

ORIGINAL ARTICLE



Creating or taking opportunity: Strategies for implementing expert by experience positions in mental health academia

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Accessible summary

What is known on the subject?

- Experts by experience involvement in the education of health professionals demonstrate positive attitudinal change.
- Meaningful positions for Experts by Experience are limited and ad hoc, due to attitudinal and other barriers to innovation within the higher education sector.
- Experiences of allies who have supported the implementation of Expert by Experience positions have not been researched. This is important knowledge that could be utilized by potential allies.

What the paper adds to existing knowledge?

- Academic allies to experts by experience have a crucial role to play in identifying opportunities to establish, implement and sustain expert by experience positions.
- Allies who have successfully implemented positions for experts by experience have identified influential factors including: right person, right role, collaboration and coproduction, support, and career pathways.
- Understanding these factors can provide an important basis for other academics to support a widespread increase in academic roles for experts by experience in mental health education.

What are the implications for practice?

- Establishing and maintaining genuine relationships with service users require significant attitudinal change on the part of mental health professionals. Involving experts by experience in mental health education provides an innovative approach to the challenging of attitudes and the enhancement of more collegial relationships with service users as colleagues in the workplace.
- This paper demonstrates the importance of allyship to the establishment, implementation and sustainability of expert by experience roles, and highlights critical factors allies have utilized in support of such roles.
- Nurses and other mental health professional academics have the potential to become allies and support change and innovation.

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Abstract

Introduction: Experts by experience in academia have demonstrated more positive student attitudes towards relationships with service users. Notwithstanding this supportive evidence, academic positions for EBE have not grown substantially. Enhanced understanding of positions that have been implemented is important knowledge for others with similar aspirations.

Aim: To enrich understanding of the role of allies in identifying and pursuing opportunities to support academic positions for experts by experience.

Methods: Qualitative exploratory approach, involving In-depth interviews with allies with expertise in supporting academic positions for experts by experience.

Results: Participants were enthusiastic about creating or taking opportunities to secure expert by experience involvement within their programs. Factors facilitating success included right person, right role, collaboration and coproduction, support and career pathways.

Conclusions: Significant barriers have prevented proliferation of academic roles for experts by experience. Despite barriers, allies have been successful in supporting the implementation and sustaining of positions, and gained considerable expertise, which may be invaluable to academics with similar aspirations.

Implications for practice: Realization of policy goals regarding service user involvement in mental health services requires health professionals with the will to embrace partnerships. By creating and taking opportunities, allies have developed expertise to facilitate implementation of positions more widely.

KEYWORDS

allyship, coproduction, education, experts by experience, mental health, mental health professionals

1 | INTRODUCTION

New technologies, digitalization and remote teaching have been major features of the scholarly work on change and innovation in higher education since the Internet became widely available to higher education institutions (Bennett et al., 2011), foregrounded recently by rapid deployment during the global pandemic (Badiozaman, 2021; García-Morales et al., 2021; Pelletier et al., 2021; Torda, 2020). However, the focus on new technologies should not be at the expense of the emphasis on person-centeredness and service user participation in policy and practice (Australian Commission on Safety & Quality in Health Care, 2017; Commonwealth of Australia, 2017; Health Science Executive, 2018; Lammers & Happell, 2004; Mental Health Commission, 2012). The policy goal of participation is creating an expanding service user workforce within mental health (Byrne et al., 2021). Health and social care graduates require the skills to work collaboratively with service users. Essential skills include effective communication, interpersonal skills and empathy (Adame, 2014; Arblaster et al., 2018; Felton & Stickley, 2004; Horgan et al., 2018; Terry, 2013). These skills cannot be satisfactorily attained through digital-based teaching (Aagaard & Lund, 2019a). The current

focus on technology should therefore not be at the expense of interpersonal approaches to education.

