Exploring Deliberation in the Real World:
A Case Study of Constructing a Service User Discourse in Mental Health

by

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Abstract

This thesis explores the potential for instances of real world deliberation to strengthen the voices of mental health service users in policymaking. In doing so, it focus on the case of a non-idealised forum run by an NHS Clinical Commissioning Group in the English Midlands. The thesis investigates the impact of organisational approaches including, the selection of participants with lived experience and facilitation by public officials. Adopting a pragma-dialectical analysis it seeks to explore the extent to which these approaches affect the approximation of deliberative principles in real world discussions, both within the non-idealised form and policymaking processes. Although it finds elements of deliberative quality, these remain both partial and incomplete. Consideration is given to how the varying nature of communicative quality was influenced by the use of organisational methods that only partially operationalise deliberative principles. However, these same organisational methods strengthen service user voices by encouraging the development of discursive advocacy and democratic facilitation. Consequently, it seems that real world deliberation may involve context specific trade-offs between various deliberative principles.

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A&E	Accident and Emergency
BAME	Black and Minority Ethnic
CHC	Community Health Councils
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DQI	Discourse Quality Index
GP	General Practitioner
HW	Healthwatch
HWB	Health and Wellbeing Board
HWE	Healthwatch England
ICS	Integrated Care System
LGBT	Lesbian, Gay Bisexual and Transgender
LINKS	Local Involvement Networks
NHS	National Health Service
NHSE	National Health Service England
PPI	Public and Patient Involvement
PRG	Patient Reference Group

Chapter One
Discourses on mental health services

In this thesis I explore the potential for instances of deliberation to occur in real world settings. I focus on the area of mental health, in part due to the poor provision of medical services in England, but also because of the persistence of stigma that can weaken service user voices (see Sayce, 2000: 54-83; Sayce, 2016: 130-145; Thornicroft, 2006; 72-75). Inspired by Habermasian theory, I begin with a normative conception of deliberation as promoting individual autonomy and freedom through critical discussions in which outcomes are based on the force of arguments (Habermas, 1990: 89). However, deliberation understood as a theoretical concept is an idealised form of communication and consequently can only be more or less „approximated" (Curato et al, 2019: 27) in real world discussions. The potential of deliberation to strengthen the voices of marginalised groups is illustrated by the rich and extensive literature on spaces that have been specifically designed to be deliberative. In contrast, despite research, not as much is known about deliberation in the real world and its influence on the strength of lesser heard voices. It is in these areas that my thesis focuses.

I investigate a forum which, despite adopting deliberative labels, was not specifically designed to approximate the normative principles of a critical discussion. It was created by a National Health Service (NHS) Clinical Commissioning Group (CCG) in the English Midlands and involved interactions between mental health service users, clinicians, health service managers and policymakers. In the following chapters, I consider the extent to which deliberative principles were approximated in these exchanges. Additionally, I attempt to identify the factors that influenced the strength of service user voices. My aim is to contribute to an understanding of the practices that can approximate deliberative principles in real world settings and in doing so, promote the autonomy of those with mental health conditions within particular contexts.

This introductory chapter begins the thesis by exploring the discourse around mental health in NHS policymaking. The first section draws on the health and social care literature concerning public participation to explain how I use terminology related to those with mental health conditions and other actors within the NHS. Specifically, it outlines my reasons for adopting „service users", „carers", „lived experience of mental health conditions", and other terms. The second section provides a chronological overview of the development of discourses around the provision of mental health services in England from 1948 to 2010. In

particular, it focuses on how the forces of priority setting, ministerial dominance, and the survivor/user group movements have, over time, interacted in different ways both to strengthen and weaken the voices of mental health service users. The section concludes that, while this period saw the important development of distinctive service user discourses, interactions with broader political and social forces has resulted in their voices mainly been consulted on issues related to mental health services. Despite this, the literature suggests that by 2010, a well-defined space existed in the NHS for service users to advance their claims to those who are responsible for providing services.

Section Three brings the story up to date by considering developments since 2010. It outlines how the coalition government"s creation of Clinical Commissioning Groups and commitment to parity of esteem created additional opportunities for service users to influence policymaking. However, it highlights how austerity, persistent top down reorganisations of the NHS, and different clinical/managerial discourses weakened service user voices. Additionally, I identify a number of specific barriers relating to lower clinical status and the nature of conditions that may particularly weaken the voices of mental health service users in CCG decision-making. Overall, it seems that a space continues to exist within CCGs for mental health service users to advance their claims, and policymakers may even accept some aspects of their discourse. Furthermore, despite being partial and incomplete, this understanding may provide a means for tackling some of the specific barriers that weaken service user voices through exploring real world discussions.

Section Four outlines my approach to the research by introducing the case study and locating it within the deliberative literature. This process clearly identifies the forum created by the Midlands CCG as one that was not specifically designed to approximate the normative principles of deliberation. For the purpose of context, a brief overview is provided, outlining the major milestones in the case study. Finally, the introduction draws to a close by providing an overview of the major arguments that will be made in the subsequent chapters. Here, details of an initial overview are provided regarding my theoretical arguments, methodological approach, background to the case study, major findings, and conclusions.

1.0. Terminology

The health and social care literature contains a wide range of terms, particularly in the area of mental health. These include „patient", „survivor," „citizen", „consumer", „provider", and „service user" (Rogers and Pilgrim, 2014: 204; Glasby and Tew, 2015: 136-138). Additionally,

the term „carer" is often used to describe individuals who provide significant physical or emotional support to a family member with a mental health condition (Glasby and Tew, 2015: 185-186). It is important to be clear on terminology, as "[h]ow individuals and groups view themselves, and how they in turn are viewed and responded to, has significant implications" (Fawcett et al, 2018: 3). The connotations of the terms outlined above will be explored in Section Two. In what follows, I explain my use of the terms „service user" and „lived experience of mental health conditions" in the context of this thesis.

Within the mental health literature, „service user" is a widely employed yet controversial term. Some have questioned whether „service" accurately describes what is provided, given the often inadequate provision, and whether the potential for forcible treatment discredits the notion of „users" (Pilgrim, 2005: 19). Recognising these limitations, I have reflected on my own positionality (Barnes and Cotterell, 2012: 225) and acknowledge that I lack personal experience of mental health conditions. On this basis, my use of the terms is guided by the participants in my research with mental health conditions. These participants all described themselves and others who access the NHS as service users. The term „carer" has also been criticised as having the potential to medicalise relationships as it "distorts the construction of family" (Glasby and Tew, 2015: 186). Once again, my use of the term reflected how those with the relevant experience described themselves.

However, I also recognise the range of different terms that have been used to describe service users reflecting the diversity of their lived experiences. Barnes and Cotterell provide a partial list of potential terms that can be employed in conjunction with service user, including expert, partner, ordinary person, political activist and researcher (2012: xxii). To recognise this diversity, I also employ the term „lived experience of mental health conditions" in the later chapters of this thesis. Its usage partly reflects Sayce's distinction, while for some with mental health conditions, their interactions with services may have a major impact upon them, for many it is "but a small part of life" (Sayce, 2000: 82). Accordingly, following Barnes and Cotterell, „lived experience" is closely related to conceptions of citizenship in the liberal sense of "not only their relationship with the services they have a right to receive, but also their identity as participants within the society in which they live" (xxiv, also see Sayce, 2000: 81-82).

This incorporates the experiences of activism or volunteering that can provide an important aspect of identify for mental health service users and carers (Campbell, 2008: 298-299;

Barnes and Cotterell, 2012: xxv). Moreover, use of the terms also recognises that clinicians and health service managers can themselves have mental health conditions or care for a family member with a condition (Barnes, 2008: 477). My point here is not to conflate the experiences of service users with those of clinicians and managers. Given the underlying power dynamic in favour of those who provide services, it is important to maintain a clear distinction between their experience and those of service users (Pilgrim, 2005: 23; Campbell, 2008: 300). Finally, use of the term „lived experience" highlights that, while service users and carers are members of the „public", those without experiences of mental health conditions may have different attitudes and assumptions to those with experiences (Barnes and Cotterell, 2012: xiv). Overall, in using the term „lived experience", I am seeking to recognise that the circumstances and encounters that shape individuals and group identities are complex and, whilst they can overlap in some areas, they can differ in others.

2.0. Development of discourses on mental health in NHS policymaking

Throughout this thesis, I draw on Dryzek and Niemeyer"s definition of a discourse as "a set of categories and concepts embodying specific assumptions, judgements, contentions, dispositions and capabilities" (2008: 481). Seen in this light, public discourse over the provision of English mental health services has an extensive history that long predates the foundation of the NHS in 1948 (see Sayce, 2016: 12-18). Due to my research interests and the limitations of space, consideration will be mainly given to debates surrounding NHS policymaking. I recognise that there are many different kinds of NHS policymaking bodies (Williams et al, 2012: 93), but I focus on those involved in priority setting and the distribution of resources, which is crucial to the quality of services. Additionally, the expansive nature of this literature means it will only be possible to provide an overview of how major policy changes have influenced discourses around mental health. I recognise that stigma and discrimination continue to be major forces that adversely impact the lives of many with mental health conditions. However, through this process, I highlight the existence of a widely shared discourse amongst politicians, clinicians, health service managers, and the general public on the need to listen to mental health service users. Although this discourse is partial and incomplete, it may provide a means of strengthening service user voices in NHS policymaking. Since inception, three related forces have significantly influenced the strength of mental health service user voices in NHS policymaking. These are as follows:

- First is the need to prioritise the use of limited resources, by choosing which treatments and interventions to provide, and the manner in which they should be

supplied (Newdick, 2005: 45). Within the literature this is referred to as „priority setting", which is inevitable in any healthcare system, as developments in medical science combine with an ageing population to create a persistent scarcity of resources (Bognar and Hirose, 2014: 14-15). In addition, the supply of resources has often been limited as, whilst public opinion has persistently supported funding healthcare via general taxation, "it did not follow that they would cheerfully accept higher taxes to pay for it" (Klein, 2013: 28). This has produced a situation in which levels of government spending on the NHS has been inadequate to meet current demands (Webster, 2002: 255).

- Second is the dominance of government ministers who possess what Pettit termed the "power of interference" that is often arbitrary in character, as policy is developed "without reference to interests, or opinions of those affected" (1997: 52, 55). Since the creation of the NHS, health ministers have been statutorily responsible for providing "a comprehensive health service designed to secure improvement in the physical and mental health of the people of England" (National Health Service Act, 1946). With this ministerial responsibility has come wide ranging power to not only set budgets, but also interfere in priority setting and conduct reorganisations of the NHS. It is perhaps in this last area that the domination of government ministers is most striking with estimates counting 20 reorganisations since 1974, many completed in the face of determined opposition from service users, clinicians and the general public (Timmins, 2012: 13).

- Third is what is often referred to in the literature as the survivor or service user movement. There is some debate around whether what occurred in the UK can be properly described as a movement (Rogers and Pilgrim, 2014: 211). However, regardless of labels, self-mobilisation and organisation amongst survivors of psychiatric treatments, alongside the service user movement, may be the most important aspect of strengthening service users by providing a voice to challenge oppressive clinical, political and social discourses (Barnes and Bowl, 2001: 34).

I will now focus on exploring how the interaction of these forces have, at various times and in different ways, strengthened and weakened the voices of mental health service users. By providing a chronological overview, I will chart the rise of survivor or service user discourses, its partial co-option into the broader political discourse, and continued struggles against

stigma and social control. The date ranges used below are intended only as a general guide to how service user discourses have been affected by the changing political and social environment. They should not be taken to suggest dramatic shifts occurred during specific years, or over certain time periods. Indeed, as will be revealed, many with mental health conditions are still struggling to make their voices heard. Nevertheless, the general picture can be interpreted as one of limited progress. There appears to have been partial recognition amongst politicians, clinicians, health service managers, and the general public of certain claims advanced in mental health service user discourses, particularly in relation to healthcare, which has led to user groups playing a greater role in planning, delivering and monitoring NHS services. However, there has been less recognition of the economic and social claims made by service user groups. The impact of these trends on the strength of mental health service user voices will be explored below.

2.1. 1948-1979: Discourses challenging clinical dominance

The years immediately following the inception of the NHS were characterised by generally accepted discourses based on an assumption of professional paternalism (Barnes and Bowl, 2001: 29-30). Government ministers generally allocated resources to doctors, who using their clinical knowledge, determined the most appropriate treatment for each patient. Such trust in clinical expertise reflected a wider public confidence in the judgement of professional elites (Barnes and Bowl, 2001: 29). Within this discourse, those needing medical treatment, including mental health conditions, were generally viewed as patients who were “objects of the clinical gaze” (Rogers and Pilgrim, 2014: 204). In the area of psychiatric medicine, such public deference interacted with popular assumptions around what was then referred to as mental illness, effectively to silence the voices of these „patients.“ Many were consigned to asylums where almost every aspect of their lives was controlled by clinicians, and their voices generally ignored due to the widespread assumption that these „patients“ were “irrational and therefore...incapable of having a valid view” (Glasby and Tew, 2015: 138).

In the 1960s, broader social, economic, and political trends encouraged the emergence of new social movements that developed counterdiscourses that sought to challenge traditional elites, and recast their place in society. This included grassroots campaigns for women“s rights, racial equality and gay liberation. In the area of mental health, grassroot campaigns began amongst some ex-„patients“ who considered themselves as „survivors“ of psychiatric treatments. They developed discourses designed to counter negative medical and popular assumptions concerning mental health. Partly, this involved drawing on the anti-psychiatry

critique within the medical profession to emphasise the role of lived experience, and the importance of “listening to the voices of...people experiencing...distress” (Glasby and Tew, 2015: 139). However, these grassroots groups also rejected the commonly accepted biomedical model of mental illness, and instead emphasised the social causes of their distress and marginalisation. Accordingly, the claims they advanced expanded well beyond health policy and included specific changes that affected many aspects of life, including “levels of benefit, employment opportunities, discrimination” (Campbell, 2008: 298-299). At this stage, it is important to appreciate that, whilst they share similarities, the discourses advanced by the survivor or service user movement are multiple and varied. Pilgrim broadly explains this as two wings, one that emphasises opposition and non engagement with services, and the other that seeks to work with „professional allies“ to improve service provision (2005: 24). In addition, individuals or groups may be located anywhere between these two wings.

During the 1960s and 1970s, some elements of the grassroots groups engaged in direct action, including protests (Pilgrim, 2005: 18; Rogers and Pilgrim, 2014: 211). However, there was also the beginning of a slow political, clinical and public recognition that the voices of those with mental health conditions needed to be listened to. Within services, this took the form of limited consultations in which clinicians and managers sought the views of patient councils or user groups (Glasby and Tew, 2015: 139). Additionally, medical scandals including neglect, and in some instances abuse, began to erode public trust in clinical elites, and contributed to a general reassessment of how those with mental health conditions should be treated (Barnes and Bowl, 2001: 31, Rogers and Pilgrim, 2014: 91). This also reflected a wider acknowledgment of the need for NHS policymakers to listen to the voices of patient and public views that was signalled by the creation of Community Health Councils (CHCs) in 1974 (Ham, 2009: 25). Although described as “not particularly influential” (Webster, 2002: 160-161), in practice the introduction of CHCs was significant in being the first bodies specifically designed to voice patient and public views in NHS policymaking.

The impact of the survivor or service user movement discourses during this period is debated in the literature. The difficulty in assessing the impact of grassroot movements on policymaking is illustrated by the debates around their role in, arguably, the most significant policy change in NHS mental health services. In the mid-1960s, a political consensus developed around the need to deinstitutionalise mental health treatments by moving from a largely asylum-based system to a community setting. It seems that, in addition to direct

action by grassroot mental health movements, the change of policy was motivated by criticism from within the psychiatric profession, advances in drug technologies, changing attitudes amongst political elites, and growing public awareness of human rights (King"s Fund, 2015a; Rogers and Pilgrim, 2014: 92-96). This can be interpreted as providing an overlapping discourse between service users, politicians, clinicians, health service managers, and the wider public who all supported the same goals of deinstitutionalisation for different reasons (Rawls, 1999: 340).

Overall, the emergence of a grassroots mental health movement discourse during this period was of critical importance in strengthening service user voices. As Pilgrim explained, the survivor or service user movement which "emerged from the previously atomised voices of lone mental patients...has led to a collective voice of shared resistance and demands for change" (2005: 18). Indeed, it seems similar to other new social movements. Self-organisation and mobilisation amongst survivors or service users promoted "discursive opportunities" (Della Porta and Diani, 2006: 219-220), both in the sense of developing distinctive voices for those with mental health conditions, and encouraging engagement with politicians, clinicians, health service managers, and the wider public.

2.2. 1979-1997: Growing recognition and co-option into broader discourses

The election of a Conservative government in 1979, committed to a policy agenda heavily influenced by a „New Right", marked a sea change in British political discourse. This stressed individual freedom and sought to challenge the state monopoly on the provision of public services, including the NHS (Gamble, 1994: 66-67). Accordingly, the governments of 1979-1997 sought to challenge clinical primacy in the setting of priorities in the distribution of NHS resources. To a certain extent, these aims accorded with aspects of discourses being advanced by grassroots mental health movements. It was during the Conservative administrations of this period that "the requirement to consult service users and the public was written into policy and legislation creating a greater emphasis on service user care and involvement" (Fawcett et al, 2018: 17). However, in other respects, the aims of the mental health survivor and service user movement were radically different from Conservative ideology. In particular, in the area of economic policy, the government"s focus on limiting public expenditure (Gamble, 1994: 56-57) contrasted with grassroots demands for increasing financial support for those with experience of mental health conditions (Campbell, 2008: 298-299). However, Campbell explains the feeling amongst many survivor and user groups was as follows: "few felt strong enough to resist...[the] request even if they wanted to. The

experience of being ignored or on the margins meant that involvement, on whatever terms, seemed too important to turn down" (2005: 76). So it seems that, whilst mental health movements still sought to advance a broader political and social discourse, many groups decided to accept the opportunity to make their voices heard in the planning, delivery, and monitoring of NHS services (Croft and Beresford, cited in Fawcett et al, 2018:17).

During this period, government ministers also began to use their dominant position over the NHS to drive changes in services. This included a range of methods designed to promote efficiency and consumer choice (Harrison and Pollitt, 1994: 26-30). Additionally, there were two reorganisations of the NHS which impacted on the strength of mental health service user voices.

- Firstly in 1983, the Griffiths reforms significantly changed the structure of NHS management. Since its establishment, the NHS had operated on the principles of consensus between medical staff and management, in which clinicians used their specialist medical knowledge to secure primacy in the process of priority setting (Klein, 2013: 121). The Griffiths reforms replaced this model with a general management structure that challenged the tradition of „clinical autonomy" by focusing on using the available resources to meet most efficiently the needs of patients (Ham, 2009: 32). The focus on the patient needs provided opportunities to strengthen service user voices, as managers were expected to collect user feedback on NHS performance (Klein, 2013: 120).

- Secondly, the creation of an internal market within the NHS in 1990. This was motivated by a belief that consumer competition would promote efficiency and improve standards of care. It involved encouraging competition by requiring NHS bodies to become either purchasers or providers of services (Baggott, 2015: 27). Since its introduction, the nature of the internal market has been extended and reformed a number of times. However, in practice, individual service user choice was limited by the need for ministers to ensure the efficient use of taxpayers" money, while maintaining a reasonably consistent level of service (Webster, 2002: 246). Despite this, as Sayce notes, reforms such as personal budgeting have promoted the autonomy of some mental health service users, by providing a level of influence over

which services they access (2016: 162). These reforms had the potential to strengthen the voices of mental health service users, as it implied individuals could act as consumers and exercise personal choice.

Perhaps unsurprisingly given the focus of Conservative policy, the impact of these policy changes on mental health service user voices was mixed. The emphasis on feedback and choice began a process which today has resulted in an almost automatic assumption amongst politicians, clinicians and managers in favour of including service user voices. Practically, this often involves collaboration with service user groups in a range of activities including planning, delivering and monitoring services, educating healthcare professionals, undertaking research and, in some cases, providing services (Campbell, 2005: 77). According to some, on this basis, “the struggle has been won”, as user groups have overcome professional resistance and secured a place for user voices in health service policymaking (Barnes and Cotterell, 2012: xxvi). However, others cite the often close collaboration as an indication that the once radical movements have been largely been co-opted by politicians, clinicians and bureaucrats, to provide information useful for managing services (Weinstein et al, 2009: 141-142). Indeed, whilst the voices of mental health service users have been integrated into NHS policymaking processes, this has led some to question whether service user groups in particular, are still grassroots movements (Barnes and Cotterell, 2012: xxvi; Campbell, 2005: 76).

Moreover, the impact that service user involvement has within NHS policymaking is not always clear. Generally, studies have found that the introduction of general management has had a limited impact on strengthening the patient and public voices. Primarily, this is due to managers often deciding when to consult, and whether to take the feedback into consideration when planning and developing services (Rowe and Shepherd, 2002: 287). Accordingly, this creates concern that consultations with users may often be “tokenistic”, in the sense that the power to determine the agenda and shape outcomes is ultimately retained by health service managers (Arnstein, 1969: 216-217). As Pilgrim notes, in the case of mental health service users, there are the additional complications of “the enduring social control role of mental health services and the powerful inertia of a bio-medical approach to care. Together they lead to de-humanising outcomes that are at odds with...policy rhetoric of consumerism” (2005: 23). Indeed, referring to those who access mental health services as consumers is widely criticised within the literature. In reality, the poverty that often accompanies mental illness means users often lack the resources required to act as

„consumers" in any meaningful sense. For instance, many are unable to access real alternatives, such as private healthcare, and the spectre of compulsory treatment often removes the possibility of exiting services (Barnes and Cotterell, 2012: xxiii; Kemp, 2009: 19). Campbell (2008) perhaps best summarises the impact of the long period of Conservative rule on the strength of mental health service user discourses and the strength of their voice. He notes "progress...particularly in creating new mechanisms whereby service users can exert more influence on the choice and planning of their care and treatment". However, it also appears that, in terms of the social and economic aspects of their discourses, "the more radical demands have been largely ignored" (Campbell, 2008: 304).

2.3. 1997-2010: Discourses of citizenship and social control

The election of a „New" Labour government marked another shift in British political discourse. The subsequent Labour administrations of 1997-2010 were guided by a philosophical commitment to a „Third Way", between old style social democracy and the neo-liberalism of the „New Right" (Giddens, 1998: 56-67). Practically, this evolved into emphasising their commitment to social justice, by significantly increasing public spending whilst also expanding Conservative style free-market incentives to encourage efficiency. Additionally, Labour government ministers followed the examples of their predecessors by using their dominant position to drive through changes in services. In relation to mental health service users, a significant change was a shift from perceiving those who accessed services not solely as consumers, but also as citizens. On one level, this appeared to accord with the more radical elements of service user discourse in terms of creating opportunities to promote social and economic change (Klein, 2013: 188). However, once again, the service user voice was mainly consulted in relation to health service policy. Here, service users were encouraged to develop services in collaboration with NHS managers and, in some cases to take responsibility for providing services.

Once again, this reflected broader trends in relation to user and public consultation in healthcare. This included the abolition of CHCs in the face of significant opposition from patient groups (Webster, 2002: 245), and their eventual replacement with Local Involvement Networks (LINKS). In pushing through the changes, Ministers claimed LINKS would increase patient and public involvement in priority setting in the sense of commissioning services (Klein, 2013: 233). At a more general level, the government sought to encourage clinicians and bureaucrats to recognise and, in some cases, defer to service users as "experts by experience" (Rogers and Pilgrim, 2014: 216). In some areas, this included extending

previous Conservative reforms by allowing mental health service users to provide support services (Rogers and Pilgrim, 2014: 215-216). Within the literature, questions have been raised over whether being commissioned, by health care authorities, to provide services further undermines the independence of user groups (Rogers and Pilgrim, 2014: 217). Although these initiatives had some positive impacts, they were limited as health service managers continued to retain the power of when to consult and how to use feedback (Glasby and Tew, 2015: 142).

In addition, Labour"s conception of citizenship was inspired by communitarian rather than liberal principles. This created policies that not only promoted individual rights, but emphasised collective responsibilities (Baggott, 2015: 29). This had a particular inference for mental health service users, as it implied a responsibility to manage their condition within the community, or face compulsory treatment. Such an interpretation was supported by Labour"s focus on the social control of mental illness, which involved implementing policies that extended forcible mental health treatments (Campbell, 2005: 81). These policies appeared to reflect general and long-term political and media discourses that have "a tendency for people with mental illness, when not shown as violent predators, to be allocated to the category of „helpless victim"" (Thornicroft, 2006: 120, also see Pilgrim, 2005: 23). Additionally, it also reflects the medical profession"s continual bio-medical approach to mental illness (Pilgrim, 2005: 23). Once again, it seems the continued prevalence of stigma, emphasis on social control, and inability to exit mental health services contributed to claims that "users/survivors enjoy only the illusion of citizenship" (Sayce, 2000: 83).

Overall, it appeared that, by 2010, the service user movement had made some progress in strengthening the voices of those with mental health conditions. Kemp explains that widespread social change and the activities of the service user movement created a "„communicative space" within which the voice of service users could be heard and included in the dialogue of...mental healthcare and treatment" (Kemp, 2009: 25). Partly, this reflected a wider recognition within the NHS over the need to listen to patients and public voices. However, as outlined above, the forces of priority setting and ministerial dominance have interacted with the service user movement, and resulted in the latter"s views being solicited as consumers of NHS services (Pilgrim, 2005: 24). This has resulted in some progress in improving mental health services, but those in authority and the wider society have generally ignored service user movements" more radical claims for social and economic change (Campbell, 2008: 304). This has been compounded by persistent negative political, media,

and medical discourses that weaken service user voices. The general picture is one of patchy and in some instances, limited progress, but within NHS priority setting bodies, there is recognition of the service user voice, and a space to advance claims and engage in deliberation with those who provide services.

3.0. Discourses on mental health in current NHS policymaking

Since 2010, discourses on mental health have generally reflected the historic pattern detailed in Section Two. There is continued recognition of service users as having important voices in healthcare policymaking, but limited attention has been paid to the social and economic aspects of their discourses. However, in recent years, there has been growing public recognition of the effects of social stigma in isolating and impoverishing many of those with a mental health condition (Corrigan et al, 2009: 75). Evolving social attitudes have been reflected in some important legislative changes that have removed legal barriers to those with mental health conditions serving as company directors, members of parliament, or on legal juries (Sayce, 2016: 162). Despite such changes, stigma has deep social and cultural roots, and discriminatory political and media discourses continue. Overall, whilst there may be growing recognition of the economic and social causes of mental health distress, public discussion continues to focus on improving NHS services.

The strength of mental health service user voices within the NHS has been further affected by the Conservative Liberal Democratic coalition government of 2010-2015, specifically, the passage of the „Health and Social Care Act" that created Clinical Commissioning Groups, which are now the NHS organisations that receive the largest share of mental health funding. Despite the Conservative party promising no „top down" reorganisations while in opposition, the coalition government undertook arguably the most significant reforms since the creation of the NHS (Timmins, 2012: 67, 77). The aims of these changes reflected the same political discourses of efficiency, choice and competition that had shaped previous efforts to restructure the NHS. However, the institutional means by which they would be achieved represented a more significant break with past approaches to priority setting. In 2013, regional NHS priority setting bodies were replaced by Clinical Commissioning Groups, led by local GP practices who would commission services on behalf of their patients. Ministers outlined that the purpose of the reform was to promote responsiveness to local concerns, and allow GPs to act as "patients" expert guides through the health system, by enabling them to commission care on their behalf" (Cabinet Office, 2010: 24). Practically, it involved GPs working with health service managers and others to set priorities by commissioning services

for their local community. The passage of the Health and Social Care Act that implemented these changes was prolonged by sustained opposition from patient groups, medical professionals and the wider public (Klein, 2013: 281-286). During the course of the legislation, the government made a number of concessions that had the potential to strengthen the patient and public voice in setting CCG priorities that will be discussed in the following section.

3.1. Mental health service user opportunities to influence CCGs

The Health and Social Care Act included specific provisions around consultation (Health and Social Act, 2012: 22) which, within the NHS, are referred to as Patient and Public Involvement (PPI). Many of these were developed by the coalition government in response to persistent clinical and public criticisms of their original proposals as lacking transparency and accountability (Klein, 2013: 289-292). To a certain extent, the space in which mental health service user voices have been recognised has been strengthened by the legislative framework in which the CCGs operate. These statutory requirements include:

- A duty on CCGs to consult patients and the wider public when planning or developing a new service or proposing changes that had been placed on all NHS bodies by legislative changes in 2001. This was retained in the Health and Social Care Act (Department of Health, 2010: 7; Health and Social Care Act, 2012: 22).

- A requirement for CCGs to publish annual PPI strategies outlining how they intend to engage with patients and the wider public (Department of Health, 2011: 38).

- The inclusion of lay members for PPI as members of CCG governing bodies. The term „lay" denotes these roles are non-medical and non-managerial. Instead, lay members for PPI are responsible for ensuring “the...voice of the local population is heard and that opportunities are created...for patient and public involvement in the work of CCGs” (NHS Commissioning Board, 2012: 17).

- A duty to cooperate with Healthwatch (HW), which replaced LINKS, and was designed to represent the patient and public view at the national and local level (Ham et al, 2015: 20). Specifically, local Healthwatch groups are designed to act as “consumer champions” collecting patient and public feedback on the quality of NHS service and

escalating concerns to Healthwatch England (HWE) who, in turn, can request the Care Quality Commission (CQC) to use its statutory powers to conduct an investigation (Department of Health, 2010: 19-20).

- The creation of Health and Wellbeing Boards (HWB) in which CCGs collaborate with local councillors to commission social care and other services for which they are jointly responsibility. HWBs also include a representative from the local Healthwatch (Department of Health, 2011: 31).

Accordingly, there appeared to be numerous channels for patients and the wider public to express their views to CCGs. Clearly, there is the potential for consultations to highlight varying opinions, both between service users and the wider public. Despite this, the duty to consult also illustrates that there are spaces in which individual mental health service users and user groups can advance their claims in the process of priority setting. Furthermore, the role of lay members and the duty to cooperate with outside bodies created additional opportunities for mental health service users to feed into the creation, development and monitoring of services.

3.2. Weakness of mental health service user voices

Different sources of information suggest the voices of mental health service users may be fairly weak within CCG policymaking processes. Once again, it seems this is, at least in part, a result of the interaction between various forces, particularly priority setting and ministerial dominance. In terms of priority setting, the focus on mental health has increased in recent years with the Health and Social Act (2012: 2) creating a statutory requirement for the NHS to achieve parity of esteem, in the sense of "valuing mental health equally with physical health" (Mental Health Foundation, 2011). The term „parity of esteem" is not without controversy as some argue that the focus should be on "achieving parity of resource, access and outcome" between those accessing physical and mental health services (British Medical Association, 2013: 2-3). However, in a similar sense to earlier debates about deinstitutionalisation, there does appear to be general acknowledgment amongst politicians, clinicians, managers, and the wider public of user claims concerning the need to improve mental health services. Despite this, by any measure, the target of achieving parity by 2020 was not achieved, as mental health services continue to suffer from underinvestment (King's Fund, 2015b), staff shortages (Gilbert, 2018), long waiting times to access treatments (Royal College of Psychiatrists, 2020), and often unsafe crisis care (Care Quality Commission, 2015: 4).

Exploring some of the reasons for this failure can provide an indication of how ministerial dominance and priority setting can interact to weaken service user voices. Despite CCGs" original intention to end persistent ministerial "tinkering"(Klein, 2013: 280) Secretaries of State for Health and Social Care have continued to intervene in services (Baggott, 2015: 41-42). This is a reflection of the organisational structure created by the Health and Social Care Act in which Ministers exercise arm length control over CCGs, primarily through NHS England (NHSE). This national body is responsible for implementing an annual NHS Mandate in which the Secretary of State for Health and Social Care sets out the government"s priorities (Ham et al, 2015: 19). NHSE is then responsible for the delivery of this mandate, by setting national targets and determining local CCG budgets. In some respects, this process has strengthened service user voices by focusing on the activities users have previously identified as priorities, such as expanding access to NHS talking therapies (Independent Mental Health Taskforce to the NHS in England, 2016: 29; NHS England, 2020). However, the commitment to austerity adversely affected ministerial attempts to achieve parity of esteem. Research suggests that a number of CCGs used increased funding for mental health to support "investment in a broader range of services" (NHS Providers, 2016: 2). Accordingly, it seems that an environment of general austerity weakens mental health service user voices in local priority setting, as commissioners have to spread funds thinly across a wide range of services.

Indeed, there are further reasons to believe that the voices of mental health service users may be weakened by CCG policymaking processes. Partly, it reflects a general confusion over the purpose of PPI within the NHS. In the second section, I identified competing citizen and consumerist discourses, with the former emphasising processes "whereby citizens" voices are incorporated into...policymaking processes", while the latter focuses on "choice" and "individual decisions" (Hudson, 2015: 5, 11). Research by Coultas and colleagues (2019) suggests that such confusion may have been transferred to CCG decision-making. In particular, they identified disagreement between clinicians, managers and lay members concerning the purpose of consultation, which "really highlights the precarity of PPI as a „voice" in commissioning" (Coultas, 2019: 1226, 1228).

Such confusion is, in large part, the result of persistent ministerial reorganisations and initiatives that often emphasise different combinations of citizenship and consumerism. Overall, consistent change seems likely to have made it more difficult for many service users and the public to understand how the NHS works, or the processes by which they can seek to influence decision-making. Indeed, at the present time, Ministers are planning another

restructuring of the NHS that has put the future of CCGs in doubt. In a recently published white paper, the government outlined its intention to create Integrated Care Systems (ICSs) in which CCGs, alongside NHS Foundation Trusts, local health authorities and voluntary sector organisations, will jointly be responsible for commissioning services (Department of Health and Social Care, 2021: 10-11, 34-35). Regardless of any merits to these proposals, another reorganisation is unlikely to improve service user and public understanding on how to influence NHS policymaking processes.

Additionally, research suggests that, in face-to-face priority setting discussions, clinicians, managers and lay members tend to favour certain discourses over others. Williams and colleagues (2012) highlighted that different "frames", which I interpret as discourses, appear to be more persuasive in these interactions. In particular, it appears that discourses related to "clinical effectiveness" and "controlling costs" are granted more serious consideration than contributions related to "inclusion and accountability", which was "only mentioned in passing" (2012: 93). On this basis, it seems that service user discourses may carry less weight than their clinical or managerial counterparts in CCG decision-making.

However, literature suggests the voices of mental health service users may face a number of specific barriers that weaken their voices in CCG decision-making. These include:

- Mental health services often "suffer a particular severe credibility deficit" with policymakers, as the irrationality commonly associated with psychiatric conditions compares unfavourably to the supposed rationality of medical knowledge and bureaucratic expertise (Campbell, 2008: 305). Additionally, research has found evidence that NHS policymakers often acknowledge claims based on "numerical patterns, quantities and levels" over "personalised practical knowledge", by "often playing down the value of a singular example" (Russell and Greenhalgh, 2009: 45, 55, 57-58). Furthermore, as Campbell highlights, the fact service users "may become angry, distressed or personal when presenting evidence, may not be challenged at the time, but will weigh against them in retrospect" (2008: 305).

- Psychological medicine has a lower status in the medical hierarchy when compared to acute physical care. In general, it seems not only mental health but specialists in other long term conditions, such as geriatricians and renal care, generally have less influence than their clinical counterparts in surgery, or consultants in general medicine (Ham, 2009: 22-23). As Klein notes, this lower status has tended to be

"self-reinforcing", as "given their lack of prestige, those working in these services were in no position to assert their claims for more resources effectively" (2013: 59) This provides a potential reason why mental health services are often cited as one of the NHS"s „Cinderella Services", in the sense of being an underfunded and neglected sector (Webster, 2002: 66).

- Powerful patients" groups lobby ministers and NHS policymakers to maintain the existing distribution of resources. As Baggott explains, some patient groups, such as Diabetes UK and the Multiple Sclerosis Society, have significant membership and income that they use to produce research and effectively lobby healthcare policymakers (2016: 127-128). Although some groups, such as Mind, provide a similar role for mental health service users, their impact may be more limited. As Goddard and colleagues concluded, decision-makers generally require that a "certain proportion of available funds are spent in particular areas or on specific programmes; or that policy changes do not alienate powerful groups" (2006: 85).

- Those involved in the mental health service user movement are often seen by NHS policymakers as "professional users" (Campbell, 2008: 305). Behind this term is the sense those involved are professional activists whose claims are representative of their own particular interests, rather than those of the wider community. In a certain sense, there is some validity to this criticism, as the voices of the young, racial, sexual and religious minorities are often poorly represented in the mental health service user movement (Campbell, 2008: 305). However, the label of the "professional user" has also been rejected as "a slur which suggests that activists are not real service users and are not in contact with their constituency" (Campbell, 2005: 78). This reflects more general findings of policymakers referring to healthcare activists as "the usual suspects" (Parkinson, 2006: 57). However, given the nature of mental health conditions, such attitudes may weaken the voices of those service users relying on activists to advance claims on their behalf (Klein, 2013: 59). Generally, policymakers have been described as placing healthcare activists in a "catch 22", where "you have to be ordinary to represent the community effectively, but, if you are ordinary, you cannot effectively represent your community" (Learmonth et al, quoted in O"Shea et al, 2008: 106).

- In the area of mental health, the nature of service user claims may not always be clear. As previously discussed, there are a variety of discourses amongst mental health service users that can articulate very different demands. However, research suggests a number of common themes, including opposing coercion, compulsory treatment, and greater choice of services (Pilgrim, 2005: 19-20; Campbell, 2008: 299). Despite this, given the diversity of mental health conditions and perspectives amongst service users, policymakers may receive conflicting information.

- Mental health appears unlike some other conditions, in the sense that there is often no single intervention or standard care pathway to treat service users. This is partly due to the often individual nature of mental health conditions. In contrast, it may be relatively easy in other under-resourced sectors, such as renal care, to demonstrate how a new treatment or particular pathway improves outcomes. The NHS has recognised that within mental health services, the lack of information on treatment outcomes and care pathways creates barriers to improving services (Independent Mental Health Taskforce to the NHS in England, 2016: 26). This may contribute to a situation in which policymakers are unwilling to make “awkward decisions” that involve controversy and offer “little benefit publicly” (Webster, 2002: 66).

Overall, CCGs formally recognise service user voices due to the legislative framework in which they operate. Furthermore, clinicians and managers still appear to recognise service user voices, and as the endorsement of parity of esteem suggests, they accept aspects of user discourses related to improving services. However, in general, ministerial dominance appears to weaken service user voices due to austerity and creating confusion regarding the NHS structure and purpose of PPI. Research also suggests that patient and public discourses may carry less weight in NHS policymaking than their clinical or managerial counterparts. Moreover, as outlined above, there are reasons to suspect that mental health service user discourses carry less weight in priority setting meetings than those concerning physical health conditions. In deliberative terms, the weakness of mental health user voices appears to arise from individuals or groups seeking “to assert...their preferred policy frame” (Williams, 2012: 92). In other words, clinicians and managers appear to be drawing on their own discourses. It seems likely that, while these discourses recognise aspects of mental health service user claims, this understanding is partial. Nevertheless, this incomplete understanding may provide grounds for tackling some of specific barriers that appear to weaken service user voices. By drawing on a case study of a specific CCG policymaking

process, I seek in this thesis to explore the potential of real world discussions to strengthen service user voices in priority setting processes. I now turn to explaining how I will approach this task.

4.0. Research approach

My aim is to explore a process of real world deliberation between mental health service users, clinicians, and health service managers in order to develop a better understanding of how different approaches can strengthen or weaken user voices in NHS priority setting. I focus on the case of a forum that was commissioned by a CCG within an area of the English Midlands and labelled as a „citizens" jury". In the case study, discussions occurred between mental health service users who entered into exchanges with clinicians, health service managers, and policymakers. I concentrate on exploring these interactions within the institutional context of a particular CCG policymaking process. Accordingly, my research considers the aspects of service user discourse related to healthcare policy. However, by carefully detailing the context in which these interactions occur, I attempt to recognise the importance of the broader economic and social claims contained in mental health service user discourses.

To this point, I have mainly discussed discourses in the general sense of being a set of attitudes or background assumptions endorsed by an individual or group. However, as briefly outlined at the beginning of the chapter, theoretical deliberation refers to an idealised method of communication. Chapter Two will explore the wide and rich deliberative democracy literature in detail, but here, I wish to describe briefly deliberation as a theoretical concept, and highlight the distinction between idealised and non-idealised settings. I recognise that there are different theories of deliberation, most notably those advanced by Rawls (1999, 2005) and Habermas (1984, 1987, 1990, 1996). As noted previously, my approach is largely informed by the latter. Habermasian discourse involves parties advancing validity claims, which are assessed through a process of open exchanges that is characterised by respect and mutual justification (Habermas 1990: 89). In particular, it provides a means of resolving disputes as, when one party raises doubts or rejects the claims advanced by another, a process of critical argumentation begins which is resolved by interlocutors being persuaded by the force of the strongest argument (Habermas, 1996: 103). Deliberative democracy is an account of political legitimacy which requires decisions to “result from the free and unconstrained public deliberation of all matters of common concern” (Benhabib, 1996: 68; also see Habermas, 1996: 308). However, it is crucial to recognise that deliberative

democracy is an idealised form of communication and account of political legitimacy, which can only be approximated in real world settings. Accordingly, exploring the extent to which deliberative principles have been approximated provides a means of critiquing real world discussions. This critique can then be used to promote individual autonomy, in the sense of developing practices and methods that better approximate deliberation in future exchanges.

Within the literature, references to the „real world" refer to non-idealised settings, or ones that have not been specifically designed to be deliberative. As Bachtiger and Parkinson explain, “there is no ideal institution in an absolute sense, but the distinction is one between institutions deliberatively created to realise deliberative ideals, and ones created with no deliberative ideals in mind” (2019: 39). My case study clearly fits into the latter category as, whilst the organisers and participants had a very limited understanding of the idealised conception of deliberation, the forum was not informed by „deliberative ideals". Indeed, despite adopting the label of a „citizens" jury", the character of the forum significantly varied from design features that have been specifically developed to promote deliberation and democratic legitimacy. In particular, in terms of participant selection, instead of including non-partisans, the forum exclusively consisted of those with lived experience of mental health conditions. In relation to facilitation, rather than employing an independent third party, officials from the CCG performed the role. A lack of publicity limited claims to wider legitimacy. In other respects, such as the collection of information and discussion of claims, the forum did operate more akin to a jury. These issues are explored in detail in Chapter Two, in which I recognise that there has been, and continues to be, room for innovation in the design of citizens" juries. For now, it is sufficient to conclude that, despite adopting the label of a „citizens" jury", the resemblance was not strong enough to categorise the Midlands CCG"s forum as such.

The practice of consultation being described in deliberative democratic terms, whilst not necessarily adopting the associated characteristics, appears to be fairly common. The literature has expressed concerns about labels, such as „citizens" jury", being adopted to describe consultation processes that have not been specifically designed to promote deliberative democracy (McLaverty, 2009: 387). It seems this may partly reflect attempts by politicians and bureaucrats to use the language of deliberative democracy to improve public perceptions of their authority and legitimacy (Smith, 2009: 106). This might be more prevalent in contexts such as healthcare, as the political discourses around consumerism and choice may encourage officials to adopt deliberative labels in an attempt to demonstrate

responsiveness to government ministers and the general public (Parkinson, 2006: 63). Furthermore, as Safaei notes, in healthcare settings “part of the problem and challenges are rooted in the ambiguity of the concepts of deliberative democracy as perceived by the patients, health professionals, administrators and political leaders” (2015: 132). This may help explain findings that suggest, in many cases, health authorities define deliberation in a literal sense of meaning face-to-face discussions with service users and the wider public (Peckham et al, 2014: 11). From a deliberative democratic perspective, there are obvious risks in focusing on forums that are not designed with deliberative ideals in mind. This includes the potential for manipulation by public officials or the marginalisation of particular perspectives. However, exploring such exchanges may also provide a means for developing an understanding of potential approaches that better approximate deliberative ideals in real world discussions.

Before moving to discuss my specific approach to exploring the case study, it is necessary to explain briefly my use of deliberative terminology in this thesis. I recognise and share the concern that labelling non-idealised forums as deliberative is likely to create public confusion with forums that are specifically designed to approximate deliberative democratic ideals (Smith, 2009: 106). Despite this, throughout the thesis I refer to the „citizens" jury" created by the Midlands CCG as the „Midlands jury", or „the jury" and those who were members of the forum as „jurors". Partly, this is in recognition of its distinctiveness from a citizens" jury, but also to avoid confusion with other aspects of the process that would have arisen from labelling it as a „forum" or „body". Additionally, use of the term aids the discussion of my research findings, as all the participants used the term „jury" when describing the process, and labelled the members of the forum as „jurors".

My approach to exploring the Midlands jury is best summarised by Neblo"s suggestion that, by focusing on non-idealised deliberation, we may be able to “adjust our institutions and practices to help average citizens recognise their contributions and interests in the results of an improved policy process”(2015: 9-10). Accordingly, my research is guided by a belief in the ability of deliberative democracy to promote individual autonomy. In focusing on the case of the Midlands jury, I am partly seeking to explore shared aspects of clinical, managerial, and mental health service user discourses. Moreover, the thesis aims to increase understanding of how this shared space can be expanded by particular organisational approaches that have the potential to address some of the specific barriers that currently seem to weaken mental health service user voices in policymaking. Overall, my approach to

the case study is guided by the following research question: „how (if at all), were mental health service user voices strengthened in the Midlands CCG policymaking process?" Addressing this question involves two tasks:

- Firstly, exploring the deliberative quality of the exchanges by evaluating the extent to which normative principles of deliberation were approximated.

- Secondly, identifying the factors that contributed to strengthening or weakening service user voices including, but not limited to, the impact of organisational approaches.

On this basis, the thesis seeks to develop practices that better approximate deliberative principles in future discussions, by addressing some specific barriers that currently weaken the voices of mental health service users in NHS priority setting.

The practicalities of conducting the research are discussed in detail in Chapter Three. What follows below is a brief summary of the activities I engaged in, and my approach to analysing the collected information. During my explorations of the case study, I completed 63 interviews with a range of participants engaged in the jury process, including jurors, frontline mental health professionals, senior mental health service managers, and policymakers. I also observed 12 Midlands jury sessions and various meetings and events in which the jurors interacted with frontline mental health professionals and policymakers. In addition, I had access to the testimonies of 40 mental health service users that were collected by the jurors. My approach to analysing the data was primarily guided by the pragma-dialectical model of a critical discussion. The approach, and my application of it, are discussed in detail in Chapters Three and Five. However, here it is important to understand that the selection of the pragma-dialectical model was driven by my interpretivist approach. It provided a means of developing an interpretation of the context of argumentation, drawing on the perspectives of the research participants. Accordingly, at no point in the thesis do I claim to be providing a definitive account of what occurred in the Midlands jury process. Rather, what is outlined in the following chapters is my interpretation. It was developed by collecting the perceptions of those who participated in the discussions, and analysing them according to the dialectical rules of a critical discussion. As such, I accept that my findings are an interpretation and a hypothetical account that may be subject to change in the light of new information.

4.1. Overview of the Midlands jury

Having outlined my aims and approach, I will now provide an overview of the case study. This is necessary to give a context to the arguments that will unfold in the following chapters. Accordingly, at this stage, I will only provide a brief summary of the Midlands jury. A detailed discussion of the methods used to organise the jury will be included in Chapter Two and a comprehensive overview of the process and the apparent reasoning behind particular decisions by the jury is provided in Chapter Four.

In February 2016, a CCG operating in the English Midlands agreed to commission what they termed a „citizens" jury", with the aim of producing recommendations to improve mental health services. This was partly in response to the success of a previous citizens" jury in improving outcomes for service users with a specific physical health condition. The governing body appointed two lay members for Patient and Public Involvement to oversee the jury process. They in turn, engaged the Midlands CCG"s head of engagement to assist them in this task. Additionally, an employee from a public sector organisation unrelated to healthcare was recruited to provide an independent source of clerical support. Together, the two lay members, head of engagement and clerk formed the steering committee for the jury process.

Between December 2016 and January 2017, the steering committee advertised publicly for participants and held „familiarisation evenings", from which they recruited 12 individuals to act as jurors. All those selected had lived experience of mental health conditions as service users, carers, frontline workers, or activists. Initially 12 participants were selected but a series of withdrawals resulted in the number stabilising at 10, comprising seven jurors and three steering committee members. The facilitation of the jury was shared between the two lay members for PPI and the head of engagement. The jurors were allowed to determine their charge and through discussions arrived at the question: „how can access to appropriate mental health services be improved?" Furthermore, the jurors also discussed how to collect information and decided upon a proactive approach, in which they would obtain testimony from service users through one-to-one interviews, and invite frontline mental health professionals and senior managers to consultation events. Use of an online survey provided an additional source of information. The jurors were moderately successful in engaging with service users and mental health professionals. However, they struggled to engage with senior managers, as all but one individual ignored their invitation to a consultation event.

Through discussions, the service users identified access, awareness, crisis, diagnosis, treatment, and waiting times as key themes in many of the individual service user stories detailing their experiences of services. During the consultation event with frontline mental health professionals, the jurors presented to the attendees and discussed the themes they had identified. In doing so, the jurors used short illustrative stories from the testimony collected from service users. Within the jury discussions of service user stories, feedback from frontline professionals and limited information from senior managers led to the development of 14 recommendations designed to improve access to adult mental health services. These recommendations ranged from the creation of a mental health telephone helpline with a short memorable number to requests for the CCG to review aspects of specific services.

From February to March 2018, the recommendations were presented to the Midlands CCG"s policymaking bodies. This included the jurors themselves drafting their report and presenting their recommendations to the CCG"s patient forum and governing body. Once again, the jurors used key themes and short stories from service user testimony to support their recommendations. In both cases, the recommendations were unanimously approved and an action plan was created for their implementation. The jurors held an event in April 2018 at which they publicly launched their report to the local mental health community. In July 2019, a meeting was held between some of the former jurors and health service managers to discuss the implementation of the recommendations. The managers reported that with one exception, to a certain extent progress had been made in implementing the recommendations.

The brief overview highlights why the case study was of particular interest. Specifically, it appeared that organisational methods may provide a means of addressing some of the specific barriers outlined in Section 3.2. From this perspective, facilitation by public officials, lived experience of the jurors, apparent ability of the jurors to shape their inquiry, interactions with service providers, and presentations to policymakers were all interesting aspects of the process. Ultimately, it appeared to be a non-idealised process that, to a certain extent, had achieved meaningful changes in policy. However, in many respects, these organisational designs contravene many of the idealised practices that have been specifically devised to promote deliberation and democratic legitimacy. Accordingly, the extent to which the normative requirements of deliberative democracy were approximated in the Midlands jury process is unclear. Furthermore, it must be remembered that the Midlands jury continued to

operate in a wider environment characterised by ministerial domination and priority setting. On this basis, I attempted to explore the deliberative quality of exchanges and understand the factors that may have contributed to strengthening or weakening the voices of mental health service users. By doing so, I was able to develop findings that may be capable in certain contexts of addressing some of the barriers that seem to weaken service user voices in priority setting.

4.2. Overview of the argument

This section closes the introduction to the thesis by providing an overview of the argument presented in the following chapters. Chapter Two contains an exploration of the deliberative literature in terms of what is currently known, where there are gaps in knowledge, and how I will seek to make a contribution. I begin by focusing on Habermasian discourse theory, recognising both its potential to promote individual autonomy and criticisms of its requirements as favouring dispassionate and rational styles of argumentation. Drawing from the work of difference democrats and others, I outline a normative conception of deliberation based on the principles of internal inclusion, mutual justification, mutual respect, and agreement that recognises the role of storytelling and emotional appeals in real world discussions. Next, consideration is given to idealised notions of democratic legitimacy, paying particular attention to internal inclusion, publicity, accountability, agenda setting, and consequentiality. Important lessons for strengthening the voices of mental health service users are identified from the extensive literature on deliberative forums and systems. Having established a set of deliberative and democratic normative principles, these are then applied to the case of the Midlands jury by comparing the forum with standard citizens" jury approaches. This illustrates significant differences in organisational methods, but also identifies the selection of participants with lived experience and facilitation by public officials as interesting areas for further exploration. Studies of deliberation in non-idealised contexts are then used to identify gaps in the literature related to the impact of lived experience and facilitation by public officials in real world discussions. I then briefly discuss how I will explore these areas further through a case study of the Midlands jury.

Chapter Three provides an overview of the methodological approach to the research. It begins by briefly highlighting how my interpretivist stance was derived from my interest in Habermasian discourse theory. Then I provide contextual details from the case study that are needed to appreciate my methodological decisions. At this stage, my main research question of: „how (if at all) were mental health service user voices strengthened in the Midlands CCG

policymaking process?" is broken down into two sub-research questions. The first asks: „how (if at all) was deliberation approximated within the Midlands jury process?" The second asks: „how (if at all) was deliberation approximated between the jurors and policymakers?" Addressing these questions will enable me to answer the main research question, by exploring the extent to which deliberation was approximated and the extent to which organisational approaches strengthened or weakened service user voices. I then explain how my approach and research questions informed my selection and use of semi-structured interviews, observations, and document collection. Various methodological issues are explored before I explain and outline my pragma-dialectical approach, supported by a thematic and network analysis. This included exploring the exchanges both within the jury process and between the jurors and policymakers.

Chapter Four provides a detailed account of the Midlands jury case. It begins by providing further contextual details of the environment in which the Midlands CCG operates. As this discussion confirms, due to ministerial dominance, CCGs are in a fairly weak position when compared to national NHS bodies, but they appear to have significant power at the local level when it comes to prioritising the use of available resources. By providing further details on the internal organisation of the Midlands CCG, I outline the nature of the relationship between the patient forum and governing body. I conclude that, whilst it appears the patient forum is able to exercise some influence its position is uncertain. Details are then provided of the participants" backgrounds and the roles they played in the jury process and the Midlands CCG. This is followed by a detailed overview of the issues discussed, including the exchanges between jurors and their interactions with frontline providers and policymakers. I also provide an account of the jury"s recommendations and their impact on policymaking. This overview suggests that the discussions appeared to be largely consensual both within and outside the jury.

Chapters Five and Six address the first sub-research question of: “how (if at all) was deliberation approximated within the Midlands jury process?" Chapter Five begins this process by using a pragma-dialectal approach to establish and analyse the seven instances of disagreement that occurred within the Midlands jury. It provides a detailed account of how employing the pragma-dialectical method, I was able to reconstruct real world discussions as idealised exchanges. As I explain, using this process from the seven instances of disagreement, I was able to identify 9 individual argumentative exchanges and interpret both the structure and content of specific arguments and their impact on outcomes. I then applied

the normative principles of deliberation outlined in Chapter Two to my reconstructions of the contentious exchanges. I found certain deliberative principles had been approximated in a partial and incomplete sense. The quality of deliberation was fragmentary and was not consistently applied, either by individuals or across the disagreements.

Chapter Six continues the exploration of deliberative approximation, both in the areas of agreement and disagreement. The non-contentious exchanges are included on the grounds that agreements can be informed by strategic or deliberative arguments. Using the pragma-dialectical rules of a critical discussion, I conclude that, similar to the contentious exchanges, there were instances in which deliberative principles were partially approximated in the non-contentious exchanges. Specifically, it appeared that, although the jurors and frontline professionals could exercise their communicative rights to disagree, the existence of a common discourse limited contentious exchanges due to a seemingly genuine agreement. I outline how facilitation by public officials resulted in a form of „democratic" facilitation that had a mixed impact on deliberative quality. In one sense, it empowered the jurors to direct their own inquiry, but provided limited opportunities for them to challenge the information they collected from service users. Additionally, the selection of participants appeared to strengthen service user voices by encouraging the jurors to act as „discursive champions". In practice, this involved them constructing a common discourse out of the information collected from service users that was then used to engage with frontline professionals and senior managers. However, I also found a lack of consideration of service user voices from black and minority ethnic (BAME), lesbian, gay, bisexual and transgender (LGBT), and religious minorities which weakened the deliberative quality of the process. It seemed the common service user discourse constructed by the jurors was both partial and incomplete. Similarly, the limited interactions with senior managers appeared to have removed another potential source of challenge. Overall, the findings in this chapter appear to suggest potential trade-offs between strengthening some mental health service user voices and certain deliberative principles, particularly internal inclusion.

Chapter Seven addresses the second sub-research question of: „how (if at all) was deliberation approximated between the jurors and policymakers?" Here, the focus is on the exchanges between the jurors and CCG policymakers in the patient forum and governing body. Employing a network analysis, I explore the deliberative quality of the exchanges. I find a mixed picture, as the consensual nature of the exchanges appeared partly to result from the jurors persuading policymakers to accept their claims, by telling short stories that

illustrated service user experiences. However, it also highlighted how some policymakers had concerns about the recommendations that they did not express to the jurors during their exchanges. By exploring my thematic analysis of the interviews, it appears that the organisational methods partially influenced the deliberative quality of the discussions. Once again, democratic facilitation by public officials appeared to empower jurors, by promoting communicative understanding with governing body members that encouraged policy change. Similarly, lived experience, by supporting discursive advocacy, seemed to persuade policymakers that jurors were credible interlocutors. Despite this, some policymakers seemed unwilling to engage in a critical discussion, as they had confused the jurors" own lived experiences with the general point they were seeking to advance through telling service user stories. This suggests the potential for emotional appeals to create new forms of exclusion in real world discussions. I close the chapter with a brief discussion of how particular interactions in the Midlands jury process provided indications of the type of exchanges that may encourage critical discussions between service users and policymakers.

Finally, Chapter Eight concludes the thesis by combining the findings to address the main research question, by considering the extent to which the voices of mental health service users was strengthened in the Midlands CCG policymaking process. I begin by summarising my aims, approach and findings, before outlining how aspects of deliberation were approximated in the non-idealised context of the Midlands jury. Even in a fragmented and partial form, it appears that, to a certain extent, deliberation had strengthened service user voices. However, it also seems that non-deliberative aspects influenced the exchanges, both within the jury and between the jurors and policymakers. Overall, my research suggests this mixed picture was partially due to the influence of discursive championing, democratic facilitation, and the potential for emotional appeals to create new forms of exclusion. Consideration is then given to whether these findings fit within the existing literature and the exact nature of their contribution.

Chapter Two
Deliberation in the real world

This chapter explores the deliberative democracy literature to develop an understanding of what is currently known about real world deliberation, where there are gaps in the literature, and how I intend to make a contribution in this thesis. This includes considering the theoretical and empirical background that informs the potential of deliberative democracy to promote individual autonomy, and in doing so strengthen the voices of mental health service users in policymaking. I begin by drawing on the normative literature to develop an account of the major principles of deliberative democracy. This provides a guide for assessing real world discussions against idealised deliberative and democratic requirements. Then, using the extensive empirical literature, I provide an overview of knowledge generated by attempts to approximate deliberation. Particular attention is paid to the rich and detailed research on idealised micro-level forums and the macro-level systems approach. In this context, the character of the Midlands jury will be considered against the deliberative and democratic principles, through comparison of the methods often used in idealised citizens" juries. This process provides details on how the Midlands jury appears to be a fairly typical case of a non-idealised forum adopting deliberative democratic labels. However, consideration of the literature on non-idealised deliberation identifies the possibility that, by focusing on the case study, it may be possible to make specific contributions to understand real world deliberation.

For the sake of clarity, the chapter considers the constituent elements of deliberative democracy in turn. The first section draws on the normative literature to outline the core principles of Habermasian discourse theory. Then, considering the criticisms of difference democrats and others, these principles are expanded to provide an overview of an inclusive conception of deliberation that is capable of accounting for a diversity of communication styles, including those that appear to be favoured by mental health service users. Section Two considers the democratic aspects of deliberative democracy in particular, it focuses on the ability of deliberative mini-publics and systems to provide a means of approximating the principles of inclusion, publicity, accountability, agenda setting, and consequentiality. Section Three evaluates the nature of the Midlands jury against the requirements of deliberation and democracy. Doing so highlights the potential for researching the case study to provide specific contributions to the non-idealised literature, particularly in the areas of selecting participants with lived experience, facilitation by public officials, and the use of narrative. Finally, Section Four concludes the chapter by summarising the areas of interest in relation to the research questions.

1.0. Defining deliberation

This section will consider the potential for deliberation to strengthen the voices of mental health service users. It will begin by outlining Habermasian discourse theory and identifying the principles of equality, reasoning, reciprocity, and consensus that give discussions a deliberative character. Next, the potential of this conception of deliberation to promote individual autonomy will be debated, by contrasting the rational and dispassionate requirements of Habermasian discourse with the emotional and narrative communication styles often favoured by many mental health service users. This comparison will conclude that while deliberative principles can promote voices based on the strength of argumentation, the failure to account adequately for social complexity potentially undermines the inclusive nature of Habermasian theory. In response, attention will be paid to how the literature has expanded Habermas‟ rules of discourse into notions of internal inclusion, mutual justification, mutual respect and agreement. This conception is designed to accommodate core deliberative principles with the communication styles that are more commonly used by mental health service users. The result is an account of deliberation that has the potential to strengthen the voices of mental health service users, as it encompasses a wide range of communicative styles and emotional appeals.

