The use of the qualitative research methodology tool 'Participatory Appraisal' with Mental Health Service Users, as a method of consultation and community capacity building

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Jeanne Nicholls and Katie Watson

Introduction

In this paper we will explore and explain the choice, methodology and appropriateness of Participatory Appraisal (PA) as an accessible method of community consultation with Mental Health Service Users and Carers, i.e. local residents who either use or care for people who use the mental health services in the Borough of Walsall¹, UK.

Training in Participatory Appraisal was offered and delivered to service users in order for them to facilitate community consultation at a specific event. This one day event aimed to explore key issues of concern to inform the revision of the Mental Health Strategy in the borough; it was devised by users and titled 'Have Your Say Day'. Funding was made available through the Health and Social Services Joint Finance Budget.

We will outline the key components for success, our findings and the outcomes. Furthermore, we will highlight

significant elements that need to be taken into account when such a process is used with service users and carers.

Background

The Borough of Walsall, in the West Midlands, UK, is a culturally diverse area of high social deprivation. In recognition of the deprivation, it became a Government Health Action Zone in April 1999.

One area of current revision is the Borough's Mental Health Strategy. In line with good practice, service users' views were sought on

current service provision. The way in which this was to be carried out was not defined.

Since there are no singularly recognised methodologies for gathering such views, it was suggested that the research tool of PA be used in this capacity. It had previously been used successfully within the Borough with socially and economically marginalised groups, particularly women.

In order that the consultation could take place, there was discussion and explanation of the proposal. Following this, the service users and the two authors agreed that PA was the most applicable methodology to facilitate consultation by service users with service users.

Process

Service Users Network

A series of meetings was held to discuss these proposals. These were supported in terms of time, resources and transport and took place at eight service sites around the Borough in order to maximise service users opportunities to participate. A service user representative, selected by peers, facilitated the meetings. In all, approximately 150 service users and some carers were involved. Much of the information that was gathered at these meetings informed planning for the day. Each meeting also provided the opportunity for expressions of interest in the training and in attending the day itself.

Participatory appraisal as a methodology

PA (adapted from Participatory Rural Appraisal) is, as readers of this journal will be aware, a qualitative research

tool devised for use mainly within developing countries, with a significant body of research highlighting its value in community development (Holland and Blackburn 1998).

Participatory appraisal training for mental health service users and carers

First course

An initial 'Training the Trainers' five-day (one whole week) course was held in December 1998. This was for carers, users and professionals, in order to encourage all three

groups to share their learning together and learn from each other. As Chambers noted, PA can provide a valuable opportunity to bring together policy makers, local workers and local people which can reduce 'the gulf' that often exists between them. (Chambers, in Holland and Blackburn 1998).

This training was accredited through the National Open College Network (NOCN) and participants were awarded a certificate to demonstrate their level of competence.

The outcomes indicated that PA training had value for service users and carers, and could be a useful tool for consultation. Therefore it was decided to run a second training course for

¹ Walsall is a town in the Midlands area of the United Kingdom.

a further group of service users and workers. This has provided a nucleus of PA-trained users and workers involved in the mental health services of the Borough.

Recruitment

The project including training and consultation, was based upon user-led involvement and thus required a user to take on the role of co-ordinator, with appropriate support, resources and involvement from the two agencies employing the authors. The co-ordinator disseminated information about the 'Have Your Say Day', and the PA training opportunities. Recruitment and the training followed.

Second course

Initially a one-week (five days), training plan was outlined. However, during site meetings, the service users said that the week should be split into two, to make the training course more manageable. They also felt that a shorter week would be less stressful than a whole week's concentration. In addition, it was suggested that there would be a higher attendance and more commitment if the week were split into two sections. The week was therefore divided into a sequential 2-day course, followed by a 3-day course. Their predictions proved correct, attendance was 100% and all participants found the course worthwhile and valuable.

'Have your Say Day'

This event took place at a Service site², where users felt that most participants would feel comfortable and at ease. 48 people attended. Transport, refreshments and lunch were provided. No places were offered to professionals, as it was to be run by and for service users. The two authors and the PA training facilitators were also invited to attend. In addition, a Social Services Planning Officer attended to outline Government guidance on proposed changes in service provision.

Consultation on the day was facilitated firstly by a theatre workshop, 'Christine goes to the Doctor', performed by Women in Theatre (a local theatre group). This initiated a lively whole group debate on communication and set the tone for the day. The day ended with a relaxation session. This was in keeping with service users' stated aims of the day being 'fun' and not 'stressful'.

The theatre workshop had provided the catalyst for large group discussion on issues which were important to the participants. Some of these issues were followed up in small groups, facilitated by a PA-trained service user or worker. Participants chose which workshop to attend. The user representatives had previously discussed and devised workshops which would cover the issues participants felt to be of most concern.

The workshop subjects were:

- access to services and liaison between services;
- carers;
- out of hours/crisis support;

- information on resources; and,
- transport

There was a re-gathering of the large group at the end of the day to share the information disclosed.

It had been agreed that collation and subsequent dissemination of the information gathered back to the service providers and policy makers, was to be the responsibility of the Service Users Group. This would be via the formation of a network within the Borough. The group, with appropriate support and resources would prepare a presentation and report. The analysis and compilation of the material for this report has now been completed and will be distributed to relevant agencies and interested parties.

Key findings

Our hypothesis had two elements:

- PA could provide a useful method of user-led consultation; and,
- it could provide an opportunity for a previously unheard voice to be heard.

As well as achieving the above, it was seen that PA improved the self-esteem of participants and stimulated an interest in further education, training and/or employment.

