Relationships and a relational understanding in mental health research – building on the legacy of Peter Huxley

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Abstract

In engaging in this article with the far-reaching scholarly work of Peter Huxley I focus on the foundations he has laid in developing a stronger social basis to understanding mental health and the forms of support that those experiencing mental health problems want and need. I will argue that mental health research and policy have barely embraced nor developed this foundation, let alone taken it to the core of knowledge in the way needed. To do this we need to follow the *relational turn* in scholarly work, a theoretical perspective I expand on in the article. Through these discussions I seek to lay directions for the development of mental health knowledge and policy to better understand the full social context of people's experiences and of practice to support them.

Introduction

Peter Huxley's scholarly contribution is immense. One means of demonstrating the impressive range, scale and impact of his work is to list the areas he has contributed to that I can't cover in this article. These include ageing, care of older people, care homes, case management, the wellbeing of social workers, care integration and learning disabilities, the development of measures for use in research, as well as his extensive contribution to mental health research. Further emphasising Peter's reach and influence, in the latter field of mental health care we can value his work on the overlaps of mental health care and support with the criminal justice system, social care, primary care, employment, social capital, to name some of the topics. The array of methods employed by Peter and the degree of rigour in their application are as equally impressive as the range of topics.

In this article in this journal special edition celebrating and building on Peter's scholarly work I want to engage with a theme in Peter's work which I don't think we have yet fully appreciated nor taken up the challenge of in mental health research, policy and practice. Broadly I will describe this as the significance of the social nature of people and the importance of relationships to understanding mental health and support. This theme re-

occurs in Peter's work on, for example, social capital and mental health, on the nature of social work, and in examining relationships between staff and the people they support who have lived experience of mental health problems. It is a set of concerns that routinely arise in mental health care, but generally without becoming sufficiently central, coherent and sustained across the field. This is a challenge in Peter's scholarly work that I think we need to rise to in mental health research.

Relationships and mental health

I will take as my starting point for examining the issue of relationships in mental health care Peter's work in a paper he and colleagues produced on Support, Time and Recovery (STR) Workers (Huxley et al. 2009). STR workers were a new addition to the mental health workforce as part of the transformation of mental health care in England from the late 1990s onwards driven by the National Service Framework (NSF) for Mental Health (Department of Health 1999). They were not representative of an existing professional identity in the mental health workforce, and they were intended to work closely with clients and build relationships with them to help in their recovery. Their roles were, then, largely new and uncertain.

To better understand their work and impact Peter and colleagues undertook an evaluation of the implementation of STR workers (Huxley et al., 2005) and the paper in 2009 drew on this work. The 2009 paper was a reflection on the way in which the workers and those they supported described the nature of the work as being fundamentally about relationships. Peter and his fellow authors noted that this resonated with literatures on the importance of relationship work in social work, and particularly in mental health social work, and in mental health support more widely.

Relationships is not a new concept in mental health research, and it is a theme that occurs repeatedly in mental health research (Tew et al. 2012). However, in discussing STR workers Peter and colleagues were arguing for it be given a more prominent place in the field of mental health, with a more theorized understanding of it. This was also the case in considering social capital and mental health.

There seems to be something of a pattern in mental health research, in that relationships surfaces in some quarters as a topic, but is often taken for granted and under-theorized, and fails to take centre stage as other perspectives continue to dominate, particularly those emphasising an Individualised perspective. It has been argued, for example, that earlier work on social settings to support individuals such as therapeutic communities and day care and the place of the 'social' in understanding these services fell out of fashion as attention focused more on people as individuals (Priebe, Burns, & Craig 2013). We can see that calls for more studies of support to help people with experience of severe mental health to develop and enhance their social networks and develop relationships and related skills have not become mainstream (Webber et al. 2015; Pinfold et al. 2015b). This is despite helpful research focusing on social networks and relationships and a developing evidence base for support to focus on this (e.g. Sweet et al. 2018; Pinfold et al. 2015b; Webber et al 2016).

