

BMJ Open Coproduction and mental health service provision: a protocol for a scoping review

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To cite:

Norton MJ. Coproduction and mental health service provision: a protocol for a scoping review. *BMJ Open* 2022;12:e058428. doi:10.1136/bmjopen-2021-058428

► Prepublication history for this paper is available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2021-058428>).

Received 17 October 2021

Accepted 06 May 2022

ABSTRACT

Introduction Since the turn of the millennium, recovery has become mainstream in mental health services across much of the Western world. Resulting from this, many jurisdictions, including Ireland, have created frameworks and policies to support its integration into traditionally, statutory mental health services. Coproduction is a cornerstone of recovery. However, there is confusion about what the term means, along with queries surrounding its implementation. Consequently, studies have identified that coproduction compliments recovery in several ways. This has been found to have a positive impact on a service user's ongoing recovery journey. However, no synthesis has yet been undertaken into coproduction within mental health service provision. As such, this protocol aimed to provide information on a scoping review to examine the evidence base for coproduction within mental health service provision.

Methods and analysis A Preferred Reporting Items for Systematic Reviews and Meta-Analysis compliant scoping review is proposed, based on Arksey and O'Malley's framework. This framework documents a five-stage approach to conducting scoping reviews. Search terms are stated and a variety of databases (CINAHL, Jstor, Ovid SP, PsycINFO, PsycTEST, PubMed, RCNi, Science Direct, Web of Science and Wiley Online Library) and repositories (Cochrane Online Library, ETHos, nz.research.org.nz, ProQuest, National ETD Portal, Google, Google Scholar and ResearchGate) will be examined for papers based on inclusion/exclusion criteria. The search range is from 1 January 1970 to 31 December 2021.

Ethics and dissemination This paper is a protocol which requires no ethical approval. Information relating to the review is stored with OSF Registries, where it is freely available. The protocol details were updated in February and again in May 2022. The resulting scoping review will be distributed through peer-reviewed publications.

INTRODUCTION

Since the turn of the millennium, mental health services in Ireland and across most of the Western world have undergone immense systemic and cultural change.¹ One of those changes was the introduction of personal recovery as a concept into what was a traditional, biomedically led statutory service. According to Anthony,² personal recovery is defined as

...a deeply personal, unique process of changing one's attitudes, values, feelings,

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ No assessment of study quality will occur due to the scoping nature of the review.
- ⇒ The scoping review will be comprehensive as it will include the peer-reviewed and grey literature on the subject matter.
- ⇒ This scoping review will be conducted by one individual, which may limit the intended impact of this review.
- ⇒ Given the subject matter, there has been no patient and public involvement in the preparation of this protocol, which may weaken the intended impact of the text.

goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness (Anthony, p21).²

An important element in the realisation of this idea of recovery is the promotion of individual rights and entitlements as well as person-centeredness.³ These are important values for mental health services as they signify a change in organisational culture which was traditionally coercive in nature.⁴ The question remains: how can these traditional services transfer these values to those they traditionally provide services to? The answer to this question comes from a participatory model first coined by Sherry Arnstein in the late 1960s. This participation model used the rungs of a ladder to simply illustrate the differing levels of participation available—from manipulation to that of citizen control.⁵ Over the past number of decades, this ladder of participation was reiterated on numerous occasions, and as such, its essence was implemented in a variety of settings, including mental health. The latest iteration of the ladder of participation comes from the New Economic Foundation, which has replaced the term citizen control with that



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of coproduction as the highest level of participation available.⁶

Coproduction is a concept that has recently been identified as central to the provision of recovery-orientated services.^{7,8} However, the term is difficult to define due to its short but vast history in a wide range of different services.^{9,10} However, for the purposes of this proposal, coproduction will be defined using Norton's¹¹ definition of the term. Here, Norton suggests that coproduction involves the creation of a dialogical space where all stakeholders engage with each other equally to improve mental health service provision.¹¹ In essence, coproduction is a mechanism whereby the centrality of the service users' lived experience, as posited by the Health Service Executive,³ is realised. This process would support services to view individual service users as equal, which enhances the human rights of such individuals and subsequently improves the service they receive. However, moving forward, a universal definition for coproduction is necessary to assess its validity in a variety of different contexts in which it is used.¹ This assessment of validity would also support the increased evidence base by proving that the concept does in fact enhance the recovery journey of such individuals.

