Author/s:
Juntanamalaga, P;Scholz, B;Roper, C;Happell, B

Title:
‘They can't empower us’: The role of allies in the consumer movement

Date:
2019-08-01

Citation:
Juntanamalaga, P., Scholz, B., Roper, C. & Happell, B. (2019). ‘They can't empower us’: The role of allies in the consumer movement. International Journal of Mental Health Nursing, 28 (4), pp.857-866. https://doi.org/10.1111/inm.12585.

Persistent Link:
https://hdl.handle.net/11343/285547

"They can't empower us": The Role of Allies in the Consumer Movement

Piyada Juntanamalaga[a], Brett Scholz[b], Cath Roper[c], Brenda Happell[d]

[a] Centre for Applied Psychology, University of Canberra, Australia

[b] Medical School, The Australian National University, Australia

[c] Centre for Psychiatric Nursing, University of Melbourne, Australia

[d] School of Nursing and Midwifery, University of Newcastle, Australia

Corresponding Author:

Dr Brett Scholz

Medical School

The Australian National University

Acton ACT 2601, Australia

p: +61 2 6244 2197

e: brett.scholz@anu.edu.au

Authorship Statement

All authors meet the authorship criteria as per the guidelines off the International Committee of Medical Journal Editors. All authors have seen and support the submission of the manuscript.

Disclosure Statement

The authors have no conflicts of interest to report.

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/INM.12585

Word Count: 5479

DR. BRETT SCHOLZ (Orcid ID : 0000-0003-2819-994X)

Article type : Original Article

"They can't empower us": The Role of Allies in the Consumer Movement

Abstract

Goals of the mental health consumer movement include redressing inequality, and increasing consumer leadership across the mental health sector. A means of achieving these goals is empowerment of consumers at systemic levels of the mental health sector. There have been calls for research to focus on allies – those who use their power to support and advocate for the goals of the consumer movement. This study aimed to examine the role of allies in consumer empowerment. Semi-structured interviews were conducted with 15 individuals (including 3 consumers, 9 allies, and 3 participants each identifying as both consumer and ally). Findings suggest that allies cannot directly empower consumers but should support opportunities for consumer leadership within the sector. We discuss how allies might do this and avoid paternalism in their allyship.

Keywords: consumer leadership; consumer empowerment; service-user leadership; empowerment; allyship; mental health

Introduction

The ‘consumer movement’ (often originally known collectively as the consumer/survivor/x-patient movement or C/S/X) gained momentum in the 1960’s arising out of opposition to violations of human rights, ineffective and harmful treatment of consumers (Morrison et al., 2018; Pinches, 2004). Resulting from their collective experiences of powerlessness, the concept of ‘empowerment’ was declared a fundamental goal of the movement (McLean, 1995; Morrison et al., 2018).). In the Australian context, the term ‘consumer’ is most commonly (although not by consensus) used within the movement and as such it will be used from this point

forward (Our Consumer Place, 2010).The current study draws on critical social understandings of empowerment where the aim is to redress oppressed groups' lack of access to and control over knowledge, power and resources (DiNapoli, O'Flaherty, & Garcia-Dia, 2014). Within mental health literature, in addition to being seen as foundational to recovery on a personal level, consumer empowerment has been widely understood as a fundamental rationale for consumer leadership at a systems level in mental health services (Brown & Townley, 2015).

Empowerment is a multifaceted and complex concept. For example, empowerment can be understood as the process of gaining more power, or as a process of removing the power others have over the individual or group (McLean, 1995). Empowerment can also be used to describe power relations at the individual/group level as well as systemic levels. As an example, the deinstitutionalisation of psychiatric care can be conceptualised as an empowering policy for consumers at a systems level because it involved the removal of oppressive power over consumers (Pinches, 2004). At the individual level, consumers were empowered through having more control and choice in their lives. For the past two decades, mental health policies have called for greater consumer leadership as means to support improved quality of mental health services (e.g., Australian Commission on Safety and Quality in Health Care, 2017).

Despite the implementation of policies that mandate the inclusion of consumer perspectives, research has shown that the level of consumer leadership significantly varies across the mental health sector (Gordon, 2005). Barriers to consumer leadership include dismissal of consumers' experiential knowledge, which may be related to a deeply ingrained preference for medical knowledge among healthcare professionals (Scholz, Bocking, & Happell, 2018). Indeed, research suggests that health professionals' implicit attitudes towards consumers are as stigmatising as non-professionals (Kopera et al., 2015). Consequently, consumers who are employed within or partnered with the mental health sector have been restricted in their opportunities to participate in ways that have significant impact within the organisation (Bennetts, Pinches, Paluch, & Fossey, 2013).

