

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/241674913>

# The modernisation of mental health day services: participatory action research exploring social networking

Article in *Mental Health Review Journal* · November 2010

DOI: 10.5042/mhrj.2010.0655

CITATIONS

16

READS

242

4 authors, including:



Wendy Bryant

University of Essex

42 PUBLICATIONS 647 CITATIONS

[SEE PROFILE](#)



Peter Beresford

University of East Anglia

281 PUBLICATIONS 5,503 CITATIONS

[SEE PROFILE](#)



Elizabeth Anne McKay

Edinburgh Napier University

84 PUBLICATIONS 653 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



Participation Archive, University of Essex [View project](#)



PhD Research- Veteran Transition: an Occupational Perspective [View project](#)

# The modernisation of mental health day services: participatory action research exploring social networking

**Wendy Bryant**  
*Brunel University, UK*

**Geraldine Vacher**  
*Central and North-West London NHS Foundation Trust, UK*

**Peter Beresford**  
*Brunel University, UK*

**Elizabeth McKay**  
*University of Limerick, Ireland*

## Abstract

The modernisation of mental health day services has been shaped by concerns about the social exclusion of people with enduring mental health problems. Initiatives have emphasised the use of mainstream facilities and an individualised approach. In contrast, service users have sought to safeguard opportunities for peer support in safe places. This participatory action research brought together service users, staff and others involved, to explore how these different views could be transformed into modernised services. The research took place in an outer London borough from 2003–2007, using varied methods to explore social networking, including a visual method, action research groups and individual interviews. The research was designed and adapted to enable the involvement of people with different capacities and interests. Each stage generated findings for local modernisation, pointing to the importance of a safe space, service user knowledge of social and recreational activities and how self-help groups develop and thrive. The final reconfiguration of local services reflected these research outcomes. Credible and useful outcomes can be achieved from collaborative research, allowing time and creating opportunities to shape interpretations of policy. Emerging initiatives are more likely to reflect service user perspectives and receive their support.

## Key words

Mental health day services, social networking, social inclusion.

## Introduction

Initiatives to promote the social inclusion of people with enduring mental health problems have evolved to the extent that day services, based in buildings in local communities, are now regarded as potentially socially exclusive. Other

community mental health services have adopted some of the functions of day services, yet service users still value day services for the space to form social networks and support each other. This research aimed to find out more about what people valued about the services and how ideas

10.5042/mhrj.2010.0655

such as social networking could be understood. Building on a previous focus group study (Bryant *et al*, 2005), participatory action research was used to engage with mental health service users, using various methods. This paper focuses on the short-term impact on the modernisation of local services, followed by discussion of the wider implications.

## Day services modernisation

Mental health day services have been shaped by UK health and social care policies since the 1940s, consistently offering an alternative to inpatient treatment (Catty *et al*, 2005). In particular, services have provided ongoing support for people with enduring mental health problems. However, the sheltered environment of day services has been claimed to inhibit social inclusion (Spencer, 2004). This view has driven the modernisation agenda since the 2004 Social Inclusion Unit report (Office of the Deputy Prime Minister, 2004), which aimed to develop services that were more responsive to the needs of users, acknowledging social perspectives on health (Office of the Deputy Prime Minister, 2004; Tew, 2005; National Social Inclusion Programme, 2008). Initiatives promoting social inclusion have aimed to enable people to reach their potential as productive members of society, generating initiatives in employment and volunteering (Office of the Deputy Prime Minister, 2004). However, this understanding has assumed the co-operation of those who are socially excluded, without full consideration of the multiple reasons for social exclusion that impact on individual engagement with wider society (Morgan *et al*, 2007). More recently, it has been observed that understandings of social inclusion and exclusion are still evolving (Secker, 2009).

At the same time as the emergence of the social inclusion agenda, community mental health services have diversified to provide services for specific stages (such as crisis teams) and specific diagnoses (such as early psychosis and personality disorders) (McGlynn & Flowers, 2006). The economic crisis in the NHS in 2006 hastened the reallocation of day-services buildings to specialist services and the dispersion of day services into mainstream venues (National Social Inclusion Programme, 2008; Beresford & Bryant, 2008). The day services buildings were viewed as socially exclusive, favouring a shelter role rather than promoting recovery (Lingwood,

2005). Using mainstream community venues and resources has been suggested as one of the most effective ways of promoting inclusion, creating localised and small-scale opportunities for service users (Sayce, 2000; National Social Inclusion Programme, 2008). However, this suggestion reflected the assumption that people were able to engage social inclusion initiatives. The subtle challenges associated with modernising day services led to revised guidance as this research took place, increasingly recognising the diversity of needs for day services support (Bates, 2007).

