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“I don't think we've quite got there yet”: The experience of allyship for mental health consumer researchers

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‘I don’t think we’ve quite got there yet’: The experience of allyship for mental health consumer researchers

Abstract

Introduction:

Australia and New Zealand mental health policy requires consumer participation in all aspects of mental health services. Systemic participation informs and improves the quality of mental health services. Collaboration with consumer researchers should be similarly required. Enhanced understandings of collaborations are needed.

Aim:

To enhance understanding of the perspectives and experiences of non-consumer researchers in working collaboratively with consumers as researchers.

Method:

This qualitative exploratory study involved interviews with non-consumer mental health researchers who have worked collaboratively with consumers

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in research. Interviews were conducted with participants from Australia and New Zealand.

Results:

‘Allyship’ emerged as a major theme. This describes non-consumer researchers playing an actively supportive role to facilitate opportunities for the development and growth of consumer research roles and activities.

Seven sub-themes were identified: establishing and supporting roles, controlling resources, guiding navigation of university systems, advocacy at multiple levels, aspiring to coproduction and consumer-led research, extending connections and partnerships, and desire to do better.

Discussion:

Allyship may have an important role to play in the broader consumer research agenda and requires further consideration.

Implications for practice:

Embedding meaningful consumer participation within mental health services requires active consumer involvement in research. Allies can play an important facilitative role.

Keywords:

Allies and allyship

Consumer

Mental health

Research

Relevance statement

This paper is highly relevant to mental health nursing practice. Enhancing consumer participation is a clear policy directive and mental health professionals must actively support and facilitate consumers. Given the strong links between research and practice, supporting consumers to

become researchers and contribute to mental health research is essential. Through the research presented here, allyship was identified as an important strategy in facilitating consumers to become active members of research teams. To date nurses have been allies to facilitating consumers as academics and educators and are ideally positioned to lead other professions as allies to consumer research.

Accessible summary

What is known on the subject

- Consumer participation in mental health services is an expectation articulated through mental health policy
- Consumers as researchers could contribute significantly to mental health services. Barriers to participation are significant and limit consumer involvement

What the paper adds to existing knowledge

- Enhanced understandings of collaborative relationships between consumer and non-consumer researchers
- Researchers from the health disciplines find value in consumer involvement in mental health research
- These researchers can support and facilitate consumer research by being allies to consumer researchers

What are the implications for practice

- Understanding the role of allies is necessary to strengthen their capacity to support consumer researchers
- Involving consumers in mental health research is likely to lead to improved practice

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Introduction

As the people who use mental health services, consumers have an important role in determining their quality and effectiveness. Consumer participation in the design, development, implementation, delivery and evaluation of mental health services has been clearly articulated as an expectation since the introduction of the first National Mental Health Policy in Australia in 1992 (Commonwealth of Australia, 1992). Participation was reinforced in subsequent Mental Health Plans (Commonwealth of Australia, 1998, 2009, 2017), Standards for Mental Health Services (Commonwealth of Australia, 2010) and Standards for the Mental Health Workforce (Victorian Government, 2013).

Similarly, since 1994 New Zealand mental health policy and related standards have required that consumers of mental health services are involved in the planning, implementation and evaluation *at every level* of the mental health service to ensure services are responsive to the needs of individuals (Mental Health Commission, 2001, 2012; Ministry of Health, 1994, 1997, 2001, 2008). It is intended that the ‘every level’ should include leadership and management positions. Mental health service staff therefore have critical roles in forming authentic partnerships with consumers at all levels and phases of service delivery; promoting the participation and leadership of consumers at all levels; and striving to ensure the human rights of consumers (and their families and whānau) are upheld.

Research is crucial for the development, accountability and effectiveness of mental health services (Callard & Rose, 2012). Given the focus on consumer participation in relation to services, it follows that those most closely impacted by policy decisions should be recognised as key stakeholders in related research (INVOLVE, 2017; National Health and Medical Research Council, 2016). Consumers are no longer simply the passive

subjects of research, but active participants in the research process. Consumers have a strong positive effect on the relevance and integrity of research outcomes (Beebejaun, Durose, Rees, Richardson, & Richardson, 2015; de Freitas, 2017; Michalak et al., 2016; Phillips, 2006).

