McPin Foundation | Transforming mental health research

The 10 for 10 Project

Celebrating 10 Years of McPin

Co-production at McPin

Reflections and learning over 10 years

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Foreword

Welcome to our resource, Co-production at McPin: Reflections and learnings over 10 years. This is one of ten resources we've produced to celebrate ten years of the McPin Foundation. For those new to us, we are a small mental health research charity that has been delivering on our mission to transform mental health research by placing lived experience at the centre of research since April 2013. In this time, we have changed and grown from a six-person team to a network of staff, collaborators and partners covering the UK, with friends across the globe.

To mark our anniversary we have produced a collection of ten resources that explain our approach to working in collaboration with lived experience expertise to lead and shape research, evaluations and public involvement work. The '10 for 10' resources showcase our learning and reflections from working across a wide range of projects. They are not 'how to' guides but instead present our thinking and learning to date. Two years in the making, this collection has encouraged us to navigate differences of opinion, even amongst co-authors. We value the conversations this process sparked, and we believe the results are a collection of resources with more depth and nuance.

Now that we've published these resources, we'd like to continue that conversation. We don't have all the answers. At McPin, we are continuing to develop our expertise in co-production, public involvement in research, peer research and supporting lived experience roles in the workplace. By sharing how we approach these issues and what we have learnt over the decade we hope the resources spark passionate conversations amongst the wider mental health research community, and beyond.

We do hope you find this resource on co-production and others in the series useful, and we welcome feedback. Turning to this resource specifically, we highlight the history of co-production and how it's used in research; look at McPin's own co-production journey through three case studies; and offer our top tips for successful co-production in research. We also invite readers interested in co-production to consider some of our 'stress test' questions. We hope that our learnings can help you to explore the possibilities of co-production in research.

Vanessa Pinfold
Co-founder and Research Director

The resources in our 10 for 10 collection are:

1. Using lived experience in the workplace: How staff lived experiences are shaping work at McPin
2. Co-production at McPin: Reflections and learning over 10 years
3. Peer Research at McPin: Our approach, reflections and learning over 10 years
4. Public Involvement in mental health research at McPin: Reflections and learning over 10 years
5. Research Involvement Groups: McPin's models and learning, and linked resource on 'recruiting for diversity'
6. Working as a co-researcher at McPin: Shaping young people's mental health research
7. Young People meeting guide
8. Wellbeing at work: What does it mean at McPin? and linked resources: Mentors and mentees (podcast); Neurodivergent meeting guide: A McPin lived experience perspective
9. McPin's journey towards antiracism
10. An Ode to Peer Research at McPin: You got the Power!: Dedicated to those have crafted their pain into power (video)

Contents

Acknowledgments

We would like to thank all the people who have worked with us both on co-production projects and shaping this resource, including a co-author who wished to remain anonymous. We would specifically like to thank staff at McPin (past and present) who shared their expertise in our workshops, and our Communications team for their support in editing and design. Raj Hazzard, Senior Researcher at McPin, to whom we owe a particular thanks for the care and kindness brought to this project, has co-ordinated the production of all 10 resources in our series.

Illustrator and visual storyteller Kremena Dimitrova and 10 for 10 project lead Raj Hazzard collaborated to create two visual metaphors that captured the essence of McPin's work. 'Bridge Between Worlds' speaks to McPin's commitment to connect the knowledge, experience and expertise from a variety of differing and overlapping communities and spaces. 'Valuing Vulnerability' speaks to McPin's commitment to nurture and empower the knowledge and skills embedded in mental health experiences. Design work is by Mark Teagles at White Halo.

Introducing co-production

What does co-production mean? Many people and organisations have defined it. The essence of co-production is collaborative team working to achieve change by redistributing power and resources.

A co-production team includes people with different perspectives, skills and expertise. It involves embracing egalitarian principles and working together throughout a project. The goal is to produce better quality and more relevant work with real world benefits. We believe co-production approaches are rewarding. Key features include:

- Trusting and respectful working relationships
- Valuing people's different skills and expertise equally and paying people appropriately e.g. in research this means recognising lived experience, as well as clinical and academic expertise
- Having sufficient time to work together and making co-production spaces, as well as processes, accessible for all involved
- Dispersing leadership – a willingness to share power and make shared decisions together

At McPin we are still learning about co-production, and we share some of our experiences here. We hope our reflections will be helpful for those interested in co-producing research, regardless of how experienced you are.

History

Co-production has many points of origin. The beginnings are often attributed to Professor Elinor Ostrom, a Nobel Prize-winning political economist, whose work spans several decades and different continents exploring the active role citizens play in developing public goods and services that matter to them[1].

Edgar Cahn, a civil rights lawyer, activist and social innovator, believed in the power of citizen involvement to redistribute power and transform systems[2]. He was a pioneer of Time Banking in the USA; an alternative currency that exchanges local experience and skills to support community living.

The core values of this alternative currency were rooted in co-production; recognition that everyone is an asset, respect for all human beings, reciprocity beyond money, and community building through fostering social connections. Cahn explains:

> **"This book [first published in 2000] is the culmination of 20 years struggle, and effort to bring about a world in which there would, truly, be no more throw-away people. In the process of that struggle, there has emerged an understanding of something that I have called co-production… For me, co-production has become a seamless web – a universe whose every part is linked to every other part. In fact, the elements of co-production yielded themselves up slowly, piece by piece, not as the whole that I now understand them to be. One puzzle solved led, not too understanding, but instead, to another puzzle."**
>
> Quote from Cahn 2000: page 14

1. Ostrom, E. & Ostrom, V. (1977). Public economy organization and service delivery. Presented at the Financing the Regional City Project meeting of the Metropolitan Fund, University of Michigan, Dearborn, MI, October 1977. http://hdl.handle.net/10535/732.
2. Cahn, E.S. (2000). *No more throw-away people: The co-production imperative.* Washington DC: Essential Books.

This history is covered in a series of Nesta publications[3], which also track the introduction of co-production into UK government public policy[4]. However, the origins of co-production in the UK may also have other beginnings. One early documented example is See Red Women's workshops[5], a London-based feminist print movement that began in 1974. Formed to combat negative images of women in the media, See Red ran as a collective, with no poster being finalised until everyone was happy with it and no individual taking creative credit. The designs were collectively owned, and copyright rejected as a tool of capitalism. This common ownership was a forerunner to 'copy-left' and creative commons rights on intellectual property.

Example of poster produced by See Red Women's Workshop.

Co-production in research

Research can be co-produced too. Co-production challenges traditional research practices, inviting in people and community organisations from outside traditional research environments, such as academia, attempting to make the work more useful and relevant for everyone.

At McPin, this includes people with experience of mental health issues and their families and friends, as well as academics and those working in mental health, such as practitioners and clinicians.

Co-production creates spaces for democratic decisions, and meaningful roles for all involved, to reduce tokenism or exploitation of some project partners. This, in turn, requires research teams to work differently; co-production is not business as usual – it requires people to adapt and change practice.

3. Boyle, D. & Harris, M. (2009) The Challenge of co-production. How equal partnerships between professionals and the public are crucial to improving public services. NESTA. https://media.nesta.org.uk/documents/the_challenge_of_co-production.pdf.
4. Boyle, D., Coote, A., Sherwood, C. & Slay, J. (2010) Right here, right now. Taking co-production into the mainstream. NESTA. https://neweconomics.org/uploads/files/8678a9d67320a294b4_38m6ivak1.pdf.
5. See Red Women's Workshop. (2016) See Red Women's Workshop, Feminist Posters 1974 – 1990. About See Red | See Red Women's Workshop (wordpress.com).