Resistant attitudes towards consumer movement goals among leaders within the mental health sector pose a fundamental barrier to the realisation of consumer leadership and more broadly consumer empowerment (Gordon, 2005). One

explanation for the reluctance towards accepting/fostering consumers' leadership in the mental health sector may be related to the desire to maintain systems of domination that may empower those leaders while disempowering others (Scholz, Stewart, Bocking, & Happell, 2017). For example, negative attitudes held by dominant group members may be expressed (implicitly or explicitly; unconsciously or otherwise) towards oppressed groups as a way to reinforce and reinstate their power and privileges (Kivel, 2017). These findings are consistent with research that suggests that power relations need to continue to be challenged for effective partnerships (Farr, 2017). When mental health organisations do partner with consumers, research suggests there is a tendency to favour the employment of consumers who are perceived as unlikely to challenge the status quo of the organisation (Meagher, 2011). These findings suggest that there are concerns related to power redistribution held by those with power.

One of the ways that has been suggested to redress power imbalances between consumers and the mental health system status quo is through partnerships with allies. Scholarship on allies is relatively well-established in other social movements such as allies to feminism, non-LGBT allies to the LGBT+ movement, and dominant cultural group allies to minority groups (e.g., Grzanka, Adler, & Blazer, 2015; Sue, 2017; Valiente, 2017). The term allies has been used to refer to "members of dominant social groups (e.g., in particular contexts that may include men, Caucasian people, and heterosexuals) who are working to end the system of oppression that gives them greater privilege and power based upon their social group membership" (Broido, 2000, p. 3).

In relation to the consumer movement, research about allyship has yet to be as established as in other movements. Literature in the emergent area of allyship to the consumer movement defines allies as individuals that "do not identify as consumers but advocate for greater consumer involvement" (Happell & Scholz, 2018, p. 442). Allies of the consumer movement often have access to resources that can support consumers to gain and exercise power (Slay & Stephens, 2013). The current study was informed by recent work highlighting the importance of transforming rather than reforming systems that reproduce power imbalances of consumers and allies (Russo, Beresford, & O'Hagan, 2018).

Aim

Given that empirical research is yet to explore allyship in the context of the consumer movement, the current study draws on research from other social movements. Allies may support social movements by using their established relationships and identification with dominant groups to influence other dominant group members and challenge discrimination towards the disadvantaged social group (Case, 2015). Given the gap in understandings of allyship to the mental health consumer movement, the aim of the current study is to examine consumers' and allies' perspectives on the concept of consumer empowerment within the mental health sector.

Method

Design

Given that understandings of consumer empowerment have lacked concise definition and there is a paucity of research that focuses on the role of allies as supporters of consumer empowerment a qualitative, exploratory methodology was selected for this study (Stebbins, 2001).

Participants and Recruitment

Participants (n=15) comprised consumers (n=3), allies (n=9) and individuals who identified as both consumer and ally (n=3). Participants were selected to represent a diversity of individuals working in the mental health sector as consumer leaders or as allies, including in mental health education or research organisations, private sector mental health services, government organisations, and state or territory peak bodies (non-government organisations in Australia that represent the interests of a particular group). Participants were identified through key consumer-led organisations across Australia, and snowball sampling was also employed whereby participants suggested other relevant contacts to invite to participate.

Compliance with Ethical Standards

Ethical approval was obtained by [hidden for review]. Participants provided written consent to have their interviews recorded and transcribed. Participants were also informed that they could choose to refrain from answering any questions or withdraw from the study at any time. Information that may allow participants to be identified was edited to protect confidentiality.

Procedure/Data Collection

Interviews were held according to participant preferences. As such, some interviews were held in participants' workplaces, at the university campus, or via tele-

or video-conferencing to best suit participant needs. The interviews were conducted by BS who has significant interviewing expertise in the field, and PJ who was being mentored by BS.

Participants were asked a range of questions about consumer empowerment, allies and experiences in the mental health sector. Questions were informed by a literature review exploring the theory of empowerment (Scholz, Roper, Juntanamalaga, & Happell 2018) and emerging research on the role of allies in social movements. Broad questions were asked (e.g., what does it mean to you to be an ally/consumer, what does consumer empowerment mean to you?) with various follow-up questions to elicit more information from participants' narratives. Interviews were semi-structured which allowed participants to elaborate on subject matter important to them. Throughout the interview, participants were asked further questions to allow for clarification and to encourage greater detail in regards to their perspectives on consumer empowerment and the role of allies.

