

Development of the mental service user movement in the Manchester Area as a source of mutual support, self-advocacy and service development.

1. Background.

Since the early 1960's government policy on mental health has been set in the direction of community care. User orientated community groups have been at the forefront of the drive to close institutions, promote community based care and change public attitudes to people who use mental health services.

Service users have become involved in national and international campaigns to liberalise mental health law, to fight for better services and resources, and to expose injustice and oppression.

Groups in the 1960's like People Not Psychiatry and the Philadelphia Association have been superceeded in the 1980's by a wider range of user organisations, such as the Campaign Against Psychiatric Oppression, the British Network for Alternatives to Psychiatry, and Survivors Speak Out. In the early 1990's the development United Kingdom Advocacy Network based in Sheffield has provided an added dimension to mental health service user advocacy groups and projects particularly since groups have often based their activities in the London area.

2. The Proposal.

To establish a range of options for the development of user controlled services and support organisations which can operate either within, or alongside the mainstream statutory mental health service sector groups.

3. Recent Developments.

Since the Griffiths Report on Community Care and the NHS and Community Care Act(1990) the move to a mixed economy of care has empowered a range of independent trusts, public companies, the traditional private sector residential homes and registered charities.

To date user groups and organisations have taken little or no part in the developing pluralist independent sector although service users are by far the most numerous grouping.

4. Advocacy Development.

The next stage in the development of a powerful user movement requires that user representatives assert the rights of mental health service users as organisers of their own care and support both as individuals as well as members of networks, co-operatives, collectives and businesses.

5. Skills.Development.

The skills and experience which comes with being a user of services is not

generally valued by purchasers or providers of traditional mental health services. This is one major part of the problem. The other side of the coin is that most service users do not value their own knowledge, skills and experience of the mental health system.

There are also specific technical and management skills which service users will need to acquire if users are to control their own support services. Health and Social Service staff could play a very important role in supporting service users in the process of acquiring these counselling and groupwork skills.

6. Structural Development.

Organisations will need to be developed which can create the opportunities for service users to pick up the skills they need in order to become effective support workers, managers, co-operators, and trainers. A new culture will need to be developed which will allow service users to take the option for change and challenge the powerful interest groups who currently control the mental health service system.

7. Development Programme.

To develop and implement a programme of action which would promote user controlled services at a local level may require sponsorship from, and collaboration with, a local authority Social Service Department, an NHS Purchasing Authority, and a major national grant giving body.

8. The Process.

Building a consensus for such a development programme amongst service user groups and organisations is the essential pre-condition for an action research project as described above.

Lobbying of local politicians, and making the case for user controlled services with health and social service workers would need to be done at the same time as preparing the initial bids for funding the project development.

9. Funding.

Funding could come from a range of local, national and international sources including specific mental health budgets as well as funding tied to other issues like employment, housing, and education.

User groups could operate as a Task Force like a City Challenge bid.

Careful researching of the demand for services would be followed up with creative bids for funding based on properly costed plans.

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