2014 Service User Academia Symposium

**Creating Connections – Building Bridges Together**

Day 1 – Monday December 1st – University of Otago, Wellington

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<td>End Seclusion Now – panel presentation (Small lecture theatre (Level D)</td>
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<td>Workshop: Co-produced research in practice (Small lecture theatre (Level D); Facilitator: Sarah Gordon)</td>
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<td>7.00pm</td>
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2014 Service User Academia Symposium

Creating Connections – Building Bridges Together

Day 2 – Tuesday December 2nd – University of Otago, Wellington

9.00am – 10.00am
Keynote address (Small lecture theatre (Level D); Chair: Sarah Gordon)
Title: Toka Tū – Creating Connections in a co-produced research project
Presenters: Tane Rangihuna and Sarah O’Connor (Kites Trust, NZ).

10.00am – 10.30am
Morning Tea (Lobby – level D)

10.30am – 12.00pm
30 minute paper sessions

Session 1 (Small lecture theatre (Level D); Chair: Jacqie Kidd)
(i) Mad Knowledge(s), difficult knowledge(s): Critical reflections on credibility, unsettling relations and the politics of co-production in University-based mental health research
Presenter: Dina Poursanidou (University of Manchester, UK)

(ii) Talking about mental distress in an old school faculty
Presenter: Andrea Bates (Kites Trust, New Zealand)

(iii) Relations of co-production – a personal account
Presenters: Sue Patterson, Imani Gunasekara (Metro North Mental Health, Australia)

Session 2 (CO2/C05 (Level C); Chair: Brenda Happell)
(i) A co-produced approach to understanding service provider perspectives of addiction recovery
Presenter: Rachel Tester (University of Otago Wellington, NZ)

(ii) Service user activist perspectives on mental health service change
Presenter: Tula Brannelly (Massey University, NZ)

(iii) Enriching Lives – Connecting Mental Health, Addiction, Justice and Community Sectors to Improve Mental Wellbeing of Asian Community
Presenter: John Wong (Problem Gambling Foundation of New Zealand)

12.00pm-12.45pm
Lunch (Lobby – level D)

12.45pm – 2.15pm
30 minute paper sessions

Session 1: (Small lecture theatre (Level D); Chair: Debra Lampshire)
(i) Discovering the missing link? Service users and the popularity of mental health nursing
Presenters: Brenda Happell, Louise Byrne (Central Queensland University, Australia)

(ii) Stigma and discrimination is a barrier to learning in an Undergraduate Nursing Programme: Taranaki Like Minds and Western Institute of Technology Taranaki lecturers create connections to address this issue as a partnership
Presenters: Helen Bingham, Tara Malone (Western Institute of Technology Taranaki, New Zealand), Cecily Bull (Like Minds, Taranaki)

(iii) CLINICAL Exercise Physiology in New Zealand – Effect of a 12-week programme on the mental/cardiovascular health interrelations in cardiopulmonary patients
Presenter: Lukas Dreyer (Universal College of Learning, NZ)

Session 2: (C02/C05 (Level C); Chair: Pete Ellis)
(i) Developing capacity for user/survivor research in Canada: Feasibility of a national research network.
Presenters: Susan Hardie, Jay Harrison (Canadian Centre of Disability Studies, Canada)

(ii) Insight into the development of a lived experience research network.
Presenters: Alisa Woodruff, Kelly Pope (LEADR, NZ)

Presenter: Giles Newton-Howes (University of Otago Wellington, NZ)

2.15pm – 3.15pm
Workshop
Co-produced education in practice (Small lecture theatre (Level D); Facilitator: Sarah Gordon)

3.15pm-3.30pm
Afternoon tea (Lobby – level D)

3.30pm-4.30pm
Panel of service user academics from around the world – key strategies to strengthen our capacity, enhance networks of influence, and assess our progress; potential for collaboration
(Small lecture theatre - Level D)
Facilitator: Sarah Gordon
Panel members: Jane McGrath, Stephanie de la Haye, Susan Hardie, Tone Larsen, Konstantina Poursanidou, Cath Roper, Debra Lampshire

4.30pm-5.00pm
Farewell

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ABSTRACTS

DAY 1 – 9.30-10.30

Keynote address (Small lecture theatre (Level D); Chair: Pete Ellis)

Title: The best Service User Academia year ever

Presenter: Sarah Gordon (University of Otago Wellington, NZ)

Since 2010 I have been working as a service user academic with the Department of Psychological Medicine, University of Otago, Wellington in New Zealand. The prime functions of my position are to provide a service user perspective on all teaching and research by the Department and to develop a service user led and focused mental health research programme. Through this presentation I will reflect on how my position has developed and evolved, particularly over this last year, to go from an under-utilised .4 full-time equivalent (FTE) position to a capacity challenged 2.0FTE ‘team’ leading and co-producing a myriad of research and development projects. This will include discussion of the personal and organisational enablers and disablers. Finally, looking to the future, I will identify the main opportunities and challenges going forward and the immediate and long-term plans I have for progressing service user academia.