One of the more recent and innovative interpersonal approaches is the involvement of Experts By Experience (EBE) in the design, teaching and assessment of health and social care education (Miller et al., 2020). EBE are people who utilize expertise developed through their experiences of diagnosis of mental illness, mental health service use and recovery. They bring their unique perspective to the education of health professionals (Happell, Warner, Waks, O'Donovan, et al., 2021). Being taught by service users is more effective in equipping students to partner with them than simply being taught about participation (Geregová & Frišaufová, 2019; Terry, 2013) and has been found to be at least as effective as being taught by faculty (Gordon, Gupta, et al., 2020). Further, service user involvement in education supports the rights of service users to be systemically involved in all aspects of mental health-related activity that has the potential to impact them including mental health services, policy, projects, research and training (McKeown et al., 2010).

Research into the impact of service user involvement in education has revealed that it enhances teaching, qualifies graduates for practice and facilitates the development of empathy, interpersonal



skills and critical thinking (Felton et al., 2018; Happell, Waks, et al., 2019; Miller et al., 2020; Prytherch et al., 2018; Speers & Lathlean, 2015). This approach faces many of the same challenges as the implementation of new technologies, including unwillingness to change (Jónasson, 2016) and uncertainty (Aagaard & Lund, 2019b). Time, efficiency and trust are barriers to innovation (Tierney & Lanford, 2016). Higher education institutions are generally cautious. University faculty is more willing to engage with and adopt new technologies and approaches than university administrators and executives (Bates & Sangrà, 2011). Structural features and institutional requirements can either facilitate or impede change (Bennett et al., 2011).

As a result of these challenges, service user engagement is often limited to passive feedback or tokenistic involvement (Burk-Rafel et al., 2020; Happell, Gordon, et al., 2020; Happell, Waks, et al., 2019; Horgan et al., 2020), despite the evidence demonstrating that meaningfully engaging service users as innovators has numerous benefits for health and social care education (Gordon, Gupta, et al. (2020); Happell, O'Donovan, et al., 2021; Soon et al., 2020). The medical model focus of many services, limits the extent that lived experience expertise and its capacity to transform services will be identified and facilitated (Byrne et al., 2021). Furthermore, and also despite the evidence, the arguments for service user participation are still largely seen as ideological (Rowland et al., 2019), rights-based and focused on how participation benefits the service users who are directly involved (MacDermott & Harkin-MacDermott, 2019; Picton et al., 2019; Prytherch et al., 2018; Rowland et al., 2019). Readiness to embrace disruptive innovation in the form of EBE involvement may be impacted by a failure to appreciate what is "in it" for health and social care education where the value and contribution of EBE expertise is not recognized (Byrne et al., 2021; Scholz et al., 2018).

Academics who support EBE (referred to as allies), who are in positions of influence, must advocate for greater and more meaningful participation (Happell & Scholz, 2018). Those who work with service users as teachers and academics must address barriers such as hierarchies, lack of support, tokenism, and stigma and discrimination (Basset et al., 2006; Horgan et al., 2020; Newton-Howes et al., 2020).

Changes to the health care curriculum are often prompted by changes to the workforce and educational technologies (Torda, 2020). The difference between "good enough" graduates and exemplary health professionals includes the ability to effectively engage with service users across the care continuum and at all levels of health service provision. Therefore, producing quality health professionals also requires effective partnership across the educational continuum, which require processes that facilitate genuine and meaningful service user contribution. Coproduction, while not the pinnacle of participation, if undertaken appropriately allows for a partnership approach to health education (Gee et al., 2016; Roper et al., 2018; Slay & Stephens, 2013).

Coproduction is the collaborative involvement of service users in the co-planning, co-design, co-delivery and co-evaluation of any initiative. Coproduction and allyship should go hand in hand. However,

mental health researchers have reported reluctance to co-research (Happell et al., 2018; Roper et al., 2018), and with service users as teachers (Happell, Bocking, et al., 2020). The move towards coproduction requires that partnering with service users involves more than "participation." Health professionals therefore need to be educationally prepared for the increased involvement of service users in all levels of health care (Schneebeli et al., 2010). Being "taught by" is more effective than being "taught about" (Terry, 2013) and experience in and of itself is essential to listen to (Noorani, 2013). Service user involvement in learning and teaching is therefore, at least as necessary an innovation as are technological trends like artificial intelligence, learning analytics, blended course models and quality online learning.

Despite the growing evidence in support of EBE involvement in education (Stacey & Pearson, 2018; Unwin et al., 2018), substantial academic positions for EBE have not proliferated. Aspiring to increase the number and influence of these positions requires a greater understanding of positions that have been successfully implemented.