Data Analysis

Data were analysed using Braun and Clarke's approach to thematic analysis (2006). This method of analysis allowed for systematic identification of patterns within the data set (Braun & Clarke, 2006). Additionally, principles of discourse analysis were also applied, as such an approach allows in-depth exploration of power structures and how such structures are reproduced or challenged through discourse (Wiggins, 2016). Using a discursive approach, participants' discourses were understood as socially constructed, reflecting repertoires of understandings available socially.

Data were systematically examined, whereby all instances of dialogue related to consumer empowerment and allies were coded for further analysis. Coding was data-driven with an objective to present a rich description of the entire data set and also to support an inductive approach of analysis. A rich description of the data set has been highlighted as particularly useful when researching a subject matter that has not been well understood (Braun & Clarke, 2006).

The first author coded the entire data set, and the second author coded select subsets of the data. They then met to compare coding and discuss potential themes. The first author then conducted another iteration of coding before organising codes into themes and iteratively developing the final themes and subthemes.

Results

There were three overarching themes identified in relation to participants' discussion of allies and consumers' empowerment: 1) conceptualisation of consumer empowerment, 2) understandings of allies, and 3) attitudes towards ally involvement as supporters of consumers' empowerment.

Conceptualising consumer empowerment

Participants' accounts constructed consumer empowerment as a process that needed to be determined by consumers themselves, and that was facilitated through opportunities for consumer leadership. Participants suggested that allies cannot empower consumers, but rather consumer empowerment must be self-determined. The role of allies, then, was understood by participants as to, in the words of a participant identifying as consumer and ally, "facilitate the situation whereby [consumers] empower [themselves]." Such constructions highlight that consumers need to be central in determining their empowerment and that the role of allies is to support consumers by promoting and creating environments for this self-empowerment.

Participants strongly connected decision-making with consumer empowerment. One way in which consumers discussed decision-making was through having choice in order to be part of decision-making processes. For example, one participant identifying as consumer and ally stated that consumer empowerment means that "we have choice; we have an informed choice." In the data, 'choice' was used to refer to opportunities for consumers to make decisions and 'informed choice' was used to refer to opportunities whereby consumers were presented with "information and knowledge" (consumer/ally) relevant to making decisions. Accordingly, participants highlighted that informed choice was more advantageous in supporting consumers' empowerment, as it better supported consumers to make decisions that would "put themselves first" (consumer/ally). Opportunities for consumers to engage in decision-making processes were considered empowering because they were associated with attaining outcomes that best suited the needs of the consumer. The following extract is from a consumer who further discusses ensuring that consumers engaged in systemic roles in mental health have choice in relation to "dignity of risk" as foundational to the realisation of consumer empowerment.

Extract 1

> "I think something that is important in empowerment… is that [consumers] have kind of what is called…dignity of risk, where you're able to try something and it might not go as well as it planned, but you're allowed to kind of have a go at different things and people aren't making decisions for you or trying to protect you…I don't think that you can have true empowerment, unless you have dignity of risk. And being able to be self-determining is a big component of that…So, I guess choice is the main driver of empowerment."

Extract 1 elaborates on how having choice is empowering as it is essential to the expression of autonomy in the consumer movement. Regardless of the outcomes of decisions made, it was argued that purely having the opportunity to independently make decisions about the mental health sector on a systemic level was considered to be empowering for consumers.

The following extract is from a consumer who shares their experiences of feeling empowered:

Extract 2

> "Having opportunities to have a voice definitely makes me feel empowered and probably more importantly not just having opportunities to have a voice but having opportunities to have [an] impact. That makes me feel empowered. So being given a seat at the table is one thing but being invited back next month and seeing what you said at the last meeting has been actioned and listened to. That's a very different thing again."

This extract highlights how the participant felt empowered when given the opportunity to be able to express her views. Opportunities for consumers to share consumer perspectives were highlighted as empowering by participants in this study. Furthermore, when action is taken based on partnerships with consumers ("seeing what you said…has been actioned and listened to"), there is greater empowerment. Therefore, having opportunities for consumers to share their perspectives is important, but ensuring this perspective sharing is not tokenistic appears to be key to

the realisation of consumers' empowerment. In support of this, some participants highlighted that "if consumer empowerment initiatives are implemented poorly, it can actually result in the consumer being further marginalised, rather than empowered" (consumer). Therefore, opportunities for consumers to be "given a seat at the table" without the opportunity for them to have an impact can result in consumers feeling further disempowered.