DAY 1 - 11.00am – 12.30pm – Concurrent session

Session 1 (Small lecture theatre (Level D); Chair: Brenda Happell)

(i) Prioritising mutuality: Peer leaders reconstruct mentorship

Presenters: Susan Hardie, Jay Harrison (Canadian Centre of Disability Studies, Canada)

Leadership of people living with mental health issues is recognized as an essential lever of change in realizing transformative mental health system internationally. In Canada, the legitimacy of peer leadership was most recently articulated in the first national mental health strategy, which specifically prioritized expanding “the leadership role of people living with mental health problems and illnesses, and their families, in setting mental health-related policy” (MHCC, 2012, p. 120). Over the past year, Hardie, Harrison, Keely, and Park (2014) undertook a scoping study, examining leadership of people living with mental health issues in transformative system change. One essential component of peer leadership revealed in the scoping study was the importance of mentorship. The presenters will further develop the mentorship theme by highlighting models of mentorship utilized to date, sharing reflexive processes in current research initiatives, and proposing a model of mentorship that can be used among service users that prioritizes mutuality.
(ii) Making dreams come true: Co-production, recovery and lived experience in tertiary education

Presenters: Lyn Mahboub, Robyn Martin (Curtin University, Australia)

Mental health system reform is underpinned by an acknowledgement that person-centred and recovery oriented approaches offer greater quality of life opportunities to consumers, families and carers. This means that the current and future mental health workforce must enact genuine collaboration, partnership and co-production. Given this, it is essential that the current and emerging mental health workforce is informed by contemporary approaches to personal recovery. This paper traces the development of pioneering and innovative undergraduate social work and postgraduate mental health teaching and the shared journey of its creation by two academics (one with a lived experience and one without). The conditions which have facilitated the academics’ reflexive, collaborative and authentic working relationship are explained. Specific examples of creative and student-centred teaching methods and assessment design are shared. Key components of learning about recovery such as self-determination, enabling empowerment, challenging unequal power relations and co-production are considered with pertinent examples provided. To complement descriptions of the teaching and learning approach, findings from the authors’ research in this area will be presented. As with other emerging evidence in the field of consumer participation in tertiary education, this paper demonstrates that learning from lived experience positively impacts on students’ attitudes, skills and knowledge.

(iii) Beyond Policy – a real life journey of engagement and involvement

Presenter: Stephanie De La Haye (Sheffield Hallam University, UK)

How do people who have multiple disadvantages have a real say and influence health policy at all levels? The service user movement has been around for some years and is now starting to gain momentum, but with one important caveat – health and social care professionals and policy makers in the main continue to create a tick box involvement culture and many although without malice do not really understand the importance of a person with lived experience of disability both mentally or physically being included in all aspects of delivery, policy and development. One example is of a researcher not having a fundamental grasp of why they should create equality within a research team when users are a ‘core’ part of the group. They are not, and indeed are somewhat treated as if they should be grateful to be there. Where does this come from? In the main, and in this instance, institutional inequality and lack understanding of the principles and practice in which individuals can make a full and marked difference within academia and within health research and policy development.

Quoting an American President... “There is nothing more unequal than the equal treatment of unequal people”
Session 2: (C02/C05 (Level C); Chair: Debra Lampshire)

(i) Te Āiotanga: A place of healing : advancing the call for official recognition of historic abuse in Psychiatric “care”

Presenter: Anne Helm (CCDHB, NZ)

This paper is based on Apology discourse and is a critique of New Zealand response to the call for an apology by attendees to the Confidential Forum for Former In-Patients of Psychiatric Hospitals (2005–2007). It examines by way of Professor Kate Diesfeld’s work “Apology in New Zealand Mental Health Law Context: An Enigmatic Juxtaposition” (2011) and expertise on the matter gleaned from the authors position of having been the Consumer Consultant on the Confidential Forum. It considers the hopes of the 493 people who attended the hearings and examines the features of what a full apology would consist of for it to be considered meaningful and of assistance to the process of closure.