Indeed, international policy drawing on the Convention of Rights of Persons with Disabilities has mandated that consumers be involved in decision-making processes that concern them (Degener, 2017). Local jurisdictions have, in turn, established formal mechanisms for consumer involvement across the health sector. This has included, for example national policy in Australia demanding inclusion in all stages of mental health research (including research design, conduct, reporting, and dissemination) (National Health and Medical Research Council, 2015a). Another example drawing from international policy is the requirement of the Health Research Strategy 2017-2027 in New Zealand, which under one of its guiding principles requires 'Collaboration for impact', involvement of communities, health consumers and disabled people in the research process (Ministry of Business Innovation and Employment and Ministry of Health, 2017). The terms used in different jurisdictions often depend on those set out in policy or by advocacy organisations. We use the term 'consumer' in this paper reflecting the Australian health policy terminology (Australian Commission on Safety and Quality in Health Care, 2017), but acknowledge that other terms may be more appropriate in certain contexts.

Despite the benefits, authentic partnerships with consumers throughout the research process remain uncommon (Vollm, Foster, Bates, & Huband, 2017). Barriers to these include negative attitudes of health professionals (Dabby, Tranulis, & Kirmayer, 2015), and beliefs that knowledge gained from lived experience lacks the perceived rigour and objectivity of 'traditional' scientific research (Boaz, Biri, & McKeivitt, 2016; Gee, McGarty, & Banfield, 2016; Scholz, Bocking, & Happell, 2018; Veseeth, Binder, Borg, & Davidson, 2017; Ward et al., 2009). The issue of power is central, with

consumers placed in a disadvantaged position relative to researchers from health professional backgrounds (Broer, Nieboer, & Bal, 2014; Happell et al., 2015; Kidd, Kenny, & McKinstry, 2015) (hereafter referred to as 'other' researchers).

Involving consumers in research and other academic activities has been facilitated by other researchers. These individuals, also referred to as allies (Slay & Stephens, 2013), utilise the power they have by virtue of their positions, and influence resource allocation to facilitate the implementation of opportunities for consumers to become actively involved in research (Happell & Scholz, 2018). Allies generally hold senior positions with greater access to resources and infrastructure than their consumer counterparts.

The role of allies has been articulated as an enabler of the women's movement (LaMantia, Wagner, & Bohecker, 2015; Linder & Johnson, 2015), racial equality (Droogendyk, Wright, Lubensky, & Louis, 2016) and the LGBTIQI community (Jones, Brewster, & Jones, 2014; Ryan, Broad, Walsh, & Nutter, 2013). Essentially, allies come from a privileged background, relative to oppressed or minority groups, and use this privilege to actively support the quest for empowerment and advancement of the disadvantaged group.

Rationale

Despite the potentially important role of allies, there is little on this topic in the mental health literature. A recent article describes the important role of allies in facilitating consumer leadership (Happell & Scholz, 2018), with principles that could be readily adapted to consumer researchers. More broadly, the literature suggests allyship in mental health academia has primarily focused on health professionals' education, most frequently in nursing and social work to date (Clossey, Mehnert, & Silva, 2011; Happell & Roper, 2003; Happell & Roper, 2009; Morrow, Boaz, Bearley, & Ross, 2012;

Simons et al., 2007; Simpson, 2006). Allies have been instrumental in facilitating academic positions with a primary focus on teaching for consumers. The development of these roles were considered vital for two reasons: first, to acknowledge as essential the expertise that results from lived experience; and second, to influence the attitudes of future health professionals towards adopting consumer-centred practice through consumer-led teaching (Happell, Byrne, McAllister, et al., 2014; Happell, Byrne, Platania-Phung, et al., 2014; Schneebeli, O'Brien, Lampshire, & Hamer, 2010).

