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Mental health policy and mental health service user perspectives on involvement: a discourse analysis

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Abstract

Title. **Mental health policy and mental health service user perspectives on involvement: a discourse analysis**
Aim. This paper is a report of an exploration of the concept of service user involvement in mental health nursing using a discourse analysis approach.
Background. Service user involvement has come to be expected in mental health nursing policy and practice. This concept, however, is often applied somewhat ambiguously and some writers call for a clearer understanding of what service users actually want.
Method. A Foucauldian discourse analysis was conducted in 2005, examining literature and health policies published by the United Kingdom government and service users. The discursive perspectives of both were explored and conceptual themes were generated from the data.
Findings. Concepts occurring within government discourse include language relating to service users, the notion of service user involvement and power. Concepts from the service user discourse include power, change and control, theory, policy and practice, and experiential expertise. Differences in perspectives were found within these themes which distinguished government from service user discourses. Greater flexibility in ideas and perspectives was demonstrated by service users, with a seemingly greater range of theoretical underpinnings.
Conclusion. Greater awareness is needed of the significance of language, of how subtle inferences may be drawn from the rhetorical language of policies, of how these might affect the involvement of service users, and of the implications for the role of mental health nurses. Nurses need to be aware of these tensions and conflicts in managing their practice and in creating a mental health nursing philosophy of 'involvement'. If true 'involvement' is to ensue, nurses may also need to consider the transfer of power to service users.

Keywords: discourse analysis, Foucault, language, mental health, nursing, power, service user involvement, United Kingdom

Introduction

Service user (or consumer) involvement has become a popular catchphrase over the past 15 years, frequently occurring in United Kingdom (UK) government policies and publications (Department of Health 1990, 1991, 1992, 1994, etc.). Recognizing this as a concept relevant to all aspects of nursing and health care, both nationally and internationally, we focus in this paper on the notion of involvement, paying particular attention to people with mental health problems. Whilst this study focuses on the UK, we acknowledge that parallel issues apply internationally (e.g. Wilson 1996, Rebeiro *et al.* 2001, McAllister & Walsh 2004).

Despite persisting challenges faced in response to 'how' such processes of involvement may be shared and 'why' involvement is so important, a consensus appears to have been reached uncritically which supports the value of such participation. In this study, we by no means dispute the importance of true involvement; rather, our aim is to outline the complexities of such an ideology, arguing for greater consideration to be given to the complex interrelationships between involvement, power and equality.

In this paper, we recognize the place of language within nursing research. Drawing on the works of Foucault, we undertook a discourse analysis, critically examining the discourses of both government and service users with regard to their attitudes and expectations of the term 'involvement'. By analysing underlying meanings within words and phrases deployed within government and service user literature, a greater understanding has been developed of what is wanted and indeed needed by both parties, including implications for future nurses and nursing.

Background

Service user involvement

In studying service user involvement, it becomes apparent that the notion stems predominantly from two oppositional poles. These are: the mainstream 'top-down' interests of the state, embodying organizational service systems, policy documents and legislations; and the 'bottom-up' interests of service users themselves, encompassing service user organizations and advocacy services (Beresford & Croft 1993, Beresford 2003, Rush 2004). Beresford (2003) elaborates on these ideological positions to involvement and refers to these as the managerialist/consumerist approach and the democratic approach.

The managerialist approach stems from 'initiating agencies', such as the state, service providers and policy-makers,

and is currently the dominant model of participation within the UK (Beresford 2003). Sometimes referred to as the stakeholder model, governing bodies exert control and have the 'final say' in any makings of decisions (Beresford 2003, Rush 2004). In comparison, central to the democratic approach is the notion of empowerment, defined as 'the process of helping the client achieve a position or equality of power within the nurse/client relationship' (Price & Mullarkey 1996, p. 17). This approach is committed to challenging current social and political climates and redistributing power and control, ensuring that users have the direct capacity and opportunity to make changes for themselves (Gibson 1991, Campbell & Lindow 1997, Newnes *et al.* 1999, Beresford 2003). This ideology thus prioritizes people's autonomy, inclusion and human rights, and is based upon the belief that everyone should have greater say and more control over state-funded institutions (Beresford 2003, Rush 2004).