1.1 | Aim

The aim of this study was to enhance a deepened understanding of how allies have identified and taken opportunities to establish, implement and sustain academic positions for EBE within mental health professional education.

2 | METHODS

2.1 | Design

The study was conducted using a qualitative exploratory approach. The research participants were identified as experts, with the knowledge and experience to address the research aim. Qualitative exploratory methods provide a flexible framework, allowing participants to address the topic from their own perspectives, without the limitations a more structured approach might impose (Stebbins, 2001).

2.2 | Setting and participants

Academics who had led or actively contributed to establishing, implementing and sustaining academic positions for EBE in mental health professional education were the target participants for this study. The research team comprised EBE and mental health nurse academics with strong track records of research in this field. Familiarity with the literature and therefore the researchers active in this field, assisted them to identify appropriate people. Emails were sent to potential participants with a brief overview of the research. Once initial recruitment was complete, a snowballing technique was used. Participants were asked for names and contact details of other academics who

would be appropriate to interview. An email invitation was then also sent to people identified by this means. Seventeen people were invited to participate, however, one declined. Sixteen people from Australia, New Zealand and Ireland were subsequently interviewed. Additional information about the participants is included in Table 1.

2.3 | Procedure

The plain language statement and a brief overview of the study were sent to potential participants. When the 16 indicated their willingness to be involved, the consent form was emailed to them, with a request to return it before the scheduled interview time. Fourteen people participated in an individual interview. The remaining two requested to be interviewed together. Due to the significant geographical spread of participants both nationally and internationally, interviews were held via telephone or video conferencing. Interviews were approximately one hour in length.

The research team prepared a broad interview guide, based on a thorough review of the literature and the extensive experience of the research team. The guide provided a broad framework to ensure information related to the aim of the research was covered. The questions were open-ended and used to encourage open communication and ensure participants felt comfortable in raising other issues or ideas they felt appropriate.

2.4 | Ethics

Prior to study commencement ethics approval was granted by the University of Newcastle Health Research and Ethics Committee,

approval number: H-2020-0007. The voluntary nature of participation in the project, and the right to withdraw at any stage were advised both verbally and in writing. Measures to preserve confidentiality and privacy were explained, including assigning a number to participants and the publication of aggregate data only.

2.5 | Data analysis

The framework developed by Braun and Clarke (2006) was used to guide the data analysis processes. The researchers gained familiarization with the content and meaning of data by reading the verbatim transcripts repeatedly while simultaneously listening to the recordings. Specific areas of content were observed and coded. Each code was closely examined in relation to the research aims, determining their relevance or otherwise to the research topic. Codes were then analysed for similarities and grouped together to develop provisional themes. Themes were arranged in a conceptual map. Each theme was subsequently revisited to ensure its relevance and the accuracy of content. Finally, transcripts were re-read to confirm that all relevant data had been included.

The data analysis process was conducted independently by two members of the research team. After completing analysis, the two researchers met and presented their analysis framework. Differences were discussed until consensus was reached and the final analysis framework was developed and presented to the research team for further discussion and modification.

3 | FINDINGS

The data demonstrated participants' willingness to take or create opportunities to involve EBE in their programmes. They used any leverage they had and seized opportunities when they could. Networking at conferences also encouraged some participants to try new things:

When you go to the lived experience symposium we've had and you ... see this momentum growing and you learn. You'll learn from listening to others and think, "Yeah, well, we could try that" or "how do we align and how do we strengthen it?"