Within the weave of this presentation the author gives 2 pieces of her own personal poetry that reflects the ethos of care experienced by herself and others.

It refers to the U.N. Convention of the Rights of Persons with Disabilities (2008) monitoring report to NZ Human Rights obligations (October 2012) and acknowledges that abuse still happens to people in State care today. It acknowledges the broken whakawhanaungatanga and outlines a journey of the mauri to the place of calmness and tranquility, by placing Apology as the centre piece between error and forgiveness.

(ii) Co-production leadership: A necessity to ensure transformative co-production

Presenters: Tone Larsen, Ronny René Nielsen (Helse-Forde, Norway)

The paper is based on an action research project in an addiction and mental health treatment unit in Norway. The aim of the research was to develop and integrate a method of co-production into this organization. The method is based on co-operative inquiry methodology, and it has facilitated patient and personnel self-empowerment, participation and transformative co-production. The aim has also been to facilitate the personnel-ownership of the change toward an increase in patient participation. When including the personnel, in addition to the patients as co-researchers, they participated themselves in changing practice. This was to ensure motivation to sustain these changes in the treatment practice. At an early point the participation from personnel, patients and leaders reached a support level of co-production, and they started improving the services together. This paper will be a discussion between theories on change management in organizations, user participation and co-production, and the findings from the research process. The final discussion addresses whether the successful integration of the Co-production Method, can benefit the development of a new model of co-production leadership.
(iii) Service users, academics and industry leaders: a three-way co-production of housing support services research

Presenters: Gareth Edwards, Jacquee Kidd (University of Auckland, NZ)

‘Co-produced’ stories from the field: ‘Co-production’ is the emerging buzzword to describe research that is collaborative from conception to completion. It challenges the traditional conduct of research, including funding mechanisms, and ethics approval. This paper will present stories from a real-life example of co-produced evaluation research involving academics, NGOs, freelance consultants and service users working together to make a difference to the accommodation landscape for people with mental health diagnoses.

DAY 1 – 1.15pm – 2.45pm – Concurrent session

Session 1: (Small lecture theatre (Level D); Chair: Katey Thom)

(i) What is the state of play? Critical reflections on service user/consumer involvement in mental health research across two national contexts, England and Australia

Presenters: Cath Roper (University of Melbourne, Australia), Konstantina Poursanidou, (University of Manchester, UK)

In this presentation, Cath and Dina will explore the development of a new service user research collaboration across their two Universities, Manchester and Melbourne.

The presenters will share and compare their critical reflections on service user involvement in mental health research - each from their own work context, vantage point, ideological position, expertise, experience and research interests. They will discuss overlaps, commonalities and points of departure when it comes to mental health service user involvement in mental health research in the two national contexts (England and Australia). The presentation will also compare the different policy and research guidelines across the two national contexts regarding service user/consumer involvement in mental health research and their perceived impacts. The presenters will explore potential lessons to be learned from such commonalities and differences, as well as possibilities or otherwise for alliances between service user and non-service user academics/researchers in both national contexts. Finally, the presentation will examine issues such as the role of allies in promoting mental health service user/consumer involvement in mental health research; areas and levels of influence that service user/consumer researchers aspire to have and how this compares with what happens in reality.

(ii) Relations of co-production – findings from a survey of UK service user researchers

Presenter: Sue Patterson (Metro North Mental Health, Australia)

Co-production and participatory approaches are increasingly endorsed as critical to development of knowledge conducive to social justice and redressing health inequities. This is particularly important in mental health, a field in which endorsement of the biomedical, ‘objective’ knowledge, has been accepted
as representing the world ‘as it is’. With post-modern problematisation of this discourse and enactment of
democratic rights, service users have become ‘involved in the academic research enterprise in various
ways. Evidence is emerging that involvement of service users improves the ethics, quality and
usefulness of research evidence. What little research there is suggests that most of those involved
derive some personal benefit but participation is not without its costs. Drawing on data from a survey of
service users in academia, this presentation will explore the perceived impact of participation on the
mental health and service use. The presentation will discuss the diverse ways in which participation
influences health and service users’ suggestions for improving process and outcomes of involvement.
Particular attention is given to interlinked cultural, philosophical, organisational changes which are
essential if co-production is to be normalised within academia.