What these differing perspectives allude to are the two polemic theories of power: the managerialist paradigm, suggesting power over service users, and the democratic approach, suggesting service users' lack of power. With such imbalances of power, the efficacy of involvement is called into question. Thus, the issue of power needs to be considered.

Power

The constant sum conceptualization of power proposes that there is a finite quantity of exercisable power, evident when one party achieves its will over another (Wilkinson 1999, Ghaye 2000, Barnes & Bowl 2001). This has also been referred to as 'coercion' (Barnes & Bowl 2001), suggesting that where one group is in dominance, another becomes disempowered or oppressed (Ghaye 2000, Barnes & Bowl 2001). From this perspective, power may only be passed from one group to another, being treated as a commodity that may either be won, or else lost (Ghaye 2000, Barnes & Bowl 2001). This is particularly relevant to mental health, since to empower service users, the suggestion here is that professionals must surrender some of their own power and pass it on to service users (Gillespie 2000, Hokanson Hawkes 1991). This is a notion which many argue would be an impediment towards the accomplishment of true empowerment (McDougall 1997, Gaitskell 1998, Kumar 2000) since individuals have a selfish innate tendency to want to exert power over others (Machiavelli 1961).

Conversely, the non-constant sum conceptualization of power proposes that power is something that may be generated within individuals (Ghaye 2000, Barnes & Bowl

2001), for example, through knowledge and learning (Foucault 1980, 2001), by increasing self-esteem (Josselyn 1987, Watkins 2001) and by achieving goals through the sharing of power (Josselyn 1987, Ghaye 2000, Barnes & Bowl 2001). The non-constant sum conceptualization of power, however, does not require the passing of power from one place to another since power is ultimately seen as being an infinite source (Ghaye 2000, Barnes & Bowl 2001). The notion of power has been central to many of Foucault's studies, especially in his writings on the panopticon, sexuality and, more importantly here, psychiatry (Foucault 1982, 1991, 1996, 2001, Gutting 2005).

Foucault suggests that, once power is gained, it may be capitalized upon in various ways, such as through language, action and/or repetition. Foucault proposes that, with power, different roles and responsibilities become ascribed within society. Over time, these roles become the social norm through repetition and so-called socially constructed truths become established within societies (Foucault 2001). With gaining of power, those in powerful positions create history and consequential 'truths', without allowing due knowledge and consideration of other historical events that may have been just as significant but without as great a power. The powerful thereby exert their versions of truth (Sarup 1993). Consequentially, a notion that arises out of such inconsistencies in power relationships is what Foucault refers to as 'discourses' or 'discursive formations' (Foucault 2001).

The study

Aim

The aim of the study was to explore the concept of service user involvement in mental health nursing using a discourse analysis approach.

Methodology

A Foucauldian discourse analysis approach was adopted and the study was carried out in 2005. Discourse analysis as a research method incorporates many ideas and approaches within the social sciences (Yates 2004). In spite of the term *discourse analysis* sounding as if it relates to the world of linguistics, the practice has been dominated by sociologists rather than linguists (Labov 1972). Wetherall *et al.* (2001) suggest that discourse practices can be positioned under three broad headings: social interaction (conversational analysis), minds, selves and sense making (discursive psychology) and culture and social relations [poststructuralism, notably the work of Michel Foucault (e.g. 1980–1991)].

In the discourse analysis reported here, emphasis was placed on the need to question 'what was being said in what was said' (Foucault 2001, p. 30), the paradox being that an individual must have their own unique discourse to be able to compare and contrast with that of another. Through studying such polemic discourses, differing meanings may be uncovered from same word usages, revealing relationships, associations and dissociations within the 'social realities' of mental health practice. The literature gathered is regarded as bodies of text, with recurring language, vocabulary and dominant themes being coded and grouped. Undergoing further examination, *connotations, allusions and implications* (Parker 1992) are analysed and the interplay of texts explored in terms of their relations to broader systems of knowledge.

Data sources

UK government publications

UK government publications were searched for on the Department of Health website: http://www.dh.gov.uk. Searches were conducted using the keywords 'service users', 'involvement' and 'power'. Decisions on the relevance of the documents were based on the synopses, summaries or introductions of the publications, with inclusion documents and policies being included if they outlined proposed courses of action and/or guidance for better practice.