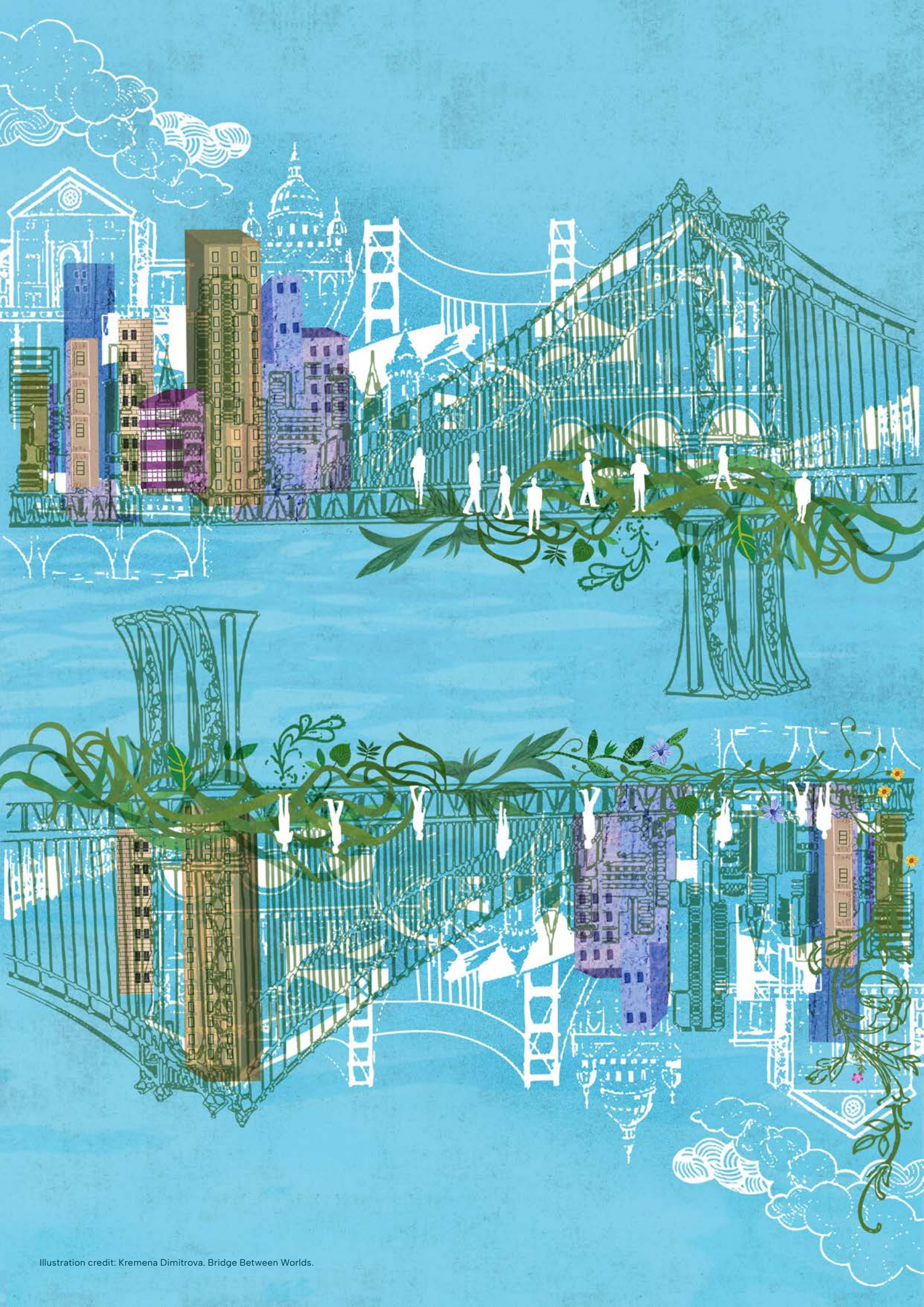


Illustration credit: Kremena Dimitrova. Bridge Between Worlds.

Am I ready for co-production?

McPin has co-produced a range of studies, including complex mental health research projects. We thank all the partners for working with us on these and supporting our co-production journey. This has involved working on research that underpins service redesign. It has also included projects where clinical trials are undertaken alongside qualitative co-produced research.

Interestingly, there is no fixed definition of co-production to assess whether something is co-production in research or not, although there are suggested principles. In our experience the key test is to ask the partners involved whether they feel they are really co-producing together or not.

However, we are aware that sometimes work gets labelled as co-production when it is not. Building on our experiences of disappointment or co-production 'failure', we recommend that projects and the people involved could benefit from a preliminary stress test to see if co-production approaches fit the research topic and the environment they work in.

We suggest people carefully and thoughtfully approach a piece of work rather than labelling something co-production because they intend to collaborate with others. In our view, co-production is a deliberate and specific strategy that overlaps with other approaches, including patient and public involvement (PPI), but has its own distinct features.

Learn more

If you'd like to learn more about McPin's approach to patient and public involvement (PPI), please read our other 10 for 10 resource on the topic. Find more information on our website mcpin.org.

Stress test questions

If you are interested in using co-production in your research, you might ask yourself the following questions linked to the five National Institute for Health and Care Research (NIHR) principles of co-production best practice:[6]

- **Sharing of power.** Are you willing to let go of power and hold it more loosely so that contributions can be more equitable? Remember that if you are gathering people for co-production then they are coming to the table as equals.
- **Building and maintaining relationships.** Do you have the right team in place to co-produce together? Factoring in activities and approaches that help build relationships and a cohesive team culture is essential if trust is to be established within a partnership. This will take resource and needs to be built into the project budget.
- **Respecting and valuing the knowledge of all those working together on the research.** Do you have a team in place who are willing to build a non-hierarchical and inclusive working culture? It can take time and emotional effort to get to know each other and find ways to integrate everyone's knowledge and expertise meaningfully and efficiently.
- **Including all perspectives and skills.** Do you have enough resources in place to cover the contributions of all project partners to work equitably? This will need enough time and budget to pay all project partners. Experiential expertise should not be considered a voluntary addition.
- **Reciprocity.** Are you willing to make space in your programme to learn from project partners – individuals and organisations – through skill sharing and shared learning? Some people might need training and support to work in this way.

We have found confronting poor co-production practice is essential for shifting the balance over who produces knowledge and how it is co-produced. We also recognise it is good to 'give it a go' but this needs to be thoughtfully done, supported by a strategy. We have experience of projects starting off as co-production and ending as something influenced by co-production principles but not full co-production. This can also be valuable learning for all partners.

> **"One of the key lessons I have learned over the past few years as a co-producer is that in research co-production can be tricky and the process is often uneven. Natural hierarchies in research can flow back into a project very easily, despite best intentions, so you have to keep them in check.**
>
> **Co-production disappointments are only just around the corner. Too many people think they are doing co-production when they really are not. So building in space for reflection within projects, at regular intervals, to see how you are doing and how everyone is feeling about the co-production process, is vital."**
>
> Vanessa Pinfold, McPin co-founder and research director.

6. National institute for health Research (NIHR). (2021, April). Guidance on co-producing a research project. Retrieved 12th July, 2023 from https://www.learningforinvolvement.org.uk/content/resource/nihr-guidance-on-co-producing-a-research-project/.

Illustration credit: Kremena Dimitrova. Valuing Vulnerability.

McPin's co-production journey

Looking at a decade of McPin research projects, we identified three examples that we consider to be co-produced enough to be described as such, out of over 100 projects completed during that time. The first project started in the early days of McPin.

Each project from that point built upon the previous ones, incorporating lessons learnt from our partners and from doing co-production ourselves. We think of this as a journey because that is how it has felt, both within individual projects and across these experiences as we consider the highs and lows of co-production practice.