1.1. Habermas‟ discourse theory

In this section, I return to my previous discussion of Habermasian discourse in Chapter One, in order to provide a more comprehensive account. In Habermas‟ theory, discourse begins with a disruption to the „lifeworld‟ or background conditions consisting of shared norms and expectations that support social cooperation. This „disruption‟ takes the form of a disagreement that problematised a previously taken for granted political conviction or policy issue (Habermas, 1987: 130). Individuals, as rational social actors, can respond to this disagreement either strategically or communicatively. The former case involves actors pursuing their private personal preferences, without regard for the beliefs or interests of others. In contrast, communicative action, being the latters‟ response to disagreement, entails social actors attempting to reach an agreement via a mutual process of reason giving (Habermas, 1984: 51). Broadly speaking, the key difference in these methods of dispute resolution is the force associated with the speech acts undertaken by the dissenting parties. Engagement in strategic action is perlocutionary, as individuals engage in speech acts with the sole intention of persuading their interlocutors to acquiesce to their claims (Habermas, 1998: 332). These acts can include a speaker attempting to convince, bargain, or threaten listeners into accepting their desired outcome. In contrast, individuals engage in

communicative action when “actors coordinate their plans of action with one another by means of processes of reaching understanding, that is, in such a way that they draw on the illocutionary binding and bounding powers of speech acts” (Habermas, 1998: 326). In other words, speech acts obtain their force from the speaker"s intentions, which in the case of communicative action, involves the dissenting parties aiming to reach an agreement by engaging with their interlocutors in a deliberative process characterised by the exchange of reasons. On this basis, acceptable speech acts in communicative action include, amongst others, the expression of opinions, advice, or warnings (Habermas, 1984: 319-328; Habermas, 1987: 62-63).

In communicative action, discourse begins with one party expressing a validity claim to support their favoured outcome as being normatively desirable. Those individuals who hear this expression have the freedom to respond by uttering “yes” and accepting the claim, or disputing its validity by saying “no” (Habermas, 1987: 73). A dispute results in communicative processes, in which the party who initially advanced the claim seeks to justify it, by providing reasons that their interlocutors can either accept or reject, by offering counterarguments. Disagreements are resolved if “the compelling force of the better argument” (Habermas, 1996: 103) produces an agreement between the once disputing parties. The four key principles of equality, reasoning, reciprocity, and consensus give this process of discussion its deliberative character.

- Equality refers to both the formal and substantive equality of participants in deliberations. Formally, equality requires that all those with the capacity to “speak and act” have the right to participate in the discourse, by introducing, expressing, or questioning assertions (Habermas, 1990: 89). The commitment to substantive equality prohibits non-deliberative sources of coercion and repression from preventing actors exercising their formal rights to contribute to argumentation (Habermas, 1990: 89). These requirements can be understood as promoting individual autonomy, by providing a set of universal communicative rights.

- Reasoning relates to the process through which disputing parties seek to resolve their disagreement. Habermas requires participants engaged in deliberation to be guided by a number of argumentative and practical rules. The argumentative aspects require speakers to be consistent, by ensuring their utterances are not contradictory, making sure predicates are used consistently, and that different speakers do not attach differing

meanings to the same expression (Habermas, 1990: 87). The practical aspects relate to the rules of deliberation that require speakers to be sincere in their arguments and to be willing to provide reasons to support their rejection of another speaker"s validity claims (Habermas, 1990: 88). Habermas concludes that, in addition to the commitment to equality, such a process of mutual reasoning characterises deliberation as "a cooperative search for the truth, geared to redeeming controversial validity claims in the form of a competition for better arguments" (Habermas, 2008: 82).

- Reciprocity refers to the nature of reasons speakers should offer to one another. These requirements relate to the illocutionary force of speech acts aimed at reaching a mutual understanding amongst the dissenting parties. On this basis, Habermas requires that deliberation is reciprocal, in the sense of participants offering reasons that recognise the claims of their interlocutors (Habermas, 1990: 122). Practically, reciprocity requires parties in the dispute to offer reasons that ""take the perspective of the other", and self reflectively perceive themselves from the perspective of a second person" (Habermas, 1996: 91).

- Consensus relates to the resolution of a disagreement. Those involved in deliberation should be continually reflecting on the strength of the various arguments offered in support of rival validity claims. Being focused on reaching mutually acceptable understanding, potential interlocutors should be willing to be persuaded to transform their initial preferences by the "unforced force of the better argument" (Habermas, 1996: 306). As a result, deliberation should aim to resolve disagreements by producing a consensus amongst all participants, based on "identical reasons able to convince parties *in the same way*" (Habermas, 1996: 339, emphasis in original)

1.2. Assessing the potential of deliberation

Taken together, these key principles of deliberation have the potential to strengthen the voices of mental health service users in two ways. Firstly, the process of mutual reasoning, aimed at establishing the strongest argument, provides service users with an opportunity "to voice their opinions" and "to the extent that they advance good reasons...influence decisions" (Knops, 2006: 596). Secondly, it has the potential to address some of the specific barriers identified in Chapter One, Section 3.2, that weaken mental health service user discourses in NHS policymaking. As Parkinson explains, in a deliberative process, "experts" opinions have weight, but only inasmuch as they...are found persuasive by those to whom they are offered"

(2006: 24). Combined, the two statements illustrate the potential for Habermasian discourse theory to promote individual autonomy via a communicative process that is free from the distorting influence of status and power (Susen, 2009: 81-83). It is on this basis that deliberation offers a means of strengthening service user voices.

Despite such promise, the literature suggests the Habermasian theory of discourse has the potential to weaken further service user discourses. Critics contend that this failure to recognise social complexity produces a deliberative process informed by an Enlightenment commitment to western-centric and male notions of rationality (Elstub, 2010: 291; Curato et al, 2019: 37). To appreciate this criticism fully, it is necessary to recall that the deliberative process described in Habermas" theory of communicative action represents an "ideal speech situation", free from "all...coercion other than the force of the better argument" (Habermas, 1990: 88-89). Accordingly, as outlined in Chapter One, Habermas" rules of discourse should not be interpreted as describing an existing or even achievable situation, as they can only be approximated in real world settings. Instead, they provide a means of critiquing real world discussions, and developing a means to better approximate deliberation in the future (Habermas, 2008: 84).

It is on these grounds that the criticisms of those concerned with promoting the perspectives of traditionally marginalised groups should be evaluated. This includes difference democrats, notably Sanders (1997: 347-348) and Young (1996: 124), who contend that the nature of deliberation closely follows the rational and logical speech styles favoured by well-educated, wealthy, middle class males. Such bias limits deliberation"s potential to promote autonomy, by undermining the notions of substantive equality between service users, clinicians and managers. Following Young, it appears the deliberative process is likely to favour the latter two groups, who can draw on their resources of medical knowledge and bureaucratic control to make contributions that are "dispassionate and disembodied" (1996: 124). In contrast, as Young implies (1996:124), empirical evidence finds mental health service users often offer "emotionally charged perspectives" (Barnes, 2008: 468) that draw on personal stories to give voice to "expressions of distress and/or anger" (Church, 1996: 28). Consequently, when compared to the rational and logical rules of deliberation the passionate emotional appeals of service users are likely to be dismissed as "silly or simple, and not worthy of consideration" (Young, 2000: 55-56). In light of such criticisms, various theorists have sought to rework the key principles of deliberation to promote an accommodation between key communicative

principles and the complex nature of modern society. The next section will consider whether this revised conception of deliberation is more suited to strengthening the voices of mental health service users.

1.3. Deliberation and social complexity

A number of theorists sought to reach an accommodation between Habermasian discourse theory and social complexity. In doing so, they attempted to retain the key principles of deliberation, whilst recognising the reality of pluralism and social difference, including the position of historically marginalised groups. As Elstub identified, this accommodation has retained the view that deliberation is capable of persuading participants to change their preferences, but also recognises that due to social complexity this will not happen in a "uniform fashion" (2010: 291). This has strengthened deliberation by recognising the pluralism that characterises modern society, while retaining core communicative principles, which are important to maintain deliberation as regulative ideals of normative standards that can be used to evaluate the character of empirical exchanges (Elstub, 2010: 305).

Section 1.1 outlined four key principles of Habermas" discourse theory. Below, consideration will be given to the ways in which social complexity has been accommodated in each area. This process has resulted in the principles being renamed in order to reflect a settlement between deliberative process and difference. As a result, drawing on the literature, equality, reasoning, reciprocity and consensus have been re-titled as internal inclusion, mutual justification, mutual respect, and agreement. Each principle will now be considered in turn, with an emphasis on how a blend of deliberative requirements and difference promotes individual autonomy, and in doing so, has the potential to strengthen the voices of mental health service users.

- Internal inclusion relates to the principle of equality. A commitment to formal and substantive equality is an essential element of deliberation"s potential to give voice to the views of mental health service users. Despite this, difference democrats have highlighted the difficulty of securing substantive equality in real world contexts. Here, Young"s (2000: 55-56) conception of "internal exclusion" provides an appropriate means of assessing the nature of inclusion. Accepting the deliberative commitment to formal equality, Young considers how the mere presence of citizens from traditionally marginalised groups fails to secure their inclusion in decision-making. The primary reasons for this situation are identified as privileged participants lacking respect for,

or being unable to, comprehend the experiences of those from disadvantaged backgrounds. The result is “internal exclusion” as, despite being formally included in the deliberative process, marginalised citizens “lack effective opportunity to influence the thinking of others” (Young, 2000: 55). Combining this concept with its polar opposite of “internal inclusion” (Young, 2000: 55) will provide a means to assess the nature of equality within the Midlands jury. Consequently, the thesis will adopt a conception of internal inclusion that retains a focus on the deliberative principle of formal and substantive equality, with the latter being evaluated through the conception of internal exclusion/inclusion.

- Mutual justification relates to the principle of reasoning. Resolving disagreements through a process of mutual reason giving is the heart of deliberation. However, as noted previously, Habermas defines reasoning as “a cooperative search for the truth” (2008: 82), which has the “Enlightenment overtones of a unitary and knowable entity” (Mansbridge et al, 2010: 67) that is capable of smothering the voices of disadvantaged groups. Instead, many theories have focused on mutual reasoning as a process in which participants seek to justify their position to their interlocutors (Bohman, 1996: 5). Conceiving reason giving as mutual justification expands the range of acceptable forms of communication beyond appeals to rationality and logic (Mansbridge et al, 2010: 67). This, in turn, promotes the admittance of communicative styles associated with marginalised groups, including mental health service users, such as testimony (Sanders, 1997: 370-371), or storytelling, greeting, and rhetoric (Young, 1996: 129-132). At this point, many theorists seek to protect the deliberative character of mutual justification, by drawing on Dryzek's conditions that communications can only be considered deliberative if they are non-coercive and convey relevant information (2000: 68). Recent empirical studies demonstrate how a variety of acts, including embodied performances (Rollo, 2017: 601-602), angry protest (Fung, 2005: 401-403; Parkinson, 2006: 128), and silences (Jungkunz, 2012: 148-149) can be admitted into deliberation as non-coercive and relevant communications. On this basis, adopting a conception of mutual justification expands the range of communicative acts to include those often favoured by mental health service users, while retaining the essential deliberative principle of reasoning.

- Mutual respect relates to the principle of reciprocity. Offering reasons designed to appeal to interlocutors is essential to reach mutually acceptable outcomes. The Habermasian notion of reciprocity as “taking the perspective of the other” (Habermas, 1996: 91) has been more succinctly defined by Rawls as the willingness of individuals to offer interlocutors arguments they “may reasonably be expected to endorse” (Rawls, 2005: 137). As Dryzek notes, expressed in this way, reciprocity has resulted in critics incorrectly concluding that deliberation requires appeal to “common interests”, and “must culminate in a „unified public will‟” (2000: 17). Such a conception of a general will appears to be anti-deliberative, and harbours the potential to marginalise further disadvantaged groups, including mental health service users. To avoid confusion, the thesis will adopt the nature of reciprocity as mutual respect, outlined by Gutmann and Thompson (1996). Accordingly, reciprocity will be evaluated as a “distinctively deliberative kind of character” that is “self-reflective about their commitments...and open to the possibility of changing their minds... if they confront unanswerable objections to their present point of view” (Gutmann and Thompson 1996: 79-80). It is characterised by an “enlarged mentality”, in which individuals attempt to think “the standpoint of all involved” (Benhabib, 1996: 72). An important element of reciprocity is listening, which is essential to “hearing the other side or, to use Young‟s term, “listening across difference”...[to] understand the claims of differently situated others” (Young quoted in Curato et al, 2019: 9). Accordingly, evaluating listening is equally important to reason giving in assessing the nature of reciprocity.

- Agreement relates to the principle of consensus. Habermas‟ notion of deliberation concludes with a strong consensus, in which all the parties endorse the same outcome for the same reasons. This has been criticised as both impractical and undesirable. The former point cites the extensive pluralism of modern society, making achieving a consensus on most issues a near impossibility (Dryzek, 1990: 42). The latter criticism relates to the rationalistic nature of a strong consensus, particularly the requirement for the parties to support the outcome for the same reason, denying the “contingent, historical, and affective circumstances” of marginalisation that have given marginalised groups particular interests (Benhabib, 1982: 47-48). On this basis, applying the Habermasian conception of consensus may further weaken the voices of mental health service users, by endorsing a deliberative process that suppresses differences. There exists a number of other accounts of consensus that attempt to

accommodate a diversity of perspectives. Perhaps the most well known is Rawls‟ conception of an “overlapping consensus” that allows for “considerable differences in citizens‟ conceptions...provided that these...lead to similar judgements” (Rawls, 1999: 340). However, as Dryzek and Niemeyer highlight, such a concept relies on the assumption of shared values that fail to account for the divergent views of marginalised groups (2006: 636-637). Their solution is to recognise this difference by limiting consensus to the meta-level, “concerning the validity of ways in which choices can be structured” which “operates to restrict the domain of admissible preference profiles” (Dryzek and Niemeyer, 2006: 645). In contrast to consensus, Sunstein (1997) develops an account of deliberation concluding in “incompletely theorised agreements”. This appears capable of accommodating difference, given it is less normatively demanding than consensus, as it “emphasizes [sic] agreements on...particulars rather than on...abstractions” (Sunstein, 1997: 96). Mansbridge and colleagues added Sunstein‟s conception to a range of non-coercive deliberative outcomes that includes convergence, integrative, and distributive agreements (2010: 70-72). Finally, a focus on agreement recognises that, in pluralistic societies, deliberation may not only end in disagreement, but has the potential to deepen differences (Gutmann and Thompson, 2004: 64-65). Accordingly, notions of agreement, rather than consensus, will be used when assessing the deliberative quality of the Midlands jury process.

The normative principles outlined above are supported by empirical findings on deliberation in real world contexts. As Bachtiger and Parkinson note, “real deliberators engage with each other: not always by carefully laying out premises and conclusions...but frequently by swapping narratives of experience designed to generate empathy or express experiences” (2019: 5-6). Consequently, the conception of deliberation adopted by the thesis is in-line with trends in the literature that recognise the significance of narrative and emotional appeals in real world exchanges. This is important for deliberation in the case of mental health service users, as empirical evidence suggests they often give voice to their concerns via emotional storytelling (Church, 1996: 28; Barnes, 2008, 468). On this basis, it appears that the inclusion of narrative is essential in developing an account of deliberation that promotes service user autonomy.

This section has outlined how deliberation can strengthen service user voices. Key to the potential of deliberative processes to promote individual autonomy and service users‟ discourses is its ability to limit the influence of power and status differentials in determining outcomes. Instead, in deliberative exchanges, influence is solely based on the strength of argumentation. By adopting the principles of internal inclusion, mutual justification, mutual respect, and agreement, the thesis employs a conception of deliberation that recognises social complexity and difference. This will allow an assessment of the exchanges in the Midlands jury that not only admits a wide range of communication styles, but also the emotional appeal and storytelling that is crucial in developing a conception of deliberation that attempts to track the impact of service user voices. However, this focus on deliberative process alone is insufficient to assess its ability to promote autonomy. What is required is an exploration of how deliberative exchanges are connected to the public sphere and decision-making process. For that, we must turn to considering the democratic element of deliberative democracy.

2.0. Defining deliberative democracy

The following section will explore the democratic aspects of deliberative democracy. It begins by identifying the requirements of inclusion, publicity, accountability, agenda setting, and consequentiality as key elements of deliberative democratic legitimacy. Next, consideration is given to the potential for these democratic principles to promote opportunities to strengthen the voices of mental health service users. In particular, attention will be paid to the ability of mini-public and systems approaches to strengthen service user discourses in policymaking. Overall, the section will conclude that, whilst mini-publics can promote deliberation, they are unable adequately to realise the requirements of democratic legitimacy. Conversely, by adopting a distributed notion of deliberation, the systems approach will be identified as having the ability to better accommodate both communicative and democratic goals. Ultimately, the section concludes that understanding opportunities for the Midlands jury to promote the voices of mental health service users will require considering the character of the forum against deliberative and democratic principles.

2.1. Deliberative democratic account of legitimacy

Deliberative democracy is a theory of political legitimacy which contends decisions are valid when they are formed through an open and fair process of public argumentation. Cohen was expressing such a sentiment in his frequently referenced statement that, in a deliberative democracy “outcomes are democratically legitimate, if and only if, they could be the object of

free and reasoned agreement amongst equals" (1997: 73). In the Habermasian model, deliberation occurs both within the public sphere and formal political institutions such as the parliamentary assemblies and the judiciary. According to his „two-track" model of democracy, legitimate decisions emanate from institutional deliberation, and the „interplay" or exchange of reasons between formal political bodies and the informal public sphere (Habermas, 1996: 308). This relationship is characterised by communications flowing between the peripheral public sphere and the core political institutions that have the power to make binding decisions (Habermas, 1996: 354-356). In order for such exchanges to be democratic, they must accord with the following requirements:

- Inclusion is defined by the principle of all affected interests, in which all those affected by a decision should be included in the decision-making process (Dahl, 1970: 64). In a deliberative context, this requires all those affected by a decision to be included in the discussions that inform the outcome. So, according to deliberative democracy, "outcomes are legitimate to the extent they receive reflective assent through participation in authentic deliberation by all those subject to the decision in question" (Dryzek, 2001: 651).

- Publicity relates to the key principle that deliberation is democratic when it occurs in public. Here, it is important to distinguish between the related, but divergent concepts of „public reason" and „public reasoning". The former can be interpreted as a monological process, in which an individual within the closed and private realm of personal thoughts, reasons in a deliberative fashion on a particular issue (Rawls, 1995: 140n14). whereas public reasoning is "a contribution to a discourse amongst citizens" (Habermas, 1990: 94). This is essential to deliberation"s democratic legitimacy, as mutual justification can only occur if arguments are offered and examined in public (Bachtiger and Parkinson, 2019: 7).

- Accountability concerns an individual"s responsibility to their fellow citizens. Gutmann and Thompson note that "in a deliberative forum, each is accountable to all" (1996: 128). By this, they mean individuals "are expected to justify their actions...[i]n the spirit of reciprocity...[to] give reasons that can be accepted by all those who are bound by the laws and policies" (Gutmann and Thompson, 1996: 129). Furthermore, individuals must be accountable in the sense of being responsive to the outcomes of deliberative process. This includes a willingness to transform their initial preferences

when they encounter arguments they are unable to refute (Cohen, 1997: 76-77). Thus, notions of accountability are required to support the deliberative commitment to mutual justification and respect.

- Agenda setting refers to the power to determine the subject for discussions. Given the potential for exclusion to arise through avoiding or refusing to consider certain issues, the agenda for discussions should be determined through public argumentation. In this sense, “democratic deliberation is...about making binding collective decisions, covering all stages of the decision-making process from problem definition and agenda-setting...[to] implementation” (Parkinson, 2006: 3).

- Consequentiality relates to the impact of deliberative decisions. Deliberation can be considered democratic to the extent that it determines political outcomes (Curato et al, 2019: 5). This is not to deny the existence of other goals such as promoting the voices of marginalised groups, but “from the perspective of deliberative democracy”, the “essential aim is to reach a binding decision” (Thompson, 2008: 502-503). So, evaluating consequence of deliberations is key to assessing their democratic quality. Like normative principles of deliberation, the democratic requirements are counterfactual, in the sense that representative democracy often fails to meet these conditions (Habermas, 1996: 356-357). As a result, they also serve as a regulative purpose in providing a basis for critiquing and improving democratic practices. Bachtiger and Parkinson (2019) categorise means of evaluating deliberativeness in real world settings by focusing on the distinction between additive and summative quality. The former is the mirco-process of mini-publics, which use small idealised forums of citizens to “inject” deliberation into the democratic process, whilst the latter operates at the macro level as the systems approach which considers deliberativeness as “produced by the scale and complexity” of the democratic system (Bachtiger and Parkinson, 2019: 7-8). In the right conditions, this distinction can become blurred with mini-publics becoming one site of communication within a deliberative system. However, in the interests of clarity, the two approaches will be explored separately. The remainder of the section will consider how the mini-public and systems approaches attempt to utilise principles and requirements of deliberative democracy which can provide opportunities to strengthen mental health service user voices.

2.2. Deliberative mini-publics

Mini-publics provide a means of approximating deliberative principles in real world exchanges. Operating at the micro-level, they are idealised forums that are specifically designed to overcome the counterfactual nature of deliberation (Bachtiger and Parkinson, 2019: 39) by creating “more perfect public spheres” (Fung, 2003: 338). Within the literature, commonly cited examples of deliberative mini-publics include citizens" juries, consensus conferences, planning cells, citizens" assemblies and deliberative polls. Although the design of each differs, particularly in the case of deliberative polls, it is possible to identify features common to all. According to Ryan and Smith, mini-publics are characterised by a sub-group of the wider population, structured deliberation, and the aim of influencing public policy (2014: 20). These broadly translate into institutional design features related to participant selection, facilitation and impact on public policy. Each of these features will now be considered in turn, in order to evaluate how deliberative democracy can be instituted in ways that promotes autonomy, and in doing so, strengthens service user voices in policymaking.

Participant selection is an essential aspect of deliberative mini-publics in terms of making the forums representative of the wider population. Consequently, processes of random selection and quota sampling are used to create a sub-group that is “representative enough to be genuinely democratic” (Goodin and Dryzek, 2006: 220). This is most commonly attempted through a process of stratification that selects a range of participants, based on their differing demographic characteristics and/or attitudes to the issue under consideration. Such a process claims to promote the deliberative democratic commitment to inclusion by providing all citizens with an equal chance of being selected to participate (Smith, 2009: 79-80). On this basis, it appears that mini-publics on issues related to mental health would offer service users equal opportunities to partake in such forums. However, the empirical literature suggests that in many instances, this is unlikely to be the case. Most significantly, mini-publics traditionally exclude those with a personal interest on the issue under consideration, out of concern that strategic actions may arise from a desire to improve individual circumstances (Elstub, 2014: 173). Additionally, it is unclear whether trends of recruiting interested participants (see Hendriks et al, 2007: 362) would promote the inclusion of mental health service users. This point arises as the methods of selection are never truly random, as ultimately individuals must agree to participate. Evidence suggests that such self-selection results in samples heavily skewed towards privileged social groups with limited representation of those from marginalised backgrounds (Setala and Smith, 2018: 305). So, it appears the current methods of participant selection result in many deliberative mini-publics

often failing to realise the democratic requirement of inclusion.

The literature suggests mini-publics have a more positive record in promoting deliberation within the forum. Mini-publics are usually overseen by a steering committee responsible for developing a process that attempts to approximate deliberation amongst the participants (Hendricks and Carson, 2008: 301). Commonly used methods include providing background information, preliminary sessions, expert witness testimony and small group discussions. However, the style of facilitation often has a decisive impact on the deliberative quality of the exchanges. In particular, neutral and independent facilitation appears capable of promoting the voices of those from marginalised groups within the forum. This includes advancing internal inclusion by ensuring participants from privileged backgrounds do not dominate discussions, and encouraging storytelling and emotional appeals (Landwehr, 2014: 80-81). Furthermore, empirical examples illustrate the ability of mini-publics to secure exchanges based on the deliberative principles of mutual justification and respect. For instance, Dryzek notes, mini-publics demonstrate the potential that "ordinary citizens can make good deliberators", noting their "capacity to reflect and change their minds as a result of their participation" (2010: 158). Additional examples suggest mini-publics can help correct prejudiced attitudes by providing participants with "more informed beliefs" (Mercier and Landemore, 2012: 249), and "articulate...interests" of traditionally marginalised groups (Christensen, 2017: 429). Such findings suggest, given the right conditions, discussions within mini-publics are likely to strengthen the voices of mental health service users.

Unfortunately, mini-publics' success in promoting deliberation within the forum has not been matched by their impact on public policy. Supporters of mini-publics often repeat Fishkin's statement, that their decisions should have "recommending force...[as]...the conclusions people would come to, were they better informed on the issues and had the opportunity and motivation to examine those issues seriously" (1997: 162). Therefore, it is perhaps surprising that, in the vast majority of cases, mini-publics do not have a decisive impact on policy outcomes (Goodin and Dryzek, 2006: 220). The primary reason for this is that decisions have only the status of recommendations. This is due to participants in mini-publics lacking bonds of authority and accountability to those who remain outside the forum (Parkinson, 2006: 33, 41-42). However, it also means that elected politicians and public officials are under no obligation to accept proposals. Setala and Smith describe this limitation as the "Achilles heel of the current practice of mini-publics", as it allows policymakers to choose what recommendations to accept and which to ignore (2018: 306). Lacking a significant impact in

policymaking undermines the ability of the mini-public process to deliver the democratic requirements of consequentiality in the sense of determining political outcomes. This raises questions over the suitability of employing mini-publics to strengthen service user voices, as a lack of influence allows those in power to "„cherry pick"" recommendations "that support their perspective, while ignoring those that are uncomfortable" (Smith, 2009: 93). Far from strengthening service user voices, such an outcome has the potential to increase their marginalisation.

Overall, deliberative mini-publics are widely successful in promoting many of the principles that give exchanges their deliberative quality. However, their record on delivering the democratic requirements of deliberative democracy is significantly weaker. Whilst recognising their important contribution in enriching the literature, critics have contended that the mini-public approach "focused so much on deliberation under „ideal"...conditions...[it]...forgot the democracy, let alone wider relations of power and domination" (Bachtiger and Parkinson, 2019: 4). Accordingly, drawing on the democratic requirements of deliberative democracy highlights significant limitations of the micro approach to deliberation. This led Chambers to conclude that the limitations resulted in a situation in which "[t]he mass public is abandoned in favour of mini-publics" (2009: 323-324). For instance, the closed nature of mini-publics has been cited as insufficient for "public justification" that "creates legitimacy by opening up space for accountability" (Boker, 2016: 24). In turn, the problem of „scale" is considered to undermine notions of accountability, as outcomes are likely to be responsive to the views of those outside the forum. Given deliberative exchanges occur almost exclusively within the forum, consequently any change in preferences is unlikely to be shared by those who remain outside the process (Parkinson, 2003: 181; Lafont, 2015: 49-50). Finally, critics contend that mini-publics may be co-opted by the powerful governmental bodies and large private sector organisations that frequently commission and fund micro-deliberative forums. Using their agenda setting power, it appears mini-publics can operate as a "soft power instrument" of governmental or private bodies by delivering recommendations favourable to their interests (Freschi and Mete, 2009: 41). Such criticisms have encouraged a shift in focus to the macro-level and the conception of deliberative systems.

2.3. Deliberative systems

The systems approach to deliberative democracy has two key elements. Firstly, a belief that the deliberative principles and democratic requirements explored above cannot be achieved within a single forum (Mansbridge et al, 2012: 2). Secondly, the democratic legitimacy of deliberation is dependent on discourses being transmitted from one site to another (Boswell et al, 2016: 264). The second principle logically follows the first, in the sense that deliberation is distributed across numerous locations, including sites within the private and public spheres. The potential of a deliberative systems approach to strengthen service user voices will be evaluated by considering the principles of distribution and transmission.

By focusing at the macro-level, the systems account shifts attention away from actors to focus on discourse. In doing so, both the sites of, and types of, communication are increased, including expanding the sites of deliberation to encompass the "intimate sphere" of private lives (Curato et al, 2019: 11). The types of acceptable forms of communication are enlarged by the inclusion of "everyday talk" that is "not always self-conscious, reflective, or considered. But...nevertheless a crucial part of the full deliberative system" (Mansbridge, 1999: 211). In practice, this means deliberation is "carried on across time and space, the threads of which are picked up by people at different times, in different places, and with different interlocutors" (Parkinson, 2006: 6). This distributed conception supports the potential of deliberation to promote individual autonomy by providing room for the development of opposition amongst mental health service users. For instance, Curato and colleagues note, "[e]very day talk may not directly lead to macropolitical outcomes, but it develops oppositional vocabularies that influence discourse formation in the public sphere" (2019: 11). Subsequently, by encouraging the expansion of argumentation, the systems approach appears to develop a conception of deliberation capable of tracking mental health service discourses in policymaking.

The emphasis on transmission also has positive effects for mental health service users. Given the distributed nature of deliberation, systems theorists emphaise the importance of a "division of labour amongst parts of a system", comprising sites with varying deliberative quality. However, deliberative democracy requires discourses to be transmitted between different sites. This, in turn, implies different sites are in some way connected to one another. Habermas" „two-track" model of democracy is often cited to illustrate how discourses can be transmitted from informal sites of public opinion formation to empowered decision-making bodies. Whilst the Habermasian account has been criticised for being overly simplistic

(Dryzek, 2009: 1383), it does provide a starting point for understanding “how claims must be proliferated across and amongst sites so that they can be challenged and „laundered" through the system” (Boswell et al, 2016: 264). In this sense, the exchange of discourses across private, public and empowered spaces can strengthen the voices of mental health service users. This potential “exists because there are exercises of power perceived as illegitimate by one group, which in turn, set in motion a series of public deliberations about who is at fault, who is accountable, and what can be done” (Curato et al, 2019: 97). It has been suggested that the macro approach lessens the “scale problem because everyone is inside the deliberative system to some extent” (Parkinson, 2006: 8). In addition to strengthening accountability, it appears the systems approach is better suited to promoting publicity by transmitting discourse through diverse channels, ranging from the mass media to word of mouth. Despite this, Hendriks and colleagues note the weakness of existing research in explaining connectivity and call for greater attention to be paid to the nature between different sites within deliberative systems (2020: 11-12).

This section has demonstrated both the potential and limitations of widely used approaches to approximating deliberation in a real world setting. Both mini-public and systems formats have strengths and weaknesses, and in general, it appears difficult to reach an adequate accommodation between the principles of deliberation and the requirements of democratic legitimacy. On this basis, it appears context is key to determining the potential for deliberative democracy to promote individual autonomy by strengthening service user voices. Consequently, the chapter will explore the character of the Midlands jury against the principles of deliberation and democracy.

3.0. The case of the Midlands jury

In Chapter One, I provided a brief description of the Midlands jury to support my identification of the forum as being non-idealised. Using the information outlined above, I will deepen this characterisation by making comparisons between the Midlands jury process and the literature on deliberative democracy. I will draw on common approaches to organising citizens" juries and the wider existing research. This process will clarify my focus on the Midlands jury as a study of a fairly typical case in which deliberative labels have been appropriated by a public authority with relatively little knowledge of idealised processes. As will be discussed, this raises questions about the extent to which deliberative and democratic

principles were approximated in the process. Finally, exploring the research on real world deliberation will identify the potential for the case study to provide contributions in the areas of lived experience, facilitation by public officials and the use of narrative.

3.1. Characterising the Midlands jury

Before beginning with the main discussion, I note the debate within the literature over whether citizens" juries can be accurately classified as a type of mini-public, given the nature of participant selection (see Ryan and Smith, 2014: 20). Despite recognising its importance, the dispute will be set aside as citizens" juries share various other design features with the different categories of mini-public. Accordingly, the analysis in the remainder of this chapter draws on the literature concerning citizens" juries, mini publics in general, and research from non-idealised settings.

Citizens" juries are frequently commissioning by government departments and agencies, particularly in healthcare settings (Davis et al, 2006: 215). However, as identified in Chapter One, the Midlands jury was obviously a non-idealised process. Although there is no single or correct way of organising any idealised forum, there are certain characteristics which must be present for labels to be used in a meaningful way. In the case of a citizens" jury, Crosby and Nethercut (2005) identify the basic elements of a citizens" jury as follows:

- Microcosm of the community. Citizens" juries often recruit participants via a process of stratified sampling in which individuals are selected at random according to certain demographic attributes such as gender, race, age, class etc., and/or political attitudes.

- Size of the group is determined by the requirements of deliberation. The maximum number of jurors is usually capped at around 24 due to concerns that the quality of deliberation will decline in larger groups.

- Provision of high quality information. Jurors are provided with information from a range of sources, including written background materials, presentations and expert witnesses. The opportunities are provided for jurors to question witnesses.

- High quality deliberation. Here, the focus is on the potential of neutral and skilled facilitation to encourage the jurors to speak freely whilst remaining on topic, and ensuring no participant dominates the discussions. In many instances, this role is performed by a professional third party facilitator or facilitation team.

- Fair agenda setting. Jury processes are often overseen by a steering committee that guides the process of participant selection, sets the question and often identifies witnesses. The membership of the committee varies, but can include public officials, activists, representatives from the voluntary sector and public consultation professionals

  (Summarised from Crosby and Nethercut, 2005: 113-114).

This summary is only a general overview of the basic characteristics of the citizens" jury process. As the process has developed, there have been various innovations. For instance, in many cases, jurors are able to request additional witnesses or recall an individual for further questioning (Crosby and Nethercut, 2005: 114).

Contrasting the above summary with the overview of the Midlands jury process provided in Chapter One, highlights how the Midlands jury varied from the standard approach to participant selection, provision of information, facilitation and agenda setting. The variations were as follows:

- Firstly, the selection of jurors did not involve random stratified sampling, according to demographic characteristics.

- Secondly the jury initially consisted of only 12 participants but due to early withdrawals, this number fell to 10.

- Thirdly, rather than being provided with information, the jurors attempted to collect evidence proactively from service users, frontline professionals and senior managers.

- Fourthly, it did not employ an independent third party facilitation; these duties were shared between the two Midlands CCG lay members for PPI and the Midlands CCG head of engagement.

- Fifthly, the steering committee that oversaw the process consisted of the two lay members for PPI, the head of engagement, and an employee of a public sector organisation unrelated to healthcare, who was recruited to act as the clerk to the jury.

- Sixthly, the jurors determined key aspects of the inquiry, including setting the question, collecting information, writing the report and presenting its findings and recommendations.

The exact details and apparent reasoning behind these decisions will be discussed in Chapter Four, but from this brief overview, it is possible to conclude that despite adopting the title, the Midlands process was not a citizens" jury. Rather, it appears to be a case of something different, particularly given the selection of participants, the proactive methods of evidence collection, and facilitation by public officials. Despite this, as discussed in Chapter One, the literature suggests that such divergences are fairly common occurrences in public consultations that adopt the vocabulary of deliberative democracy.

It seems that organisations are often unaware of the deliberative approach (Peckham et al, 2014: 11; Safaei, 2015: 132) or seek to modify features, due to limits imposed by a lack of time and resource (Smith, 2009: 105-106). Seen in this context, the Midlands jury can be classified as a typical case (Yin, 2009: 48) of public officials attempting to adopt deliberative labels to describe a non-idealised forum.

3.2. Exploring real world deliberation

Given the significant divergence from an idealised process, it was unclear whether the Midlands jury would approximate the deliberative and democratic principles outlined previously in Sections One and Two. In relation to democratic principles, it appeared that in certain areas, the potential of the Midlands jury was limited. The use of non-stratified selection procedures and the relatively small number of jurors, suggests limits on the inclusion of differing perspectives. Furthermore, it appeared that within the Midlands jury process, the exchanges did not take place in public. Instead, they were conducted in a range of closed forums including the jury itself, one-to-one interviews and the consultation event for

providers and policymaking bodies. This limited the democratic legitimacy of the process as claims were not received or responded to by those who remained outside the forum (Habermas, 1990: 94). Despite this, as previously noted, the vast majority of the jury"s recommendations were, in some sense, implemented by the Midlands CCG. Momentarily setting aside questions about the character of the process, this is an unusual occurrence, as the literature suggests the direct impacts of such forums on public policy is often limited (Goodin and Dryzek, 2006: 220). At this point, the question arises about the extent to which the consequentiality of the jury reflected the approximation of deliberative principles, both within the forum, and the policymaking forums of the CCG. In other words, to what extent did the process promote strengthening service user voices in policymaking?

The deliberative literature gives some indication of the potential approximation of communicative principles in the Midlands jury. Drawing on both the idealised and non-ideal material, I will consider the areas in which the Midlands jury significantly diverged from the standard citizens" jury approach as outlined previously in Section 3.1 Doing so will identify certain gaps in the literature.

3.2.1 Lived experience.

As noted in Chapter One, all participants in the Midlands jury had lived experience of mental health conditions, either as service users, carers, frontline workers or volunteers. In one sense, the approach adopted by the Midlands jury may better reflect the principles of Habermasian discourse theory than the traditional mini-public requirement of specifically selecting dispassionate participants (Elstub, 2014: 173). As Dryzek notes, the “abstract theoretical presentations of deliberative democracy normally assume that deliberators are partisans, so there is a lack of fit between theory and practice” (Dryzek, 2007: 246). Fung refers to this as “hot deliberation”, in which “participants have much at stake” and therefore “invest more of their psychic energy and resources into the process and so make it more thorough and creative” (Fung, 2003: 344). It is important to note that so far these claims have not been supported by empirical findings on partisan deliberations but the amount of research remains limited (see Hendriks et al, 2007: 377).

The Midlands case was not without precedent as a previous citizens" jury had selected participants with lived experience of mental health conditions. However, in this instance, the participants were stratified according to demographic characteristics (Shared Futures, 2016: 5-6). This reflects the general agreement within the literature that given the restricted size of

citizens" juries, using random stratified sampling is important to develop a cohort that is "demographically diverse" (Hendriks, 2005: 96). The purpose of securing diversity is to promote the inclusion of different perspectives that is essential to promoting deliberation (Bachtiger and Parkinson, 2019: 10). This may be particularly significant in the case of the Midlands jury, given the existence of shared mental health service user discourses. Following Sunstein, deliberations amongst those who have similar preferences or common discourse, may encourage polarisation, as the lack of alternative perspectives results in the group adopting extreme positions (2002: 176). Polarization has the potential to weaken the approximation of deliberative principles, particularly in the areas of mutual justification and respect. Despite this, it is recognised that for marginalised groups, "enclave deliberation" may be "the only way to ensure...views are developed and eventually heard" (2002: 176). This suggests a space to which withdrawal may be needed to approximate the communicative requirement of internal inclusion. However, it appears less is known about the operation of non-idealised „enclaves" within the literature.

3.2.2. Facilitation by public officials.

Despite not being fully understood, the literature does suggest that neutral and skilled facilitation can prevent group polarisation in idealised enclaves (Gronlund et al, 2015: 1015; Strandberg et al, 2019: 52). However, as noted previously, the Midlands jury was facilitated by the two lay members for PPI and the CCG"s head of engagement. The inclusion of politicians and public officials in deliberative forums is a growing, yet controversial trend within deliberative mini-publics. Supporters claim that officials can provide information on how best to shape proposals and offer a supportive voice when recommendations are being considered by decision-makers (Farrell et al, 2017: 122). Others have highlighted the risk of manipulation and domination that may accompany professional politicians who are well practiced at public speaking and bureaucrats who possess specialist knowledge (Flinders et al, 2016: 42).

The evidence from real world discussions is similarly mixed. Smith and Stephenson report that activists who frequently interact with public officials often "felt alienated by technical language as well as patronised by policymakers" (2005: 340). In contrast, Hendriks and colleagues note, in the setting of British healthcare agencies, the importance of "committed administrators who have made sense of, and given meaning to, vague statutory requirements to engage the public" (2020: 113). In light of the available research it seems likely that the inclusion of public officials may have the potential both to promote and

undermine deliberation in real world settings. Interestingly, despite it apparently being a fairly common occurrence, there appears to be little research on the impact of public officials facilitating non-idealised forums that adopt deliberative labels. It appears that there may be an assumption that such arrangements will produce a poor approximation of deliberative principles by "compromising the independence of the process" (Smith, 2009: 105). However, the mixed picture from the idealised literature suggests a gap may not always be the case.

3.2.3 Information collection

In the Midlands case, the jurors proactively collected evidence from service users and providers. In particular, the collection of testimony from providers indicates a narrative approach, which as noted earlier, research suggests is often used by mental health service users to give voice to their concerns via emotional storytelling (Church, 1996: 28; Barnes, 2008, 468). Within the deliberative literature, the role of storytelling in communicative claims is well established (Curato et al, 2017: 30). Evidence suggests the sharing of stories relating personal experiences "secure[s] a sympathetic hearing for positions unlikely to gain such a hearing otherwise" (Polletta and Lee, 2006: 718). Drawing on Rorty, Parkinson defined the power of emotional appeals as ""sentimental education"" which builds empathy in the listener by "telling „long, sad stories" that begin, „you should care about this person because this is what it is like to be in her situation"" (Parkinson, 2006: 139-140). On this basis, it appears deliberation can strengthen service user voices by giving clinicians and managers a better appreciation of service user experiences.

However, care needs to be taken as other investigations suggest emotional appeals and storytelling can also undermine the approximation of deliberative principles. Potential problems include the use of personal testimony excluding those who favour more rational styles of communication (Martin, 2011: 175), the repetition of narratives developing into incontestable „traditions" (Ryfe, 2005: 59) or „hardening" of negative feelings that fuel distrust (van Stokkom, 2005: 396) and promote sentiments of „vengeance" (Thompson and Hoggett, 2001: 357). Subsequently, the thesis needs to keep in mind that emotional testimony is a „double-edged sword" that is capable of simultaneously approximating and undermining deliberation. This is illustrated by evidence that suggests exchanges between mental health service users and providers in real world settings are often complicated by emotional storytelling. Indeed, studies have reported that these encounters, involving users often making emotional statements expressing "anger, pain or despair" have been found by healthcare officials to be "difficult to handle in the context of deliberation directed at issues

of... service delivery" (Barnes, 2008: 472). In particular, frontline professionals, working long hours with limited resources, report "feeling wrongly attacked" (Wadsworth and Epstein, 1998: 373) and "upset or even abused" (Church, 1996: 27) by users' criticisms. Research from real world settings suggests greater interaction may help promote mutual recognition between service users and providers (Forester, 2000:110-111).

3.2.4. Agenda setting

Within the Midlands jury, the participants were able to determine their question, decide how to collect information and present their findings to policymakers. These activities could be interpreted as echoing Ward and colleagues' call for an open model in which the participants can influence the agenda (2003: 288-289). Caution needs to be exercised here, given the insular nature of the Midlands jury process. Particularly, the steering committee membership was limited to public officials and the process of evidence collection largely revolved around collecting information on a one-to-one basis. This closed off additional avenues by which service users and others could seek to influence the jury process. As a result, the approach adopted by the jury does not appear to meet the call for agendas to "be arrived at by the widest possible consultation and open to modification by the jury" (Ward et al, 2003: 288). Furthermore, it is possible to over emphasise the agenda setting power in cases like the Midlands jury. Although it does appear that the Midlands CCG allowed the jury latitude to direct their own inquiry, they were still operating in the broader environment characterised by ministerial domination and scarcity of resources. Accordingly, "they continued to be constrained by forces over which they have no control" (Parkinson, 2006: 66). So, this suggests, the need to account carefully for contextual factors when exploring the case.

Overall, as indicated previously, there appears to be certain gaps in the literature related to the approximation of deliberation in real world contexts. In particular, the impact of selecting participants with lived experience, facilitation by public officials and the positive and negative effects of narrative. These suggest particular areas of interest on which the thesis will focus. Using the case study of the Midlands jury, I will attempt to make specific but limited contributions to the literature in the areas outlined above.

4.0. Summary

This chapter has examined the potential of the Midlands jury to strengthen the voices of mental health service users in policymaking. Drawing on the relevant literature has provided a conception of deliberation that can accommodate the emotional and narrative driven

communication styles often favoured by mental health service users. This involved developing appropriate normative standards of deliberation, including, internal inclusion, mutual justification, mutual respect, and agreement. Going forward, these standards will provide a means of assessing the deliberative quality of the Midlands jury"s exchanges. In addition, consideration was given to the democratic requirements of deliberative democracy. This process concluded that it is often difficult to reconcile the requirements of deliberation and democracy.

Comparing the non-idealised case of the Midlands jury, against the various criteria developed in the chapter, suggested limited claims to democratic legitimacy, which was due to a lack of publicity, meaning discussions would be limited to the Midland CCGs policymaking process. Despite this, the interesting organisational methods adopted by the Midlands jury, particularly the selection of participants with lived experience and facilitation by public officials will provide a focus for the thesis. Consideration will also be given to the use of narrative appeals and emotional storytelling. Addressing the research question will require consideration of the impact of these interesting organisational methods on the approximation of deliberation in real world discussions. This includes both exchanges in the Midlands jury process and policymaking forums. This will provide the information required to address the extent to which mental health service user voices were strengthened in the Midlands CCG policymaking process.

Chapter Three
Methodology

This chapter provides an overview of my methodological approach, including the research design, methods of data collection and data analysis. Decisions in these areas have been informed by the research aims, objectives and questions outlined in the previous chapters. The choices I made were inspired by my interest in the potential for deliberation to promote individual autonomy. As will be explained, this informed my interpretative focus on exploring the perceptions of individuals and how they related to one another. It also led the Midlands jury to be framed as a case study, investigating the potential for instances of real world deliberation to strengthen the voices of mental health service users within a well-defined policymaking process. A multi-faceted approach was developed to gather and interpret information. In what follows, the different methods of data collection and analysis that I used to develop my understanding of the participants" perspectives are outlined. Attention was also given to describing the sampling of participants and my own positionality in relation to the research. Overall, the chapter seeks to illustrate how I was able to capture and analyse the perspectives of multiple individuals involved in the jury process.

The chapter proceeds as follows. The first section provides an overview of the research design. This includes describing how my interest in Habermasian discourse, and its ability to promote individual autonomy, inspired the selection of an interpretivist and inductive approach. In addition, the nature of the case study design frame is explained, as despite being fairly typical of how such forums are used, the Midlands jury also held the potential to support instances of real world deliberation that may strengthen service user voices. The second section provides a brief overview of the jury process and my fieldwork in order to provide the context for my methodological decisions. Section Three outlines selected methods of information collection and analysis. This includes justifying the use of semi-structured interviews, observations and document collection to produce the information needed to understand the participants" perspectives. In Section Four I discuss how I initially accessed the case and my approach to identifying and sampling the relevant populations. Next, the fifth section considers how my own positionality affected my perceptions and potentially influenced the participants. The selection of the pragma-dialectical approach,

thematic analysis and network analysis are explained in Section Six. Ethical issues are then considered in Section Seven. The chapter then closes by summarising my methodological approach.

1.0. Research design

My research adopts an interpretative approach. Broadly defined, this is the stance that knowledge is produced by the perceptions of different social actors interacting in various ways (Blaikie, 2007: 124). Interpretivism is appropriate given my interest in the potential of deliberation to promote individual autonomy. As discussed in Chapter Two, Habermas locates emancipatory potential in his theory of language. On his account, individual reflection provides "the only possible dynamic" for promoting individual autonomy (Habermas, 1978: 288). However, Habermas also recognises that, given the prevalence of capitalism and social norms, self-reflection alone is unlikely to produce autonomy. As a result, his philosophy takes a linguistic turn (Ingram, 2010: 79-87) as the "critique of language supersedes that of consciousness" (Habermas, 1988: 117). Accordingly, it is the intersubjective use of language that can generate the critical reflection required to promote individual autonomy.

My interpretivist approach is supported by the nature of Habermasian discourse rules. As outlined in Chapter Two, these rules can be modified to better incorporate mental health service users. Taken together, the rules provide "a cooperative search for truth geared to redeeming controversial validity claims in the form of cooperation for the better arguments" (Habermas, 2008: 82). Here, the term „truth" is interpreted in a procedural, rather than an objective sense. In other words, it relates the process of deliberation, not the correctness of outcomes. This interpretation is supported by recalling that Habermasian discourse represents an "ideal speech situation" designed to be free from "all coercion other than the force of the better argument" (Habermas, 1990: 88-89). As previously discussed, these rules do not describe an achievable situation and can only be more or less approximated in reality. On this basis, they are an idealised process against which the deliberative quality of real world discussions can be explored. Seen in this way, they provide "a set of standards for a self-correcting learning process" (Habermas, 2008: 84). This process encourages my use of an interpretivist approach in order to consider the aims and reactions of those engaged in

discussions. Ultimately, as Habermas noted, “understanding meaning...cannot be methodologically brought under control the same way as...observation” (1984: 108). It requires considering the perspectives of those engaged in the discussion.

In addition to an interpretivist approach, I also adopted an inductive research strategy. Although Chapter Two outlined clear areas of interest that inspired my research, the findings were guided by collecting and analysing the perceptions of those who participated in discussions (Ragin, 1994: 15). Furthermore, I accept that my account of the deliberative quality of exchanges can be challenged by the collection of additional information. Following Habermas, my account of argumentation has “only hypothetical status...[as] there is always the possibility that they rest on a false choice of example, that they are obscuring and distorting...or...that they are overgeneralizing [sic] individual cases” (Habermas, 1990: 32). Consequently, I am prepared to acknowledge and modify my interpretations of the extent to which deliberative principles were approximated in discussions on the basis of new information.

1.1. Design frame

I have introduced and discussed the nature of the case study in the preceding chapters. To recap, it appeared to be a fairly typical case (Yin, 2009: 48) of a public body adopting deliberative labels to describe a non-idealised forum. On this basis, it provides an appropriate subject (Thomas, 2013: 16) for exploring the potential for instances of deliberation to occur in real world settings between service users, clinicians, health service managers and policymakers. Subsequently, the object of my inquiry (Thomas, 2013: 16) was to develop an understanding of the factors that influenced the strength of service user voices in these exchanges. Focusing on a single case study at the level of a Clinical Commissioning Group (CCG) was appropriate, even in conditions of ministerial domination and scarcity of resources. Despite continual political interference, CCGs are statutorily responsible for determining how to allocate resources according to local priorities (Department of Health, 2010: 5). The Midlands jury provided an opportunity to explore the potential for interesting organisational approaches to strengthen service user voices in priority setting, particularly by addressing some of the specific barriers identified in Chapter One, Section 3.2.

Rather than seeking to test or generate theories (Thomas, 2011: 112-118), my approach to the case study was designed to improve understanding in the sense of learning from “the force of example” (Flyvbjerg, 2008: 228) provided by the Midlands jury. In doing so, my

purpose was to provide a starting point for further research. In light of my motivation, this approach was appropriate to developing the “in-depth understanding” required to “generate knowledge” (Simons, 2009: 21). Furthermore, the case study approach provided a flexible design frame capable of evolving throughout the course of my research (Poth and Creswell, 2016: 141). This was particularly significant given the range of groups who emerged as potential participants during the fieldwork. The participants are introduced later in this chapter, and at this stage, I wish to highlight how the flexibility of the design frame supported the collection of information from a range of different individuals and groups. This, in turn, provided the data required to identify and explore unanticipated areas of interest. Overall, the case study design frame supported my approach of generating insights based on interpreting the perspectives of, and interactions between, differently situated social actors.

Adopting a case study design frame had some drawbacks. Most significantly, focusing solely on the Midlands jury limited the scope of my research. As noted in the previous chapter, the lack of publicity beyond the confines of the CCG undermined the democratic element of deliberative democracy. My subsequent enquiries were restricted to assessing the jury in relation to the impact of deliberation within the boundaries of the CCG. This is not to imply that the democratic element is unimportant, but rather, it was not possible to examine it on this occasion. Moreover, although inspired by the potential of deliberation to promote individual autonomy, the bounded nature of the case study resulted in the less abstract focus of strengthening service user voices within the Midlands CCG. In a sense, such limits were beneficial, as some previous empirical studies of deliberative democracy have been criticised as a “morass of necessary and sufficient conditions all thrown together, without specification of why each of these...components is necessary” (Mutz, 2008: 530). In contrast, the focus on the Midlands jury clarifies my research as an attempt to explore the potential of real world deliberation to strengthen service user voices within a particular institutional context.

Finally, by the time I began the fieldwork, the Midlands jury had been operating for around three months. Subsequently, the thesis does not offer an all encompassing account of the process. Rather, the case study provides a snapshot of the jury from the stage of evidence collection to their recommendations being presented to the policymaking forums. Treating the case study as a snapshot recognised the debates around the commissioning of mental

health services within the Midlands CCG did not begin or end with the jury. This correctly cites the forum as part of ongoing discussions, the course of which could be influenced by the approximation of deliberative principles.

2.0. Overview of the Midlands jury process

To provide a context for the methodological discussions that follow, I will briefly outline the major elements of the jury process and my fieldwork. A detailed timeline is included in Appendix A. Here, I provide only an indication of the case and my activities. Those who participated in my fieldwork are introduced later in this chapter. A detailed overview of who they were, what they discussed, and the outcomes of those exchanges is the subject of Chapter Four.

- I began my fieldwork in March 2017, by which time the Midlands jury had been operating for three months. In total, I observed twelve jury meetings, beginning in July 2017. The jurors were in the process of collecting information they required to address their question for developing recommendations to improve access to appropriate adult mental health services within their local area. They were in the process of collecting information from mental health service users via one-to-one interviews and an online survey. I was unable to observe these interviews, as the jurors were concerned that my presence may have prevented service users from speaking openly. However, they did agree to allow me access to the anonymised written records of the information they had collected from service users in their one-to-one exchanges. During the initial stages of my fieldwork, I conducted one-to-one interviews with all eleven jurors, including the four steering committee members.

- The jurors also sought to collect information from senior managers of local mental health services. They invited 21 managers to a consultation event, which was to take a roundtable format, where jurors and managers would be in small groups to discuss issues related to improving access to services. In October 2017, the jurors cancelled the planned consultation event, due to a low acceptance rate with only one senior manager having accepted their invitation. Instead, they decided to collect information from senior managers by interviewing them on a one-to-one basis. Two senior managers agreed to participate in these interviews. One of the planned interviews was cancelled, due to the manager in question taking an

unexpected leave of absence. The other interview between a member of the jury and a senior manager went ahead, and I observed the exchange. I also interviewed both of these senior managers.

- The jurors also held a consultation event to collect information from a range of local frontline mental health professionals. They invited 41 individuals to a roundtable event to discuss how to improve access to services. In November 2017, the event went ahead with 18 professionals in attendance. I observed the exchanges and interviewed 14 frontline professionals before and after they attended the event.

- Beginning in November 2017, the jurors started to develop their recommendations whilst still collecting information. Eventually, through discussions amongst themselves, the jurors developed 14 specific recommendations for improving access to appropriate adult mental health services within the local area. In February 2018, the jurors began the process of disseminating their findings and recommendations to the policymaking bodies of the Midlands CCG. This began with the jurors providing a slide presentation, and then entering into small group discussions with members of the CCG"s patient forum, who unanimously endorsed the recommendations. I attended this meeting to observe the exchanges, and interviewed three patient forum members before and after their interactions with the jurors.

- In March 2018, the jurors presented their findings and recommendations to the Midlands CCG governing body. This involved the jurors providing a slide presentation, followed by answering questions from the governing body members. I attended the meeting to observe the interactions, and interviewed three governing body members before and after their session with the jury.

- In April 2018, the jurors publicly launched their recommendations at a community event. This was attended by 47 individuals from the local mental health community. After the event, I conducted a second set of interviews with, by then, ten members of the jury, including the three members of the steering committee. At this stage my, fieldwork formally came to a close.

- Finally, in July 2019, I was invited by the Midlands CCG lay members for PPI to attend an update meeting on the progress in implementing the recommendations. In addition to the lay members, this meeting was attended by four of the former jurors, the Midlands CCG"s head of engagement, the Midlands CCG"s director of mental health, and four senior health service managers. At the meeting, the health service managers explained their progress in implementing the recommendations.

This brief contextual overview has outlined the meetings and events that provided the core of the case study. It has also given an indication of the data collection methods that were used, namely observations, interviews and document collection. Why these methods were selected, their application, and the organisation of the data that was produced is the subject of the next section.

3.0. Data collection methods

My selection of data collection methods was guided by the research questions. These, in turn, were informed by my focus on the potential for deliberation to occur in real world discussions between service users, clinicians and managers. In other words, I sought to explore the extent to which the Midlands jury strengthened service user voices in CCG policymaking. This aim inspired the main research question which asks: „how (if at all), were mental health service user voices strengthened in the Midlands CCG policymaking process?" Addressing this question required pursuing two sub-research questions concerning the extent to which deliberation was approximated, both within the Midlands jury and policymaking processes. Developing this understanding would also require exploring the impact of interesting organisational approaches and contextual factors on the deliberative quality of these exchanges. The need to answer these questions determined my selection of interpretivist methods of information collection and analysis. Ultimately, it was the individual judgements of the jurors, medical professionals, senior managers and policymakers that informed the degree to which the jury process strengthened or weakened the voices of mental health service users.

I used the qualitative methods of observations, semi-structured interviews and document collection to obtain evidence on the perspectives of those involved in the jury process. This mixture of methods was designed to provide access to different sources of information, but not with the purpose of using one piece of evidence to substantiate another (Robson, 2011: 158). Rather, drawing on multiple sources of information provided a means of developing a

well-rounded understanding of participants' perspectives (Sliverman, 2013: 62, 65). Each method is discussed in turn below, including the reasons for their selection, their application, and the organisation of the information that was produced. What follows is an overview of my fieldwork. A detailed chronology is included in Appendix A.

3.1. Observations

I observed 12 jury sessions, the consultation event at which the jurors interacted with mental health professionals, and one interview between a juror and a senior mental health service manager. In addition, I observed the meetings at which the jurors disseminated their findings to the Midlands CCG's policymakers in the patient forum and the governing body. I also observed the community event at with the jurors publicly launched their recommendations. Finally, I attended the update meeting at which the senior managers discussed their progress on implementing the recommendations with the jurors. This meeting did not strictly form part of my fieldwork. However, I include it here to give a full account of my activities. In total, there were seven separate sites that I observed on the dates included in Figure 3.1.

Figure 3.1. Sites and dates of observations

Sites	Date(s) of observations
12 jury sessions	05.05.17 to 27.03.18
Consultation event for frontline mental health professionals	08.11.17
One-to-one interview between juror and senior mental health service manager	29.11.17
CCG patient congress meeting	13.02.18
CCG governing body meeting	06.03.18
Community Event	19.04.18
Update meeting on implementation of recommendations	10.07.19

Practically, these observations involved me watching the meeting or event, and making a written record of how the participants interacted, both verbally and non-verbally. Initial areas of interest focused on areas of disagreement, the organisation of the process, and participants' perceptions of the Midlands jury. However, I also remained open to identifying emerging trends and themes within the sites under observation (Mason, 2002: 98). This included observing the participants in the various meetings and events in order to "reveal the nuances from their perspective[s]" (Schatzman and Strauss, 1973: 6). Such nuances include body language, gestures, facial expressions, and eye contact. Observations also provided a means of recording patterns of speech, such as, "speaking rates, loudness and tendency to interrupt or be interrupted" (Smith, 1991: 298-306). This was significant, given the requirements of deliberation outlined in Chapter Two. In particular, observations were

required to capture fully the potential for jurors to engage in embodied speech (Young, 1996: 124), and explore their interaction with frontline professionals and policymakers. Subsequently, my observations provided information on the participants" actions and behaviours.

I organised my field notes into detailed accounts of the 12 jury sessions and the jury meetings with frontline medical professionals, the one-to-one interview between a juror and a senior mental health service manager, the CCG patient forum and the CCG governing body, the community event and update meeting. After observing a jury session or event, my initial notes were written up into a detailed account (Robson, 2011: 328). This included outlining the purpose of the event and recording data under key headings. In addition to recording what occurred during the event, these notes also documented my personal reflections on the jury process including “hunches” and emerging themes (Mason, 2002: 99). This was essential to ensure I continually questioned both established knowledge and the influence of the organisational methods and contextual factors throughout the fieldwork.

In addition to field notes, the jury sessions, the consultation event with frontline professionals, and the presentations to the Midlands CCG"s patient forum and governing body were audio recorded. The community event was not audio recorded, due to the jurors" concerns that obtaining informed consent from the participants would unduly disrupt the event. However, I still observed the community event and took field notes, which I then wrote up into a detailed account as described above.

The audio recordings of various observational sites produced approximately twenty three and a half hours of discussions, as outlined in Figure 3.2. This amount of data meant I had to make some difficult decisions when organising the information. These choices were partly informed by my aim of understanding the extent to which, if at all, deliberation had been approximated, both within the jury and policymaking processes. Deliberation begins with disagreement, and consequently disputes were prioritised for transcription. From my knowledge of the audio recordings, I was aware that disagreements had occurred in the Midlands jury sessions. Consequently, the discussions in the 12 jury sessions were transcribed in full. In addition, I was interested in understanding potential approximations of deliberative principles in the policymaking process. Therefore, full transcripts were also

produced for the jurors‟ exchanges with the CCG patient forum and the governing body members. For accuracy, all the jury sessions and meetings with policymakers were professionally transcribed verbatim, anonymised and carefully checked for accuracy.

Figure 3.2. Length of observation audio recordings (in hrs : min: sec)

Sites	Length of recording
12 jury sessions	19:24:32
Consultation event for frontline mental health professionals	01:53:29
One-to-one interview between juror and senior mental health service manager	00:01:26
CCG patient congress meeting	01:49:13
CCG governing body meeting	00:28:49
Total	**23:37:29**

The jurors‟ consultation event with mental health professionals was partially transcribed. After closely listening to the audio recording of the event, it became clear that the jurors and professionals were largely in agreement over the problems of accessing mental health services. So, while these meetings contained useful information, particularly related to the organisation of the jury, this was obtained via partial transcription.

