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User empowerment: implications for training the mental health workforce

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In the 2005 Mental Health Action Plan for Europe, the World Health Organization (WHO) European Member States agreed to ensure for 2010 "representation of users and carers on committees and groups responsible for planning, delivering, reviewing and inspecting mental health activities" (WHO, 2005). The implications of such user empowerment with regard to training the mental health workforce are not to be underestimated. Initial and essential steps in this direction have traditionally involved training professionals to help users access knowledge about their mental health problems, treatment and how to handle the mental and social health-care systems. However, mental health service user empowerment cannot be reduced to simple psychoeducation. Real empowerment also involves rethinking the paternalistic/maternalistic, doctor-knows-best model of care on which contemporary professional training in Europe is generally founded. Similarly, the implications for training service managers are considerable, as empowered users will play increasingly powerful decisional roles in mental health care and in mental health systems. Developing the skills needed for working alongside empowered users, their organizations and the highly qualified professionals they will increasingly employ – as well as providing professional training for these new health care actors – are the current major challenges to effective training for mental health professionals.

Context

Over and above accessing knowledge and skills concerning their members' shared health issues, user organizations in all areas of health are demanding more and more say in how health systems are run and how health professionals are trained. In the area of mental health, the recovery movement combats a system seen to be creating dependence and impotence, a system accused of chronically disempowering users. User and carer organizations argue that the system tends to defend its own interests and not those of its users. They reject maternalism and paternalism in care, refusing to have their needs defined by health professionals and refusing to allow people to take decisions about them behind their backs. They accuse health professionals of having highjacked the public discourse on health, arguing that knowledge about health belongs to all citizens. With regard to training, they accuse medical and paramedical schools of generating paternalistic, doctor-knows-best models of medical practice. They demand changes not only in user access to health knowledge but also in the way health professionals are trained (Greacen, 2000).

The strength of these arguments has led to user empowerment becoming the objective of many government programmes and, most recently, of the World Health Organization (WHO, 2010), with the result that user empowerment has become the leitmotiv of numerous professional training programmes in the area of mental health. Initial steps towards user empowerment have taken the form of training professionals in the implementation of patient education and psychoeducation programmes. However empowerment in mental health cannot be reduced to teaching isolated individuals with mental health problems how to handle their treatment or their lives. Although these questions are important, empowerment is not just paternalistically helping people to help themselves, to be more resilient, to be better adjusted to the world, to operate within the system more effectively. Real empowerment also involves the possibility that users and user organizations may want to change that system and to change not only user access to knowledge and skills but also the way health professionals are trained and the objectives of the training (McCubbin & Cohen, 1999).

Changing systems of acquiring knowledge and skills is no easy task. Professional motivation draws its strength from well-meaning compassion and the desire to help others, to reduce

suffering and save lives. In the area of mental health, entire bodies of professional knowledge have been constructed around the figure of the helpless mentally ill person, suffering, not understanding what is happening, losing control, crying out for help, and then being kindly but firmly taken in charge and cared for by an all-knowing, well-meaning psychiatrist aided by self-sacrificing, maternalistic paramedics, medical science and pharmaceutics (Breeze, 1998). Acquired systems of knowledge and skills constructed through years of study based on such strong and deeply entrenched motivational themes are by definition difficult to confront and change.

Policy implications and policy options

Initial and continuous training aiming for changes not just in knowledge but also in values and attitudes is key to developing the skills necessary for working with empowered users. The simple existence of national workforce strategies addressing this issue is a minimum indicator of the state of reform. A recent pan-European study showed that more than half of the countries surveyed (24/42 = 57%) simply had no such strategy in place (WHO, 2008). The content of these strategies is another issue. One of the more sophisticated European models is that of the United Kingdom New Ways of Working Programme (United Kingdom Department of Health, 2007) with its Ten Essential Shared Capabilities Framework that all staff are expected to adopt in their everyday practice (Hope, 2004). The ten capabilities are clearly based on the empowerment theory – although the word itself is used sparingly. The programme is founded on the principle that users' needs cannot be identified and defined without the participation of the users themselves. The Capabilities Framework is implemented using the Creating Capable Teams Approach (CCTA), a five-step programme developed to build new roles into the structures and practices of a multidisciplinary team, within existing resources (United Kingdom Department of Health, 2007). It is designed to create sustainable service-user involvement in all areas of mental health, including all staff disciplines. The CCTA requires the participation of service users and carers throughout and asks staff to encourage negotiation and provide information and knowledge to enable service users and carers to make real choices about their care The development of needs-led services is the central challenge and is addressed by building service response around a continuous evaluation of users' and carers' needs, defined in negotiation with the users and carers themselves. An important originality of the CCTA is that it also aims to influence higher education and undergraduate and postgraduate training programmes by instituting service–university links allowing constant updating of the capabilities identified as necessary for effective practice.

In the United States, the Federal Action Agenda on Mental Health warned of a pending national crisis in the mental health care workforce, not just due to a shortage of professionals, but also because of the lack of skills deemed essential for contemporary health care, particularly with regard to involving consumers in planning, evaluating, and providing services in a transformed mental health care system focused on recovery (SAMHSA, 2005). Key to US policy is not only training existing mental health professionals but also training users in the process of recovery to become mental health professionals. The Centre for Mental Health Services (CMHS), which coordinates the national behavioural health workforce development strategy, is the chief operator in developing these new capabilities (SAMHSA, 2010).

In Aarhus, Denmark, the MB Project ("Projekt medarbejder med brugererfaring" – Staff members with user experience) provides an excellent example of the importance of training – and, in this case, also re-training – to implement user empowerment policies. The project re-

employs, as staff members in mental health services, health care professionals who have stopped working for mental health reasons. Based on the principle of peer support, MB staff act as role models, breaking down negative "them" and "us" divisions within services and giving hope to other users by showing them that it is possible to lead a fulfilling life. Key to the success of the MB Project is an extensive and continuous training programme, not only for the future MB staff but also for existing staff. Initial training for MB workers consists of 300 hours over one year with 20 weeks of supervised in-service practice. At the same time, the existing teams are prepared and supported, a delicate process that often involves challenging entrenched prejudices and misconceptions. Today some 200 MB jobs have been created, with most MB staff working from 15 to 20 hours per week. The project has recently been extended to six counties in Denmark and also to the Faroe Islands.

Conclusions and recommendations for action

At the WHO European Ministerial Conference on Mental Health in Helsinki in 2005, the Ministers of Health of the Member States in the WHO European Region committed themselves to supporting the implementation of a series of measures, in accordance with each country's constitutional structures and policies and national and subnational needs, circumstances and resources (WHO, 2005). These measures included: "empowering people at risk, offering people with mental health problems choice and involvement in their own care, sensitive to their needs and culture"; and "designing continuous professional education and training programmes for the mental health workforce". The conclusions of the Helsinki Conference were followed up in 2010 by the statement of the WHO Regional Office for Europe on empowering users in mental health (WHO, 2010). This statement specifically recommends that mental health professional training be designed "in systematic partnership with users and carers" and that it be extended to include community actors, such as police officers and employers. Developing user routes and pathways into roles in the caring professions and appropriate training at qualifying and post-qualifying levels is henceforth a policy priority for effective user empowerment in all countries of the European Region.

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