

Clinical Psychology and Service User Involvement: Our Business?

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This article considers the relationship between clinical psychology and service user involvement.

"I think what it would be seen as is a bunch of psychologists, what do they want us to do now.... I think probably people might say what, how is that our business. ...I think it would be seen in a critical way, 'can you not just get on and see some of our patients please?'

The subject of service user involvement in mental health services has been brought to the fore of government policies from the margins in recent years. Nevertheless, limited consideration has been given to service user involvement issues within clinical psychology practice and training (Goodbody 2003, Harper, Goodbody and Steen 2003, Jellicoe-Jones 2000, Newnes 2001).

In attending a local conference on incorporating service user views into evidence-based practice one of the evaluations listed was researching the "*attitudes and perceptions of health care professionals to user involvement*" (Service Users' Experience Research Group 2001 pp.38).

In view of this, and having a longstanding interest in service user involvement, I chose to focus on this area for my doctoral research, namely clinical psychologists' views of service user involvement within local adult mental health services. A social constructionist framework was adopted in order to explore and understand the views and meanings of service user involvement for clinical psychologists, including what they bring to their conversations with service users (Anderson and Goolishian 1992). Thus the stance was taken that neither their orientation nor clinical psychologists themselves can be seen

as 'neutral'. Burr (1995) further details the differences between social constructionist ideas and those traditionally used by psychology.

Method

Potential participants working in adult mental health services were generated from information in the Directory of Clinical Psychologists, South, West & Mid Wales prepared by the South Wales training course. In addition invitations to participate were sent to two Clinical Psychologists from outside the South and Mid Wales region who identified themselves, in published accounts, as either current or past users of mental health services

The study was undertaken in two stages. Initially a survey questionnaire was sent out to all potential participants. The information from this survey will not be discussed here. The second stage, with those who consented to take part, consisted of conducting individual interviews to gather qualitative data. The information generated from these interviews is the concern of this article.

A Grounded Theory approach to analysis of the interview data was selected due to its appropriateness with nearly any form of unstructured data (Glaser and Strauss 1967). Particularly as the interview data were the source for considering which psychological frameworks might be deemed to be the most useful for 'making sense' of the information generated in the conversations.

As principal researcher I acknowledged my presence within the research and employed strategies to make my role within the project as transparent as possible e.g. inclusion in the final document of extracts from a reflexive journal kept throughout the research process.

Results

Ten individual interviews were undertaken over seven months with two further re-interviews being completed. Three 'core categories' were generated from those conversations. They were constructed through drawing on the

psychological frameworks offered by Foucault (1977, 1980) on “power/knowledge”; on “identity politics” Sampson (1993); “Inclusive and Exclusive ‘Othering’ ” Canales (2000); the positions within clinical practice of ‘safe certainty’ and ‘safe uncertainty’ proposed by Mason (1993) and Smail’s writings on psychology, power and society (1994,1995, 2002).

Space does not permit a more detailed exposition of the above works. However, I will attempt to give a necessarily simplified description of each of the core categories; illustrating these with a selection of the comments made by the participants. It is hoped that this will convey some impression of the main aspects of the theory to emerge from the interviews. This theory was constructed out of a particular way of considering the data rather than any ‘truth’ about the data.

The first core category was entitled ‘**The Context**’ and comprised the discourses and positions within the service systems thought to be factors in how clinical psychologists may have viewed involving service users in adult mental health services. As such, ‘**The Context**’ encompassed the historical, political and professional backdrops to the issue of service user involvement.

The second core category ‘**The ‘Status Quo**’ concentrated on how ‘**The Context**’ might link to how service user involvement was considered and undertaken by clinical psychologists currently. This included the implications for service users with regard to how their identity could be constructed by clinical psychologists and the resulting practices therein.

The final core category, ‘**The Future?**’ focused on how ‘**The Context**’ might link to different meanings with regard to service user involvement, including the potential for a more democratic and collaborative way of working together and doing different activities with service users.

‘**The Context**’

The importance of clarity about what was understood by the concept of 'service user involvement' and the implications of how power/knowledge were employed for the role that service users were afforded within that process was highlighted:

"I suppose my ideas around that would be anybody who gets involved in ALL stages really of mental health services. Whether it be things like being involved in recruitment panels. It could be service user involvement as part of joint planning or strategy meetings; it could be service user involvement in terms of a pressure group; service user involvement in terms of service users becoming trainers and so on"

"So that at any significant level whether it's at the trust or assembly level their views are considered in the same way that the views of professionals are considered".

The possibility that service users' views might not be considered in the same way as those of professionals is reflected within other categories. Such discourses were viewed as contributing to **THE CONTEXT** of how service user involvement was attended to. Comments included;

"It's about scientific practice and expertise. It's about professional knowledge; that's why we are who we are, we're paid what we're paid and to suggest that you could plan services on a more...by asking people who AREN'T experts would maybe undermine that".

