

The Added Value of Lived Experiences in Library of Lived Experience Project for Mental Health

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Libraries of Lived Experiences. (LLE)

- ▶ Public Patient Involvement (P.P.I.) in an unsuccessful ESRC bid, and how that influenced the second, successful, redesigned project for RfPB
- ▶ Concept from the 'Human Library' organisation - reduce prejudice through exposure to 'Human Books' by 'Readers'.
- ▶ ESRC Bid Proposal - Large Project to Establish and Evaluate Living Library (Realist Evaluation of outcomes and implementation) - unsuccessful.
- ▶ Service User Researcher - 'Grey Literature' - Identify 'Mechanisms'
- ▶ RfPB Call - Mental Health Focus - Therefore Adaptations/Redesign/Resubmission.
- ▶ Bid Success - RfPB Project to Understand C.M.O.s and Co-Design an Implementation Framework.

Library of Lived Experiences - Nature of the Involvement - First Stage (ESRC)

- ▶ Initial Idea - development of understanding of the Human Library Model - TedTalks, Media, User experiences, observational involvement - **Experiential**.
- ▶ Peer Type supportive workers, lived experience workers, ex-support workers, researchers - **development of experiences and views as justification**.
- ▶ **Community of Support** - outreach to Libraries (University, County and Blackpool), Recovery Colleges L.S.C.F.T., Third Sector (Acorn-Calico & Lancs. Mind esp).
- ▶ Proposal for a researchable Living Library - resourcing with Lived Experiences, Library Skills/Facilities, Referring Agencies (Health Care), Third Sector
- ▶ **Different approaches from Stakeholders** - third sector community focus in conflict with academic research priorities (?)

How Experiences Formed the Project - 2 Stages

- ▶ Initial ESRC Bid: working LLE with realist evaluation - (Context, Mechanism, Outcome C.M.O.), and framework guidance for localised library projects. **Feasibility, Efficacy, Design, and Enablement.**
- ▶ Second Submission - RfPB - North Mental Health Call - smaller scale project. Output for social care/health agencies, of guidance for establishment.
- ▶ Influence of 'P.P.I.' - community support 'keeping idea live' - acceptance that understanding mechanisms of interest key.
- ▶ Approach of NHS/Social Care to **create knowledge base as first step to co-designed implementation framework.**
- ▶ Larger evaluation of live LLE supported and possible practically in future.
- ▶ Issue of first 'Lived Experience' community not fully part of second research design. (Solaris Centre - positioning)

Challenges and Highlights

- ▶ Initial ESRC a large bid - logistical challenges for P.P.I. activity - Research Design Service (R.D.S.) Funds enabled series of meetings for **appropriate 'stakeholders'**
- ▶ **Service User researcher post enabled the work in the community** - Meetings to interest libraries, Observations of LLE projects, meetings with Third Sector Teams to gauge interest and understand their needs.
- ▶ The building of a significant community of interest around the idea was key - **Maintained the focus from Spectrum Centre** - Helped bring on board relevant NHS/Social Care academic skills for reformed submission.

Hints and Tips

- ▶ **Involve R.D.S. Early** - P.P.I. fund support enabling activity - guidance on maintaining the maximum flexibility to create a live community - factor in re-bidding, and **project design changes in line with demand and need.**
- ▶ **Get good at Facilitating** - Strong tight agendas, meet beforehand for relationships, give good information/explanations before meetings - BECAUSE - allows successful **bigger** meetings, **more people** and thus **wider community of support** - **credibility to the project.**
- ▶ **Listen to the P.P.I. community** - finding out what they see as useful research - further ideas possible - commitment to support higher.
- ▶ **Be flexible, and know you are....**keeping as much Stakeholder interest alive as possible.