The concern with the nature of relationships in mental health care has also emerged in the work on employing peer workers in the sector (Lloyd-Evans 2014; Gillard et al. 2017; Gillard 2019). The broad premise of this approach is to employ peer workers in mental health care specifically to bring their experience of mental health problems to the service and to use this in their work with individual clients by forming different relationships to those that other staff have. However, even in this emerging area of work there is a danger that the nature of relationship becomes a neglected aspect of the approach as the role is treated as an intervention – i.e. something discrete that can be prescribed (e.g. quantifying 'peerness', or the degree to which an individual peer workers will be a peer of all clients), and that individuals can be trained in through a course and then set off to do the work. There is in the literature, for example, little space for the voice of peer workers and their experiences of becoming and being a peer worker, and how this identity may continually evolve and fluctuate in different relationships for each peer worker.

Open Dialogue (Seikkula et al. 2003; Kinane et al. 2022; Olson, Seikkula & Ziedonis 2014) is another welcome development in mental health with a specific relationship perspective focused on a robust understanding of relationships and the social connectedness of people. The overarching goal of the approach is establishing a different set of relationships and dialogue between people experiencing mental health problems, their families, carers and social networks and the paid staff supporting them, aiming at a network of relationships maximizing how supportive of a person's recovery it is as a network.

We should not forget, either, that social work has a long history of considering the importance of relationships to practice, something Huxley et al. (2009) highlight. The rich interpersonal exchanges between social workers and clients is, as Biestek (1957) (quoted in Cheung 2015) asserted, seen at the heart of case work. It is recognised that out of these exchanges emerge practical solutions, a sense of hope, and often deep searching of human themes concerning purpose and self-worth (Horowitz 1991). And what is most valued by people using mental health services about support from social workers are the relationship aspects (Wilberforce et al. 2020). They desire is to see relationships that are continuous and reliable, i.e. that provide some stability, rather than fleeting encounters. However, despite a long and rich history of considering the centrality of this relationship view of social work, there is a concern that it has become diminished in conceiving of social work practice (Poulin & Young 1997; Howe 1998).

Scholars exploring these ideas are all seeking to evolve our evidence underpinning support in mental health systems by arguing that different ways are needed to think about and nurture relationships. They are potentially helpful in developing a relationship turn in mental health research, though they need support in this of that turn is to have an impact on the mainstream of research and practice in the field. To take this work further in mental health we need a programme that has at its hearts a focus on understanding relationships and move beyond a set of, though robust and well intentioned, still occasional and often not well-connected projects and ideas. This programme needs to develop the concept of relationships and what it means for mental health care. However, I want to argue that we need to move even further and develop a *relational* turn to mental health research, and I will expand on this next.

Developing a relational view

A relational view of society means placing relationships at the beginning of our thinking and analysis (Donati 2010; Dépelteau 2008), rather than starting from thinking of individuals and structures. It consequently requires seeing the world as dynamic and continuous – as ongoing processes (Emirbayer 1997). We need to understand what emerges from these interactions and how these phenomena emerge, including our sense of individuals and structures, as we examine the interdependent nature of the world. Rather than seeing the world as a series of loosely connected events that individuals who are somehow separate from or outside the flow of, we need to see the world as continuous, fluid, interacting, and emergent.

In a relational understanding we need to look not at separate individuals or structures but at sets of 'interactants' in a context and develop "the analysis of relational connections between interactants; that is, webs or networks of relations and interdependencies, both interpersonal and impersonal, in which interactants and their joint actions are embedded" (Burkitt 2016:323). From this perspective, every action forms part of a continuous chain of interactions, with each interaction not wholly determined or predictable based on what went before. The world is characterised by emergence; interdependent people are in dynamic contexts constantly (re)creating their social environments through their interactions. Some processes are more continuous than others out of which arises the sense of some structures being fixed (Dépelteau 2008; Crossley 2022), but they are still ultimately relationally based and, hence, contingent and emergent.