[1]

Participants used different avenues to progress EBE into the educational setting, including involving them in curriculum reviews or employing them on a casual or sessional basis in teaching or research. One participant described engineering EBE involvement as a fait accompli in particular units of study:

The things that I am doing at the moment, to try to create space is to do the evaluation project and demonstrate outcomes ... We are redesigning the curriculum at the moment and in the handbook

TABLE 1 Demographical characteristics of participants

Participant Number	Discipline	Gender	Country of employment
1	Mental Health Nursing	Male	New Zealand
2	Social work	Female	Australia
3	Mental Health Nursing	Female	Australia
4	Mental Health Nursing	Female	Australia
5	Psychiatry	Male	New Zealand
6	Mental Health Nursing	Female	Australia
7	Mental Health Nursing	Female	New Zealand
8	Mental Health Nursing	Male	Australia
9	Mental Health Nursing	Male	Ireland
10	Occupational therapy	Male	Australia
11	Mental Health Nursing	Female	Ireland
12	Psychiatry Executive Director	Male Female	Australia
13	Mental Health Nursing	Female	Ireland
14	Mental Health Nursing	Male	Australia
15	Mental Health Nursing	Female	Australia



description for units of study it says "delivered in collaboration with lived experience educators." So, once it is in the handbook, we have to do it. So trying to use some of the levers that exist to get things in a little bit surreptitiously ... so nobody will quite think through all the things that might need to happen, and I can go "it is in the handbook, we have to do it".

[10]

Participants identified a number of conditions that contributed to the success of the opportunities they made or took. The conditions fall into the broad themes of right person, right role, collaboration and coproduction, support, and career pathways.

3.1 | Right person

Finding the right person was an important and sensitive task for participants. EBE needed to be skilled and credible, and willing to challenge firmly held views thoughtfully. EBE also needed to be present and involved to gain acceptance from academic staff:

Some people, once they got to know [the EBE] and spoke with her ... they started to open up and became a little bit more accepting and actually felt that they could possibly work with her in different ways.

[3]

This involvement proved to be very effective and mutually beneficial:

Then she got on board with a couple of people with individual projects and she shifted from being one of them to one of us ... I think getting engaged with some people's research and facilitating recruitment and coming out with ideas which hadn't been thought about that were clearly worth pursuing.

[5]

3.2 | Right role

One participant explained the importance of this condition succinctly:

"If you want someone to do a good job with something give them a good job to do. So, it's kind of like a job design. It was designed and crafted to be a rewarding job and that person would be able to move into. And the impact is far reaching".

[8]

The same participant described establishing a successful academic role for an EBE as creating:

A set of circumstances where there is reach and relevance and impact for the position. So reach in terms of reach into the undergraduate program, reach into the post graduate program, reach into the research program, relevant for the lives of other academics, relevant for the lives of people who are students and learners ... and its relevant for the person who is in the role.

[8]

Another participant agreed that it was important that the input of the EBE was infused into academia and not be:

... kept in a pocket, the recovery thing could be just over there. People do their consumer bit over there.

[6]

Unfortunately, these roles are often created without a template or a formal structure, detracting from the outcomes. Participants also noted that given that the EBE resource allocation was limited, it was challenging to ensure the workload was reasonable and sustainable, and that other staff did not take advantage of their availability:

All of us felt she was doing more than her two days. The hours that she was putting in. Students would be calling her. She was always available. For her it was a drive – she just loved what she was doing. We were all concerned, we felt that she was being asked to do too much for a small amount of money.

[7]

3.3 | Collaboration and coproduction

Strong collaborative relationships either pre-dated or were developed between participants and EBE, and collaboration was seen as crucial to the successful co-creation of the role. One participant described her relationship with the EBE as a "journey of trust":

We have a very, very trusting relationship...we worked out early on what our relationship could be and always divvied up tasks. So, one of the things [the EBE] said to me is, "You're better to navigate the university" and I said, "Okay. It wouldn't have been my favourite task, but I'll do it. I've been here long enough to know how to make this work." And I learned even more about how to make it work in doing that. There really weren't any power struggles between us. I saw myself very much as being mentored by her, she



would say exactly the same thing. So, we had this quite symbiotic ... If somebody felt that they couldn't be that trusting of me, or vice versa, it wouldn't have progressed in the way it did.

[2]

Despite these relationships, achieving genuine coproduction was still a challenge:

We didn't spend enough time together in the co-design process. So the educators would defer to me and would come to me as if I was the person who needed to say "Yes," which isn't aligned with principles of co-design ... we were getting used to each other and developing that sort of cohesion as a group. I think that needs chronological time for that comfort to develop and needs more, if we invested more time in coming together and having those opportunities then I think we would have developed a bit.