Coproduction has a short but colourful history. The concept originated from the scholarly work of Elinor Ostrom in the USA in the 1970s.¹² Her work was further explored and expanded on thanks to the scholarly work of Anne Coote and Edgar Cahn, to name just a few. Such scholars developed the concept from its origins in economics to that of the wider business field, then public services to healthcare and finally mental healthcare. However, the peer reviewed data relating to coproduction in this context are sparse in nature, with limited peer-reviewed data available to establish an evidence base to support the validation of same.¹³ This scarcity of empirical evidence may have resulted from its transformation over a relatively short period of time, causing academic scrutiny of the concept within a mental health context.¹⁴ To date, the results of such scrutiny have not been synthesised to provide a clear picture of how the concept might adapt to mental health services and to identify if the concept is suitable in such settings. This scoping exercise is imperative as a recent systematic review suggested that their results were altered by the systematic and rigorous nature of their review, and as such, to showcase the true extent of the literature pertaining to this concept, a scoping exercise should be completed.¹ Although the systematic review in question specialised in child and adolescent mental health, this suggestion highlights a gap in the literature when it comes to coproduction in mental health and, as such, warrants investigation. This is also necessary as coproduction is a cornerstone of recovery-orientated practice,⁸ but both are still in their infancy, so their relationship also needs to be examined within this service context.

Rationale for study protocol

This protocol and subsequent scoping review are being conducted as part of a larger project examining coproduction within mental health. As suggested previously, there is a current paucity of peer-reviewed evidence examining the concept's application within mental health service provision. A rationale for this lack of focus has been speculated to include the increasing difficulty in defining coproduction as well as difficulty in implementing the concept in practice.^{15,16} As such, this review is timely to address the aforementioned concerns and to support the direction of new research into coproduction in mental health service provision.

Aims and objectives of the scoping review

This paper presents a protocol for a scoping review on the recovery concept of coproduction within mental health service provision. The objectives of this review are

- ▶ To scope the literature as it relates to coproduction and mental health service provision,
- ▶ To synthesise the definitions, types, and models of co-production evident within mental health service provision,
- ▶ To describe the advantages and challenges of using coproduction in this context.
- ▶ To describe what is known about the implementation of the concept within mental health settings.
- ▶ To showcase the practice of coproduction and identify its gaps within mental health that may be suitable for further study.

METHODS AND ANALYSIS

A scoping review will be conducted to identify the breadth of literature available into the concept of coproduction as it applies to mental health. The review will be compliant with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis standard reporting guidelines, which are specifically adapted for use within scoping reviews.¹⁷ This scoping review will also use Arksey and O'Malley's framework for conducting scoping reviews when collecting and describing data.¹⁸ This framework encapsulates five phases, including (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting of the data; and finally, (5) collating, summarising and reporting of the results.¹⁷ This protocol was originally registered with OSF Registries on 22 June 2021 and is freely available from their website.

Stage 1: identifying the research question

As scoping reviews aim to examine the breadth of literature available for a given concept/phenomena, the research questions developed by the reviewer should also be broad in nature.¹⁷ This broad approach supports the reviewer in scoping the breadth of literature available without going into analytical depth, like that observed in systematic reviews. As such, using the population, intervention, comparison and outcome (PICO) framework¹⁹ (table 1), the following research questions will be

Table 1 Creating a research question using PICO

P	Service users, family members/carers, service providers
I	Working in coproduction
C	Engagement as usual
O	Creating improved services
C, comparison; I, intervention; O, outcome; P, population.	

explored: what is coproduction? How is coproduction implemented within mental health service provision?

Stage 2: identifying relevant studies

The following search will be undertaken to explore the published and grey literature into coproduction within a mental health context. The search will be undertaken using the following databases chosen because of their association with the health sciences: CINAHL, Jstor, Ovid SP, PsycINFO, PsycTEST, PubMed, RCNi, Science Direct, Web of Science and Wiley Online Library. Added to this, repositories and other sources will be searched to support the gathering of dissertations and grey literature on the topic of interest: Cochrane Online Library, ETHos, nz.research.org.nz, ProQuest, National ETD Portal, Google, Google Scholar and ResearchGate. Finally, to ensure all relevant publications have been gathered, a reference search will be conducted. This reference search will also support stage 4 of the applied framework.