Understanding of allies

Participants shared their understandings of what allies can bring to the table. A common factor highlighted was that allies possess some degree of power within the mental health sector. Participants highlighted professional roles including social workers, occupational therapists, nurses, doctors, policy makers, politicians and lawyers as being possible allies of consumer empowerment. These roles were highlighted, as they were considered to be "positions of power" (ally) and thus able to support consumer empowerment, through avenues such as influencing and making decisions at a systemic level "that privilege consumers and consumers' points of view in the mental health sector", as one participant identified as an ally put it. All participants who identified as being an ally perceived that they had access to resources (directly related to their professional roles) to facilitate opportunities for consumer empowerment. The following extract from a participant identified as an ally further describes the role of resources in relation to allyship:

Extract 3

"To me to be an ally it means to be able to use the resources that I have – and that might not be money…but it might be knowledge and expertise and research … and I try and use that to bring about positive changes for consumers."

This extract highlights that resources to support consumer empowerment can be understood as different things, thus suggesting that allies draw upon an array of factors to support consumer empowerment. Furthermore, this extract highlights that being an ally is not only about having access to resources but also utilising one's resources to support positive outcomes for consumers. In this study over half of consumers also self-identified as allies. For example, one participant identifying as a consumer and ally stated "you would title me as a consumer…but I'm also an ally too, because I'm an advocate and activist." This suggests that consumers may also be

allies given that they possess resources that can support consumer empowerment within the mental health sector.

One of the reasons that allies' power was important was that it allowed for better promotion of consumer influence. For example, allies were noted for their role in advocating for and creating consumer-dedicated positions within mental health organisations. As such, more powerful allies (able to control budgets and employment within an organisation) were able to create such tangible benefits for consumers. Dedicated positions for consumers, for example, allow for improved systemic engagement of consumers across the mental health sector and were thus considered empowering. Beyond promoting consumer leadership via formal structures of power (power based on one's employment status) allies were also noted for supporting consumer leadership informally (such as through alliances with members of other organisations). The following extract is from a participant identifying as consumer and ally who shares her experiences of having an ally when employed in a consumer-dedicated position.

Extract 4

> "She constantly created situations where I was empowered to speak up, to share my experience. And she coached me and supported me to be able to do that. And very often, in a meeting, she would say, "And what about you? What's your idea on this?" and I'd kind of look and she'd say, "Well, what's your experience?" And I'd go, oh okay. So then I'd share my experience and how that related to the situation. And…because it meant so much to her to have my voice there,…because of her senior role, others picked up on that and started to listen as well and started paying attention."

In this extract, this participant provides an example whereby an ally had encouraged the participant to share her lived experience perspectives. This encouragement resulted in access to opportunities for influence as people started to listen to what she had to say. Furthermore, it provides a practical example of how allies can use their power within organisational processes to influence the perspectives of other colleagues. As highlighted, the actions of allies can support building consumers' confidence as well as promoting the value of consumer

perspectives among others in the organisation. For example, this participant notes, further into the conversation, that because of ally support, she now has "a powerful voice in the service" and uses this power to convey the perspectives of consumers "to feed it back at an executive level." This highlights that the empowerment of consumers through strong ally support within mental health services can support further empowerment of other consumers.

Allies were noted for supporting the development and implementation of consumer driven initiatives and thus promoting consumers' influence within the mental health sector. The following extract is from a participant identifying as a consumer and ally who shares her experiences in relation to the realisation of her initiative within the organisation.

Extract 5

"Here at [community mental health organisation], the CEO…accepted… what I wanted to do about [a consumer empowerment initiative]… and she allowed those changes to take place. And so she listened and accepted and allowed, and then we did it, you know. So if people in power listen to us, great things can happen. It's always happened where people aren't so risk-adverse. So it's really important for people in power to not be risk-adverse."

This extract emphasises how having support from individuals employed in positions of power allows for the realisation of consumer informed initiatives within the organisation. Participants noted that effective consumer empowerment happens when "people in power listen to" consumers. Thus positive attitudes towards consumers filtering from allies in the organisational hierarchy might make it easier for] consumers to have such influence within the organisation.