3.2. Semi-structured interviews

I conducted semi-structured interviews with 33 individuals who participated in the observations. This included jurors, frontline mental health professionals, senior mental health service managers, CCG patient forum members, and CCG governing body members. In total, there were 63 interviews that were conducted within the date ranges included in Figure 3.3.

Figure 3.3. Participants and dates of interviews

Participants	Dates of first interviews	Dates of second interviews
Jurors	08.08.17 to 22.09.17	20.04.18 to 31.05.18
Frontline mental health professionals	06.10.17 to 08.11.17	14.11.17 to 27.11.17
Senior mental health service managers	24.11.17 to 29.11.17	N/A
CCG patient congress members	16.01.18 to 07.02.18	26.02.18 to 06.03.18
CCG governing body members	16.01.18 to 18.01.18	26.03.18 to 28.03.18

In most cases, individuals were interviewed at the beginning and the end of their involvement in the jury process. One exception to this was the jurors themselves, given the process had begun before I started my fieldwork. Subsequently, the jurors, including the steering committee members, were interviewed at the beginning of my fieldwork and at the end of the jury process. The odd number of interviews was due to a number of factors. This included

the senior mental health manager taking a leave of absence between my initial interview and their planned meeting with the jurors. In another instance, it was due to the meeting between the jurors and managers being arranged at short notice. This meant there was insufficient time for me to interview the manager before they met with the juror. Finally, the uneven number is explained by the clerk to the jury withdrawing from the process between his first and second interviews. For clarity, an overview of the participation in the interviews is provided in Figure 3.4.

Figure 3.4. Overview of interviews

Type of participant	First interviews	Second interviews	Total
Jurors	11	10	21
Mental health professionals	14	14	28
Senior mental health service managers	1	1	2
CCG governing body members	3	3	6
CCG patient forum members	3	3	6
Total	32	31	63

It should be noted that, as explained above, in the case of the senior managers, it was a different individual who participated in the first and second interviews.

Semi-structured interviews were used to develop my understanding of the participants" views on the jury process, the influence of organisational methods, and contextual factors affecting the strength of service user voices in policymaking. In practice, this involved using pre-determined topic areas to guide the discussion, whilst retaining the flexibility to pursue interesting leads that emerged from interviewee responses. This approach ensured these encounters were “conversations with a purpose” (Burgess, 1984: 102), in the sense that having a topic guide kept participants broadly focused on the jury process and related areas when giving their answers. However, the ability to go „off topic" also provided an opportunity for participants to discuss issues that were of particular personal or professional significance. This helped to highlight subjects of which I was unaware, or had previously considered insignificant. On this basis, semi-structured interviews were used to discuss the interviewee"s perceptions of their circumstances, opinions, experiences and motivations (Drever, 1995: 1). From this information, it was possible to develop an in-depth understanding of their perspective and perceptions of the jury process.

I adopted the following approach when conducting semi-structured interviews. At the beginning of each interview, I emphasised my interest in learning about the respondent"s perceptions of the jury process (Drever, 1995; 30). The conversation guides were careful to ask only open questions which provided the “freedom for respondents to answer in their own terms” (Jones, 1985: 45). These questions were sequenced to allow participants to develop their thoughts and opinions. The conversation guides are included in Appendix B. They were formatted as follows:

- A “grand-tour” opening question to combat any suggestion that I was interested in hearing particular answers. This set the right tone by establishing my motivation as a “benign, accepting, curious” individual who was “eager to listen to virtually any testimony with interest” (McCracken, 1988: 34-35, 38).

- Next, I asked three to four specific questions with reflective follow-ups designed to help the participants explain their initial responses in more detail.

- Finally, I closed the interview by asking respondents if they had anything to add (Robson, 2011: 284).

- Pre-determined prompts and probes were also included to help the interviewee to expand or clarify their answers (Drever, 1995: 11-12).

When conducting semi-structured interviews, I also encouraged respondents to deviate from the predetermined questions. This involved me following up on the markers or passing references to potentially important events that interviewees dropped into their responses (Weiss, 1994: 77). In addition, participants were allowed to develop their answers with minimal interruption, even when they appeared to stray from the subject of the interview. Here, my approach can best be described as “if in doubt, see what"s there” (Weiss, 1994: 80). If, after some time, it became obvious that information was not relevant to the research, I would gently redirect the participant by asking them to connect their response back to the initial question (Weiss, 1994: 137). Overall, throughout the interview, I worked with participants to develop my understanding by “manufacturing distance” between their assumptions and underlying views of the jury process (McCracken 1988: 23).

The interviews produced approximately seventy four and a half hours of audio recording as broken down in Figure 3.5.

Figure 3.5. Length of interview audio recordings (in hrs : min: sec)

Type of participant	1st interviews	2nd interviews	Total
Jurors	14:30:01	14:20:22	28:50:23
Frontline mental health professionals	16:47:00	15:38:00	32.25.00
Senior mental health service managers	01:41:01	01:24:10	03:05:11
CCG governing body members	01:55:26	01:44:53	03:40:19
CCG patient forum members	03:48:34	02:55:00	06:43:34
Total	**38:42:02**	**36:02:25**	**74:44:27**

My approach to organising the data was guided by the need to understand participants‟ views and their exchanges with others in the Midlands jury process. For this reason, the jurors‟ first and second interviews were transcribed in full. Given the general reluctance of senior managers to engage with the jury process, my interviews with the two managers who did agree to participate were fully transcribed.

After carefully listening to the first interviews with patient forum and governing body members, I decided to use partial transcription. As the respondents had little information on the jury, they expressed no real opinions on the jury process. However, the second interviews occurred after the patient forum and governing body members had interacted with the jury. This experience gave them the information they needed to express detailed views about the jury process. Consequently, the second interviews were transcribed in full. Once again, to ensure accuracy for those interviews, verbatim transcripts were professionally produced, anonymised, and carefully checked.

In their first interviews, medical professionals also had few opinions about the jury process, due to limited information. Given the lack of disagreement during the meeting with jurors, the second interviews with mental health professionals also contained little in terms of contentious exchanges. So, whilst these meetings contained useful information, particularly related to the organisation of the jury, this was obtained via partial transcription.

3.3. Document collection

As discussed above, given the jurors‟ concerns, I obtained information from mental health service users via document collection. I was provided with anonymised written records of service user experiences the jurors had collected. These documents recounted individual user attempts at accessing mental health services. Having a written record of service user experiences was important, as it allowed me to draw “inferences from texts...to the context of their use” (Krippendorff, 2004: 18). This involved comparing the jurors‟ claims with the information contained in the service users‟ accounts. Through this process I was able to consider the accuracy with which the jurors had discussed and relayed service user experience throughout the process.

In total, I collected an extensive data set consisting of verbatim and partial transcripts produced from over 96 hours of audio recording, written observational accounts, and written records of 40 service user experiences. This provided access to the perspectives of the jurors and all those who they interacted with, including service users, medical professionals, a senior manager, patient forum members, and governing body members. As a result, the data set provided a means of considering the perspectives of multiple individuals involved in the jury process. I will now turn to outlining the nature of participant selection.

4.0. Participant selection

Participant selection was primarily informed by the activities of the Midlands jury. I sought to access the sites at which the jurors collected information from those who provided mental health services, and the relevant policymakers. Within these sites, I also sought to speak to those with whom the jurors interacted. Below, I will describe how access was obtained to the Midlands jury. A discussion of sampling follows, including how I identified the populations relevant to the research, and sampled events and individuals. A numerical overview of the sites I observed, and individuals who participated in my research, is provided. I also briefly discuss sampling issues in relation to the 40 stories the jurors collected from service users.

4.1. Obtaining access to the Midlands jury

I became aware of the Midlands jury in February 2017 through internet searches for citizens‟ juries in the area of healthcare. These searches led me to the Midlands CCG website explaining the work of their citizens‟ jury on mental health, which had begun operating in January 2017. The website included a contact email to request additional information. I sent an email explaining the purpose of my research and requesting a meeting with the

organisers of the jury. In March 2017, I met with the members of the jury"s steering committee. From this meeting, it became clear that the process was still in its initial stages, as jurors had only just begun collecting information from service users. I became aware of potentially interesting areas for exploration, including the selection of jurors with lived experience, and facilitation by public officials. Overall, the meeting made it clear that there was a significant overlap between my interests in strengthening service user voices in policymaking and the aims of the jury.

A few days later, it was agreed via email that, subject to the approval of the jurors, the steering committee was content for me to research the process. In early May 2017, I was invited to a meeting of the jury at which I provided an overview of the nature of my research, and requested their permission to investigate their activities. During this session, I answered the jurors" questions about the nature of their participation in the research. At the end of the meeting all jurors unanimously consented to participate in my research. This included an agreement that I was free to interview all those they interacted with, with the exception of the service users as outlined above.

4.2. Sampling

My approach to sampling was guided by the research question that sought to understand the extent to which deliberation is approximated in real world settings, by focusing on the case of the Midlands jury. By doing so, I sought to understand the influence of the process on strengthening the voices of mental health services" users in policymaking. As a result, I adopted a purposive approach that was designed to sample the population relevant to my thesis (Robson, 2011: 275). Rather than being fixed before the fieldwork began, the populations of interest developed with the jurors" decisions on how they would collect evidence and disseminate their recommendations. This included sampling both meetings/events and those with whom the jurors interacted. Subsequently, the population of interest was all those who participated in the jury process, including jurors, frontline professionals, senior managers, CCG patient forum members, and CCG governing body members. It was from these groups that I sought to develop a sample.

4.2.1. Sampling meetings and events

I sought to observe the meetings and events at which the jurors collected information from frontline professionals and managers, as well as the presentation of their findings to the CCG policymaking forums. This involved a sample consisting of the following meetings and events:

- 12 jury sessions.
- Consultation event with frontline mental health workers.
- Single one-to-one interview between a juror and a senior mental health service manager.
- Jury"s presentation to Midlands CCG patient forum.
- Jury"s presentation to Midlands CCG governing body.
- The community event.

Sampling these events was important, given that the sub-research questions focus on the extent to which deliberation was approximated, both within the jury and policymaking processes. Accordingly, observing and audio recording these events and meetings provided the data needed to explore the deliberative quality of the exchanges that occurred. The information collected also provided an indication of the impact of organisational and contextual factors on the deliberative quality of the discussions.

How I obtained access to the jury has already been explained. To access the other forums, a week prior to the event in which they were due to participate, I sent an email to all attendees outlining the nature of my research and requesting their permission to observe the meeting. Attached to the email was a participant information sheet, consent form and my contact details should they have any questions about the research. At the beginning of each meeting, I briefly outlined the purpose of my research and invited questions. In both the email and presentation, I emphasised that, in addition to taking written notes, the event would be audio recorded. In each case, all those attending the meetings agreed to participate in the research. As previously mentioned, the only exception to this process was the community

event at which the jurors launched their report. Those in attendance were not asked to sign consent forms, as this was a public event at which I took written notes, rather than audio recording the discussions. Nevertheless, at the event I made a brief presentation outlining my research, making participants aware that I would be conducting observations, and providing an opportunity for questions or objections. As no one present objected, it was possible to proceed with the observation.

Across the different events and meetings 112 individuals were observed. A numerical breakdown is provided in Figure 3.6.

Figure 3.6. Sample of observations

Site	Sample
Jury session	11
Consultation event for frontline mental health professionals	18
One-to-one interview between juror and senior mental health service manager	1
Presentation to CCG patient forum	17
Presentation to CCG governing body	18
Community event	47
Total	**112**

4.2.2. Individuals

I also sought to sample the populations shown in Figure 3.7 for one-to-one interviews. Interviewing these individuals was important, as ultimately it was their actions and perceptions that affected the deliberative quality of the exchanges, and determined the influence of mental health service users discourses.

Figure 3.7. Population for interviews

Category	Population
Jurors	11
Frontline mental health professionals	18
Senior mental health service managers	2
CCG governing body members	18
CCG patient forum members	17
Total	**66**

Sampling for the interviews involved the following process. I sent potential participants an email inviting them to attend an interview. The email set out my position as a PhD researcher, the nature of my research, the confidentiality of the process, and the voluntary nature of participation. A week later, a follow-up email was sent to those who did not respond to the initial invitation. Once again, care was taken to ensure participants were aware the interviews were being audio recorded. The numerical breakdown of those who participated in the interviews is provided in Figure 3.8.

Figure 3.8. Sample for interviews

Category	Sample
Jurors	11
Frontline mental health professionals	14
Senior mental health service managers	2
CCG governing body members	3
CCG patient forum members	3
Total	33

The above figure illustrates that my success in sampling the relevant population varied from obtaining information from all the jurors, to only two senior managers. The latter figure reflects the general lack of engagement amongst senior mental health service managers in the jury process. In addition, I only interviewed six policymakers, three from the patient forum and another three from the governing body. In the case of governing body members, this may have been due to difficulties that are often experienced in accessing those in positions of authority (Gillham, 2005: 54-55). The low response rates amongst some participants was concerning, as it suggested that certain perspectives may be missing from the process. I will explore this issue further in Chapter Four when discussing the demographic backgrounds of the research participants.

As noted above, a slightly different approach was adopted to sampling in relation to mental health service users. Respecting the jurors" concerns, I was not able collect information directly from this population. As a result, information from service users was obtained on a secondary basis (Given, 2008: 804), as it was collected by the jurors and subsequently fed into my research. In collecting these stories, the jurors appeared to use a combination of convenience sampling, but they also attempted a type of snowball sampling in order to

contact some marginalised groups (Robson, 2011: 275). I will explain in Chapter Four that this produced a sample that was missing the perspectives of some seldom heard groups whilst including others.

5.0. Positionality

Having outlined the nature of the participants, I will now turn to consider my own positionality in relation to the research. I will discuss how my background, characteristics and interests influenced the investigation of the Midlands jury. This will explain how my personal position impacted on my interpretation of the process and the collection/ analysis of data.

My interest in the research stemmed from six years as a civil servant in the area of transportation. I worked as a planning officer overseeing public consultations on proposed road improvements and major economic developments. Through this experience, I came to understand how commonly used public consultation methods tend to favour those who have the time, money and knowledge (Verba et al, 1995: 43-44) required to participate. In contrast, individuals who lacked access to these resources often struggled to make their voices heard. As a result, the latter group was subject to arbitrary interference as consultation outcomes often adversely affected their interests, without having adequately considered their views (Pettit, 1997: 55). From my position as an employee, it was not impossible to challenge this process, as public consultations in the area of planning and development are governed by clear statutory guidelines that limit the selection of methods, and are subject to a strict timeframe.

Given my frustration at the injustice of the situation, I decided to leave my employment and return to university in order to explore alternative methods of public consultation. Having previously completed an undergraduate dissertation on the subject of deliberative democracy, I was aware of its potential to promote the inclusion of marginalised voices. Through further research, I came to see that mental health service users had particular difficulties in being heard in NHS decision-making. Acknowledging this, there appeared to be scope for innovation in NHS consultation processes, especially given the formal recognition of mental health service users. This led me to identify the Midlands jury as providing an appropriate focus for exploring the potential of deliberative consultation procedures to

strengthen the voices of mental health service users. In summary, my background as a civil servant sparked my initial interest, which over time developed into the research contained in this thesis.

Underlying my interest in deliberation is a belief in the potential of reflective, intersubjective argumentation to promote individual freedom and autonomy (Habermas, 1978: 288; Habermas, 1988: 117). As noted earlier, the institutionally bounded nature of the jury produced a focus at the less abstract level of strengthening service user voices within the Midlands CCG. This, in turn, had the potential to support the use of an action research design frame, in which the researcher and participants “collaborate in the diagnosis of a problem and the development of a solution” (Bryman, 2012: 397). In the case of the Midlands jury, this approach would have been supported by the many demographic, educational and occupational characteristics I shared with the majority of the jurors. The characteristics of the jurors are discussed further in Chapter Four. For now, it is sufficient to note that common characteristics suggested there may have been some overlapping perspectives forming the basis for collaboration between the jurors and myself. However, in one crucial respect, my experiences differed from the jurors: I have no lived experience of mental health conditions, either as a service user, carer, medical professional, or volunteer. My understanding in this area was academic and, as a result, it would have been inappropriate to seek to collaborate on an equal basis with individuals who, in many cases, had years of personal experience. Accordingly, I adopted the case study design frame in which I could largely confine my role to listening and learning from those with lived experience. Despite this, my positionality in the sense of my interest in strengthening service user voices, continued to shape my interpretation of the process.

Furthermore, my engagement with the jury clearly impacted on the perceptions of the research participants. In order to establish access to the jury, it was necessary to explain clearly the purpose of my research. As a result, the jurors were aware of my focus on deliberation and asked me to advise them on commonly used methods of organising a citizens" jury. I subsequently provided advice on the deliberative process and methods of participant selection, provision of information, facilitation, and dissemination. Although the jurors disregarded much of the information, my advice did appear to raise their awareness of deliberation. Indeed, after my intervention, a number of the jurors frequently referred to their discussions as „deliberations" and stressed the role of „deliberation" in their presentations to

the policymaking forums. The deliberative quality of the jurors‟ exchanges will be explored in later chapters, but it is clear my interests in this area had impacted on the jurors‟ perceptions of the process.

For the remainder of the fieldwork, rather than engaging in the jury process, I sought to listen and learn from the participants. My position is best described as a “peripheral member”, who was accepted by the jurors as a “regular... without participating in the central functions of the group” (Alder and Alder, 1987: 36). Such a position is reflected in the comments of a number of jurors‟ who perceived my involvement as improving the credibility of the process, in the sense of it being worthy of academic study. Generally, it is clear that even with limited participation in the process, my positionality in terms of personal background, characteristics and interests, all inevitably impacted on the jurors‟ perceptions of the process.

6.0. Data analysis methods

I developed a multi-faceted approach to analysing the information concerning the perspectives of participants in the Midlands jury case. As noted above, my aim was to address the main research question by exploring the extent to which the Midlands jury strengthened the voices of mental health service users in CCG policymaking. Accordingly, the process of analysis had two objectives:

- Firstly, to interpret the extent to which deliberation was approximated both within the Midlands jury and CCG policymaking processes.

- Secondly, exploring the influence of organisational approaches and contextual factors, such as ministerial dominance and scarcity of resources, on strengthening or weakening service user voices.

On this basis, the research adopted the following methods of data analysis.

6.1. Pragma-dialectical analysis

Investigating deliberative quality requires an assessment of the approximation of deliberation within the Midlands jury process. Specifically, it involved understanding the deliberative quality of the exchanges between the jurors. This, in turn, required adopting an approach to interpreting the structure and content of argumentation, including the nature of individual arguments and their impact in determining outcomes. This information was then compared

against the deliberative principles of internal inclusion, mutual justification, mutual respect, and agreement outlined in Chapter Two. Doing so provided the evidence required to address the first sub-research question, by interpreting the extent to which the principles of deliberation were approximated within the Midlands jury process.

The literature contains a number of approaches that I could have used in seeking to analyse the nature of individual arguments, and their impact in determining outcomes. The two most frequently employed processes are the „input-output" method and the „Discourse Quality Index" (DQI), discussed below.

- The „input-output" method measures whether individual attitudes are changed by participation in deliberations. This approach is often adopted in deliberative mini-publics, particularly deliberative polls (Fishkin and Farrar, 2005: 76). It uses surveys to gauge the individual attitudes pre and post-engagement, and explains the influence of mini-public design as being responsible for any changes in line with deliberative principles (Black et al, 2011: 335-338).

- The Discourse Quality Index involves evaluating disagreements according to seven discursive categories derived from Habermasian discourse ethics (Bachtiger and Steiner, 2015: 174-175). This process involves researchers coding transcripts of real world discussion against a numerical scale. The assignment of a higher numbered code indicates the contribution was of greater deliberative value than those down the scale. Through this process, the DQI measures the structure of arguments in terms of assessing the deliberative quality of the reasons a speaker provides to support their claims (Bachtiger et al, 2009: 41). The tool has proven highly influential with Habermas noting that it embodies the "essential features of proper deliberation" (Habermas, quoted in Bachtiger et al, 2009: 38).

Despite being used widely, these methods were inappropriate for my interpretivist approach, given their difficulties in exploring the content and context of argumentation.
These limitations include:

- The „input-output" approach does not consider the content of exchanges. This has led it to be labelled "[t]he black box approach" (Bachtiger and Parkinson, 2019: 48), as it gives priority to institutional design over the content of individual arguments. In addition, as Ryan and Smith noted, the "focus on preference and opinion change alone...tells us little about the deliberative quality of interactions" (2014: 22). As a result, the input-output approach is of limited use due to its inability to consider the content of arguments and their impact in determining outcomes.

- The DQI method does not adequately account for the context in which argumentation occurs. This seems to be partly due to judgements of deliberative quality being based on "the subjective speculations of outside observers" (King, 2009: 7), as researchers code speech acts often with limited access to the interpretations of those involved in the discussions (Steenbergen et al, 2003: 43-44). This might partly account for Bachtiger and colleagues" comment that the DQI is "ambiguous with respect to the quality of reasons, but not the volume of justification, links and supporting evidence. All of these lead to higher coding, but may not constitute good deliberation" (2009:41). Additionally, the DQI excludes certain elements of speech that are difficult to code, including body language and speech patterns (Steiner et al, 2004: 71). It also seems unable to determine how arguments flow in the sense of whether one exchange influences another. Overall, it seems that the inability of the DQI to account for the context of interactions makes it unsuitable for interpretivist research, as it "misses a huge amount of what is going on in a live...debate" (Bachtiger and Parkinson, 2019: 3).

Given such limitations, the thesis adopted a pragma-dialectical approach to analysing the context and content of the interactions within the Midlands jury. Developed by van Eemeren and Grootendorst (2004), the pragmatic element relates to interpreting the context of individual arguments. The dialectical aspect considers the content of argumentation by providing a systematic means of exploring the discussion of rival validity claims. Knops highlights how Habermas" rules of discourse, which I discussed in Chapter Two, overlap with the pragma-dialectical conception of a critical discussion which is understood as "the systematic submission of one party"s [validity claims] to the other party"s critical doubts" (van Eemeren and Grootendorst, quoted in Knops 2006: 600, substitution in Knops). In particular, the Habermasian requirement that everyone with the capacity to "speak and act" should be

free to introduce, express or question assertion (Habermas, 1990: 89) is reflected in van Eemeren and Grootendorst"s rules of a critical discussion (2004: 135n), for instance, in the rule that “discussants themselves are not only entitled to put forward and call into doubt any standpoint, but they may also in no way prevent other discussants from doing so” (van Eemeren and Grootendorst, 2004: 136). Accordingly, the pragma-dialectical rules of a critical discussion provided a means of exploring the deliberative quality of exchanges in the Midlands jury process.

Knops also notes that, in addition to “Habermas" formula”, the pragma-dialectical approach provides “a treatment of the dynamic stages of deliberation and the language that is appropriate at each stage” (2006: 601). As outlined in Chapter Two, in the Habermasian account, argumentation occurs when the background consensus or “lifeworld” (Habermas, 1987: 130-131) shared by the participants is disrupted, when one party rejects the validity claim of another (Habermas, 1987: 73). Ideally, a process of deliberation then ensues in which the parties offer reasons to support rival claims, in an attempt to resolve the difference of opinion, by restoring a mutually acceptable consensus (Habermas, 1990: 67). The pragma-dialectical approach effectively operationalises Habermas" conception as an idealised model of a critical discussion.

The four stages of the pragma-dialectical approach are as follows:

1) Confrontation stage: in which individuals acknowledge they have a difference of opinion.

2) Opening stage: involves the parties to the disagreement establishing the group rules for discussion, and assigning the roles of protagonist and antagonist.

3) Argumentation stage: where the protagonist seeks to defend their standpoint and provides counterarguments to persuade the antagonist to abandon their doubts. Here, the role of the antagonist is to criticise the protagonist"s standpoint and their counterarguments.

4) Concluding stage: the disagreement is resolved if either the antagonist relinquishes their standpoint or the protagonist is persuaded to abandon their doubts.

(Summarised from van Eemeren and Grootendorst, 2004: 59-62).

In addition, within each stage, the types of speech acts that can play “a constructive role” in the resolution of a disagreement are identified and described as assertives, commissives, directives, and usage declarations (van Eemeren and Grootendorst, 2004: 67-68, Knops, 2006: 601).

Van Eemeren and Grootendorst recognise that the above stages are an idealised critical model of argumentation that “real-life...discourse will always deviate from” (van Eemeren and Grootendorst, 1992: 35-36). In particular, they acknowledge that, in most circumstances, the four “discussion stages are not all passed through explicitly, let alone in the same order” (van Eemeren and Grootendorst, 1992: 35-36). As a result, they developed a practical guide to reconstructing real world discourse as a critical discussion.

This process begins with an attempt to resolve instances of disagreement by advancing an argument. Next, four analytical operations are conducted to reconstruct the discourse as a critical discussion:

1) Deletion of all utterances not relevant to resolving the difference of opinion.

2) Addition of implicit elements of the discourse by making them explicit.

3) Substitution of unclear contributions, such as vague or ambiguous arguments, by replacing them with clear statements.

4) Permutation, or the reordering of contributions in accordance with the idealised model of a critical discussion.

(Summarised from van Eemeren and Grootendorst, 2004: 102-104; also see van Eemeren and Grootendorst et al, 1993: 61-62).

Reordering real world disagreements using this idealised process resulted in an analytical overview of individual instances of argumentation. This includes all elements that were relevant to resolving the difference of opinion, including “the points at issue...the position that parties adopt...the explicit and implicit arguments, and analyzing [sic] the argumentation structure” (van Eemeren and Grootendorst, 1992: 93). This detailed account provided an approach that sought to open the „black box“ of argumentation, by focusing on the content of individual arguments and exchanges. Subsequently, transforming real world disagreements to idealised critical discussions provided a means of exploring both the content of individual arguments and instances in which one exchange may have influenced another.

Additionally, the pragma-dialectical analysis supported my interpretative approach, as it accounts for the context of argumentation. As van Eemeren and Grootendorst advise, when reinterpreting real world disagreement, reconstructions are only justified when they are “in agreement with commitments that on the basis of their contribution may be attributed to the speaker” (van Eemeren and Grootendorst, 2004: 110). In other words, I was required to base my interpretations on exploring the argumentative exchanges between the jurors. To step outside of this context would have involved “a move from interpretation to assertion of authority by the interpreter” (Knops, 2006: 611). As a result, whilst the findings are still my interpretation of the exchanges, these are drawn from “clues” (van Eemeren and Grootendorst, 2004: 31) or evidence drawn from argumentative reality.

Overall, the pragma-dialectics provided a suitable approach, as it provided a means of accounting for the deliberative quality of exchanges by exploring the content and context of argumentation. Primarily, the model developed by van Eemeren and Grootendorst is concerned with the resolution of differences of opinion through critical discussions. On this basis, I applied it to the instances of disagreements that occurred within the Midlands jury. Additionally, the rules of a critical discussion mentioned above were also used alongside the thematic analysis outlined below to explore non-contentious exchanges within the jury process. Obviously, as disagreements had not occurred, the method was not used to reconstruct non-contentious exchanges into critical discussions. Indeed, I took care not to conflate the exploration of agreements and disagreements. Rather, drawing on the rules of a critical discussion provided a practical guide when assessing deliberative quality in the areas of agreement. Doing so was important in developing a well-rounded account of the extent to which deliberative principles had been approximated in real world discussions.

6.2. Thematic analysis

I used a thematic analysis to explore the influence of the Midlands jury in strengthening or weakening mental health service user voices. This involved coding the information collected from the interviews and events. The latter included the jury sessions and jurors' interactions with frontline medical professionals, senior managers, CCG patient forum members, and governing body members. In addition, I coded my observations of the above interactions. When coding, I sought to organise the information into different "passages of text...that in some sense, exemplify the same theoretical or descriptive idea" (Gibbs, 2007: 38). As noted in Chapter Two, the Midlands jury was of interest due to the process of participant selection and facilitation. In addition, the written records of service user accounts enabled me to assess the extent to which the jurors' discussions drew on these experiences, rather than their own views, or those of a third party. These areas provided the initial areas of interest when first reviewing the collected information. Furthermore, I sought to code the influence of contextual forces which initially included ministerial dominance and scarcity of resources. However, as will be outlined below, the iterative nature of the coding process supported an inductive approach that identified emerging themes.

A two level process was used to code the collected information.

- First level coding used the Vivo method in the case of the interviews and meetings. This involved creating codes from phrases participants uttered. Given the interpretivist nature of the research, this approach was appropriate, as it prioritised understanding the data from the participants' perspective (Miles et al, 2014: 74). For observations, I developed initial codes via a descriptive approach, in which a short phrase was used to summarise the topic under discussion (Saldana, 2016: 102).This provided a means of anchoring my interpretations in the events under consideration. Emotional codes were also used in order to record the "feelings and...distinctive thoughts" (Goleman, 1995: 125) of the participants. In the case of interviews and meetings, this involved developing Vivo codes derived from the participants' own speech. For observations, overt emotional displays were given descriptive codes. These approaches were designed to provide an "insight into the participants' perspectives, worldviews and life conditions" (Miles et al, 2014: 74).

- Second level coding developed the initial codes into a small number of themes relating to the research questions. This was designed to identify commonalities amongst the first cycle codes. In particular, I sought to understand the relationship between the jurors, frontline medical professionals, senior managers, patient forum and governing body members, and the forces that appeared to influence them. Practically, this involved using the first level codes as „leads", with particular focus on "recurring phrases...or common threads in participants" accounts or... internal differences" (Miles et al, 2014: 87). This resulted in an iterative process of comparing and contrasting the first level codes, to identify clusters of themes within the data that related to the research questions.

6.3. Network analysis

Fully addressing the second sub-research question requires considering the extent to which the deliberative principles were approximated between the jurors and policymakers. I adopted a network analysis to explore the impact of the jury in the policymaking process of the Midlands CCG. A network analysis outlines how various „nodes" or sites are linked together by lines displaying the flow of actions or processes (Robson, 2011: 236). Generally, it is suited to exploring a particular case, as it provides a means of discussing "how themes are related to one another" (Thomas, 2013: 236). Within the deliberative literature, it has been used to examine the character of political integration and public deliberation (Cinalli and O"Flynn, 2014: 428-429). The insular nature of the Midlands jury meant my network analysis was confined within the boundaries of the CCG. Overall, it provided a method of considering the character of the connection between the jurors and the various groups that they interacted with. This included service users, frontline medical professionals, patient forum and governing body members.

Despite the potential of the network approach, Chapter Two noted that the deliberative literature is often unclear about what connects the different „nodes". This is often discussed in relation to deliberative systems, and it is important to reiterate that the limits of publicity meant the Midlands jury did not form part of a wider social discourse. However, the comments concerning the lack of understanding of the nature of connections between different nodes also applies to the network analysis (Hendriks et al, 2020: 24-25). In particular, there is a danger that using this approach would have left the distribution of deliberative tasks relying on discourses unclear within the institutional boundaries of the Midlands CCG. In order to provide some clarity, I adopted the approach to network analysis

developed by Knops that focuses on considering the “deliberative merits of...earlier exchange[s]” (2016: 310). Practically, this involved analysing how the participants judged the scope and fairness of the jury process (Knops, 2016: 310-311). Using this approach illuminated the participants‟ perceptions of different forms of communication, and the means of relaying discourses between the various nodes within the network. This ultimately provided me with a means of exploring the impact of the jury process in supporting the voices of mental health service users in policymaking.

Overall, the above methods of analysis provided the information required to evaluate the main research question, by considering the extent to which potential instances of real world deliberation strengthened service user voices in the policymaking process of the Midlands CCG. The pragma-dialectical analysis developed an account of the extent to which deliberation was approximated, by exploring the quality of the exchanges in terms of content and context within the Midlands jury. In addition, a thematic analysis provided a means of exploring the influence of the jury‟s organisation and contextual forces on strengthening the voices of mental health service users. Finally, via a network analysis, it was possible to examine the distribution and relaying of discourses across the various sites with whom the Midlands jury interacted. In all cases, the methods focused on analysing the information from the perspectives of the participants, which could then be interpreted to address the research questions.

7.0. Ethics

The research received full ethical approval from the University of Birmingham and the local healthcare provider. Close attention was paid to ethical issues throughout the fieldwork. Given the focus on mental health, particular care was taken in planning the research, approaching participants, conducting interviews, undertaking observations, and developing outputs. Guidance in these areas was provided by the University of Birmingham‟s Code of Practice for Researchers (2018), the Social Research Association‟s Ethical Guidelines (2003), and the Ethics of Survivor Research Guidelines (Faulkner, 2004). Using these guides, the research developed an ethically sound approach which ensured participants provided ongoing informed consent and prevented harm arising from involvement in the research.

Informed consent was obtained from all those who agreed to participate in the fieldwork. This was achieved by providing potential participants with information on the purpose of the research, a summary of what their participation would involve, and potential outcomes (Faulkner, 2004: 21). Great care was taken to ensure individuals were aware that if they participated in the research interviews and events, they would be audio recorded. This information emphasised that participation was voluntary and a personal decision. It also clearly stated the right not to participate without having to provide a reason. Finally, participants were made aware of the right to request that their data be removed and withdrawn from the research, again without having to provide reasons (Social Research Association, 2003: 27). All participants were provided with an information sheet outlining the above points, which included my email address. This gave potential participants time to consider and reflect on the information. Each interview or observation of an event began with the contents of the information sheet being outlined, and potential participants being provided with an opportunity to ask questions. Those who wished to participate then completed a consent form.

Care was also taken to ensure that no harm was caused by the research. Potential for harm arose partly from the potential disclosure of identities (Social Research Association, 2003: 35). To limit the possibility of identification, each interview participant was given a pseudonym. The same approach was adopted for individuals who were observed in one of the jury events. Information by which they could be identified was replaced with generic descriptions. In addition, there was also the potential for involvement in the research to disrupt participants‟ perceptions of themselves and their environment (Social Research Association, 2003: 35). This was particularly a risk for jury members, as all had lived experience of mental health conditions. In terms of ethics, the risk of harming participants was fairly limited, as the interviews focused primarily on the jury process, but their experiences of mental health inevitability arose from time to time. Sometimes experiences were painful for the respondents to recall. When these situations occurred, individuals were provided with the time and space to outline their experiences in as much detail as they wished. This involved listening carefully and never seeking to redirect conversation to another topic. During these periods, interruptions were kept to a minimum, and questions only asked when it was necessary to clarify a particular aspect of the response (Social

Research Association, 2003: 27). In this way, I attempted to provide a “supportive presence” (Weiss, 1994: 124) to the respondent, by empathising with their experience while never claiming to understand or provide advice.

Collecting information from service users via written records provided by jurors raised ethical concerns as, although they agreed to take part in the jury process, the service users had not consented to participate in my research. However, the jurors attached the anonymised written records of the user experiences they had collected in an appendix to the report outlining their findings and recommendations. This report is a public document, and on this basis, it was possible to include the records in my research. In addition, in order to protect confidentiality, the service user identities and their experiences are only discussed in general terms in this thesis.

8.0. Summary

This chapter has provided an overview of my methodological approach. It describes how a belief in the potential of Habermasian discourse to promote individual autonomy inspired me to adopt an interpretivist and inductive research design. The use of a case study design frame has been explained, as the Midlands jury provides an opportunity to explore the instances of real world deliberation to occur between service users, those who provide services, and policymakers. The sampling of participants has also been described. This chapter explained how the methods of data collection were chosen on the basis of their ability to aid understanding of participant perspectives. In addition, the links between the chosen methods of analysis and the research questions were made explicit. Finally, my own positionality and ethical considerations have been discussed. Overall, the methodological approach was designed to collect and analyse information in order to provide an answer to the research questions. It is to the task of addressing these questions I now turn.

Chapter Four
The Midlands Jury

This chapter offers a detailed overview of the Midlands jury process. It builds on information provided in Chapter One by supplying additional contextual details related to the environment in which Clinical Commissioning Groups (CCGs) operate. Thorough summaries are provided of the Midlands jury and policymaking processes. Considering this information is important to developing a well rounded understanding. Indeed, having adopted an interpretivist approach I am required to draw on "thick description" by using knowledge of the environment in which the Midlands jury operated, to support reasonable interpretations of the participant‟s perspectives (Geertz, 1975: 7). Only through carefully detailing their activities will I be able to adequately address the sub-research questions developing an account of the extent to which deliberation was approximated both with the jury process and policymaking forums. This in turn, will inform my conclusions on the extent to which the process strengthened the voices of mental health service users.

The chapter begins by expanding upon the brief overview of CCGs provided in the introduction. In doing so, it seeks to provide further information on the various bodies that were involved in the Midlands jury process and the environment in which they operate. It largely confirms the picture outlined in Chapter One of ministerial dominance and priority setting generally weakening service user voices. Specifically, it seems that the strong bonds of accountability between CCGs and central government contrast starkly with the general weakness of Public and Patient Involvement (PPI) processes. At this point, the additional information is provided on the role of lay members for PPI and their position within the Midlands CCG governing body. The second section discusses the characteristics of the participants, including the background of the jurors, medical professionals, senior managers and policymakers who took part in my research. This information appears to confirm the nature of the Midlands jury as a fairly typical case of public officials adopting deliberative labels to describe a non-idealised process. Section Three provides a general overview of the Midlands jury process. It begins with the background details, including describing the process of participant selection, setting the jury‟s question, and the nature of their inquiry. Next, summaries are provided of the relevant meetings I observed as part of my fieldwork, including ten jury sessions and the consultation event for frontline professionals. Section Four outlines the dissemination of the jury‟s recommendations including the two relevant jury sessions, the presentations to policymaking forums and associated meetings. Overall, my

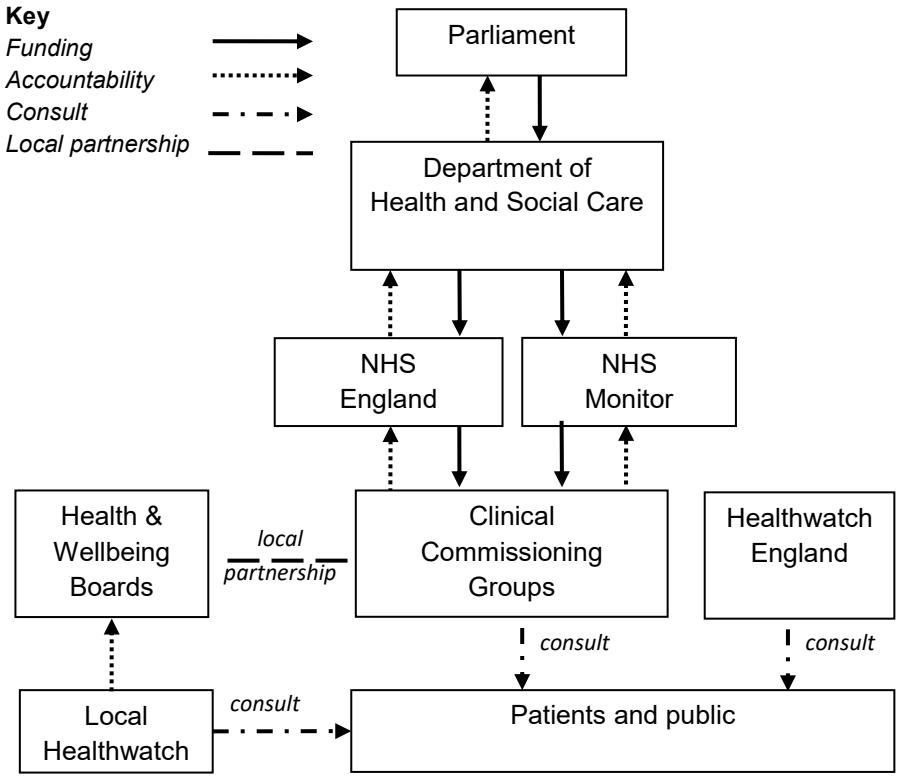
exploration of the jury meetings and policymaking forums illustrate that the process was characterised by high levels of agreement both within the jury and policymaking process. Finally, Section Five begins to consider potential reasons for the high levels of agreement including polarisation and „playing the user card". However, I ultimately conclude that developing a detailed account of the Midlands jury process will require a thorough exploration of the exchanges.

1.0. Clinical Commissioning Groups

Introduced in Chapter One, CCGs are responsible for planning, commissioning and monitoring healthcare services, including those related to mental health. Operating as separate local organisations across England, each is led by local general practitioners (GPs) who are responsible for funding services within a fixed budget. Given their proximity to patients, allowing GPs to commission services was designed to promote efficiency by connecting the priority setting to local needs (Department of Health, 2010: 5). The focus on being responsive to local concerns was emphasised by clinical commissioning groups being made formally, "accountable...to patients...and...the public at the local level (Department of Health, 2010: 4). By exploring this commitment, this section will identify that the tight bonds of accountability that tie CCGs to central government are lacking in the case of service users. Consideration will then be given to how this environment impacts upon the role of lay members for PPI.

As noted in Chapter One, CCGs are statutorily required to consult patients and the wider community when commissioning services or proposing changes to existing provision (Health and Social Care Act, 2012: 41). Given this description, it seems there are clear channels for commissioners to understand patient and public views. However, Figure 4.1. in illustrating the structure of the NHS in England suggests the situation is far more complex as CCGs are at "the centre of a complex web of accountability relationships" (Checkland et al, 2013: 10). In particular, as will be explored below the varying character of accountability in different contexts results in CCGs largely being dominated by the priorities of central government. This has largely replicated the historic weakness of service user voices in policymaking discussed in the introductory chapter.

Figure 4.1 : Organisation of NHS in England



(Organisational chart adapted from NHS England, 2010: 39)

The intensity of this domination is partly explained by the Secretary of State for Health and Social Care"s contradictory duties in being responsible to parliament for service provision, while also being legally obligated to promote the autonomy of CCGs. These potentially conflicting objectives are managed through the previously discussed NHS Mandate, which allows government ministers to set general direction on an annual basis without becoming involved in day-to-day decision-making (Timmins, 2012: 124). Within Figure 4.1, managerialism is driven by NHS England as the body responsible for delivering on the requirement of the ministerial annual mandate. Chapter One discussed how this involves NHSE overseeing each CCG by setting national targets and local budgets.In addition the formal accountability of CCGs to NHSE has also resulted in a relationship of intensive domination. This includes the ability of NHSE to take formal actions against CCGs that fail to provide services within budget or miss national targets. These sanctions include instructions to undertake a specific action, placing CCGs in special measures and ultimately disbanding the organisation (NHS England, 2019: 95-96).

Additionally, the role of NHS Monitor in delivering the Ministerial commitment to consumerism is another source of domination. NHS Monitor is responsible for investigating procurement processes and using competition law to address practices which discriminate

against private sector providers (NHS Monitor, 2013: 5). Here, the threat of sanctions appears to produce dominance as CCGs “err on the side of caution and open services to tender” (Baggott, 2015: 195). Overall, it appears the use of targets, control of budgets and threats of sanctions results in CCGs being intensely dominated by government ministers.

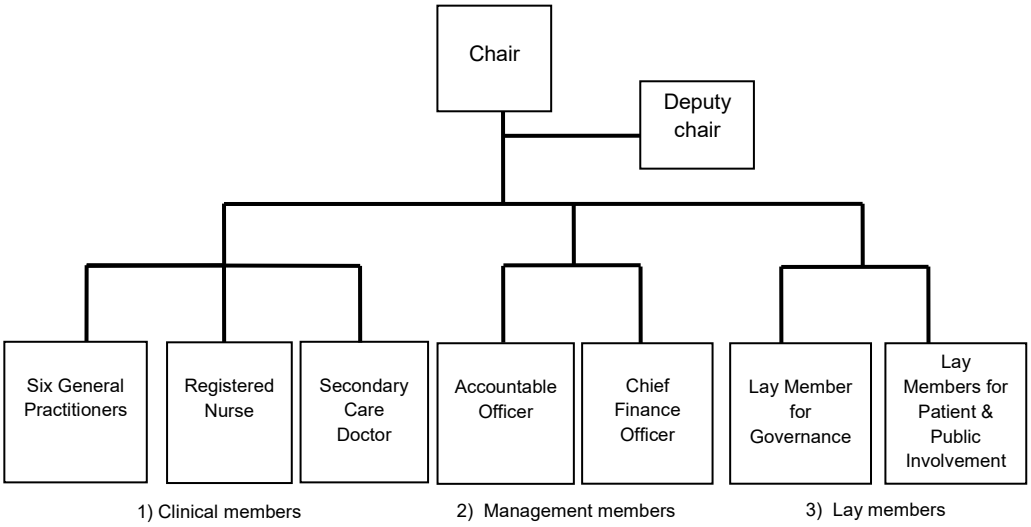
This dominance contrasts starkly with the weakness of PPI forums designed to channel service user views to clinical commissioning groups. Partly, this is due to the fragmentation of service user voices across the organisations of local Healthwatch (HW), Healthwatch England (HWE) and Health and Wellbeing Boards (HWB). As I briefly discussed in the first chapter, each performs a different function in the planning and monitoring of services. However, a recent study found that a lack of funding and resources led to only one in 10 local HW groups reporting that they had significantly influenced national policy (Zoccatelli et al, 2020: 9). Similarly, researchers have commented on the “apparent invisibly” (Humphries and Galea, 2013: 1) of HWBs that appear to often be “seen as well-meaning talking shops” (Tudor-Jones, 2013: 17). Overall, it seems a lack of sanctioning powers limits the ability of these groups to influence CCG decisions (Zoccatelli et al, 2009: 9; Checkland, 2013: 6-7). On this basis, the potential of established PPI forums to feed the views of mental health service users into commissioning is limited by their inability to hold CCGs formally accountable for their decisions. Given the weakness of PPI processes, it appears CCG decisions are often influenced more by the priorities of government ministers than local service users.

1.1. Role of lay members for Patient and Public Involvement

It is into this environment of ministerial domination and the weakness of service user voices that CCGs are required to appoint lay members for public and patient involvement on to their governing body as non-executive directors. The lay member role appears to require the holder to actively promote the voices of service users and the general public. To begin with, lay members for PPI must be resident within the local community and have a significant background in managing public consultations. In addition, their job description states they are responsible for ensuring “the...voice of the local population is heard and that opportunities are created...for patient and public involvement in the work of CCGs” (NHS Commissioning Board, 2012: 17). Finally, the lay member role, as a non-executive director, frees them from managing day-to-day activities and allows them to take a strategic view of how best to promote the patient and public voice. On this basis, it appears lay members may be key to strengthening mental health service users voices by developing appropriate methods of

consultation. When considering the role of lay members it is important to recognise that they a particular voice on governing bodies of CCGs. Figure 4.2 illustrates the statutorily mandated membership of the Midlands CCGs governing body.

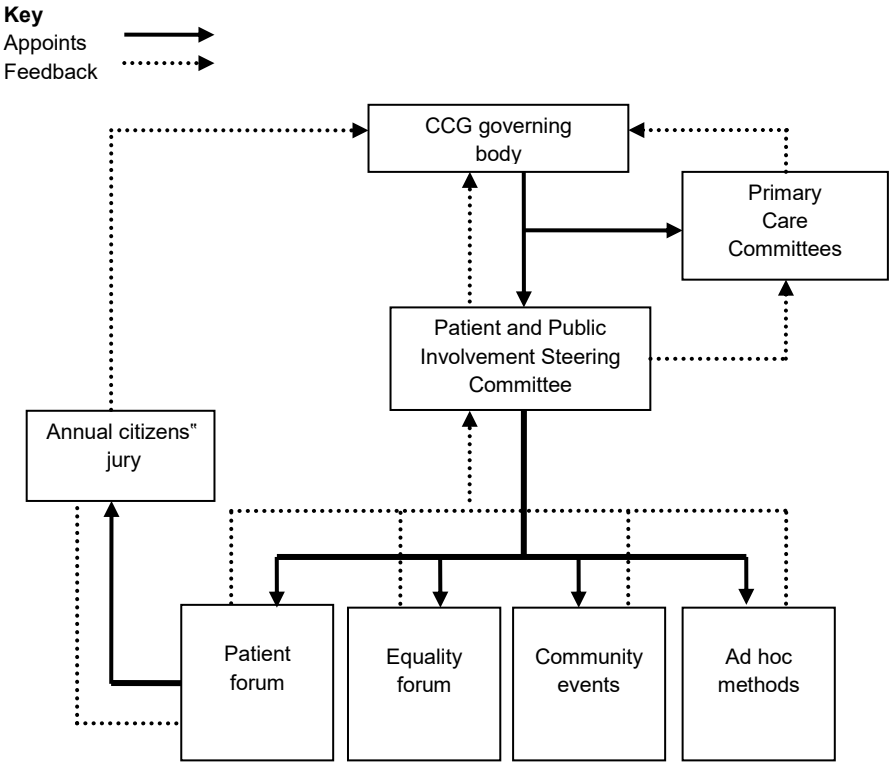
Figure 4.2 Statutory structure of Clinical Commissioning Group governing body



(Organisational chart adapted from NHS Commissioning Board, 2012)

In Chapter One I discussed research that suggests different “frames” or discourses exist in NHS policymaking (Williams et al, 2012: 93). Given the above structure, it seems that given discussions in the Midlands CCG may reflect the pattern in which claims premised on “clinical effectiveness” and “controlling costs” are granted more serious consideration than those related to service user discourses (Williams et al, 2012: 93). In such an environment the influence of lay members for PPI will depend on their ability to develop effective means of promoting service users within the governing body. In the Midlands jury case the lay members developed a range of approaches outlined in Figure 4.3. The process is overseen by a steering committee, chaired by the lay members for PPI and comprised of representatives from the CCG and voluntary sector. The committee is responsible for ensuring organisational compliance, with the statutory duty to consult patients and the public when planning new services or proposing to alter existing provision. It seeks to fulfil this objective via four channels of local patient and public involvement, categorised into permanent forums and ad hoc methods. The permanent channels of the patient forum, equality forum and community event all played a role in the Midlands jury process. These forums are responsible for relaying the interests of service users, seldom heard groups and the wider community to the CCG. In addition, each forum is chaired by the lay members for PPI.

Figure 4.3: Clinical Commissioning Group's strategy for Patient and Public Involvement



(Organisational chart adapted from Midlands CCG engagement strategy)

The position of these permanent forums is somewhat ambiguous. In one sense, the patient forum was the body that requested the creation of a citizens" jury on mental health, and agreement of the governing body suggests a level of influence. However, it along with the local equality forum and community events, the patient forum only has advisory powers. Here, it may be possible to draw lessons concerning the nature of their influence from the more widely established patient reference groups (PRGs) that have long operated as a forum for bring service users, clinicians and managers together in local GP surgeries. Hudson notes, given PRGs are not statutorily sanctioned organisations they are generally characterised by "fragility and variability...(with) no single definition of the nature and purpose" (Hudson, 2015: 9). Accordingly, it seems the power of the patient forum and other Midlands CCG permanent PPI forums appear to be similarly uncertain. In addition, Figure 4.3 includes an annual citizens" jury. I now turn to considering the Midlands CCGs citizens" jury on mental health.

2.0. Participants

Chapter Three provided an overview of my approach to sampling the relevant populations in relation to the Midlands jury. This section will provide background information on those who participated in my research, including their position in the process and basic biographical

information. In doing so, I focus on describing the interview participants, as these encounters provided opportunities to collect information on demographic characteristics and personal histories. Supplying this information helps to develop a well rounded account of the context in which the jury operated. In addition to the members of the jury, background information is provided on the frontline professionals, senior managers and policymakers.

2.1. The jurors

As noted in the methodological chapter, pseudonyms were used to describe all those who participated in my research. For the Midlands jury the pseudonyms are outlined in figure 4.4.

Figure 4.4 Pseudonyms and general descriptions used for Midlands jurors

Participant	Midlands jury role	Public official	Additional role
Jane	Facilitator	Midlands CCG lay member for PPI	Steering committee member
Robert	Facilitator	Midlands CCG lay member for PPI	Steering committee member
Sarah	Moderator	Midlands CCG head of engagement	Steering committee member
Luke	Clerk	Employee of separate public body	Steering committee member
David	Juror	No	Current patient forum member
Kay	Juror	No	Current patient forum member
Clare	Juror	No	Former patient forum member
Henry	Juror	No	Former patient forum member
Donna	Juror	No	None
Hannah	Juror	No	None
John	Juror	No	None

For clarity, Jane and Robert were the Midlands jury lay members for PPI. In this capacity they not only facilitated the jury but were also members of the CCGs governing body. Additionally, they chaired the patient forum, local equality forum and community event. In addition to performing the role of moderator, Sarah was the Midlands CCG head of engagement and in this capacity attending meetings of the governing body and patient forum. Luke was an employee of a non-related public organisation that was recruited to provide the jury with independent clerical support.

Together, Jane, Robert, Sarah and Luke formed the steering committee that oversaw the jury process. These participants supported the jurors by performing different roles. Jane and Robert acted as facilitators in the sense of overseeing the process. Sarah performed the role of the moderator in terms of ensuring the jurors" discussions remained open and organised. Clerical support was initially provided by Luke, who arranged meetings, recorded the group"s discussions and circulated papers. Luke left the jury eight months into my fieldwork, after

which his responsibilities were undertaken by Sarah. The remaining members were all recruited to act as jurors. As will be discussed in Chapter Four, the division between the steering committee members and the jurors was more fluid than suggested by the data in Figure 4.4. On this basis, it is important to understand how the backgrounds of all the jury members influenced my research.

The jurors were David, Kay, Clare, Henry, Donna, Hannah and John. Of these David and Kay were current members of the Midlands CCG patient forum, whilst Clare and Henry were former members.

Figure 4.5 provides details of the participants‟ demographic characteristics.

Figure 4.5 Jurors demographic characteristics

Participant	Role	Gender	Age	Ethnicity	Sexuality	Religion	Disability
Jane	Faciliator	Female	60s	White/British	Heterosexual	Christian	No
Robert	Faciliator	Male	50s	White/British	Heterosexual	Christian	No
Sarah	Moderator	Female	40s	White/British	Heterosexual	None	No
Luke	Clerk	Male	20s	White/British	Heterosexual	None	No
Kay	Juror	Female	20s	White/British	Heterosexual	None	No
Hannah	Juror	Female	20s	White/British	Heterosexual	None	No
Donna	Juror	Female	30s	White/British	Heterosexual	None	No
Clare	Juror	Female	40s	White/British	Heterosexual	Christian	No
David	Juror	Male	40s	White/British	Heterosexual	Christian	No
Henry	Juror	Male	60s	White/British	Heterosexual	None	Yes
John	Juror	Male	60s	White/British	Heterosexual	None	No

Amongst the jurors there was roughly an equal split between members identifying as male and female. Their ages ranged from early 20s to late 60s. However, there was homogeneity in terms of ethnicity and sexuality with all jurors describing themselves as white British and heterosexual. Similarly, there is a limited variation of religious beliefs with a split between Christianity and those who were non-religious. Finally, only Henry had a registered physical disability. The jury‟s demographic profile was striking in its lack of diversity. Perhaps this is unsurprising considering that the literature suggests those from minority backgrounds are less likely to participate in such forums (Jacobs et al, 2009: 43). The absence of diversity created the very real possibility that minority perspectives may be absent from the jury. This

was particularly concerning in the case of mental health, as in comparison to other groups, studies regularly find that service users from racial and sexual minorities often report significantly lower rates of satisfaction with services (Grey et al, 2013: 148; Nuno et al, 2015: 62).

Figure 4.6 highlights that in terms of educational and occupational experience, the jurors were a little more diverse.

Figure 4.6 Jurors education and occupation

Participant	Education	Occupation	Organisation
Jane	Masters degree	Non-executive director	Midlands CCG
Robert	Masters degree	Non-executive director	Midlands CCG
Sarah	Masters degree	Divisional manager	Midlands CCG
Luke	A-Levels	Manager	Public sector organisation
Kay	A-Levels	Student	Local university
Hannah	Masters degree	Psychiatrist	Local psychiatric service
Donna	Undergraduate degree	Case worker	Local mental health charity
Clare	Undergraduate degree	CEO	Local mental health charity
David	A-Levels	Shop worker	Local company
Henry	GCEs	Retired	Former artist
John	Undergraduate degree	Retired	Former teacher

The highest level of educational qualification for seven of the jurors was a degree, with Jane, Robert, Sarah and Hannah having a Masters qualification. Of the remaining members, Luke, David and Kay had A-levels and Henry GCEs. The participants were also employed in a range of different occupations. The members of the steering committee were all employed as local public officials. Jane and Robert were lay members for Public and Patient Involvement on the governing body of the Midlands CCG. Sarah was the Head of Engagement at the Midlands CCG. To provide an independent source of support, Luke was employed by a public sector organisation that was not related to the commissioning or provision of health services. It was Luke"s resignation from this employment that resulted in him leaving the jury process. The remaining seven jurors had a variety of occupational backgrounds, including a chief executive, case worker, psychiatrist, student, shop worker and two members who were retired. In addition, Clare, Donna and Hannah all worked in mental health, while other jurors had worked in the unrelated fields of private enterprise, teaching and the arts. The jury tended slightly towards a more professional profile. This was partly due to the inclusion of

four public officials. However, Clare, Hannah and John were also drawn from professional backgrounds in the respective areas of charity work, psychiatry and teaching. This replicates the general experience of deliberative forums tending to attract those with higher educational qualifications and occupational status (Ryfe, 2002: 365).

Figure 4.7 outlines the jurors" experience of mental health services.

Figure 4.7 Jurors' experience of mental health services

Participant	Previous Involvement with CCG	Volunteer
Jane	Lay member for PPI	No
Robert	Lay member for PPI	No
Sarah	Head of Engagement	No
Luke	None	No
Kay	Patient Forum member	Yes
Hannah	None	No
Donna	None	Yes
Clare	Former Patient Forum member	Yes
David	Patient Forum member	Yes
Henry	Former Patient Forum member	Yes
John	None	Yes

As previously stated, all members of the jury had lived experience of mental health conditions. To protect the confidentiality of participants, the table omits the sensitive information around the nature of each participants" experiences. However, this information can be discussed in a general manner. The participants experiences included, being a service user, carer, medical professional and volunteer. It is important to note, that for seven of the jurors, their experience overlapped with two or more of these categories. In total, eight of the participants had experience of accessing services for mental health conditions, including depression, anxiety and schizophrenia. The severity of these conditions also varied from a one off course of treatment to the management of a long term condition. Additionally, four of the jurors had experience of close family members who had accessed psychiatric services and this had resulted in two becoming full-time carers. Two of the jurors also had experience of working as mental health professionals.

Figure 4.7 also outlines the jurors previous experience of volunteering in the area of mental health. Besides the four members of the steering committee, all the jurors except Hannah, had experience of volunteering. This included six jurors who regularly volunteered for various

local mental health organisations. Activities included involvement in mutual support groups, advocating on behalf of other users, and fundraising. In addition, five jurors had experience acting as user representatives on committees with local healthcare providers. As noted above, this included four members who were either, former or current members of the Midlands CCGs patient forum. In this sense, the Midlands jury appeared like other public and patient forums in healthcare settings that tend to attract participants with a personal or professional interest (Hudson, 2015: 9).

The introduction briefly mentioned that despite being a debated term within the literature, all the jurors referred to themselves and those who accessed the NHS as service users. For instance, Henry stated, “I work for the user” (first interview, line, 236). Similarly Kay noted, “you never know when you're going to be a service user” (first interview lines 1043-1044). This suggests that they used the term service user in the lose sense of implying “one who uses a service or services provided by a local authority or a government department” (Fawcett et al, 2018: 4).

2.2. Providers and policymakers

As noted previously, I also sought to interview those who had interacted with the jury. This included individuals who use, work, manage and commission mental health services. These participants can be separated into two distinct groups. Firstly, those involved in the jury's attempt to collect evidence from the frontline providers and senior managers of public services. Secondly, the policymakers to whom the jury presented their recommendations. Both groups will be considered in turn below.

I interviewed 14 of the 18 individuals who attended an event at which the jurors sought to collect information from the frontline providers of mental health services. Figure 4.8 provides an overview of the fourteen participants I interviewed who were involved in providing frontline mental health services. Those interviewed were from a range of occupational backgrounds broadly grouped into medical professionals (participants 1 to 5), charity employees (participants 6 to 12), and the criminal justice system (participants 13 and 14). Furthermore, the interviewees were engaged in a wide range of activities, including providing medical care within the NHS, providing voluntary services, advocating on behalf of service users and supporting those with mental health conditions. They also performed various roles, including running frontline services to directly providing care for service users.

Figure 4.8 Frontline mental health service providers

Participant	Role	Organisation
1	Psychologist	NHS counselling service
2	Community psychatric nurse	NHS community care
3	Psychiatric nurse	NHS emergency psychiatric service
4	Divisional manager	NHS emergency psychiatric service
5	Bereavement counsellor	Local mental health charity
6	Research manager	National mental health charity
7	Director	Local mental health charity
8	Director	Local mental health charity
9	Helpline manager	Local mental health charity
10	Support worker	Local mental health charity
11	Case worker	Local mental health advocacy service
12	Case worker	Local advocacy service
13	Team manager	Criminal justice advocacy service
14	Custody sergeant	Local police force

As figure 4.9 illustrates, I only interviewed two senior service managers of mental health services.

Figure 4.9 Senior mental health service managers

Participant	Role	Organisation
1	Divisional director	NHS service provider
2	Commissioning director	Local authority

These participants were drawn from different organisations and performed different roles. The first participant was a divisional director of a major NHS service provider. This contrasted with the second interviewee"s role as a commissioning director for the local council.

In terms of policymakers, I interviewed three of the 17 Midlands CCG patient forum members to whom the jury presented their recommendations. Similarly, I interviewed three of the 18 members of the Midlands CCG governing body. Information on these participants is tabulated in Figure 4.10.