The findings are discussed below in two categories; those that were anticipated, and others that were not:

Anticipated

PA is an accessible and transferable tool for enhancing consultation and involvement with mental health service users and carers. It can help users and carers develop confidence in using the approach, with the support of the locally established PA Network. The membership reflects the diversity of experience and skill available in the Borough.

Service Users will receive accreditation (through NOCN). There is also the opportunity to be paid (commissioned) for future work. This is in-line with the NHS³ Payment for User Representation (West Midlands Partnerships for Mental Health, 1999).

Unanticipated

Not only did PA prove to be a useful and effective tool in investigating the efficiency of service delivery and informing service planning, but also more surprisingly, it was reported by service users to have a 'therapeutic' effect. One person said that the course had offered him new and exciting opportunities to interact with service users and professionals in the wider mental health field. He felt that the training had given him the confidence to contribute. At

² A venue that is used to provide mental health services

³ National Health Service, UK.

a recent conference where he had met nationally known figures, shared a discussion with a consultant psychiatrist and other professionals, he commented that six weeks previously neither he or his mother could have imagined him taking part. He said, "I enjoyed being able to participate and contribute."

This seems to be because the work involved promotes the opportunity to be involved and offers inclusion for marginalised individuals and groups. The PA training course participants were a mixed group of carers, users and professionals, all experiencing the same challenging process in a non-hierarchical environment. It is an equitable form of training where no one person was seen as the expert, holding all the information. Everyone present had knowledge to offer and new skills to learn. All participants felt included and involved and contributions were equally valued.

Whilst PA had been used in the Borough with a variety of professionals, residents and community groups, we have found that by acknowledging and respecting the different cultures of professionals and local residents, PA is accessible to and valued by service users.

A further unanticipated outcome of the project is the growth of the users' network beyond the parochial boundaries into the regional and national stage. This has provided an appropriate platform and widened their knowledge of services and the potential for their involvement across the country.

Outcomes

These include the recognition that:

- PA can help combat social isolation and exclusion through providing appropriate training opportunities. An example of this was the experience of one service user for whom the PA training week provided a means for breaking his social isolation. His quality of life was limited through his inability to leave the house and interact with others.
- Participation in basic PA training can provide increased self-esteem and confidence, as was demonstrated by another service user's experience. He had been a higher education lecturer before his illness and following the training and consultation day, he has found the confidence to begin to re-use his academic title of 'Dr.'. He said "I got out and dusted down my old briefcase to use again".

Participants have the confidence to lead consultations, as opposed to relying on professionals. It was said by one service user that "users to users would be more honest" as services could not be jeopardised by any criticism. It also provides an opportunity for them to set the agenda for the consultation, and to discuss those areas of service delivery, which are of greatest concern.

However, the project demonstrated that the issues raised were those that the service providers were also interested in examining. In fact, to their surprise, not only were problems discussed, but also potential achievable solutions were identified and prioritised. One of the aims of the project was to provide participants an increased feeling of inclusion and involvement in the process of developing services and identifying local needs. This was achieved. A service user said "We are being listened to now".

There was better understanding between users, carers and professionals, and friendships formed. This was in part because the training was equitable and inclusive. It has impacted on the workers who participated as much as the service users themselves. A worker said, "the training had challenged [his] previously unrecognised preconceptions about service users". He reflected that "everyone in the group had an equal role because everyone had something relevant to contribute".

There was a sharing of knowledge and skills. For the workers, who did not work in specialist mental health services, there was 'an increased understanding of and insight into the service users' perspective'. Service users had expressed interest in undertaking further training or educational opportunities. However, for some participants, undertaking the one-week course was enough for now, and they welcomed the space to use the knowledge and skills they had already learnt. One service user said, "For now I am content with what I have learnt" and he will try to consolidate and share his new skills.

Increased confidence in some has led to them expressing an interest in seeking employment. One example of this is that on completion of the training, one service user had developed sufficient confidence both to seek and obtain employment as a mental health support worker. This had followed on from a period as a voluntary worker. The trainers and other participants had provided him with useful information and encouraged him.

The PA training week was reported by participants as 'hard work', 'tiring', but at the same time 'fun'. Importantly the participants did not regard it as being 'stressful', a fact which was reflected in their 100% attendance throughout the five days course. In fact several participants stated that the courses should be longer in future.

Conclusions

The skills and information that service users have gained through their involvement in the project, and increased links to others regionally and nationally have highlighted the potential that PA training has for community capacity building. Additional knowledge that service users have gained is brought back to share with others, thereby increasing local capacity for change and development. The impact has been an increased service user representation on local planning groups, and greater discussion and

willingness to share information on local service changes. The flow of information is now a two way process.

Next steps

The service users are looking to progress this work as detailed below.

- The establishment of a service-user representative network.
- PA mentor scheme to offer support when using and developing skills.
- Dissemination of the findings to relevant agencies and interested groups.
- Membership of Walsall PA Network.
- PA is extended to provide the means for it to be used as a consultative tool by service users at all service sites.

It has been agreed that following on from the success of this one-day event, at least one more such day will be held at another service site in the Borough.

Jeanne Nicholls, Harvey Court, University Hospital, Queen's Medical Centre, Nottingham NG7 2UH, UK. Tel: +44 (0)115 924 9924 ext. 43785. Katie Watson, Health Development Manager, Health and Regeneration, Walsall Health Authority, 27-31 Lichfield Street, Walsall WS1 1TE, UK. Tel: +44 (0)1922 720255;

Email: WatsonK@ha.walsall-ha.wmids.nhs.uk and

References

Blackburn, J & Holland, J (Eds) *Who Changes? Institutionalizing participation in development.* 1998. Intermediate Technology Publications.

Holland, J & Blackburn, J (Eds.) Whose Voice? Participatory research and policy change. 1998. Intermediate Technology Publications