WHAT WE WOULD EXPECT TO SEE IN A THRIVING LIVING WELL SYSTEM, AND HOW WE MIGHT SUPPORT MENTAL HEALTH SYSTEMS TO WORK TOWARDS A MORE RELATIONAL FUTURE?

Living Well UK | COMMUNITY FUND

What might be possible if we continue to grow our ability to respond relationally to mental health, based on the work of our pioneering Living Well sites?

Our last key learning in this series is that the potential of collaboration and co-production will always be limited for as long as systems are dominated by mechanistic responses and logics. In relational systems, collaboration and co-production aren't just used to create new services, they are embedded throughout the system and used to change it.

First, inspired by Living Well, we outline a different, more hopeful future for mental health that becomes possible if we balance mechanistic and relational responses, and if practitioners are able to hold purpose, power and practice in creative tension. To realise this future, we will need twenty-first century leadership, and new kinds of collaborations that build on the model provided by Living Well Collaboratives. This is where our learning series ends.

What might Living Well mean for the future of mental health systems?

1. A PREVENTATIVE SYSTEM WITH A NEW AND ENLARGED ROLE FOR PEOPLE AND COMMUNITIES

The full expression of Living Well is a system in which teams, networks and communities combine to provide care and support where and when it is needed.

In a genuinely preventative future, people and communities will exercise control and agency over how mental health is understood and how help is organised. There will be recognised spaces and places in communities for mutual care and support. Easy to access support will be everywhere - talking to a friend, a life coach, going to a peer support group, creating art, enjoying a mindful garden, going to your GP, and, yes, getting help from a mental health service. In this future world support happens in informal and incidental spaces: pubs, hairdressers, barbershops, cafes, supermarkets as well as in more organised initiatives such as support groups and food banks. All are equally valid and trusted.

This alternative future world is a powerful reminder that when people become unwell in our current reality, we assume that the solution is to 'fix' the problem with treatment from a mental health service. Yet, as our 2020 research highlighted, what people often need is something very different; simple, practical help with everyday problems, compassionate conversations or words of encouragement and emotional support from friends and loved ones.

The current system is under huge strain. Systems that help people in communities feel more confident and able to care for themselves and others, with a more distributed holding of distress, will help reduce the burden of care on the mental health workforce and so create more sustainable formal provision. This kind of preventative system will be better able to manage demand and cost within available budgets.

Mechanistic systems struggle to grow the role of people and communities because practitioners 'other' them as separate from formal, statutory services. Relational systems help us find a transformational third way that amplifies the collective capacity of both in new relationships of collaboration.

2. AN ENHANCED ABILITY TO ADDRESS SOCIAL DETERMINANTS

Living Well systems recognise and embrace the social determinants of mental health[1]. They accept the idea that people's mental health is not just a function of brain chemistry, but also the result of a complex interplay of social, economic and environmental influences and conditions, including power, agency, identity, wealth and inequality. In other words, they advocate for the combination of medical and social approaches.

The multidisciplinary teams that our sites have created are starting to work effectively with organisations including housing, welfare rights, employment, education and training. This work is in its infancy, but it demonstrates an alternative future possibility where our conception of a mental health system is expanded and resourced to support people to live well by helping them to have good housing, safe neighbourhoods, meaningful work, access to green space, to connect with and support others.

Embracing social determinants means working with multiple systems and agencies and stepping out of the current narrow focus on health. In a future relational system, the relationships between agencies will be taken seriously, and new collaborations will be developing and evolving new responses that help people with their housing, money, employment and personal networks.

1 For evidence on the important role of social determinants, see for example:

https://neweconomics.org/2020/10/the-new-economics-zine-2 and The Social Determinants of Mental Health, Michael T. Compton, M.D., M.P.H., and Ruth S. Shim, M.D., M.P.H.

3. PEOPLE AND COMMUNITIES

Living Well systems embody a radically different way of responding to mental health needs.

They embrace demand and need actively and openly (there is no place for thresholds and eligibility criteria). Support is preventative, person centred and holistic. Professionals share responsibility for care and support and they collaborate in the interests of the people they serve; they do not block access and there are no handoffs. They see the whole person (not just clinical need) in the full context of their lives, including the social determinants of mental health. They work together (across organisational boundaries) according to a shared vision, shared values and set of person-centred outcomes, and their goal is to help people live well, participate equally in everyday life and reach their full potential.

