support offered as alternative to traditional therapy
- Co-produced from the outset

PIKI

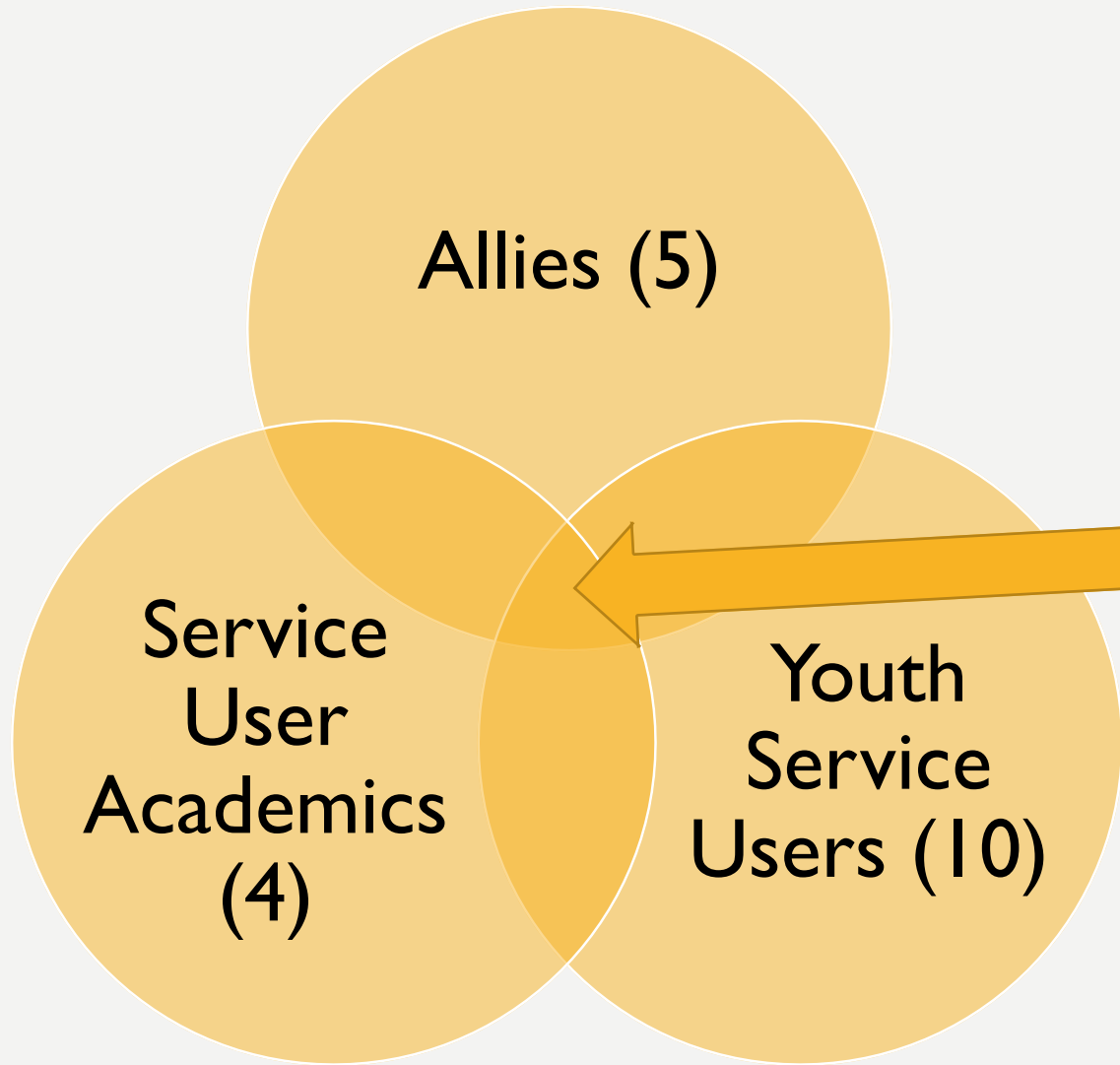
- Co-planning the RFP
- Co-design of service delivery and evaluation
- Co-delivery with Peerzone peer support services
- Melon online peer community and emotional wellness tool
- Integrated an existing free phone/text counselling service within the initiative
- Local Piki website to help connect young people to services
- Focused marketing for target groups