Aims and Objectives

There is no parallel body of literature describing the role of allies or other researchers in facilitating research-focused roles for mental health consumers. In observing the benefits of active consumer involvement in mental health research (Beebejaun et al., 2015; de Freitas, 2017; Michalak et al., 2016; Phillips, 2006), authors acknowledge the need to consider and enhance strategies to increase this involvement. Other researchers who work collaboratively with consumers are clearly key informants when considering approaches to enhancing participation. The aim of the present study was to explore the views and opinions of other mental health researchers about working collaboratively with consumer researchers, including strategies to further advancements in this area.

Methods

Study design

Qualitative exploratory methods were considered the most appropriate given the limited literature addressing this specific topic. This approach allows participants to contribute based on their opinions and experiences and therefore to shape the research agenda based on their expertise (Stebbins, 2001). Stebbins (2001) commends exploratory methodology for topics where comparatively minimal literature currently exists in the area of investigation. It is an inductive process which fosters an open-minded approach to enable information to emerge and ultimately shed light upon the research problem. The exploratory design facilitates flexibility and enables the research problem to be explored (Stebbins, 2001).

Research team

This research was undertaken by a team of eight researchers from Australia and New Zealand. The team comprised four consumer researchers and four health professional backgrounds, including mental health nursing, psychiatry and psychology. This reflects the authors' commitment to collaborative relationships with consumers in all aspects of the research process.

Recruitment process

Purposive sampling was the primary recruitment method used (Elikan, Musa, & Alkassim, 2016). Participants targeted for the research were established mental health researchers from within the mental health workforce professional groups employed by an organisation in Australia or New Zealand, with a remit involving the conduct and dissemination of research. Targeted calls for participation were sent to researchers known to the research team. This approach was supplemented with snowball sampling where participants were asked to suggest others with expertise in this area (Valerio et al., 2016). Information about the study was sent to those who expressed interest, with a plain language information statement and a consent form. Interviews were scheduled following receipt of signed consent.

forms. Contact was made with 14 potential participants. One did not respond to the invitation or subsequent reminders, two indicated their interest in participating but did not provide times for the interview to be conducted.

Participants

Eleven people were interviewed (six females and five males). Their experience in research ranged from recently completing PhD studies, to directors of research entities and heads of academic departments. Discipline backgrounds of the participants included mental health nursing, psychiatry, psychology and social work. Additional information about participants is provided in Table 1

Insert Table 1 about here.

Procedure

Two members of the research team conducted the interviews, one male and one female. The researchers were employed as a research director and a postdoctoral research fellow, they both held a PhD qualification (both including interviewing and qualitative analysis) and had substantial experience in qualitative research and conducting interviews. Four interviews were conducted face to face and the remainder were via Skype or by telephone. Interviews were of 33 to 75 minutes in duration. Each participant was interviewed once only.

An interview guide was prepared to provide some structure and focus to the Interview. The open-ended questions were designed to elicit opinions about experiences of collaborating with consumer researchers. More specifically, information was sought about barriers to collaboration, and strategies that have effectively moderated the identified barriers to promote

consumer collaboration in research. Interviews were audio-recorded and sent to a transcription service so an accurate record of interview could be established.

Ethics

Ethics approval was received from the relevant Human Research Ethics Committee [name and project number omitted to facilitate anonymous review]. Ethical principles as outlined in national guidelines were adhered to (National Health and Medical Research Council, 2015b). The Plain Language Statement provided comprehensive information about the project and the measures to ensure privacy and confidentiality. Participants were informed that their participation was voluntary and they were at liberty not to participate or to withdraw participation during the project. Participants were encouraged to ask questions or seek clarification about any aspect of the research. An overview of the ethical issues was repeated at the commencement of each interview to ensure participants had a clear understanding before proceeding.