Beyond having access to power or resources, participants emphasised particular traits important to being an ally. Specifically, participants highlighted that allies should be "courageous" (ally) in standing up for consumers and that allies need to "be comfortable with forging new ground" (consumer). This suggests that being an ally to the consumer movement can be a difficult task and has not been well established or understood within the mental health sector. Consequently, it was also highlighted that allies should be assertive and willing to take risks to support consumers'

empowerment and be persistent in their endeavours to promote consumers' empowerment. Whilst allies were encouraged to be assertive, it was also emphasised that allies should listen to consumers and be willing to be the "supporting act" (consumer/ally) for consumers rather than take over. Allies were encouraged to "walk beside" or let consumers "walk in front " (consumer/ally) in their journey to empowerment. Finally, allies were encouraged to be genuinely passionate about consumer empowerment.

Attitudes towards allies as supporters of consumers' empowerment

Participants discussed perceptions of allies in relation to their role in supporting consumer empowerment. There were three particular subthemes related to these perceptions: a lack of understanding of consumer perspectives, hidden agendas, and the domination of ally perspectives.

Lack of understanding of consumer perspective

Participants' accounts suggested that there were concerns related to allies' lack of understanding of consumer needs as a result of a lack of lived experience of mental ill health. The following extract provides an example of from the perspective of an ally;

Extract 6

"Sometimes there's a real animosity around that; how would you know what my lived experience is, how would you know how to advocate for me unless you walked in my shoes? There's a big underlying assumption in that our staff actually haven't walked in their shoes… [but] they're actually advocating not only professionally but from a human perspective and from an experiential perspective themselves."

This participant's account further demonstrates how she has experienced feelings of judgement from others in relation to a perceived lack of competence to effectively advocate for consumers.

This concern was also discussed among consumers in the study, as highlighted in the following extract from a consumer;

Extract 7

> "support workers that don't have lived experience are just lacking that insight and understand and that unique ability to communicate and interact without having to go into in depth, extensive explanations to try and get the concept and the understanding behind it."

This statement constructs having lived experience of mental ill health as a benefit when supporting consumers, as it removes the need for "extensive explanations" from the consumer to the support worker as they already share an understanding. This statement, however, also suggests that communications between consumers and those without lived experience may lack shared understanding. Other participants in the study took a different view, for example one participant identified as an ally with lived experience of mental ill health stated "there is a tendency that unless you've personally experienced that one little box in your life, that you'll never understand and that's actually not true." Participants highlighted that a key to understanding consumer perspectives was to listen to consumers. Of those who did identify as having experienced mental ill health, they too highlighted their own concerns in relation to inabilities to understand consumer 'needs'.

Extract 8

> "I identify as having experienced depression and anxiety, but that's like one of so many things that come under the mental illness umbrella, so I often in this work have to try to identify with somebody who may have other issues going on… I may not fully understand what they are going through."

This participant, identifying as a consumer, points to differences in individual experiences of mental illness and highlights that having lived experience of mental ill health does not ensure automatic understanding of other consumers' experiences.

Hidden agendas

There were concerns highlighted by participants related to the agendas of allies when supporting consumer empowerment. The following extract is from a consumer who provides a rich account of her concerns relating to hidden agendas of allies.

Extract 9

> "I'm generally, really supportive of non-consumers being involved in empowerment. Sometimes people don't have the full integrity that I would be hoping for, like they're doing it to kind of maybe further their own kind of career because consumer participation is so strongly referenced in policy statements and accreditation processes and it's something that services struggle with a little bit. Sometimes it's a little bit more for show than I would like."

This extract highlights that there are concerns surrounding the motivations of allies when engaging in facilitating opportunities for consumer empowerment. Particularly, participants had expressed hesitancy towards situations whereby it was perceived that empowering opportunities such as "[consumer] involvement in processes" (consumer/ally) were brought about as a means to achieve personal agendas as such as career development or social recognition. Some participants had expressed frustrations towards the lack of genuine motivation to support consumers' empowerment within the mental health sector. Allies in this study had also demonstrated that they had recognised these concerns, for example one ally stated "I think there might be times when consumers might feel that allies maybe have their own agenda". However, one participant with lived experience of mental ill health expressed that "[allies] get nothing out of it. It doesn't benefit their career in any way, it's just that they genuinely believe in this work and they've chosen to stand firm and be staunch and it's wonderful." Some allies did report gaining a sense of satisfaction, for example "it makes my work more satisfying" when supporting consumers' empowerment. These benefits appeared to be secondary gains that were related to allies' motivations to support consumers' empowerment because "they care" (ally), "they care for people's rights" (consumer/ally) and "they want to make it better" (ally).