PIKI



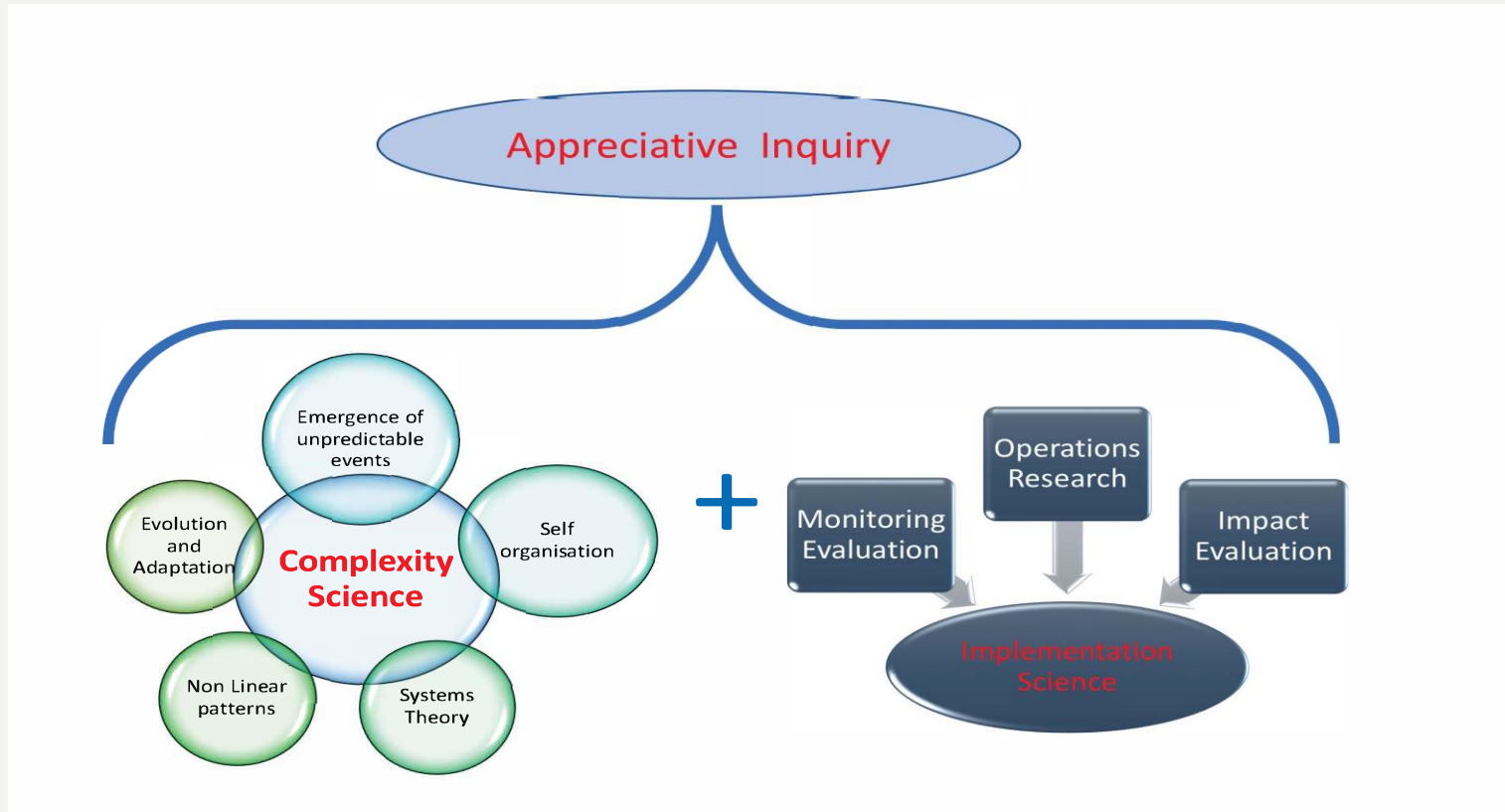
THE EVALUATION

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THE EVALUATION

EVALUATION FRAMEWORK



Dowell AC, Menning L, MacDonald N, Turner N. An evolution in thinking to support the post 2020 global vaccine strategy: The application of Complexity and Implementation Science. *Vaccine* (2019) [Volume 37, Issue 31](#), 4236-4240
<https://doi.org/10.1016/j.vaccine.2019.05.096>



**REFLECTIONS ON THE
CO-PRODUCED
EVALUATION**



THE 9 EMOTIONS OF CO- PRODUCTION

**THEME 1:
WHAT WE
BELIEVED**



SHIFTING SANDS

SOCIETY DOES A GOOD JOB OF DEFINING US BY OUR DIFFERENCES RATHER THAN COMMONALITIES

- Old
- Pakeha
- Male
- Straight
- Privileged by profession
- Confused (and anxious)