Data analysis

Data analysis was based on the framework for thematic analysis outlined by Braun and Clarke (2006). This framework facilitates the emergence of themes from the data. Transcripts were read and re-read several times to facilitate familiarisation with the data and its underlying meaning. Patterns in the data were identified and coded and subsequently organised into themes. This process was undertaken independently by two researchers and reviewed by the full team, consisting of four consumer researchers and four other researchers, to arrive at the main themes. Given the exploratory nature of this study and the paucity of existing research on allyship to consumer researchers, the study focuses on a description of the

breadth of the mes across the dataset, as suggested by Braun and Clarke (2006).

Rigour and reflexivity

Demonstrating research rigour is essential in creating confidence in the research and its outcomes (Engward & Davis, 2015). Reflexivity is a crucial consideration in determining rigour (Walker, Read, & Priest, 2013). Reflexivity was enhanced through regular meetings of the team prior to, during and following the completion of interviews. The interview guide, developed collaboratively with the research team, provided focus for interviewers. The two interviewers met after each interview and discussed the general flow and content. Independent data analysis was undertaken by two researchers, and this was then reviewed by the whole research team, to guard against interpretations of data that might be influenced by researcher bias (Walker et al., 2013). Further, given the emerging area of research on allyship, the data-driven approach to thematic analysis allowed the researchers to focus on participants' own accounts of their experiences.

Results

Allyship was found to be a major support for the successful growth of consumer research in mental health. The activities and functions of allies in supporting mental health consumers in research and the significance of allyship were reflected in the identified sub-themes: *establishing and supporting roles, collating resources, guiding navigation of university systems, advocacy at multiple levels, aspiring to coproduction and consumer-led research, extending connections and partnerships, and desire to do better*. These themes will now be described and supported with indicative quotes

from participants. Each participant has been assigned a number which corresponds to the demographic details included in Table 1.

Establishing and supporting roles

Several interviewees considered themselves allies of consumer researchers. Those who held leadership positions described how they had assisted consumers to gain formal and stable research roles within academic organisations. One reflected on how long-term status in the department and a senior leadership position had facilitated a consumer researcher being offered a full-time academic position despite many members of the organisation not agreeing with the consumer researcher's views on some matters:

“I was very impressed with the work that she had done on her PhD... And it seemed that it would be a great shame if this work came to an end, and I managed to find a bit of money to support her having a role [research and teaching] and eventually I managed to persuade our dean [for a] permanent appointment rather than a year by year arrangement... There was a bit of resistance to some of her initial fairly forthright views about what we weren't doing right... I think that it was fairly important that I'd been around the department a long time and ... it was quite clear that I was supporting the line she was taking if not necessarily every element of it. And people were willing to take a bit of a lead from that and not to want to be seen to be rejecting.” (4)

Securing visible positions for consumers in departments or research centres was a crucial step. Allies emphasised the importance that such roles must also be adequately supported, including providing opportunities for

expanding and deepening research expertise and supporting consumers to develop their own research profiles and agendas:

“I applied for and got a department fellowship ... to employ [name of consumer] to work with me ... I also realised that there would be plenty of capacity building aspects to that. That [name] hasn't been a researcher before ... [name] was really the lead researcher, and a novice, so I was there to ... give him the supports he needed to have a successful experience of doing the research.” (11)

Establishing and developing roles for consumer researchers required collaboration with, and active involvement from consumers in each step of the process:

“...it is really about co-constructing that person's role, doing a lot of work that enables mutual exchange and a mutual transformation...it isn't just a one-way thing.” (8).

Collating resources

In a research area all too familiar with funding shortages, other mental health researchers were keen to take opportunities to secure monies for research capacity building and involving consumers in research projects. One other mental health researcher had leadership positions in multiple mental health service and research organisations and also engaged in consultancy, and sought to garner at least small amounts of funding across these areas to feed into consumer research in areas prioritised by consumers themselves:

“...what I try to do is squirrel as much resource together as I possibly can ... sometimes a little bit of consultancy work which gives me some money, or I do projects, which I know at the end of the day ... have a little bit of money surplus at the end ... I can have a little bit of control over that resource, so then I take it back to the [consumer] groups that I’m negotiating, that I’m working with and say to them, “Okay. What is it that you want us to have a look at, and here’s a pot of money that can assist it?” It might not get us completely there, but it can start the process.” (1)

Guiding navigation of university systems

Success as an ally required a detailed understanding of internal organisational systems that may be unfamiliar to consumer researchers. Other mental health researchers supported consumers in navigating the system efficiently, such as the processes for being paid, completing ethics processes, etc.