This view brings a different understanding to agency as something not wholly resting with an individual, but instead to consider how we have a relational agency (Burkitt 2016), and how this is continuously emerging from the interactions we are engaged in. There is no single sum of a person's agency. As context and interactants change in the flow of interactions, so too does relational agency. In this understanding, as interactants we are always to varying degrees acting upon and being acted upon (Burkitt 2016). In a relational view, binary considerations of individuals and their agency are supplanted by an ongoing emergent one "in which no one is ever completely independent or dependent but always somewhere on the continuum between these two abstractions" (Burkitt 2016:335).

In understanding this relational perspective, we need to consider the reflexivity of individuals, their sense of identity linked to the nature of agency (Archer 2010; 2007). Reflexivity is that ability people use to consider their relationship with the world around them and to act on the insights from that internal conversation. People bring this and other capacities to their interactions and make choices, but in a complex context, with many voices and other interactants, and one they may not fully understand or in which they need to rely on others (Burkitt 2016).

In these interactions are generated relational goods, such as trust and hope that are taken into future interactions (Donati 2010). We should also recognise the potential for relational evils or negative outcomes to be generated, including a lack of trust and a sense of hopelessness. A fuller detailing of these relational goods/evils, their balance, and the interlinked mechanisms generating them would be a helpful contribution to our relational

evidence base. The balance of the goods/evils will shape a person's self-identity, inform their reflexivity, and reform their agency.

Whilst this fluid relational understanding of the world can seem disconcerting as we abandon the seemingly more concrete entities and sense of the world we take for granted, it is, I argue, a view that has strong resonance for the future of mental health research and practice as we "move beyond an individualistic worldview and the sense of separation" (Dépelteau 2008:67), and we make central the interconnectedness of people and how *I* am with *you*, and *together* we can make something better.

Placing a relational view central to mental health support and research

What, then, would a more relational basis for a mental health research programme look like? There are building blocks for making relationships a central focus of mental health research in the work that colleagues have undertaken, notably in the examples discussed above. A more definite *relationship turn* to the mainstream of mental health research and practice would be a very welcome move.

However, taking this further, what would a *relational turn* for mental health look like? It would mean conceiving of people as located in complex relationship webs with people, places and objects and an ongoing flow of interactions of these. It would mean starting from this relational web, rather than conceiving of discrete individuals we know and can describe and categorise. From the ongoing flow of interactions emerge individuals, bringing questions about a person's identity and agency in a mental health context.

Similarly, we would consider the modes of reflexivity that individuals engage in to make sense of their world and their place in it and how this relates to the context of mental health? It means recognising that an individual's internal conversation is conducted within a set of relationships, and as this context may vary, that internal conversation can also change. We would need to understand how these reflexive styles relate to and how are they shaped by the relational network around a person and how this connects with mental health support.

That context and flow also includes conditioning social structures and these need to be considered in examining personal reflexivity and agency. This means being attentive to power and its impact on reflexivity and identity and how these interact to shape agency. Power is similarly emergent from the interactions. In developing our relational understanding we need to examine the relational goods developed in these interactions, such as trust and hope, and what the risks with regard to generating relational evils, such as mistrust, hopelessness, and stigma. How is a positive balance of these goods/evils generated and sustained for each person in the ongoing flow of interactions to develop a positive image and sense of agency in their reflexivity? What are the best means of nurturing this positive balance to improve outcomes?

The importance of agency to recovery and the need for more research in to how a positive relationship between these can be supported has been noted (Tew et al. 2012; Mancini 2007). A relational perspective would provide a framework for that research, and one that

does not individualise (in the sense of seeing a person as outside of a relational process) nor pathologise people and their experiences. It would mean considering the operational context of a service, for example ensuring that a relational or socially-oriented approach is not undermined or diluted by another more dominant ethos in the way that managerial and medical perspectives have been seen to drive some practice contra to its espoused ethos (Nathan & Webber 2010).