During the search process, many of the documents incorporating these keywords appeared to be circulars, bulletins or reports. Their content was somewhat limited in terms of guiding better practice and thus they were excluded from analysis. The documents selected for analysis are outlined in Table 1.

The UK National Service Framework for Mental Health (NSF) was first included for analysis since it is the foremost document outlining mental health service delivery. The publications 'Shifting the Balance of Power' and 'Creating a Patient-led National Health Services (NHS)' appeared to best represent the power imbalances sought from a government perspective. 'Strengthening Accountability' appeared as a key guidance document in involvement practice. 'The Journey to Recovery', intended for service users and carers, offered a government insight into their terms of involvement.

Service user publications

Papers published by service users were hand-searched within the *Openmind* journal since this journal lends itself to service user publications. Electronic databases Cumulative Index to Nursing & Allied Health – CINAHL (1990–2005) and British Nursing Index – BNI (1990–2005) were also used to find service user literature. Keywords 'service user involvement'

Table 1 Chronology of government literature analysed

Date of publication	Title
September 1999	National service framework for mental health
July 2001	Shifting the balance of power within the NHS – securing delivery
November 2001	The journey to recovery – the government's vision for mental health care
February 2003	Strengthening accountability – involving patients and the public practice guidance: Section 11 of the Health and Social Care Act 2001
March 2005	Creating a patient-led NHS – delivering the NHS improvement plan

NHS = National Health Service.

Table 2 Chronology of service user literature analysed

Date of publication	Author	Title	Journal
December 1994	David Brandon	How users can shape the services	Care Plan
May/June 1998	Peter Beresford	Past tense	Openmind
July 1998	Alison Faulkner	Experts by experience	Mental Health Nursing
1999	David Brandon	Melting straitjackets	Journal of Psychiatric and Mental Health Nursing
September 1999	Peter Campbell	The future of the mental health system: a survivor's perspective	Mental Health Practice
2000	Peter Beresford	Service users and community care: new roles, new knowledges, new forms of involvement?	Managing Community Care
March/April 2001	Vicky Nicholls	Living it large	Openmind
July/August 2001	Pamela Trivedi	Never again	Openmind
July/August 2001	Jim Read	Dazed and annoyed	Openmind
July/August 2002	Peter Beresford	Turning the tables	Openmind
September 2002	Rachel Perkins	Are you (really) being served?	Mental Health Today
October 2002	Peter Campbell	Doing it for ourselves	Mental Health Today
July/August 2003	Gillian Eden	Long live choice!	Openmind
July/August 2003	Paul Reet	I can make a difference – in small ways	Openmind
2003	Diana Rose	Partnership, co-ordination of care and the place of service users involvement	Journal of Mental Health
January/February 2005	Kathleen Maguire	Beyond the slogan	Openmind

and 'power' were combined. The search was then narrowed according to the following criteria:

- Papers were included only if service user involvement was discussed explicitly.
- Only papers relating to mental health were included and all of these were from Western journals and written in the English language.
- All papers had to be written by people described as service users.

After applying all of the inclusion/exclusion criteria outlined above, 42 papers remained, 16 of which were analysed. Table 2 gives a summary of the remaining papers.

Data analysis

There are no fixed protocols for conducting a discourse analysis. When we claim to be employing a Foucauldian approach, we mean that our analysis focuses upon that which Foucault identified as important to study in language. In practice, therefore, the primary activity of our analysis was careful reading and re-reading of the text. Sections of text that appeared to be contradictory, connotational, alluding, repetitive or metaphoric, and dissociations of 'social realities' were highlighted. Secondary reading of the immediate and broader context of the identified text was conducted and compared with the highlighted text and discrepancies or rhetorics were acknowledged. New versions of truth constructed in the text were identified, and these were then coded. This method is advocated by Potter and Wetherell (1987) and, although we refer to *themes*, this method is not identical to conventional thematic analysis as themes might also be referred to as *concepts* or *linguistic devices*. These themes were then divided into broad descriptive categories (Tables 3 and 4). It is through such repetitions and so-called socially constructed truths that power relationships become established as social norms. The

Main ideas and concepts	
Language in relation to service users	Perceptions of service users
	Indications of the service user role; patients, clients, users, service users, users of services, people who user services
The notion of service user involvement	Involvement as a legal requirement (outlined in Section 11 of the Health & Social Care Act 2001)
	Different types/levels of involvement proposed
Power	Indications of involvement vs. control
	Shifting power
	Partnerships, keys partners and partnership-working
	'A Patient-led NHS'

Table 3 Ideas and concepts occurring within the government discourse

NHS = National Health Service.