## Social networking

After initial collaborative exploration of the issues, it was agreed locally that this research would focus on social networking as a means of promoting social inclusion, alongside other local initiatives in education, employment and volunteering within the modernisation programme (Office of the Deputy Prime Minister, 2004). At that time, the term 'social networking' was not widely used in relation to health and there was limited experience of online social networking. Although a social network was not explicitly defined within the Social Inclusion Unit report, it was emphasised that strong social networks were beneficial for mental health (Office of the Deputy Prime Minister, 2004). Day services were seen as a resource to strengthen social networks.

A social network is essentially a communication network supporting relationships, subject to constant renewal and negotiation (Capra, 2002). A strong social network is believed to promote mental health but needs to be maintained (Gale & Grove, 2005). Strengthening social networks therefore requires ongoing work. With an established role in promoting peer support and facilitating the transition to the community, day services have been well-placed to focus on social networking, connecting people with opportunities within and beyond the services (Catty *et al*, 2005; Bates 2007). However, social networks containing predominantly mental health service users have been viewed as socially exclusive (Repper & Perkins, 2003; Bates, 2007). In contrast, Morgan *et al* (2007) have suggested that for some people, because of the severity of their difficulties and fluctuations in their health, social networks within services offer an important source of social capital. This has had to be acknowledged in day service modernisation, grounding the

vision of an inclusive society in reality (Bates, 2007). However, the modernisation of day services appeared to be driven by a vision of social inclusion, rather than independently identified day service failings, requiring interpretation at many levels. At the time of the research, there was a wide gap in understanding of the vision and the reality of people's experience. Service users, carers and staff perceived a threat to services that appeared to be successfully meeting a significant need (Bryant *et al*, 2005). This research was designed to explore service user perspectives on social networking in mental health day services, in an inclusive and collaborative way.

## Method

This participatory action research project involved people who used and worked in day services in a London borough from 2003–2007. A forum, two action days and three strands of research took place. The previous focus group study had generated recommendations for service development, indicating that service users and staff wished to be involved in the process (Bryant *et al*, 2005). Experience of using services can be the source of valuable knowledge for service improvement (Hui & Stickley, 2007). The use of participatory action research as a methodology was informed by Freire's work on giving voice to oppressed groups and Lewin's focus on engaging with user expertise to improve services (Freire, 1970; Khanlou & Peter, 2005; Koch & Kralik, 2006).

As the modernisation process was measured by targets that included consulting with service users, there was a possibility that other targets would take priority, resulting in tokenistic consultation (Beresford, 2002; National Social Inclusion Programme, 2008). Consulting with people in this way tends to rely on the involvement of individual service users, who are then undermined when their representativeness is questioned (Beresford, 2005). The degree to which voices are heard and services are improved depends on the wider political context: in this research, many people were already critical of the modernisation agenda, and saw the research as a potential vehicle for sustaining and promoting their interests. However, modernisation was taking place regardless of the research outcomes and it was essential to be honest about what could be achieved, and how participants' contributions would be used.

Participatory action research is conducted using varied methods, in cycles of action and reflection to ensure that activism is balanced with shared thinking about issues and implications (Koch & Kralik, 2006). *Shared thinking* suggests some degree of critical appraisal. In the research setting, scope for critical thinking was constrained by the apparent imposition of the modernisation agenda and the vulnerability of those affected by it. Fears about the future of day services, which might not even continue to exist, inhibited critique of current services. At the time, there was little guidance for this situation within the participatory action research literature, although more recently Kemmis (2008) has indicated how critical theory can inform this methodology. The first author of this paper, as researcher, was not involved in service provision or responsible for meeting modernisation targets and could see the need to facilitate critical thinking. Deeper insight into the ethical and practical issues was gained by using critical ethnography as a second methodology.

Ethnography involves the study of a setting and its people in depth, provoking questions about differences and similarities (Thomas, 1993; Hammersley & Atkinson, 2007; Madison, 2005). For ethnographers to take a critical stance, Thomas (1993) suggested resisting 'domestication', questioning aspects that are taken for granted, and unleashing other possibilities while remaining engaged with ethical considerations. Expressing *other possibilities* was very important to bridge the gap between the vision of modernisation and service user experiences. This required careful, ongoing and open dialogue and reflection, focused on the assumptions of everyone involved (Madison, 2005). Questions were raised about the emphasis given in policy to particular aspects, for example employment and the negative effects of building-based services. These questions could be seen as resistance to the modernisation process (National Social Inclusion Programme, 2008). However, assumptions were being made by everyone involved, regardless of their opinion, and it was important to facilitate exploration of different perspectives with tolerance.