[10]

One participant described how the development and implementation of a consumer academic role organically reflected the principles of coproduction even though they had never heard the term at that time:

We got together, myself and a colleague and two people from a local consumer group. I had never heard of the term coproduction then, but it was coproduction, completely. The four of us worked together and wrote the job description, we selected, we interviewed, we did it really by the book. They were paid to have that role.

[15]

3.4 | Support

While support was seen as integral, some participants were not sure what constituted the right type or amount of support, while others had clear views on what was needed. Supporting a group of people who are uniquely invested in their work and towards whom people sometimes feel protective or paternalistic requires a balanced approach:

I tend not to check in with the lived experience educators any more than I would with other academics or other educators. I certainly say "If you are ever having a tough time you should feel comfortable coming to talk to me." So having the door open, but leaving the ball in the court of the lived experience educator. When I see other people engage with lived experience educators it is different. I am still learning I think where that correct balance is. So I am not "you poor

thing, you are very vulnerable, you are very weak. Therefore, I need to check that you are not disturbed by this." I don't want to go to that end but I do think that making sure that people feel comfortable to say they are not ok. I do think that that is important.

[1]

Participants mentioned leave cover and flexible working arrangements as elements of a strategy that contributes to successful engagement and placed particular emphasis on peer support:

I think that's an important aspect for formalizing service users in higher education, that they have their own peer support network.

[13]

In fact, the absence of peer support was a concern, with one participant stating:

[Peers] support each other in ways that are different to me. And that peer [support] aspect has been a really important part of the current team [of EBE].

[6]

3.5 | Career pathways

It was recognized that EBE may not have had opportunities to study due to illness, and there were also limited opportunities for professional development in the specialist field of expertise by experience. For this reason, it was important to provide support for them to develop their careers [1]. One participant described a co-designed project that aimed to prepare EBE to become educators in academia. However, an uncomfortable aspect of this project was that they were "developing a pool of people who may or may not get work" [2]. Some EBE involved in the project took up opportunities in public speaking, consultations, sessional teaching engagements (which were not necessarily well paid) and onto further study. Similarly, gathering research experience could be difficult. One participant suggested that:

The most structured way of doing it is to do a Masters or a PhD to help you be able to do consumer research within a recognized academic framework.

[5]

Some had degrees, and some opted to take a clinical pathway and become a health professional. However, this also required further thought and discussion because as one participant said, there was a risk "of losing the essence" of what the role is as follows:

I've known others who've gone the nursing route, or social work then they just become swallowed up



by the system and they can't do that kind of activism ... that's the fine balance really ... You're in that tension between the professional and your lived experience and how difficult that is to navigate the middle space.

[7]

4 | DISCUSSION

Involving experts by experience in mental health education provides an innovative approach to the challenging of attitudes and the enhancement of more collegial relationships in aspiring mental health professionals. This in turn serves to support the policy goal of collaboration and partnership between service users and health professionals being realized in practice. The aim of this study was to enhance a deepened understanding of how allies have created, implemented and sustained academic positions for EBE within mental health professional education. It is hoped that this deepened understanding will enable other academics to support a widespread increase in academic roles for experts by experience in mental health education.

Negative attitudes from health professionals towards service users, and from academic staff, researchers and students towards EBE remain a known barrier to their involvement (Hansson et al., 2013; Happell, Bocking, et al., 2020; Happell et al., 2014; Happell, Platania-Phung, et al., 2019; Morgan & Jones, 2009). There is strong evidence that those attitudes, while problematic, are changing, and do not fully explain why EBE involvement is not more embedded (Horgan et al., 2020).

The present findings show that negative attitudes and unwillingness to innovate are not the only sources of obstruction. Sometimes attempts to increase EBE involvement in education are hindered even when there is general support for the idea. EBE involvement requires organizational momentum, funding and appropriate structures, in addition to willing academics who recognize the benefits. This is consistent with findings of similar research into EBE involvement (Horgan et al., 2020; Scanlan et al., 2020; Speed et al., 2012; Terry, 2013) and reflects findings in higher education innovation across the board (Aagaard & Lund, 2019b).

