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EUROPEAN PROJECT

HARASSMENT AND DISCRIMINATION FACED BY PEOPLE WITH PSYCHOSOCIAL DISABILITY

TRAINING PACK

With the contribution of the European Community Action Programme to combat discrimination



For Diversity



Against Discrimination

www.stop-discrimination.info

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TRAINING PACK

“Exchange and learn”

How to combat harassment and discrimination often experienced by persons with mental health problems?

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Goals

- Increase the awareness and the knowledge of the nature of mental health problems and of care options
- Increase the awareness and the knowledge of the nature of discrimination
- Improve attitudes towards those who have psychosocial disabilities and their families
- Generate reflection (and action) to eliminate discrimination and harassment

Status of the training programme

- This programme is part of a continuous training and can be offered at any stage to any group of professionals
- Besides that, it is important to revise the basic training of social and health professionals (policy recommendation)

— representation of the mental health service user/survivor-perspective at all stages of the education

— more attention to the acquisition of patient-centered communication skills

Attention

- This programme for social workers and health workers might initiate/stimulate the development of programmes for (ex-)users and survivors of psychiatry
 - so they can protect themselves from discrimination;
 - become ‘professional consumers’ with a serious participation at all levels;
 - become trainers in programmes to combat harassment and discrimination

Step-by-step guide

- 1. Target group

- 2. General learning goals
- 3. Composition of the participant group
- 4. Specific learning goals for different modules
- 5. Duration of the programme
- 6. Didactical aspects
- 7. Process coaching
- 8. Practical aspects

1. Target group

- Social workers and health workers who encounter persons with psychosocial disability in their professional life
 - Make a priority list and motivate
- Professionals in general health care (for example general practitioners, dentists)
- Community workers

2. General learning goals

- Depend on the specific target group and the needs they experience in daily situations
- Differentiate cognitive and affective goals
 - Enlarge knowledge, correct misconceptions, create insight about discrimination and harassment based on unequal power, long-year professional routine and 'blinkers'
 - Work on respect and tolerance, reflect on fears

3. Composition of the participant group

- Homogeneous group'
 - Similar learning goals and level of comprehension
 - Different experiences
- Around 12 persons
 - Small since the goal is to change attitudes and behaviour
 - Large enough in accordance with the investment of energy of the organisers

4. Specific learning goals for different modules

- Harassment and discrimination in (mental) health care: open and hidden forms
- Strategies to combat discrimination
- Anti-discrimination law
- The (double-)role of the family
- Ethical dilemma's

5. Duration of the programme

- Important that participants follow the whole programme
- In daytime or in the evening
- Short interval between the sessions
- Short enough to find participants willing to engage and long enough to have a possible impact on cognitions and attitudes

6. Didactical aspects

- Give a clear introduction and make the goals and the agenda explicit
- Start from the experiences and the (mis)conceptions of the participants
- Variation of evidence-based information and reports of experiences
- Make sure the different perspectives (health worker, (ex-)user or survivor of psychiatry, family member) are presented
- Stimulate interaction and discussion

Attention

- Foresee training for the users-survivor(s) of psychiatry and the family member(s) who report their experiences
- Qualification of the persons that train the (ex-)users and survivors of psychiatry in reporting their experiences
 - No standard diploma requirement
 - Coaching skills (trained in giving constructive feedback)
 - Supporting and inspiring relation with the (ex-)users, survivors of psychiatry and family members
- Choose between story or interview
- Be aware that it is difficult to speak in front of an audience
- Teach the (ex-)users and survivors of psychiatry to anticipate possible questions, deal with reactions, facilitate the discussion
- Take care of the load
 - Larger amount of clients than strictly needed
 - Make a videorecording
 - Support in advance and afterwards
- Use a checklist with objective criteria to choose (ex-)users and survivors of psychiatry and family members who will speak about their experiences
 - Not afraid to speak in public, seeing it as a chance or challenge
 - No remarkable speech problems
 - Ability to reflect on own problems
 - Average profile (no exceptional mental health problems and experiences with psychiatry)
 - Ability to cooperate with others and to keep an engagement

7. Process coaching

- Reflect on
 - What the participants expect and need
 - What is new or surprising for the participants
 - What they have learned
 - What they will remember
 - What they want to change in their opinion or behaviour
 - What they see as barriers to change their opinion or behaviour
 - What they need to overcome these barriers

8. Practical aspects

- Contact fellow workers
- Choose a convenient venue and time
- Invitation and preparation of the participants

Contact fellow workers

- Contact the managers of different mental health care organisations
- Explain the global concept and plan
- Ask them if social workers, (ex-)users and survivors of psychiatry and their supporters as well as family members and lay(wo)men of these organisations are willing to cooperate
- Ask for confirmation within a defined period

Choose a convenient venue and time

- Convenient venue
 - Friendly location
 - Optional: In or close to a cooperating psychiatric institute with the possibility of visiting
- Convenient time
 - Depending on the target group
- For example: one day (about 6 hours) or two evenings (each 3 hours)

Invitation and preparation of the participants

- Aim: a homogeneous group (12 people) of health workers
- Contact a director or a responsible person by phone
- Explain the overall goal and the set-up of the programme
- Confirmation letter
- Write down the engagements

CAMI (Community Attitudes toward the Mentally ill)

- Inventory to evaluate if the image building programme has an influence on the public attitudes on (the care of) people with mental health problems or people who are called mentally ill
- 40 questions
 - Authoritarian attitude towards people with mental health problems or people who are called mentally ill
 - Attendency to social restriction of people with mental health problems or people who are called mentally ill
 - Benevolence / kindness
 - Appreciation of care in the community
- Sociodemographic characteristics
- Do you know someone with mental health problems of who is called mentally ill? Who? Commitment? Influence on the respondent? Admission to a psychiatric hospital? Received 'humanistic help' to solve the problems which led to the commitment?

Tools to raise awareness and to change discriminative attitudes

1. Video
2. Visits
3. Information corner

1. Video

- Let a social worker, a user and a family member report about their every day life
- Perhaps while showing around in different institutes or houses where persons with mental health problems live
- Possibly from different countries

2. Visits

- For small groups
- Guided by social workers, (ex)-users and survivors of psychiatry and family members
- In representative organisations
- In an informal and communicative atmosphere
- With respect for the privacy of users of psychiatry living there

3. Information corner

- Booklets, books
- Recommendations
- Training programmes
- Lists with

— name, adress, description of self-help-places, user-run drop-in-centers, boards of appeal , organisations of (ex-)users and survivors of psychiatry, groupings of family members

— centers for mental health care

— helpful web sites

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documentation centres