Both methodologies indicated principles about how the research should be undertaken, engaging with relevant and important issues. To facilitate participation, emphasis was placed on collaborative work to agree how to approach the research topic. Taking a critical ethnographic view enabled collaborative exploration of different

interpretations. These principles were revisited as new people got involved, the modernisation agenda evolved and understanding developed. In practical terms, the critical ethnographic aspect was not discussed in depth with participants, whereas the nature of participatory action research was. This may have reflected the relative inexperience of both service users and staff in research, and their focus on the modernisation agenda rather than methodological issues.

As an occupational therapist, the first author drew on her expertise in enabling participation, based on a broad understanding of occupation as all forms of human activity, not just paid work (Creek, 2003). The methods used will be described in brief to indicate how service users and staff were involved; more detailed accounts are available elsewhere (Bryant, 2008).

### Day services forum

The forum was set up in 2003 to take forward the recommendations from the previous research (Bryant *et al*, 2005), incorporating the modernisation agenda in 2004. Open meetings were held for two hours every six weeks in the social lounge of one of the three local resource centres. Agendas varied, evolving from initial explorations to themed meetings, involving external partners such as the local further education college. At least ten people attended every meeting, including service users and staff, and usually there were more than 20 people present.

Meetings had a broad focus, including the research, which gradually became more defined. Interpretations of the modernisation policy were discussed, leading to the development of the research questions, aims and design. Forum members then became involved in promoting the research and recruiting others. As findings emerged, the forum offered initial responses. Finally, in 2007, a forum meeting was held to reflect on the research, shaping the final analysis. The forum did not reach all service users, staff and other agencies. Translating opinions and ideas into action required a more intense focus, so two action days, focused on social networking, were held to reach a wider audience. Both were planned by working groups from the forum, including service users.

### Social networks action days

The first day was held in 2004 and was structured to share experiences of social

networking. The day started with a warm up 'speed networking' activity, which rapidly brought everyone together. Then, local places to go to were identified by small groups. After lunch, everyone present reflected on the barriers and facilitators for social networking. This led to possible actions being identified by small groups. The research was discussed throughout the day and a mailing list set up.

The second action day was 15 months later and launched the strands of the research. The mailing list was extended to include more people who were interested in participating. Because of the unexpectedly large numbers for the first action day, a larger venue was used. Another warm-up activity, 'human bingo', brought people together before further discussion groups, drama activities and information sharing. An Asian women's dance group performed at lunchtime to celebrate Diwali. Thus service users could participate as performers, activists, consumers and/or friends, depending on their own capacities and priorities. Access to the research strands was facilitated by being part of the larger event. The research also contextualised the other initiatives by highlighting that understandings of social inclusion and social networking were still evolving.

### Research strands

Alongside the ongoing cycles of reflection and action within the forum and associated activities, the research involved three distinct strands. Once the research questions and design were agreed, ethical and research governance approval was sought and obtained from university and NHS committees. Obtaining ethical approval was straightforward because methods and procedures had been clearly identified and agreed in collaboration. Formal written consent was obtained from participants in the three research strands, which investigated:

- A. how the buildings of day services were used for social networking
- B. service user knowledge of mainstream resources for social networking
- C. how user-led self-help groups had evolved locally.

Strand A focused on social networking within day services, based in the social lounge of one resource centre, with an action research group using a visual method based on PhotoVoice



(Wang *et al*, 2000). Photographs were taken and analysed in repeated cycles until saturation was achieved (Holloway & Wheeler, 2002). For the second strand (B), another action research group designed a simple checklist to collect data from the wider community of day service users. They asked about accessibility of places that people liked to visit for social, recreational and leisure activities. In contrast, the third strand (C) involved service users in individual semi-structured interviews about their experience of user-led self-help groups. The interview data were transcribed verbatim and analysed for narrative accounts of three self-help groups (Chase, 2005).

### Final analysis

When all the fieldwork was completed in 2007, all data were gathered by the first author and scrutinised using NVivo 7. The data included fieldnotes, records of meetings, audio-recordings of reflections, and letters from participants and those associated with the three strands. A systematic sampling and coding process was used to distil key themes, used as a basis for theorising about the main research question and considering the implications of the research beyond the local setting. The reciprocal relationship between the research and the modernisation programme meant that outcomes could not be attributed solely to the impact of the research activities. Equally, it was not possible to determine what the final impact of the modernisation would have been if the research had not happened. For this paper, evidence of the impact of the research is presented in relation to each stage of the research, beginning with some general comments.

### Findings

Using different approaches engaged people successfully. Ownership was promoted by placing value on people's actions, to enable the participation of those who struggled to make their voice heard and articulate their views. Freire's (1970) emphasis on action and reflection as a basis for community development and critical thinking was a key influence. By choosing to write letters, take photographs, read reports, make drinks or simply sit at the table, a sense of belonging and ownership could be negotiated. Valuing different ways of being involved required skilled facilitation, adapting the tasks, environments and tools to secure and sustain interest and commitment.