Change can be impeded by structural and institutional factors. When academics have autonomy and use available resources, they can design and implement positive changes, and adapt to changes created by external factors (García-Morales et al., 2021; Stoddard & Brownfield, 2020). This reinforces the understanding demonstrated in the literature that allyship is an action, not an identity (Gordon, Dowell, et al., 2020; Happell & Scholz, 2018). Allyship in the context of innovation requires creating and taking opportunities that increase EBE involvement. Inactivity, apathy and disinterest amongst traditional academic staff can act as deterrents alongside and independently of negative perceptions of the competence and capacity of EBE to be involved in non-tokenistic ways (Gee et al., 2016; Happell, Bocking, et al., 2020; Jónasson, 2016).

The current study also highlights the balance that allies must strike between what the higher education institution requires, what EBE can offer, and what should be asked of them. Meaningful involvement that avoids tokenism can still become exploitative (Fox, 2011). EBE need support to receive equal opportunities for professional development, appropriately flexible working arrangements and autonomy over the material they deliver and ideas that they present (Happell & Roper, 2007). A particular challenge is that, as the value of the input of EBE's becomes more widely appreciated through an institution and/or a community, the demands on their time and resource increases without necessarily being reflected in the formal scope of the role (Happell, Gordon, et al., 2021). The EBE, due to their role being both professional and personal, often goes above and beyond what is contractually required of them, without being recognized for their efforts. If a EBE role extends in response to their success and value, then it is incumbent upon allies to review the demands being placed on them and ensure resources are put in place.

The findings suggest participants may be reluctant to provide extra support to EBE to avoid being paternalistic, and this is understandable. However, an international study of EBE demonstrated the importance of emotional and practical support from nurse academics to the success of this role (Happell, Warner, Waks, O'Donovan, et al., 2021). The absence of this support has been found to be problematic (Happell et al., 2015; Happell, Warner, Waks, O'Donovan, et al., 2021). The importance of support was addressed in coproduced guidelines for the implementation of EBE positions (Horgan et al., 2020). A key feature of allyship is having more power and influence than the marginalized group, and using those tools to improve opportunities and provide support (Happell & Scholz, 2018; Happell, Waks, et al., 2019). It is important to note that power resides with the allies when they have, for example, direct lines of communication to decision-makers that EBE do not. The provision of support does not need to be paternalistic in nature. Paternalistic and non-paternalistic support can be distinguished in terms of intention. A paternalistic approach involves engaging with and/or presiding over EBEs from a standpoint of presuming to know what is in the person's best interest and a desire to protect them from themselves (Hamann et al., 2017; Happell, Gordon, et al., 2019; Jørgensen et al., 2018). A non-paternalistic approach involves using one's position to empower (or support) EBE. Peer support is identified as important for the empowerment and well-being of service users (Byrne, Roennfeldt, et al., 2017; Galloway & Pistrang, 2019; O'Connell et al., 2020). Allies can potentially play a significant role in proactively promoting peer support approaches (Byrne, Happell, et al., 2017).

There is much to be gained from EBE and allies working together, although this does not negate the value of EBE-led teaching and service delivery. Collaboration and coproduction therefore have an important role in ensuring that what is communicated, and implemented, truly reflects the input of EBE (Gordon, Dowell, et al., 2020; Liegghio, 2020). Coproduction is a term often misunderstood—essentially it involves everything being done collaboratively—co-planning, co-design, co-delivery and co-evaluation. As such, it takes

considerable time to do correctly (Roper et al., 2018). Genuine coproduction can be threatening to non-EBE colleagues who prefer a unified approach to differing and sometimes opposing perspectives (Happell, Bocking, et al., 2020; Roper et al., 2018). Allies play an important role in aspiring to coproduction, acknowledging limitations and developing strategies to overcome them (Happell, Gordon, et al., 2019).

These findings also demonstrate that opportunities do not, of themselves, guarantee the success of an attempted innovation. The willingness and ability to create and maintain the conditions necessary for success must also be present. While the global pandemic created both the opportunity and the conditions for disruptive transformation, in other cases an opportunity may arise without conditions, or the conditions without the opportunity. This highlights the need to use available levers, whether that means taking the time to clearly define an attractive, productive and supported (right) role for the right person, or finding a way to circumvent some of the entrenched institutional barriers (Happell, Bocking, et al., 2019; Horgan et al., 2020). "Chipping away" is an essential characteristic of an effective ally (Happell, Gordon, et al., 2019).