(iii) Stories of Success: Mental health service users’ experiences of social inclusion in Aotearoa
New Zealand
Presenters:  Debra Lampshire, Jacquie Kidd (University of Auckland, NZ)

This presentation gives an account of a research study by a team of service users and academics that
has explored the successful stories of social inclusion experienced by people with mental illness in
Aotearoa New Zealand.

The people with lived experience who were participants in this project have described their starting place
for social inclusion as a feeling or perception that it is a genuine possibility, and told of their increased
sense of personal power and improved contribution to their relationships and communities.

The research takes a hopeful view of social inclusion, and reveals the powerful potential of friends,
whānau, employers, health professionals and peers, who walk alongside service users to challenge the
institutional structures that perpetuate stigma and discrimination towards those with experience of mental
distress.

Session 2: (C02/C05 (Level C); Chair: Sarah Gordon)

(i) Momentum for change or the tip of the iceberg? Service users involvement in the education of
Nurses

Presenters: Brenda Happell, Louise Byrne (Central Queensland University, Australia)

Australian mental health policy clearly articulates Recovery as the philosophy underpinning mental
health services. Barriers to achieving a Recovery focus are identified in the literature, with negative
attitudes of health professionals receiving particular attention. The involvement of people with lived
experience of significant mental health challenges and mental health service use is essential to
enhancing more positive attitudes. Evidence suggests this can be achieved through education. Lived
experience involvement in the education of nurses is however it is generally limited and implemented on
an ad-hoc basis. A qualitative exploratory study was undertaken to elicit the views and perceptions of
nurse academics and lived experience educators about the inclusion of lived experience in mental health
nursing education. One major theme to emerge from the research was issues of fear and power which
included three subthemes: facing fear; demystifying mental illness; and issues of power. Lived
experience involvement has an important role to play in the education of nurses in addressing fear and

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(ii) Service users involvement in the education of medical students

Presenter: Pete Ellis (University of Otago Wellington, NZ)

Service users have always contributed to the education of medical students and doctors. Exactly how has changed over time, mirroring wider societal changes in the relationship between individuals and society. The seminal Flexner report of 1910 led to radical changes in medical education, particularly in establishing the importance of its scientific foundations. This supported a century of innovation and increasing effectiveness of health care. However, all is not well within health services, with widespread and increasing concerns about the inadequacies of doctor patient communication. In response, medical schools increased their focus on communication skills training, often in ostensible partnership with the simulated patients involved in this training. The focus of such training is often more on technical competence rather than engagement in a therapeutic partnership valuing the simulated patients’ own expertise. Even so, the skills gained are not infrequently undermined by students’ observations of role modeling in time-pressured clinical situations. Our research in Wellington on introducing recovery training into medical student education illustrates some aspects of this, and has provoked a reconsideration of how to deliver such training in a more transparent partnership model.

(iii) Blurred distinctions and crossing boundaries. Finding our way on the road to co-production: Complexities of genuine power sharing in mental health co-production.

Presenters: Jane McGrath (Bucks New University, Institute of Mental Health, UK)

Theories and methodologies around meaningful co-production are now impacting on user-involvement strategies across the UK, but the ‘doing of’ authentic coproduction has created a new and complex landscape for all group members to navigate. Where has the practice of coproduction led us in real terms for those patients and staff attempting to power share in equal partnerships?

We present experiences from a long-term UK co-production project, ‘eliminating the need for control and restraint’. In this emotive and often polarised space relationships are fluid, dynamic and must be sustained voluntarily over time. Presenters describe their experience of blurred distinctions and crossing boundaries within their personal working relationship. Issues include risk, professional ethics, supervision, mutual support, and friendship, working spaces and ‘work’ hours.

They also discuss barriers to power sharing within the co-producing group. Themes include; cohesion and group splits, hierarchy, safety and risk reporting, defensive behaviours, duty of care, ownership and sharing of technical knowledge, elephants in the room, blame in a risk averse culture and openly discussing dysfunctional systems They will describe how these have been overcome, managed or continue to put the group at risk. Presenters will introduce their coproduction touch-stone and assets bank.
DAY 1 – 2.45pm-3.45pm

End Seclusion Now – panel presentation (Small lecture theatre - Level D)

Facilitator: Jak Wild

Panel members: Mary O’Hagan, Anne Helm, Jane McGrath, Tony Ellis

*A panel discussion hosted by End Seclusion Now, a lobby group working to bring about a prompt and decisive end to seclusion.*

Seclusion (solitary confinement) continues to be practised in New Zealand. This is despite recommendations by the United Nations for immediate legislation for elimination of seclusion, as well as polices set for the DHB by the Ministry of Health to eliminate the practice. The speakers on the panel will encourage debate on why immediate legislation is required to end seclusion and how this can be achieved.