Figure 4.10 Midland CCG Policymakers

Participant	Role	Organisation
1	Chair	CCG Governing Body
2	Deputy-chair	CCG Governing Body
3	Mental health services director	CCG Governing Body
4	Charity worker	CCG Patient Forum
5	Retired	CCG Patient Forum
6	Retired	CCG Patient Forum

In addition, to their roles on the governing body, participants one, two and three were also practicing GPs. This is perhaps unsurprising given that CCGs were specifically designed to operate as consortia of general practitioners (Department of Health, 2010: 24). Additionally, their positions on the governing body meant in addition to their clinical backgrounds they also had experience in managerial roles which was likely to have provided them with a dual perspective. In contrast, the lack of diversity amongst participants from the patient forum reflects the common finding that such bodies are often dominated by older members or those with a professional/personal interest (Hudson, 2015: 9).

2.3. Service users

As noted above, in the case of mental health service users, information was collected on a secondary basis. The jurors organised the collection of service user views primarily through one-to-one interviews and an online survey. In the majority of cases these interactions produced a written account of service user experiences that was then circulated to the jury. As previously explained, being provided with an anonymised written record, I collected 40 individual service user experiences during the course of my fieldwork.

Given the need to protect the identities of these individuals, it is not possible to provide a detailed breakdown of their backgrounds and experiences. In general terms, the jurors were successful in collecting information from a wide range of groups, which included those with a variety of mental health conditions that differed in severity. In addition, they were successful in obtaining the stories of groups that often struggle to be heard in public consultations. These included young people, carers, the homeless, recently released prisoners and those with drug and alcohol addictions. Through this secondary data, I was able to develop an understanding of service user backgrounds and their concerns regarding access to mental health services.

Overall, the background of participants appears to support the assessment that the Midlands jury is a typical case of local officials attempting to adapt deliberative processes to strengthen user voices in policymaking. In particular, the jurors lack of diversity, their tendency towards higher status backgrounds and personal interests in the subject area reflect previous research findings on participants in healthcare consultations. Despite this, the selection of participants with lived experience, and facilitation by public officials provide interesting areas for further exploration. As noted previously, it is not that these areas are particularly novel, as the existing literature contains examples of such divergences. Instead, the Midlands jury provides an opportunity to explore the impact of such departures on deliberation"s ability to strengthen service user voices in real world discussions.

3.0. Exploring the Midlands jury process

As outlined in Chapter Three, by the time I began my fieldwork, the Midlands jury had been operating for three months. At this stage, the participants had been selected, the jury question determined, and the process of evidence collection was under way. Consequently, these issues are explored below by drawing on my thematic analysis of the first set of interviews with the jurors. A brief summary is then offered for the ten jury sessions and the consultation event with frontline professionals that I observed. Using the written accounts developed from my field notes, I provide an overview of who was in attendance, the content of the discussions, and any decisions that were reached. Finally, a summary of the jury"s recommendations are provided.

3.1.1 Participant selection

As noted, above the Midlands citizens" jury on mental health was overseen by a steering committee that originally comprised of Jane and Robert as the CCGs governing body lay members for patient and public involvement, Sarah as the CCGs head of engagement, and Luke, who was employed by a separate statutory organisation. Lacking a background in using deliberative methods, the steering committee was initially guided by the approach of the CCGs previous citizens" jury that explored a physical health condition. This included advertising for participants with lived experience of the medical condition under consideration, in this case mental health, to apply to join the jury. However, given their concerns over the mental well-being of the potential participants, the steering committee decided to develop a two stage process of participant selection.

- The first stage involved placing adverts in local medical newsletters, email circulars, the CCG website, and social media accounts asking for interested individuals to provide a short written statement outlining their background and reasons for wishing to participate. In total, 31 expressions of interest were received and reviewed by the steering committee, with all but one individual being accepted as a potential juror. According to Sarah, the one application that was not accepted indicated that the individual was receiving treatment for a mental health episode that may have been exacerbated by involvement in the jury (Sarah, first interview, lines 264, 266-267).

- In the second stage, the 30 applicants were invited to one of two familiarisation evenings run by the steering committee. During these events, the attendees were provided with background information on the CCG and an overview of the planned jury process. Working in small groups, they were then asked to discuss some written material related to mental health. Finally, the participants were invited to make a short verbal statement outlining why they wished to be involved in the jury. As Jane explained, the purpose of these activities was not only to learn about the individual"s background, but also observe how they interacted with others to gauge their mental well-being (Jane, first interview, lines 58-64).

Using this information, the steering committee selected 12 individuals to participate as jurors. However, very shortly after the selection process, the number of participants was reduced to 10, as one individual died and one withdrew due to ill health. So, with the four person steering committee, this resulted in the jury initially having 14 participants. As outlined previously, the selected jurors were strikingly similar in many of their demographic characteristics. In part, this appeared to be due to the steering committee not stratifying those selected according to ethnicity, sexuality, religion, disability, or educational and occupational background. However, they did make an effort to select participants with different experiences of mental health conditions, including as service users, carers, volunteers and medical professionals. Furthermore, their concerns around mental well-being may partly explain why the steering committee members selected four individuals to be jurors who they knew through their prior experiences as members of the CCG"s patient forum.

3.1.2. Setting the jury"s question

In their initial meeting, the jury was asked to decide on the question that would guide their inquiry. The Midlands CCG governing body provided the jurors with the freedom to focus on any area related to mental health. To aid their understanding, the director and commissioning

manager of mental health services for the Midlands CCG jointly presented background information to the jury that included statistical data on funding, waiting times, hospital admissions, service performance, and suicide rates. After taking the jury"s questions, the director and commissioning manager left the meeting. In interviews, the jurors recalled how the focus on access “evolved” (Clare, first interview, line 947) during their discussions following the presentation. These discussions began with the group contrasting the evidence from the presentation with their own experience, and difficulties with mental health services that are regularly reported by individuals from a range of backgrounds, including young people, carers, and the homeless (Kay, first interview, lines 1353-1357, 1369-1372, 1374-1375). This discussion led the jurors to identify that in many cases, “access was...the underlying theme” (Hannah, first interview, lines 762-763). The group was also aware that access was a broad area, and they needed to develop a specific and manageable question addressing a “real issue that affects people"s...everyday lives” (David, first interview, lines 1188-1189). Accordingly, at Clare"s suggestion, they decided to narrow their focus to adults, as children"s provision had recently been investigated (Clare, first interview, lines 1000-1002, 1004, 1006-1011, 1013-1014). Hannah recalled that Robert then began a conversation about the difficulties individuals experienced in accessing correct treatments (Hannah, first interview, lines 775-777, 779, 784). As a result, the group agreed to focus on access to appropriate services. Combining the elements of this conversation, the jurors decided their charge would be: „how can access to appropriate adult mental health services be improved?" In interviews, the jurors commented that they fully supported the above question. However, such feelings do not appear to have been universal, as shortly after determining the question, two jurors who wished to explore adolescent services withdrew from the process. This reduced the group membership to 12, consisting of eight jurors and four members of the steering committee.

3.1.3. Shaping the inquiry

Having established the question, the discussion the jurors next meeting moved to determine the nature of their inquiry. The governing body had provided the steering committee with the freedom to determine how to conduct their inquiry. Initially, the committee members were guided by the approach of the CCG"s previous citizens" jury that explored a physical health condition. As a result, they developed an agenda that included monthly jury meetings to undertake pre-determined tasks, with the process being completed within six months. However, as Sarah recalled at this meeting, the jurors “chucked all that in the bin” (Sarah, first interview, line 1008) and decided to adopt a flexible and open ended process. This

decision appeared to have been informed by the view that a different approach was needed, as mental health was very different to physical health. Reflecting on their decision, Jane concluded jurors had made an appropriate judgement, as rather than being related to a particular “care pathway”, mental health was “very different because people access it...in lots of different directions and at lots of different levels” (first interview, lines 382-383, 393-395). At this point, the jurors decided to collect information from service users. Recognising the “very, very vulnerable” (John, first interview, line 223) position of some users, they felt it was inappropriate to request such individuals to provide their evidence before the whole jury. On this basis, they decided to collect the information proactively by conducting one-to-one interviews with service users from which an anonymised written summary would be produced and circulated amongst the jurors. Following Sarah"s suggestion, the jury also agreed to develop an online service user survey to provide an additional channel for service users to feed into the process (Sarah, first interview, lines 493-494). During the early stages of evidence collection, another juror withdrew from the process for unknown reasons. This reduced the number of participants to 11, with seven jurors and four members of the steering committee.

3.2. Summary of the jury meetings

At this stage, I began my fieldwork. There now follows summaries from my observational accounts of the Midlands jury process. This includes the ten jury sessions and a consultation event for frontline medical professionals that I observed. The timeline of fieldwork, including the dates of the meetings, is provided in Appendix B. For clarity, the steering committee members performed the following roles in the jury: Jane and Robert acted as the facilitators, Sarah as the moderator, and Luke as a clerk. The jurors were Clare, David, Donna, Henry, Hannah, John, and Kay.

- The first jury session opened with Sarah asking the jurors to consider the “themes, gaps and actions” in the information they had collected from service users. This led to a lengthy discussion between John, Clare, Hannah, Robert, and Jane which explored the personal testimony and statistical information collected from service users. During these exchanges, Sarah noted the subjects of discussion on a flip chart, which the jurors then organised into broad themes including waiting times, frequency of appointments, early intervention, and awareness of services. At Jane"s request, Luke agreed to produce a written document arranging the testimony collected from service users according to the broad themes the jurors had identified. Consideration was also given to any potential gaps in the evidence. John and Jane noted the difficulties the

jurors were experiencing in contacting racial, sexual and religious minorities. In response, Sarah suggested the local equality forum may be able to provide advice on minority experiences. John also raised concerns about whether they had collected sufficient evidence from service users to suggest the themes they had identified were based on widespread experiences, rather than isolated incidents. Luke, Jane and Sarah responded that the group should continue to collect evidence from service users. In addition, they noted that consulting senior managers and frontline professionals would help to identify gaps within the themes. Finally, the jurors identified a diverse group of individuals from statutory and voluntary services that they wished to consult, which included healthcare organisations, and also those indirectly involved with mental health, such as the police.

- The second jury session began with Luke presenting the written document he had produced that collated the evidence from service users under the themes of access, awareness, crisis, diagnosis, treatment, and waiting times. After a brief discussion, the group accepted the document as providing an evidence base of service user experiences that they would continue to add to, by collecting additional user testimony. John, Clare, Donna, Robert, Jane, and Sarah discussed consulting the providers of mental health services, including senior managers and frontline professionals. Ultimately, they decided to run two separate events, the first for frontline professionals, and the second for senior managers. The jurors set the dates and locations. and Sarah agreed to send out email invitations to the 41 frontline providers and 21 senior managers identified in the previous jury session. Once again, Jane raised the need to obtain information from the local equality forum regarding the experiences of racial, sexual and religious minorities.

- The third jury session opened with Robert outlining the need to formulate a strategy for the planned consultation events with the frontline professionals and senior managers. In the discussion that followed, Clare, Donna, Henry, Hannah, John, Jane, Robert, and Sarah decided to structure the events using the six key themes from the jury"s evidence base of service user testimony. This led to an additional discussion, in which Sarah agreed to produce slides for the events and to act as the moderator. It was also decided that the events would begin with Robert and John providing an overview of the jury"s purpose, progress, and key themes to the senior managers and frontline professionals. At Sarah"s suggestion, the group agreed to include “powerful”

quotes drawn from the jury"s service user evidence base, in order to provide illustrative examples of the six themes. Next, the managers and professionals would be asked to discuss each of the six themes in roundtable discussions facilitated by the jurors. Jane also informed the group that, as Luke had resigned from his employment, he had also left his role of clerk to the jury. In the ensuing conversation, Sarah agreed to take over Luke"s clerical responsibilities. With Luke"s departure, the number of jury participants stabilised at 10. This included the three steering committee members and seven jurors who all remained involved until the end of the process.

- The fourth jury session began with Sarah reviewing which frontline professionals had accepted their invitation to the planned consultation event. In the discussion that followed, Clare, Donna, David, Jane, Robert, and Sarah agreed to invite two additional local charities and a representative from the local church. Sarah also provided copies of the presentation slides she had prepared for the event, which were approved by the group. In a discussion led by Jane and Clare, the logistics of the event were confirmed as adopting a roundtable format, in which those professionals in attendance would be split into three groups, with each group being facilitated by two jurors. Finally, Robert noted that comparing the information collected from frontline professionals with the evidence base from service users would provide a means for jurors to start identifying provisional recommendations.

- The frontline professional event was attended by 18 mental health workers and six members of the jury. It began with an introductory slide presentation by John and Robert that provided an overview of the jury"s aims, progress, and key themes of access, awareness, crisis, diagnosis, treatment, and waiting times. Each key theme was given its own slide within the presentation containing six short quotes taken from the service user testimony collected by the jurors. The attendees were then given 10 minutes to discuss each theme in turn, and asked to compare the user quotes with their experiences, and consider how services could be improved. Each of the three tables was facilitated by two jurors, namely: table one; John and Jane; table two; Henry and Kay; table three; Donna and Robert. Clare, David and Hannah were unable to attend the event. Sarah, as moderator, circulated between the tables and announced when it was time to move onto the next theme. Once all the themes had been discussed, each table was asked to feed back its thoughts to the room. The

main suggestions were that access could be improved if the services currently available were mapped, integrated working was promoted between different providers, and the introduction of a dedicated mental health telephone helpline with a short memorable number. Jane closed the event by summarising the findings and outlining the next steps in terms of the process for developing the collected information into recommendations.

- The fifth jury session took place directly after the consultation event with frontline professionals. It began with Donna, Henry, John, Kay, Jane, Robert, and Sarah discussing how the information from the professionals compared with the six key themes identified from the service user testimony. From this discussion, the jurors concluded that the evidence of frontline professionals gave them greater confidence that the themes they had identified were widespread problems rather than isolated incidents. In addition, John noted that the event was a “step forward”, as with the professionals, the jury had moved beyond discussing problems to considering potential solutions. Jane, Kay and Henry noted the potential for access to be greatly improved by the introduction of a dedicated telephone helpline with a number that was easy to memorise. In discussions led by John, Donna and Jane, the jurors expressed surprise that the professionals who attended the event were largely unaware of the services one another provided. They noted that improving collaboration between professionals may be a recommendation, as isolated working patterns appeared to have created barriers to access, in the sense of individuals being sent to inappropriate services.

- The sixth jury session began with Jane informing the group that, of the 21 invitations sent to senior managers to attend a consultation event, they had received only one positive response from an NHS divisional director. In the following conversation, Donna, Henry, Hannah, John, Robert, Sarah, and Jane decided to cancel the planned event due to the low response rate. Sarah, Henry and John considered whether the lack of engagement may have been due to managers interpreting the title of „jury" to imply a „pejorative" process that would be critical of their role in providing services. At Sarah"s suggestion, the group changed their strategy to interviewing senior managers on a one-to-one basis. It was agreed that John and Jane would arrange to interview the senior NHS executive who had agreed to attend the event. Jane also recommended consulting the commissioner of the local council"s mental

health services. Donna volunteered to conduct this interview. The group decided to use the approach from the frontline professional event to guide their one-to-one interviews with senior managers. This included asking senior managers to comment on slides outlining the six key themes supported by “powerful” quotes and short stories from service user testimony and, from them, to suggest ways of improving. Jane and Sarah closed the meeting by asking the jurors to start thinking about potential recommendations from the information they had collected from service users and frontline professionals.

- The seventh jury session opened with Jane asking jurors to begin developing recommendations from service user testimony collected in 40 one-to-one interviews, 89 responses to the online survey, and information collected from frontline professionals. In the following discussions, Clare, Donna, Hannah, John, Kay, Jane, and Robert offered suggestions. Initially, these exchanges focused on the potential of a dedicated mental health telephone helpline with a short memorable number to improve access by connecting users directly with the most appropriate service. Despite being generally supportive, John and Hannah questioned whether such a recommendation was technically and financially feasible, given the CCG"s limited resources. Additional proposals included a „one-stop-shop" or staffed resource room to assist users in navigating the system, promoting mental health „first-aid" training, mapping all the services currently available in an online directory, and exploring the potential of instituting specialised mental health A&E services in local hospitals. Sarah proposed, and the jurors agreed, that these recommendations should be grouped under the previously identified themes of access, awareness, crisis, diagnosis, treatment, and waiting times. The jury also approved Clare"s suggestion that, in order to appeal to the CCG"s patient forum and governing body, they explicitly link their recommendations to the existing NHS Five Year Plan for transforming mental health services. After a brief discussion, Hannah agreed to draft the jury"s report with assistance from Clare. Finally, John and Jane informed the group that their scheduled meeting with the NHS executive had been cancelled, due to the senior manager taking a leave of absence.

- The eighth jury session began with Jane emphasising the importance of the jurors understanding the “power of the process”, by developing their recommendations from the information they had collected, rather than drawing on personal experience or

anecdotal evidence. In the following discussions, Clare, David, Donna, Hannah, Henry, John, Kay, Robert, Sarah, and Jane identified underlying trends in individual service user testimony, which illustrated that access to services was currently being hampered by a lack of evidence based, or person centred approaches in care. Subsequently, the jurors appeared to link the recommendations they suggested in the previous jury session to tackling these problems, by developing an integrated and holistic approach to delivering physical and psychiatric care to mental health patients. In discussions led by Clare and Hannah, the jurors agreed that their report should be structured around the six key themes that had been identified in the collected information. Hannah agreed to provide the first draft of the report for the next session.

- The ninth jury session opened with Hannah guiding Clare, Donna, Henry, David, John, Kay, Jane, Robert, and Sarah through the first draft of the report and recommendations. Clare, Robert and Donna debated the number and nature of the recommendations. During this discussion, Donna fed back that, in a one-to-one, the commissioner of mental health services for the local council had highlighted an existing online directory of mental health services. Accordingly, the jurors decided to modify their draft recommendation, from creating a new directory to improving awareness of the existing online service. The jurors also accepted Jane and Robert‟s suggestion that selected quotes from evidence-based service user testimony should be used in the report to support their findings. Hannah agreed to produce a second modified draft of the report, incorporating jurors‟ comments for the next session.

- The tenth jury session began with Hannah guiding Clare, David, Donna, Kay, John, Jane, Robert, and Sarah through the modifications to the draft report. Jurors‟ comments focused on the need to emphasise that the report was based on evidence collected from service users and frontline professionals. They also decided to add a paragraph noting the limitations of the process, including the lack of engagement from senior managers, and their difficulties in collecting information from racial, sexual and religious minorities. The jurors approved the quotes from service user testimony that Hannah had selected to support their recommendations. Additionally, at Jane‟s suggestion, it was agreed the service user evidence base would be included in an appendix to the report. In a discussion led by Hannah and Clare, the jurors decided to remove the theme of waiting time, as there was felt to be significant

overlap with the other themes. Once again, Hannah agreed to redraft the report in line with the jurors‟ comments, ready for presentation to the CCG‟s patient forum and governing body.

3.3. Recommendations

The final report of the Midlands jury contained 14 recommendations categorised under the five key themes of access, awareness, crisis, diagnosis, and treatment. A brief summary of the recommendations for each theme is provided below:

Access:

1. The creation of a dedicated mental health telephone helpline with a short memorable number to direct individuals to the most appropriate service.

2. Staffed mental health resource rooms in medical facilities to help users navigate existing services.

3. A review of the outreach team to improve assistance for those who may have particular difficulties in accessing services, such as the homeless, or those recently released from prison.

4. A review to suggest improvements to the often difficult transition between child and adult services.

Awareness:

5. Increasing knowledge of access to the existing online directory of services.

6. Promoting collaboration by providing greater networking opportunities for frontline professionals.

7. Commission mental health first-aid training to improve public understanding.

Crisis:

8. Introduce a waiting time target for access to mental health crisis services.

9. Conduct a user-led review of crisis services in order to suggest improvements from the perspective of those who have lived experience of the service.

10. The Midlands CCG to examine the introduction of a specialist mental health A&E department at local hospitals.

Diagnosis:

11. Develop a personal and holistic approach to diagnosis by including both mental and physical health.

12. Provide services that integrate both mental and physical care.

Treatment:

13. Enable service users to manage their conditions by educating them on the range of treatments available.

14. Improve access to personal health budgets in order to enable users greater control over the services they receive.

There appears to be a clear link between the jury"s recommendations and the service user testimony discussed by the jurors in the sessions outlined previously. Specifically, six themes were derived from a review of evidence collected from service users. In addition, many of the recommendations focus on promoting the evidence based, and person-centred approach to care the jurors identified as lacking in many users" descriptions of their experiences of services.

4.0 Exploring the policymaking process

The manner in which the jurors decided to disseminate their findings and recommendations was largely determined by the facilitation team of Robert, Jane and Sarah. They, in turn, followed the example set by the previous Midlands CCG citizens" jury on physical health.

This involved the jurors producing a report which they presented to the CCGs patient forum and governing body. In this respect, the jury appeared happy to follow the lead of the facilitation team, most likely due to their lack of knowledge regarding the policymaking process. It was Jane who suggested the jurors themselves, presented their findings to policymakers, and after a brief discussion, the majority of the jurors agreed to do so (observations, sixth jury meeting, p.4). Being unwilling to take part in the presentation, Hannah volunteered to draft the report. Sarah proposed using the CCGs monthly „community event" to launch the jury"s recommendations to the local mental health community (observations, sixth jury meeting, p.5). Once again, the jurors appeared to agree readily. In summary, the juror"s disseminated their report and recommendations as follows:

- Presentation to the CCG patient forum.
- Presentation to the CCG governing body.
- Launch at the CCG community event.

4.1. Dissemination process

I will now draw on my observations to describe these meetings and the associated jury sessions. For clarity, the members of the jury were Clare, David, Donna, Henry, Hannah, John and Kay.

- The presentation to the patient forum was attended by all 17 forum members and all ten jurors. This included Robert and Jane, in their dual roles as facilitators of the jury and co-chairs of the forum. Additionally, Sarah also attended the presentation in a dual role as moderator of the jury, and regular attendee at the patient forum. The purpose of the meeting was to obtain the forum members opinions on the draft jury report, and their approval to present it to the governing body. Prior to the meeting, the forum members were provided with a copy of the jury"s report. John began a slide presentation by introducing the jury, and explaining key aspects of the process, including how the jurors determined their question, collected evidence and developed the recommendations.

Next, jurors took it in turns to present the key themes as follows: Kay: access, David: awareness, Clare: crisis, Donna: diagnosis and Henry: treatment. This involved following the format used in the consultation event for frontline professionals, with each theme being accompanied by its own slide containing six short quotes taken from the service user testimony collected by the jurors. References were also made to how these stories supported the development of specific recommendations. When presenting the themes, the jurors spoke briefly of their own experience as a patient or carer, but emphasised that the recommendations were informed by the evidence collected from service users. Kay and Clare also expanded on particular quotes included on the slides to highlight the difficulties certain groups face in accessing services. For Kay, this was the “isolation” faced by university students who are often unaware of how to access services. Clare, relayed the “awful situation” of the recently released prisoner, who wished to return to prison in order to gain treatment for his mental health condition. The presentation lasted approximately half an hour, and was followed by three small group discussions in which the jurors and forum members discussed the recommendations. Overall, from my observations, the discussions on these tables appeared to involve the forum members asking clarificatory questions, and expressing their understandable frustration over the poor state of mental health services. Robert and Jane then brought the group back together, asking for the patient forum members‟ views on the report, and whether they were content for it to be presented to the governing body. Their contributions were universally positive, and the forum members agreed to endorse the report and its recommendations.

- The eleventh jury session took place directly after the presentation and discussion with the patient forum. Discussions between Clare, David, Donna, Hannah, Henry, John, Kay, Robert, Jane, and Sarah identified the use of service user stories as a “powerful” way of supporting their recommendations, and providing a way to “shine a light” on lived experiences of mental health services. Sarah advised that the jurors would need to make their presentation „a bit slicker‟, as their allocated time at the governing body meeting was scheduled for 20 minutes, including questions. In discussions with Kay, Hannah, Henry, John, Robert, Jane, and Sarah agreed to condense their presentations by describing one story in detail, when presenting their findings to the governing body. The facilitation team also answered Kay‟s query regarding what to expect at the governing body meeting and how their allocated slot would run, and the questions they were likely to be asked. In doing so, they explained

that the jurors would be asked about the recommendations, and the evidence they had collected from service users. At Jane and Robert"s suggestion, it was also agreed to include a statement in the governance section of the report, outlining that the patient forum fully endorsed the recommendations on the basis of the evidence collected from service users, and the clarity of its arguments. The session closed, with Hannah agreeing to revise the report to incorporate the comments from the evenings session prior to the presentation to the governing body.

- The presentation to the governing body included all the jurors and 18 directors from the Midlands CCG. The director of mental health services was due to attend, but was absent due to illness. The purpose of the presentation was for the directors to determine whether they would accept the jury"s recommendations. The governing body members had been provided with the report in advance of the presentation. The jurors" presentation followed the same format as that given to the patient forum, with John introducing the process, followed by Kay, David, Clare, Donna, and Henry, each in turn providing an overview of a particular theme and its associated recommendations. Each theme was again supported by a slide, with six quotes taken from service user testimony. The presentation focused on using specific examples of how the recommendations had been informed by the experiences of jurors and other service users. Once again, Kay and Clare discussed specific stories collected from service users. Kay framed her example, illustrating that young people “have to fight for everything”. Clare framed the case of the recently released prisoner as “very poignant”. After the presentation, there was a short question and answer session. Directors asked six questions that mainly sought clarity on why the jurors had decided to focus on access, and who they had collected information from. At the chair"s request, the board agreed to accept the jury"s report and recommendations. Robert suggested the directors ask the director of mental health services to draw up an action plan within two months, outlining implementation of the recommendations. This was approved by the board and with this, the jury"s session with the governing body was closed.

- The twelfth jury session took place two weeks after the jurors" recommendations were accepted by the governing body. The director of mental health services attended the meeting to provide the jury with an overview of the next steps. He began by praising the jurors" report, and noting how it confirmed his fears about the performance of

mental health services. The director also appealed to jurors to join the implementation groups in which CCG commissioners and senior managers would use the jurors" recommendations to drive policy changes. The meeting then moved to consider the organisation of the community event, at which the jurors would launch their report. At Sarah"s suggestion, Clare, David, Donna, Hannah, Henry, John and Kay agreed to adopt the format used for the consultations with frontline professionals and the patient forum, which was a presentation followed by small group discussions. Then, at Jane"s request, the director of mental health services agreed to speak at the event. Jurors", also approved Sarah"s suggestion that a member of the patient forum be invited to speak. Additionally, again at Sarah"s request, the group agreed to use the slides from the governing body meeting, which the jurors would again present at the event. The group agreed to Jane"s proposal, that the small group discussion should be guided by two questions, asking if the attendees foresaw any barriers to implementing the recommendations, and what could they, or their organisation do to help. Robert then outlined that attendees at the event would include service users, voluntary organisations, frontline professionals, senior service managers, commissioners, and interested members of the public. Jane explained that the information generated from the community event would be fed into the implementation groups.

- The community event opened, with Jane and Robert welcoming the 47 attendees and explaining that the purpose of the event was to launch publicly, and discuss, the jury"s recommendations. The jurors then presented their proposals, in the same manner as before, with John introducing the process, followed by Kay, David, Clare, Donna, and Henry outlining the five themes and associated recommendations. Again, the jurors mentioned their own personal experiences, and drew on service user stories, to link the recommendations to the evidence they had collected. Kay and Clare respectively, repeated particular stories demonstrating the struggles of young people, and the story of the prisoner. Next, the director of mental health services praised the jurors" "fantastic" and "evidence based" report, before moving on to outline the role of „implementation groups" in using the jurors" recommendations to drive changes in policy. The event then broke into 40 minutes of small group discussions which, from my observations, appeared to involve mainly clarificatory questions and expressions

of support for the recommendations. The main points from each table were then fed back to the group, and the event was closed, with Robert explaining how their comments would be relayed to the relevant „implementation group."

- At this stage, my fieldwork came to an end. However, I continued to remain in informal contact with the facilitation team and jurors. In July 2019, I was invited to a meeting organised by Robert and Jane to provide the jurors with an update on the implementation of their recommendations.

- The update meeting was attended by the lay members for PPI along with Sarah, and the director of mental health services, and Donna, David, Henry, and John from the former jury. At the meeting, four senior managers from mental health service providers gave an update on the progress of implementing each of the jury"s recommendations. In some sense, progress had been made on implementing the majority of the proposals. Certain recommendations, such as three, four, and nine, requesting reviews of particular services, had been carried out, as the jurors had requested. The managers explained, that implementation of others were modified in order to meet the available resources. This was the case with recommendation one, that requested the creation of a dedicated mental health telephone helpline, with a short memorable number, to signpost individuals to appropriate services. According to the managers, the providers lacked the funding to create a new telephone service, but their recommendation had fed into the decision to improve the mental health pathways on the existing NHS 111 telephone service. In the instance of recommendation 13, they were open with the jurors that little progress had been made, and further work was required. As they explained, while they recognised the importance of educating service users to manage their conditions, progress in doing so, had been frustrated by a lack of funds to recruit staff, or train volunteers. In response, the former jurors stated that they were pleased with the progress, and suggested possible ways that recommendation 13 could be implemented. This involved a discussion around which voluntary sector organisations might be able to help. The meeting ended with service managers inviting the former jurors to review the newly opened „places of calm" that had been developed for those experiencing mental health crisis, in response to recommendation 10 which requesting proposed

for specialist mental health A&E"s. As one senior manager noted, a visit would be useful, as the jurors could suggest “improvements from the patient point of view” (senior service manager, observations update meeting, p.3).

5.0. Summarising the Midland jury case

The above summary of the Midlands jury on mental health suggests high levels of agreement amongst the participants over the organisation of the process, consideration of evidence, and formulation of the recommendations. In addition, the policymaking process also appeared to be characterised by high levels of agreement. An obvious explanation is that all the participants in the jury had lived experience of mental health conditions which may have resulted in shared discourses on how to improve access to services. Additionally, as noted previously there was a striking lack of diversity amongst the jurors in terms of their demographic characteristics, and to a lesser extent, their educational and occupational backgrounds.

Such homogeneity may be thought to promote an account in which agreement on strengthening service user voices was a product of polarisation within the jury as discussed in Chapter Two. As Sunstein explains, polarisation occurs “when like-minded people, after discussion with their peers...end up thinking more extreme versions of what they thought before they started to talk” (Sunstein, 2003: 112). However, such an interpretation places too much emphasis on shared characteristics and does not adequately account for the jurors" different experiences of mental health conditions. It must be remembered that although eight of the jurors had experience as service users, two were carers and two had experience as clinical professionals. Additionally, these experiences were not mutually exclusive. On this basis, it appears that, although the jurors may have shared similar discourses on improving access to services, their varied experiences also provided different perspectives. The summary of the jury sessions also illustrates that participants recognised the limitations of their experiences, particularly in reference to racial, sexual and religious minorities. This suggests that they were willing to consider different perspectives when attempting to strengthen service user voices. Perhaps most significant was the jury"s attempt to collect information from the service providers. The above summary of the process suggests that the jurors did attempt to incorporate the perspectives of senior managers and frontline professionals into their proposals. Support for this perception is found in recommendations five and six that were influenced by information collected from the commissioner of local mental health services, and the jury"s consultation event with professionals. So, it appears

that in their attempt to “listen carefully to those who are defined in different terms” (Sunstein, 2003: 131), they may have limited the risk of agreement being informed by polarisation.

Another potential explanation for the high levels of agreement in the Midlands jury is the role of the steering committee members in facilitating and moderating the process. On this account, the jury could be interpreted as an attempt by the committee members at „playing the user card". Accordingly Jane, Robert and Sarah seeing the success of the previous citizens" jury on a physical health condition sought to use the process in order to advance “their...preferred course of action against that of...colleagues” (Harrison and Mort, 1998: 66). Put another way, they used the Midlands jury as a “technology of legitimation” (Harrison and Mort, 1998: 60) to strengthen service user voices against their clinical and managerial counterparts on the governing body. Such an interpretation is supported by Jane, Robert and Sarah having a general interest in advancing service user voices, given their roles in promoting the patient and public voice within the CCG. In addition, Jane"s appeal to the jurors to “respect the power of the process” (Eighth jury session observational notes, p.3) suggests a concern with legitimation. However, this interpretation is unable to account fully for the nature of the agreement within the jury. It cannot explain why the steering committee members were content to allow the jurors to deviate so significantly from a process that was previously successful. Additionally, recommendations three, four, nine and ten do not appear to advance user interests against clinicians and managers. Rather, they request reviews of existing services and, in the case of recommendation nine, ask that it is led by users. This suggests, that rather than seeking to persuade the governing body to accept particular suggestions, the jury process was an attempt to support a longer-term dialogue with senior managers and frontline providers. However, at this stage, my interpretation is based on a rather surface level analysis of the Midlands jury, derived from a thematic analysis of interviews and my observations. A more thorough analysis requires a detailed exploration of the exchanges within the Midlands jury process, and it is to this task I now turn.

Chapter Five
Pragma-dialectical analysis of disagreement

The chapter explores the contentious exchanges within the Midlands jury. This was necessary to begin addressing the first sub-research question, by considering the extent to which deliberative principles were approximated within the jury process. The previous chapter concluded that the case study was characterised by high levels of agreement. However, my interest in the potential for deliberation to strengthen service user voices required my analysis to begin by considering the areas of disagreement. After all, for the process of deliberation to become fully operationalised, disagreement is required (Habermas, 1990: 67). Therefore, this chapter provides an overview of my pragma-dialectical analysis of disagreements. Due to the limitations of space, it was not possible to provide an extensive account of each contentious exchange in the main body of the thesis. However, detailed appendices have been provided for each disagreement. These include the verbatim transcript of the dispute and my analytical overview. The appendices have been provided primarily to support my claims in relation to the deliberative quality of the disagreements that are made in Section Three of this chapter. To my knowledge this is the first time within the deliberative democracy literature that a pragma-dialectical analysis has been completed on instances of real world argumentation. As a result, the appendices are designed to provide interested readers with additional details on how the approach was applied.

The chapter begins with a brief overview of the seven instances of dispute that occurred within the Midlands jury. I then provide an indication of how the pragma-dialectical transformations outlined in Chapter Five were used to reconstruct these contentious exchanges into idealised critical discussions. Overall, in the seven instances of dispute amongst the jurors, I identified nine individual disagreements. Section Two explores the analytical overviews that were produced by this process. This involves a summary of the points at issue, the positions adopted, the claims that were offered, argumentative structure, and argument schemes (van Eemeren and Grootendorst, 1992: 93). Using this information, I summarise the content of each of the nine individual disagreements. Section Three considers the extent to which the disagreements approximated deliberative principles, by comparing these summaries to the communicative requirements of internal inclusion, mutual justification, mutual respect, and agreement. In addition, an attempt is made to account for the context of argumentation by drawing on information from the jury meetings and one-to-one interviews to support my interpretations. I conclude that elements of deliberative quality were present in certain arguments and exchanges, but were not consistently applied by

individuals, or the claims they advanced. Overall, these exchanges appeared to be characterised by both communicative and strategic concerns. Finally, the chapter will conclude by summarising both the findings and my use of the pragma-dialectical approach.

1.0. Instances of dispute

Within the transcripts of the Midlands jury sessions, I identified seven instances of dispute amongst the participants. An excerpt of the disputes from the transcripts of the jury sessions is included in Part One of Appendices C to I. For clarity, they were distributed as follows:

- One in the first session (Appendix C, Part One).
- Two in the second session (Appendix D, Part One, Appendix E, Part One).
- One in the third session (Appendix F, Part One).
- Three in the eighth session (Appendix G Part One; Appendix H, Part One; Appendix I, Part One).

Although it was clear that a difference of opinion has occurred, the nature of the disagreements were often ambiguous. Partly, this resulted from persistent crosstalk that left many utterances incomplete, due to jurors speaking over and interrupting one another. Additionally, in some instances (see Appendix D, Part One) the subject of the disagreement was confused by simultaneous discussion of different issues. Overall, the structure and content of the disagreement was often unclear. The disputes in the Midlands jury reflected the often messy reality of real world argumentation (van Eemeren and Grootendorst, 1992: 35-36). My understanding was clarified by adopting the pragma-dialectical approach to exploring argumentation. What follows outlines how I used this method to reinterpret the seven instances of dispute as critical discussions.

1.1. Pragma-dialectical transformations

The pragma-dialectical analysis began by transforming each excerpt from the jury sessions using the processes of deletion, addition, substitution, and permutation described in Chapter Five (van Eemeren and Grootendorst, 2004: 102-104; also see van Eemeren, Grootendorst et al, 1993: 61-62). In total, across the seven excerpts, I completed 182 deletions, 21 additions, 79 substitutions, and seven permutations. These actions were aimed at transforming confusing real world disputes into idealised critical discussions, by clarifying all

the elements relevant to resolving the differences of opinion (van Eemeren and Grootendorst, 2004: 102). Due to the limitations of space, it is not possible to provide details of every action here. However, this section will provide an illustrative example of each transformation. These will outline how my interpretations were guided by the rules of a critical discussion (van Eemeren and Grootendorst, 2004: 123n). Additionally, examples are given of how my thematic analysis of jury sessions, interviews, and observations were used to contextualise my transformations by drawing on “explicit or implicit clues in argumentative reality” (van Eemeren and Grootendorst, 2004: 110).

1.1.1. Deletions

I deleted all the utterances that were irrelevant to resolving the difference of opinion (van Eemeren and Grootendorst, 2004: 103). These included 56 interruptions and 67 asides across all seven excerpts in which disputes had arisen. Typically, they were minor utterances, such as „mmm", „yeah", and „okay", that had very little bearing on the course of the discussions. In addition, 24 digressions were deleted including one in Hannah and Clare"s exchange concerning the ordering of potential recommendations in (Appendix G, Part One, lines 248, 250, 251), as this appeared unrelated to the topic under discussion. I also deleted seven clarificatory utterances that were not directly related to the disputes.

When deleting utterances, I took care not to remove anything which may have been relevant to resolving the difference of opinion. This included relaxing the approach taken by van Eemeren and Grootendorst who advise deletion of “repetitions of exactly the same message in different formulations” (2004: 108). However, recognising the Midlands jury as an instance of real world discussion, I decided to relax this requirement partially. In many other cases, the repetition of standpoints and arguments, either by the same individual or another juror, was retained as an important contribution to the discussion. Accordingly, only 27 repetitions were deleted across the seven excerpts in which disputes had arisen. Finally, I made the decision to retain short utterances where the meaning was ambiguous, but it could potentially indicate a change of opinion. These were often one word statements made towards the end of the excerpts, including John"s utterances of “[r]ight (Appendix C, Part One, line 2067) and “[m]mm” (Appendix G, Part One, line 353).

1.1.2. Additions

Additions involved making explicit any utterances that remained implicit (van Eemeren and Grootendorst, 2004: 103). The meaning of these contributions was often unclear, due to jurors speaking over or interrupting one another. Interpreting the meaning behind these contributions often involved exploring the unexpressed premises or the logical argument that supports an explicit statement (van Eemeren and Grootendorst, 2004: 117-118). Across the seven disputes, 21 additions were made to the transcripts.

An example is provided by John"s unclear utterance in the second jury session. Here, John and Jane discussed whether the group should continue to use the title of „jury". His utterance outlining his doubts over the use of the term concluded with the statement: "[j]ust leave it there, don"t say anything." (Appendix E, Part One, lines 2225 to 2227). It was important to understand the unexpressed premise informing this utterance, as it could have been interpreted as dissuading interlocutors from exercising their "right to challenge" his statement (van Eemeren and Grootendorst, 2004: 136-137). Shortly after this contribution, John expressed the position that the group was not operating like a jury (Appendix E, Part One, line 2234). Seen in this light, his earlier statement requesting the jurors "don"t say anything" (Appendix E, Part One, line 2227) could have been interpreted as an argumentative fallacy. In the pragma-dialectical approach, fallacies are defined as "[e]very violation of any of the rules of the discussion procedure for conducting a critical discussion" (van Eemeren and Grootendorst, 2004: 175). In John"s case, his utterance could have been perceived as an attempt to disguise the reality of his negative position as an expression of doubt, in order to avoid having to mount a defence when challenged by Jane (van Eemeren and Grootendorst, 2004: 165-166).

At this stage, drawing on "clues from argumentative reality" (van Eemeren and Grootendorst, 2004: 31) helped to provide a potential indication of the unexpressed premise informing John"s seemingly contradictory utterances. Specifically, earlier in the second jury session, by drawing a comparison with the legal process, he concluded they were "a bit more than a jury....because we"ve gone out for information so we"re a lawyer as well" (Appendix D, Part One, lines 1554-1555). This suggests that John"s utterances did not contravene the rules of a critical discussion and were not based on an argumentative fallacy. Rather, they were a result of confusion arising from his comparison of the group"s activities with a legal jury. On this basis, I made the unexpressed premises behind John"s argument (Appendix E, Part One, lines 2225-2227, 2231 and 2234) explicit, with the addition of the following statement:

John: “My standpoint is that I am unsure whether the term „jury" accurately describes what we are doing”.

1.1.3. Substitutions

This stage involved substituting vague or ambiguous utterances with clear statements (van Eemeren and Grootendorst, 2004: 103). This included combining repetitions of similar standpoints and arguments into a clear single formulation. Due to the persistent crosstalk and lack of clarity in the disputes, the explicit utterances were often expressed in imprecise terms. As a result, each relevant contribution to resolving the difference of opinion was substituted for a clear formulation. In addition, the unexpressed premise informing each explicit argument was stated in parenthesis next to my substitution for each utterance (van Eemeren, Grootendorst et al, 2002: 70).

An illustration is provided by Hannah"s utterance in the eighth jury session (Appendix G, Part One, lines 272, 277, 348). Hannah offered these statements in response to John"s argument that the jurors" lived experiences meant they did not need to support their recommendations with the evidence collected from service users and providers. The utterances in question were: “[i]t"s just about extra support for the points” and “that we"re making” (Appendix G, Part One, lines 272, 277). The implicit argument behind these statements appeared to be related to Hannah"s later intervention of: “[w]hich is a pain...but you"ve gotta [sic] prove the point” (Appendix G, Part One, line 348). This link was made clearer by adding the word „and" between the first and a slightly modified second contribution:

Hannah: “It"s just about extra support for the point that we"re making and it"s a pain but you"ve gotta [sic] prove the point”.

Accordingly, Hannah appeared to be suggesting that the jury"s points or recommendations required “extra support”. However, it is unclear why providing this was thought to be a tedious but necessary task. Potential clues were provided from Hannah"s interview in which she recalled:

“...I remember (John) had difficulties, why do we need evidence, we know this, why can't we just write it down...and I don't blame him...„cause [sic] we all did know...It's kind of like when you're in a maths exam isn't it?... You know what the answer is but you've got to show how you've got there...” (second interview, lines 537-555).

On this basis, it appears Hannah agreed with John that the jurors'' personal experiences gave them a good understanding of the problems in accessing services. However, she also seemed to believe that they needed to demonstrate to decision-makers that the recommendations were developed from widely-expressed concerns, rather than the jury's personal experiences. Consequently, I substituted both the explicit argument and unexpressed premise, the latter stated in parenthesis, behind Hannah's utterances (Appendix G, Part One, lines 272, 277 and 348) for the single and direct formulation of:

Hannah:	We should provide decision-makers with a written step by step account of how we reached our recommendations.	(We have to prove to decision-makers that we've reached acceptable recommendations).

1.1.4. Permutations

This final stage involved rearranging the various contributions in the disputes to appear at the most appropriate stage of a critical discussion (van Eemeren and Grootendorst, 2004: 104). These were the confrontation, opening, argumentation, and concluding stages outlined in Chapter Three. Initially, I reviewed the existing structure of argumentation by placing the substituted statements in the order they appeared in the real world exchanges. This provided an indication as to whether the contributions appeared in the most appropriate stage in a critical discussion. Next, the statements were reorganised to reflect the order in which they would have appeared in an idealised conception of argumentation.

An example is provided by David and John's dispute in the eight jury session over whether it is possible to establish the number of prisoners with mental health conditions (see Appendix H, Part One). From the excerpt, it appeared there was no clear resolution to this disagreement, as the conversation moved on to Robert and Jane discussing evidence the jury had collected from a recently released prisoner (see Appendix H, Part One, lines 1035-1052). However, my deletions, additions and substitutions supported moving Robert and Jane's utterances from the argumentative to the concluding stage. This disagreement is

represented as an idealised discussion in Appendix H, Part Two. Based on this interpretation, Robert and Jane"s exchange concluded the disagreement implicitly, seeking to redirect the discussion back to a consideration of evidence collected by the jury.

2.0. Analytical overviews

Reordering the seven excerpts in which real world disputes occurred as idealised critical discussions allowed me to produce analytical overviews for each instance of disagreement in the Midlands jury. As outlined, in Chapter Three, these overviews included all elements that were relevant to resolving the difference of opinion including: “the points at issue...the position that parties adopt....the explicit and implicit arguments, and analyzing [sic] the argumentation structure” (van Eemeren and Grootendorst, 1992: 93). This section will provide an overview of disagreements in the Midlands jury by considering each element in turn. Due to limitations of space, it is not possible to provide a detailed account of argumentation at each stage of the analysis. However, the relevant details are provided via analytical rearrangements and the structure of argumentation contained in Part Two of Appendices C to I (also see Appendix D Parts Three and Four). What follows is intended to provide a broad overview of argumentation in the Midlands jury and to inform the summaries of disagreement provided below in section 2.6.

2.1. The points at issue

Determining the points at issue requires understanding the subject of the disagreement. Within the seven excerpts in which disputes occurred in the Midlands jury sessions, there appeared to be nine separate instances of disagreement. Additionally, from reviewing the analytical overviews, it appeared these disagreements were grouped into the following areas:

a) Organisation of consultation events with senior managers and frontline professionals:

- Disagreement one was over inviting the chief executive of a mental health organisation.

- Disagreement two concerned splitting attendees onto separate tables.

- Disagreement three was over those attending being questioned by the whole jury.

b) Using the title of „jury":

- Disagreement four concerned if the group should assign guilt for the poor provision of services.

- Disagreement five related to whether to continue to use the title of „jury".

- Disagreement six was over the accuracy of describing the group as a jury.

c) Supporting the jury"s recommendations with the collected evidence:

- Disagreement seven related to whether the jury"s recommendations needed to be supported by the evidence they had collected from service users and providers.

d) The homeless and those recently released from prison:

- Disagreement eight was over whether it was possible to establish the number of prisoners with a mental health condition.

- Disagreement nine concerned whether there needed to be a specific focus on the homeless and those recently released from prison.

In addition to interpreting the subject under dispute, the analytical overviews also enabled me to explore the complexity of disagreements. I categorised disagreements one, three, four, five, six, and seven as single mixed differences of opinion. They were single in the sense of concerning only one proposition, whereas being mixed they involved two or more jurors adopting opposing positive and negative standpoints (van Eemeren and Grootendorst, 2004: 119). For instance, in the first disagreement, the proposition was inviting the chief executive, with parties to the dispute adopting rival positive and negative standpoints over issuing an invitation. Accordingly, most of the differences of opinion in the Midlands jury were relatively straightforward disagreements.

There were three exceptions. Disagreements two and nine were classified as less complex non-mixed differences of opinion, as they involved only one party adopting a standpoint over a single proposition (van Eemeren and Grootendorst, 2004: 119-120). The former was non-mixed, as Sarah"s utterance was interpreted as a neutral request for the jurors to consider

splitting those attendees at the consultation event onto separate tables, to which John adopted a negative standpoint (Appendix D, Part Two). In the latter, the difference of opinion was also non-mixed as, in response to John"s doubts over whether the jury should specifically focus on the homeless and recently released prisoners, Jane endorsed the positive standpoint that they should do so (Appendix H, Part Two).

I interpreted disagreement eight to be a more complex multiple mixed difference of opinion, as it involved two different propositions (van Eemeren and Grootendorst, 2004: 119-120). The first proposition was how many prisoners have a mental health condition, whilst the second proposition was that differences of opinion should be resolved by referring to the evidence jurors had collected (Appendix H, Part Two). The lack of opposition to the latter standpoint meant, in practical terms, this was also a fairly simple disagreement. Overall, the simple character of the disagreements in the Midlands jury meant I was able to develop a clear account of the points at issue, in terms of the disputed propositions and nature of the standpoints adopted.

2.2 Positions adopted by the parties

I was also able to use my understanding of the points at issue to inform the interpretation of the positions adopted by the parties to the dispute. As described above, for argumentation to occur, at least two individuals must adopt different positions on the validity of a particular standpoint concerning a specific proposition. Next, the parties must adopt the role of protagonist, who attempts to defend a standpoint, and the other the role of antagonist, who seeks to criticise it (van Eemeren and Grootendorst, 2004: 120). In six of the jury disagreements, the initial antagonist went beyond criticising the interlocutor"s stance to become the protagonist of the opposite standpoint (van Eemeren and Grootendorst, 2004: 120). As a result, disagreements one, three, four, six, seven, and eight were characterised by the parties acting as the protagonist of their standpoint and antagonist of the rival positions. Disagreements two, five and nine were different, as they involved the dispute beginning with one party expressing doubts over the validity of a proposition, to which interlocutors responded by expressing a positive or negative standpoint. Details of the parties and positions adopted in each disagreement are recorded under the confrontation stage of the analytical overviews provided in Part Two of Appendices C to I (also see Appendix D, Parts Three and Four).

2.3. Explicit and implicit arguments

My analysis moved to outlining the arguments offered by the jurors during the disagreements. This included interpreting both the content of individual arguments and the order in which they were exchanged. For the former, I reviewed my earlier substitutions of jurors‟ utterances for clear formulations of their arguments, including the explicit statements and unexpressed premises. The latter involved drawing on my previous completed permutations to interpret the iterative process of argumentation. Accordingly, I sought to understand how the protagonist offered arguments in defence of their standpoint for the consideration of the antagonist, who then advanced counter arguments, which resulted in another round of argumentation (van Eemeren and Grootendorst, 2004: 61). As noted above, in disagreements one, three, four, six, seven, and eight, the jurors performed the roles of both protagonist of their own standpoint and the antagonist of the rival position. On this basis, the arguments they offered were interpreted as seeking to defend their standpoint, while criticising the position taken by their interlocutor. Argumentation in disagreements two, five and nine took on a different character, as they involved expressions of doubt. Accordingly, Sarah in the former case, and John in the latter two cases, having advanced a neutral standpoint, were not required to provide arguments to defend their position (van Eemeren and Grootendorst et al, 2002: 8). Rather, it was the interlocutor‟s role to persuade them to abandon these doubts and endorse their favoured standpoint. In total, the nine disagreements contained 50 individual arguments. Some of these arguments were made by a single juror, while others were advanced by a number of the participants. For full details, see the opening and argumentation stages of each disagreement, and the relevant analytical rearrangements in Part Two of Appendices C to I (also see Appendix D, Parts Three and Four).

2.4 Structure of argumentation

The analytical overviews also contain an evaluation of argumentation structure. This involved considering how the individual contributions were used “to justify a standpoint, either separately or when taken together” (van Eemeren and Grootendorst, 2004: 120). I structured the 50 separate arguments into 20 specific instances of argumentation across the nine disagreements. Once again, full details are provided for each disagreement under the title, „The structure of argumentation,‟ in Part Two of Appendices C to I (also see Appendix D, Parts Three and Four). What follows provides a brief summary of the different argumentative structures used in the disagreements.

- Single arguments were the most common, occurring nine times, and involving a jury putting forward one explicit argument followed by an unexpressed premise. An example of single argumentation includes John"s argument in disagreement two, that attendees at the consultation event should not be split across separate tables (see Appendix D, Part Two).

- Multiple argumentation occurred eight times and in total involved 30 of the contributions being combined as “alternative defences of the same standpoint, presented one after another” (van Eemeren and Grootendorst et al, 2002: 64). Statements were considered multiple contributions when they did “not depend on each other to support the standpoint” (van Eemeren, Grootendorst et al, 2002: 64). The number of individual contributions made in multiple argumentation differed between Jane"s two contributions in disagreement six (Appendix F, Part Two) and the 10 contributions offered by five jurors in disagreement seven (Appendix G, Part Two).

- Subordinative argumentation occurred twice in disagreements two and seven. This consists of a chain of arguments in which each statement seeks to strengthen the preceding statement, until taken together they form an overall defence of the standpoint (van Eemeren and Grootendorst et al, 2002: 65). I took care when characterising contributions as subordinative, to ensure the individual statements shared a consistent logic. An illustration is provided by John"s multiple contributions in disagreement seven. I interpreted this as subordinative argumentation, given his statement related to an aspect of the jurors" experiences that, when taken together, supported the standpoint that additional evidence was not required to support the jury"s recommendations (Appendix G, Part Two; also see Appendix C, Part Two).

- Coordinative argumentation occurred once in the first disagreement. This consisted of two arguments that, when combined, represent a single attempt to defend a standpoint (van Eemeren and Grootendorst, 2004: 121). Given it is easy to confuse coordinative and multiple argumentation, I followed the advice of the literature, and only interpreted argumentation as the former when there were logical links. Accordingly, in disagreement one, two of Sarah"s statements were combined into a coordinative argument, as they shared logically related premises that, as senior managers have a legitimate point of view, it would be unwise not to invite the chief executive to the consultation event (Appendix C, Part Two).

2.5. Argument schemes

Another important element of analysing argumentation was the scheme used to "represent the relation between what is stated in the argument and what is stated in the standpoint" (van Eemeren and Grootendorst, 1992: 96). In other words, it provides a means of understanding the content of the 20 specific instances of argumentation that I have constructed across the jury"s nine differences of opinion. In many instances, the unexpressed premises were used to identify the logical argument scheme that connected the argument to the standpoint (van Eemeren and Grootendorst, 2004: 121). Within the literature, there are many different types of argumentation schemes (see Walton 2008; Walton 2013). However, the jury"s disagreements used common schemes, including:

- Positive or negative consequences of a particular cause of action (Walton, 2008: 24-25) was used eight times.

- Analogy "between what is stated in the argument and what is stated in the standpoint" (van Eemeren and Grootendorst, 1992: 97) was used five times.

- Causal relation between the statement and standpoint (van Eemeren and Grootendorst, 1992: 97) was used five times.

- Appeal to expert opinion (Walton, 2013: 67) was used three times.

- Symptomatic relation that cited in "the argument a certain sign, symptom, or distinguishing mark of what is claimed in the standpoint" (van Eemeren, Grootendorst et al, 2002: 96-97) was used once.

2.6. Summary of disagreements in the Midlands jury

I will now use the information in the areas outlined above to provide a summary of disagreements in the Midlands jury. This will include drawing on the details of Appendices C to I to explain the points at issue, the parties to the dispute, and the arguments offered. The latter incorporates individual contributions and argumentative structures and schemes. In addition, I will also explore the concluding stage of the disagreement by considering whether the differences of opinion were resolved with the retraction of standpoints or the abandonment of doubts (van Eemeren and Grootendorst, 2004: 61). Combined, this

information will provide an understanding of the content and structure of argumentation for each disagreement. For clarity, the differences of opinion will be summarised using the subject areas first identified in section 2.1.

a) Organisation of consultation events with senior managers and frontline professionals.

- Disagreement one occurred in the first jury session and concerned whether to invite the chief executive of a mental health organisation to the jurors" planned consultation event. Sarah and Robert took a positive standpoint that an invitation should be issued, whilst Clare and John adopted the rival negative standpoint. The former offered seven individual statements in favour of inviting the chief executive. The latter responded with three separate statements against doing so. The arguments in favour of inviting the chief executive were structured as one single argument made by Robert, one coordinative argument made by Sarah, and a joint subordinative argument that comprised of four related contributions (Appendix C, Part Two). Arguments against issuing the invitation were structured as an instance of multiple argumentation, broken down into one contribution from Clare and two from John, in support of their negative standpoint (Appendix C, Part Two). The content of the rival arguments were informed by the potential positive and negative consequences of inviting the chief executive (see Appendix, C Part Two). Specifically, negative arguments included frontline staff being intimidated into silence by the presence of the chief executive, and disappointing prior experiences of engaging with senior managers. The positive argument in contrast highlighted the different perspective the executive would bring to the discussions, and how collecting information from diverse sources would help the jurors develop appropriate recommendations by identifying gaps in the provision of services. The disagreement concluded with John continuing to disagree with inviting the chief executive (Appendix C, Part Two).

- Disagreement two took place in the second jury session, and occurred as John opposed Sarah"s neutral suggestion that the senior managers and frontline professionals who attend the planned consultation events should be split onto separate tables. John"s single argument was based on physical separation being symptomatic of jurors not being able to hear the same evidence from the attendees

(Appendix D, Part Two). The disagreement did not pass beyond the opening stage, as Sarah retained her neutrality and John made an additional argument which provoked the third disagreement (Appendix D, Part Two).

- Disagreement three immediately followed, and was closely related to the preceding dispute, as it concerned an alternative proposal for organising the proposed consultations. This was John"s proposition, that the attendees should be questioned by the whole jury. He adopted a positive standpoint and offered a single supportive argument, based on the logic of causal relation, in the sense that those who provide service must be aware of the problems, so managers and professionals should be able to explain these issues to the whole jury (Appendix D, Part Three). In response, Sarah, Clare and Donna adopted the rival negative standpoint and made three separate contributions to multiple argumentation (Appendix D, Part Three). The content of these arguments were partly informed by the need to create a positive approach to questioning that would encourage attendees to speak freely. Sarah"s contribution focused on senior managers, while Clare was concerned with service providers in general. Donna"s contribution was based on an analogy between her experiences of managers and frontline professionals to argue that the latter would be intimated by being expected to answer questions in front of the whole jury. Given that John did not respond to these criticisms, the argument did not proceed any further and appeared to have ended in stalemate (Appendix D, Part Three).

b) Using the title of „jury".

- Disagreement four also occurred in the second jury session, and concerned whether the group should behave like a legal jury and seek to assign blame for the poor provision of services. John took a positive standpoint, and attempted to defend it with a single argument that drew an analogy between the group"s title and the activities of a legal jury. He claimed the group should operate like the latter and assign guilt for the poor provision of services (Appendix D, Part Four). Sarah, Robert and Jane responded with a multiple argumentation, consisting of three separate contributions that attempted to support the negative standpoint against behaving like a legal jury. Each of these statements argued that attempts to assign blame would cause adverse consequences for the jury process. Sarah"s contribution highlighted that, as senior managers already seemed anxious about the jury process, any suggestion of guilt

would mean many would be unlikely to attend the planned consultation event (Appendix D, Part Four). In terms of individual contributions, Robert focused on maintaining an open mind, whilst Jane focused on the need to collect evidence from multiple sources to support the jury"s recommendations. These arguments appeared to persuade John to abandon his initial standpoint in favour of assigning guilt, but his utterances can still be interpreted as expressing doubts about the validity of the rival standpoint (Appendix D, Part One, lines 1591-1601). Accordingly, the exchange of arguments appeared to result in John adopting a neutral standpoint, questioning whether the term „jury" accurately described the group"s activities (Appendix D, Part Four).

- Disagreement five was the final dispute in the second jury session, and was directly related to the preceding difference of opinion. It began with John reiterating his doubts about the accuracy of using the term „jury" to describe the group. These utterances appeared to take on the force of a directive, in which John challenged his interlocutors to defend their position on the use of the term (van Eemeren and Grootendorst, 2004: 64; Appendix E, Part Two). In response, Jane, Donna, Robert, Sarah, Clare and John himself made four separate statements that were combined into multiple argumentation in support of the standpoint favouring the continued use of the title (Appendix E, Part Two). These contributions focused on how different aspects of the common analogy between the term „jury" and the legal process strengthened the group in the eyes of service users and providers. Robert, Clare and John then made four contributions supporting the rival negative standpoint against continuing to use the title of „jury". Once again, being single contributions to multiple argumentation, the individual statements considered different aspects of how the term could result in negative consequences, specifically, creating an impression of the group seeking to assign guilt which would alienate senior managers. Given that Robert, Clare and John all offered arguments in support of rival standpoints, it is perhaps unsurprising that the disagreement ended without a resolution.

- Disagreement six took place in the third jury session, and was the last disagreement over the accuracy of describing the group as a jury. Jane adopted a positive standpoint that it was an accurate description, and attempted to defend it with two separate contributions that were combined into an instance of multiple argumentation (Appendix F, Part Two). This produced an instance of multiple argumentation that

claimed, despite modifying the process of evidence collection used in the CCG's previous citizens' jury, the term still provided an accurate description of the group (Appendix F, Part Two). In contrast, John adopted the rival negative standpoint, which he supported with a single argument that claimed the term was not appropriate as, by proactively collecting evidence, the group had gone beyond what was expected of a jury in a legal trial (Appendix F, Part Two). Jane's arguments appeared to persuade John to abandon his negative standpoint. However, he appeared still to have doubts regarding the accuracy of describing the group as a jury. On this basis, the difference of opinion appears to conclude with John reiterating the doubts he first expressed at the end of disagreement four (Appendix F, Part Two).

c) The need to support the recommendations with evidence collected from service users and frontline professionals.

- Disagreement seven occurred in the eighth jury session, and concerned whether to support the recommendations with evidence collected from service users and providers. Jane, David, Hannah, Sarah, and Clare made 10 separate contributions that have been structured as an instance of multiple argumentation in support of a positive standpoint in favour of using the collected evidence (Appendix G, Part Two). These contributions highlight positive consequences of doing so, including strengthening the recommendations, improving the weight of the proposals, and increasing the likelihood of implementation (Appendix G, Part Two). John adopted the rival negative standpoint which he attempted to defend with five arguments. This included a single argument which highlighted the potential negative consequences of relying on the statistical evidence which may be rejected by decision-makers, due to its small sample size (Appendix G, Part Two). In addition, John also made a subordinative argument consisting of four statements which he claimed, given the jurors' combined experiences of mental health services and involvement in the jury should provide a sufficient basis for decision-makers to accept their recommendations (Appendix G, Part Two). The disagreement appeared to conclude with John being persuaded to abandon his negative standpoint, and accept the need to support the recommendations with the evidence they had collected. However,

these arguments appear to have created doubts in John"s mind over whether the type of information they had collected was sufficient to support the recommendations (Appendix G, Part Two).

d) The homeless and those recently released from prison.