In this section we have developed three case studies, co-created with people who worked on each project. They reflect on how we approached co-production, including who was involved and lessons learned from each project. They are all associated with service design – developing new ways of delivering services for people with ongoing mental health needs. Co-production is particularly useful in this context, with research underpinning the testing of ideas and new ways of delivering support before planning large-scale research studies assessing clinical and cost-effectiveness as well as factors to support implementation.

Hounslow Wellbeing Network

Co-producing an integrated community mental health offer for people with psychosis building on our personal wellbeing networks research study (2015-2016)

PARTNERS2

Developing and evaluating collaborative care for people with ongoing mental health needs including psychosis (2014-2021)

Community Navigator programme

Developing and evaluating a new intervention to address loneliness among people with chronic depression and anxiety (2016-2018)

Case study #1

Co-producing a new support for people with ongoing mental health issues: The Hounslow Wellbeing Network

Our first attempt at co-production was a service design project we joined in 2015 where we used our research skills to develop a new model for local people[7]. The project team had already agreed co-production principles before our arrival, and these principles and values aligned with our own.

How we influenced the co-production approach

We were asked to develop a working group (see figure 1) to codesign a new service for local people with ongoing mental health issues (including psychosis). There were some parameters, including how the solution we co-created had to be resource-light, as budgets were tight. The group met twice a month for six months.

We supported group members to test preliminary ideas, including talking to local service users. The network employed community partners, and one tool they used was network mapping to help understand people's interests, activities and current social connections.

Wellbeing network mapping emerged from research carried out by McPin researchers in collaboration with the University of Plymouth[8]. We were pleased to see this work potentially move from a research project to frontline practice, supporting the wellbeing of people with ongoing mental health needs[9].

Knitted craft piece from the project, now hanging in McPin's office.

7. Hounslow Wellbeing Network: West London NHS Trust. https://www.westlondon.nhs.uk/our-services/adult/mental-health-services/hounslow.
8. Sweet, D., Byng, R., Webber, M., Enki, D.G., Porter, I., Larsen, J., Huxley, P. & Pinfold, V. (2018). Personal well-being networks, social capital and severe mental illness: exploratory study. *The British Journal of Psychiatry*, 212(5), 308-317. https://doi.org/10.1192/bjp.bp.117.203950.
9. Pinfold, V. & Sweet, D. (2015) *Wellbeing networks and asset mapping. Useful tools for recovery focused mental health practice* [Briefing paper]. McPin Foundation.

Here are some of the co-produced elements we introduced:

- **Equality of expertise:** We sought equal membership, in terms of numbers of people, from those with the three types of expertise, bringing diverse perspectives to the group (see figure 1).
- **Equalising space:** The original venue for the group, a health centre, was the workplace of one member and required access codes and lanyards for entry. This created unequal status among partners. We moved meetings to an accessible community venue, selected by voting and agreed by all members.
- **Collective decision-making:** Each meeting began with a recap of the previous session to keep everyone informed with progress. We used voting to agree decisions, such as for the name of our model (The Hounslow Wellbeing Network).
- **Sharing roles:** We shared responsibilities. Everyone had opportunities to take roles including meeting chair, minute taker, provision supplier (buying tea, coffee, milk), arranging room layout, and meeting administration. The roles of meeting chair and minute taker were rotated.
- **Investing in relationships:** Meetings began by inviting everyone to say how they were feeling, and share non-work-related interests. We found shared interests including cycling and crafting, as well as responsibilities like being a parent or grandparent. This helped us to see people outside of role, status, and power. We finished each meeting with lunch in a local café.
- **Nuanced language:** We chose the term 'network' to describe the new model, emphasising 'we' and 'our' to show collective ownership. We avoided the word 'service' due to its clinical implications and chose 'care partners' to describe job roles. It was easy to slip into a clinical service language, but we resisted.
- **Openness:** A lay partner with experience in co-production highlighted instances of hierarchical thinking and power differences. This resulted in some tense moments, but these conversations improved how we worked together.

> **"At first, I found working with such a large group of mostly strangers, and who were senior in status daunting, almost intimidating, but once I saw that they were serious about the task in hand, and didn't flaunt their positions, I could relax. Most rewarding was having my idea of creating a knitted craft piece received well and not as silly or demeaning. We had fun and it brought a light touch to what was sometimes a fractious task of co-producing the Network. Yes, it positively influenced my work as I often cite it as an example of good practice/co-production; and underpins my other advisory and research work."**
>
> Doreen Joseph, working group member.

Lived experience expertise	Local service users and carers (including a peer support worker). A lay partner (a term used in this project) who was a patient leader and CEO of a local organisation working from a lived experience perspective.
Practitioner and management expertise	People employed in professional roles in the local NHS Trust, local authority, local charities, GP practices, and clinical commissioning group (CCG).
Research expertise	McPin researchers who brought experience of embedding lived experience expertise in research and in conducting research using qualitative and quantitative methods.

Figure 1: Expertise in the Hounslow Wellbeing Network working group

What we learned

- **Equity:** McPin's role was to facilitate equity in relationships. Equity requires people with lived experience expertise to have similar power to the clinicians and academics in the collaborative journey. We learnt that for equity to be felt, experiential skills and expertise needed to be seen, heard, and counted. They needed to be validated by being built into the goals and decisions of the project.

- **Dealing with challenges:** Building a shared set of goals, particularly around what solutions might be best for local people, was tricky and led to challenging conversations. Each group in the co-production relationship had different priorities. For example, the commissioners were concerned about the affordability of the model and how it would fit alongside other services. The NHS managers needed to fit the model into current governance and accountability structures. We learnt that the socialising helped circumnavigate some of these tensions and clashes, in particular encouraging humour and creativity. These led to breakthroughs in the collective decision-making process.

- **Taking time:** All in all, to achieve equity we learnt time was a crucial ingredient. More of it was is needed to get to a place where everyone felt comfortable with the compromises that co-production demands.

Case study #2

PARTNERS2 – Developing a collaborative care model

The next stage for McPin on our co-production journey was the transition from rapid co-production in local service design to co-production in a university-led research project spanning seven years. The Hounslow project's timescale overlapped with the setting up of PARTNERS2, so we were able to import our learning from one setting into a large study funded by the NIHR. The PARTNERS2 project was a seven-year research study coordinated from the University of Birmingham and led by the University of Plymouth. The key aims were:

- To develop a new model of care for people with ongoing mental health needs including psychosis, linking up provision between primary care and secondary mental health services[10]

- To test it in a randomised controlled trial (RCT) to see if the new service produced better outcomes than current care provision[11].

Figure 2 outlines all the research partners. There was significant overlap in lived experience expertise and practitioner/academic expertise. Some team members held multiple roles, for example as a clinician and as an academic, whilst other researchers held lived experience expertise but were not employed in a role that required them to use it.

The project's study team wanted to collaborate from the start, embedding lived experience of mental health service users and carers. We introduced the idea of co-production early on. It worked well in the development phase of the project, which included the design of the new service and a website, but when the project moved on to the trial phase decisions became more centralised within the core research team.

10. Gwernan-Jones, R., Britten, N., Allard, J., Baker, E., Gill, L., Lloyd, H., Rawcliffe, T., Sayers, R., Plappert, H., Gibson, J., Clark, M., Birchwood, M., Pinfold, V., Reilly, S., Gask, L., & Byng, R. (2020). A worked example of initial theory-building: PARTNERS2 collaborative care for people who have experienced psychosis in England. *Evaluation*, 26(1), 6–26. https://doi.org/10.1177/1356389019850199.

11. Byng, R., Creanor, S., Jones, B., Hosking, J., Plappert, H., Bevan, S., Britten, N., Clark, M., Davies, L., Frost, J., Gask, L., Gibbons, B., Gibson, J., Hardy, P., Hobson-Merrett, C., Huxley, P., Jeffery, A., Marwaha, S., Rawcliffe, T., Reilly, S., … Birchwood, M. (2023). The effectiveness of a primary care-based collaborative care model to improve quality of life in people with severe mental illness: PARTNERS2 cluster randomised controlled trial. *The British journal of psychiatry: the journal of mental science*, 222(6), 246–256. https://doi.org/10.1192/bjp.2023.28.