DAY 2 – 9.00am-10.00am

Keynote address (Small lecture theatre (Level D); Chair: Sarah Gordon)

Title: *Toka Tū – Creating Connections in a co-produced research project*

Presenters: Tane Rangihuna and Sarah O’Connor (Kites Trust, NZ).

Toka Tū is a three year co-produced research and evaluation project incorporating expert advisors, peer support leaders and a research team working as equal partners. Participation and leadership from Māori is essential to this mahi to ensure a Māori worldview is recognised equally alongside dominant worldviews.

The project aimed to support 11 mental health and addiction peer support services operating within non-government organisations in Aotearoa New Zealand to:

- increase their capability and capacity to undertake evaluation
- develop an evidence base for recovery-focused peer support services

As the project was co-led, we found our assumptions as researchers were challenged, leading to changes in our methodological approach which we believe enhanced our findings.

In this presentation we will discuss our overall findings about peer support services and share some of the approaches in which Māori participation and leadership was sought and gained and the challenges we faced with this process. Some challenges include identifying Māori service providers and finding ways in which they would feel comfortable participating, engaging Kaumatua from around the country and interpreting results shared by Tāngata Whaiora.
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We will discuss how peer-support leaders taught us the importance of peer support principles, how these principles applied to our co-research process and our engagement with people using peer support services who participated in the project. Our findings show that in peer support services, one size doesn’t fit all and flexibility is required when undertaking research in these settings. Importantly, we found that despite their diversity, underpinning all effective, high quality peer support services is the practice of peer support principles.

Our learning has led to the concept of evidencing peer support principles rather than evidence based practice. This raises important considerations for the ongoing research of peer support services.

DAY 2 – 10.30am – 12.00pm – Concurrent session

Session 1 (Small lecture theatre (Level D); Chair: Jacque Kidd)

(i) Mad Knowledge(s), difficult knowledge(s): Critical reflections on credibility, unsettling relations and the politics of co-production in University-based mental health research

Presenter: Dina Poursanidou (University of Manchester, UK)

Co-production – together with Public and Patient/Service User Involvement- has been the focus of increased attention within policy, practice, education and research in the field of mental health care in the UK in the last decade. In mental health research more specifically, co-production refers to active input by mental health service users in the research process and knowledge production in the context of equal partnerships with academic researchers (Needham and Carr, 2009).

This paper will draw on examples of mental health research conducted in the North West of England to reflect critically on the myths, realities and complexities of co-production in University-based mental health research, as well as on the role of mad (mental health service user/survivor) knowledge(s) in processes of such co-production. The paper will seek to trouble the notion of ‘co-production’ in mental health research in Higher Education contexts by exploring a number of questions and issues, such as

i) What are the knotty issues in co-production in University-based mental health research? What are the challenges for and barriers to genuine co-production?

ii) How do affective/emotional, intersubjective, institutional and socio-cultural, political and economic dimensions of experience shape obstacles to genuine co-production in mental health research in Higher Education contexts?

iii) What are the enabling mechanisms for genuine co-production and successful partnerships in University-based mental health research?

iv) What is the role of mad (mental health service user/survivor) knowledge(s) in processes of co-production in University-based mental health research?

v) What can be said about mental health service user/survivor leadership in research within processes of co-production in mental health research in Higher Education contexts?

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vi) To what extent is genuine co-production ever possible in University-based mental health research, if one takes into account the markedly hierarchical, exclusionary and largely non-democratic and non-egalitarian infrastructures, cultures and relations that characterise Academia even when mental health service users/survivors are not in the picture?

Key analytical concepts that have helped us interrogate the politics of co-production in University-based mental health research will also be discussed including the concepts of ‘mad knowledge as difficult and troublesome knowledge’ (LeFrancois, Menzies and Reaume, 2013; Britzman, 2003), ‘paradoxical space’ (Rose, 1993; Spandler, 2009), ‘unsettling relations’ (Bannerji et al., 1991; Church, 1995; Church 2005), as well as ‘epistemic/testimonial injustice’ (Fricker, 2007; Carel and Kidd, 2014) and ‘epistemic violence’ (Liegghio, 2013). Finally, the paper will consider the possibilities for genuine co-production and reciprocal, respectful relationships of trust between academic researchers and mental health service users/survivors in the field of mental health research.

