Executive Summary

Whilst there is emergent evidence suggesting the benefits of involving people with lived experience in mental health training, this is somewhat patchy and has restricted our deeper understanding of the topic. This report therefore summarises outcomes from a set of linked activities funded through Sheffield Health and Social Care NHS Foundation Trust’s Research Capacity Fund, that sought to synthesise the existing literature, practice knowledge and lived experience of people working in this area, with a view to co-producing relevant research questions to address significant gaps in evidence and making initial recommendations for good practice.

Integrating across our activities, it became clear that key to practice and research is recognising the involvement and interplay between a complex set of stakeholders which we represented as follows:
Our co-production activities prioritised **six areas** for new research enquiries:

The integrative literature review also indicated **nine practical recommendations** for improving the value of lived experience in the training of mental health professionals:

1. **Health Organisations need to develop an overall strategy to involve Service User Educators (SUEs) in education and training**
2. **Ensure role clarity for SUEs**
3. **Provide training for SUEs**
4. **Target relevant populations for training**
5. **Ensure co-trainer clarity on need for lived experience in their programme**
6. **Ensure SUEs are prepared for specific types of sessions**
7. **Ensure preparation of trainees**
8. **Allow flexibility in delivery of sessions**
9. **Provide post-session debriefing and support for SUEs**

Overall there is a need for more rigorous evaluation of existing approaches, which takes into account the impacts of lived experience initiatives on all stakeholders (service users, carers and their families in addition to professionals and students), takes a longer-term view of outcomes beyond training delivery including exploration of longer term impacts on educators and recipients (such as compassion, resilience, retention, workforce development, recovery, care outcomes) whilst accounting for any unintended and potentially negative effects (e.g. stress and support needs).
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