KEY FEATURES

- The community and organisations hold the system to account in upholding the vision and values.
- There is a successful, collectively owned public mental health strategy and campaign that has tackled stigma, enabled prevention, and supported communities to embrace people struggling with mental ill health.
- There is a deep commitment to working with social determinants, and this involves an expanded multi agency, multi system approach
- A network of organisations is formalised.
- Organisations supporting mental health are part of a recognised and supported network, with a strong culture of shared responsibility.
- Commissioning focuses on upstream support, rather than downstream to target prevention in the long term.
- The value of a wider range of resources is recognised and there is experimentation in allocating resources across sectors.
- System partners are inducted into common system practice that focuses on preventative, holistic person centred support.
- People can use a co-produced, common care planning practice and document as a passport between support.
- This is supported by technology that allows data sharing between professionals and people using services and their carers
- There are dedicated spaces and resources for prototyping, learning and innovation.

DRIVING QUESTIONS

How might we:

- Reduce the mental health challenges that people face and quickly help people to access support when and where it is needed?
- Ensure no one hears the words “we cannot help you”, but “of course” or “let me connect you to the people who can”?
- Enable people to self-author their support?
- Work together across agencies and partners as one system?
- Connect NHS mental health policy and services with local authority public mental health?
- Learn and innovate in order to improve outcomes for all?

What is needed to bring this future to life?

TWENTY-FIRST CENTURY LEADERSHIP

Too often we associate the activity of leadership solely with those who hold senior positions of formal authority in our systems. Like the authority of politicians, commissioners, or service managers; we can define it as a contract with the power to decide on the use of resources in service of delivering against a set of objectives. We then reward those in authority for delivering against those aims.

It is true that these positions hold a great deal of power in their ability to influence and deploy significant financial resources. But wider resources are also deeply significant in the processes of making any form of transformation in our systems. We need to recognise and acknowledge the power of a wider set of more elusive and hard to measure resources such as influence, networks and relationships, energy, responsibility and commitment, creativity, even hope.

We also need to acknowledge that the nature of the required transformation in our mental health systems will require us to operate in significantly different ways than we do now, shifting boundaries of responsibility and accountability. This means that many of the existing ways in which authority is organised will no longer be fit for purpose. It is at this point when leadership is required. We need leaders who can productively challenge the expectations of their own authorisers, and unlock the potential of different kinds of authority, such as marginalised voices and practitioners who are close to people accessing services and who might better understand what is needed.

This acknowledges a wider shift in public service leadership. As Harvard Professor Mark Moore describes, we need to shift from a twentieth century conception of “technical administrators managing efficiencies against legislative mandates and perfecting our organisations to perform traditional roles.” Instead, Moore suggests we need to evolve twenty-first century leaders who he describes as “adaptive and agile entrepreneurs and executives that use the broad range of formal and informal resources at our disposal to maximise our organisation’s capacity to generate the greatest public value.”

In our sites we have witnessed senior leaders growing into adaptive styles of leadership, and leaving behind old styles of public management 'command and control'. They have embraced Heifitz's metaphor of stepping onto the balcony. In practising a balcony perspective they deepened their diagnosis of the challenges in the system, amplified their capacity to understand and nurture relationships across the system, and recognised and actively encouraged previously marginalised and disempowered voices to have influence and exercise agency. We saw how they deepened their connection to and respect for:

- People with lived experience, including those whose voices might typically be experienced as difficult or hostile
- Voluntary sector leaders who historically had comparatively weak voices and little formal power, and
- NHS staff and managers who might not have felt they could speak openly about problems in the system or take leading roles in co-producing new solutions.

Leadership became less about managing and distributing scarce resources, and more about nurturing new relationships and new voices as an intentional way to create greater public value for the system as a whole.

LEADERSHIP:

What would you expect to see in a thriving Living Well system?