Similarly, a relational turn resonates with concerns about the intersection of people's experience, such as various forms of stigma and discrimination and their connections with citizenship and social exclusion/inclusion (Tew et al. 2012). These are multifaceted experiences enmeshed in webs of relationships and relate to the complex interplay of identity, reflexivity and agency, shaped through social networks and relational capital, and practical issues. Rather than developing interventions that are generally evaluated over short periods and related to specifically focused outcomes, we need more longitudinal understanding of the complex relational nature of the phenomena we are seeking to improve. We need to understand the full picture of the interactions and interactants involved in an ongoing process of understanding mental health, recovery and creating a positive place in the world.

In discussing STR Workers Huxley et al (2009), apply Biestek's (1966) principles for social work relationships as a helpful framework to consider how to foster good relationships. And whilst this approach argues the case for understanding relationships as dynamic processes connected in wider processes, it remains rooted in thinking about that dynamism in a limited sense rather than as a continuous flow of interactions. It sees relationship dynamics as happening when individuals come together at one time (or several individual times, for continuity of care), rather than starting from the point of view of relations, with social workers being asked to think about relationship rather than on developing a relational understanding their work as part of continuous flows.

Huxley et al. (2009) do implicitly begin to develop a relational view of the role of STR Workers without making it a central or explicit perspective. They comment that recovery requires good relations across all service settings, understanding the situation as one of complex webs of interactants that enable, or disable, a person's recovery and that these interactions need to seamlessly support recovery. They note that no individual STR worker is likely to routinely shape a person's recovery without considering this wider web. They also identify the importance of the set of interactions STR Workers have with colleagues with other disciplinary expertise in shaping how an STR worker's identity is formed. They also comment on the role of organisational structures and resources such as training and supervision in shaping the way individual STR workers can undertake their work. The contours of a relational view were being mapped out here, but they did not elaborate this into a full relational turn.

As we move from thinking in terms of individual entities as the basic unit of our thinking to considering the relationship as primary and that it is in these relationships that things acquire their meaning and identity in an emergent way (Emirbayer 1997), we also move from thinking of binary divisions of dependent and independent to a concern with interdependence. Disempowering and empowering are ongoing potentials in relational

processes, developed through interactional agency. There is not one state of dis/empowered that a person is fixed in. There is an ongoing process of interaction in which power relations are emergent, individuals are interdependent and how this is enacted relates to the properties of the relational setting and its logics.

Given this complexity of the web of relations and issues, an overly rigid, prescribed and standardised service response will not be sufficient to support recovery for people. This means a research programme is required with methods that unpack these processes, the inherent logic and active elements in a context, and the scope for negotiating individual approaches to deliver this support. Debates about these methodological challenges across health and social care have been developing in the evolving work on evaluating complex interventions and the latest invitation to engage with understanding complexity (Skivington et al. 2021). This includes realist approaches (Pawson & Tilley 1997) that unpack the interactions of context, the mechanisms of action to (re)shape the social relations within which a person is situated, and through which the outcomes are generated.

Conclusion

In various work, including that on STR workers, Peter, and a cast of colleagues, articulated an invitation to consider relationships as central to mental health practice and research. Despite the work of some notable scholars who have sought to take up this invitation to engage with relationships it has not become central to a mental health research programme. Addressing that gap would be a positive development for research and practice.

As I have argued and identified above, there are some powerful building blocks of research for doing this in contemporary mental health research, including arguments for a more social perspective to psychiatry (e.g. Priebe, Burns, & Craig 2013). The challenge now for Peter's repeated invitation to consider relationships in mental health support is developing work on and across these building blocks to make relationships central to the field.

However, I have argued the need to go further and adopt a *relational turn* to mental health research. In placing a relational view more central to mental health research, we are examining how to nurture *a community of care and support*. A focus on relationships does not itself take us far enough in to understanding the ongoing flow and emergent nature of the relational world – the very social context of experiencing mental health issues and within which support must operate. Potentially this is an exciting agenda developing a deeper examination of the social and interdependent view of mental health issues that many have long articulated the case for, but which is not as fully in the mainstream as it needs to be.

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