



Nine Principles for Honest Consultation with people who use mental health services

- Consultation with people who have mental health problems must take account of the reality and possible effects of mental ill-health. Simply inviting people into your own busy meeting schedule is not consultation but co-option.
- Users should be properly equipped, with training where needed, a budget where appropriate, skilled and independent facilitation wherever possible.
- Users should be consulted where they feel in strength and in number, confident and at home. Practitioner skills are needed in helping users talk freely ; and in listening to them accurately and sensitively.
- Time should be allowed for this – it involves a lengthy and evolving process whose end result is not for the professional to determine or decree.
- An organisation genuine in its desire to consult properly will do so at all levels and in a coherent variety of sensitive ways.
- Consultation works best when topics are being discussed that matter to all parties. Users must not just be absorbed into the organisation's agenda. The users are experts in their particular experience, not necessarily in the professionals' experience ; so beware of making them low-paid functionaries of the local care organisations. It's for organisations to be user-centric, not for users to become organisation-centric !
- Clear boundaries and communication – users deserve to be told clearly what's possible, what's not.
- Users should be told what has happened as a result of their feed-back or suggestions. They should receive feed-back.
- Good consultation is good listening and effective implementation of actions promised. It is not the creation of service-led talk shops that lead nowhere. It is not a number-count. It is a taking care.

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