SHIFTING SANDS

SOCIETY DOES A GOOD JOB OF DEFINING US BY OUR DIFFERENCES RATHER THAN COMMONALITIES

- Young (ish)
- Russian descent
- Migrated to Aotearoa as a teenager
- Queer
- Service user for over a decade
- Ongoing difficulties within academia due to mental distress resulting in lower grades
but
- Ultimately privileged by my education



THEME 2:

CO- PRODUCTION WITHIN ACADEMIA



ACADEMIA AND ACADEMIC RESEARCH

- Haven of intellectual curiosity
 - Collaboration and teamwork
- Home of ego-driven narcissists
 - Individualism supreme

Traditional Research

- Hierarchical research team
- ” Doing to “ research subjects
- Publication – Senior authorship



General practitioner recognition of mental illness in the absence of a 'gold standard'

The Mental Health and General Practice Investigation (MaGPI) Research Group, Wellington School of Medicine and Health Sciences, University of Otago, New Zealand

Objective: To compare general practitioner (GP) recognition of mental illness with cases identified by screening and diagnostic instruments.

Method: Cross-sectional survey (part of the Mental Health and General Practice Investigation [MaGPI] study) set in the lower North Island of New Zealand. The study sample consisted of consecutive patients from a random sample of GPs who were screened using the General Health Questionnaire (GHQ-12). Based on GHQ scores a stratified random sample of patients was selected and invited to participate in an in-depth interview to assess their psychological health and a subsequent longitudinal study. GPs assessed patients' psychological health using a 5-point scale of severity. Patients completed the GHQ-12, Composite International Diagnostic Interview (CIDI), Somatic and Psychological Health Report (SPHERE-12) and World Health Organization's Disability Assessment Schedule Version II (WHODAS).

Results: Seventy GPs (90% response) and 775 patients (70% response) were included in analyses. Overall, GPs recognized symptoms of psychological disorders in the past 12 months in 56.4% (95% CI = 49.3–63.5) of patients. Agreement between GP rates of recognition of mental disorders and diagnostic or symptom rating instruments varied depending on the instruments used and was highest when there was concordance between several instruments and high levels of disability. Only 17.2% (95% CI = 14.5–19.9) of the patients identified by at least one of the GHQ-12, CIDI or SPHERE, were identified by all three instruments.

Conclusions: In understanding rates of recognition of mental disorders by GPs, careful consideration needs to be given to the degree to which any single instrument can be utilized as a diagnostic 'gold standard'.

Key words: general practice, mental disorders, research.

Australian and New Zealand Journal of Psychiatry 2004; 38:789–794

There are high rates of psychological morbidity in the general community [1], and high rates of attendance at general practices by patients with psychological problems

highlight the importance of understanding the recognition of mental illness in general practice [2]. However, defining 'caseness' is a major challenge in understanding recognition. Different groups may consider caseness differently, with patients considering

ACADEMIA – ALTERNATIVES?

Disruption of Research process

- Service users - San Francisco HIV trials

Service user involvement

- Oliver SR. How can health service users contribute to the NHS research and development programme?. *Bmj*. 1995 May 20;310(6990):1318-20.
- Staley K, Kabir T, Szmukler G. Service users as collaborators in mental health research: less stick, more carrot. *Psychological medicine*. 2013 Jun;43(6):1121-5.

Co-design

- Larkin M, Boden ZV, Newton E. On the brink of genuinely collaborative care: experience-based co-design in mental health. *Qualitative Health Research*. 2015 Nov;25(11):1463-76.
-

THE POTENTIAL

- A new way of recognizing and re-organizing how to do research
- Co-production
- Evans BA, Porter A, Snooks H, Burholt V. A co-produced method to involve service users in research: the SUCCESS model. BMC medical research methodology. 2019 Dec;19(1):34

Allyship and beyond

- ‘An active, consistent, and arduous practice of unlearning and re-evaluating, in which a person in a position of privilege and power [the ally] seeks to operate in solidarity with a marginalized group’ (<https://theantioppressionnetwork.com/allyship/>)

BUT – WHAKAMĀ

Evaluation “Not the ‘best sort of research ‘

- Measuring outcomes ?
- Which journals ?

BUT

Shifting sands

- More focus on impact – translational
- More ‘woke’

Our question

- “ Do we want to be successful – academic prowess – or support from bottom up.



SUCCESS ?