Main ideas and concepts	
Power, change and control	Focus on past, present and future aspects of service user experiences
	Need for service user control, recognition of service user capabilities, postmodern approach in overcoming the medical model and political power, empowerment of service users and nurses
Theory, policy and practice	Perceptions of service users
	Discrepancies experienced between theory, policy and practice
	Frustrations felt as a result of tokenistic gestures
Experiential expertise	Service user involvement vs. independence
	Service users' knowledge through experience
	Fighting for freedom
	Gaining greater credibility through research
	Plans for collective action

Table 4 Ideas and concepts occurring within the service user discourse

collection and critical examination of such tricks with language identify discourses.

Findings

Several concepts were identified within the selected documents. Amongst government literature, rhetorics of language have been deployed in relation to people who use mental health services. The notions of partnerships and partnership working have also been recurrent themes, following proposed shifts in power. Service users highlighting disparities between policy and practice have responded to these issues of power within so-called partnerships.

Service users themselves have brought attention to service users' capabilities and potential in service development, along with the need for experiential knowledge to be listened to and appreciated. Other themes recurring in the service user discourse appear to be: greater emphases on history and emancipation, the development of service user philosophies,

values and ideas apart from those of traditional mainstream psychiatry, and differences between individual and collective ideologies.

The implications of power appear to underlie each of these themes. These may be in the form of: the maintenance of power, the gaining of power, or the emphases on imbalances of power; all of which are barriers to involvement. Such rhetoric in themes is outlined in Tables 3 and 4. The rhetorical uses of language and themes need therefore to be discussed in detail, analysing how such statuses have been conserved and maintained.

Government discourse

Language in relation to 'service users'
Within the government papers analysed, 'service users' have been described as 'patients', 'clients', 'users', 'service users', 'users of services' and, finally, as 'people who use services'. Notably, service users are rarely mentioned as

people, if at all, within the majority of government documents. The limited occasions where service users have been mentioned as people occurred predominantly within *The Journey to Recovery* (Department of Health 2001a–c). Significantly, this is a document aimed not at professionals but rather towards 'other people' (Department of Health 2001a–c, p. 5): 'other people' being those 'who use services and those who care about *them*' (Department of Health 2005, p. 5. Our emphasis) suggestive of 'clients', 'carers' and 'the public'. The limited ascriptions of 'service users' as people in other policy documents leads to questioning the genuineness of such language in this document. Moreover, questions are raised as to whether such language may have perhaps been used in this particular document to limit repercussions from users of mental health services.

Notion of service user involvement

The involvement of service users is now a legal requirement, outlined in Section 11 of the Health and Social Care Act 2001. *Strengthening Accountability* addresses why involvement is important and what it entails. However, the document is deficient in offering a definition as to what involvement actually is. A lack of definition is similarly encountered within the other government documents, although (ironically) what are apparent are the rhetorical uses of the term. Involvement in relation to service users is employed 14 times within the NSF, three times in the *Journey to Recovery* and 10 times within *Shifting the Balance of Power*. Most pertinently, involvement in relation to service users is employed 160 times within *Strengthening Accountability*.

Different levels of involvement have been acknowledged and outlined. These range from 'informed choice', 'engagement', 'participation', 'consultation' to 'partnership working' (Department of Health 2003). The proposed levels of service user involvement within policy documents, however, tend to be at the lower end of the scale:

The NHS must engage the general public as well as the patient (Department of Health 2001a–c, p. 26).

Engaging local people in debates about service changes will be needed (Department of Health 2005, p. 34).

In most cases the service user should always be consulted (Department of Health 1999, p. 43).

Note the ambivalence in the final quote. The reader is left to question whether the service user will be 'consulted' 'in most cases' or 'always'. The language of consultation is also intriguing in that the main decisions seem already to have been formed, before service users being consulted. The views and opinions of service users are therefore unlikely to have any major impact on what has already been decided and are thus tokenistic.