(ii) Talking about mental distress in an old school faculty

Presenter: Andrea Bates (Kites Trust, New Zealand)

The nature of preconceptions limits our ability to see possible future paths, and yet they seem embedded in a great deal of thinking. They can be of use as an establishing tool, yet without flexibility they do not allow for all possible outcomes to be considered. People who experience mental distress are likely to live with other people’s preconceptions of what their particular label means about them, their capability, their likely behaviours and their future possibilities. Often this is a negative experience. Does this make it incumbent on us to be as without preconceptions as we can be so we are not behaving in a way that has been negative for us, and so that we ensure that a sense of openness permeates future endeavours meaning we are not limiting ourselves? How can we create the connections necessary for us to achieve systemic change if we are not open to working with people who operate in areas which may not have traditionally been service user friendly? Is such openness a collective good idea, or an individual choice? And what if the faculty in question is part of a wider system that denies choice, but what of considering the individuals within that faculty? Is a faculty a single entity or a collection of individuals, or is it something that constantly flexes between the two? And how does the person with experience and a wish to undertake service user based research fit?

(iii) Relations of co-production – a personal account

Presenters: Sue Patterson, Imani Gunasekara (Metro North Mental Health, Australia)

Simply, co-production involves the combination of expertise and resources of various parties in generation of some ‘thing’. In the mental health context, applied to knowledge, co-production is inherently philosophical, political and personal. Because co-production is intrinsically relational its practice can be challenging but potential rewards are great. In this presentation we explore the development of a co-productive partnership between two people whose positions within a mental health service are predicated on differing expertise. We situate and illustrate the relationship with reference to consumer-led work designed to improve the care in the service in which we are employed as consumer consultant and principal research fellow. We examine the ways in which our differing qualities, training
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and skills enabled publication of ‘What makes an excellent mental health nurse” in a peer review journal. Reinforcing the view that production of ‘evidence’ is multiply, sometimes covertly influenced, we reflect on the ways governance procedures and conforming to academic traditions shaped truly consumer-produced work. Our story is a positive one: we have faced challenges and negotiated them such that our separate and shared goals are met. We hope that what we have learned will be of use to others.

Session 2 (CO2/C05 (Level C); Chair: Brenda Happell)

(i) A co-produced approach to understanding service provider perspectives of addiction recovery

Presenter: Rachel Tester (University of Otago Wellington, NZ)

Data collected in a 2012 service user-led pilot study “Demystifying Addiction through Personal Stories” identified a potential philosophical mismatch between service user perspectives on addiction recovery and those of the health, justice and social agencies who seek to provide treatment. The aim of the current research project is to explore that hypothesised service user/provider gap by interviewing a selection of key service provider stakeholders, and characterise any cognitive dissonance between service users and providers in their respective understanding of “recovery”. Data will be analysed collaboratively from three different stand-points: 1) service user / health researcher with a psychology background; 2) addictions physician / convenor of medical student undergraduate training module on alcohol and other drugs, 3) senior lecturer / health researcher with socio-linguistics background. Co-produced findings will be used to inform future development of an intervention to improve health outcomes by enhancing professional knowledge and attitudes toward addiction recovery. This presentation will outline the preliminary findings of the research: What are the perspectives of service providers on addiction recovery? How do they differ from that of service users?

(ii) Service user activist perspectives on mental health service change

Presenter: Tula Brannelly (Massey University, NZ)

In this presentation I would like to invite people with experience of service use and their allies to coproduce some priorities from findings of a small research project, Acts of Citizenship. The project included nine interviewees whom I have called service user activists, from NZ and UK, who provided fabulous data about what needs to change in mental health services. Key priorities were the end of forced treatment and detention, as well as more responsive services that are able to listen to the concerns of service users and their families, and accept critique and constructive feedback. The data has been themed into three aspects - exclusion and marginalisation, rights, and protection. In this presentation I will ask the group to consider what to prioritise from the data and who needs to be told about the findings. The session will be used for a short introduction to the project, a selection of data will be provided the best illuminates the research theme and the coproducers will be asked to say what they think is important about the data, what it relates to in their experience and what would be best to do with it. Acknowledgment of this process will be given in any dissemination from this research.
(iii) Enriching Lives – Connecting Mental Health, Addiction, Justice and Community Sectors to Improve Mental Wellbeing of Asian Community

Presenter: John Wong (Problem Gambling Foundation of New Zealand)