The final analysis identified that 85 events involved service users. 'Events' were defined as times or actions with a specific focus on the research. The number of people involved in each event ranged from individuals to 65 people attending the first social networks action day. Participants lived locally in the large outer London borough, which was less densely populated than other areas because of local green spaces. Approximately one fifth of the population was from ethnic minorities; local initiatives aimed at specific minority ethnic communities were included in the forum, giving access to the research and other aspects of the modernisation programme. It was estimated that over 200 people regularly accessed day services at the time of the research, and a mailing list of interested people grew, including 23 service users with diverse backgrounds and experiences. Three service users sustained a close involvement with the project for most of the four years, along with the second author, the day services development manager, who gave operational supervision.

### The forum and social networks actions days

The research generated many opportunities for service users to share their concerns about the perceived threat to day services. Many service users attending the first social networks action day were concerned about the withdrawal of drop-in sessions where informal social contact could be made between service users. Locating the discussions within the research project meant that staff were not forced to defend the modernisation and could '*learn[ed] service users' fears about day services*' (written response to final evaluation).

Questions were raised throughout about local interpretations of the Social Exclusion Report (Office of the Deputy Prime Minister, 2004) and subsequent related documents for day services modernisation (Lingwood, 2005). It was suggested by some that the first social networks day was '*just about saving money and getting day services on the cheap*' (fieldnotes). The mismatch between the vision of social inclusion and the reality of service users' experiences was an important basis for action, engaging those who wanted to shape the modernisation via the research activities. One service user became involved in promoting the research from an early stage, writing later:

*'I was impressed with the meeting ... that clients were being consulted seemingly before decisions were made and that some sort of democratic procedure was in place.'*

Discussions within the forum and the social networks days facilitated the development of the research strands. Following on from the first social networks day, a more focused discussion was held about the withdrawal of the drop-in sessions, which highlighted the importance of building-based services. The design of the first strand, aiming to capture how the social lounges were used, began to emerge.

There were also discussions about social networking, which led to the second strand:

*'Users weren't clear what a social network was. Social networks and relationships are painful issues, very personal. ... Much of the social networking was controlled by women or based in environments associated with spending money or alcohol.'* (Fieldnotes)

The forum was an important link with other groups, such as a user social group, where the discussion continued:

*'We want to socialise with women without having to pretend to be something other than ourselves. We want to know where or if there are good places to go. We like coming here because it's safe, but we're told to move on. Where can men go?'*

At this stage, a focus on men's needs was proposed but this was challenged by members of the forum and another user group.

This responsiveness to service user perspectives could only be achieved by allowing sufficient time and space to explore the issues at the forum and with other groups. This second strand was refined from an initiative by service users at the first social networks action day. They collated details of places, recommended during the action day, into a directory, which was distributed to all local day services. The directory was developed in the second strand, gathering further information on more social, recreational and leisure activities. The third strand emerged directly from the forum's interest in the user-led self-help groups, which were being promoted as an alternative way of social networking. The uncertainties about the leadership of these groups made both

staff and service users unsure about them as a viable alternative to the drop-in sessions at the resource centres.

### **Strand A: 'The social lounge and beyond'**

The first research strand investigated how service users used a social lounge in one of the resource centres for social networking. Five service users, the first author and a staff member were involved in the research group, which met weekly for eight sessions. Photographs were taken to capture how the social lounge was used and to thoroughly explore service user experiences. A detailed response emerged to the view that day-services buildings were socially exclusive. Analysis of the photographs by the group indicated that these buildings offered an important safe space for peer support. The investigation was extended beyond the social lounge to the garden and dining room, highlighting the value of access to a natural environment and refuge from pressures such as having to organise food. Group members identified pressures not only in practical everyday living but also in dealing with hostility in the wider community. In contrast, within the social lounge and associated areas, there was tolerance and understanding of the difficulties people faced.

Analysis of the photographs suggested three other themes: social networking, moving on and changing times. These themes were dependent on access to a safe space, which made it possible for people to get involved. Social networks within the social lounge created a community of service users and staff, with shared stories of the community itself and individual stories of survival. The community acknowledged difficult aspects of living with a mental health problem and remembered those who had been lost due to suicide. Having things to do fostered social networks, although they did not seem to survive beyond the building itself.