Stage 3: study selection

Throughout all databases and repositories examined, the search will consist of the following search terms: “co-production” OR “co-design” OR “co-delivery” OR “co-evaluation” OR “co-producing” OR “engagement” OR “inclusion” OR “involvement” OR “participation” OR “co-creation” OR “co-innovation”

AND

“mental health” OR “mental illness” OR “mental ill health” OR “mental well-being” OR “mental wellness” OR “psychiatric health” OR “psychiatric illness” OR “mental” OR “psychiatry”

AND

“service provision” OR “service design” OR “service delivery” OR “service evaluation” OR “design” OR “delivery” OR “evaluation” OR “acute inpatient” OR “inpatient” OR “acute” OR “community” OR “outpatient”

AND

“implement” OR “implementation” OR “employ” OR “employed” OR “apply” OR “application” OR “effect” OR “impact” OR “effectiveness” OR “outcome”

AND

“definition” OR “define” OR “meaning” OR “understanding” OR “understand” OR “interpret” OR “interpretation”

AND

“service user” OR “patient” OR “client” OR “consumer” OR “psychiatric survivor” OR “family member” OR “brother” OR “sister” OR “sibling” OR “parent” OR “mother” OR “father” OR “carer” OR “supporter” OR “service provider” OR “mental health professional” OR “staff” OR “health professional” OR “mental health staff”.

No time limits are to be included in this scoping review. However, despite this, as the concept was only coined in the 1970s, the search range was from 1 January 1970 to 31 December 2021. Any literature published on or after 31 December 2021 will not be included in this scoping review. For round 1 screening (title of papers), breaking down the question using the PICO framework will suffice. However, as the search develops, further criterion will be necessary to support the reviewer in only including studies that relate to the research question. This criterion is demonstrated through the implementation of an inclusion/exclusion criteria (table 2).

For the purposes of this scoping exercise, addiction has been placed within the exclusion criteria. This was a conscious decision on behalf of the author as in his jurisdiction, addiction and mental health are treated as two separate entities within the care context.²⁰ Therefore, for ease of clarity within the search, addiction was placed in the exclusion criteria. Additionally, as the situation in Ireland differs from many other jurisdictions, the possibility of mental health and addiction being discussed in one paper could cause confusion for the reader and lack of clarity around the screening process. Therefore, to support this process in being as transparent as possible, papers discussing dual diagnosis or mental health with concurrent disorders were excluded from the review.

As part of the reporting process for this scoping review, the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Extension for Scoping Reviews checklist will be used.¹⁷ To support transparency and the reproducibility

Table 2 Inclusion/exclusion criteria

Inclusion	Exclusion
Quantitative/qualitative/mixed method peer-reviewed studies, reports and dissertations	Literature reviews (of any kind), discussion papers, editorials, periodicals, perspective papers
English language	Papers written in any other language
Contain the word coproduction in the title and abstract of the paper	Do not contain the word coproduction in the title and/or abstract
Focus on the concept of coproduction specific to mental health service provision including research, design, delivery and evaluation	Focus on coproduction in other fields of study
Mental health	Addictions, physical health, intellectual disabilities



of this review, a flow diagram will be used to demonstrate the study selection process. Retrieval of papers for this scoping review is expected to commence on 1 July 2022. The final included studies will be narrowed down using the aforementioned search strategy by 1 October 2022.

Stage 4: charting the data

This scoping review aimed to identify the breadth of evidence into the concept of coproduction within a mental health context. To support the presentation of this process, relevant information from each study will be extracted and presented in a suitable format. The information will be captured electronically using the stated headings as follows. This process is planned to take up the first two-thirds of October (1–20 October 2022) to complete. This information will include

- ▶ Authors.
- ▶ Year of publication.
- ▶ Country where the study was conducted or the affiliation of the first author.
- ▶ Journal.
- ▶ Targeted audience.
- ▶ Format of the paper: dissertation, empirical or report.
- ▶ Setting: acute, community or residential.
- ▶ Aim of the study.
- ▶ Study design: qualitative, quantitative or mixed method.
- ▶ Methodological orientation.
- ▶ Theoretical framework used.
- ▶ Data collection methods.
- ▶ Sample and sample size.
- ▶ Coproduction definition used.
- ▶ Stated advantages of coproduction.
- ▶ Stated disadvantages of coproduction
- ▶ Coproduction types/models.
- ▶ Implementing coproduction.
- ▶ Strengths of the study.
- ▶ Limitations of the study.
- ▶ Recommendations.