“I think what allies can do is navigate the sometimes tricky and complex parts of the institution or institutions. Because we’re usually located in these places we know the systems and we know how to work with them effectively [for instance] ensuring that people get paid for their work... the crossing the Ts and dotting the Is that the university finance department needs?” (10)

Advocacy at multiple levels

As consumer mental health research is not mainstream, several interviewees talked about the need to emphasise the importance of

consumer research to their non-consumer colleagues; across research, health practice and policy arenas. Given their power and position, allies can take ownership in supporting consumer research at different levels:

“I think allies... can be champions and influence their peers. Whether that's in their profession or within the institution or faculty.” (10).

Although there were cases of other mental health researchers in leadership roles at their institutions supporting consumer research, it was stressed by some that at a broader level, universities as key sites of research should lend further support and support the work of consumers as a point of difference in their contribution to research:

“Allies need to come into place, [consumer researchers] need to be supported by allies who are prepared to advocate for that work, and help that grow by engaging with it, by working in a co-produced way, or even a consumer-led way ... to advance their own research. It's complex, it wouldn't be easy, but it could happen if there was a desire to do it, so what you really need is one university to say – “We want to be the ones that are known for supporting consumer participation in mental health research.” (7)

Aspiring to co-produced and consumer-led research

On the whole, interviewees emphasised consumer-led and co-produced research as ultimate goals.

“...ideally, I think, most of the time co-production should be the ultimate – the best way forward.” (3)

Some participants discussed whether consumer research should be implemented dramatically or take a more incremental pathway. Some saw value in building up from 'lower' forms of participation when this was the only option available. The latter involves lesser forms of participation to be achieved first before working toward higher participatory modalities.

But there were also warnings associated with the dangers of tokenism when adopting an incremental process:

"We should be aiming for people being involved as early as possible... It does have to be a pragmatic approach sometimes... I certainly don't think it's good enough to look for a sign-off as a tick box exercise at the end, so it's not quite anything is better than nothing, I think that is disparaging... and unhelpful" (2)

Participants identified that tokenism could also occur at the higher end of participation. For example, some noted that coproduction was sometimes used to describe middle-range participation. Constant vigilance of the level of participation was necessary to avoid this:

"... the Ladder of Participation ... you need to be really aware of where you are, and always try to climb higher, but also [acknowledge] the fact that maybe sometimes you might have to drop down, but you know where you are, so you're not pretending..." (7)

For many, however, while aspirations remained, a range of external constraints such as funding shortages, lack of research capacity, and ambivalence to consumers in research organisations, were serious obstacles.

The implications of these barriers meant that pragmatically, allies were often restricted and could only develop consumer research at the lower end of the participation spectrum, especially if there was no track record of consumer research in the institution. As one interviewee put it succinctly: “I think you start where you start.”

Extending connections and partnerships

Another form of support of consumer researchers was to connect them with other consumer researchers, at local and national levels. The linkage of consumer researchers to new networks counters their inevitable professional isolation and could potentially open up fresh opportunities to forge new collaborations. Networking opportunities assist in developing consumer research by providing a support mechanism and encouraging individuals to undertake more research in employed positions. For instance, one interviewee in a leadership position mentioned efforts at a national scale to connect rising leaders of consumer researchers with other leaders in mental health research and facilitate team-based research:

“...we’re probably inclined at a national level to really look to leaders, and... opportunities for those leaders to work with others. So, we do commission projects and research projects – [name of consumer academic] has led a number... we actually set it up so there’s quite a team of people with experience [as] researchers working on that and ... there’s always quite a team.”