The theme of moving on focused on the many information sources that were available in the social lounge. A photograph of a notice-board was selected to illustrate the importance of being able to discuss new possibilities with other service users and staff. The information shared was not just about local community activities, but also about user-led initiatives. The third theme – changing times – also emphasised that informal contact between service users remained consistently important, despite changing

attitudes and priorities in professional and political approaches to mental health. The non-smoking policy for NHS buildings had just been introduced, but a more significant issue was the focus on group-based treatment sessions. Service users were discouraged from attending the centre unless they were attending a group, in contrast to times when they had been required to attend regularly for informal and formal sessions.

A final report and presentation to the forum shared the findings. Some of the photographs (which did not include images of participants) and text from the report were displayed in a public exhibition about research, and subsequently displayed in the resource centre. As a result, a working group of service users was established to advise on the design of a safe, social space at the resource centre.

All the group members had long-term experience of mental health problems and of different service configurations. They sustained their involvement, despite personal challenges and the unfamiliar occupation of doing research. One group member commented:

*'I was quite nervous before coming into the group but I've probably got more out of it than I could ever have imagined.'*

From initial publicity about the strand onwards, a contrast was consistently drawn between the research and therapeutic approaches, emphasising the separate and different purpose of the research. This was recognised by participants, who welcomed the focus on services rather than symptoms. However, therapeutic benefits from being involved were identified:

*'I've enjoyed it and I shall miss it. It's helped me to get my confidence to go to do my voluntary work.'*

### **Strand B: 'Getting better by going out'**

Two of the service users from Strand A joined the second strand, another series of eight weekly group meetings in a different resource centre. Two others joined, and the group decided that more people would need to be involved to collect sufficient data. They created and tested a checklist, to capture details of local social and recreational activities, which they distributed through service user networks. A total of 44 completed checklists were returned and analysed by the group. Those responding were asked to

identify a place they enjoyed visiting and use the checklist to give information about the location, accessibility via public transport and facilities there. There were also questions about opportunities for social contact and impact on mental health. Finally, respondents summarised main positive and negative features and awarded a number of stars to the venue.

The responses suggested there was a rich knowledge of local community resources based on direct experience, with an important distinction between places for occasional visits and regular opportunities to belong. Places were broadly categorised into different social, recreational and leisure venues, such as sports facilities, shopping centres and museums. It was important to acknowledge individual preferences for social activities and the difficulty of defining good access for people with mental health problems. One group member speculated about this, asking *'are there any such things, such as virtual ramps?'* The group also discussed gender differences in accessing places such as nature reserves alone or with other people. It was agreed that different levels of social contact were experienced by people, not only due to personal preference but also because of the nature of a particular place, for example, a library.

A poster was designed to summarise and share the findings, and copies displayed in the local resource centres and inpatient units. The posters provided a resource for service users and staff to discuss social networking and social inclusion. This approach to dissemination also indicated to the forum and local services that collaborative research could rapidly generate useful findings.

### **Strand C: 'A state of flux'**

This strand explored how user-led self-help groups were initiated and sustained, with service users sharing their experiences of local groups in individual interviews. By this stage, collaboration was so well established that the forum decided which self-help groups should be approached. Service user members promoted the strand, facilitating recruitment. From a population of 20 people committed to the self-help groups at the time, 10 people were interviewed individually by an independent interviewer with no local knowledge or experience of mental health services as a staff member or user. To facilitate access, the interviews were conducted at the self-help group venues (a pub, a resource centre craft room and a church hall).



Themes from the narrative analysis indicated that the groups were in a constant state of flux, with issues around recruitment, risk management, choice and mutual support. The narratives suggested the groups evolved in response to the wider context of mental health service changes, making the task of leadership as challenging as any other leadership role within funded mental health services. This was particularly evident in one of the groups. Immediate local action was required as it was struggling to survive and needed to relocate, requiring and receiving support from the day services staff.

### Shaping the modernisation process

The findings from the third strand were also used to partly justify a proposed reconfiguration of day services towards the end of the research. Overall, three elements were defined, including a community therapy team; the other two elements were directly influenced by the research findings. The importance of a safe space for informal social contact had been identified in the first strand. In the reconfiguration, a daily social club was created in one of the resource centres, offered in partnership with a local non-statutory provider and funded by the local authority. The network of user-led self-help and social groups, which had emerged during the modernisation process, was also included in the reconfiguration, acknowledging the findings from the third strand, which highlighted the importance of a supportive and formal link between these groups and statutory mental health services.