Universities	Birmingham, Warwick, Plymouth, Manchester, Exeter, Bangor, London School of Economics, and Lancaster.
Academics	There was a large study team built over seven years – the majority were academics – research assistants, clincal academics in sites, staff in the clincial trials unit, co-applicants on the original study.
Practitioners	We had Care Partners employed on the study with backgrounds in social work, support work and psychology. Several of the academics also held clincial positions as GPs or psychiatrists.
Lived experience advisors and researchers	There were three Lived Experience Advisory Panels (LEAPs) involving 19 service users and carers as well as part-time service user researcher posts within the study team. Some co-applicants also had experience of mental health issues.

Figure 2: Where was knowledge and expertise drawn from in PARTNERS2?

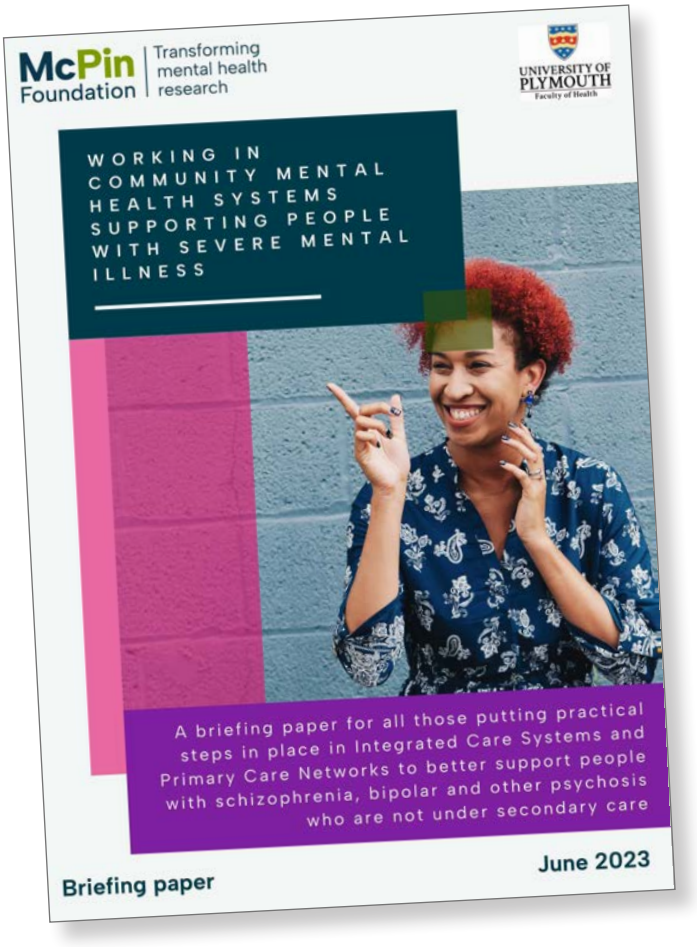
How we influenced a co-production approach

McPin was the lead Patient and Public Involvement (PPI) partner on the study. In this role we ensured that the research study had layers of lived experience expertise in its design, and co-production principles embedded into working relationships. This included different study roles:

- **Co-investigator.** One of the co-applicant team joined as a lived experience expert and others also had experience of mental health issues. This transitioned into the role of co-investigators once the study was underway. There were 11 co-investigators on PARTNERS2.
- **Service user researchers.** We recruited people with lived experience and research skills to work alongside other research colleagues located in three different sites (Lancashire, Birmingham, Devon). These were part-time roles, one per site, and the term 'service user researcher' was preferred by staff and thus used in this study.
- **A lived experience coordinator.** A coordinator supported all the study sites (and LEAPs), during the first phase of the study. During the second phase, the service user researchers took over the responsibility of coordination at their respective sites.
- **Local lived experience advisory panels (LEAPs).** We set up panels in the three sites with service user and carer members with personal experience of psychosis. Membership changed a little during the study but there were 19 LEAP members by the end. The LEAPs co-authored a paper, selected outcome measures for the study, piloted questionnaires, developed the study website and more.

Learn more

If you're interested in learning more about LEAPs please read the Research Involvement Groups resource in the 10 for 10 series. See our website for more details: mcpin.org.



Left: A briefing paper published aimed at those working in community mental health care systems.

> **"I moved from being a member of an advisory panel, where I was able to offer my opinions from a distance, to being much closer to day-to-day decision-making as a service user researcher. In theory, I had more 'power' to shape and direct the project than at quarterly advisory group meetings. However, the practicalities of the role made me far more aware of the need for compromise and pragmatism and the impact this has had on our ambitions for co-production."**
>
> John Gibson, Service User Researcher

We worked with academic partners and practitioners to build a team ethos based upon co-production principles such as equality, shared decision making, and reciprocal exchange of expertise and ideas. Ways in which we approached this include:

- **Setting expectations early:** We suggested a 'ways of working' document to frame how we would deliver this study together. It was co-produced in the first six months involving all core members of the team at the time.
- **Equalising decision making:** The project's primary outcome measure was determined collectively by service users, carers, clinicians and academics in a meeting. The final decision was determined by an anonymous vote, thereby limiting the influence peer pressure may have when people with differing levels of status are present when votes are cast.
- **Collaborative content production of recruitment materials:** We worked together on participant recruitment materials including a leaflet and audio-recorded information sheet. Service user researchers led these tasks, working with LEAP members and other study team staff.
- **Inclusivity in meetings:** We brought all partners together to share progress and learn from each other. We encouraged mixing between different groups of collaborators at these events to try and make the dynamic more egalitarian. For example, we paired academics with service users in ice breakers to discuss non-work interests; we rearranged seating, moving chairs around to encourage mixing, as academics tended to sit together; and we designed agendas so a range of people gave presentations. The impact was a changing of the dynamic in sessions, and a more cohesive and inclusive sense of team.

- **Collective authorship:** We wrote a peer-reviewed article about our experiences of co-production[12]. Within academia, authorship is normally determined by rank and contribution. We had an alternative format for authorship that emphasised shared efforts across the team and bypassed the need to privilege any author over another. We did this by writing as a collective. During that process all authors wrote material for inclusion and reviewed drafts. We also discussed our approach to writing this paper in a video[13].

What we learned

- **How to compromise.** Working with over 70 different people during the project meant meeting competing demands and engaging with different priorities, preferred ways of working and varying knowledge (or interest) in co-production. Compromise and consensus were essential. We learned the importance of diplomacy, resilience and knowing our boundaries when it came to negotiations.
- **Having time to co-produce well.** Co-production means that some tasks take longer, with decisions waiting on meetings or email conversations. Providing time and space for this prevented staff and partners becoming stressed or overworked.
- **The importance of transitions.** Co-producing decisions were easier when we developed the new model of care. It became harder once we began the RCT because decisions were more centralised, in part due to the necessity of speed and following regulatory guidelines. Another challenging transition was when new staff joined the team. We did not always prepare them well enough for co-production and the ethos of the project.
- **People experience the process differently.** Not everyone felt PARTNERS2 was co-production. LEAP members had different experiences and expectations of the process. Some felt they were co-producing, some felt they were only advising rather than being central in the whole process, so there was a lack of equity overall. It was useful to discuss these differences and expectations, sometimes arising from previous experience of co-production in other settings. We learnt that spending longer on inductions getting to know co-producers preferences, discussing expectations and goals were important to foster inclusivity. We also learnt providing clarity on the limits of co-production in large, complex studies was useful for exploring how, and where equity could be achieved in co-production.
- **Flexibility over role titles.** Not everyone was comfortable with the title of 'service user researcher'. Some felt that it afforded them a lower status than other researchers on the project. Others doubted whether their lived experiences were relevant – a form of imposter syndrome relating to working with ones own lived experience in a role. We suggested that people choose their own role title and encouraged all team members to draw on lived experiences as appropriate.