By anticipating what service users want, the command again lies within the service system in lieu of service users. 'Healthy choices' are likely to be what services deem 'healthy', although not necessarily perceived to be so by service users. As ironically outlined within *Shifting the Balance of Power*, any real changes, accommodations and involvements of service users, will therefore not occur unless people are 'empowered to make the necessary change' (Department of Health 2001a–c, p. 24).

Power

'Partnership' has increasingly become a buzzword in recent years in the UK, particularly within government publications. This may be unsurprising considering the government's emphases on involvement and empowerment, and especially since inclusion and accreditation are principles usually required between co-working partners. 'Partnership working', 'planned and implemented in partnership', 'model of increased partnership' and 'local partners' are rhetorics that have all been cited in the government literature analysed (Department of Health 1999, pp. 17 and 64, Department of Health 2001a–c, pp. 6 and 15). In creating a 'patient-led NHS', one might therefore expect some references to working 'in partnership' with service users. Such references, however, appear to be somewhat limited. Of 168 references to partners and partnerships within the government literature, only 19 have been in relation to service users. Where service users have been alluded to as 'partners', they are referred to as follows:

We need to develop a patient-centred service where patients are seen as active partners in their care (Department of Health 2001a–c, p. 12).

There appears to be little sense of immediacy for change here, though. In a sentence consisting of 18 words, two words refer to 'patients': maintaining the dynamics of power through the maintenance of 'sick' roles. Critically, the language deployed is ambivalent, making this sentence appear superficial. 'Patients are *seen* as being active partners' rather than necessarily *being* active partners, creating an illusion of aesthetics rather than realities. Service users are further alluded to as partners since:

All mental health services must be planned and implemented in partnership with local communities, and involve service users and carers (Department of Health 1999, p. 17).

In examining this sentence closely, we see that the document outlines partnership with local communities only, and not necessarily with service users. Service users come last in the sentence, along with carers, although not as partners, but rather in being 'involve (d)'. 'Service users' frequently occur last in line to a series of statutory bodies where

government documents are concerned. This occurs despite service users and carers being termed 'key partners' on five occasions within the NSF. Repeatedly, service users and carers appear as an afterthought, as if in tokenistic gesture. Despite the presentation of a business-like ethic towards working with people as 'partners', it thus becomes evident who has the greater share of power in decision-making.

Although documents outline 'decentralization', 'devolving' and 'shifting' power (Department of Health 2001a–c), they have been written with caution. The notion of power remains predominantly within the service system itself, thus working on organizational rather than service user terms. The ideology of service users being equal 'partners' becomes increasingly unlikely, and the plausibility of a 'patient-led NHS' diminishes. If service users are at all perceived as partners within these documents, they seem to be very much the silent partner.

A patient-led NHS?

The term 'a patient-led NHS' sits uncomfortably (and is perhaps an oxymoron given the enormity of the organization). As previously discussed, the 'patient-role' can hold many negative connotations for service users, especially with regard to mental health problems. In enforcing the patient role, psychiatry deems people's minds as being disordered, thereby affecting people's views, ideas and judgements (Beresford 2003). A sense of risk is portrayed here in placing 'patients' in the lead. Questions are raised surrounding the capabilities of 'patients', and even more so regarding how much service users are actually able to lead the NHS, especially when proposals of partnerships with service users have evidently been limited.

Service user discourse

In analysing mental health service user literature, several themes become apparent. The language and vocabulary used within service user literature has been more varied than in government literature, and the recurrent themes are more pertinent than the linguistic devices employed. A large proportion of the literature has been concerned with current states of the healthcare system, whilst the remainder has been suggestive of the gross improvements needed. Such perspectives have been presented through service users' experiences of oppressive organizational power, along with disparities encountered between policy and practice.

Power, change and control

Where government literature has tended to focus upon the present and future, service users appear to have focused on all past, present and future aspects of mental health care. This has provided a much greater spectrum in which to assess any change occurring within mental health services, especially whilst different ideologies have been presented through individual service user perspectives of what is needed. Underlying each of these perspectives have been the notions of power, change and control.

Beresford (1998), in particular, emphasizes 'the need to regain control of our past, if mental health service users/survivors are to take control of the future' (p. 12). This call for taking control may not only be demonstrative of the oppression that service users are currently experiencing, but also a criticism of the lack of acknowledgement of the capabilities of service users. Further, with a focus on history, such language of 'regaining' may be suggestive of the former sense of agency that service users once had before becoming subjugated by the system.