## Discussion

The comment that '*some sort of democratic procedure*' was taking place in this research offered confirmation that a successful approach to service user involvement was being used. As a result, the findings shaped local modernisation in response to service user perspectives. The importance of service user involvement is well recognised (Hui & Stickley, 2007) but hard to achieve, especially when agendas are determined by service providers, not service users, as was the case with the modernisation of mental health day services. The use of participatory action research could have been seen as a vehicle for policy implementation, without opportunity to reflect on policy interpretation (Koch & Kralik, 2006). However, an understanding of critical

ethnography facilitated questions about the priorities given to user perspectives, funding issues and political imperatives. The lack of familiarity with the term 'social networking' initially undermined critical responses to policy interpretation. The ongoing forum, two action days and three strands enabled new understandings to emerge and develop, and the varied approaches to engaging service users enabled different voices to be heard.

Social networking was better understood in terms of the service user experience of day-services buildings, community activities and self-help. Modernisation had required day services to become more outward looking, suggesting that there had been too much focus on fostering a sense of belonging to social networks within services, rather than developing new opportunities and roles (Office of the Deputy Prime Minister, 2004). However, understandings of social networking in this research also reflected the idea of bonding and bridging social capital (Field, 2003; Almedom, 2005), with the bonding aspect of day services being as important as bridging, enabling people to support each other. Without bonding it could be difficult to develop bridging social capital, making use of other resources. The allied concept of linking social capital, where social networks extend to unconnected resources, requires more exploration in relation to day services, which bring people together from different social networks anyway (Field, 2003).

The modernisation policy also contained unquestioned assumptions about occupations that promoted social inclusion and well-being, emphasising paid employment or volunteering (Office of the Deputy Prime Minister, 2004). Findings from the second strand suggested service users had many ways of promoting their own social inclusion and well-being through social networking in different places. However, disclosure of mental health problems could be problematic, especially if a hostile or unhelpful response was likely. At the time of the research, there was no clear indication of local work to systematically address the problems created by stigma and discrimination in the wider community (Sayce, 2000; Thornicroft, 2006).

The view that it was more cost-effective to have people using mainstream resources rather than NHS services was strengthened with the 'disinvestment' following the NHS economic crisis in 2005–06. This polarised funding issues,

repeating a pattern of threatening initiatives not directly concerned with risk management or facilitating return to work (Beresford, 2005; National Social Inclusion Programme, 2008). Day services seemed to be an easy target for cost cutting; the longstanding inequity in funding, not only in comparison with other statutory services but also within mental health services, has been analysed with specific reference to day services by Beecham (2005).

The social and occupational environment within day services buildings had appeared institutional and socially exclusive to some (Spencer, 2004; Lingwood, 2005), yet the findings here indicated the service users did not share this perception. A focus on buildings does not necessarily address social exclusion, which is not always perceived as such by those apparently excluded (Cameron, 2006). Places are primarily defined through social networks; even if those networks are associated with different locations, particular places become significant as social contact is re-enacted over time (Cresswell, 2004). There is a sense of belonging to both the social and the physical environment. The modernisation project appeared to threaten opportunities for bonding in a safe space, by emphasising mainstream activities that held no guarantee of belonging or acceptance.

Bates (2007) observed that day services had to sustain different levels of support, highlighting the importance of being open to different views and experiences between people, and often within the same person at different times. Constantly shifting roles, from vulnerable person to consumer to advocate, highlighted that, for many, recovery is not a predictable or linear process, making it difficult for people to plan or sustain involvement. This determined the scope for user-control, reflecting Sayce's (2000) observations about achieving citizenship within and beyond mental health services. The task of day services is extraordinarily complex, supporting groups of people with fluctuating needs and hopes in the long term. This makes it difficult to fit services into a commissioning framework. However, complexity is also a strength: the collective approach enables people to act as a resource for each other.

Service users in this research were surprised to discover their expertise on day services. Taking an active part enabled them to share their knowledge, some of which was challenged by the modernisation agenda. It was essential

to reserve judgement about what people were doing in day services and why, recognising their right to explore and explain their perspective. People with long experience of mental health problems and ongoing difficulties have significant knowledge and capacity to determine the direction of any modernisation agenda, provided that opportunities for involvement are accessible to them, genuine and invested with power. Faulkner (2004) also suggested that mental health service users have to challenge assumptions about their capacity for involvement.

This research required a shift in focus from individual journeys to service design, evaluation and development. This was challenging for staff, who had multiple and complex roles, yet their involvement was critical to ensuring the continued relevance, feasibility and accessibility of the research and its outcomes. The inclusive approach meant that it was possible to acknowledge their critical perspectives. Precedence was given to service user perspectives, but the inclusion of staff secured access for many who would otherwise have struggled to be involved. Equally, the value placed by staff on the research outcomes meant that the findings were rapidly accessible to a wider local audience. Other researchers are urged to meet the challenge of using collaborative and participatory approaches, not only to give service users a voice but also to build knowledge, understanding and appreciation of the benefits of doing research this way.