Domination of ally perspectives

Beyond concerns that allies may have different agendas to consumers, there were also concerns related to allies "taking over more of a dominating role or influencing too much the conversation of the direction" (ally). There were concerns in relation to dominating behaviours of allies, whereby consumer perspectives were being pushed out of the way. One participant identifying as consumer and ally

highlighted that to achieve ideal conditions for consumers' empowerment that the role of allies would become redundant in the mental health sector. For example,

Extract 10

"I think it's far more important for people with lived experience to have a voice where they don't even need allies, so that their voices are really listened to, and they have a voice rather than other people speaking for them. So first of all I think it's far better for us to have our voice and not need allies."

This suggests that the need for allies in consumers' empowerment can be conceptualised as ideally transitional. It suggests that ultimately the mental health sector should one day operate in a way that allows consumers to be empowered without the need for the support of allies. The progress in consumers' empowerment in the current mental health sector was attributed to partnerships with allies. For example, one participant with lived experience of mental ill health stated their belief that "What we've achieved so far couldn't have happened without allies and champions and what happens next won't happen unless we have real allies and real champions."

Discussion

This study sought to provide a deeper understanding of how consumer empowerment was conceptualised by employees within the mental health sector. Findings indicate that the realisation of consumer empowerment depends on there being opportunities for consumers to be influential. Therefore, allies who have power or resources to influence others and advocate for consumer leadership are likely to add value to the consumer movement. Participants also warned that there are concerns about allies as supports of consumers' empowerment regarding allies' lack of understanding of consumer perspectives, allies with hidden agendas, and when ally perspectives dominate. The findings of the current study extend previous work that states that a sense of empowerment arises from one's own efforts (Erdogan, Ozyilmaz, Bauer, & Emre, 2018): when allies use their power and resources to influence others, they are indirectly empowering consumers, by facilitating opportunities for consumers to empower themselves.

Findings from each of the themes present implications for health professionals working towards allyship. In terms of the first theme of conceptualising consumer

empowerment, participants noted being employed in mental health services did not automatically translate to having influence within their workplace. Moreover, participants highlighted that opportunities to engage without having the opportunities to have genuine influence may further disempower consumers. Existing literature has noted that some programs to engage consumers have been tokenistic in nature (Domecq et al., 2014). Our findings extend this, noting that policies that seek to empower consumers through their employment in services may in fact be disempowering if there are few opportunities for consumers to have genuine influence. The implications for allies, then, is to advocate not only for greater consumer leadership, but for meaningful consumer influence.

In relation to the second theme about understandings of allies, the findings suggest that participants perceived allies as individuals that have power and access to resources to support consumer empowerment. These findings are consistent with conceptualisations of allies in the literature (Broido, 2000; Scholz & Happell, 2018; Scholz, Roper, Juntanamalaga, & Happell, 2018). However, unlike other social movements whereby allies are understood to be dominant members of society (Broido, 2000), there were participants in this study who identified as consumers (i.e. the marginalised group) but who also identified as allies to consumers. Those who identified as both consumer and ally expressed that they believed that they had power and access to resources to support consumer empowerment. Thus, the key factor to being an ally for participants in this study was related to being able to support other consumers using one's resources. Another factor that was associated with allyship, was the notion that an individual's efforts to facilitate opportunities of consumer empowerment were unlikely to directly benefit the individual. This notion supported consumers' dual identification (consumer and ally) given that their efforts to facilitate opportunities of consumer empowerment did not automatically translate to improved personal outcomes. This finding contrasts with other social movements whereby the term ally is often exclusively used to describe members of the dominant social group. The approach of this study and its findings align with calls to shift from conceptualisations of consumers and allies that serve to binarise and reify differences between the two, to approaches that explore conceptualisations of effective alliances that transcend such divisions (Russo et al., 2018). While outside of the scope of the aims of the current study, future research might further explore identity politics

(Sampson, 1993) of allyship in the context of the consumer movement.