To further support the presentation of the breadth of literature, a visual graph will also be created using the connectedpapers.com platform. This process will involve the identification of lead papers, which will be identified through discovering the most referenced paper from each included study's reference lists and bibliographies.

Stage 5: collating, summarising and reporting the results

To support the reporting of results, a narrative report based on thematic analysis approaches²¹ will be presented. In keeping to the type of review to be created, no data synthesis will be undertaken.¹⁸ Instead, the narrative will seek to review the material without in-depth analysis into issues of rigour, validity and study quality. The results presented here will relate back to the research question developed during stage 1 of the process used in this protocol. Gaps within the literature will also be captured and documented and will be used to support the larger research project. The results of this scoping review are

expected to be written up and submitted in November/December 2022 to a journal for peer review and possible publication.

ETHICS AND DISSEMINATION

This paper is a scoping review protocol; therefore, ethical approval was not required. Information relating to the review will be stored with OSF Registries, where it will be freely available. The results of this scoping review will be distributed through peer-reviewed publications (scoping review and academic textbook).

PATIENT AND PUBLIC INVOLVEMENT

This scoping review protocol and the review itself did not use public and patient involvement at any part of the design and/or write-up of both papers. The results will be disseminated through peer-reviewed publications (scoping review and academic textbook).

DISCUSSION

This proposed scoping review aimed to explore the breadth of literature relating to the recovery concept of coproduction within mental health service provision. Although the evidence available thus far is promising,²² there are several strengths and limitations attached to coproduction. First, coproduction has the power to create lasting organisational change as it changes the way services view service users and family members—from passive recipients to active participants—assets to mental health services.²³ However, this change in perspective can meet resistance from traditional service providers as they may have a different perspective of what the concept of recovery is.²⁴ In addition to this, the present culture of services goes against the core ethos of coproduction as service providers are more concerned with issues of governance, risk management and the availability of resources rather than what matters to the end user.²³ The fact that coproduction is being implemented in several different service contexts is both a strength and a limitation to the concept. It is a strength as it demonstrated the flexibility of coproduction to fit into the environment it is presented in. However, this flexibility, as mentioned earlier, has caused confusion regarding its definition in a mental health context, along with how to implement the concept in practice.²⁵ Finally, there is growing concern, particularly in the grey literature, as to how one can measure its impact and also in terms of the sustainability of the practice of coproduction in the long term within mental health services.^{13 25}

The review will answer the following research questions: what is coproduction? How is coproduction implemented within mental health service provision? The review is being conducted to support the reviewer in identifying gaps within the literature that can be addressed by a larger project examining coproduction in mental health.

As with any review, there are several strengths and limitations to carrying out the proposed scoping review. In terms of strengths, this review is novel as no review has yet occurred of the peer-reviewed literature into coproduction within mental health service provision. The proposed review is being carried out once approval for this protocol is achieved, therefore allowing the process to be as transparent as possible. Finally, the protocol and subsequent scoping review will identify what is known currently on the concept in this setting and will identify gaps which other researchers can investigate to build on the evidence base for the concept in mental health service provision. In terms of limitations, this scoping review is being conducted by one reviewer, which may impact on the quality control procedures formed as part of this review. Additionally, this scoping review will answer two questions posed by the reviewer: (1) what is coproduction? and (2) how is coproduction implemented in mental health service provision? As these are two separate questions, the review process may become more difficult, particularly at the data extraction phase, which may have the unintended consequence of weakening the impact of the proposed review.

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Acknowledgements The author would like to thank both the Office of Mental Health Engagement and Recovery and Mental Health Ireland for their continuous support in examining and researching co-production within mental health service provision.

Contributors MJN conceptualised and designed the scoping review and read and approved the final manuscript, which was initially completed in October 2021 and revised in February and May 2022.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, conduct, reporting or dissemination plans of this research.

Patient consent for publication Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

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