The power of the organizational system has been illustrated in several ways within service user literature, most noticeably through the medical/illness model. This model of working has been criticized as being 'the greatest source of prejudice and stereotyping' whilst viewing service users 'at best, as people with problems, and at worst, a problem' (Read 2001, p. 18). Paramount to this argument have been the notions that 'changes to a service which do not fit with the medical model are not acceptable or are more difficult to achieve than those that do' (Faulkner 1998, p. 7); and that 'people [who use services] are supposed to conform, to be compliant and grateful' (Brandon 1999, p. 322).

Such perspectives have accumulated into somewhat uncertain feelings as to where power should lie. While some service users believe that 'there must be ways found to release and empower qualified nurses to do the job they were trained to do' (Reet 2003, p. 16), others remain reluctant to adopt this notion, especially since 'when faced with a doctor or a nurse, it is often the case that we are afraid of their possible response and so censor ourselves' (Faulkner 1998, p. 7).

Theory, policy and practice

Much of the literature written by service users articulates the frustrations felt about policy and practice. The main areas under scrutiny have been the NSF, discrepancies between theory and reality and the lack of true listening where involvement, often in the form of consultation, occurs. The NSF, in particular, has been highlighted as being important by service users, although seemingly for all the wrong reasons, as 'there is a concerted effort to impose it on us all' (Read 2001, p. 18).

This short, stark statement highlights again the notion of 'us' and 'them', although the 'us' in this context appears to be

a reference to service users. In doing so, service users create a sense of power for themselves, since they are no longer 'the other'. Simultaneously, however, the notion of 'us' may be perceived as vulnerability, since a 'concerted effort' is suggestive of a collective group of people using force and coercion against service users. The word 'impose' also holds undertones of forced compliance and being taken advantage of. Thus, the NSF is perceived to reduce service users to conforming patients once more.

Despite the rhetoric of 'involvement' within government papers, service users continue to feel ignored and disempowered. Service users have proposed that practice should move 'beyond the slogan', and that 'involvement starts at the beginning' (Maguire 2005, p. 19). A lack of genuine listening to and involvement of service users on behalf of the government has been illustrated through the work of Trivedi (2001). On being selected as part of a consultation exercise for the NSF, she stated:

Perhaps if the Department of Health had practised what it preaches about user involvement, and paid attention to some of the points emphasized...things might have been different both in the process and in the content of the National Service Framework (Trivedi 2001, p. 19).

This comment has been supported by Maguire (2005) who stated: 'The bottom line was that (service users) were being sold a solution, not involved in the creation of one' (p. 18). Where scant involvement does take place, the experience can nevertheless remain a largely disempowering one. Curbed by such limiting opportunities, service users have begun to question whether they want to be involved in such 'consultation exercises' any longer (Trivedi 2001), and indeed whether the notion of 'involvement' should be treated as an ideology of the past (Campbell 2002).

Experiential expertise: a different type of knowledge
Being surrounded by challenges from both the organizational system as well as society, service users have begun to develop their own ideas about regaining control (Beresford 1998, 2000). Where the notion of 'involvement' has failed, 'service user action rather than one of involvement' has been proposed as a framework with greater substance (Campbell 2002, p. 28). Lack of control within services is seen by Brandon (1994, p. 9) as: 'the major impediment to the development of better and more relevant mental health services'. The need to overcome 'the low expectations of service users' (Brandon 1994, p. 9), has also been recognized, as have 'the acknowledgement of (service users') expertise in the area of understandings – the belief that (service users') can provide as well as consume services' (Campbell 1999, p. 16).

Discussion

Overall, the findings of this study were largely consistent with those of current understandings relating to involvement. However, in this paper we go beyond those critiques in detailing how power operates through discursive interactions. The findings have demonstrated both the top-down and bottom-up philosophies underpinning involvement, as well as the differential theories of power. The perspectives of Foucault in relation to truth, power and knowledge seem also to be present. In addition, what seem to have emerged are the apparent rigidities of government ideas in comparison with the multiple philosophies evident within the discourse of service users.

The analyses of government and service users discourses have been challenging, both in terms of their opposition as well as in the attempt to identify their discursive perspectives. This has been particularly true of the service user discourse, attributable largely to the vast variety of language and ideologies presented. Where differences in language may be representative of individual service user identities (Thomas *et al.* 2004), each individual service user has presented somewhat different emphases on what areas of improvements are needed. Thus, difficulties have been encountered in contemplating what the collective service user discourse is, and where the main priorities of service users lie.