(2)

Desire to do better

While interviewees valued contributing to the growth of consumer research, there was a strong sense of 'still having a long way to go' to embed consumer research in mental health academia. The desire for advancement was often conveyed by the desire for more equitable organisational mechanisms to build the capacity of consumer researchers. For instance, an interviewee stated: "...we need more scholarships and fellowships" specifically aimed to support consumer researchers. Another interviewee, who had supported consumer research at multiple organisations, reflected that progress had been made, however there was need to stay vigilant on the fundamentals, such as common values, and aspire to a point of substantive consumer-led and co-produced research:

"...probably like a lot of people that are working in his space....we all believe in what we're doing, we all probably come from a mutual set of values around supporting each other and working collaboratively...and valuing good relationships....I don't think I've necessarily always got it right....what is missing from this space is really the negotiations where we, as researchers, are firmly embracing what... you [consumers] tell us needs to be researched, I don't think we've quite got there yet." (1)

Discussion

The findings from this research expand understanding of how other mental health researchers enact allyship within collaborations with consumer researchers (Happell & Scholz, 2018; Slay & Stephens, 2013). Participants described how their commitment to consumer research has led to their active involvement in establishing and supporting positions for consumer researchers, ranging from casual, short term to permanent roles. Participants holding senior positions have used their power, greater access to resources and knowledge of institutional structures and systems to overcome identified

barriers to involving consumers in mental health research. This activism is identified as an important characteristic of allies (Happell & Scho lz, 2018; Slay & Stephens, 2013), and has been identified as pivotal in the implementation of consumer positions in academia more broadly (Clossey et al., 2011; Happell & Roper, 2003; Happell & Roper, 2009; Morrow et al., 2012; Simons et al., 2007; Simpson, 2006). Truly authentic partnerships with consumers in research activities remains in its infancy (Vollm et al., 2017). Allies with a clear vision and drive to support consumer researchers and consumers' own research interests are key to the development of co-produced and consumer-led research. Accessing the means to implement this vision are essential.

Participant responses suggested that allies have to work within practical constraints, seizing opportunities by corral ling resources when they can, while at the same time advocating for the positions at multiple levels and across a range of settings. The stigma associated with mental illness further impacts on the perceived credibility of consumer researchers (Ghisoni et al., 2017; Hipes, Lucas, Phelan, & White, 2016; Segal & Hayes, 2016). Allies on the other hand, are seen as credible due to their positions, professional background and research track record (Happell & Scho lz, 2018; Hutchison, 2016). Given their institutional roles, allies are ideally placed to advocate for consumer researcher positions. While it might be argued that having others speak and advocate further disempowers consumers, it may nevertheless be a crucial step in creating a platform enabling consumers and their work to be recognised, valued and heard.

The underfunding of mental health research relative to other areas of health has been noted (Batterham et al., 2016). These difficult financial conditions impose significant limitations on the capacity of allies to facilitate consumer research positions. However, despite the financial constraints, the study participants have demonstrated the ability to game r sufficient

resources to employ consumers in research projects and contribute to capacity building in this area. It appears that small sums can be utilised to enhance participation.

While allies acknowledged the gains made in promoting consumer researchers, they were also aware of having ‘a long journey ahead’ before consumer research would become embedded in the broader mental health agenda. Coproduction and consumer-led research were identified as desirable goals. “A coproduction approach sees consumers involved in, or leading, defining the problem, designing and delivering the solution, and evaluating the outcome, either with professionals or independently” (Roper, Grey, & Cadogan, 2018, p. 2). Coproduction requires genuine collaboration between consumers and other researchers, where diverse views and discipline knowledge are valued and embedded into the research program (Dumose, Beebejaun, Rees, Richardson, & Richardson, 2014). By definition coproduction is intended to be equitable (Meddings, Byrne, Bamicoat, Campbell, & Locks, 2014), however, in mental health contexts extreme power differentials may exist, that require identifying and addressing. Discussing these matters can be very challenging for other researchers (Roper et al., 2018), and may lead to tokenistic consumer involvement associated with much lower levels of participation (Staley, Kabir, & Szmukler, 2013).