- Transition from existing platform of work
- Successful incorporation of multiple partners
- Training
- Rapid infrastructure development
- Embedding of evaluation and regular review
- A working service
 - All elements incorporated
 - Young people helped
- Youth/service user co-design

THEME 3:

**CHALLENGES
AND
LEARNING**



PERSONAL REFLECTIONS - DASHA

- Power in numbers
- Co-production is a joint effort
- Create space for listening to each other
- Respect leads to self-worth
- Commonality is much greater than the differences
- Allyship
- Co-production challenges us to let things go

PERSONAL REFLECTIONS - TONY

- The place of past experience of mental health issues
- Valuing the place of service user identity as a fulcrum for academic activity and advocacy
- Clear 'values statement' about 'co-design' principles
- Imperative of integrity vs 'professional guilt tokenism'
- Unlearning and re-evaluating
 - Need to respond
- Voices and aspirations of service user
 - Younger
 - Diversely diverse
- STFU

CHALLENGES AND LEARNING

I. Overarching project design

- **How is the project as a whole framed?** What is the underlying ethos?
 - Mild to moderate mental health problems and psychosocial distress vs focus on providing positive support to enhance resilience and mental wellness (Strengths – deficit)
- **Model of Care:** How have different conceptions of the model of care been negotiated?
 - Overall framework of CBT – but enhanced menu?
- **Scope of service:** how does Piki interface with other services?
 - Existing and ‘ new kids on the block’
- **Timeframe:** What has been the impact of the compressed time frame?
 - Workforce / impact on co-design
- **Complexity:** How has the complexity of the service design impacted service development?
 - Group decision making - Responding to demands with agility eg intake co-ordinator

CHALLENGES AND LEARNING

2. Co-design and service user/youth role

- Compressed time frame
- Less opportunity for ‘course correction’
- Expectations : Consultation – Co-design – Co-production
- Reality?

CHALLENGES AND LEARNING

3. *Operations and implementation*

- **Integration:** How well-integrated are different service user entry points to care pathways?
 - Digital – peer support – intake coordination
- **Workforce transitions:** What are the workforce and practice implications of adopting Piki?
- **Workload:** Has it been possible to effectively manage demand?
 - Same day – 3 working days – 4 weeks
- **Clinical Safety:** How can clinical risk be safely managed in the context of a service designed to mainly address ‘mild to moderate mental distress’?
- **Training and supervision of therapy students?** Resourcing and timing of training
- **Complex governance structure:** What are the effects of having multiple steering/advisory groups with overlapping membership, terms of reference and roles?
- **Internal communication:** How effective are current lines and modes of communication?

CHALLENGES AND LEARNING

4. *Communications, equity and engagement*

- **Marketing and publicity:** How has the project been presented to public/target audience(s)?
 - Porirua – VUW – TeAHN
- **Communication strategies:** Which modalities have been used and to what effect?
 - Digital – face to face – engagement with other organisations (MSD Etc)
- **Equity and targeting:** How well are the needs of the target groups being met?
 - Focus on Māori and Pacific?
 - Other marginalised groups ?

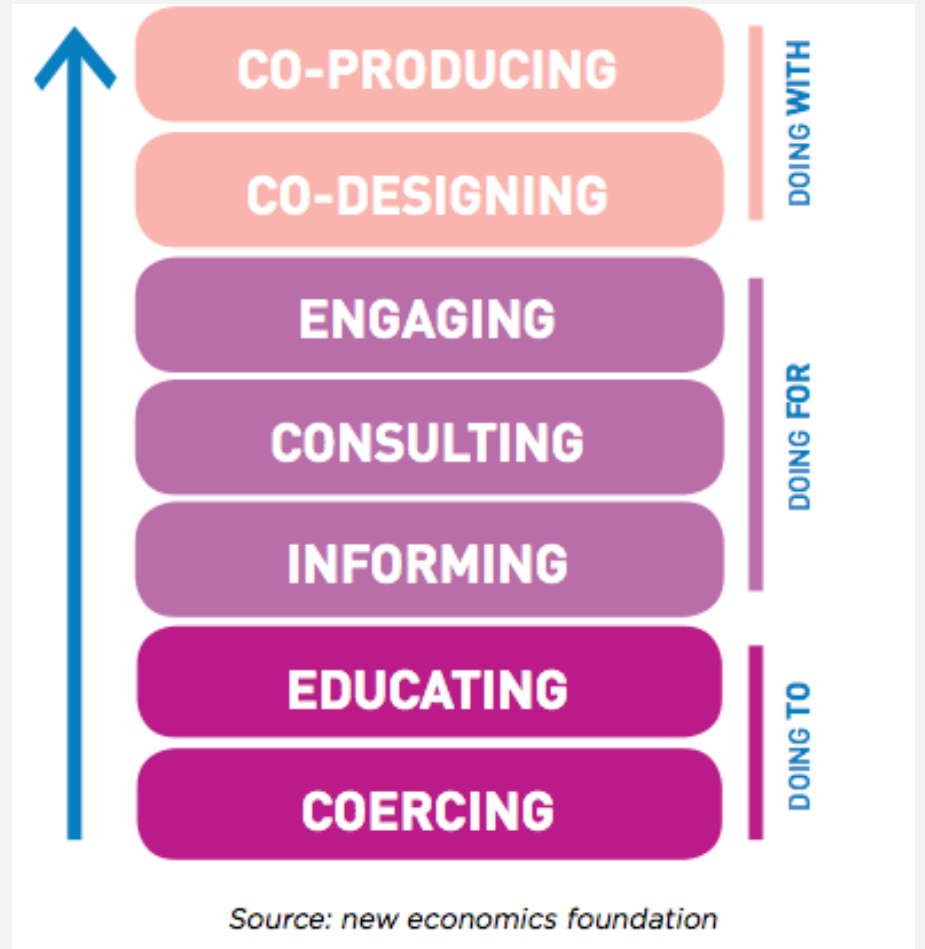
WHERE ARE WE NOW IN PIKI ?