Findings from this study have also highlighted specific ways whereby allies have supported consumer empowerment. For example, allies have been noted to use their formal power such as access to resources within their professional role such as funding to create consumer dedicated positions. However, findings from this research tend to have highlighted allies' use of informal power, referring to power attained through relationships with members in the organisation. Allies tended to have an already established presence and influence within the mental health organisations. Consequently allies were noted for their role in influencing attitudes of other members in favour of the inclusion of consumer perspectives. These findings are consistent with research on allies in other social movements (Case, 2015) These findings suggest that allies may be able to play a vital role in promoting positive attitudes towards consumer leadership and consumer empowerment more broadly.

There are also implications arising from the findings of the final theme, regarding concerns about allies as supporters of consumer empowerment. Consumers in this study highlighted concerns related to allies' lack of lived experience and thus a lack of understanding. This reflects that there may be some hesitation from consumers to seek or accept support from allies or those who do not identify as having lived experience of mental ill health. However, participants also highlighted that people's experience with mental illness and experiences within the mental health system are diverse and that one cannot assume homogeneity in consumers' experiences. Listening to consumers was identified as a way to support better understanding of consumers among allies. Listening to consumers was emphasised as an overall important factor for allies; this may be related to concerns of ally perspectives dominating consumer agendas. Domination of ally perspectives was highlighted as disempowering as it further reinforced traditional systems of power. Therefore, meaningful allyship needs to involve not only listening to consumer perspectives, but making space for these perspectives so they have an influential role in organisational and systemic outcomes.

One of the limitations of the current study is that participants all lived within major cities. Therefore, the perspectives of individuals living in rural or remote areas (where extra barriers to consumer empowerment may exist) were not included. Nonetheless, participants included individuals from a broad range of organisations and areas within the mental health sector, thus the findings provide diversity in terms

of how allyship and empowerment are experienced in different settings.

A further limitation relates to the qualitative nature of the research, and how the accounts of experiences of 15 individuals cannot be generalised to the population. Nonetheless, participants came from across Australia (including urban and rural areas) and a wide range of areas of mental health (including education, advocacy, research, and service provision). Although the findings of the study support preliminary conceptualisations about allyship to the consumer movement (Happell & Scholz, 2018), this study should be considered an exploration into an emerging field.

Conclusion

This study provides insights into the perspectives of consumers and allies about allies' roles in facilitating consumer empowerment. There are limited understandings about allies to the consumer movement, and the findings presented here provide initial empirical findings about how allies might best think about their allyship. Specifically, the findings recommend that those who want to be better allies focus on facilitating opportunities for consumers to empower themselves, rather than on trying to 'empower consumers'. Future research might consider examining how to avoid situations where allies' perspectives dominate the movement, and how to ensure consumer goals continue to drive the movement and influence the mental health sector.

Relevance for Clinical Practice

Contemporary mental health policies require consumers be part of the decision-making processes at all stages of service planning, implementation, delivery, and evaluation. The benefits brought to the sector through meaningful consumer engagement include improved efficacy, relevance, and reputation of services. However, there are still barriers – including stigma, power imbalances, and tokenism – that mean that these policy requirements are not met, and services do not benefit from meaningful consumer involvement. Nurses have been identified as one of the groups of health professionals who can influence systems and make space for greater consumer involvement. The role of nurses as potential allies to the consumer movement continues to develop, and thus nurses may use their influence to shape alliances as understandings of allyship improve.

References

Australian Commission on Safety and Quality in Health Care. (2017). National Safety and Quality Health Service Standards. 2nd ed. Sydney.

Bennetts, W., Pinches, A., Paluch, T., & Fossey, E. (2013). Real lives, real jobs: Sustaining consumer perspective work in the mental health sector. Advances in Mental Health: Promotion, Prevention and Early Intervention, 11(3), 313-325.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101.

Broido, E. M. (2000). The development of social justice allies during college: A phenomenological investigation. Journal of College Student Development, 41, 3-18.

Brown, L. D., & Townley, G. (2015). Determinants of engagement in mental health consumer-run organizations. Psychiatric Services, 66(4), 411-417. doi:10.1176/appi.ps.201400150

Case, K. A. (2015). White practitioners in therapeutic ally-ance: An intersectional privilege awareness training model. Women & Therapy, 38(3-4), 263-278. doi:10.1080/02703149.2015.1059209

DiNapoli, J. M., O'Flaherty, D., & Garcia-Dia, M. J. (2014). Theory of Empowerment. Theories Guiding Nursing Research and Practice: Making Nursing Knowledge Development Explicit, 303.