> **"I was involved in PARTNERS2 as part of the Birmingham LEAP and ended up chairing the meetings, including sessions when all three LEAPs met together. I enjoyed the involvement I had with the LEAP. We shared a lot of our own personal experiences with each other and I think it felt safe to do so. We had a few seasonal social times in December when we went out as a group and these events help solidify our relationships. I always felt that I had support for any access needs. Even when on one occasion when I was doing something for the project website, there were difficulties and I was upset, I was listened to and supported and things were sorted out. One of our biggest achievements and the one I am most proud of was the paper we wrote about co-production which was an exercise in co-production itself with around 20 authors. It was far from easy but we did manage to have it published. That is one of the things I learnt most about from the work I did with McPin, co-production is seldom easy but always so worthwhile."**
>
> Deb Smith, LEAP member

12. The PARTNERS2 writing collective. (2020). Exploring patient and public involvement (PPI) and co-production approaches in mental health research: learning from the PARTNERS2 research programme. *Research Involvement and Engagement*, 6 (56). https://doi.org/10.1186/s40900-020-00224-3.
13. The McPin Foundation. (2021, July 1st). 'Journal Digest – PARTNERS2' [Video]. YouTube. The McPin Foundation Journal Digest – PARTNERS2 study – YouTube.

Case study #3

Community Navigators

We continued to apply our learning of adopting a co-production approach in the Community Navigators trial. In 2016, McPin was asked to join researchers at University College London (UCL) to co-produce and test a new programme to support people with chronic depression and anxiety who experience loneliness. The programme involved employing a community navigator to support people with depression and anxiety in their local area[14].

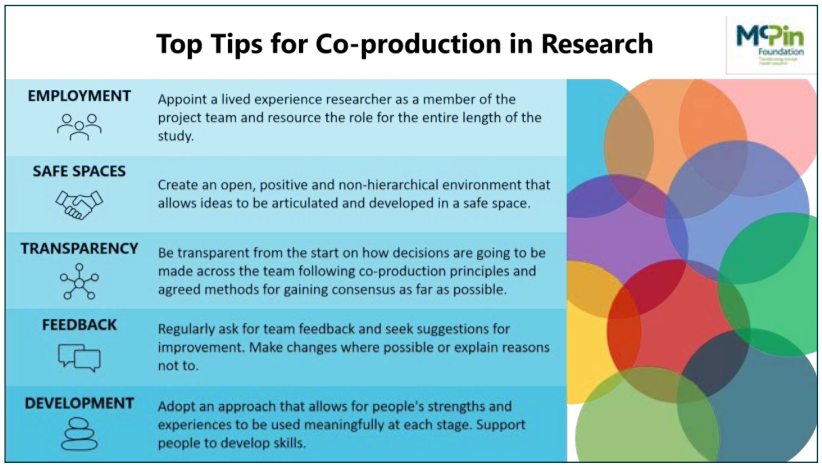
There were three phases. The first involved designing the programme and defining the role of a 'community navigator'. The second involved testing it with a small number of people, and the third involved a larger pilot with 40 people experiencing depression and anxiety. The term 'co-production' was explicitly used from the beginning, including when applying for funding. All the applicants had a shared understanding of the term.

McPin held significant resources for co-production (almost a quarter of the total budget) bringing together people with lived experience expertise, practitioners and academics. The study was funded for two years.

How we influenced a co-production approach

Our first responsibility was to build lived experience expertise into the team, and the second was to form a working group with lived, practitioner and academic expertise contributions. Some key elements of co-production were:

- **A peer researcher position based at McPin.** This post co-delivered the study alongside UCL-based research assistants, taking on significant research tasks and facilitating the co-production working group. A peer researcher at McPin is someone who actively uses lived experiences that are related to the research project, in their work.
- **A co-production working group.** This included six members from diverse backgrounds with direct experience of depression, anxiety and loneliness. There were also four NHS staff practitioners and four researchers. We met monthly for six months to codesign the programme, and then less frequently during the pilot phase, although we maintained membership and all members contributed to dissemination, including co-authoring peer review papers.



Postcard created as part of the Community Navigators project.

14. Lloyd-Evans B, Frerichs J, Stefanidou T, Bone J, Pinfold V, Lewis G, et al. (2020) The Community Navigator Study: Results from a feasibility randomised controlled trial of a programme to reduce loneliness for people with complex anxiety or depression. PLoS ONE 15(5): e0233535. https://doi.org/10.1371/journal.pone.0233535.

Co-production was achieved through working practices which were identified by the working group:

- **Inclusivity around meetings.** Members felt strongly that co-production be democratic and inclusive, and that we needed processes to help us achieve this. As in the previous case study, we shared roles, including that of meeting chair. We nurtured a non-hierarchical safe space in meetings to make sure it felt psychologically safe for everyone. That required trauma-informed, person-centred facilitation taking into account group member preferences and needs. All members could contribute ideas and we tried to engage everyone in activities, introducing creativity where possible, and finding ways to make tasks accessible.

- **Transparency in decision making.** In our first session we talked about how decisions would be made. We used consensus where possible but acknowledged that if no consensus was reached, the ultimate decision maker would be the study co-leads at University College London (as required by the funder). We were honest about what we could do together: design a new programme, meet regularly, pay people for their time, change meeting times, and provide ongoing opportunities.

  We were also honest about what we could not do: change the focus of the study or the study location, or extend timelines. Most decisions were made together, including voting when we knew there were varied viewpoints, to see where the majority opinion rested.

- **Collecting feedback.** We asked everyone for feedback on co-production processes using an anonymised survey after six months. We used that feedback to change how we communicated and how we involved people with lived experience expertise in the study. We fostered a culture that welcomed ongoing feedback.

- **Thinking big, offering varied tasks and opportunities to influence.** We encouraged working group members to contribute beyond meetings. For the six lived experience members this included recruiting and training the community navigators. Recruitment of staff was a significant task, where we designed a whole process involving two interview panels with interactive exercises to assess fit for the role. The training was co-developed and co-delivered with working group members.

  We also needed to decide on a group activity for the community navigators to offer clients (people with anxiety, depression and feelings of loneliness). There were lots of different ideas and the lived experience group members shaped the final design. Lived experience members also wrote blogs and spoke at events to publicise findings. The group helped apply for funding for the second phase of the programme, Community Navigators2, which is also being delivered using a co-production approach.

- **Lived experience leadership in dissemination.** All working group members were involved in the research process, analysing qualitative data, and writing up findings. This included a peer-reviewed article, led by the McPin peer researcher. Practitioners, service users and researchers read interview transcripts, created coding themes, wrote paragraphs, and edited drafts. This was published as an open access article[15]. Feedback from members indicates that this was a positive experience, and that we were able to fund everyone's contributions to the end of the writing process.

15. Frerichs, J., Billings, J., Barber, N., Chhapia, A., Chipp, B., Shah, P., Shorten, A., Stefanidou, T., Johnson, S., Lloyd Evans, B. & Pinfold, V. (2020), Influences on participation in a programme addressing loneliness among people with depression and anxiety: findings from the Community Navigator Study. *BMC Psychiatry*, 20, (565). https://doi.org/10.1186/s12888-020-02961-x.

"Working in a truly co-productive way is always rewarding for those of us with lived experience. Realising how much we were heard during the Community Navigator Study boosted my confidence and my interest in research. It has led to me becoming a lived experience researcher and now, rather than battling to improve the mental health system from the bottom up as a patient advocate, I feel I am influencing from the top down by supporting evidence which informs policy and practice."