If service users have such different perspectives, these differences may be due to their individual differences, and their differences in experiences of mental health and indeed of mental health service provisions (Helman 2001). The notion of a postcode lottery may therefore still be in existence with important implications for the practice of mental health nurses. Fairness in mental health services needs to be promoted, whilst treating service users as individuals in accommodating their needs (Watkins 2001). Understanding through listening would further be required in recognizing and appreciating service users' values, ideas and beliefs, as well as true appreciation of the fact that service users have different perspectives and ideologies (Barker 2003).

Some service users have emphasized greater opportunities for service user research, for example, and the need for greater involvement during the process of producing policy documents (Nicholls 2001, Read 2001, Kehoe & Haigh 2003). Also, some service users have emphasized the need for greater choice within mental health services (Rose 2003). Campbell (2002), in particular, suggests independence through 'fighting for the freedom to work in our own ways' (p. 30), suggesting 'collective action' as the way forward in making progressive change (Campbell 1999, 2002).

> ## What is already known about this topic
>
> - Service user involvement is universally recommended in policy documents.
> - The service user literature contains many critiques of involvement.
> - There are tensions between what is required by policy and what is delivered in practice.
>
> ## What this paper adds
>
> - Issues of power and knowledge are found to be explicated more in the service user literature than in policy discourse.
> - Competing discourses between policy-makers and service users are identified through the use of language and rhetoric.
> - Advocacy by mental health nurses is needed in relation to issues of power in mental health practice.

What has been particularly interesting in the study of government and service user discourses, has been the seemingly different theories of power evident within each discourse. Previously, both research and practice have been criticized for the lack of insight into the different theories of power. It is suggested here, however, that the different discourses studied have related to different theories of power. The government discourse has seemed to reflect the constant sum theory of power through its emphases on 'shifting power' rather than on its creation. The service user discourse, alternatively, seems to reflect both constant sum and non-constant sum theories.

Reflecting the constant sum theory, government literature outlines that power should be shifted, albeit reluctantly, to front-line staff and, to a certain extent, to service users (Department of Health 2001a–c, 2005). This may be an attempt to maintain power within the organizational system through the lack of acknowledgement of the non-constant sum theory, and the lack of recognition that frontline staff and service users are able to create power for themselves. Moreover, a sense of reliance and dependence is sustained, since the indication is that power must be given by the government in order for its ownership by others to occur.

Service users have demonstrated what appears to be the non-constant sum theory of power through the indications of 'power sharing' (Brandon 1994), holding connotations of power being divided, allocated and distributed. Similarly, the notion of collective action may also be, in part,

attributed to the constant-sum theory with the idea of service users pooling together in creating a greater totality of power. In contrast, however, the notion of collective action may also be deemed supportive of the non-constant sum theory, depending largely upon what the collective action entails.

Conclusion

Discourse analysis appears to be a relatively new approach in nursing, with the significance of language choices needing to be further recognized. The power of language needs to be addressed, especially where it concerns nurse-client relationships, in recognition of how language might affect such relationships (Hodge 2005). Greater awareness is also required of the language used in medical records and how such words may adversely alter perceptions.

The notion of power remains both prominent and persistent, raising questions as to where such power should lie. Should it remain within government, be given to service users or to nurses, or how should it be created or shared? Whilst it has already been suggested that service users may create power of their own through developing evidence of their knowledge and creating greater expertise through research, the creation of power for nurses appears to be more elusive, warranting further study.

Owing to the differences in discursive ideas presented, the actual role of mental health nurses becomes more ambivalent and complications arise as to how each of these discourses may be fulfilled. Whilst remembering that nurses will, of course, have a discourse of their own, the nursing discourse itself requires further detailed examination. In doing this, a mental health nursing philosophy of 'involvement' may be created and this could lead to developing practice in relation to involvement. This, however, would depend on whether involvement is indeed what service users want to exist.

Greater emphasis should be placed on the different levels of involvement and what should be questioned in greater depth is not necessarily whether involvement has occurred in terms of management ideas, but rather whether involvement has materialized from the perspectives of service users and is a reality in nursing practice.

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