Background/Aim: Asian population has increased, but stigmatisation and fragmentation of services prevent Asian and their families accessing mental health and addiction services. People with mental health (MH) and/or AoD and gambling issues often have contact with police and justice, so there was an opportunity for these sectors and community work collaboratively to improve Asian access to MH and AoD services and to deliver services that meet their needs. Method: Counties Manukau Health MH Services, Odyssey, CADS, NZ Police, Department of Corrections and Asian Family Services formed the Enriching Lives Intersectoral Steering Group which publishes articles describe services each organisation provides in Chinese newspapers as a pilot. Intended outcomes: awareness of the services each organisation provides will be increased in Chinese community; inter-agencies referrals will be enhanced; networks of specific cultural services will be strengthened. Discussion: Initiatives started from Chinese community as Chinese is the largest population in Auckland and has well-established network and resources for the initiatives to get started successfully; Champion from individual organisation who shared same vision is needed to drive the initiative; This initiative is in alignment to current Government policies and its environment which encourages cross-sectoral work to improve the health and wellbeing of the community.

DAY 2 – 12.45pm – 2.15pm Concurrent session

Session 1: (Small lecture theatre (Level D); Chair: Debra Lampshire)

(i) Discovering the missing link? Service users and the popularity of mental health nursing

Presenters: Brenda Happell, Louise Byrne (Central Queensland University, Australia)

Mental health nursing consistently is now well known as less popular than other specialties, with implications for both service-users and mental health practitioners. Education is one opportunity to change prevailing views and attract students to the field of mental health nursing. The aim of this study was to determine the impact of undergraduate mental health curricula on student attitudes to people with mental illness, and career interest in mental health nursing. A traditional nurse-led mental health course was compared to a course delivered by a person with lived experience of mental health service use, for its impact on student attitudes and career intentions in mental health nursing (cohort 1, n = 70; and cohort 2, n = 131, respectively). In both cohorts, attitudes were measured via self-report, before and after the course. The lived experience led course demonstrated statistically significant positive changes in intentions to pursue mental health nursing and a greater decrease in negative stereotypes. The valuable contribution of mental health nursing emerged in the traditional but not lived experience led programs. These findings support the value of an academic with lived experience of mental health challenges in promoting attraction to mental health nursing as a career option.
(ii) Stigma and discrimination is a barrier to learning in an Undergraduate Nursing Programme: Taranaki Like Minds and Western Institute of Technology Taranaki lecturers create connections to address this issue as a partnership

Presenters: Helen Bingham, Tara Malone (Western Institute of Technology Taranaki, New Zealand), Cecily Bull (Like Minds, Taranaki)

The current literature shows that undergraduate nurses often experience fear and anxiety before clinical practice in a mental health setting. This is driven by stigma and discrimination that stems from lack of knowledge and contact with those experiencing mental health issues. Clinical placements are central to learning in an undergraduate nursing programme but time is limited thus needs to used effectively. Research shows that the most effective way to decrease stigma and discrimination within undergraduate nursing students is to meet real people who experience mental health issues. Local networking resulted in a partnership being formed by the lectures facilitating the mental health component of the undergraduate nursing programme and Like Minds Taranaki. Year two undergraduate learning is facilitated using case scenarios; each has a related mental health issue. The Like Minds group facilitates groups of people to come and share with small groups. The undergraduate nurses are asked to consider questions that they would like to ask, keeping these within a recovery context. The groups get the opportunity to discuss these questions with a person or family member. The hoped for learning outcomes for the undergraduate nursing students are meet but some unexpected ones also became apparent for those who shared their experiences of mental health issues and the undergraduate nurses.

iii) CLINICAL Exercise Physiology in New Zealand – Effect of a 12-week programme on the mental/cardiovascular health interrelations in cardiopulmonary patients

Presenter: Lukas Dreyer (Universal College of Learning, NZ)

Issue: The association between major depression and chronic diseases like ischemic heart disease (IHD) and chronic pulmonary disease (COPD) is well documented. The presence of depression following acute coronary events is associated with twofold increased risk of fatal and non-fatal cardiac events. Patients with IHD have a threefold increased depression prevalence rate. Structured supervised exercise is regarded as a strategy that could break or slow-down the vicious cycle of on-going physical and psychological decline of cardiopulmonary patients. Little is available on how starting levels of psychological health influences training effect on cardiovascular health.