'The 'Status Quo'

Participants made various comments broadly indicating that currently service user involvement might not be approached or undertaken in a meaningful way.

"What's left for user involvement is that bit about, well you [service users] get to decide what colour the curtains are, then. And that's actually all we're going to ask you about. So thank you very much for all those proposals about safe houses in the community and not wanting to go to hospital or have twenty-four access but actually we're going to build this and you [service users] can tell us what colour it should be. I think that's the kind of problem really".

Other comments referred to how clinical psychologists might perceive service users as being fundamentally different to themselves (the difference being service users' mental health problems). Furthermore, this difference had consequences for the way that working clinically with service users was undertaken. Specific reference was made to the ideas around 'them and us' thinking (May 2001)

"Clearly we [clinical psychologists] are as guilty of 'them' and 'us' thinking as any other profession. I mean the BPS [British Psychological Society] isn't SERIOUS about training clinical psychologists with mental health problems".

"But it could be that a small group of service users who are very bothered by a particular failing of the service could almost hijack an agenda really and have an influence that's really quite disproportionate to kind of like the REAL merits of their case."

Participants also appeared to speak about how the power and interests of clinical psychologists were sustained via the way they worked as clinicians, as well as their reservations about, and the practical difficulties of, involving service users in mental health services.

"It's our [clinical psychologists'] interventions that take over rather than what service users needs are."

"I think that guild like division in services IS quite an obstacle to user involvement because some people from different professions don't come together enough."

The final aspect of this core category encompassed comments that considered both the possibility of changing the ways that clinical psychologists worked with service users so as to facilitate their increased involvement, and

the possibility of simply continuing to work in the way that clinical psychologists felt more comfortable and sure of.

“Cos I suppose my feeling is that, now how can I put this, I think some psychologists have got an arrogance that they can actually change the world and they can change things and that somehow they have a right to.”

“[Clinical Psychology] is a young profession as well so possibly clinical psychologists might be quite insecure about their own identities as clinical psychologists and might be keen to assume the role of expert and that might mean conforming to quite conservative values.”

‘The Future?’

This core category reflected participants’ beliefs about a genuine commitment to involving and working with service users at all levels of mental health services.

“So, the places where user involvement is blossoming most is where perhaps the managers or the professionals, there are key managers or professionals who ALSO want to make changes to the service systems...there are people in the system who are leading and supporting that, so you have people in key positions who believe in the value of people and service user involvement.”

“And then things like access to secretarial staff, access to computers, access to the general office equipment that people could use. If you want to do a news flyer of some sort having the computer, having the photocopying facilities, all of that available to you makes it so much easier.”

Other responses pointed towards a more democratic and collaborative way of working together with service users, doing different activities with service users, and the implications for the future of service user involvement.

“I think we need to be behind them [service users], standing behind them, providing the facilities, providing the means by which they can speak out. By adding our voice to their voice that they’re not saying it alone, that we’re saying as users and providers together.”

“So I think we actually need to start looking at the full range of what we can do. Where your service user wants to get to, what sort of help they WANT and

how our psychological models can inform and support that. Even if that's not what psychologists are 'supposed to do.'

Additional comments were about how the identities of service users could be constructed in a more affirmative way. Diversity is valued, leading to different implications for how clinical psychologists might work with them.

"That can be compared in some ways to people 'coming out' as gay in the 1960's and starting to challenge the way society constructs their identity. You can see the same sort of thing happening now around madness and distress, people starting to 'come out' and challenge the traditional boundaries and assumptions of shame and stigma. That's probably escalating and snowballing, that consciousness raising process."

Finally comments reflected whether clinical psychologists could adopt a position of flexibility with regard to their clinical practice and it was suggested that this could foster the increased involvement of service users.

"So its actually a journey you're on with people, it's NOT an individual treatment and single solution. It's helping that person on the journey of accommodating what's happened to them and that applies WHETHER OR NOT you can get rid of their 'symptoms'. Move COMPLETELY away from a cure..., a symptom and cure model to actually a sort of recovery model, which is looking at the person's journey and how we can help them on it."

Conclusion

This article has sought to draw out some of the implications for future clinical psychology practice in relation to the area of service user involvement. The theory offered proposes that the arena of power/knowledge has particular consequences for how clinical psychologists respond to and work with the issue of service user involvement. Prilleltensky and Nelson (2002) have stated that addressing the issue of power is fundamental:

"As psychologists we serve particular interests; our interests, our clients' interests, and a series of other interests of which we are not even aware, including the desires of those intent upon keeping society the way it is, with all its inequalities. Unless we understand how power pervades all we do, and become conscious of the interests we serve, we risk terrible ignorance" (p. xii).

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