Co-production working group member

What we learned

- **Team culture.** We learned the importance of continuity in our co-production working group membership, strong coordination, and sharing all tasks and decisions. It was a team effort and the 'personality' of the project was shaped together, with an inclusive culture.
- **Benefits of different types of expertise.** The variety of professional roles in the team (occupational therapy, social work, psychiatry, psychology) as well as research and lived experience was valuable. It was useful to have a clinical perspective which could advise on how things might work in practice within the NHS as well as having considerable experience of the client group that we sought to help through community navigators. It was important to have people with experience of depression, anxiety and loneliness to explore practicalities and usefulness of our collective suggestions.
- **Creating processes that work for all.** We learned that protected time for clinical colleagues might need to be negotiated in advance, to help them attend meetings. We knew that lived experience members wanted meetings with clear agendas and tasks allocated, giving time in advance to prepare for sessions, thus reducing anxiety. Working with such a diverse group expanded all our knowledge and was a good demonstration of the power of co-production.

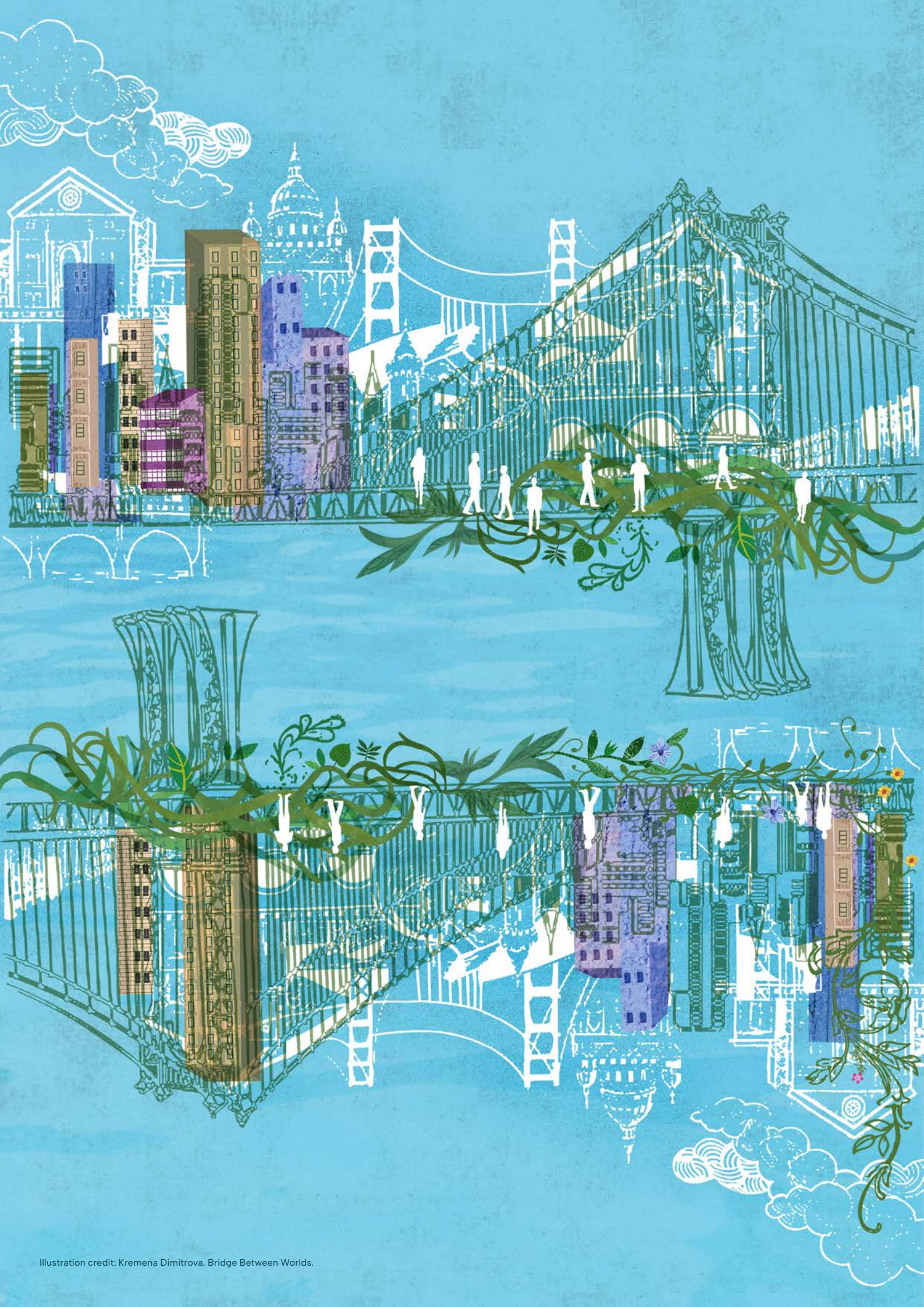


Illustration credit: Kremena Dimitrova. Bridge Between Worlds.

Why can co-production be challenging in research?

At McPin, we are committed to co-production and have found it a valuable approach over the past 10 years. Here, we look at some of the difficulties. Why have we found it difficult? We summarise below five challenges we have encountered on our co-production journey, along with implications that arise from them.

Challenge 1

Time pressures

Probably the most significant challenge to co-production is time. Lived experience, community or practice partners are not always involved early enough by research leads, so can feel like lesser partners instead of having equal status.

Research teams unused to co-production often run out of time to involve everyone prior to submitting a funding proposal, potentially distorting the power balance before the study even begins; this includes research teams in the voluntary sector as well as university departments. Once funded, tight deadlines make it difficult to communicate, keeping everyone on board, using their skills, providing choices of tasks, and ensuring equitable sharing of opportunities. Project teams need time to bond, establishing ways of working principles and creating conditions for shared decision-making and the allocation of project tasks.

Studies often struggle to involve partners in the writing and dissemination stage, which usually happens at the end of a funded project cycle after people's contracts have ended. This leads to distortions in the process and an unevenness in how co-production is applied, often being weaker at the beginning and end of a study (when time pressures lead to compromises), but stronger in the middle.

Challenge 2

Traditional research environments

Traditionally, research occurs in universities or other large research institutions. The work is characterised by hierarchies and competitive work environments. This is reinforced through the system of publication in peer-reviewed journals. Research teams are scrutinised through university league tables and assessed based on a Research Excellence Framework[16], which occurs every five years.

Co-production processes are largely unrecognised by the current reward system. The dispersed leadership models in co-production are contrary to how traditional research projects are led, with principal investigators being accountable to the funder and research sponsor. Co-production emphasises equality of contributions and power-sharing, which does not always connect with academic structures.

16. Research Excellence Framework (2021). What is REF? Research Excellence Framework. Retrieved on 24th July 2023, from What is the REF? – REF 2021.

Challenge 3

Relationships in research teams

Effective relationships underpin co-production. Teams build relationships based on trust and mutual respect, holding space for different perspectives and cultivating a team identity. Co-production also includes addressing tensions in team dynamics if they arise. As noted above, such bonds take time to develop. Working relationships can be more difficult to develop in pressured research projects, with staff dispersed across different institutions (and sometimes different countries).

Hybrid working during COVID-19 brought new challenges and opportunities with all meetings and interactions being online. Allocating space in a project plan to build team spirit and support, including a sense of curiosity and friendliness, requires emotional effort, time and resources. If not all the team value and prioritise the building of relationships it can lead to imbalances and problems, including some partners feeling excluded and marginalised.

Challenge 4

Governance and funding structures

Research structures such as Research Ethics Committees (REC) or clinical trial units may not always 'get' co-production. For example, RECs require detailed protocols to be written in advance. This is contrary to co-production, where protocols are developed iteratively, and changes are made over time.