Aims:

1. Examine the major barriers to exercise and the impact of a supervised physical exercise program on them in a group of cardiopulmonary patients referred for exercise rehabilitation;
2. Study the impact of a 12-week supervised clinical exercise physiology programme on measures of physical capacity and psychological health;
3. Study the pre and post 12-week training interrelationships between psychological and cardiovascular outcomes; do they negate exercise effect on each other?
Session 2: (C02/C05 (Level C); Chair: Pete Ellis)

(i) Developing capacity for user/survivor research in Canada: Feasibility of a national research network.

Presenters: Susan Hardie, Jay Harrison (Canadian Centre of Disability Studies, Canada)

As user/survivors become more active in the production, and consumption, of research worldwide it is timely to investigate what might be needed to strengthen capacities for these activities in Canada where discussions of user/survivor involvement in research are arguably less developed than elsewhere. Increasingly user/survivors are supported in their education and have completed advanced degrees, researchers are using participatory methods to involve user/survivors in research in more meaningful ways, and the urgency of “evidence-based practice” has led more user/survivors, and their organizations, to systematically document the evidence of their innovative practices. Despite these emerging trends, user/survivor researchers in Canada have historically worked in isolation, without the benefits of peer-to-peer connection. This paper explores a user-led research project in-progress aimed at strengthening the capacity for inclusive user/survivor research in Canada through assessing the feasibility of a national network to support user/survivor research. The project explores the needs, benefits, challenges, and opportunities associated with developing a national network with, and for, user/survivor researchers and their allies. In addition to presenting findings to-date, this presentation will highlight the challenges and benefits of co-production as articulated by the research participants and as experienced by the project co-investigators.

(ii) Insight into the development of a lived experience research network.

Presenters: Alisa Woodruff, Kelly Pope (LEADR, NZ)

In 2013 members of Awareness: Canterbury Action on Mental Health and Addiction in Canterbury formed LEADR (Lived-Experience Awareness Development and Research), a research network that is entirely consumer focussed and led. The group’s focus is to link people together based on our interests and talents in research as well as our mutual experience – an inherently strengths-based project! Our aims have been to provide a safe space for academics with personal experience to be “out”, provide thoughtful input into research led by people without lived experience but which focuses on mental health, and to support each other as academics and community researchers to undertake research based on what we are passionate about, and that which will further the interests of people with lived experience. In taking on this project, we have adopted the “nothing about us without us” focus of the consumer movement, embracing our voices and their value, but also the practical challenges of establishing and maintaining a lived experience research network. We are keen to share the barriers we’ve faced and overcome so far, the projects we are involved in, and our perspective on the “how-to's” of setting up a research network like LEADR.

Presenter: Giles Newton-Howes (University of Otago Wellington, NZ)

The recovery model of care is gaining recognition in psychiatric practice with policy in many parts of the world stating it is the paradigm under which psychiatric services should develop. It places the subjective process of well-being as primary, as opposed to amelioration of symptoms. Personality is known to have a significant impact on how people adapt to illness. In much the same way personality is likely to have a moderating impact on recovery from mental distress.

Objectives

To systematically review the literature to investigate the impact of personality dimensions on the speed and extent of recovery from mental distress.

Methods

A systematic review of the literature following PRISMA search guidelines was undertaken. Extraction of personality and recovery variables was undertaken.

Findings

There is a dearth of literature that examines the impact of personality on recovery from mental distress. The few papers that report on personality do not allow for meta-analysis and have mixed findings. The extant literature is primarily focused on the potential negative impact of personality.

Conclusions

The impact of personality on recovery is poorly understood. Focusing primarily on the impact of personality disorder on recovery is inconsistent with moving from a focus on treating illness towards promoting well-being. Amplifying strengths and resources in addition to identifying and addressing challenges is required. This is a major weakness in our understanding of what helps and hinders recovery, the formal and official goal of psychiatric services in Australia and New Zealand.
### Workshop: Co-produced research in practice

1. **Problem to be addressed**

   - [Blank space for problem statement]

2. **What research is needed to address the problem**

   - [Blank space for research need]

3. **Research question**

   - [Blank space for research question]

4. **Research team**

   - [Blank space for research team members]
5. Theoretical framework and methods (including sources of data, collection of data, analysis of data)

6. Research impact/significance
Co-produced education in practice

1. Learning objectives (e.g. A statement in specific and measurable terms that describes what the learner will know or be able to do as a result of engaging in a learning activity).

2. Learning activities (e.g. those things the student does to learn including teaching, materials, placements)

3. Assessment (e.g. measuring the student’s accomplishment of the learning objectives.)