LETTER TO THE EDITOR

Service users on interview panels in mental health

Recently, there has been discussion in this journal on the value of the lived experience in nurse education (Happell *et al*. 2014). People with lived experience's views have also been sought on the care from mental health nurses (Ådnøy Eriksen *et al*. 2014; Gunasekara *et al*. 2014). The views reported in the latter studies were both interesting and different from nurses.

If service users can make a contribution to education and have valued opinions on what is good nursing, surely, consistent with public policy, they can make a contribution in all areas of the delivery of mental health services. This letter addresses the contentious issue of having service users participate on interview panels for clinical and management positions in mental health services. The same arguments might also apply to academic appointments. The uptake of this practice has been patchy over the past 20 years.

'Nothing about us, without us' is a catch cry of the service user movement, which exhorts mental health services to engage in a meaningful way with service users at every level of the organization. Involving people with lived experience of service usage and mental illness is pivotal to developing a humanistic and satisfactory service. Service user involvement has been public policy in Australia and most of the developed world since the early 1990s (Australian College of Mental Health Nurses 1995; Australian Health Ministers 1992); however, the problem, at present, is that, in many places, meaningful involvement is not happening (Bennetts *et al*. 2011; Rosen *et al*. 2010; Rosenberg & Rosen 2012).

It seems reasonable to us that someone who uses a service should have a voice on who works for that service and who gets promotion. Our experience has been that service user panellists with similar human resource training as other panellists (and remunerated appropriately) apply themselves diligently, impartially, and collegially. Thus, we would like to suggest that at least one service user should be on the interview panel for any and all positions in a mental health service.

The response to this suggestion we have been hearing so far included 'that is a good idea', but the service user should be from out of the area. The rationale is that the service user might: (i) have been scheduled into the inpatient unit and hold a grudge; and (ii) be admitted after the interview.

Those who criticize having local service users on selection panels seem to assume that clinicians working in health services have uncomplicated relationships. The argument of not having local service users on an interview panel could also apply to local health-care workers. We need to have faith and trust that all participants on panels can behave professionally and manage problems with potential dual relationships as they arise.

Having service users on local interview panels would have the effect of giving them a voice in important decision-making, and a show of respect for their lived experience of the local mental health service. It serves to moderate and soften the conversation, so that it is more respectful and ultimately impacts positively on the culture of the workplace.

Giving service users a voice on interview panels in their local area means that health professionals are accountable 'to', as well as 'for', the people they care for. This is an important and symbolic change in the power structure.

Health-care professionals have to be willing to share power with service users if service user participation is to be anything but tokenistic. Patients/consumers/service users sit on ethics committees and on review boards, so why not just extend that function to one where they have a role on panels of interview? This seems consistent with the Australian College of Mental Health Nurses' (2010) Standards of Practice.

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