- Disagreement eight took place in the eighth jury session, and was over whether it was possible to establish the number of prisoners with a mental health condition. David, in making two contributions in the form of multiple argumentation, attempted to support the negative standpoint that the exact number of prisoners with a mental health condition is unknown (Appendix H, Part Two). This involved an appeal to the expertise of academics and lived experience when considering how many prisoners have a mental health condition (Appendix H, Part Two). In response, John"s single argument attempted to support the rival positive standpoint based on claiming a causal link between criminal actions that break social norms and mental illness (Appendix H, Part Two). The argument was resolved in favour of Robert"s standpoint concerning the related, but separate, proposition that disagreements should be resolved by referring to the evidence the jurors had collected from service users and providers. This in itself was supported by an appeal to expertise in which Robert and Jane discussed a story the jurors had collected from a recently released prisoner (Appendix H, Part Two,).

- Disagreement nine also took place in the eighth jury session, and concerned whether the jury needed a particular focus on the homeless and those recently released from prison. It began with John expressing doubts over whether a specific focus was necessary. Jane attempted to persuade John to abandon his doubts in favour of a positive standpoint, through a single argument that drew on a causal relationship between the jury"s general aim of improving access for all, which included those who were homeless or recently out of prison (Appendix I, Part Two). John"s utterance towards the end of disagreement nine, particularly “[t]hat"s right” (Appendix I, Part One, line 1292) suggests the disagreement was resolved with John relinquishing his doubts and adopting Jane"s positive standpoint (Appendix I, Part Two).

3.0. Deliberative quality of disagreements

Drawing on the information produced from the pragma-dialectical analysis outlined above and contained in Appendices C to I, I will now consider the extent to which deliberative principles were approximated in the disagreements within the Midlands jury. This will involve exploring the deliberative quality of the nine summaries provided in Section 2.6. These summaries will be used to understand both the content and structure of argumentation. I will consider the context by drawing on quotes from transcripts of the jury sessions and one-to-one interviews in order to support my interpretations. The exploration will be guided by communicative principles discussed in Chapter Two, namely internal inclusion, mutual justification, mutual respect, and agreement. Consideration will also be given to alternative strategic interpretations of utterances, including the potential for polarisation and attempts at „playing the user card". Due to the limitations of space, it was not possible to explore every interaction in detail. Accordingly, I organised my discussion under the four principles outlined above in order to prove a general overview of the quality of disagreement in the Midlands jury.

3.1. Internal inclusion

Given its focus, the first disagreement concerning whether to invite the chief executive most clearly illustrates the nature of deliberative quality related to internal inclusion. In disagreement one, Sarah"s coordinative argument in favour of inviting the chief executive to the consultation event appeared to be advancing the point that, not only was it important to hear from the senior managers, the jurors should also make an effort to listen to their perspectives (Appendix C, Part Two). Such an argument accorded with the Habermasian principle of inclusion, by promoting both formal and substantive equality in recognising the chief executive and other senior managers as competent actors who should be given an opportunity to "take part in a discourse" (Habermas, 1990: 89). However, further exploration of Sarah"s utterances appears to weaken the deliberative quality of her contributions. When combined with Robert"s utterances, the above statement seemed to promote an argument that attempted to highlight how inviting the chief executive would have positive consequences for the jury. Specifically, Sarah seemed to demonstrate a strategic concern about the benefits of consulting senior managers, in order to "triangulate" (Appendix C, Part One, line 2043) their arguments against the information collected from service users. The same sentiment was expressed more clearly in Robert"s utterance that the jurors not only needed to consult "the people who have used the services", but also those "who are delivering services" to see if there is a "gap" (Appendix C, Part One, lines 2058, 2060-2061).

These contributions appeared, at least in part, to be based on the assumptions that hearing the chief executive"s perspective would strengthen the jury process (Appendix C, Part Two). Given Sarah and Robert"s permanent positions within the Midlands CCG, this perhaps suggests these arguments also contained a strategic interest in „playing the user card". In this account, including senior managers in the process of evidence collection was part of an attempt to convince members of the CCG"s patient forum and governing body to accept the jury"s recommendations (Harrison and Mort, 1998: 66). The above interpretation was supported by interview responses in which Sarah and Robert recalled their concerns about ensuring the jury process "wasn"t misconstrued...as not credible" (Sarah, second interview, line 464), and ensuring "the jurors were clear on what the (governing body) expected" (Robert, second interview, line 363). Accordingly, Sarah and Robert"s arguments for inviting the chief executive contained elements of deliberative quality, but these appeared to have been largely held in check by strategic concerns.

The arguments against inviting the chief executive varied in deliberative quality. At one extreme, John"s utterances highlighting the negative consequences of issuing an invitation (Appendix C, Part Two) often appeared in contention with key aspects of a critical discussion. Although expressing understandable frustrations, given his previously disappointing experiences of engaging with senior managers (Appendix C, Part One, lines 2038-2042), these contributions culminated in arguments that sought to prevent the chief executive from having the opportunity to "take part in a discourse" (Habermas, 1990: 89). At the other extreme was Clare, whose contribution also focused on the negative consequences of inviting the chief executive, but did so adopting the perspective of frontline professionals. Specifically, her arguments (Appendix C, Part Two) appeared to include a point also expressed in an interview response, that if employees were "sitting on the table and their chief exec"s [sic] sitting on the table, then they"re not going to say what they really think" (Clare, first interview, lines 756-758). Such a concern appeared to contain a deliberative interest in ensuring the frontline professions were not "prevented, by internal or external coercion", from exercising their communicative rights (Habermas, 1990: 89). The communicative quality of her contribution was enhanced by recalling Clare"s occupation as the chief executive of a local mental health charity. Overall, Clare seemed to be arguing for the consultation event to be organised in a way that would secure substantive equality amongst the attendees. This in turn has clear overlap with notions of promoting "internal inclusion", in the sense of providing frontline professionals with an "effective opportunity to influence the thinking of others" (Young, 2000: 55).

3.2. Mutual justification

In disagreements two and three concerning the organisation of the consultation event, it was possible to observe aspects of mutual justification. John appeared to adopt a restrictive conception largely limited to argumentative exchanges inside the jury forum. My interpretation is based on exploring the second disagreement, in which John objected to Sarah"s suggestion of organising the consultation event by splitting the attendees onto separate tables (Appendix D, Part Two). An utterance shortly after this dispute suggested his opposition was informed by the physical separation of jurors, resulting in a process in which "...I"ve got to tell...[you] what I"ve found out, you"ve got to tell me what you"ve found out..." (John, second jury session, lines 1761-1762). Put differently, adopting Sarah"s suggestion would have resulted in the jurors having to explain the content of their discussions to one another. On this basis, John"s argument could be considered as expressing the Habermasian desire to develop a consultation event that encouraged argumentative exchanges, by allowing any participant to question or introduce any assertion (Habermas, 1990: 89).

However, the third disagreement suggests a different conception of mutual justification. It began with John calling for the consultation events to be organised with those attending being questioned by the whole jury, in order to put them "on the spot" (Appendix D, Part One, line 1548). My reconstruction of this argument (appendix D, Part Two) was informed by a passage from an interview in which John stated that senior managers and frontline professionals "should not be coming to us and saying what"s wrong. They should know what"s wrong, and be asking us what we think they should do about it" (first interview, lines 1478-1479). This suggested that, in John"s view, the primary purpose of the consultation event was not to engage in an argumentative exchange, but to obtain evidence from the providers to inform discussions amongst the jurors. The narrowing of John"s conception of mutual justification between the second and third disagreements may be explained by his involvement in the jury process and my research. As noted in the preceding discussion of the first disagreement, John"s previous experiences had left him with a negative view of providers, particularly senior managers (John, Appendix C, Part One, lines 2038-2042). During an interview he noted how discussions in the jury and my questions had led him to identify the "key question" to ask the service providers of "what do you think is wrong?" (John, first interview, lines 1013-1014). This, in turn, appeared to have informed his suggestion of putting providers „on the spot" in the third disagreement. Accordingly, it

suggests the narrowing of John"s conception of mutual justification may have been a product of polarisation, as engagement in discussions encouraged John to assume a more extreme position (Sunstein, 2003: 112).

Sarah, Clare and Donna adopted more expansive conceptions of mutual justification that had greater deliberative qualities. In Sarah"s case, this was limited to senior managers, while Clare focused on service providers in general, but both appeared to be promoting mutual justification to the extent of seeking to foster an open exchange of arguments (Appendix D, Part Three). I interpreted Donna"s statement as containing a nuanced conception of mutual justification which differentiated between senior managers and frontline workers. She contended that, while John"s proposed questioning by the whole jury might be acceptable for senior managers, it was inappropriate for frontline professionals (Appendix D, Part Three). Using information derived from interview responses, this position appeared to reflect Donna"s view that, while senior managers tend to have “good communication skills”, many frontline professionals were unused to “public meetings where you get a lot of critical questions” (second interview, lines 2083, 2087). On this basis, Donna seemed to be promoting a flexible account of mutual justification that recognised the different competences of her interlocutors. Accordingly, this contribution appeared to have significant deliberative quality that promoted mutual justification, by arguing for the consultation event to encourage argumentative exchanges, in ways that avoided the “devaluation of some people"s style of speech and the elevation of others” (Young, 1996: 122).

3.3. Mutual respect

The debate surrounding the use of the term „jury" appears to highlight the partial and incomplete nature of deliberative quality in relation to mutual respect. The presence of reciprocity amongst the jurors was illustrated by John"s reaction to his interlocutor"s arguments in the fourth disagreement. He appeared persuaded by the utterances of Sarah, Robert and Jane to abandon the position that the group should behave like a legal jury and assign guilt (Appendix D, Part Four). This suggests a level of mutual respect as, reflecting on his interlocutor"s objections and finding unanswerable objection he modified his claims (Gutmann and Thompson, 1996: 79-80). Additionally, this argumentative exchange appeared to have promoted depolarisation in the sense of encouraging John to adopt a more moderate position towards service providers. This interpretation was supported by an interview response in which John, when considering the position of service providers, recalled that it might have been “unjust of me to be critical” (John, second interview, line 2073). Overall, the

exchanges in disagreement four resulted in John developing doubts over whether it was accurate to describe the group as a „jury" (Appendix D, Part Four). By expressing these doubts, John instigated the fifth disagreement concerning whether the group should continue to use the title of „jury". The arguments made by Robert, Clare and John in favour of rival positive and negative standpoints indicated a reciprocal character to these exchanges, at least in the limited sense of the participants being willing to reflect on alternative arguments (Gutmann and Thompson, 1996: 79-80; Appendix E, Part Two).

Disagreement five suggested the jurors were, on occasion, using an "enlarged mentality" (Benhabib, 1996: 72), by attempting to place themselves in the position of those who remained outside the process. In disagreement five, Robert and Jane sought to highlight the anxieties of senior managers who interpreted the term „jury" as implying judgement on them being "guilty/not...guilty" (Robert, Appendix E, Part One, lines 2239-2240), and being "adversarial"(Jane, Appendix E, Part One, line 2238). However, certain arguments expressed in disagreement five indicated the limits of enlarged mentality. In particular, Clare, John and Sarah"s contribution that the title „jury" should be retained as it made managers uncomfortable (Appendix E, Part Two) did not suggest an attempt to "understand the claims of differently situated others" (Curato et al, 2019: 9; Young, 1996: 128). Generally, although jurors were aware of senior managers" concerns, they also appeared to believe that, by inviting comparisons with the legal process, using the term „jury" raised their profile and increased legitimacy with service users and decision-makers (Appendix E, Part Two). So, by continuing to use the title of „jury", it appeared the group had, at least implicitly, chosen to prioritise their appeal to users and decision-makers over addressing the concerns of managers. Additional support for this interpretation was provided by the aspects of mutual respect present in the seventh disagreement. The dispute ended with John accepting the need to support recommendations with evidence collected by service users and providers, (Appendix G, Part Two), by appreciating the position of decision-makers. As he explained in an interview response:

"I think other people would want to know we"d taken the trouble to go out...I mean, you...could say, "Manchester United"s the best football team in the world". No...you can"t do that can you...we had to collect evidence. And it was nice to...say to people, „we have gone out there and collected evidence". Whether we had a big enough sample, I don"t know" (second interview, lines 659-662).

Seen in this light, John was apparently attempting to place himself in the position of the Midlands CCG patient forum and governing body members, in considering whether the recommendations were supported by acceptable evidence. This indicates a level of mutual respect, in the sense of seeking to offer arguments that differently situated actors might be able to accept (Curato et al, 2019: 9; Young, 1996: 128; Rawls, 2005: 137). Overall, it appears that the deliberative principle of mutual respect was operationalised to varying extents in the disagreements amongst the jurors. Indeed, the above examples suggest elements of reciprocity and enlarged mentality waxed and waned throughout the disputes, particularly in relation to those who remained outside the forum. However, as outlined above, in comparison to senior mental health service managers, the jurors' arguments tended to show greater levels of reciprocity and respect towards service users and decision-makers.

3.4. Agreement

Having considered other principles, this final section will focus on exploring the deliberative quality of agreement in the Midlands jury.

- Disagreements one, two and three were not resolved through the argumentative exchanges. However, the outcomes favoured those who had opposed John's standpoints regarding the organisation of the consultation event: the chief executive was invited to the event; attendees were split across different tables and were not questioned by the whole jury. Despite this, there were limited clues in argumentative reality to explain how these resolutions were reached. John, neither in the jury sessions or my interviews, returned to these issues. This may be taken to suggest that over time he abandoned his initial positions and accepted the rival standpoints. In the absence of supporting evidence, proceeding on the above basis risked "a move from interpretation to assertion of authority by the interpreter" (Knops, 2006: 611). Accordingly, I was unable to draw firm conclusions for the reasons that informed the resolution of disagreements one, two and three.

- Disagreements four, five and six were also not explicitly resolved through argumentative exchanges. My analysis of disagreement six provides a potential reason why the jurors were unable to reach a clear agreement on this issue. When discussing the term „jury", the parties to the dispute, Jane and John, appeared to be drawing on a different frame of reference for much of their exchange (Appendix F, Part Two). Jane seemed to make a comparison largely with the previous Midland CCG's citizens' jury, which, as she explained in an interview response, was the

“model that was passed down to us” and “it was obvious that model was not going to...fit...[b]ecause of the nature of mental health” (Jane, first interview, lines 503-504, 508). In contrast, John‟s rival argument (Appendix F, Part Two) contrasted the group with a legal jury. In a previous discussion he noted, “...the jury there just listens to everything and then that‟s it...Here, you‟ve...got..to...get the evidence, and then you‟ve got to prepare a case, and then you‟re going to have to interview and then make a judgement after that... I think it‟s a lot subtler than just being a jury” (John, first interview, lines 743-751). Only towards the end of the disagreement did Jane appeal to John‟s frame of reference, by explicitly referring to “solicitors and barristers” (Appendix F, Part One, line 2068). So, it seems that disagreements over the use of the term „jury‟ may have partly remained unresolved, due to the participants often using different frames of reference, which meant for much of the discussion they were not directly addressing their interlocutor‟s standpoints. Despite this lack of agreement, the group continued to call itself a „jury‟. This may have been due to a strategic concern, or a desire to remain aligned with the previous Midlands jury process that was proven to be powerful “technology of legitimation” (Harrison and Mort, 1998: 61) for persuading decision-makers. However, given the lack of any clues in argumentative reality, I am unable to draw such conclusions.

- In disagreement seven, the outcome appeared to have a certain deliberative quality as it was based on an „incompletely theorised‟ agreement. Accordingly, while the jurors appeared to “agree on the result and...low-level explanation for it; they...[did] not agree on the fundamental principle” (Sunstein, 1997: 96). As noted above, the group agreed to support their recommendations with information collected from service users and providers, in order to provide recommendations that appealed to patient forum and governing body members (Appendix G, Part Two). However, John expressed doubts over whether, in the eyes of decision-makers, a relatively small collection of personal testimony and statistical data would provide sufficient support for the recommendations (Appendix G, Part Two). On this basis, the agreement was „incompletely theorised‟ as, whilst they agreed on the “particulars” of using evidence, they did not address the “abstraction” of what constitutes acceptable evidence (Sunstein, 1997: 96).

- Disagreement eight also seemed to contain deliberative elements being brought to a close via an „integrated solution". Indeed, it was Robert and Jane"s intervention that refocused David and John"s dispute over the number of prisoners with mental health conditions (Appendix H, Part Two). This involved “expanding the borders of the problem...[by] introducing new perspectives”, in the sense of drawing attention to the testimony they had collected from an individual who had recently been released from prison (Mansbridge et al, 2010: 71; Appendix H, Part Two). This outcome had a deliberative quality as, while it did not require David or John to “agree on an outcome for the same reasons” (Mansbridge et al, 2010: 71), both parties were integrated into a new, and perhaps more relevant discussion that focused on evaluating the information the jury had collected.

- Disagreement nine appeared to have some limited deliberative quality, as it took the form of „convergence", in which the parties “agreed on a single outcome for the same reasons” (Mansbridge et al, 2010: 71). However, as is always the case in these disagreements, the dispute appeared to begin “without significant conflicts of opinion” (Mansbridge et al, 2010: 71). Accordingly, despite John"s initial doubts, he readily agreed to Jane"s argument that including the homeless and those recently released from prison was a relevant part of improving access for all (Appendix I, Part Two). My interpretation was supported by an interview response in which John, recalling this exchange, explained the homeless and those recently released from prison “shouldn"t be...discriminated against because of a mental health problem...or vice versa...you still got to give „em [sic] the same amount of time and effort” (John, second interview, lines 623 to 629). The speed at which John was persuaded by this argument suggested this may not have been a fully fledged disagreement, but rather a concern that required clarification.

3.5. Summary of the deliberative quality of disagreements

From the above, there did appear to be elements of deliberative quality in the nine disagreements amongst the jurors. In a limited number of instances discussed above, individual arguments and group decisions approximated to certain aspects of internal inclusion, mutual justification, mutual respect, and agreement. However, it should also be apparent that this was only partially realised, and not consistently applied, either in the

utterances of individuals within a disagreement, or between the disagreements. On this basis, it appears that there were only instances of deliberative quality within the differences of opinion.

Furthermore, the nature of these utterances appeared to affect the communicative focus. Although there were extreme examples, such as Donna"s broadly deliberative appeal on behalf of frontline providers (Appendix D, Part Three), or John"s less inclusive contributions (Appendix D, Part Three), many utterances seemed to be mixing communicative and strategic elements. A case in point here is the arguments in disagreement seven, that appeared to contain elements of reciprocity and respect, as the jurors attempted to provide decision-makers with recommendations they may reasonably be expected to endorse (Rawls, 2005: 137). However, in disagreement five, the jury seemed implicitly to show less respect towards senior managers by continuing to use the title of „jury". Perhaps these patchy and inconsistent findings are unsurprising. Given that deliberation is an idealised form of communication, it can only be approximated to a greater or lesser extent in real world discussions. It seems likely that, in non-idealised contexts, there will always be elements of strategic behaviour mixed with aspects of communicative action.

4.0. Summary

Although exchanges in the Midlands jury were characterised by agreement, by applying a pragma-dialectical analysis, I have been able to develop a dynamic account of the limited instances of disagreement. This has included an interpretation of the content and context of argumentation. In addition, it has been possible to track arguments and their influence across different exchanges. Applying the pragma-dialectical rules of a critical discussion has also helped to develop a nuanced account of deliberative quality, by indicating potentially communicative and strategic contributions and the potential reasoning behind them. Overall, application of pragma-dialectics has suggested a partial and patchy approximation of deliberative quality in the real world exchanges of the Midlands jury.

Before closing the chapter, it is also important to recognise the limitations of the pragma-dialectical approach, both generally and in relation to the case study. My analysis is an interpretation which is based on applying the rules of a critical discussion to real world argumentation. I extensively drew on jury sessions and interview transcripts to support my interpretations with evidence from the parties to the disputes. Despite this, the above account remains my interpretation of the disagreements. As I acknowledged above, on a number of

occasions the analysis has been limited by a lack of supporting evidence required to explain the cause of particular outcomes. I also recognise that, as my interpretations are based on information from meetings and interview transcripts, the account I have developed is provisional, and potentially open to revision on the basis of new information.

Chapter Six
Exploring deliberation within the Midlands jury Process

This chapter carries on the exploration of deliberation within the Midlands jury. In doing so, it continues to consider the first sub research question which asks: „how (if at all) was deliberation approximated within the Midlands jury process?" To address this question fully, the chapter expands the scope of the analysis in three areas.

- Firstly, incorporating the areas of agreement into my analysis. This is appropriate, as non-contentious exchanges can contain indications of communicative or strategic action, in the sense of being "oriented to reaching an understanding and actions orientated to success" (Habermas, 1987: 332). On this basis, including areas of agreement supports a well-rounded exploration of deliberative quality in the Midlands jury process.

- Secondly, an exclusive focus on the deliberative quality of the exchanges amongst the jurors, considering the nature of their interactions with those who remained outside the forum, specifically service users, frontline mental health professionals and senior mental health service managers.

- Thirdly, exploring the impact of selecting participants with lived experience and facilitation by public officials on deliberative quality.

Once again, due to limitation of space, it was not possible to consider every interaction in detail. Rather, using the pragma-dialectical rules of a critical discussion (van Eemeren and Grootendorst, 2004: 136n), I provide illustrative examples of the extent to which the jurors" exchanges indicated signs of deliberative quality against the communicative principles outlined in Chapter Two.

I begin by considering the impact of selecting participants with lived experience on the deliberative quality of the exchanges within the jury process. Overall, I find that despite the high levels of agreement, the jurors had meaningful opportunities to exercise their communicative rights within the forum. However, as will be explained in different ways, the nature of lived experience appeared to adversely affect the deliberative quality of their interactions, particularly with service users and senior managers. Section Two explores the impact of facilitation by public officials on exchanges within the jury process. In addition to

using standard methods, the facilitators appeared to adopt an approach labelled as „democratic facilitation". This too appeared to have a mixed impact on deliberative quality as, whilst it empowered the jurors to direct their own inquiry, it also appeared to limit the depth of critical reflection. Section Three combines my interpretations of lived experience and „democratic facilitation", to develop an account of the jurors acting as „discursive champions" by using the stories they collected from users to construct a common service user discourse. However, it appears trade-offs between various communicative principles, particularly a narrative approach limited critical reflection, and the partial nature of internal inclusion resulted in this discourse being incomplete. Finally, Section Four concludes the chapter by summarising the extent to which deliberation was approximated within the Midlands jury process.

1.0. Selection of participants with lived experience

As noted in Chapter Four, there was extensive agreement amongst the jurors over the organisation of the process, the consideration of evidence, and eventual recommendations. From a deliberative perspective such high levels of consensus were concerning, as this could indicate an inability or unwillingness to reflect on their own standpoints to challenge the validity claims of similarly situated actors. It was particularly worrying, given the tendency towards polarisation identified in John"s arguments in disagreements two and three, discussed in Chapter Five. It seemed the selection of participants with lived experience was a significant factor contributing to the high levels of agreement. As noted in Chapter Four, the jurors were specially selected due to their lived experience of mental health conditions as service users, carers, medical professionals, and volunteers. So, despite demographically being a largely homogenous group, they had a diversity of perspectives that impacted upon the nature of exchanges. The following sub-sections will explore how lived experience affected the deliberative quality of the jury discussions, both in terms of their interactions with one another, and how they related to those who were situated outside the forum.

1.1. Discussions amongst the jurors

The selection of participants with lived experience of mental health conditions appeared to result in the forum effectively operating as a “subaltern counterpublic”, or a “parallel discursive arena...where members of subordinated social groups invent and circulate counterdiscourses, which in turn, permit them to formulate oppositional interpretations of their identities, interests and needs” (Fraser, 1990: 67). The need for such an arena, for those who have personal histories with mental health services, was illustrated by jurors

willingness to speak frankly inside and outside of the jury process. For instance, Clare stated that being surrounded with individuals who had their own experiences led her to be “more vocal than I...would be normally” (second interview, lines 772-773). Similarly, John summarised, “whichever other situation I go into, I never talk about what I‟ve talked about...you wouldn‟t...the stigma‟s still there” (second interview, lines 785-786, 788, 790). Such statements suggest that, for the jurors, the process functioned as a counterpublic in the sense of providing “spaces of withdrawal and regroupment” (Fraser, 1990: 68). Consequently, the jury appeared to provide a safe space in which the participants could regroup and learn about different perspectives of mental health services, by discussing their experiences as users, carers, medical professionals, and volunteers. Support for my interpretation was provided by jurors‟ statements which noted that the process provided everyone with “a fair opportunity to make their case” (David, second interview, line 1346), and “[n]obody was more worthy of having the floor when it came to their experiences and opinions” (Hannah, second interview, lines 838-839). These statements appear to indicate that the jurors‟ non-contentious exchanges accorded with the rules of a critical discussion, in the sense that “discussants...are...entitled to put forward... any standpoint”(van Eemeren and Grootendorst, 2004: 136).

Exploring the non-argumentative exchanges further suggests selecting participants with lived experience promoted deliberative quality in these discussions. This appeared to involve the sharing of experiences providing a means of greeting (Young, 1996: 129-130) that promoted internal inclusion within the jury. According to Hannah, through sharing their experiences, they were able to “learn...a bit about each other...which ease[d] the atmosphere”, and made the participants “comfortable to share our stories and give our opinions” (second interview, lines 686-688). This appeared to provide a form of greeting which prompted individuals to “recognize [sic] others as included in the discussion”, by indicating a willingness to “listen seriously” to the personal stories of their fellow jurors (Young, 2000: 61).

Hannah explained that this process of exchanging stories also “added fuel to the fire...because we were all really enthusiastic about getting it sorted” (second interview, lines 584-585). This suggests a certain rhetorical character to their discussions, as jurors‟ contributions sought to appeal “to the particular...experiences of the audience, and his or her own particular location in relation to them” (Young, 1996: 130). In other words, the sharing of personal experiences reinforced commitment to the common goal of improving access to mental health services. This, in turn, appeared to promote internal inclusion by providing all

jurors with an “effective opportunity to influence the thinking of others” (Young, 2000: 55). As Donna noted, the diversity of experiences as users, carers, medical professionals, and volunteers resulted in a sense of equality, as “we were all equal...we had...different pools of knowledge” (second interview, lines 1471-1472). The suggestion was supported by Clare"s comment that influence amongst the jurors fluctuated “...what we were on about, regarding who had more clout” (second interview, lines 829-830). Accordingly, on this account, the jury"s non-contentious exchanges appeared to have significant deliberative qualities, as the commitment to internal equality suggests that participants were not only “allowed to introduce assertions” (Habermas, 1990: 89), but that these opportunities were meaningful (Young, 2000: 55).

This raises a question as, if we accept the jurors enjoyed substantive equality, why were instances of disagreement limited? It would be concerning from a deliberative perspective if the answer indicated that individuals felt unable, or lacked an opportunity, to question the assertions put forward by their counterparts (Habermas, 1990: 89). However, the pragma-dialectical analysis of the disagreements suggested that, in the limited instances where jurors had doubts or rejected a validity claim, they exercised their discursive right “to challenge a discussant [to] defend his [or her] standpoint” (van Eemeren and Grootendorst, 2004: 137). Therefore, in Habermasian terms, it seemed possible that this limited dissent was informed by participants inhabiting a common „lifeworld", or “[t]he world-concepts and the corresponding validity claims that provide the formal scaffolding with which those acting communicatively order problematic contexts of situations...which is presupposed as unproblematic” (Habermas, 1984: 70). So, despite the jury, to some extent, containing diversity of perspectives in the field of mental health, the participants found that the assumptions of their interlocutors often accorded with their own perspectives. Put simply, they rarely objected to each other"s validity claims, as they found nothing to object to. My interpretation is supported by juror comments that the process “told me what I already thought I knew” (John, first interview, lines 163-164), and as a result, their initial opinions were “not...radically changed” (David, second interview, line 129). This suggests the presence of shared discourses amongst the jurors on how to improve the provision of mental health services.

Although such levels of agreement prevented deliberation from occurring, it does not immediately follow that the exchanges were of poor deliberative quality. I think the point to emphasise here is that jurors had the right to challenge validity claims when they had doubts

or criticisms, and actively did so, on nine occasions when they disagreed. On this basis, it appeared that the selection of participants with lived experiences, albeit with a diversity of perspectives, resulted in jurors who shared a common „lifeworld" which limited instances of disagreement due to the prevalence of seemingly genuine agreement. So, it appears that the issue here was not one of deliberative quality, as it was not apparent that participants were "prevented by internal or external coercion from exercising his [or her] rights"(Habermas, 1990: 89). Rather, it was the selection of participants with lived experience who shared similar discourses on how to improve mental health services which appeared to limited areas of disagreement. This suggests the absence of those with different perspectives: for instance, senior managers may have adversely affected the deliberative nature of the exchanges. This issue will be explored as part of the following discussion.

1.2. Consideration of those outside the jury forum

I also characterised the Midlands jury process as a "subaltern counterpublic", given that, in addition to providing a space for withdrawal, its activities were "directed towards wider publics" (Fraser, 1990: 68). Indeed, many of the jurors noted that participation in the process was motivated by a desire for "things to improve" (Henry, first interview, line 421), the chance to "make a difference" (John, first interview, line 1347), and an opportunity to "help to improve...mental health services" (David, first interview, line 832). Subsequently, throughout the process, the jurors appeared aware that affecting change would require interacting with a range of groups external to the jury process, including service users, service providers, and policymakers. This focus is clearly reflected in the subject of their disagreements which, as discussed in Chapter Five, were often related to the perspectives or likely reactions of those outside the forum. It is clear from reviewing the areas of agreement in Chapter Four that this trend was repeated in the jurors" non-contentious exchanges as the participants sought to develop recommendations that were capable of effecting change. Below, I will focus on how the participants" lived experience of mental health conditions affected the deliberative quality of their interactions with service users, frontline professionals, and senior managers.

1.2.1. Mental health service users

Interactions with service users involved one-to-one interviews with jurors that resulted in the production of 40 individual stories that were distributed within the jury. This information was supplemented by 89 responses to the online survey. As Clare explained, in relation to former methods of evidence collection, using their contacts from their personal and professional lives, the jurors were able to access "not just the well-known groups, but all the little groups

and lots of people who might not have had access...otherwise" (first interview, lines 160-163). So, despite collecting a relatively small sample, the jurors' lived experience enabled them to obtain information from groups who are seldom heard in consultation processes, including deliberative mini-publics (see Ryfe, 2002: 366). This included statements from individuals who were homeless, recently released from prison, carers, young people, and those with dependencies on drugs or alcohol. Accordingly, jurors were able to use their lived experience to improve the level of formal inclusion, in the limited sense of collecting and distributing the testimony of individuals from a diversity of backgrounds.

However, the way the jurors collected this information suggested a potential trade-off in terms of deliberative quality between the inclusion of seldom heard discourses and the exercising of communicative rights. The questions the jurors used to obtain information from service users, in the one-to-one interviews and the online survey have been included in appendices J and K. These questions focused on asking service users to give details of their involvement in mental health services in terms of when it occurred, the nature of their experiences, and their reflections. At no point did the interview and online survey schedules encourage questioning the information being provided. As noted in Chapter Three, I was unable to observe these interviews directly, as the jurors felt my presence may have prevented users from speaking openly about their experiences. However, my review of the written accounts of these interactions supports the suggestion that jurors, generally, did not challenge the information provided by service users.

I am not implying that an interrogation would have been appropriate, but polite and gentle probing may have generated more detail. The aim of doing so would not have been to establish the validity of user experiences in an objective sense of determining their truthfulness. Rather, by forgoing their right to challenge, even in the most limited sense, the jurors constrained the opportunities to enter into deliberation with service users. As discussed in Chapter Three, argumentation requires a confrontation to occur between those who advance a standpoint, the validity of which is doubted or criticised by other parties (van Eemeren and Grootendorst, 2004: 137). In a deliberative process, interlocutors then attempt to reach a new accommodation via speech acts designed to test the strength of rival claims through a process of argument and counterargument (Habermas, 2008: 82). By relinquishing their ability to challenge, the jurors appeared to have prioritised securing information from seldom heard groups, rather than engaging the service users in reciprocal argumentation. Although this weakened the deliberative quality of the exchanges, it is perhaps a necessary

step, as the jurors rightly recognised the “very, very, vulnerable” position of some of those from whom they were collecting evidence. However, deliberation, with its requirements for mutual justification and respect, can potentially provide a means of framing challenges in ways that promote a reciprocal dialogue. Particularly, jurors‟ lived experience may have supported such a process in the sense of establishing with users a sense of mutual trust and respect (Young, 1996: 129). Such a process may have assisted jurors in collecting more in-depth information, which may have been particularly helpful in exploring the strength of various ideas for improving access to services.

Furthermore, the lack of disagreement may have reflected the absence of certain perspectives from the jury process. Although the jurors were able to obtain the perspectives of some seldom heard groups, others were largely absent. This was partly a reflection of the demographic homogeneity of the jurors. David explained its apparent impact upon the jury process:

“I think we need the widest range of...views...I mean, it‟s very, very sad that we don‟t have anybody from the BAME community sat on the... jury. We don‟t have anybody from the LGBT community...because I think; they again bring a different perspective and a different set of barriers”

(David, first interview, lines 188, 190-191, 193-194, 196-198).

The above statement accords with Bachtiger and Parkinson‟s emphasis on the importance of promoting the “inclusion of a diversity of perspectives such that the „pool of perspectives‟ that is heard...is as wide as it can possibly be” (2019: 10). The area of mental health research suggests that in comparison to others service users, those from racial, sexual and religious minorities often report significantly lower satisfaction with services. In consequence, the absence of jurors from minority backgrounds weakened formal inclusivity, and in doing so, may have limited instances of disagreement. The inclusion of minorities may have provided counterdiscourses that might have challenged aspects of the jurors‟ validity claims.

1.2.2. Frontline mental health professionals

The jurors‟ interactions with frontline professionals involved the consultation event, described in Chapter Four, which produced discussions with no instances of disagreement. This is a surprising finding, given as I previously identified, discussions between mental health

professionals and services users are often difficult. In particular, it seems frontline professionals often feel “wrongly attacked” (Wadsworth and Epstein, 1998: 373) and “upset or even abused” (Church, 1996: 27) by users‟ criticisms. However, it seemed in this case, the jurors‟ lived experiences had given them some sympathy for frontline professionals. Predictably perhaps, Hannah, as a healthcare professional, expressed sympathy for her colleagues in recognising their “attempt to deliver the best service they can...with the available resources. They don‟t go to work to make people miserable” (Hannah, second interview, lines 1506-1508). Such sentiments appeared widespread amongst the jurors. For instance, in disagreement three, Donna recognised the need to develop a consultation process that suited the communication styles of frontline professionals. In the areas of agreement, some jurors‟ comments advocated that frontline professionals “were doing their best” (David, third jury meeting, line 2381), and “needed support” (Henry, third jury meeting, line 2392). It appears that such attitudes may partly explain the lack of disagreement amongst the jurors and frontline professionals. It informed the approach described in Chapter Four in which the jurors used themes derived from service user testimony, supported by short stories and specific quotes to facilitate a discussion with frontline professionals.

At the consultation event, I observed how this approach encouraged a mutual exchange of views. In a sense, the jurors used the themes and service user quotes to advance validity claims for the frontline professionals to accept or counter with rival arguments (van Eemeren and Grootendorst, 2004: 136-137). Accordingly, the jurors‟ approach respected the communicative rights (Habermas, 1990: 89) of frontline professionals, so the lack of disagreement does not appear to be due to the poor deliberative quality of the exchanges. As one attendee noted: “I have heard the information the jurors collected a thousand times from service users” (frontline professional participant three), and “nothing I heard came as a surprise” (frontline professional participant seven). This suggests a willingness amongst frontline professionals to accept that aspects of the jurors discourses related to the need to improve the provision of mental health services. So it appears that the lack of contentious exchanges was seemingly due to genuine agreement amongst frontline professionals and jurors.

1.2.3. Senior managers

In contrast, the jurors‟ interactions with service managers were characterised by a negative dynamic. This was partly based on jurors‟ disappointing experiences of previous interactions with senior managers. As noted in Chapter Five, John‟s opposition in disagreement one to

inviting the chief executive of a large mental health organisation was based on his frustrations with the lack of progress on implementing previous promises. The depth of John"s irritation seemed to be signalled by the fact that he returned to discussing his experience on a number of occasions, in non-contentious exchanges during the jury sessions (jury session two, lines 342-355; jury session five, lines 234-245, 264, 267-268). An additional element of the jurors having lived experience was the existence of poor personal relationships between the jurors and senior managers. Through extensive experiences in advocating on behalf of local service users, many jurors had developed long standing relationships with senior managers. The difficult nature of some of these relationships appeared to colour their judgement. This was illustrated by Clare"s response that consulting a particular manager "would have been quite a waste of time" (Clare, eleventh jury meeting, line 829). This can help to explain why the jurors in disagreement five appeared less concerned with understanding the claims of senior managers, in comparison to service users and frontline professionals.

Ultimately, the negative dynamic between jurors and frontline managers adversely affected the deliberative quality. As previously noted, all but one of the 21 senior managers invited to attend the consultation event refused to do so. This resulted in a decision to cancel the event, and instead to conduct separate one-to-one interviews with senior managers as explained in Chapter Four. It appeared that the jurors suspected the use of the title „jury" had made some senior managers anxious as they associated the term with an adversarial trial in which they would have to defend themselves. Some causes of this, such as the local newspaper reporting on the creation of the jury with the headline: "Mental Health in the Dock" (Sarah, first interview lines 875 to 876) was outside the jury"s control. However, as discussed in Chapter Five, the jurors were aware of the managers" concerns, but decided to continue to use the jury title. In this sense, it seems that lived experience contributed to poor deliberative quality; ultimately, it resulted in the senior managers" perspectives being generally absent in the jury"s discussions. As a result, this would seem to explain partly the high levels of agreement in the jury process, as a potential source of challenge to the jury"s validity claims was largely lost.

In some instances, it appeared the doubts of senior managers may have accorded with some of those expressed by the jurors. Specifically, the divisional manager of an NHS service provider that I interviewed, was concerned that the jury"s recommendations would be based on a "very small cohort and...commissioners would use that to decide how to commission

services in the future " (Divisional NHS manager interview, lines 852, 854-855). This seems to reflect John"s position in disagreement seven, in which he expressed doubts over whether the information they had collected was sufficient to support the recommendations (Appendix G, Part Two). As previously explained, due to the divisional manager taking an unexpected leave of absence, the one-to-one interview with the jury was cancelled. However, this example does indicate how greater interaction with senior managers may have provided the counterdiscourses required to create disagreement and potentially promote deliberation.

Overall, the impact of participants having lived experience appeared to promote deliberative quality in some respects, and limited it in others. Within the jury, lived experience seemed to support a „space for withdrawal", in which participants could share their experiences, and in doing so, have meaningful opportunities to influence discussions. Furthermore, the apparent ability of jurors to exercise their communicative rights to challenge validity claims, suggests the lack of agreement was attributable to participants sharing a common lifeworld. However, in many of the jurors" interactions with „wider publics", lived experience appeared to affect deliberative quality adversely. In particular, the limited questioning of service users constrained opportunities for deliberation, the absence of certain minority perspectives and the negative relationship with managers ultimately contributed to their lack of engagement in the process. This is likely to have eliminated a source of potential challenge to service user validity claims. On this basis, it appears that selecting participants with lived experience resulted in various trade-offs that meant communicative principles were only operationalised in certain contexts, and in turn, this contributed to the varying nature of deliberative quality.

2.0. Facilitation

The use of public officials as facilitators also appeared to be partly responsible for the varying deliberative quality of the Midlands jury process. The initial four, later three, public officials who played a role in managing the process, both as steering committee members and participants in the jury, performed various activities often cited in the literature as encouraging deliberation. These included common facilitation tasks performed by the steering committee members as follows:

- Luke, as clerk to the jury, conducted the practical, administrative, and organisational tasks that supported the group"s activities, including booking meeting rooms, taking minutes, and circulating papers (Smith, 2009: 78).

- Sarah, as moderator assisted the group in making progress, for instance “flip charting” (Mansbridge et al, 2006: 16), or noting down subjects the jurors discussed when exploring the personal testimony collected from service users in the first jury meeting.

- Robert and Jane, in their role as facilitators managed the process in terms of encouraging all the jurors to participate in the discussions, clarifying contributions, and ensuring the jurors remained focused on relevant issues (Stromer-Galley, 2007: 13). An example of the latter activity as highlighted in Chapter Five, was their intervention in disagreement eight, in which David and John"s argument over the number of prisoners with mental health conditions was resolved by referring back to evidence collected from a recently released prisoner.

Despite initially performing the above roles, over time the activities of the steering committee members became blurred. In the cases of the clerk and the moderator, this occurred in a formal sense, as Sarah took on Luke"s responsibilities after he left the process. However, Sarah also came to share Robert and Jane"s roles as facilitators. All three participated in the crucial task of ensuring less vocal members of the jury had the opportunity to speak.

This was particularly important in the case of Kay, who did not participate in any of the disagreements. Partly, this was due to her absence from the first, second and third jury sessions in which disagreements one, two, three, four, five, and six occurred. Kay proved to be one of the least vocal jurors. In my observations of the jury sessions, I noted Sarah paid particular attention to Kay (observations jury session five, p.4, observations jury session seven, p.5). As Sarah later explained, Kay was “quite introverted...[I would]...try to draw her into the conversation...and she"d come out with a pearl of wisdom” (Sarah, second interview, lines 393-394 and 396-397). The techniques employed here, included attempting to engage Kay in the conversation by directly asking her a question, or recalling a previous comment that was relevant to the discussion (observations jury session seven, pp.5-6).

Illustrative examples in which these techniques were used occurred in meeting eight. Here, Robert and Jane used the approach described by Sarah to draw Kay into discussions regarding young people"s experiences of services, by asking: “what was the feedback that we had in terms of the problems...was that the stuff you did Kay?” (jury session eight, lines 968-969), and; “„Cause [sic] you talked about this didn"t you?” (jury session eight, line 1702).

In the latter example, this provoked a detailed response from Kay, in which she introduced assertions and attitudes (Habermas, 1990: 89) based on the feedback she had collected from young people (meeting eight, lines 1703-1714). This led to a fairly lengthy discussion in which Kay exchanged contributions with Jane, John, Robert and Clare (meeting eight, lines 1704-1781). This example indicates that her lack of engagement in disagreements seven, eight and nine, and her quieter presence in the group, did not seem to be due to a lack of opportunities to exercise communicative rights to "put forward and call into doubt any standpoint" (van Eemeren and Grootendorst, 2004: 136). My interpretation is supported by Kay"s comment that "I had a fair opportunity to have my say" (second interview, line 1009). To a lesser extent, a similar technique was used to encourage contributions from Henry and Donna, who were also less vocal members of the group. So, it appears the steering committee members performed an important role in promoting deliberative quality of the exchanges, by advancing inclusion amongst jury members, at least to the extent of assisting jurors in achieving a „presence" (Philips, 1995: 150-151) in a vocal sense (Young, 2000: 55) during the discussions (also see Smith, 2009: 168-169).

By seeking contributions from quieter group members, the facilitation team promoted the deliberative quality of the discussion. Donna recalled how this style of facilitation gave her the confidence to challenge other group members, and this was particularly important for those with lived experience of mental health conditions, as "some of us have had...our autonomy taken away" (Donna, second interview, lines 1366 to 1367). This appeared, in part, responsible for mitigating John"s tendency towards polarisation in the second and third jury sessions as outlined in Chapter Five. By encouraging quieter group members to speak, Donna became comfortable in exercising her communicative rights, and challenging John"s validity claim in the third disagreement with a counterargument. Doing so effectively limited the impact of John"s suggestions as it expanded the argumentation pool and contradicted his position (Sunstein, 2003: 120-121, 124). Indeed, having his arguments repeatedly challenged in the first, third and fourth disagreements may also have contributed to John adopting a more productive attitude towards consulting service providers, by abandoning his argument in favour of assigning guilt. Such an interpretation supports the research described in Chapter Two that suggests effective facilitation can prevent polarisation in counterpublics (Gronlund et al, 2015: 1015; Strandberg et al, 2019: 52). It also indicates that doing so can promote the deliberative quality of the group"s interactions with „wider publics". For instance,

in the case cited above, Donna"s suggestion appeared to contribute to eschewing John"s confrontational suggestions, creating a process that bucked the apparent trend by promoting a productive exchange of views amongst the attendees.

2.1. Democratic facilitation

In addition to undertaking common practices, the committee members also engaged in what Jane labelled as “democratic” facilitation, on the basis that it was “never...done to, it"s always...done with” the jurors (second interview, line 694). Fundamentally, the facilitation appeared to be „democratic", as it involved empowering the participants to direct their own inquiry. As noted in Chapter Four, there is evidence the jury did seem, to a certain extent, able to shape key aspects of the process. My thematic analysis suggested that through discussions, the jurors decided to focus on improving access and narrowed down the topic to a manageable question. In addition, as Sarah recalled, the jurors “chucked...in the bin” (first interview, line 1008) the agenda proposed by the steering committee. Instead, the jury agreed to adopt an open-ended process and proactively collect evidence through one-to-one interviews and consultation events.

Given I did not directly observe these events and as there were no records of the discussions, I am unable to say the extent to which their decisions resulted from a “meta-deliberation” on the organisation of the process (Dryzek and Stevenson, 2011: 1867). However, it does appear that the jury were able to influence the nature of their inquiry. Sarah provided a useful description of the „democratic" approach to moderating group discussions, by replacing “process driven” facilitation techniques with more informal methods to provide jurors with the space to “talk and think things through” (second interview, lines 1104-1111). From a participant"s perspective, Hannah commented that the process was “completely led by us”, meaning the jurors, “but we were guided by them” (Hannah, second interview, lines 878-879), referring to Jane, Robert and Sarah.

In terms of guidance, there appeared to be two significant aspects to „democratic facilitation". A significant aspect was the emotional support provided by steering committee members to the jurors. However, in „democratic facilitation", this appeared to go beyond the standard facilitator role of „maintaining a productive atmosphere" (Mansbridge et al, 2007: 13-15). Sarah described such support as being necessary at “points in the process when the mood kind of dropped”, recalling that this particularly occurred at the beginning of the process when collecting information from service users. The jurors “were getting loads of negative stories

and feeling a bit, „oh woe is us". We can never fix this" (second interview, lines 573-574). In response, she recalled how the steering committee members responded by adopting a "caring nurturing role", by attempting to reset the atmosphere, by "trying to kind of work through that with a bit of reassurance...reset them almost. So, „come on. Just remember why you're doing this, and yes you can make a difference"" (Sarah, second interview, lines 573-578). Robert labelled this process as "oiling the wheels for us to actually get on and do what we needed to do" (second interview, lines 315-316). Terms used by the jurors to describe the support provided by the facilitators included "reassurance" (Hannah, second interview, line 1597), ensuring the meetings "did not go awry" (Henry, second interview, line 629), and "bringing us back down to earth" (Kay, second interview, line 824).

The second aspect was maintaining focus on the task, which is another standard facilitator role that appeared to take on a different form in the „democratic" version employed by the steering committee. As noted above, in Section 1.1., the process encouraged the participants to share their stories. However, given that the jurors had decided to collect information from service users and providers, the facilitators encouraged the group to remain on task by using this information to inform their exchanges. As Clare described it, this process allowed the jurors space for discussions to "kind of go off on a bit of a tangent but then come back to the evidence" (second interview, lines 619-620). Adopting this approach appeared to have a number of beneficial outcomes.

- Firstly, steering committee members recognised the information collected from service users as representing the "ground truth" (Robert, second interview, lines 256, 278, 298, 308, 340). Accordingly, they did not engage in the sometimes reported process of facilitators "rephrasing...personal stories into generalisable [sic] arguments" (Landwehr, 2014: 80).

- Secondly, they frequently encouraged the jurors to draw on the evidence they had collected to inform their discussion, and ultimately the recommendations. An example of this is provided by Jane's call for the jurors to respect the "power of the process", as noted in my observations of the eighth jury session (observations jury session eight, p.6). This appeared to move beyond attempting to secure a vocal presence for all participants towards advancing their substantial equality. As in all groups, there were some members who were more vocal and influential. However, requiring the jurors to link their contributions to the collected information to some extent also linked

their influence in discussions to the strength of service user testimony, rather than personal experience or opinions. Kay explained that, while John and Clare were leading members of the group, due to their respective experiences as a carer and chief executive of a local charity, ultimately “they can't influence the evidence and we all had to agree” (second interview, lines 643-644).

- Thirdly, the collected information was often discussed in a narrative format as a story which was told by one participant to another, and subsequently repeated. An example of this is the story of the recently released prisoner, discussed by Robert and Jane towards the end of disagreement eight. This narrative was frequently repeated in the jury sessions and the consultation event with frontline professionals (observations consultation event for frontline mental health professionals, p.8). This was also the case with testimonies from individuals who were homeless, carers, young people, and those with dependencies on drugs or alcohol. The “radically egalitarian” nature of testimony further advanced substantive equality amongst the jurors, as influence was not linked to knowledge or event experience, but “simply that everyone should have a voice, a chance to tell their story” (Sanders, 1997: 372).

Combined, the standard facilitation activities and „democratic" approach used in the jury appeared to have a mixed impact on deliberative quality. As outlined above, it assisted in fostering substantive equality amongst group members, by emotionally supporting participants through the process, and focusing on service user testimony promoted equality in influence.

However, this approach also limited the jurors" opportunities to challenge the information collected from service users. In a similar way to the process by which the evidence was collected, discussions appeared to involve a trade-off between promoting the inclusion of some seldom heard groups and the exercising of communicative rights. Here, the issue is not so much that the jurors were unable to question this information, as they did so to a limited extent. For instance, on a number of occasions, Henry highlighted that much of the collected user testimony did not reflect the “drastic improvements” (sixth jury meeting, line 909) in certain services, which had become “a lot better than they were” (ninth jury meeting,

line 1458). So once again, it was not that jurors were unable to exercise their communicative rights, rather it seemed the narrative approach of repeating service user stories resulted in the core elements becoming "incontestable traditions" (Ryfe, 2005: 59).

This process was probably aided by the fact that many of the broad themes contained within service user stories appeared to reflect elements of the jurors own lived experiences. Once again, this process appears to suggest the existence of a shared discourses amongst the jurors on how to improve mental health service provision. Regardless, the narrative approach appeared to limit service users' critical reflection on the stories, beyond considering whether they reflected the reality of current service provision. This, in turn, suggests that the high levels of agreement in part resulted from the facilitation process only operationalising certain deliberative principles. Subsequently, this accounted for the variations in deliberative quality which promoted aspects of internal inclusion, but did not encourage the critical reflection required for argumentation.

3.0. Discursive champions

Combined, my interpretation of lived experience and 'democratic facilitation' suggest reasons for the varying deliberative quality of contentious and non-contentious exchanges within the Midlands jury process. In what follows, I use these interpretations to develop an account in which the organisational methods encouraged the jurors to behave as discursive champions, and in doing so, strengthened some service user voices within the process through the creation of a common service user discourse. However, as will be explained, the partial operationalisation of deliberative principles led to inequalities in discursive advocacy, particularly concerning the limited inclusion of racial, sexual, and religious minorities.

My account of discursive championing is based on interpreting the impact of organisational methods through the lens provided by relevant elements of the literature on deliberation and representation. Specifically, this approach took inspiration from Urbinati's conception of advocacy as providing a "point d'appui", or "rallying point for opinions and interests which the ascendant public opinion views with disfavour" (2000: 773). Urbinati continues that: "[a]dvocacy has two components: the representative's 'passionate link' to the electors' cause and the representative's relative autonomy of judgement" (2000: 773). Momentarily placing references to representatives and electors aside, to different extents the jurors did appear to fulfil the above criteria. Having lived experience seemed to provide the jurors with a "passionate link" to service users. For instance, Clare noted that her engagement in the

process was based on not wanting “anyone to experience what I've experienced...I don't want people to...spend years of their life wasted” (first interview, lines 1081, 1805-1806). Some jurors implicitly cited advocacy as the reason for their participation, with Hannah and Henry describing their objective as “giving others a voice that are not normally heard” (Hannah, first interview, line 119), or to “put the user's voice forward” (Henry, first interview, line 657). Similar sentiments were expressed by Donna's desire to “bring to...life” users' experiences (first interview, lines 440-441), which David described as an approach that would “bring it back to people”, and “make it more...communicable to the public” (first interview, lines 1228-1229, 1231).

The requirement for retaining a relative autonomy of judgement is a little less clear. As noted previously, the high level of agreement amongst the jurors appeared, in some instances, due to a shared „lifeworld", and in others a trade-off between promoting inclusion and limiting critical reflection. However, throughout the process, the jurors appeared to retain the ability to exercise their communicative rights. Subsequently, they could be considered as retaining their autonomy of judgement, in the sense of being able to introduce or question assertions, and express their attitudes and desires (Habermas, 1990: 89). My conception of autonomy is relative, in the sense that jurors retained the right to make and challenge validity claims, but often did not do so, due to seemingly genuine agreement, based on shared discourses and trade-offs between the deliberative principles of internal inclusion and critical reflection.

As noted in Chapter One, my account of discourse draws on Dryzek and Niemeyer's definition of “a set of categories and concept embodying specific assumptions, judgements and contentions, dispositions and capabilities” (Dryzek and Niemeyer, 2008: 481). Additionally, I also borrow from their conception of representing discourses (Dryzek and Niemeyer, 2008: 482-483). The storytelling approach that jurors frequently employed in their exchanges appeared to accord with this account, as jurors learnt about the attitudes and views of those with lived experience of mental health conditions who were differently situated. As Sarah noted, this process of collecting and discussing stories “kind of balanced some of their own experiences out a bit and made them think a bit broader” (second interview, lines 280-282). So, it seems engagement in the process inducted a limited level of reflection within the jury. This was perhaps to be expected, given Dryzek and Niemeyer highlighted that “people are not simply bundles of discourses; autonomous individuals can reflect across the discourses they engage, even if they can never fully escape their constraints” (2008: 483). This quote appears to describe accurately the actions of jurors as

outlined above as, despite often being constrained by trade-offs, the jurors retained the ability to, and on occasion did, engage in reflection. For instance, as outlined in Chapter Four, the jurors considered the evidence collected from service users in order to identify and organise it under six common themes of access, awareness, crisis, diagnosis, treatment, and waiting times. During this process, care was taken to ensure that “no theme...was just from one story” (Hannah, second interview, lines 475-476), and “everything we were saying was brought from the evidence we'd gathered, rather than just from hearsay...or personal opinion” (Clare, second interview, lines 438-440). Throughout the process, the jurors reflected on the collected evidence. However, as discussed, this reflection was rarely critical, seemingly due to jurors being unable to “escape...constraints” (Dryzek and Niemeyer, 2008: 483) of their lived experience of mental health conditions.

Combining the elements of the above discussion creates a description of the jury's activities as discursive advocacy. However, further consideration of the literature on political representation suggests the need to soften this description. The reference to „electors“ in the earlier quote from Urbinati indicates a formal relationship, in which representatives are authorised, and held accountable to their constituents via the ballot box. Clearly, such bonds were much weaker in the Midlands jury process. A case could be made that those service users who told their stories to jurors were effectively authorising them to represent their experiences as discourses. Therefore, it may be possible to employ Dryzek and Niemeyer's account of “discursive accountability” to assess the extent to which jurors “sought to communicate in terms that made sense within discourse of...[access to Mental Health]” (2008: 490). The weakness of such an account is illustrated by Pitkin's observation: “the representative's obligation is to the constituent's interest, but the constituent's wishes are relevant to that interest” (1967: 162). In other words, “substantive representation depends on individuals being able to assert their presence in the actions of their agents” (Vieira and Runciman, 2008: 72). On this basis, Parkinson's (2008) account of the „champion“ role appears to provide a more appropriate description. This recognises that the jurors, “by virtue of their specialist position in, and knowledge of...[the] field”, can use service users' testimony to advance claims, whilst recognising that weaknesses in accountability restricted their recommendations to having “advisory power only” (Parkinson, 2008: 153). So, while still recognising the importance of the „passionate link“ and reflection in informing the jury's actions, I soften my claims around representation, by replacing conceptions of advocacy with notions of championing.

3.1. „Gyroscopic" and „Surrogate" champions

It was by acting as discursive champions that jurors strengthened some service user voices within the process. Once more, borrowing from the literature on representation provided a means to highlight the nature of these activities. Specifically, Mansbridge"s (2003: 520) conception of „gyroscopic" and „surrogate" representation appeared to illustrate the two approaches to strengthening certain service user voices within the Midlands jury. My use of these concepts relates to championing, in the sense of only drawing on the activities involved, and not the associated representative claims.

- The jurors appeared to act as „gyroscopic" champions when "rotating on their own axes, maintaining a certain direction, pursuing certain built-in goals" (Mansbridge, 2003: 520). Put differently, when acting as gyroscopic champions, their claims were based partly on the collected testimony, and partly on their own experiences. For instance, in disagreement seven, John began an argument with the statement "as a carer..." (Appendix G, line 253). Interview information suggested that, in this contribution, John was acting as a „gyroscopic" champion, as he saw his role in the jury as "ostensibly a carer" (John, first interview, line 980). Consequently, in this instance he was drawing on personal experience and the information collected from users to „champion" the cause of carers, and ensure they were not "slowly pushed into the background" (John, first interview line, 983).

- In contrast, when jurors discussed the testimony of those who were differently situated, they often acted as „surrogate" champions. This was based on their personal history of accessing mental health services, which gave them access to an understanding and common "experience with the surrogate...in a way that the majority does not share" (Mansbridge, 2003: 520). For instance, despite not personally having addictions, Clare recounted how working for a mental health charity meant she understood particular aspects of testimony collected from those with addictions to alcohol, particularly the frustrations of an individual who was "turned away" as they had "turned up to an appointment drunk", commenting "it"s...hand in hand isn"t it?" (Clare, first jury meeting, lines 816-817, 822-823).

By acting as gyroscopic and surrogate champions, the jurors promoted the inclusion of a range of seldom heard groups, which in addition to carers and those with addictions to alcohol or drugs, included young people, those who are homeless, and recently released

prisoners. However, as noted in Section 1.2.1 there was a lack of individuals from racial, sexual or religious minorities amongst the jurors. This appeared to contribute to the limited ability of the jury to act as gyroscopic or surrogate champions for these groups. One reason for this was, as jurors did not share the lived experiences of minorities they were unable to act as associate champions for such perspectives (Bachtiger and Parkinson, 2019: 9-10). Moreover, as noted in Chapter Four, the jurors had difficulty in accessing service users from BAME, LGBT and religious minority backgrounds. This limited their ability to act as surrogate champions as, although they obtained information on these groups from a local equality forum, this information lacked the power of the personal testimony they collected "directly...from people's mouths" (Kay, second interview line 136). Therefore, it appeared certain minority voices remained largely silent in the process of discursive championing.

4.0. Summary

Ultimately, the above organisational approach inspired my conception of the jurors as behaving as discursive champions. Considering the strengths and weaknesses of discursive championing will provide an answer to the first sub-research question. On the one hand, by acting as discursive champions, the jurors were effectively constructing a common service user discourse from the collective testimony. Such an interpretation helps explain the trade-off that occurred between different principles that resulted in the varying nature of deliberative quality across the areas of disagreement and agreement. In the form, it suggests potential reasons why the group chose to retain the title of „jury" in order to generate interest from service users, and their focus on the homeless and recently released from prison. It also provides a frame through which to understand the jurors' opposition to John's suggested methods of organising the consultation events. Indeed, the arguments of Clare and Donna, in particular, can be interpreted as emphasising the need to appeal to "wider publics", in the sense of developing an approach and service user discourse that was designed to promote productive exchanges with frontline professionals.

The construction of a common user discourse also appears to explain the high instances of agreement within the jury process, particularly the trade-off that occurred between promoting mutual justification, whilst largely forgoing the right to challenge, and subsequent engagement in critical argumentation. Overall, it appeared that the participants saw the jury as providing "safe spaces for withdrawal" in which they could "weave a coherent story out of previously scattered elements" (Mansbridge and Flaster, 2007: 636), to create a common service user narrative. However, by only partly mobilising deliberative principles, the

organisational methods appeared largely responsible for areas of weakness. In particular, the selection of participants with lived experience partly explained the high levels of agreement. This was due to rival perspectives, which may have challenged aspects of the jurors" validity claims, being largely excluded from the process. Partly, this was due to the selection process and not stratifying participants according to certain background characteristics, which resulted in striking levels of conformity within the jury. As a result, the jury lacked participants from any racial, sexual, or religious minorities, and this appeared to be a reason why the jurors paid less attention to the information concerning these groups. In addition, negative relations with senior managers resulted in all but two declining to participate in the process. Once again, this removed a potential source of challenge to the jury"s perspective, and in doing so, limited the opportunities for deliberation to occur.