Changes to protocols can be made via applications for ethics committee amendments, but the process is time consuming and restrictive. There is also the additional problem of these structures not viewing people with mental health issues as equal partners but being more used to them in the role of research participants with vulnerabilities.

Funders can be another structural barrier to co-production. The nature of research funding applications often results in funders wanting to know about the professional qualifications, academic pedigree and institutional affiliations of applicants, including those with lived experience as co-applicants. However, the systems have not evolved to understand the skills and expertise of these roles and the application processes do not accommodate those outside research institutions.

Major research funders such as NIHR, UKRI and Wellcome Trust are becoming more interested in lived experience contributions to research, including co-production, but there is a still a long way to go to understand and embrace its value base and provide sufficient funding to cover the necessary time required to do it well.

Challenge 5

Methodology and fields of research

Some fields lend themselves more readily to co-production than others. Research into health services and interventions tend to fit with the roots of co-production (i.e., service design and development).

Research that is applied tends to be better suited to co-production as the results more clearly map into tangible real-world changes and impacts, supporting the work of practitioners or community groups or individuals with mental health issues.

Research approaches that are heavily protocolled, including randomised controlled trials and systematic reviews, are a challenge for co-production; as are approaches requiring technical or statistical expertise with methods led by individuals rather than co-produced by teams.

In all studies, the design – including decisions around research focus and interpretation of results – can be co-produced. Although it can be more challenging to achieve dispersed leadership and shared decision making in some fields of research, it is still possible.

Top ten tips for co-production in research

Through doing co-production and learning from challenges, we have compiled a list of ten tips for doing co-production well. Our tips are geared towards all co-producing partners, with some specific emphasis on supporting people whom are actively working with lived experience. We would welcome feedback on them.

Uncover and celebrate individual strengths in your team

Take time to get to know people in your team. This can include mapping the skills available in partnerships. Follow up with careful and deliberate use of skills and personal attributes. Strengths may include things that are not traditionally valued in research working environments; for example, emotional intelligence, creativity and a sense of humour. Try to develop a strategy to develop these skills as a team and celebrate individual success.

Share personal experiences or interests

Another aspect of getting to know people in your team is inviting all partners to share a little about themselves on a personal level. This can be a book or film recommendation, a conversation about family or a place they have visited. This can help build a sense of shared humanity between people working together towards a goal, building trust.

Value vulnerability

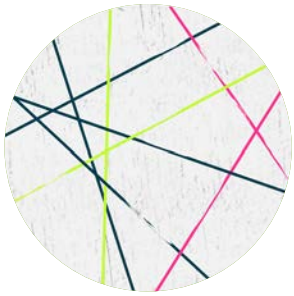
Co-production can involve sharing of experiences that can be deeply personal. In McPin's field of work this may include experiences of mental health that are stigmatised and discriminated against in society. Enhanced support beyond basic supervision is encouraged for this type of emotional disclosure. Creating and nurturing a safe communal environment is important. Mentoring, peer support, reflective practice and resilience training can help create this environment.

Foster reciprocity

Co-production can be an enriching experience for all involved. Reciprocity is part of this, sharing skills and gaining friendships. People tell us that co-production can have mental health benefits and lead to longer-term relationships with teams, as well as expanding their own personal, and/or professional opportunities elsewhere. People can use the experiences gained in one project and take them into another, sharing them with others who are newer to research co-production. Explicitly encouraging reciprocity in a study is recommended.

Be transparent about the limitations of the approach

Co-production seeks to build a consensus, but compromises are sometimes needed in research studies including co-produced ones. Not everything can be co-produced by all partners, at every point in a study. Acknowledge and communicate possible limits of collective decision-making early in the process. Talk about pragmatism and compromise openly.



Preparing ourselves for differences of opinion

Anticipate and allow for robust exchanges between people with different viewpoints. Create 'safe spaces' to test ideas. Ensure that everyone is accountable to the process and that the principles of co-production are agreed. People should feel able to 'call out' problems. Be open, respectful, and listen to challenging opinions. Provide careful feedback when systems are not geared towards co-production or the involvement of those with lived experience. In this role you may be offering a 'critical friend' perspective (see accompanying resource on PPI to read more about the 'critical friend' role).

Create dynamic and consistent communication

Co-production works best with stable team membership, meeting regularly and working towards a shared goal. Establish multiple channels for communication so that conversations allow ideas, planning and decisions to flow. Communicate clearly and honestly, and with all stakeholders. Find ways to work with people with different learning styles and communication needs. It is important to surface expectations and respect differing viewpoints when agreeing on a way forward. This often means putting personal or political agendas aside. If new people join a project team, induct them into the ways of working of the study, including your principles. Have documented 'ways of working' so everyone can see what has been agreed and why.

Do not underestimate the resources needed

Co-production requires time and money up front, including protected time for the emotional labour of using experiential knowledge that is often marginalised and minoritised. A well-developed budget to pay people with lived experience for their time is also needed; comprehensive guidance on this has been provided by NIHR[17].

Collaborative working relationships take time to develop among people with different skills, experiences, and perspectives. Projects need to allow for the flexible, organic nature of working in this way. They will also need a training budget. We should not assume that everyone knows what co-production is and how to do it, so regular training is important and likely to involve a shared learning space not a formal teaching format.

Think about diversity of perspectives

Projects benefit from a diversity of expertise, skill, experiences, training and even methodology. We recognise mental health is not an isolated experience and intersects with other experiences such as disability, sex, gender identity, racial heritage, age, neurodivergence and sexual orientation.

Consider how to reach people who generally may have been more excluded than others from research, particularly those who are disproportionately under-represented compared to the population. Plan an inclusive recruitment process and an ongoing consideration of accessibility and inclusion.

Include lived experience in the core team

Employ researchers whom actively work with their lived experiences to create a bridge between lived experience, academic or/and clinical team members. At McPin we call this approach peer research. Peer researchers navigate the different terrains and advocate for better involvement opportunities for groups that traditionally hold less power.

In two of our case studies, staff at McPin worked in part-time group coordination roles, while simultaneously holding peer research positions alongside university-based team members. We have found these anchor roles to be vital. It is hard to do co-production without group coordination capacity, and people in research teams working from a lived experience perspective, in staff salaried positions.

17. National Institute for Health Research (Version 1.4, July 2023). Payments guidance for members of the public. Retrieved on 24th July 2023, from Payment guidance for members of the public considering involvement in research | NIHR.

Final thoughts

Co-production can be a very useful research approach, particularly when designing new treatment and support solutions. It is not business as usual, it requires radically different ways of working together.

We have come to understand co-production as a process, the formula for which varies project to project. To be done well, each piece of work needs internal consistency, but what works well in one project may not in another. What defines co-production is not only how it is done, but also for what purpose.

At McPin we have learnt that the core value unifying co-production processes is equity. First by carving out substantial roles for those with experiential knowledge and skills in research projects. Secondly, by facilitating good working relationships and processes between groups that hold different values, skills, knowledge, experience and power. Equity can only be achieved with a conscious awareness of the power dynamics. This includes within McPin. Co-production requires deep reflection of how power shows up with working practices, accompanied by a preparedness to call out, give up and share power with others.

"Co-production not only needs recognition of power dynamics it also requires active work to minimise these and ensure that everyone around the table is heard and respected. It requires you to shift your perspective, the process is just as important, if not more so, than the output. Co-production is an opportunity for reciprocal learning, where I have been both able share my knowledge and learn from other's expertise. Although it can be complex and time-consuming, co-production projects have been the most rewarding and impactful I have been involved in throughout my career. I hope that funders further invest in this radical approach to knowledge creation."
Tanya MacKay, Head of Research and Involvement, McPin

Co-production might be messy, more expensive and challenging but it is robust and ethically preferable approach. It is a path to cultural and epistemic humility, which is something McPin is actively working towards.