In light of the limitations described in this paper, participants generally adopted a pragmatic approach to allyship. Coproduction, even consumer-led research were goals, however attaining them involved a potentially incremental process. If taking this approach, allies must remain aware of the principles of coproduction and acknowledge the limitations that might result from pragmatism (Roper et al., 2018). Allies can play an important role in advocating for coproduction with their colleagues, and correcting misconceptions that might otherwise lead to substandard participation. (Happell & Scholz, 2018). Tokenism can easily occur when lower levels of

participation are described as coproduction. Being transparent about where you are on the 'participation ladder' and always aiming to move up the rungs are important coproduction aims (Amstein, 1969). Allies may also have a vital role in advocating for and being involved in consumer-led research activity.

The greater the number of allies, the greater the positive impact on consumer research. The benefits of mentorship in supporting and facilitating research careers has been established (Guise, Nagel, Regensteiner, & the Building Interdisciplinary Research Careers in Women's Health Directors, 2012; Pfund, Byars-Winston, Branchaw, Hurtado, & Eagan, 2016; Schalkwyk et al., 2017). The findings suggest merit in exploring new mentoring arrangements; such as other mental health researchers who are novices in allyship being jointly mentored by an experienced other mental health researcher and a consumer mental health researcher. Such an approach would present the principles of coproduction in action and enable novice other researchers to learn from direct experience.

Allyship was a theme that emerged from the interview data, rather than a focus of inquiry. It is therefore not surprising that the reciprocal aspects of allyship, both with the consumer researcher(s) supported and with the organization in which the parties worked, were not elicited. These are important aspects that should be the subject of future enquiries in this area in the future.

Limitations

A limitation of the current study relates to the specific group of participants interviewed. All participants were identified as experienced in collaborating with consumer researchers. As such, their views may not represent other mental health researchers more broadly.

Conclusions

Strong collaborative relationships between consumer and other researchers will result in more rigorous and relevant research that will ultimately contribute to improved consumer outcomes in mental health services. In light of the recognised barriers to collaborations of this kind, strategies to facilitate consumer research must be identified and implemented. Allyship is a concept not yet fully explored in mental health research although its benefits have been identified in other areas of mental health and in liberation movements more broadly.

The current study contributes to this emerging field of research into allyship to the consumer movement. There is, however, more work to be done to develop understandings of the practicalities of such allyship. For example, future research might explore coproduction between consumer researchers and their allies in terms of the limited resources (such as funding, staffing, or time) of health and research systems.

Nonetheless, allies have the potential to use their positions of power and authority to advocate for opportunities for consumers to lead and collaborate in research; through the introduction of positions, influencing their colleagues and supporting consumer researchers in existing roles. Allyship alone may be insufficient to produce enduring change, but it may be an important, even essential, first step in promoting coproduction and authentic collaboration between consumer and other mental health researchers.

Table 1 – Participant Demographics

Participant	Country	Discipline	Employer	Position	Gender
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No.					
1.	New Zealand	Mental health nursing	University	Professor	Male
2.	New Zealand		Non-Government Organisation	Project manager	Female
3.	New Zealand	Psychology	University	Senior Lecturer	Female
4.	New Zealand	Psychiatry	University	Professor	Male
5.	New Zealand	Psychiatry	University	Senior Lecturer	Male
6.	New Zealand	Mental health nursing	University	Senior Lecturer	Male
7.	Australia	Mental health nursing	University	Professor/Director	Female
8.	Australia	Social work	University	Associate Professor	Female
9.	Australia	Psychology	University	Post-doctoral research fellow	Male
10.	Australia	Social work	University	Senior Lecturer	Female
11.	Australia	Mental health nursing	University	Associate Professor/Director	Female

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