By combining the above findings with those of Chapter Five, it is possible to provide an answer to the first sub-research question. Overall, it appears that while aspects of the jury"s exchanges had deliberative qualities, generally the approximation was patchy and incomplete. My interpretation of this is that various trade-offs promote the deliberative qualities of exchanges in some areas, but weakened it in others. It may be possible to defend some of these trade-offs on the basis of the group operating as a counterpublic. In the case of the Midlands jury, such an argument would be supported by the inclusion of certain groups that are seldom heard in consultations. However, the difficulties in „championing" the perspectives of racial, sexual and religious minorities is of serious concern, suggesting grounds for caution as it may infer the application of the above methods may undermine the communicative rights of certain groups. I will return to this issue in the conclusion. However, having responded to the first sub-research question, I will now turn to address the second.

Chapter Seven
Exploring deliberation in the policymaking process

This chapter investigates the process by which the Midlands jury disseminated their recommendations. This is necessary to develop an answer to the second sub-research question which asks „how (if at all) was deliberation approximated between the jurors and policymakers?" Accordingly, in what follows, I explore the process by which the Midlands jury disseminated their findings. As will be explained, a general lack of publicity meant the dissemination process was largely confined to the CCGs policymaking network, consisting primarily of the patient forum and governing body. Additionally, the jury decisions over the process of dissemination were largely informed by the Midland CCGs previous citizens" jury on physical health. This included the often used approach of producing a report outlining their findings and recommendations, which the jurors presented to policymakers. However, in the case of the Midlands jury process, the jurors used the service user discourse they constructed within the jury to support the dissemination of their findings and recommendations.

In what follows, I attempt to trace the practical impact of the strategy of the jurors using a service user discourse in the policymaking network of the Midlands CCG. The first section provides a general overview of the dissemination process. This begins with a brief explanation of how the jurors decided to present their recommendations, followed by a summary of the relevant meetings, including the jurors" presentations to the Midlands CCG patient forum, Midlands CCG governing body and the community event at which they launched their recommendations. The resulting information suggests the discussions were largely confined to the Midlands CCGs policymaking network. In the second section, I explore the exchanges between policymakers and jurors by using Knops" account of a deliberative network outlined in the methodology chapter. Accordingly, consideration is given to how this influenced the deliberative quality of discussions, by considering policymakers evaluations of the „scope and strength" of the jurors" report and presentations. This process indicates aspects of deliberative quality that were present, in the sense of the patient forum and governing body members recognising jurors as championing a service user discourse. However, it was limited by policymakers having doubts, and counterarguments concerning the jurors" claims that remained largely unexpressed during these exchanges. The third section considers how the organisational methods of democratic facilitation, and jurors" lived experience of mental health conditions affected the deliberative quality of the exchanges. Overall, I find that, whilst democratic facilitation largely supported the deliberative aspects of

the dissemination process, the impact of lived experience was more complex. It seems that whilst policymakers recognised the value of a service user discourse, some fused it with the personal experiences of the jurors" who were relaying the stories. This, in turn, made a number of policymakers cautious about being openly critical of the discourse for fear of appearing to dismiss the painful personal experiences of the jurors. In the fourth section, I will consider how the jurors" later exchanges with the director of mental health services and senior service managers provides clues to ways in which storytelling can provide a means for policymakers to recognise and respond productively to service user claims. The fifth and final section will close, by summarising the potential of narrative to support meaningful policy change and productive dialogue between service users and decision-makers.

1.0. Midlands CCGs policymaking network

Using the preceding information, I will now consider the nature of the dissemination process. Contrasting my overview with the democratic elements of the deliberative account of legitimacy outlined in Chapter Two, highlights how certain limitations in the dissemination process resulted in consideration of the jurors" report and recommendations being largely confined to the CCGs policymaking forums. In particular, there was a general lack of publicity, beyond the jury"s report being published on the Midlands CCGs website, and a limited number of articles in the local press. However, as is often the case, the impact of these activities appeared negligible. I detected no real sense in which the jury process fed into wider discussion, either amongst those with an interest in mental health, or the wider community. Accordingly, it appeared that exchanges were largely confined to the policymaking forum of the Midlands CCG.

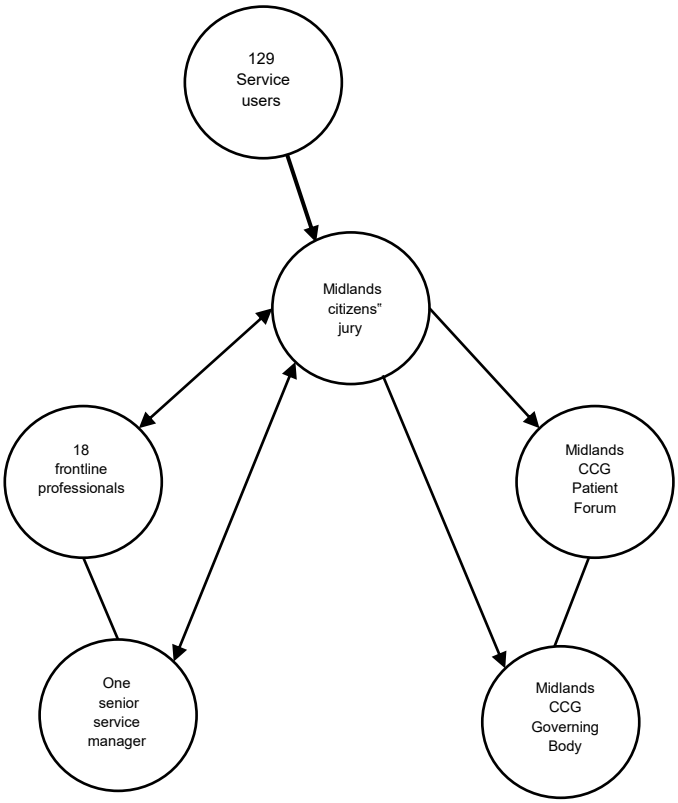
The jurors" recommendations did seem to be consequential, as they appeared to have effected policy change in a number of areas. The extent to which the jurors" report and recommendations were solely responsible for these changes is unclear. This is partly due to my fieldwork having ended after the report had been disseminated. Although, it also seems that, given public sector organisations receive a constant stream of information from a variety of sources, it can often be difficult to identify a particular source as having a decisive impact in policymaking (Pickard, 1998 237). Despite this, at the update meeting, senior managers were able to highlight, in detail, how the jury"s recommendations had translated into the policy changes. Due to limited resources, the way in which some of these recommendations had been implemented varied from the juror"s suggestions. In other cases, it appeared the recommendations had been combined with other sources of information. This may have

been necessary, given the limitations on inclusion and publicity meant that CCG managers had to consult with interested parties on how the recommendations could be implemented. However, generally it appeared an effort had been made in spirit to implement the jury"s recommendations. This suggests that in part, the juror"s recommendations had a level of consequence in the policymaking process.

Overall, it appears that the process of dissemination was largely confined to the Midlands CCG"s policymaking network. Here, I define policymakers as those who play a role in the formulation and implementation of policy. The Midlands CCG"s patient forum and governing body clearly fit this description, as both organisations were responsible for reviewing and issuing a judgement on the jurors" recommendations. In the case of the patient forum, it only had advisory powers, while the governing body was responsible for accepting or rejecting the proposals. Additionally, both organisations played a role in monitoring the implementation of the recommendations. However, in order to provide a full picture of the jury process, the place of the community event as part of the policymaking process is less certain. The event was held after the recommendations had been accepted, and attendees were asked to focus on foreseeing, and overcoming, potential problems with implementation. So, while attendees did have the potential to influence policymaking, this was limited by the focus on implementation and the one off nature of the event. Accordingly, given the second sub research question focuses on policymakers, my analysis in the remainder of this chapter focuses on exploring the exchanges between the jurors and members of the patient forum and governing body.

I will now turn to exploring the impact of the jurors" use of a service user discourse on the deliberative quality of their exchanges with the patient forum and governing body members. To do so, I will use the network analysis outlined in Chapter Three. Accordingly, below I have provided a simple network diagram to illustrate the various aspects of the Midlands jury process.

Figure 7.1. Network diagram of Midlands jury process



In figure 7.1, each circle is a node in the policymaking network, consisting of a particular site or group comprising a number of individuals. The lines or links between them indicate the nature of the relationship. The solid lines without arrows (Miles et al, 2014 112) signal that these sites or individuals were already linked by a relationship that existed outside the Midlands jury process. The one directional arrow between the service users and the jurors illustrates the process of information collection outlined in Chapter Four. The bi-directional arrows (Miles et al, 2014 112) between the jury and frontline professionals and the jury and the senior manager represent the consultation processes in which the jurors presented the discourse they had developed from service users and requested feedback. These relationships are considered to be interactive (Miles et al, 2014 112) as the jurors, to a limited extent, modified their recommendations based on this feedback. The one way arrows from the jury to the policymaking bodies illustrate how the former used the service user discourse to relay their recommendations to the latter. This relationship is considered to be one way, given that the recommendations were accepted with little challenge. The benefit of providing figure 7.1 is that it "re-creates the „plot" of events" in the Midlands jury process. In Chapter Four, I discussed the collection and consideration of information from service users and providers. I will now consider the interactions between jurors" and policymakers.

2.0. Analysing deliberative quality in policymaking

To consider the quality of deliberative exchanges between jurors and policymakers, I will employ Knops" conception of a deliberative network, in which interlocutors consider "the deliberative merits of...earlier exchange[s]" (2016 310). This includes, both the "scope" of the jurors" arguments in terms of decisions that inform their claims, and the "strength" of the process in which they were developed (Knops, 2016 310). Accordingly, I explored policymakers" views on the arguments that supported jurors" claims, and how these were arrived at through internal discussions within the jury, and interactions with service users, frontline providers and senior managers. In other words, this involved understanding how patient forum and governing body members evaluated the exchanges I explored in Chapter Four. Doing so provided an indication of deliberative quality, by highlighting the extent to which the acceptance of recommendations was informed by communicative reasons. I found that policymakers seemed to recognise jurors as championing a service user discourse. To an extent, this implied that they accepted the scope of jurors" claims when it came to those with lived experience of mental health conditions. However, in one-to-one interviews with me, a number of patient forum and governing body members expressed concerns about the strength of the jury process, particularly the lack of engagement with senior managers, and others involved in the provision of services. Importantly, they did not express these concerns to jurors during their exchanges. Accordingly, it appears that only aspects of deliberative principles were present in the policymaking process. To explain my findings fully, I will explore below policymakers" views on both the scope and strength of the juror"s recommendations.

2.1. Scope

Before proceeding with my examination, it is necessary to consider the clarity of the dissemination process. As Knops explains, in order for a third party to evaluate the "scope" or "strength" of a previous exchange, they must know, "details of the decision taken, the reasons for the decision, the parties involved, and the procedures followed" (2016 312). Generally, policymakers appeared to be impressed by the clarity of the jurors" written report. Patient forum member one commented that he was "pleasantly surprised" by the report, as it was "easy to read, it"s easy to absorb and makes the points clearly and concisely" (second interview, lines 231,238). This view was echoed by the chair of the CCGs governing body, who felt the report was "good" and "easy to understand" (second interview, lines 882,884). The jurors" presentation of their recommendations to the policymaking bodies was also well

received. This suggests that sufficient information was provided for the forum and governing body members to assess their claims, based on earlier exchanges that occurred within the jury and during the process of evidence collection.

Policymakers‟ assessments of the scope of the jurors‟ arguments focused on how they had used the stories collected from service users. This appears to be important, as it suggests the jurors‟ arguments in favour of the recommendations were not premised (Knops, 2016 310) on personal or individual stories, but on the construction of a service user discourse. It seemed policymakers appeared to recognise service users as championing this discourse. For instance, a member of the patient forum observed that the jury had “brought together the life experiences of people very well into concise recommendations” (patient forum member one, second interview, lines 285-288). Perhaps more forcefully, the deputy chair of the CCGs governing body labelled the “jurors‟ use of examples from patient experience” as being a “sort of narrative and explanation...to justify the recommendations” (second interview, lines 887, 893-894). Additional support for this interpretation was provided by the reactions of policymakers to the jurors‟ presentations. As a member of the patient forum noted, the use of service user stories was “really important” in allowing the “board to hear.. the patient view about what is wrong currently” (patient forum member one, lines 642-643). Similarly, one director commented “some of those stories, I...recognise from what my patients have told me” (member five, governing body meeting, lines 257-258).

Ultimately, policymakers‟ favourable evaluation of scope appeared to be based on an acceptance of the premises and conclusions of the jurors‟ claims. This is illustrated by one patient forum member, who described the jurors‟ report as “spot on”, elaborating that “there‟s nothing in there to fault, to be honest with you...it‟s all there, and it‟s...plain as day when you look at it” (patient forum member two, second interview, lines 71, 87-90). This was expanded on by another forum member, who explained his lack of challenge during the meeting as follows “I could see the logic behind their recommendations, so I didn‟t need...to raise...individual issues...„cause I trusted that they had soaked up the information from various people” (patient forum member one, second interview, lines 637, 639-640, 642, 644-645). There is a striking similarly between this description and Knops‟ explanation that “[i]f the premises of an earlier exchange cover all the factors that those in the later exchange deem relevant to a determination of the...issue...there is no need to replicate the earlier exercise” (Knops, 2016 310-311).

The extent to which the governing body accepted the premises of the jurors‟ claims, based on the use of a service user discourse, was less clear cut. This probably reflects the different objectives of these groups, as the patient forum is primarily concerned with promoting service user views, whilst the governing body has to take a wider view. However, there was some indication that some directors accepted the jurors‟ claims as being premised on an acceptable service user discourse. Specifically, the deputy chair of the governing body used her regular column in a local newspaper to explore the practical ways in which the jury‟s work could be used to improve access to mental health services. The column referenced the jury and used two of the short quotes from service user testimony to highlight the support that was currently available (deputy chair, local newspaper, March 2018). As the deputy chair explained, responding to the service user testimony was an attempt at “giving them the answers” (second interview, line 49). This suggests recognition, at least on the part of the deputy chair, that the service user claims were based on an acceptable premise.

Overall, it appeared the jurors‟ use of narrative gave their exchanges with policymakers a deliberative quality. To a different extent, it seems policymakers accepted that the jurors, through prior discussions and interactions with service users and frontline professionals, had constructed a service user discourse. As outlined above, for some patient forum members, this was sufficient to accept the recommendations without additional discussion. For the governing body, it may have been more a case of the jurors supporting their claims with an acceptable discourse which they could then attempt to use to engage in further discussion. Given my emphasis on jurors having constructed a service user discourse which provided their arguments with acceptable premises, it is important to understand the broader context which was advanced. The limitations of NHS mental health services have been the focus of sustained media attention, which has resulted in a widely understood national narrative around the resulting poor service user experience. On this basis, it is necessary to recognise that jurors had premised their claims on a narrative which many policymakers already understood and accepted. This too probably contributed to a lack of challenge. However, by developing a narrative from local user stories, the jurors were able to add “colour...and give it depth” (patient forum member one, second interview, line 223).

2.2. Strength

Evaluations of strength concerned who had participated in the earlier exchanges, and whether the process was open and fair (Knops, 2016 311). Interestingly, despite it being clearly stated in the jury‟s report, none of the policymakers I interviewed mentioned the lack

of involvement from racial, sexual, or religious minorities. A potential reason for this is provided by Knops" explanation

> "just as any single deliberative exchange is partial, so is the way it is evaluated. Such an evaluation will always be from another, limited, perspective. No evaluation can take into account all the matters that were not considered in an earlier exchange, or who might have been included, or all aspects of procedure" (2016 312).

So, while it is possible that other policymakers may have noticed the absence of certain minorities, such concerns were not expressed by the participants in one-to-one interviews or the meetings I observed.

Other policymakers did, however, raise concerns over the jurors limited exchanges with various clinical and managerial groups involved in the provision of healthcare services. The CCG chair highlighted the lack of the jury"s interaction with senior mental health service managers, and the CCGs commissioner of mental health services (second interview, line 1739). Additionally, the deputy chair highlighted the need to consider the views of the CCGs financial director, and those who work in the voluntary sector (second interview, lines 567-569). As the directors explained, listening to these voices was important to place the "jury in context" (CCG chair, second interview, line 654), as "the jury was not the only voice in this" (CCG deputy chair, second interview, line 1224). Accordingly, although the governing body approved the recommendations, the jurors" limited interactions with clinicians and managers left them with concerns. These included concern over whether the recommendations addressed the "current reality" of service (CCG deputy chair, second interview, line 554) and if there was a risk of "replicating existing services" (CCG chair, second interview line 546). In addition, they lacked a financial perspective on whether the recommendations were affordable. This was raised as a particular issue by the CCGs chair, concerning the single memorable phone number (second interview, lines 551,553-554). The question and answer session that followed the jury"s presentation to the governing body suggests these concerns may have been more widely shared. One director asked the extent to which senior managers of mental health services had been involved. However, there was no follow up, after John and Clare explained that while the managers had been invited, only two had engaged in the process (governing body meeting, lines 245-255).

Criticisms of the strength of the jury"s claims were more limited in the patient forum. Once again, this was probably, in part, due to their emphasis on promoting service user voices in the CCG process. However, patient forum member one did raise some of the same concerns as the chair and deputy chair. In particular, the area of finance, noting "I don"t know how to balance the recommendations...I mean how is the Midlands CCG financially going to be able to balance them?...So, until you get that bit of the jigsaw...how do we balance that out?" (second interview, lines 503-504, 506-508, 516-518). Accordingly, the patient forum member appeared to share the directors" concerns, regarding the lack of input from a CCG financial perspective. Overall, the policymakers" concerns were probably best summarised by the deputy chair as follows

> "...let"s say, a range of intelligent voices in the process, because they aren"t just voices...Over the period of their work, they"ve obviously reflected a lot as well, and they"ve learnt from each other. So, very much...the word intelligent comes up here. They give us intelligence as well as the word intelligent as an adjective" (second interview, lines 679-682).

In other words, the common service user discourse constructed by the jurors was an intelligent voice that provided valuable information to governing body and forum members. However, there are other intelligent voices that also need to be heard in the decision-making process, including those of clinicians and managers. Despite this view being present in both the governing body and the patient forum, policymakers did not generally express these concerns to the jurors. In the few instances they were expressed, it took the form of clarificatory questions rather than an expression of doubt or a direct challenge. Accordingly, there appeared to be potentially non-deliberative forces that may have prevented these challenges from being expressed during interactions between policymakers and jurors.

Overall, this exploration of policymakers" considerations of the scope and strength of the exchanges that occurred in the jury process suggests aspects of deliberative quality in the dissemination process. In terms of scope, it appears, to differing extents that patient forum and governing body members accepted the jurors" arguments, as they were premised on a service user narrative. Indeed, it seems the policymakers accepted the jurors as discursive champions. This suggests elements of deliberative quality in the discussions, as the lack of challenge resulted in claims being premised on an acceptable discourse. However, a number of the policymakers were concerned over the strength of the process. Specifically, the limited

interaction with a range of clinicians and managers involved in the provision of services created doubts over the recommendations, in a number of areas. I will now move to consider the impact of organisational methods on the deliberative quality of exchanges between the jurors and policymakers.

3.0. Impact of organisational methods

The organisational methods of democratic facilitation and selecting participants with lived experience appeared to have broadly different effects on the deliberative quality of exchanges between the jurors and policymakers. Democratic facilitation seemed to have a positive impact, in the sense of encouraging understanding between the jurors and governing body members. Overall, my findings suggest that this empowered participants, by advising them on how to position themselves in ways that would ensure their emotional claims were granted serious consideration by public officials. I interpreted the selection of participants with lived experience as having a mixed impact on deliberative quality. In some respects, it appeared to promote the power of the jurors‟ shared service user discourse, by helping to link individual stories into a wider narrative. However, some policymakers appeared to have difficulty in distinguishing between the lived experience of the storyteller, and the broader claim that the story was seeking to support. This appeared to create a concern amongst some policymakers that, in such circumstances, challenging such claims might be interpreted as being dismissive of the jurors‟ difficult personal experiences. These points will be expanded upon by considering, in turn, the impact of democratic facilitation, and lived experience on deliberative quality.

3.1. Democratic facilitation

The aspects of deliberative quality in the dissemination process suggest additional elements of facilitation to those identified in the previous chapter. Here, the focus was on how the steering committee members used their dual positions, as permanent members of the Midlands CCG policymaking forums and facilitators of the jury process. For clarity, in addition to their role as facilitators, Robert and Jane were also lay members for patient and public engagement on the Midlands CCGs governing body. As part of this role, they co-chaired the patient forum. Sarah, in addition to acting as a moderator in the jury, was also the Midlands CCG head of patient and public engagement, and in this role regularly attended both the patient forum and governing body.

The dual facilitator/policymaker role appeared to have an impact on deliberative quality, by fostering greater understanding amongst the jurors and governing body members. Jane labelled their dual role as involving “walking between” (second interview, line 648) the jury and policymaking forums. Within the jury, their efforts tended to focus on the governing body rather than the patient forum, as the jurors were more suspicious of the former. Partly, this resulted from the governing body having the power to determine the fate of the recommendations. However, it also appeared to be due to the presence of jurors who had experience as patient forum members, advising that the group comprised of “people just like us” (Kay, ninth jury meeting, line 1264), rather than professional policymakers. In handling the jurors‟ suspicions, the facilitators appeared to improve the deliberative quality of the dissemination in a number of ways that will be explored below. Overall, it appeared that these activities contributed to democratic facilitation, in the sense that, they empowered jurors in their interactions with policymakers, encouraging the latter to engage critically with the jurors‟ claims.

3.1.1. Handling tensions

The steering committee members appeared to use their dual role to lessen the potential for tensions to emerge between jurors and policymakers. A persistent source of tension was the jurors‟ suspicions that the policymaking forums would reject their recommendations without granting them due consideration. In jury discussions, this concern was expressed in various ways including, policymakers “won‟t take any notice” (John, first jury session, lines 2310-2311), or would “ignore” (Donna, second jury session, line 1706), or say “no” (Kay, sixth jury session, line 1432) to their recommendations. Jane recalled such concerns, as the jurors asking “well hang on a minute...when we go to the governing body will they do this...and I don‟t want them to do that”. She recalled the response of the facilitation team as follows “it‟s about reassurance...checking that jurors were comfortable” (Jane, second interview, lines 479, 483). Examples of this reassurance in action included Sarah reminding jurors that the governing body had “wanted this piece of work to take place”, and “were looking at this as a valued piece of work, not let‟s pull it part” (sixth jury meeting, lines 548-549). Similarly, Robert sought to reassure the jurors that they had “a lot of advocates within the governing body” and should not expect “a lot of kick back” (eleventh jury meeting, lines 286, 294).

The extent to which the jurors found this advice reassuring was unclear. This was illustrated by their perceptions of the governing body accepting their recommendations. Hannah‟s thoughts summarised the position of many jurors. She expressed confidence that the

recommendations “would be taken seriously as they have been so far” (second interview, lines 1486-1487), but also reserved judgement as to whether they would ultimately be implemented. For all the jurors, it seemed that to a greater or lesser degree, their outlook was shaped by their knowledge of previous consultations, whose recommendations were accepted but apparently never actioned. As Hannah went on to explain “I've had...it time and time again...You make recommendations and they're like, that's a good idea but...[then] it's we can't do that, with these circumstances you can't do that with this amount of money, that's going there and we can't do it” (second interview, lines 1523-1528). It was probably inevitable that, given their lived experiences, the facilitators would be unable to reassure completely the jurors that the governing body was acting in good faith. However, this attempted reassurance appears to be another instance in which facilitators limited the potential for polarisation from occurring within the jury. As Kay noted, the facilitators “did pull us back” (second interview, line 779). On a broader level, by promoting the consideration of wider perspectives, the facilitators appeared to play an important role in preventing the jury from becoming “a...group thinking, what can we moan about today” (second interview, lines 7-8). The steering committee members were able to use their positions both as facilitators and policymakers to provide jurors with a “sustained exposure to competing views” (Sunstein, 2002 176) concerning the governing body having a positive disposition towards the jury process. So, although it seemed to have little impact on changing jurors' perceptions, it did appear to play a role in preventing their suspicions from hardening into hostile attitudes.

3.1.2 Encouraging a deliberative stance

Throughout the process, jurors continued to express concern regarding the governing body's reaction to their recommendations. In response to this, the facilitation team seemed to encourage the jurors to adopt a deliberative stance in their interactions with directors. This will be illustrated in a number of exchanges that occurred at various stages of the process. At first glance, the reaction of the facilitators may appear to have potentially been offering contradictory advice to the jurors. The first exchange began, with John asking “unless we can portray savings, they won't take any notice will they?” (first jury meeting, lines 2310-2314). Sarah responded as follows “I don't think that's true, but...if you say what...we want to do is to build a hospital and it will cost you 90 million pounds...they might go, hang on...There has got to be some element of practicality” (first meeting, lines 2312, 2314-2315, 2317). In the same exchange, Robert advised the group “what's important is that people suffer less...we mustn't lose sight of that” (first meeting, lines 2345, 2349-2350). Seen from a communicative perspective, the two arguments can also be interpreted as complementary. In this account,

the facilitators were advising the jury to develop their recommendations from the service user perspective, whilst also bearing in mind the need to appeal to policymakers. This suggests the governing body's agreement to the recommendations may have been based on aspects of mutual respect, in the sense that the directors felt the jurors were advancing reasons that they could accept.

Further support for this interpretation is provided by exchanges that occurred in the sixth jury session, and once again, began with John expressing concerns that the process of dissemination would provide the governing body with an opportunity to modify the report. In response, Robert explained that "...the report will be the report" (sixth jury meeting, line 406). He went on to explain to John that whilst the governing body could accept or reject their recommendations they would not be able to change the content of their report. Sarah then entered the exchange, and noted that the directors have "every right to accept or otherwise those recommendations" (sixth jury meeting, line 442). These contributions could be interpreted as having potentially different impacts on deliberative quality. In a negative sense, Robert and Sarah's contributions could be characterised as containing a suggested threat implying that whilst the jurors were technically free to do as they wished, directors would reject recommendations with significant financial implications, so they were best avoided. Alternatively, this could be seen as an indication that the facilitators were seeking to „play the user card" which involves managers drawing on "user group opinion to buttress...[their] preferred course of action...against that of a colleague's" (Harrison and Mort, 1998 65-66). On this account, the facilitators would be seeking to use the jury to develop recommendations they personally favoured. If such interpretations were borne out, they could suggest a lack of deliberative quality to the exchanges between jurors and governing body members.

However, a latter discussion in the sixth jury session seems to cast the above exchanges in a more deliberative light. This time, the conversation began with requesting clarity over the governing body's role. Robert and Jane explained that directors were responsible for commissioning and monitoring the performance of local health services. The exchange then continued as follows

Kay "What if we give our recommendations to the governing body and they turn around and say, „No"?"

Jane "Well that may need to be a discussion we have with the governing body isn't it?"

Robert "In...some ways it's quite good to have that questioning."

Jane "It's part of the deliberation as far as I can see."

(Sixth jury session, lines 1431-1441).

Combined with the earlier exchanges in the sixth jury session with John, the facilitators appeared to be advising the jury on the governing body's right to challenge claims if they disagree. Furthermore, Robert's references to „questioning" can be interpreted as implying doubts, which often occur at the beginning of a critical discussion (van Eemeren and Grootendorst, 2004 136). In pragma-dialectical terms, Robert and Jane appeared to be relaying the message that governing body members have a "a right to challenge a discussant [the jurors] to defend...[their] standpoint" (van Eemeren and Grootendorst, 2004 137). This suggests that the facilitators were not seeking to threaten the jurors or, in this instance, „play the user card" against their fellow directors. Rather, they appeared to be explaining the governing body's right to say „no" (Habermas, 1987 73) to validity claims to which they disagree, but also preparing the jurors to be willing to enter into argumentative exchanges. Accordingly, the facilitation team seems to be encouraging the jurors, not only to recognise the communicative rights of CCG directors, but to be willing, if necessary, to exercise their own rights, and advance arguments to support their recommendations, and respond to counter claims.

Jane labels these potential discussions as "deliberation". As noted in Chapter Three, I introduced this term to the jurors when negotiating access to the forum. On this basis, care needs to be taken to understand the jurors" interpretations of deliberation. Jane offered the following definition "an in-depth discussion...It's about...scrutinising the...evidence...checking out where you're coming from...this wasn't about your own personal view...it was actually substantiated with the evidence. So you know, deliberations are much more embracing discussions, than just having a chat" (second interview, lines 444-445, 447-449). There appears to be partial and incomplete aspects of deliberation in the above definition. In particular, the reference to „scrutinising the evidence" suggests an acknowledgment of the need to evaluate validity claims, and this should take place through an argumentative

exchange with interlocutors. The concern with “checking out where you're coming from” can be interpreted as containing elements of mutual respect, in the sense of being willing to listen and critically reflect on the strength of arguments. Other factors of the definition are less deliberative and the statement “your own personal view” is worrying from a communicative perspective. However, given the facilitation team only had a loose knowledge of deliberation as a theoretical concept it is understandable that their perspectives were partial and incomplete. More significantly, the extent to which the facilitation team did mobilise aspects of deliberation appeared to encourage the jurors to advance reasons their interlocutors may accept and thereby be willing to engage in a critical discussion. Taken together, this provides an additional explanation of why board members accepted the recommendations with little challenge.

3.1.3. Positioning the jurors

The advice offered by the facilitators also appears to have correctly positioned the jurors within the corporate environment of the governing body, by following formal politeness that characterised their meetings. An instance of this occurred when Donna asked whether the governing body meeting would be like the television programme “Dragon's Den, where everyone's pitching in. Is it anything like that?” (eleventh jury meeting, lines 280-281). This comparison is illuminating, given „Dragon's Den“ involves entrepreneurs as contestants pitching their products to a panel of investors, who then decide whether or not to invest. To an extent, it is possible to follow Donna's logic, as the jurors were presenting their „products“ or recommendations to directors who would decide whether to „invest“ by approving or rejecting their proposals. This illustrates an awareness of the underlying power dynamic that appeared partly, to have shaped the jurors“ persistent concerns over whether the governing body would reject their recommendations. However, the combative tone of the television programme, and the often one-sided exchanges between investors and contestants, in which the latter are often subject to ridicule, suggests Donna was anxious over the form the exchanges with directors would take. Such concerns are understandable as, while many of the jurors had extensive experiences of activism, they were largely unfamiliar with NHS policymaking. It also suggests the presence of concerns that Smith and Stephenson reported in relation to activists who felt “alienated... as well as patronized [sic] by policymakers” (2005 340-341).

In response, Sarah used her experience of governing body meetings to outline carefully the process, including how the meeting would be chaired, the type of question the directors might ask, the likely nature of discussions and how the governing body would make its decision. In doing so, she attempted to reassure Donna by recognising the process was “a bit weird. It"s very formal, but you"ll be fine” (Sarah, eleventh jury meeting, lines 283-284). Sarah"s reference to the formality of the process may be an important indication that exchanges at the governing body are characterised by a level of politeness or respect. Drawing on Young, politeness can be an important form of “greeting”, which is crucial to “asserting discursive equality, and establish[ing]...the trust necessary for discussion to proceed in good faith” (Young, 2000 60). As Sarah"s advice to Donna appeared to share a similar message, her detailed description of the governing body meeting was designed to help jurors understand “the corporate process and the nature of the organisation...And not for people to misconstrue what they"re saying or see them as not credible” (Sarah, second interview, lines 437-439, 445-446). This appears to accord with Young"s conclusions on the importance of „greeting" in promoting deliberative quality: “[i]t is not simply that participants in public discussions should have reasons that others can accept, but they must also explicitly acknowledge the others whom they aim to persuade” (2000 62). In other words, by providing them with an understanding of the process, Sarah sought to encourage the jurors to follow the formal politeness that characterised governing body meetings.

Such attempts to encourage adherence to politeness are not always taken as a sign of deliberative quality. Indeed, as Bachtiger and Parkinson argue “sometimes...it is right to get angry at injustice and shout, and shouting can be justified in...deliberative terms as a plea to be heard, as well as conveying a substantive claim. Sometimes...deliberation can get in the way or be used to kick ...claims into the long grass” (2019 25). However, in the context in which the jury operated, Sarah"s advice appeared to be warranted. The jurors had an opportunity to present their claims and engage in exchanges with directors. I recognise that there was no guarantee that formal politeness translated into respect in the sense that the governing body members were “really listen[ing] to...claims” advanced by the jury (Young, 2000 57). Despite this, the literature suggests that in appropriate circumstances, a level of formal politeness may support the acceptance of emotional argumentation amongst policymakers. As Barnes notes “public officials find any emotion whether it be anger, pain or despair, difficult to handle in the context of deliberation directed at issues of policy or service delivery...officials can invoke institutional rules and norms to define what is acceptable in the contexts they control” (2008 472). My findings suggest that, in the Midlands jury the situation

appeared more nuanced. The CCG directors appeared to recognise the service user narrative championed by the jurors as an acceptable discourse. As will be discussed in Section Four, this contained individual stories that expressed emotions such as anger, pain and despair. Indeed, certain contributions were explicitly framed as emotional appeals; for instance, Clare's introduction to the story of the recently released prisoner as being "very poignant" (governing body meeting, line 202). However, it seems that following the formality of politeness that is expected in the corporate setting of a governing body meeting promoted the acceptability of the jurors claims. This interpretation is supported by the comments of the Midlands CCG chair in noting that the jurors were "offering up evidence...and presenting it really as they wanted a response...rather than making a challenge" (second interview, lines 355-357).

For clarity, I will restate the preceding argument as follows. Following norms of politeness can promote the recognition of emotional appeals only when those in positions of power are making a genuine attempt to engage with the claims of services users. If attempts at persuading the powerful to consider such claims are frustrated, then „shouting" (Bachtiger and Parkinson, 2019 25) and other forms of angry „protest" (Fung, 2005 399) can serve a deliberative purpose in promoting inclusion. My argument should not be taken to imply that those advancing such claims have to, in any sense, remove or downplay the emotional aspects of their claims or seek to present them in rational arguments. Finally, I agree with Barnes' conclusion, that the „onus" on managing the nature of exchanges should not „solely" rest with service users or those who seek to champion their cause; policymaking also has a responsibility for facilitating the inclusion of emotional claims (2008 477).

3.1.4. Encouraging consequentiality

In relation to Barnes' conclusion, it appeared that the facilitators' positions on the governing body helped the service users to share responsibility for managing discourses with directors. Robert and Jane provided regular updates to their fellow directors. Given the length of the process, this was important in maintaining a positive disposition towards the jury. As Robert explained, this avoided "increasing frustration from the governing body...or pressure on the jury to say that we've got to get this done" (second interview, lines 347, 350-351). Additionally, Jane noted that herself and Robert had explained to the governing body that the "jurors' recommendations are informed by service user stories" (sixth jury session, lines 1243-1246). This appeared to have contributed to managers expecting that the jurors would adopt a narrative approach when making their claims. In turn, this may have supported the

productive atmosphere when the jurors presented their recommendations to the directors that was characterised by the politeness discussed above. From my observations of the event, the chair of the governing body formally welcomed the jury and thanked them for their work. In addition, the directors prefaced their questions with an expression of thanks, and also commented on how impressed they were by the presentation (governing body meeting observations, pp.1, 6). So, it appears that many board members engaged in what Young labels as “forms of speech that often lubricate discussions with mild forms of flattery, stroking of egos, deference, and politeness” (2000 58).

Once again, the facilitators appeared to assist in creating an environment where the directors were ready to engage with service user stories and avoid a situation in which they sought to dismiss emotional claims as “bad manners” (Church, 1996 41). This, in turn, appeared to encourage consequentiality as directors fully accepted the jurors‟ recommendations. Robert played a key role here, by requesting his fellow directors seek to “maintain momentum” (governing body meeting, line 309) of the jury by asking and gaining approval for an action plan to be developed within two months for implementing the recommendations. Additionally, using their permanent positions as lay members for PPI, Jane explained “Robert and I, will have to motivate...the governing body to...deliver what the jury has produced” (Jane, second interview, lines 1010-1012). The update meeting organised by Jane and Robert suggests they continued with these activities long after the formal end of the jury process.

Overall, it appeared that the dual role played by the steering committee members promoted aspects of deliberative quality that were present in the dissemination process. Largely, this promoted a type of communicative understanding between the jurors and governing body members. From the information available, I am unable to develop a complete account of the scope and nature of this accommodation. It seems likely to have been partial and incomplete, given the limited interactions between jurors and directors. However, it did seem sufficient to support the politeness that signals the recognition that precedes engagement in a critical discussion (Young, 1996 129). This, in turn, seemed to empower the jurors in their interactions with governing body members, by encouraging directors to engage critically with the emotional claims advanced in their service user discourse.

3.2. Lived experience

The selection of participants with lived experience of mental health conditions appeared to have mixed effects on deliberative quality. It was positive in terms of establishing the jurors as credible interlocutors in the eyes of some policymakers. However, the use of a service user discourse appeared to avoid a common criticism of policymakers, that the claims advanced by those with lived experience often reflect particular and personal interests, rather than those of the wider community. Instead, by using service user stories, the jurors were able to illustrate how particular experiences reflected wider problems. On this basis, it appeared policymakers were willing to accept the jurors' claims based on emotional appeals. However, the policymakers' own emotional reaction to the stories appeared to explain why some were reluctant to challenge the validity of the jurors' claims.

3.2.1. Establishing credibility

The lived experience of service users appeared to promote the inclusion of service users' claims in the policymaking process in two ways:

- Firstly, by establishing that jurors are credible interlocutors by relaying aspects of their own personal experiences. As the CCG chair recalled “sharing those experiences as either a patient or carer...showed a real commitment to the process in wanting to improve care” (second interview, lines 343-344). Patient forum members expressed similar sentiments when describing how developing an appreciation of the personal experiences of the jurors helped to illustrate the claims they made which “came from their heart” and created an impression of “hearing it straight from the horse's mouth” (patient forum member two, second interview, line 254).

- Secondly, policymakers appeared to recognise the jurors were advancing claims from a service user discourse. The deputy CCG chair noted “the use of patient experiences...gave context...and showed how the recommendations came out of those experiences” (second interview, lines 890 to 891). Put in more stark terms, doing so was “important because it was not just from one person” (patient forum member one, second interview, line 92).

This use of a wider discourse appeared to, at least in part, account for why policymakers did not label the group as “professional users” (Campbell, 2008 305) or “the usual suspects” (Parkinson, 2006 57). As outlined in Chapter One, previous studies have found that such

labels are used by policymakers to describe healthcare activists as primarily being interested in advancing particular and personal interests that are not shared by the wider community. It was clear that in many cases, the patient forum and governing body members, through past interactions were aware of individual jurors who had extensive experiences as mental health volunteers or activists. However, as patient forum member two explained when discussing the jury's report "it comes across quite strongly...that they're very conscious that...an awful lot of times, when you have patient voices, it is rather than it being representative, it is some with a personal axe to grind" (patient forum member two, second interview, lines 313-316). Such views seemed to have been broadly shared, with one member commenting that the jurors' report would enable "the governing body to hear that frontline patient view about what is wrong" (patient forum meeting, lines 658-659).

For their part, the directors did appear to recognise that the jurors were advancing claims based on a "mix of experiences" (deputy chair, second interview, line 24) that "really resonated" with ongoing conversations about mental health services (governing body member four, governing body meeting, line 272). The latter quote from governing body member four, ties in with my previous suggestion that policymakers had an awareness of aspects of this service user discourse to which the jurors were adding „colour" and „depth". This included relaying the stories of groups who are seldom heard in the policymaking process. As patient forum member three explained, in addition to relaying the experiences on behalf of "people who are already well embedded in the system", they also told the stories of "people that are outside the normal" (second interview, lines 218-220). Here, „normal" is used in the context of a mental health „system" which appeared to refer to those who find it difficult to access services. Overall, it seems that policymakers recognised the jurors as champions of a service user discourse that incorporated the lived experiences of certain seldom heard groups. These appeared to include carers, young people, the homeless, recently released prisoners, and those with addictions to drugs or alcohol, as discussed in the previous chapter.

3.2.2 Supporting claims through storytelling

The policymakers' reaction to the way in which the jurors used lived experience suggests they avoided the "catch 22" (O'Shea et al, 2008 106) where health care activists often find themselves. As outlined in Chapter One, O'Shea and colleagues describe a situation in which policymakers expect activists to be at the same time, ordinary members of the community, but also possess the skills and knowledge required to argue on behalf of the

wider community (2008 106). Although, as Parkinson explains, while the concept of ordinariness is nebulous, such concerns can also be expressed "for a good reason when seen from the public managers" point of view...to make sure that all kind of voices get heard in the decision-making process" (2006 69, 70). Accordingly, by drawing on a service user discourse, the jurors appeared to have persuaded policymakers that their claims were based on information collected from the wider community.

Storytelling appeared important, particularly the short quotes from user testimony that the jurors used to support the claims they made during presentations of their recommendations. Portraying service user quotes in "speech bubbles" (patient forum member two, second interview, line 240; patient forum member three, second interview, line 248) suggested a perception of jurors" giving voice to the lived experience of others. In this sense, the jurors use of storytelling had a deliberative character, as it contained the "normative argument" required for "people in one social segment to gain some understanding of the experiences, needs...problems...of people...differently situated from themselves" (Young, 2000 74). Put differently, the way in which the jurors mobilised a service user discourse in support of their claims appeared to connect the "particular to the general" (Dryzek, 2000 68). As patient forum member two explained, the story of the recently released prisoner „stuck" with them, as not only was it "just really sad that the system is that broken that somebody should feel that", but also "I"m sure they"re not alone, and it"s not just about the people coming out of prison, it"s all broken for people..." (second interview, lines 261-263). Similarly, the term "resonate" was used by governing body members when responding directly to the jurors, or recalling their reaction at a later date (member four, governing body meeting, lines 358-359; second interview, lines 866-867). Accordingly, it was not only that the jurors drew on the stories of other service users, but in doing so, they sought to highlight how these examples of lived experience related to wider issues that their recommendations were designed to address.

3.2.3. Emotional impact of storytelling

As noted in Section 3.2, policymakers appeared to recognise that the jurors were advancing acceptable claims when they employed service users" lived experience to make emotional appeals. The use of stories from the jury"s service user discourse appeared to have a particularly powerful effect on patient forum members. For instance, patient forum member two, recalling the story of the recently released prisoner, concluded that, the situation was "just absolutely tragic..." (patient forum member two, second interview, lines 242-245). More generally, Sarah recalled a private exchange with a patient forum member "I spoke to him

afterwards and he was...in tears. So it moved him to tears. Everything they [the jurors] said touched him somehow" (Sarah second interview, lines 804-806). Members of the governing body also recalled the use of service user stories as being important to their evaluation of the jurors" claims. Perhaps unsurprisingly, given the corporate environment, they were less openly emotional in their responses to the jurors" report and recommendations. However, I did observe the positive body language amongst the directors which suggested the jurors" presentation held their attention (observations, governing body meeting, pp.3, 4). Jane, from her vantage point as a permanent member of the governing body, suggested this was not always the case, noting "I go to lots of governing body meetings and everybody was listening. And quite often, if there"s a speaker, you still get people tip-tapping on their laptops and checking their phones...They weren"t. They were all listening which says a lot...because of the power of the stories" (Jane, second interview, lines 848-855).

The success of emotional storytelling in advancing claims appeared to produce new forms of exclusion into the policymaking process. This, in turn, can explain why policymakers did not enter into a critical discussion with the jurors. Beyond detailing instances of hurt and anger (Church, 1996 28; Wadsworth et al, 1998 353; Barnes, 2008 461-462) the literature has largely neglected the impact of the thoughts and feelings that are generated amongst policymakers when hearing emotional service user stories. As Barnes explains, this includes feelings of "anxiety about how they might handle the emotionality of others, or those deriving from feelings that may reflect something of the experiences expressed to them" (Barnes, 2008 477). My findings suggest that it is important to explore such concerns in greater detail, as there is a potential for emotional storytelling to create new forms of exclusion. As patient forum member one recalled, an unwillingness to challenge partly resulted from "not having had the experiences of mental health problems in my family...I couldn"t really make any...contributions to the discussion" (second interview, lines 265-268). The CCG deputy chair expressed a similar reluctance to criticise the jurors" claims explaining "I don"t know what it"s like to have a mental health condition. And I"m happy to realise that in my head, and therefore I want to listen to people" (CCG deputy chair, second interview, lines 633-635). Accordingly, the lack of critical discussion may have partly been due to some policymakers feeling uncomfortable in challenging the validity of claims based on lived experiences to which, they had no comparable personal history. There also appeared to be an additional aspect to this reluctance to challenge amongst some governing body members. As the CCG chair labelled the jurors as "protected presenters", going on to explain that "for me, particularly as a clinician, they have a patient tag on them...or a carer tag on them" (second

interview, lines 608-612). This suggests that in their exchanges with the jurors, some directors with medical backgrounds may have been unwilling to criticise the validity of experiences when expressed by „patients" or „carers".

Overall, from these reactions, it appears policymakers may have been concerned that lacking comparable experiences and attempting to counter jurors" claims with critical arguments may have been interpreted as an attempt to dismiss the latter"s lived experience. This suggests that, in some cases, the personal experience of the storyteller might become fused with the wider point the story is attempting to convey. This finding supports the use of narrative, but also suggests grounds for caution. In a positive sense, it appears storytelling promoted the inclusion and engagement of service user claims in policymaking. This finding is in line with Young"s account of the role of political narrative "to demonstrate, describe, explain or justify something to others" (2000 72). Furthermore, it accords with outcomes from previous empirical studies that report that storytelling is particularly important for inclusion, in the sense of "securing a sympathetic hearing for positions unlikely to gain such a hearing otherwise" (Polletta and Lee, 2006 718). Despite this, the reaction of some policymakers also suggests storytelling can create new forms of exclusion. This did not appear to relate to the emotional content of service user stories, but rather, the fusing of the personal experiences of the storyteller with the wider points they were attempting to convey. Accordingly, whilst the jurors took care in their use of narrative to connect the "particular to the general" (Dryzek, 2000 68), some patient forum and governing body members appeared to confuse the two. The next section will discuss the problems that arise from such confusion, and explore some preliminary ideas for encouraging critical discussions between policymakers and service users.

4.0. Responding to claims

In some instances, it may not be necessary for policymakers to respond critically to the claims of mental health service users. In cases of neglect or abuse, rather than a critical response, policymakers need to take action to rectify the situation and prevent further instances of mistreatment. Ideally, the nature of their response should be developed through open discussions with service users, but the validity of their experiences should not be questioned. However, in certain circumstances, it is necessary to encourage policymakers to challenge productively the general validity claims advanced through the telling of service user stories. Polletta and Lee identify the risk of this critical discussion not taking place, as whilst "[d]isdvantaged groups may have the satisfaction of expressing their needs in their

own distinctive voices" this does nothing to help "move beyond a Babel of competing needs" (2006 702). This is particularly concerning in the context of the NHS, as policymaking revolves around the rationing of resources and the low priority that has traditionally been attached to mental health services. Indeed, as outlined in Chapter One, the strength of entrenched medical and patient interests in favour of the existing distribution of resources suggests, that while mental health service users may be successful in having their claims accepted, this will not be translated into policy change. It suggests that in many instances, such an approach will maintain the "status quo", as "testimony alone does not move a political process forward. It may bring differences to the attention of others, but without deliberation it leaves the differences unresolved"(Gutmann and Thompson, 1996 137).

Interestingly, in the case of the Midlands jury, despite this lack of a critical discussion between jurors and policymakers, the majority of the recommendations, in different ways and to various extents, were acted upon. This may have been partly due to policymakers accepting the validity of service user claims and the role of the lay members for PPI in monitoring and pushing forward the implementation process. However, the jury also appeared to highlight an additional risk arising from the lack of critical exchanges between policymakers and jurors. Namely, the potential that "if experiences in due course do not correspond to the originally high expectations, optimism and hope will wither into disappointment" (van Stokkom, 2005 396). This appeared to have occurred during the 14 month period between the jurors" recommendations being accepted and the update meeting organised by the lay members for PPI, between the former jurors and senior managers. The chair of the CCG governing body appeared to foresee this potential for disappointment, noting "I just wonder whether actually accepting their recommendations...we are giving them false expectations of the next stage. And how much of their...findings would be fed into commissioning processes and decisions. So, I just wondered...whether we are giving them false hope" (second interview, lines 690-696). Four months after the recommendations had been accepted, John expressed his "disappointment" at the lack of progress in implementation (private communication). He later noted "people won't take part in consultations if nothing happens with the results" (John, private communication). It seemed that the lack of immediate progress fed into John's earlier discussed suspicions that the CCG would not action the recommendations.

It may have been possible to lessen such feelings of disappointment through better communication, in the sense of the CCG keeping jurors updated on progress. It could also be argued that different actors involved in the provision of services should have been part of

the jury process. It seems to be a general symptom of the limitation of the forum approach to deliberation or in this case, the aspects of deliberation that were partly mobilised. As the deputy chair of the CCGs governing body noted “the jury was not the only voice in this” (second interview, line 1224). Such concerns reflect the view that “no single forum, however...could possess deliberative capacity sufficient to legitimate...decisions and policies” (Mansbridge et al, 2012: 1). This was especially true in the case of the Midlands jury, as it operated as a space for withdrawal for those with lived experience of mental health conditions. In addition, it is important to recall the lack of participants from ethnic, sexual, and religious, minorities. Despite this, its status as a space of withdrawal was an important element in the jurors" ability to construct their incomplete service user discourse. Through storytelling, they were able to relay aspects of this discourse to the Midlands CCG policymaking bodies. Overall, this suggests a systems approach briefly discussed in Chapter Two, that expands the sites of communication (Curato et al, 2019 11). Primarily due to a lack of publicity, the Midlands jury did not form part of a wider deliberative system. However, the nature of some interactions that followed the acceptance of the recommendations indicates the kind of conversations that may be important to supporting wider critical discussions between policymakers and service users.

The jurors" interactions with the director of mental health services suggests means of lessening the jurors" suspicions towards policymakers. Throughout the process, a number of the jurors expressed concerns over supporting their recommendations with a testimony derived from a service user discourse. In doing so, they frequently referenced the presentation given to the jury in earlier stages of the process by the director of mental health services. Donna in particular, appeared to have reacted negatively to the directors" heavy use of statistics to give an overview of local mental health services, recalling her reaction to the presentation as “I don"t want...stats [sic], I want it to be real people"s experiences informing this” (Donna, second interview, lines 863-866). In essence, this difference between qualitative and quantitative data appeared to reflect previous research findings that suggested that service users and managers were “often operating from different standards...[of] reason” (Church, 1996 40).

The actions of the director of mental health services after the recommendations had been accepted appeared to change Donna"s perceptions. As noted earlier, due to illness, the director had been unable to attend the jury"s meeting with the governing body. However, he did attend the twelfth jury session at which he described the recommendations as “absolutely

fantastic", and noted how they confirmed his "fears of what services are actually delivering" (second interview, lines 16, 33). He relayed the same message publicly at the community event (observations, community event, p.6). In doing so, it appeared the director could be seen to have implicitly endorsed the legitimacy of personal testimony as a means of evaluating services. My interpretation was supported by Donna"s comment that "even though...he likes his stats [sic]" the director is "really...in it for the people" (Donna, second interview, lines 1820-1823). This statement suggests that Donna may have, at least in part, accepted the director"s use of statistical evidence as a legitimate means of advancing claims. Overall, this suggests that policymakers, by carefully managing their interactions with service users, might be able to expand the opportunities for critical discussions (Barnes, 2008 477). In the case of the director and Donna, the apparent acknowledgement of both testimony and statistics appears to expand the range of acceptable evidence that can be used to support claims (van Stokkom, 2005 398). Enlarged perceptions of what is a legitimate form of evidence may be important in encouraging policymakers to enter into productive discussions with service users. The admission of statistical evidence may be capable of providing policymakers with a means of critiquing the general claims advanced by testimony, without dismissing the particular lived experiences of the person relaying the story.

As noted in the previous chapter, the jurors" relations with senior mental health service managers was characterised by an apparent mutual suspicion and hostility. All but two senior managers abstained from the jury process, which removed a potential source of challenge to the jurors" validity claims. However, the atmosphere at the update meeting between four senior managers and some of the former jurors provides an indication of potential ways in which relations could be improved. The meeting appeared to be characterised by what Forester termed "the transformation of adversarial expectations into collaborative exploration" (2000 101). Accordingly, the senior managers" and jurors openly discussed the progress and problems in implementing the recommendations. Not only did former jurors appear willing to listen to senior managers explanations, but they also entered into discussions about the potential ways to implement recommendation 13. This was all done in an atmosphere which suggests that suspicions may have been temporarily suspended whilst they worked together to solve a common problem. The frankness of senior managers appeared to imply the jurors were credible interlocutors with whom they wished to engage, which resulted in a productive exchange.

5.0. Summary

This chapter has explored the extent to which deliberation was approximated between the jurors and policymakers. In doing so, it found aspects of communicative quality in the acceptance of the recommendations by the patient forum and governing body members. Partially, this appeared to be based on a perception amongst policymakers that the scope of the jurors‟ claims were based on a service user discourse that had been developed through prior interactions with service users and frontline professionals. Accordingly, it appeared the lack of challenge during the dissemination process was partly due to the jurors presenting an acceptable discourse. However, my analysis also uncovered that some policymakers had concerns about the strength of the jurors‟ claims, based on a lack of consultation with a range of groups involved in the provision of services. These concerns were not expressed to the jurors during the process of dissemination, which was suggestive of exchanges that included limited deliberative quality.

It appears organisational methods used in the jury process were partly responsible for this mixed picture. Democratic facilitation appeared to empower service users by promoting a communicative understanding between the jurors and governing body members. Additionally, lived experience of the jurors and their attempt to use illustrative examples from service user testimony, to make general points, suggested to policymakers that they were credible interlocutors. However, some patient forum and governing body members appeared to confuse the personal experiences of the storyteller and the general point they were attempting to advance through a particular story. This suggested that, in some instances, the lack of challenge was an indication of limited deliberative quality. The Midlands jury process provided some initial indications of the type of debate that may support wider critical discussions between policymakers and service users. These largely confirm the suggestions in the existing literature on the importance of expanding the range of evidence that can be used to support claims, and the potential for open dialogue to suspend temporarily mutual suspicions in favour of productive discussion.

Chapter Eight
Summary and conclusions

In this thesis, I have explored the potential for instances of real world deliberation to strengthen the voices of mental health service users in policymaking. This was based on my belief in the ability of deliberative theory to promote individual autonomy through critical argumentation. Summarising Neblo"s statement quoted in the introduction, my approach has been to consider how organisational practices can be adjusted to approximate deliberative principles in real world policy processes (2015: 9-10). To achieve this I focused on the typical case of the Midlands jury in which a public authority, in this instance an NHS Clinical Commissioning Group (CCG), applied deliberative labels to describe a non-idealised forum. Exploring this process I have sought to develop an account of how interesting although not unusual approaches, particularly the selection of participants with lived experience and facilitation by public officials affected the extent to which deliberative principles were approximated. Care has also been taken to account for how ministerial power and priority setting has largely constrained the environment in which the CCG, and by association, the jury operated. However, the apparent success of the jury"s recommendations suggests, in particular circumstances, and to a certain extent, non-idealised forums operating in conditions of domination and the scarcity of resources may be able to strengthen service user voices and achieve meaningful policy change. The role that deliberative principles played in achieving this outcome, and how they were affected by organisational and environmental factors has been the focus of this thesis. This chapter summarises my findings, and in doing so, indicates potential lessons for the approximation of deliberative principles in real world contexts and ability to strengthen service user voices. Overall, I have developed a mixed account that includes both areas for optimism and grounds for caution.

The chapter proceeds as follows. In the first section I provide an overview of the preceding chapters. This is intended to provide clarity over the aims of the thesis, my approach and an indication of the key findings. The second section summarises the findings in relation to the research questions by outlining the extent to which deliberative principles were approximated in the Midlands jury, and the influence this had on strengthening service user voices in policymaking. Overall, I can restate that the selection of participants with lived experience and facilitation by public officials assisted the jurors in constructing a common service user discourse which was then used in attempts to engage with service providers and policymakers. The third section considers the implications of these findings in the sense of what can be learned from the process and considers the contributions to the literature. The

findings add to existing debates in a number of areas including polarisation, counterpublics, the potential for deliberation to mutually promote recognition and strategic action by public officials. Additionally, the potential for more novel contributions to the literature will be outlined in the areas of lived experience to support discursive championing, the potential for public officials to empower participants via „democratic facilitation" and an awareness that new forums of exclusion can be created by emotional storytelling. Consideration will then be given to the limitations of the findings particularly in relation to how the Midlands jury"s" insular nature impacted upon the outcomes of the network and pragma-dialectical analysis.

1.0. Research overview

In the preceding chapters, my aims, approach and findings have often been discussed interchangeably as a necessary part of the background to the case study and the analysis. In what follows, each of the above areas is discussed separately. This is designed to provide clarity on the purpose of my research, its nature and findings.

- Aims: My research was inspired by Habermasian discourse theory and its ability to promote individual autonomy through critical discussions, in which outcomes are determined by the force of arguments. Specifically, I explored the extent to which deliberative principles were approximated in real world discussions. As described in Chapter One, my focus on mental health services user was partly based on the recognition of their discourses within NHS policymaking bodies. It seemed that although clinicians and managers accept aspects of their claims, particularly those related to improving services, the voices of those with mental health conditions remained weak. This is partly due to the universal forces of ministerial domination and priority setting, but there also appeared to be a number of specific barriers largely related to the lower clinical status of psychological medicine, and the variable nature of mental health conditions. In the preceding chapter I have explored potential means of expanding clinical and managerial understanding by strengthening service users voices through the better approximation of deliberative principles in real world discussions.

- In Chapter Two, I explored the deliberative democratic literature to develop an overview of existing knowledge of deliberation in the real world. This produced an account that was capable of accommodating a diversity of communication styles, including the use of narrative and emotional appeals that research suggests is often favoured by service users. This led me to identify internal inclusion, mutual

respect and agreement as appropriate normative standards for approximating deliberation in the real world. Further exploration identified particular gaps in the literature related to non-idealised exchanges that helped inform the focus of the remaining chapters. These included how lived experience, facilitation by public officials, and the use of emotional narratives affected the approximation of communicative principles.

- Approach: Chapter Three outlined how the methodology was developed from my commitment to Habermasian discourse principles. Specifically, this was linked to my interpretivist and inductive approach, in the sense of the perspectives of those engaged in discussions ultimately determining the extent to which deliberative principles were or were not approximated. On this basis, I selected qualitative methods of data collection and analysis that would focus on developing an account based on the views and attitudes of those involved in discussions. This included the use of pragma-dialectical, thematic and network analyses. This aim also informed my decision to focus on the Midlands jury, as it was a fairly typical case of a public organisation adopting deliberative labels to describe a non-idealised process. It provided an arena in which to explore the potential for real world instances of deliberation to occur between mental health service users, clinicians and senior managers. Chapter Four provided the „thick description" (Geertz, 1975: 7) required to support my interpretation of the participants perspectives. On this basis, there were opportunities to explore the impact of lived experience and facilitation by public officials on the approximation of deliberative principles in a real world setting.

- Findings: Chapter Five explored how within the Midlands jury lived experience of mental health conditions resulted in the forum effectively operating as a counterpublic, which provided a safe space for open discussion. Additionally, the facilitation by public officials developed into what was termed “democratic facilitation” which empowered the participants to direct their own inquiry. Overall, lived experience and democratic facilitation encouraged the collection and discussion of stories from service users who remained outside the process. This in turn, appeared to inform the development of „discursive championing" in which the jurors strengthened the voices of some seldom heard groups. This included acting as „gyroscopic" champions, in the sense of making claims partly based on

their own testimony, and partly drawn from the information collected from service users. In addition, they also behaved as „surrogate" champions when advancing claims using information collected from differently situated actors. The latter group included the homeless, recently released prisoners, carers, young people and those with dependences on drugs or alcohol. However, the demographic homogeneity of the jurors and difficultly in accessing minority groups meant the perspectives of racial, sexual and religious minorities was largely absent from the process. As a result, the user discourse constructed by the jurors was both partial and incomplete.

- Chapter six considered the process by which the jurors disseminated their recommendations to the CCG policymaking forums, namely the patient forum and governing body. Here, facilitation by public officials appeared to play an important role in handling tensions and encouraging the jurors and policymakers to adopt a deliberative stance. Furthermore the use of a common discourse appeared to address the barrier of mental health service users being dismissed as unrepresentative of the wider community (O"Shea et al, 2008: 106). Once again, by acting as discursive champions, the jurors drew on service user stories to support the claims they advanced during their presentations to policymakers. This appeared to address the barrier of policymakers dismissing the argument of service users as being unrepresentative of the wider community (O"Shea et al, 2008: 106). Generally, it seemed that members of the patient forum and governing body recognised the jurors advancing a wider discourse and largely accepted their claims. However, in some cases the emotional impact of storytelling may have deterred policymakers from offering counterarguments. This suggests emotional appeals by those with lived experience can create new form of exclusion as policymakers may confuse the background of the storyteller with the wider point the narrative is attempting to convey.

2.0 Approximation of deliberative principles

Having provided an overview of the thesis, I will now directly address the research questions by considering the extent to which deliberation was approximated during the Midlands jury process. To reiterate, the main research question asked: „how (if at all) were mental health service user voices strengthened in the Midlands CCG policymaking process?" This was broken down into two sub-research questions, the first of which asked: „how (if at all) was deliberation approximated within the Midlands jury process?" Conversely, the second

question asked: „how (if at all) was deliberation approximated between the jurors and policymakers?" I have sought to address these questions in the preceding chapters by exploring the deliberative quality of the exchanges, both within the jury and policymaking process. Consideration has been given to factors that contributed to the strengthening or weakening of service user voices.