We encourage researchers to learn about co-production, and to consider it in their work. We would love to hear from other teams about their experiences of co-producing research. Please get in touch to share your case studies and work with us: contact@mcpin.org.uk

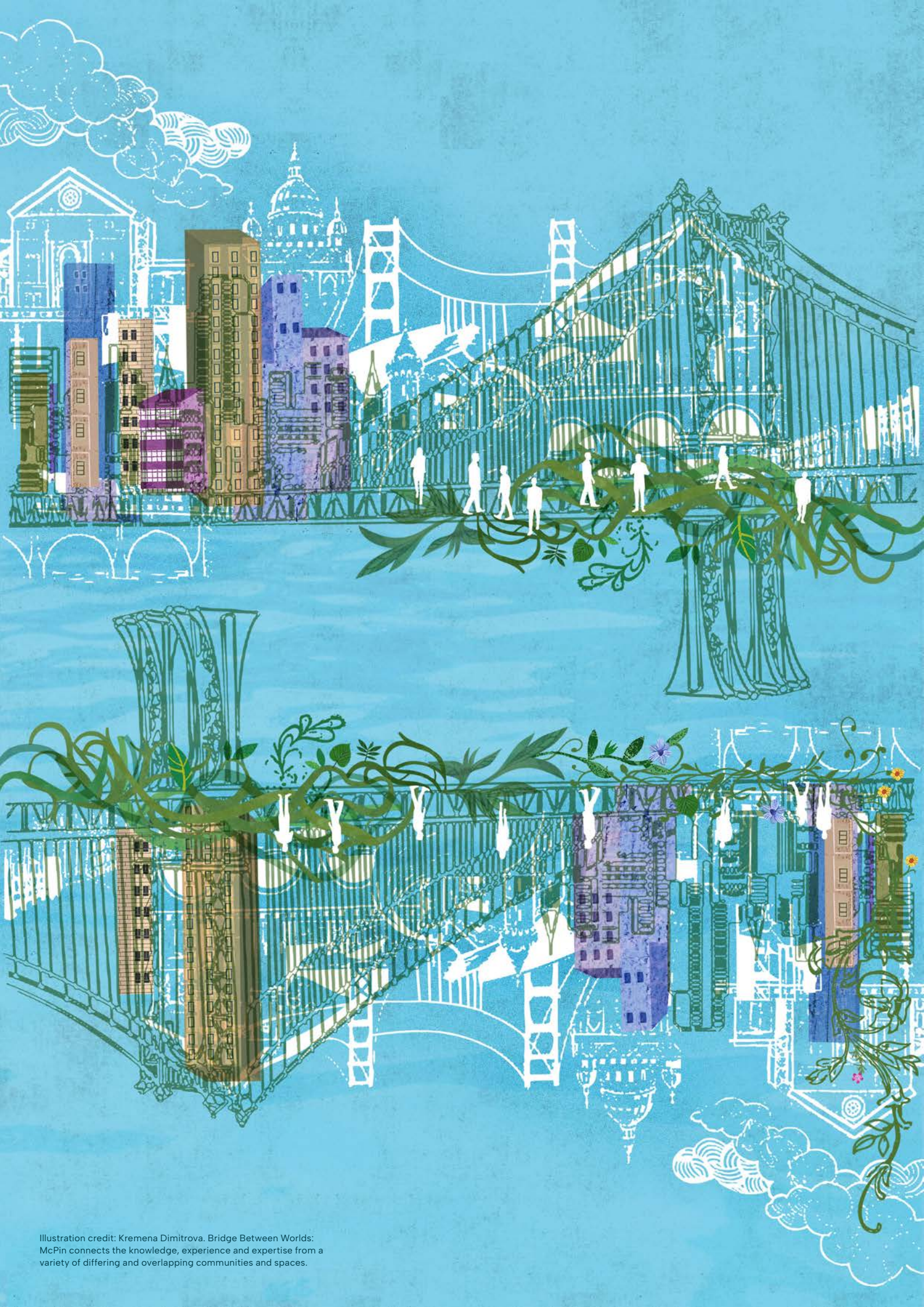


Illustration credit: Kremena Dimitrova. Bridge Between Worlds: McPin connects the knowledge, experience and expertise from a variety of differing and overlapping communities and spaces.

Co-production resources

The resources listed below have been suggested by the co-producers involved in writing this resource. This is a curated, summary selection and not exhaustive.

At the time of listing each resource, the link we have provided was publicly accessible. This was an important criteria: the resource had to be open access to be included. They are ordered in sections and cover guidance from funders, peer review journal articles about co-production, websites of expert co-production organisations, blogs and YouTube videos.

Health research guidance and case studies from research funders

- INVOLVE. (2019). Co-Production in Action: Number Two. Southampton, INVOLVE. Retrieved 12th July, 2023 from Co-Production in Action (Number Two) – Learning for Involvement.
- National Institute for Health Research (Version 1.4, July 2023). Payments guidance for members of the public. Retrieved on 24th July 2023, from Payment guidance for members of the public considering involvement in research | NIHR.
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- Research Excellence Framework (2021). What is REF? Research Excellence Framework. Retrieved on 24th July 2023, from What is the REF? – REF 2021.
- U.K. Research and Innovation. (2022, June 20th). Co-production in research. Retrieved 8th January 2023 from Co-production in research – UKRI.

Peer review journal articles

- Beebeejaun, Y., Durose, C., Rees, J., Richardson, J., & Richardson, L. (2015). Public harm or public value? Towards co-production in research with communities. *Environment and Planning C: Government and Policy*, 33(3), 552–565. https://doi.org/10.1068/c12116.
- Beresford, P. (2019). Public Participation in Health and Social Care: Exploring the Co-production of Knowledge. *Frontiers in Sociology*, 3, 41. https://doi.org/10.3389/fsoc.2018.00041.
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- Aberdeenshire ADP Alcohol and Drugs. (2018, October 7th). The parable of Blobs and Squares [Video]. YouTube. The Parable of the Blobs and Squares – YouTube.
- New Economics Foundation. (2011, July 8th). Stories of Co-Production [Video]. YouTube. Stories of Co-production – YouTube.
- Recovery and Wellbeing Academy. (2021, February 2nd). What is Co-production [Video]. YouTube. What is Co-production – YouTube.
- The McPin Foundation. (2021, July 1st). 'Journal Digest – PARTNERS2' [Video]. YouTube. The McPin Foundation Journal Digest – PARTNERS2 study – YouTube.

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Expert organisations

- Co-production Collective. Welcome to the Co-Production Collective! (co-productioncollective.co.uk).
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- The Co-production and Involvement Network for Wales. Co-production Network for Wales (copronet.wales).
- We Co-produce. Home | Unique Social Consultancy | We Coproduce | London.

Blogs

- Social Care Institute for Excellence (SCIE). *Blogs on co-production*. Blogs: Co-production | SCIE.
- Currie, R. (2016, December 2nd). Power, capital and control: co-production in research. *McPin Blog Series*. Power, Capital & Control: Co-production in research | The McPin Foundation.
- Gibbons, B. (2017, November 6th). Bipolar research – working together to decide what outcomes matter. *McPin Blog series*. Bipolar research – working together to decide which outcomes matter. | The McPin Foundation.
- Lived experience Researcher. (2022, July 4th). 'Best practice' for co-production: does clashing trump consensus? *McPin Blog Series* 'Best practice' for co-production: Does clashing trump consensus? | The McPin Foundation.
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We want mental health to be better understood. Our mission is to improve everyone's mental health through research informed and directed by lived experience expertise. We want the value of lived experience of mental health issues to be upheld and embraced, which is why we put it at the heart of all our work.

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