Collaborative leadership is a culture in which the capacity of anyone to exercise leadership towards a shared vision for change is recognised. In a thriving Living Well system, leadership is shared and actively encouraged from any person and any organisation. Leadership is values-based, not technocratic or managerial. Leaders model positive behaviours and try to "be the change they want to see." Formal leaders create an authorising environment that gives others the permissions and resources they need to do the work of change and try new things. Lived experience leadership is seen as critical to meaningful change and it is actively supported and resourced.

KEY FEATURES

- Stakeholders are united around an evolving common purpose and shared vision for change. They are signed up to a shared way of working for achieving the vision. They define and measure success together.
- There is belief in the idea that anyone in a system can be a leader and that insights and wisdom can come from anywhere. Different kinds of authority are recognised and celebrated.
- There are collaborative governance and performance management frameworks that exemplify and nurture partnership working with the voluntary sector.
- Formal leaders influence other areas of mental health - for example crisis care and care for children and young people - as well as the wider health and social care system.

DRIVING QUESTIONS

How might we:

- Build a culture in which everyone can lead?
- Distribute power and authority?
- Lead collaboratively across organisational boundaries and regardless of professional status?

COLLABORATION AT ALL LEVELS:

What would you expect to see in a thriving Living Well system?

Living Well Collaboratives have provided practitioners in local systems with non-hierarchical, exploratory forums in which they co-produced new visions for the future. Design Teams and Prototyping Teams brought those visions to life in new multidisciplinary service models.

This is only the beginning. To realise the alternative futures described above, we will need to continue to invest in collaborative spaces and allow new kinds of collaboration to emerge.

We can imagine collaborations led by people and communities, and 'inviting in' practitioners from fields as diverse as public health, education, social care, welfare rights and the arts to collectively imagine new ways of providing support that responds to the full complexity of people's lives. We might see local authorities trialling universal basic income initiatives alongside work to adopt and adapt innovative models for connecting people to meaningful occupation (from volunteering, employment to creative arts) such as Mosaic Clubhouse.

We would expect to see new collaborative models of care that are more effective at making sense of distress and responding to it fully, such as the successful Open Dialogue model, which brings clinicians, families and social workers together to help those involved in a crisis situation to be together and to engage in dialogue. Open Dialogue is a wonderful example of a fully relational response to mental health. The experience of participants is that "if the family/team can bear the extreme emotion in a crisis situation, and tolerate the uncertainty, in time shared meaning usually emerges and healing/recovery is possible." [2]

Finally, we might even see our nascent Living Well systems evolving to become Trieste-style systems in which mental distress, however complex, is collectively held by everyone from mental health practitioners to taxi drivers.

Living Well systems recognise the critical importance of collaboration in the work that is required to overcome complex, intractable problems such as mental ill health. Stakeholders know that they can't meet people's needs, or address system challenges, on their own, and that dialogue, insight and resources need to be shared. The focal point of collaboration in a Living Well system is the Collaborative; a non-hierarchical space where all stakeholders can come together to co-produce a vision, shared values and person-centred outcomes, and discuss and overcome shared challenges with openness, trust and honesty.

2 https://opendialogueapproach.co.uk/

KEY FEATURES

- Staff consider the interests of all organisations and partners and see themselves as working as part of a whole system.
- Practitioners from different systems and sectors are brought together and supported to imagine and test new solutions that draw on resources from multiple disciplines
- Hierarchy is transformed - with formal authority being used as a resource to facilitate and enable stakeholders to work together as peers across organisational and professional boundaries, towards a common purpose and shared vision for change.
- There are disciplined, collaborative innovation processes that equalise power and embrace all voices.
- The principles of co-production underpin action across the system (services, delivery, commissioning, governance, budget setting).
- There are collaborative governance and performance management frameworks designed on shared principles - e.g. unanimous decision making, shared pain/gain, failing safely together, best for service decision making, and empowering people with lived experience to own and evaluate service data.
- Collaborative commissioning is embedded to enable voluntary and community sector organisations, communities and people to have control over how support is commissioned and delivered in their area.

DRIVING QUESTIONS

How might we:

- Bring stakeholders together in a way that allows everyone's voices to be heard?
- Flatten hierarchy so that all voices are valued?
- Shift staff interests towards the system, not just their own organisation?
- Create governance spaces and process that are integrated and support collaboration and inclusivity