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Conference Abstract

People with severe mental illness as co-producers of health: integrating consumer voice and choice into healthcare systems

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Abstract

Introduction: People with severe mental illness are not receiving optimal care in our health system, and yet contemporary Australian mental health policy embeds the right to enjoying the highest attainable standard of physical health without discrimination as a fundamental human right. Recently, shared decision-making and recovery-oriented practice have been receiving increased attention as appropriate approaches for integrating consumer choice into care provision processes. An alternative approach is to view consumers as active co-producers of their health, and people with real and often considerable contributions and capabilities rather than as passive, incompetent recipients of care.

Theory / Methods: Semi-structured interviews with 32 consumers with severe mental illness were conducted. Using the concept of co-production as an analytical lens, two researchers independently and collaboratively conducted content analysis of the transcribed interview data.

Results: Participants identified that fragmentation and dis-continuity of care was their normal experience of the health care system. They wanted access to service providers who were committed to a respectful and ongoing health relationship. Rather than being mastered by health professionals, participants wanted to be treated like everybody else. They wanted to understand what 'normal' meant for them in their situation. Participants wanted to be involved in decisions about their medication, and several reported significant poor physical health effects from their prescribed medication. Despite the severity of their mental illness, participants reported taking an active role in monitoring and managing their physical health. They wanted more choice and more control in their health relationships, and they were also able to make sound health choices.

Discussions: Co-production of health relies on communication and partnership. However, participants in this study indicated that their experience was often one of powerlessness and inability to have active input into discussion and decisions about their treatment and medication. Unless consumers can actively participate in their health, care is likely to remain fragmented, more costly and suboptimal.

Conclusions: We used the concept of co-production as a lens to explore the potential of consumer co-production for health in the population with severe mental illness. However, we found that consumer co-production in professional practice will require substantial changes in the health system.

Lessons learned: Although consumer choice and listening for the voice of consumers are well-accepted components of contemporary health service reform agendas, there is a long way to go before those ideals become more than rhetoric for people with the lived experience of severe mental illness.

Limitations: Participants in this study were from a single geographical area and results might not be transferrable to other contexts.

Future research: Actively pursuing research that involves consumers in the co-production of their health will require further research if consumers expertise and capability are to become recognised by health professionals as valid sources of information and knowledge that become integrated into normal care processes.

Keywords

coproduction; mental illness; consumer voice; collaboration

PowerPoint presentation

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