## Conclusion

This research involved mental health day service users in shaping the modernisation of local services in an outer London borough. Creating varied opportunities ensured that they could participate within their capacity, taking action and reflecting on their particular experience in cycles of action and reflection. The importance of day services as a safe space for building social networks was emphasised. Imposing constraints on services purely on economic grounds or based on broad concepts such as social inclusion is questionable. This research provides evidence of what day service users with enduring mental health problems find helpful, including spaces for refuge and belonging, services that draw on user expertise and knowledge, and user-led initiatives supported by statutory services.

## Acknowledgements

Parts of this research were funded by grants from the Institute of Social Psychiatry and the Elizabeth Casson Trust. The research was also generously supported in many ways by Brunel University, the local primary care trust and NHS Foundation Trust.

## Implications for practice

- Social networking can be promoted within day services by addressing peer support and stigma in mainstream communities.
- Provision of safe space within day services should be given equal consideration in the modernisation of services, to meet diverse needs for support.

## Address for correspondence

Dr Wendy Bryant  
School of Health Sciences and Social Care  
Brunel University  
Uxbridge  
UB8 3PH  
UK  
Tel: 01895 268746  
Email: Wendy.bryant@brunel.ac.uk

## References

- Almedom A (2005) Social capital and mental health: an interdisciplinary review of primary evidence. *Social Science & Medicine* **61** 943–964.
- Bates P (2007) Safe and sound. *Mental Health Today* (February) 32–34.
- Beecham J (2005) Access to mental health supports in England: crisis resolution teams and day services. *International Journal of Law and Psychiatry* **28** 574–587.
- Beresford P (2002) User involvement in research and evaluation: liberation or regulation? *Social Policy & Society* **1** (2) 95–105.
- Beresford P (2005) Social approaches to madness and distress: user perspectives and user knowledges. In: J Tew (Ed) *Social Perspectives in Mental Health* (pp13–31). London: Jessica Kingsley.
- Beresford P & Bryant W (2008) Saving the day centre. *Society Guardian* 11 June p5.
- Bryant W (2008) *An Occupational Perspective on User Involvement in Mental Health Day Services* (PhD thesis). London: Brunel University. Available at: <http://bura.brunel.ac.uk/handle/2438/3365> (accessed October 2010).
- Bryant W, Craik C & McKay EA (2005) Perspectives of day and accommodation services for people with enduring mental illness. *Journal of Mental Health* **14** (2) 109–120.
- Cameron A (2006) Geographies of welfare and exclusion: social inclusion and exception. *Progress in Human Geography* **30** (3) 396–404.
- Capra F (2002) *The Hidden Connections*. London: Flamingo.
- Catty J, Goddard K & Burns T (2005) Social services and health services day care in mental health: do they differ? *International Journal of Social Psychiatry* **51** (2) 151–161.
- Chase S (2005) Narrative inquiry: multiple lenses, approaches, voices. In: N Denzin & Y Lincoln (Eds) *The Sage Handbook of Qualitative Research* (3rd edition) (pp651–680). Thousand Oaks: Sage Publications.
- Creek J (2003) *A Definition of Occupational Therapy as a Complex Intervention*. London: College of Occupational Therapists.
- Cresswell T (2004) *Place. A short introduction*. Malden, MA: Blackwell Publishing.
- Faulkner A (2004) *The Ethics of Survivor Research. Guidelines for the ethical conduct of research carried out by mental health users and survivors*. Bristol: The Policy Press.
- Field J (2003) *Social Capital*. London: Routledge.
- Freire P (1970) *Pedagogy of the Oppressed*. London: Penguin Books.
- Gale E & Grove B (2005) The social context for mental health. In: A Bell & P Lindley (Eds) *Beyond the Water Towers* (pp103–112). London: Sainsbury Centre for Mental Health.
- Hammersley M & Atkinson P (2007) *Ethnography. Principles in practice* (3rd edition). London: Routledge.
- Holloway I & Wheeler S (2002) *Qualitative Research in Nursing*. Oxford: Blackwell Science Ltd.
- Hui A & Stickley T (2007) Mental health policy and mental health service user perspectives on involvement: a discourse analysis. *Journal of Advanced Nursing* **59** (4) 416–426.
- Kemmis S (2008) Critical theory and participatory action research. In: P Reason & H Bradbury (Eds) *The SAGE Handbook of Action Research. Participative inquiry and practice* (2nd edition) (pp121–138). Los Angeles: SAGE Publications.
- Khanlou N & Peter E (2005) Participatory action research: considerations for ethical review. *Social Science and Medicine* **60** 2333–2340.
- Koch T & Kralik D (2006) *Participatory Action Research in Health Care*. Oxford: Blackwell Publishing.
- Lingwood L (2005) *Redesigning Mental Health Day Services. A modernisation toolkit for London*. London: Care Services Improvement Partnership.
- Madison D (2005) *Critical Ethnography: Method, ethics, and performance*. Thousand Oaks: Sage Publications Inc.
- McGlynn P & Flowers M (2006) Working through a crisis: the process of crisis resolution. In: P McGlynn (Ed) *Crisis Resolution and Home Treatment* (pp65–76). London: The Sainsbury Centre for Mental Health.
- Morgan C, Burns T, Fitzpatrick R, Pinfold V & Priebe S (2007) Social exclusion and mental health. *British Journal of Psychiatry* **191** 477–483.