A summary of my findings is provided below:

2.1. Deliberative quality

Using a pragma-dialectical analysis, it was possible to identify elements of deliberative quality in the disagreements within the jury in the areas of internal inclusion, mutual respect, mutual justification and agreement. Despite the notable exceptions discussed in Chapter Five the approximation of deliberative quality was partial and incomplete. It was not consistently applied to the utterances of any particular individual and varied within arguments. The quality of the jurors exchanges also appeared to vary according to the subject under discussion. The analysis in Chapter Five suggests that the jurors were more concerned with appealing to service users and policymakers than senior managers. Overall, it appeared that exchanges were a mixture of communicative aspects and elements of strategic action. To this extent, the approximation of deliberative principles was partial and often fragmentary.

A potential source of concern regarding the deliberative quality of the jury was the high level of agreement within the process. Applying the rules of a pragma-dialectical critical discussion to these exchanges suggested that in some cases this was due to seemingly genuine agreement. This is an important point, as in these cases participants appeared to enjoy the communicative right to challenge validity claims with which they disagreed. Such circumstances do not appear to suggest an absence of deliberative quality, but the existence in some cases of shared lifeworlds, and in others of common discourses. This appeared to explain the lack of contentious exchanges between jurors and frontline mental health professionals.

On other occasions it was problematic as it suggested the absence of rival perspectives that led to certain validity claims remaining unchallenged. Within the jury, the general absence of service users from racial, sexual and religious minorities likely deprived the discussion of alternative viewpoints given evidence suggests these groups often have particularly poor

experiences of mental health services. In another sense, the lack of engagement from senior managers also appeared to remove a rival perspective from the jury process. Here, it appeared that negative previous experiences appeared to colour perceptions and discourage interactions. So it seemed that in some instances, the lack of contentious exchanges was due to what appeared to be genuine agreement. However, in other areas it seemed to arise from a limited argumentative pool. This may indicate poor deliberative quality in the sense of a lack of formal inclusion in discussions. Such a situation is particularly concerning for those from minority backgrounds who often find themselves marginalised in policymaking processes.

Within the policymaking process, the lack of disagreement appeared to partly result from the members of the patient forum and governing body genuinely accepting the jurors‟ claims. As discussed above, this appeared to be based on the recognition of the jurors as championing a wider discourse that included the claims of their fellow service users and frontline professionals. To this extent, this agreement does appear to have an element of deliberative quality, as the policymakers appeared to retain the right to reject the claims advanced by the jurors. Additionally, the lack of challenge may have been due to the widely accepted aspects of the discourses around the need to improve access to mental health services. However, in some instances there were indications of poor deliberative quality. As the above summary of Chapter Six suggests, some policymakers had concerns they did not raise during their exchanges with jurors. Once again, this may be concerning from the perspective of deliberative quality, as it suggests individuals might have felt able to exercise their communicative rights. An additional point here is, when a claim is advanced, a lack of challenge can be taken to imply agreement and create false expectations that action will be taken. Such a situation appeared to arise in the Midlands jury, as after unanimously accepting the recommendations, the jurors became frustrated with the slow pace of implementation.

2.2 Strengthening service user voices

The main research question asked the extent to which the process strengthened service user voices. From one perspective the process clearly worked well, as the recommendations were not only accepted but eventually the majority of them were in some sense implemented. However, in another respect, it seemed the strengthening of service user voices was partial and incomplete. This often appeared to be due to certain trade-offs between deliberative principles within the jury process. For instance, the jurors when collecting information from

service users appeared to partly sacrifice their communicative rights to promote the internal inclusion of seldom heard groups. Accordingly, they did not seek to question or probe the information that was being provided which may have weakened the quality of their arguments contained within their common service user discourse. Similarly, the narrative approach that the facilitators encouraged the jurors to adopt may have strengthened particular voices, but weakened the right to challenge aspects of the validity claims that were being advanced. This also appeared to impact upon the policymaking process as the patient forum and governing body confused the general point the jurors were trying to make with their particular experiences as service users. Later interaction between the former jurors and managers suggests that in the right circumstances acts of recognition can help to promote critical discussions.

Overall, it appears that the selection of participants with lived experience and the use of democratic facilitation created trade-offs in communicative principles that were at least in part responsible for the mixed and fragmentary nature of deliberation in the Midlands jury process. Despite this, it is important to emphasise how these organisational approaches strengthened service user voices in policymaking. In particular, the lived experience of the participants was essential enabling them to act as discursive champions and construct a process that produced a common service user discourse. Additionally, it enabled them to capture voices from seldom heard groups and proved to be an important factor in establishing credibility with policymakers. By adopting a „democratic style" the facilitators empowered the jurors to direct their own inquiry. Within the jury this included promoting substantive equality amongst the jurors and providing emotional support. It also involved handling tensions and developing a communicative understanding between the jurors and policymakers. Some of these findings have broader implications that will be explored in the concluding section.

3.0 Conclusion and implications

The methodological chapter noted that I was attempting to learn from "the force of example" (Flyvbjerg, 2008: 228) provided by the Midlands jury. Accordingly, I am not seeking to develop generalisable lessons but rather develop knowledge, which in certain circumstances may be applicable to other areas. In doing this, the Midlands jury process can be perceived as its own narrative and in that sense provide an indication of "how something was or

became possible" (Becker, 1998: 62-63). Adopting this approach we can learn from the successful and less successful aspects of the Midlands jury process. A number of my findings add to existing debates whilst other appears to be more novel contributions.

In a number of areas my findings appear to contribute to ongoing debates. The ability of the Midlands" jury to construct a common service user discourse adds to the literature that supports using subaltern counterpublics to provide often marginalised groups with a safe space in which to develop their arguments (Fraser, 1990: 67). Additionally, the role of the lay members supports previous findings on the potential of facilitation in preventing polarising attitudes in enclave deliberations (Gronlund et al, 2015: 1015; Strandberg et al, 2019: 52). However, the fact that the facilitators were public officials suggests an expanded range of actors may be able to perform this role. Furthermore, findings concerning the ability for acts of recognition to improve relations between jurors and managers confirms existing research on the potential for recognition to promote critical discussions (Forester, 2000:101).

More novel findings include:

- Selecting participants with lived experience has the potential to support discursive championing. This appears to provide a means of strengthening the voices of seldom heard groups. However, it is not without precedent within the deliberative literature. In particular, it seems closely related to Curato"s concept of "listening out". As Curato explains this "does not mean listening to what is said...It is also listening out for marginalised claims" (Curato, 2019: 15). Discursive championing appears to cast this conception into a formal account of advancing claims on behalf of seldom heard groups.

- By adopting a democratic style, facilitators can empower participants in consultative processes. This finding has the potential to contribute to the ongoing debate concerning the appropriate role for public officials in idealised forums. It suggests that by adopting an appropriate attitude, public officials can play a supportive and constructive role. Once again, there are parallels in the literature with Hendricks and colleagues highlighting the importance of "committed administrators" in shaping meaningful consultation process. My findings appear to suggest specific ways in which public officials, acting as facilitators can empower participants.

- The potential for emotional appeals to create new forms of exclusion. The deliberative literature notes how to be admissible the narrative must seek to connect the particular to the general (Dryzek, 2000: 68). However, in the case of the Midlands jury it appeared emotional storytelling resulted in some policymakers confusing the difficult lived experiences of the storyteller with the wider point the story was trying to convey. This discouraged critical discussions and suggests need for additional research into the wider range of responses to emotional storytelling in the context of mental health services.

Before concluding the thesis, it is important to highlight two limitations to the research findings. Both relate to the insular nature of the Midlands jury. The first was the limited publicity attached to the process which constrained findings concerning the potential for storytelling to rely on discourses between different sites with a deliberative network. Secondly, whilst I have illustrated the potential of pragma-dialectics to explore instances of deliberation, the simple nature of disagreement has limited these findings. Both of these appear to be areas for further research.

Appendix A

Figure A.1 Timeline of fieldwork

Date	Activity
30.03.17	Initial meeting with members of the steering committee.
05.05.17	Initial meeting with members of the jury. Meeting concluded with jurors unanimously agreeing to participate in my research.
25.07.17	First meeting of the citizens' jury that I observed
08.08.17 to 22.09.17	Conducted first set of interviews with members of the citizens' jury
06.09.17	Second meeting of the citizens' jury that I observed
06.10.17 to 08.11.17	Conducted first set of interviews with mental health service professionals
10.10.17	Third meeting of the citizens' jury that I observed
19.10.17	Jurors cancelled planned event with senior mental health service managers due to low response rate
01.11.17	Fourth meeting of the citizens' jury that I observed
08.11.17	Observed jury event to collect information from mental health service professionals
08.11.17	Fifth meeting of the citizens' jury that I observed
13.11.17	Sixth meeting of the citizens' jury that I observed
14.11.17 to 27.11.17	Conducted second set of interviews with mental health service professionals
24.11.17 and 29.11.17	Conducted single interviews with senior mental health service managers
06.12.17	Seventh meeting of the citizens' jury that I observed
09.01.18	Eighth meeting of the citizens' jury that I observed
16.01.18 to 07.02.18	Conducted first set of interviews with CCG patient forum members
16.01.18 to 18.01.18	Conducted first set of interviews with CCG governing body members
23.01.18	Ninth meeting of the citizens' jury that I observed
07.02.18	Tenth meeting of the citizens' jury that I observed
13.02.18	Observed jury meeting with CCG patient forum
13.02.18	Eleventh meeting of the citizens' jury that I observed
26.02.18 to 06.03.18	Conducted second set of interviews with CCG patient forum members
06.03.18	Observed jury meeting with CCG governing body
26.03.18 to 28.03.18	Conducted second set of interviews with CCG governing body members
27.03.18	Twelfth citizens' jury meeting that I observed
19.04.18	Observed community listening event at which the jury launched its report
20.04.18 to 31.05.18	Conducted second set of interviews with members of the citizens' jury
10.07.19	Observed meeting at which CCG governing body members updated former jurors on progress in implementing the recommendations

Appendix B: Conversation guides

First interviews with citizens' jury members
Conversation guide

Date of interview _____

Participant number | | |

1) How did you get involved in the citizens' jury?

- Why did you agree to take part in the citizens" jury?
- Why is your involvement in the jury important to you?
- What do you see as your role in the citizens" jury?

2) What do you see as the aims of the citizens' jury?

- Why do you believe the citizens" jury was set up?
- Do you believe the citizens" jury is currently meeting these aims?
- How is your involvement helping the jury meet its aims?

3) Why is the jury focusing on the issue of accessing mental health services?

- How did the jury reach its decision?
- Why was the issue of access chosen over other issues in mental health?
- Are you happy with focusing on accessing mental health services?

4) Are you content with how the jury is currently operating?

- What is going well?
- Are there any areas for improvement?

5) Can you describe your first experience of mental health services?

- When did this experience occur?
- What was good or bad about this experience?
- How did this experience affect you?
- How do any later experiences compare to this first experience?

6) Personal information

I would now like to ask you for some information regarding your background. These questions are similar to the personal information you have been collecting from the service users. Apologies if these questions seem obvious or not relevant to yourself. I am asking all members of the citizens" jury the same questions in order to understand the background of the jury.

Gender: _____

Age: _____

Ethnicity: _____

Highest educational qualification: _____

Occupation: _____

Marital status: _____

Children: _____

Sexuality: _____

7) **Do you have anything else you would like to add?**

Second interviews with citizens' jury members
Conversation guide

Date of interview _____

Participant number | | |

1) What are your views on the jury's recommendations?
- Are any of the recommendations particularly important to you?
- Why are these recommendations important?
- Have any issues been missed in the recommendations?

2) Can you describe how the jury reached its recommendations?
- What informed the jury"s recommendations?
- How were the jury meetings facilitated?
- Were there significant disagreements within the jury over the recommendations?
- Do you feel members of the jury listened to service users and providers? Why?
- Do you feel you were listened to during the process? Why?
- In your opinion were any members of the jury listened to more than others?

3) What was your role in the jury?
- Can you provide any specific examples?
- Why did you play this role?
- Did your role change during the process?

4) Have your personal experiences of mental health services influenced your participation in the jury?
- Do you feel your experiences influenced the recommendations in any way?
- Have you learnt anything during the process?
- Have you changed your opinions on any issues?

5) What do you think will happen to the recommendations?
- Why do you think that will happen?
- Do you think certain recommendations are more likely to be implemented than others?
- Do you have any concerns regarding the recommendations?
- Do you expect to be involved in the implementation of the recommendations?

6) Overall how do you feel about the jury process?
- Has the citizens" jury met its aims?
- What worked well?
- How could the process be improved?
- Has the jury process changed you as a person?
- Would you participate in a future citizens" jury?
- Do you feel my research has had any impact on the process?

7) **Is there anything else you would like to add?**

First interviews with frontline medical professionals
Conversation guide

Date of interview _____

Participant number | | |

1) **Can you describe the role of your organisation in providing adult mental health services?**
- What is your role in the organisation?
- How long have you worked for the organisation?

2) **What do you find most rewarding about working in mental health services?**
- Why do you find these aspects most rewarding?
- Can you provide examples related to specific experiences?
- When did these experiences occur?
- How regularly do these experiences occur?

3) **What do you consider the main challenges to improving access to adult mental health services?**
- Can you provide examples related to specific experiences?
- When did these experiences occur?
- How regularly did these experiences occur?
- How do you seek to manage these challenges?

4) **How much information have you seen about the citizens' jury?**
- Where have you seen this information?
- Do you feel you have a clear understanding of the jury"s aims?

5) **How do you feel about attending the citizens' jury event?**
- Why do you think you have been invited to attend the event?
- What sort of things will you do before attending the event?
- Has your organisation been supportive of your attendance at the event?

6) **What do you hope to achieve by attending the event?**
- Do you have any concerns about attending the event?
- What are the key points you would like to make to the jury?

7) **Is there anything else you would like to add?**

Second interviews with frontline medical professionals
Conversation guide

Date of interview _____

Participant number | | |

1) Can you describe how the citizens' jury event was organised?

- What do you think was the aim of the event?
- What role did the members of the citizens" jury play in the event?
- What role did the facilitator play in the event?
- What was your role in the event?

2) What do you think was good about the organisation of the event?

- Can you provide examples from specific experiences?
- Why were these positive experiences?

3) How do you think the organisation of the event could be improved in the future?

- Can you provide examples from specific experiences?
- What is it about these experiences which make them areas of improvement?

4) What did you expect the event to be like?

- Did your experience at the event match your expectations?
- Why were your experiences at the event similar/or different from your expectations?
- How does the citizens" jury event compare to your experiences of other public consultations?

5) Did the event give you an adequate opportunity to express your views on how to improve access to adult mental health services?

- Did you get the opportunity to make your key points to the jury?
- Do you feel you were listened to?
- Did you learn anything from your discussions with other practitioners and jury members?
- What do you think will happen to the information you provided?

6) Overall how would you describe your experience of the citizens' jury?

- Can you provide specific examples?
- Why did these experiences influence your views?
- Would you be willing to participate in any future citizens" juries?
- Do you feel my research has had any impact on the process?

7) Is there anything else you would like to add?

Single interviews with senior mental health service managers
Conversation guide

Date of interview _____

Participant number | | |

1) **Can you describe the role of your organisation in providing adult mental health services?**
- What is your role in the organisation?
- How long have you worked for the organisation?

2) **How successful is your organisation in providing adult mental health services?**
- Can you provide examples related to specific experiences?
- When did these experiences occur?
- How regularly do these experiences occur?

3) **What do you consider the main challenges to improving access to adult mental health services?**
- Can you provide examples related to specific experiences?
- When did these experiences occur?
- How regularly do these experiences occur?
- How do you seek to manage these challenges?

4) **How much information have you seen about the citizens' jury?**
- Where have you seen this information?
- Do you feel you have a clear understanding of the jury"s aims?
- Do you have any concerns about the citizens" jury?

5) **How do you feel about attending the meeting with members of the citizens' jury?**
- Why do you think you have been invited to attend the meeting?
- What sort of things will you do before attending the meeting?
- Do you have any concerns about attending the meeting?

6) **What do you hope to achieve by attending the meeting?**
- What are the key points you wish to make to the jury?

7) **Is there anything else you would like to add?**

First interview with patient forum members
Conversation guide

Date of interview _____

Participant number | | |

1) **Can you describe the role of the patient forum within the Clinical Commissioning Groups?**

- What role does the patient forum play in decision making?
- What is your role as a forum member?
- Why did you become a member of the forum?

2) **As a forum member how successful do you feel the Clinical Commissioning Groups have been in commissioning mental health services?**

- What successes have the CCGs had in commissioning mental health services?
- What are the main challenges the CCGs face in commissioning mental health services?
- In your view how could the CCGs attempt to overcome these challenges?

3) **What role do you expect the patient forum to play in considering the recommendations of the citizens' jury on mental health?**

- How do you think the citizens" jury recommendations will be reported to the forum?
- Can you describe how the forum will consider the recommendations of the jury?
- What influence will the forum have over the final decisions on the jury"s recommendations?

4) **What is your current view of the citizens' jury on mental health?**

- What do you think are the aims of the jury?
- How do you think the jury will reach its recommendations?
- Are you expecting the recommendations of the jury to focus in any particular areas?
- Have you any concerns regarding the citizens" jury?

5) **Are you aware of any recent reviews or decisions which could affect your consideration of the jury's recommendations?**

- Can you describe the likely impact of any recent reviews or decisions?
- How do you feel these reviews or decisions could affect your consideration of the jury"s recommendations?

6) **Overall what do you see as your role in considering the jury's recommendations?**

- Why do you expect to play this role?
- What factors are likely to influence your consideration of the recommendations?

7) **Is there anything else you would like to add?**

Second interview with patient forum members
Conversation guide

Date of interview _____

Participant number | | |

1) Can you describe how the citizens' jury meeting was organised?

- What do you think was the aim of the meeting?
- How was the meeting facilitated?
- What role did the members of the citizens" jury play in the meeting?
- What was your role in the meeting?

2) What do you think was good about the organisation of the meeting?

- Can you provide examples from specific experiences?
- Why were these positive experiences?

3) How do you think the organisation of the meeting could be improved in the future?

- Can you provide examples from specific experiences?
- What is it about these experiences which make them areas for improvement?

4) What did you expect the meeting to be like?

- Did your experiences at the meeting match your expectations?
- Why were your experiences at the meeting similar/or different from your expectations?
- How does the citizens" jury meeting compare to your experiences of other public consultations?

5) Did the meeting give you an adequate opportunity to express your views on how to improve access to adult mental health services?

- Did you get the opportunity to make your key points?
- Do you feel you were listened to?
- Did you learn anything from your discussions with other forum and jury members?
- What"s your opinion on the jury"s report?
- What"s your opinion on the forum members" contributions to the meeting?
- What do you think will happen to the recommendations?

6) Overall how would you describe your experience of the meeting?

- Can you provide specific examples of experiences which influence your views?
- Why did these experiences influence your views?
- How do you feel my evaluation impacted on the meeting?
- As a forum member would you support commissioning another citizens" jury?

7) Is there anything else you would like to add?

First interview with governing body members
Conversation guide

Date of interview _____

Participant number | | |

1) **Can you describe the role of the Clinical Commissioning Groups in commissioning mental health services?**
- What is your role within the CCGs?
- How long have you been a CCG Board Member?

2) **How successful do you feel the Clinical Commissioning Groups have been in commissioning mental health services?**
- What successes have the CCGs had in commissioning mental health services?
- What are the main challenges the CCGs face in commissioning mental health services?
- In your view how could the CCGs attempt to overcome these challenges?

3) **What is your current view of the citizens' jury on mental health?**
- Can you describe the process that created the jury?
- What do you think are the aims of the jury?
- How do you think the jury will reach its recommendations?
- Are you expecting the recommendations of the jury to focus in any particular areas?
- Have you any concerns regarding the citizens" jury?

4) **Can you describe the process in which the Clinical Commissioning Group's Board will consider the citizens' jury recommendations on mental health?**
- How do you think the jury"s recommendations will be reported to the Board?
- Can you describe how the Board will consider the recommendations of the jury?

5) **Are you aware of any reviews or decisions which could affect the consideration of the jury's recommendations?**
- Can you describe the potential impact of any recent reviews or decisions?
- How do you feel these reviews or decisions could affect your consideration of the jury"s recommendations?

6) **Overall what do you see as your role in considering the jury's recommendations?**
- Why do you expect to play this role?
- What factors are likely to influence your consideration of the recommendations?

7) **Is there anything else you would like to add?**

Second interview with governing body members
Conversation guide

Date of interview _____

Participant number | | |

1) What do you think of the citizens' jury report?

- Were you provided with adequate opportunity to read the report?
- Do you think anything about the report is good?
- Do you think the report could be improved in any way?
- What do you think of the recommendations of the citizens" jury?

2) Can you describe how the citizens' jury presented their report?

- What do you think was the aim of the citizens" jury presentation?
- How was the session facilitated?
- What role did the members of the citizens" jury play?
- What role did governing body members play?
- What was your role?

3) What did you expect the citizens' jury presentation to be like?

- Did your experiences at the meeting match your expectations?
- Why were your experiences similar or different from your expectations?
- Is it usual for a group to present their findings to the governing body?
- Can you identify any positive aspects of the jury session?
- Why were these positive?
- Can you identify any areas for improvement?
- Why are these areas for improvement?

4) Did the session give you an opportunity to understand the jury's recommendations?

- Did you get the opportunity to raise your points with the jury?
- Do you feel the jury listened to members of the governing body?
- Did you learn anything from the session?
- Did the session change your views on any issue?
- What do you expect will happen to the citizens" jury"s recommendations?
- Do you foresee any opportunity or problems with the jury"s recommendations?

5) Overall how would you describe your experience of the citizens' jury sessions?

- Can you provide examples to support your views?
- How do you feel my evaluation impacted on the meeting?
- As a member of the governing body would you support commissioning another citizens" jury?

6) Is there anything else you would like to add?

Appendix C

Part One
Excerpt from transcript of jury session one:

Robert: Would we also want sort of like the chief exec?

Sarah: Yes, I'm sure the chief exec would also be involved.

Jane: Yeah-

Clare: I...

Jane: -she'd want to be involved.

John: The chief exec of what?

[

Clare: But I don't know how useful seeing her would be for this process.

[

John: No, I agree. I don't see any point.

Robert: Well-

Clare: She would come with the corporate point of view, rather than the real…

[

Sarah: But that's important to listen to.

John: Why? It doesn't make any sense.

[

Robert: Well to-

Well in terms of standards because the-they're going to be determined...

[

2035 Clare: But, that"s why I"ve listed those staff…

[

2036 John: Yeah but...

[

2037 Sarah: But that the way to triangulate what she says.

[

2038 John: Two, two
2039 years ago, we went to a presentation with big glossy book all about
2040 mental health and how, how wonderful it was all going to be and we
2041 had all the chief execs, all the bigwigs there and what happens?
2042 Nothing.

2043 Sarah: But that"s why you need to get a refresh of that but then triangulate
2044 the evidence against what these people say is really-

[ ]

2045 Robert: Mmm.

2046 Sarah: -happening and then what these people say is really happening and
2047 what all those people say is really happening. That"s what-

2048 Robert: Mmm.

2049 Sarah: -that"s what you need to do. I don"t think it would be fair to exclude
2050 them.

2051 John: Right.

2052 Sarah: ((Clears throat))

2053 Robert: Yeah, I understand where you"re coming from but I...

[

2054 Sarah: We need to hear what they"ve got to say.

2055 John: I just, uh, I just, "cause that, you know, just...

2056 Robert: Because it, I, I suppose at end of the day, they're likely to tell us how
2057 they think the world should be...and what well, by talking to, what,
2058 talking to the people who have used the services and

[ ]

2059 Sarah: Yeah.

2060 Robert: -also who are delivering services can tell us how the world actually is
2061 and if this is a gap-

2062 Hannah: Yeah, sure, yeah.

2063 Robert: -then that would be something we can prioritise-

[

2064 Sarah: That's where the recommendations
2065 come from.

2066 Robert: In term of recommendations.

2067 John: Right.

End of excerpt

Appendix C Part Two

Disagreement One: Inviting the chief executive of a mental health organisation

Analytical rearrangement of argumentation

The individual arguments offered by the participants in disagreement one are outlined below. The explicit statement is included on the left hand side, and the unexpressed premise informing each argument is stated in parenthesis (van Eemeren, Grootendorst, 2002: 70).

i) Confrontation stage

Sarah/Robert: My standpoint is that the chief executive should be invited to the event.

Clare/John: My standpoint is that the chief executive should not be invited to the event.

ii) Opening stage

Clare: That's why I've listed frontline staff.	(If the chief executive is present, frontline staff will not speak freely).
John: Why? Inviting the chief executive is a waste of time.	(In my experience, senior managers don't know how services operate on the ground).
Sarah: It is important to hear the perspectives of senior managers, as well as frontline workers.	(If we are going to hear from frontline workers, it would be unwise to exclude the chief executive).
Robert: The chief executive is responsible for the standard of the service.	(As the chief executive is responsible for the standard of the service, they should be invited to the event).

From the above statements, it is clear that Sarah and Robert have adopted the role of the protagonist, defending the positive standpoint, that the chief executive should be invited to the event. In contrast, Clare and John have taken up the role of antagonist, by challenging this standpoint, by taking a negative position towards inviting the chief executive. As a result, the parties have become the protagonist of their own standpoint and the antagonist of the rival position.

iii) Argumentation stage

At the argumentation stage, as protagonists, Sarah and Robert seek to defend their positive standpoint and provide counterarguments to persuade the antagonists, Clare and John, to disregard their doubts. So, as antagonists, Clare and John criticised the protagonists" standpoints and provided counterarguments. These roles were also reversed with Clare and John being the protagonists of the rival negative standpoint, with Sarah and Robert being the antagonists.

John:	Inviting the chief executive is unlikely to improve services.	(In my experience, engaging with senior managers has proven to be disappointing).
Robert:	The chief executive is responsible for the standard of the service.	(As the chief executive is responsible for the standard of the service, they should be invited to the event).
Sarah/ Robert:	Information collected from service users has identified areas of poor service.	(This represents the picture on the ground).
Sarah/ Robert:	The chief executive would provide information on how services should operate.	(This represents the ideal picture).
Sarah/ Robert:	Comparing reality with the ideal picture will identify gaps in service provision.	(It is necessary to speak to a wide range of individuals to establish how services can be improved).

iv) Concluding stage

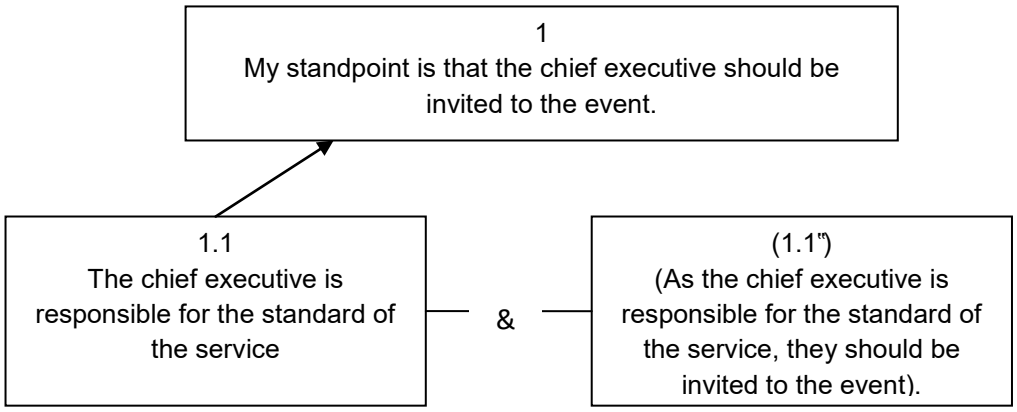
Robert:	The recommendations should address the gaps in services.	(Inviting the chief executive will help us to develop appropriate recommendations).

John"s response to Robert"s argument of “Right” (Appendix C, Part One, line 2067) has been reconstructed as having the same meaning as his earlier utterance.

John: I continue to disagree but let"s move on. (My standpoint remains that the chief executive should not be invited to the event).

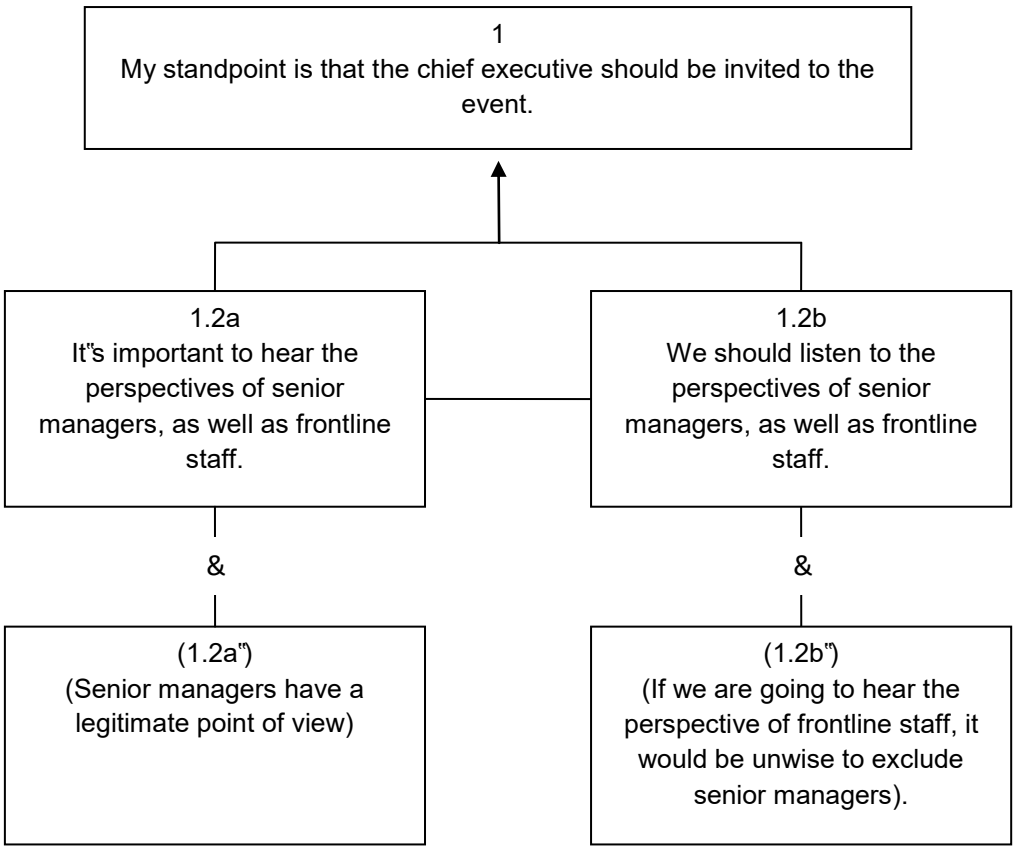
The structure of argumentation

Figure A.2: Robert"s utterance, lines 2033-2034, represented as single argumentation



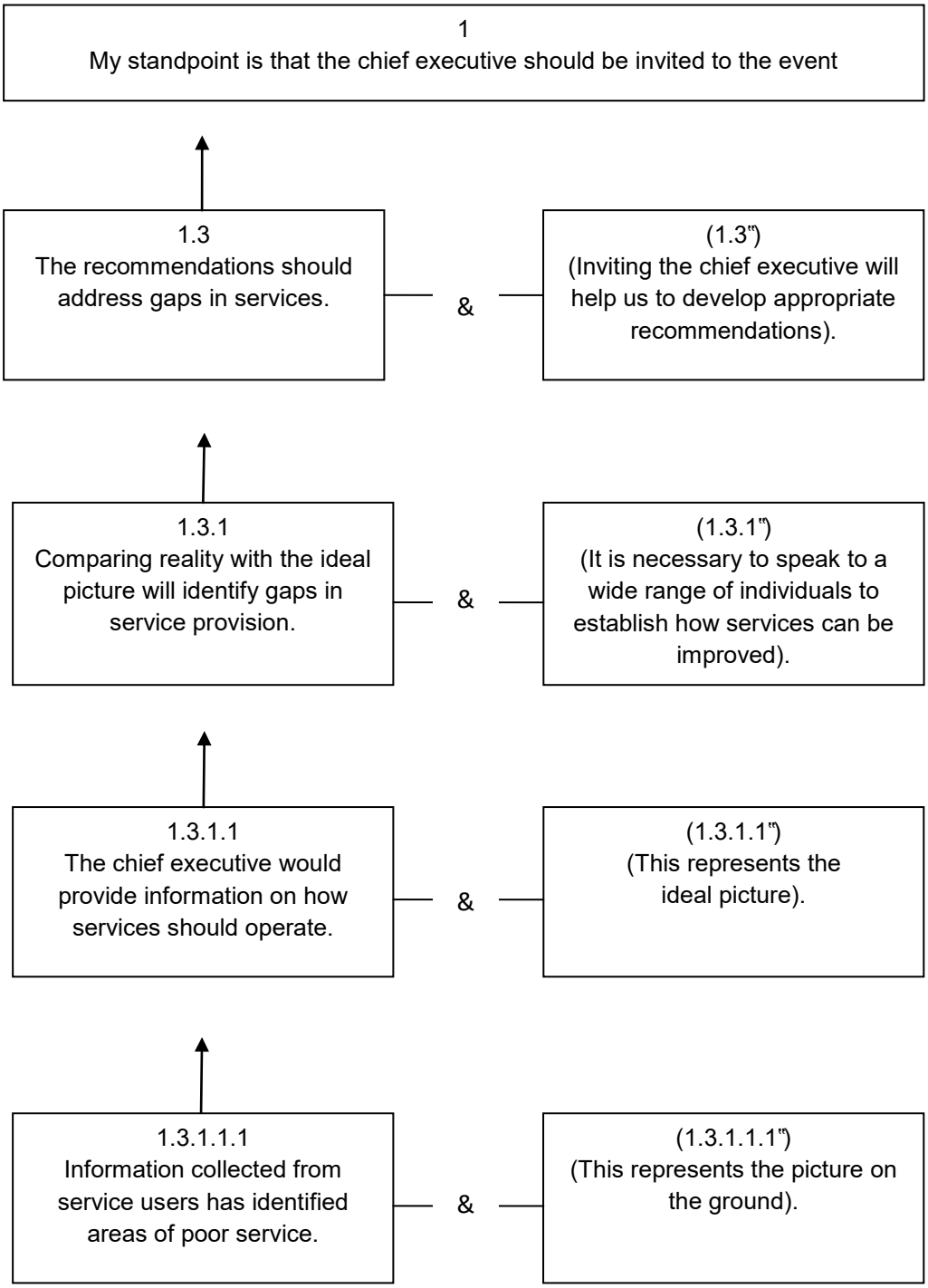
Following van Eemeren, Grootendorst et al (2002: 70), the above diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 1, as it was the first position taken in the disagreement. Both components of this single contribution, namely the explicit statement and the unexpressed premise informing the argument, are included in the diagram. The explicit statement is included on the left hand side, numbered 1.1, as it was the first argument made in support of the standpoint. The explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The text of the unexpressed premise is included in parenthesis and numbered (1.1"). The arrow indicates that, taken together, the explicit statement and unexpressed premise is a single attempt to defend the standpoint.

Figure A.3: Sarah"s utterances, lines 2030, 2049-2050, represented as coordinative argumentation



Following van Eemeren, Grootendorst et al (2002: 70), the above diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 1, as it was the first position taken in the disagreement. The two individual contributions are included in the text boxes on the left and right hand sides. In both cases, the components of these contributions, namely the explicit statements and unexpressed premises informing the argument, are included in the diagram. The explicit statements are included in the second row of text boxes, numbered 1.2a and 1.2b respectively. The text of the unexpressed premises that support each contribution are included in parenthesis in the third row of text boxes, and are numbered (1.2a") and (1.2b") respectively. Each explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The unbroken line between the two explicit statements signifies that the arguments are linked. Finally, the brace and arrow indicates that the two explicit statements and their unexpressed premises are a single attempt to defend the standpoint.

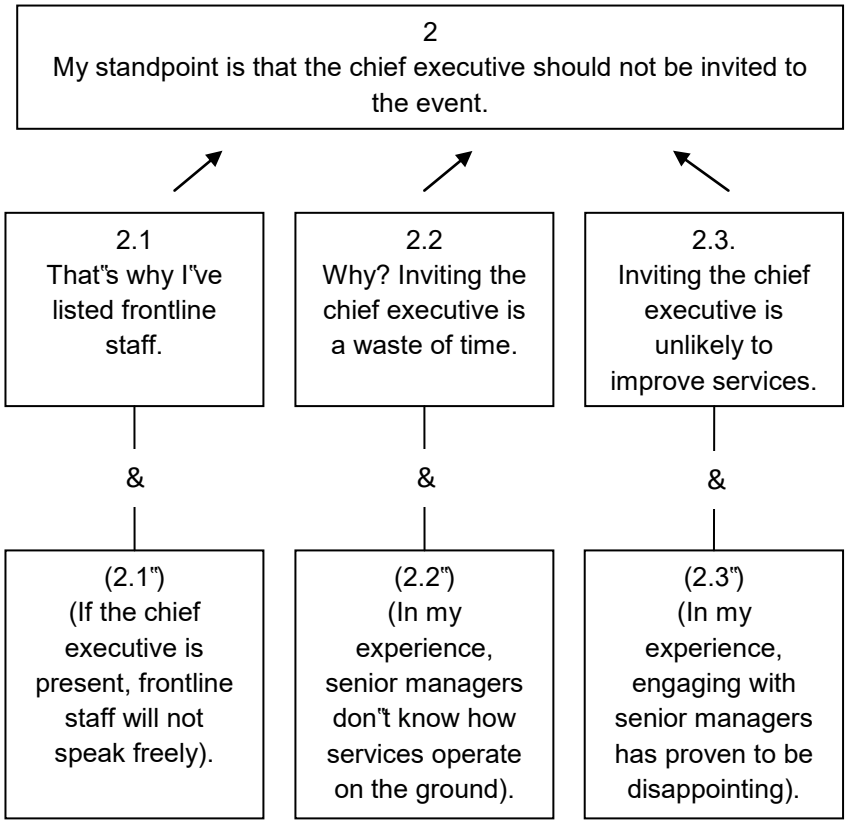
Figure A.4: Sarah & Robert"s utterances lines 2043-2044, 2046-2047, 2056-2058, 2063, 2066, represented as subordinative argumentation



Following van Eemeren, Grootendorst et al (2002: 65, 70), the above diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 1, as it was the first position taken in the disagreement. The four individual contributions are included in the text boxes on the left and right hand sides. In both cases, the components of these contributions, namely the explicit statement and unexpressed premise informing the

argument, are included in the diagram. The explicit statements are included on the left hand side, numbered 1.3.1.1.1. to 1.3. The text of the unexpressed premises that support each contribution are included in parenthesis next to the explicit statements, and numbered (1.3.1.1.1") to (1.3") respectively. Each explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The arrows indicate that taken together, each of the arguments, including the explicit statements and unexpressed premises, are a single attempt to defend the standpoint.

Figure A.5: Clare & John"s utterances, lines 2031, 2035, 2038-2042, represented as multiple argumentation



Following van Eemeren, Grootendorst et al (2002: 64), the above diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 2, as it was the second position taken in the disagreement. The three individual contributions are included in the two rows of text boxes below the standpoint. The component parts of these contributions, namely the explicit statement and unexpressed premise informing each argument, are included in the diagram. The explicit statements are included in the middle row of text boxes, numbered in the order in which the contributions occurred, from 2.1 to 2.3. The text of the unexpressed premises that support each contribution are included in parenthesis below the explicit statements, and numbered (2.1") to (2.3"). Each explicit statement is linked to its

unexpressed premise by a line and the use of an „&" symbol. The arrows indicate that taken together, each of the arguments, including the explicit statements and unexpressed premises, are a single attempt to defend the standpoint.

Appendix D

Part One

Excerpt from transcript of jury session two:

Sarah: So, I, I, in my head working through this I can see four tables. One of expert witnesses including CEOs and another three.

[

John: Could I make another suggestion rather than have, „cause I can't see how that will work with us all wandering around. Why can't we do it sort of end-to-end; three-quarters of an hour or an hour, one after another. So we sit around a table, they come to us, we ask them what they think is wrong and they tell us. And then we move on to the next group like we are a jur- jury. „Cause otherwise-

[ ]

Sarah: So have the sessions over a day, say?

[ ]

Robert: Mmm.

John: Sorry?

Sarah: Where you'd have to have like four different sessions over a day?

[

Robert: Well it's...

John: Yeah.

Jane: Yeah.

John: I just think you'll get more out that and it puts them on the spot-

[ ]

Sarah: Yeah.

John: -it goes back to what you said, I want them on the other side of the table and asking them the questions or them tell us. „Cause-

[ ]

Clare: Mmm.

John: -one of the things that keeps going on in my head is this a jury. Now, if you think of a jury, we"re a bit more than a jury in actual fact because we"ve gone out for information so we"re a lawyer as well. But, in the idea of a jury is that we sit and we ask the guilty persons what we think is wrong or right or get them to tell-

[ ]

Clare: ((Laughs)).

[

Sarah: It"s not supposed to be a pejorative process is it?

John: Sorry?

Robert: No.

Sarah: It"s not supposed to be a pejorative process.

[

John: I don"t understand what you mean.

Robert: Well I think juries can find you not guilty as well can"t they.

[

Sarah: You"ve got...

Donna: Yeah.

John: Yes-

[

Robert: ((Laughs)).

John: -well yes, I understand that but what I'm trying to say is, you know, if you put them at the table and we all wander „round, I-

[ ]

Robert: Mmm.

John: -just don't see, I feel we need you know-

[

Clare: I'm not saying about us wandering around, what I'm saying is that, um, I don't know, however many there is of us, if there's 10-

[

Sarah: Decide amongst yourselves.

Clare: -of us, and we have five tables and there is two of us at each table...

John: But what would you expect to happen, each one to come to you and tell you their story?

[ ]

Clare: No see-

Sarah: No it's a discussion.

[ ]

Donna: Is it like a focus group where you have a list of questions?

[ ]

Jane: Yes

[ ]

Sarah: Yeah.

Jane: You'll have question, you'll have a list of questions.

[ ]

Clare: We'll have a list of questions and basically we'll go through each question.

[

Jane: From the evidence that we've gained. We've, we've, you know-

[ ]

John: Right okay.

Jane: -um, you, you compile a list of questions that these are the, you know, predominant things-

[

Sarah: Discussion areas.

Robert: Mmm.

Jane: -discussion areas or whatever. “Can you tell us from your perspective your thoughts on this?” So here is the, you know, this is the case you have to answer for a star- for want of a better- you know back to your court proceedings and, um, you-“

[ ]

Sarah: Yeah.

[ ]

John: Yeah.

Jane: “-know, and what have you got to say to counter that. You know, what, what, what are your thoughts on this, what's your evidence on this, and what are you hearing about this because are they the same? In which case something's not matching somewhere, so you start to work on that. So you have, you could use these different areas that (Luke) has put in here in terms of these are the areas we want to cover: Access,

awareness. I mean that might be, all you need to give them at the time....”

End of excerpt

Appendix D Part Two

Disagreement two: Splitting those attending the consultation events onto separate tables.

Analytical rearrangement of argumentation

i) Confrontation stage

Sarah: My standpoint is a request to consider organising the event by splitting the senior managers and frontline professionals onto four tables depending on their roles.

John: My standpoint is that we should not organise the event by splitting the senior managers and frontline professionals onto different tables.

The individual arguments offered by the participants in disagreement two are outlined below. The explicit statement is included on the left hand side and the unexpressed premise informing each argument is stated in parenthesis (van Eemeren, Grootendorst, 2002: 70).

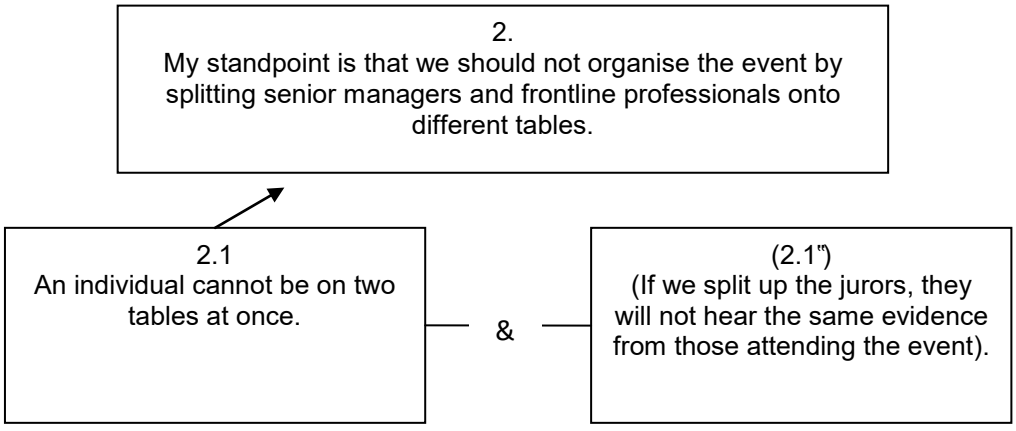
ii) Opening stage

John: An individual cannot be on two tables at once.	(If we split up the jurors, they will not hear the same evidence from those attending the event).

Given Sarah"s utterances did not expand beyond an expression of doubt, the argument did not progress to the argument stage.

The structure of argumentation

Figure A.6 John"s utterances, lines 1539, 1570-1571,1573, represented as single argumentation



Following van Eemeren, Grootendorst et al (2002: 70), the preceding diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 2, as it was the second position taken in the disagreement. Both components of this single contribution, namely the explicit statement and the unexpressed premise informing the argument, are included in the diagram. The explicit statement is included on the left hand side, numbered 2.1, as it was the only argument made in support of the standpoint. The explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The text of the unexpressed premise is included in parenthesis and numbered (2.1"). The arrow indicates that, taken together, the explicit statement and unexpressed premise is a single attempt to defend the standpoint.

Appendix D Part Three

Disagreement three: Those who attend the consultation events being questioned by the whole jury.

Analytical rearrangement of argumentation

i) Confrontation stage

John: My standpoint is that the events should be organised with senior managers and frontline professionals being questioned by the whole jury.

Clare: My standpoint is that the events should not be organised with senior managers and frontline professionals being questioned by the whole jury.

The individual arguments offered by the participants in disagreement three are outlined below. The explicit statement is included on the left hand side and the unexpressed premise informing each argument is stated in parenthesis (van Eemeren, Grootendorst, 2002: 70).

ii) Opening stage

John:	We are more likely to secure the required information by asking attendees to explain the problems with services.	(Senior managers and frontline professionals must be aware of problems, so we should ask them what they think is wrong).
Sarah:	We should seek to learn from the experiences of senior managers.	(We need to create an inclusive environment where managers feel able to speak freely).

From the above statements, it is clear that John adopted the role of the protagonist, defending his positive standpoint, that the consultation should be organised with the attendees being questioned by the whole jury. In contrast, Sarah has partly taken up the role of the antagonist, by adopting the negative standpoint which argues against John"s way of organising the event. As a result, the parties have become the protagonist of their own standpoint and the antagonist of the rival position.

iii) Argumentation stage

In the argumentation stage, the antagonists, Donna and Clare, sought to challenge John"s positive standpoint that those attending the events should be questioned by the whole jury. In doing so, they also acted as the protagonist of the rival negative standpoint.

Donna:	Frontline workers will find being questioned by the whole jury intimidating.	(It is unfair to treat frontline workers the same as senior managers).
Clare:	We need to create a friendly environment.	(We need to encourage service providers to be honest and open).

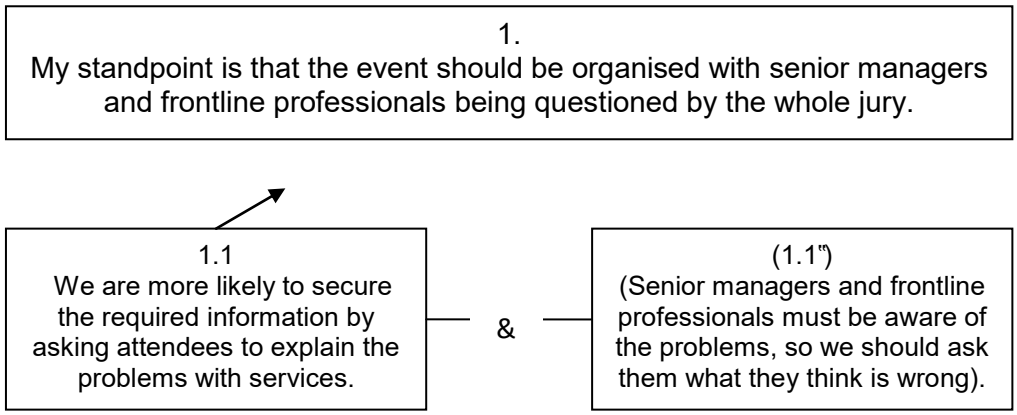
John, as the protagonist, did not provide any arguments to defend his standpoint against these criticisms.

iv) Concluding stage

Given John, did not advance any arguments to defend his standpoint against the contributions of Sarah, Donna and Clare, the third disagreement did not advance to the concluding stage. So, it seems the difference of opinion remained unresolved, as there was no indication that John had relinquished his standpoint, or that Sarah, Donna and Clare abandoned their doubts.

The structure of argumentation

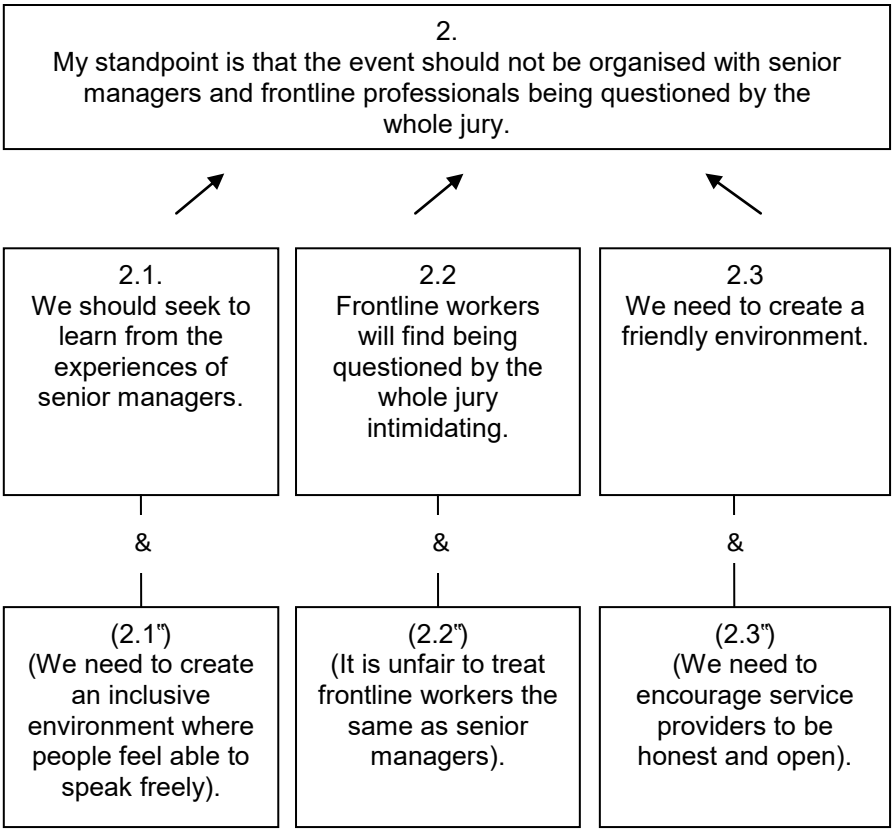
Figure A.7 John"s utterances, lines 1537-1538, 1548, 1550-1551, 1556-1557, represented as single argumentation



Following van Eemeren, Grootendorst et al (2002: 70), the above diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 1, as it was the first position taken in the disagreement. Both components of this single contribution, namely the explicit statement and the unexpressed premise informing the argument, are included in the diagram. The explicit statement is included on the left hand side, numbered 1.1, as it was the only argument made in support of the standpoint. The explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The text of the unexpressed

premise is included in parenthesis and numbered (1.1"). The arrow indicates that, taken together, the explicit statement and unexpressed premise is a single attempt to defend the standpoint.

Figure A.8: Sarah/Donna/Clare"s utterances, lines 1583,1584,1588-1589, represented as multiple argumentation



Following van Eemeren, Grootendorst et al (2002: 64), the above diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 2, as it was the second position taken in the disagreement. The three individual contributions are included in the two rows of text boxes below the standpoint. The component parts of these contributions, namely the explicit statement and unexpressed premise informing each argument, are included in the diagram. The explicit statements are included in the middle row of text boxes, numbered in the order in which the contributions occurred, from 2.1 to 2.3. The text of the unexpressed premises that support each contribution are included in parenthesis below the explicit statements, and numbered (2.1") to (2.3"). Each explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The arrows indicate that, taken together, each of the arguments, including the explicit statements and unexpressed premises, are a single attempt to defend the standpoint.

Appendix D Part Four

Disagreement four: The group should act like a legal jury and assign guilt for the poor provision of services.

Analytical rearrangement of argumentation

i) Confrontation stage

John: My standpoint is that we should act like a legal jury, and seek to assign blame for the poor provision of services.

Sarah: My standpoint is that we should not act like a legal jury by allocating blame for the poor provision of services.

The individual arguments offered by the participants in disagreement four are outlined below. The explicit statement is included on the left hand side, and the unexpressed premise informing each argument is stated in parenthesis (van Eemeren, Grootendorst, 2002: 70).

ii) Opening stage

John: We are like a legal jury.	(We should collect information in order to pass judgment on the service providers).
Sarah: Senior managers are concerned the jury process is seeking to blame them for the poor provision of services.	(If we seek to assign guilt, the providers will not attend the event).

From the above statements, it is clear that John adopted the role of the protagonist, defending his standpoint that the group should act like a legal jury by sitting in judgement. In contrast, Sarah has taken up the role of the antagonist, by adopting the opposite standpoint that the group should not act as a legal jury and assign blame.

iii) Argumentation stage

In the argumentation stage, Robert and Jane played the role of the antagonist, by criticising John"s positive standpoint that the group should act like a legal jury and assign blame. In doing so, they also acted as the protagonist of the rival negative standpoint.

Robert: Rather than assuming guilt, we should keep an open mind.	(We should hear from service users, senior managers, and frontline professionals).

Jane: We should check evidence collected from service users against the opinions of service providers (Instead of seeking to assign blame, we should focus on identifying gaps in our evidence).

John, as the protagonist, did not provide any arguments to defend his standpoint against this criticism

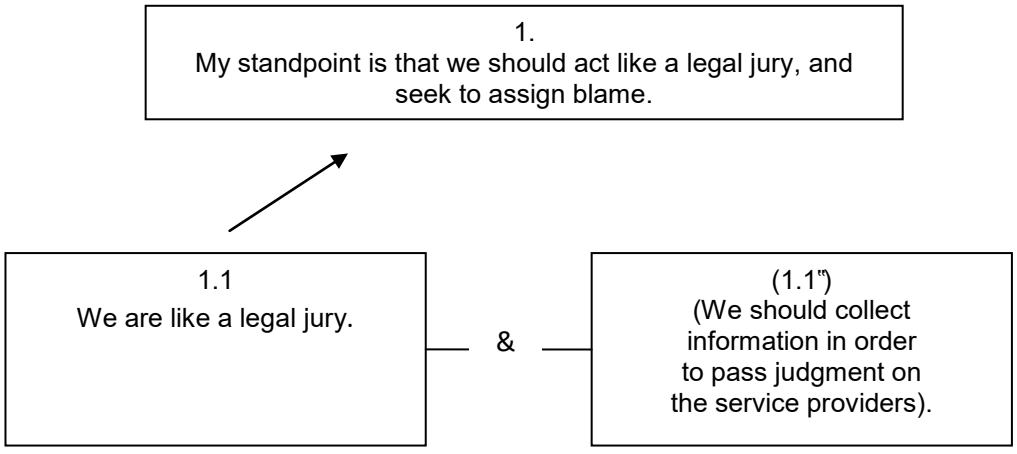
iv) Concluding stage

It appears the discussion caused John to have sufficient doubts to relinquish his support for the standpoint that the group should seek to assign blame. However, these utterances were interpreted as retaining the potential for doubt. On this basis, it seemed that John had not been persuaded to abandon totally his doubts over the validity of Sarah, Jane and Robert"s rival standpoint that the group should not act as if it were a legal jury. Accordingly, John"s utterances towards the end of the standpoint of "[r]ight okay" and "[y]eah" (Appendix D, lines 1591, 1061) were substituted for the following formulation:

John: My standpoint is that I am unsure about whether the term „jury" accurately describes what we are doing.

The structure of argumentation

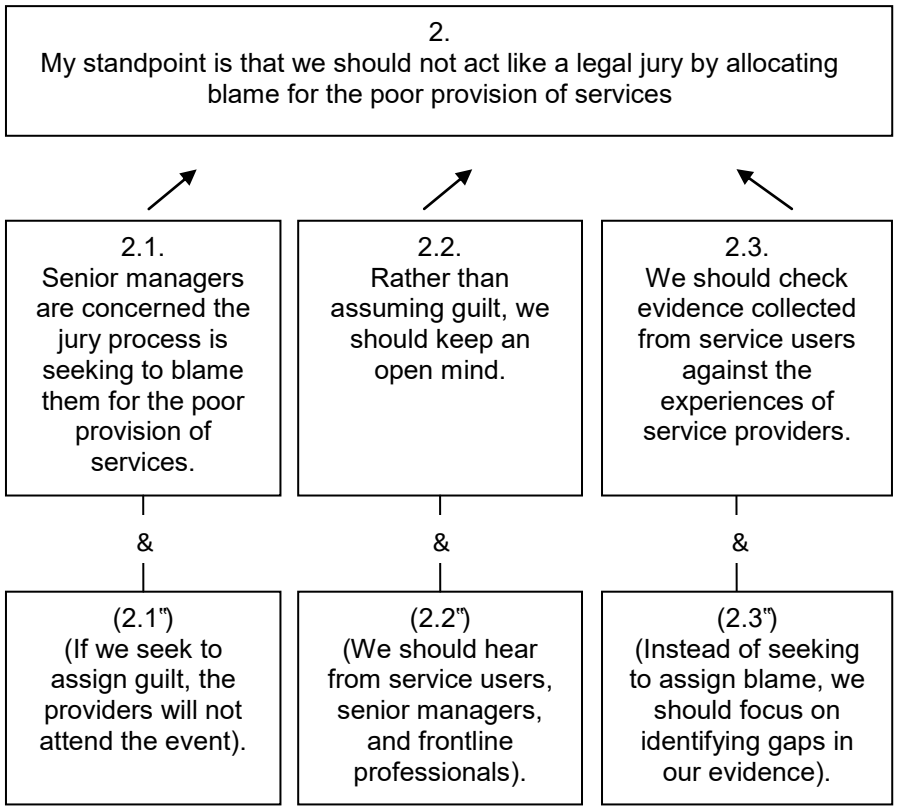
Figure A.9: John"s utterance lines, 1554-1557, represented as single argumentation



Following van Eemeren, Grootendorst et al (2002: 70), the above diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 1, as it was the first position taken in the disagreement. Both components of this single contribution, namely the explicit statement and the unexpressed premise informing the argument, are included in the diagram. The explicit statement is included on the left hand side, numbered 1.1, as it was the

only argument made in support of the standpoint. The explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The text of the unexpressed premise is included in parenthesis and numbered (1.1"). The arrow indicates that, taken together, the explicit statement and unexpressed premise is a single attempt to defend the standpoint.

Figure A.10: Sarah/Robert/Jane"s utterances, lines 1559-1560, 1565, 1590, 1592-1593, 1596-1599, 1602-1610, represented as multiple argumentation



Following van Eemeren, Grootendorst et al (2002: 64), the above diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 2, as it was the second position taken in the disagreement. The three individual contributions are included in the two rows of text boxes below the standpoint. The component parts of these contributions, namely the explicit statement and unexpressed premise informing each argument, are included in the diagram. The explicit statements are included in the middle row of text boxes, numbered in the order in which the contributions occurred, from 2.1 to 2.3. The text of the unexpressed premises that support each contribution are included in parenthesis below the explicit statements, and numbered (2.1") to (2.3"). Each explicit statement is linked to its

unexpressed premise by a line and the use of an „&" symbol. The arrows indicate that, taken together, each of the arguments, including the explicit statements and unexpressed premises, are a single attempt to defend the standpoint

Appendix E

Part One

Excerpt from transcript of jury session two:

John: Yeah so, just a little caveat up there to remember for when we sum the whole thing up: Is jury the right word? Just leave it there, don't say anything.

Clare: ((Laughs)).

Robert: Yeah.

Jane: What do you think?

John: I'm 50/50 at the moment.

Jane: So… where would you see the jury? What do you see a jury doing?

John: Not what we're doing.

Robert: We-well, and again, what, what you've suggested actually is the reason why (chief executive of large mental health service provider) was so anxious when we first started this off.

Jane: She saw it very adversarial. Didn't she?

[ ]

Robert: Because, because she saw a jury, you know, guilty/not-

[ ]

Donna: Yeah.

Robert: -guilty, uh, adversarial, um, whereas, I mean, it's a term that's-

[ ]

John: Right.

Robert: -that"s been used to describe the process but we"re not seeking to blame, we"re not saying “This is right, this is wrong.” What we"re trying to do, crea- develop-

[ ]

John: No you"re just judging whether something is...

Robert: -evidence that describes the situation as it is now from the user-

[ ] [ ]

John: Yeah. Mmm.

[ ]

Donna: Yeah.

Robert: -perspective which is really powerful.

[

Clare: I suppose, you know, how I see it is that rather than looking at, you know, a jury in court who"s as you said-

[ ]

Robert Mmm.