Co-something?

- Alternative ladder of participation position
- Lack of cohesion because innovation= risk

Co-design in the evaluation team

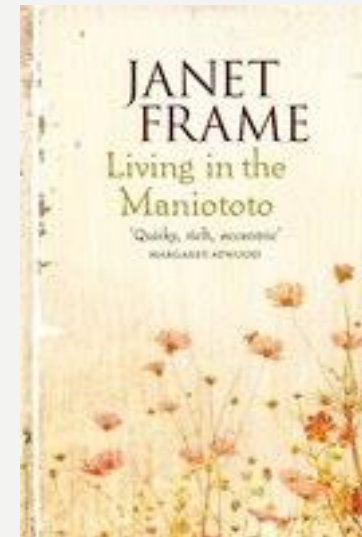
- Modifications to evaluation plan from all team members
- “Equal say” in meetings
- Youth service user group



WORDS

“I have to cry out here that language is all we have for the delicacy and truth of telling, that words are the sole heroes and heroinesTheir generosity and forgiveness make one weep.”

Janet Frame – Living in the Maniototo



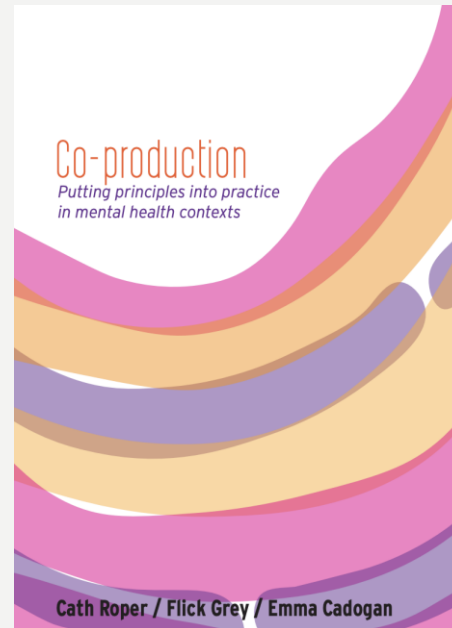
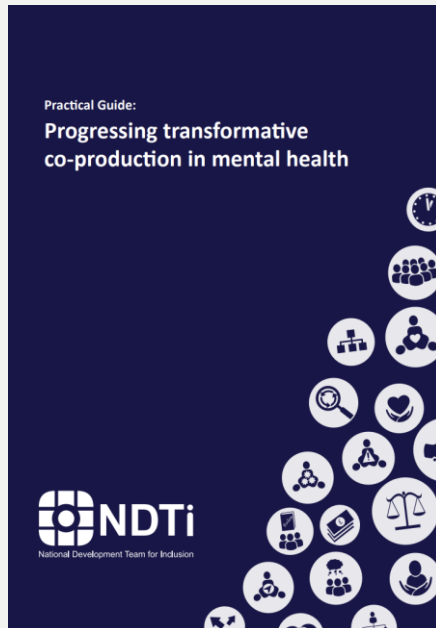
ADVICE FOR FUTURE RESEARCH



- Step 1. Setting the scene: Understanding the context and environment in which co-production is going to place

Step 2. Coming together: Creating the right conditions for co-production to work

- Step 3. Working together: Achieving parity and genuine collaboration



USEFUL RESOURCES

Carr, S., & Patel, M. (2016). Practical guide: progressing transformative co-production in mental health.

Slay, J., & Stephens, L. (2013). Co-production in mental health: A literature review. *New Economics Foundation*.

Roper, C., Grey, F., & Cadogan, E. (2018). Co-production: Putting principles into practice in mental health contexts.



ANY QUESTIONS?

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