Career pathways were noted as an issue for participants. While they are becoming more developed given the greater numbers of EBEs and the extent of time that people have been in such roles. The traditional career pathways of academic institutions are based on qualifications and metrics that are not necessarily relevant to EBE. Rather than finding a way to fit EBE into the traditional academic "box" there needs to be some creative thinking about the competencies for doing EBE work and a trajectory for career progression based on those (Scholz et al., 2019).

In higher education, technological innovation is prioritized and facilitated, in part, because technology is an established part of everyday life. This is true across disciplines, institutions and jurisdictions. This does not mean technological innovation is always easy or successful. Innovations relating to service user involvement are increasingly being prioritized in the health professions, because service user participation is a clear expectation of contemporary education and health care delivery (Hill et al., 2014; Rees et al., 2007; Rowland et al., 2019). However, the impetus for rapid expansion is sometimes lacking, and even in professions where it is required, the mandate does not necessarily extend to it being done well, or sustainably. Registration and accreditation standards generate motivation to find a way to tick the box, by the shortest and least burdensome path, which may not be meaningful involvement resulting in high-quality outcomes (Scanlan et al., 2020). This lends further support to the importance of coproduction and allyship.

Our findings demonstrate that meaningful engagement of service users in health and social care education involves more than finding ways to bring EBE into the educational setting. As with technological innovation, an attitude shift towards a disruptive or transformational change may build momentum, but inaction may work in opposition (Jónasson, 2016). Academics must address structural and institutional barriers to introduce innovation, regardless of the general acceptability of the change. Without willingness together

with action, the conditions for meaningful engagement can never be met because opportunities to create these conditions must still be actively pursued, even where engagement at some level is mandated and/or desirable. Universities have an obligation to be at the forefront of education, and ensure graduates are well prepared for their future workforce roles. In this case, universities must acknowledge the value of EBE and support the implementation of positions or justify their reason for not doing so.

4.1 | Limitations

A major limitation of this research relates to the number of participants. The establishment of academic positions for EBE is relatively recent and is developing slowly. Interviews were conducted with all but one academic with expertise in the topic of investigation known to the research team. Furthermore, the findings present one perspective, that of allies. These findings therefore only tell a small part of the story, with perspectives of EBE an essential addition.

5 | CONCLUSIONS

Evidence of the benefits of EBE involvement for students, staff and the EBE themselves exists across the health professions, but expanding the scope of involvement is difficult when a baseline level of involvement is not consistently embedded in curricula. Innovation is difficult in the absence of autonomy and motivation, both of which are tending to be constrained in financially challenged higher education institutions. Given the momentum is unlikely to occur at the organizational level, allyship is a key ingredient to supporting a widespread increase in academic roles for experts by experience in mental health education. Allies characterized with a blend of innovation, determination and capacity to recognize and utilize opportunities to overcome barriers, and strive for the creation, implementation, and sustainability of meaningful and supported EBE positions, is as important now as it has ever been.

6 | RELEVANCE STATEMENT

The need for collaboration relationships between service users and health professionals is now firmly embedded in contemporary mental health policy. Mental health professionals, including nurses, have not fully engaged with this expectation. The meaningful engagement of mental health service users in the education of health professionals supports achieving policy goals by demonstrating more positive attitudes of students towards service users in the clinical environment and as members of the health workforce. Nevertheless, these positions remain limited. Nurses and other mental health professional academics becoming allies to experts by experience is crucial for the proliferation of these roles and their impacts.

AUTHOR CONTRIBUTIONS

BH, AH and SG contributed to all aspects of project, design, preparation, data collection, data analysis and drafting and finalization of manuscript. TW and JS contributed to project design, literature review, data analysis and drafting and finalization of manuscript.

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CONFLICT OF INTEREST

The authors report no conflict of interest.

DATA AVAILABILITY STATEMENT

No data are available

ETHICAL APPROVAL

Ethics approval was granted by the University of Newcastle Health Research and Ethics Committee, approval number: H-2020-0007.

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