Clare: -decision in the end is guilty or not guilty, we"re playing the role of the jury during, where they"re looking at gathering evidence and

[ ]

Robert: Mmm.

Clare: -that"s our role but the end product isn"t…

Robert: It"s probably more like an inquest isn"t it rather than a jury.

[ ]

Jane: Yeah.

John: I don't know. I don't want to re-enter into a discussion about it. I just

[

David: I think it, it...

John: -leave it on the table now because I'm still wrestling with that.

[ ]

((Group laugher)).

[

David: I think if you call it other things like group or committee it could very easily-

[

Jane: It, it weakens it.

David: -be filed away.

Jane: Mmm.

Robert: Yeah.

David: You know a group is just having chat or the committee, it's all about you putting it in a filing cabinet and you're forgotten.

John: Yeah.

Robert: But, but I, I mean the title certainly has ra-, you know, raised its profile within the (Midlands CCG) So-

[ ]

Clare: Oh yeah, definitely.

Donna: I think it's because it comes with clout doesn't it when you say-

[ ]

2280 Robert: Yeah.

2281 Donna: -jury.

2282 John: Well-

2283 Robert: That"s the thing.

2284 Sarah: There"s power to it, isn"t there.

2285 Donna: Yeah, yeah.

2286 John: Yeah.

2287 Clare: Well it certainly made the (health service provider) very twitchy.

[ ]

2288 Donna: Mmm.

2289 Jane: Yes it has.

2290 John: Which it should.

2291 Jane: Yeah, yeah.

2292 Sarah: Good.

2293 Jane: Yeah.

2294 John: There you go.

2295 Jane: I think, I think it is-

[

2296 David I think that"s an interesting question.

[

2297 Sarah: Yeah, yeah, yeah.

2298 David: An interesting question what we should call the group.

2299 Robert: Sorry (Sarah).

2300 Jane: Sorry.

2301 Sarah: Last practical question then-

End of excerpt

Appendix E Part Two

Disagreement five: Continuing to use the title of jury.

Analytical rearrangement of argumentation

i) Confrontation stage

John: My standpoint is that I am unsure whether the term „jury" accurately describes what we are doing.

David: My standpoint is that we should continue to use the title of „jury".

Robert: My standpoint is that we should not continue to use the title of „jury".

The individual arguments offered by the participants in disagreement five are outlined below. The explicit statement is included on the left hand side, and the unexpressed premise informing each argument is stated in parenthesis (van Eemeren, Grootendorst, 2002: 70).

ii) Opening stage

Jane/ Donna/ Sarah	There is power attached to the term „jury".	(Labelling ourselves as a jury strengthens the process).
Robert:	The term „jury" has made the service providers nervous.	(The term „jury" is inappropriate, as it has given service providers the impression that we are seeking to assign guilt).

It appears the disagreement began with John uttering the doubts he developed regarding the term „jury" at the end of the fourth disagreement. Jane, Donna, and Sarah adopted the role of the protagonist, by offering a positive argument in response to John"s expression of doubt over the term „jury". However, it is also clear that Robert adopted the role of the antagonist, by developing a negative argument in support of the doubts expressed by John provided below.

John: My standpoint is that I am unsure whether the term „jury" accurately describes what we are doing.

So, at this stage in the exchanges, John appeared to have reiterated his neutral standpoint. However, following questions from Jane (Appendix E, Part One, lines 2230-2233), it was also possible to interpret his utterance in the opening stage of the discussion as the following question:

John: I am still unsure if the term „jury" accurately describes what we are doing?

Doing so gives his utterance the force of a directive speech act (van Eemeren and Grootendorst, 2004: 64), that challenges the protagonist and antagonist to the disagreement to provide additional information to support their standpoints.

iii) Argumentation stage

John, Robert, Clare, and Sarah acted as protagonists of the positive standpoint that the group should continue to use the title of „jury" by offering the following arguments:

John:	The term „jury" will help to recruit participants.	(We need to describe the process in a way that generates interest).
Robert:	Using the term „jury" has caught the attention of the commissioning body	(The power inherent in the term „jury" has made the commissioning body take notice)
Clare/John/ Sarah:	We should call ourselves a jury, as it makes the service providers uncomfortable.	(Access to services will only improve if providers are held accountable for gaps in the provision of services).

John, Robert and Clare also acted as the antagonists of the positive position, by offering the arguments outlined below. In doing so, they were behaving as the protagonists of the rival negative standpoint, that the group should not continue to use the title of „jury".

John:	We are judging the quality of services, not the providers.	(The purpose of the jury is to promote the user perspective, not indict the providers).
Clare:	„Jury" implies judgement, whereas we are seeking to collect evidence to support our recommendations.	(We should give equal weighting to evidence, regardless of whether it was collected from service users or providers).

Robert: Perhaps the term „inquest" would better describe the purpose of the group. (The word inquest may be less threatening to service providers).

iv) Concluding stage

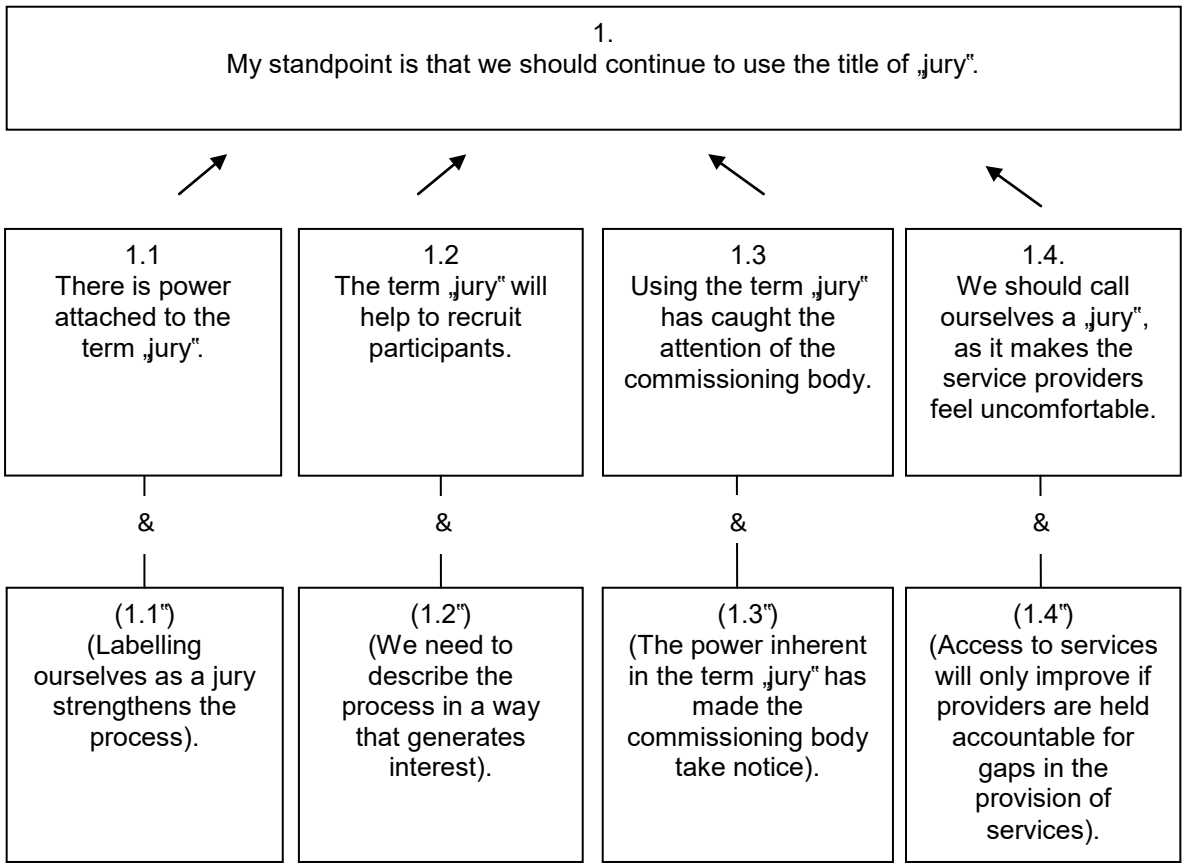
This stage included a single contribution:

David: What we should call the group is an interesting question. (There are strong arguments for and against calling ourselves a jury).

This contribution simply restates the fact a disagreement had occurred. Consequently, the difference of opinion was not resolved by the exchanges.

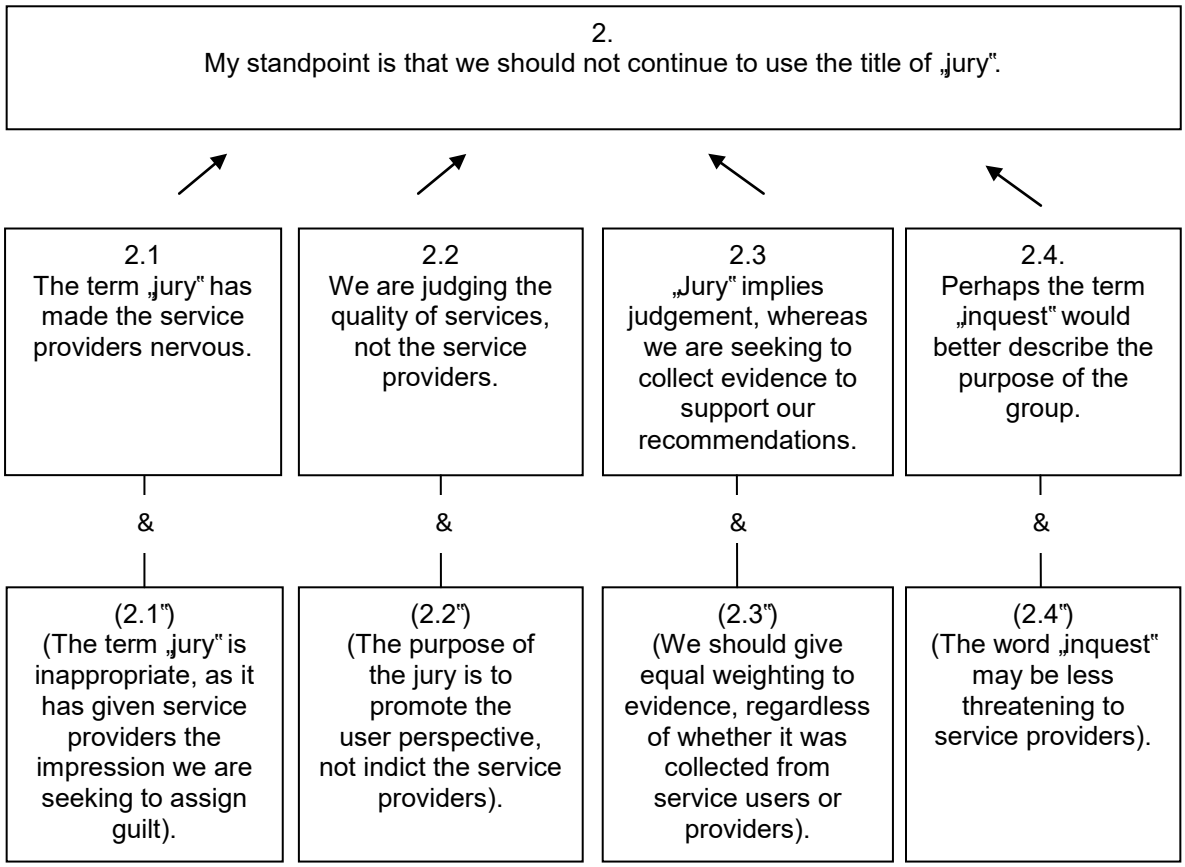
The structure of argumentation

Figure A.11: Jane/Donna/Robert/John/Sarah/Clare"s utterances, lines 2269, 2276-2277, 2279, 2281, 2283, 2284, 2286, 2287, 2290, 2292-2294, represented as multiple argumentation



Following van Eemeren, Grootendorst et al (2002: 64), the preceding diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 1, as it was the first non-neutral position taken in response to John"s directive speech act. The four individual contributions are included in the two rows of text boxes below the standpoint. The component parts of these contributions, namely the explicit statement and unexpressed premise informing each argument, are included in the diagram. The explicit statements are included in the middle row of text boxes, numbered in the order in which the contributions occurred, from 1.1 to 1.4. The text of the unexpressed premises that support each contribution are included in parenthesis below the explicit statements, and numbered (1.1") to (1.4"). Each explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The arrows indicate that, taken together, each of the arguments, including the explicit statements and unexpressed premises, are a single attempt to defend the standpoint.

Figure A.12: Robert/John/Clare"s utterances lines, 2235-2237, 2239-2240, 2242, 2244- 2246, 2247, 2248, 2249, 2251, 2252-2253, 2255-2256 and 2258, 2259, represented as multiple argumentation



Following van Eemeren, Grootendorst et al (2002: 64), the preceding diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 2, as it was the second non-neutral position taken in response to John‟s directive speech act. The four individual contributions are included in the two rows of text boxes below the standpoint. The component parts of these contributions, namely the explicit statement and unexpressed premise informing each argument, are included in the diagram. The explicit statements are included in the middle row of text boxes, numbered in the order in which the contributions occurred, from 2.1 to 2.4. The text of the unexpressed premises that support each contribution are included in parenthesis below the explicit statements, and numbered (2.1‟) to (2.4‟). Each explicit statement is linked to its unexpressed premise by a line and the use of an „&‟ symbol. The arrows indicate that, taken together, each of the arguments, including the explicit statements and unexpressed premises, are a single attempt to defend the standpoint.

Appendix F

Part One

Excerpt from transcript of jury session three:

Robert: We-well again, I think, I'm not sure we'll get in to this on, on the day but, I think all of us have perhaps not travelled the path we thought we were… we would be going to do.

John: No.

Robert: When we set this up because of issues have arisen… as we've taken every step with well actually we didn't think we'd have to...

[

Hannah: There was only six meetings initially wasn't it? ((Laughs)).

Robert: Yeah, umm, but just the nature of the subject matter has meant-

[ ]

Hannah: ((Laughs)).

Robert: -that we've had to be flexible. We've had to be agile. We've had to-

[

Jane: We've had to go out not expect people to come in.

Robert: Yeah, yeah, yeah.

Hannah: Yeah.

John: That's why I struggle with the word juror now. Because the word juror is that the information floats in front of you and you make your judgement whereas we've gone out for evidence haven't we?

Robert: Yeah.

John: So, anyway that, that's just me, that's not something you-

[ ]

2066 Robert: Yeah.

2067 John: -you don't want...

[

2068 Jane: Yeah, but we haven't got a team of solicitors and barristers to go

[ ]

2069 John No.

[ ]

2070 Robert: ((Laughs)).

2071 Jane: -and get it for us. So, if you think about it in that context.

[

2072 John: Get it for us but it's, it's a different slant isn't it?

2073 Jane: Yeah.

2074 John: It's a slightly different slant.

2075 Jane: Yeah, yeah.

2076 John: But, hey ho.

End of excerpt

Appendix F Part Two

Disagreement six: Accuracy of describing the group as a jury.

Analytical rearrangement of argumentation

i) Confrontation stage

Robert/ Jane: My standpoint is that we have modified the jury process to facilitate our investigation into mental health.

John: My standpoint is that, due to our modifications, the term „jury" is not an accurate description of what we are doing.

The individual arguments offered by the participants in disagreement six are outlined below. The explicit statement is included on the left hand side, and the unexpressed premise informing each argument is stated in parenthesis (van Eemeren, Grootendorst, 2002: 70).

ii) Opening stage

Jane: We have modified our approach to evidence collection.	(We wanted to hear from service users, so we had to reach out to them).
John: Rather than expect witnesses to come to us, we have gone out and collected evidence.	(We have gone beyond what is expected of a legal jury).

From the preceding statement, Jane adopted the role of the protagonist, by offering positive arguments in support of the first standpoint regarding the modification of the jury process. In contrast, John has taken up the role of the antagonist, by challenging this standpoint with negative arguments, claiming the modifications from a legal jury process means the term does not provide an accurate description of the group"s activities.

iii) Argumentation stage

Jane acted as the protagonist, by seeking to defend her positive standpoint and provide counterarguments to persuade John to abandon his doubts. In doing so, she also behaved as the antagonist of John"s negative standpoint.

Jane: The way we have collected evidence has been partly determined by the resources we have available. (As a jury, we have performed the role of identifying and collecting evidence from service providers).

Despite adopting the role of the antagonist of Jane"s positive standpoint, John made no further contributions in the argumentation stage.

iv) Concluding stage

John utterances (see Appendix F, Part One, lines 2072, 2076) suggest that he continues to have doubts, and subsequently they were interpreted as a restatement of his position at the end of disagreement four.

John: My standpoint is that I am unsure whether the term „jury" accurately describes what we are doing.

This contribution indicates that the disagreement was not resolved by the exchanges that took place.

The structure of argumentation

Figure A.13 Jane"s utterances lines 2057, 2068, 2071, represented as multiple argumentation.

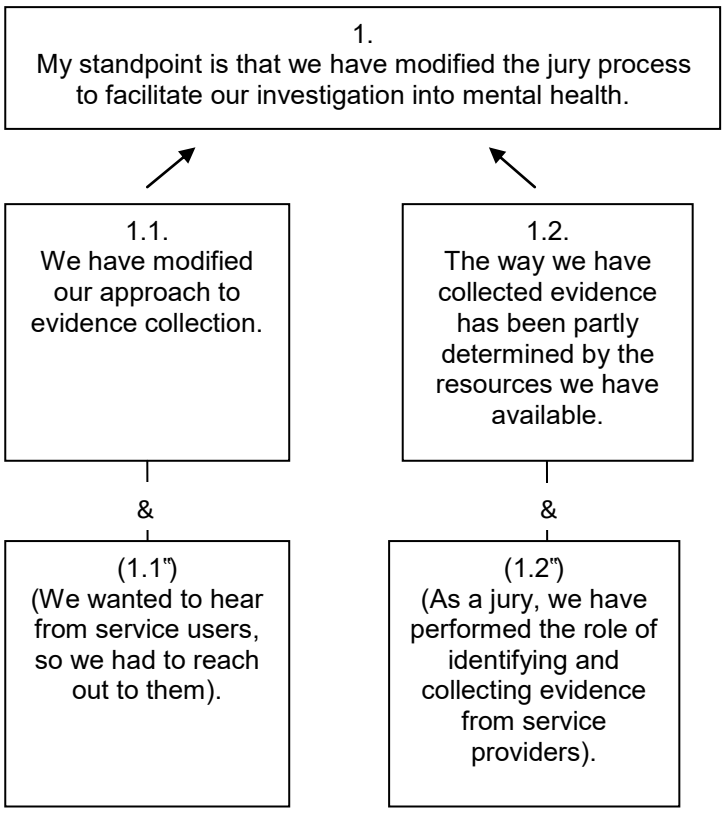


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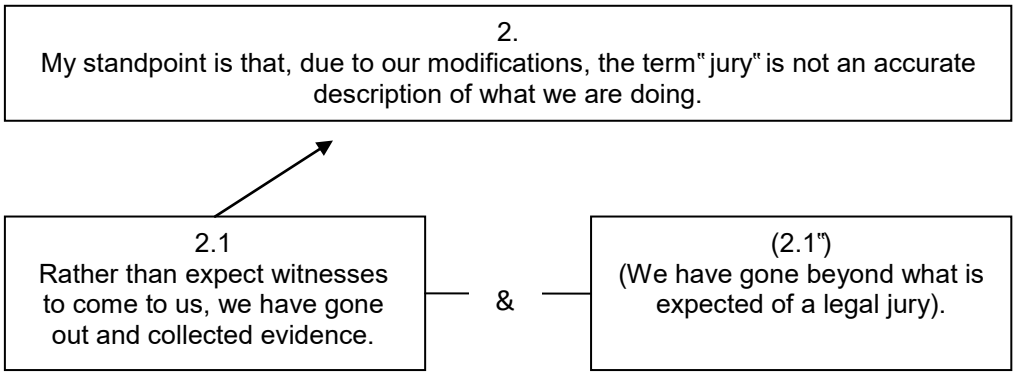
Figure A.14 John"s utterance, lines 2060-2063, represented as single argumentation



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Appendix G

Part One

Excerpt from transcript of jury session eight:

147 Jane: And I… if you… what I'm trying to go through in my papers at the
148 moment in case you think I'm being very rude, uh, was t-trying to
149 find the piece paper… remember when you were all talking and I
150 was actually looking through where we weren't picking things up in
151 the con-conversation we we're having… where the gaps
152 were… and I'm just trying to find that piece of paper that I wrote
153 it all on. It's in here somewhere. But it was just really to say when we
154 went through, we, I was scanning to see that we were
155 picking up from the evidence that we collected.

[ ]

156 Clare: I think this...

157 Jane: That was on the back page here wasn't it where we sort of-

[ ]

158 Jane: Yes

159 Clare: -like said um…

160 Sarah: And that was for me was the bit that was kind of missing from the
161 last meeting I know you kept trying (Jane) but we were all so
162 busy but linking it back to what we've found during the-

[ ]

163 Jane: Yes during in...

164 Sarah: -investigations so-

165 Jane: Yes, from the evidence that we've collected. To make sure that-

[ ]

166 Robert: But- the-

[ ]

Clare: Yeah.

Jane: -we"re linking back...

[

Clare: Yeah, „cause we"ve put we need a recommendation about homeless people. Need a recommendation about people leaving prison. That was…

[

Sarah: Yeah, but did we say what they were gonna be did we?

[

Clare: No, but that was picking up from what you were… that was-

[ ]

Jane: Yeah.

Clare: -picking up from your gaps.

[ ]

Jane: That was picking up...

„Cause if you remember it while you were all talking I was just scanning the, the documents through and saying, you know, I was picking up gaps and I"m just, if you just give me a minute to find where I"ve put it, because it will be in here. Um, it was-

[ ]

Robert: Mmm.

Jane: -really just to… so we knew that what we talked about access, we picked up from the <u>evidence</u> that we"d collected that we"re picking up the points that people were making. So, uh, tying it back to the evidence all the time.

[

187 Robert: But to be fair, um, um, the work that
188 (Luke) did actually, under he grouped all the-

[

189 Jane: He...a lot, he did-

190 Robert: -he did a lot of that.

[

191 Jane: But
192 …but it was the early evidence and we"ve picked up more since then
193 so it was really-

[ ]

194 Robert: Yeah.

195 Jane: -trying to put that more recent stuff that we"ve collected, through-

[ ]

196 Robert: Into...

197 Jane: -the various means, into that pool that (Luke) had started on early
198 doors as it were. So, it was really just making sure we"d got it all
199 in the right place and that we hadn"t missed anything.

200 John: But-

[

201 Clare: Those two things in particular I was looking, the one
202 recommendation that I made around having um (outreach team)
203 and the (intervention team) reviewed by some service user led groups
204 like (names local charity). I think that was one of the
205 recommendations but then we"d pick up um, having something
206 around home… you know, a better service for people who are
207 homeless and a better service for people leaving-

[ ]

208 Jane: Yeah.

[ ]

209 Henry: Mmm.

210 Clare: -prison. Because, those teams, as far as I'm concerned-

[ ]

211 Henry: Mmm.

212 Clare: -particularly the (outreach team), that is what the role of that team
213 should be.

214 Jane: Yeah.

215 Henry: Mmm.

216 Clare: And if it's not, then by having our recommendations those services
217 being reviewed by those service user led groups, then-

[ ]

218 Jane: Yeah.

219 Clare: -they will pick up where it's not doing what it should be doing.

[ ]

220 Jane: Yeah.

[

221 Yeah... That's why we need that…

222 Clare: So, those recommendations would come directly from the-

[ ]

223 Jane: Those recommendations...yeah.

224 Clare: -evidence.

Henry: Yeah.

Jane: From that evidence.

Clare: Yes.

Jane: And that"s what I was trying to get so that that actually… „cause-

[ ]

Clare: Yeah.

Jane: -if I was, if you were hitting me with these recommendations, I suppose one part of me would go on the, on the, I"m not sure if it"s the attack or the defence, either which way. Um, well saying where"s the evidence for that, where did you get the evidence for that? And if you can pool the evidence together into those pockets, then we can present back the evidence for that, that, um, recommendation.

Robert: Yeah, I, I suppose in, in presenting reports what, this is what we found.

Jane: Yes.

Clare: I mean that"s…

John: If it comes to that, this is what we recommend.

[

Clare: I mean that"s, yeah and that"s, that"s in there isn"t it?

Robert: Yeah.

Henry: Mmm.

Jane: It"s in there. Yeah.

Clare: In, in so, that you know the findings bit, is…

Hannah: We need to switch those two.

249 John: Yeah, I'm-

250 Clare: Yeah.

251 Hannah: Yeah.

[

252 John: Um, I'm not sure I understand, I, I, I get mixed up in the philosophy
253 of this because, if I, am ca- as a carer, I've spent the best part of 12
254 months now doing all this work. I don't feel I have to justify it by
255 having something written down. I feel that I am the authority. I am
256 the expert on it. I've been out there, and I've listened. And if these
257 people can't accept that, they throw this back in your face and say,
258 "Well, where's the evidence?" It's almost like a-

259 Hannah: You do need evidence though because that would be, that we've
260 collected a varied, like a vast amount of evidence.

261 John: Well, we can, we can do that, can't we?

262 Hannah: So, of course, you, you are one sole piece of that. But we can't base
263 the whole report on one... piece of evidence. Do you-

[ ]

264 John: Right.

265 Hannah: -know what I mean? Obviously, you're part of the…

[

266 David: If we've got evidence, we, we, we can prove that what we are
267 saying is correct because somebody else could look at the-

[ ]

268 Hannah: Yeah.

[ ]

269 Jane: Re-validating it.

[ ]

270 Hannah: Yeah.

271 David: -exact same evidence and produce the same conclusions.

272 Hannah: It"s just about extra support for the points-

[ ]

273 John: Right.

274 Jane: Mmm.

275 John: Right.

276 Jane: It is…

277 Hannah: -that we"re making.

[

278 Sarah: Otherwise, what"s the point of doing it?

279 Hannah: Yeah.

280 Sarah: You could have just come together in the first meeting and just -

[ ]

281 John: Well I don"t know, I don"t know-

282 Sarah: -said I"ve been a carer here"s what I think is-

[ ]

283 John: -I just feel at times-

284 Jane: Mmm, yeah.

285 John: -that you know, we"re not here to make it up...are we?

286 Jane: Yeah, but we are proving that we"re not making it up. „Cause it
287 could…

[

John: Why would we we want to do that?

Jane: Well, the thing, well I suppose, if you look, if you turn it on its-

[ ]

Clare: ((Laughs))

Jane: -head, and you say well you're just a group of people, you've just got together, and you've just said to your world according to (John) or (Henry) or (Clare). No, we haven't sat in the in the room and done that. What we've done, is substantiated that-

[

John: Right.

Jane: -work, we're going out and meeting those groups. We had the-

[ ]

John: Yeah.

Jane: -drop-in centres, we went to speak to the homeless people. We went to various other outlets to <u>evidence</u> what it feels like to use or try to access mental health services, adult mental health services at the moment. So, it proves that it's not the world according to...(John) or whoever.

[

Clare: It's, its.....but, hmm, because if we go to (Chief Executive of major mental health service provider) for example and say, "The (outreach team)… we, we are recommending that the (outreach team) needs a review because it's not doing what it's…" she'll come out with reams and reams of paper saying this is what they're doing and this is how they're doing it and they're doing it wonderfully. So, we've got to counter that by saying-

[ ]

Hannah: Mmm.

312 Clare: -actually, this is what we've found from the people who use your
313 service."

314 Robert: Yeah.

315 Hannah: Yeah.

316 Jane: Yes.

317 Clare: Otherwise, nothing will happen.

318 Hannah: Yeah.

319 Jane: Yeah.

320 Robert: Yeah.

321 Clare: ((Laughs))

322 Robert: It's about just ((clears throat)) building credibility around-

[ ]

323 Jane: I suppose… I suppose...

324 Clare: Mmm.

325 John: Yes and I understand that.

326 Jane: I suppose that it's really, I, I don't like to use the terminology but
327 it, it, it's, it's playing the game so that you make your points
328 stick.

[ ]

329 Hannah: Yeah.

330 Jane: „Cause that's...

[

331 Clare: Yeah. „cause identity… we've identified the un-met needs,
332 haven't we?

333 Jane: Yeah.

334 Hannah: Mmm.

335 Clare: That"s essentially what we"ve done.

336 Jane: Yeah.

337 Clare: And with commissioners… because at the end of the day, the-

[ ]

338 Jane: And we"ve evidenced it.

339 Clare: -people who are going to fund any of this, they"ve got to pr-prove
340 to the people who they"re asking for the money from, if they"re saying,
341 "Right, we want the money for this and this, we don"t
342 want it for that and that." Those people up there are gonna say, "Well,
343 why?" And we"ve provided them with the evidence to say, "This is
344 why."

345 John: Yeah...okay.

346 Clare: ((Laughs)).

347 Jane: Right-

[

348 Hannah: Which is a pain but you"ve gotta prove the point.

349 John: Yeah.

350 Robert: Yes.

351 Jane: Yeah.

352 Hannah: ((Laughs)).

353 John: Mmm.

End of excerpt

Appendix G Part Two

Disagreement seven: Supporting the jury's recommendations with evidence collected from service users and providers.

Analytical rearrangement of argumentation

i) Confrontation stage

Jane/Hannah/Clare/ David:	My standpoint is that the jury"s recommendations should be supported by evidence collected from service users and providers.
John:	My standpoint is that the jury"s recommendations need not be supported by evidence collected from service users and providers.

The individual arguments offered by the participants in disagreement seven are outlined below. The explicit statement is included on the left hand side, and the unexpressed premise informing each argument is stated in parenthesis (van Eemeren, Grootendorst, 2002: 70).

ii) Opening stage

Jane: Decision-makers will expect wide ranging evidence justifying our recommendations.	(We must provide detailed information linking our recommendations to the evidence we have collected).
John: We should not use statistical evidence to support our recommendations.	(Decision-makers will reject recommendations based on evidence collected from a small number of service users and providers).

From the above statements, it is clear that Jane has adopted the role of the protagonist, defending the positive standpoint that the jury"s recommendations should be supported by evidence collected from service users and frontline professionals. In contrast, John has taken up the role of antagonist, by challenging this standpoint with negative arguments against using the evidence collected from users and professionals to support the recommendations. At this stage, the difference of opinion is over the type of information that should be used to support the jury"s recommendations.

iii) Argumentation stage

At the argumentation stage, the protagonists, Jane, David, Hannah, and Clare, sought to defend their standpoint and provide counterarguments to persuade the antagonist, John, to disregard his doubts. So, as the antagonist, John"s role was to criticise the protagonists" standpoints and counterarguments. These roles were also reversed with John being the protagonist of the rival negative standpoint, and Jane, David, Hannah, and Clare being the antagonist.

John: We have experience of mental health services.	(We know what the problems are in accessing mental health services).
John: We have been involved in the citizens" jury process for the past 12 months.	(We have spent a significant amount of time investigating this complex issue).
John: We have listened to service users and providers.	(Users and providers have confirmed what we knew about the problems of accessing mental health services)
John: Combined, these experiences make us experts on mental health services.	(Decision-makers should accept the recommendations on the basis of our experiences).

Hannah, Sarah, Jane, David, and Clare attempted to persuade John to abandon his doubts by offering arguments in five different areas. In the first area, Hannah and Sarah focused on the potential of evidence, including statistical data and personal testimony, to strengthen the recommendations.

Hannah: Using evidence collected from a wide range of sources will strengthen our recommendations.	(Making use of personal testimony and statistical data will improve the credibility of our findings).
Sarah: We have collected information from a wide range of sources to inform our recommendations.	(We need to use both personal testimony and statistical data to support our recommendations).

Next, Hannah and Jane offer arguments based on evidence from a wide range of sources to help overcome the limitations of relying solely on the jurors" personal experiences.

Hannah: While our experiences are important, we must consider experiences from a wide range of users and providers. (The limitations of individual experiences means that we must consider evidence from service users and providers).

Jane: Evidence from users and providers will illustrate that our experiences are widespread. (Our personal experiences are appropriate forms of evidence, when they are supported by the information we have collected).

David and Hannah then focus on the need to provide written evidence to demonstrate the strength of the jury"s recommendations.

David: Providing a written summary of the evidence will illustrate our recommendations are sound. (Decision-makers will be more likely to accept our recommendations, if following the evidence leads them to the same conclusions).

Hannah: We should provide decision-makers with a written step by step account of how we reached our recommendations. (We can demonstrate to decision-makers that we"ve reached sensible recommendations).

Then Jane attempts to demonstrate how the evidence they collected from service users and frontline professionals can illustrate that their experiences are based in fact, and are not isolated cases.

Jane: We can substantiate our personal experiences with evidence collected from service users and providers. (Providing supporting evidence will illustrate that our recommendations are based on facts, rather than personal opinion).

Finally, Clare and Jane attempt to persuade John to abandon his remaining doubts, by arguing that the jury"s recommendations are unlikely to be implemented, unless they are supported by evidence collected from service users and frontline professionals.

Clare: Service providers will not support the recommendations, unless we demonstrate the need for change.	(We must have sufficient evidence to counter providers" attempts to undermine our recommendations).
Jane: Decision-makers expect us to support our recommendations with evidence.	(Decision-makers are more likely to accept our recommendations, if they are supported with evidence).

iv) Concluding stage

John"s utterances towards the latter stages of the transcript (Appendix G, Part One, lines 281, 283, 285, 296, 298, 325, 345, 349 and 353) were substituted for the following statements:

John: I"m not sure whether I agree with your arguments.	(Decision-makers should respect our individual experiences).
John: I accept the argument that evidence is required to justify our recommendations	(I am unsure whether our evidence is a legitimate data set, or just a collection of personal stories).

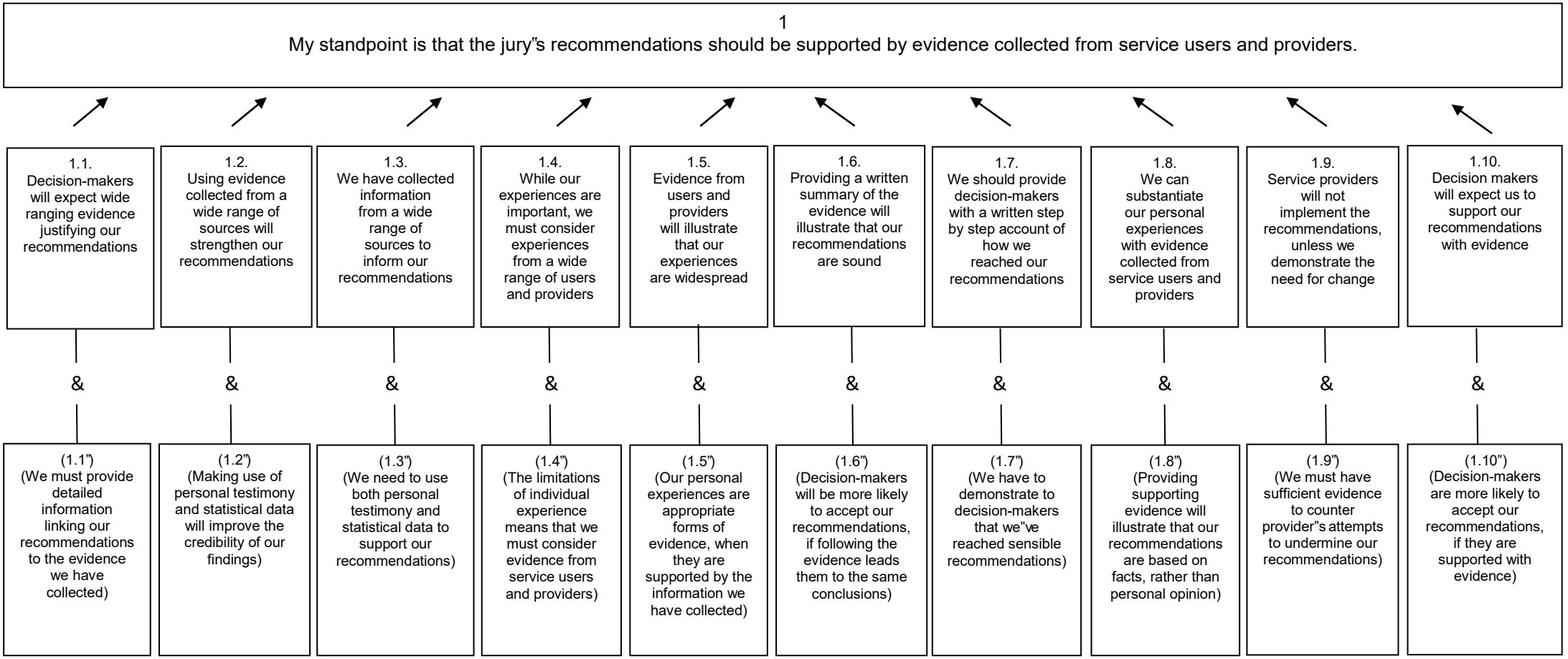
The first statement results in Jane and Clare persuading John to abandon his remaining doubts, while the second concludes the disagreement. Overall, it seems the disagreement ended with John accepting the need for the jury to support its recommendations with evidence.

However, the unexpressed premises in both statements suggest that, through the exchanges, John had come to question the value of the evidence the jury had collected from service users and frontline mental health professionals. His belief that decision-makers should respect the jurors" experiences, and concerns over the nature of the data they had collected, led John to question whether the information they had was sufficient evidence to support their recommendations. This was particularly significant, as the individual experiences of jurors were often the same as the experiences of the interviewees, so it

seems the jurors" evidence may be a collection of similar stories. Consequently, the conclusion of the disagreement caused John to question what constituted acceptable evidence.

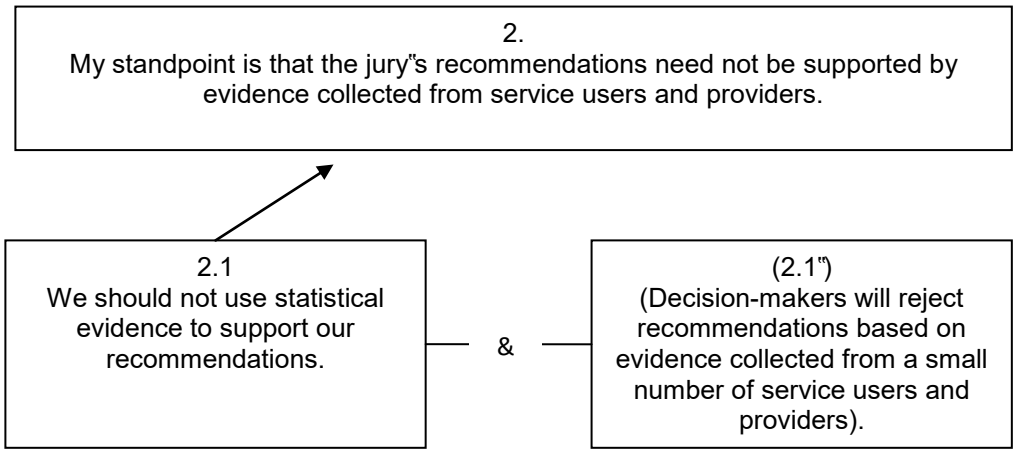
The Structure of argumentation

Figure A.15 Jane/David/Hannah/Sarah/Clare"s utterances, lines 228, 230-236, 262-263, 265, 266-267, 271, 272, 277, 280, 282, 286-287, 292-295, 297, 299-303, 304-310, 312-313, 317, 326-328, 337, 339-344, 348, represented as multiple argumentation



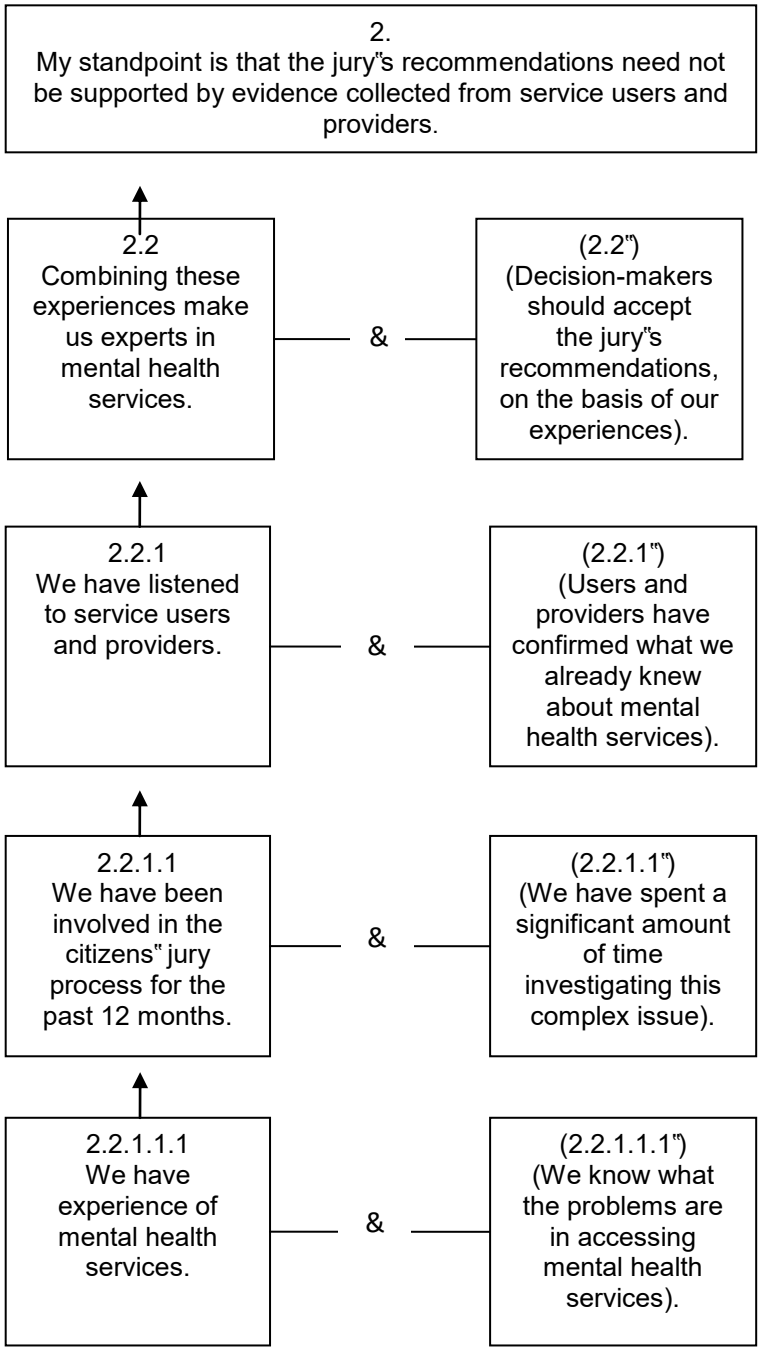
Following van Eemeren, Grootendorst et al (2002: 64), the preceding diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 1, as it was the first position taken in the disagreement. The 10 individual contributions are included in the two rows of text boxes below the standpoint. The component parts of these contributions, namely the explicit statement and unexpressed premise informing each argument, are included in the diagram. The explicit statements are included in the middle row of text boxes, numbered in the order in which the contributions occurred, from 1.1 to 1.10. The text of the unexpressed premises that support each contribution are included in parenthesis below the explicit statements, and numbered (1.1") to (1.10"). Each explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The arrows indicate that, taken together, each of the arguments, including the explicit statements and unexpressed premises, are a single attempt to defend the standpoint.

Figure A.16 John"s utterance, lines 254-255, 256-258, represented as single argumentation



Following van Eemeren, Grootendorst et al (2002: 70), the above diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 2, as it was the second position taken in the disagreement. Both components of this single contribution, namely the explicit statement and the unexpressed premise informing the argument, are included in the diagram. The explicit statement is included on the left hand side, numbered 2.1, as it was the first argument made in support of the standpoint. The explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The text of the unexpressed premise is included in parenthesis, and numbered (2.1"). The arrow indicates that, taken together, the explicit statement and unexpressed premise is a single attempt to defend the standpoint.

Figure A.17 John"s utterances, lines 249, 252-258, represented as subordinative argumentation



Following van Eemeren, Grootendorst et al (2002: 65, 70), the above diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 2, as it was the second position taken in the disagreement. The four individual contributions are included in the text boxes on the left and right hand sides. In both cases, the components of these contributions, namely the explicit statement and unexpressed premise informing the

argument, are included in the diagram. The explicit statements are included on the left hand side, numbered 2.2.1.1.1 to 2.2. The text of the unexpressed premises that support each contribution are included in parenthesis next to the explicit statements, and numbered (2.2.1.1.1") to (2.2") respectively. Each explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The arrows indicate that, taken together, each of the arguments, including the explicit statements and unexpressed premises, are a single attempt to defend the standpoint.

Appendix H

Part One

Excerpt from transcript of jury session eight:

David: I think a particular problem is-

[ ]

Clare: Yeah.

David: -for the prison service, you don't actually, um a-according to something I read last week, we don't actually know how many people in the prison service have mental health problems. They've got a big… I think it was um, the, one of the prison reform charities who actually… think Prison Reform Trust who identified that actually we… prison-

[ ]

Henry: Mmm.

David: -service doesn't know how many people who are in prison-

[ ]

Henry: Yeah.

David: -have got mental health problems 'cause they've got tremendous problems with self-harm and suicide. I think it was something like 120 suicides in prisons in 2016. Which figures from about-

[

Henry: Yeah. I read that.

David: -40,000 instances of self-harm. So, yeah, it is a major, major-

[ ]

Henry: Yeah.

David: -problem.

Clare: Mmm.

[

John: Well wouldn't you say that most people who are in prison have got a mental health problem because they've committed some sort of act that most of us would find completely unacceptable?

David: That, that depends on how you look at crime doesn't it?

Henry: Yeah.

John: Even so.

David: It could be very esoteric.

Robert: Wasn't there an issue, didn't, didn't we speak to someone who said that…

Jane: I spoke to the...I had a very eventful visit...

Robert: We're trying...

Jane: But, the fact I went twice...

[

Robert: He was looking to go back to prison.

Jane: He wanted to go back to prison...

Robert: „Cause that's where the support was.

Jane: Because he went into, he went into the doctor's surgery, he had a...he, he felt that he was being judged from when he walked in there. The receptionist wasn't particularly helpful, and he couldn't get the, the, in fact it wasn't just one person, it was a different story, but a guy told a similar uh...story took different directions. But the outcomes were the same. And what happened was that they couldn't get the medication that they needed, and he said, „It would be better for me to re-offend and

go back to prison because at least then, I know I could get the medications I needed." That kept him stable.

End of excerpt

Appendix H Part Two

Disagreement eight: Understanding the number of prisoners with a mental health condition

Analytical rearrangement of argumentation

i) Confrontation stage

David: My standpoint is that the number of prisoners with a mental health condition is currently unknown.

John: My standpoint is that most prisoners have a mental health condition.

The individual arguments offered by the participants in disagreement eight are outlined below. The explicit statement is included on the left hand side, and the unexpressed premise informing each argument is stated in parenthesis (van Eemeren, Grootendorst, 2002: 70).

ii) Opening stage

David: According to experts, the number of prisoners with a mental illness is unknown.	(Although we don't know how many prisoners have a mental health condition, the statistics demonstrate it is a major problem).
John : Most prisoners have a mental heath condition, as they have committed criminal acts.	(Criminal actions imply mental illness, as they break social norms).

David adopts the role of the protagonist, by arguing in favour of defending the positive standpoint that mental illness is a significant problem amongst prisoners. In contrast, John has taken up the role of antagonist, by challenging this standpoint with a negative argument that most prisoners have a mental health condition.

iii) Argumentation stage

In the argumentation stage, the protagonist, David, sought to defend his standpoint and provide counterarguments to persuade the antagonist, John, to abandon his doubts.

David: We should look at issues from the perspective of prisoners.	(The jury is seeking to represent service users, so we should try to empathise with the experience of prisoners).

iv) Concluding stage

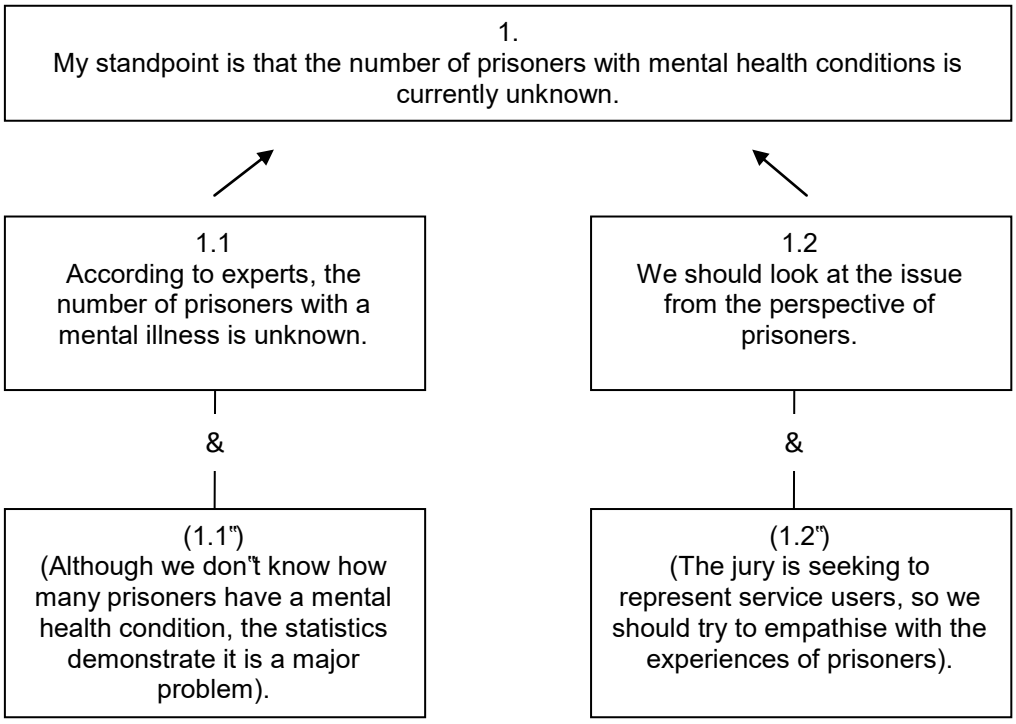
Robert: My standpoint is that disagreement should be resolved by referring back to the evidence collected from service users and providers.

Robert/ Jane:	A recently released prisoner reported difficulties in accessing mental health services.	(Referring back to the evidence we collected ensures we are focusing on relevant issues).

The third standpoint and supporting argumentation have been moved to the concluding stage. This is appropriate, as the validity of the standpoint was not challenged, and therefore did not become the subject of argumentation. Instead, the argument was successful in refocusing the discussion, as referring back to the evidence demonstrated to David and John the irrelevant nature of their disagreement. As a result, Robert and Jane"s appeal to evidence was successful in addressing the disagreement, as the evidence appeared to provide David and John with a common reference point. Subsequently, the discussion moved on to assessing relevant examples of recently released prisoners having difficulty in accessing services.

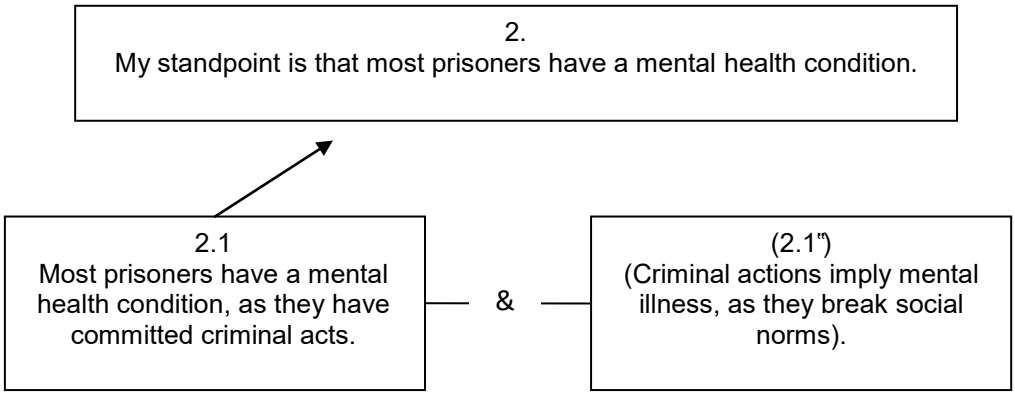
The structure of argumentation

Figure A.18: David"s utterances, lines 1008, 1010-1015, 1017, 1019-1022, 1024, 1031,1034, represented as multiple argumentation.



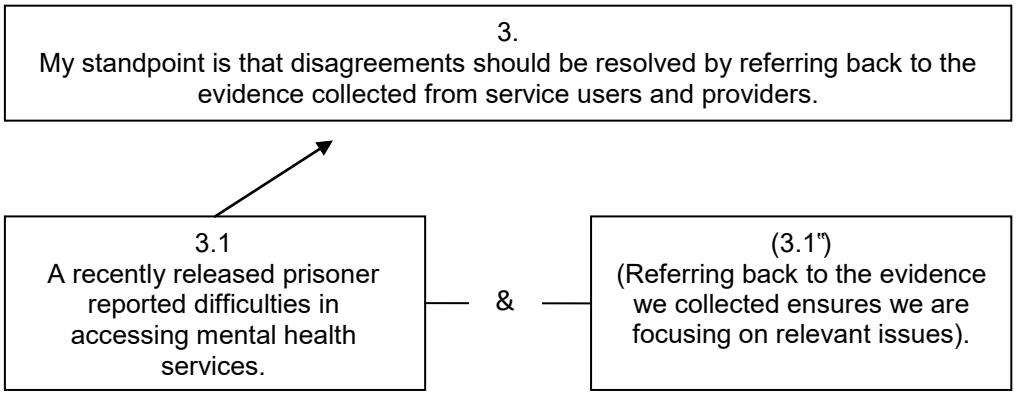
Following van Eemeren, Grootendorst et al (2002: 64) ,the preceding diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 1, as it was the first position taken in the disagreement. The two individual contributions are included in the two rows of text boxes below the standpoint. The component parts of these contributions, namely the explicit statement and unexpressed premise informing each argument, are included in the diagram. The explicit statements are included in the middle row of text boxes, numbered in the order in which the contributions occurred, from 1.1 to 1.2. The text of the unexpressed premises that support each contribution are included in parenthesis below the explicit statements, and numbered (1.1") to (1.2"). Each explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The arrows indicate that, taken together, each of the arguments, including the explicit statements and unexpressed premises, are a single attempt to defend the standpoint.

Figure A.19 John"s utterance, lines 1028-1030, represented as single argumentation



Following van Eemeren, Grootendorst et al (2002: 70), the above diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 2, as it was the second position taken in the disagreement. Both components of this single contribution, namely the explicit statement and the unexpressed premise informing the argument, are included in the diagram. The explicit statement is included on the left hand side, numbered 2.1, as it was the only argument made in support of the standpoint. The explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The text of the unexpressed premise is included in parenthesis, and numbered (2.1"). The arrow indicates that, taken together, the explicit statement and unexpressed premise is a single attempt to defend the standpoint.

Figure A.20 Robert/Jane"s utterances, lines 1037, 1039, 1040, 1043-1052, represented as single argumentation



Following van Eemeren, Grootendorst et al (2002: 70), the above diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 3, as it was the third position taken in the disagreement. Both components of this single contribution, namely the explicit statement and the unexpressed premise informing the argument, are included in the diagram. The explicit statement is included on the left hand side, numbered 3.1, as it was the only argument made in support of the standpoint. The explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The text of the unexpressed premise is included in parenthesis, and numbered (3.1"). The arrow indicates that, taken together, the explicit statement and unexpressed premise is a single attempt to defend the standpoint.

Appendix I

Part One
Excerpt from transcript of jury session eight:

John: And I think, in what we are talking about, what we set off with was access and I think that has to be… I understand about the people coming out of prison. I understand about the homeless people. But they are only one facet of the whole thing.

Jane: Oh, absolutely.

John: And you, you know, all is we're using that is, is as say, well, they are having part-particular difficulties in getting access. More so than your average person. So, I get confused by it.

[

Jane: Just a different… it's just a different um, uh, look at the subject of access. It's like if you look at a sort of kaleidoscope, it, the homelessness just does form a bit of the bigger picture. It's just, I mean, as, as you say, the-

[ ]

John: Mmm.

Jane: -group, this transition from younger people, um, people in crisis to people who have low level depression all form somehow or other, they've all got to gain access to services. The service that-

[ ]

John: That's right.

Jane: -they need. So, it's that-

John: So, it's that-

Jane: -it's that portal.

John: And that's what we need, where we need to start…That's where we need to start and that's where we need to get that right and-

[ ]

1298 Jane: Yeah.

1299 John- -then all these other bits will be easier to bite off.

End of excerpt

Appendix I Part Two
Disagreement nine: A specific focus on the homeless and recently released prisoners.

Analytical rearrangement of argumentation

i) Confrontation stage

John: My standpoint is that I am uncertain whether a specific focus on the homeless and recently released prisoners is relevant to the aims of the jury.

Jane: My standpoint is that a focus on the homeless and recently released prisoners is relevant, as part of improving access for all.

The individual arguments offered by the participants in disagreement nine are outlined below. The explicit statement is included on the left hand side, and the unexpressed premise informing each argument is stated in parenthesis (van Eemeren, Grootendorst, 2002: 70).

ii) Opening stage

John has adopted a neutral standpoint, and therefore was not required to support his expression of doubts with argumentation.

Jane, in contrast, adopted the role of the protagonist, by seeking to persuade John to abandon his doubts.

Jane:	All groups, regardless of their background, should have access to mental health services.	(This includes the homeless and those recently released from prison).

.

iii) Argumentation stage

This disagreement did not appear to contain an argumentation stage, as John accepted the argument offered by Jane in the opening stage of the discussion.

iv) Concluding stage

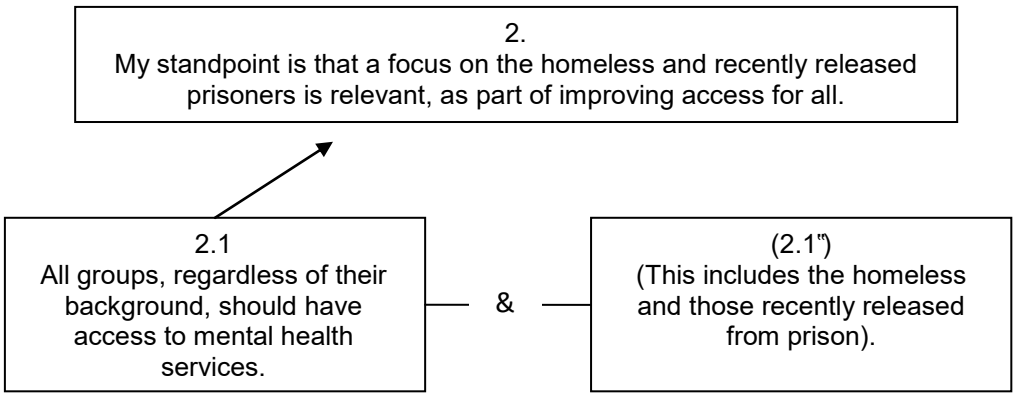
John"s utterances in the latter stages of the transcripts appeared to indicate the shift from supporting a neutral to a positive standpoint (Appendix I, Part One, lines 1293, 1296-1297, 1299), and consequently were substituted for the following statement:

I accept the argument that all groups, regardless of their background, require access to mental health services.	(Despite my earlier standpoint, I believe focusing on the homeless and recently released prisoners is a relevant part of improving access for all).

On this basis, it appeared John was persuaded by Jane"s contribution to the opening stage of argumentation.

The structure of argumentation

Figure A.21 Jane"s utterances, lines 1287, 1289-1291, 1295, represented as single argumentation



Following van Eemeren, Grootendorst et al (2002: 70), the above diagram is organised as follows. The standpoint is included in the highest text box. It is numbered 2, as it was the second position taken in the disagreement. Both components of this single contribution, namely the explicit statement and the unexpressed premise informing the argument, are included in the diagram. The explicit statement is included on the left hand side, numbered 2.1, as it was the only argument made in support of the standpoint. The explicit statement is linked to its unexpressed premise by a line and the use of an „&" symbol. The text of the

unexpressed premise is included in parenthesis, and numbered (2.1"). The arrow indicates that, taken together, the explicit statement and unexpressed premise is a single attempt to defend the standpoint.

Appendix J

Schedule used by Midland jurors in one-to-one with service users

1) Have you accessed mental health services in the last two years?

2) Can you describe your overall experience?

3) How did you access the service?

4) When you first entered the service, how did it feel?

5) What went well?

6) How could it have been better?

Appendix K

Schedule of Midlands jury's online survey

1) Are you answering this survey as:

A carer? ☐

A patient? ☐

Just interested? ☐

2) Have you accessed mental health services in the last two years?

Yes ☐

No ☐

3) What was your overall experience?

Excellent ☐

Good ☐

Reasonable ☐

Poor ☐

4) How did you access the service?

I found it myself ☐

Friend or relative ☐

GP referral ☐

Other referral ☐

5) When you first entered the service, how did it feel? Was it...

Easy to access? ☐

Difficult to access? ☐

5.a. Was the waiting time...

Acceptable? ☐

Unacceptable? ☐

5.b. Were you in crisis?

Yes ☐

No ☐

5.c Tell us what went well

5d. Tell us how it could it have been improved

6) If you knew someone with mental health needs, how would you help someone find information and support?

Internet search ☐

I would tell them to go to the doctors ☐

I would take them to hospital ☐

I would call NHS 111 ☐

Don't know ☐

Other (please specify _____)

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