Domecq, J. P., Prutsky, G., Elraiyah, T., Wang, Z., Nabhan, M., Shippee, N., . . . Firwana, B. (2014). Patient engagement in research: a systematic review. BMC health services research, 14(1), 89.

Erdogan, B., Ozyilmaz, A., Bauer, T. N., & Emre, O. (2018). Accidents happen: Psychological empowerment as a moderator of accident involvement and its outcomes. Personnel Psychology, 71(1), 67-83.

Farr, M. (2017). Power dynamics and collaborative mechanisms in co-production and co-design processes. Critical Social Policy, 0261018317747444.

Gordon, S. (2005). The role of the consumer in the leadership and management of mental health services. Australasian Psychiatry, 13(4), 362-365.

Grzanka, P. R., Adler, J., & Blazer, J. (2015). Making up allies: The identity choreography of straight LGBT activism. Sexuality Research and Social Policy, 12(3), 165-181.

Happell, B., & Scholz, B. (2018). Doing what we can but knowing our place: Being an ally to promote consumer leadership in mental health. International Journal of Mental Health, 27(1), 440-447. doi:10.1111/inm.12404

Kivel, P. (2017). Uprooting Racism-: How White People Can Work for Racial

Justice: New Society Publishers.

Kopera, M., Suszek, H., Bonar, E., Myszka, M., Gmaj, B., Ilgen, M., & Wojnar, M. (2015). Evaluating explicit and implicit stigma of mental illness in mental health professionals and medical students. Community mental health journal, 51(5), 628-634.

McLean, A. (1995). Empowerment and the psychiatric consumer/ex-patient movement in the United States: Contradictions, crisis and change. Social Science and Medicine, 40(8), 1053-1071.

Meagher, J. (2011). Changing perspectives on consumer involvement in mental health. Health Voices: Journal of the Consumers Health Forum of Australia(8), 27-28.

Morrison, P., Stomski, N. J., Whitely, M., & Brennan, P. (2018). Understanding advocacy practice in mental health: a multidimensional scalogram analysis of case records. Journal of Mental Health, 27(2), 127-134.

Our Consumer Place. (2010). So you have a 'mental illness'...what now? Victoria, Australia: Our Consumer Place. Retrieved from http://www.ourconsumerplace.com.au/files/MentalIllnessbook.pdf

Pinches, A. (2004). What the consumer movement says about recovery. Retrieved from https://pdfs.semanticscholar.org/d325/bcac55aeaf075f17531137ef1d7050fa2bba.pdf

Russo, J., Beresford, P., & O'Hagan, M. (2018). Commentary on: Happell, B. & Scholz, B (2018). Doing what we can, but knowing our place: Being an ally to promote consumer leadership in mental healt. International Journal of Mental Health Nursing. doi:10.1111/inm.12520

Sampson, E. E. (1993). Identity politics: Challenges to psychology's understanding. *American Psychologist, 48*(12), 1219-1230. doi:10.1037/0003-066X.48.12.1219

Scholz, B., Bocking, J., & Happell, B. (2018). Improving exchange with consumers within mental health organisations: Recognising mental ill health experiences as a "sneaky, special degree". International Journal of Mental Health Nursing, 27(1), 227-235. doi:10.1111/inm.12312

Scholz, B., & Happell, B. (2018). Response to Commentary by von Peter to Happell, Brenda, & Scholz, Brett. (2018). Doing what we can, but knowing our place: Being an ally to promote consumer leadership in mental health. International

Journal of Mental Health Nursing.

Scholz, B., Roper, C., Juntanamalaga, P., & Happell, B. (2018). Understanding the Role of Allies in Systemic Consumer Empowerment: A Literature Review. Issues in Mental Health Nursing.

Scholz, B., Stewart, S. J., Bocking, J., & Happell, B. (2017). Rhetoric of representation: The disempowerment and empowerment of consumer leaders. Health Promotion International. doi:10.1093/heapro/dax070

Slay, J., & Stephens, L. (2013). Co-production in mental health: A literature review. London: New Economics Foundation.

Stebbins, R. A. (2001). Exploratory research in the social sciences. Thousand Oaks: Sage Publications.

Sue, D. W. (2017). The challenges of becoming a White ally. The Counseling Psychologist, 45(5), 706-716.

Valiente, C. (2017). Male allies of women's movements: Women's organizing within the Catholic Church in Franco's Spain. Paper presented at the Women's Studies International Forum.

Wiggins, S. (2016). Discursive psychology: Theory, method and applications. London: Sage.