National Social Inclusion Programme (2008) *From Segregation to Inclusion: Where are we now? A review of progress towards the implementation of the mental health day services commissioning guidance*. London: Department of Health.

Office of the Deputy Prime Minister (2004) *Mental Health and Social Exclusion*. London: Office of the Deputy Prime Minister.

Repper J & Perkins R (2003) *Social Inclusion and Recovery*. Edinburgh: Balliere Tindall.

Sayce L (2000) *From Psychiatric Patient to Citizen. Overcoming discrimination and social exclusion*. Basingstoke: Macmillan Press Ltd.

Secker J (2009) Mental health, social exclusion and social inclusion. *Mental Health Review Journal* 14 (4) 4–11.

Spencer A (2004) Everyday concerns. *NHS Magazine* 2 (October) 2–23.

Tew J (2005) *Social Perspectives in Mental Health*. London: Jessica Kingsley.

Thomas J (1993) *Doing Critical Ethnography*. London: Sage Publications Inc.

Thornicroft G (2006) *Shunned: Discrimination against people with mental illness*. Oxford: Oxford University Press.

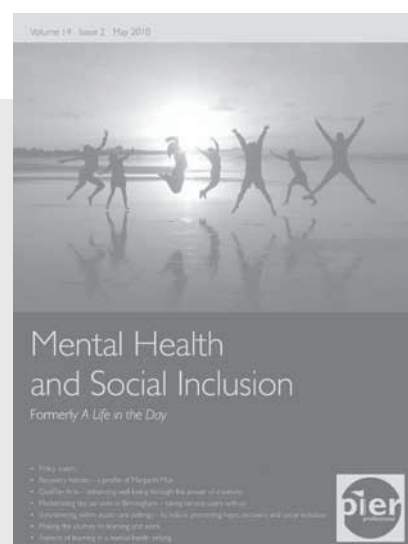
Wang C, Cash J & Powers L (2000) Who knows the streets as well as the homeless? Promoting personal and community action through Photovoice. *Health Promotion Practice* 1 (1) 81–89.

## Mental Health and Social Inclusion

Formerly *A Life in the Day*

*Mental Health and Social Inclusion Journal* focuses on social inclusion issues for people who have mental health problems. It looks at how people can enjoy fuller lives in their local communities – finding jobs, learning new skills, volunteering or participating in arts, sports and leisure activities.

Other areas explored include housing, finance, spirituality, cultural diversity, friendships and relationships. The Journal is practical in focus and enables readers to keep up to date with innovative approaches, best practice, difficulties, dilemmas and possible solutions.



ALL SUBSCRIPTIONS INCLUDE FREE ONLINE ACCESS TO ALL ISSUES OF THE JOURNAL

### Save 20% on two-year subscriptions

- INSTITUTIONAL – print and online (50+ online users)\*
- INSTITUTIONAL – print and online (2 to 49 online users)\*
- INSTITUTIONAL – print and online (1 online user)
- PERSONAL\* – print and 1 online user at a home address
- STUDENT/SERVICE USER/CARER\* – print and online

	1 YEAR		2 YEARS	
	UK	ROW	UK	ROW
■ INSTITUTIONAL – print and online (50+ online users)*	£719	£739	£1,150	£1,185
■ INSTITUTIONAL – print and online (2 to 49 online users)*	£369	£389	£590	£625
■ INSTITUTIONAL – print and online (1 online user)	£219	£239	£350	£380
■ PERSONAL* – print and 1 online user at a home address	£59	£79	£95	£125
■ STUDENT/SERVICE USER/CARER* – print and online	£45	£65	£75	£105

\* Personal subscriptions must be paid from a personal account and sent to a home address

\* VAT will be charged on all multi-user subscriptions

ISSN: 2042-8308 (Print); 2042-8316 (Online)

Subscribe online at [www.pierprofessional.com/mhsiflyer](http://www.pierprofessional.com/mhsiflyer)  
or call Pier Professional on +44(0)1273 783720



Copyright of Mental Health Review Journal is the property of Pier Professional Ltd. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.